Bernalillo County South Valley Early Childhood System of Systems (SOS) Developmental Alignment Plan

Submitted to: New Mexico Children, Youth and Families Department
by
First Choice Community Healthcare
in partnership with South Valley Early Childhood Group

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- Christopher Sanchez, Principal: Kit Carson Elementary School
- Anthony Rodriguez, Principal: Atrisco Elementary School
- Shawna Stewart, Principal & David Bunch, Assistant Principal: Armijo Elementary School
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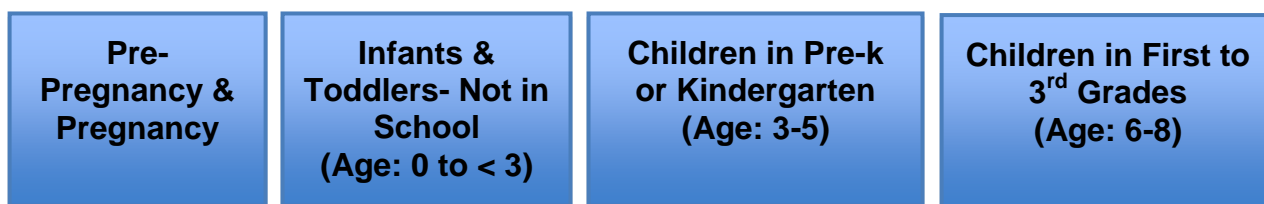
Executive Summary:

Background:

The South Valley Early Childhood System of Systems Developmental Alignment Plan was developed over a 6-week period under a contract with NM Children, Youth and Families Department and First Choice Community Healthcare (FCCH) in partnership with the South Valley Early Childhood Group (SVECG).[1]

The title "Developmental Alignment Plan" reflects the developmental and evolving nature of the early childhood system of systems work that has taken place in the South Valley since 2013 and that will continue to grow and evolve over time. The plan reflected in this document is preliminary in nature and will serve as a beginning guide for planning efforts over the next two years.

The plan reflects a commitment to ensure that South Valley young children and their families have knowledge of and access to all the supports and opportunities they need to thrive. This encompasses the goals articulated by the Early Childhood Accountability Partnership (ECAP), to ensure "ready children, ready families, ready schools, and ready communities." Families and young children are the center around which this system of systems is developed and which meets the child, their family and other caregivers where they are on a continuum from prenatal to third grade.
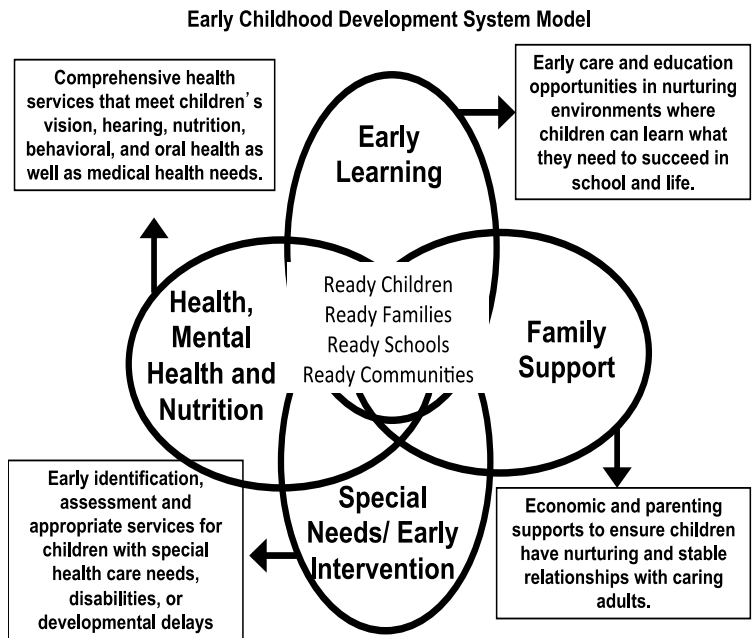
Selected Definitions, Core Values and Key Approaches:

- **Early Childhood:** In New Mexico, early childhood has been defined as including the prenatal period through age 8. For children and their families, the time prenatally to age 8 is marked by profound growth and development. The needs of pregnant families, and young families with infants are distinctly different from families with young children who are of pre-school age or who are enrolled in the first through third grades. The boxes below outline four distinct target populations within the Prenatal to 8 continuum that are recommended as the focus of effort for the SV Early Childhood System of Systems plan:

Pre-Pregnancy & Pregnancy	Infants & Toddlers- Not in School (Age: 0 to < 3)	Children in Pre-k or Kindergarten (Age: 3-5)	Children in First to 3rd Grades (Age: 6-8)

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[1] Children Youth and Families Department: CONTRACT # 15-690-18367 RFP # 15-690-40-12058

- **Early Childhood System of Systems -** An early childhood system of systems is usually defined as having 4 interlocking components: health, early learning, family support and special needs/early intervention. Each of these service categories is its own system. A "system of systems" is one in which all of these system components are connected to work towards common goals, uses common measures to determine its effectiveness, adopts common strategies, and ensures effective communication. [2], [3]

Early Childhood Development System Model

Comprehensive health services that meet children's vision, hearing, nutrition, behavioral, and oral health as well as medical health needs.

Early care and education opportunities in nurturing environments where children can learn what they need to succeed in school and life.

Early Learning

Health, Mental Health and Nutrition

Ready Children
Ready Families
Ready Schools
Ready Communities

Family Support

Early identification, assessment and appropriate services for children with special health care needs, disabilities, or developmental delays

Special Needs/ Early Intervention

Economic and parenting supports to ensure children have nurturing and stable relationships with caring adults.

- **Guiding Principles for the Full Participation of Young Children, Birth Through Age Eight, in New Mexico's Early Learning System[4] -** Although these Guiding Principles were developed for the early learning system of New Mexico, they seem equally relevant to the early childhood system of systems that include health, nutrition, maternal and child mental health, family support, as well as the early learning system. This plan builds upon the core principle that "Every child in New Mexico has diverse strengths rooted in his or her family's unique culture, heritage, language, beliefs and circumstances. All programs, initiatives and collaborative efforts aimed at improving the lives of pregnant families and families with young children birth to eight should build on these strengths by promoting a sense of belonging, supporting positive social relationships, and enabling families and professionals to gain advocacy skills that positively impact the life of all children." The South Valley Early Childhood System of Systems plan is built upon the principles outlined in the "Guiding Principles" and is also founded on the ideals of social justice and equity as well as

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[2] http://buildinitiative.org/OurWork/EarlyChildhoodSystemsWorkingGroup.aspx
[3] Charles Bruner: A Framework of State Leadership and Action in Building The Components of an Early Childhood System. Build Initiative (2006)

[4] Guiding Principles for the Full Participation of Young Children, Birth through age Eight in New Mexico's Early Learning System. NM CYFD. *Guiding Principles* were developed at the New Mexico Summit on Early Childhood Inclusion on March 30-31, 2010.

"suspending biases to build trust and establish collaborative partnerships that benefit children, families and the professionals who work with them."

- **Two Core Approaches Reflected in the Plan:**

  <u>**I. Two-Generation Approach of the SOS Plan:**</u> The long-term educational and health outcomes of children are directly linked to the socio-economic and educational status of their caregivers. Multi-generational approaches to policy, program design and implementation offer new ways of doing business that simultaneously address the needs of caregivers, young children, and the family system.[5] Program evaluation and research data demonstrate that multi-generational approaches lead to improved health outcomes for caregivers and children in the short- and long-term. [6]

  <u>**II. Approach to Language and Culture in South Valley:**</u> The goal of language renewal and proficiency proposed in this plan is to develop a system of dual language and academic and learning support for linguistically diverse learners starting in early childhood so that children demonstrate academic proficiency in both their home (first) and second language. Forty years of research has made the case that dual language learning is the most effective approach to achieving school readiness and academic success.

  Dual language program characteristics include content instruction that is provided in two languages, as is a second language development component. Some programs only serve ELLs, while others serve a blended population of ELLs and English-proficient students. The primary goals of dual language programs differ significantly from bi-lingual programs, with the former having two goals: 1) Academic proficiency in students' first and second languages (including English); 2) Grade level proficiency in all academic content areas. The goal for the latter is English proficiency with some support for academic content achievement in students' native languages

Plan Methodology:
- **A Community-Based Participatory Planning (CBPP**) approach was used to develop the plan to ensure that everyone who has a stake in the planning initiative had the opportunity to give voice to his or her insights and views, either in person or by representation.
- **Results Based Accountability** (RBA)[7] approach was used to develop this strategic plan. It provides a framework that starts by determining the results to be achieved, data that measures if the group's efforts are making a difference, partners with a role to play, an analysis of current status, strategies an action steps.

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[5] Lombardi, J., Mosle, A., Patel, N., Shumacher, R. & Stedron, J. (2014), "Gateways to two generations: The potential for early childhood programs and partnerships to support children and parents together." Ascend at the Aspen Institute. Retrieved from http://ascend.aspeninstitute.org/pages/gateways-to-two-generations.
[6] The Annie E. Casey Foundation (2014). "Creating opportunity for families: a two-generation approach." Retrieved from http://www.aecf.org/resources/creating-opportunity-for-families/.
[7] Adapted from: Friedman, Mark (2005) <u>Trying Hard is Not Good Enough: How to Produce Measurable Improvements For Customers and Communities</u>; Trafford Publishing, Victoria, BC

South Valley Early Childhood System of System Developmental Alignment Plan

PHASES OF SVEC SOS Plan:

The SVECG Data Committee met to discuss the boundaries of the current project. The group felt it would be beneficial to think of the SVECSOS project in phases, with the first phase encompassing a smaller geographic focus area. Because of the generally low level of alignment among service providers currently happening in Bernalillo County, it was felt that it would be easier to initiate an alignment project in a smaller area to start.

Phase One Geographic Boundaries:

Timeframe for Project:
2015 – 2017

The proposed area for Phase One of the SVECSOS project encompasses the following school districts:

- **Armijo**
- **Atrisco**
- **Kit Carson**

The target area incorporates the following census tracts:
-4300
-4401
-4501
-4502

During Phase One, when feasible, plan implementation can be extended to include all of the areas within Small Area 14-Arenal Tapia. This would add one more census tract (4200) as well as Barcelona Elementary School.

A Snapshot of Early Childhood System of System Capacity Indicators:

Based on preliminary assets mapping and capacity assessment contained in Appendix 2, the following strengths and gaps are highlighted:

1. **Health, Mental Health and Nutrition Assets and Gaps in South Valley Small Area 14 -** The target area and Small Area 14-Arenal Tapia has strong health services assets. With FCCH,

NM DOH and WIC all located within the boundaries of the target area, all families can have access to primary and limited specialty care. The First Choice South Valley Medical currently serves 11,243 individual medical patients, 15% of whom are children under age 9; 91% of whom are Hispanic; 20% of whom are uninsured; and 38% of whom are Spanish monolingual. Overall, 430 pregnant women received prenatal care from First Choice in 2014. First Choice South Valley Dental currently serves 6,556 dental patients, including 508 children under the age of 9. First Choice South Valley WIC currently serves 1,635 clients, 909 of whom are children and 369 of whom are women, of which 149 are pregnant. There are only two WIC food vendors in the area. The South Valley Public Health Office located within the South Valley Health Commons provided in 2013: CMS (Children's Medical Services) 1824 units of service; Immunizations to 862 children and 744 adults; 1,706 Family Planning visits; 1075 STD clinic visits. 51 visits for tuberculosis; and 19 Harm Reduction visits.

First Choice Services Provided to Children 0-5
for South Valley Zip Code 87105: 2014

Age Group	Total Served	Service Area Population	PCT Population Served
Age <1	208	848	24.5%
Age 1	210	921	22.8%
Age 2	196	932	21.0%
Age 3	161	923	17.4%
Age 4	225	869	25.9%
Age 5	204	911	22.4%
Age 0-5	1,204	5,404	22.3%

*Sources: FCCH UDS Database 2014. US Census 2010

While FCCH serves about 20-25 % of children residing in 87105, it is not known what percentage of children are being served in the target area. FCCH health providers indicated that they had more capacity to serve additional pregnant women and young children.

Mental Health Services: There are three behavioral health providers in target area with waiting lists. They are: FCCH, YDI and Centro Savila. School personnel and physicians at FCCH indicate that they need to send families out of the South Valley to be seen for family therapy and counseling. There are neither maternal depression services nor infant mental health services within the target area.

2. **Early Learning Assets and Gaps in South Valley Small Area 14:**

Child Care: There are 12 licensed childcare facilities and 56 registered home care providers in the target area for a total of 1,199 childcare slots available for children under age of 6. Of these 14% are 4 Star and above. Sixty- seven (67%) percent of children can be served with this capacity. There are many unregistered family care homes in the area, but currently there are no estimates as to how many. Family members care for a high percentage of area children.

Child Care Capacity for Children Under 6				
-- Tapia-Arenal Small Area - 2014				
Description	**Licensed Providers**	**Registered Providers**	**Small Area Total**	**PCT of Population Under 6**
Sites	12	56	68	
Total Spaces	863	336	1,199	67.6%
Subsidized Spaces	388	50	438	24.7%
Four or Five Star Spaces	248	NA	248	14.0%

*Source: NMCDC Early Childhood Services data set

Pre-K: There are five New Mexico Pre-K sites in the target area and six in Arenal-Tapia. YDI Pedro Baca has two sites: one on the South Valley Health Commons Campus and the other at Westside Community Center. These two sites combined serve approximately ninety-four (94) 3- and 4-year-old children per year. There are two Even Start Programs in the target area at Atrisco and Kit Carson Elementary Schools with 50 total slots. The Even Start Program serves 3-4 year-olds. All of the Pre-K programs are half day, posing transportation and after school care challenges for working families. Only YDI Head Start is full day (up to 3 PM).

If all of the programs serving four year olds are totaled (Pre-K public and private, Head Start[8] and Even Start), it is estimated that 97% of 4 year olds could have some access to pre-school learning opportunities in the target area.

Pre-K Capacity for 4 Year Olds		
Target area & NMDOH Small Area Arenal Tapia-2015		
Description	**Target**	**Tapia-Arenal Small Area**
PED Funded Pre-K		
Armijo	40	40
Kit Carson	38	38
Barcelona		40
CYFD Funded Pre-K		
Building Bridges	40	40
Magic Moments	20	20
PB&J	20	20
Total Pre-K Slots	158	198

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[8] This estimate is based on taking ½ enrollment of Head Start and Even Start to estimate the number of 4 year olds enrolled in both those programs

Population 4 year olds	**236**	**284**
PCT Population Served	**68%**	**70%**

*Source NMCDC Early Childhood Services data set

3. **Family Support Assets and Gaps in South Valley Small Area 14:**

Home Visitation: Five home visitation programs in the South Valley are serving 374 families. Currently 18% of families living in the South Valley are being served. It is not known how many families are being served in the target area or Arenal-Tapia small area. Given that home visitation programs are the best way to reach families prenatal to age 3, the home visitation capacity in this high need area is very low.

Services and Supports for Families with Challenges: All Faiths serves approximately 514 clients in the South Valley. It wasn't possible to identify which of the four major services that All Faith's provides are being received by South Valley families. **EleValle Pathways** has served approximately 19% of families in the South Valley. Both of these programs are targeted to high need families and need to be expanded as well.

4. **Early Intervention, Special Needs in South Valley Small Area 14:**

Early Intervention Services: The only early intervention provider located in the target area is PB&J. Family Infant Toddler Program in the target area is serving 67 children and in Arenal-Tapia: 75 children.

FIT Program Capacity for Children 0-3		
NM DOH: Small Area Arenal –Tapia 2011		
Description	**Target Area**	**Tapia-Arenal Small Area**
FIT Participants	**67**	**75**
Population 0-3	**967**	**1,166**
PCT Population Served	**6.9%**	**6.4%**

* Source NMCDC Early Childhood Services data set

% of Special Education Students Enrolled in Target Area Schools-- - 2015	
	Target Area
Armijo	13%
Atrisco	14.8%
Kit Carson	13.3%
Source: School Principal Interviews, 2015	

There is more than twice the percentage of children enrolled in special education programs at the schools than are enrolled in FIT.   It is not clear how to interpret this difference, but there may be a gap in children who are being identified with developmental delays age 0-3.

Summary of Assets: Assets within target area include: ample and expandable health, public health, and nutrition services. There is also a growing number of Pre-K slots with 70% of children being served with Pre-K as compared to 31% within Bernalillo County.

Summary of Gaps: Gaps are pronounced in the following areas**:** Lack of sufficient behavioral health services, especially targeted to maternal and early childhood mental health; insufficient home visitation capacity; lack of high quality early care and education programs both home-based and center-based; lack of early intervention services within SV.

Community Listening: Family and Community Voice Input

Community listening to obtain input into the development of this plan was highly compressed. It took place between April 11 and May 6, 2015. Strategies for gaining community input into the plan were multiple. Partnership For Community Action held seven focus groups with families and childcare providers from April 15- April 22, 2015. A particular focus included reaching out to grandparents caring for their grandchildren. The Plan Development Team partnered with South Valley Early Childhood Group (SVECG) Planning Team to create opportunities for the SVECG members to contribute to the plan. A specific plan development session was held on April 14, 2015, after which notes were sent out to the SVECG members for input. Key individual members unable to attend April 14, 2015 planning session were interviewed so that they had a chance to add their ideas and insights to the plan. Three additional SVECG meetings were held to add to the plan-the SVECG Data Action Group met twice to contribute to the plan as well as a Ready Schools ad hoc group to develop the goals as well as strategies.

Tracy Herrera, retired principal from Navajo Elementary school, was engaged to reach out the to the three principals of schools within the Phase One Target Area: Armijo, Atrisco and Kit Carson. Because of Tracy's former relationship with the area principals, she was able to conduct her interviews between April 15 and April 20. She obtained the principals permission to solicit input

from school Pre-K, K, First and Second Grade teachers at their respective schools. A survey monkey questionnaire was forwarded via the principals to their staff at Atrisco, Armijo, Kit Carson and La Promesa Charter School. Edward Tabet-Cubero also interviewed two charter school principals and staff at Health Leadership High School and La Promesa Charter School. He held a focus group with the students at Health Leadership High School. Appendix 3 contains the dates and community listening sessions held.

Additionally, 17 formal interviews were conducted with key stakeholders. Other stakeholders were reached via phone and electronic communications to provide input to the plan. Results of community listening have been woven throughout the plan.

Four Core Outcomes of Planning Process

The four core outcomes of the South Valley Early Childhood Developmental Alignment plan are:

Outcome 1- School Readiness: There is no current school readiness assessment data available. The Race to the Top initiative is developing a Kindergarten Observation Tool that will be piloted in certain school districts in the upcoming school year 2015-2016. (Data Development Measure)

Outcome 2-Third Grade Literacy: % of children proficient or advanced in 3rd Grade reading (NM Standards Based Assessment)

Third Grade % Reading Proficient or Above-All Students		
	2012-2013	**2013-2014**
Armijo	33%	22%
Atrisco	63%	33%
Kit Carson	33%	31%
APS-All Schools	52%	48%
New Mexico	51%	49%

*Source: SV Early Childhood Data Profile 2015

Outcome 3-Regular School Attendance: (Pre-K, K. First and Second Grade attendance rates)

Habitual Truancy Rates[9]		
	2010-2011	**2011-2012**
Armijo	14%	9%
Atrisco	20%	26%
Kit Carson	14%	15%
APS-All Schools	8%	8%

*Source: SV Early Childhood Data Profile 2015

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[9] Habitual Truancy is defined as "accumulating the equivalent of 10 or more unexcused absences within a school year"
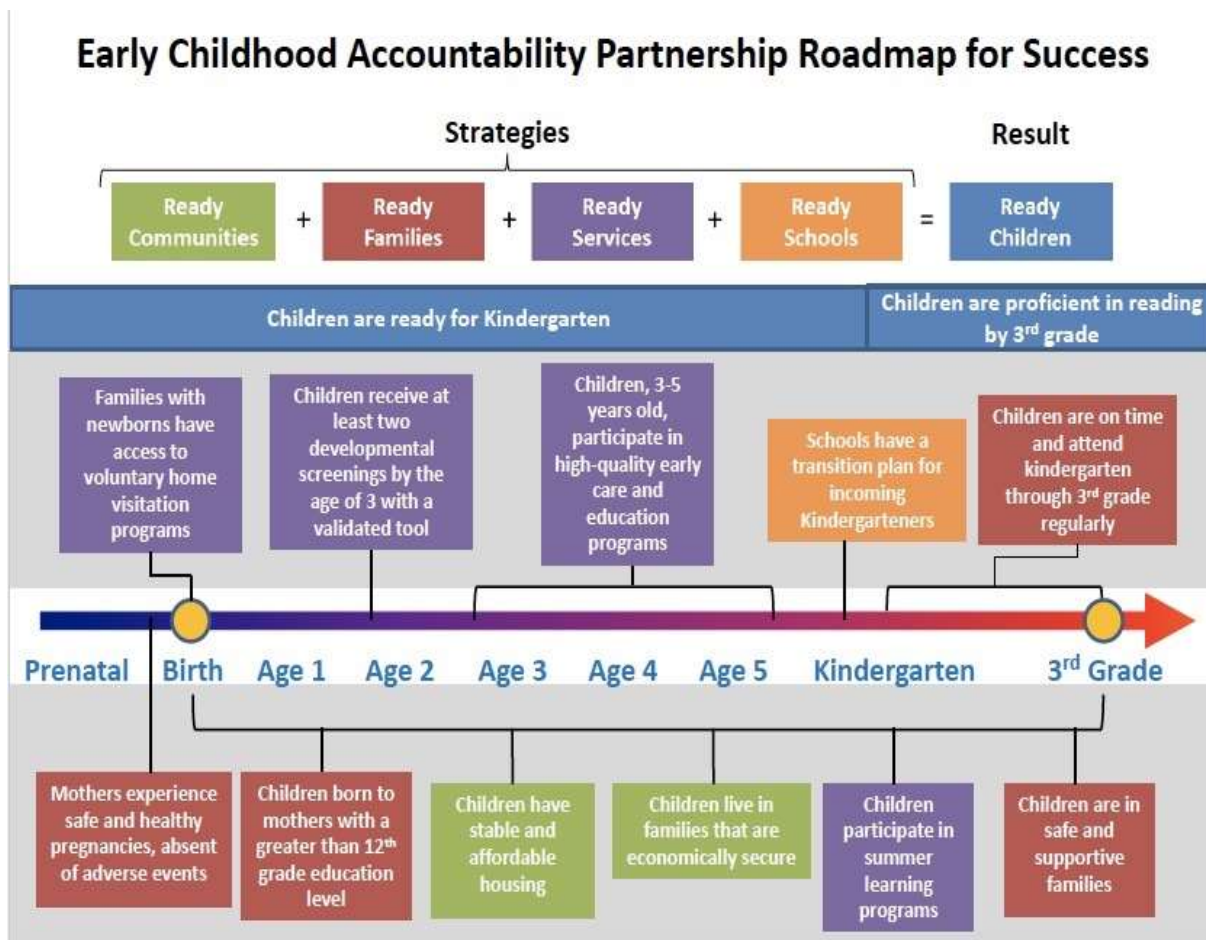
Outcome 4- Child Abuse and Neglect Rate / 1000 Children by Age-2007-2011:

Indicator	Phase 1 Target Area	Arenal-Tapia Small Area	Bernalillo County	New Mexico
Children <1	26.05	24.34	16.56	25.52
Children 1-4	10.3	9.73	7.95	12.29
Children 5-14	8.85	8.06	6.65	9.65
Children 15-17	4.06	4.11	2.90	5.16
Children 0-17	9.27	8.57	6.81	10.25

*Source: New Mexico Community Data Collaborative

Roadmap for Success:

The Early Childhood Accountability Partnership Roadmap for Success uses the school readiness framework to define strategies towards the goal that all children will be ready for and succeed in school. The South Valley Developmental Alignment Plan is based on this framework and adapted to the unique conditions, strengths and circumstances of the area's collective impact work.

The following plan connects the Results, Indicators, Strategies and action plans to the four domains of readiness: "Ready Families, Ready Services, Ready Schools and Ready Communities. "The plan sections are color coded to link back to the Roadmap
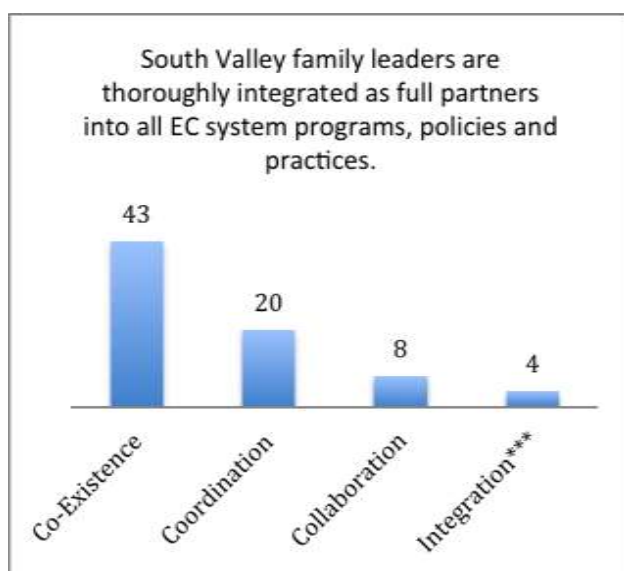
Ready Family Performance Measures:

Parenting Development in Support of Child Wellbeing

Family Leadership and Advocacy

*** Target for this measure set at Integration level

Data Development Needed:
- % of families who express confidence that they know how to help their young children grow and develop
- % of parents who report daily practices that promote early language development and literacy with their young children
- % of families who feel confident that they can advocate for the needs of their children with EC service providers

Partners with a Role to Play:
South Valley Early Childhood Group: Family Engagement and Professional Development Action Group, Partnership for Community Action, Korimi Parent Coop, First Choice Community Health, Peanut, Butter and Jelly, WIC, YDI Pedro Baca Head Start, UNM Family Development, All Faiths, La Plazita, Health Leadership High School, School Family Liaisons,

ECAP Family Literacy Strategy Group, APS Parent University, WIC, ACCESS, NM DOH/Public Health, CYFD,

Current Status:

Strengths:
- Early Learning Guidelines and Parent Engagement Materials
- Increased parenting education and family leadership opportunities in South Valley: La Cosecha cooking classes, Nurtured Heart, Mind in The Making, ACCESS, Early Childhood Collaborative Leadership Institute, Abriendo Puertas, Partnership for Community Action

Barriers:
- Periodic classes due to episodic funding
- Child development learning opportunities not targeted to those who need it most: young mothers and families; grandparents and extended family members
- Need for more focus on multi- generation approaches to language development
- Lack of public awareness of important role of parents as first teachers
- Lack of knowledge about where to access parenting and child development classes

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Strategy 1.1*: Strengthen parenting skills and knowledge of early childhood development within entire family and SV community*

1.1: Action Steps:
    1.1 (A) Parenting Education Alignment Plan

    1.1 (B) Expand Child Abuse Prevention Parenting Education

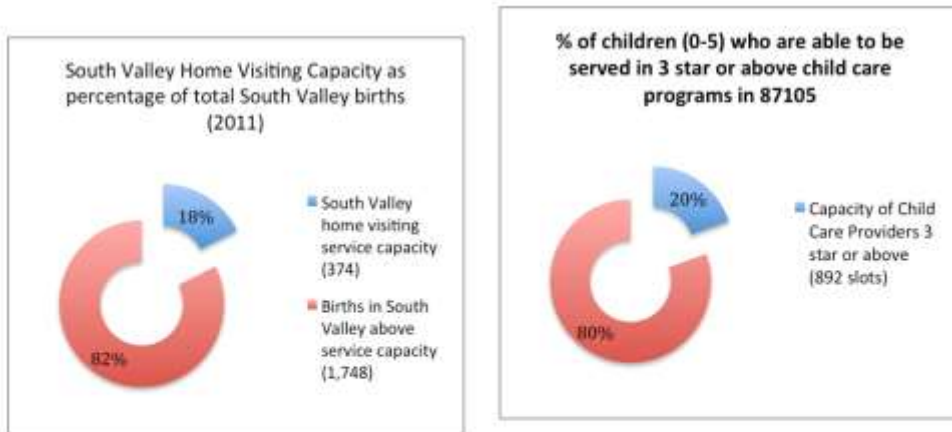   **1.1 (C) Promote Early Literacy to 16 to 25 Year Olds**

Strategy 1.2: Mobilize parents to be family leaders to advocate effectively for the needs of their children and to actively participate in the design of EC services and supports meant to benefit them.

1.2: Action Steps:
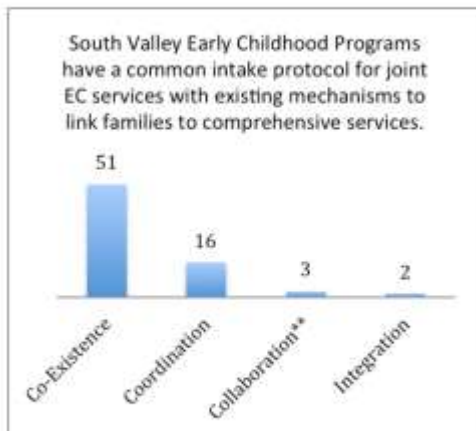   **1.2. (A) Joint Family Leadership Development Plan**

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2. Ready Services: All SV families are aware of and have access to a sufficient number of comprehensive high quality, early childhood care and education services in accessible locations organized so that families can easily use them.
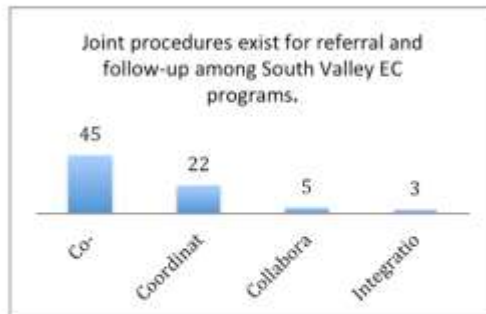
Ready Services Performance Measure:

South Valley Home Visiting Capacity as percentage of total South Valley births (2011)

- South Valley home visiting service capacity (374)
- Births in South Valley above service capacity (1,748)

% of children (0-5) who are able to be served in 3 star or above child care programs in 87105

- Capacity of Child Care Providers 3 star or above (892 slots)

Note: There were 2,122 total South Valley births in 2011.
Source: http://ibis.health.statet.nm.us
South Valley, Bernalillo County Data Profile 2015

Intake and Enrollment in EC programs

South Valley Early Childhood Programs have a common intake protocol for joint EC services with existing mechanisms to link families to comprehensive services.

Referral/Follow-Up

Joint procedures exist for referral and follow-up among South Valley EC programs.

**Target set at Collaboration Level

Data Development Needed:
- % of new mothers screened for maternal depression with validated screening tool in health clinics and related EC settings
- % of children screened with Ages and Stages SE in various EC settings

Partners With A Role to Play:
First Choice Community Healthcare; SV Early Childhood Group-Community Family Hub Action Group; Bernalillo County Home Visitation Work Group; EleValle; PB&J; Pathways Navigators; Early Childhood Accountability Partnership Family Supports Strategy Group; ABC Community Schools; Agri-Cultura Network; Albuquerque Interfaith; Abriendo Puertas; Partnership for Community Action; Bernalillo County Early Childhood Accountability Partnership, CYFD South Valley Investment Zone; NM Kids are Counting on Us; NM/South Valley Early Childhood Alliance; Rio Grande Community Development Corporation; South Valley Community Partnership; family liaisons and other staff from APS schools in target area; area libraries; Community Centers; Neighborhood Associations; churches in target area; business leaders; Bernalillo County leaders and staff.

Current Status:

Strengths:
- The South Valley Early Childhood Group –Community Family Hub Action Group working to plan for hub development
- The South Valley Family Health Commons (SVFHC) & Expansion is already evolving hub activities
- Strong and aligned professional development activities under way through South Valley Early Childhood Alliance, South Valley CNM, Partnership for Community Action, South Valley Early Childhood Group,
- All Faiths and PB&J provide high quality services to families with high needs

Barriers:
- Lack of systematic outreach to pregnant families and families with infants and toddlers
- Under-Utilization of Services at FCCH including health services, public health services and WIC
- Difficulties for Spanish speaking families including grandparents to access Services
- Family-based child care providers don't see themselves as early childhood educators
- Need for increased formal and informal professional development and child development education in Spanish tailored to un-registered family-based childcare providers
- Differing goals & approaches related to language development and proficiency for English Language Learners (ELL)
- Difficulties identifying at- risk families

- Lack of systematic screening for risk
- Lack of access to maternal and early childhood mental health & trauma-informed services

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Strategy 2.1: ***Create a network of neighborhood early childhood hubs in SV that provide people, services and resources for families and their young children with safe and trustworthy early care and education that effectively meets their needs***

2.1 Action Steps:

2.1 (A) Expand Use of Share NM in Target Area:

2.1. (B) Coordinate call-in and hot-line programs serving the South Valley

2.1. (C) Outreach to Pregnant Families and Families with Newborns

2.1 (D) Extend Pathways Navigator Program into Target Area

2.1 (E) Improve Referrals to Home Visitation Programs in South Valley

2.1 (F) Organize SVECG Participation in Community Events in Target Area to Promote Community Knowledge of ECE Services:

2.1 (G) Develop Plans for Family Support & ECE Hub at First Choice:

2.1 (H) Convene Pathways Navigators, care coordinators, CHR's, home visitors to provide input into Hub development

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Strategy 2.2: ***Align professional development activities and implement new opportunities for early care and education providers to improve quality of care to young children and their families.***

2.2 Action Steps:

2.2 (A) Plan to Support Family Care Givers to Promote Child Development

2.2 (B): Dual Language Learning Community

2.2 (C): Support Development of Professional Development Hubs

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Strategy 2.3: ***Provide response and support for families undergoing stress and in crisis***

2.3 Action Steps:

2.3 (A) Educate FCCH Staff and Health Commons Stakeholders on early Childhood Issues

2.3 (B) Strengthen Capacity to Provide Trauma-Informed Care at FCCH

2.3 (C): Organize Behavioral Health Learning Community in Target Area to Strengthen Maternal and Early Childhood Mental Health Services

3. Ready Schools: SV schools have strong partnerships with families, the community and early childhood services to ensure smooth transitions of young children from early care and education programs into Pre-K and kindergarten.

*Ready Schools Performance Measures***:**

Data Development Needed:
- Number of early learning provider-school staff joint transition activities developed in 3 target schools
- A measure of effective implementation of APS Family Engagement Policy in 3 target schools
- A measure of school staff knowledge of early childhood services (use of Share NM or 211)
- # of community events at the school promoting early childhood development targeted to families with young children BEFORE they enter school.

Partners With A Role to Play

SVECG, SVECA, APS Early Childhood, APS Parent University, Early Care and Education Providers in Target Area, Private and public Pre-K Programs, YDI Pedro Baca Head Start, City of Albuquerque Early Head Start, Elementary school staff and Principals from Armijo, Atrisco, Kit Carson and Barcelona, Teaching Solutions, Korimi, Partnership for Community Action, Westside Community Center.

Current Status:

Strengths:
- Partnerships happening with some schools in target area
- Barcelona and Kit Carson have Family Centers and parent liaisons
- ABC Community Schools models for reaching out to families with young children not yet in school
- **New Mexico SPARK** and *Joining Hands: A New Mexico Framework for Transition* and *New Mexico Early Learning Guidelines* provide strong framework for developing transition strategies

Barriers:
- School staff unfamiliar with early childhood and family resources in their neighborhood and community
- Lack of formal transition procedures and practices

Strategy 3.1: *Increase awareness and connection of school staff to early childhood services for young children and their families*

3.1 Action Steps:

3.1 (A): SHARE NM orientation for school staff in target area
3.1 (B): Provide Information to school staff about available ECE Resources

Strategy 3.2: *Schools partner with early childhood providers to reach out to and engage young children and their families 0-5 in early childhood development activities before they enter school.*

3.2 Action Steps:

3.2 (A) Partner with schools to develop school strategies for engaging children and their families not yet in school

Strategy 3.3: *Early childhood providers and schools partner to develop transition activities for young children and their families*.
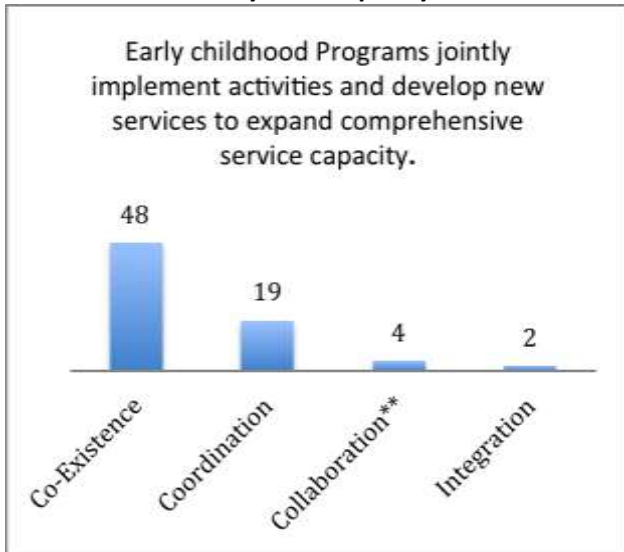
3.3 Action Steps:

3.3 (A) Expand School Partnership Activities to Barcelona Elementary:
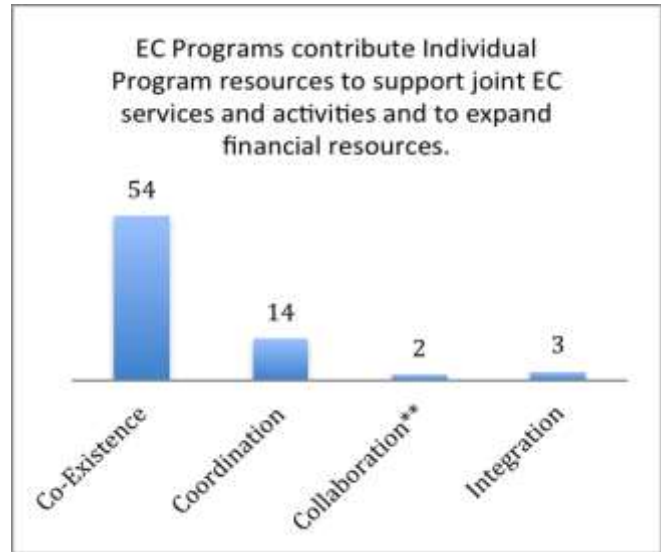3.3 (B) Share Information with ECE providers and School Staff on Transition Best Practices

4. Ready Community: The SV community brings together key community sectors to leverage community strengths, resources and align efforts for collective impact to improve the quality of life for families with young children.
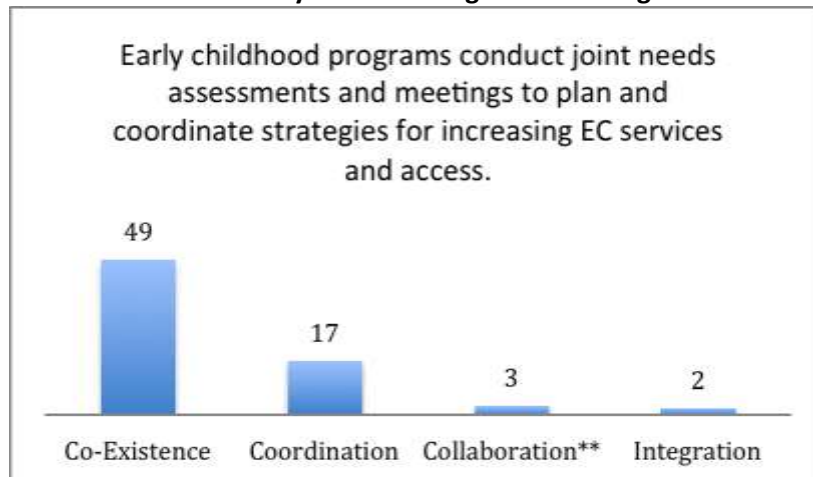
Ready Community Performance Measures:

EC System Capacity

Early childhood Programs jointly implement activities and develop new services to expand comprehensive service capacity.

48 — Co-Existence
19 — Coordination
4 — Collaboration**
2 — Integration

Allocation of Financial Resources

EC Programs contribute Individual Program resources to support joint EC services and activities and to expand financial resources.

54 — Co-Existence
14 — Coordination
2 — Collaboration**
3 — Integration

** Target set at Collaboration level

Service System Planning & Monitoring

Early childhood programs conduct joint needs assessments and meetings to plan and coordinate strategies for increasing EC services and access.

49 — Co-Existence
17 — Coordination
3 — Collaboration**
2 — Integration

Data Development Needed:
- Strength of networks and connections among early childhood service providers
- The % of community actions taken by SVECG that are highly aligned and highly effective

Partners With A Role to Play:
First Choice Community Healthcare, NM VOICES, HELP, PB&J, YDI, SVECG , CYFD, DOH, Centro Savila, La Plazita, EleValle, UNM HSC, RGCDC, Partnership for Community Action, Bernalillo County, APS, ECAP, Kellogg

Current Status:

Strengths:
- South Valley Early Childhood Group (SVECG) is gaining members and organizing action groups to move forward on their goals
- Many resources to build upon to create public awareness of importance of early childhood: Race to the Top Communication Campaign, ECAP Communication Strategy Group, Strong Starts Community Conversation

Barriers:
- Currently, the SVECG is an all volunteer-effort
- Need for structure and more capacity

Strategy 4.1: *Create a strong early childhood governance structure in the SV to achieve integration across the early childhood system of systems*.

4.1 Action Steps:

4.1 (A) Develop a Governance Structure for SV Early Childhood Group
4.1 (B): Develop a Resource Plan and Formal Relationship With Fiscal Sponsor
4.1 (C) Develop an internal communication plan

Strategy 4.2: *Increase public awareness of the importance of early childhood development in order to actively engage SV community members in supporting policies and programs that help children and families thrive*

4.2 Action Steps:

4.2 (A): Develop an public awareness, outreach and external communication plan
4.2 (B): Host community Conversations about Early Childhood:

Table of Contents

Part I. Background

1) Introduction

The South Valley Early Childhood System of Systems Developmental Alignment Plan was developed over a 6-week period under a contract with NM Children, Youth and Families Department and First Choice Community Healthcare (FCCH) in partnership with the South Valley Early Childhood Group (SVECG).[10]

The title "Developmental Alignment Plan" reflects the developmental and evolving nature of the early childhood system of systems work that has taken place in the South Valley since 2013 and that will continue to grow and evolve over time. The plan reflected in this document is preliminary in nature and will serve as a beginning guide for planning efforts over the next two years. The South Valley Early Childhood Group (SVECG) is a community of practice dedicated to learning about collaborative leadership practices and growing an aligned early childhood system of system of systems. This plan will serve as a learning tool and starting point for the group. It is anticipated that as the FCCH-SVECG grow together in the understanding of the collective actions needed to improve early childhood outcomes in the South Valley, the plan will grow and change as well.

The plan reflects a commitment to ensure that South Valley young children and their families have knowledge of and access to all the supports and opportunities they need to thrive. This encompasses the goals articulated by the Early Childhood Accountability Partnership (ECAP), to ensure "ready children, ready families, ready schools, and ready communities." Families and young children are the center around which this system of systems is developed and which meets the child, their family and other caregivers where they are on a continuum from prenatal to third grade.

- **Bernalillo County South Valley**

    The South Valley Community in Albuquerque consists of several working class predominately Hispanic neighborhoods south of downtown and west of the Rio Grande, and adjacent unincorporated areas (South West Alliance of Neighborhoods). Approximately 32,000 persons live here (5% of the county population). The area has high rates of unemployment and teen birth, along with the lowest prenatal care and education levels in the county (less than 60% of persons over 25 have completed high school). These communities have strong connections to the land and to the acequia system that irrigates historically agricultural land. The community is described as having strong family ties to one another, to neighbors, to their faith communities, and to old neighborhood schools. Families are also described as having a fierce love for children, deep spiritual roots, a generational sadness for those who struggle with addictions and school failure as well as

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[10] Children Youth and Families Department: CONTRACT # 15-690-18367 RFP # 15-690-40-12058

intense loyalty to our nation and to its leaders, and pride in local residents who serve in the Armed Forces. Spanish is the heritage language and it is the home language of two different group of Hispanos in the South Valley. It is spoken every day by many in every day interactions with neighbors, at the post office and the grocery store. There are fragile and tentative relations with new immigrants that strain a very old tradition of hospitality to newcomers within the community.

The South Valley is home to 12,260 children under age five as of 2013, the majority of whom are Hispanic, low-income and at-risk. In 2011, there were 2,122 live births in the South Valley representing 25% of all births in Bernalillo County.

- **Children, Youth and Families Investment Zone:**

In 2010, the Children Youth and Families Department partnered with the New Mexico Department of Health to gather and use epidemiological data to compare levels of risk across New Mexico's communities and to rank these geographic areas by level of risk. Those with the highest aggregated need were identified as Investment Zones. These Early Childhood Investment Zones encompass every region and touch every border within New Mexico. Within Bernalillo County, smaller areas were described independently because of the population density.

As a CYFD designated Early Childhood Investment Zone, the South Valley has been recognized as a community whose children are most at risk for school failure. The South Valley has the highest incidence of risk in four of eight key indicators: adolescent birth rate, infant mortality rate, low and very low birth weight, and unemployment. Pregnant mothers initiate prenatal care later than average for Bernalillo County and the state, and the percentage of young mothers who never receive prenatal care is twice that of mothers in the same age range across Bernalillo County. Rates of child abuse and juvenile referrals are higher than county averages. Third grade reading and math proficiency rates are lower than APS rates, as is the graduation rate. More than 75 percent of schools are rated D or F by state standards, making the South Valley a severely distressed community on almost every indicator, in dire need of comprehensive community investment and alignment of systems to address these substandard conditions.

The South Valley Early Childhood Profile Report[11] was developed by CYFD to highlight data to support community-specific capacity building, early childhood system infrastructure development and to support creation of an integrated system of systems that links early childhood care, health and education services in a way that can be used as a model for other communities.

Table 1 presents key early childhood indicators for South Valley that encompasses seven small areas (10,11,12,14,15 and 16) defined by New Mexico Department of Health Small

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[11] CYFD, Early Childhood Services Division. (2015) South Valley, Bernalillo County Early Childhood Data Profile. Produced by Coop Consulting.

Area geocoding project. South Valley Indicators were ranked by quartile with all counties in the state (33) with "1" indicating highest incidence of risk and "4) the lowest.

Table 1.

South Valley Early Childhood Indicators

	Indicator	South Valley Rate/ Percent	Bernalillo Co. Rate/Percent	NM Rate/ Percent	South Valley Quartile Rank
Birth Factors[1]	Adolescent birth rate (ages 15-19)	89.6/1,000	46.3/1,000	56.6/1,000	1
	Infant mortality rate (<12 months) live births	7.0/1,000	5.4/1,000	5.7/1,000	1
	Low, very low birthweight (<2500 g)	10.1%	8.5%	8.7%	1
	Preterm births (<37 wks)	13.8%	11.7%	11.9%	2
Family Factors[2]	Child abuse, substantiated victims	6.48/1,000	3.1/1,000	3.3/1,000	4
	Domestic violence incidents (2010)	n/a	11.9/1,000	9.5/1,000	n/a
	Juvenile referrals (2013)	4,725/100,000	6,424/100,000		n/a
Education Factors[3]	High School Graduation (2012)	66.3%	86.3%	70.4%	2
Economic Factors[4]	Unemployment, civilian labor force (2008-2012)	10.7%	8.5%	5.5%	1
	Percent residents below 100% poverty level (2012)	18.9%	16.4%	19.5%	3

[1] Data compiled from New Mexico Department of Health, Indicator-Based Information System (IBIS): http://ibis.health.state.nm.us. South Valley data from 2006-2009; Bernalillo County and New Mexico data from 2006-2012

[2] Child abuse, neglect rates for South Valley compiled from New Mexico Community Data Collaborative, 2007-2011 (http://nmcdc.maps.arcgis.com/home/webmap) and reflect abuse and neglect rather than substantiated victims; Rates for Bernalillo Co. and New Mexico compiled from Children, Youth and Families Dept. Protective Services Division *360 Yearly* for substantiated victims, 2012-2013; Juvenile arrest data for Bernalillo County published by New Mexico Juvenile Justice Services, Annual Report, Fiscal Year 2013, http://cyfd.org/docs/FY13_JJS_Annual_Report.pdf; South Valley is cumulative data by census tract from New Mexico Community Data Collaborative, 2008-2012, (http://nmcdc.maps.arcgis.com/home/webmap)

[3] Data compiled from New Mexico Public Education Department: http://www.ped.state.nm.us; percentages are averages for Rio Grande High School and Atrisco Heritage High

[4] Residents below poverty compiled from American Community Survey data, 2008-2012; Unemployment data from 2012 U.S. Census: http://www.census.gov

- **South Valley Tradition of Communal Problem-Solving:**

  The South Valley also has a rich heritage of community activism and passionate champions who are ready to move into a new future that embraces the best of tradition, technology and new collaborative leadership practices. Over the years, there have been many communal efforts to improve the quality of life for children and families in the South Valley. The most recent collaborative efforts include:

  - **South Valley Early Childhood Alliance:**

    The South Valley Early Childhood Alliance is made up of childcare centers, family childcare homes and supporting agencies. Launched in 2010, the SVECA promotes "Quality Through Shared Services" using a statewide website (NewMexECA.org) to enhance quality (based on FOCUS criteria and Early Learning Guidelines) and to promote the financial viability of childcare programs. SVECA organizes member meetings, resource fairs and bilingual professional development workshops, such as the Spanish-language healthy cooking and nutrition classes hosted at First Choice's South Valley Health Commons nutrition kitchen , CPR training and the Nurtured Heart series in partnership with APS. Several member centers (e.g., Parkside and Magic Moments) are already committed to becoming model programs, participating in FOCUS and NM PreK. Among the SVECA members there is tremendous participation in the CNM early childhood program and the supports available from the T.E.A.C.H. and Incentives Programs for students in early childhood education. The SVECA has built trust, connections and professional capacity.   Its members are committed to serving as models and mentors to peers and other sites and to the model demonstration site planned for the South Valley Community Commons.

  - **South Valley Early Childhood Group:**

    The South Valley Early Childhood Group was initiated in October 2013 when staff from the South Valley Early Childhood Alliance and NM Children, Youth and Families Investment Zone met with Bernalillo County Commissioner Art De La Cruz who expressed an interest in supporting collaboration around early childhood efforts in South Valley and offered to host a luncheon. Representatives of a dozen organizations serving young children and their families met for a luncheon with County Commissioner De La Cruz and other county officials. Subsequently a dozen interested people, including state senators Michael Padilla and Linda Lopez, met to explore possibilities for an on-going collaboration to improve outcomes for young children and their families. Currently, SVECG has 75 volunteer members from the full spectrum of child-serving programs. The group has crafted a vision statement and organizes its actions into four working groups: advocacy and awareness; family/community information hubs; family education and professional development; data and evaluation. SVECG currently serves as a unified early childhood "voice" in the South Valley. Quality early care and learning are the central focus, represented especially by the central role of the South Valley Early Childhood Alliance (SVECA).

- **First Choice Community Healthcare and South Valley Family Commons Expansion:**

  First Choice Community Healthcare Inc. (FCCH) began in the South Valley in 1972 and has grown to serve 20,000 individuals annually at its South Valley Family Health Commons. The Health Commons has 21 medical, dental and behavioral health providers and an extensive WIC program. First Choice works in partnership and co-locates with: the NM Department of Health Southwest Public Health Office; Children's Medical Services; Head Start/Early Head Start; YDI Counseling and Amistad Teen Shelter. The South Valley Family Health Commons is conveniently located near Kit Carson, Armijo and Atrisco Elementary Schools, Ernie Pyle Middle School and two charter high schools. FCCH provides school-based health care at Rio Grande High School. As facilitator of the South Valley Community Partnership since 2007, First Choice became involved with the South Valley Early Childhood Group (SVECG) in 2013 and has recently begun making referrals of pregnant women/babies to home visiting programs.

  First Choice has a successful track record of collaborating with local, state, federal and community partners in communities of high need. FCCH leadership recognizes that improving community health requires more than medical care. In 2013, First Choice committed to developing an early childhood development center as part of its South Valley Community Commons expansion. The expansion also includes a permanent campus for Health Leadership High School, a Wellness Center, a Community Farm/Indoor Grower's Market and a healthy food restaurant. In 2014, FCCH invested $1M to purchase seven acres for the project and launched a capital fundraising campaign. First Choice is interested in developing a comprehensive plan with the South Valley Early Childhood Group for a high quality early childhood care and education center at the South Valley Commons to serve as a model demonstration site for integrating health care, school readiness, family/caregiver education and family supports.

- **Bernalillo County Early Childhood Accountability Partnership (ECAP):**

  Bernalillo County Early Childhood Accountability Partnership (ECAP) was established in 2010 to improve outcomes for children birth to 8 as well as address the inequitable distribution of resources, social inequities and service fragmentation that perpetuate poor outcomes. ECAP is an active cross-sectoral collaborative network that engages leaders from: physical /behavioral /oral / public /nutritional health, early learning, civic groups, policy leaders, philanthropic organizations, youth groups and a data collaborative. ECAP is one of the four collaborative action networks of Mission Graduate: a cradle to career collective impact initiative led by United Way of Central New Mexico. ECAP's overarching goal is to ensure that ALL Bernalillo County Children Will Be Ready For and Succeed in School. ECAP is supporting 3 Strategy Groups:
   - Early Literacy: To promote the concepts and activities related to early literacy as a community site affiliated with the National Campaign for Grade Level Reading

- Family Support: To provide aligned support to families as a community safety net that collectively strengthens services, parenting skills and practices.
- Public Awareness: To increase public awareness about the importance of early childhood through media, APS Principals Association community outreach, and engagement of leadership champions.

Many of the members of the SVECG are also active members of ECAP thus ensuring alignment of strategies and activities.

- **Current Status of Collective Action in Bernalillo County:**

  All of the above mentioned entities are committed to increasing collective action and aligning strategies and programmatic activities. To identify the current status of collaborative efforts in Bernalillo County, the Family Support Strategy group conducted a survey of EC providers in Bernalillo County to ascertain the level of collaboration and integration of early childhood services across all early childhood sectors, health, early learning, family support and early intervention and special needs. The survey was based on the *"Albuquerque Community Early Childhood Services Integration Assessment"* [12] carried out on behalf of the APS Safe Schools Healthy Students project. The tool was developed using instruments from six early childhood frameworks and instruments from the U.S., Canada and Europe as well as input from 20 local early childhood experts who adapted the tool for New Mexico.
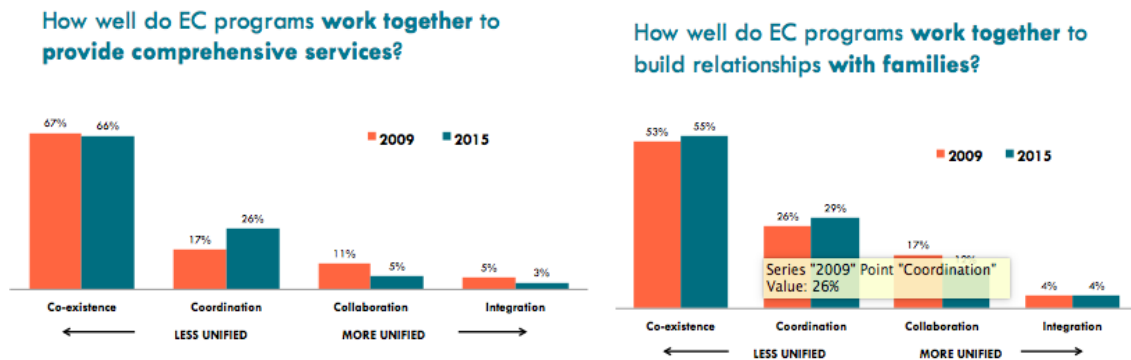
  The assessment addressed four key elements of early childhood systems: 1) Community – wide EC Infrastructure, 2) Comprehensive and Responsive EC Community Services, 3) Connections and Linkages across EC components and 4) Family Support and Engagement. Each indicator is represented by one survey statement representing a related collaborative practice and four possible responses representing points on a continuum from co-existence, at the low end to integration, at the high end.
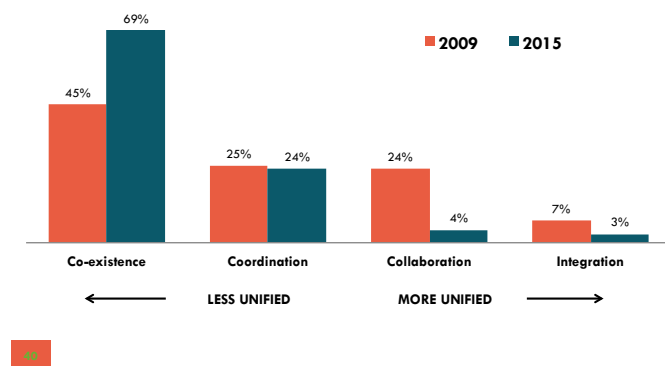
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[12] "Albuquerque Community Early Childhood Services Integration Assessment" Debra Heath, MPH, APS Research, Deployment and Accountability Department and Frances Varela.

From February through April 2015, ECAP replicated the services integration assessment as part of a larger survey sent out to EC service providers.

A comparison of the results derived from 2009 and the most recent 2015 survey, indicate that there continues to be low levels of collaboration and integration within the 4 elements of early childhood systems building. These data have created an additional sense of urgency and hunger for learning the collaborative practices that result in doing business differently, not from the lens of organizational silos, but from the desire to achieve common community-wide goals for young children and their families and to reach the goal: ***All Bernalillo County Children will be ready for and succeed in school***.
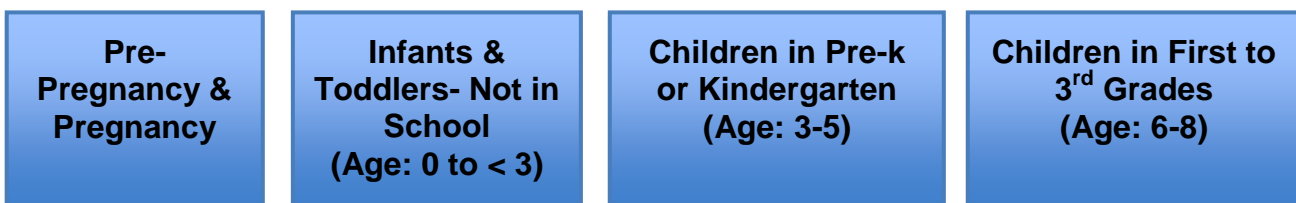
How well do EC programs work together to plan and monitor the service system?

2009   2015

	Co-existence	Coordination	Collaboration	Integration
2009	45%	25%	24%	7%
2015	69%	24%	4%	3%

← LESS UNIFIED   MORE UNIFIED →

2) Plan Definitions, Core Values and Guiding Principles:

The first step in a Results-Based Accountability planning process is developing a common and shared language of frameworks, common terms and words used in early childhood system building. Language discipline in this work is important because each early childhood professional discipline has its own lexicon of terms and meanings. When cross-sector groups work together, a tower of babel can be created where misunderstandings and communication barriers occur because of lack of a shared language. What follows are the definitions used in this planning process.

1) Early Childhood: In New Mexico, early childhood has been defined as including the prenatal period through age 8. For children and their families, the time prenatally to age 8 is marked by profound growth and development. The needs of pregnant families, then young families with infants are distinctly different from families with young children who are of pre-school age or who are enrolled in the first through third grades. The boxes below outline four distinct target populations within the Prenatal to 8 continuum that are recommended as the focus of effort for the SV Early Childhood System of Systems plan:

Pre-Pregnancy & Pregnancy	Infants & Toddlers- Not in School (Age: 0 to < 3)	Children in Pre-k or Kindergarten (Age: 3-5)	Children in First to 3rd Grades (Age: 6-8)

2) Community: A group of people bound by a common geographic boundary or a common interest.

3) Family: Families are big, small extended, nuclear, multi-generational, with one parent, two parents and grandparents. Families live under one roof or many or none. A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage or from a desire for mutual support. As family members, we nurture, protect and influence each other. Families are dynamic and are cultures onto themselves, with different values and unique ways of realizing dreams. Together, our families become the source of our rich cultural heritage and our spiritual diversity. Each family has strengths and qualities that flow from individual members and from the family as a unit. Our families create neighborhoods, communities, states and nations[13].
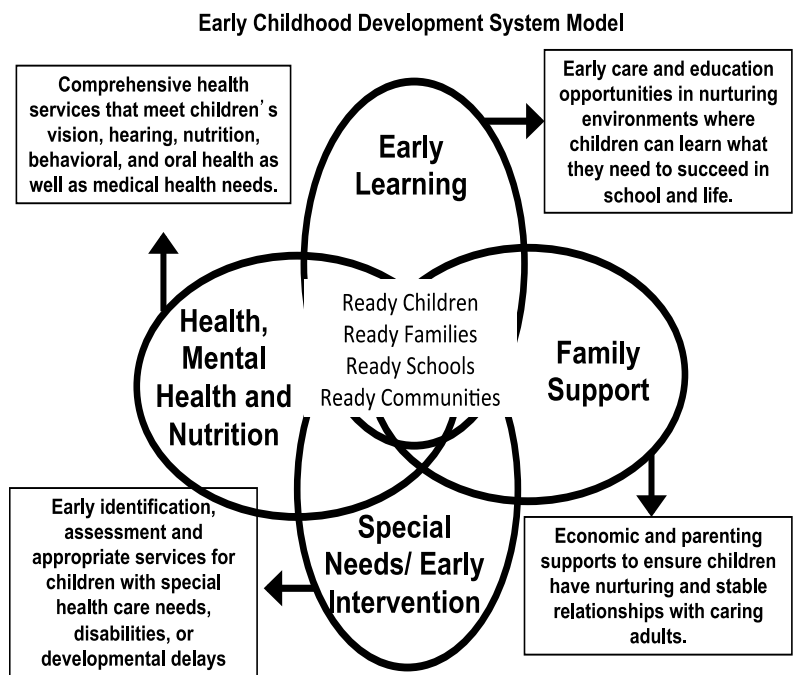
4) Family-Centered Care: Services that assure the health and well-being of children and their families through a respectful family-professional partnership. It honors the strengths, cultures, traditions and expertise that everyone brings to this relationship. Family-Centered Care is the standard of practice, which results in high quality services[14].

5) Early Childhood Services: Services provided to children and families pre-conception to age 8 in the areas of family support, health, mental & behavioral health, oral health, development, early intervention/special needs, early learning, nutrition, economic support, parenting education, advocacy, etc.

6) Early Childhood System: A set of services and service components that interact and depend on each other to meet the overall purpose of achieving optimal early childhood and family outcomes in a particular focus area like health or early learning.

Early Childhood Development System Model

Comprehensive health services that meet children's vision, hearing, nutrition, behavioral, and oral health as well as medical health needs.

Early care and education opportunities in nurturing environments where children can learn what they need to succeed in school and life.

Early Learning

Health, Mental Health and Nutrition

Ready Children
Ready Families
Ready Schools
Ready Communities

Family Support

Special Needs/ Early Intervention

Early identification, assessment and appropriate services for children with special health care needs, disabilities, or developmental delays

Economic and parenting supports to ensure children have nurturing and stable relationships with caring adults.

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[13] Bishop, Woll and Arango (1993). *Family/Professional Collaboration for Children with Special Health Care Needs and their Families.* Burlington, VT: University of Vermont, Department of Social Work. Adopted by New Mexico Young Children's Continuum and Early Childhood Action Network.

[14] National Center for Family-Centered Care. Family-Centered Care for Children with Special Health Care Needs. (1989). Bethesda, MD: Association for the Care of Children's Health

7) Early Childhood System of Systems:
An early childhood system of systems is usually defined as having 4 interlocking components: health, early learning, family support and special needs/early intervention. Each of these service categories is its own system. A "system of systems" is one in which all of these system components are connected to work towards common goals, use common measures to determine their effectiveness, adopt common strategies, and ensure effective communication. [15] [16]

8) Comprehensive and Responsive EC Services (Components): High-performing and high quality programs and services that are family centered, strengths based, involve families in the design and evaluation and which produce optimal results for children, families, providers and the general public. Ensuring high quality, responsive services requires strong professional development infrastructure in the community.

9) Alignment: Deliberately created, strong, and effective linkages between system components that optimize results for children, families, providers and the general public.

10) Early Childhood Comprehensive System Infrastructure: The backbone structure that the system needs to function effectively and with quality. Early Childhood Infrastructure usually includes: shared accountability which includes developing shared measurement, collecting common data and shared evaluation, effective communication pathways, a formal collaborative governance structure that includes all key stakeholders, including family leaders, who agree on common goals, develop unified plans and monitor indicators of well-being of young children and their families and shared resources and financing, common training and professional development.
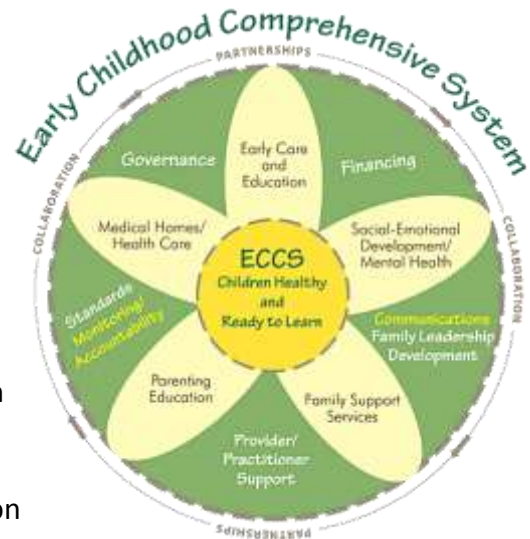
11) Levels of EC Service Integration[17]:

- **Coexistence:** Early childhood and family programs operate as separate and distinct services whether they are situated in the same location or in a defined geographic area.

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[15] http://buildinitiative.org/OurWork/EarlyChildhoodSystemsWorkingGroup.aspx
[16] Charles Bruner: A Framework of State Leadership and Action in Building The Components of an Early Childhood System. Build Initiative (2006)

[17] *"Albuquerque Community Early Childhood Services Integration Assessment"* Debra Heath, MPH, APS Research, Deployment and Accountability Department and Frances Varela

- **Coordination:** Early childhood programs operate as separate and distinct services but share information with each other and may coordinate some discrete activities.

- **Collaboration:** Development of joint activities among many early childhood programs that merge human resources, space and /or materials to expand or create new programmatic opportunities in a defined area to achieve common goals.

- **Integration:** Full integration of existing and new early childhood programs with a formal governance structure, single entry point, common application processes, common record – keeping, blended funding and joint programming in a defined geographic area**.**

12) <u>**Blended and Braided Funding:**</u> Refers to efforts to use separate funding streams in a more coordinated and flexible manner towards common goal and common service delivery strategies**.** Many individuals refer to all efforts to use funding streams more flexibly as "blending."   The Finance Project describes three distinct types of flexibility (or "blending") strategies[18]:

- **Coordination (Braiding):** Community- and program-level strategy for using separate categorical streams together to support seamless services. This strategy is also often referred to as "braiding," because separate funding streams are wrapped together to support unified services.

- **Pooling**: A strategy, most commonly used at the state and county levels, in which more flexible pots of funding are blended into one funding pool.

- **De-categorization (Blended):** A state-level strategy that is focused on making funding streams less "categorical" by removing, reducing, or aligning requirements and regulations. Funds from more than one program are "blended" into a unified funding stream.

13) Guiding Principles for the Full Participation of Young Children, Birth Through Age Eight, in New Mexico's Early Learning System[19]

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[18] Flynn, Margaret & Hayes, Cheryl (January 2003*) "Blending and Braiding Funds to Support Early Care and Education Initiatives".* Financing Strategy Series. Finance Project, Washington, DC

[19] Guiding Principles for the Full Participation of Young Children, Birth through age Eight in New Mexico's Early Learning System. NM CYFD. *Guiding Principles* were developed at the New Mexico Summit on Early Childhood Inclusion on March 30-31, 2010.

Although these Guiding Principles were developed for the early learning system of New Mexico, they seem equally relevant to the early childhood system of systems that include health, nutrition, maternal and child mental health, family support, as well as the early learning system.

This plan builds upon the core principle that "Every child in New Mexico has diverse strengths rooted in his or her family's unique culture, heritage, language, beliefs and circumstances. All programs, initiatives and collaborative efforts aimed at improving the lives of pregnant families and families with young children birth to eight should build on these strengths by "promoting a sense of belonging, supporting positive social relationships, and enabling families and professionals to gain advocacy skills that positively impact the life of all children. The South Valley Early Childhood System of System plan is built upon the principles outlined in the "Guiding Principles" and are also founded on the ideas of social justice and equity as well as "suspending biases to build trust and establish collaborative partnerships that benefit children, families and the professionals who work with them."

All of the principles are important to the plan development and are reflected in the plan's results, strategies and action steps. The plan is particularly framed to address the following commitments:

- **Relationship building to foster self-reflection and continuous quality improvement:** The use of the Results Accountability Framework for the SVECSOS plan development includes a focus on a continuous cycle of improving efforts to address the needs of children and families and has built in activities that foster self-reflection.
- **Promoting establishment of aligned early childhood services based on effective models that builds on the strengths of families and that acknowledges the foundation of family's heritage, language and culture** is a core focus of the plan-especially as it relates to celebrating and renewing language and culture in the South Valley. The plan is also structured to reflect the strengths of the community and the collaborative efforts unfolding there and to build upon those strengths to improve outcomes for young children and their families.
- **Establish an integrated, multi-disciplinary system of professional development, training and technical assistance that supports the design, implementation and evaluation of practices that are responsive to each child and family:** This plan is built on the strong foundation of aligned professional development already taking place in South Valley.
- **Involving families and communities as partners and decision-makers is a core principle of having developed the plan**. A vigorous community listening process was undertaken to inform plan development and this process of partnership with families and professionals is a core focus of strategies and activities reflected within the plan.
- **Provide choice, flexibility, continuity of services and make a variety of services and supports available and accessible that are responsive to family experiences, culture, beliefs, abilities and circumstances**. As this plan highlights, choices for families are

frequently very limited, especially for those who speak a language other than English. The plan attempts to address the disparities in resources and early childhood outcomes present in the South Valley that makes this principle a particular focus for the work.

- **Promote the South Valley community's understanding of the importance of high quality inclusive early childhood programs and practices**. This is also a core focus of the pan and the efforts of the South Valley Early Childhood Group.

3) Core Approaches to South Valley Early Childhood SOS Plan Development

I. Two-Generation Approach of the SOS Plan:

Multi-generational approaches to policy, program design and implementation offer new ways of doing business that simultaneously address the needs of caregivers, young children, and the family system.[20] Program evaluation and research data demonstrate that multi-generational approaches lead to improved health outcomes for caregivers and children in the short- and long-term.[21] The theoretical framework for a multi-generational approach is based on key principles of child development, including our understanding that:

1.) The long-term educational and health outcomes of children are directly linked to the socio-economic and educational status of their caregivers;
2.) Caregivers of young children often struggle to lift themselves and their families out of poverty due to institutionalized barriers to stable employment or educational attainment;
3.) Caregiver stress, often exacerbated by economic hardship, has a direct effect on the ability to bond with their children and provide the safe, stable, and nurturing relationships needed to provide optimal care for their children, and;
4.) Young children do better in school and in life when their caregivers have opportunities for self-care and strong social networks.

- **Components of a multi-generational approach -** Ascend at the Aspen Institute has identified three core components of multi-generational approaches in early childhood programs: Social capital, education, and economic supports. They additionally name health and wellbeing as an "emerging component".

    Effective partnerships and a strong system-of-systems are imperative to successful implementation of multi-generational approaches to family development. In order to successfully leverage the resources needed to support whole families, organizations and governmental entities must be actively engaged in responsive and collaborative relationships with the other programs and organizations that support those same families.

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[20] Lombardi, J., Mosle, A., Patel, N., Shumacher, R. & Stedron, J. (2014), "Gateways to two generations: The potential for early childhood programs and partnerships to support children and parents together." Ascend at the Aspen Institute. Retrieved from http://ascend.aspeninstitute.org/pages/gateways-to-two-generations.
[21] The Annie E. Casey Foundation (2014). "Creating opportunity for families: a two-generation approach." Retrieved from http://www.aecf.org/resources/creating-opportunity-for-families/.

- **Why a multi-generational approach is important for the South Valley Early Childhood System-of-Systems Plan -** As demonstrated by the data presented in this plan, families in the South Valley are disproportionately affected by poverty and inequities related to race, language barriers, immigration status, and fragmented family, social and economic support systems. Though much of the research literature describes a "two-generation" approach, this plan uses the term "multi-generational" instead in acknowledgement of the many non-traditional families represented in the South Valley and the unique challenges faced by those families. According to interviews with principals and other key stakeholders in the plan target area, many grandparents, aunts, uncles and other extended family members are raising children. In the South Valley, a 2-3 generation approach is warranted and needs to address the systemic barriers that prevent extended family members from accessing needed resources and supports within responsive systems that address these barriers for families.

  While many organizations and systems struggle to adapt existing programs to meet the needs of caregivers and children, this plan offers a unique opportunity to create a child development center and a system-of-systems that intentionally integrates the needs of caregivers, their children, and the workforce that supports them into foundational programmatic practices.

II. Approach to Language and Culture in South Valley:

It is important to note that the Hispanic community in New Mexico, and the South Valley in particular, is far from monolithic. In fact, there is a significant divide between what are known as native New Mexican Hispano families and more recent Mexican and Central American immigrants. A major driver of that divide is the language of schooling, of government and of core services. While many New Mexican Hispano families trace their heritage back to the Spanish conquest, and many still stake claim to family land granted to them by the Spanish monarchy, many have lost a key piece of their heritage—the Spanish language. Their ancestors who framed the NM Constitution attempted to maintain their linguistic heritage through key constitutional provisions that called for equal rights for Spanish speaking students and the preparation of a bilingual teaching force that is fully prepared to meet the challenges of teaching students in multiple languages. Notwithstanding, the formal schooling process has not maintained those assurances, engaging in schooling practices that not only favored English over Spanish, but actually punished students for speaking their home language. This generational linguistic oppression has resulted in generational Hispanos seeking to separate themselves from more recent immigrants through the use of the English language. At the same time, many Hispanos have identified the Spanish language as a key component of their heritage that they wish to recover. This linguistic identity dissonance combined with the influx of native Spanish-speaking immigrants into the South Valley actually creates an educational opportunity. **Linguistic diversity could be viewed as a resource** on which to build economic opportunity all while working to heal the wounds of a divided Hispanic community. The convergence of linguistically diverse populations in the South Valley, progressive language education policy at the state level, and expertise in best language education practices (e.g. dual language), create a context in which to develop a multilingual 21st century workforce**. Dual language programming is open to students from all language backgrounds, offering the**

opportunity for recent immigrants to learn English without sacrificing their native language, for native New Mexican Hispanos to recover their heritage language, and for Anglo students to acquire a second language. Essential to the success of such an approach is that it begins with dual language programming at the early childhood level.

The goal of language renewal and proficiency proposed in this plan is to develop a system of dual language and academic and learning support for linguistically diverse learners starting in early childhood so that children demonstrate academic proficiency in both their first home and second language. Forty years of research has made the case for dual language learning is the most effective approach to achieving school readiness and academic success.

Dual language program characteristics include content instruction that is provided in two languages, as is a second language development component. Some programs only serve ELLs, while others serve a blended population of ELLs and English-proficient students. The primary goals of dual language programs differ significantly from bi-lingual programs, with the former having two goals: 1) Academic proficiency in students' first and second languages (including English); 2)Grade level proficiency in all academic content areas. The goal for the latter is English proficiency with some support for academic content achievement in students' native languages

Research on Effectiveness of This Approach:

"Dual language programs are the only programs that assist students to fully reach the 50th percentile in both their first and second languages in all subjects and to maintain that level or higher through the end of schooling[22]

"Findings from multiple research studies have established that rapid, unsupported English language acquisition is not a realistic for goal for ELL instruction. Rather, students who have received little to no academic or cognitive development in their first language tend to do increasingly poorly as academic and cognitive demands increase after fourth grade and into the upper grades[23]

Figure B.3

Former English Learners' Grade 11 Reading Achievement by Elementary School Program
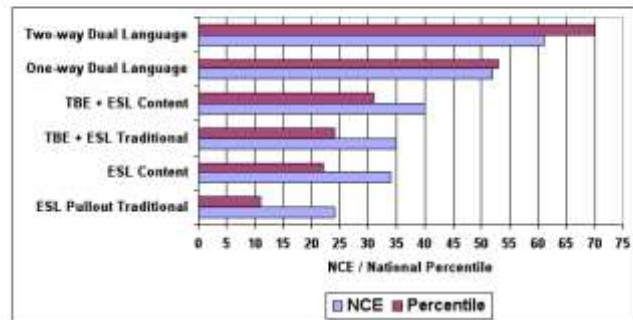
Programs:
1 – Two-way Dual Language Education (DLE), including ESL taught through academic content
2 – One-way Dual Language Education (DLE), including ESL taught through academic content
3 – Transitional Bilingual Education (TBE), including ESL taught through academic content
4 – Transitional Bilingual Education (TBE), including ESL taught traditionally
5 – English as a Second Language (ESL) taught through academic content, with no use of primary language
6 – English as a Second Language (ESL) taught by pullout from mainstream classrooms, with no use of primary language

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[22] Collier, V. and Thomas, W. (2010). **Teaching English Learners for a Transformed World**. Fuente Press: Albuquerque, NM.

[23] Gil, L. and Bardack, S. (2010). **Common Assumptions Versus the Evidence: English Language Learners in the United States.** American Institutes for Research: Washington DC.

"Moreover, the research indicates that instructional programs work when they provide opportunities for students to develop proficiency in their first language. Studies that compare bilingual instruction with English-only instruction demonstrate that language-minority students instructed in their native language as well as in English perform better, on average, on measures of English reading proficiency than language-minority students instructed only in English. This is the case at both the elementary and secondary levels."[24]

4) Plan Methodology

The planning process in the original proposal was defined as a five-month planning process to accomplish two main objectives:

1. Develop a plan to strengthen and coordinate a "system of systems" in the South Valley to which existing and planned child-serving organizations will belong and by which children and families will be supported and served;
2. Develop a plan for a "micro-system" demonstration site at the South Valley Community Commons that models how children and caregivers may access the multitude of programs and services available on one campus and through the larger system of supports.

With CYFD contract signed on March 27, 2015, the five-month planning process was compressed into six weeks and began on April 1, 2015 through May 15, 2015. In spite of the short time frame, there remained a high level of commitment to co-create this plan with community partners.

- **Community-Based Participatory Planning Approach:**

   Community-based participatory planning (CBPP) is a participatory approach in which everyone who has a stake in the planning initiative has the opportunity to give voice to his or her insights and views, either in person or by representation. This includes all key stakeholders, members of the target population, community officials, interested citizens, and people from involved agencies, schools, and other institutions that all should be invited to participate. In CBPP, everyone's participation is welcomed and respected, and the process is not dominated by any individual or group, or by a single point of view. Multiple opportunities are created for all stakeholders to provide their input as well as a chance to review the written plan as it evolves and provide additional insights and information.

   From April 1 through April 30, 2015 the planning was focused on community listening. Instead of creating stand-alone opportunities for input, the plan development team

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[24] August, D. and Shanahan, T. (2006). **Developing Literacy in Second-Language Learners: Report of the National Literacy Panel on Language-Minority Children and Yout**h. Lawrence Erlbaum Associates, Publishers: Mahwah, New Jersey.

identified already existing meetings and gatherings upon which this planning initiative could piggy-back. Multiple interviews, telephone calls and e-mails seeking information from key stakeholders were conducted. At each step, written notes were distributed to SVECG and other stakeholders for their comments and revisions. Focus groups were held, and surveys were distributed to school staff for their input into the plan. Planning documents developed by the South Valley Early Childhood Group were used as a foundation for the plan. Secondary data documents were utilized as well and will be cited throughout the plan.

- **Results –Based Accountability Planning Framework:**

Results Based Accountability (RBA)[25] is a strategic planning process that helps groups to get from talk to action as well as develop written plans for how to take action on solutions proposed during community input conversations. It starts with the end results in mind and works backward to development of solutions and action plans. An RBA-oriented planning process starts with identifying the geographic area and the target population to be addressed in the plan. Following this step, the RBA-based planning process (See Appendix 1) is organized to develop collaborative group responses to the following questions:

1. **Results:** What are the quality of life conditions we want for young children and their families in our neighborhood or community to help them be ready for and succeed in school?
2. **Indicators:** How can we measure these conditions?
3. **Baselines:** How are we doing on the most important of these measures?
4. **Story Behind the Baseline:** How are we doing on these indicators? What are the reasons these pictures look the way they do? What are the causes and forces at work?
5. **Partners With A Role to Play:** Who are the partners that have a role to play in doing better?
6. **What Works Strategies:** What works to do better, including no cost or low cost ideas?
7. **Action Plan:** What do we propose to do and how will we do it?

The South Valley Early Childhood Plan will be organized according to this framework as well as by the two planning objectives:

Part 2: The Developmental Alignment Plan: Addresses Objective 1:
Develop a plan to strengthen and coordinate a "system of systems" in the South Valley to which existing and planned child-serving organizations will belong and by which children and families will be supported and served.

Part 3: The South Valley Family and Child Support Center Business Plan: Addresses Objective 2:

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[25] Adapted from: Friedman, Mark (2005) Trying Hard is Not Good Enough: How to Produce Measurable Improvements For Customers and Communities; Trafford Publishing, Victoria, BC

Develop a plan for a "micro-system" demonstration site at the South Valley Community Commons, that models how children and caregivers may access the multitude of programs and services available on one campus and through the larger system of supports.

Part II. South Valley Early Childhood System of Systems (SOS) Developmental Alignment Plan

Section I. The Plan Target Area and Population To Be Served

The South Valley Early Childhood Group (SVECG) has been working to improve family and community conditions in the South Valley. The geographic area for the SVECG efforts has generally been the entire South Valley.

CYFD has designated a defined area in the South Valley as an Early Childhood Investment Zone, which generally includes the entire Rio Grande High School Cluster (which includes all elementary, middle schools feeding into Rio Grande HS). Diagram below indicates CYFD Investment Zone.[26]
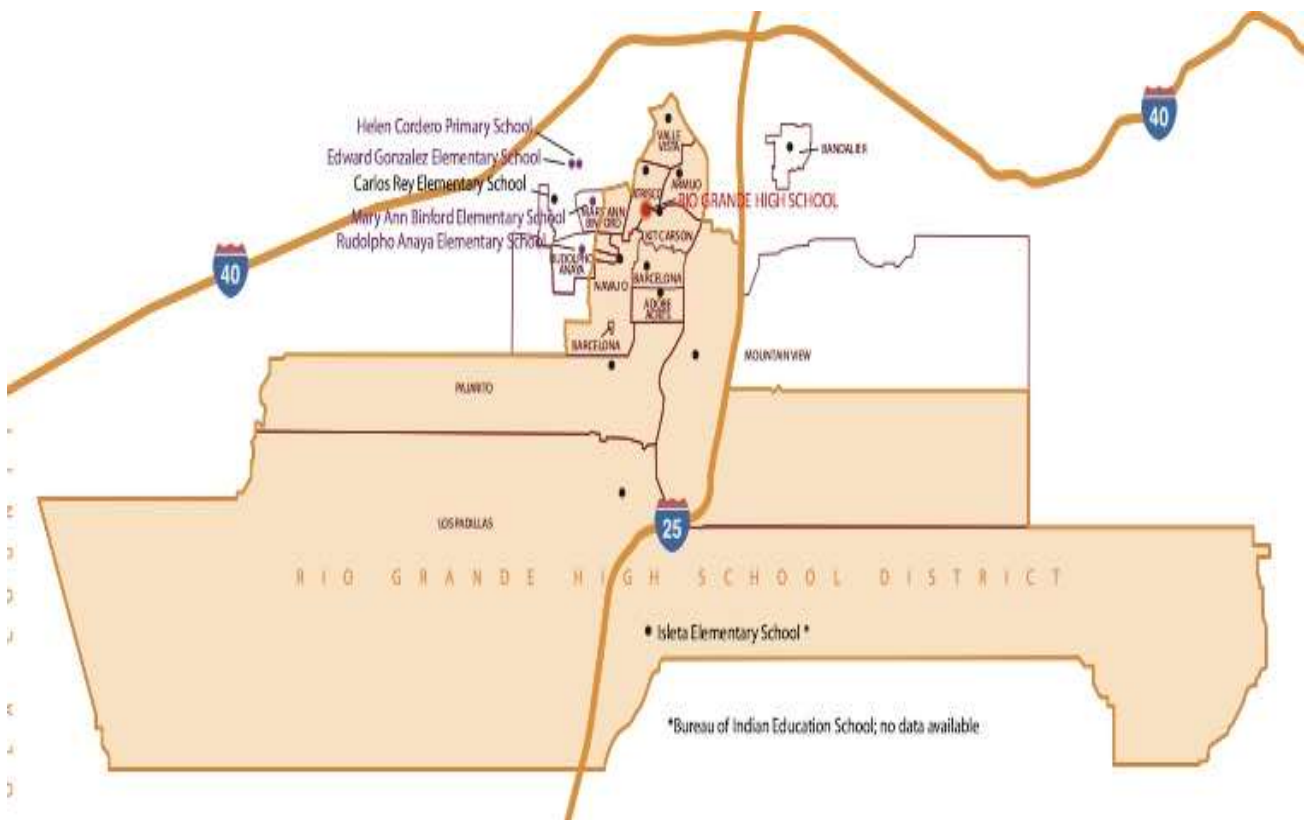
A sub-area within the Rio Grande Cluster consists of seven small areas defined by the New Mexico Department of Health Small Area Geocoding Project. This small area roughly includes the following elementary schools districts that fall within those seven small areas:

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[26] Diagram taken from: State of NM-CYFD, Early Childhood Services Division. (2015 Draft) South Valley, Bernalillo County Early Childhood Data Profile

- **Adobe Acres, Armijo, Atrisco, Barcelona, Kit Carson, Navajo, Valle Vista -** This small sub area of the South Valley is at the heart of the historic South Valley. This small area designation was used for the first time as the initial focus for the Nurse Family Partnership Home Visitation Program as well as the Parents As Teachers program operated by University of New Mexico Center for Development and Disability.

Phases of SVEC SOS Plan:

The SVECG Data Committee met to discuss the boundaries of the current project. The group felt it would be beneficial to think of the SVEC-SOS project in phases, with the first phase encompassing a smaller geographic focus area. Because of the generally low level of alignment currently happening in Bernalillo County, it was felt that it would be easier to initiate an alignment project in a smaller area to start.
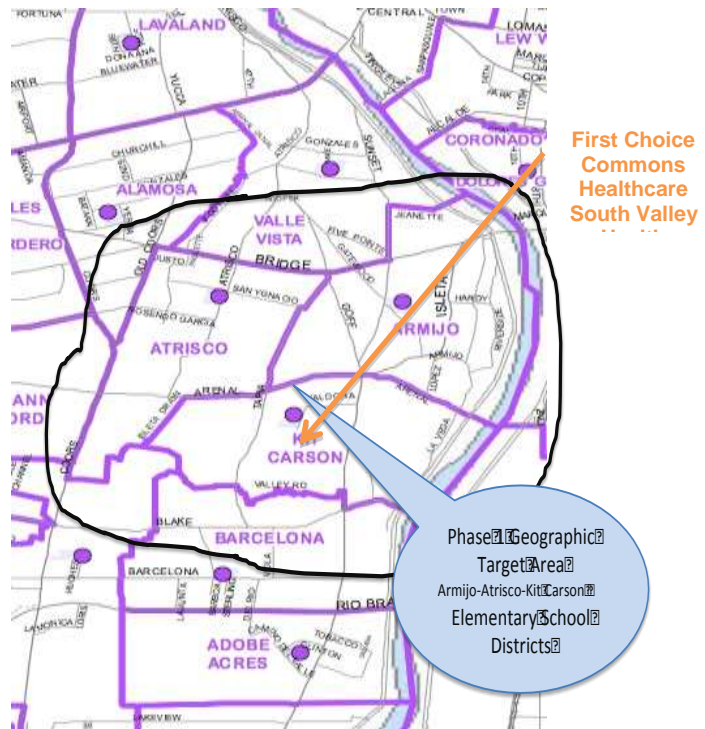
Phase One Geographic Boundaries:
Timeframe for Project: 2015 – 2017

The proposed area for Phase One of the SVECSOS project encompasses the following school districts:
- **Armijo**
- **Atrisco**
- **Kit Carson**

The target area incorporates the following census tracts:
-4300
-4401
-4501
-4502

First Choice Commons Healthcare South Valley

Phase 1 Geographic Target Area
Armijo-Atrisco-Kit Carson Elementary School Districts

During Phase One, when feasible, plan implementation can be extended to include all of the area within Small Area 14-Arenal Tapia. This would add one more census tract (4200) as well as Barcelona Elementary School. The data below is presented for both the target area within Small Area 14 outlined above and for Small Area 14.

A Data Snapshot of Phase One Target Area:

The South Valley, Bernalillo County Early Childhood Data Profile produced by New Mexico Children, Youth and Families Department, Early Childhood Services Division (2015 Draft), provides a rich data set that characterizes key, demographic, birth factors, Family Environment Factors Education Factors and Economic Factors for the area known as the South Valley, a large area encompassing several zip codes: 87121, 87102, 87104 and 87105.

The following data profile drills down to the Phase One Target area outlined in the Map above and when data is not available for the target area, data from the Small Area 14: Arenal Tapia was used. Arenal Tapia includes all the census tracts in the target area except for one: 4402. Barcelona Elementary School is within census tract 4402.

Demographic Overview:

Population Totals - 2009-2013
Target Area and NMDOH Small Area 14: Arenal-Tapia

Description	Target Area	Arenal- Tapia Small Area
Total Population	16,681	21,035
Families	3,761	4,782
Families with Children Under 18	2,135	2,709
Families with Children Under 5	818	970

*Source: American Community Survey 2009-2013

The target area for the ECSOS plan contains 12% of the overall population found within the South Valley. Twenty-two (22%) percent of the families in the target area have children under the age of five. This is slightly higher than the NM DOH Small Area Arenal in which 20% of families have children under age of five. Fifty seven (57%) percent of families in target area as well as in the Arenal Tapia area have children under the age of 18.

Children under the age of five make up 7% of the total population in the target area, slightly lower than 9% for the South Valley. The primary focus for this plan initially is the 1, 203 children under the age of five, but specifically the 967 infants and toddlers age 0-3.

Early Childhood Population - 2010
Target Area and NMDOH Small Area

Description	Target Area	Arenal-Tapia Small Area
Under 18	4,295	5,335
Under 5	1,203	1,450
Under 1	234	278
1 year	250	312
2 years	245	286
3 years	238	290
4 years	236	284

*Source: Census 2010

Socio-Economic Overview:

Socioeconomic Factors - 2009-2013
Target Area and NMDOH Small Area 14: Arenal-Tapia

Category	Indicator	Target Area	Arenal-Tapia Small Area	Bernalillo County	New Mexico
Economic Indicators					
	PCT Population Below 100% Federal Poverty Level	28.7%	28.2%	18.0%	20.6%
	PCT Civilian Population 16+ Unemployed	10.3%	11.4%	8.5%	9.9%
Education Indicator					
	PCT Population 25+ Without HS Diploma	32.8%	33.1%	12.6%	16.9%
Language Indicators					
	PCof Population Speaking Other Than English at Home	62.1%	59.6%	31.0%	36.2%
	PCT of Population Speaking English "Less than Well"	20.8%	20.2%	8.7%	9.6%
Nationality Status					
	Foreign Born - Not US Citizen - PCT of Population	17.7%	15.8%	7.1%	6.5%
	Foreign Born - US Citizen - PCT of Population	4.5%	5.1%	3.8%	3.3%

*Source: American Community Survey 2009-2013

Slightly less than 1 in 3 persons in the target area are living below the federal poverty level (28.7%), in the South Valley 23.6% of the residents live below the federal poverty level. One in 3 adults over the age of 25 lacks a high school diploma. Spanish is the predominant language spoken in families in the target area.

Family Characteristics Overview:

Household and Family Characteristics
Target Area and NMDOH Small Area 14: Arenal Tapia - 2009-2013

	Measure	Target Area	Arenal-Tapia Small Area
Number	**Families**	3,761	4,782
	Families with Children Under 18	2,135	2,709
	Families with Children Under 5	818	970
Poverty Status	**Families Below 100% FPL - Number**	935	1,152
	Families Below 100% FPL - PCT	24.9%	24.1%
	Families with Children Under 18 Below 100% FPL - Number	322	396
	Families with Children Under 18 Below 100% FPL - PCT	34.4%	34.4%
	Families with Children Under 5 Below 100% FPL - Number	298	414
	Families with Children Under 5 Below 100% FPL - PCT	31.8%	35.9%
	Families Below 185% FPL - Number	1,884	2,404
	Families Below 185% FPL - PCT	50.1%	50.3%
Median Income	**Median Family Income**	$36,653	$36,788
	Median Income of Families with Children Under 18	$30,962	$30,402
	Median Income Female Householder - No Husband	$25,370	$25,874
	Households	5,342	6,708
	Median Household Income	$35,977	$36,471

*Source: Census ACS Estimates 2009-2013

Almost 35% of families with children under age of 18 are living in poverty. Fifty percent (50%) of families are living below 185% of poverty. The median family income in the target area for single parent families is $25,370.

Grandparents Raising Grand Children:

During community listening sessions, community members and service providers observed that there were many grandparents raising their grandchildren. In twelve (12%) percent of households in target area grandparents are living with their grandchildren. In 40% of those households, grandparents are solely responsible for the care of their grandchildren in the target area, however in the Arenal Tapia small area 50% of grandparents living in the household are responsible for he care of their grandchildren. In the target area, 36% of the households where grandparents are solely responsible for the care of their grandchildren, the grandparents are over the age of 60. This rises to 40% in the Arenal Tapia small area.

Grandparent Household Characteristics - 1			
Target Area and NM DOH Small Area: Arenal-Tapia-A - 2009-2013			
	Measure	Target Area	Arenal – Tapia Small Area
Household Demographics	Grandparents Living with Own Grandchildren Under 18	668	937
	Grandparent Households - Grandparent Responsible	266	476
	Grandparent Households - Grandparent Age 60+ Responsible	96	194
Poverty Status	Grandparent Households - Grandparent Responsible Below 100% FPL- PCT	10.5%	16.0%
	Grandparent Households - Grandparent Responsible Below 100% FPL - Number	28	76
English Proficiency	Grandparent Households - Grandparent Responsible Speaks English Less Than Very Well - PCT	59.0%	49.4%
	Grandparent Households - Grandparent Responsible Speaks English Less Than Very Well - Number	157	235

*Source: Census ACS Estimates - 2009-2013

Grandparent Household Characteristics - 2			
Target Area and NM DOH Small Area: Arenal Tapia - 2009-2013			
	Measure	Target Area	Arenal –Tapia Small Area
Disability Status	Grandparent Households - Disabled Grandparent Responsible - PCT	17.7%	24.4%
	Grandparent Households - Disabled Grandparent Responsible - Number	47	116
Years Responsible	Grandparent Households - Grandparent Responsible - Less Than 1 Year	54	107
	Grandparent Households - Grandparent Responsible - 1-2 Years	66	116

Grandparent Households - Grandparent Responsible - 3-4 Years			53	74	
Grandparent Households - Grandparent Responsible - 5+ Years			93	179	

*Source: Census ACS Estimates - 2009-2013

In the Arenal Tapia Small Area one in 4 grandparents, solely responsible for raising grandchildren, are disabled compared to 17% in target area. In the Arenal-Tapia area as well as target area, 53%-54% of grandparents have been caring for their grandchildren for 3 or more years. Spanish is the language grandchildren most often hear in almost 60% of households in target area compared to 50% in Arenal-Tapia Small Area.

Maternal/Birth Characteristics Overview:

Maternal/Birth Risk Factors 1 - 2008-2011
Target Area and NMDOH Small Area 14: Arenal Tapia

Category	Indicator	Target Area	Arenal-Tapia Small Area	Bernalillo County	New Mexico
Overall Births					
	Total Births - 2008	See Small Area	358		
	Total Births - 2009	See Small Area	316		
	Total Births - 2010	See Small Area	309		
	Total Births - 2011	See Small Area	270		
	Birth Rate per 1000 Persons	See Small Area	16.1	13.5	13.9
Adolescent Births					
	Births to 15-17 as PCT of All Births	See Small Area	7.7%	3.5%	4.8%
	Births to 18-19 as PCT of All Births	See Small Area	9.6%	7.3%	9.5%
	Births to 15-19 as PCT of All Births	See Small Area	17.3%	10.8%	14.3%
Birth weight					
	PCT of Births with Low or Very Low Birth weight	See Small Area	8.9%	8.6%	8.5%
	PCT of Births with Low Birth weight	See Small Area	8.0%	7.4%	7.3%
	PCT of Births with Very Low Birth weight	See Small Area	1.0%	1.2%	1.2%
	PCT of Births with Normal Birth weight	See Small Area	86.3%	85.7%	86.0%

*Source: NM IBIS - All Rates and PCT figures 2008-2011

The number of births in target area is unavailable, however in the Arenal Tapia Small area, births have declined by 25 % from 2008 to 2011. Over 17% of Arenal-Tapia births are to 15-19 year olds compared to 10% for Bernalillo County. The low birth weight rate within Arenal-Tapia is similar to Bernalillo County, however the rate of pre-term births is slightly higher at 14% compared to 12%. Forty two percent of pregnant women in Arenal Tapia receive the recommended amount of prenatal care, which is to say that about 58% of pregnant women don't. Less than 2% of women in Arenal Tapia don't receive any prenatal care at all.

Maternal/Birth Risk Factors 2 - 2008-2011					
Target Area and NMDOH Small Area 14: Arenal Tapia					
Category	Indicator	Target Area	Arenal-Tapia Small Area	Bernalillo County	New Mexico
Pre-Term Births					
	PCT of Pre-Term Births (Less than 37 Weeks)	See Small Area	14.0%	12.1%	12.4%
Prenatal Care					
	PCT of Births with Prenatal Care in First Trimester	See Small Area	47.6%	57.6%	58.2%
	PCT of Births with Prenatal Care Begun Third Trimester	See Small Area	5.8%	4.5%	6.0%
	PCT of Births with No Prenatal Care	See Small Area	1.7%	0.9%	2.1%
	PCT of Births with Adequate or Better Prenatal Care	See Small Area	42.5%	52.1%	54.4%
	Average Number of Prenatal Visits per Birth	See Small Area	9.5	10.4	10.3
Marital Status of Mother	Births to Unmarried Mothers - Rate per 1000 Persons	See Small Area	10.1	6.6	7.3

*Source: NM IBIS - All Rates and PCT figures 2008-2011

Child Risk Factors:

Category	Indicator	Target Area	Arenal-Tapia Small Area	Bernalillo County	New Mexico
Child Risk Factors - 2007-2011					
Target Area and NMDOH Small Area: Arenal Tapia					
Child Abuse and Neglect					
	Child Abuse Rate per 1000 Children Under 1	26.05	24.34	16.56	25.52
	Child Abuse Rate per 1000 Children 1-4	10.33	9.73	7.95	12.29
	Child Abuse Rate per 1000 Children 5-14	8.85	8.06	6.65	9.65
	Child Abuse Rate per 1000 Children 15-17	4.06	4.11	2.90	5.16
	Child Abuse Rate per 1000 Children 0-17	9.27	8.57	6.81	10.25

*Source: NM Community Data Collaborative 2007-2011

The rate of child abuse and neglect in the target area is over 50% higher than the countywide rate for infants under the age of 1 at 26/1000 compared to 17/1000. The rate of child abuse and neglect for toddlers in the target area is 30% higher than the countywide rate. These are substantiated cases of child abuse and neglect. They represent the tip of the iceberg. The source of stress for families in the renal Tapia area have been outlined in the community listening section of the plan as well as from New Mexico PRAMS. In New Mexico, for mothers giving birth they experienced the following stressors: 1) partner lost job-17%; mother lost their job-11%; separated divorced-11%; partner rejected pregnancy-9%; partner went to jail-7%; involved in a fight 5%; experienced homelessness 4%. It can be assumed that rates of these stressors are higher at the small area 14 level. Exceptionally stressful experiences early in life may have long-term consequences for a child's learning, behavior, and both physical and mental health. Some types of "positive stress" in a child's life—overcoming the challenges and frustrations of learning a new, difficult task, for instance—can be beneficial. Severe, uncontrollable, chronic adversity—what is defined as "toxic stress"—on the other hand, can produce detrimental effects on developing brain architecture as well as on the chemical and physiological systems that help an children learn to

adapt to stressful events[27]. Children exposed to toxic stress do not achieve optimum development in the early years and therefore are at risk for many cognitive, physical, emotional, mental, social disabilities throughout their young and into adult life.

Education Outcomes: Target Area[28]

	Third Grade % Reading Proficient or Above-All Students		Habitual Truancy Rates[29]	
	2012-2013	2013-2014	2010-2011	2011-2012
Armijo	33%	22%	14%	9%
Atrisco	63%	33%	20%	26%
Kit Carson	33%	31%	14%	15%
APS-All Schools	52%	48%	8%	8%
New Mexico	51%	49%		11%

Caution needs to be used in interpreting the data presented. Atrisco Elementary is a district program for special needs and medically fragile children and these children are more at risk for absenteeism. Education outcomes by English Language Learners and students with disabilities sheds more light on the Third Grade Reading Proficiency as 70-80% of incoming kindergarteners in the target schools are English Language Learners.

Education Outcomes: Target Area

	Third Grade % Reading Proficient or Above: English Language Learners		Third Grade % Reading Proficient or Above: Students with Disabilities	
	2012-2013	2013-2014	2012-2013	2013-2014
Armijo	25%	20%	0%	0%
Atrisco	57.7%	40.7%	28.6%	20%
Kit Carson	27.3%	29.4%	n/a	0%
APS-All Schools	34.2%	31.4%	14.8%	15.8%
New Mexico	35.9%	33.7%	20%	19%

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[27] National Scientific Council on the Developing Child. (2005/2014). *Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper 3*. Updated Edition. Retrieved from www.developingchild.harvard.edu
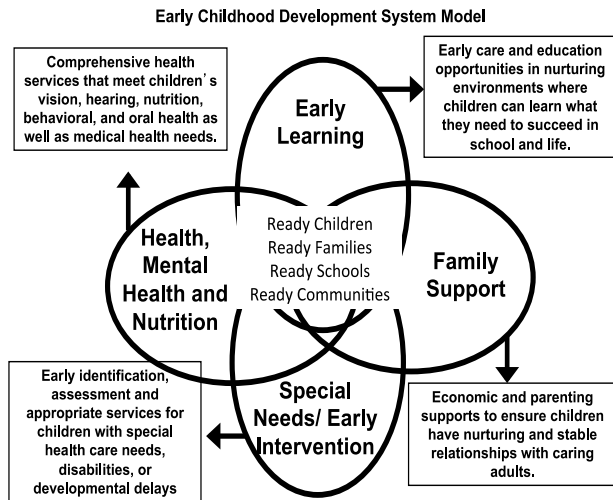
[28] State of NM-CYFD, Early Childhood Services Division. (2015 Draft) South Valley, Bernalillo County Early Childhood Data Profile

[29] Habitual Truancy is defined as "accumulating the equivalent of 10 or more unexcused absences within a school year"

Children who enter kindergarten behind seldom catch up. . It has been shown that disparities in a young child's access to positive and nurturing experiences in their families and communities by age six accounts for a significant educational gap at age 18.

Section II. Abbreviated Assets Map of Early Childhood Services and Supports Small Area 14- South Valley: Arenal -Tapia

Appendix 2 highlights the core services that either fall within or serve South Valley Small Area 14 –Arenal-Tapia, which is the target area for Phase One. The service assets in Appendix 2 are organized by the Early Childhood System of Systems Ovals. The asset mapping conducted for this planning process is developmental in nature because of the limited time window for the planning process. Asset mapping will continue to be conducted by SVECG and therefore the assets described in this document will be added to a fleshed out assets map during Phase 1.

Early Childhood Development System Model

Comprehensive health services that meet children's vision, hearing, nutrition, behavioral, and oral health as well as medical health needs.

Early care and education opportunities in nurturing environments where children can learn what they need to succeed in school and life.

Early Learning

Ready Children
Ready Families
Ready Schools
Ready Communities

Health, Mental Health and Nutrition

Family Support

Early identification, assessment and appropriate services for children with special health care needs, disabilities, or developmental delays

Special Needs/ Early Intervention

Economic and parenting supports to ensure children have nurturing and stable relationships with caring adults.

Mission Graduate has conducted a preliminary asset mapping as well of Bernalillo County services and support for families. Ruth Juarez of Mission Graduate, at the request of the South Valley Early Childhood Group, put together a preliminary map of assets for Small Area 14 in the South Valley which surround each of the 3 target school districts:
https://www.google.com/maps/d/edit?mid=zC8zNncE6rGY.kAuo21q9ekXE

A Snapshot of Early Childhood System of System Capacity Indicators:

Based on preliminary assets mapping and capacity assessment, the following strengths and gaps are highlighted:

5.Health, Mental Health and Nutrition Assets and Gaps in South Valley Small Area 14 -
Health, Public Health, Oral Health And Nutrition Services: The target area and Small Area 14-Arenal Tapia has strong health services assets. With FCCH, NM DOH and WIC all located within the boundaries of the target area, are families can have access to primary and specialty care. . The First Choice South Valley Medical currently serves 11,243 individual medical patients, 15% of whom are children under age 9; 91% of whom are Hispanic; 20% of whom are uninsured; and 38% of whom are Spanish monolingual. Overall, 430 pregnant women received prenatal care from First Choice in 2014. First Choice South Valley Dental currently serves 6,556 dental patients, including 508 children under the age of 9. First Choice South Valley WIC currently serves 1,635 clients, 909 of whom are children and 369 of whom are women. There are only 2 WIC food vendors in the area. The South Valley Public Health Office located within the South Valley Health Commons provided in 2013:

CMS (Children's Medical Services) 1824 units of service; Immunizations to 862 children and 744 adults; 1,706 Family Planning visits; 1075 STD clinic visits. 51 visits for tuberculosis and 19 Harm Reduction visits.

First Choice Services Provided to Children 0-5 for South Valley Zip Code 87105: 2014

Age	Total Served	Service Area Population	PCT Population Served
Age <1	208	848	24.5%
Age 1	210	921	22.8%
Age 2	196	932	21.0%
Age 3	161	923	17.4%
Age 4	225	869	25.9%
Age 5	204	911	22.4%
Age 0-5	1,204	5,404	22.3%

*Sources: FCCH UDS Database – 2014. US Census 2010.

FCCH serves about 20-25 % of children residing in 87105, it is not know what % of children are being served in target area. FCCH health providers indicated that they had more capacity to serve more pregnant women and young children.

Mental Health Services: There are 3 behavioral health providers in target area with waiting lists. They are: FCCH, YDI and Centro Savila. School personnel and physicians at FCCH indicate that they need to send families out of the South Valley to be seen for family therapy and counseling. There are neither maternal depression services nor infant mental health services within the target area.

5. **Early Learning Assets and Gaps in South Valley Small Area 14:**

Child Care: There are 12 licensed childcare facilities and 56 registered home care providers in the target area for a total of 1,199 childcare slots available for children under age of 6. Of these 14% are 4 Star and above. Sixty- seven (67%) percent of children can be served with this capacity. There are many unregistered family care hoes in the area, but currently there are no estimates as to how many. Family members care for a high percentage of area children.

Child Care Capacity for Children Under 6				
-- Tapia-Arenal Small Area - 2014				
	Licensed Providers	Registered Providers	Small Area Total	PCT of Population Under 6
Sites	12	56	68	
Total Spaces	863	336	1,199	67.6%
Subsidized Spaces	388	50	438	24.7%
Four or Five Star Spaces	248	NA	248	14.0%

*Source: NMCDC Early Childhood Services Dataset

Pre-K: There are five New Mexico Pre-K sites in the target area and 6 in Arenal-Tapia. YDI Pedro Baca has two sites: one on the South Valley Health Commons Campus and the other at Westside Community Center. These two sites combined serve approximately ninety-four (94) 3 and 4 year old children per year. There are two Even Start Programs in the target area at Atrisco and Kit Carson Elementary Schools with 50 total slots. The Even Start Program serves 3-4 year olds. All of the Pre-K programs are half day posing transportation and after school care problems for working families. Only YDI Head Start is full day (up to 3 PM).

If all of the programs serving four year olds are totaled (Pre-K public and private, Head Start[30] and Even Start), it is estimated that 97% of 4 year olds could have some access to pre-school learning opportunities in the target area.

Pre-K Capacity for 4 Year Olds
Target area & NMDOH Small Area Arenal Tapia-2015

	Target	Tapia-Arenal Small Area
PED Funded Pre-K		
Armijo	40	40
Kit Carson	38	38
Barcelona		40
CYFD Funded Pre-K		
Building Bridges	40	40
Magic Moments	20	20
PB&J	20	20
Total Pre-K Slots	158	198
Population 4 year olds	236	284
PCT Population Served	68%	70%

* Source: NMCDC Early Childhood Services Dataset

6. **Family Support Assets and Gaps in South Valley Small Area 14:**

Home Visitation: Five home visitation programs in the South Valley are serving 374 families. Currently 18% of families living in the South Valley are being served. It is not know how many families are being served in target area or Arenal-Tapia area. Given that home visitation programs are the best way to reach families prenatal to age 3, the home visitation capacity in this high need area is very low.

Services and Supports for Families with Challenges: All Faiths serves approximately 514 clients in the South Valley. It wasn't possible to identify which of the four major services that All Faith's provides are being received by South Valley Families. **EleValle Pathways** has served

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[30] This estimate is based on taking ½ enrollment of Head Start and Even Start to estimate the number of 4 year olds enrolled in both those programs

approximately 19% of families in the South Valley. Both of these programs are targeted to high need families and need to be expanded as well.

7. **Early Intervention, Special Needs in South Valley Small Area 14:**

Early Intervention Services: The only early intervention provider located in the target area is PB&J. Family Infant Toddler Program in the target area is serving 67 children and in Arenal-Tapia: 75 children.

FIT Program Capacity for Children 0-3		
NM DOH: Small Area Arenal –Tapia - 2011		
	Target Area	**Tapia-Arenal Small Area**
FIT Participants	67	75
Population 0-3	967	1,166
PCT Population Served	6.9%	6.4%

*Source: NMCDC Early Childhood Services Dataset

% of Special Education Students Enrolled in Target Area Schools 2015	
School	**Target Area**
Armijo	13%
Atrisco	14.8%
Kit Carson	13.3%

* Source: School Principal Interviews - 2015

There is more than twice the % of children enrolled in special education programs at the schools than are enrolled in FIT. It is not clear how to interpret this difference, but there may be a gap in children who are being identified with developmental delay 0-3.

Summary of Assets: Assets within target area include: ample and expandable health, public health, and nutrition services. There is also a growing number of Pre-K slots with 70% of children being served with Pre-K as compared to 31% within Bernalillo County.

Summary of Gaps: Gaps are pronounced in the following areas: Lack of sufficient behavioral health services, especially targeted to maternal and early childhood mental health; insufficient home visitation capacity; lack of high quality early care and education programs both home-based and center-based; lack of early intervention services within SV.

Section III. Community Listening: Family and Community Input

Community listening to obtain input into the development of this plan was highly compressed. It took place between April 11 and May 6, 2015. Strategies for gaining community input into the plan were multiple. Partnership For Community Action held 7 focus groups were held with families and childcare providers from April 15- April 22, 2015. A particular focus included reaching out to grandparents caring for their grandchildren. The Plan Development Team partnered with South Valley Early Childhood Group (SVECG) Planning Team to create opportunities for the SVECG members to contribute to the plan. A specific plan development session was held on April 14, 2015, then the notes were sent out to the SVECG members for input. Key individual members unable to attend April 14, 2015 planning session were interviewed so that they had a chance to add their ideas and insights to the plan. Three additional SVECG meetings were held to add to the plan-the SVECG Data Action Group met twice to contribute to the plan as well as a Ready Schools ad hoc group to develop that goal as well as strategies.

Tracy Herrera, retired principal from Navajo Elementary school was engaged to reach out the to the 3 principals of schools within the Phase One Target Area: Armijo, Atrisco and Kit Carson. Because of Tracy's former relationship with the area principals, she was able to conduct her interviews between April 15 and April 20. She obtained the principals permission to solicit input from school Pre-K, K, First and Second Grade teachers at their respective schools. A survey monkey questionnaire was forwarded via the principals to their staff at Atrisco, Armijo, Kit Carson and La Promesa Charter School. Edward Tabet-Cubero also interviewed two charter school principals and staff at Health Leadership High School and La Promesa Charter School. He held a focus group with the students at Health Leadership High School. Appendix 3 contains the dates and community listening sessions held.

Additionally, 17 formal interviews were conducted with key stakeholders. Other stakeholders were reached via phone and electronic communications to provide input to the plan. Appendix 4 contains the complete list of formal interviews conducted by Plan Development Team Members.

1) Family and Child Care Provider Focus Groups: Partnership for Community Action

Focus groups were conducted with Abriendo Puertas Parents, Grandparents, and Child Care Providers on April 15, 18, 21 and 22 of 2015. The focus groups were done with 40 individuals from the South Valley area. Community participants provided great insight and recommendations on their vision of the South Valley Health Commons Expansion for their families and community. Appendix 5 contains full summary of focus group questions and results from the sessions. Results are summarized here.

Summary

The findings from the focus groups indicated that **education**, **health**, and **security** are important aspects for parents and grandparents from the South Valley of Albuquerque. In terms of the struggles families experienced, the most common struggles were in **health care** and **education**. The childcare providers indicated that the needs of the families they served revolved around

education, **health**, **nutrition**, **economy**, **parenting support** and **access to services**. The responses from the participants emphasized that the outcomes they desire for their families are the same issues they're struggling with.

Subsequently, parents and grandparents were asked to visualize their ideal early childhood development center and childcare providers were asked to envision a family support center. Participants were asked to draw this vision together (see a sample of these drawings below). Through the participants visualizations they were able to make recommendations for the ideal early childhood development center and family

support center. The suggestions for both early childhood and family support centers concentrated on **quality education**, **health**, **recreation space** or space **for families of all ages**. Throughout all seven focus groups there was a prominent theme of including a space for teens and how to have teens be part of early childhood development center and family support center. In addition, quality health was identified by participants as: access to more immediate doctor appointments, respectful treatment by front desk personnel, for physicians get to know patients (quality healthcare service), access to good alimentation, early prevention & detection health issues, less racial and language discrimination, and a gym. Participants described quality education as individualized instruction, access to activities (arts, dance, science, agricultural, music, sports, language, computer, & tutors), spaces that accommodate children with disabilities, early childhood professional development, and services for providers. Lastly, there was a strong emphasizes of including a recreation space for families of all ages by all participants. The characteristics expressed for the recreation space were: parks, basketball courts, soccer field, walking trails, and a pool. The information conveyed by the stakeholders evokes the needs of families in the South Valley of Albuquerque.

Forty stakeholders from the South Valley community were invited to participate in the third & fourth week of April, 2015 to recommend their visions for the South Valley Health Common Expansion. The findings from the seven focus groups depict the absence of resources and yearning needs of the community. Therefore, the recommendations presented by the stakeholders will assist First Choice Healthcare in creating the ideal South Valley Health Commons for the families in the South Valley of Albuquerque.

Sample Family Visions of Future South Valley Community Commons:
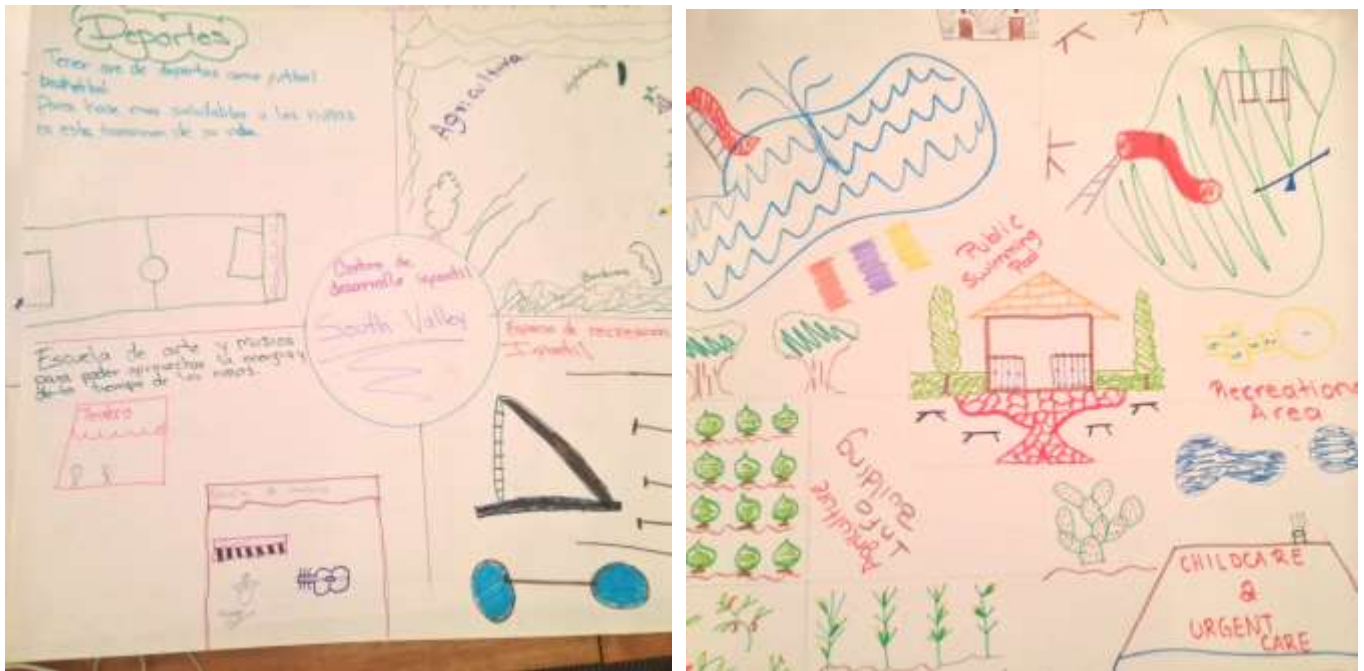
2) ECAP Family Support Summit:

On April 10, 2015, Bernalillo County Early Childhood Accountability Partnership (ECAP) convened over 100 service providers, community leaders, and stakeholders serving young children and their families in Bernalillo County. The Summit's agenda was carefully designed to guide participants toward a common understanding of the current system of services for young children and their families in Bernalillo County. Through a series of context-building presentations and facilitated small group discussions, participants provided their unique insights to identify unmet needs, service gaps, and opportunities for cross-sector alignment. Participants were then invited to become more deeply involved in ECAP, working collaboratively to achieve the goal of ensuring that all Bernalillo County children are ready for and succeed in school.

During the first facilitated table discussion, participants were asked to describe the current system of services for young children and their families in Bernalillo County, identifying those things we do well in Bernalillo County and the internal and external barriers faced by service providers.

What we do well
Participants identified passionate and committed community members and service providers as a significant asset for young children and families in Bernalillo County. This includes communities, organizations, and leaders who:
- Recognize the importance of alignment and collaboration to make best use of limited resources;
- Have a deep understanding of the needs of young children and families and the desire for change among families and those who serve them;

- Honor the diversity of Bernalillo County families and offer multi-lingual and multi-cultural programming;
- Offer many high-quality, evidence-based programs in Bernalillo County, including home visiting, early intervention, and early care;
- Acknowledge the expertise of the families they support and foster a community-focused culture;
- Care and have good intentions and energy to act, and;
- Offer many free or affordable activities for families through open space programs, Bioparks, museums, and libraries.

Internal and Organizational Barriers

Participants identified a number of internal and organizational barriers to service provision. Many of these barriers characterized underfunded programs, lack of resources to support a multi-generational approach to family supports, and bureaucratic obstacles to integration and collaboration between programs and agencies. They included:

- Lack of funding, including financial support for inter-agency integration and coordination;
- Lack of staff time for family engagement and cross-sector collaboration;
- Provider stress due to understaffing;
- Lack of resources to meet the needs of high-risk families experiencing challenges with accessing services, including inaccessible business hours, transportation issues, and family mobility;
- Bureaucratic barriers to referral and competition between agencies, in part due to inflexible and competitive funding that discourages collaboration;
- Lack of time and resources for professional development;
- Lack of knowledge or resources and need to strengthen cross-agency collaboration, and;
- Lack of capacity to address challenges through a multi-generational approach, rather than focusing only on the caregiver or child as an individual client.

External and Systemic Barriers

Participants identified a number of external barriers, many of which have been described elsewhere in this document, including economic inequality, language and cultural barriers, lack of access to needed health services, and lack of food and transportation infrastructure. Other noted concerns included:

- Historical trauma and mistrust of systems;

- Bureaucracy;
- Poverty, economics, and other social determinants of health;
- Low wages, few professional development opportunities, and unskilled service providers;
- Lack of funding and support for primary prevention;
- Immigrant concerns and the lack of political will to address them, and;
- Lack of behavioral health services for children, and medical, dental, and behavioral health services overall.

During the second facilitated table discussion, participants were asked to identify strategies for improving systems to better serve young children and their families in Bernalillo County, including intra-agency strategies and systems-level strategies.

Professional Development and Training
Participants identified the need for improved education and compensation to support the early childhood workforce, increased awareness of services and providers for referral, coordinated call centers (211/311, hubs, Share NM), and improved use of technology to reach and serve families.

Early Learning and Child Development
Participants expressed a need to improve communication with law enforcement, use Kid's Count, NM Voices for Children, and other data resources to support data-driven organizational and systems planning, increase offerings of home-based services and phone options to improve access for at-risk families, and continued and expanded inter-agency collaboration.

Health

Participants expressed a need to develop shared goals and performance measures; develop a "road map" of family resources; better share existing no-cost/low-cost resources among organizations; offer more prevention programming, co-locate staff, facilities, and services; ensure consistent, accessible, and comprehensive services for at-risk families; improve the technology interface to meet provider and family needs, and increase access to knowledgeable promotoras/community health workers for family outreach.

Advisory and Leadership

Participants expressed a need for efficient communication of resources, increased access to high-quality early learning centers, a coordinated communications strategy to educate the public about the importance of early childhood development, and identification of influential champions to create a sense of urgency among policymakers and hold them accountable for supporting young children and their families.

Summary

The many ideas for creating an aligned system of early childhood services were written on the red shoes that are moving towards a common goal of All Bernalillo county children will be ready for and succeed in school. The yellow bricks represent the strengths and assets already in place in Bernalillo County to achieve that common goal.

3) School Principal Interviews

Tracy Herrera, Education Consultant, interviewed the 3 school principals from the Phase One Target Area from Armijo, Atrisco, and Kit Carson. The interviews focused on obtaining current information about particular school characteristics related to early childhood, school readiness and school success in the early grades. Appendix 6 contains the interview guide. Detailed information about each school is contained in Appendix 2 in the asset map. The interview also asked open ended questions related to the principals' perspectives about the current status of connection to young children and their families who are not yet in school, what factors most influenced school readiness in their community, existing barriers to accessing needed early childhood and community services, their knowledge of First Choice and the services provided there and if they would be willing to be part of an effort to better connect the schools to early childhood services and system –building efforts. The interviews took place in mid-April.

Issues and Circumstances in Family, Neighborhood and Community Services Affecting School Readiness:

All three principals primarily focused the circumstances of families in their neighborhoods. All three principals mentioned that children were living in foster care arrangements, being cared for by grandparents, aunts, uncles, single parent homes, drug addicted and incarcerated parents as well as many families experiencing homelessness. Principal Rodriguez of Atrisco Elementary said: "We have about 30 homeless families this year. We have seen an increase in the number of homeless families in the past few years". They were concerned about the level of family instability and stress that their school children are exposed to as well as the basic lack of food, clothing and basic necessities affecting the families. This instability affects children's school readiness capacity in many areas, language development, social regulation, and ability to communicate. Principals highlighted that families lack the resources and the knowledge to support their children in their learning process.

Services in Place at the School to Support Children and Families to Provide Early Childhood Development and School Readiness:

At Atrisco Elementary, the principal indicated that the only service they had to support school readiness was their Even Start Program and for this program, Atrisco Elementary has a waiting list- Atrisco does not have a state Pre-K program. The other two schools with a Pre-K program were able to list additional resources that they utilize to support the children and families in their school. Armijo Elementary School has a family liaison staff person at the school who works with community agencies to get school supplies, uniforms, food, transportation, after school care for the families. Behavioral health agencies worked with by both schools were Southwest Family Guidance Center. Only Kit Carson principal mentioned First Choice Community Healthcare as a resource. Kit Carson also has an Even Start program. Both principals with Even Start programs felt the two generation approach of Even Start, which requires parents to take either a GED class or ESL class in order for their children to be enrolled was a highly effective strategy to engage parents in their children's education.

Barriers to Families in Accessing Needed Services:

Language issues for families came up as a common barrier from perspective of all three principals. Language barriers prevent some families from accessing needed services because of fear of being entangled with those who cannot communicate with them and worse who would report them to immigration authorities. Principal Stewart indicated the different needs of the two Hispanic populations served by Armijo Elementary Schools: those who have lived in the South Valley for generations and new immigrant families. She highlighted the community split that exists between these two groups. Another major barrier highlighted by Principal Sanchez was: "Grandparents or other extended family members don't have the parental rights for the children in their care, so many agencies and schools can't provide services-without parental rights assigned-no one can do anything". All three principals mentioned transportation as a major barrier.

School Community Partnership Providing Strong Foundation For School Success:

Principals of the three schools had many ideas for promoting community schools partnerships including: Providing classes for parents so they could learn about "what reading looks like" and what the school expectations are. Alignment of services is very much needed, as principals indicated they know there are probably services, but they are not aware of them and they are very difficult to access. Helping parents make connections with the school by providing tours, open houses –having more community events at the schools. Support for families to develop their own life skills so they could support their children. Principal Stewart said: "We need a gathering place" for families to make connections with each other and where everyone feels welcome".

Transitions Between Early Childhood Settings into The School:
The Armijo principals shared that they conduct home visits with all Pre-K students and that having information on the children who will be entering the school would be helpful. Atrisco and Kit Carson currently does not have anything in place to support this transition, but the principal thought having data like the KDPR would be helpful to understand the strengths and needs of

young children entering the school. They indicated that any data that helps the schools understand the families they will be serving would be beneficial.

Before and After School Care:
Two principals indicated that their students use Rio Grande Education Collaborative After School programs and also occasionally connect with Westside Community Center.

Familiarity With Services At First Choice Community Healthcare (FCCH):
The Principals from Atrisco Elementary and Armijo Elementary Schools were not familiar with the services provided at FCCH. The Principal form Kit Carson indicated he was somewhat familiar with services provided at FCCH.

Dual Language Learning:
Edward Tabet-Cubero interviewed La Promesa Charter School Principal Anna Lee Maestas with a specific focus on La Promesa's dual language model and transition activities. There are 420 students across two campuses, including the La Promesa Early Learning Center, which includes infants to 1st grade as well as a pre-K site run by YDI (located at: 5201 Central Ave NW Albuquerque, NM. The other La Promesa Charter School is located on the Westside and includes Pre-K to Grade 8.

The goal of La Promesa is to support an infant through grade 14 model with universal childcare, that includes seamless transition from Pre-K to High Schools with wrap around services for families. The model includes a strong parent involvement component. The curriculum model provides a dual language approach with the early childhood focus provided utilizing developmentally appropriate methods. The goal of La Promesa is for students to achieve proficiency in 2 languages with key strategies for parent engagement in process to support end goal.

Challenges in implementing this comprehensive model revolve around the length of time that is needed for students to acquire a second language. Meeting AMAO 1-2 (**Annual Measurable Achievement Objectives are federally required targets for English learners to progress in English proficiency and master academic content as well). Over 50% of students demonstrate proficiency on Spanish measures, but there is not a Public Education Commission (PEC) Spanish goal. PEC's focus is on English-only measures linked to standards based assessment (SBA), partnership for the assessment of readiness for college and career (PARCC) and School Grading.

Transition activities conducted at La Promesa are the following:
- YDI and La Promesa staff attends one another's professional development sessions.
- Conducted crosswalk between each other's standards.
- Engage YDI in 2nd semester transition activities with La Promesa staff.
- Include each other in parent outreach opportunities.
- Wants to incorporate home visits at La Promesa, especially to encourage native language

home support from parents to kids.
- Abriendo Puertas-parent training
- YDI-3 year old program plus parent and teacher training.
- Community Schools-homework/dinner program

4) School Staff Survey Results:

Sixteen surveys were submitted to the Survey monkey site by school teachers from 4 schools. Of these surveys, 9 were completed. Breakdown of completed survey are as follows: 1 Pre-K teacher at Armijo; 2 Kindergarten teachers at Atrisco; 4 surveys from La Promesa from Principal, First, Second Grade teachers and an Instructional Coach; 2 from Pre-K and First Grade teachers at Kit Carson. Appendix 7 contains the teacher survey questions.

Q2 Grade You Teach
Answered: 13 Skipped: 5
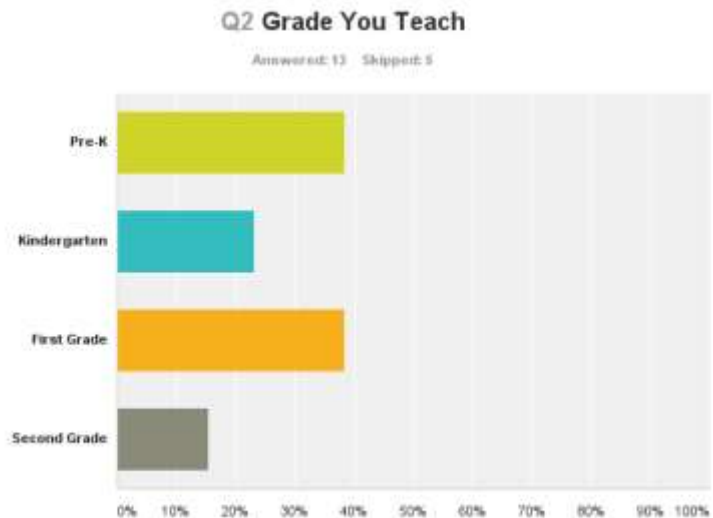
Feedback from the teachers mirrored the concerns and the hopes for the future of the school principals.

Issues in Families, Neighborhoods and In Community Affecting School Readiness:
One Atrisco Kindergarten teacher's comment is representative of the thoughts of the other responses to this question:

"STRENGTHS: The family unit as a whole being intact with extended family members as a vital part of the upbringing of the child is a primary resource and foundation to bring up a child to be successful in life. Families spending time together and experiencing life together including the support of the extended family are very crucial. The experiences given to the child as well as the protection of the child are important in the well being of the child. If a child is given attention, spoken to with love, read to, taught rhymes and simple songs, and taught morals and good manners through religion and culture, it serves as a good base for a confident and happy child who is ready to embark upon the school experience. CHALLENGES: Children coming from broken homes where the parents do not get along, drug related issues in the home or children born with drugs in their system, traumas involving violence, sexual molestation, rape, being exposed to abuse of all forms, immigrants who do not speak the language, homelessness, alcoholism, physical, mental and emotional abuse, negligence, economic deprivation, lack of employment, lack of religion, lack of culture, loss of culture, displacement, racism, gang related issues, imprisonment of a parent, PTSD in the home, loss of a parent to death (natural or violent), having to stay home alone, kidnappings, robbery, lack of nutrition, or medical attention, diseases , lack of education,

illiteracy, high school dropouts, teenage pregnancy, and lack of parenting skills and life skills are all part of a huge realm of social issues that need to be addressed."

Early Childhood Services in Place in the School or Community:
Several teachers mentioned the Even Start and Pre-K programs at their schools as an important early childhood service for children and families. Both the teachers and the principals felt that more programs like Even Start that take a two generation approach to learning to promote family literacy were crucial approaches for supporting school readiness. Teachers at Atrisco described the YDI programs in the surrounding community that are in close proximity that provide GED classes and have day care for the children. The Alamosa Community Center also provides similar services, a library, a gym, and before and after school services for older children as well as medical and counseling services. At La Promesa, the school provides a homework dinner program to support and engage families. At La Promesa, teachers talked about having Abriendo Puertas, a curriculum that promotes parents as the primary teachers of their children and builds parents' skills to advocate for their children's needs. Kit Carson teachers described their services: "We have many family oriented services that we offer to families here at Kit Carson. These include family reading, math and science nights. We also have student of the month assemblies which parents are welcome to attend. We also have a monthly Breakfast with the Principals which welcomes families in to discuss school and community wide information."

Barriers Families Face in Accessing Services:
Almost all of the teachers talked about language and citizenship status as being a barrier for families-the same as the principals. The lack of access to Spanish informational books was a specific example of that. Families with language barriers can't take advantage of Even Start program since the GED programs are offered in English only. Lack of awareness and knowledge of potential services was another barrier-same as with principal input and focus group input above. Transportation was another frequently mentioned barrier. Half day Pre-K and Even Start programs present a challenge to working families. Working families are having trouble arranging for someone to pick up or bring their student to school.

Availability of Family Resource Hubs

Family Resource Centers or "Hubs" are places that families can go to get information and referrals to services that they need. Teachers were asked if they were aware of any family resource centers or early childhood service hubs that they worked with. Diagram indicates their answer to this question. The two teachers at Kit Carson, one from Armijo and one from La Promesa responded yes to this question-while five teachers responded no. The Kit Carson teachers stated "We have a wonderful Parent Liaison at our school who works closely with the community insuring that students needs are met. These include helping families with school supplies, clothing, shoes,

etc. This person also sets up many school fundraisers as well." At Kit Carson, there is a family center, which provides support to families.

Q7 Are you familiar with First Choice and the services provided there?

Answered: 10   Skipped: 8
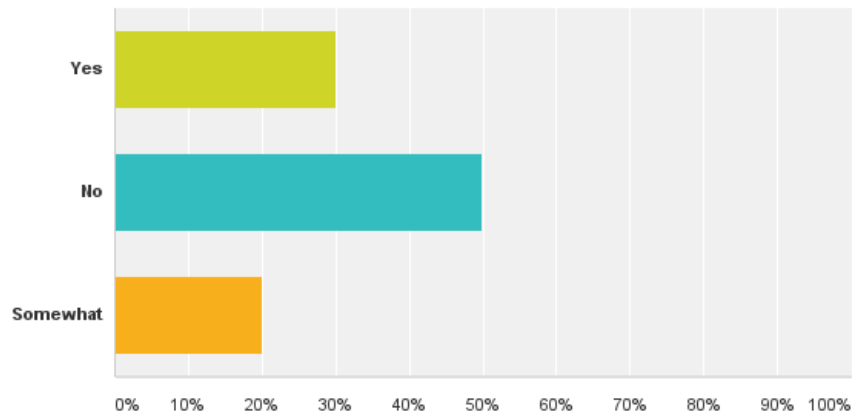
Familiarity with Services Provided At First Choice Community Healthcare:

When teachers were asked about their familiarity with services provided at First Choice, the majority indicated were not familiar with the services provided at First Choice-only a teacher at Atrisco and La Promesa knew what First Choice had to offer their students.

FCCH Early Childhood and Family Support Center:

When teachers were asked what ideas they had for the Early Childhood Development and Family Support Center, the following ideas were offered: Parenting Classes; Life Skills Classes; Counseling; Parental Support Groups; Drug Intervention Programs; Alcoholic Anonymous; Literacy Classes; Building skills to help parents find jobs such as job interview and filling out employment applications; GED and ESL classes; providing day care for the children of these parents that includes Montessori techniques with an emphasis on oral language development and books; multi-generational learning activities such as family reading circles or reading and math activities where parents and children learn together; providing information on language development and socio-emotional development such as: teaching basic literacy skills, such as phonemic sounds and letter recognition; for math, simple counting to 20 using different objects/manipulatives. Teaching about social skills (following simple rules and directions, using manners when in a school setting, wellness and nutrition clinic). Teachers wanted more advertisement of FCCH services.

5) CNM Abriendo Puertas Project

Since early 2015, the CNM Abriendo Puertas Project funded by the W.K. Kellogg Foundation conducted the following interviews, surveys and focus groups to identify professional development needs in order to improve early childhood in the South Valley:

- The Korimi team interviewed 60 childcare providers in the following zip codes: 87105, 87102,87103, 87104 y 87121
- CNM, Collective Action Strategies and Partnership for Community Action conducted 5 focus groups on early childhood development
- Collective Action Strategies conducted 16 interviews with community stakeholders

Survey of Childcare Providers:

The Korimí team interviewed 60 childcare provider and found the following:
- The interviewees are people who began caring for children in their family or the children of close friends
- They do it because they love children and they enjoy it
- The majority of these people work alone
- They do it to help and not for the money
- Most are not licensed or registered

Identified Needs:
- More information that is easy to understand
- Learn more about programs that can help make the job easier
- Learn more about CNM and the professional development opportunities that exists, and most important "in our language"
- Support of basic programs like PAN and FOCUS
- Know the resources available in the community, many of them work all day at home and cannot go out to look for information, and when they do some encounter the language barrier and this discourages them

Focus Groups:

In January, CNM, Partnership for Community Action and Collective Action Strategies conducted 5 focus group to provide ideas for CNM pathways for professional development for childcare providers, assess barriers and potential opportunities, test program model concepts and complement the breadth of information collected through stakeholder interviews and provider surveys.

Focus Group Participants:
- Current AA students
- Current CDC students
- Home providers
- Parent educators
- Center-based early childhood educators

Demographic Data
- 56 Females
- 1 Male
- 40% of participants were between the ages of 41-50

- 91% were Hispanic/Latino
- 63% have a high school diploma or GED
- 33% have completed the 45 Hour Child Care Course
- 34% expressed a desire to get their Associates Degree within the next 5 years
- 81% speak Spanish with the children they care for

General Themes
- Need for more information in the community about the Early Childhood Education program at CNM
- Strong support for community workshops on early childhood education and how to involve parents
- Mothers often struggle with finding the time to take classes between raising children, taking care of family and working full-time – want more flexible class schedules, including weekend classes
- General sense that childcare providers were not educators and wanted more training and education to feel more confident in their teaching abilities

Community Stakeholder Interviews
Sixteen early childhood leaders and practitioners participated in one-on-one interviews between December 2014 and March 2015. Interviewees included a sample of knowledgeable practitioners who work in state government, non-profits and community-based efforts. Together they represent many years of knowledge, experience, practice brining backgrounds that include formal education and years of practice. These stakeholders are highly committed to improving the well-being and future for South Valley children and bring a broad set of skills and experience in early childhood care and education, professional development, community health, and an appreciation for the richness of the South Valley community and culture.

Stakeholders brought up numerous ideas to expand complementary services and collaboration. What follows are stakeholder ideas and recommendations to build on community assets and overcome barriers for South Valley childcare providers:

- Invitation to collaborate with community based efforts in the South Valley to create systems that foster engagement in the improvement of early childhood outcomes
- Grow the South Valley Campus Early Childhood Hub
- Expand Experiential Learning Opportunities
- Extend Innovations to Education and Professional Development
- Reflective Learning, Mentoring and Substitute Options

These preliminary results were presented and discussed to 35 early childhood stakeholders on April 25, 2015. Many ideas were generated from the discussions about how to improve professional development and make recommendations for creating stronger connections between those caring for young children and services that those children need. The final data, notes and results from discussion groups, surveys, focus groups and interviews will become available later in the year.

Section IV: Four Core Outcomes of Planning Process

The four core outcomes of the South Valley Early Childhood Developmental Alignment plan are:

Outcome 1- School Readiness: There is no current school readiness assessment data available. The Race to the Top initiative is developing a Kindergarten Observation Tool that will be piloted in certain school districts in the upcoming school year 2015-2016. (Data Development Measure)

Outcome 2-Third Grade Literacy: % of children proficient or advanced in 3rd Grade reading (NM Standards Based Assessment)

Third Grade % Reading Proficient or Above-All Students		
School	**2012-2013**	**2013-2014**
Armijo	33%	22%
Atrisco	63%	33%
Kit Carson	33%	31%
APS-All Schools	52%	48%
New Mexico	51%	49%

*Source: SV Early Childhood Data Profile 2015

Outcome 3-Regular School Attendance: (Pre-K, K. First and Second Grade attendance rates)

Habitual Truancy Rates[31]		
	2010-2011	**2011-2012**
Armijo	14%	9%
Atrisco	20%	26%
Kit Carson	14%	15%
APS-All Schools	8%	8%
New Mexico		11%

*Source: SV Early Childhood Data Profile 2015

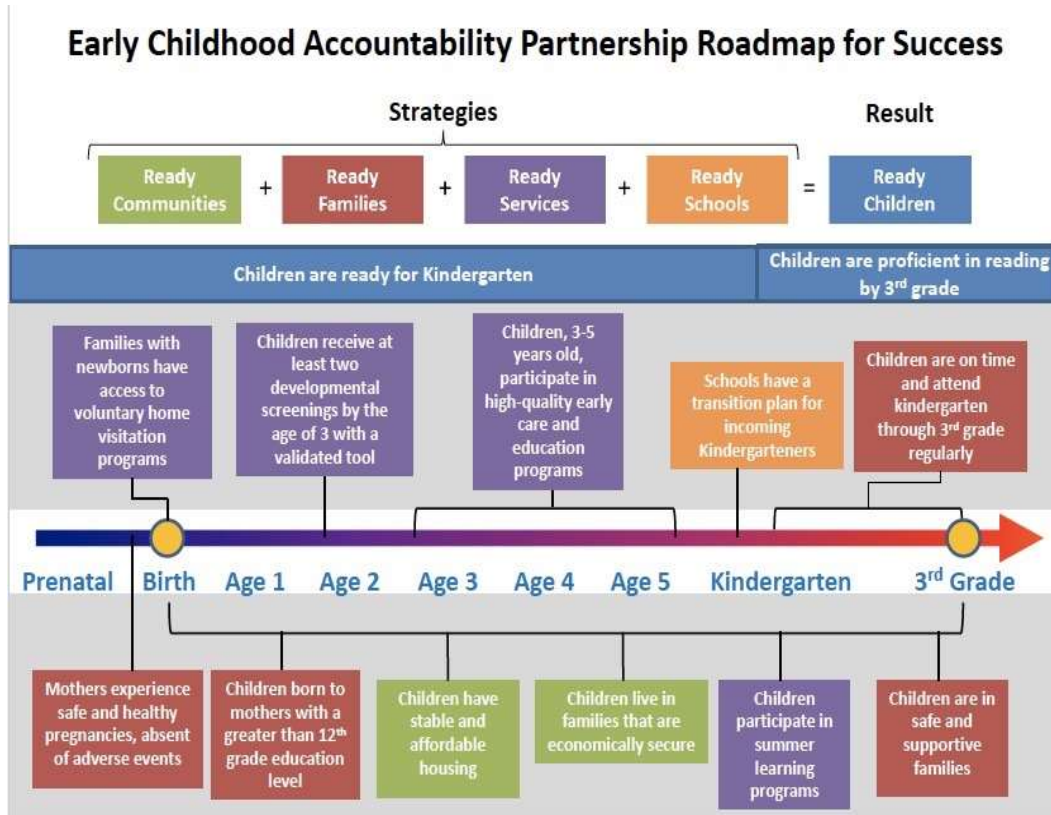**Outcome 4- Child Abuse and Neglect Rate / 1000 Children by Age-2007-2011:**

Indicator	Phase 1 Target Area	Arenal-Tapia Small Area	Bernalillo County	New Mexico
Children <1	26.05	24.34	16.56	25.52
Children 1-4	10.3	9.73	7.95	12.29
Children 5-14	8.85	8.06	6.65	9.65
Children 15-17	4.06	4.11	2.90	5.16
Children 0-17	9.27	8.57	6.81	10.25

*Source: New Mexico Community Data Collaborative

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[31] Habitual Truancy is defined as "accumulating the equivalent of 10 or more unexcused absences within a school year"

Roadmap for Success:

The Early Childhood Accountability Partnership Roadmap for Success uses the school readiness framework to define strategies towards the goal that all children will be ready for and succeed in school. The South Valley Developmental Alignment Plan is based on this framework and adapted to the unique conditions, strengths and circumstances of the area's collective impact work.

Early Childhood Accountability Partnership Roadmap for Success

Strategies					Result
Ready Communities	+ Ready Families	+ Ready Services	+ Ready Schools	=	Ready Children

Children are ready for Kindergarten	Children are proficient in reading by 3rd grade

Families with newborns have access to voluntary home visitation programs

Children receive at least two developmental screenings by the age of 3 with a validated tool

Children, 3-5 years old, participate in high-quality early care and education programs

Schools have a transition plan for incoming Kindergarteners

Children are on time and attend kindergarten through 3rd grade regularly

Prenatal | Birth | Age 1 | Age 2 | Age 3 | Age 4 | Age 5 | Kindergarten | 3rd Grade

Mothers experience safe and healthy pregnancies, absent of adverse events

Children born to mothers with a greater than 12th grade education level

Children have stable and affordable housing

Children live in families that are economically secure

Children participate in summer learning programs

Children are in safe and supportive families

The following plan connects the Results, Indicators, Strategies and action plans to the four domains of readiness: "Ready Families, Ready Services, Ready Schools and Ready Communities. "The plan sections are color coded to link back to the Roadmap.

1. Ready Families: **All SV families have the support, knowledge and skills they need to raise healthy, safe, resilient children who will reach their full potential.**

Ready Family Performance Measures[32]:

Parenting Development in Support of Child

South Valley Early Childhood Programs have a unified approach to providing and continuously improving parent development activities and outcomes.

45
18
9
2

Co-Existence   Coordination   Collaboration   Integration***

Family Leadership and Advocacy

South Valley family leaders are thoroughly integrated as full partners into all EC system programs, policies and practices.

43
20
8
4

Co-Existence   Coordination   Collaboration   Integration***
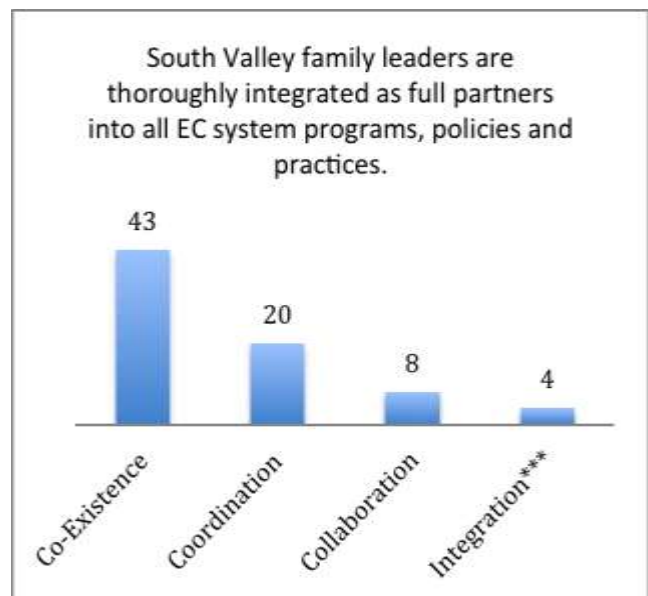
Wellbeing

*** Target for this measure set at Integration level

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[32] Data for these baseline performance measures taken from ECAP Family Supports Survey. Baselines for South Valley are included in the countywide measure. The Family Engagement and Professional Development Committee will conduct a survey to establish baselines specific to South Valley Services Integration in the future.

<u>**Data Development Needed:**</u>

- % of families who express confidence that they know how to help their young children grow and develop
- % of parents who report daily practices that promote early language development and literacy with their young children
- % of families who feel confident that they can advocate for the needs of their children with EC service providers

<u>**Partners with a Role to Play:**</u>
South Valley Early Childhood Group; Family Engagement and Professional Development Action Group; Partnership for Community Action; Korimi Parent Coop; First Choice Community Healthcare; Peanut, Butter and Jelly; WIC; YDI Pedro Baca Head Start; UNM Family Development; All Faiths; La Plazita Institute; Health Leadership High School; School-Family liaisons; ECAP Family Supports and Early Literacy Strategy Groups,; APS Parent University; ACCESS; NM DOH/Public Health; CYFD.

<u>Strategy 1.1</u>*: Strengthen parenting skills and knowledge of early childhood development within entire family and SV community*

Current Status

1) What are Strengths Moving This Strategy Forward?

Early Learning Guidelines Family Engagement Materials: The early childhood guidelines offers a common framework and a set of developmental milestones arranged in a continuum from birth to age 5. This framework can support the development and alignment of parenting education materials and offerings. It offers a platform from which to develop common goals across multiple parenting education programs. The early learning guidelines can be used a tool to assess, review and refine parenting education programs. The guidelines serve as a vital curriculum-planning tool for parenting education and inform teacher practices.

Parenting Education Efforts in the South Valley: The SVECG has been working to develop more opportunities for parents of young children not yet in school to learn about child development and how to strengthen the socio-emotional bonds between caregivers and their young children. Throughout 2014, a series of parenting education opportunities were created in the target area:

- **La Cosecha, First Choice, Abriendo Puertas: Korimi Parent Co-op** have collaborated to offer Food Warrior workshops once a month at First Choice. The Food Warrior participants are families as well as childcare providers brought together to form relationships and connections. They receive health education about nutrition, diabetes and obesity prevention provided by First Choice Wellness Director Dr. Will Kaufman and from other physicians. They receive healthy foods from La Cosecha and cooking classes to learn how to prepare fresh foods grown in the South Valley that they may not be familiar with.

- **Nurtured Heart Training** provided by Maria Marquez of APS is offered to participants in the cooking classes in Spanish. It was offered at FCCH on 9/12/14, 9/26/14,and 10/3/14.

- **PBS series of workshops** were provided at PB&J, then FCCH The workshops cover literacy, and how parents should deal with child abuse in the family. PBS provided the curriculum to SVECA and paid Maria Marquez, who works with APS, to provide these workshops in Spanish. The PBS series included: 1) Media and Literacy,5/10/14 at PB&J; 2) Food for Thought,6/26/14 at FCCH; 3) Literature,7/24/14, at FCCH 4) Little People Big Problems, at FCCH. The funding for this program was discontinued.

- **Mind in the Making** 4 6 hour trainings were provided for Abriendo Puertas, Pajarito School Community Team, South Valley Early Childhood Alliance on the following dates: 9/13/14; 10/18/14; 11/15/14; 12/6/14

- **CPR-First Aid-AED** is being provided at FCCH. Classes can accommodate 20 participants per date.   Participants are EC providers (SVECA members) along with parents, Abriendo Puertas. They were provided 12/13/14 and 3/23/15

- **Peanut Butter and Jelly** provides parenting classes for its clients.

- **ACCESS** is a program of Rio Grande Community Development Corporation that opens up spaces where families and their children come together on soccer and playing fields and in sessions/workshops including, nutrition, ESL, creative arts to learn and be empowered to improve their families' and communities' well-being leading to a happier, healthier and more educated community as a whole. Goals of Access are 1) Provide various sports activities and sports camps throughout the year. These camps will include soccer, tennis, walking groups, yoga, basketball, and volleyball; 2) Partner with the Hispanic Cultural Center, National Institute of Flamenco, Kit Carson E.S. and other schools and organizations, ACCESS also coordinates Art Family Day and other event. 3) Organize specific science classes for children. These classes will be coordinated with the Challenger Learning Center, Los Alamos National Laboratories, Explora and other organizations. 4) Offer community workshops and tutoring sessions for children and mothers to promote literacy skills and improve reading, writing, math, English and Spanish. This program could be leveraged to immediately 'kick starting' participation the FCCH Child Development Center as well as the 3 target elementary schools.

- **Early Childhood Collaborative Leadership Institute**: This institute consisted of a series of 4 monthly collaborative leadership trainings that were facilitated in Spanish by UNM Family Development Program in partnership with Coop Consulting beginning in the fall of 2014. Thirty individuals representing the Korimi Cooperative along with six service providers serving the South Valley community were engaged in a dynamic co-learning process that focused on building leadership practices in individuals and teams in the community who are working together to intentionally change outcomes for South Valley children and families.

The institute is one of the strategies utilized to support several identified Investment Zones in New Mexico. The February 2015 agenda of the South Valley Early Education Group meeting included a presentation by two participants of the Institute. They described their personal on-going involvement in the community and spoke of the ways that the Collaborative Leadership Institute not only influenced their thinking, but also the ways in which they had incorporated various strategies and concepts of the Leadership Institute. Follow-up work with this group will involve series of eight learning sessions that are based on the **Mind In the Making : Seven Essential Skills** and will continue to incorporate collaborative leadership skills and reflection

- **The ECAP Early Literacy Project Team** is working to tangibly demonstrate in the community the meaning of and importance of early literacy and how it enhances a child's ability to succeed in school. The team is partnering with local health providers and educational institutions, to both teachers and
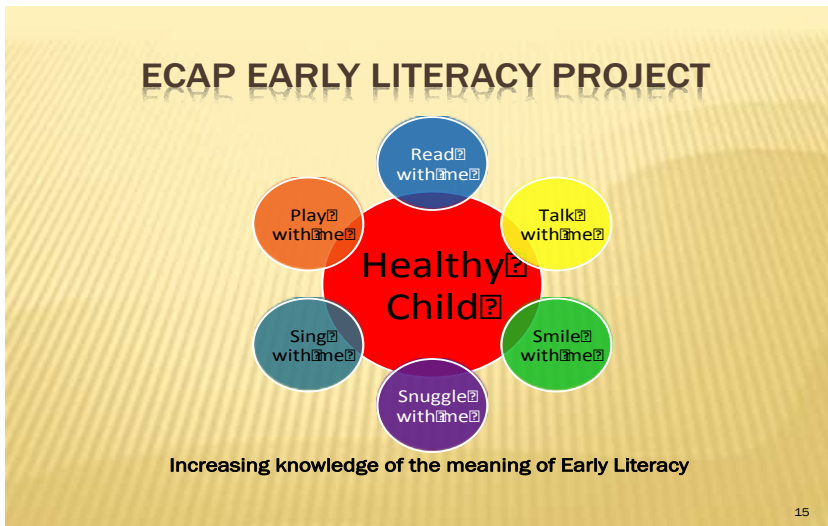
students, such as Health Leadership High School (whose permanent campus will be built at the South Valley Community Commons) to reach young people who may not know about, or have experience with early literacy. The team is creating presentations to local prenatal classes as well as to high school classes that will demonstrate what early literacy is, and how it impacts young children. Using social media, the project team will reach out to young parents through texts and tweets that will give tips on activities that promote early literacy.

2) What Are Barriers?

Periodic classes due to episodic funding: Most of the educational opportunities to support South Valley families to promote positive early childhood development are periodic. When funding is lost or capacity changes- the consistency of these offerings cannot be maintained.

Child development learning opportunities not targeted to those who need it most: Child development and parenting classes starting during the prenatal period to age 2, at least, are critically needed in the South Valley, especially given the high rate of child

> *I wish more families could participate in Even Start. Parents need classes to learn about "what reading looks like" and what is expected in the school.   These would need to be done bilingually. Alignment of all services is needed as there are services available, but we are not aware of all of them and there does not seem to be any alignment. Anthony Rodriquez, -*
> *- Principal Atrisco Elementary*

abuse and neglect experienced by South Valley families with infants.

Need for parent and child development classes in English and Spanish: All parenting classes offered in the South Valley need to be offered in English and in Spanish. Because of transportation and other barriers, opportunities to learn about parenting and positive child development need to be offered in the neighborhoods where people live-ideally tied to the schools that their children will attend in the future.

Many grandparents and extended family members need skill-building in how to promote child development: Principals from the three target schools, Atrisco, Armijo and Kit Carson, report there are many extended family members raising children and that these family members, many of them grandparents, feel ill equipped to meet basic needs for the infants and toddlers in their care much less the developmental needs of infants and toddlers. Currently, at Atrisco, there are at least 30 homeless families. The other principals report a similar situation for their families.

Need for more focus on multi- generation approaches to language development: Language development is of particular concern to school staff in the target area. Pre-K and Kindergarten teachers indicate children are not exposed to parenting practices that promote language development in the home. Family literacy models[33] that foster adult and early literacy simultaneously by incorporating early childhood education, parent-child interactive literacy activities, parenting education, and adult literacy services are particularly needed in South Valley. Family literacy models have a particularly high success rate with families headed by an adult with low literacy levels and who speak a language other than English at home. The Even Start Program at Kit Carson and Atrisco are good examples of a two-generation approach. In order for preschoolers to be enrolled in the program, the parents have to be enrolled in higher education or take a GED or ESL class. At Atrisco Elementary School, there is a waiting list for the Even Start Program.

Lack of public awareness of important role of parents as first teachers: Parents are too often an untapped asset in building young children's pathways to literacy and overall success. They, more than anyone else, can have the greatest impact on children reading proficiently by the end of third grade when they create literacy- and language-rich environments, a key indicator of school readiness. However, communication and public awareness of the importance of family-based practices that promote positive early childhood development-especially language development are lacking. Additionally, for many families, parenting practices are a natural outgrowth of their own individual family histories. Families do not feel they need to attend educational offerings about early childhood development, which is assumed to come naturally.

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[33] Lombardi, J., Mosle, A., Patel, N., Shumacher, R. & Stedron, J. (2014), "Gateways to two generations: The potential for early childhood programs and partnerships to support children and parents together." Ascend at the Aspen Institute. Retrieved from http://ascend.aspeninstitute.org/pages/gateways-to-two-generations.

Lack of knowledge about where to access parenting and child development classes: Even if parents were motivated to seek outside support for parenting and child development, they do not know where to get help or what resources are available. Unfortunately in Bernalillo County, the parenting education opportunities are very limited in scope. All Faiths keeps a current list of resources and there are only 13 parenting education providers serving a small number of families for all of Bernalillo County. Four of these providers indicate they can provide classes in Spanish – Enlace Comunitario, New Awakening, Peanut Butter and Jelly and Resilience Integrative Services.

Identification of information needs of families not systematic: From a system perspective, the early childhood services that families are using may fail to identify family member's need for information, education and support. Community health centers, early care and education programs, churches and schools all can play a critical role in identifying a parent/caregiver's concerns and need for education.

Confusion about which parenting education and child development offerings are appropriate for whom: Parenting education is provided in different venues each with different purposes and for different target groups. Families and ECE providers can become confused about what is actually available and for whom. This lack of coordination of parent education offerings creates a huge access barrier for families.

What Will It Take To Make A Difference?

Strategy 1.1: Strengthen parenting skills and knowledge of early childhood development within entire family and SV community Aligned Action Steps	Time Frame:	Who/Leads
1.1 (A) Parenting Education Alignment Plan: • Further identify all parenting education curriculum being offered in SV for parents at all ages • Utilize NM Early Learning Guidelines to evaluate the various parenting education offerings to identify strengths and gaps • Develop a plan to align early childhood development–related classes offered by DOH, CYFD and non-profit groups to develop a coherent	• Phase 1	• South Valley Early Childhood Group: Family Engagement and Professional Development Action Group

Strategy 1.1: Strengthen parenting skills and knowledge of early childhood development within entire family and SV community Aligned Action Steps	Time Frame:	Who/Leads
set of offerings to families that they can easily access and to which providers can refer. • Develop a calendar of the above parenting education opportunities and distribute everywhere- through churches, the First Choice Community Commons, businesses, parent groups, WIC clinics, at the schools, and through Home Visitation programs. • Ensure all parenting education offerings are in English and Spanish • Support the growth and professional development of the early childhood workforce in all early learning settings so the ECE workforce becomes skilled and capable of relating with respect, honor and needed information with all the parents and families of children in their programs		
1.1 (B) Expand Child Abuse Prevention Parenting Education: Review the following parenting education options designed to prevent child abuse and neglect for target area: • CYFD Circle of Security Parenting Training: • All Faiths Nurturing Parenting Curriculum • APS Nurtured Heart	Phase 1	• CYFD, All Faiths Family Wellness Program, APS, First Choice, • SVECG: Family Engagement and Professional Development Committee, • Partnership for Community Action

Strategy 1.1: Strengthen parenting skills and knowledge of early childhood development within entire family and SV community Aligned Action Steps	Time Frame:	Who/Leads
• Develop a plan for organizing and offering these parenting education opportunities on a consistent basis perhaps in partnership with the three target schools: Atrisco, Armijo and Kit Carson with special effort to draw in families with children not yet in school. • Work with WIC and First Choice Community Healthcare to identify pregnant and parenting families for whom these offerings are highly recommended.		
1.1 (C) Promote Early Literacy to 16 to 25 Year Olds: Work with ECAP Early Literacy Strategy Group and Health Leadership HS students and teachers and area libraries to develop a plan to promote early child hood development and family literacy practices especially to 16- 25 year old parents in the target area based on the research of young people in the area.	Phase 1	Health Leadership HS, ECAP Early Literacy Strategy Team, SVECG: Family Engagement and Professional Development Action Group, First Choice South Valley Library

Strategy 1.2: Mobilize parents to be family leaders to advocate effectively for the needs of their children and to actively participate in the design of EC services and supports meant to benefit them.

Current Status

1) What are Strengths Moving This Strategy Forward?
The South Valley has rich resources that promote family leadership and engagement. For this plan, leadership is not defined as a role, position or even a person. Rather leadership is defined as a collection of skills and practices that everyone can learn.

- **Partnership for Community Action (PCA)** is an education and advocacy organization, supporting people and families to become effective leaders in neighborhoods in Bernalillo

County with a core focus on the South Valley. PCA's program called **Communities for Education and Action (CEA)** offers early learning classes, training workshops, and resources to parents. The mission of this program is to support parents to become strong advocates for their child's education in the home, school, and greater community. The program is based in Southwest Albuquerque. The early learning classes are based on the national curriculum called, "Abriendo Puertas." The curriculum highlights that parents are the first teachers of their children and utilizes culturally-based dichos in each lesson. Having leaders who understand the community's experience combined with a parent-led curriculum ensures that we build upon the assets of parents and their families. Partnership for Community Action's organizational model consists of investing in people, developing strong leaders, organizing communities, and advocating for systemic change using community-building and leadership development strategies.

- **Korimi Parent Lead Cooperative:** Korimi is a parent lead cooperative with the focus of early childhood education. The members have been involved with the Partnership for Community Action for many years. All members began with PCA through the Abriendo Puertas classes or attending and being involved in the Coalición Comunitaria. The projects Korimi currently operates are: facilitation of Abriendo Puertas classes, facilitation of nutrition classes for families, home based childcare provider engagement and surveying, and educating and opening Individual Development Accounts, or matched savings accounts for children.

- **APS Parent University** is being implemented in two schools in the South Valley: Kit Carson Elementary School as well as Barcelona. The program consists of monthly gatherings in which the parents from all involved schools get together to learn about finances, Nurtured Heart, brain development, how to navigate the internet and find educational resources for children, risk and resiliency. The program creates a parent learning community which provides a $500 stipend to incentivize parent leaders to go back to their schools and choose one of the above topics on which to work in their schools.

- **YDI Pedro Baca Head Start:** Head Start programs have family engagement frameworks and procedures that have the goal of engaging families in their children's learning at the same time they build leadership. A new framework (See diagram) for family engagement has been developed for Head

PARENT, FAMILY, AND COMMUNITY ENGAGEMENT FRAMEWORK

Positive & Goal Oriented Relationships

PROGRAM FOUNDATIONS: Program Leadership, Continuous Program Improvement, Professional Development

PROGRAM IMPACT AREAS: Program Environment, Family Partnerships, Teaching and Learning, Community Partnerships

FAMILY ENGAGEMENT OUTCOMES: Family Well-being, Parent-Child Relationships, Families as Lifelong Educators, Families as Learners, Family Engagement in Transitions, Family Connections to Peers and Community, Families as Advocates and Leaders

CHILD OUTCOMES: Children are ready for school and sustain development and learning gains through third grade

Start and Early Head Start Programs.

- **La Plazita Institute:** Make a Change program, which supports life skills training and support for at-risk youth who wish to make a change in their lives. La Plazita bases its approach on lifting up the rich cultural resources and assets with the motto: "la cultura cura" or culture heals. It works to promote healthy family relationships and focuses on building youth and family leaders as well as community and cultural capacity to improve quality of life in South Valley.

- **Health Leadership High School** is a public charter school dedicated to hands-on, project-based learning through the lens of the health profession. Curriculum is designed around industry-focused projects, group learning, and student support. Students engage in collaborative work in a supportive, small school environment that values the overall well-being of all young people. The school offers a traditional day-time program as well as an evening re-engagement program in which several young parents are enrolled. Youth leadership development is a focus of the school. Health Leadership High School will be permanently located at the South Valley Community Commons.

- **UNM Family Development Program Early Childhood Leadership Tool Kit:** This toolkit is designed to strengthen foundations for school success through strengthening collaborative leadership practices and skills for families, early childhood leaders and service providers, school staff and community members who are concerned about promoting positive early childhood development and outcomes.

2) What Are Barriers?

There is a need to connect all of these rich resources for community leadership development with families. The biggest barrier is capacity: both people and resources to extend these early childhood offerings into the target area and to organize them to target families with infants and toddlers as well as families with pre-school age children and children who are in the early grades. Youth leaders could be organized to focus on promoting positive early childhood development using social media and from message frames that would resonate with young parents in South Valley.
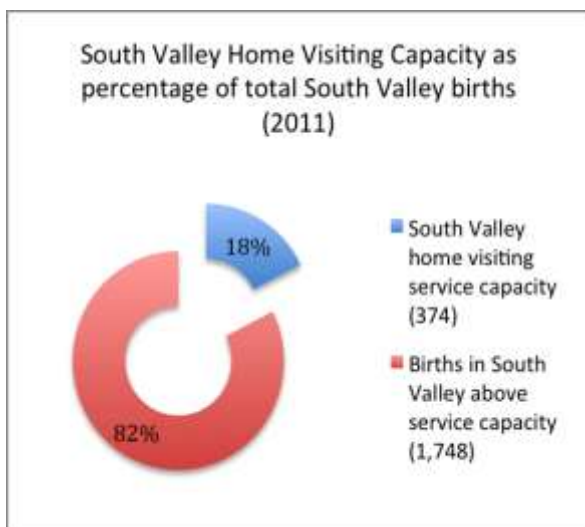
What Will It Take To Make A Difference?

Strategy 1.2: Mobilize parents to be family leaders to advocate effectively for the needs of their children and to actively participate in the design of EC services and supports meant to benefit them Aligned Action Steps	Time Frame:	Who/Leads
1.2. (A) Joint Family Leadership Development Plan: Pull all the partners who have a programmatic focus on	• Phase 1	• SVECG Family Engagement and

family leadership development to work together to develop a plan to extend what they do to more families-especially in the plan target area, to focus on some common outcomes and strategies, to build sustained capacity-both people and resources for family leadership development.		Professional Development Action Group as convener

2. Ready Services: All SV families are aware of and have access to a sufficient number of comprehensive high quality, early childhood care and education services in accessible locations organized so that families can easily use them.

Ready Services Performance Measure:

South Valley Home Visiting Capacity as percentage of total South Valley births (2011)

18%

82%

- South Valley home visiting service capacity (374)
- Births in South Valley above service capacity (1,748)

% of children (0-5) who are able to be served in 3 star or above child care programs in 87105

20%

80%

- Capacity of Child Care Providers 3 star or above (892 slots)

Note: There were 2,122 total South Valley births in 2011.
Source: http://ibis.health.state.nm.us

Intake and Enrollment in EC programs

Referral/Follow-Up
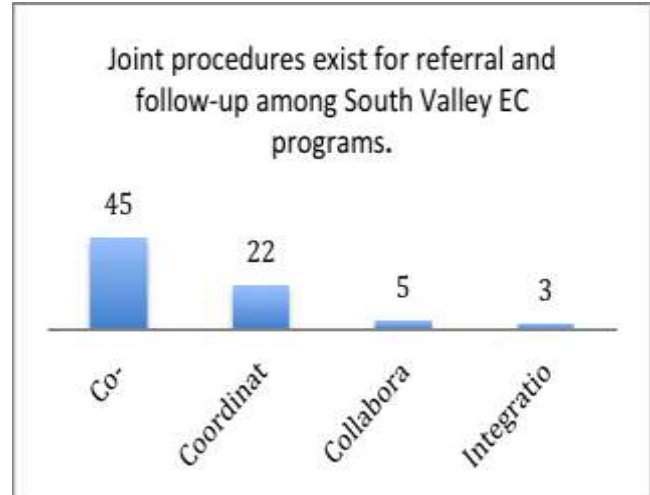
South Valley Early Childhood Programs have a common intake protocol for joint EC services with existing mechanisms to link families to comprehensive services.

51 16 3 2

Co-Existence Coordination Collaboration** Integration

Joint procedures exist for referral and follow-up among South Valley EC programs.

45 22 5 3

Co- Coordinat Collabora Integratio

**Target set at Collaboration Level

Data Development Needed:

- o % of new mothers screened for maternal depression with validated screening tool in health clinics and related EC settings
- o % of children screened with Ages and Stages Questionaire- Social Emotional in various EC settings

Partners With A Role to Play:
First Choice Community Healthcare; SV Early Childhood Group-Community Family Hub Action Group; Bernalillo County Home Visitation Work Group; EleValle; Peanut Butter and Jelly; Pathways Navigators; Early Childhood Accountability Partnership Family Supports Strategy Group; ABC Community Schools; Agri-Cultura Network; Albuquerque Interfaith; Abriendo Puertas; Partnership for Community Action; Bernalillo County Early Childhood Accountability Partnership, CYFD South Valley Investment Zone; NM Kids are Counting on Us; NM/South Valley Early Childhood Alliance; Rio Grande Community Development Corporation; South Valley Community Partnership; family liaisons and other staff from APS schools in target area; area libraries; Community Centers; Neighborhood Associations; churches in target area; business leaders; Bernalillo County leaders and staff

***Strategy 2.1:** Create a network of neighborhood early childhood hubs in SV that provide people, services and resources for families and their young children with safe and trustworthy early care and education that effectively meets their needs.*

Current Status

1) What are Strengths Moving This Strategy Forward?

In the South Valley, there is a strong commitment among many stakeholders to make the vision of an aligned early childhood system of systems a reality.

The South Valley Early Childhood Group –Community Family Hub Action Group has been working to develop a conceptual framework and plan for establishing a network of Hubs in the South Valley, improving the dissemination of information about and access to services and resources for families and their young children as well as early childhood care givers. Strengthening and creating safe and trustworthy Hubs will encourage connections between families and existing services. The overall expected outcome will improve child wellness by helping families get what they need when they need it. Hubs will help move families out of isolation, foster the foundation of social and emotional learning for the entire family, and contribute to the healthy development of the entire community. The vision of the group is to serve South Valley families with young children, pre-natal to elementary school age, and their providers, teachers and care givers by improving coordination and access to services and resources through:
- Making connections to ensure that South Valley families are <u>aware</u> of and attain <u>access</u> to resources they need, including direct services and information;
- Identifying existing family oriented centers who have the capacity and/or intent to demonstrate positive family dynamics and address the needs of young children and families;
- Modeling referrals, coordination and continuity of services among identified demonstration centers, utilizing specialists (e.g. navigators, promotoras, community health workers, home visitors, child care providers) who serve as mentors with other staff in the Hubs and other centers;
- Coordinating a network of Hubs serving children and families in the South Valley, with daily communication and regularly scheduled meetings that support, inform, improve services and referrals;
- Strengthening existing programs and relationships between service providers to improve trust and access to services such as home visiting, early intervention, quality child care services and family support systems;
- Developing, implementing and monitoring a coordinated information and referral system, using shared forms/formats, tools, and technology to collect information and track outcomes of referrals within the network;
- Coordinating and increasing participation in a variety of community events and activities such as health fairs, parenting classes, and other family friendly happenings;

- Developing a safety net through layers of coordination within the network, including state and local agencies who are funding and/or serving young children and their families to assure ongoing sustainability of effective services.

The South Valley Family Health Commons (SVFHC) is located in the southern part of unincorporated Bernalillo County and is home to FCCH central administration. Women, Infants and Children (WIC) services are provided by FCCH through a contract with the New Mexico Department of Health. Regional FCCH dental services are also housed in the SVFHC. Behavioral health services are provided within the primary care clinic and follow the Screening, Brief Intervention and Referral to Treatment (SBIRT) model. The facility houses NM DOH Public Health Services, which are coordinated with FCCH-provided services. Also located in the South Valley Health Commons "campus" are the YDI Amistad teen crisis shelter and behavioral health services, YDI Head Start Program, subsidized housing, a senior meal site, and UNM psycho-social rehabilitation services for patients referred for skills training or supported employment

Rio Grande High School (RGHS) is a school-based health center near the South Valley Health Commons providing limited primary care and behavioral health services. FCCH provides two half-days of medical services at RGHS and three full days of counseling services. The South Valley Family Health Commons model emphasizes a seamless integration of care. Features include:

- Walking patients over from the public health office where they may receive their immunizations to an FCCH provider for a well child exam and to establish a health care home.
- WIC provider screening of children for anemia and health care/immunization status. When the child lacks a health care home, there is a warm hand off to an FCCH pediatrician; and
- Warm hand offs for children seeing a pediatrician for well-child care who lack a recent dental exam and oral health education, as well as for referral to dental for pregnant women and other adults without other access to dental services.

NM DOH at South Valley Health Commons: The South Valley Public Health Office provides the following services: **CMS (Children's Medical Services)** – Help for children less than 21 years of age with chronic health problems. Includes case management and payments for certain medical expenses. In 2013, 1824 units of services were provided. **Immunizations** - Immunizations or 'shots' are available for infants, children, and some adults with 862 children and 744 adults immunized in 2013. In 2013 there were 1,706 **Family Planning** visits which included pregnancy testing, well woman exams, Pap smears, birth control services as well as emergency contraception offered on walk-in basis for all ages. STD clinics are offered. In 2013 there were 1075 clinic visits for **t**esting, treatment, and referrals for sexually transmitted diseases (STDs). There were 51 visits for treatment for Tuberculosis infections. **Harm Reduction:** Needle exchange is available to patients 18 years of age and older.

The South Valley Community Partnership has met quarterly since 2008 when the new 43,000 square foot South Valley Family Health Commons first opened. The partnership has focused on networking, sharing information about wellness initiatives and soliciting input from FCCH and others on how referrals to home visiting, diabetes education and other resources can best be

facilitated. The Partnership started a Facebook page, a newsletter, and a South Valley calendar, blog and page on the Share NM website in 2013-14. The Partnership is staffed through a grant from the U.S. Centers for Disease Control and Prevention to the Bernalillo County Community Health Council and Presbyterian Health Care beginning from 2014-2016.

ABC Community Schools:
Albuquerque/Bernalillo County (ABC) Community Schools is part of the national Coalition for Community Schools, which describes communities schools as follows:

"A community school is both a place and a set of partnerships between the school and other community resources. Its integrated focus on academics, health and social services, youth and community development and community engagement leads to improved student learning, stronger families and healthier communities. Community schools offer a personalized curriculum that emphasizes real-world learning and community problem-solving. Schools become centers of the community and are open to everyone – all day, every day, evenings and weekends.

Using public schools as hubs, community schools bring together many partners to offer a range of supports and opportunities to children, youth, families and communities. Partners work to achieve these results: Children are ready to enter school; students attend school consistently; students are actively involved in learning and their community; families are increasingly involved with their children's education; schools are engaged with families and communities; students succeed academically; students are healthy - physically, socially, and emotionally; students live and learn in a safe, supportive, and stable environment, and communities are desirable places to live." (http://www.communityschools.org)

ABC Community Schools Sites are: 1) 2008: ABC assisted Pajarito & Edward Gonzales , Elementary Schools, Albuquerque & Highland High Schools, and North Albuquerque Cooperative Community Charter School in community school demonstration projects; 2) 2009: Supported Pajarito and Manzano Mesa in community school development; 3) 2011: Continued support with Pajarito and Manzano Mesa, and expanded to Helen Cordero and La Mesa 4) 2013: ABC expands Community School Collaboration with 10 sites and 3 Lead Partners

Early Childhood Component within ABC Community Schools:
 With a three year grant from W.K Kellogg Foundation called Circles of Support, the UNM Family Development Program supported four ABC community schools (La Mesa, Manzano Mesa, Pajarito and Helen Cordero) to develop an early childhood component to build a strong foundation for early learning by linking families with very young children not yet in school to their neighborhood school. With an understanding that the very young children would be the school's future students and the recognition of how critical the first five years were to school success, each community school site formed an Early Childhood Team. The overall project was essentially a capacity building initiative for early childhood leadership teams consisting of both educators and families. Based on interests and needs within the communities, each school site identified areas of focus for their efforts. Each school site sent their teams to week-long summer leadership academies and participated in follow-up gatherings that promoted networking among schools.

They also continued to receive professional development support. In addition each site was assigned a facilitator lead person for more direct support to the Early Childhood Team. The four schools very unique approaches taken by the schools were:

Manzano Mesa Elementary: This team initially began with a very involved group of Spanish speaking mothers of very young children with a common concern about the lack of childcare. This resulted in the development of an Early Childhood Parent Cooperative that not only received the support of the school administration but also successfully met the challenges of the system to gain district support. The parents received specific education on child development, play as learning and promotion of 7 essential skills for implementation for a quality childcare. The cross-cultural engagement with in the Vietnamese and the Spanish speaking community was also a positive outcome.

La Mesa Elementary: Also developed a community cooperative but this team focused on the economic issues of community and built a structure for families to meet for the purpose of creating sewing, jewelry making of crochet/knitting products to sell at local events. There was childcare support for families while they were involved in the cooperative utilizing an existing program in the school. The key to this project was the relationship building among the adults and the conversations, which resulted in support for families and their children.

Helen Cordero Elementary- This community had a stable group of parents that had already been actively involved with the parent liaison in the family room on the school site. The early childhood focus of the leadership team focused on reaching out to the community to those families with very young children not yet in school. It included concerted efforts to build skills and confidence in leading groups of infants and toddlers and their parent in family literacy development. This project named after the school mascot was called Tiny Turtles and was supported by several staff including the music teacher but eventually transitioned to parent facilitation. The team also developed referral slips, which involved a process for informing the early childhood leadership team of pregnant moms as they became aware of them in their classroom interactions. The team utilized these slips to invite families to the school as a way of welcoming future students. These families received a gift bag containing specific books selected by team and librarian along with miscellaneous baby items.

Pajarito Elementary: This team focused on bringing in parents to school-wide events with specific activities that would be appropriate for the very youngest children. Professional development to the staff on MITM seven essential skills was scheduled for the staff and Infant/ Tot Play groups were scheduled in mornings to welcome in parents with young children that were dropping off children at schools. Community involvement was especially evident at end of school pride day that involved cleanup of campus and celebration.

 EleValle: Pathways Navigators: Pathways Community Health Navigators (CHNs) are all employed through the Pathways partner organizations. There are approximately twenty (20) CHNs working in the Pathways Program, 5 of whom are located in the South Valley. Over the last four years, 378 South Valley (87105) community members have been served by CHN's in South Valley. Six CHNs have been working with Pathways since it first rolled out in August 2009, and have established an

incredible network of resources with whom they collaborate to meet their clients' needs.   The CHNs, many of whom were (and still are) "Promotores de Salud" in prior jobs, are mostly persons who live in the communities that they serve, and have developed a reputation as a reliable resource, mentor, and someone who can be trusted. This reputation is essential in order for them to gain the trust of their clients and then needs to be maintained by assisting the clients and assuring that they receive the services that they are eligible for. The CHN's knowledge of culture, language, community resources, service providers, eligibility requirements, advocacy skills and others makes them uniquely qualified to work with people that have many needs.

Childhood Pathways Navigator Demonstration Project: Rio Grande Community Development Corporation received funds from Tides Foundation (via W.K.Kellogg) to develop a pilot project to determine the need to incorporate young children and their families into the Pathways for a Healthier Bernalillo County program, administered by UNM-HSC and other case manager activities. Five South Valley Pathways organizations and their Community Health Navigators of the Pathways Program saw 9 cases each and participated in multiple focus groups. Forty-five children ages birth-8 and their families were seen in this pilot project. The Pathways Risk Assessment tool was modified from the Pathways adult model and included 14 categories for young children for documentation on the Children's WEB Data Base provided in-kind by the Pathways' program. Based on stated needs of the 45 children, 85 Pathways were identified / 75 were completed as: Health Care Home 17/17; Motor Development 10/5; Learning/Language 11/11; Behavior/Emotional 8/8 ; Parent-Child Relationships 16/11; and, Home Safety 23/23.

Home Visitation Programs in South Valley: Currently, there are 5 voluntary newborn home visitation programs serving the South Valley with a total capacity to serve 374 families for all of the South Valley. The Bernalillo County Home Visitation Work Group (BCHVWG) is developing a common intake and referral form that describes eligibility for the various programs and how to access them. Home visitation programs are collaborating to cross-refer to one another. Cathy Sanchez Preissler, as facilitator of BCHVWG, serves as central intake person for all of the home visitation programs. The programs are all described in Appendix 2 in the Assets map section.

Albuquerque Bernalillo County (ABC) Library Community Baby Showers:

The Albuquerque Public Library Foundation is partnering with ABC Library to offer parents and parent-to-be events that share the many resources and programs that can greatly enhance their experience as parents, and begin a lifelong love of learning in their children at a very early age. The public libraries are a lifelong partner for a family. Parents attending the Baby Shower learn about community resources and learn about library programs for babies, children and families. The Community Baby Showers are scheduled quarterly at various library locations throughout Albuquerque. The events are free of charge.   Parents with new babies are invited to bring them along as they meet other new moms and dads. They can enjoy crafts, receive gifts and learn about the important resources that will help them raise a curious child who loves learning.

2) What Are Barriers?

Lack of Systematic Outreach to Pregnant Families and Families with Infants and Toddlers: There are 250+ births per year occurring in the Phase 1 target area surrounding First Choice Community Healthcare (FCCH). There is no systematic approach for reaching out to families with newborns or toddlers to let them know about services that are available to support them in their role as parents and to assess their needs. Families who are most at risk need to be identified early, ideally in the prenatal period and if not then, once the baby is born. Young mothers 16-25 should be a particular focus for outreach efforts. WIC probably reaches most of these families either during pregnancy or after the birth of the child. Finding ways to utilize WIC to assist with identifying families should be considered. Developing a mechanism to activity seek out pregnant and new families in a fun way- through Mother Baby clubs, could be a role of Hubs or schools and certainly for FCCH. Partnering with ABC Libraries to extend the idea of community baby showers on a monthly basis into the target area could be considered.

Under-Utilization of Services at FCCH: Physicians' interviewed felt that First Choice is not currently meeting capacity and could easily serve more patients. There is much more capacity to serve pregnant women and young children. The physicians were uncertain of the barriers preventing community members from getting services at FCCH.

Lack of Sufficient Capacity to Provide Home Visitation Services: There is not enough capacity to provide home visitation to all of those families and in the South Valley, 18% of families in the entire South Valley can be served through home visitation services. Given the capacity of home visitation to improve outcomes in the earliest years-especially for families with newborns-the group at greatest risk for abuse and neglect-it is critical to extend home visitation services and make sure all high need at-risk families can participate.

Difficulty Engaging Families in Home Visitation Services: It has been difficult, however, to engage families in home visitation services. According to Cathy Sanchez Preissler of UNM Center for Development, home visitation is a hard sell. One of the Korimi parents reported that families from Mexico are very suspicious of free services; in their home country there is always a string or a catch to anything received for free. According to " Choices-Dialogues on Early Childhood in New Mexico" conducted by Viewpoint Learning in Albuquerque in 2012, many participants expressed reservations about the idea of home visitation. Participants expressed worries that home visitors would report back on what they saw during a visit and that parents would get caught up in child welfare bureaucracy. Participants were much more supportive of parenting education/coaching and in particular for better outreach and information about the programs and services that are already available.

Lack of Consistent Referrals to Home Visitation at FCCH: Physicians at FCCH report that they occasionally make referrals to home visiting for high-risk pregnancies and newborns. Most often, they refer to St. Joe's. As far as referral to other Home Visitation programs, like Nurse Family Partnership or Parent's As Teachers, the physicians indicated that they forget to refer, but when they do remember, their impression is that families think Home Visitation is more invasive than helpful. The programs are not getting as many referrals as they would like from FCCH. The physicians admitted that with all the competing priorities they deal with, referral to home

visitation slips off their plate. The physicians did say that they use the common referral form developed by the Bernalillo County Home Visiting Work Group.

Difficulties for Spanish Speaking Families to Access Services: In family focus groups conducted by Partnership for Community Action to obtain input into this planning process, accessing services continues to be very difficult for families who speak Spanish. Different communication barriers were outlined, difficult phone menus, poor communication with medical personnel, teachers, and counselors.

Barriers for Grandparents: Grandparents outlined the following barriers:

- Lack of resources for families
- Lack of resources for people with learning impairments/ disabilities
- Difficulty getting & finding services
- Lack of information regarding how the systems work & available resources
- Lack of information in Spanish
- Transportation system doesn't function with our needs
- Long wait times in clinics or for services and staff that are not friendly or respectful

These are some of the same barriers reported by the three principals from Atrisco, Armijo and Kit Carson and participants in the ECAP Family Supports Summit.

Additional barriers were cited by the young parents in Health Leadership High School's evening program, including:

- The failure of care providers and early childhood centers to build trusting relationships with parents who are more accustomed to relying on a network of family care rather than entrusting their children to outside entities.
- A perceived lack of professionalism on the part of childcare staff.
- The lack of rigorous academic programs at early learning centers.
- The lack of centers that provide care in the evening when young parents attend school and/or work.
- The lack of counseling services for young parents facing multiple overwhelming challenges in raising their children while attending school, working, and attempting to co-parent.

No System in Place for Tracking Referrals: For most of the services, overloaded clinics and child care providers wait for families to connect with them. When referrals are made, there is no systematic way of tracking whether or not families received the services for which they were referred.

Lack of Funding for Community Alignment Work: There are really no sustainable funding sources for supporting the alignment and integration of services within "hubs".   Grant funds are episodic and when gone, the crucial set of activities that alignment requires goes away. Coordination takes time and focus. Given the level of risk of clients coming through the door of participating South Valley organizations, it is difficult to spare the time for participation in collaborative initiatives,

much less provide the level of coordination that such difficult alignment work requires. The expectation that collaboration can occur without a supporting infrastructure and specific funding to support it is one of the most frequent reasons why alignment work fails.

What Will It Take To Make A Difference?

Strategy 2.1: Create a network of neighborhood early childhood hubs in SV that provide people, services and resources for families and their young children with safe and trustworthy early care and education that effectively meets their needs. **Aligned Action Steps**	**Time Frame:**	**Who/Leads**
2.1 (A) Expand Use of Share NM in Target Area: Increase knowledge about and utilization of **SHARE NM website**. Train SV families, schools, early care and education providers in the use of SHARE New Mexico functions • Community Calendar • Early Childhood pages • Blogs • Resources • Volunteers, goods and services • Project Awareness (NP videos)	• Phase 1	• Teaching Solutions • SVECG
2.1. (B) Coordinate call-in and hot-line programs serving the South Valley Provide leadership to the study of the feasibility of implementing a coordinated helpline pilot program for Bernalillo County based on Senate Memorial 106 sponsored by Senator Michael Padilla. Partner with: • United Way of Central New Mexico • UNM CDD: Babynet • Nurse Helpline • City of Albuquerque 311 service • New Mexico Kids Childcare Resource and Referral	• Phase 1	• SVECG: • Community Family Hub Action Group • SHARE NM
2.1. (C) Outreach to Pregnant Families and Families with Newborns: • Begin to develop and pilot systematic approaches to reach 250+ pregnant families and families with newborns with information, resources, screening and	• Phase 1	• SVECG: • Community Family Hub Action Group • FCCH

Strategy 2.1: Create a network of neighborhood early childhood hubs in SV that provide people, services and resources for families and their young children with safe and trustworthy early care and education that effectively meets their needs. **Aligned Action Steps**	Time Frame:	Who/Leads
assessment through development of Hubs. • Develop a mechanism for identifying and reaching out to pregnant families and families with newborns, building on pregnancy testing and WIC services. • Develop a mechanism for using WIC data which identifies medical home for each client. • Pilot test ways of communicating and marketing available services to families with infants and young children and key community stakeholders such as through clinics, school personnel, churches, civic organizations, businesses, other community service providers and others.		• WIC • SV Home Visitation Programs • Hospitals
2.1 (D) Extend Pathways Navigator Program into Target Area • Consider strategies for supporting, utilizing and extending Pathways into the Phase One Target Area. • Work with Pathways to further develop the Pathways model for families via family/young children special navigator to promote family leaders and demonstrate family based solutions based on the initial pilot conducted in 2013-2014. • Develop on-going mechanisms for engaging Pathways navigators, promotoras, community health workers and all those doing community outreach to assist with development and planning of outreach strategies to families with young children and to connect families with Hubs.	Later Phase 1	• EleValle Pathway Navigators • SVECG • Community Family Hub Action Group • FCCH • RGCDC
2.1 (E) Improve Referrals to Home Visitation Programs in South Valley • Host a meeting at FCCH with FCCH staff (including		• SVECG • Community Family Hub Action Group • FCCH

Strategy 2.1: Create a network of neighborhood early childhood hubs in SV that provide people, services and resources for families and their young children with safe and trustworthy early care and education that effectively meets their needs. Aligned Action Steps	Time Frame:	Who/Leads
medical staff, WIC, CMS, Public Health and YDI and the BernCo Home Visitation Work Group members to provide an orientation to what home visitation programs have to offer, a messaging training about how to frame the benefits of home visitation. • Develop a plan to systematize home visitation referrals from all those providing services to clients at FCCH.		• BernCo Home Visitation Work Group • UNMCDD • CHI St. Joseph's • YDI
2.1 (F) Organize SVECG Participation in Community Events in Target Area to Promote Community Knowledge of ECE Services: Develop a calendar of community events taking place in SV schools, at community centers and other venues-with special focus in Phase 1 target area. Ensure that early childhood services are represented at these events and early childhood development activities and resources are available for families with young children	• Phase 1	• SVECG • Community Family Hub Action Group
2.1 (G) Develop Plans for Family Support & ECE Hub At First Choice: • Engage families, schools, churches, early care and education providers, youth and other key stakeholders to develop the plan for a FCCH Early Childhood Hub with space to include key programs such as home visitation, early intervention, infant mental health, resource and referral spaces, support for family and center based early care and education providers. • Consider new approaches to service delivery within SV Health Commons. Group Prenatal and well child care tied to WIC services with parenting education and child development opportunities built in. • Partner with ECE providers and others to create a family-friendly atmosphere at First Choice to expose clients with young children to abundant child	• Phase 1 & Phase 2	• • FCCH • SVECG Family Hub Action Group • Kiwanis & other civic groups • Libraries •

Strategy 2.1: Create a network of neighborhood early childhood hubs in SV that provide people, services and resources for families and their young children with safe and trustworthy early care and education that effectively meets their needs. Aligned Action Steps	Time Frame:	Who/Leads
development opportunities. • Promote early language development and literacy by providing books for patients in English and Spanish		
2.1 (H) Convene Pathways Navigators, care coordinators, CHR's, home visitors to provide input into Hub development Convene care coordinators, case managers, Pathways navigators, school family liaisons, school counselors and social workers, home visitors from the following program sectors: - Prenatal, Early Childhood, Infant mental health, Parents - Home Visiting, Child Care Services, Pre-school and schools, health and behavioral health to provide input into the design of the network of hubs in target area and specifically input into the design of the hub at FCCH.		• FCCH • SVECG Family Hub Action Group

Strategy 2.2: *Align professional development activities and implement new opportunities for early care and education providers to improve quality of care to young children and their families.*

Current Status

1) What are Strengths Moving This Strategy Forward?

The area of aligned a professional development to improve quality of early care and education received by South Valley families is an area of rich and deep focus in the South Valley.

South Valley Early Childhood Alliance: In September 2012, the South Valley Early Childhood Alliance was initiated with support from New Mexico Early Childhood Alliance with funding from WKKF. From 2012, it evolved rapidly to expand its membership and partnerships with other South Valley community organizations. The original network of six early care and education centers expanded to welcome family childcare homes, including providers who are both primarily Spanish and English speaking. The South Valley ECA members hosted many activities including: 1) Three Resource Fairs introducing early childhood professionals to a wealth of resources offered by local

and state programs, including T.E.A.C.H. Early Childhood® Scholarships and INCENTIVES (a compensation initiative to pay salary supplements to teachers based on the level of their education) offered by NMAEYC; physical and behavioral health care resources in the South Valley (First Choice Community Healthcare; Casa de Salud; Centro Sávila); professional development opportunities for early childhood professionals (UNM Family Development Program, Cariño Training and Technical Assistance Program, NM PBS, etc.); home visiting operating in the South Valley; 2) A survey of early childhood providers, conducted by the Partnership for Community Action, identified access to affordable, nutritious food as a key concern. 3) In response, the SVECA has partnered with a number of South Valley organizations, including La Cosecha Community Supported Agriculture and others, to host a monthly "Cooking Nutritious Food" program in the demonstration kitchen of the South Valley Health Commons. The Saturday morning programs draw 40-50 attendees, almost all of whom are early childhood providers, recruited by NMECA's South Valley Team of two graduates of Abriendo Puertas and a South Valley native and community activist. The program was recently awarded a $20,000 grant from Presbyterian Healthcare Services to fund an additional 10 classes during 2014. The success of the South Valley ECA team in recruiting participants was critical to growth and sustainability of this venture.

CNM South Valley: Is providing opportunities for early childhood professionals to obtain degrees in early childhood through their Early Childhood Multi-Cultural Education program, they offer a Child Development Certificate (CDC) Program in English and Spanish, Early Childhood Multi-Cultural Education (ECME) (AA) Birth to 3 grade Teacher Concentration, Early Childhood Multi-Cultural Education (AA) Family, Infant and Toddler Concentration and the Early Childhood Multicultural Education (AA) Early Childhood Program Administration Concentration. They are a hub for various services that Early Care and education providers can access. Cariño Early Childhood Toy and Resource Library is located on the campus where there are resources and a toy lending library for child care providers. CNM is working towards establishing an early childhood hub and a model of shared services, training and coaching for family care providers and center-based cares providers in the South Valley.

New Mexico Association for the Education of Young Children: Provides T.E.A.C.H. . (Teacher Education and Compensation Helps) scholarships to assist early childhood teachers to study child development and early learning formally. Most early childhood teachers are paid low wages. T.E.A.C.H. . gives them the opportunity to attend college and provides financial support and incentives to make it possible. T.E.A.C.H. is designed for teachers already working in early care and education centers, family child care homes, Head Start Centers, Pre-K sites and other early childhood professionals including: home visitors, early interventionists, higher education faculty working in the field of early childhood, FOCUS consultants, NM Pre-K consultants and the Training and Technical Assistance (TTAP) program staff.   As of February of this year, there are 129 TEACH scholars in the South Valley. NMAEYC also offers INCENTIVE$ pay supplements to teachers working in child care in the SV, a programs designed to retain teachers in birth to five early learning programs in order to increase quality for children and families.

Mind in the Making Book Study – The South Valley Early Childhood Group has modified their agenda for four months beginning in March to accommodate a professional development

opportunity to its membership and anyone working in the early childhood community in the South Valley. Each participants received a copy of the Mind In the Making book by Ellen Gallinsky. In partnership with Coop Consulting, the UNM Family Development Program facilitates conversations on each skill, why they are important to adults and children, how to promote them in our professional work, as well as ourselves and how to promote the use of the skills with children.

University of New Mexico Family Development Program: Provides professional development workshops for early childhood and care providers that includes: school – family – community partnership; family engagement; child development (birth to age 8); emergent curriculum; early literacy, math, science, art, music and movement; children's learning through play; children's learning in nature; Reggio inspired teaching and learning; documenting children's learning; focused portfolio; and more. The **WeMagination Early Childhood Resource** Center provides high quality recycled materials in support of understanding the essential role of play for children's optimal learning and development. The WE, as an educational resource center, features a showroom full of safe, recycled items, often factory extras that would have otherwise ended up in landfills. Varying from the one-of-a-kind to the ordinary, the collection includes foam punch-outs, caps from perfume bottles, beads, paper, and an array of other items in every imaginable color and shape, perfect for inspiring any child (or adult) to play. Based on the Family Development Program's Watch Me Play/Watch Me Learn book series, learning workshops for parents and teachers promote play-based learning both inside homes and classrooms, as well as outdoors in the natural world. The Watch Me Play learning series explores early literacy, math, science, music and art through dynamic processes of engaged learning that expose adults to how children learn through play. The WE resource center adds value to the Family Development's distinct approach for training, providing needed resources for teachers and families to actively engage young children as creative young learners. The Family Development Program also provides **Mind in the Making Learning Facilitator Institutes** to build local capacity for these initiatives. Mind in the Making has been aligned with the New Mexico Early Learning Guidelines to help families and teachers guide children in developing capacities for lifelong learning and success. The Early Learning Modules for Educators are recognized as an equivalent for the 45-hour course required for early care and learning professionals, supporting goals set by the State of New Mexico's Office of Child Development. UNM FDP is working with the New Mexico School Leadership Institute to design professional development for integrating Mind in the Making's Seven Essential Skills as a strong early learning foundation for success in Common Core State Standards.

Dual Language Learning Programs for Pre-Schoolers, Kindergarteners, First and Second Graders: YDI Pedro Baca Head start located at the First Choice Community Health Commons has a dual language program that is a 50/50 model. This was implemented after children's learning assessments revealed that in spite of solid developmental progress being made in most indicators of development, language development in ELL children was lagging. YDI Head Start undertook a long journey to shift their Head Start program into a dual language-learning model. To make this shift took increased professional development and training of the teachers, coaching and technical assistance. After participating in the dual language program, Head Start children's language development indicators are where they should be. Generation Justice has just made a video about the dual language at YDI Head Start Program.

2) What Are Barriers?

Family-based child care providers don't see themselves as early childhood educators: In a Study conducted by Partnership For Community Action and UNM Center for Education Policy Research to learn about parent's decision making when making child care decisions. The study found that the majority of Latino parents preferred family-based care to public or private center-based care. More respondents in the study used informal/not registered childcare providers. Preferred family care arrangements included mother or father care only, a public center (where they don't have to pay) or grandparent care.

It is estimated that there are 400-600 informal-non-registered family childcare homes in the South Valley. Results from a recent study of informal family care providers, conducted by CNM Early Childhood Multi-Cultural Education program in partnership with UNM CEPR, Partnership for Community Action and Collective Action Strategies, indicate that informal child care providers take care of children because they love children but they do not think of themselves as early childhood educators. However, family care provider respondents indicated a keen interest in learning more about the teaching practices that better support early childhood development of the children they care for.

Difficulties identifying un-registered family –based child care providers: Identifying and then reaching out to these informal family care providers is a daunting task, and then having enough capacity to support their needs will take time, focus and concentrated effort among all partners who are working towards supporting high quality early care and education. However, supporting these family providers to engage in learning approaches and teaching practices that will support early childhood development is a critical strategy for improving children's development and school readiness.

Need for increased formal and informal professional development and child development education in Spanish tailored to un-registered family-based childcare providers:

With 62% of families speaking Spanish at home in the target area and another 20% saying that they speak English less than well, it is important that every service, every educational opportunity be provided in English and Spanish. In multiple community input sessions, families and providers indicate that this is a critical aspect of ensuring services, educational opportunities are accessible to ALL the families living in the South Valley.

Differing Goals & Approaches Related to Language Development and Proficiency
The need for Dual Language Learning in the early years and in the early elementary grades is tremendous in the South Valley, principals interviewed in the Phase 1 target area indicated that between 50-80% of incoming Kindergarteners are English Language Learners. Kit Carson and Armijo have State funded Pre-K and Kit Carson and Atrisco have an Even Start program. Although the Pre-K teachers in at least two of the schools are bilingual and communicate with the children in Spanish, but it doesn't appear that a dual language approach is taking place in Pre School programs. Kit Carson has a transitional bi-lingual education language model from Kindergarten

through 4th Grade (K-3rd grade, a 90/10 model is used with a transition to 50/50 by the 3rd grade). Armijo also is using a transitional bi-lingual model kindergarten through 5th grade (90/10 model with 2 teachers in Kindergarten to Grade 2, and 1 teacher in 3-5. Maintenance Teacher also provides services to students who are not in a dual language class). Atrisco's Bi-lingual Language program is a K-5- 50/50 Model. Each of the schools is using different models for supporting children's language needs with different goals. There is need in the community for a consistent model within the community that supports children's home language development and English language learning.

Different Language Models:

Three categories of ELL programs have been identified as meeting the standards outlined in the Castañeda v. Pickard (1981) case, monitored by the United States Justice Department's Office for Civil Rights.

English Only Programs:		
Characteristics	**Primary Goals**	**General Outcomes**
English only instruction that should be sheltered to provide access to academic content, and should include an English language development (aka ESL) component.	English proficiency	Least effective long-term academic outcomes, failing to close the achievement (opportunity) gap for ELLs.

Transitional Bilingual Education Programs:		
Characteristics	**Primary Goals**	**General Outcomes**
Provide some native language instruction and support in the primary grades, plus English language development (aka ESL), while eventually transitioning in to all English instruction on a given timeline. Early exit programs move to all English instruction by about 2nd grade and late exit or maintenance models move to all English by the end of elementary school	English proficiency with some support for academic content achievement in students' native languages.	Ineffective with regard to long-term academic outcomes, only closing about ½ of the achievement (opportunity) gap for ELLs.

Dual Language Programs:		
Characteristics	**Primary Goals**	**General Outcomes**
Content instruction is provided in two languages, as is a second language development component. Some programs only serve ELLs, while others serve a blended population of ELLs and English-proficient students.	-Academic proficiency in students' first and second languages (including English). -Grade level proficiency in all academic content areas.	Most effective long-term academic outcomes, with the potential to fully close the achievement gap for ELLs.

Identification:
K-12 public schools are required to implement an English language learner identification process that includes a Home Language Survey as well as an assessment of the student's English language proficiency. Early learning centers should implement a similar procedure with common Home Language Surveys and English language proficiency assessments.

Placement:
Early learning centers should develop student placement criteria based on a variety of demographic and academic factors (e.g . language, ethnicity, socio-economic status, etc.), which they should utilize to strategically place students in a homogeneous fashion in order to ensure diversity of the student populations within their programs.

Instructional Programs:
Given that at least 70% of young children in the South Valley are either monolingual Spanish-speakers, or bilingual in Spanish and English, and the most of the remainder possess Spanish as a heritage language, Early learning centers should implement the instructional program that possesses the highest potential of ensuring their eventual success in English and content area achievement, which is two-way dual language education. Two-way dual language education is designed to build on the linguistic strengths of children from all language backgrounds in a heterogeneous, enrichment-based setting. It provides the requisite opportunities for pre-literacy, literacy, and numeracy development in children's native language, while also developing their second language proficiency. Furthermore, most of the schools in the targeted area offer some form of bilingual education, including dual language, which are most effective when the early learning programs that feed in to them provide similar services.

Professional Development:
Professional development offerings should be inclusive of early learning providers, K-3 personnel, parents, and other stakeholders in order to develop a common understanding of best practices vertically across programs. With regard to meeting students' linguistic and academic needs, professional development should be offered in the following core areas:
- Second language acquisition
- Bi-literacy development
- Content-language integration

- Early childhood bilingual program development
- Culturally and linguistically responsive instruction
- Parent and community engagement

What Will It Take To Make A Difference?

Strategy 2.2: *Align professional development activities and implement new opportunities for early care and education providers to improve quality of care to young children and their families.* Aligned Action Steps	Time Frame:	Who /Leads
2.2 (A) Plan to Support Family Care Givers to Promote Child Development • Develop strategies and mechanisms for identifying and reaching out to family caregivers (parents, grandparents, aunts, uncles) in Phase 1 Target Area to connect them to supports, resources and educational opportunities that enhance child development		• CNM, • SVECA • SVECG • PCA

2.2 (B): Dual Language Learning Community
 	
 • Support development of a learning community that involves YDI Head Start, three target schools Pre-K, K , First And Second Grade staff, private ECD Providers- Building Bridges, Magic Moments, CNM and UNM educators to share best practices and strategies for providing dual language opportunities to ELL children 3-8 years old.
  • Following topics to be considered for joint professional development:
  • Second language acquisition
  • Biliteracy development
  • Content-language integration
  • Early childhood bilingual program development
  • Culturally and linguistically responsive instruction
  • Parent and community engagement
		• CNM,
		 • SVECA
		 • SVECG
		 • PCA
		 • UNMFDP
		 • School staff
		 • YDI Head Start
		 • Private Pre-K Providers

2.2 (C): Support Development of Professional Development Hubs • Professional development hubs for all ECD educators and their families • Public school & 0-5 families-joint professional development • Professional development that extends from First Choice to all	Phase 1	• CNM • SVECA • SVECG • PCA

Strategy 2.2: *Align professional development activities and implement new opportunities for early care and education providers to improve quality of care to young children and their families.* **Aligned Action Steps**	Time Frame:	Who /Leads
areas associated with a child's life and development • Increased TEACH scholarships and INCENTIVE% pay supplements		

Strategy 2.3: *Provide response and support for families undergoing stress and in crisis*

Current Status

1) What are Strengths Moving This Strategy Forward?

The front line for responding to families under stress and crisis happens in the health clinics, in early care and education settings, in the public health and WIC offices. The South Valley is blessed with rich health and public health capacity. Since in the South Valley, most families with infants and toddlers (0-3) do not have their children in formal early care an education[34], the early childhood health and public health service system become the crucial front door through which families under stress and in crisis usually pass.

First Choice Community Health is ideally situated to serve in the role of first responder for the identification and development of response and support plans for high need families. First Choice has strong infrastructure for serving children and families with 2 pediatricians and 10 family practice physicians. The unmistakable link between adverse childhood events, both in the parents and to which young children are exposed in the earliest years, and the later onset of serious behavioral health problems as well as to chronic disease has been well documented[35] With funding from the Centers for Disease Control Communities for Communities Leading Healthy Change (CLHC), First Choice Community Health has hired 2 **Community Health Workers (CHW)** to work with doctors at First Choice Community Health South Valley to address the non-medical

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[34] Partnership for Community Action (November, 2012) Using Community –Based Participatory Research and ArcGIS Mapping to Understand Parent Engagement and Decision Making in Early Childhood Education in South West Albuquerque

[35] Felitti, Vincent J, MD, FACP, et al. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. The Adverse Childhood Experiences (ACE) Study" Am J Prev Med 1998;14 (4)

factors that impact the health of patients and their families. The integration of CHWs into First Choice is changing the practice of medicine from episodic physical health care to addressing the social needs of patients, systematically, and to take action on both medical and social needs. In the first 3 months, more than 1,000 patients have been screened with a new questionnaire called the WellRx and offered assistance. First Choice in collaboration with UNM Office of Community Health and two MCOs are designing an evaluation to measure impact on patients, on health outcomes and on providers. This pilot program provides a systematic assessment, development of family plans, referrals and follow-up. This type of an approach is especially needed for those at highest risk for adverse childhood events in the South Valley, families with newborn infants who experience the highest rates of child abuse and neglect and toddlers ages 1-4 who experience the second highest rates of child abuse and neglect in the South Valley.

First Choice has integrated depression screening into its health promotion screenings using the PHQ 2 screening protocol and provides brief intervention services (SBIRT- Screening, Brief Intervention, Referral and Treatment) . Psychiatry services are also available through a contractual relationship with UNM Hospitals and through the Project ECHO psychiatry program.

FCCH primary care providers manage basic depression and mental health issues; more complex cases are referred, as appropriate. Pediatricians and child health providers screen mothers for depression using the PHQ2 screening tool[36] for depression, which has two screening questions for depression that trigger a set of activities and process to address the issue. The pediatricians ask about maternal wellbeing at 2 week, one month, two month, and four month well-child appointments.. If there have been no flagged maternal issues by four or six months postpartum, they stop asking at each visit. The difficulty is that there are not behavioral health services for maternal depression for mothers with a positive screen. UNM provides services at the "Journey clinic"– specifically for maternal depression. Samaritan Counseling also provides services to improve access for postpartum depression treatment in collaboration with UNM. However, these services are out of the area.

Behavioral Health Services: In addition to primary care providers, First Choice employs two bilingual behaviorists at the South Valley Health Commons and has integrated behavioral health services within its primary health care practice. Other behavioral health services in the target area are Centro Savila which is a low cost behavioral health provider that offers counseling in Spanish and YDI Behavioral Health Services which typically offer services to the families of at –risk youth or to clients with serious mental illness.

All Faiths Services: is an agency that is dedicated to the promotion of healthy family dynamics and the prevention and treatment of families with history of trauma, adverse childhood events and child abuse and neglect. Twenty % of the families served by All Faith reside in the South Valley. All Faith is one of New Mexico's leading experts and trainers in trauma-informed care and service

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[36] Gjerdingen, Dwenda, MD, MS, et al. "Postpartum Depression Screening at Well Child Visits: Validity of a Two Question Screen and the PHQ-9" <u>Annals of Family Medicine</u>. 2009 Jan; 7(1): 63–70.

delivery[37]. All Faiths services addresses trauma of caregivers so that they can provide nurturing to their children. Caregivers enrolled receive individual and/or group counseling, and/or home visits from a family advocate. Home visits compliment individual/group therapy providing the caregiver with new skills and assistance with accessing needed resources. Al l Faith's has plans to place a service site in the South Valley because of the high number of clients it serves there.

PB&J Family Services: PB&J offers therapeutic preschool services for children from birth to age 3 using an early learning curriculum as well as a PB&J curriculum to improve parent-child relationships. As the only SV located Family Infant Toddler Early (FIT) Intervention provider, PB&J staff conduct developmental assessments and assessment of the parent-child relationship to ascertain families' needs. The families PB&J serve are extremely high need. Participating families attend one day/week from 9am to 1pm, and the parents are actively engaged in the program to foster strong parent-child bonds. As part of the therapeutic preschool program, staff also conducts home visits to observe how the model is being implemented within the home. The assessment is also an opportunity to identify needs and support families in accessing needed services. Other services provided by PB&J are:

- Intensive support for **parent-child reunification** after a child is removed by CYFD or due to incarceration. PB&J provides home visits as part of this service, too. Part of PB&J's model has always been to conduct home-based service to see parent-child interactions in the home environment.
- **CYFD-funded home visiting** program
- **Time-limited family reunification** services
- **CYFD Family support services contract** (either with families or in foster/adoptive homes). Through this service, PB&J offers parenting support, safety assessment, service referral, and any other wrap-around services needed. Birth-to-five families in the community can be self-referred or referred from a physician. Through this service, they provide 24/7 support and crisis intervention.
- **Juvenile justice services** provided to YDDC to young parents there. PB&J brings children to incarcerated youth parents to support the development of their relationships with their infants and young children. They also provide visits with the caregiver in the home while the youth parent is incarcerated.
- **Fathers Building Futures** program helps men maintain relationships and reintegrate after incarceration. This is not focused in the South Valley, but some of the participants live in the South Valley. The focus of this program is on employment, family stability, and family safety.

Creating Caring Communities: (Supported by a Grant from the WK Kellogg Foundation to Cuidando Los Ninos or CLN Kids) offers training to early childhood providers as well as Train the Trainer workshops in how to build a system of support for vulnerable families. Developed by Teaching Solutions who are members of the SVECG, the workshops explore the impact of

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[37] Substance Abuse and Mental Health Services Administration (SAMSHA) (July, 2014**)** SAMHSA's Concept of Trauma and Guidance for Trauma-Informed Approach. Prepared by SAMSHA's Trauma and Justice Strategic Initiative

homelessness and trauma on children and families, effective interventions for children and families who have experienced trauma, how to build resilience in children and families, basic principles of reflective practice and change, organizational capacity to address family trauma and how to build community-wide change. This workshop will be offered in the South Valley in Spanish in June 2015. Workshops are offered in 2-hour session for an overview, five 2 1/2 hour session and then a 3 day train the trainer workshop.

Children at Risk for Special Needs:

- **Early Childhood Comprehensive Systems Developmental Screening State Initiative:** The 2013-2016 New Mexico ECCS State Team is concentrating on the expansion of developmental screening activities in early care and education settings statewide by connecting pediatric and other child health leaders with child care health consultants and child care providers to link training and referrals among medical homes, early intervention services, child care programs, and families. The target service population is children, birth-three years old.

- **Developmental Screening done at FCCH:** ASQ screening tool is used for patients aged two months to five years old and M-CHAT for autism. Pediatricians are not using ASQ-SE because it is too time consuming, but rather the PHQ2 as described above.

- **Relationship between FCCH and Children's Medical Services (CMS):** Child health providers at FCCH report working very closely with the CMS program located within the South Valley Health Commons. They walk families back and forth between the clinic and CMS office, consult on families they share. There is a high level of alignment in services provided for children with special needs.

2) What Are Barriers?

Difficulties Identifying At- Risk Families: The high child abuse and neglect rates in the Phase One Target Area, especially for infants and toddlers, are just the tip of the iceberg as far as family stress and crisis are concerned. Target area school principals report high level of family structure breakdown, with many homeless, single parent families as well as a high level of family kinship care. Given these family conditions, it is critical that the families with highest levels of stress and crisis be reached out to and identified before they reach the point that their children become victims of abuse and neglect.

Most of the early childhood service systems in the South Valley are passive- that is they serve those who walk in their doors. Unfortunately, the families with the greatest needs don't walk in those doors or can't get in through the doors for various reasons. Identification of high need families will take a whole community and system approach, but it can start with the First Choice Community Health Commons which houses the largest array of services in the target area. Many of these high needs families may be utilizing WIC services–figuring out how to take advantage of the families connection to WIC without taxing the already overburdened WIC workers – is a direction to think about.

Lack of Systematic Screening for Risk: There needs to be screening to identify high-risk families. J Paul Taylor Task Force is working on developing a screening method to determine families most at risk for Adverse Child Events. FCCH can explore mechanisms for better screening and identification of families and children at -risk

Lack of Trauma-Informed Services: All services provided at the First Choice Community Health Commons need to be trauma-informed. The addition of the CHW's at FCCH is a wonderful start and it will be important to identify ways to sustain and expand these efforts. Physicians at First Choice during their interview indicated that it is very difficult for them, in the time they have, to systematically screen and identify high needs families. They expressed gratitude for the addition of the CHW's and the Well RX screening tool but expressed concern about the capacity to sustain those efforts since they are grant funded. They talked about the need to systematize the screening and identification of families, perhaps having patients during initial registration and check-in complete an assessment (perhaps using an IPad) that identifies their needs and automatically triggers referrals to address those needs. The physicians aren't really certain if families are able to access the services to which they are referred, because there is no automatic feedback loop unless the CHW performs follow-up or the physician specifically asks the patient at their next visit. The medical staff did not seem to be aware of the statistics related to child health that surround them in the community they serve.

The health providers at First Choice felt there could be different ways to arrange services so that families could better access them and better utilization of the spaces within First Choice Commons for families to gather and receive information and support. They indicated that they felt they had more capacity to serve families prenatally and for well childcare.

Lack of Access to Maternal and Early Childhood Mental Health Services: There is a big problem in the South Valley with lack of access to mental health services for young children, especially Spanish speaking children. There are many children diagnosed with Oppositional Defiant Disorder, ADHD, and/or with a history of neglect, abuse, or other trauma. At FCCH, child health providers see many children needing services, but it is nearly impossible for them to be seen, especially with Spanish-speaking behavioral health professionals. Many of these children are getting medication without psychotherapy. Many need family therapy because families experience conflict and difficulty with child acting out. This can cause family turmoil and lead to additional instances of neglect and abuse. Both the clinicians at Centro Savila and at First Choice talked about the challenge of screening for maternal depression when there is no place to refer mothers if maternal depression is discovered. There are no trained infant mental health providers identified within the behavioral health service providers in the target area. In spite of the high child abuse and neglect rates for infants and toddlers, none of the behavioral health providers offer services for maternal depression and infant mental health. According to J Paul Taylor Task Force, some significant barriers exist in accessing early childhood mental health services in New Mexico. State Medicaid services currently require a diagnosis of Serious Emotional Disturbance (SED). Many clinicians are reluctant or refuse to label infants or young child with such a diagnosis. This has created a barrier in establishing eligibility for service. Families with these diagnoses are typically referred to services out of the area, which then presents a whole host of barriers to the families related to

transportation, time, the need for Spanish translation, culturally appropriate services, etc. Centro Savila specializes in providing behavioral health services in Spanish, however YDI Behavioral Health has no therapists that speak Spanish.

It is critical that behavioral health services are provided in both English and Spanish and yet, according to YDI Behavioral Health with low Medicaid reimbursement rates for behavioral health services, it is extremely difficult to recruit qualified behavioral health professionals who also speak Spanish. FCCH has 2 bi-lingual behavioral health providers, as does Centro Savila.

Lack of Services for Children at Risk for Developmental Delay: Although the NM FIT Program has become nationally recognized for its plan to address environmental risk factors and using a protocol and assessment tool for identifying children at risk, considerable funding restrictions have prevented at-risk children and families from accessing services through FIT. Funding has been reduced from a capitated 19 hours of service per month per child to 2 hours per month for children at risk, a nearly 90% decrease.

Lack of Joint Professional Development at First Choice: Currently no joint professional development that takes place among the different services being provided at First Choice. Among service providers in the target area, there have been no joint planning to address barriers in serving high need families. Among those providers are FCCH, NMDOH, WIC, YDI, HLHS, etc.

What Will It Take To Make A Difference?

Strategy 2.3: *Provide response and support for families undergoing stress and in crisis* Aligned Action Steps	Time Frame:	Who/Leads
2.3 (A) Educate FCCH Staff and Health Commons Stakeholders on early Childhood Issues Present the Early Childhood Plan to the entire staff and organizations who deliver services within FCCH	• Phase 1	• Staff of FCCH, WIC, NMDOH, YDI and HLHS
2.3 (B) Strengthen Capacity to Provide Trauma-Informed Care at FCCH Provide Trauma-informed joint training sessions to all those in FCCH providing services to families	Phase 1	All Faiths, Teaching Solutions, FCCH, WIC, NMDOH, Pathways, Centro Savila, YDI, School Counselors at 3 target schools as well as Ernie Pyle and RGHS, Health Leadership High School,

Strategy 2.3: *Provide response and support for families undergoing stress and in crisis* **Aligned Action Steps**	Time Frame:	Who/Leads
		PB&J
2.3 (C): Organize Behavioral Health Learning Community in Target Area to Strengthen Maternal and Early Childhood Mental Health Services Host quarterly meetings of behavioral health staff of Target Area to share practices resources, develop cross referrals and develop possible strategies for increasing early childhood mental health capacity in the South Valley.		- FCCH - Centro Savila - YDI Behavioral Health - Target area School Counselors

3. Ready Schools: SV schools have strong partnerships with families, the community and early childhood services to ensure smooth transitions of young children from early care and education programs into Pre-K and kindergarten.

Ready Schools Performance Measures:

Data Development Needed:
- Number of early learning provider-school staff joint transition activities developed in 3 target schools
- A measure of effective implementation of APS Family Engagement Policy in 3 target schools
- A measure of school staff knowledge of early childhood services (use of Share NM or 211)
- # of community events at the school promoting Early childhood development targeted to families with young children BEFORE they enter school.

Partners With A Role to Play

SVECG, SVECA, APS Early Childhood, APS Parent University, Early Care and Education Providers in Target Area, Private and public Pre-K Programs, YDI Pedro Baca Head Start, City of Albuquerque Early Head Start, Elementary school staff and Principals from Armijo, Atrisco, Kit Carson and

Barcelona, Teaching Solutions, Korimi, Partnership for Community Action, Westside Community Center**.**

Strategy 3.1: *Increase awareness and connection of school staff to early childhood services for young children and their families*

Current Status:

1) What are Strengths Moving This Strategy Forward?

The South Valley Early Childhood Group has begun to work with some of the schools in the South Valley. La Promesa principal, Anna Lee Maestas has been an active member of the SVECG and is working with group to strengthen connections to early childhood services through the development of an information and service hub at La Promesa. The ECAP Early Literacy Strategy Group is working with Health Leadership High School staff and students on an early literacy project to reach out to young parents ages 16-25. SHARE NM, a local information commons for New Mexico, is available for school staff to use. The 211 Memorial and work to develop that resource and referral helpline will be an asset to the community. schools. In interviews with 3 school principals, Armijo and Kit Carson schools report working with some of the following agencies: SW Family Guidance, Knights of Columbus, First Choice Community Health, Roadrunner Food Bank at the Iglesia Triunfante de Jesucristo: Food Pantry, Nurtured Heart and APS Parent University. In an Interview with Donna Montano, Coordinator of APS Parent University, it was indicated that Barcelona Elementary School parents who attended the APS Parent University started a Family Center at the school.

2) What Are Barriers?

While there are ample early childhood services in South Valley as evidenced by assets mapping done for this plan, principals and school staff report that they don't know what services are available. They described the bureaucracy that makes those services difficult to access for the children they serve. The biggest issues for school staff in referring families for service:
1.) Knowledge of services available
2.) Access problems
3.) Undocumented and mixed status families are afraid to access services
4.) Many grandparents and extended family members taking care of children don't have parental rights for the children under their care and so they can't access services
5.) Language barrier prevents families from getting the services that they need.

What Will It Take To Make A Difference?

Strategy 3.1: *Increase awareness and connection of school staff to early childhood services for young children and their families* Aligned Action Steps	Time Frame:	Who/Lead
3.1 (A): SHARE NM Orientation for School Staff in Target Area: • SVECG and Teaching Solutions will contact schools and offer to provide training to school staff during August staff orientation on SHARE	• August, 2015	• SVECG, Teaching Solutions

Strategy 3.1: *Increase awareness and connection of school staff to early childhood services for young children and their families* **Aligned Action Steps**	Time Frame:	Who/Lead
NM and early childhood resources available in South Valley. Reach out to Barcelona Elementary School to be included in this training.		
3.1 (B): Provide Information to school staff about available ECE Resources SVECG will work with school principals and family liaison's to identify school events to which SVECG partners can attend to let schools know about resources available. Include Barcelona in this assessment.	Phase 1	• SVECG • 4 APS schools in Target Area • FCCH • APS Parent University

Strategy 3.2: *Schools partner with early childhood providers to reach out to and engage young children and their families 0-5 in early childhood development activities before they enter school.*

Current Status:

1) What are Strengths Moving This Strategy Forward?

South Valley Early Childhood Group is already reaching out to families with young children in the South Valley area as well as in the target area, Korimi and PCA have forged relationships with school staff in other South Valley locations as well as with family child care providers who are serving young children and their families in the target area as well as the broader South Valley. ABC Community Schools has 4 schools, two of which are in the South Valley. These schools act as models for reaching out to and connecting with families with young children not yet in school. As already described in under Strategy 2.1, Helen Cordero Community School, the school staff, with assistance from ECE providers have developed a systemic approach to identifying families with young children not yet in school and engaging them in child development activities at the school. Community schools have taken a pro-active role in reaching out to families with young children not yet in school as a result of their involvement in the UNM FDP Circles of Support Early Childhood Early Childhood Neighborhood Leadership Academy. The community school participants from the 4 Community schools (Helen Cordero, Pajarito, La Mesa and Manzano Mesa), learned the skills to map community assets and learn about early childhood resources in their neighborhoods, develop plans for reaching out to families with young children not yet in school as well as action plans for how to engage families with young children at the school.

2) What Are Barriers?

Schools need to feel supported by the community in order to support community and families. Forging a school/early childhood community partnerships takes time, focus on common goals of

making sure that children enter school ready to succeed. School principals indicated the following concerns:

1. Tremendous family instability: Families experiencing homelessness, children in foster care, single parent families, families with divorce, parents who are incarcerated or who have substance abuse issues. Principals feel these situations have increased over the years.
2. Parents do not have resources to know how to help their children be ready for school
3. Language development is a huge issue, as families lack understanding of the importance of native language development.
4. Children are afraid of the learning process, afraid of failure and afraid to take risks
5. Principals don't know much about the children who will be entering their schools and they feel this would be of tremendous help.

What Will It Take To Make A Difference?

Strategy 3.2: Schools partner with early childhood providers to reach out to and engage young children and their families 0-5 in early childhood development activities before they enter school. **Aligned Action Steps**	**Time Frame:**	**Who/Lead**
3.2 (A) Partner With Schools to Develop School Strategies for Engaging Children and Their Families Not Yet In School • Partner with schools (Armijo, Atrisco, Kit Carson and reach out to Barcelona as well) to develop a plan for engaging families with children not yet in school in early childhood development activities to be held at their future neighborhood school. • Host an event for school staff and others to share what has been working in other ABC Community Schools to engage families not yet in school. • Start with identifying and reaching out to school-age children with younger siblings in each school. Consider ideas like sending home preschool activities to those kids, having events at schools for older and younger children	• Later Phase 1	SVECG, ABC Community Schools, UNM FDP, Schools in Phase One Target Area, APS Early Childhood, APS Parent University

<u>Strategy 3.3</u>: *Early childhood providers and schools partner to develop transition activities for young children and their families*.

Current Status

1) What are Strengths Moving This Strategy Forward?

The early childhood community has invested a lot of time and effort in defining the partnerships that need to be put in place to assure a smooth transition of young children into school. **New Mexico SPARK** and *Joining Hands: A New Mexico Framework for Transition*[38] was developed as part of a national effort funded by the WK Kellogg Foundation to develop partnerships between early care and education providers and the schools to promote a seamless transition between early care and education programs, pre-schools into Kindergarten and first grade for vulnerable children age 3-6. This project developed transition teams in communities across the state between early care and education providers and school staff to form learning communities to apply the Joining Hands Framework to the development of transition plans and activities for young children and their families. Through this process, children were involved in an increased number of high quality transition activities and children had significantly higher "kindergarten readiness" scores than a comparison group.

The **New Mexico Early Learning Guidelines for Pre-School and Kindergarten** have been aligned across the different early learning settings serving 3-5 year olds such as New Mexico Pre-K, "619" Early Childhood Special Education, Head Start, Child Care and Kindergarten. This alignment allows educators working with children in these various settings to observe, document and report children's growth, development and learning using the same criterion. This common criterion serves as a basis for assuring smoother transitions for children and families between and among the various programs.

YDI Head Start programs are required to meet performance standards related to "Transition and Parent Involvement". Within the YDI programs, some of the transition activities implemented are to take children to the elementary school and have them participate in a Kindergarten class. YDI Pedro Baca Head Start takes the kids to Kit Carson for example. Head Start prepares a portfolio consisting of the child's last **Learning Assessment Plan** that outlines the child's developmental progress in all domains and a document called "**Meet Your Head Start Child**" that outlines how the individual child learns best, their specific health issues, how the child's parents like to help in the school, etc. This packet is sent to the school with a return receipt back to the YDI transition coordinator Lisa Lackman. There are a host of other transition activities provided to the parents to

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[38] Emily Darnell Nunez, Mary Rankin, Olivia Rivera, Barbara Trujillo, Marah Moore. (2009**) Joining Hands: New Mexico Framework For Transition.** New Mexico SPARK, Project of the New Mexico Community Foundation

prepare them and their child for kindergarten entry- parent workshops, insuring that critical information form APS about registration, how to identify your home school, accessing K-3 Plus programs, finding the right dual language program for your child, tips on how to advocate to make sure your child's needs get met –are provided in multiple ways to families to make sure they are ready.

Two of the three schools (Kit Carsen and Armijo) have K-3 Plus programs. Pre-K students can enroll for the summer at their home school to obtain additional school readiness support and skills prior to kindergarten entry. As an important transition activity: YDI Head Start encourages their children to participate in this summer program the summer prior to Kindergarten entry.

The principal at Kit Carson Elementary School offered the following guidance: Exposing families to schools and helping them learn the expectations of school.   Giving parents an understanding of what Dual Language is and how this program can support second language learners. We might provide parents with a tour, host an open house, etc. We need to help parents make connections with their school. All schools have different opportunities and families need to know what might support them when they get to school.

2) What Are Barriers?

Difficulty meeting state mandates and the unique needs of young children: Ready Schools involves children and families being ready for schools and schools being ready for children. Ready schools means that school continue to create environments based on the developmental needs of young children. This means that teachers in the early elementary years utilize teaching strategies that are appropriate for the young child's developmental level as well as continuing to promote what are called the child's executive functions represented by the seven essential skills in Mind in the Making[39]. Though many early elementary teachers have been trained in early childhood educational practices, the State mandates pull teachers away from those practices. It isn't that teachers don't have the background in early childhood. Many teachers coming out of UNM have a K-3 certification and a Pre-K emphasis. They are met with the challenges from the interpretation of the state common core standards. Teachers are given state mandated goals without the needed supports in place to establish positive learning environments for the young children they serve.

Lack of formal transition procedures and practices: Schools currently don't have formal transition procedures in place, but are eager to partner with the early childhood community to begin discussions about how to better anticipate the needs of young children who will be enrolling in their schools and how to better prepare both the schools and families with young children for this important transition.

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[39] Ellen Galinsky (2010) Mind in the Making: The Seven Essential Life Skills Every Child Needs. New York: Harper Collins Publisher
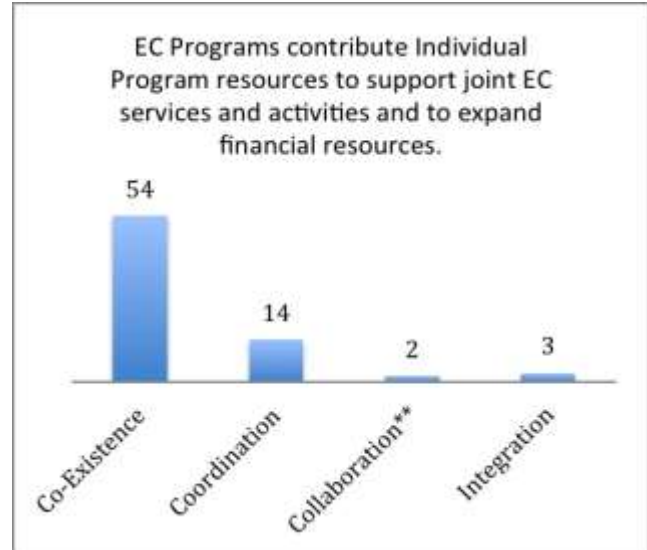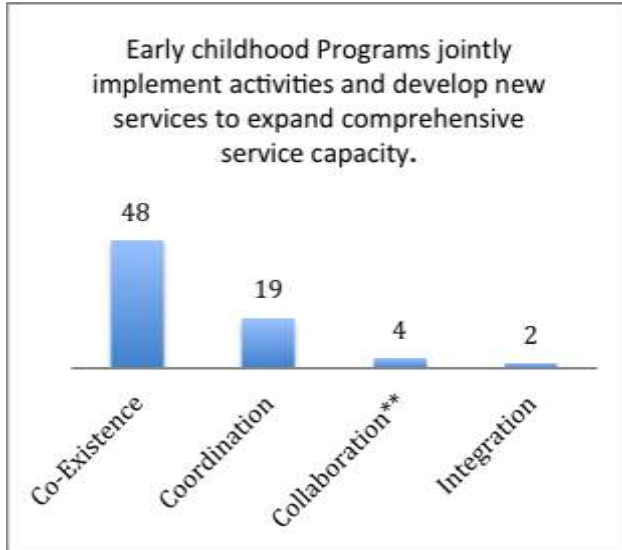
What Will It Take To Make A Difference?

Strategy 3.3: *Early childhood providers and schools partner to develop transition activities for young children and their families*. **Aligned Action Steps**	Time Frame:	Organizational Commitments
3.3 (A) Expand School Partnership Activities to Barcelona Elementary: • Connect with Principal and Key staff at Barcelona Elementary to update them on ECE SOS Plan and activities of SVECG • Reach out to Barcelona Elementary School to include them in all activities listed in this plan.	Early Phase 1	SVECG
3.3 (B) Share Information with ECE providers and School Staff on Transition Best Practices • Host an event for school staff and early care and education (private providers, Head Start) partners to learn about Joining Hands and share their transition strategies –what is working and what they would like to improve. • Develop some initial action steps.	Phase 1	Heather Vaughn, APS Early Childhood Program, Lisa Lackman YDI Transition Coordinator, SVECA & SVECG Private and public Pre-School Staff; Head Start Staff Kindergarten Teachers, Principals UNM FDP

4. Ready Community: The SV community brings together key community sectors to leverage community strengths, resources and align efforts for collective impact to improve the quality of life for families with young children.

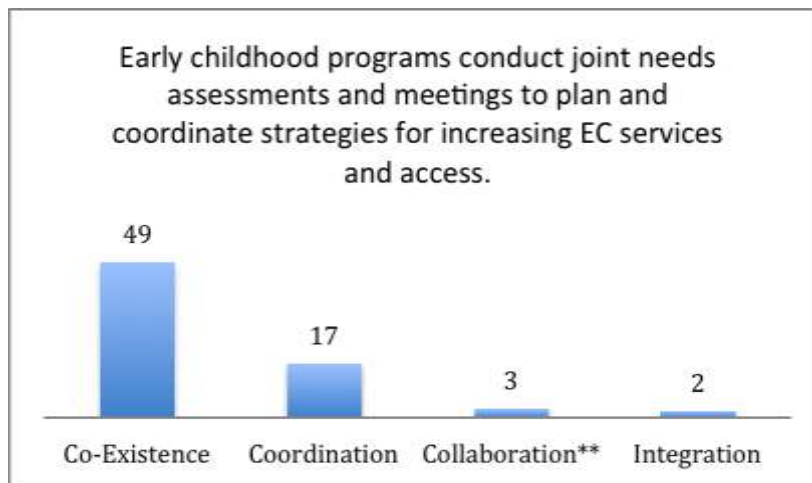**Ready Community Performance Measures:**

EC System Capacity

Early childhood Programs jointly implement activities and develop new services to expand comprehensive service capacity.

Co-Existence	Coordination	Collaboration**	Integration
48	19	4	2

EC Programs contribute Individual Program resources to support joint EC services and activities and to expand financial resources.

Co-Existence	Coordination	Collaboration**	Integration
54	14	2	3

Allocation of Financial Resources

** Target set at Collaboration level

Service System Planning & Monitoring

Early childhood programs conduct joint needs assessments and meetings to plan and coordinate strategies for increasing EC services and access.

Co-Existence	Coordination	Collaboration**	Integration
49	17	3	2

Data Development Needed:
- Strength of networks and connections among early childhood service providers
- The % of community actions taken by SVECG that are highly aligned and highly effective

Partners With A Role to Play
First Choice Community Healthcare, NM VOICES, HELP, PB&J, YDI, SVECG , CYFD, DOH, Centro Savila, La Plazita, EleValle, UNM HSC, RGCDC, Partnership for Community Action, Bernalillo County, APS, ECAP, Kellogg.

Create a strong early childhood governance structure in the SV to achieve integration across the early childhood system of systems.

Current Status:

1) What are Strengths Moving This Strategy Forward?

South Valley Early Childhood Group, was formed in October, 2013. Since that time the group has gained members and met regularly. During 2014, the SVECG developed a vision, identified principles for collective action, and took a "data tour" of the South Valley. Action Groups were formed with Action Group leaders for the following areas: Data and Resource Mapping; Family Education and Professional Development, Community Family Hub & Public Awareness and Advocacy. SVECG also added a Planning Team which includes the Chairs and Co-Chairs of each of the action groups as well as a couple of other interested people.

The accomplishments of the SVECG:
- Forming action groups have maintained consistent interest and participation
- Growing membership and consistent attendance at meetings and events
- Data team has completed the analysis of risk indicators for the South Valley and is now working on asset mapping.
- Family Education and Professional Development has crafted a survey to identify and advertise resources.
- Advocacy and the Hub Action Teams worked together for passage of SM 106.

The SVECG has a section on SHARE New Mexico that provides a community calendar, quick links to key resources, and a library of information relevant to SV ECE efforts. http://www.sharenm.org/communityplatform/newmexico/county/southvalleyinitiative1

2) What Are Barriers?

Currently, the SVECG is an all volunteer-effort. In spite of this, the group has organized very rapidly and has forged extensive partnerships and relationships committed to common vision and common goals.

Need for Structure and More Capacity: An organizing structure (frequently referred to as backbone structure) requires dedicated staff separate from the participating organizations who can plan, manage, and support the initiative through ongoing facilitation, technology and communications support, data collection and reporting, and handling the myriad logistical and administrative details needed for the initiative to function smoothly. The SV Early Childhood Group are all volunteers and have their own organizational demands.

Collective impact requires that a backbone infrastructure embody the principles of adaptive leadership: the ability to focus people's attention and create a sense of urgency, the skill to apply

pressure to stakeholders without overwhelming them, the competence to frame issues in a way that presents opportunities as well as difficulties, and the strength to mediate conflict among stakeholders.

SVECG also is feeling the critical need for establishing a more formal governance structure with roles and responsibilities and contributions more formally outlined.

What Will It Take To Make A Difference?

Strategy 4.1: *Create a strong early childhood governance structure in the SV to achieve integration across the early childhood system of systems* **Aligned Action Steps**	Time Frame:	Who/Lead
4.1 (A) Develop a Governance Structure for SV Early Childhood Group • SVECG Planning Team will work to develop a strategic governance plan • Will use this strategic governance plan to develop recommendations for structure • Governance plan to be presented to whole SVECG for approval	• ASAP	• SVECG Planning Team
4.1 (B): Develop a Resource Plan and Formal Relationship With Fiscal Sponsor • Identify and coordinate funders for South Valley to sustain efforts • Conduct a fiscal assessment of county funding going to early childhood-identify gaps. • Set priorities for funding based on the EC SOS plan	Phase 1	• SVECG Planning Team
4.1 (C) Develop an internal communication plan • Assess communication needs of SVECG members to identify how much and what kind of communication they are hoping to receive by being part of SVECG • Identify what their interest in being part of SVECG are and what it would take to get their commitment to contribute to SVECG activities • Develop an action plan to implement suggestions from SVECG members	Phase 1	• SVECG Planning Team

<u>Strategy 4.2:</u> Increase public awareness of the importance of early childhood development in order to actively engage SV community members in supporting policies and programs that help children and families thrive.

Current Status

1) What are Strengths Moving This Strategy Forward?

Early Childhood Accountability Partnership Communication Strategy Group: The Communications Strategy Group has collaborated with New Mexico PBS, local educators, and businesses to increase awareness of the need to focus on the whole child through screenings of relevant documentaries to business leaders, faith leaders, and the community at large.

In collaboration with U.S. Bank, ECAP and Mission: Graduate presented to a select group of business leaders during a luncheon and screening of "Raising of America" in November 2014.

In partnership with New Mexico PBS, ECAP Communications Strategy Group co-sponsored a community screening of the documentary film, "A Path Appears" at the Kimo Theater in downtown Albuquerque on January 28, 2015. The screening was followed by a panel discussion about child poverty and its impact on education and health outcomes for Bernalillo County children. The event was well attended with 128 community members in attendance.

In partnership with New Mexico PBS, ECAP Communications Strategy Group also co-sponsored an invitation-only luncheon and screening of "A Path Appears" at New Mexico PBS studios on February 2nd. Invitees to this event were leaders of faith-based organizations in Bernalillo County. Members of ECAP facilitated table discussions with faith-based leaders. There were 40 participants at this event.

Race to the Top Statewide Communication Campaign: Early childhood stakeholders in New Mexico are working together to develop an umbrella early childhood awareness campaign for New Mexico. This effort has been gaining momentum statewide over the last year, with a goal of implementing a successful statewide campaign with shared messaging among all early childhood programs in the state by 2017. On April 1, 2015, New Mexico Rate to the Top – Early Learning Challenge (RTT-ELC) Leadership Team and Early Childhood Comprehensive Systems (ECCS) convened key stakeholders to assess the support for the campaign and to identify components of a successful campaign.[40]   ECAP Communications Strategy Group anticipates building upon the relationships with ECCS and other leaders in this project developed during the last year and anticipates building upon those relationships to support of implementation in the development of a statewide early childhood communications campaign.

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[40] North Carolina Early Childhood Foundation (2015). Early learning communications and marketing stakeholders meeting summary.

Community Conversations Hosted in South Valley since 2009:

There has been a set of community conversations to raise awareness of importance of early childhood development in the South Valley hosted by a variety of groups. In 2009-2010, there were the Strong Starts conversations that took place in Albuquerque in English and Spanish; one Strong Starts conversation was held at the South Valley Public Library.

Partnership for Community Action through Abriendo Puertas has conducted multiple focus groups and community conversations related to importance of early childhood development.

The extent to which families and early childhood providers were involved in any of the above conversations is not known, but these types of community conversations are important to engaging families to connect to one another, to build a shared vision and then to mobilize towards action. The Strong Starts community conversation led to the school community organizing itself to create a community garden.

2) What Are Barriers?
Raising public awareness and engaging community members is a community organizing strategy that is very effective and has multiple benefits, including creating community ownership and action to work towards common goals. Community organizing takes time and effort requiring an infrastructure to incorporate community input and support the community to take appropriate action.

What Will It Take To Make A Difference?

Strategy 4.2: Increase public awareness of the importance of early childhood development in order to actively engage SV community members in supporting policies and programs that help children and families thrive. **Aligned Action Steps**	**Time Frame:**	**Who/Lead**
4.2 (A): Develop an public awareness, outreach and external communication plan Work with ECAP Communication Strategy Group and the statewide public awareness campaign led by NM Race to the Top – Early Learning Challenge Leadership Team (RTT-ELC) and Early Childhood Comprehensive Systems (ECCS) grant	• Phase I	• ECCS • RTT-ELC • SVECG • ECAP Communications Strategy Group
4.2 (B): Host community Conversations about Early Childhood:		

Strategy 4.2: Increase public awareness of the importance of early childhood development in order to actively engage SV community members in supporting policies and programs that help children and families thrive. **Aligned Action Steps**	**Time Frame:**	**Who/Lead**
Use the Strong Starts Model to host community conversations about the importance of early hood in schools with neighborhood associations		

Section VI: SV EC SOS Plan Evaluation

The SV Early Childhood Evaluation Plan uses Results Based Accountability (RBA) approach to develop the results as well as population and performance measures used to determine how well the system of system strategies are working to achieve the desired results. It utilizes data to help the group to determine what would work to do better. From an RBA perspective, the main purpose of an RBA focused "evaluation" approach is continuous quality improvement and learning.

For the South Valley Early Childhood System of System's plan, four population indicators are proposed to measure the overarching result: **Bernalillo County children are ready for and succeed in school.** Four sub-results specific to the South Valley Early Childhood System of Systems work have been developed which are tied to the Readiness Framework utilized by the Bernalillo County Accountability Partnership: Ready Families + Ready Services + Ready Schools+ Ready Communities =Ready Children.

SVECSOS Plan Population Indicators To Be Tracked:

Within an RBA Framework, a small set of what are called "headline" population indicators are created, that are highly related to the overarching result. The 3-4 measures selected tell an important story to broad audiences about what the collective initiative is working to achieve. For the SVECSOS plan, the population headline indicators selected are:

Population Indicator	**Data Source**
School Readiness Indicator	Data development measure. Plans are in place through the Race to the Top initiative to develop and pilot a Kindergarten Observation Tool (KOT) in certain school districts and at certain schools. Full implementation of the KOT will most likely be phased in and so data may not be available to measure school readiness for another couple of

	years. SVECG can work with ECAP to ensure access to this important indicator for the work in the South Valley.
Third Grade Literacy	% of children proficient or advanced in 3rd Grade reading (NM Standards Based Assessment)
Regular School Attendance	Pre-K, K. First and Second Grade attendance rates collected by schools
Child Abuse and Neglect	Data From CYFD, made available through NM Community Data Collaborative

Three of these population indicators are aligned with ECAP measures. The fourth "Child Abuse and Neglect" rate was selected based on specific data in Phase One target area indicating high rates of child abuse and neglect that are associated with the high rates of poverty and family instability chronicled in this plan. Child Abuse and Neglect is connected to Adverse Childhood Events and has a huge negative impact on early development of young children in all developmental domains with major health and societal consequences over the course of the child's life.

In an RBA process, the data is presented on a periodic basis using baseline trend data. Since most of the data being used at the population level are yearly data, it makes sense that as soon as new data is available; it is presented to the SVECG. The group can go through a "Turn the Curve" activity to determine what would work better to achieve the selected results. This reflection process results in a refinement of the plan, choosing additional strategies and actions, eliminating strategies and actions that are not working and involving additional partners to advance the work.

SV Early Childhood System of System Results and Preliminary Performance Measures:

This section presents the preliminary performance measures tied to each of the four results. Under each of the preliminary results, where feasible, an initial set of performance measures are suggested for which data is already available or can easily be gathered using no cost/low cost methods. A preliminary data development agenda is also included. A data development agenda is a data wish list, data that would be much better to inform the collaborative toward desired results, but is currently not available and needs to be developed.

Ready Families: All SV families have the support, knowledge and skills they need to raise healthy, safe, resilient children who reach their full potential.

Result 1: Performance Measures	Data Source and Data Collection Methodology
South Valley Early Childhood Programs have a unified approach to providing and continuously improving parent development activities and outcomes	These indicators come from the "Albuquerque Community Early Childhood Services Integration Assessment" [41] Both of these performance measures reflect the highest level of "integration".
South Valley family leaders are thoroughly integrated as full partners into all EC system programs, policies and practices	A subset of indicators from this survey will be used in the "South Valley Early Childhood Group Professional Development and Family Education Survey" which will be administered to SV early childhood providers to develop a baseline measure of performance measures outlined in this plan.
Data Development Agenda:	
% of families who express confidence that they know how to help their young children grow and develop	These three data development performance measures would be a more direct measure of the actual behavior change the SVECSOS initiative is working to promote with families.
% of parents who report daily practices that promote early language development and literacy with their young children	These common measures would need to be collected by the SV early childhood service providers in the following sectors: health, early learning, family support, early intervention, special needs.
% of families who feel confident that they can advocate for the needs of their children with EC service providers	To do this requires a shared data collection and measurement system among the service providers or a population surveillance process to be put in place that looks at early childhood indicators.

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[41] "Albuquerque Community Early Childhood Services Integration Assessment" Debra Heath, MPH, APS Research, Deployment and Accountability Department and Frances Varela

Ready Services: All SV families are aware of and have access to a sufficient number of comprehensive high quality, early childhood care and education services in accessible locations organized so that families can easily use them.

Result 2: Performance Measures	Data Source and Data Collection Methodology
1. % of families with newborns who are able to be served by home visitation programs in SV	This is a program capacity measure. Numerator data related to home visitation slots available are collected on a regular basis by the Bernalillo County Home Visitation Work Group. Denominator for number of births in NMDOH Small area's are available from NM Community Data Collaborative
2. % of children (0-5) who are able to be served in 3 star or above child care settings	This is a program capacity measure. Numerator data are available from CYFD Child Care Program data available each year. Denominator for number of children 0-5 in South Valley available from NM DOH IBIS
3. South Valley EC Programs have a common intake protocol for joint EC services with existing mechanisms to link families to comprehensive services	These performance measures come from the "Albuquerque Community Early Childhood Services Integration Assessment" [42] They each represent the statements at the "Collaboration" level. These were chosen because at this stage of the development of the SVECSOS plan achieving this level of collaboration would be a major change in practice for SVEC providers.
4. Joint procedures exist for referral and follow-up among South Valley EC programs.	A subset of indicators from this survey will be used in the "South Valley Early Childhood Group Professional Development and Family Education Survey" which will be administered to SV early childhood providers to develop a baseline measure of performance measures

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[42] "Albuquerque Community Early Childhood Services Integration Assessment" Debra Heath, MPH, APS Research, Deployment and Accountability Department and Frances Varela

Result 2: Performance Measures	Data Source and Data Collection Methodology
	outlined in this plan.
Data Development Agenda:	
% of new mothers screened for maternal depression with validated screening tool in health clinics and related EC settings	These performance measures would need to be collected at the health/behavioral health practice level, aggregated for the clients served by all of these entities.
% of children screened with Ages and Stages Questionaire- Social Emotional in various EC settings	

Ready Schools: SV schools have strong partnerships with families, the community and early childhood services to ensure smooth transitions of young children from early care and education programs into Pre-K and kindergarten.

Ready Schools Performance Measures:
There are no current performance measures proposed for this result. Since most of the strategies and activities are highly developmental for this result, consideration will need to be given to how to partner with the schools to collect data for specific performance measures tied to strategies and activities.

Data Development Needed:
These preliminary measures are the result of an initial brainstorm by SVECG Data Committee and will need to be refined during Phase One to determine the most feasible measures to use:
- Number of early learning provider-school staff joint transition activities developed in 3 target schools
- A measure of effective implementation of APS Family Engagement Policy in 3 target schools
- A measure of school staff knowledge of early childhood services (use of Share NM or 211)
- # of community events at the school promoting early childhood development targeted to families with young children BEFORE they enter school.

Ready Community: The SV community brings together key community sectors to leverage community strengths, resources and align efforts for collective impact to improve the quality of life for families with young children.

Result # 4: Performance Measures	Data Source and Data Collection Methodology
EC Programs jointly implement activities and develop new services to expand comprehensive service capacity	These performance measures come from the "Albuquerque Community Early Childhood Services Integration Assessment" [43] They each represent the statements at the "Collaboration" level. These were chosen because at this stage of the development of the SVECSOS plan achieving this level of collaboration would be a major change in practice for SVEC providers.
EC Programs contribute Individual Program resources to support joint EC services and activities and to expand financial resources	
EC programs conduct joint needs assessments and meetings to plan and coordinate strategies for increasing EC services and access	A subset of indicators from this survey will be used in the "South Valley Early Childhood Group Professional Development and Family Education Survey" which will be administered to SV early childhood providers to develop a baseline measure of performance measures outlined in this plan.
Data Development Needed:	
Strength of networks and connections among early childhood service providers	Data for this performance measure would be obtained by using the PARTNER social network analysis tool. This on-line tool is designed to measure and monitor collaboration among people and organizations to demonstrate how members are connected, how resources are leveraged and exchanged, the levels of trust, and to link outcomes to the process of collaboration. The tool also includes an analysis

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[43] "Albuquerque Community Early Childhood Services Integration Assessment" Debra Heath, MPH, APS Research, Deployment and Accountability Department and Frances Varela

Result # 4: Performance Measures	Data Source and Data Collection Methodology
	program that analyzes the survey data. Use of this tool will require training, time and some resources, but Bernalillo County Health Council staff are currently preparing to use this tool and their will be joint learning opportunities.
The #% of community actions taken by SVECG that are highly aligned and highly effective	The aligned contributions framework and tracking tools were developed by Jolie Bain Pillsbury[44] and are meant to complement an RBA-related process. It is a set of tools and processes that keep track of actions committed to, which ones were taken and how effective and aligned the actions taken are.

Preliminary Evaluation Process:

This evaluation plan presents a comprehensive set of populations indicators and performance measures that could be collected, analyzed and presented to the SVECG on a regular basis to be used as tools for continuous quality improvement. The SVECG Planning Group as well as the SVECG Data, Asset Mapping and Gap Action Group will need to prioritize what is feasible to collect, track and analyze on an on-going basis. A process for reviewing and reflecting on the data for the purpose of making changes to strategies, actions and considering new partnerships will need to be established.

The group can partner with Mission Graduate, ECAP and UNM CEPR for support to implement this plan and to collect data related to the evaluation process.

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[44] Jolie Bain Pillsbury. **Theory of Aligned Contributions: An Emerging Theory of Change Primer.** Sherbrooke Consulting