

Community Status Report on Children:

**Establishing Baseline Measures and Investments for the 2010
Community Action Plan for Greater Rochester's Children**

February, 2010

Commissioned by:

Monroe County, City of Rochester,
The Rochester City School District, The Community Foundation,
and The United Way of Greater Rochester

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SUMMARY

In October 2009 The Children's Agenda issued its *2010 Community Action Plan for Greater Rochester's Children*. The Plan offered recommendations to the community, including three "Best Solutions" designed to significantly improve outcomes for children and youth in the Greater Rochester area.

In response to the recommendations laid out in that plan, community leaders representing Monroe County, the City of Rochester, Rochester City School District, The Community Foundation and The United Way of Greater Rochester (hereinafter referred to as "community leaders"), recognized the need to quantify the existing baseline of what currently exists in the three areas of home visitation, early care and education, and after-school programs; the level of community need; and resources currently invested in each area—and the gap and what is needed to fill it between that baseline and the stated 2015 Best Solution goals. In addition, the community leaders requested that the scope of the project be expanded to include a preliminary focus on Juvenile Justice/youth violence issues.

The Center for Governmental Research (CGR), in partnership with The Children's Agenda (TCA), were asked to address these four important issues. CGR and TCA view this report as an opportunity to engage the commissioning group and the larger community in a targeted, strategic focus on meeting our community's obligations to its most vulnerable children and families—based on an objective baseline assessment of the significant building blocks already in place, and targeting future investments to expand on that strong existing foundation. The focus is on expanded investment in *quality* research-based programming that has been proven to work to improve outcomes for children.

Research supports the conclusion that increased annual investments toward meeting the 2015 goals outlined in this report will result in healthier, safer, better-educated children and future adults, as well as much greater financial savings—i.e., returns on the investments—in the years to come.

Descriptions of each Best Solution Area and the approach used to develop baseline measures and investments needed are provided in the body of the report. Summary findings follow for each of the four key areas of opportunity for community action and are compiled in “snapshot” tables at the end of this section.

Home Visitation for Vulnerable Families

Two programs were included in our review:

Nurse-Family Partnership

Community Action Plan Goal: Expand the Nurse-Family Partnership Program to meet our local need: 1,000 families per year by 2015.

Current Quality Baseline Participation: 229 families (capacity of 300).

2015 Community Goal and Gap: 1,000 families; gap of 700 families compared to capacity, 771 compared to current enrollment.

Current Investment in Program: \$1.25 million per year. Top funders include New York State Community Optional Prevention Services, United Way of Greater Rochester, and Monroe County.

Additional Investment Needed to Reach Goal: \$2.85 million per year, for total program budget of \$4.1 million per year.

Cost/Benefit: Evidence-based program demonstrated to save taxpayer dollars and improve outcomes for children and families. Cost-benefit analysis projection for Monroe County, conservatively and for government dollars only, indicates the NFP Program is revenue neutral three years from its start and saves approximately \$3.60 for every dollar invested by the time the child turns 16.

Building Healthy Children

Community Action Plan Goal: Not yet determined

Current Quality Baseline Participation: 120 families in program, which is viewed as a promising program, with definitive evidence of quality designation and outcomes currently being determined through research.

2015 Community Goal and Gap: Not yet determined, pending ongoing research.

Current Investment in Program: \$1.38 million per year. Top funders include Monroe County, The United Way, and New York State Community Optional Prevention Services.

Additional Investment Needed to Reach Goal: Not yet determined, pending ongoing research and determination of goal.

Cost/Benefit: Program appears very costly per family, and research is not yet conclusive as to program's cost effectiveness and impact on families and children.

Early Care and Education

Community Action Plan Goal: Increase the number of children in quality child care and early learning settings by 20% by 2015.

Current Quality Baseline Participation: 1,293 vulnerable children in early care settings + 2,246 in UPK/Head Start settings = 3,539 total.

2015 Community Goal and Gap: Additional 708 children, for total of 4,247 children served in quality settings.

Current Investment in Program: Estimated \$60 million per year. Top funders include NYS Child Care Block Grant, Federal Head Start Funding, New York State UPK Funding, Monroe County, Rochester City School District, The Community Foundation, and Rochester's Child.

Additional Investment Needed to Reach Goal: Between \$2.5 million and \$5.5 million per year, depending on assumptions (upgrade quality for 708 kids already served vs. 708 new kids added to coverage).

Cost/Benefit: Research documents that vulnerable children in quality child care programs repay the investment in dollars saved many times over, with improved outcomes in the future. Washington State created a conservative estimate of investing in early care and education, based on an analysis of 48 programs, assuming only 50% of the impact that the model programs have produced, and considering only tax dollar savings. Based on this, they conservatively estimated a benefit of \$2.36 for every dollar invested.¹

Child Care Subsidies

Community Action Plan Goal: 500 additional children receiving child care subsidies by 2010.

¹ Aos and Lieb, Mayfield, Miller, and Pennucci. Benefits and Costs of Prevention and Early Intervention Programs for Youth. 2004.

Current Quality Baseline Participation: Average of 7,946 subsidized children 0-12 in 2009, with an estimated 13% or 1,032 kids in quality settings.

2015 Community Goal and Gap: 2010 goal of 500 additional children receiving subsidies has been met; goal of additional 500 subsidized children by 2015.

Current Investment in Program: \$43.8 million in 2009-10 for children ages 0 to 12, assuming current policies and allocations remain in place from New York State. Child care subsidies are funded by the NYS Child Care Block Grant and Monroe County's Local Share.

Additional Investment Needed to Reach Goal: Estimated \$2.87 million for 500 more children in 2015, at average per child per year of \$5,740.

Cost/Benefit: Supports working-parent families and helps provide cost effective quality care to children, thereby promoting improved child outcomes.

After-School Programs

This section is broken up into overall after-school programming and a separate Coping Power Program.

After-School Programming

Community Action Plan Goal: Provide high-quality, effective after-school programming for 25% of Rochester children by 2015.

Current Quality Baseline Participation: 2,505 children.

2015 Community Goal and Gap: 5,833 (25% of Rochester children aged 6-17); gap of 3,328.

Current Investment in Program: \$15.87 million in 2009-10. Conservative estimate does not include private donations, fees paid by parents, member items to specific programs, and other possible funding streams for which data were not available. Current top funders include NYS Child Care Block Grant, The United Way, and NYS Education Department - 21st Century grant.

Additional Investment Needed to Reach Goal: Maximum of \$5.8 million per year; may be less if focus on strengthening quality of existing programs.

Cost/Benefit: Research documents that vulnerable children in quality after-school programs repay the investment in dollars saved and improved

outcomes in the future. Research on the costs and benefits of high-quality, comprehensive after-school programs is limited, with further analysis needed. The Washington State Institute for Public Policy has conducted a meta analysis of the costs and benefits of youth development programs, finding that benefits *begin* at \$3.14 for every dollar invested, due to cost savings in areas including criminal justice and welfare.

Coping Power Program

Community Action Plan Goal: Take the Coping Power Program to full capacity for all children who need it in the Rochester City School District by 2015.

Current Quality Baseline Participation: 25 children (with current capacity of 42, expected to be expanded to 118 in 2010-11).

2015 Community Goal and Gap: Goal of 938 children; gap of 896 compared to capacity, 913 compared to current enrollment.

Current Investment in Program: About \$38,800 per year from The Feinbloom Foundation, University of Rochester, and the Kilian J. and Caroline F. Schmitt Foundation.

Additional Investment Needed to Reach Goal: \$1.2 million per year.

Cost/Benefit: Evidence-based program demonstrated to save taxpayer dollars and improve outcomes regarding violence and aggressive behavior among children in city schools.

Juvenile Justice/Youth Violence Issues

The project sponsors agreed from the beginning that this topic was too broad and unfocused to be able to create baseline measures, explicit goals, and service and investment gaps within the scope and timeline of this project. Rather, it was agreed that we would initially help frame the issues and questions that would then need to be addressed in more detail as part of a more extensive second phase exploration that would help shape a community leaders' and larger community agenda going forward.

Initial observations suggest that any effective reductions of involvement in the juvenile justice system in the future must focus simultaneously on two realities: (1) hundreds and hundreds of youth are currently involved at the costly and relatively ineffective "back end" of the juvenile justice system, and we must develop effective approaches to divert many more of them into less costly alternatives with more positive outcomes; and (2) the long-term solution must involve more effective means of preventing entry into the system in the first place through more effective investments in "upstream" initiatives.

The reality is that most of the resources currently expended on juvenile justice issues appear to be invested at the “back end” of the system, where research makes clear that out-of-home placements and both secure and non-secure detentions are very costly, but society receives relatively little in return for these expenditures of resources in terms of improved outcomes for the youth or families who are affected. Thus as a community, it is incumbent upon us to find more effective, less costly alternatives and interventions at the earliest possible point in the system for the hundreds of youth who are placed and detained each year.

Our preliminary “phase 1” review also suggests that if we are to ever make real headway as a community in reducing youth violence, and reducing the negative impacts associated with involvement in the juvenile justice system, we must find ways to move more of our resources “upstream” on a continuum of services for youth—the types of home visitation, early education and care, and after-school initiatives described above—and begin to shift allocation of resources away from heavy concentration on “back end” services for youth, and redirect them in greater proportions to these more preventive and early-intervention approaches.

As part of that process, we need to do a better job as a community of assessing what works. What do we know, or can we learn, from both local and national research, that can help us build on our existing programs to put in place a more research-based continuum of services to limit youth violence and the numbers of youth who penetrate the juvenile justice system? And the related question: How do we begin to think in new ways about our juvenile justice system and other systems involving troubled youth, rather than being locked into the more traditional approaches and being limited by historical funding patterns and approaches to allocating resources?

Monroe County appropriately has a wealth of resources invested in a number of early-intervention, diversion-oriented programs and procedures designed to reduce involvement (a) in the juvenile justice system, and (b) especially in costly placements and detentions. Yet the levels of youth violence, placements and detentions remain unacceptably high. We need to do a better job as a community of determining what works, and of implementing research-based best practices, both to divert youth out of the juvenile justice system as quickly as possible, and to prevent their penetrating the system in the first place. Addressing such issues, and developing more collaborative partnerships across components within the juvenile justice system as well as between systems, could frame a crucial community leaders’ Phase 2 juvenile justice/violence prevention agenda with significant implications for the larger community.

Additional considerations are explored in Section Four of the report.

Baseline Measures for the 2015 Goals in the <i>Community Action Plan for Greater Rochester's Children</i>							
Best Solution Area	Focus Area	2015 Goal	Number in Target Population	Current Total Enrollment or Participation	Current Number in Quality Settings	2015 Goal	Gap
Home Visitation	Nurse-Family Partnership (NFP)	Expand NFP program to 1,000 families per year in Monroe County by 2015.	1,134	300 capacity / 229 enrolled	300 capacity / 229 enrolled	1,000	700 based on capacity / 771 enrollment
	Building Healthy Children (BHC)	Not yet determined, pending ongoing research.	2,655	120 treatment group / 109 comparison group	n/a	n/a	n/a
Early Education and Care	Early Care Settings and UPK	Increase the number of children in quality child care and early learning settings by 20% by 2015.	8,898	7,478	3,539	4,247	708
	Child Care Subsidies (ages 0 to 12)	Increase the number of children receiving child care subsidies by 500, by 2015, to maximize subsidy dollars.	30,650	7,946 (2009 average per month)	1,032	500 additional children per month	500
After-School Programming	Quality After-School Programs	Provide high-quality, effective after-school programming for 25% of Rochester children by 2015.	23,333	6,043	2,505	5,833	3,328
	Coping Power	Full capacity for all children who need it in RCSD.	938	42 capacity / 25 enrolled	42 capacity / 25 enrolled	938	896 based on capacity / 913 enrollment

Information collected as part of a February 2010 study commissioned by: Monroe County, the City of Rochester, Rochester City School District, The Community Foundation, and The United Way of Greater Rochester.

Investment Map Summary by Best Solution Area of the <i>Community Action Plan for Greater Rochester's Children</i>						
Best Solution Area	Focus Area	Total Current Annual Investment	Annual Investment Needed to Reach 2015 Goal	Investment Gap	Current Top Funders	Potential for Additional Investment
Home Visitation	Nurse-Family Partnership (NFP)	\$1.25 M	\$4.1 M	\$2.85 M	New York State Community Optional Prevention Services United Way of Greater Rochester Monroe County	Medicaid State Plan Amendment ARRA (stimulus) funding through NYS Dept. of Health Federal Funds
	Building Healthy Children	\$1.38 M	not defined at this time	n/a	Monroe County The United Way New York State Community Optional Prevention Services	not defined at this time
Early Education and Care	Early Care Settings and UPK	\$60.0 M	\$62.5M to \$65.5 M	\$2.5 M (current kids) to \$5.5 M (new kids)	NYS Child Care Block Grant New York State UPK Funding Federal Head Start Funding Monroe County RCSD The Community Foundation Rochester's Child	Continue to explore Federal, State and local sources.
	Child Care Subsidies	\$43.8 M	\$46.7 M	\$2.9 M	NYS Child Care Block Grant Monroe County Local Share	NYS Child Care Block Grant
After-School Programming	Quality After-School Programs	\$15.9 M	\$21.7 M	Max of \$5.8 M	NYS Child Care Block Grant The United Way NYSED - 21st Century	NYSED - 21st Century NYS Child Care Block Grant Private Funders
	Coping Power	\$39,000	\$1.25 M	\$1.21 M	Feinbloom Foundation University of Rochester Kilian J. and Caroline F. Schmitt Foundation	Robert Wood Johnson Foundation finalist The United Way The Community Foundation Feinbloom Foundation

Notes: Investment estimates do not include resources needed to improve infrastructure such as staff training or facility improvements. Child Care Subsidies current investment includes both CCBG and local share. All figures reported in 2009 dollars.

Information collected as part of a February 2010 study commissioned by: Monroe County, the City of Rochester, Rochester City School District, The Community Foundation, and The United Way of Greater Rochester.

Acknowledgements

CGR and TCA would like to acknowledge the many people who contributed resources, compilation of data and insight to develop this report. We first and foremost would like to thank the community leaders representing Monroe County, the City of Rochester, Rochester City School District, The Community Foundation, and the United Way of Greater Rochester, for moving the 2010 Community Action Plan forward in order to improve the lives of our community's children.

We are extremely grateful for the time and counsel received from our community of experts in early care and education, quality after-school programming, health, and well-being. Their valuable insights and perspectives were critical in framing the issues, raising the right questions, and informing the selected quality measures. We especially thank:

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INTRODUCTION AND CONTEXT

In October 2009 The Children’s Agenda issued its *2010 Community Action Plan for Greater Rochester’s Children*. The Plan offered recommendations to the community, including three “Best Solutions” designed to significantly improve outcomes for children and youth in the Greater Rochester area. The three proposed Best Solutions were:

- “Expand the Nurse-Family Partnership Program to meet our local need: 1,000 families per year by 2015;
- Increase the number of children in quality child care and early learning settings by 20% by 2015;
- Provide high-quality, effective after-school programming for 25% of Rochester children by 2015.” (The latter solution also included the proposed expansion of the Coping Power Program “to full capacity” within the Rochester City School District by 2015.)

Fleshing Out the Community Action Plan

In response to the challenges laid out by The Children’s Agenda, community leaders representing Monroe County, the City of Rochester, Rochester City School District, The Community Foundation, and The United Way of Greater Rochester (hereinafter referred to as “community leaders”) recognized the need to assess the current levels of community support for each “Best Solution” and count the number of children and youth currently benefiting from each. They recognized that none of the proposed solutions or initiatives involves starting from scratch, as various investments are already underway in each area. But in order for community planners, funders, and policymakers to develop concrete action steps and sound investment strategies to address each of the proposed solutions, it is first necessary to quantify the existing baseline of what currently exists, the level of community need, and resources currently invested in each area—as well as the gap and what is needed to fill it between that baseline and the stated 2015 Best Solution goals.

The Center for Governmental Research (CGR), in partnership with The Children’s Agenda (TCA), responded to the issues raised by the community leaders with a proposal to quantify the existing baseline services and investments and gaps in each proposed solution, to outline the assumptions and rationales underlying each, and to estimate the investments needed to meet the proposed solutions. The community leaders in turn requested that the scope of the project be expanded to include the Building Healthy Children Program and a preliminary focus on Juvenile Justice issues. Thus this report focuses on the following four areas of opportunity for community action:

This represents a strategic focus, using an objective baseline assessment of the significant building blocks already in place, to target future investments to expand on that strong existing foundation.

- **Section One:** Home Visitation for Vulnerable Families (incorporating both the Nurse-Family Partnership and Building Healthy Children Programs);
- **Section Two:** Early Care and Education;
- **Section Three:** After-School Programs (including the Coping Power Program);
- **Section Four:** Juvenile Justice/Youth Violence Prevention.

CGR and TCA view this report as an opportunity to engage the community leaders and the larger community in a targeted, strategic focus on meeting our community’s obligations to its most vulnerable children and families—based on an objective baseline assessment of the significant building blocks already in place, and targeting future investments to expand on that strong existing foundation. The report outlines community progress to date in meeting the needs outlined by each goal. Then the report outlines what service enhancements and investments are likely to be needed over the next five years to meet the 2015 targets for maximizing the numbers of vulnerable children and families participating in quality prevention, early childhood, and after-school programs.

Expanding Children and Youth Involvement in Quality Programming

The remaining sections of the report focus on the four areas of opportunity outlined above. Within each, the emphasis is on expanded involvement in *quality* programming that has been proven to work to improve outcomes for children. We focus on the broad “universe” of need and what exists within each area, and more importantly within that, what proportion of existing baseline services meets specified quality standards, and the unmet gap that needs to be closed between current involvement in quality programs and the 2015 goal. The definition of quality is separately spelled out for each opportunity area, and wherever possible, the focus is on the provision and expansion of proven, evidence-based initiatives, as defined in the Methodology section that follows.

The community’s ability to make the cost-effective investments which will close the gaps and meet the 2015 goals outlined in this report will measurably improve important outcomes for children—while also significantly reducing future costs to taxpayers.

Research supports that the community’s ability to make the cost-effective investments which will close the gaps and meet the 2015 goals outlined in this report will measurably improve important outcomes for children—while also significantly reducing future costs to taxpayers of negative outcomes such as child abuse, school dropouts, special education involvement, time on welfare, juvenile and criminal justice involvement, and teen pregnancy. Increased annual investments toward meeting the 2015 goals will thus result in healthier, safer, better-educated children and

future adults, as well as much greater financial savings—i.e., returns on the investments—in the years to come.

MONROE COUNTY CHILDREN

Monroe County is home to nearly 168,000 children and young adults under 18, with nearly 48,700 children and youth living in the City of Rochester.

The number of children under 18 in Monroe County has declined by 11% since 2000 (Table 1). The population of children in the City of Rochester has declined at a far faster rate (-21%) compared to the surrounding suburban areas (-5%). The greatest decline occurred in the youngest age groups in the city, most notably with 6- to 11-year-olds (-32%) and 0- to 5-year-olds (-23%).²

	City of Rochester			Suburbs			Monroe County Total		
	2000 Census	2006-08 Estimate	% Change	2000 Census	2006-08 Estimate	% Change	2000 Census	2006-08 Estimate	% Change
0 to 5	20,438	15,797	-23%	35,925	34,423	-4%	56,363	50,220	-11%
6 to 11	23,206	15,794	-32%	44,848	38,525	-14%	68,054	54,319	-20%
12 to 17	18,094	17,070	-6%	45,382	45,664	1%	63,476	62,734	-1%
Total	61,738	48,661	-21%	126,155	119,279	-5%	187,893	167,940	-11%

Source: 2000 Census and 2006-08 American Community Survey

Notes: 2006-08 ACS counts include a small number of children living in group quarters in the suburbs who are not included in age breakouts; therefore, 2006-08 Suburbs and County Totals are somewhat greater than the sum of their individual age totals.

The proportion of children living in poverty has increased in the county, and 41% of children and youth under 18 in the City of Rochester are living in households below the federal poverty line.

While the total number of children in our community has declined in recent years, the proportion of children living in poverty has slightly increased in both the urban and suburban areas. Forty-one percent of children and youth under 18 in the City of Rochester are living in households below the federal poverty line—an increase of four percentage points from 2000 (Table 2).³

² Figures are from the Census Bureau's 2006-08 American Community Survey. The bureau combined three years of responses to the survey to provide estimates for smaller geographic areas and increase the precision of its estimates. The survey provides data on characteristics of the population that used to be collected only during the decennial census.

³ U.S. Department of Health and Human Services. Poverty thresholds vary by family composition and year. In 2008, the threshold for a three-person family with one child was \$17,330. For a five-person family with four children, it was \$25,301.

Age	2000			2006-08		
	City of Rochester	Suburbs	Monroe County Total	City of Rochester	Suburbs	Monroe County Total
Under 6	39%	5%	18%	45%	8%	20%
6 to 11	39%	5%	17%	40%	11%	19%
12 to 17	33%	5%	13%	39%	6%	15%
Total	37%	5%	16%	41%	8%	18%

Source: Census 2000 and ACS 2006-08

The number of children living in households without a stay-at-home parent has remained fairly consistent since 2000 (Table 3). Seventy-two percent of households in Monroe County have children under 18 where the parents are in the labor force (either a single-parent or two parents both working). The number is slightly lower for households with children under six (66%).⁴

Seventy-two percent of Monroe County children are living in households without a stay-at-home parent.

Age	2000			2006-08		
	City of Rochester	Suburbs	Monroe County	City of Rochester	Suburbs	Monroe County
Under 6	65%	65%	65%	63%	67%	66%
6 to 17	67%	76%	73%	71%	76%	75%
Total	66%	73%	71%	68%	74%	72%

Source: 2000 Census, American Community Survey 2006-08

Notes: Includes single households with working parent and double parent households with both parents in labor force. Does not include children living with nonparents or unrelated persons.

METHODOLOGY

In order to establish baseline participation measures, identify the gap between the baseline and the stated 2015 Best Solution goals, and estimate the investments needed to reach the 2015 goals, we employed the following approach:⁵

- Quantify the broad “universe” of need and define the target population for each solution area;
- Determine what exists within each area and how many children are currently being served;

⁴ These figures may underestimate the need for care, because they do not include households where children live with nonparents, such as grandparents or other extended family members, or unrelated persons, such as foster care families. Further, these figures do not capture the need for child care in households where the caregiver is looking for employment.

⁵ Investment estimates are presented in 2009 dollars throughout the report.

- Within that, determine what proportion of existing baseline services meets specified quality standards;
- Establish the gap between baseline quality services and current need of the target population, and between the baseline and the stated 2015 goal;
- Outline resources, both public and private, currently allocated to each Best Solution Area, and quantify the resources necessary to fill the gap to reach the 2015 goal.

To accomplish the above, data was received from each of the community leaders' organizations, the Child Care Council, the Children's Institute, NYS Education Department, and NYS Office of Children and Family Services. In addition, we sought counsel from community experts to help inform the quality definitions as described further below.

Approach to Defining Quality

The *2010 Community Action Plan* challenges the community to not just meet needs, but to meet needs by increasing the *quality* of programming and services for our children and youth in order to get the best return on our investments.

In defining what makes a “quality” program, we first turn to evidence-based programs as the clearest measure of a quality standard. Evidence-based programs are programs that have been developed and evaluated by experts in the field. CGR and TCA consider a program to be evidence-based if:

- Rigorous and repeated evaluation (i.e., randomized-control trials wherever possible) shows that the program produces positive results;
- The results can be attributed to the program itself, rather than to other extraneous factors or events; and
- The evaluations are peer-reviewed by experts in the field.

For evidence-based programs such as Nurse-Family Partnership, the definition of “quality” is straightforward, as noted below. For areas without the evidence-based standard, defining quality is more of a challenge, especially when there is a lack of available local community-wide studies that capture specific quality measures.

In order to define “quality” for the purposes of this report, we therefore incorporated findings from national research which approximated quality

for various settings (e.g., early care and education settings); accepted quality definitions previously agreed to by the local community (e.g., After-School Task Force quality recommendations); and sought counsel with community experts in the respective fields throughout the process. The quality definition for each of the Best Solution Areas is outlined in detail in each applicable section below.

SECTION ONE: HOME VISITATION FOR VULNERABLE FAMILIES

This section reviews both the *Nurse-Family Partnership* program, which is part of The Children's Agenda Community Action Plan, and at the request of the community leaders, the *Building Healthy Children* program.

Nurse-Family Partnership

Community Action Plan Goal: Expand the Nurse-Family Partnership Program to meet our local need: 1,000 families per year by 2015.

The Nurse-Family Partnership (NFP) Program is an evidence-based, effective nurse home visitation program that improves the health, well-being, and self-sufficiency of low-income, first-time parents and their children. It begins prenatally and continues to the child's second birthday. Participation in the program is voluntary and at no cost to the families involved.

- The Washington State Institute for Public Policy has said the Nurse-Family Partnership program "may be the most effective program for the health and well-being of vulnerable children and families ever created." The Brookings Institution recently called for increased public investment in the program based on a review of cost-benefit evidence.⁶
- The program has its origins at the University of Rochester and Cornell University. It has nearly three decades of outcomes evaluation demonstrating its effectiveness in both research trials and practical implementation. There are more than two dozen peer-reviewed publications and independent scientific reviews of the program.
- The Rand Corporation has evaluated the cost-benefit effectiveness of the program and found that *for every dollar invested, over \$5 is saved in government dollars by the time the child turns 16.*⁷ A cost-benefit analysis projection for Monroe County has been done that, *conservatively and for government dollars only*, indicates the NFP Program is *revenue neutral*

For every dollar invested in NFP, over \$5 is saved in government dollars by the time the child turns 16.

⁶ <http://www.brookings.edu/views/papers/200701isaacs.htm>

⁷ *Early Childhood Interventions Proven Results, Future Promise*. Lynn A. Karoly, M. Rebecca Kilburn, Jill S. Cannon (2005).

approximately three years from its start and saves approximately 3.6 dollars for every dollar invested by the time the child turns 16.

- A brief summary of the program's effectiveness and cost-effectiveness is presented in the Appendix.

The Nurse-Family Partnership Program was initiated by Monroe County in 2006 and is operated by the Monroe County Department of Health with contracted nurses through the Visiting Nurse Service (VNS) who are based at the County offices at St. Paul Boulevard.

Universe: NFP

The NFP Program serves Medicaid-eligible first-time parents and their children in Monroe County. Monroe County has an average of 8,658 births each year.⁸ Of these births, 38% are to families receiving Medicaid, for a total of 3,319 Medicaid births (see Table 4 below).⁹

In 2007, 1,260 of the Medicaid births were to first-time mothers (38% of the 3,319 total Medicaid births). This figure is consistent with the national NFP program which indicates approximately 40% of Medicaid births are first-time births. The National NFP office established a 50% penetration rate, or target “reach,” of the total Medicaid first-time births. This means that 630 births are the target population to be reached by the program each year. Since the program is a 2-year program and the goal retention rate into the second year is 80%, this means that $630 + (630 \times 0.8) = 1,134$ representing the total target population to be served each year.¹⁰

The total target population for the NFP program is 1,134 first-time mothers to be served each year.

⁸ NYS Department of Health. Average calculated over five year period for Monroe County 2004-08.

⁹ Numbers for 2007, the latest year breakdown information is available.

¹⁰ One additional important factor to be considered is Medicaid as a source of funding. Medicaid Targeted Case Management (TCM) funding has been approved by NYS for the Monroe County NFP program as a funding source that will cover ~ 35% of the total program cost. In NYS Medicaid eligibility for pregnant women and infants covers all women up to 200% of the Federal Poverty Level through the first year of the child's life, before eligibility drops to 133% of FPL at child age of 1 year. If the Monroe County NFP program were willing and able to only serve women and children eligible for Medicaid in the second year of life at the 133% FPL eligibility level, the number of second-year participants might drop from 504 to an estimated 336, for a total 2-year target enrollment of 966 (630 + 336), instead of our estimate above of 1,134.

	Births	% of Total
Average Births per Year	8,658	
Medicaid Births per Year	3,319	38%
First Time Medicaid Births	1,260	38%
Annual Target Eligible Population	630	50%
2-Year Target Population (with ~80% retention rate in 2nd year)	1,134	13%

Source: Monroe County Department of Health. Calculated by CGR/TCA.
Notes: Total births represent the average of 2004-08. Medicaid birth data from 2007. Target population based on 50% penetration factor recommended by National NFP.

Quality Definition: NFP

NFP is an evidence-based program and therefore satisfies the definition of quality. In fact, the premier, independent, non-partisan Coalition for Evidence Based Policy in Washington DC has designated the NFP program as one of only six programs meeting the Congressionally-established “Top Tier” evidence standard. The Monroe County NFP program operates with a high level of “fidelity” or adherence to the proven program model through collaboration and data-sharing with the Nurse-Family Partnership National Service Office. The National Service Office provides training and support services to ensure that the model is precisely replicated in communities, leading to improved outcomes for both mothers and children.

Current Baseline Participation: NFP

The current funded capacity of the Monroe County NFP Program is 325 families, with an estimated cost of \$3,800/family per year, based on historical data for Monroe County. Recent communication from the Department of Health, however, states that a more realistic program cost is \$4,100 per family per year. This means the current capacity of the program would be 300 families. The highest caseload of families actually served in 2009 in Monroe County, according to the December 2009 data report from the NFP National Service Office, was 258. The caseload as of the fourth quarter of 2009 was 229 families. As of December 31, 2009, the cumulative total number of families served by the NFP program in Monroe County since its inception is 494 families.

Gap: NFP

The gap between the current level of funding capacity for 300 families and the estimate of local need of 1,134 is 834 families. At an estimated cost per family of \$4,100, the total amount of funding necessary to meet the full estimated need per year would be \$4,649,400, and the current funding gap per year would be \$3,396,444 (see current funding level in Table 5 below).

The annual total cost of serving 1,000 families per year would be \$4.1 million, with a need for about \$2.85 million per year, over and above current funding levels.

However, to meet the slightly more conservative original *Community Action Plan* goal of 1,000 families served per year by 2015, the gap between current capacity and meeting the goal would be 700 additional families. The annual total cost of serving 1,000 families per year would be \$4,100,000, with an additional need for about \$2,847,000 per year, over and above current funding levels indicated below.

Investment Map: NFP

The NFP program has a budget of \$1.25 million. 2009 funders for the Monroe County NFP program are presented in Table 5.

United Way of Greater Rochester	\$354,823
New York State Community Optional Preventive Services (COPS)	\$798,133
Monroe County	\$100,000
Total:	\$1,252,956

Source: Compiled by CGR/TCA

There are several approved and potential sources of future funding for the NFP program which, should local leadership support new funding sources, may make it possible to begin to expand the program incrementally toward the 2015 goal. For example, 100 – 150 additional families per year would add additional costs of \$410,000 - \$615,000 per year. Potential future funding sources include:

1. Monroe County and New York City, in conjunction with NYS, applied for and received approval for a Medicaid State Plan Amendment that will, based on time analysis studies conducted for the NFP program in the two regions, fund ~35% of the total program costs of NFP now and in the future. Although the plan has been approved and time analyses completed, Medicaid reimbursement has not yet been received. It is expected that reimbursement will begin this Spring 2010 and will be retroactive for the period of roughly one year from the time when it was approved vs. implemented. This Medicaid State Plan Amendment is currently part of a five-year NY State Demonstration Project. In other states, Medicaid funding originating with such demonstration or pilot projects has been permanently implemented based on the effectiveness of the NFP program.
2. In the 2009-10 NYS budget, there was a \$5 Million line item for funding specifically for NFP statewide through TANF ARRA (stimulus) funding. It would be distributed through NYS DOH, and Monroe County is currently slated to receive a share of

A Medicaid Plan Amendment could fund some 35% of the NFP program costs in the future.

\$509,000 that would need to be spent by the County within two years.

However, this \$5 Million line item has now been eliminated in the 2010-11 proposed NYS budget, although child and home visitation advocates are seeking its reinstatement. There is a reasonable chance of its reinstatement because currently proposed Federal funding (see below) is prioritized to states and communities already demonstrating investment in evidence-based home visitation services.

3. The Society for Protection and Care of Children (SPCC) in Rochester is the recipient of a Federal Administration for Children and Families (ACF) grant that currently supports home visitation in Monroe County. Originally intended as a 5-year grant, it now appears that funding will end at the completion of Year 2 in September 2010. (For more information, see the section below under Building Healthy Children.) This year, the County Legislature has approved that the NFP Program will receive \$56,761 from the SPCC ACF grant to support its work.
4. The County is the recent recipient of a 5-year NYS DOH “Healthy Mom - Healthy Baby perinatal system of care and home visiting grant” of \$327,523/year. The first year of funding for the grant (2009-10) is dedicated to planning, with years 2 through 5 of funding for implementation, including screening, coordination of referrals, and home visitation. NFP and other home visitation programs in the County could receive some funding from this grant.
5. Federal funding for evidence-based home visitation is a high priority of the current federal administration and is likely to be enhanced in the Federal Budget this year either in conjunction with health care reform legislation or separately. Two current potential sources of future funding for NFP are as follows: A) There is an enhanced Medicaid Nurse Home Visitation Option for reimbursement in Section 1713 of the Affordable Health Care for America Act (H.R. 3962) that would effectively at least double the amount of Medicaid reimbursement able to be provided for Nurse Home Visitation. Between 70% and nearly 100% of the total annual program costs for NFP for Monroe County at current or expanded levels of service would be covered by this option if enacted. B) There is anticipated enactment of a broader Federal home visitation grant program that is currently included in health care reform legislation in Congress. Both the Senate and House Health Care Reform Bills, as well as the President’s proposed

budget, contain enhanced funding for evidence-based home visitation. The Senate Bill would provide \$1.5 billion in mandatory funding over five years (starting with \$100 million in 2010). The version passed by the House placed the funding at \$750 million over five years (starting at \$50 million in 2010). Of note, this would represent minimally in year 1 alone (2010) 5 times more federal funding than was available when SPCC and Monroe County were successful in obtaining a federal ACF grant.

Building Healthy Children

Note: The 2010 Community Action Plan does not include an explicit goal for Building Healthy Children (BHC). BHC was added to the Home Visitation Section of this report at the request of the community leaders.

Building Healthy Children (BHC) is a collaboration between the University of Rochester/Mt. Hope Family Center, Society for Protection and Care of Children (SPCC), and Monroe County to offer home visitation to the families at the University of Rochester Strong Pediatrics Practice with “clients who were under 21 years of age before giving birth to their first child and have no more than 2 children under the age of 3; TANF eligible and no indicated CPS reports.”

BHC began as an initiative funded by the United Way of Greater Rochester and Monroe County as a Community Optional Preventive Services Program in 2007. In October 2008, additional federal funding from the Administration for Children and Families was received to enhance the BHC program as below.

According to the information supplied by Monroe County DHS, “the BHC program referenced is the original program that began enrolling clients in July 2007. The Federal ACF grant was awarded October 1, 2008; the first year of the 5 year grant was a planning year. The grant was to do 2 things: 1) expand BHC’s capacity and 2) offer the evidence-based interventions that are part of BHC (IPT, CPP, and Incredible Years), to NFP clients.”¹¹

¹¹ IPT is Interpersonal Psychotherapy, an evidence-based treatment for mothers with depression. It is provided by trained therapists in a 12 week program. CPP is Child Parent Psychotherapy, an evidence-based intervention for parents and children where there is already exposure to violence, such as domestic violence or child abuse. Therapists meet with both the parent and child weekly for 10-12 months. Incredible Years is a proven effective parenting class. It is conducted in groups in a 12 to 14 week session and is for parents of 2- to 8-year-old children.

BHC uses the Parents as Teacher Home visitation model with the addition of Child Parent Psychotherapy (for children exposed to interpersonal violence), Interpersonal Psychotherapy (for mothers with depression), “Outreach Services,” and Incredible Years (parenting classes), as appropriate. It should be noted that not all families receive each of these services. Services are based on assessed need (e.g., if a mother exhibits symptoms of depression, then she would receive Interpersonal Psychotherapy [IPT]).

As of September 30, 2009 there were 217 families enrolled in BHC as a research study: 108 families enrolled in the treatment group (receiving the services above) and 109 in the comparison group (receiving usual assessments and referrals).

As of December 2009, there were 229 families enrolled in BHC, including 120 families enrolled in the treatment group (receiving the services above).

Universe: BHC

The population of families served by BHC is fairly unique as described above. BHC is currently being evaluated to determine its level of effectiveness for the given population, and so the universe for BHC is not yet determined.

As a rough approximation of potential need per year, if we broadly consider the families being eligible for home visitation as low-income (TANF or Medicaid), there were 3,319 Medicaid births in Monroe County in 2007. Of these, ~80% are to women with 0 or 1 child, so there are 2,655 births/year theoretically eligible for BHC, if the program is limited to women with not more than 2 children.

The population might be further limited by the woman’s age at first birth or enrollment in a particular pediatric practice, as noted above. With regard to age, for example, the number of births to teenagers (up to and including age 19) in Monroe County in 2007 was 1,677.¹²

Quality Definition: BHC

BHC is currently being evaluated. Data provided by County DHS are aggregate data for both the treatment and control group together and do not provide for comparison between groups. As of September 2009, 209 of the 217 families enrolled (96%) had avoided an indicated Child Protective Services (CPS) report and 215 (99%) had avoided foster care

¹² NYS Department of Health

placement. Because these combined percentages are so high, the numbers suggest that there are no significant differences between program and control groups on these outcome measures.

The BHC report also notes that “57 young mothers have already increased self-sufficiency by achieving their treatment goals in their area of employment or education.” Further, “these mothers are part of the 120 families who are receiving one or more of the evidence-based interventions mentioned” (part of the treatment group). It is unclear what the comparison/control group has achieved with regard to these employment or educational goals or whether similar goals have been established in the group.

BHC is perhaps best viewed as a “promising” program whose research evidence is currently being collected. Of note and importance, BHC is based on a constellation of programs including ones that have a high level of evidence to support them, though the evidence does not necessarily support how well these programs may or may not function when combined. In addition, the selection criteria for participation mean the population being served is both highly vulnerable and fairly unique. The population served is an important part of any evaluation of a program’s effectiveness. Though prior peer-reviewed, independent studies have looked at the effectiveness of the Parents as Teachers home visitation model, for example, we were unable to find robust evaluations of PAT for only clients under 21 at first birth.

It seems reasonable to conclude that this BHC program should be viewed as a promising initiative, with a control group research study underway, but that it is not reasonable yet, based on available information to date, to state definitively that the program meets the definition of an evidence-based or quality program. Such information may become available as the research progresses, but at this point no definitive determination can be made, without further examination of outcomes and costs per case and cost/benefit ratios (see investment section below).

Current Baseline Participation: BHC

As of September 2009, 108 families were enrolled in the BHC program. Of those, 94 were active and receiving services. An additional 109 were in the comparison group. Updated information provided by DHS in February indicate that 120 clients were enrolled in the treatment group from August 2007 to December 2009. Of these, 86.7% (104) were continuing in the program, 6.7% (8) completed the program, 5% (6) had dropped out of the program, and 1.7% (2) were deemed inappropriate due

to severe mental illness or mental retardation preventing them from understanding program content.¹³

Gap: BHC

It is difficult to calculate the exact gap for the BHC program without further clarification of the specific population to be served, any limitations around the age of the child or children in terms of entry to the program, and length of time of service in the program, as noted above in the “Universe” section. Furthermore, no goal has yet been set for numbers to be served by the program in future years, thus precluding an ability to determine the gap between current participation and the stated goal.

Investment Map: BHC

BHC is currently funded through Monroe County via the NYS Community Optional Preventive Services (COPS) waiver process. The United Way of Greater Rochester’s contribution to the program has been \$500,000 per year for the past four years. The total amount of funding for 2009 via COPS is \$1,377,410 which includes \$500,000 as donated funds from the United Way to cover the 36.3% local share.

The 2009 cost per family in the treatment group receiving the BHC intervention is \$1,377,410 divided by 120 = \$11,478 per family. It should also be noted that 229 (treatment and comparison) represent the cumulative enrollment to date with a few exceptions—6.7% (8) of families have graduated the program. We do not have annual enrollment figures since the program’s inception in 2007. The program has received funding of ~ \$700,000 in 2007, ~ \$900,000 in 2008, and \$1,377,410 in 2009. Cumulative funding for 2007-2009 is roughly totaled at \$2,977,410 to serve a total of 120 families with the intervention (\$24,811/family served). We recognize, as noted above, that there is an important planning and evaluation component to this program that contributes to the cost.

The Society for Protection and Care of Children (SPCC) received a 5-year federal grant (~\$500,000 per year) from the Administration for Children and Families (ACF) to expand BHC’s capacity and offer some of the BHC interventions to NFP families. The ACF grant began in September 2008 with Year 1 as a planning year and Year 2 (starting September 2009) as the first implementation year. Recently SPCC has been informed that, due to anticipated changes in federal funding for home visitation in association with health care reform and the new administration, it is likely that funding will end for the ACF grant in September 2010.

¹³ Three of the six clients who dropped out of the program had moved out of the area, and a fourth died.

The dollar amounts from the ACF grant are not included in the calculations or figures above with regard to the funding of BHC.

SECTION TWO: EARLY CARE AND EDUCATION

Community Action Plan Goal: Increase the number of children in quality child care and early learning settings by 20% by 2015.

The use of “child care” has increased greatly as family dynamics have changed over the years. Currently, 72% of Monroe County families do not have a stay-at-home parent.¹⁴ When they go to work, parents need a safe place to leave their children. Some parents choose to place their child in a home-based setting, some choose a center, and many, when their child is turning 4, choose school-based settings. The setting is best chosen by the parents, and all of these settings can be appropriate choices: what matters is not the type of setting chosen, but rather the level of quality of care delivered within that setting. Quality care can happen in all settings.

Quality matters because over the last 40 years research into “child care” (described here as Early Care and Education) has shown that when vulnerable children spend their early years (0-5) in high-quality settings, they do better in school and life: vulnerable children achieve more in math and reading when they get to school, have better coping skills and fewer behavior problems, are less likely to need costly special education services, and increase their chances of high school graduation.

This Best Solution Area is divided into two sub-sections:

Early Care Settings: Includes information on home-based and center-based child care for children ages 0 to 5 (before they begin kindergarten) and Early Head Start programs for children ages 0 to 3.

Universal Pre-Kindergarten (UPK): Includes information on both Universal Pre-K and 4-year-old Head Start classrooms.

Each sub-section includes measures of the target population, baseline participation, and quality standards specific to that setting. To present a fuller picture of this Best Solution Area, later in this section we apply the 2015 goal to increase the number of children in quality settings by 20% to early care settings and UPK collectively. We further present the gap and

¹⁴ 2006-08 American Community Survey

investment map for all early care and education settings together, paying particular attention to the current use of child care subsidies.¹⁵

Early Care Settings

Universe: Vulnerable Children in Need of Early Care Settings

In alignment with the goals of the *2010 Community Action Plan*, we define the target population of vulnerable children needing early care as children 0 to 5 years old prior to kindergarten entry who fall below 165% of the federal poverty level and live in households without a stay-at-home parent.¹⁶ Children ages 6 to 12 who attend child care programs are considered in After-School programming in Section Three of the report.

Primary Focus on Lowest-Income Children

We chose to focus on children and families with family incomes below 165% of the poverty level for several reasons. First, the 165% level represents the current County eligibility level for accessing subsidized child care. Also, data is quite limited to allow for analysis on where all 0 to 5-year-old children in Monroe County are finding early care. As a community, we have the most consistent information on activity for the providers who receive Monroe County subsidies (those below 165% of poverty). Further, research indicates that these families living on very low income show the best outcomes from participating in high-quality early care and education programs.

Table 6 shows nearly 13,500 children ages 0 to 5 in Monroe County are living below 165% of the poverty level. In the City of Rochester, 60% of all children 0 to 5 are living below 165% of poverty, compared to 12% of suburban children.

Two-thirds (66%) of all households in the County with children 0 to 5 have working parents (either a single parent or two working parents), as shown earlier in Table 3 in the report). It is assumed that most of these

¹⁵ It is important to note that participating children may overlap between the various settings during different parts of their day. Estimated counts are *not* exclusive and in many cases will overlap, though the extent of the overlap is currently not possible to determine. For example, since Universal Pre-Kindergarten (UPK) programs in the City of Rochester are half-day, children who attend a Rochester UPK class may also attend child care in a center or in a home (and sometimes both) and many use a child care subsidy to pay for that care.

¹⁶ For the purposes of this report, “vulnerable children” are defined as those living below 165% of the Federal Poverty Level.

parents need child care. Applying this percentage to the number of low-income children 0 to 5 in the County, *the target universe for children needing early care is 8,898.*¹⁷

	City	Suburbs	Monroe County Total
0 to 5 Total Population	15,797	34,423	50,220
Children Living below 165% Poverty	9,429	4,052	13,482
% of Total Children 0 to 5	60%	12%	27%

Source: 2006-08 ACS and 2007 CGR report on subsidized child care in Monroe County.

Note: Does not include children living specifically at 165% FPL as ACS data reports in 10 point increments.

Stretch Goal of Children up to 200% of Poverty Level

For this report we focus on the 165% threshold standard to realistically address the families hardest hit economically in our community. However, it is important to not lose sight of the stretch goal of serving families up to 200% of the poverty level. New York State has set 200% of the federal poverty level as the threshold of “very low income” for establishing state-wide eligibility for child care subsidies. Individual counties have the decision-making power to set priorities for subsidy receipt to levels below 200% if funding is limited, as Monroe County has done by varying its thresholds from 125% to the current 165% level.¹⁸

Nearly 8,900 children living below the 165% poverty level, ages 0 to 5 in Monroe County, are in need of early care. This need grows by over 1,900 children, to a total of over 10,800, up to the 200% poverty level.

Table 7 shows nearly 16,400 children ages 0 to 5 in Monroe County are living below 200% of poverty. Applying the 66% figure of households with working parents, the target population for early care, using the 200% of poverty level, would grow by over 1,900 children to a total of 10,815.

	City	Suburbs	Monroe County Total
0 to 5 Total Population	15,797	34,423	50,220
Children Living below 200% Poverty	10,643	5,743	16,387
% of Total Children 0 to 5	67%	17%	33%

Source: 2006-08 ACS and 2007 CGR report on subsidized child care in Monroe County.

Note: Does not include children specifically living at 200% FPL as ACS data reports in 10 point increments.

¹⁷ Calculated as 66% of the 13,482 Monroe County children ages 0 to 5 living below 165% of poverty.

¹⁸ Child Care and Development Fund Plan for New York State, FY 2010-2011.

Quality Definition: Early Care Settings

Early care and education is available in six primary settings. One of these, Universal Pre-K, is discussed in the next sub-section. The other five settings of early care include:

- **Day Care Centers:** Provide care for more than six children at a time, not in a personal residence.
- **Family Day Care Homes:** Provide care for three to six children at a time in a residence; may add one or two school-age children. The maximum allowable number of children will depend on whether, and how many, infants are in care.
- **Group Family Day Care Homes:** Provide care for seven to twelve children at a time in a residence; may add one or two school-age children.

Each of the three settings listed above can serve children ages six weeks through twelve years and operate for more than three hours a day.¹⁹ A provider must use an assistant when more than six children are present.

- **Legally-Exempt:** Care is provided in a residence for one or two children and is exempt from licensing and registration requirements; this can include relatives (e.g., grandparents caring for children).
- **Head Start / Early Head Start:** Early Head Start provides care services for low-income children from birth through age three. Head Start is a preschool program for 4-year-old low-income children and may include Universal Pre-Kindergarten programming during part of the day.²⁰ Children in four-year old Head Start classrooms are included in the subsequent UPK section of the report, while children in Early Head Start programs are included as part of the calculations for early care settings.

Within these settings there is a range of quality. It is possible to receive high-quality or low-quality care from a relative, from a provider who works out of her home, or from a center in a professional building. To estimate the number of children in high-quality early care and education settings, we drew on research and consultation with early childhood

¹⁹ New York State Office of Children and Family Services.

²⁰ May include children who are 3 years old at enrollment.

experts. Based on these findings, we estimate the number of high quality settings for Monroe County through the following measures for each type of setting:

- **Day Care Centers:** To estimate how many high-quality Day Care Centers we have, we reviewed Child Care Council data to determine the number of all centers that are “accredited.” To earn accreditation, a center is assessed on a collection of national standards that are indicative of providing care that improves child development.

It should be noted that there are centers that are high-quality but are not accredited for a variety of reasons, such as the particular center choosing not to seek accreditation. However, at this time, there is no standard assessment conducted of these other centers and it is not presently possible to accurately assess the level of quality of non-accredited centers at a community level. Therefore the number produced through this method of equating quality with accreditation only provides a *conservative* estimate of the number of quality centers in our community and undercounts the actual number of quality sites and children served by them. Analysis of the Child Care Council data shows that 24% of centers in Monroe County are accredited. *Thus, we employed a conservative estimate that 24% of Monroe County child care centers provide quality care.*

We employed a conservative estimate that 24% of Monroe County child care centers provide quality care.

- **Home-Based Child Care:** Home-based settings (family, group, and legally-exempt providers) can also go through an accreditation process. However, like center-based care, there are home-based settings that are high-quality but not accredited for a variety of reasons. A more accurate estimate of quality settings can be assessed using the Family Child Care Environmental Rating Scale (FCCERS). This scale is considered the National Standard for rating home-based child care settings and a 5 or above (out of a possible 6) represents a quality environment.²¹

Family Day Care: To estimate how many high-quality Family Day Care Homes exist in Monroe County we utilized national

²¹ We also reviewed the local research by the Cornell Early Childhood Program in 2008, but ultimately determined, with the Cornell researchers, that these findings were not representative of the entire population of providers. McCabe, Lisa A. and Moncrieff Cochran. *Can Home Visiting Increase the Quality of Home-based Child Care? Findings from the Caring for Quality Project.* The Cornell Early Childhood Program, October 2008.

level research on the average quality of Family Day Care Homes which found that approximately 10% of Family Day Care Homes receive a score of 5 or above on the FCCERS.²²

Group Day Care Homes: To estimate how many high-quality Group Day Care Homes exist in Monroe County, we applied the findings from research conducted locally by the Children's Institute through the Partners in Family Child Care Project. The 2008-09 Year 1 data show that 15% of Family Day Care Homes receive a score of 5 or above on the FCCERS.²³

Legally-Exempt: To assess legally-exempt home-based care, we relied on National level research which estimates that 3% of legally-exempt homes providing child care score a 5 or above on the FCCERS.²⁴

- **Early Head Start:** For the purpose of this study, we consider all Head Start classrooms to be a quality setting, because the programs and curriculum are research-based.

Based on the above factors, Table 8 provides a summary of the proportion of providers estimated to offer quality care to children. These are the best estimates available on the number of quality child care settings that exist in our community. However, they are limited by the parameters outlined above. Further local survey work, which would scan across both home-based and center-based settings, could establish more accurate local estimates. Later in this section, we apply these same proportions to the numbers of children receiving child care in these different types of settings to estimate the numbers of young children served in quality settings.

²² Galinsky et al. Study of Children in Family Child Care and Relative Care. 1994. Helburn and Howes. Child Care Cost and Quality. 1996.

²³ Peterson, Shira A and Melissa Weber. Partners in Family Child Care 2008- 2009 Year 1 Report. Children's Institute. October 2009. Quality figure is rounded.

²⁴ Kontos et al. Quality in Family Child Care and Relative Care. New York Teachers College. 1995.

Setting Type	Quality Estimate	Quality Measure
Day Care Centers	24%	Accreditation
Family Day Care Homes	10%	FCCERS score of 5 or above
Group Day Care Homes	15%	FCCERS score of 5 or above
Legally-Exempt Homes	3%	FCCERS score of 5 or above
Early Head Start	100%	Research-Based

Source: Compiled by CGR/TCA

Notes: FCCERS (Family Child Care Environmental Rating Scale).

Current Baseline Participation: Quality Early Care Settings

In order to establish a baseline number of children currently served by quality early care settings, we first outline below the number of subsidized children in early care settings in general, and the number of children served in Early Head Start programs for ages 0 to 3.

Vulnerable Children Served by Early Care Settings

In 2009, an average of 4,550 children under six received child care subsidies each month in Monroe County. This number has been declining slightly over the last five years.

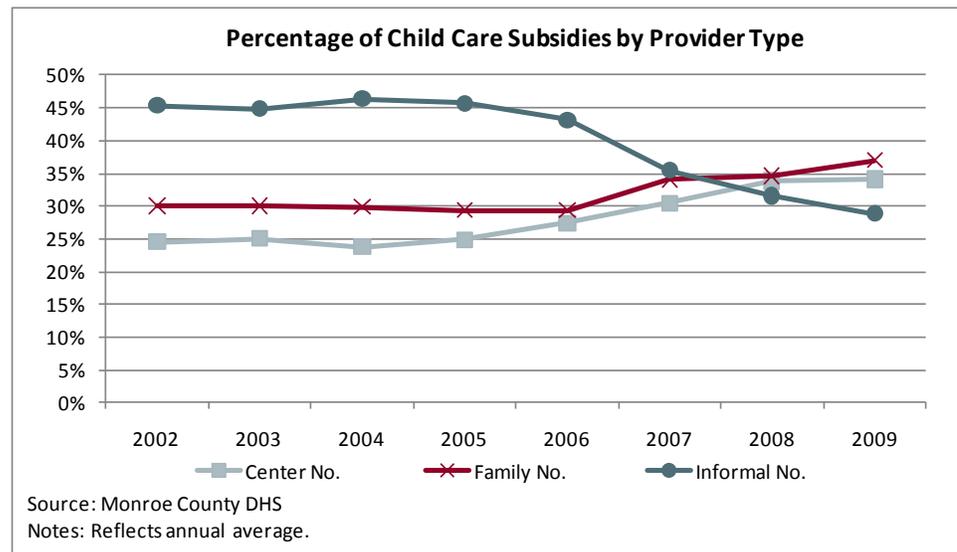
Ages	2005	2006	2007	2008	2009
0 to 1	1,325	1,326	1,367	1,338	1,282
2 to 3	1,818	1,784	1,795	1,769	1,805
4 to 5	1,734	1,657	1,589	1,536	1,463
Total	4,877	4,767	4,751	4,643	4,550

Source: Monroe County Department of Human Services

Notes: Figures represent monthly average. Includes payments paid for Income-Eligible (IEDC) and CC\$; includes average total authorization for Family Assistance, Preventive/Protective, and Title XX, though payments may not have been made.

Parents of children receiving subsidies make their own choices about the child care providers their children attend, based on a number of factors. Data indicate that these children are increasingly attending center-based and family-based child care programs. The number of children attending informal settings (legally-exempt) continues to decrease from 45% of children in 2002 to 29% in 2009 (Graph 1). This trend is representative of all subsidized children, ages 0 to 12, receiving child care subsidies in the County.

GRAPH 1



Children under six may also be served by Early Head Start or Head Start programs. In the City of Rochester, all Head Start programs are administered by the non-profit agency Action for a Better Community (ABC). Head Start classrooms may also offer UPK programming for part of the day. Children enrolled in Head Start four-year-old classrooms, including UPK programming, are discussed in the UPK sub-section below.

ABC's Early Head Start programs currently serve an estimated 682 children, ages 0 to 3.²⁵

Just over 5,200 vulnerable children under 6, or 59% of the target population, are currently served in subsidized early care settings and Early Head Start settings.

Table 10 indicates 5,232 children under 6 and in families below 165% of the poverty level, or 59% of the target population, are currently served in subsidized early care settings and Early Head Start settings.²⁶

²⁵ Number provided by ABC for children enrolled for February 2010, excluding 11 pregnant women part of the reported count. Monthly enrollment figures will fluctuate.

²⁶ Includes a relatively small number of children receiving Facilitated Enrollment subsidies up to 275% of the Federal Poverty Level.

Target Population	8,898
Subsidized Child Care	4,550
Early Head Start (0 to 3)	682
Total in Early Care Settings	5,232
% of Kids Served	59%

Source: Calculated by CGR/TCA using 2006-08 ACS and Monroe County DHS
 Notes: Target population of 0- to 5-year-olds below 165% poverty with working parents.
 Subsidized child care represents 2009 monthly average.

Children Served in Quality Settings

In order to estimate the number of children served in quality settings, we first applied the quality estimates for each setting for subsidized children (Table 11). Child care subsidies are a critical resource that provides low-income families the opportunity to secure employment. Subsidies are allocated through the Monroe County Department of Human Services, yet it is the parents and caregivers who determine where and in what type of setting the subsidy is ultimately used.

Only an estimated 611 children, or 13%, of all kids ages 0 to 5 receiving subsidies, are in quality settings, not including Early Head Start. Recent years show a trend of children increasingly finding care in center and family-based settings, and fewer in informal or legally-exempt settings, which typically have lower quality ratings. Despite this, the estimated number of subsidized kids in settings deemed by research findings to qualify as quality settings remains low. This may be partially explained by the level of annual subsidies received per child (ranging from \$4,500 with facilitated enrollment to \$7,960 for prevention/protective subsidies) that is well below the estimated annual cost for a quality early care setting (ranging from an average of just over \$9,000 for children in family group settings to over \$12,000 for center-based care).²⁷ Due to subsidy funding limitations, this presents a great challenge to the community of how to provide higher-quality, and generally higher-cost, care to more children without reducing the total number of children and families currently receiving critical funding subsidies. Additional resources from across funding sources are needed to support parents' ability to find quality care for children through increased availability and affordability of quality care settings throughout the community.

²⁷ Based on NYSOCFS average market rates plus 10% differential for accreditation.

	% of Kids by Setting	Number of Kids 0 to 5 by setting	Quality Overlay by Setting	Number of Kids in Quality Child Care
No. in Center-Based	34%	1,554	24%	373
No. in Family-Based	37%	1,681	12%	199
No. in Informal	29%	1,315	3%	39
Total	100%	4,550	13%	611

Notes: Percent of kids by settings reported for all kids 0 to 12. County definition includes informal as legally-exempt and group as family-care. Family-based quality includes 36% of kids in group-settings and 64% in family-care settings.

Early Head Start programs meet the stated definition of quality and therefore all children attending Head Start programs are considered as receiving quality care. Combining the number of kids served in quality subsidized care settings with the number of children 0 to 3 in Early Head Start programs, we estimate, as shown in Table 12, that *only 14.5% of our vulnerable children are being served in quality early care settings, exclusive of UPK and Head Start* (see below). This represents 1,293 children in our community in quality settings (not counting UPK/Head Start).

	Number of Kids	% Quality	Number of Kids in Quality Settings
Target Population	8,898		
Subsidized Child Care Settings	4,550	13%	611
Early Head Start Classrooms (0 to 3)	682	100%	682
Total Children Served	5,232		1,293
% of Kids Served	59%		15%

Source: Calculated by CGR/TCA based on 2006-08 ACS, RCSD, Head Start and Monroe County DHS. Notes: Target population of 0- to 5-year-olds below 165% poverty with working parents.

The community goals for increased numbers of children in quality early care settings, the gaps between the numbers above and those goals, and the investments needed to fill the gaps, are combined with UPK gap and investment data to create overall early care and education gaps and investment maps following the UPK discussion immediately following.

Universal Pre-Kindergarten Programs

For the last 10 years, the Rochester City School District (RCSD) and Rochester's community-based organizations (CBOs) have worked

together to aggressively pursue State funding reserved for Universal Pre-Kindergarten (UPK) classes in order to offer early education opportunities to as many of Rochester's children as possible. Children attend half-day programming, with wrap-around services available for those who need it through community partners.

In this sub-section we focus on where 4-year-olds in the City of Rochester are accessing early care and education opportunities, separate from the early care settings addressed above. We include all UPK classrooms, those provided by the Rochester City School District and its partner CBOs, as well as Head Start classrooms serving four-year-olds, not in UPK. Head Start classrooms that are not official UPK classrooms follow a similar curriculum and standards and thus are grouped in this section.

Universe: UPK

The target population for UPK programs is all students who are eligible for kindergarten the next year. For the purpose of this study, we define the target population as the 2,578 4-year-olds in the City of Rochester, regardless of income.²⁸ While public Pre-Kindergarten programs are offered in the suburbs, the target population for suburban Pre-K programs varies (e.g, focus on developmental delays), and quality measures for all suburban programs are not available. Our focus for the UPK universe is thus on the City.

Quality Definition: UPK

Rochester's UPK: Twelve years ago the Greater Rochester community created the Rochester Early Childhood Assessment Partnership (RECAP) in order to track accurate, reliable, and valid information regarding outcomes associated with children attending Rochester's UPK classrooms. This annual assessment has analyzed 66% of Rochester's four-year-olds since 1999 and includes all Universal Pre-K Programs. The latest report shows that Rochester's UPK classrooms continue to be some of the best in the nation. On a scale from 1-7, where 5 is quality and 7 is excellent, Rochester continues to score an average of 6.1, with all classrooms analyzed scoring 5 or better.²⁹ Given this, all students enrolled in a UPK program in the City are considered to be in a quality early learning setting.

²⁸ 2006-08 American Community Survey and U.S. Office of Juvenile Justice and Delinquency Prevention, 2008 population estimates. City 4-year-old population calculated by CGR/TCA.

²⁹ Rochester Early Childhood Assessment Partnership (RECAP) 2008-09 Annual Report and Technical Summary. Children's Institute, October 2009.

Rochester's Head Start 4-year-old classrooms: Head Start programs are research-based. For the purpose of this study, we consider all Head Start classrooms to be a quality setting. We acknowledge there may be variations of the level of quality between classrooms.

Current Baseline Participation: UPK

UPK programs are programs dedicated to preparing 4-year-olds for school entry. They are provided by school districts and community-based organizations (CBOs) that partner with the districts, including Head Start.

Each district has a choice whether to receive State funding to provide UPK programming. If they offer classes, they are required to contract at least 10% of the programming with nonprofit organizations. In the City of Rochester a higher percentage of children attend UPK programs at CBOs than directly through the district. Head Start classrooms may also provide UPK programming for a portion of the day.

As shown in Table 13, UPK classrooms in Rochester can serve nearly 2,500 children, yet run between 74% and 78% of their capacity in the past three years.

	2006-07			2007-08			2008-09		
	Enrolled	Capacity	%	Enrolled	Capacity	%	Enrolled	Capacity	%
RCSD-Based UPK	752	900	84%	801	972	82%	832	990	84%
CBO-Based UPK	912	1,224	75%	1,025	1,386	74%	1,018	1,494	68%
TOTAL	1,664	2,124	78%	1,826	2,358	77%	1,850	2,484	74%

Source: RCSD and NYSED

Notes: Community-Based figures include UPK at Head Start Programs.

Rochester is currently serving 87% of the target UPK population.

Head Start 4-year-old classrooms, not including Head Start UPK, are currently serving an additional 396 kids.³⁰ Thus the total number of 4-year-olds in the City of Rochester currently served by UPK or Head Start is 2,246. When looking at the combined number of 4-year-olds served by UPK or Head Start, Rochester is currently serving 87% of the target UPK population.

³⁰ Provided by ABC enrollment figure for February 2010.

Total Early Care and Education Gaps and Investments

The concluding sections of this early care and education chapter focus on the cumulative quality gaps and investments across both early care settings and UPK/Head Start programs.

Gap: All Quality Early Care and Education Settings

The target group of 8,898 children estimated to need early child care who live below 165% of the federal poverty level may find services through multiple care settings including subsidized child care providers, Head Start, and UPK. Of the primary settings for which we have available data, we can estimate the quality level of settings for 84% of the target population. This indicates we have poor information on where the remaining 1,420 kids are finding care.³¹

We estimate that 40%, or nearly 3,540 kids are currently receiving quality programming.

Of the children engaged in the primary early care and education settings as defined in this report, based on available data *we estimate that 40%, or nearly 3,540 kids are currently receiving quality programming, including UPK and Head Start* (see Table 14).

	Number of Kids	% Quality	Number of Kids in Quality Settings
Target Population	8,898		
Subsidized Child Care Settings	4,550	13%	611
Early Head Start Classrooms (0 to 3)	682	100%	682
Head Start 4-year-old Classrooms	396	100%	396
UPK Programs (RCSD & CBOs)	1,850	100%	1,850
Total Children Served	7,478		3,539
% of Kids Served	84%		40%

Source: Calculated by CGR/TCA based on 2006-08 ACS, RCSD, Head Start and Monroe County DHS. Notes: Target population of 0- to 5-year-olds below 165% poverty with working parents.

³¹ Due to the lack of available local data, we cannot account for all quality settings. This could result in an undercount of the number of children currently participating in quality early care. We also may be overestimating to some extent due to duplication of children between settings. It is not possible to accurately estimate the amount of this undercount or overestimation; however we believe these may essentially cancel each other out.

To reach the 2015 goal, our community would need to serve an additional 708 children in quality care settings, which would bring the total number of children served in quality settings to 4,247.

Reaching the 2010 *Community Action Plan* goal of increasing the number of children in quality early care and education settings by 20% would require the ability of our community to *serve an additional 708 children in quality care settings by 2015, which would bring the total number of children served in quality settings to 4,247 by 2015.*

Investments: Early Care and Education

Based on available data, as indicated in Table 15, our community invested over \$60 million in early learning and care settings in 2009-10. The largest investment is from the Child Care Block Grant (CCBG), distributed by New York State, which covered more than \$21.3 million of the dollars spent on child care subsidies for children 0 to 5.³²

The next two largest investments are the Federal government's investment of over \$15 million in our local Head Start classrooms in 2009-10 (supplemented by an additional \$3.1M from ARRA/stimulus funding) and the New York State Education Department for over \$10 million in 2009-10 to support the City's UPK classrooms. Our top local funders include Monroe County, which this year projects spending an extra \$2.6 million on local share subsidies above and beyond what is required by the State; the Rochester City School District, with its budgeted \$2.8 million for early learning; The Community Foundation, which invested more than \$120,000 in 2009-10; and Rochester's Child, which spent \$85,000 in 2009-10.

Several other items in the table are of note:

- In the past two to three years, Monroe County has experienced a decrease of more than \$1 million from local, private funders that have historically supported quality early care and education for multiple years, but which have now either decreased or eliminated their funding in this area. This is particularly important to note as it is these local, private funders that finance much of the costs behind strengthening the infrastructure of the early care and education system. This loss of funds could, over time, reduce the number of quality settings in our community.

³² Calculated by CGR/TCA using proportion of Income Eligible Day Care (IEDC) dollars spent on children 0 to 5 (63%) applied to total \$33.6M CCBG in 2009-10. Subsidies for children 6 and older are included in the after-school investment section of the report.

Successful community advocacy and aggressive spending by Monroe County, along with ARRA funding, increased funds available for child care subsidies over the past year. However, such levels of funding may be difficult to sustain going forward.

- Monroe County's April 2009 State allocation for child care subsidies was \$7.9 million higher than Monroe County's April 2008 allocation. This increase came as a result of aggressive spending by Monroe County and successful community-wide advocacy. Although it is not clearly reflected in Table 15, due to differing fiscal years within which funding is reported, advocates and the County were successful in leveraging almost \$5 million more in CCBG child care funds in 2009-10 than had been the case the previous year. An additional \$3.1 million was funded by ARRA (stimulus) dollars, but these will end in 2011.

The current New York State budget situation, including the way Stimulus dollars play a role in our current allocation and the increased competition for those dollars by other Counties, indicates simply maintaining the current State allocation to Monroe County and the current number of children utilizing subsidies will be difficult. The current number of children funded is also dependent on an increased level of local tax dollars, which is currently higher than in the recent past.

Table 15: Early Learning and Care Community Investment Summary					
Funding Source	2005-06	2006-07	2007-08	2008-09	2009-10
City of Rochester - Child Care Scholarship Campaign + UPK Transportation	n/a	n/a	n/a	60,000	38,000
Community Foundation	245,145	211,367	248,656	344,585	120,644
Daisy Marquis Jones Foundation	150,000	150,000	141,469	42,650	45,000
Federal ARRA Funding: Subsidies	n/a	n/a	n/a	1,335,508	3,134,339
Halcyon Hill	550,000	600,000	550,000	360,000	n/a
Head Start - ABC (non-UPK)	15,028,632	15,028,632	15,028,632	15,028,632	15,028,632
Monroe County Local Share (MOE of \$4.2M required)	4,221,021	4,221,021	8,486,318	4,394,078	6,821,020
New York State CCBG (inc. FFFS where applicable)	19,560,825	18,486,717	22,543,366	19,720,763	21,296,467
New York State UPK Funding	n/a	9,144,979	10,557,501	10,199,591	10,706,165
RCSD - Early Learning Revenue	n/a	2,837,734	3,252,957	2,899,677	2,784,259
RCSD - UPK Transportation	n/a	n/a	n/a	30,000	30,000
Rochester's Child	195,977	164,056	140,865	233,548	85,159
United Way	350,000	n/a	n/a	n/a	n/a
UPK Transportation - Private Contributions	n/a	n/a	n/a	20,000	n/a
TOTAL	\$40,301,600	\$50,844,506	\$60,949,764	\$54,669,031	\$60,089,685

Source: Compiled by CGR/TCA

Notes: Totals may vary with reported figures as a result of different reporting years. Community Foundation 2009-10 partial year reported. RCSD reflect budgeted amounts. RCSD 2009-10 UPK transportation funds pending. Child care subsidies reported for calendar year by starting year. New York State CCBG amount reflects estimated proportion spent on subsidies for children 0 to 5 only. Monroe County Local Share amount may include a portion of children 6 and older. Table does not include parent co-pays for subsidized care received which we estimate at 29% of public dollar amount.

Gap in Funding

In order to estimate the investment needed to reach the 2015 goal of 20% more kids (708) in quality subsidized early care and learning settings, we focused on increasing the number of kids in quality early care settings. As

discussed above, kids in UPK and Head Start programs are all considered to be in quality settings, with both programs running near capacity. Not including such programs, with only 13% of subsidized children currently in quality settings, the greatest room for improvement is by increasing the number of subsidized children receiving quality early care.

We provide a range of investment needed based on two different sets of assumptions. The first is to estimate what it would cost to provide quality care to a new group of 708 kids not currently receiving subsidized care. The second approach is to consider the investment needed if we moved 708 currently-subsidized kids from non-quality care into higher quality settings by redirecting resources already allocated to their care into quality settings.

Relying on market rates from the New York State Office of Children and Family Services (NYSOCFS), we applied a 10% differential rate for the increased cost in care of an accredited setting (our proxy for determining quality). We further apportioned the 708 kids targeted to reach the 2015 goal to specified settings based on the proportion of where kids 0 to 5 are currently receiving care. This report assumes that none of these children will receive care in a legally-exempt or informal setting, given the rarity of quality in these settings and the absence of sufficient estimates of the cost to raise legally-exempt and informal providers to the agreed-upon quality rating. Given this assumption, the percentage of children currently served by legally-exempt and informal settings (29%) is therefore split equally between center and family day care. The resulting estimate includes 49% of the 708 children being served in centers (347 children) and 51% in Family Day Care (361 children, including children in group family day care).

Once a total investment is calculated to provide the 708 children with quality care, we conservatively estimated the amount of parent co-payments made to providers which could be expected to contribute to the overall investment needed. In 2008, Monroe County raised the required parent co-payment amount from 25% to 35% of a family's discretionary income which is calculated on household income less the poverty threshold amount and is not directly associated with the costs of care. It is impossible for us to estimate the total amount of resources this co-payment totals on a community-wide level because of the way in which co-payments are calculated based on each individual family's circumstances and make-up. To develop a conservative estimate we reviewed co-payments for families at 125% and 145% of the federal poverty level with varying family size and developed an average amount contributed. Based on this analysis, we estimate the investment by parents conservatively at 29% of the public cost of care.

Based on the assumptions above, *we estimate it will require an additional \$5.5 million annually to provide quality care for the 708 new kids to meet the 2015 community action goal* (see Table 16).

	Estimated Quality Weekly Rate	Number of Kids by setting to reach 2015 goal	Additional Annual Investment Needed
Center	\$234	347	\$4,185,792
Family Day Care	\$186	361	\$3,520,608
Total		708	\$7,706,400
Less Estimated Parent Co-Pay Contribution			\$2,157,792
Total Investment Needed			\$5,548,608

Source: Calculated by CGR/TCA

Notes: Quality weekly rate equals current market rate provided by NYSOCFS plus 10% differential for accreditation. Group Family Day Care included in Family Day Care line. Number of kids by settings based on 2009-10 proportion of subsidized kids by provider-type; Informal Care and legally-exempt not included in calculations of quality; kids in informal care settings split evenly between center and family care. Parent co-pay amount is conservative estimate based on analysis of average income-eligible family contributions at 145% and 125% FPL. Estimates reflect ongoing operating costs; does not include investment needed to improve facilities or provide staff training.

Reaching the 2015 goal would require an investment between \$2.5M and \$5.5 M annually, depending on the assumptions made about improving quality of care and the numbers of new students served.

The \$5.5 million investment represents the high-end of the range of resources needed to meet the 2015 goal. *If instead of adding 708 new kids to quality settings, we move 708 currently-subsidized kids for the first time into quality care (i.e., 708 kids served by existing providers that improve the quality of their care, and demonstrate for the first time that they meet quality standards by 2015), we estimate the additional annual investment would be reduced to about \$2.5 million.* Such investments could include supports for increased training and education for child care providers.

Total Investment Needed to Serve 708 Kids in Quality Settings	\$7,706,400
Estimated Current Amount Spent on Care Using Average Annual Subsidy Rate (\$5,738/child/year)	\$4,062,504
Estimated Current Parent Co-Pay Contribution	\$1,163,785
Total Additional Investment Needed	\$2,480,111

Source: Calculated by CGR/TCA

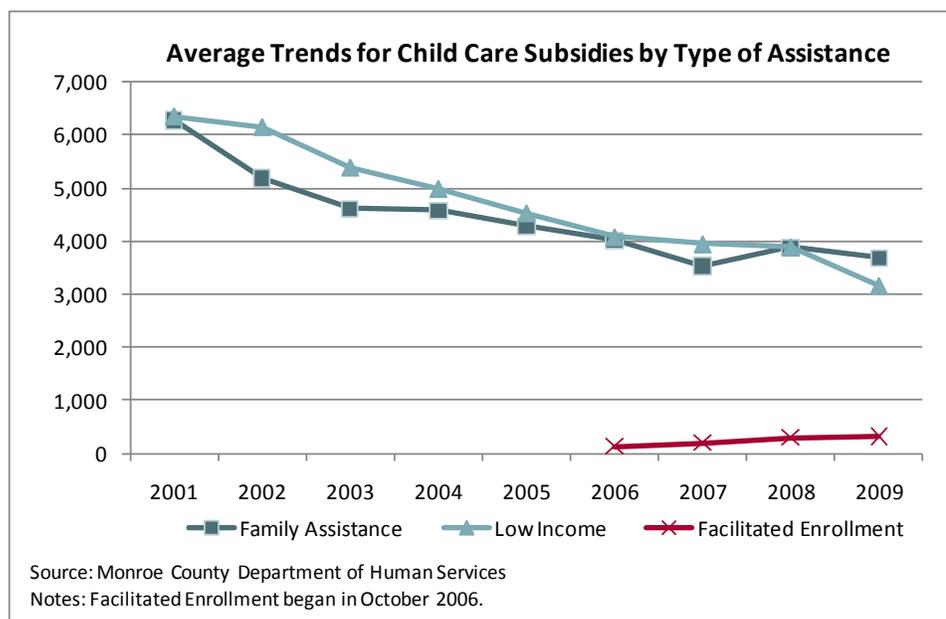
Child Care Subsidies

Child care subsidies each month target several thousand Monroe County children ages 0 to 12 who live in households below 165% of the federal

poverty line. Additional Facilitated Enrollment funding allows for coverage of approximately 300 additional children per month ages 0 to 12, up to 275% of the poverty line. We estimate 30,650 Monroe County children ages 0 to 12 are living below the 165% threshold. This number would grow to over 38,000 children if the threshold for subsidy eligibility were to be increased to 200%.³³ Subsidies are the largest investment in our community in early care and education. They are the critical link between low-income working families and high-quality care—as the high-quality care is almost always more expensive care, with a cost that is prohibitive for low-income working families to have to pay without subsidies.

As shown in Graph 2 below, the average numbers of subsidized children per month have been steadily declining in Monroe County since the beginning of the decade. The numbers reached their nadir in 2009, coincident with state funding reductions in that year.

GRAPH 2



To counter this trend, the 2010 *Community Action Plan* included a goal to increase the number of children receiving childcare subsidies by 500 by 2010, which, as of January 2010, has been accomplished. Data shared by the County at the Early Childhood Development Initiative (ECDI) meeting on February 9, 2010 indicated that the County enrolled 658 children

³³ Figures calculated by CGR, *Access to Subsidized Child Care in Monroe County, NY*, September 2007.

between 125% and 165% of the Federal poverty level between May 2009 and January 2010.³⁴ This is the result of aggressive work by Monroe County DHS to enroll as many eligible families as possible. When the ARRA (stimulus) funding source ends, more permanent funding will need to be in place to maintain current levels of service, let alone expansion. The community is currently advocating with the State delegation to at least maintain our subsidy allocation. As mentioned above, it will be a hard fight to just maintain our current allocation. Thus further increasing the number of children subsidized by County and State dollars is not likely to be politically or financially feasible in 2010-2011.

The County has reached the 2010 goal of 500 additional children receiving child care subsidies. The 2015 goal is for an additional 500 subsidized children, at an additional estimated cost of \$2.87 million per year.

Clearly, though, subsidies are critical to the success of the overall early care and education goal of increasing the number of children served by quality settings, and will be a continued area of advocacy and work for the community to increase resources spent. *For the 2015 goal, the Children's Agenda poses the challenge for an additional 500 children receiving subsidies at an additional estimated annual cost of \$2,870,000.*³⁵

However, even such increases would leave the average numbers of subsidized children per month well below the need and the levels reached routinely earlier in this decade (see Table 16).

Table 18: Average Trends for Child Care Subsidies by Type of Assistance, 2002-09

Years	Family Assistance	Low Income	Facilitated Enrollment	Prevention / Protective	Title XX	Total
2002	5,191	6,141		699	230	12,260
2003	4,614	5,384		600	226	10,824
2004	4,574	4,984		572	210	10,340
2005	4,278	4,528		553	166	9,526
2006	4,013	4,079	134	694	95	9,015
2007	3,531	3,947	197	647	107	8,430
2008	3,753	3,888	297	639	102	8,679
2009	3,714	3,244	321	629	38	7,946

Source: Monroe County Department of Human Services

Notes: Figures reflect monthly averages. Facilitated enrollment began October 2006.

³⁴ Robert Franklin, Deputy Commissioner, Monroe County Department of Human Services, ECDI presentation 2/9/10.

³⁵ Average cost \$5,738 per subsidized child per year based on 2009 Actual expense figures provided by Monroe County DHS and includes all day care subsidies, except for Facilitated Enrollment.

SECTION THREE: AFTER-SCHOOL PROGRAMS

Community Action Plan Goal: Provide high-quality, effective after-school programming for 25% of Rochester children by 2015.

The hours after-school offer an opportunity for strengthening our children and youth's capacity to surmount the problems that they face. Trends in Rochester match national research: 2:30-6:00 pm are when children and youth are most likely to be victims or perpetrators of a crime. Youth unsupervised after-school are four times more likely to have committed a crime and used illegal drugs.³⁶

As detailed in the *Rochester After School Plan*, over a decade of research confirms that children and youth who participate in after-school programs can reap a host of positive benefits in a number of interrelated outcome areas—academic, social/emotional, prevention, and health and wellness.³⁷ Much like the established research for high-quality early care and education, research has found that after-school programs can meet working families' needs, improve child outcomes, and benefit the whole community. Improved outcomes, as detailed in the full *2010 Community Action Plan*, include decreased teen pregnancy, improved school attendance, and may produce cost savings for the criminal justice and welfare systems.^{38 39}

In this section, we discuss the after-school programming opportunities that exist for children in the City of Rochester. The *2010 Community Action Plan* focuses on children in Rochester due to the concentration of child poverty. This is an ambitious first goal though ultimately attention needs to be directed to quality after-school opportunities for children and youth throughout Monroe County as well.

The *2010 Community Action Plan* includes a separate and specific goal regarding the Coping Power Program. This program is evidence-based, proven to reduce violent behavior in 4th and 5th graders. Because it is provided during the after-school hours, it is discussed in this section. It is

³⁶ Fight Crime Invest in Kids. America's After-School Choice: Juvenile Crime or Safe Learning Time. 2003.

³⁷ The *Rochester After-School Plan* can be found on the Community Foundation website (www.racf.org).

³⁸ MacArthur Foundation, Strengthening Policy Through Research, Summer 2009, Volume 1.

³⁹ American Youth Policy Forum, Helping Youth Succeed Through Out-of-School Time Programs. January 2006.

not, however, a comprehensive after-school program. Instead, generally speaking, children who participate in Coping Power may also participate in a comprehensive 3-5 day a week after-school program.

After-School Programming

Universe: After-School

For the outlined goal, we have defined the population for after-school programs as children and youth in the City of Rochester aged 6 to 17 whose parents work.

Previous efforts, local and national, focused on the after-school needs of children until they were 12. Gradually, calculations of “demand” for after-school have expanded to include teenagers. This is well demonstrated by the New York State Department of Education’s shift of focus in 2007 away from elementary schools to high schools for distribution of 21st Century after-school dollars. While some teenagers will prefer to seek and will be able to find employment during the after-school hours, many teens may not be able to do so. Further, many teens have outstanding needs, including underdeveloped emotional and social skills and lagging academic achievement, that are well-served by after-school programs.⁴⁰

We estimate that there are 23,333 children and youth between the ages of 6 to 17 in the City of Rochester that live in working families.⁴¹

Quality Definition: After-School

In June 2008, Mayor Duffy and RCSD Superintendent Brizard created a task force of public and private stakeholders to develop a plan to serve all children (K-12) living in Rochester who are in need of after-school programming. The task force completed their review of the research, resulting in the *Rochester After-School Plan* that same year.

Research and evaluation point to primary and interrelated factors that are critical for creating positive settings that can achieve positive youth outcomes.⁴² Building on this National perspective, the proposed *Rochester After-School Plan* calls for after-school programming that incorporates the policies and practices that increase school engagement and achievement (a full listing of the quality criteria is

⁴⁰ The Illinois After-School Initiative 2002 Task Force Report.

⁴¹ 2006-08 American Community Survey. Calculation of 32,864 children and youth 6 to 17 with 71% working parents in the City of Rochester for this age group.

⁴² Harvard Family Research Project. *After school programs in the 21st Century: Their Potential and What It Takes to Achieve It*. 2008.

provided in Appendix B).

The critical core elements of the *Rochester After-School Plan* include:

- Gaining access to and maintaining sustained participation in the program, including providing programming at least 3 days per week;
- A variety of structured, intentional programming that is aligned with, but different from, the school day;
- Caring and well-trained staff that provide adequate supervision;
- Strong partnerships between program operators and children’s teachers, families, and other community organizations; and,
- A program cost estimate of \$1,500-2,000 per participant, depending on scale and participant age. Line item details and assumptions are provided within the report.

At this time, as a community we do have sturdy local data on how many providers currently follow the model outlined in the *Rochester After-School Plan*. For the purposes of this report, to best gauge the number of children participating in quality programming, we applied a sub-set of key elements from the after-school plan, which we describe as “Minimal Quality Standards” below, and for which we have available data.

Programs with “High-Quality Standards” incorporate *all* the elements of comprehensive after-school programs that the community advanced in the *Rochester After-School Plan* in 2008. Support for this model exists in the community; for example, both The Community Foundation and the United Way have embraced this model for future funding. However, at this time it is not possible to clearly define the number of providers who meet all of the criteria.

- **Minimal Quality Standards** include having a 10:1 student:teacher ratio, offering programming 3 or more times a week, providing snacks and meals, and participating in an evaluation process and tracking attendance.
- **High-Quality Standards** can be met by either including the elements listed in the Task Force report for Elementary and Secondary programs (in Appendix B) and/or by participating in the Youth Program Quality Assessment (YPQA) Evaluation

Process, which is a rigorous evaluation process utilizing program observation to rate progress across four subscales, including Safe Environment, Supportive Environment, Interaction, and Engagement. High-Quality Standards include and expand on those detailed in the Minimal Quality Standards.

In addition, we note opportunities for children and youth in programs that do not yet meet the Minimal Quality Standards, but are available at least 3 school days per week.

Current Baseline Participation: Quality After-School Programs

Utilizing the information supplied by the community leaders' agencies, coupled with additional analysis of the results of the *2007 Monroe County After-School Provider Inventory*, approximately 26% of Rochester's children 6 to 17 living in working families have a place they can go to after school at least 3 school days a week.⁴³

Table 19: Percent of Children, 6 to 17, Served by After-School Programs, City of Rochester		
	At Least Minimal Quality	Does not meet Minimal Quality
Target Population	23,333	
Community-Based Providers	2,443	2,834
Home-Based Providers (assume 12.5% Quality)	52	365
License-Exempt (assume 3% Quality)	10	339
<i>Subtotals</i>	2,505	3,538
Percent Served of Target Population	11%	15%
Total Kids Served	6,043	

Source: Calculated by CGR/TCA review of *2007 After-School Inventory*

Notes: Target population is children and youth in the City of Rochester, 6 to 17 years old, with working parents.

Eleven percent, or an estimated 2,505, of the children 6 to 17 living in working families in the City are attending after-school programs with at least minimal quality standards.

Eleven percent, or an estimated 2,505, of the children 6 to 17 living in working families in the City are attending after-school programs with at least minimal quality standards, as defined above. These findings are corroborated by the recent study of local programs evaluated by the Youth Program Quality Assessment (YPQA) tool, which analyzed 23 Rochester

⁴³ The Children's Agenda, *2007 Monroe County After-School Provider Inventory*.

providers and found an average score of 4.13 out of 5 which constitute high quality.⁴⁴

An estimated additional 15%, or almost 3,550 children and youth, have access to a safe place off the streets at least 3 school days per week, including the City Recreation Centers. City Recreation Centers provide a variety of important opportunities; but stated ratios of youth to staff are 20:1, which does not fall within quality standards (10:1). Therefore these are not considered quality programs, even though they serve a very useful purpose and many offer programs of interest to many young people.⁴⁵

There are additional community programs that are an important part of the “patchwork” that many families use to cobble together after-school opportunities for their children that are not included in these numbers. For example:

- The teen centers at five city libraries offer a valued place for youth to go after-school: Arnett, Maplewood, Wheatley, Lincoln, and Central, which are open during the after-school hours for youth to “drop-in.”
- Schools around the City previously had tutoring opportunities for children who did not perform at grade level on State assessments that were paid for with “Extended Day” dollars. When in place, this programming was, generally speaking, either 1 day a week (Saturdays) or two week days a week, and was limited to remedial tutoring. About 10% of RCSD students are also eligible for Supplemental Educational Services (SES) which are usually delivered during after-school hours, but data was not available to demonstrate whether these services were comprehensive or meeting the standards of high-quality after-school.⁴⁶

To reach the 2015 goal for the community to serve at least 25% of eligible city children, would require more than doubling the number of children currently served by quality after-school programs to a total of 5,833, leaving a current gap of 3,328 young people.

Gap: Quality After-School Programs

Based on these calculations, we are serving just 11% of eligible children and youth with demonstrated quality after-school programming. The *2010 Community Action Plan* calls on the community to serve at least 25% of eligible city children by 2015, which would require more than doubling the number of children currently served by quality after-school programs to a total of 5,833, *leaving a current gap of 3,328 young*

⁴⁴ Children’s Institute. The Greater Rochester After School Alliance (GRASA) After-School Assessment 2008-09 Fourth Annual Report. October 2009.

⁴⁵ City of Rochester

⁴⁶ Rochester City School District

people, as shown in Table 20.

Table 20: Estimated Number of Children and Youth in Quality After-School Programs, City of Rochester	
Target Population (6 to 17 with working families)	23,333
Percent of Target Population with Access to After-School Programming 3 or more days a week	26%
Number of Children with Access to After-School Programming 3 or more days a week	6,043
Percent of Target Population Served by Quality After-School Programming	11%
Number of Children Served by Quality After-School Programming	2,505
2015 Goal of 25% of Rochester children 6 to 17 served by Quality After-School Programming	5,833
Gap to Fill to Reach 2015 Goal	3,328

Source: Calculated by CGR/TCA

Notes: Includes children 6 to 12 who receive child care subsidy.

Investment Map: After-School

Not counting City recreation programs, the major investors in Rochester after-school programming are New York State, in the form of the Child Care Block Grant, at an estimated level of \$12.3 million in 2009-10 for children 6 years and older; the United Way, at a consistent level of just over \$2 million annually; and the New York State Education Department in the form of 21st Century dollars, at a current level of \$847,000. However, since 2006-07, Rochester has seen a loss of almost \$1.8 million annually of 21st Century dollars devoted to quality after-school programming (Table 21).⁴⁷

⁴⁷ Table 21 below does not include RCSD Title 1 dollars as they are not currently used for comprehensive after-school programming, nor are SES dollars included, for the same reason. Hillside Work-Scholarship and Encompass programming are not included at this time, as our understanding is that these programs do not provide standard comprehensive after-school programming.

Source	2005-06	2006-07	2007-08	2008-09	2009-10
City of Rochester - Spending on After School, including Recreation Satellite programs and Quad A Grants	\$172,300	\$172,300	\$162,300	\$162,300	\$212,300
Monroe County - Youth Bureau					\$146,135
NYSED - 21st Century to City of Rochester	\$2,626,000	\$2,626,000	\$2,626,000	\$847,771	\$847,771
New York State CCBG (inc. FFFS where applicable)	\$11,321,949	\$10,700,247	\$13,048,265	\$11,414,521	\$12,326,551
RCSD - Quad A	\$38,864	\$79,208	\$25,403	\$116,545	\$127,000
The Community Foundation	\$169,307	\$403,098	\$649,035	\$347,915	\$154,447
United Way	\$2,325,050	\$2,143,810	\$2,143,810	\$2,166,035	\$2,057,740
TOTAL	\$16,653,469	\$16,124,663	\$18,654,813	\$15,055,087	\$15,871,943

Source: Compiled by CGR/TCA

Notes: Community Foundation 2009-10 partial grant year. Includes Monroe County classification for "out of school" programming. Youth Bureau funding for three community-based providers with after-school funding. Youth Bureau 09-10 grants include a portion for summer programming. CCBG figures estimated for 6-to 12-year-olds.

Closing the gap of 3,328 children and youth in order to reach the 2015 goal would require \$5.8M in additional resources, or less if the focus is placed more on strengthening the quality of existing programs.

To meet the outlined quality standards, *The Rochester After-School Plan* estimated it would cost between \$1,500 - \$2,000 per program participant (not including transportation), depending on scale and participant age. Using a mid-range of \$1,750 per participant, *closing the gap of 3,328 children and youth in order to reach the 2015 goal would require \$5.8M in additional resources.* This figure slightly overestimates the demand for resources because existing programs are already using resources for their programs, yet fall short of the quality criteria. *Modest increases in resources, or redirecting resources to providers concerned with improving along the quality scale, may achieve much of the desired goal at less cost.*

Local community leaders have requested the NYS Congressional Delegation for this region to support allocation of \$5 million over 4 years to drive expansion of quality after-school programming.

Coping Power Program

Community Action Plan Goal: Take the Coping Power Program to full capacity for all children who need it in the Rochester City School District by 2015.

The Coping Power Program is an evidence-based program that reduces violent and aggressive behavior in 4th and 5th grade students. It improves social competence and self-regulation through structured cognitive-behavior sessions resulting in decreased violent behavior. Coping Power is currently operating at Schools #35 and #28. At each of these schools, classes are evaluated and students who are found to have aggressive and violent behavior are invited to attend the Coping Power Program one day a week after school. Students, with lessons and guidance, will role play alternative approaches to resolving conflict—literally getting to practice different ways to react to stressful and risky situations. Coping Power was first implemented in Rochester as a Pediatric Links with the Community project from the University of Rochester Medical Center. Beginning with the 2009-10 school year, the Coping Power Program became housed at the Children's Institute.

Universe: Coping Power

The Coping Power program serves children in grades 4 and 5 in the Rochester City School District (RCSD) who exhibit aggressive behavior. There are 4,688 4th and 5th graders in the RCSD.⁴⁸

We estimate the target population is approximately 940 students.

In order to estimate the number of students in 4th and 5th grade who exhibit aggressive behavior, we applied a 20% rate to the total number of students. The 20% rate is the standard rate found through national Coping Power studies and is aligned with the estimates made by the local practitioners involved in the program's administration. Using this approach, *we estimate the target population is approximately 940 students* (Table 22).

	4th Grade	5th Grade	Total	20% Estimate w/ Aggressive Behavior
Enrollment	2,392	2,296	4,688	938

Source: RCSD Districtwide Enrollment Report

Notes: Enrollment for 2007-08 School Year

Quality Definition: Coping Power

The Coping Power Program is evidence-based; therefore all programs implemented under this model are considered quality.

⁴⁸ 2007-08 RCSD Districtwide Enrollment by Grade.

Current Baseline Participation: Coping Power

The Coping Power Program is currently serving 25 students, out of a capacity to serve 42, and hopes to expand to 118 in the upcoming school year, pending funding decisions. As suggested in Table 23, this would represent an increase of 372% from the current 2009-10 year.

	2005-06	2006-07	2007-08	2008-09	2009-10
Capacity	15	16	24	41	42
Enrollment	15	16	20	35	25
% Participation	100%	100%	83%	85%	60%
% Enrollment Increase		7%	25%	75%	-29%

Source: URMC Pediatrics Links

Notes: 2010-11 projections. 2009-10 program indicates decline was the result of scheduling conflicts with after school programs.

Gap: Coping Power

The Coping Power Program is serving only 2.7% of the kids estimated to be in need of supports to address issues of violence and aggressive behavior. Currently the program has funding for 42 children (with 25 enrolled) out of the estimated target pool of 938 (Table 24).

Current Enrollment	25
Full Capacity of Target Population	938
Current Gap	913
% of Need Being Met	2.7%

Investment Map: Coping Power

Since it began, the Coping Power Program has received funding support from the Community Pediatrics Advisory Council Grants Program from the University of Rochester, the Kilian J. and Caroline F. Schmitt Foundation, and the Joan and Harold Feinbloom Foundation. For 2008 and 2009 the Coping Power program was administered on a budget of just under \$39,000.

	2005	2006	2007	2008	2009
Total	\$9,970	\$10,000	\$10,000	\$38,832	\$38,832

Source: Compiled by CGR/TCA

Likely future funding includes both local and national sources. The United Way's *Blueprint for Change for School Age Youth* includes the Coping Power Program as a promising program for funding in the 2010-2013 cycle.⁴⁹ As such, the United Way is currently considering funding the program in 2010. The Community Foundation and the Feinbloom Foundation are both considering support of this program, and Rochester Coping Power is currently one of 15 finalists for funding from the Robert Wood Johnson Foundation.

Resources Needed to Meet 2015 Goal

During its first years in operation, Coping Power had a cost per child of \$914. During those years, oversight of implementation and fundraising was done voluntarily by two URMC pediatricians in connection with the Pediatric Links with the Community program. Voluntary oversight was a temporary solution and the program is now being administered by staff at the Children's Institute to prepare for expansion, including the addition of an evaluation component. Due to this, the cost per child will increase substantially. A rough estimate of the cost to provide the program to all children in the Rochester City School District who need it (938) is \$1.25 million annually, with an estimated cost of \$1,333 per child.

An estimated \$1.25 million per year would be needed to fully fund the Coping Power program, including an evaluation component.

Partial support toward filling this funding gap could come from the Robert Wood Johnson Foundation, which has announced that they will visit Rochester in April 2010 to determine if the Rochester Coping Power program will be one of 10 National sites for funding, which could potentially bring \$1 million to our community over 4 years to help support incremental growth of the program.

⁴⁹ <http://www.uwrochester.org/pdf/BlueprintYouth.pdf>

SECTION FOUR: JUVENILE JUSTICE/ YOUTH VIOLENCE CONSIDERATIONS

The community leaders desired to expand the focus of this baseline community status report—beyond the initial three Best Solutions outlined in The Children’s Agenda’s *2010 Community Action Plan for Greater Rochester’s Children*—to include a preliminary focus on juvenile justice issues. Juvenile justice and youth violence prevention issues were among the catalysts that helped stimulate the community leaders’ formation as a working group and helped frame its initial agenda.

It was agreed from the beginning that this topic was too broad and unfocused to be able to create baseline measures, explicit goals, and service and investment gaps within the scope and timeline of this project. Rather, it was agreed that we would address the juvenile justice/youth violence issue as a 2-phase project, with this first phase designed to help frame the issues and questions that would then need to be addressed in more detail by the community leaders as part of a more extensive second phase exploration that would result in the framing of more explicit baseline measures and goals to help shape a community leaders and larger community agenda going forward.

First Phase Observations

The issues related to juvenile justice and youth violence are understandably emotional and evoke strong visceral reactions when a young person is victimized by violence, or is the perpetrator in a violent crime. And yet if this community is to develop and fund policies, strategies and programs that are effective in reducing youth violence, we must begin to think and react objectively, based on careful analysis of facts, in order to determine what works and how best to allocate resources to prevent or reduce violent and dangerous incidents in the future. Without minimizing the emotional aspects of such violent acts, we must find ways to frame the issues as dispassionately as possible, without being locked into historical response patterns, in order to find solutions that are not just emotionally satisfying in specific instances, but that have the potential to create long-term, community-wide solutions that are cost effective and that reduce violence and save lives.

Initial observations suggest that any effective reductions of involvement in the juvenile justice system in the future must focus simultaneously on two realities: (1) hundreds and hundreds of youth are currently involved at the costly and relatively ineffective “back end” of the juvenile justice system, and we must develop effective approaches to divert many more of them

Reductions in juvenile justice system involvement and youth violence must address two realities: (1) the costly and ineffective “back end” of the system, with too much reliance on placements and detention, and (2) the need for more investment in preventive “upstream” initiatives.

into less costly alternatives with more positive outcomes; and (2) the long-term solution must involve more effective means of preventing entry into the system in the first place through more effective investments in “upstream” initiatives.

Concentrated “Back End” Investments

The reality is that most of the resources currently expended on juvenile justice issues appear to be invested at the “back end” of the system, at points where hundreds of youth have already penetrated into the Family Court or Probation or DHS systems and/or been placed as a Person in Need of Supervision (PINS) or Juvenile Delinquent (JD), or wound up in secure or non-secure detention. Others have been diverted into one of a variety of alternatives-to-detention programs, but even involvement in these programs implies a significant penetration of youth well along the continuum of involvement in the juvenile justice system. As noted in the Monroe County proposal seeking 2009-10 funding for “prevention of detention and residential placement” for at-risk youth:

“Despite the development and growth of diversionary services and implementation of some alternatives to detention, including intensive programs and services that target youth at high risk of residential placement, and the success of the redesigned PINS system, Monroe County has continued to be concerned with the numbers of PINS and JD youth who enter the juvenile justice system and are placed in residential care, as well as the numbers of PINS and JD youth being detained.”

More effective, less costly alternatives to placement and detention are needed at the earliest possible point within the juvenile justice system.

The reality is that research makes clear that out-of-home placements and both secure and non-secure detentions are very costly, but society receives relatively little in return for these expenditures of resources in terms of improved outcomes for the youth or families who are affected. Resorting to placements and detentions, while sometimes necessary, is typically not the best long-term solution for our young people—or our community. Thus as a community, it is incumbent upon us to find more effective, less costly alternatives and interventions at the earliest possible point in the system for the hundreds of youth who are placed and detained each year.

Unknown Impact of Program Investments

Yet despite the investments by Monroe County of significant amounts of resources into various alternative programs designed to divert youth from formal involvement in Family Court and/or the PINS or JD systems, or from detention or residential placement, little is known at this point of the actual impact of such alternative programs. Data suggest that there have been reductions over time in the numbers of PINS and JD petitions and placements, but the numbers of both remain too high, by County

admission, and few if any formal evaluations have been undertaken to determine the unique effect of specific program interventions in contributing to any reductions that have occurred.

Much more research is needed to determine what works, and what initiatives have been helpful in reducing placements and detention. Little is known at this point about what investments in alternative approaches have worked effectively, and about the most effective future allocation of resources within the system.

With so many new alternatives put in place over time, it has been impossible to attribute any results to specific programs or initiatives. While some desired outcomes appear to have occurred, at least in the short run, there has been little careful longitudinal assessment of how well changes hold up over time, and there is little ability to sort out how much of the impacts that do appear to have occurred have been the result of initiative x as opposed to initiative y as opposed to the composite effect of several initiatives acting together. This in turn makes it difficult to determine how effectively dollars devoted to operating the existing system versus those invested in new approaches are being spent, or whether some of those resources might more realistically be reallocated in the future to more cost effective uses.

The community does not suffer from a dearth of data related to juvenile justice and youth violence issues. A wide range of information is available from a variety of sources, such as ACT Rochester, VERA, a Monroe County juvenile justice planner, Alternatives to Detention grant, NYS Office of Children and Family Services, various JD and PINS and Family Court data, PACE, FACT, Coping Power, Safe Schools-Healthy Communities grant, Children’s Institute, self-reported youth data, and so on. But typically these data have been analyzed in isolation, without pulling them together to assess the big picture of what collectively they tell us about what is in place, who is and is not being served, what gaps exist in services, what works and does not work effectively, what investments do and do not seem to be resulting in cost-effective returns. Without such a comprehensive analysis, our community is locked into continuing to fund what is in place, and/or to experiment with new approaches, but without adequate evaluations and demonstration of which of these various approaches do and do not represent wise investments in the future of our youth. Furthermore, few if any alternative programs and new initiatives that have been put in place appear to meet evidence-based standards, or even less-stringent standards based on research in this or other communities that suggests that the initiatives can demonstrate positive impact on important outcomes for youth and community safety.

More “Upstream” Investments Needed

There will inevitably always be the need for programs, placements and detention facilities at the “back end” of the juvenile justice system—and resources allocated accordingly. But just as more cost-effective interventions are needed at the earliest possible points within the juvenile justice system, our preliminary “phase 1” review of this system and youth violence suggests that if we are to ever make real headway as a

community in reducing youth violence, and reducing the negative impacts associated with involvement in the juvenile justice system, we must find ways to move more of our resources “upstream,” to reach youth earlier in their lives and ideally through other systems that help prevent penetration into the juvenile justice system in the first place.

If we are to make real headway in reducing youth violence and the negative impacts of juvenile justice system involvement, more resources will need to be invested “upstream” on a continuum of preventive services for youth, with reallocation of resources away from heavy concentrations on the “back end” of the juvenile justice system.

Assuming they are based on best practices and can document positive impact through careful research, various alternative programs that help divert youth from the more formal juvenile justice system can play important roles in improving outcomes related to community safety, reduced recidivism as youths and adults, and a range of better future outcomes for youth. But it is likely that the most important investments in the long run will need to occur even further “upstream” on a continuum of services for youth—the types of home visitation, early care and education, and after-school initiatives described in the first three sections of this report. Significant ability of the community to reduce youth violence and other involvement in the juvenile justice system is likely to be a function of the extent to which it can begin to shift allocation of resources away from heavy concentration on “back end” court-related, Probation-related, placement- and detention-related services for youth, and redirect them in greater proportions to these more preventive and early-intervention approaches.

Suggested Phase 2 Focus

In this context, we suggest that a Phase 2 focus by the community leaders on juvenile justice and youth violence should attempt to address the following issues and questions, in order to begin to create baseline measures and clear goals and resource allocation strategies that will help reduce negative juvenile justice/youth violence indicators going forward:

A number of key questions should frame a community leaders more detailed Phase 2 focus on juvenile justice issues.

- What are our community values as related to our youth? What do we want for our kids? And particularly for those youth who may be viewed as at risk: is our focus to be heavily on a more punitive approach, a more preventive approach, or some combination of both—and what is the relative importance and allocation of resources to each? What community resources and assets should we be allocating to preventing youth violence and juvenile justice involvement, and to diverting youth who have become involved in the juvenile justice system to alternative approaches at the earliest possible point once they have encountered the system?
- How can we use existing research or grant findings to determine how kids get into the juvenile justice system and what could have been done to prevent such involvement? For example, what can we learn from our children and youth from various surveys and research that

have already been done, that should be helping to shape new directions in the future?

- Can we better identify at early ages the children and youth who turn out to be the real problems as they grow older, determine what numbers and proportions of the overall youth population they represent, and determine what resources and approaches need to be directed to that subset of our youth? And what do we do with others who are not likely to be violent or dangerous to themselves or the community, but will need some level of attention to avoid other anti-social behaviors?
- What works? What do we know, or can we learn, from both local and national research, that can help us build on our existing programs to put in place a more research-based continuum of services to limit youth violence and the numbers of youth who penetrate the juvenile justice system?
- How do we think in new ways about our juvenile justice system and other systems involving troubled youth, rather than being locked into the more traditional approaches and being limited by historical funding patterns and approaches to allocating resources?
- What do we need to consider changing? What isn't working as well as needed within the juvenile justice system or other systems that help feed youth into the juvenile justice system, and what should be scaled back or modified or no longer funded? How should any freed-up resources be reallocated?
- Ideally our community leaders and the larger community would be guided in its next steps to address juvenile justice/youth violence issues by these primary recommendations from the recently-released report from the Governor's Juvenile Justice Task Force, *Charting a New Course: A Blueprint for Transforming Juvenile Justice in New York State*:
 - "Reduce the use of institutional placement," and "reserve institutional placement for youth who pose a significant risk to public safety, and ensure that no youth is placed in a facility because of social service needs."
 - "Develop and expand community-based alternatives" to placement, including "expand the use of evidence-based alternatives to placement," and "broaden the evidence-based field by supporting and conducting evaluations of new, innovative programs that apply the principles of best practice."

- “Redirect cost savings into neighborhoods that are home to the highest number of youth in the juvenile justice system.”
- “Improve and expand the use of data and other performance measures to guide decision making, enhance accountability, and drive system improvement. Collect and report data for a comprehensive view of the juvenile placement system. Review, analyze and report data on youth placed in the custody of local social service agencies. . . . Fund research and development efforts to evaluate reforms and promote innovation.”

We need to do a better job as a community of determining what works, and of implementing research-based best practices, to divert youth out of the juvenile justice system and to prevent their penetrating the system in the first place.

Monroe County appropriately has a wealth of resources invested in a number of early-intervention, diversion-oriented programs and procedures designed to reduce involvement (a) in the juvenile justice system, and (b) especially in costly placements and detentions. Yet the levels of youth violence, placements and detentions remain unacceptably high. Too many youth who enter the juvenile justice system or, for the most serious crimes, the adult criminal justice system, continue to cycle in and out of the system, like a revolving door, with high levels of recidivism. We need to do a better job as a community of determining what works, and of implementing research-based best practices, both to divert youth out of the juvenile justice system as quickly as possible, and to prevent their penetrating the system in the first place. Addressing such issues, and developing more collaborative partnerships across components within the juvenile justice system as well as between systems, could frame a crucial community leaders’ Phase 2 juvenile justice/violence prevention agenda with significant implications for the larger community.

APPENDIX

A. Impact and Description of Nurse-Family Partnership Program

B. After-School Alliance Task Force Quality Definitions

APPENDIX A: IMPACT AND DESCRIPTION OF NURSE-FAMILY PARTNERSHIP PROGRAM

Outcomes for NFP:

The NFP program is highly effective for both the parents and children involved. The Nurse-Family Partnership home visiting program has been tested in three separate randomized controlled trials. These studies have found consistent improvements in maternal and child health for mothers and children visited by NFP nurses compared to those randomly assigned not to receive the program. There were consistent effects in these domains:

- *Improvements in women's prenatal health* - Reductions in prenatal cigarette smoking and reductions in prenatal hypertensive disorders, reductions in preterm delivery for women who smoke
- *Reductions in children's healthcare encounters for injuries, child abuse, and neglect*
- *Fewer subsequent pregnancies, and increases in intervals between first and second births*
- *Increases in father involvement and women's employment*
- *Reductions in families' use of welfare and food stamps*
- *Increases in children's school readiness* - Improvements in language, cognition, and behavior.
- *Decreases in mothers' and children's future involvement in criminal activity*

Home Visit Experience:

Registered nurses, together with Nurse-Family Partnership clients and their families, engage in activities associated with the three Nurse-Family Partnership goals during each home visit. These are:

- Improved Pregnancy Outcomes
 - Help clients obtain prenatal care from their physician
 - Help clients reduce their use of cigarettes, alcohol and illegal drugs
 - Teach clients about healthy nutrition during pregnancy
- Improved Child Health and Development
 - Help parents provide more competent care of their children in the first two years of life
 - Teach parents how to care for their children and provide them with a positive home environment
 - Teach parents how to nurture their children

- Help parents create a safe environment, both within and around the home, where their child can live and thrive
- Teach parents safe and consistent practices of child discipline
- Help parents get proper health care for their child
- Improved Maternal Life Course Development
 - Teach young mothers to keep their lives on track and develop a vision for their own future
 - Help the mothers make reasoned choices about the partners, family and friends who are involved with their child
 - Help mothers plan future pregnancies
 - Help mothers continue their education and reach their educational goals
 - Help mothers find adequate employment

Ideally, visits begin early in the second trimester (14-16 weeks gestation). Registered nurses visit weekly for the first month after enrollment and then every other week until the baby is born. Visits are weekly for the first six weeks after the baby is born, and then every other week through the child's first birthday. Visits continue on an every-other-week basis until the baby is 20 months. The last four visits are monthly until the child is two years old.

A partial list of published, peer-reviewed research on the program is available at <http://www.nursefamilypartnership.org/proven-results/published-research>.

There is an independent, non-partisan review of the evidence for the program at <http://evidencebasedprograms.org/>.

APPENDIX B: AFTER-SCHOOL TASK FORCE QUALITY INDICATORS

Rochester I (Elementary School Students)

Structure

- school-, center- or library-based
- OCFS certified
- operated by DRYS or community-based organizations (CBOs) in close collaboration with the school principal
- full-time coordinator located on site
- programs serve 100-300 students (Note: we expect pilots to run a minimum of 100 children per elementary site)
- low student to staff ratios (1:10)
- community-based partners
- open enrollment for children at the school with priority given to students identified by the school principal
- the goal is that each child participates in at least 5 hours of academic support and enrichment per week
- the goal is that each enrolled child participates for at least 5 days per week for 3 hours following the end of school. (The benefits listed above are expected when children attend 4-5 days per week; children will not penalized or restricted from attending if they can not attend all five days.)
- open on some holidays, vacation days and Saturdays
- offer transportation at the end of the day from the site to child's home
- staff at programs receive youth development training

Programming

- program scheduling and content are evidence-based and developed in partnership with principal
- builds on and wraps around each school's extended day programming and Supplemental Educational Services
- healthy snack and nutritious meal
- literacy
- STEM (Science, Technology, Engineering and Mathematics)
- arts
- family involvement and services (on-site and through referrals)
- health, wellness, and physical fitness
- community service and leadership
- social/emotional learning programming
- family evening one night per week with family dinner until 8:00 p.m.

Rochester II (Secondary Students)

Structure

- school-, center- or library based (campus or multi-site models where appropriate)
- operated by DRYS or community-based organization in partnership with principals and/or libraries
- evidence-based curriculum and scheduling developed in partnership with principal
- city-wide open enrollment, focus on grades 7-9
- full-time coordinator located on site
- programs serve 60-100 students daily
- low student to staff ratios (1:10)
- participants are expected to attend at least three days a week
- programming available 20 hours per week
- open on some holidays, vacation days and Saturdays
- student choice and voice
- partnerships with community based organizations
- strong referral network linked to Student and Family Support Centers
- offer transportation at the end of the day from the site to child's home
- staff at programs receive youth development training

Programming

- participant engages in at least 4 hours of academic support and enrichment per week
- healthy snack and nutritious meal
- literacy
- STEM (Science, Technology, Engineering and Mathematics)
- arts
- life skills, mentoring and peer tutoring
- family involvement
- family evening one night per week with family dinner until 8:00 p.m.
- health, fitness and recreation
- youth voice, choice and leadership
- community service
- employment readiness