



# First Steps

## 2009 Evaluation Report

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## Executive Summary

This summary provides an overview of the key findings from data and feedback collected during the course of a twelve-month evaluation conducted by SRA International for First Steps of Kent County. First Steps is a non-profit organization leading a collaborative effort to create a coordinated, integrated system of early childhood services that supports all families in Kent County.

The purpose of this initial evaluation was to assess recent advocacy, collaboration, research and development, and demonstration efforts conducted by First Steps at the community level. SRA used document review, interviews, surveys and activity trackers to assess outcomes.

## Key Accomplishments

- **Advocated for Early Childhood Efforts:** Since July of 2008, First Steps has facilitated numerous media opportunities to advocate the importance of early childhood efforts, and there was a concentrated effort in 2009 to connect with legislators and advocate for continued early childhood funding.
- **Created New Partnerships and Fostered Collaborations:** Through staff efforts on demonstration projects, convening community leadership, and working collaboratively with multiple community organizations, First Steps fostered new partnerships and enhanced existing partnerships. They successfully established Memorandums of Understanding (MOUs) with the Great Start Collaborative, Kent County Family and Children's Coordinating Council and Kent Intermediate School District and worked closely with the Great Start Parent Coalition, with the Coalition providing the "customer" perspective and helping to inform, shape and support system building work.
- **Turning Research into Action:** First Steps Commission and Committee members researched and developed three pilot programs - the Children's Healthcare Access Program, designed to improve children's health outcomes (began in August 2008); Welcome Home Baby, designed to establish a gateway to community early childhood services (expected to begin in mid-2010); and Family, Friends and Neighbors, designed to improve the quality of relative and aide child care (began in summer 2009).
- **Instituted System-Level Changes:** Through the Children's Healthcare Access Program's behavioral health workgroup, they have spearheaded system improvements that include a streamlined behavioral health referral process for CHAP patients, thereby reducing the barriers for patients to access mental health counseling and treatment services; targeted education to practice staff and providers regarding the behavioral health system; and the development of a physician referral and feedback form to refer patients to needed behavioral health services and to improve coordination of care between mental health agencies and primary care providers.
- **Improved Health Care Access:** An additional 1,443 Medicaid slots were opened at partnering CHAP practices during the first year of implementation. Furthermore, CHAP

was able to increase same day access at participating practices, which benefited all practice clients, not just those served by CHAP.

## 1 Introduction

The Kent County community has a strong history of collaboration and innovation to support children and their families. Over the last two decades, considerable time and resources have been invested in identifying the needs of young children ages 0-5 in Kent County and working to develop a system of support services to meet those needs. A commitment to continuity has guided the process; today's work is building on and refining earlier work and follows the direction previously set by the community.

First Steps is a non-profit organization leading a collaborative effort to create a coordinated, integrated system of early childhood services that supports all families in Kent County. First Steps works in partnership with the Great Start Collaborative, the Kent County Family & Children's Coordinating Council, parents, health systems, education systems, human service agencies, foundations, and other child advocates. First Steps and other community stakeholders share the vision that "every young child in Kent County will be ready to succeed in school and in life." (Connections for Children, Kent County's Early Childhood System: A Community Plan, 2004)

First Steps roles and activities<sup>1</sup> are aligned into goal areas of

- 1) **Advocacy**
- 2) **Collaboration**
- 3) **Research and development**
- 4) **Demonstration**
- 5) **Evaluation**

These goal areas and underlying activities form the basis for an initial evaluation of the First Steps Initiative and recently established non-profit agency.

## 2 Evaluation Methods

SRA reviewed and extracted data from more than 100 documents related to First Steps Commission meetings and community involvement, First Steps management staff and communications activities, and First Steps demonstration project planning efforts that occurred from January 1, 2007 through September 2009.

In addition, interviews were conducted with the management team (Ben Emdin, Judy Freeman, Maureen Kirkwood, and Amy Turner-Thole) and an online stakeholder survey was conducted with Commission, Steering Committee and program Advisory Committee members. As part of its evaluation of the First Steps Initiative (FSI), SRA developed an online survey for stakeholders to complete during September 2009. The survey was distributed to 55 individuals involved either in the development of a First Steps demonstration project or serving on the First Steps Commission, Steering Committee or related program Advisory Committees. Survey responses

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<sup>1</sup> From First Steps Memorandums of Understanding with the Great Start Collaborative, Kent County Family and Children's Coordinating Council and Kent Intermediate School District.

were collected from September 2nd-31st (2009) and the response rate for the survey was 71% (39 out of 55).

Data was also collected from activity trackers maintained by First Steps management staff during the 2009 calendar year. SRA synthesized data and herein presents initial evaluation findings, concluding with recommendations for conducting future evaluation of First Steps.

### 3 Advocacy

The First Steps advocacy goal, as stated in the First Steps' Memorandums of Understanding is to “advocate for quality standards, best practices for service delivery, needed policy change and sustainable funding for an early childhood system”. It should be noted, that some of these advocacy goals are long-term and not expected to show results in the near-term.

#### *Outcomes*

Since July of 2008, First Steps has facilitated numerous media opportunities to advocate the importance of early childhood efforts. In total, as of September 2009, 17 events or stories occurred in media outlets (including radio, TV, and print publications) approximately 39 times.

There was a concentrated effort in 2009 to connect with legislators and advocate for continued early childhood funding, including over 1300 postcards created for parents to send to legislators, organizing parents to advocate for the funding of preschool, and directly sending letters to 45 legislators in July 2009. In addition, First Steps hosted a Policy Makers breakfast on May 4, 2009, at which county board members, administrators, and state representatives attended.

### 4 Collaboration

The First Steps collaboration goals include “convening community leadership to address issues such as gaps, capacity, quality, and funding” and “receiving recommendations from the GSC, the Parent Coalition, and the KCFCCC about essential services the community requires for children ages 0-5 and their families and working to ensure those services are available”.

#### *Outcomes*

First Steps convened community leadership through the First Steps Commission itself. The First Steps Commission is comprised of 16 high-profile community leaders from the fields of business, health care, education and philanthropy. The records reviewed document a focused effort by the Commission to research key early childhood community services areas identified as having gaps, or needing improvements in capacity, quality and funding. The key areas identified were children’s health, home visiting, and infant/toddler care and education.

Feedback on First Steps received through the stakeholder survey (see Appendix A for stakeholder survey report) included:

- *I think First Steps has done a great job of identifying the work that needs to be done and bringing together the various stakeholders in the community that can contribute to the efforts of the organization.*
- *There is a good starting relationship between First Steps, the Great Start Collaborative and the KCFCCC.*

- *First Steps is on track with mission, vision and design. It was very important to create the correct structure and research based design.*

In addition, First Steps organized two events that brought together community leaders:

- Bill Millett breakfast on March 11, 2009 – over 200 attended.
- Policy Makers breakfast on May 4, 2009 – 4 county board members, 1 county administrator, 5 state representatives, 2 aides to U.S. Senators, and 1 aide to a U.S. Representative attended.

In order to facilitate receiving recommendations, First Steps established Memorandums of Understanding with the Great Start Collaborative, Kent County Family and Children’s Coordinating Council and Kent Intermediate School District. First Steps also worked closely with the Great Start Parent Coalition, with the Coalition providing the “customer” perspective and helping to inform, shape and support system building work. As a result of the MOU process, a representative from the Great Start Parent Coalition was appointed as a full voting member of the First Steps Commission and at least one parent is now serving on every development and advisory committee.

## **5 Demonstration**

The purpose of a First Steps demonstration project is to pilot a program as a solution to a current community need and then, if effective, embed the principles of it in existing community resources. There are currently two demonstration projects being supported by First Steps– the Children’s Healthcare Access Program (CHAP) and the Family, Friends and Neighbors (FFN) program. Both developed out of a community planning process involving First Steps and other stakeholders. FFN is nearing the midpoint of its pilot year, therefore evaluation is ongoing. CHAP completed its first year of service provision in July 2009, and the initial evaluation is complete.

The Children’s Healthcare Access Program (CHAP) began service implementation in August 2008, working toward expanding access to healthcare services for children with Medicaid and providing support services to families. The CHAP project aims to provide publicly insured children in Kent County with a high-quality, consistent medical home resulting in healthier children while improving the efficiency and coordination of health care services, ultimately reducing costs to the community. Over time, an evaluation of this program should demonstrate the development of new partnerships and collaborations, the institution of system-level changes in healthcare across the community, greater access to health care services, lower emergency department and inpatient hospitalization rates, improved health outcomes in children, decreased medical spending, and that, overall, program benefits associated with CHAP outweigh the costs. Please see the CHAP Year One Evaluation Report for more information.

In total, CHAP served 2791 children and 2239 parents during the first year of implementation. Below are several other key accomplishments for the year.

### *Outcomes*

- **Created New Partnerships and Fostered Collaborations:** Through their participation in more than 100 workgroups, advisory committees, and meetings with practices and providers during their first year of implementation, CHAP has formed numerous new partnerships and fostered significant community-wide collaborations, all targeted toward increasing access to quality healthcare services for children on Medicaid. Perhaps most notably, these new partnerships have led to considerable engagement between CHAP and attending physicians and clinic staff, improved communications between clinics and the involved health plan, and increased linkages between health care practices and community resources.
- **Instituted System-Level Changes:** Additionally, through CHAP's lead on the behavioral health workgroup, system improvements have been initiated that include a streamlined behavioral health referral process for CHAP patients, thereby reducing the barriers to access mental health counseling and treatment services; targeted education to practice staff and providers regarding the behavioral health system; and the development of a physician referral and feedback form to refer patients to needed behavioral health services and to improve coordination of care between mental health agencies and primary care providers.
- **Improved Health Care Access:** An additional 1,443 Medicaid slots were opened at partnering CHAP practices during the first year of implementation. Furthermore, CHAP was able to increase same day access at participating practices, which benefited all practice clients, not just those served by CHAP.
- **Decreased Emergency Department Visits:** At partnering CHAP practices, emergency department use decreased by 8.7% overall among Priority Health Medicaid patients compared to the previous year's rates; however, among CHAP clients, there was an increase of 2.7% in emergency department use. There may be many contextual reasons why this is occurring. For instance, a patient using the ED inappropriately is precisely what causes them to be referred to CHAP so they may trend higher initially. These findings will be assessed annually and as much context as possible developed around community factors.
- **Decreased Inpatient Hospitalization Rate:** First year data show a 3.1% decrease in inpatient hospitalizations among Priority Health Medicaid patients at partnering CHAP practices compared to the previous year. Among CHAP clients, inpatient hospitalizations similarly decreased by approximately 3.3% from the previous year.
- **Improved Health Outcomes in Children:** After receiving asthma case management services, the number of children with an asthma action plan increased by 29% over the previous year (from 14% to 44%).
- **Efficient Program Costs:** CHAP spending ranged from \$40-\$60 per referral and \$1,530-\$1,970 per asthma case. This spending corresponds to a cost per asthma home visit of \$250-\$380. For comparison, the Nurse Family Partnership program reports costs per

home visit of approximately \$400 (Olds et al., 2002). These cost estimates suggest that CHAP is providing a significant amount of medical and treatment resource per asthma case.

- **Cost-benefit Analysis:** Initial cost estimates suggest three-quarters of the spending on CHAP would be offset by reduced medical spending on subsequent hospitalizations. Potentially, the program may ‘pay for itself’ in terms of reduced medical costs following CHAP case management and better preventive treatment.

## 6 Research

Research conducted by First Steps refers mainly to focused efforts on the part of staff, committees and the Commission to explore best practices and develop demonstration projects to address issues involving gaps, capacity, quality, and funding. Much of this research is conducted by committees comprised of First Steps staff and Commission members and their community partners, particularly the Great Start Collaborative.

### *Outcomes*

Research conducted through the end of 2009 included exploration of the concept of a “medical home”, with the Health Committee researching the Colorado Children’s Healthcare Access Program and the North Carolina Community Care Networks. The research into medical homes led to the creation and funding of the CHAP demonstration project, with the goal of improving health outcomes and quality of care for Medicaid children by increasing their access to a medical home for primary care services.

The Home Visiting Committee was charged with recommending a programmatic focus for the implementation of a comprehensive, coordinated, countywide, home visiting program. The Committee conducted research over a six month period to identify best practice characteristics of national home visiting efforts, as well as characteristics identified as important specifically for Kent County by local professionals and parents. Using the characteristics identified, the Committee engaged in a process of identifying proven models generally considered to be effective (from a quality services in the home perspective) and recommended to the Commission a phased implementation of the model used in Cuyahoga County, Ohio, resulting in the development and 2010 start date for the Welcome Home Baby demonstration project.

Much research was conducted by the Infant/Toddler Care Committee to develop strategies to increase access to and affordability of high quality infant and toddler care and education in Kent County. This targeted research revealed there are many children in Kent County in non-regulated care and led to the development of the Family, Friends and Neighbors demonstration project to enrich the early education experiences of young children through activities such as playgroups, on-site training for providers, networking services and workforce development.

## 7 Evaluation

First Steps efforts at the system-level are evaluated in this report. In addition, the two demonstration projects piloted in 2009, CHAP and FFN, are being evaluated by SRA. The complete Year 1 evaluation report for the CHAP program can be found on the First Steps

website. Evaluation of the first year of the FFN project is underway and will be completed in August 2010.

## 8 Lessons Learned

The management team of First Steps developed “lessons learned” from their efforts in collaboration, advocacy, demonstrations and research and evaluation. These lessons learned come from the internal perspective of First Steps management.

### Advocacy and Collaboration

- **Have to build trust and nurture relationships** – This is fundamental, as without a significant level of trust, First Steps cannot bring about any significant change in the community. Nurturing relationships with community partners takes a lot of care, spending time getting to know and understand people/organizations and what they do, respecting and acknowledging the expertise they bring to the table, having regular one-on-one conversations, addressing concerns when they surface, etc. For this initiative to be successful, individuals need to buy in to what First Steps is doing and feel personally invested.
- **Have to help balance the priorities of individual partners and the community’s priorities** – The key is finding where the two intersect and building on that.
- **Need to be clear about everyone’s roles and responsibilities** – First Steps completed an MOU (memorandum of understanding) with the Kent County Family & Children’s Coordinating Council and the Great Start Collaborative. That agreement answers questions about First Steps’ role in the community and how all of the entities can best work together to support children and families.
- **Nothing beats face-to-face communication** – First Steps has attended and facilitated countless meetings and the value of getting people to sit around the table together is enormous. The face-to-face communication builds trust and understanding.
- **Parents and families must have meaningful involvement in our work** – Changes to the Kent County early childhood system will be meaningless if they do not provide relevant services that meet the needs of families. To do that, First Steps is working to ensure parents are directly involved in all levels of work.
- **There is a significant fear of change and fear of the unknown** – People are often very supportive when something is in the idea phase, but they become more skeptical as it moves closer to implementation. Organizations have many legitimate questions and concerns (i.e. will funding streams change, what will be expected of them, how will they be held accountable, will they lose any control of their programs, etc...), and First Steps must work to provide honest answers.
- **First Steps needs a key change agent within each individual organization** – Without a champion in each organization, it is difficult to get much accomplished. First Steps’ work requires “horizontal” change across the community, as well as “vertical” change within various organizations. As an outside entity, their ability to affect the “vertical” change is very limited. A champion can convince his/her own organization to rethink its practices to better support the community’s priorities.

- **The involvement of influential community leaders is extremely helpful in advancing our work** – The early childhood work in Kent County would not be nearly as far along without the support and involvement of the First Steps Commission, a group of 16 high-profile community leaders from the fields of business, health care, education, and philanthropy. The Commission brings instant credibility to the work and helps elevate the importance of early childhood in the minds of other community leaders.
- **The involvement of a cohesive group of funders is also extremely helpful** – This is critical for many of the same reasons listed above for the Commission. The funders have the leverage to get everyone to work together. The three inaugural funders of First Steps—the Steelcase and Frey Foundations and the Heart of West Michigan United Way—were instrumental in the development of First Steps and are all still actively involved in advancing and advising First Steps’ work.

### **Demonstration, Research and Evaluation**

- **First Steps needs to be able to measure impact and outcomes (system and project-level)** – First Steps has learned a lot about the evaluation process. It is extremely important to be clear about what they are trying to accomplish before beginning a demonstration project. A key piece of that is making sure specific interventions are directly related to what is being measured.
- **First Steps needs to have a clear understanding of what they are working toward** – First Steps, the Great Start Collaborative and other community stakeholders have begun a process to determine what the early childhood system could look like when it’s fully built. It is a long-term vision that presents the ideal picture of a comprehensive and integrated system of early childhood support services.

## **9 Conclusion**

The evaluation of First Steps is based on an iterative and utilization-focused design that allows for flexibility in evaluation processes and metrics over time. As independent evaluators, SRA offers the following recommendations based on a thorough review of evaluation data<sup>2</sup>.

- Demonstration project plans should include a defined process for community embedding (definition, timeline, etc).
- Improved planning processes will contribute to clearer communications with Commission and Steering Committees.
- First Steps needs to add communication capacity in the form of demonstration project support staff and/or a community educator.
- First Steps recently transitioned to a non-profit organization and feedback from stakeholders suggests care should be taken to 1) ensure stakeholders continue to feel that their thoughts are heard; 2) establish efficient organizational operations; and 3) establish a clear organizational identity; and 4) work to achieve sustainability.

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<sup>2</sup> Evaluator’s findings are developed from multiple sources, including surveys, document review, and interviews.

- First Steps needs to define short-term and long-term system goals (and ways to measure) in order to evaluate them. System-level goals are inherently difficult to measure and most often qualitative in nature.

First Steps is still in the early stages of working with community stakeholders to develop an integrated early child system. The evaluation of First Steps reveals an organization with an ambitious agenda that is dedicated to true community collaboration and input from all levels of stakeholders. Early successes were seen from the CHAP demonstration project at the child and system levels. And there was a tremendous effort put forth to communicate the importance of early childhood development in the community.

As First Steps pursues the development of demonstration projects, the focus on outcomes to prove program success should balance both economic and social definitions of success. In addition, First Steps set forth a list of activities to conduct and goals to reach in their MOUs that need to be tracked and evaluated. To date, the focus of evaluation has been inherently short-term and demonstration project focused, but moving forward, planning for evaluation of longer-term system-level impacts is needed. Evaluation activities planned for 2010 include a first year evaluation of the Family, Friends and Neighbors demonstration project, second phase evaluation activities for the Children's Healthcare Access Program demonstration, design and implementation of the Welcome Home Baby evaluation and a systems-level evaluation plan for the advocacy and collaboration goals First Steps works toward at the community level.

## Appendix A: Stakeholder Survey Report (2009)

### 1 Introduction

As part of its evaluation of the First Steps Initiative (FSI), SRA developed an online survey for stakeholders to complete during September 2009. The survey was distributed to 55 individuals involved either in the development of a First Steps demonstration project or serving on the First Steps Commission, Steering Committee or related program Advisory Committees. Survey responses were collected from September 2<sup>nd</sup>-31<sup>st</sup> (2009) and the response rate for the survey was 71% (39 out of 55).

The survey was divided into six sections:

- First Steps Commission (FSC)
- Steering Committee (SC)
- Children’s Healthcare Access Program (CHAP)
- Welcome Home Baby (WHB)
- Family, Friends and Neighbors (FFN)
- Early Care and Education (ECE)

Overall, 39 people responded to the survey. The following table details respondents’ involvement per group (Please note: Respondents may have been involved in more than one group and for varying amounts of time for each group.)

**Table 1: Period of time involved with First Steps and/or any FSI programs**

Answer Options	Less than 6 months	6 months to 1 year	1-3 years	More than 3 years	Total
First Steps Overall (Commission, SC, etc)	0	2	9	15	26
Children's Healthcare Access Program	1	3	9	2	15
Welcome Home Baby	2	4	14	1	21
Family, Friends and Neighbors	0	1	7	1	9
Early Care and Education	1	2	3	7	13

In general, more survey respondents indicated involvement with a program than completed corresponding survey sections. For example, 21 respondents indicated involvement with WHB (Table 1), but only 11 completed the WHB survey section. This occurred by design. As First Steps desired feedback from individuals with a specific level of involvement in each program, survey logic was used to direct respondents to complete appropriate survey sections.

### 2 First Steps Commission and Steering Committee

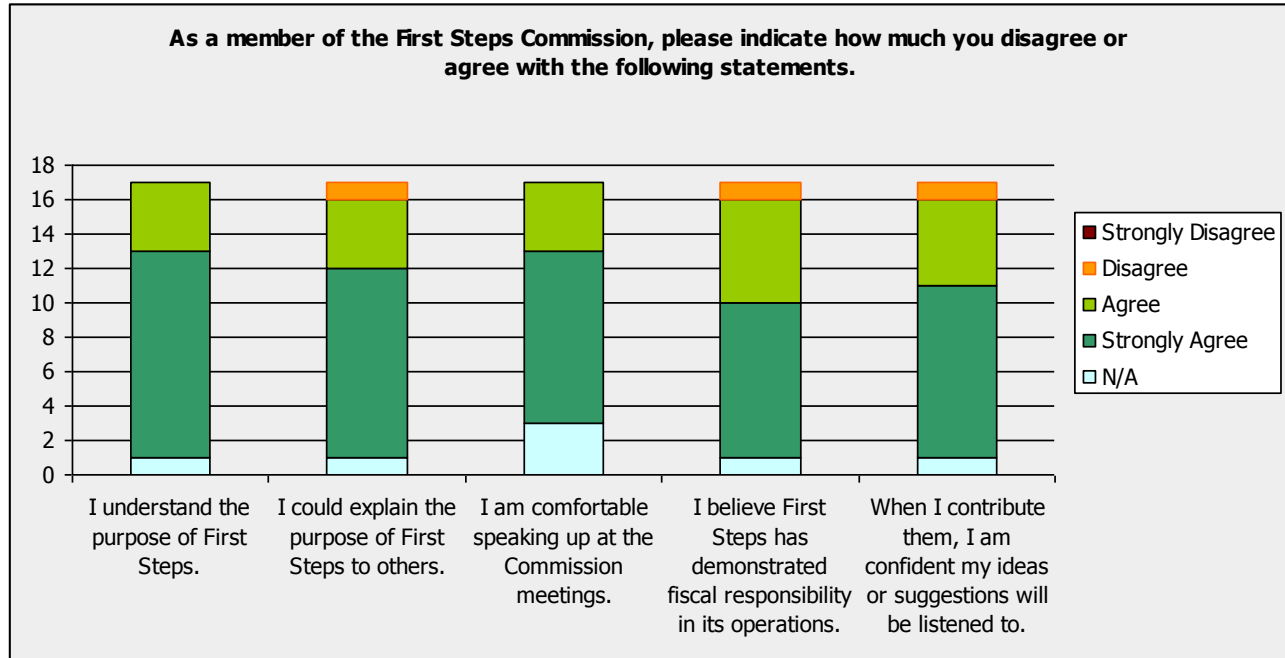
#### 2.1 First Steps Commission

Seventeen<sup>3</sup> respondents answered questions related to the First Steps Commission (FSC). As shown in Graph 1, the majority of FSC respondents agreed or strongly agreed they understood the purpose of First Steps and could explain it to others, were comfortable speaking at

<sup>3</sup> There were only 16 commission members, indicating that some responses came from non-commissioners.

Commission meetings and believed their ideas would be heard, and believed that First Steps is operating with fiscal responsibility.

Graph 1:



### Participation

The majority of FSC members (94%) reported they participated on the Commission as much as they want and feel it is time well spent. Members described the best part of being involved with the Commission:

- *The community is starting to actually get the importance of early childhood programming.*
- *Believe that we are making a difference in creating lasting change on behalf of young people in Kent County.*
- *Working with people who have the welfare and future of children as their first priority.*

The majority of Commission members (88%) indicated they were comfortable participating in Commission discussions. Overall, feedback Commission members gave about time spent on the Commission was very positive. Related comments included:

- *Time well spent and appreciated the opportunity to get to interact with the Commission members and staff.*
- *Very satisfied. First Steps provides the community with the potential for systemic lasting change for children.*
- *The commission is a high priority because I'm confident that it will create systemic change for children. The commission will be able to accomplish more than any single agency or program.*

The only non-positive comment made about time spent on the Commission related to the meetings being repetitive, though it was not clear from the response context if this related to the content of the meetings or some other variable.

**Communication**

Overall, 77% of Commission respondents were satisfied with the communication the Commission has received from the First Step's staff and committees regarding First Steps planning and development. Of the 23% that were not, the following reasons were provided:

- *We need a timeline for implementation with deadlines.*
- *I would benefit from more frequent updates with regard to committee/project milestones and progress. I think we should work harder to network our commission leaders with leaders from other regions/states.*
- *I think there are issues that are not adequately represented. There have been times when the concerns of the committees are not properly conveyed to the Commission. The WHB effort is the most representative of this problem.*

**Non-Profit Transition**

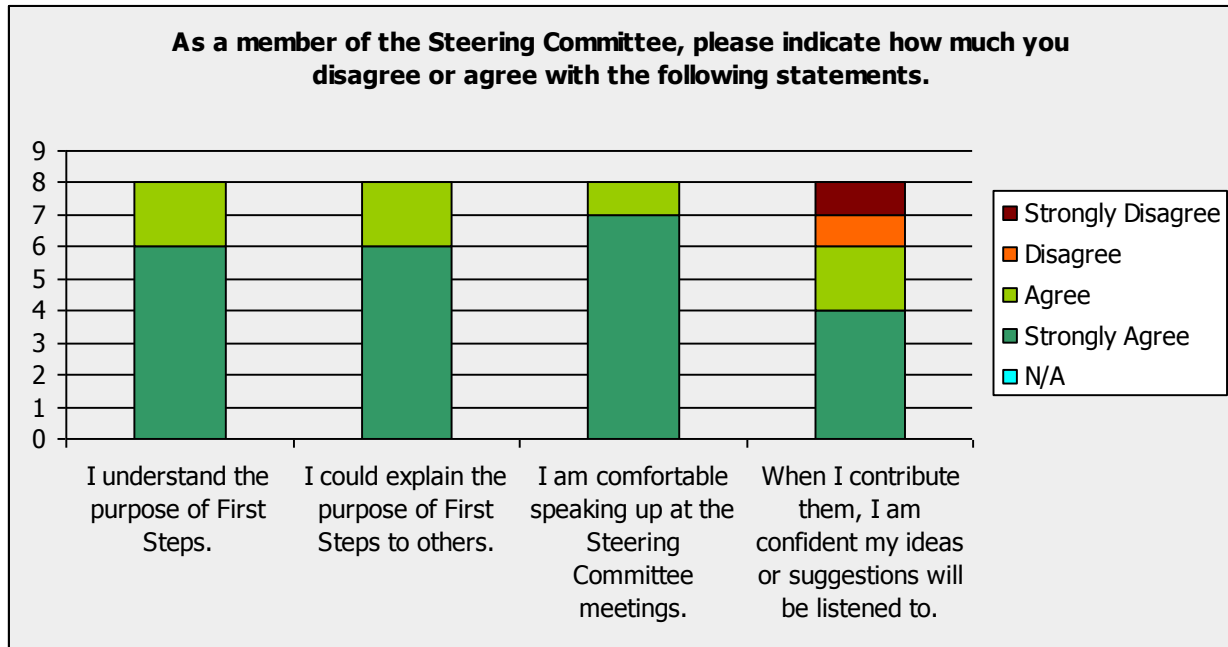
Commission members were varied in their feelings about First Steps transitioning to a stand-alone non-profit agency. Some were supportive, while others expressed concerns they have about the rationale behind the change, funding and operations of First Steps:

Feedback Overall	<ul style="list-style-type: none"> <li>▪ <i>I feel the transition is going smoothly. To the best of my knowledge, First Steps has hired very qualified people who understand the mission and will be able to do the work necessary to see that First Steps meets its goals.</i></li> <li>▪ <i>It is a very positive transition for First Steps and the community. The transition to a stand alone will increase the cost of operations but is worth the extra expense. The challenge over time will be the quality of the volunteer leadership and staying true to the governance model.</i></li> <li>▪ <i>The non-profit status has opportunities and challenges and their work is just beginning. The opportunities include being more objective in determining community needs, creating an opportunity for foundations and community leaders to have influence and a draw of resources for the communities services, and focus on new and best practices with clear outcomes. The challenge is to remain relevant to the current challenges of the system, not to create duplications in system designs and not to leave untouched the more intensive and systemic community needs</i></li> </ul>
Funding feedback	<ul style="list-style-type: none"> <li>▪ <i>I have reservations but am not opposed to the idea. I'm concerned about the fiscal climate and challenges that non-profits face with little infrastructure and no steady stream of funding.</i></li> <li>▪ <i>I'm very supportive of the direction that we're going. My only concern is that we find sources for long-term, sustainable funding.</i></li> <li>▪ <i>Given the state of Michigan's economy, I worry about sustainability.</i></li> </ul>
Operations Feedback	<ul style="list-style-type: none"> <li>▪ <i>I approve, but I am still unclear as to how all the agencies are going to evolve.</i></li> <li>▪ <i>The transition to a stand alone is the right direction. It may create some competition for resources which is fine as long as First Steps stays true to mission and vision. The organization must not become just another agency. It was created to be much more than a provider.</i></li> </ul>
Rationale Feedback	<ul style="list-style-type: none"> <li>▪ <i>I don't believe it was necessary for them to create a new nonprofit. There must be an extremely compelling reason to start a new private nonprofit...there are a lot of community members who had concerns that were ignored and that an intentional effort was made to narrow down the input until any voices of dissent were eliminated at the decision-making level.</i></li> <li>▪ <i>Seems appropriate but this alone does not secure a reputation or credibility for First Steps within the community</i></li> </ul>

## 2.2 Steering Committee

There were 8 respondents to the Steering Committee (SC) questions. Overall (see Graph 2) respondents agreed or strongly agreed they understood the purpose of First Steps and could explain it to others, were comfortable speaking at Steering Committee meetings and believed their ideas would be heard.

Graph 2



Only 2 (25%) of respondents did not feel their ideas or suggestions were listened to. Those respondents commented:

- *By and large I am comfortable. There are times when it is difficult. The role of the steering committee, at times, can be confusing. Having staff at all conversations can also be challenging as (again) the roles are confusing.*
- *Not really sure why I am there. The roles and expectations have evolved and have never really been made clear. I speak my opinion and yet am not clear who I represent on behalf of the Collaborative.*

### Participation

Responses were evenly split regarding how SC members felt about time spent on the Steering Committee.

Positive	<ul style="list-style-type: none"> <li>▪ <i>I find it informative and rewarding</i></li> <li>▪ <i>Important use of time</i></li> <li>▪ <i>Time well spent</i></li> <li>▪ <i>Good, not always clear about the agenda</i></li> </ul>
Negative	<ul style="list-style-type: none"> <li>▪ <i>Sometimes, it is a good use of time, sometimes it is repetitive and frustrating</i></li> <li>▪ <i>At times it feels worth while, but other times it is frustrating. It has been more challenging in the last 6 months as it is not always clear whether our input is being used in an effective manner or whom we are advising/ steering</i></li> <li>▪ <i>Confused and frustrated.</i></li> </ul>

	<ul style="list-style-type: none"> <li>▪ <i>There were times that I did not feel that we were as transparent as we should have been. Also, lack of follow-up on ideas generated at the Steering Committee level</i></li> </ul>
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**Communication**

Respondents were also split on their satisfaction with the communication the SC receives from the FS-staff/management regarding planning and development. While 50% were generally satisfied, others commented:

- *I think the FFN and WHB efforts are very problematic and reflect a lack of integrating community input that is provided. Another big issue has been the lack of follow-up on decisions made at the Steering Committee. There are numerous times we have agreed to actions (or that we will follow-up in future meetings on an item) and the follow-up very often does not occur.*
- *While there is a community plan, (i.e., Making Strides, which I understand to be the task of "First Steps" and the GS Collaborative to implement) it seems other efforts have erupted without community buy-in and discussion. My expectation is for First Steps to facilitate the community discussion, present data, and help the community shape the plan, not direct the plan. I also realize First Steps Commission and collaborative are a work in progress, so I am hopeful we can get the point of understanding our roles and expectations.*
- *Would appreciate a more structured timeline...this work could go on forever if staff/management lets it.*
- *I am not always sure about the schedule and agenda.*

It should be noted that the role of the Steering Committee changed over time, which may account for the dissatisfaction with follow-up actions.

**Non-Profit Transition**

SC members overall were supportive of FSI's transition to a stand-alone agency, but there was some concern about losing the system-level focus:

- *I think it will be difficult to not drift to doing programming, rather than focusing on the larger goals. I hope they succeed in their efforts to improve a coordinated early childhood system. I think the process of creating a new nonprofit has contributed towards a feeling of sharing your thoughts may be viewed negatively and there may be repercussions for that.*
- *There needs to be an unbiased, objective driver in the community to pull the early childhood system development off. First Steps as a stand-alone agency is in a position to do this.*

**2.3 First Steps Commission and Steering Committee Feedback**

Fifteen people indicated participation on either or both the FSC and the SC. These respondents were asked a series of open-ended questions related to First Steps operations, strengths and weaknesses and recommendations for changes/improvements. Responses were analyzed for themes, with supporting comments presented, as needed, for clarification.

**First Steps operations**

The majority of responses were favorable toward First Steps operations in general. Specifically, CHAP was very highly regarded among respondents as a "tremendous asset" to First Steps and a positive example of what First Steps can do. Additional themes included positive views on stakeholder collaboration and that there remains a need for First Steps to act as an "independent voice for early childhood in the community".

**Concerns about operations/decisions**

A common theme among respondents was the concern that First Step programs, other than CHAP, lack "focus" and need to improve decision-making processes. The dichotomy of First Steps' organization as an **early childhood advocate at the community level** versus **program**

**developer and implementer** was also commonly questioned, with some respondents very strongly pushing for more community advocacy with less program implementation, while others clearly wanted on the ground program implementation but want to ensure effective and sustainable programs are developed.

### **Strengths**

Respondents most commonly identified “First Steps Commission members” - their standing in the community, insight into community needs, and inclusion of community stakeholders (foundations, funders and community leaders) - as First Steps’ biggest strength.

### **Weaknesses**

Themes among responses pertaining to First Steps weaknesses included:

- Confusion in First Steps identity (program provision vs. advocacy)
- Lack of sustainable funding resources
- Lack of focus - related to identity confusion, but also expressed as need to narrow scope of problems First Steps is trying to address, need better roles, expectations and transparency, and more use of data, timelines and deadlines.

### **Recommended changes/improvements**

Consensus among respondents on changes to make to First Steps or improvements to consider followed the themes identified previously around operational concerns, strengths and weaknesses. Supporting comments are presented below by theme.

Development of existing First Step programs:

- *I would not advocate adding additional programs at this time. There is plenty of work to do to implement the programs that are already underway or currently in the planning stages.*
- *CHAP should be expanded to all children. Welcome Home Baby needs to get off the ground.*
- *Virtually nothing is happening in the arena of early care and education - except for the small FFN.*
- *CHAP, Welcome Home Baby, Great Start, and FFN, Center Based Quality Early Care and Education. These are very important strategies which need to be fully developed before expanding.*
- *We need to first consolidate the work that we've undertaken already.*
- *Need to focus on our three initiatives for now.*
- *I would make sure to get the staffing needed to do the work - example WHB program development. For WHB - I would have them convene representatives who have decision making authority for the major home visiting services and get to some honest planning, focusing on the results they want to achieve, rather than being wed to the process.*

First Steps advocacy efforts:

- *I think they need to be very intentional about their advocacy work. The Commissioners should be supported in doing advocacy on behalf of early childhood, especially with public support.*
- *I think it could play a pivotal role in advocating for more systematic data systems and the use of data to improve early childhood efforts.*
- *Educating the community on this work and looking for a way to financially sustain it.*
- *We need to respond to the needs of the community.*
- *There is a need for greater depth of knowledge in advocacy strategies, if they hope to be effective in changing the policies and resources to support.*

Clarifying focus of First Steps and developing the organization:

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- *I would have them work on much more transparency and open communications that embraces community dialogue and builds on strengths of community partners.*
- *From an organizational development perspective, there is the need to work on this area, which is time and resource intensive.*
- *A longer view of where [First Steps] is going.*
- *Continued clarification of what [First Steps] role will be in the community*
- *I would have the staff drive the work of committees more effectively. I would also work to create/maintain more momentum with regard to building public will for change.*
- *We do not have a really good handle on demand and supply of the different services that make up the early childhood system. Additionally, we do not have a good handle on the quality of these services.*
- *Need more openness about the status of development and more energy, understanding and movement around all the early childhood issues. This period of change is critical for keeping the community at the table and it is the time we are hearing the least.*
- *More clarity in financials and participation of the board at the decision level instead of just hearing what is happening.*

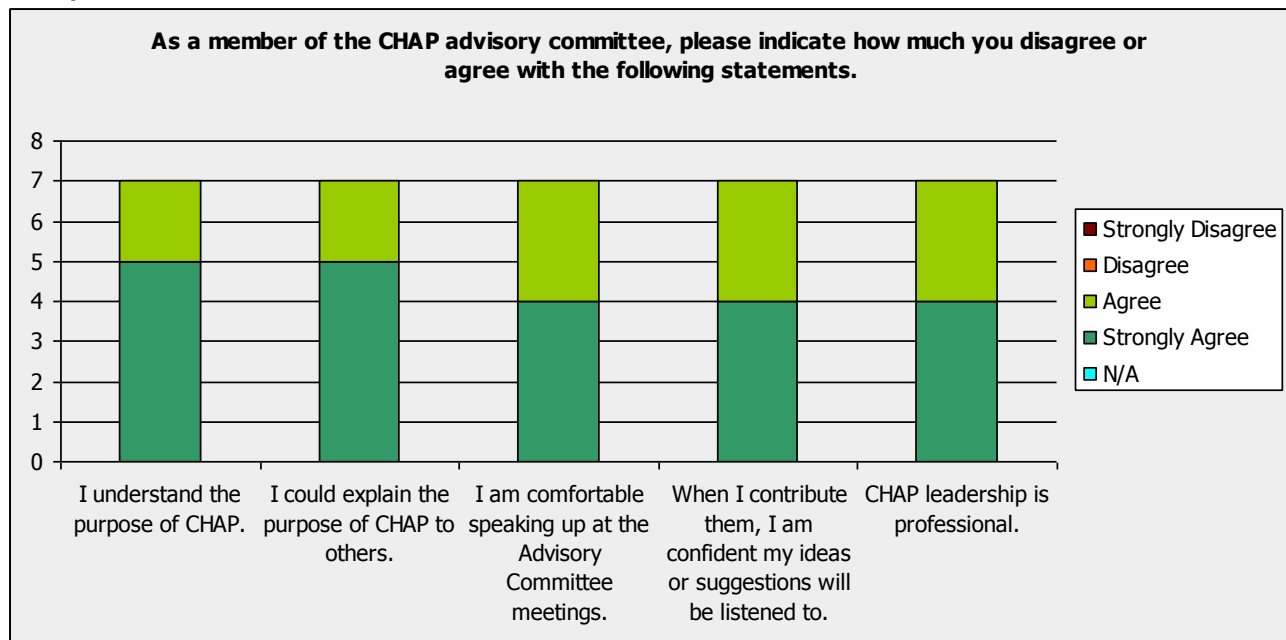
### 3 Children’s Healthcare Access Program

Seven members of the CHAP Advisory Committee (CHAP-AC) and five individuals that participated in the development of CHAP (or were part of an organization that partnered with CHAP) answered questions about CHAP development and implementation. Advisory Committee feedback is presented in Section 3.1 and partner feedback in Section 3.2.

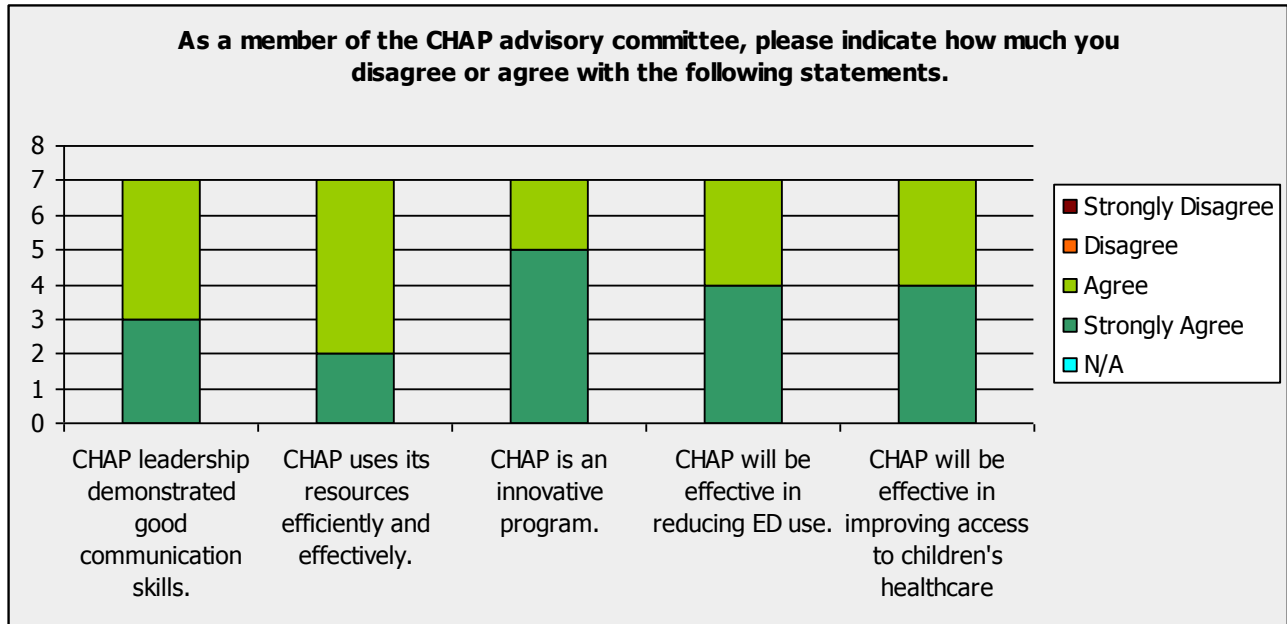
#### 3.1 CHAP Advisory Committee

As shown in Graphs 3 and 4 below, the CHAP-AC is positive about involvement on the AC and has a positive impression of CHAP operations.

**Graph 3**



Graph 4



100% of CHAP advisory Committee members reported that they participated on the Committee as much as they wanted to and 100% were comfortable participating in CHAP Advisory Committee discussions. In addition, all but one (87%) indicated they believed attending meetings was a valuable use of their time. A couple of people offered suggestions for improvement, however:

- *Sometimes the reporting could be streamlined. It is not necessary to discuss all details of the program. We should keep in mind this is an advisory committee.*
- *It would help if the action items were clearly identified and the information items were covered by e-mail before the meeting.*

The majority thought they had provided real input into CHAP’s development, decision-making and operation. CHAP-AC members are comfortable with the function of the Committee and their role in it:

- *I feel less involved than at first, but that’s OK as long as the program is effective.*
- *I believe the transition that has occurred is natural and reflective of how the program has grown from a planning phase into a more formal programmatic phase.*

As a program model, respondents felt CHAP was a good model overall, but a couple of AC members made improvement suggestions:

- *I think we could do a better job of communicating the information. At some point we should be able to say whether the program is working, but it seems to be a moving target. Also, we must work harder to combat the perception that this is a Spectrum health program.*
- *I think it is important to focus on the family and not just the child/youth. I think mental health concerns for the family and access issues need more attention.*

Respondents reported community collaboration around children’s healthcare access is good, but one person noted, “We need to continue to work collaboratively, but should also not be as

concerned with making sure ‘everyone’ is around the table. Rather, we need to be more focused on making sure those who have some meaningful time to contribute are involved.”

In identifying community barriers to CHAP successfully delivering services, respondents said:

- *Sustainability and overcoming silos of influence which are self-protective, but don’t really contribute adequately to the goals of having the best possible care for our children.*
- *Convincing, longer-term evidence that it is cost-effective.*
- *Training families to have a different cultural perspective on healthcare.*
- *The biggest hurdle is the fact that the need in the community is just so great.*

No single theme emerged as a CHAP strength, but the following are some of the responses:

- *Commitment, enthusiasm and strong community support.*
- *Incorporation of accessible healthcare with the historic needs of why families did not access quality healthcare. Relationship between hospitals, insurance, private and public local physicians, including mental health and other community services.*
- *Relationship between hospital, insurance, private and public local physicians*
- *Including mental health and other community services*

CHAP-AC members would like to expand, improve or add the following in the future:

- *Cover more children with the medical home concept of CHAP*
- *...dental needs...*
- *Mental health and substance use family orientation. Including access for adults*

Most respondents did not have suggestions on changing CHAP, but two commented:

- *Engagement of Saint Mary’s VERY SOON and Metro at some point in the future.*
- *Communicating a more clear direction of what a larger goal would look like and what the next strategies are to get there beyond what we have accomplished. Connections to other First Steps program initiatives.*

### **3.2 CHAP Partners**

Five respondents indicated they participated in the development of CHAP or were part of an organization that partnered with CHAP. All CHAP partner respondents agreed or strongly agreed they understood the purpose of CHAP and could explain it to others, were comfortable speaking at meetings and confident that their ideas will be listened to, and that partnering with CHAP was a good use of their time and effort—and their organization’s time and resources. They reported CHAP leadership is professional and demonstrates good communication skills. They felt CHAP is an innovative program that will be effective in reducing ED use and will be effective in improving children’s healthcare. There was one respondent that did not agree CHAP used its resources efficiently and effectively, but the remaining respondents either agreed or strongly agreed they did.

Partners reported CHAP's strengths as:

- *That it "replicated best practice in a thoughtful, careful fashion."*
- *That it is "cooperative, respectful."*
- *Its "ability to make systems-level changes, number of partners, collaboration with physician practices/clinics."*
- *That "they have the right players sitting around the table to make decisions and they are listening to them."*

Partners commented on the appropriateness of the CHAP model:

- *It is an excellent model. I thought the implementation went even better than expected.*
- *It is a great program and should be used throughout the state.*
- *I am excited about the innovative, private-sector (as opposed to government-led) leadership CHAP represents. I also appreciate the results-driven approach that goes beyond just the emotional aspects of helping children, but also showing that it makes sound business sense to do so as well.*

Overall, partners feel that community communication and collaboration around CHAP is good. But, as one person said, "I think there is collaboration around CHAP – the biggest challenge, I believe, is confusion as to "who" CHAP is, how it is funded, who is behind it, etc. Much confusion about where CHAP starts and stops and agencies begin."

In terms of community barriers, respondents mentioned that more pediatricians are needed, and that there are "insurance issues, especially related to Medicaid reimbursement."

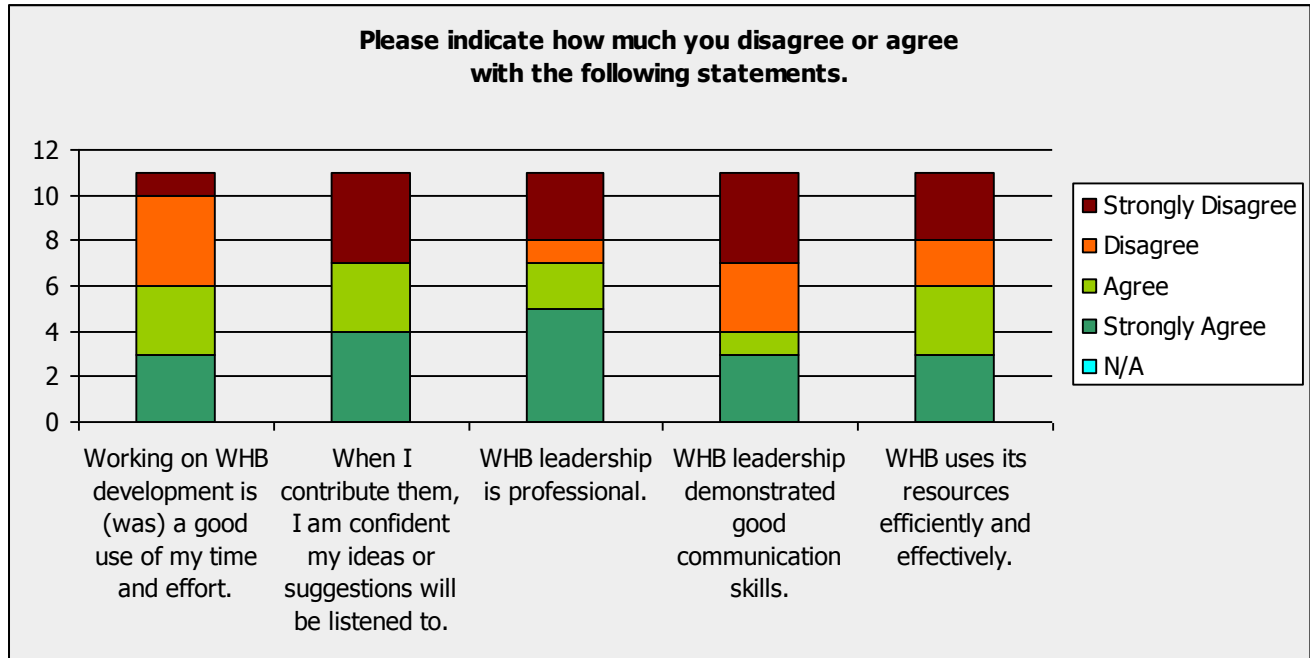
Respondents said that CHAP should expand, improve or add the following in the future:

- *Work with other health systems and begin carefully looking at integrating the services into existing health plans with independent oversight and monitoring.*
- *More social work support – so many barriers for these families are psychosocial in nature.*
- *Expand medical service providers beyond current members. I would expand to prenatal coverage. I think CHAP should expand its partnerships with other community service providers, but not own those services.*
- *More emphasis on marketing/outreach into community so there is a better understanding of the design and implementation, therefore better buy-in from stakeholders.*

## 4 Welcome Home Baby

Eleven survey respondents completed the WHB Advisory Committee (WHB-AC) portion of the Stakeholder Survey. Members of the WHB-AC were asked to indicate the extent to which they agree with the statements in Graph 5.

Graph 5



As shown in Graph 5, across responses, feedback was approximately 50/50 between agreement with program statements and disagreement.

Respondents were split on whether their work on WHB development was a good use of time. Comments included:

- *Yes, I believe my input was relevant and taken into consideration in many decisions that were made.*
- *I had high hopes for this effort, but it has been a tremendous disappointment. It feels like community input is often ignored. I think the consultants have been less than helpful. I think having a staff person who is qualified in program and community development would have improved the process greatly.*
- *We have invested a lot of time, but no improvements have been made to the system. It feels like there is determination to move forward with Welcome Home Baby Nurse Visits regardless of input from committee and community members about whether this is the best use of resources and best option for the Early Childhood System in Kent County.*
- *It would have been better if the committee had been given appropriate tasks (i.e. - advise, rather than develop the program) and if committee member advice had been received and incorporated.*
- *It really hasn't been a valuable use of time. The same come up at every meeting. The reason they keep coming up is because WHB leadership hasn't addressed the members concerns or answered the questions that people have. If questions/issues are addressed, I think that there would be buy-in from the members.*

The majority of respondents felt that they had as much input into the development of WHB as they wanted. A few respondents felt that their input was ignored, however, and one felt that conversations occurred affecting the direction of WHB that not all WHB-AC members were privy to: “My sense is a disconnect between the meetings - the input I am hearing at the meetings and the decisions being made about moving forward. I am not saying that WHB staff don’t have the right to make decisions about the WHB program. But, if you ask for community input and people invest their time and then cannot see the connection between their input and decisions, you wonder about your involvement.”

Several respondents feel that the concept of WHB is its greatest strength. Additionally, respondents highlighted:

- *The consultant’s ability to pull/put ideas into a workable plan and communicated them effectively to hospital management.*
- *The planning committee brought together a broad array of professionals from the committee who are committed to supporting families.*
- *Normalizing home visiting with a universal approach. Providing a gateway into the system of resources available to families with young children.*

No one theme emerged as a WHB weakness, but the following are a few examples of the things mentioned:

- *WHB hasn’t ‘sold’ itself. Why should I buy into this concept? I can’t see how a couple of home visits are going to lead to school readiness at this point in time. I am not sold, so I can’t sell it to my leaders.*
- *Communication – always a precise minutes taker (recorder), need timeline for completion of work.*
- *The change in the environment since when this effort was started has been largely ignored in terms of the impact it should have on the design of the services.*
- *WHB does not seem to be willing to consider what is already in place and how WHB fits. WHB has not seemed willing to consider sustainability of the program after foundation funding disappears.*

In terms of things they wish they could change about WHB, while no overall themes emerged. The following points were mentioned:

- *WHB current leadership.*
- *I would change the staffing. I would have staff and leadership of WHB listen to those who have expertise in this area. I would have them use more data to drive decisions, rather than going by mainly what people feel.*
- *I would move to implementation. We planned it to death.*
- *I think we should have investigated the possibility of the nurse doing the home visit also being the same person who introduces the program in the hospital. Visits could easily be scheduled at the bedside.*
- *It would be that WHB would be more strategic about what is the bottom line of what they are trying to accomplish and the best use of community resources to meet that goal and how existing resources might be configured to meet that goal.*

## 5 Family, Friends and Neighbors

Response to the FFN Advisory Committee (FFN-AC) section of the survey was limited to 3, thus conclusions will not be drawn regarding response to program statements (Table 3).

**Table 2: FFN Advisory Committee**

	Strongly Disagree		Disagree		Agree		Strongly Agree	
	N	%	N	%	N	%	N	%
<b>Working on FFN development is (was) a good use of my time and effort.</b>	0	0%	0	0%	3	100%	0	0%
<b>When I contribute them, I am confident my ideas or suggestions will be listened to.</b>	0	0%	1	33.3%	2	66.7%	0	0%
<b>FFN leadership is professional.</b>	0	0%	0	0%	3	100%	0	0%
<b>FFN leadership demonstrated good communication skills.</b>	0	0%	1	33.3%	2	66.7%	0	0%
<b>FFN uses its resources efficiently and effectively.</b>	0	0%	1	33.3%	2	66.7%	0	0%

Opinions were split over respondents’ comfort level with the changes in the Committee over time.

- *It made sense for the group to split into 2. I was able to recommend a colleague to participate more actively in the FFN committee.*
- *No – became more directive, less inclusive. Roles were changed and not made clear even when questioned. Participants in the committee were not kept informed of decisions. Don’t even know what is happening with the pilot, let alone be able to influence.*

All respondents had as much input into the development of FFN as they wanted, although one person said “...I did think the responses of a focus group were given more weight than they maybe should have.”

Respondents thought that FFN’s strength was its opportunity to reach this “hard-to-reach caregiver population.” Someone acknowledged that the selected oversight agency supervisor will be an effective team leader, and that the partners are effective since they were “willing to try something different.”

Two respondents did not identify FFN’s weaknesses, but one said they are trying to reach a difficult population and that “we really need to think outside the box in terms of outreach and engagement.”

In terms of change, only one person provided a suggestion, and that was to focus “less on early literacy and more on social emotional development and well-being.”

## 6 Early Care and Education

Seven people responded to the ECE Advisory Committee (ECEAC) portion of the Stakeholder Survey. Members of the ECEAC were asked to indicate the extent to which they agree with the statements in Table 4. Overall, respondents agreed or strongly agreed with the statements,

showing the most positive responses towards the ECE leadership. One person consistently responded “N/A” to all statements, so those responses were omitted from the table.

**Table 3: ECE Advisory Committee**

	Strongly Disagree		Disagree		Agree		Strongly Agree	
	N	%	N	%	N	%	N	%
<b>Working on ECE development is (was) a good use of my time and effort.</b>	1	16.7%	1	16.7%	3	<b>50%</b>	1	16.7%
<b>When I contribute them, I am confident my ideas or suggestions will be listened to.</b>	0	0%	2	33.3%	3	<b>50%</b>	1	16.7%
<b>ECE leadership is professional.</b>	0	0%	1	16.7%	4	<b>66.7%</b>	1	16.7%
<b>ECE leadership demonstrated good communication skills.</b>	0	0%	1	16.7%	4	<b>66.7%</b>	1	16.7%
<b>ECE uses its resources efficiently and effectively.</b>	1	16.7%	1	16.7%	3	<b>50%</b>	1	16.7%

In expanding on their answers to the statement that ECE development was a good use of their time, respondents said:

- *Yes. It is an important area to focus on, yet very complicated.*
- *No. It is unclear how decisions are made outside of this committee regarding ECE recommendations. The committee needs clear up front direction from decision makers to guide its work.*
- *This committee has been meeting for 4-5 years, and still has not landed on an approach to improving quality in early care and education.*

ECEAC respondents felt that ECE’s greatest strength is its diverse, knowledgeable members who take different views and approaches to the issue of early childhood. On the other hand, respondents found ECE’s lack of focus to be its greatest weaknesses. As one person said, “The members seem to have their hands tied with too many directions being thrown at them, the game plan seems to change with the wind. Find a small project, allow it to be tested and learn from it – not everything has to be CHAP.”

If they could change anything about ECE, respondents mentioned the lack of focus, and gave two additional suggestions:

- *Ask what the First Steps Commission sees as valuable and important for this committee to investigate and create a recommendation about it.*
- *Figure “out an advocacy plan for the long term regarding some of the more state-level systemic issues in this area....”*

## 7 Conclusion

Feedback on First Steps as a whole was positive. Most stakeholders appear to be in agreement with the mission and vision of the organization and feel comfortable in their roles. The shift to a non-profit, stand-alone organization resonates well with most stakeholders but may call into question concerns about staying true to the First Steps mission, which is reflected in comments on whether their focus should be on advocacy or program implementation.

Attention should be paid to the transition process to ensure that stakeholders continue to feel that their thoughts are heard, that the new organization operates efficiently and has a clear identity and path for the future. Furthermore, adequate structure and efficient processes could contribute to clearer communications, less tedious meetings, and streamlined reporting.

In feedback for CHAP, most stakeholders favorably reviewed the program's inaugural year. Stakeholders understood the mission and vision and stood behind the program as able to make a real impact on the community. Areas for improvement included working with additional stakeholders to integrate and expand services and to improve communication about the program internally (to stakeholders) and externally (to community).

For Welcome Home Baby, although the program is still in development, there appears to be some confusion and dissatisfaction with stakeholder input into the program, communications, usefulness of meetings, and utilization of resources. Furthermore, recommendations for the future direction of the program are divided.

There were only three respondents for Family, Friends and Neighbors, but of those most of the stakeholders had a fairly positive impression of the program's leadership and direction.

For the Early Care and Education Committee, most stakeholders similarly had a fairly positive impression of the committee's leadership with some stakeholder concerns expressed around the committee's lack of focus. It should be noted for the ECE development that the state was planning to implement a larger scale project, and the First Steps work was connected to that effort. When the state decided not to pursue it, the ECE committee was left without a project to work on and had to start from scratch. This reflects conditions outside of First Steps control.