

children:

a JCCI community inquiry on creating  
early learning success



# FINAL IMPLEMENTATION REPORT

*Christine Lester, Task Force Chair*

*Committee Leadership*

*Beverly Alexander*

*Laura Bailet*

*Chad Sykes-Burns*

*Christine Stephens*



# **CHILDREN: 1-2-3 IMPLEMENTATION TASK FORCE MEMBERS**



*The following individuals participated in all or some portion of the advocacy period of the Children: 1-2-3 Task Force. Their diligence and dedication are sincerely appreciated.*

## **Task Force Members**

*Beverly Alexander  
Dana Ferrell Birchfield  
Kristi Brandon  
Amy Buggle  
Catherine Christie  
Amy Crane  
Megan Denk  
Johnna Cooper- Daniels  
Jeff Goldhagen  
Katrina Hall  
Becky Henderson  
Ray Holt  
Eva Jenkins  
Samantha Lawson  
Chris Lester  
Susan Mankowski  
Mary Nash  
Katie Patterson  
Ginger Preston  
Vickie Robinson  
Kathleen Shaw  
Nan Thomas  
Joji Zarbo*

*Laura Bailet  
Taylor Blackburn  
Sherry Buchman  
Chad Sykes-Burns  
Anne Claridge  
Erika Crosier  
Nancy Dreicer  
Meredith Frisch  
Rocelia Gonzalez  
Cynthia Harpman  
Bryan Hensley  
Tiffany Hunter  
Jason Kerkezi  
Ginger Lee  
Robert Littell  
Laura Minnich  
Karin Oroza  
Melanie Patz  
Padma Rajan  
Paula Ruffner  
April Smith  
Vicki Waytowich  
Roberta Zipperer*

*Garry Bevel  
Carol Brady  
Danielle Bugbee  
Jackie Carrino  
Skip Cramer  
Gigi M. David  
Kym Dunton  
Elizabeth Fullerton  
Charlene Gross  
Kay Hawkins  
Connie Hodges  
Laureen Husband  
Nancy Kuhn  
Laurie Lee  
Susan Main  
Jan Morse  
Karen Patterson  
Star Postell  
Cynthia Robinson  
Doreen Sabina  
Christine Stephens  
Selena Webster-Bass*

*JCCI Staff Support: Steve Rankin*



## **From the Task Force Chair:**

A quote in the Times-Union caught my eye back in 2010: “We believe learning begins before birth.” The speaker was Meredith Chartrand Frisch, an emerging and dynamic leader of Jacksonville’s philanthropic community and Director of The Chartrand Foundation. Meredith’s insightful comment resonated with what I know through my experiences as a Newborn Intensive Care Unit Developmental Educator and an Early Childhood Special Education teacher: to ensure children’s success in school and in life, start with babies—all babies. Over 80% of brain construction is complete before a child’s first birthday. New science in human development points the way toward eliminating the achievement gap by age 3—what’s missing is the linkage between expert knowledge and community action. To create that linkage is the purpose of this report.

JCCI’s unique role as convener for community action created an effective forum for experts from over 30 child-serving agencies to explore strategies to change the trajectory of early learning outcomes in our community. The past three years of community engagement in *Children 1-2-3* builds on JCCI’s Infant Mortality inquiry, an earlier body of work initiated by Meredith through funding partnerships she helped create. In addition, The Chartrand Foundation funded the N-TOUCH Pilot Project, a “train-the-trainer” professional development course designed to increase parent educators’ knowledge of early brain development. This investment resulted in direct training of more than 300 community-based parent educators from over 20 child-serving agencies.

Through these initiatives, Meredith’s philanthropic partners collaborated to strategically fund over six years of multi-level community action focused on improving outcomes for all newborns, infants and toddlers. The result is impressive: Jacksonville is now in position to change not only the achievement gap but also gaps in understanding between what Jacksonville’s child development experts say and what citizens hear. When infants get a strong start, Jacksonville prospers. The *Children 1-2-3* Implementation Report describes how we’re doing now and what we need to do next. The wellbeing of babies, their parents and caregivers is of utmost importance if Jacksonville is to flourish.

Christine Lester  
Task Force Chair  
November 2014

## **Overview of the Implementation Process**

When the Children: 1-2-3 Inquiry process began in Fall 2011, there was widespread agreement among professionals and stakeholders in the early childhood development sector that it was time for Jacksonville to become a place where all newborns, infants, and toddlers can thrive. In Duval County, 30 percent of children entering kindergarten could not pass the test that shows they are prepared for school learning, virtually assuring years of difficulty in keeping up with their classmates and peers.

The first three years of life provide the most rapid period of brain development, and it is during these early years that a one-time window of opportunity exists for maximizing a child's developmental potential. Healthy brain development requires a consistent nurturing environment that is impacted by many factors (e.g., talking to and playing with the child, good nutrition, active movement, uninterrupted sleep, quality childcare, regular visits to pediatricians, etc.).

While this unique three-year window has been known to early childhood professionals for years, the Inquiry discovered that others in the community – including many well-meaning and attentive parents – are not fully aware of all the things they can do to provide their children with the best foundation possible for a lifetime of learning. Expanding awareness of the importance of 0-3 throughout every segment of the community was therefore an objective of the highest priority when the Children: 1-2-3 Implementation Task Force came together for the first time in July 2012.

The Task Force included 68 members, some of whom were early childhood professionals, while others were simply concerned citizens interested in improving their community. This Final Implementation Report reflects the countless hours of hard work of these Task Force members throughout the last two-plus years. Their dedication to improving the lives of our youngest children has been extraordinary, and it was both humbling and exciting for me to serve as their chair.

The Children: 1-2-3 Inquiry developed nine recommendations that essentially fell into two main categories – creating and maintaining an environment where all newborns, infants, and toddlers thrive; and educating the whole community about the critical first three years of childhood development. It was the role of our Task Force to advocate for implementation of these recommendations to the applicable stakeholders and elected leaders in the community.

The Task Force was divided into three subcommittees (Maximizing Information and Awareness; Creating a Child-Friendly Jacksonville; and Broadening Service Delivery and Knowledge), each of which was assigned three of the nine recommendations. Over the two-year period, the full Task Force met seven times, the subcommittees 32 times, and a Steering Committee that included

the subcommittee chairs seven times. In addition, numerous separate meetings and conversations were conducted with stakeholders and civic leaders.

Not surprisingly, we quickly found that influencing progress would be easier for some recommendations than others. We also recognized there were a couple that were simply not suited to completion in a two-year timeframe (e.g., conversion of the Jacksonville Children's Commission into a special taxing district such as the Miami Children's Trust). In all, we consider three recommendations as fully implemented; two partially implemented; two as not yet implemented but likely to be in the next two years; and two not implemented.

As a Task Force, we are not so presumptuous as to suggest that all of the positive things that have occurred to help address the Inquiry's recommendations are a direct result of our activities. As is frequently the case with JCCI implementations, however, we are convinced that our work has elevated awareness throughout the community of early childhood development issues, thereby contributing to the strong sense of positive momentum that has been established.

The work our dedicated volunteers have accomplished over the past two-plus years has truly mattered, and its value to the community will continue to unfold in the years ahead. Establishing a broad collaborative dialogue within the early childhood sector is challenging, and we have not yet reached the finish line, but a foundation has been laid that we believe will benefit our youngest children for years to come. In addition, innovative communication vehicles such as the Early Learning Coalition of Duval's new early childhood development website – developed through the work of our Task Force – will provide important and useful information to parents and caregivers throughout the community.

We cannot afford to make the mistake of assuming our work is completed. We must continue to educate our community and steadfastly stress the importance of early childhood development so that eventually every child in Jacksonville will be afforded the opportunity to thrive. Only then can we truly call ours a Child-Friendly City.

# **RESULTS OF ADVOCACY WORK**

## **Recommendation 1:**

*Build a collaborative system of care serving all of the community's newborns, infants, and toddlers: The PLAYERS Center for Child Health at Wolfson Children's Hospital should convene a broad range of funders and stakeholders to form the working group that creates the birth-to-three system of care in Duval County. Building a system of care includes:*

- *Implementing common practices, goals, and quality standards for serving children and families;*
- *Creating a unique "common child identifier" and aligning data using the Ages and Stages Questionnaire to demonstrate return on investment and outcomes through improved coordination, greater efficiency, and more accountability; and*
- *Establishing a single entry-point for parents and caregivers to access services for their children and obtain information regarding brain development, whole child development, and early learning.*

## **Results:**

Throughout much of its two-year implementation period, the Task Force was challenged to identify a viable way forward in developing a collaborative system of care for newborns, infants, and toddlers. After a series of discussions, it became evident that the role of convener did not align well with the mission of The PLAYERS Center for Child Health, the group identified in Recommendation 1 as perhaps one that could assume that responsibility.

Recently, Early Learning Coalition of Duval and United Way of Northeast Florida have taken the lead on developing a framework for a holistic community approach to wellbeing for *all* families and children ages prenatal to kindergarten. Though still in the conceptual stage, the initiative is being initially referred to as *Healthy Children in Healthy Communities*, and it would include a wide range of early learning stakeholders and partners meeting regularly to ensure that identified gaps are being addressed and that duplication of services is being avoided. When launched, we believe this new collaborative will successfully address Recommendation 1.

The work envisions an expanded role for Early Learning Coalition of Duval, in alignment with its new strategic plan that identifies ELC of Duval as "Jacksonville's first stop for early learning through collaborative leadership that ensures: all children receive high quality child care and learning; all families have the support they need for their children to succeed; and all children are ready for their academic and lifelong success."

The work also aligns with United Way's major focus areas. United Way of Northeast Florida has been a consistent strong supporter of quality learning through the *Success by 6* program, and more recently with the *Reading Pals* program. It also aligns with United Way's first priority in its newly created health strategy: "In partnership with other key agencies, convene healthy

beginnings, healthy eating and exercise, and mental health partners to develop a holistic, community approach to family wellbeing for families with children ages 0-6.”

The scope of work envisioned for *Healthy Children in Healthy Communities* considers that the following core areas will be addressed: child development, prenatal to kindergarten; mental and physical health; nutrition; safety and security; scaling quality early learning; family health and stability; measuring progress and planning for sustainability.

In addition to the proposed *Healthy Children in Healthy Communities*, Early Learning Coalition of Duval is also in the process of developing a content-rich website for parents and care givers that will provide a broad range of information on early childhood development (see Recommendation 9). The website is a result of Children: 1-2-3 Task Force activity, addressing the need to publish information that answers questions and educates parents on healthy brain development, social and emotional health, developmental screening, quality childcare, and physical well-being.

Now under construction, the website will be launched in 2015, through a grant from The Chartrand Foundation and the Jacksonville Children’s Endowment at the Community Foundation. When completed, the website will successfully answer the portion of Recommendation 1 relating to establishing a single entry-point for accessing information.

Although still in the formative stage, *Healthy Children in Healthy Communities* is an exciting concept, and it would provide a collaborative system of care involving every segment of the early childhood development community envisioned in Recommendation 1. The initiative would offer the community a comprehensive approach to ensuring that our youngest children get the start in life they need. It is currently anticipated that if the proposed initiative receives broad support from stakeholders, it would be launched in 2015. Early Learning Coalition of Duval and United Way of Northeast Florida are to be applauded for stepping forward to provide initial leadership on this important initiative.

**Evaluation:** *Not yet implemented, however the proposed initiative and website described above are likely to be implemented in 2015. Full implementation requires a collaborative system of care serving all of the community’s newborns, infants, and toddlers. Stakeholders have made progress in communication regarding these systems issues, but they must continue to meet to fully map out and accomplish these objectives. **Next Step:** Resources will be needed to scale existing services to a wider population and to demonstrate return on investment and outcomes achieved for the birth-to-three population when the components of a 0-3 System of Care are in place.*

---

## **Recommendation 2:**

*Strengthen the role of the philanthropic community to support early learning and childhood development: Jacksonville's philanthropic community in a collective and strategic partnership, led by The Community Foundation, The Chartrand Foundation, and United Way of Northeast Florida should work together to purposely fund early learning and childhood development initiatives in accordance with this report.*

## **Results:**

From the outset of the Children: 1-2-3 project, the three philanthropic organizations identified above have been engaged as participants on the Task Force and have provided critical guidance and support. The Chartrand Foundation, whose grants are administered through The Community Foundation for Northeast Florida, served as the primary sponsor of the Inquiry, as well as providing financial support for the two-year implementation period. In addition, their generous grant is funding the informational website being designed by Early Learning Coalition of Duval for parents and caregivers of newborns, infants, and toddlers (see Recommendation 9). This innovative website is one of the signature results of the Children: 1-2-3 implementation work, and it would not have been possible without the collaborative funding partnership of The Community Foundation and The Chartrand Foundation.

In 2011, The Chartrand Foundation also agreed to fund a three-year N-TOUCH Pilot Project, a full-day professional development program that trains community-based parent educators on evidence-based knowledge of newborn development. N-TOUCH participants include childcare providers, case managers, clinical therapists, faith-based providers, home visitors, and family members and friends. They learn the foundational processes for infant mental health that begins developing before birth and the care practices that support healthy development.

United Way of Northeast Florida was also prominently represented on the Implementation Task Force, and focused one-third of the attention of its year-long Health Strategy Council (2013) on early childhood development issues. The purpose of the Council was to inform the United Way strategic plan by identifying strategies for the organization to more effectively utilize its resources to help achieve community goals for successful health outcomes. Strategies resulting from their look at *Healthy Beginnings* (as well as Mental Health and Healthy Eating and Physical Activity) are being implemented and will continue to benefit the community through additional resources in the years ahead.

To lay the groundwork for the implementation of Recommendation 2, The Community Foundation for Northeast Florida is identifying current sources of private funding and selected public funding streams that support programs for children 0-3. This effort is a first start in identifying areas of overlapping interest to enable co-investment in potential strategies outlined in this report.



Other philanthropic organizations that provided financial support for the Children: 1-2-3 project include: Jacksonville Jaguars Foundation; Jessie Ball duPont Fund; Baptist Health; Lazzara Family Foundation; DuBow Family Foundation; bestbet-Jacksonville; David A. Stein Family Foundation; Early Learning Coalition of Duval; Blue Foundation; Nemours BrightStart; Family Support Services; and Mark and Meredith Frisch.

**Evaluation:** *Fully implemented for the short-term objectives of the Task Force. All three of the named philanthropic organizations in Recommendation 2 increased their support of early childhood development during the implementation phase. In addition, other organizations stepped forward to financially support the creation of the informational website that will serve as a lasting legacy of this project. Conversations are taking place to develop a cohesive vision of funders' roles and opportunities in birth to 3 issues going forward, as many funding needs remain. **Next Steps:** Recommendation 2 was implemented through immediate, single point funding. To achieve long-term impact, break through strategies in collaborative investment that can bring together more expertise and assemble more capital than individual grant-making are needed. Public-private partnerships that invest in 0-3 through strategic and collaborative efforts are required to ensure all infants and toddlers get a strong start.*

---

### **Recommendation 3:**

*Enhance local health care delivery systems to better address the developmental needs of newborns, infants, and toddlers in addition to supporting their parents: The Jacksonville Area Hospital Inc. should direct the effort to integrate optimal whole child development practices into existing treatment and community health practices for newborns, infants, toddlers, and children. Specific considerations include:*

- *Identifying practices currently used by hospitals to educate new parents about healthy development and supplement that work;*
- *Increasing access to pediatric health services through hospital-based and/or neighborhood clinics;*
- *Promoting the expansion of the medical home model in Duval County to integrate health, education and childhood development for all children from birth through age three; and*
- *Facilitating the development of Healthy Start infant screening and appropriate home visiting referrals offered through Healthy Start, Healthy Families, Early Head Start, and the Nurse-Family Partnership.*

**Results:** Despite the perseverance of the Subcommittee assigned this Recommendation, quantifiable progress was not easy to achieve. Stakeholders with whom the members interfaced are uniformly enthusiastic about enhancing health care delivery for our youngest children, but overcoming identified state and local barriers makes local progress difficult. Barriers uncovered included: (a) lack of a singular recognized agency responsible for

coordinating county-wide developmental screenings (including those done in health care programs and early learning programs); (b) difficulty incorporating developmental screenings into pediatric practices, particularly for families on Medicaid or CHIP where health care coverage providers and/or eligibility are frequently changing; and (c) using the early learning developmental screening system which is required for eligibility purposes vs. clinical monitoring.

Numerous meetings were held between subcommittee members and local pediatricians, the Board of Directors of Partnership for Child Health, Healthy Start Coalition, and other stakeholders, and while all are committed to the best system of care possible for children in our community, it did not prove to be a simple matter to move in a common direction on these complicated issues.

Subcommittee members learned that the Jacksonville Area Hospital Council, identified in this Recommendation as a logical organization to direct this effort, is not structured to provide the consistent, ongoing attention necessary to coordinate the community-based objectives outlined. Despite numerous conversations over the two-year advocacy period, an alternative oversight group did not emerge, but recent discussions with the new Office of Children's Ombudsperson for assistance with this effort have been encouraging.

With respect to the specific subject areas defined in the Recommendation, the Subcommittee determined the following:

- Identifying practices currently used by hospitals to educate new parents about healthy development: The development and launch in 2015 of the new Early Learning Coalition of Duval website (Recommendation 9) will provide an easy-to-access common vehicle for hospitals to direct parents to access information to promote early childhood development.
- Increasing access to pediatric health services through hospital-based and/or neighborhood clinics: Current access to pediatric health services in Northeast Florida is directly impacted by state and federal level eligibility and reimbursement policies. Medical homes and pediatric clinics are available in the area, but family income levels impact eligibility for state and federally supported services. In addition, frequent changes in state/federally approved providers and limited operating hours are barriers to clinic-based care during early childhood. Possible solutions include increased state and federal advocacy, and consideration of funding mobile medical homes (with shared electronic records) to offer before, during and after appointments in close geographic locations to early learning centers, WIC offices or grocery stores.

- Promoting expansion of the medical home model: Cover Jacksonville is a health campaign that builds on existing enrollment efforts and leverages community resources in order to reduce the number of uninsured Duval County children by 20% by December 2015. Led by the City of Jacksonville and the Jacksonville Children’s Commission, the campaign’s key partners include the Mayor’s appointment of Jacksonville’s first-ever Commissioner of Health, Mia Jones; Duval County Public Schools, the Florida Department of Health in Duval County, THE PLAYERS Center for Child Health at Wolfson Children’s Hospital; United Way of Northeast Florida; the Health Planning Council of Northeast Florida and the Northeast Florida Center for Community Initiatives at UNF.
- Infant screening and home visiting referrals: Currently, prenatal and infant risk screens are processed through the Duval County Health Department Regional Processing Center. Screens are reviewed to ensure that they are initialed indicating consent to services, and are then sent to the zip code appropriate Healthy Start **and** Healthy Families service delivery sites.

All Healthy Start service providers, including the ones listed in the recommendation, attend a monthly provider meeting to discuss appropriate service delivery and outreach to families. This ensures that families qualifying for home visiting services are contacted by the most appropriate service provider.

Discussions with health care providers suggested that of the issue areas considered in this Recommendation, the most immediate positive impact could be achieved by focusing on improving community-wide developmental screening and referrals. There is general agreement among providers that a coordinated developmental screening system with improved collaboration would be of great benefit to the children in the community.

Accordingly, questions about developmental screening were added to the Pediatric Health Care Provider Survey (see Recommendation 9) to solicit the input of local pediatricians. All practitioners who responded said that standardized developmental screening is important, but only 76 percent currently conduct screening (mostly with Ages and Stages Questionnaire and/or M-Chat). Fifty-eight percent would like additional training in using standardized screening tools. While health care providers generally agree that accessible, coordinated developmental screening is a worthy goal, there is not yet agreement on how best to achieve it. The American Academy of Pediatrics recommends regular surveillance at each well check and standardized developmental screening at 9-, 18-, 24- or 30-month intervals (American Academy of Pediatrics & Council on Children with Disabilities, 2006).

Early Learning Coalition of Duval is one of the leading providers of developmental screening in the area. All children from birth to age 5 who participate in the School Readiness Program and receive financial assistance through ELC of Duval must receive a developmental screening per Florida Statue 1002.82, provided the parent or guardian

gives consent. Ages and Stages Questionnaire-3 is the tool used to complete the screenings, and it covers five developmental domains (communication, fine motor, gross motor, problem solving, and personal social).

The developmental screenings are completed within the first 45 days of enrollment in the School Readiness Program and annually thereafter. Results are shared with early care providers and parents, who have the responsibility to inform their child's health care provider of screening results. Additional services and referrals are offered to those children requiring attention by agencies such as Hope Haven, Child Guidance Center, Early Steps, Child Find, Vision is Priceless, Jacksonville Speech and Hearing Center, and others. Again, these referrals are not coordinated with the child's health care provider unless the parent involves them.

For screenings that do occur in the settings described above, referrals are made when concerns are detected from screening scores below the norm. Frequently, however, children with low scores do not qualify for subsidized treatment because their impairment is not deemed sufficiently severe, so those with milder impairments who might benefit most from intervention are often ineligible.

Currently in Northeast Florida, there is no standardized practice or agency responsible for developmental screening for infants and toddlers. Screenings do occur in several different environments, but there is no coordinated effort to ensure that all children are screened. Children who are exposed to standardized developmental screening include those in child welfare (overseen by Family Support Services), those in foster care, those involved in subsidized early learning programs, and children whose private practitioners provide screenings as part of normal infant/toddler care.

The Jacksonville System of Care Initiative (JSOCI) is also actively engaged in the screening process. Social emotional screenings utilize the Early Childhood Screening Assessment (ECSA) and are administered primarily to at-risk children from 18 months to five years of age. When appropriate, referrals are made to Children's Home Society and Child Guidance Center for mental health services. In addition, monthly Early Learning Committee meetings are held to discuss and connect the children who need other services to applicable agencies in the community.

As can be seen from the above, positive work on developmental screenings is taking place in various settings in Duval County. The goal, however, of providing a coordinated developmental health promotion program that includes all children throughout the community has not yet been achieved.

Possible improvements identified by the Subcommittee include:

- Funding of 1-2 full time Early Childhood Developmental Coordinators to oversee developmental screening practices in Duval County;
- Coordination of training for professionals in using standardized screening tools;
- Monitoring referrals and eligibility rates for services; and
- Enhancement of developmental educational opportunities.

Potential measurements of success should include:

- Increase in the number of pediatric primary care professionals prepared to screen and refer;
- Increased number of completed screenings;
- Improved referral and early intervention rates; and
- Positive satisfaction surveys from parents, pediatric health providers, and community agencies.

**Evaluation:** *Not Implemented. Excellent work is occurring in pockets throughout the community, but developmental screenings, referrals, and follow-up services are not yet available to all children in the community. **Next Steps:** Private-public funding partnerships specifically intended to support prevention, early intervention and treatment programs for all children birth through three is needed to establish Developmental Care Coordinator positions focused on the entire 0-3 population in accordance with the bulleted description above.*

---

#### **Recommendation 4:**

*Create an independent advocate to champion the needs of newborns, infants, and toddlers: the working group formed as a result of Recommendation 1 should develop or identify an organization to house an independent office (or “ombudsperson”) to represent the interests, needs and rights of children in the public sphere unencumbered by political allegiances or government affiliations. The advocacy agenda should include support for:*

- *State and local funding sufficient to ensure Jacksonville children’s healthy development;*
- *Evidence-based practices that promote healthy brain and whole child development;*
- *A local system of good governance committed to creating a Child Friendly City; and*
- *Policies that strengthen early learning centers, including those professionalizing the childcare industry.*

## **Results:**

At the beginning of the Task Force's two-year implementation period, it became apparent that the Partnership for Child Health and Jacksonville System of Care Initiative (JSOCI) had plans to create an Office of Children's Ombudsperson with funding from a six-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). This Office of the Ombudsperson is designed to represent the interests of all children in the area, not just those from birth through age three.

Recognizing that funding was already in place to support this position and that creating a separate office solely dedicated to newborns, infants, and toddlers would be confusing and largely duplicative, the Task Force determined that its best strategy would be to support the planned Ombudsperson and develop a close working relationship with him or her to help ensure that early childhood issues would become a priority in Northeast Florida. Task Force chair Chris Lester participated on the selection committee and emphasized to candidates the importance of early childhood development issues.

The job description of the Children's Ombudsperson is shown below:



**Children's Ombudsperson**  
~ Position Description ~

---

**Summary:** The Partnership for Child Health seeks an experienced child advocate to serve in a new and unique role as a Children's Ombudsperson.  
**Reports To:** Project Director  
**Status:** Full Time, Exempt

---

**EDUCATION/EXPERIENCE**

Qualified individuals will have an advanced degree in a relevant field of study and multiple years of experience in child advocacy.

**ESSENTIAL DUTIES AND RESPONSIBILITIES**

The role of the Ombudsperson is to improve the health and mental health of all infants, children and youth by:

- a) expanding knowledge and promoting awareness and appreciation among all in our community as to the reality and root-causes of children's well-being across their life course;
- b) making infants, children and youth more visible by ensuring their voices are heard and respected; advancing public awareness and social marketing of children's life-course needs and rights through information and education using SAMHSA systems-of-care tenets and the framework of the UN Convention on the Rights of the Child;
- c) guiding policy research and the generation of relevant rights and equity-based public policies;
- d) identifying breaches in the rights of children and cultivating proposals for change;
- e) engaging all sectors and members of the lay and professional communities;
- f) disseminating information and social marketing strategies to advance the rights of children;
- g) developing teaching and research programs relating to children's rights;
- h) collaborating with other regional, national and international institutions to advance the promotion and protection of children's rights; and
- i) contributing to and participating in social marketing endeavors to ensure every child in our community achieves optimal health, mental health and development.

---

**PERFORMANCE REQUIREMENTS/PERSONAL QUALITIES**

- ◆ Excellent analytic, verbal, writing and personal skills required to assess, communicate and generate changes related to critical issues impacting children's health, mental health and well-being.
- ◆ Ability to relate to children and youth.

Jacksonville System of Care Initiative  
1095 A. Philip Randolph Blvd. Jacksonville, FL 32206 | T- (904) 630-3647 | F- (904) 630-3699 | W- JaxKids.net, PartnershipforChildHealth.org

It took nearly a full year to complete the hiring process, but Jacksonville's first-ever Children's Ombudsperson (Garry Bevel) came on board in the fall of 2013. The purpose of his position is to elevate the voice and participation of infants, children and youth in Northeast Florida. Mr. Bevel, a former practicing attorney and child rights advocate, is charged with championing existing policies and best practices, developing new policies, and working effectively within systems to ensure increased understanding of the needs of newborns, infants, and toddlers, as well as adolescents and young adults throughout the community. The strategic overview of the Office of the Children's Ombudsperson is as follows:

**Strategic Overview**  
**Office of the Children’s Ombudsperson (OCO)**

---

*“Children are individual people – they have equal status to adults as members of the human race— they are not possessions, products or people-in-the-making.”*

**I. Vision and Mission**

**Vision:** We envision Jacksonville as a Child-Friendly City where the rights of all children to optimal health and well-being are known and fulfilled.

**Mission:** Toward this vision, the mission of the Office of the Children’s Ombudsperson is to build the capacity of children, families, institutions and systems to fulfill the rights of children as delineated in the UN Convention on the Rights of the Child.

**III. Goals**

**Goals:** Infrastructure, Participation, Promotion, and Protection

Goal 1. *Infrastructure.* To establish the Office of the Children’s Ombudsperson as a sustainable independent institution that is respected by and integrated into the Jacksonville community.

Goal 2. *Participation.* To ensure the rights of children to a voice that is heard and to participate in all aspects of the community, within the context of their evolving capacities.

Goal 3. *Promotion.* To ensure the rights of children to the resources, services and programs required to promote and attain optimal health and well-being are fulfilled.

Goal 4. *Protection.* To protect the rights of children to environments that respect and respond to their unique vulnerabilities, and advances their well-being.

**IV. Principles**

The work of the Office and Ombudsperson will be guided and measured by a set of principle that reflect the norms and standards of human rights, social justice and equity.

- Respect for the dignity of children as bearers of rights to be fulfilled in the context of their evolving capacities.
- Respect for the voice of children and their right to be heard and participate in our community.
- Respect for the primary role and responsibility of parents and families to ensure the rights of their children are realized.
- Respect for the role of public and private sector entities in ensuring families and children have the capacity to fulfill the rights of each child.
- Respect for the cultural and linguistic integrity of families and children.

Mr. Bevel has been actively engaged with the Children: 1-2-3 Task Force since assuming his position, and his early activities have focused on collaborating with local pediatricians, philanthropists, researchers, and educators to lay the foundation for mapping Jacksonville’s assets and opportunities in the delivery of services to children. The ultimate goal is to help



Jacksonville attain the benchmarks for a Child-Friendly City, as defined by UNICEF and based on the UN Convention on the Rights of the Child.

An early initiative, supported strongly by the Children: 1-2-3 Task Force, is to develop an instrument to assess early childhood outcomes and opportunities in Jacksonville. The recommended instrument could be the Early Childhood Rights indicator that already exists, or one a local team of pediatricians, researchers, and the Children's Ombudsperson might develop based on UNICEF's blueprint.

Because the SAMHSA grant (which provides the funding for the Children's Ombudsperson) will expire at the end of 2016, it is a current priority of the Partnership for Child Health and JSOCI to complete a strategy for long-term sustainability of the Office of the Ombudsperson. The model being developed seeks a commitment of support from several core systems in Jacksonville, including juvenile justice, law enforcement, education, child welfare, and others.

In Mr. Bevel's brief time on the job, the Children: 1-2-3 Task Force has developed a strong relationship with the Office of the Ombudsperson. In addition, Jacksonville Children's Commission is meeting regularly with Mr. Bevel to establish plans for working together to advocate for young children's services and programs. He has proven to be most cooperative and has demonstrated a willingness to place a high priority on early childhood development issues.

**Evaluation:** *Partially Implemented...securing long-term funding to sustain the Office of the Ombudsperson once the SAMHSA grant expires is now required. **Next Steps:** The Jacksonville System of Care Board of Directors is currently engaging in community planning for the sustainability of the core components of the System of Care, including the Office of the Ombudsperson. Through a network of community and child-serving systems (DCF, DJJ, DOE, COJ, ELC), community and child-serving non-profit organizations, and philanthropic entities, the System of Care Board and stakeholders are working to identify the appropriate house for the independent children's advocate.*

---

### **Recommendation 5:**

*Restructure our children's services council on the model of the Children's Trust: Following the model of the Children's Trust in Miami, Duval County's voters must initiate and approve a referendum to establish a special independent taxing authority to provide a more consistent source of local funding to serve children in Duval County through public investment.*

**Results:** The Jacksonville Children's Commission (JCC) serves as this community's children's services council, one of nine in the state of Florida, the purpose of which is to fund programs and services that improve the lives of children and their families. JCC is the only one of the nine that is not set up as a special taxing district, but instead as a department of the City of Jacksonville, and

therefore subject to year-to-year variations in the City budget. In recent years, JCC has seen its funding systematically reduced, jeopardizing its ability to serve the community's children, including newborns, infants, and toddlers.

Local voters did not approve a referendum in 1994 to establish a special taxing district, so the JCC was created as a component of local government, having no dedicated funding stream and directly impacted by the political climate at City Hall each year. The special taxing district model provides the other children's services councils with a more reliable funding source and the ability to do critical multi-year financial planning.

The Task Force Subcommittee working on this recommendation spent several months compiling background information on children's services councils, as well as the process involved in getting a special taxing district for children's services on the ballot for a public referendum.

Several months before the Subcommittee began its work, similar efforts were already well underway to establish the Jacksonville Public Library system as a special taxing district for the same reason (i.e., create a dedicated and consistent funding source for the Library which had experienced a series of annual funding cuts in the City budget). On the one hand, the process being followed by the advocacy group *Save Jax Libraries* has served as a useful model on how to systematically approach the multiple steps leading to a public referendum, which they originally hoped to achieve in 2014. On the other hand, the Children: 1-2-3 Task Force recognized immediately that it would be senseless to ask local voters to consider approving two special taxing districts at the same time, so it was determined that a reasonable gap of one or two years in the timing of the referendum for the children's services council should be part of the strategy for reorganizing the Children's Commission. The Task Force recognized from the outset therefore that successful implementation of Recommendation 5 would not occur during its two-year term.

The process involving the Library initiative took longer than originally anticipated to develop, and a straw ballot to gauge local interest in the Library taxing district was finally held in Jacksonville's Primary Election on August 26, 2014. A majority favoring the taxing district on the straw ballot was required to request that the Florida Legislature place the proposal on a future ballot for a binding public referendum, presumably for the November, 2016 election. The Library taxing district proposal was narrowly defeated on the straw ballot by a 51-49% margin. Library supporters remain hopeful that City Council will still call for a public referendum in 2016.

With that timeline in mind, the subcommittee determined that the earliest a special taxing district for a children's council should be considered is 2017, one year later than initially hoped. If the Library initiative is added to the 2017 ballot, a more palatable date for the children's

taxing district would be 2018, thereby providing a two-year window after the Library referendum.

Considerable background work must be accomplished to gain potential support for a children's taxing district, including a public awareness campaign to educate voters about the merits of restructuring the Jacksonville Children's Commission. A prerequisite to getting the initiative on a straw ballot as the Library did is to secure enough signatures from local citizens to demonstrate sufficient community interest for the concept. The number of signatures required of the Friends of the Library was 26,000.

A step-by-step model has been established by subcommittee members for eventually getting the special taxing district for children's services on the ballot for consideration by local voters. Recent conversations with Jon Heymann, Executive Director of JCC, and with a handful of local elected leaders indicate there is growing recognition that a children's taxing district may be a viable long-term solution to the current annual budget challenges. To move the initiative forward in a positive manner, it will be important to identify a recognizable community champion for the cause in the near-term, and it will require an advocacy group similar to *Save Jax Libraries* to guide it.

As the Library example has demonstrated, convincing voters to approve a special taxing district is not a simple proposition. They had significant starting advantages over the children's council concept because the Library initiative was strongly supported from the outset by an organized advocacy group (*Save Jax Libraries*) and had two recognizable and highly respected public champions in their court (Kevin Hyde, Bill Brinton). Still, it remains unclear whether voters will ultimately support a taxing district for a library system that desperately needs a funding overhaul. Garnering sufficient public support and momentum for a children's taxing district will be just as challenging, if not more so.

**Evaluation:** *Not Implemented. **Next Steps:** A step-by-step strategy model has been developed by the Task Force, but it is important that a public referendum for conversion of the Jacksonville Children's Commission be targeted in a year with sufficient separation from the Library initiative. The success of this referendum will depend, in part, on major public awareness and signature collection campaigns. These could be a logical follow-up to the marketing campaign described in Recommendation 6, below.*

---

### **Recommendation 6:**

*Implement a marketing campaign focusing on early brain and whole child development: The Early Learning Coalition of Duval with support from Jacksonville's philanthropic community should contract with an established marketing/public relations firm to develop a multi-faceted campaign that educates parents, providers, and the public about early brain and whole child development for the purpose of demonstrating measurable increases in public awareness and behavior change in families.*

**Results:** The Subcommittee working on this Recommendation met frequently over the first several months of the Task Force term to establish a framework for a comprehensive marketing campaign. Members initially developed a list of key concepts about early childhood development that should be incorporated into such a campaign; and compiled a best practices document of other similar local and national marketing campaigns that have been successful.

Subcommittee members next met with several area marketing and public relations professionals to solicit advice on the appropriate scope of a campaign, possible components, and thoughts on how to construct a Request for Proposal to select an agency to construct and implement the campaign. Several Subcommittee members also attended a series of training sessions conducted by Frameworks Institute to gain insights on how to create and convey effective messaging in Jacksonville that can produce intended results.

As Subcommittee deliberations continued during 2013 and early in 2014, the group's attention was simultaneously focused on the possible creation of a birth to five informational website for parents and caregivers that would successfully address Recommendation 9, another of the Inquiry's recommendations assigned to this group. Both the website and marketing campaign required significant funding support from local philanthropists, and it was deemed unlikely that funding for both could be secured at the same time. Accordingly, the Subcommittee determined that the website should be the first priority. The strategy for the marketing campaign should be further developed, but its implementation would be intentionally delayed until after the introduction of the website, at which point the prospect of securing funding would hopefully be improved.

While the implementation of a marketing campaign did not occur during the two-year term of the Task Force, the work of the Subcommittee assigned to Recommendation 6 was very productive in fostering valuable collaboration among organizations and programs serving young children in the Jacksonville area. Subcommittee activity brought together in collaborative settings such groups as: Duval County Public Schools, Jacksonville Public Library, Jacksonville System of Care Initiative, Family Support Services, Early Learning Coalition of Duval, United Way of Northeast Florida, Chartrand Family Foundation, Nemours BrightStart, Community Foundation for Northeast Florida, Jacksonville Children's Commission, University of North Florida, and others.

New public awareness campaigns across the country for promoting early childhood development provide Jacksonville with valuable models going forward. Campaigns such as the Clinton Global Initiative's "Too Small to Fail," and "Talking is Teaching" in Oakland, CA, contain many of the components and themes that are envisioned in our local campaign. In addition, Nemours BrightStart! has just launched a new website for parents (*ReadingBrightStart.org*) which embodies concepts and strategies developed in part through participation with the Children: 1-2-3 study and implementation phases. With continued support and encouragement from committed members of the Children: 1-2-3 Task Force, we are confident a comprehensive and persuasive campaign can soon become a reality in Northeast Florida. The new Early

Learning Coalition of Duval website launch in 2015 could serve as a major catalyst and focal point for that campaign.

**Evaluation:** *Not yet implemented but likely to be implemented in 2016 , if funding is available. Key stakeholders stand ready to move forward on this campaign, and there are community models nationally to help us identify key components for success. **Next Steps:** To have true community-wide impact philanthropic community will need to pool resources, networks and knowledge to assist with a multi-faceted campaign that educates parents, providers, and the public about early brain and whole child development. The capacity to demonstrate measurable increases in public awareness and behavior change in families is also required.*

---

### **Recommendation 7:**

*Educate childcare providers and use public and private dollars to support excellence in the field: The Early Learning Coalition of Duval and the Jacksonville Children’s Commission should augment current efforts to educate childcare professionals and compensate centers that exceed expectations.*

**Results:** Improving the quality of childcare by upgrading training efforts of childcare professionals is one of the primary current focus areas of Early Learning Coalition of Duval and Jacksonville Children’s Commission. Significant initiatives include the following:

- The most visible and potentially significant initiative Early Learning Coalition of Duval has undertaken involves collaboration with the Lastinger Center at the University of Florida on a pilot childcare coaching program. Jacksonville Children’s Commission and Episcopal Children’s Services are co-collaborators with ELC of Duval and UF on this project. *The UF Early Childhood Technical Assistance: Coaching Program* is designed to improve teacher/child interactions by providing qualified coaches that address all of the domains of the Guiding Stars of Duval (i.e., ELC of Duval’s quality rating improvement system for child care centers in Duval County). Under the terms of the agreement, Lastinger Center will train 26 Jacksonville Children’s Commission and Episcopal Children’s Services coaches who will serve 81 childcare centers.
- Over 800 childcare professionals participating in Guiding Stars of Duval received wage incentives by (a) having a minimum credential of a CDA (i.e., a nationally recognized early childhood professional credential awarded by the National Council for Early Childhood Professional Recognition); and (b) completing six hours of Outcome Driven Training (i.e., an intensive training designed to ensure that teachers convert the strategies they learn into classroom practice).
- N-TOUCH training was offered to Duval Early Learning Directors and center-based child care providers through joint funding from ELC of Duval and the Children’s Commission.

- Jacksonville Children’s Commission offers a Child Development Associate class where Duval County childcare providers can begin a career ladder in early childhood education. The six-month class is offered twice a year, allowing providers to have a specialty in Infant/Toddler CDA in order to increase the education level of teachers in the classroom. Once the national CDA is obtained, providers are encouraged to continue their education at an institution of higher education.
- Family Support Services (FSS) and Early Learning Coalition of Duval created trainings to address how teachers can help children in the foster care system deal with trauma. In addition, ELC/FSS piloted *Positive Behavior Interventions and Support* in childcare centers serving kids in foster care.
- ELC of Duval has initiated a comprehensive online training calendar which provides a one-stop resource for childcare providers and teachers to learn about available trainings and which ones best meet their needs.
- All childcare providers have access to research and standards based trainings through Jacksonville Children’s Commission, Early Learning Coalition of Duval, and Episcopal Children’s Services. Trainings are offered in a variety of locations and on relevant subject matter in order to increase the knowledge and skill level of teachers serving children from birth to three.
- Healthy Families Jacksonville educates families directly on topics of early childhood development and also links families to necessary resources in the community.
- The Women’s Business Center of the Greater Jacksonville Chamber of Commerce teamed with ELC of Duval to create a public/private partnership to train over 50 family childcare home owners on implementing best practices for creating a successful childcare business.
- ELC of Duval’s Professional Development Department was recently awarded accreditation by the International Association for Continuing Education and Training. The IACET standard is a proven model for producing effective training development practices. ELC of Duval will now be recognized on a national level as an organization that adheres to quality standards for continuing education and training.
- The Early Head Start Home Visitor’s program a Children’s Home Society is currently serving 127 families with infants and toddlers and 48 pregnant mothers. The 21 employees include a program nurse, infant toddler development specialist and 15 home visitors. The home visiting program recognizes parents as a child’s first and best teacher and EHS home visitors support this model by conducting 90-minute weekly visits. These visits include developmental screenings, ongoing child development assessments, and weekly family time activities to further encourage the development of the child. EHS is launching a Doula program in collaboration with DONA trained and certified doulas to provide low income mothers a birthing advocate and child birth education.

**Evaluation:** *Implemented. Recent local efforts to improve the quality training of childcare professionals have been significant and successful. However, many early childhood professionals are not consistently practicing current, evidence-based strategies or routinely accessing available professional resources. Cost, time, and ease of accessibility contribute to these*

challenges. **Next Steps:** *Concerted efforts to elevate a culture of continuous learning and improvement, including perhaps an annual innovative, high-profile birth to 3 learning institute, provider training incentives, and outcomes research would help build on the momentum that has started through the Children 123 study and implementation task force. Leveraging private-public funding is necessary to incentivize more childcare professionals to avail themselves of the available resources and to compensate centers that exceed expectations.*

---

### **Recommendation 8:**

*Increase collaborations with academia and those serving newborns, infants, and toddlers: The University of North Florida, Florida State College at Jacksonville, Jacksonville University, Edward Waters College, and other institutions of higher education operating locally should increase community outreach and collaborations to:*

- *Develop educational opportunities for current and future medical professionals providing prenatal, childbirth, post-partum, and pediatric care;*
- *Support and promote excellence in education and training for childcare and child-serving professionals, including the conversion of CEU's to college credit.*

**Results:** From the outset of its activities, the Task Force reached out to faculty members at local institutions of higher learning in an effort to expand collaborative efforts between academia and the early childhood community. Several UNF and FSCJ professors embraced the work of the Children: 1-2-3 project and joined the Task Force as regular members. These included Catherine Christie, Katrina Hall, Karen Patterson, Gigi M. David, and Tiffany Hunter. According to Dr. David, UNF's Early Childhood program has plans to offer more courses focusing on infant and toddlers, due to needs in the community expressed by members participating on the Task Force. The Early Childhood program at FSCJ has looked carefully at their AS-Early Childhood Management program and has completed revisions to their infant and toddler class offerings.

Linking academicians who can help elevate early childhood work in the community with the individuals and organizations that carry out such work on a daily basis has the potential to reap significant dividends for years to come. Prior to the Children: 1-2-3 Task Force, there was no forum for regular interface of these two sectors. Through work accomplished in Recommendation 3, above, faculty of family and pediatric nursing at Jacksonville University, UF Jacksonville and UNF have also expressed interest in incorporating expanded educational opportunities. Options include developmental screening, referral, and patient education, provided they are standardized within our local pediatric health care practices.

Involvement with the Children: 1-2-3 Task Force has resulted in heightened attention on 0-3 issues in the Early Childhood program at UNF. The name of their program was recently changed from PreK/Primary to Early Childhood to include infants and toddlers in all coursework. UNF has also added a new course (EEC 3266) called Program Planning: Infants and Toddlers, and they are currently considering other courses and/or field experiences that could be offered to Early Head Start teachers.

“Participation on the Task Force has enabled those of us in academia to build valuable relationships with the organizations working to ensure the needs of our young children are met,” said UNF’s Dr. David. “It is a powerful experience when like-minded people come together for the benefit of the youngest citizens in our community.”

“Being part of the Task Force expedited our work to ensure that our students were being appropriately prepared to work with very young children,” said FSCJ’s Dr. Hunter. “We will be making some additional curriculum changes as well as beginning to offer our infant and toddler classes online to help meet the needs of the community,” she added.

**Evaluation:** *Partially implemented...we were highly successful in integrating several key early childhood academicians into the Children: 1-2-3 Task Force, but the long-term benefits of their collaboration are as yet unclear. Representatives from academia are needed across all future activities of the 0-3 System of Care described throughout this report. **Next Steps:** Ongoing involvement of higher education with funding support, such as a “scholar in residence” program, will be essential for accomplishing the additional goals described for Recommendation 7 and continuing progress begun for Recommendation 8. Funding to promote excellence in trans-disciplinary professional development across all 0-3 fields of interest is required, to include evidence-based training, evaluation of training outcomes, best-practices in 0-3 care. The expertise of university faculty is needed to conduct research, generate reports on the status of 0-3 and surveys such as parental and childcare employee satisfaction.*

---

### **Recommendation 9:**


*Provide easy access to information about early childhood development to all Jacksonville parents and caregivers: The Early Learning Coalition of Duval, Duval County Health Department, the Jacksonville Children’s Commission, Jacksonville Kids’ Coalition members, and United Way of Northeast Florida each publish information and collateral materials that answer questions and educate parents about healthy brain development, social and emotional health, developmental screening, quality childcare, physical well-being, and cognitive development applicable to children from birth through age three. These organizations should work together with the Jacksonville Public Library and local media to develop a process for broadening the dissemination of information to the parents of newborns, infants, and toddlers.*



## Results:

The Task Force subcommittee assigned to this recommendation began by compiling a master file of materials related to early childhood development (pamphlets, books, leaflets, etc.) that contain useful information for parents and care givers. Some of the materials accumulated are distributed in offices of physicians and other health care professionals; some are not. It quickly became evident that there is no shortage of good materials, but their distribution is sporadic and inconsistent in the community.

The subcommittee's next step was to create a Health Care Provider Survey (below) that was distributed to pediatricians and other health care providers in the Jacksonville area. The survey was designed to assess how these professionals use – if at all - collateral materials related to early childhood development with patient families, barriers to their use, and preferences on types and sources of such materials. The recurring message the Survey elicited was the need for a single, well-publicized local website that could serve as a one-stop access point with key downloadable information for parents and providers.



**Health Care Provider Survey on  
Distribution of Child Development  
Information to Parents**  
(for JCCI Children: 1-2-3 Study Implementation Task Force)

Contact: Laura L. Ballet, Ph.D., [lballet@nemours.org](mailto:lballet@nemours.org) or P: 904.697.3118 F: 904.697.3172

Name *(optional)*: \_\_\_\_\_

Profession: \_\_\_\_\_

*Please answer the following questions based on the BIRTH TO THREE YEARS age range ONLY.*

- Do you currently distribute infant/toddler development materials to your patient families:  
Yes \_\_\_ No \_\_\_
- If Yes, what materials and/or source do you use:  
AAP \_\_\_ Born Learning \_\_\_ State of FL \_\_\_  
Other (describe) \_\_\_\_\_
- If No, what is the reason (check all that apply):  
No suitable materials \_\_\_ Cost \_\_\_ Storage space \_\_\_ Time \_\_\_ Don't see benefit \_\_\_  
Other (describe) \_\_\_\_\_
- Which of the following would help you provide materials to parents (check all that apply):  
Better materials \_\_\_ Free materials \_\_\_ Training \_\_\_ Central website \_\_\_  
Other (describe) \_\_\_\_\_
- How important is it for health care providers to talk with parents about infant/toddler development milestones and concerns:  
Very important \_\_\_ Important \_\_\_ Somewhat Important \_\_\_ Not Important \_\_\_
- Where do you think most parents seek out infant/toddler development materials and information about 0-3 brain development:  
at your office \_\_\_ online \_\_\_ from magazines (Parents, etc.) \_\_\_  
from support groups/family/friends \_\_\_ they don't \_\_\_ Other (describe) \_\_\_\_\_
- Where do you direct parents to learn more about how they can support their infant/toddler's developmental milestones:  
Online \_\_\_ Library \_\_\_ Books, magazines \_\_\_ Family and friends \_\_\_  
Other (describe) \_\_\_\_\_ Don't make recommendations on this \_\_\_
- Comments:  
\_\_\_\_\_  
\_\_\_\_\_

\*Please fax the completed form to Laura Ballet at 904-697-3172

Thank You



With that input in hand, the subcommittee turned its attention to the possible creation of such a website, recognizing that, if properly publicized, it could be a vehicle to provide wide distribution of early childhood information throughout the community. The purpose of a

content-rich website would be to serve as a community resource for early learning, health, development, and parent engagement. Funding options for the development and maintenance of the website were few, however, suggesting that support from the philanthropic community would be necessary.

Early Learning Coalition of Duval (ELC), prominently represented on the subcommittee, agreed to assume responsibility for housing the new website. ELC of Duval also served as the fiscal agent for a grant proposal that was eventually presented for consideration to Community Foundation for Northeast Florida. A three-year grant totaling \$135,000 was awarded in April, 2104 from funds provided by the Chartrand Family Foundation and the Jacksonville Children's Endowment at The Community Foundation. Additional funds are being provided by ELC of Duval, United Way of Northeast Florida, Blue Foundation, Nemours BrightStart, and Family Support Services.

Website development and design began shortly after the grant was awarded, and a soft launch is anticipated in the first quarter of 2015, with a full public launch later that summer. ELC of Duval representatives held a series of one-on-one meetings in June with Task Force members and other early childhood stakeholders to identify elements to be incorporated into the website. This collaborative process resulted in the following topics being suggested for inclusion:

- Voluntary Pre-Kindergarten program
- Childcare financial assistance
- Choosing quality childcare
- Family engagement
- Developmental milestones
- Prenatal and Neonatal information
- Pediatric information
- Child health and wellness
- Early literacy benchmarks
- Family self-sufficiency
- Child protective services information
- Partner agencies

These topics will display as buttons on the website's home page, linking to in-depth materials and other pertinent websites. Content and resources will come from local experts, national resource agencies, and the latest best practices developed by early learning research experts. ELC of Duval will also have access to other resources identified by the Children: 1-2-3 Task Force as relevant and useful for families that can be warehoused on the new website, including studies, best practices, videos, blog content, and other child development information.

Nemours BrightStart, under the direction of Subcommittee chair Laura Bailet, has also recently introduced a website ([www.readingbrightstart.org](http://www.readingbrightstart.org)) that provides an innovative reading readiness program focused on building reading success for kids from birth through age five. This online resource includes tips for reading with kids, activities, articles and recommended books by age and reading skill. The site also offers a free reading screener so parents of children ages 3-5 can assess their child's reading readiness skills and receive a customized action plan to develop specific skills.

On a related note, Family Support Services sponsored a community symposium ("Growing Strong Partnerships") on September 19, 2014, the purpose of which was to bridge child welfare and early education, introduce new programs and projects, and disseminate best practices. Participating agencies and speakers included several Children: 1-2-3 Task Force members, including chair Chris Lester. Partner agencies for the event included ELC of Duval, Nemours BrightStart, Jacksonville Children's Commission, Partnership for Child Health, SAMHSA, the Children's Bureau, and Florida Department of Children and Families.

**Evaluation:** *Fully implemented with the 2015 launch of the grant-funded new ELC website. New materials for dissemination may become available as part of the marketing campaign, and website updates will be needed periodically to stay current. Task Force members and other 0-3 experts will continue to be relied upon to provide high quality input to the website. **Next Steps:** Financial commitments are needed to support greater access for parents to obtain information on cognitive, emotional and physical development from pregnancy through toddlerhood. The importance of matching collaborative funding strategies to the distinctive nature of community issues represented on the website is a key need moving forward.*

---

## Summary

Too many children in our community fall behind before they take their first steps. In preparing this report, The Children 1-2-3 Implementation Task Force compiled common-sense solutions to address this systemic issue, each pointing toward the same action: invest in high-quality early learning and child development services that begin before birth. There are great gains to be had when Jacksonville invests early and equally in human potential.



## APPENDIX:

---

### Key Issues in Early Child Development

Recent research on early child development reveals that “achievement gaps” are evident during infancy.<sup>1</sup> Primary pathways for vision, hearing, language and emotional control reach peak development before an infant’s first birthday, and a child’s vocabulary has the potential to quadruple between the ages of one and two.<sup>2</sup> Early learners who are not ready for kindergarten are at higher risk of grade retention, intervention, remediation, and special education.<sup>3</sup> Education policy has traditionally operated under the assumption that elementary schools will fix problems that are rooted in early infancy; efforts to mitigate these effects require intense human and fiscal resources, however, and produce uneven results.<sup>4</sup> The toll on children, their families and the community is great.

For these reasons, the *Children 1-2-3* Implementation Report will introduce several key issues related to early child development in an effort to convey the complexities associated with ensuring equitable and adequate resources for infants, toddlers and preschoolers. We focus here on contexts and conditions known to influence the well-being of young children, communities and schools. While these contexts and conditions are not unique to Jacksonville families and communities, they are presented here as concerns for two primary reasons: (1) close relationships between these characteristics/contexts and characteristics/contexts identified as prevalent within the K-12 school population (e.g., poverty, adult education levels, race/ethnicity) suggest that these issues likely follow similar patterns of prevalence; and (2) the lack of available data sources makes it difficult if not impossible to gain a solid understanding of the

---

<sup>1</sup>Rostad, A. M., Nyberg, P. and Sivberg, B. (2008). Predicting developmental deficiencies at the age of four based on data from the first seven months of life. *Infant Mental Health Journal*, 29, 588–608. DOI: 10.1002/imhj.20194

Halle, T., Forry, N., Hair, E., Perper, K., Wandner, L., Wessel, J., & Vick, J. (2009). Disparities in Early Learning and Development: Lessons from the Early Childhood Longitudinal Study – Birth Cohort (ECLS-B). *Child Trends*. Retrieved from <http://www.childtrends.org/wp-content/uploads/2013/05/2009-52DisparitiesEExecSumm.pdf>

<sup>2</sup> Center on the Developing Child at Harvard University (2007). *A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children*. Retrieved from <http://www.developingchild.harvard.edu>

The Urban Institute (2013). *Baby’s Brain Begins Now: Conception to Age Two*. Retrieved from <http://www.urbanchildinstitute.org/why-0-3/baby-and-brain>

<sup>3</sup> National Scientific Council on the Developing Child (2007). *The Timing and Quality of Early Experiences Combine to Shape Brain Architecture: Working Paper #5*. Retrieved from <http://www.developingchild.net>

<sup>4</sup> *ibid*

extent to which salient issues are present in communities. Each issue leads toward examination of the extent to which current policy contexts work to help or hinder our communities.

Economic and social prosperity.<sup>5</sup> Investing in early child development from prenatal care through preschool directs resources to the origin of many problems and offers a root solution to develop better economic and social outcomes. Economist James Heckman notes the rate of return on investment in quality early childhood programs is 7-10% per annum (i.e., for every dollar spent on early childhood education, particularly for the neediest children, the return is \$7- 10 in decreased special education costs, improved academics and productivity and lower social costs like prison and welfare). Such investments are cost-effective, promote productivity, and reduce inequality to create lasting economic prosperity. In short, then, policymakers face a choice: pay now, or pay more later. Moreover, the greatest returns are realized when investments are made in the lives of vulnerable children from birth. Many families lack access to information, resources, income and skills to provide essential early child development experiences. Programs that emphasize both cognitive and social skill-building, especially those that target low-income households, are Jacksonville's best investment.

Early Care and Education Data.<sup>6</sup> States lack the necessary data to answer critical policy questions about early child development and are unable to link appropriate data across programs. Policymakers need recent, nationally representative early childhood data that can be disaggregated by locale within individual states. For example, gaps in currently available data prevent

---

<sup>5</sup> Knudsen, E.J., Heckman, J. J., Cameron, J. & Shonkoff, J.P. (2006). Building America's future workforce: economic, neurobiological and behavioral perspectives on investment in human skill development. *Proceedings of the National Academy of Sciences*, 103(27) 10155-10162.

Shonkoff, J.P., Levitt, P. (2010). Neuroscience and the future of early childhood policy: Moving from why to what and how. *Neuron*, 67, 689-691. <http://dx.doi.org/10.1016/j.neuron.2010.08.032>

FrameWorks Institute (2009). *Refining the Core Story of Early Childhood Development: The Effects of Science and Health Frames*. Washington, DC. Manual, T. Retrieved from [www.frameworks.org](http://www.frameworks.org)

<sup>6</sup> New America Foundation (2010). *Many Missing Pieces: The Difficult Task of Linking Early Childhood Data and School-Based Data Systems*. Issue Brief. Washington, DC: Bornfreund, L. & Severns, M. Retrieved from [www.earlyed.newamerica.net](http://www.earlyed.newamerica.net)

Daily, S., Burkhauser, M., & Halle, T. (2010). A review of school readiness practices in the states: Early learning guidelines and assessments. *Child Trends: Early Childhood Highlights*, 1(3). Retrieved from <http://www.childtrends.org/wp-content/uploads/2013/05/2010-14-SchoolReadinessStates.pdf>

US Department of Health and Human Services, Administration for Children and Families. (2013) *Number and characteristics of early care and education teachers and caregivers: initial findings from the National Survey of Early Care and Education (NSECE)*: Scott-Little, C., Lesko, J., Martella, J., & Milburn, P. Retrieved from <http://www.acf.hhs.gov/programs/ocpre>

researchers from investigating the number of early learners served in publicly funded programs, the characteristics of existing programs and the quality of the early care workforce. Lack of ability to analyze early child development data impedes policy formulation and program replication. To make solid investment decisions, policymakers need to determine whether infants, toddlers and preschoolers in their communities are on track to succeed when they enter school. Policymakers also need performance data on the distribution of the quality of services across neighborhoods, communities and regions of their state in order to capitalize on growing momentum and increased federal support for early learning initiatives.

Teen parenting.<sup>7</sup> In 2009, nearly 10% of the births in Duval County were with teenage parents. Teens often lack access to health clinics that offer contraception as well as counseling. Teen mothers are least likely of all maternal age groups to receive prenatal care or graduate from high school, are at a higher risk for pregnancy complications, substance abuse and depression and more likely to live in poverty. Babies born to teen mothers are more likely to be premature and can face a myriad of life-long health and developmental problems. Additionally, only around two-thirds of children born to teen mothers earn a high school diploma, compared to 81 percent of children born to adults. For teen fathers—young men likely to be least prepared for fatherhood—economic and environmental factors also impact early child development. Children of teen parents start school with lower educational performance, score lower on standardized tests, are twice as likely to be placed in foster care and to repeat a grade than their peers born to older parents.

Adverse Early Experiences.<sup>8</sup> Strong, frequent, and/or prolonged adversity such as the accumulated burdens of poverty can activate a child's toxic stress

---

<sup>7</sup> Northeast Florida Healthy Start Coalition. Retrieved from [www.nefhealthystart.org](http://www.nefhealthystart.org)

National Vital Statistics Reports. (2012). *Births: Final data for 2010*. Retrieved from [http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_01.pdf)

National Campaign to Prevent Teen Pregnancy. (2013). *Teen childbearing in rural America*. Retrieved from [http://www.thenationalcampaign.org/resources/pdf/ss/ss47\\_teenchildbearinginruralamerica.pdf](http://www.thenationalcampaign.org/resources/pdf/ss/ss47_teenchildbearinginruralamerica.pdf)

Bronte-Tinkew, J. B., Ryan, S., Carrano, J., & Moore, K. A. (2007). Resident fathers' pregnancy intentions, prenatal behaviors, and links to involvement with infants. *Journal of Marriage and Family*, 69, 977-990. DOI: 10.1111/j.1741-3737.2007.00425.x

<sup>8</sup> National Scientific Council on the Developing Child (2010). *Persistent Fear and Anxiety Can Affect Young Children's Learning and Development: Working Paper No. 9*. Retrieved from [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)

National Scientific Council on the Developing Child. (2008). *Effects of childhood stress Can Accumulate in the Body*. Retrieved from <http://www.developingchild.net>



response during the most sensitive time of brain development, and young children may be saddled with the damaging effects of toxic stress on learning, behavior, and health across the lifespan. When infants, toddlers and preschoolers experience acute and chronic stress, the physiological response can derail the development of brain architecture and other organ systems. Early exposure to circumstances that produce persistent fear and chronic anxiety, such as economic instability, caregiver substance abuse and domestic violence can have lifelong consequences by disrupting the developing architecture of the brain. Prolonged and/or excessive activation of the stress response systems can increase the risk for stress-related disease, impair early learning and adversely affect later performance in school, the workplace, and the community. While some of these experiences are one-time events and others may persist over time, all have the potential to affect how children learn, solve problems, and relate to others. Of note, if adverse childhood experiences are time-limited, such as a natural disaster, and buffered by relationships with adults who help the child adapt, the brain and other organs can recover from what might otherwise be damaging effects.

**Mental Health.**<sup>9</sup> The mental health of a child is central to enabling him or her to function within the community. Research has found that a secure attachment, or healthy emotional bond, between an infant and primary caregiver is key to the future emotional development of the child. Children born to a mother who suffers from postpartum depression are more likely to lack this attachment and are therefore at increased risk for delayed or impaired cognitive, emotional and linguistic development. Maternal depression, experienced by 20% of women, threatens a mother's emotional and physical ability to foster a healthy relationship with her child. Children's mental health affects how they socialize, how they learn, and how well they meet their potential. Children of depressed mothers are more likely to experience long-term mental health problems. The male children of mothers with postpartum depression have been found to be more cognitively delayed than girls and display more outwardly violent behavior. Shortages of primary care providers and mental health professionals in Jacksonville limit the likelihood that new mothers will be screened and treated for depression.

---

<sup>9</sup> South Carolina Rural Health Research Center. (2005).

*Mental health risk factors, unmet needs, and provider availability for rural children.* Columbia, SC: Moore, C. G., Mink, M., Probst, J., Tompkins, M., Johnson, A., & Hugely, S.

National Institute for Healthcare Management Foundation. (2010). *Identifying and treating maternal depression: strategies & considerations for health plans.* Washington, DC: Santoro, K. & Peabody, H. Retrieved from [http://www.nihcm.org/pdf/FINAL\\_MaternalDepression6-7.pdf](http://www.nihcm.org/pdf/FINAL_MaternalDepression6-7.pdf)

Center on the Developing Child at Harvard University. (2012). *The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain: Working Paper 12.* Retrieved from [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)



Breastfeeding Rate and Duration.<sup>10</sup> Infants who were breastfed for three months or more show significantly higher scores on assessments of their language and intelligence as adults. Breastfeeding provides a critical support for infants' immunologic, nutritional, physical, and cognitive development. Studies demonstrate an association between breastfeeding and improved vision, higher IQ, and better cognitive functioning. Children who are breastfed during early infancy are less likely to suffer from many common illnesses affecting young children. Mothers who breastfed their children for at least three months were significantly less concerned about their child's language and motor skill development at age six compared with those who never breastfed. Breastfeeding mothers also report higher rates of mother-infant attachment and bonding, feelings of maternal empowerment, and confidence. Despite these advantages, only 30% of mothers in Duval County offer exclusive breastfeeding to their infants in the first three months of life. The lowest breastfeeding rates are found in black women.

Childcare quality and affordability.<sup>11</sup> More than half of children under age 3 spend part or all of their day in the care of someone other than their parent. In

---

<sup>10</sup> Gartner, L.M., & Eidelman, A. (2005). Breastfeeding and the use of human milk. *Pediatrics*, 115(2), 496-506.

Mortensen, E. L, Michaelsen, K. F., Sanders, S.A., & Reinisch, J. M. (2002). The association between duration of breastfeeding and adult intelligence. *Journal of the American Medical Association*, 297 (18), 2365-2371.

Belfort, M. B., Rifas-Shiman, S. L., Kleinman, K. P., Guthrie, L. B., Bellinger, D. C., Taveras, E. M., Gillman, M. W., & Oken, E. (2013). Infant feeding and childhood cognition at ages 3 and 7 years. *JAMA Pediatrics*, published online July 29, 2013

Centers for Disease Control and Prevention. (2013). *Breastfeeding Report Card*. Atlanta, GA. Retrieved from <http://www.cdc.gov/breastfeeding/pdf/2013BreastfeedingReportCard.pdf>

<sup>11</sup> National Forum on Early Childhood Program Evaluation: Science Brief. (2008). *Do Early Childhood Programs Have Lasting Effects on Children?* Cambridge, MA. Retrieved from <http://www.developingchild.harvard.edu>

National Association of Child Care Resource and Referral Agencies. (2010) *Child Care in Rural Areas: Top Challenges*. Arlington, VA: Smith, L. Retrieved from [http://www.naccrra.org/sites/default/files/default\\_site\\_pages/2012/rural\\_top\\_concerns\\_070910.pdf](http://www.naccrra.org/sites/default/files/default_site_pages/2012/rural_top_concerns_070910.pdf)

U.S. Government Accountability Office. (2012). *Early child care and education: HHS and Education are taking steps to improve workforce data and enhance worker quality* (GAO-12-248). Washington, DC: U.S. GAO.

Burchinal, M., Kainz, K., & Cai, Y. (2011). How well do our measures of quality predict child outcomes? A meta-analysis and coordinated analysis of data from large-scale studies of early childhood settings.

Jacksonville, the average annual cost for center-based care for an infant was higher than a year's in-state tuition and fees at a four-year public college. Whether the adult (or teen) caring for an infant, toddler or preschooler is the parent, a relative or a childcare provider, the caregiver has assumed responsibility for creating the environment that will shape the growing child's brain architecture for all future learning and success. They have also stepped into a role characterized by little or no job training and with high rates of stress, feelings of isolation, and depression. The caregiver may receive low or no pay, health care, retirement or other employee benefits while increasing their exposure to infectious disease. Infant and child care providers change jobs at higher rates than food service workers. Caregiver stress and depression, whether parents, relatives or paid workers provide care, is known to negatively impact early brain development. The associated inconsistent, passive and unresponsive caregiving, to which infants in particular are negatively influenced, results in diminished returns for caregivers, young children and the community.

Early Disparities.<sup>12</sup> Patterns of differential performance in learning and social-emotional development emerge as early as nine months after birth and become increasingly evident over time. Families and early care providers often struggle to recognize and address early signs of developmental or behavioral concerns. Pre-K children are expelled at more than three times the rate of K-12 students. Early detection and connection to services lead to the best outcomes. High-quality early intervention programs can prevent the development of poor functioning later in life, however only 3.7% of eligible children are receiving Early Head Start services. The Individuals with Disabilities Act includes early intervention programs for families with infants and toddlers with risk conditions. An Individual Family Service Plan (IFSP) is the precursor to the Individual Education Plan (IEP). While the number of young children eligible for, but not receiving early intervention services is unclear, those who do participate make the move to kindergarten with relative ease (at kindergarten, 32% of the former early intervention participants were no longer considered to have a disability).

---

<sup>12</sup> Rostad, A. M., Nyberg, P. and Sivberg, B. (2008), Predicting developmental deficiencies at the age of four based on data from the first seven months of life. *Infant Ment. Health J.*, 29: 588-608. doi: 10.1002/imhj.20194

Halle, T., Forry, N., Hair, E., Perper, K., Wandner, L., Wessel, J., & Vick, J. (2009). *Disparities in Early Learning and Development: Lessons from the Early Childhood Longitudinal Study - Birth Cohort (ECLS-B)*. Washington, DC: Child Trends. <http://www.childtrends.org/wp-content/uploads/2013/05/2009-52DisparitiesEExecSumm.pdf>

Lee, V. L., & Burkam, D. T. (2002). *Inequality at the starting gate: Social background differences in achievement as children begin school*. Washington, DC: Economic Policy Institute.

Betty hart and Todd r. risley, "The Early Catastrophe: The 30 Million Word Gap by Age 3." *American Educator*, Spring 2003, [www.aft.org](http://www.aft.org).