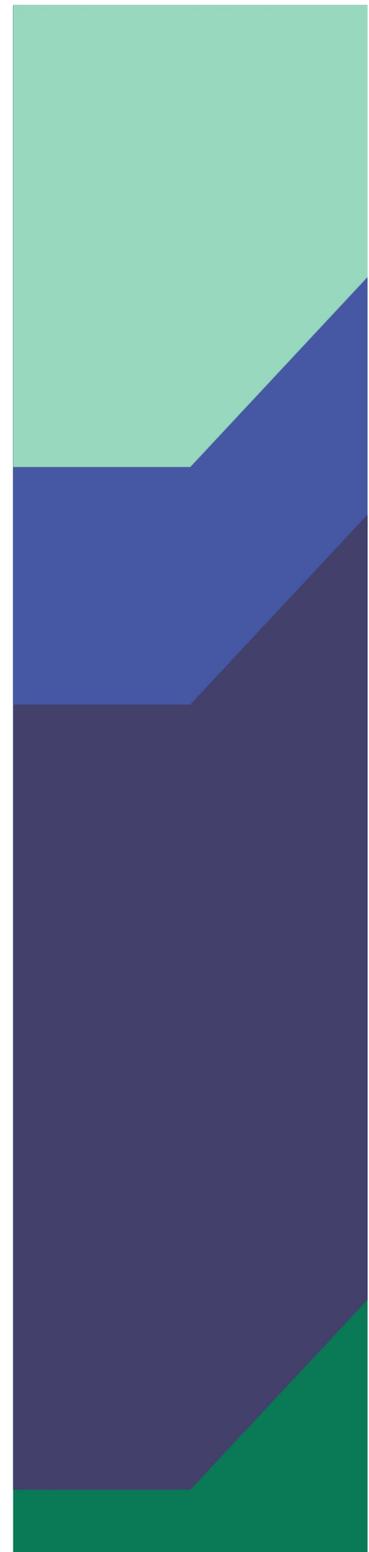




COMMUNITY PARTNERSHIP FOR CHILD DEVELOPMENT CASE STUDY

PREPARED FOR CSHF AND CPCD
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Community Partnership for Child Development (CPCD) is a private nonprofit organization that acts as the grant agency for Head Start and Early Head Start in El Paso County. They offer comprehensive services, such as early childhood education (ECE) and family programs for children aged 0 to 5 and pregnant women, most of whom are living in poverty. CPCD works to address the needs of the whole child and the whole family, focusing not just on cognitive development, but also social-emotional development, health development of children, and how families function within the system. Additionally, they make sure families do not feel isolated and are connected to their community.

In 2017, CPCD received a grant from the Colorado Springs Health Foundation (CSHF) to support their behavioral health program. CSHF contracted with Vantage Evaluation as part of their ongoing evaluation efforts to better understand the strengths and opportunities of funded partners around five areas of interest: collaboration, culture of learning, evidence-based services, health equity, and sustainability. As part of these efforts, CPCD participated in a case study to provide a deeper understanding of how their organization approaches each of these five areas. CPCD was selected for this case study because of their medium to high level of activity in and commitment to the five CSHF areas of interest. Evaluators from Vantage Evaluation visited CPCD in September 2018 to conduct detailed interviews about each of the five areas of interest, as well as the 2017 grant process and the high-level context of the organization. The following case study uses data from these staff interviews and the 2017 CSHF grant report.

COLLABORATION

CPCD's philosophy of collaboration is to **avoid reinventing the wheel or duplicating services through leveraging relationships (old or new) to benefit children and families**. Collaboration is an intentional aspect of CPCD's work, and they do not bring services in-house if they are already available in the community. Thus, CPCD works with other organizations to secure services for children and families while they are clients at CPCD and when they age out of CPCD programming.

"Working together is going to make the outcomes better. ...We go into [collaborations] with an outcome in mind, the idea that we're going to provide access to services, or improve services, or create a new service opportunity, or whatever the case may be. That would be the outcome and getting there is going to involve everybody working together."

HISTORY OF COLLABORATION AT CPCD

CPCD's work in collaboration began when their former Executive Director questioned why CPCD was not partnering more with other ECE organizations, and gave the staff agency to pursue more partnerships and collaborations. This transition required work, especially around how CPCD fit in the ECE landscape, how their services could have an impact in relation to others in the community, and what change they wanted to make and could make in their community.

CPCD's first collaborative effort was with Early Connections. The collaboration was natural, as CPCD and Early Connections worked with similar populations, provided complementary services, and could act as referral sources for each other. The goal of this collaboration was that *"families [would] have access to the type of care for their child that they need depending on their circumstances."* CPCD has adjusted their partnership with Early Connections throughout the years to accommodate the changing needs of their families, which has led to stronger services. *"We had a learning curve at the very beginning, but we've been able to work through that and then do some creative add-ons as we've gone through and have been able to modify our partnership as it's indicated that we've had needs that have needed to change."*



APPROACHES TO COLLABORATION

Collaboration requires a shared understanding and mindset among all staff. Staff at CPCD understand that they cannot operate in a silo, and that to make a difference in the lives of children and families they must work with other community organizations. To reinforce this value, CPCD will ‘thoughtfully let go’ of staff who have a difficult time with that

value: *"It's critical for the population that we work with that we are able to connect some dots for them and provide a path for families to have success with us and then beyond us. But we have to be able to lay that path and we can't have people on our team that aren't interested in playing well with others."*

Another strategy CPCD uses to create a shared mindset is **having a dedicated staff member focused on collaboration** and connecting children and families with outside services and understanding when CPCD needs to bring services in-house because they are not already available in the community.

"If it's part of a sphere of needs for young children and their families who are living in poverty, we're going to bring it in-house if it's not available in the community, and then we're going to work through our systems building organizations to try to build that piece up, but generally we don't do that."

BENEFITS OF COLLABORATION

CPCD has been able to **diversify their services** because of their participation in collaborations. CPCD has strengthened their behavioral health work through their partnership with Aspen Point, because they connected families to services beyond those offered by CPCD, such as parenting classes in exchange for childcare services during class times. CPCD has also **strengthened their referral sources** and ability to connect families to services, and has improved their ability to **reach a larger and more diverse population of children.**

"We're able to serve children with special needs effectively in our programs through our partnerships with school districts. We're able to stretch our dollars further, but in addition to that we have better outcomes for kids and families. Stretching our dollars further contributes to better outcomes for kids and families."

CHALLENGES

CPCD also talked about several barriers that interfere with collaboration efforts, including:

- **Lack of understanding and motivation by community leadership:** *"I think that many leaders will tell you that they're really good at that, when in reality, you're sitting around the table with them and you're thinking, 'You've just made this all about you and your organization, and of course, I don't know what's going on in your organization that would have you choose to do that, but that's not going to help the purpose of why we're sitting around the table, and it's certainly not going to help us reach the shared outcomes we're looking for'."*
- **Poor overall health of the collaboration,** including an imbalance of effort put forth by partners, weak relationships and lack of commitment among partners, weak organizational and mission alignment, and competing power dynamics.



FACILITATORS

CPCD mentioned several factors that made their collaboration efforts easier:

- A **hierarchical organizational structure** encourages collaboration because senior level staff with decision-making power, are promoting the idea.
- **Trust** among CPCD staff and partners.
- **Good communication and willingness to learn** during the life of the collaboration: *"Sometimes they're long [conversations] that take more than one meeting and then we have to figure out resources and those kinds of things, but at the end of the day everybody wants what's right for children and families."*

CULTURE OF LEARNING

HISTORY OF CULTURE OF LEARNING AT CPCD

CPCD was driven to develop a culture of learning (CoL) due to some incidents involving staff members that could have compromised child health and safety. In these instances, staff members chose not to follow their training, thinking they knew best. At that time, CPCD staff, board, and parent policy council met and identified three core behaviors that should define CPCD: *"One of them is embracing a culture for learning."* CPCD broadly defined a CoL as **staff learning, embracing change, and understanding that best practice and continuous improvement are constantly looked at by CPCD**. This core behavior also encompasses the importance of learning for children and parents.

Following the development of CPCD's core behaviors, they decided to write them into their **hiring principles**, to ensure that all staff moving forward had a focus on learning and continuous improvement in order to provide the best services possible. CPCD has built a workforce that believes in learning from the day they are hired. The core behaviors at CPCD also serve as good conversation starters, especially when there are issues with staff related to changes in their programming or operations.

"One of the things that I love about these three core behaviors is we can talk in terms of, 'Remember how we talked about culture of learning and how we talked about change? Guess what's coming.' It makes it a little bit easier."

DATA COLLECTION AND USE OF DATA

CPCD collects extensive data for learning across the organization, including employee data, child and classroom level data, and parent and family data. **CPCD is intentional about using all of the data they collect to inform programming, both at an individual level and organizational level, looking at overarching trends.** For instance, CPCD uses:

- Employee data to monitor and make decisions about future staff development and trainings. Employee data is also important for informing programming, because teachers provide feedback on what they would like to see in the classroom. For example, CPCD evolved their approach to collect data on employee training using focus groups to flush out "what's behind" the survey baseline data, in order to understand the "why" of the data and offer employees the freedom to voice the trainings they would like to see. CPCD listened to employee feedback to implement the Pyramid Plus approach because teachers wanted training on how to handle challenging behaviors in the classroom.



- Child data and classroom data inform student programming and additional service plans.
- Family and parent data inform parent trainings, as well as student programming and services.

"When we are working with children with challenging behaviors, we use a data-driven, evidence-based approach. Classroom teachers can become road-weary when they're working day after day with a child with challenging behaviors, and it can feel as if nothing is changing, and that we're making no impact. In the last three years, we've implemented an approach for our most challenging children, where we're taking data and we are measuring the frequency, or the duration, or the intensity of behaviors, and we are measuring those replacement behaviors.... [Leadership] used that data to say, 'Hey, look at how great of an impact you are making.' And that really does help teachers feel like, 'Oh, okay, I can do this. I am making an impact.' And we're sharing that with parents, which is thrilling for them."

STAFF BUY-IN AND UNDERSTANDING

Staff have internal communication about data and learning at regular intervals, in addition to having leadership and a board who support learning. CPCD engages in **internal feedback loops and data sharing** through a CEO monthly report, board and parent policy council report, and staff meeting discussions about data and learnings. These conversations inform strategic planning. CPCD staff also informally talk about data. It is typical for conversations about students or trainings to be interrupted by one person asking, *"What does our data say?"* Staff appreciate this approach, because for a long time CPCD was not *"that data-driven."*

LEADERSHIP SUPPORT

CPCD's leadership is interested in what they can learn from data across the organization, and wants all staff to approach programming through a data lens. They share the enthusiasm program staff show when there is a lot of data coming in about their clients. They also act as a thought partner for staff, critically reviewing findings and questioning staff conclusions to encourage further learning. In the same vein, CPCD leadership provides the big picture perspective and offers the positive side to the data when program staff cannot see it, including the impact teachers are having on their students. The leadership engagement has allowed CPCD program staff to improve their practices, because they have other people looking the data and providing feedback.

CHALLENGES

CPCD does not experience many barriers to maintaining a CoL. The main challenge that CPCD faced was with their senior staff, who have more tenure at CPCD. It took **more convincing for their longer-standing ECE staff to buy into their new learning culture** because they are people who *"have to be able to process what's happening before they're willing to jump in and do it."* Knowing this, CPCD promotes transparency and open communication, which allows plenty of opportunity for staff to ask questions about changes that are happening and helps overcome any challenges to having a CoL.

"We try to have a very transparent workplace. We encourage people to ask questions and say what they need to say, as long as they do it professionally and are willing to be a part of the solution or listen to the reason why we can't change it. We give staff an enormous number of opportunities to provide feedback."



EVIDENCE-BASED SERVICES

CPCD has made improvements over the past five years in their use of data when making programming decisions. The change to evidence-based services started as a mandate from the federal Head Start program. As CPCD started using evidence-based services, they thought, *"It's a no-brainer,"* because they were able to approach difficult conversations prepared with evidence, which kept people from getting too upset. After adopting evidence-based services, CPCD does not change or adjust programming unless Head Start tells them to, or there is evidence to support the change or adjustment.

"You can put the data in front of [staff] and say, 'This is why we're doing this.' The numbers don't lie, and with this, we can go a couple of different ways, but we're going to do something here, because the data says that we need to do something here."

"Sometimes we have to make changes because Head Start says we have to. But other than that, we don't make a whole lot of changes without clear indications that changes need to be made. We're looking at many sources of data and I think we're intentional about the sources of data. We want to make sure that we're getting parent input. We want to make sure that we're getting community data. We want to make sure we're getting partner data. We want to make sure that we're looking at how the kids are doing, and how staff feels about what we're doing."

WHAT EVIDENCE-BASED SERVICES LOOK LIKE AT CPCD

CPCD uses community input, secondary data, peer learning, and program evaluation to inform their programming decisions. CPCD collects data across the spectrum of evidence-based program design:

Step 1: Ask Your People (engage community in assessment and decision making)

CPCD uses community-level data to understand and assess the needs of their target population. They use both internal staff and external consultants for these assessments. CPCD uses external consultants, because staff can sometimes *"get jaded"* or are blind to the truth. CPCD completes assessments of their families, internal staff, and local organizations—mainly through surveys and focus groups—to understand the pulse of the community and make changes.

Step 2: Secondary Data (use data and information systems systematically)

CPCD uses Census data to learn about the community and inform decisions and identify gaps.

Step 3: What Works for Others (make decisions on the basis of the best available evidence from literature)

CPCD is involved with national and state-level organizations to learn about educational opportunities and/or resources for best practices in preschool services beyond Head Start. For example, CPCD staff participate in a management fellows program at UCLA, and being involved in that network, they are able to cast a net for just about anything. When CPCD is trying to figure out 'what they are up against,' they send a question to this group, and they will receive responses from all over the country. CPCD is also able to reach out *"to individual programs that seem to have conquered and have been successful in reaching out and doing those kinds of things."*



Step 4: What's Working (conduct sound evaluation)

CPCD uses program data to inform programmatic decisions and organization-wide decisions, such as training. In addition, staff data allows CPCD to understand organizational climate: *"We survey our staff twice a year now. We get programmatic suggestions, but we also get organizational culture type of feedback so we can figure out what we need to do with that."*

"We hired a software developer and developed our child and family data tracking system. We built it so that on a monthly basis we can keep our finger on the pulse. We have a zillion different reports, so we can look at everything. ...The expectation is that program and department directors are monitoring their data and looking at things and saying, 'Whoa, what's going on here?' or saying, 'We need to talk. There's something happening here.'"

Step 5: Share Back (disseminate what is learned)

CPCD shares reports with their board, Parent Policy Council, and staff (via SharePoint) for shared decision making in the upcoming year's work plan. However, CPCD does not have a formal process for sharing their lessons learned with the community. CPCD engages in conversations, as they come up organically, around what they are seeing in the data and how they are reacting to it. Furthermore, CPCD commonly shares their lessons learned with other Head Start programs. Every Head Start program has a program specialist in their regional office, and the program specialist gets to know their programs really well. When one program specialist is struggling, CPCD is typically asked to assist them: *"It's not at all uncommon for us to get an email or something from our program specialist saying, 'Can I give your name and number to ...' or, 'Who should I put them in touch with in your organization? Will you talk with this group about how you did this stuff?'"*

"I think we would talk about [data] in different places as it comes up in conversation... whether it's a CPCD meeting or a Head Start Association meeting at one level or another, we talk about lessons learned either through the process or what data we're collecting and then what we're doing with it. So, we do share things that way. I don't think we do any formal reporting."

CHALLENGES

CPCD experiences several barriers to using evidence-based services:

- **Difficulty with data collection:** CPCD struggles to collect quality family data and longitudinal student data (e.g., after they age out of CPCD and enter public education system), and sometimes experiences a lack of cooperation from partners during data collection periods.
- **Rigid Head Start mandates:** Decisions from the federal Head Start program regarding data collection that requires CPCD to shift their efforts: *"We talked about Early Head Start and having to make that change and the process that we went through to get the data to figure out what we are going to*

"We're talking with our largest school district partner about them helping us track kids. Probably around assigning some school ID numbers earlier than would happen otherwise. School districts are not required to do that for preschool kids."



do and be able to back it up with the regional office so it would get approved. That's just one of about four [changes] right now that are in front of us that we are dealing with. And those are our priorities."

FACILITATOR

CPCD identified **staff feedback** as a factor that makes it easier to use evidence-based services, saying that the organizational culture and services would break, and even affect kids and families negatively, if staff feedback was missing or removed: *"I think if we all of a sudden said, '[We] don't want to hear what you have to say,' I think that that would change the culture dramatically. And by changing the culture, that would have a really negative effect on children and families."*

HEALTH EQUITY

CPCD views health equity as **individualizing their programming to meet the needs of their clients and maintaining a level of equality throughout their program**. To do this, CPCD dedicates similar resources to services and welcomes clients and staff to the same educational opportunities. CPCD services support the individualized needs of clients, while maintaining a high-level perspective on the disparities among social groups and providing the same care to everyone.

"We've always individualized, we always handle each thing that we do on an individual basis. Whatever the need is, we take care of that need the same way from person, to person, to person. ... Everybody's welcome to come to anything. We just treat everybody equally."

APPROACHES TO HEALTHY EQUITY

Intentional Spending: CPCD understands social determinants of health, and they are intentional about resourcing their services to address those needs. Since CPCD is dedicated to treating the whole child and whole family, they are driven to make smart decisions around the services they provide directly, as well as the services they refer out. As an Early Head Start and Head Start agency, CPCD views education as part of health equity, and their resources are dedicated to breaking down barriers interfering with children and families receiving an education (e.g., social determinants of health). CPCD strives to balance addressing underlying barriers with the performance requirements of Head Start. *"There are certain things we have to do, that we have to make choices in terms of where the resources are, but I think we're very intentional around addressing the social determinants of health."*

Partnerships and Collaboration: Given CPCD's intentional spending and understanding that they cannot provide all the services needed to address health equity alone, they spend time cultivating connections in the community and acting as a good partner organization. For example, CPCD has been involved with Joint Initiatives for Youth and Families, and one of their programs, Alliance for Kids (A4K), for years. One challenge CPCD witnesses when trying to serve the community through a systems approach is that some potential partners are on board with the health equity approach, while some are still resistant.

"We have an amazing community, and I think we have some organizations that are working hard to pull systems together, of which we are a part. But I think our biggest challenges are around all of us working together effectively to address the needs of the population that we're charged with serving."

Staff Education: CPCD also approaches health equity in their work by educating their staff about their community and clients, and using data to inform their services. For example, CPCD is unique in that they



have registered nurses (RN) on staff. Having RNs on staff has increased CPCD's knowledge regarding their children and families, including the barriers commonly faced by certain social groups and predispositions they might have. The RNs educate CPCD staff through:

- Screening all clients when they come to CPCD
- Sharing what they learn about the clients, including any health risks they face, with the CPCD program team
- Working with their CPCD team to develop the best program plan for their clients on a regular basis:

"The team...meets and they go over every child in a classroom and talk about whether things are fine. They talk about the needs that they have. [If] they're due for a physical or shots or they talk about behavioral health needs that the family might be undergoing. Everything and anything, and we do that on a regular basis throughout the year. Then they [the RNs] follow up."

"It's unusual to have registered nurses on staff and we bring that education and background with us, and we know whose more at risk for certain things. So if we have a group of prenatal moms, we might know that a young mom who is Black might be more prone to having high blood pressure or pregnancy problems or things like that."

Collecting and Using Program Data: CPCD collects extensive data, including quantitative metrics and meeting notes, to understand differences they are seeing in their clients. By collecting this data, CPCD can monitor and report based on demographic information that uncovers any differences in health outcomes by client groups. CPCD alerts when kids need a different intervention, or when parents need more direct outreach. For example, CPCD shared a story about how they collect data on child weight and BMI, and noticed disparities in BMI related to ethnicity: *"What we see right now is that the majority of the overweight kids are of Hispanic background and the children who are underweight are mostly of African American backgrounds."* Once CPCD uncovered this trend, they reached out to those families more directly and offered classes that might be of interest to each client group.

Communication: CPCD does not systematically talk about health equity with staff or clients. Conversations among staff about health equity occur organically, such as when staff attend a meeting where health equity was a topic, and they share their learnings back to the organization. CPCD believes in being open and honest when talking with clients, and they take a team-based approach that makes it easier to discuss systemic or cultural factors that influence their health. CPCD also recognizes that conversations with clients need to be approached by someone on the team that has a good relationship with them.

"Nurses will talk about anything at any old time. ... [The] behavioral health person will say, 'Here's what I think we should do.' And they put together a plan and everybody has their piece. I think with all of us together, with our strengths it makes it really... easier."

Nutrition Services: CPCD supports health equity by offering access to fresh and healthy food options through their catering services for their clients who provide *"all handmade, healthy, really great fresh food."* Their catering service supports health equity because El Paso County has food deserts, and some clients may not have easy access to healthy and affordable food. CPCD has also found that there are cultural differences around what healthy food is and this service allows CPCD to educate their clients about healthy eating.



"I feel really fortunate that our families want everything that they can get. They want the information. They want the education. They pretty much participate with what we suggest. We develop relationships and they trust us. Keeping the same nurse in the classroom from year, to year, to year, they learn their nurse, and people trust their nurse. We've got it nice there, because they do like nurses and look at us in a positive manner for the most part."

CHALLENGES

CPCD also faces many challenges in addressing health equity, both in the community and in their organization:

- **Lack of understanding** around collaboration and systems thinking
- **Cultural differences** in the perceptions of health
- **Health care coverage**, especially for dental care. To overcome this challenge, CPCD invests resources in supporting military families and their dental needs through education, and in some cases, financial support
- **Staff capacity** and time to treat all kids, especially those from their partner organizations (e.g., Catholic Charities)

"The other thing we see issues with is our military families. About 400-500 of our kids right now are from military families, and they have their TriCare Insurance, but that doesn't cover dental. The first thing we do when we find out they don't have it is educate them on signing up for that as soon as you can, because it will cost you a couple of dollars a month, versus if your child has a cavity, now you're up to \$110 just to walk in the door."

FACILITATORS

CPCD mentioned several factors that facilitated their work in health equity, including:

- **Consistent and supportive leadership.** CPCD's long-term leadership allows them to build on their foundational work, and not reinvent the wheel due to turnover
- Having health equity as a **foundational piece of the Head Start model**, in which CPCD is rooted
- **Team case management**
- Systematic **data collection and reporting** that is shared with the entire staff
- Partnership with Peak Vista to help support CPCD's client **health care coverage needs**
- **Developing trust** among CPCD staff and their clients through consistent case management teams
- **Strengths-based and optimistic service provision**

SUSTAINABILITY

CPCD has **built and maintained good financial stability.** CPCD has one primary funder, Head Start. This program is 75% federally funded, and since funding could go away at any time, CPCD also has outside donors that match 25% of Head Start funding. This funding allows CPCD to do all non-Head Start related services to address the whole child and whole family. CPCD also invested in a community relations team for fundraising efforts, which allow CPCD to provide their

"The whole program model is around the whole child, the whole family, and connecting them to the community. So there is an expectation that we are going to do all of those things and that we are going to have the money to do that, so we do have to raise."



comprehensive services. *"We decided we needed to invite the community to invest in our program... It closes our budget gap and it allows us to be able to offer comprehensive services for all kids."*

SUSTAINABILITY STRATEGIES

There are three main categories of strategies that CPCD uses to build and maintain their financial stability: financial management, relationship building, and organizational structures.

Financial Management	<ul style="list-style-type: none"> • Diversified funding sources, including contracts from federal and state governments, foundations, local supporters, and school districts. • Sufficient annual budget to support programming above and beyond the federal and state government contracts. • Managing funding appropriately and accounting for all the funding received and spent. • Financial management, both at the organizational level and by department, that tracks how CPCD spending aligns with their budget, and also how their money (especially grant money) is spent.
Relationship Building	<ul style="list-style-type: none"> • Relationships with school districts gives CPCD space for free or other non-monetary resources to address the whole child and whole parent.
Organizational Structures	<ul style="list-style-type: none"> • Department managers own their budgets and are expected to manage them. • Dedicated Community Relations Department brings in a <i>"diversified funding base"</i> from foundations, individual major donors, or corporations. • Staff flexibility and ability to shift priorities. <i>"We need to be able to adjust to that quickly. If there happen to be cuts, or if for some reason we don't get grants that we've relied on in the past, or perhaps their needs have changed. We need to be flexible."</i> • Consistent messaging related to their mission at fundraising events. • Shared responsibility among all staff for outreach efforts.

CHALLENGES

CPCD continues to face barriers to maintaining financial stability, including:

- **Overreliance on foundations and government.** To overcome this challenge, CPCD stays proactive and continually searches for diverse funding sources.
- **Building consistent messaging** that is true to CPCD's mission, but is targeted enough for diversified outreach.
- **Keeping up with changing tax laws,** and how to talk to donors about them. To overcome this challenge, CPCD has increased their knowledge of tax laws, and approaches major donors differently about

"Barriers at this point are the new tax laws, talking to donors, and many of them were a qualifying organization for the Colorado Child Care Contribution Tax Credit. That was a big thing, especially for our major donors, because they'd get a 50% tax credit [from the] state and then they could still take federal deductions on top and a bunch of those rules are a little bit topsy-turvy right now. And being able to explain that and getting the larger investments that we've had is a challenge at this point."



reasons to invest, targeting more of an intrinsic value.

FACILITATORS

CPCD mentioned several factors that has made it easier to maintain their financial stability over the years:

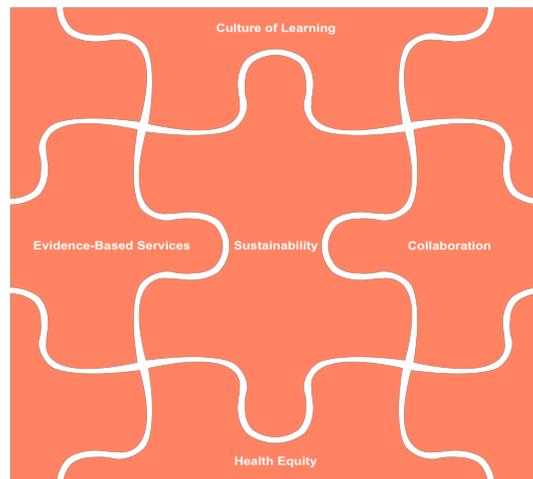
- The federal government usually gives **plenty of notice when funding is going to change**, and this time allows CPCD the space to discuss what they need to do adjust in order to accommodate for the change in funding.
- CPCD has **good relationships** with their leadership council, Board of Directors, and Policy Council, which welcome open communication about funding.
- CPCD is **data-driven, and knows where to invest their money given the data they collect**: *"We're extremely data-driven, and there's tons of data to be able to look at and say this is working, this is what we really need to maybe invest a little bit more in or commit some time to, that kind of thing."*
- CPCD is dedicated to **strong financial management** and educating their leadership council, finance committee, board, and Policy Council about what the reports mean for the organization.
- CPCD **stays up to date on the changes in occurring in the government and among donors**, including any tax changes that might interfere with donor participation.

INTERACTION AND RELATIONSHIP AMONG ALL FOCUS AREAS

All five areas of interest represent the Head Start model, and are infused in CPCD's DNA.

The five CSHF areas of interest are the same areas Head Start focuses on in their model around systems-supporting services. CPCD views each area of interest as a piece of a puzzle that makes up their organization. They acknowledge that if they were missing even a puzzle piece or two, their system would not be whole and would not work correctly.

"[The five areas are] what's written into Head Start standards. We really can't do anything that we do without all five of these pieces effectively. I don't think one is more important than the other. I think they're all incredibly important to a high-functioning organization, one that has good outcomes and fulfills its mission."



"If we took one of these pieces of the puzzle out, then the picture isn't whole. We're not able to fulfill our mission."



HOW THE FOCUS AREAS FIT TOGETHER

Collaboration: Collaboration is necessary to support the development of services that are best for the kids. *"Philosophically we collaborate, because that's what's best for our kids."*

Evidence-Based Services: CPCD talked about the connection between evidence-based services and health equity, stating that health equity is represented in all of their programming and needs to be informed by evidence.

Health Equity: Health equity is part of everything that CPCD does. CPCD referenced a report by the Robert Wood Johnson Foundation, stating that *"every aspect of early childhood feeds into health equity, whether it's education, or whether it's access to health care."* This resonates with CPCD, because that is their program, and what facilitates their programming. To provide equitable services, CPCD needs to be dedicated to all of the other focus areas.

"All aspects of the services that we're offering work to address health equity issues, particularly because of the population that we are charged to serve. We are specifically going out in the community and finding the most vulnerable children and families we can find in this community. We're supposed to be serving the neediest of the needy in our community, and do it well, and continually do it as well as you can. In order to be able to respond effectively to the external environment and manage your internal environment, you have to have a culture of learning, and the evidence feeds into the culture of learning, the data, et cetera."

Sustainability: A commitment to sustainability is necessary to support the development of services and supports CPCD's activities in all of the other CSHF areas of interest:

- **Health equity:** In order to support comprehensive and equitable programming, CPCD needs to be financially stable and have resources outside of their federal funding.
- **Culture of Learning:** In order to support a CoL, CPCD needs the resources to pay for staff development. Resources for staff development support their ability to recruit and retain quality staff.
- **Evidence-Based Services:** Financial stability allows CPCD to assess the community, their needs, and how their programs address those needs.
- **Collaboration:** It is easier to engage in collaborations when there is financial stability and internal supports to apply for collaboration grants.

"You have to have an organization that has some element of a commitment to sustainability. You can't just say, 'Well, we'll see what next year brings.' So, we have a really good system of planning that involves not only our board but our parents and our staff... It's sort of like a puzzle. I don't think you can take one of these pieces out and be successful."

CSHF GRANT

CPCD has a good relationship with CSHF. CPCD applauded CSHF's open communication, willingness to listen, and give and take advice. They also appreciated CSHF's commitment to learning and evaluation. *"I've never seen a foundation more committed to making sure that they really understand what's needed within the population, within the service area. [These evaluation efforts] are a perfectly good example of that."*



CPCD received funding from CSHF in 2017 for their behavioral health program by supporting one full-time behavioral health consultant. CPCD believed that this grant opportunity allowed them to continue to advance their work in CSHF's areas of interest, especially in:

- **Health equity**, as they reached more families and provided behavioral health support to families whose *"children would not have been reached at such a young age."*
- **CoL, collaboration, and sustainability**, as the funding allowed them to do preventative work and promote relationship-based work, which was supported by their stability. This shift away from reaction-based work to strength-based work supports sustainability: *"[This] strengths-based approach that empowers teachers to know how to handle these things themselves without dependency on an expert coming in to fix the situation. I think that speaks to sustainability."*

IMPLEMENTATION CHALLENGES

Some of the challenges that CPCD faced in implementing the grant-funded program included:

- **Intrusive screening tools:** One of the screening tools used was considered intrusive or irrelevant to some families, so CPCD changed their approach for when they use that screening tool, only offering it when a parent expressed concern.
- **Changes in the Head Start performance standards** that affected CPCD's classroom models and made them shift to an extended duration model.¹ This motivated a new partnership with a child care provider and for CPCD to offer fewer slots for infants and toddlers.
- **Limited resources and staff capacity:** The behavioral health staff at CPCD absorbed the role for a new child care partner organization, which was a challenge, since it takes 3-5 years to implement the program with fidelity. That new partnership puts more strain on staff, given their relationship-based approach to care: *"We're really trying to start where they are, assessing what their needs are right now, rather than swooping in to teach them everything we know. We're spending a lot of time over there, both from a leadership role and a behavioral health role, just learning who they are and where we can start supporting them."*

GRANT SUCCESSES

This was the second year of funding for CPCD to support their behavioral health program. CSHF's investment supported the sustainability of CPCD's behavioral health program, which has had positive impact on students experiencing social-emotional issues. CPCD has seen more and more children struggling with social-emotional development and behavioral health. Because of the CSHF funding, CPCD is able to implement a robust behavioral health program in all of their classrooms. Because of the 2017 funding, CPCD was able to meet their target number of children who met their Teaching Strategies GOLD² target in their social-emotional development. Likewise, children who received behavior support plans showed improvement in their challenging behaviors. The Teaching Pyramid Observation Tool (T-POT) demonstrated that 75% of teachers were implementing the Pyramid Plus program with fidelity (the target was 80%).

Teacher retention of skills related to de-escalation in the classroom improved after changing their training approach to one-on-one, in-the-moment coaching of skills necessary to de-escalate a challenging situation: *"That's done by their behavioral health consultant, who can walk them through that on the*

¹ This change impacted CPCD as a whole, not specifically the behavioral health program that was funded by CSHF.

² CPCD using My Teaching Strategies (formerly Teaching Strategies GOLD at the time of the CSHF grant) to measure social-emotional development.



spot...This past school year that we just finished is really the first time I can remember that we have staff really using the de-escalation materials, because it's now integrated into meaningful practice."

CPCD also experienced community-level and population-level successes. They were successful at reaching and making an impact in the lives of the most vulnerable children and families in El Paso County. For example, when A4K received a grant from the Colorado Health Foundation to implement a Pyramid Plus project, CPCD and The Resource Exchange were the first partners brought on board to the program. They shared data with A4K and supported the implementation of the Pyramid Plus program within the community, to help infuse that approach to social-emotional learning, which helped break down the silos in the community. *"I would say it's been a great collaboration, because what you don't want is a community that is siloed. What we do want is communitywide to say, 'We won't be expelling children because of challenging behaviors. We will be pooling our resources and our findings to support those very vulnerable families and children.' I don't think we've arrived there, but we certainly have created sustainable partnerships in the early childhood community in Colorado Springs."*

