



FAMILY SUCCESS ALLIANCE

Vision | Our vision is that all children and families in Orange County have the opportunities and support they need to thrive in school, jobs, and the community.

Goal | The goal of the Family Success Alliance is to eliminate the disparities in health, academic, and employment outcomes for children and families in Orange County. We have started work on this goal in two pilot “zones” of the county.

Background | The Family Success Alliance is a collaborative of community members, local government agencies, non-profits, and other community leaders who are committed to ensuring that all children in Orange County have the opportunity to thrive in school, jobs, and community. The work is facilitated by a core group of staff located at the Orange County Health Department, and overseen by the Family Success Alliance Advisory Council and the communities that make-up each zone.

Adapting Proven Models | The work of FSA is informed by two model approaches to community-level change that are being implemented with success in communities around the United States.

Cradle to College & Career Pipeline

Modeled after programs such as the Harlem Children’s Zone, East Durham Children’s Initiative and Promise Neighborhoods.



Collective Impact

Collective Impact is a collaboration model that recognizes the need for formal structures for collaboration, because it does not happen without dedicated resources and shared goals and processes. The structure includes the six conditions outlined below:

- Common Agenda
- Common Progress Measures
- Mutually Reinforcing Activities
- Communication
- Backbone Support
- Equity



Progress | In year two, FSA achieved numerous milestones for the project including:

- Continued and new programming for summer 2016, including:
 - Year 2 of the Kindergarten Readiness Program
 - Year 1 of literacy-based summer programming and summer camp for Cohort 1
 - A new partnership with the Department of Environment, Agriculture, Parks and Recreation to extend summer programming to a full day in Zone 4
- A significant partnership with the UNC Provost’s Office to provide evaluation for the Family Success Alliance
- Enrollment and support of 34 families in the Navigator program
- Significant data and evaluation milestones, including:
 - Presentation of an overarching evaluation plan for FSA
 - Piloting of a shared intake system for Cohort 1 Navigator Program families
 - Initial implementation of Efforts to Outcomes, a cloud-based system for case management and data sharing between partners
- Monthly newsletters and event information for partners and zone community members
- An end-of-year zone celebration of Cohort 1 and their families

Zone Priorities in Response to Gap Analysis Data

Zone 4 Priorities	Zone 6 Priorities
1. Transportation 2. Activities to prepare children for kindergarten 3. Access to quality, affordable childcare 4. Increased support for Latino Families	1. Affordable housing 2. Activities that prepare children for kindergarten 3. Access to quality, affordable childcare 4. Support for families, like school-based mental health and more community enrichment activities

Strategic Plan | July 2016 - June 2018

Goal 1: Children are healthy and prepared for school.

Indicator 1: Increase the # and % of births to mothers living in the zone that are healthy and well-timed (prenatal care, birth weight, term, etc.)

Action Steps

- a) By February 2017, the Early Childhood Mental Health Taskforce, Orange County Health Department, Orange County Preschool Interagency Council (OCPIC), and other partners will inventory existing supports for families from prenatal to kindergarten (e.g., home visiting, lactation, care management, parenting classes, mental health, etc.), assess availability and accessibility barriers in the zones and the number of families in the zones currently using those services, and identify gaps in the pipeline.
- b) By June 2017, the Early Childhood Mental Health Taskforce, Orange County Health Department, FSA backbone staff and other partners will recommend to the FSA Advisory Council steps to strengthen the early childhood pipeline by proposing a process for identifying and triaging families from prenatal to kindergarten in the zones, periodically assessing their need for services in accordance with developmental milestones, strengthening and/or developing evidence-based interventions to fill any gaps in existing services, and connecting families to new and existing services based on their level of need.
- c) By October 2017, the Orange County Health Department and other healthcare partners will work with Orange County family planning providers who serve zone residents to determine current use rates of Long-Acting Reversible Contraception (LARC), tubal ligation, and vasectomy while identifying barriers to meeting the community's desire for these services.
- d) By April 2018, the Orange County Health Department along with other healthcare partners will develop a plan to educate the community about contraception options (including LARC, tubal ligation and vasectomy) and help providers overcome the community's barriers to accessing their preferred contraception methods.

Indicator 2: Increase the # and % of three-year olds and children in kindergarten who demonstrate at the beginning of the program or school year age-appropriate functioning across multiple domains of early learning as determined using developmentally appropriate early learning measure.

Action Steps

- a) By November 2016, FSA staff, Orange County Department of Social Services (OC DSS), Child Care Services Association (CCSA), Orange County Partnership for Young Children (OCPYC), OC Head Start / Early Head Start (OCHS/EHS), CHCCS Head Start, and other providers of childcare subsidies will inventory existing supports for low-income children in FSA zones to

access high-quality childcare (4 or 5 star), regardless of parents' employment status and immigration documentation status.

- b) By April 2017, FSA staff, OC DSS, CCSA, OCPYC, OCHS/EHS, CHCCS Head Start, and other providers of childcare subsidies will develop a plan, identifying policy options and funding needs, for expanding access to high-quality childcare among low-income FSA zone families.
- c) By July 2017, the Early Childhood Mental Health Taskforce, in collaboration with UNC Pediatrics and other providers, will identify the existing system of screening children ages 0-5 for barriers to school success using the ASQ+ (SE) and assessments of ACES/trauma and the social determinants of health.
- d) By November 2017, the Early Childhood Mental Health Taskforce will develop goals and an improvement plan to expand the existing screening system so that 100% of FSA zone children are screened appropriately, results are shared with appropriate providers, families are effectively referred to resources, and unsuccessful referrals or unavailable resources are systematically tracked.
- e) By August of each year, FSA, CHCCS, and OCS will increase the FSA penetration rate by recruiting an additional 90 eligible zone children (60 in Zone 6, 30 in Zone 4) into summertime Kindergarten Readiness programming and recruiting eligible children's families into the FSA Navigator Program.
- f) By June 2017, KidSCOpe will pilot an innovative approach to providing early childhood mental health support in at least one zone-based childcare center. Evaluation results will inform potential scaling-up of the intervention, contingent on funding.
- g) By May 2018, FSA staff will partner with healthcare providers and/or community organizations to seek funding to increase the array of parenting supports, such as individual parent and family treatment modalities (e.g., Triple P).
- h) By June 2018, Chapel Hill-Carrboro City Schools (CHCCS), Orange County Schools (OCS), the Orange County Preschool Interagency Council, Early Childhood Mental Health Taskforce, UNC Frank Porter Graham Child Development Institute, and other relevant stakeholders will research existing national and local guidelines and agree on a definition of "kindergarten readiness" and propose a process for measuring it among rising kindergarteners in FSA zones.

Goal 2: Children and youth are healthy and succeed in school.

Indicator 1: Increase the # and % of students at or above grade level in 3rd grade and 8th grade.

Action Steps

- a) By May of each year, Navigators will ensure that 100% of FSA enrolled students participate in academic-focused afterschool and summer programs, utilizing partners such as Y Learning, Boys and Girls Club and UNC's Communiversities program.
- b) By November 2017, OCS and CHCCS, in partnership with El Futuro and Freedom House/MHAT, will develop a report assessing the need for, potential structure of, and resources needed for school-based mental health programming and present that report to the FSA Advisory Council and the school boards.

- c) By June 2017, Navigators and Volunteers for Youth will match up to 25 FSA students with a mentor.
- d) By April 2016, KidSCOPE and El Futuro, in coordination with FSA backbone staff, will recommend a standard protocol that Navigators can use to identify and refer children and their families for behavioral health services and will provide training on use of the protocol.
- e) By June 2017, El Futuro will have expanded mental health services supporting school-aged children during the 2016-17 school year by providing approximately 140 behavioral health assessment and treatment visits to Spanish-speaking children and their families, preferably at Zone schools and other sites.

Indicator 2: Increase middle school attendance.

Action Steps

- a) By February 2017, FSA backbone staff will work with OCS and CHCCS to compile attendance data for 2015-16 on each zone, including absenteeism, truancy court use rates, the number of FSA students who are chronically absent or utilize truancy court, and any data available on factors contributing to absenteeism.
- b) By February 2018, FSA backbone staff, OCS and CHCCS will collaborate to examine “what’s working” and identify possible solutions to truancy issues identified above after compiling and analyzing data on absenteeism and truancy court use for 2016-17, identifying trends, and conducting key informant interviews with school social workers to explore factors that contribute to absenteeism. Data and findings will be presented to the FSA Advisory Council.

Goal 3: Youth graduate from high school and college.

***Action steps for Goal 3 will be determined by June 2017.**

Goal 4: Families and neighborhoods support the healthy development of children.

Indicator 1: Increase the # and % of parents/caregivers who report reading three or more times per week to their kids.

Action Steps

- a) By April 2017, the Orange County and Chapel Hill public libraries will develop a system to ensure incoming kindergarten students in the four target zone elementary schools have a library card within two months of starting school.
- b) By June 2017, FSA backbone staff, OCPYC, Orange County Literacy Council, and UNC Pediatrics will promote expansion of the [Reach Out and Read](#) program to two new pediatricians serving zone families and ensure appropriate referrals to community supports.
- c) By August 2017, Chapel Hill Public School Foundation, Orange County Literacy Council, the libraries, IFC, and community partners plan for, document, and facilitate the expansion of zone-based and evidence-based reading programs in locations families naturally gather such

as the summer feeding sites and use other strategies, such as pop-up libraries, to reach families.

Indicator 2: Increase the # and % of families living above the federal poverty level in each zone.

Action Steps

- a) By March 2017, FSA backbone staff and Navigators will document at least two stories of FSA zone families affected by systemic issues that limit access to quality, affordable housing; present the stories to stakeholders, such as municipal, county, and community-based housing departments, coalitions, task forces, and boards; and work together to identify potential policy solutions.
- b) By June 2017, Orange County Housing Department will present the 2016-2020 Affordable Housing Strategic Plan to the FSA Advisory Council; Chapel Hill, Carrboro, and Hillsborough will also be invited to share relevant plans and resources; and the Advisory Council will identify priority actions FSA can take to increase access to affordable housing for zone families.
- c) By August 2017, FSA backbone staff, United Way, and OC DSS staff identify the need for and a proposal for the creation of a Benefits Bank program for all zone families to ensure they are receiving financial counseling and benefits they qualify for (e.g. Earned Income Tax).
- d) By December 2017, FSA backbone staff will prepare a Parent Needs Assessment report based on 1) program data that identify parents' priority goals in working with Navigators and 2) discussion sessions with parents in each Zone, using consensus-building facilitation tools, that identify their top barriers to well-being and economic success.
- e) By March 2018, FSA backbone staff and Zone Navigators will present the Parents Needs Assessment to the FSA Advisory Council and work together to identify potential programs, policies and partnerships to address identified needs.
- f) By June 2018, Orange County Literacy Council will partner with faith-based organizations, community groups, or other local partners to empower parents through an expansion of zone-based classes in English, literacy, citizenship and high school equivalency preparation. Orange Literacy will measure progress using nationally validated instruments.
- g) By June 2018, FSA backbone staff will develop a matched college savings program for FSA families similar to the [Durham Kids Save](#) program and solicit resources to support it.
- h) By May of each year, FSA and community host agencies will grow the FSA Navigator Program so as to maintain a 20:1 ratio between enrolled families and 0.5 FTE Navigator, to provide peer support to families enrolled in FSA and to be a link between the community and the broader FSA network.

Collective Impact Goals

The Collective Impact model includes six core elements. By way of this Strategic Plan, we establish our *common agenda*. The Health Department currently provides *backbone support* for the initiative. Specific goals for the other four elements are:

Shared Measurement

- By April 2017, the FSA Data Action Team will finalize formal data sharing agreements with relevant FSA Partners.
- By October 2017, FSA Partners will be trained on the Efforts-To-Outcomes data tracking platform, share participant data, and present a preliminary report on GPRA Measures to the FSA Advisory Council.

Mutually Reinforcing Activities

- By March 2017, MOUs and performance-based contracts for FSA pilot partners that indicate 1) how much service was provided, 2) how well it was provided, and 3) if recipients are better off are finalized according to the Results-Based Accountability approach.
- By May 2017 and again by May 2018, administer the Wilder Collaboration Factors Survey to assess strengths and gaps in the strategic partnerships needed to execute the FSA Strategic Plan and reduce health disparities, report findings to partners, and develop and implement a Partnership Enhancement Plan based on the results.

Continuous Communications

- By December 2016, the Communications Action Team will present strategic communication goals to the FSA Advisory Council that support the FSA Strategic Plan.
- By August 2017, the Communications Action Team will develop a suite of communication tools that enable FSA partners, staff, and participants to best represent and promote FSA in the community.
- By June 2017 and again by June 2018, Zone Navigators and Zone Champions will hold at least two meetings in each zone to celebrate FSA progress, review program performance and population data, and provide feedback on the implementation that is summarized and presented to the FSA Advisory Council.

Equity

- By June 2017, FSA staff will have completed Racial Equity trainings, proposed strategies for providing similar trainings for FSA Advisory Council members, and piloted the use of a racial equity tool to make programmatic decisions.
- By June 2018, FSA staff will adapt a racial equity tool(s) for use in decision-making and hiring and develop a plan for ongoing use and reporting to Advisory Council and the community.
- By June 2018, FSA backbone staff will participate in and report to Advisory Council on equity activities of the United Way, Chapel Hill Carrboro Public Schools and other local entities identified that are working in this area.

Results | The 2016-2018 Strategic Plan prioritizes two key indicators for each of the four main Goals, based on input from the FSA Advisory Council. Ultimately, through our work we expect to see markedly better results in each zone, demonstrated by improvements on the 15 indicators of well-being recommended by the national Promise Neighborhoods Institute.

Goal 1: Children are healthy and prepared for school entry.

- Number and percent of children birth to kindergarten entry who have a place where they usually go, other than an emergency room, when they are sick or in need of advice about their health.
- Number and percent of three-year-olds and children in kindergarten who demonstrate at the beginning of the program or school year age-appropriate functioning across multiple domains of early learning as determined using developmentally appropriate early learning measures.
- Number and percent of children, from birth to kindergarten entry, participating in center-based or formal home-based early learning settings or programs, which may include Early Head Start, Head Start, child care, or publicly-funded preschool.

Goal 2: Children and youth are healthy and succeed in school.

- Number and percent of students at or above grade level according to State mathematics and English language arts assessments in at least the grades required by the ESEA (3rd through 8th and once in high school)
- Attendance rate of students in 6th, 7th, 8th, and 9th grade as defined by average daily attendance.
- Number and percent of children who participate in at least 60 minutes of moderate to vigorous physical activity daily; and consume five or more servings of fruits and vegetables daily.

Goal 3: Children graduate from high school and college.

- Graduation rate.
- Number and percent of FSA students who a) enroll in a two-year or four-year college or university after graduation, b) matriculate to an institution of higher education and place into college-level mathematics and English without need for remediation; c) graduate from a two-year or four-year college or university or vocational certification completion; and d) earn industry-recognized certificates or credentials.

Goal 4: Families and neighborhoods support the healthy development of children.

- Number and percent of students who feel safe at school and traveling to and from school, as measured by a school climate needs assessment.
- Student mobility rate.
- For children birth to kindergarten entry, the number and percent of parents or family members who report that they read to their children three or more times a week.
- For children in the kindergarten through 8th grades, the number and percent of parents or family members who report encouraging their child to read books outside of school.
- For children in the 9th to 12th grades, the number and percent of parents or family members who report talking with their child about the importance of college and career.
- Number and percent of students who have school and home access (and percent of the day they have access) to broadband internet and a connected computing device.
- Number and percent of families living above the federal poverty level.