

Community Plan

Johnson County Empowerment/Early Childhood Iowa Area



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Date the ECI Area Board approved the plan: April 17, 2014
Updated: December 3, 2015; Data Updated December 2016; August 2017; August 2018

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SECTION I: GENERAL INFORMATION

The Johnson County Empowerment/Early Childhood Iowa Area (JCE/ECIA) Board was established to oversee and coordinate collaborative services for children and families in Johnson County. Established in **1999**, the initial emphasis is the service delivery system for children ages 0-5. The long-term purpose is to improve the efficiency and effectiveness of services in the areas of education, health, and human services for persons of all ages.

Identification of the Early Childhood Iowa Area (ECIA):

Johnson County is located in east central Iowa, bordered on the north by Linn County, on the east by Cedar and Muscatine Counties, on the south by Louisa and Washington Counties, and on the west by Iowa County.

Vision:

Johnson County is a safe and healthy community in which to learn, work, and live.

The Johnson County Empowerment/ECIA Board, along with other community stakeholders, developed the vision after many work sessions that included discussion about the purpose of Empowerment/ECIA, the role JCE/ECIA would play in the community, and, ultimately, what the group envisioned as evidence of success. The group also reviewed vision and mission statements from many local organizations and agencies and worked to align with those visions.

Mission:

Johnson County Empowerment/ECIA will lead the community in removing barriers to a safe and healthy community by: identifying needs in education, health, and human services; maintaining, expanding, and coordinating resources to address those needs; promoting and facilitating collaboration; and evaluating and continuously improving efforts to advance our vision. JCE/ECIA will advance the vision for all people, including all ages and income levels, while maintaining its commitment to children age birth to 5.

Services:

Johnson County Empowerment/Early Childhood Iowa Area provides supports and services to children from birth through age 5 years and their families, including pregnant women, who reside and receive services in Johnson County.

Johnson County Empowerment/ECIA extends its collaborative work to neighboring counties. The JCE/ECIA director works with the directors of neighboring ECI Areas to identify ways to best meet the needs of children and families who may live, work, and/or attend childcare in more than one county.

Use of the Community Plan:

The community plan is a living, breathing document that guides the work of the local Early Childhood Iowa Area (ECIA) board and community. The plan is written so that an “outsider” can understand the early care, health and education system that exists for children ages prenatal through 5 years and their families within the ECIA boundary. The plan identifies community assets, common needs and gaps in services. It also guides planning and decision making, addresses sustainability, and helps set priorities in the community.

The community plan is the ‘roadmap’ for the local early childhood system. In cooperation with community partners, other agencies, programs and services, the Johnson County Empowerment/ECIA board utilizes the plan to assist in program planning, identifying potential collaborations, and in making funding decisions.

Community partners utilize the Community Plan as an information and data source when applying for grant funding, both from the ECI Area and from outside entities.

The community plan can be found on the JCE/ECIA website at www.jcempowerment.org

Communities:

Johnson County is comprised of **12 formal communities** with populations ranging from 455 people to 67,862 people (Iowa City). Communities include Coralville, Hills, Iowa City, Lone Tree, North Liberty, Oxford, Shueyville, Solon, Swisher, Tiffin, University Heights, and West Branch.

While it is considered a ‘metropolitan county’, Johnson County includes both rural and urban communities. Within the county, there are three communities with populations over 10,000 people and four communities with populations less than 1,000 people. There is great variation in the available resources within each community, with many resources located in the urban Iowa City/Coralville area and not many services in rural communities.

There are 130,882 people living in the county and approximately **8,115 of those individuals are under 5 years of age.** (2010 Census)

Johnson County has seen consistent population increases for several years; between 2010 and 2015, the total county population increased by 10%. Among the state’s five most populous counties (Polk, Linn, Scott, Black Hawk and Johnson) Johnson County has the highest population increase. The child population is growing at the same rate of 10% increase.

North Liberty in particular has experienced rapid growth, with a 149% population growth from 2000 to 2010 and the highest percentage of persons under 5 years.

Though the county is more diverse than the state, residents are predominantly white (85.6%). The **county’s diverse population** continues to grow. Johnson County has the 6th highest non-US-born rate in the state; 6.4% of the population was born outside of the United States, compared with 3.1% statewide. For many residents, English is not the primary language spoken in the home. In 14.7% of Coralville households, a language other than English is spoken at home. In the Iowa City Community School District in 2016-2017, there were 1,457 English Language Learners. In addition to the census tract racial/ethnic categories, residents represent many, many different cultures from around the United States and the world. Other than English, the primary languages spoken in the Iowa City Community School District are Spanish, Arabic, Swahili, and French.

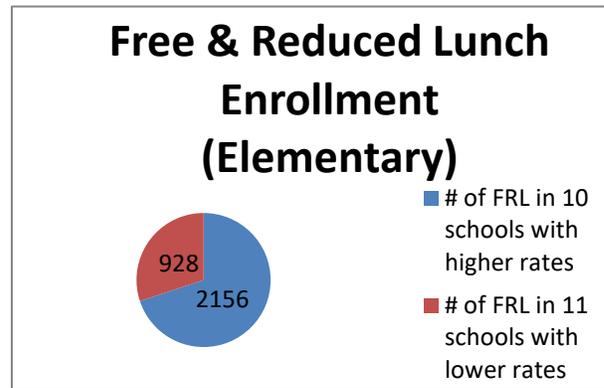
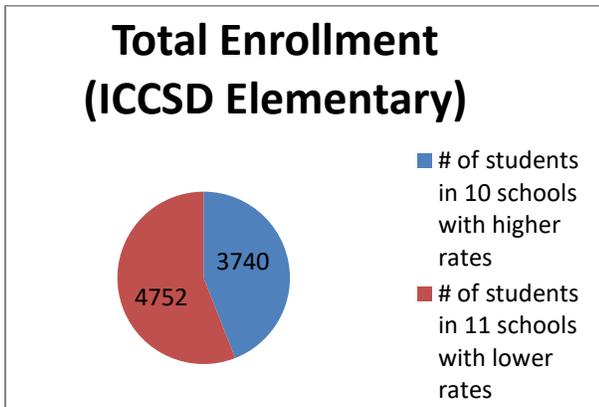
Johnson County is served by **10 school districts**. Four of those districts serve primarily Johnson County children: Clear Creek Amana, Iowa City Community, Lone Tree, and Solon. The other six districts have a majority of students from one of five neighboring counties but serve some Johnson County children: College Community (Linn County), Highland (Washington County), Lisbon (Linn County), Mid-Prairie (Washington County), West Branch (Cedar County), West Liberty (Muscatine County), and Williamsburg (Iowa County). Johnson County is served by Grant Wood AEA 10.

Students in the county benefit from quality PK-12 education. In 2016-2017 there were 25,797 PK-12 children enrolled in the four main Johnson County schools (Clear Creek Amana, Iowa City, Lone Tree, Solon). Enrollment varies; Iowa City Community School District (the 5th largest district in the state) enrolls almost 22,000 students and Lone Tree enrolls less than 500 students. All of the districts participate in the Statewide Voluntary Preschool Program.

The graduation rate in local school districts is variable. Most of the districts have graduation rates greater than the state as a whole and all have a lower drop-out rate than the state.

Compared to the state of Iowa, Johnson County schools have overall lower rates of eligibility for Free & Reduced Lunch. However, within the Iowa City Community School District, there is a wide range of variability between buildings. The building with the lowest Free & Reduced Lunch enrollment has a rate of 10.59%, while the elementary with the highest rate is at 75.46%. There are 7 ICCSD buildings with Free & Reduced Lunch rates greater than 50%.

The following compares total enrollment in the 10 elementary schools with the higher rates of Free & Reduced Lunch compared to the 11 elementary schools with the higher lower rates for total enrollment and Free & Reduced Lunch enrollment.



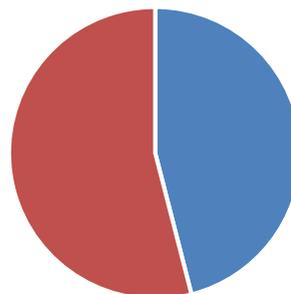
Child poverty is increasing in Johnson County. The number of children age birth to five is increasing as is the number of children age 0-5 in poverty. Similar trends have been seen in overall poverty and utilization of Food Assistance.

The number of young children living in poverty is growing at a rate of **3 times** that of young children as a whole in Johnson County.

14% change in the number of children age 0-5 years



46% change in the number of children age 0-5 years living in poverty



The **unemployment** rate in Johnson County is consistently lower than the state as a whole. Like most of the state, Johnson County saw an increase in unemployment between 2008 and 2009 and since 2009, the unemployment rate has remained relatively stable. There currently is an Iowa Workforce Development Center located in Iowa City. However, that may not always be the case, as in the past proposed legislation would eliminate that office, meaning that Johnson County residents would have to travel to neighboring counties for Workforce Development office services.

Child abuse and neglect rates in Johnson County have been relatively stable. Recently, however, reports of child abuse have increased, while the number of children abused has decreased. This would indicate that there are multiple abuse reports for one child. Though child abuse covers children age 1-17, children age 5 or younger make up over half of the victims of child abuse in Johnson County.

The most common type of abuse is denial of critical care (neglect), accounting for approximately 86% of confirmed or founded child abuse in Johnson County. The next common types of abuse are physical abuse, presence of illegal drugs in child's system (PID), and sexual abuse. Abuse in the category of "allows access by registered sex offender" has decreased significantly from since 2010.

In spite of a wealth of health resources, children's overall **health status** in Johnson County is comparable to the rest of the state. Rates of low birth weights, child immunization, and infant mortality are all close to the state rates. Johnson County does have lower rates of teen births and greater rates of immunization and prenatal care than those of the state as a whole.

Johnson County is home to the University of Iowa and the Iowa City Kirkwood Community College Learning Center. Other nearby education resources include Cornell College & Coe College. Johnson County is also home to Mercy Hospital Iowa City, the University of Iowa Hospitals & Clinics, and a Veteran's Administration Hospital.

Strengths and Challenges:

Johnson County is a **diverse county** in multiple ways. The county has diversity of individuals, diversity of populations, diversity of languages, and diversity of communities. Those aspects of diversity present both strengths and challenges for the community. The business community in Johnson County reflects this diversity. The percent of Black-owned firms, Asian-owned firms, Hispanic-owned firms, and Women-owned firms are greater than the state percentages.

One challenge of having a diverse population is the presence of many different languages. Not only are there many families who do not speak English, but they don't speak the same language as each other – requiring translators for multiple languages. For languages that are newer to our community, it can be difficult to identify high-quality translators

Johnson County experiences high mobility in its residents. Not only do many families move in and out of the county each year, but they also may move from one side of town (and school attendance area) to another. This can present challenges to providing services and measuring outcomes, as addresses and phone numbers frequently change.

As stated earlier, Johnson County has many resources available to children, families, and agencies. Students from The University of Iowa may volunteer or do their practicum or student teaching experience in local classrooms. As part of their research projects, U of I faculty and/or students may provide direct services at no cost while the research is being conducted. In addition to the strong local school districts, Johnson County has many other agencies serving the needs of children and families including the 4Cs Community Coordinated Child Care, Domestic Violence Intervention Program (DVIP), Grant Wood AEA, HACAP, Neighborhood Centers of Johnson County, Prelude Behavioral Services, Rape Victim Advocacy Program (RVAP), Shelter House, and United Action for Youth. The county is home to many organizations that assist in funding these programs, such as the Community Foundation of Johnson County, Community Partnerships for Protecting Children, Decat, Prevent Child Abuse – Johnson County, United Way of Johnson & Washington Counties, and county and city governments.

Planning Considerations:

Demographic information is used in conjunction with needs assessment results to identify priorities for funding and planning. By understanding our community, we can better understand the issues that face us.

The Johnson County Empowerment/ECIA RFP states, “Describe how the program will address access issues for families, including working families, families without reliable transportation, families in rural areas, families with multiple children, families who are English Language Learners, etc.” Organizations are encouraged to be creative and customer-focused when planning. For example, the JCE/ECIA Board found that it is better for children, more convenient for families, and cheaper to provide funding for before- and after-preschool care than it is to provide transportation for children to and from school-day preschool. We strive to provide services in multiple locations around the county in order to alleviate some of the transportation burden on rural families.

SECTION II: COMMUNITY NEEDS ASSESSMENT

Development of the Community Needs Assessment

The initial Johnson County Empowerment/ECIA Community Needs Assessment was developed from data obtained from needs assessments and information from Mercy Hospital Iowa City, Johnson County Public Health, United Way/JCCOG Community Needs Assessment, Kids Count, Iowa City Community School District, Empowerment Family Support Program contractors' site visits, and United Way grantees.

As part of the ongoing needs assessment process, Johnson County Empowerment/ECIA solicits feedback from community agencies regarding available resources, perceived community and agency needs, and anecdotal information from families regarding the availability, accessibility, and quality of services. Partners in developing and updating the plan include Iowa City Community School District, Johnson County Council of Governments, Johnson County Decat, Johnson County Empowerment/ECIA, Johnson County Public Health, MECCA (now Prelude Behavioral Services), Mercy Hospital Iowa City, United Way of Johnson & Washington Counties, University of Iowa College of Public Health, 4Cs Community Coordinated Child Care, and Central Iowa Child Care Resource & Referral. Information received from community agencies is used to build more formal Needs Surveys.

In Spring 2008, an electronic Professional Survey was distributed to board and work group members, contracting partners, and providers of early care and education, health, and family support services within the community. Family Surveys were conducted in-person (in both English and Spanish) at various community locations such as the WIC clinic, library story times, well-child clinics, community recreation centers, parent groups, and the Crisis Center/Food Bank. The surveys were administered and analyzed by graduate students in the College of Public Health. Along with reports from the 2005 Iowa Child and Family Household Health Survey (Full Report, Early Childhood Report, Health Insurance Coverage of Children in Iowa), results from the local surveys were presented to the JCE/ECIA Board and were incorporated into the Community Plan.

Between 2008 and 2012, the Johnson County Empowerment/Early Childhood Iowa Area Board reviewed data from other needs assessments, including detailed reports from the 2005 Iowa Child and Family Household Health Survey, Iowa MCH2015: Iowa Maternal and Child Health Comprehensive Title V Assets and Needs Assessment; and 2010 Johnson County Community Health Needs Assessment.

In 2012, Johnson County Empowerment/ECIA developed an electronic Community Needs Survey to gather input about community priorities. The surveys were distributed via email and links on the JCE/ECIA website and Facebook page. Respondents included collaborative partners as well service consumers and the public. This information, along with information from the United Way needs assessment, the 2010 Iowa Child and Family Household Health Survey (Children's Behavioral and Emotional Health Report), and the 2011 Kids Count Data Book was utilized by the Johnson County Empowerment/ECIA Board to update the priorities in the Community Plan.

Analysis of the Needs Assessment Data Collected:

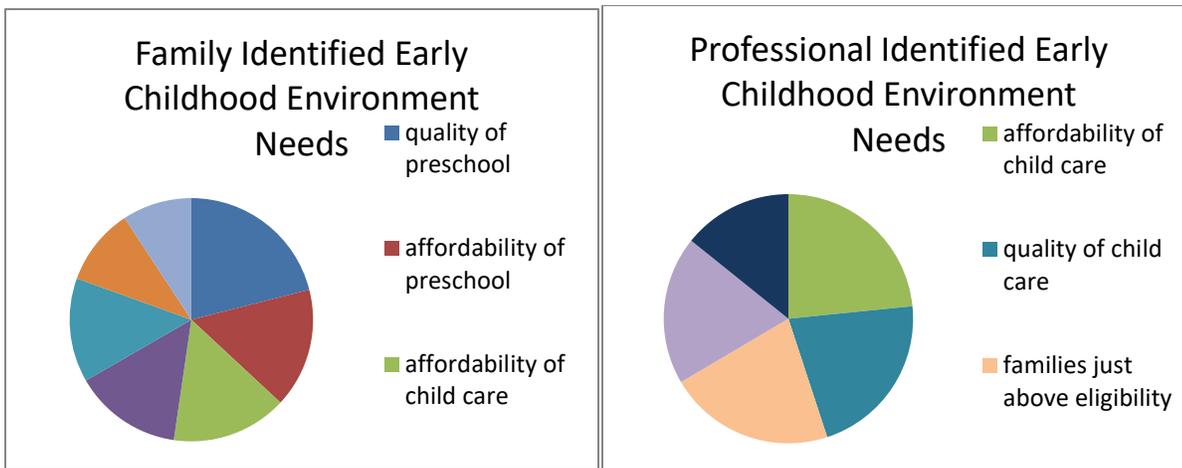
Johnson County Empowerment/ECIA utilizes many sources of information in determining availability and needs of services in Johnson County. Those sources include:

Formal Needs Assessments for Johnson County	Other Data Sets
Iowa City Community School District	Iowa Child and Family Household Health Survey
Johnson County Public Health	Kids Count
Mercy Hospital Iowa City	Empowerment Family Support Program contractors' site visits
United Way/JCCOG	Iowa City School District Early Childhood Task Force
	United Way grantees

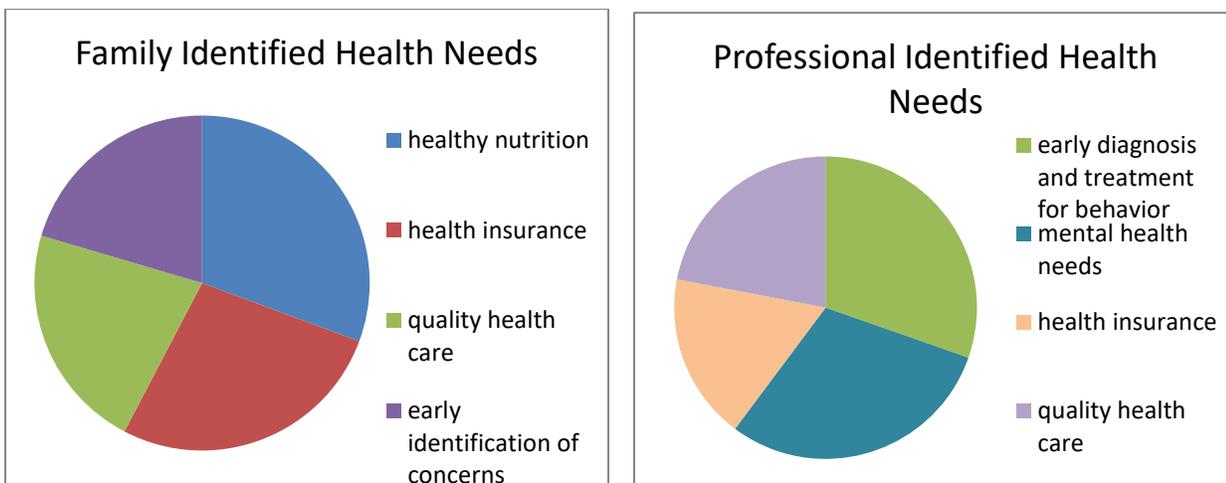
Along with JCE/ECIA Board members and contracted service providers, individuals representing Iowa City Community School District, Johnson County Public Health, Mercy Hospital Iowa City, and United Way participate in the JCE/ECIA Ad Hoc Committee, bringing the results of their needs assessments to the group. The group reviews the needs assessments for information specific to early childhood (e.g. childcare) and for trends that are identified by multiple assessments (e.g. transportation). The results of all of those needs assessments are winnowed down to those most relevant to young children and their families.

The **2008 Family Needs Assessment** was completed by 115 families and 74 professionals. While most of the options were similar on the two surveys, there were some differences. The full survey and results can be access in the JCE/ECIA office. Ulrike Schultz, a graduate student in the University of Iowa College of Public Health, analyzed the data using SPSS. Analysis shows that respondents identified the following as their primary areas of concern:

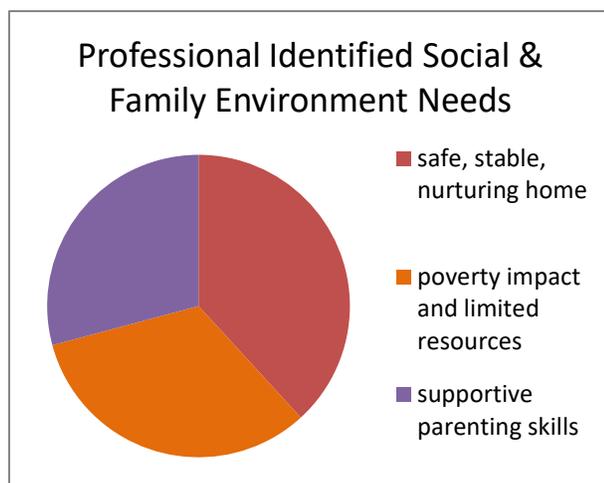
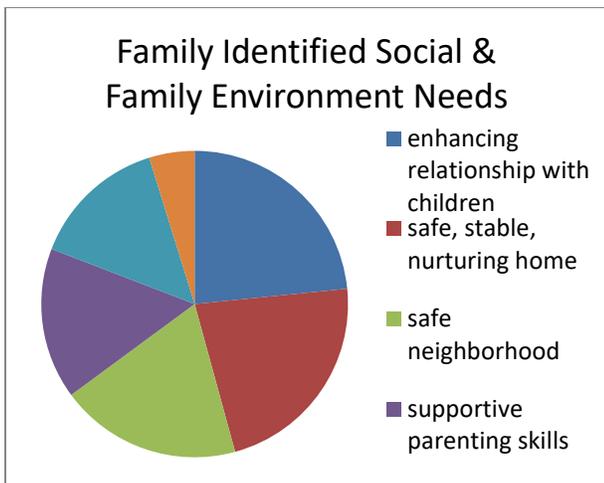
Affordability of childcare and preschool was a concern identified by both families and professionals, with professionals also identifying needs for families that are just above income eligibility requirements for state assistance. **Quality** of childcare and preschool was a concern for families and professionals, with professionals also identifying an increased need for **professional development** training. Professionals also noted a lack of **public awareness** of the issues around early childhood.



Over half of responding professionals indicated the top health needs are an increased need for early diagnosis and treatment for **behavioral needs and the mental health** needs of children. **Healthy nutrition and accessibility/affordability of health insurance** for children were families' main concerns.



Safe, stable, nurturing home environments were identified as needs by both families and professionals in the area of Social and Family Environment Needs. Families' biggest need was enhancing relationship with children. Professionals identified the impact of poverty and limited resources to address all of the family needs as a very big need, but families did not identify it as such. Professionals also identified increasing supportive parenting skills as a need.

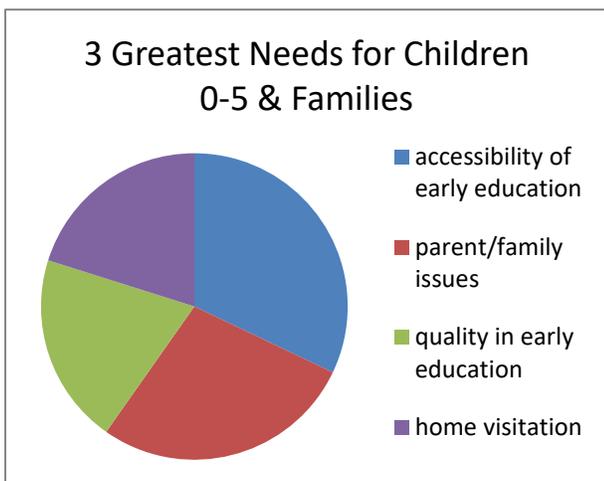


Conclusions:

- Needs and concerns identified by parents and professionals are similar.
- Areas of concerns of both parents and professionals are congruent with the 3 component areas of the JCE Community Plan (early education, health, parent education and family support).
- No major discrepancies in the range of percentages among priorities within a component area could be found.

2012 Needs Assessment

When asked about the Top 2 needs early childhood need by category s in Johnson County, paying for childcare, behavioral/mental health services for children, and mental health (e.g. depression, anxiety) were the three most indicated. Also identified by more than 50% of respondents were early identification of health needs and group-based parent education about child development. The overall 3 greatest needs in JC for children age 0-5 and their families were accessibility of early education, parent/family issues (e.g. substance abuse, homelessness, quality in early education, and availability of family support (home visitation).



Conclusions:

- Based on responses to open-ended questions, areas of concern listed in the survey are congruent with areas of concern identified by respondents.

- Overall needs are consistent with those currently identified in the Community Plan, though the ‘categorizing’ of those priorities should be changed to more closely reflect the state identified outcomes.
- Social issues are identified as areas of concern in both early education and family support. Specifically, children’s social/emotional development is one of the top concerns for access to health care services and regarding quality in early education. Mental health was the top identified family/parental need.
- The top priorities identified by the community consistently include both direct and indirect service priorities. Direct priorities include access to early education and the availability of family support (which addresses parent/family issues). Indirect priorities include increasing and supporting quality in early education environments.

Additional Needs Assessment Data Analysis

Once overall needs have been identified, contracting partners assist in defining exactly how those needs look. Through the use of surveys, anecdotal information from families, and conversations with direct service staff, specific examples of need are identified. For example, ‘access to childcare’ is a broad need that was further defined as ‘paying for childcare’ and ‘providers not accepting State Child Care Assistance’. Once specific needs in each of the areas are defined, providers and families are asked to prioritize those needs for our community.

In addition to the needs assessments listed at the beginning of this section, the Johnson County Empowerment/ECIA Board utilizes the feedback from families and providers to identify specific priorities for our community.

Result Areas & Priorities of Johnson County Empowerment/Early Childhood Iowa Area

Based on information gained from formal needs assessments and informal community input, the Johnson County Empowerment/Early Childhood Area identified the following Result Areas and Priorities. Each Priority has specific Strategies for implementation (pp. 32-34).

Together, we will achieve these strategic objectives:

Result Area A: Secure and Nurturing Early Learning Environments

Priority 1: Increase accessibility and availability of quality early education.

Priority 2: Increase quality in early education.

Result Area B: Safe, Stable, Nurturing Families and Homes

Priority 3: Prevent child abuse and neglect and increase supportive parenting skills.

Priority 4: Increase families' healthy informal networks of support and utilization of appropriate community resources.

Result Area C: Children Healthy & Ready to Succeed in School

Priority 5: Prevention, early detection, and identification of child health issues.

Priority 6: Strengthen the transition to kindergarten.

Community-wide Indicators

Community-wide Indicators are used by the JCE/ECI Area to monitor the well-being of young children and families in our community and evaluate if progress is being made toward the intended Early Childhood Iowa results.

The following indicators have been adopted to measure how well we are addressing each of our priorities county-wide.

State Result	Local Result Area	Local Indicator	Definition & Source
Secure and Nurturing Early Learning Environments	Secure and Nurturing Early Learning Environments	# of regulated child care programs	Number of child care centers licensed with DHS, child development homes registered with DHS, and child care homes listed with CCR&R. Sources: DHS, CCR&R
		# of regulated child care slots	Number of slots in regulated care (see definition above) Source: DHS
		# and % of early education environments meeting quality standards	Numerator: centers accredited by NAEYC, homes accredited by NAFCC, centers & homes at QRS Levels 3-5. Denominator: licensed centers, registered homes, listed homes. Sources: NAEYC, NAFCC, DHS
Secure and Nurturing Families	Safe, Stable, Nurturing Families and Homes	Rate of teen births	
		# of confirmed child abuse reports	Number of confirmed and founded child abuse reports. Source: DHS
		% of domestic violence with children present	
Children Ready to Succeed in School	Children Healthy & Ready To Succeed In School	% of uninsured children	Number of children age 0-18 enrolled in hawk-i and Medicaid. Source: DHS
		Rate of low birth weight births	
		Rate of infant deaths	

		Rate of immunizations in 2-year-olds	
		% of kindergarten students who attended preschool	Number of children whose parents report attended preschool Sources: Local school districts: Clear Creek Amana, Iowa City Community, Lone Tree, Solon

Indicator Trend Data for Community-wide Indicators

RESULT AREA	INDICATOR	DEFINITION & SOURCE
Secure and Nurturing Early Education Environments	# of regulated child care programs and slots.	Number of centers licensed with DHS, number of child development homes registered with DHS and number of child development homes listed with CCR&R. DHS and CCR&R http://iowaccrr.org/data_publications/

Table 1

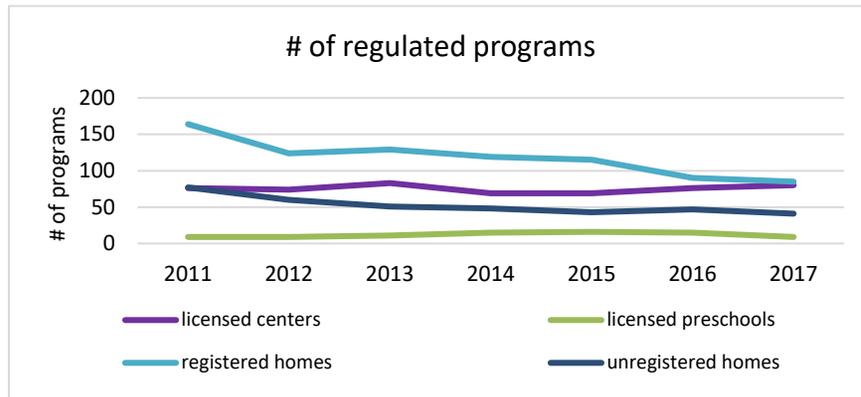
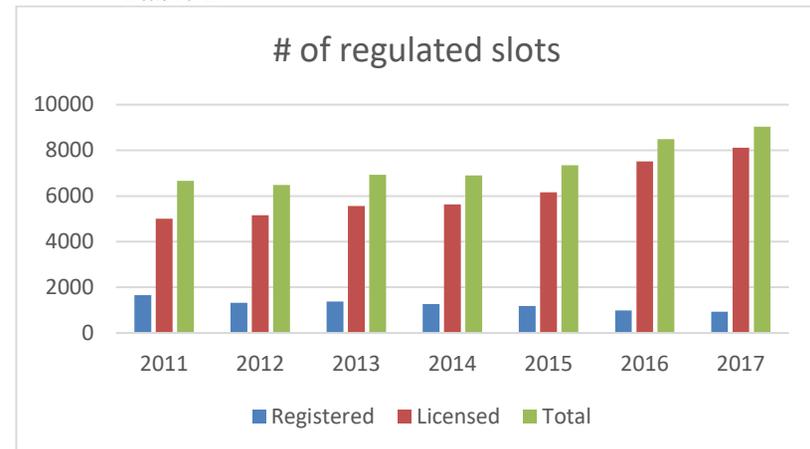


Table 2



Considerations: During FY 2015, 34 early education providers received on-site visits to support registration. One critical component of registration is continuing education. During FY 2015, JCE/ECIA funding provided 160 hours of free classes and workshops to providers.

History: During FY 2001 Empowerment began funding a Child Development Home Mentor program. From 2001 to 2002, the number of regulated *slots* increased by 82% (from 2164 to 3932). During FY2004, DHS changed the rules regarding home registration, requiring programs that serve more than 5 children to be registered (previously it was 6). This may have caused a slight decrease in registered homes from 2004 to 2005.

The 2008 capacity of regulated child care slots was 25% of the potential need. This is based on 2000 census data that 69.4% of children ages 0-6 have all parents in the work force; 2006 estimates of 7,539 children age 0-5 years; and 1,294 regulated child care slots in 2008. This estimated a need for 5,232 child care slots for children age 0-5. Because of this, the JCE/ECIA Board identified availability of child care as a priority in the 2008 Needs Assessment. Capacity has increased, though there is still more demand than there is regulated care available.

RESULT AREA	INDICATOR	DEFINITION & SOURCE
Secure and Nurturing Early Education Environments	# and % of early education environments that meet quality standards	Registered and licensed programs that are NAEYC accredited, NAFCC accredited, or participating in the QRS at a level 3 or higher. http://dhs.iowa.gov/iqrs/providers http://iowaccrr.org/data_publications/ http://families.naeyc.org/find-quality-child-care

Table 3

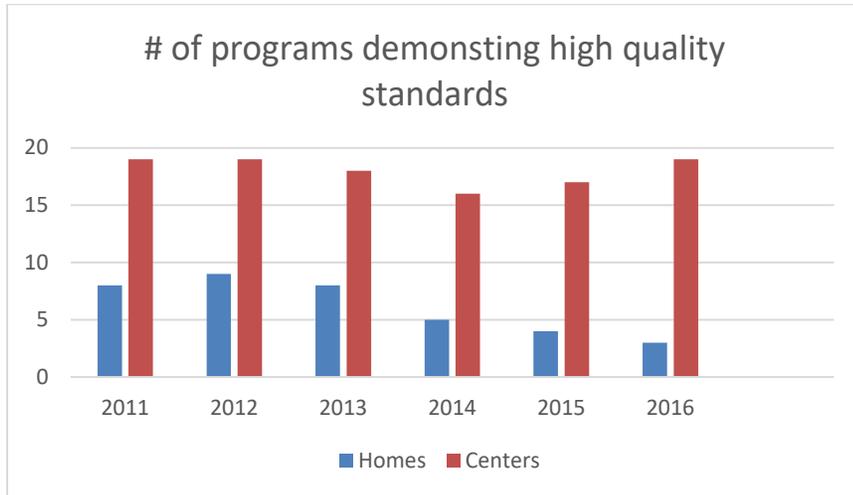
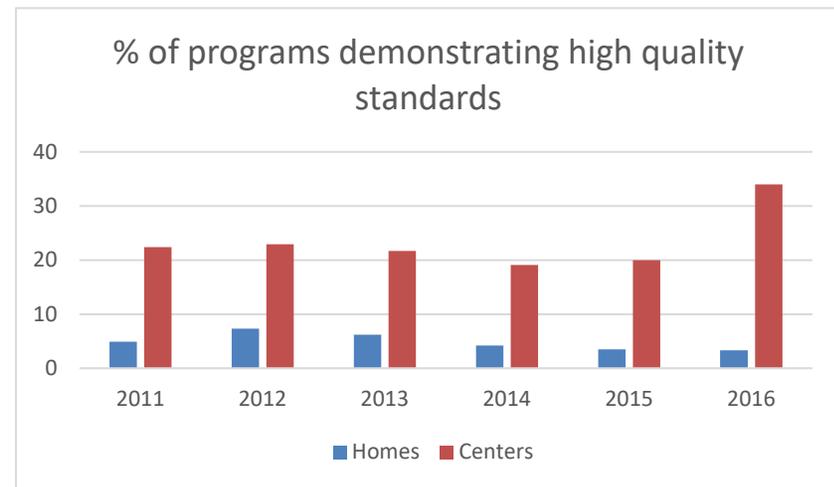


Table 4



Considerations: The percent of child care centers demonstrating quality *increased* from 2011 to 2016, while the percent of child development homes demonstrating quality *decreased* during that same time period. Upcoming changes to the QRS system may have impacted participation.

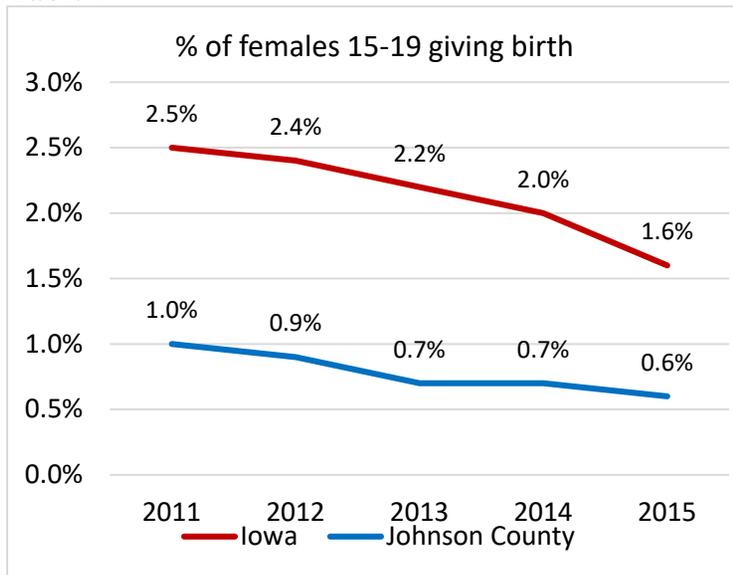
During FY15, JCE/ECIA funding allowed 4Cs to support 34 providers as they worked to achieve their Child Development Associate (CDA) credential through individualized visits, support, and course planning.

History: Iowa’s Quality Rating System (QRS) was created by the 2005 Iowa Legislature. JCE/ECIA has provided funding to 4Cs Community Coordinated Child Care since FY 2006 to increase the number of programs participating in QRS. The percent of child development homes demonstrating quality *increased by 250%* from 2007 to 2009 (3/170 to 18/244)

JCE/ECIA provided funding to 2 Child Development Homes in FY 2008 to support NAFCC accreditation. Both programs have since become NAFCC accredited. JCE/ECIA offered funding for NAEYC accreditation in FY 2003, but had no participants.

RESULT AREA	INDICATOR	DEFINITION & SOURCE
Safe, Stable, Nurturing Families and Homes	Rate of teen births	

Table 5



Considerations:

History:

RESULT AREA	INDICATOR	DEFINITION & SOURCE
Safe, Stable, Nurturing Families and Homes	# of confirmed child abuse reports	Number of confirmed & founded child abuse reports. Not children nor perpetrators. http://dhs.iowa.gov/reports/child-abuse-statistics http://datacenter.kidscount.org/data/tables/

Table 6

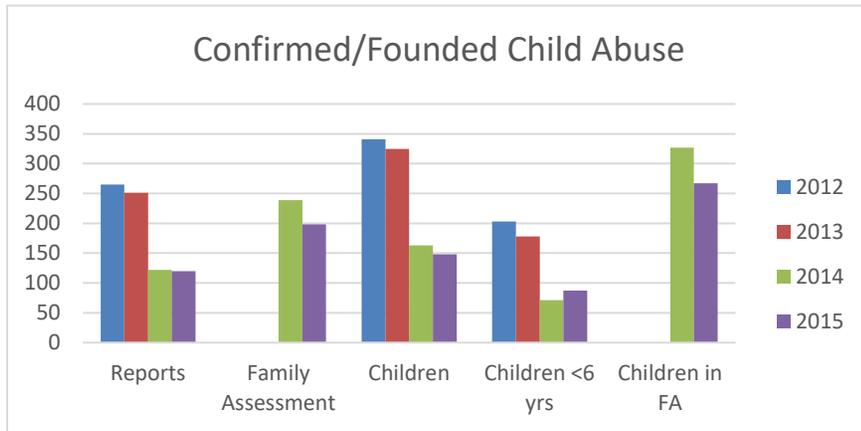
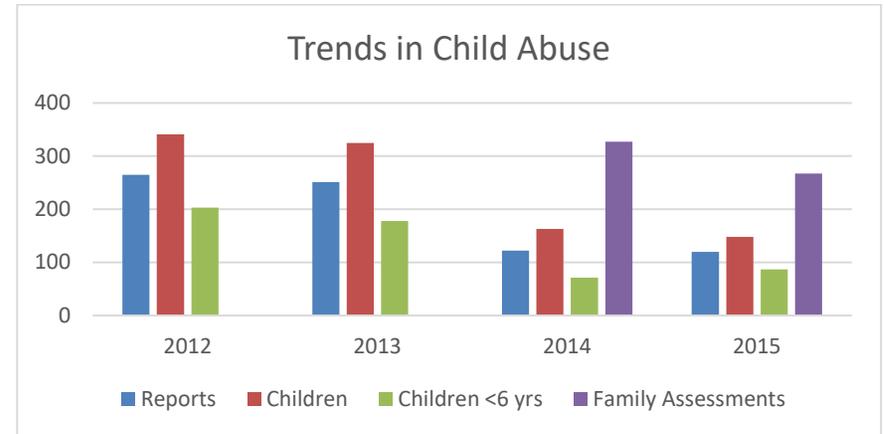


Table 7



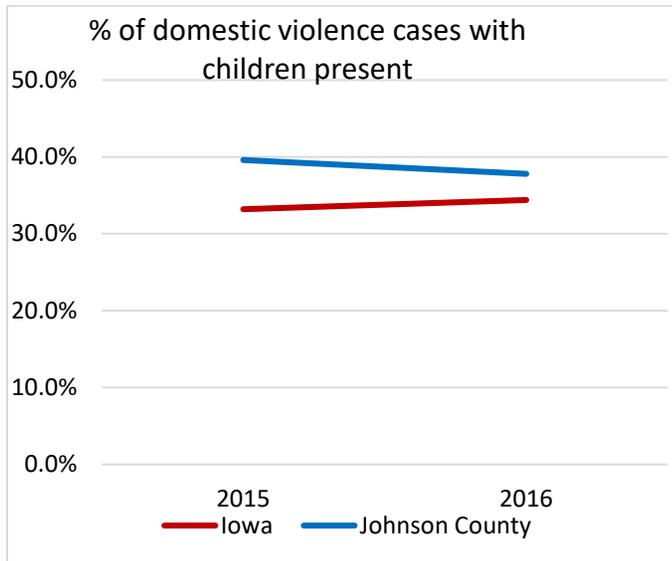
Considerations: There are many variables involved with collecting and reporting child abuse data. It can be difficult to define rates because rates may be reported by victim, by perpetrator, by report, or by incident. There is also a difference between confirmed reports and founded reports and a difference between the rate of founding reports vs rate of founded abuse.

The Iowa Department of Human Services (DHS) began its Regional Differential Response (DR) System in January 2014. The new system consists of two pathways, Family Assessment and Child Abuse Assessment, to respond to allegations of neglect and abuse. Under Differential Response, Denial of Critical Care cases in which a child is not in imminent danger result in DHS conducting a Family Assessment which does not result in an abuse finding and is followed by voluntary services and supports as needed by the family. DR did not impact the criteria for accepting a report for assessment however, it may impact the rates of founded abuse, as families with less severe cases may now have the Family Assessment option.

History: Between 2005 and 2008, the number of child abuse reports, number of children who were abused, and number of children less than 6 years of age who were abused decreased. However, figures started to change during 2007-2008 when reports and number of children decreased but abused children <6 years old increased.

RESULT AREA	INDICATOR	DEFINITION & SOURCE
Safe, Stable, Nurturing Families and Homes	% of domestic violence cases with children present	

Table 8

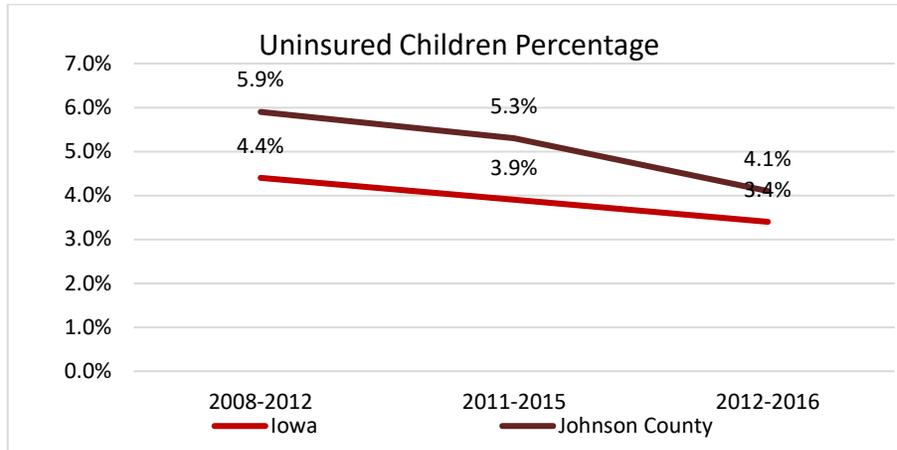


Considerations: This data is available at the county level only since 2015. Johnson County ranked 52 in 2015 and 50 in 2016 (lower numbers are better). This does not tell us households that include a child who was not present during the event. In a report released November 2017, Prevent Child Abuse Iowa ranked counties based on the percentage of children who have experienced domestic violence in their household. Johnson County ranked **90 out of 99** (lower numbers are better).

History:

RESULT AREA	INDICATOR	DEFINITION & SOURCE
Children Healthy & Ready to Succeed in School	% of uninsured children	Percent of children age 0-17 years who are not covered by health insurance during the year. http://datacenter.kidscount.org/data/tables/9287-uninsured-children#detailed/5/2766/false/1612,1573,1241/any/18370

Table 9



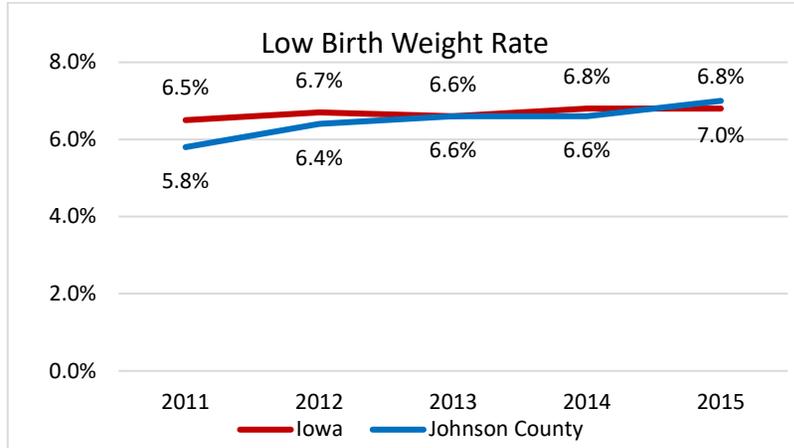
Considerations: Johnson County and state of Iowa have data labels.

History: The previous indicator was the number of children enrolled in statewide children’s health insurance programs (Medicaid and hawk-i). Johnson County began receiving DHS funding for outreach in FY 2000 and at that time had only 15% (221) of estimated eligible children (1478) enrolled in hawk-i (the 3rd lowest in the state). JCE/ECIA began funding staff for outreach during FY 2003 and from April 2002 to April 2009 enrollment in hawk-i *increased 74%* (214 to 372). JCE/ECIA discontinued funding for hawk-i outreach after FY11.

In 2018, the indicator was changed to reflect uninsured children in the community, a figure which is more meaningful community-wide.

RESULT AREA	INDICATOR	DEFINITION & SOURCE
Children Healthy & Ready to Succeed in School	Rate of low birth weight births	Low birth weight defined as less than 5500 grams at birth

Table 10

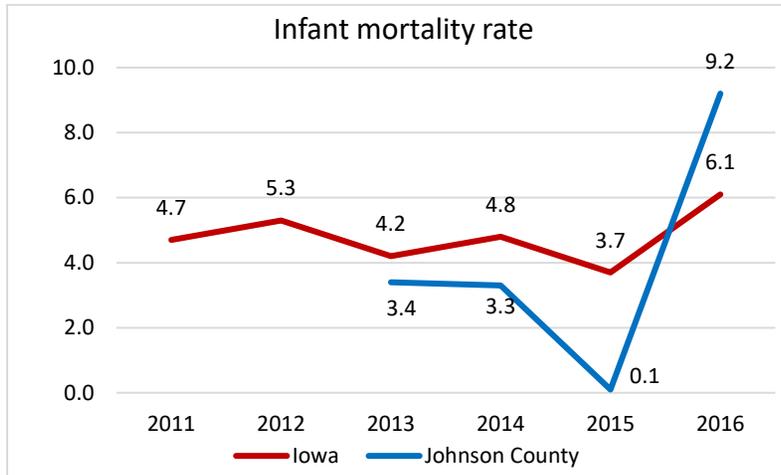


Considerations: Durin

History: Johnson

RESULT AREA	INDICATOR	DEFINITION & SOURCE
Children Healthy & Ready to Succeed in School	Rate of infant deaths	Infant deaths before one year of age, per 1,000 live births

Table 11

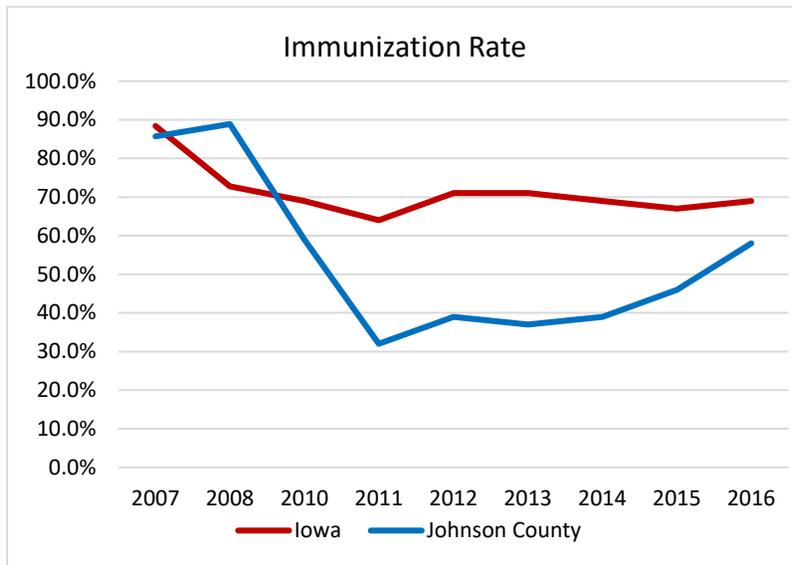


Considerations: In 2011, 2012, and 2015 Johnson County numbers were too small to report. Counts of five or less deaths, and rates based on these counts, are suppressed to protect confidentiality.

History: In 2018, JCE/ECIA noted a dramatic increase in the infant mortality rate from 2016 and added this indicator. The JCE/ECIA director joined the Johnson County Child Death Review Team in order to collect additional data. Currently, data about the increase is not readily available.

RESULT AREA	INDICATOR	DEFINITION & SOURCE
Children Healthy & Ready to Succeed in School	Rate of immunizations at age 2 years.	Immunization rate of children at 2 years of age.

Table 12

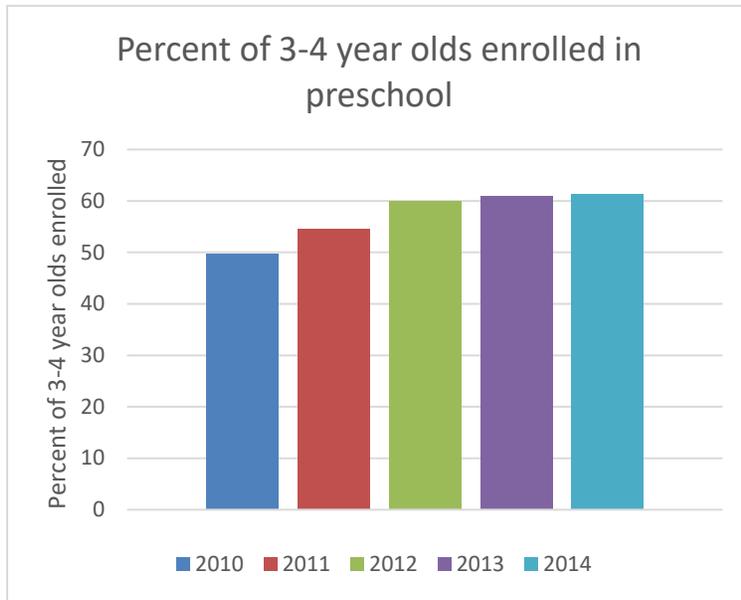


Considerations: Because the rate is calculated only for 2 year olds, this may not be an accurate representation of all children under the age of 6.

History: In 2012, IRIS became an online data system to record immunizations. Prior to this, the immunization rate was calculated by sampling records from public health clinics. By 2013, 97% of Iowa’s population was in IRIS, according to 2013 data. However, 2014 data says that it was 77% (71% in 2012 and 83% in 2014) but also says it includes 95% of Iowa’s children ages 4 months – 6 years.

RESULT AREA	INDICATOR	DEFINITION & SOURCE
Children Healthy & Ready to Succeed in School	Percent of kindergarteners who attended preschool.	Percentage of children age 3-4 enrolled in preschool. Source is Child & Family Policy Center http://datacenter.kidscount.org/data/tables/6751-preschool?loc=17&loct=5#detailed/5/2715-2813/false/1485,1376,1241,1067,880/any/13836

Table 13



Considerations: This data is based on US Census data and reflects a range of years.

There is limited availability of accessible quality early education in communities outside of Iowa City/Coralville. Head Start is available only in Iowa City and Coralville. Shared Visions is in only Coralville, Hills, and Iowa City. With the addition of Iowa’s Statewide Voluntary Preschool Program, there are additional resources in rural communities, but programs may not be accessible to low-income working families.

History: In an effort to get local data, this information was previously gathered from school enrollment cards however, those cards do not provide a definition of “preschool” and the data was inconsistent and unreliable.

Strategies of the Johnson County Empowerment/ECIA Board

Overall Strategies

The Johnson County Empowerment/ECIA Board contracts with several local service agencies to provide needed services to children and families. No single agency can meet the needs of all families and each agency has its own strengths and unique culture. By contracting with more than one agency for the same type of service, the JCE/ECIA Board promotes culturally sensitive services and recognizes the diverse needs of families.

Increasing access to services has long been a priority for JCE/ECIA. Because transportation is such a large community need, funding available for early childhood services is not enough to adequately address the problem. In order to address access issues, JCE/ECIA encourages all applicants for funding to develop programs that include transportation for participating families, food if the event occurs in the evening or during a meal time, childcare for young children during the time the event is occurring, and other participant supports to eliminate some of the barriers to access.

Following the concepts of diversity and collaboration, Johnson County Empowerment/ECIA works diligently to support and strengthen existing programs. One example is the development of a system of dual-enrollment (but single payer) within the FaDSS program and the Empowerment Family Support Program. Another example is the provision of wraparound funding for preschool. JCE/ECIA funds are combined with State Child Care Assistance, Head Start, Shared Visions, and the Statewide Voluntary Preschool Program to expand the hours and days of care. Families applying for School Ready Scholarships are screened for eligibility for each of those programs before scholarships are awarded; families who are eligible are assisted in applying for the funds. Johnson County Empowerment/ECIA provides Coordinated Intake services regarding family support services to families with children age 0-5 and coordinates the School Ready Scholarship program in relation to Head Start, Shared Visions Preschool, State Child Care Assistance, and Statewide Voluntary Preschool Programs.

In order to address issues of cultural diversity, JCE/ECIA encourages and supports programs to employ staff that have similar cultural backgrounds as the families they serve and are native speakers of those languages.

Program-specific performance measures can be found in the JCE/ECA Annual Report which is on the local website at www.jcempowerment.org and on the state ECI website at www.earlychildhoodiowa.org.

Result Area & Priority-specific Strategies

Secure and Nurturing Early Education Environments

Priority 1: Increase the accessibility and availability of quality early education.

Strategy 1: Address affordability of care, hours of care, and issues of transportation.

Strategy 2: Address the need for additional infant care, quality providers accepting state funded care, and full-day, full-year programs. Address barriers to providers accepting State Child Care Assistance.

Priority 2: Increase quality in early education.

Strategy 3: Support and make available high quality professional development opportunities and services which align with quality demonstration programs. A specific area of need is children's social/emotional development.

Strategy 4: Increase parent and community demand/expectations for high quality early care and education environments.

In order to facilitate all families, especially those of high-risk, to access high quality early education, JCE/ECA has identified several barriers that must be addressed. Barriers include affordability of care, transportation issues, lack of quality providers accepting State Child Care Assistance, and the hours of available care including access to full-day, full-year programs. JCE/ECA supports full-day, full-year programs by making those programs a priority for funding, offering those programs as part of the preschool scholarship program, and providing wraparound funding to existing quality part-day, part-year programs to expand them to full-day, full-year.

To increase quality in early education settings, the JCE/ECA board strives to make available high quality professional development and support services to providers. 4Cs Community Coordinated Child Care offers a variety of training opportunities for providers, including the Family Child Care Environmental Rating Scale (FCCERS) and PITC class series, other class series', single workshops, and two annual half-day conferences. With ECI funding, 4Cs offers support programs such as CDA Credential support, Ready, Set, Go! home visits and consultation, ELL support for home providers, and support to participate in Iowa's Quality Rating System. Grant Wood Area Education Agency offers the Childcare Alliance Response Team (CART) program to support high quality professional development and services to support children's social/emotional development. The School Ready Scholarship Program requires early education programs that receive ECI funding to demonstrate quality through the utilization of an evidence and/or research-based curriculum, a research-based developmental screening tool, and participation in a quality demonstration program.

Safe, Stable, Nurturing Families and Homes

Priority 3: Prevent child abuse and neglect and increase supportive parenting skills.

Strategy 5: Support parent, family, and community education. Supports include home visitation services and programs that enhance the parent/child relationship.

Strategy 6: Work with other community organizations (e.g. Prevent Child Abuse-Johnson County and Community Partnerships for Protecting Children) to increase awareness about child abuse prevention and Adverse Childhood Experiences (ACEs).

Priority 4: Increase families' healthy informal networks of support and utilization of appropriate community resources.

Strategy 7: Support group-based parent education and informal support.

Strategy 8: Link families with services to address parental problems of depression/mental health, substance abuse, domestic violence, child abuse, disability, low educational attainment, or unmet basic needs.

By increasing healthy informal networks of support and utilization of appropriate community resources, families are supported in providing a safe and nurturing environment for their children. Strategies include group-based parent education and informal support as well as home visitation services.

Programs are required to utilize a research and/or evidence-based curriculum. Current JCE/ECA funded parent education programs implement the Parents As Teachers (PAT) Born To Learn curriculum. In addition, agencies are supported in choosing appropriate supplemental materials for the specific families they serve.

The Children's Center for Therapy utilizes PAT Supporting Families of Children with Special Needs curriculum for Spanish-speaking parents for their group-based Grupo Manantial program.

Neighborhood Centers of Johnson County (NCJC) utilizes PAT Born to Learn and Positive Behavior Intervention Supports (PBIS) for home visitation. NCJC's group-based programs implement New York State PEP and group-based PBIS.

United Action for Youth's (UAY) home visitation and group-based programming includes PAT Issues in Working with Teen Parents and PAT Nutrition & Fitness of Young Children as well as the Partners for a Healthy Baby curriculum. The UAY Teen Parent Pediatric Nurse Practitioner home visitation program follows the Nurse Family Partnership model and utilizes the Health and Wellness Program: A Parenting Curriculum for Families at Risk and the Bright Futures curriculum.

Where appropriate, all family support programs are encouraged and supported to participation in the Iowa Family Support Credentialing process. Currently, Neighborhood Centers of Johnson County and United Action for Youth have been awarded the Family Support Credential.

Children Ready to Succeed in School

Priority 5: Prevention, early detection, and identification of child health issues.

Strategy 9: Facilitate screening and follow-up of health, developmental, and/or behavioral obstacles for children. This includes toxic childhood stress and Adverse Childhood Experiences (ACEs).

Strategy 10: Support preventive health services including well-child care, healthy nutrition, physical exercise, and dental care.

Priority 6: Strengthen the transition to kindergarten.

Strategy 11: Facilitate connections among schools, early childhood providers, and families.

Strategy 12: Strengthen the alignment of curriculum and expectations between early childhood and K-12 education systems and support best practices in early education environments and kindergarten classrooms.

In order to facilitate screening and follow-up of developmental health concerns, Johnson County Empowerment/ECA requires all early education and parent education programs to utilize an evidence and/or research-based developmental screening tool with all children served. Family support programs utilize both the Ages & Stages Questionnaires-3 and the Ages & stages: Social-Emotional developmental screening tools. Early education programs utilize either the ASQ-3 or the Creative Curriculum Gold. JCE/ECA tracks the number of children screened as well as the number referred for additional services and the number referred who actually receive those services. JCE/ECA recognizes that screening is only the first part of the solution – it is the actual evaluation and treatment that is the goal of early screening.

Through participation in the Ready To Learn initiative, JCE/ECA works to facilitate connections among schools, early childhood providers, and families to focus on the transition to school and the alignment of curriculum and expectations.

The Johnson County Empowerment/ECI Area's Process for Awarding Funds

Each year, the Johnson County Empowerment/ECIA Board determines the process for awarding funds. That process may vary dependent upon whether current contracts can be renewed and whether individual contracts have been fulfilled. The board reviews the status of current contracts and decides the procedure that will be used to solicit and review funding applications. When contracts are eligible for renewal, the board utilizes an abridged process for applicants. When contracts are not eligible for renewal, the board follows a general RFP process.

Annually, the board reviews community needs assessments and updates priorities when necessary. Updated priorities are incorporated into any RFP as well as the scoring and review sheets for funding applications. When reviewing funding applications, board members receive copies of the identified priorities from the Community Plan as well as instructions for proposal review. Identified priorities are written on large sheets of paper and hung from the walls of the room during board meetings in which funding decisions are being made.

Applicants who are denied funding may appeal to the Johnson County Empowerment/ECIA Board. Appeals must be made in writing and be received by the Director within five (5) working days of receipt of the selection decision letter. Appeals must be based on a contention that the process violated state or federal law, that policies or rule did not provide adequate public notice, or involved a conflict of interest by staff or review team members. The Empowerment/ECIA Board, or a committee designated by the Board, reviews the appeal and mails a notice of its decision to the appellant within five (5) working days of the review.

SECTION III: FISCAL ASSESSMENT

Process to Gather Information

Annually, the JCE/ECIA Board requests financial information from all community partners. The table provided in the Community Plan Template is sent to partners and they are asked to complete it and return to the Empowerment/ECI office. The request is sent via Survey Monkey and direct email. Staff compile all partner information and include additional information about local ECI funds.

Availability of Funds

Programs for children 0 through 5 in the Johnson County Empowerment/ECI Area are provided through the availability of a number of funding sources. However, while overall population, population 0-5, and numbers of children in poverty are increasing, our local ECI funding is decreasing. Between 2009 and 2016, ECI funding coming into the Johnson County Empowerment/ECI Area decreased by 34% each.

Federal funds include Child Health funding, Early Access, Head Start, IDEA Special Education, Immunization funding, Maternal Health, Transitional Living Grant, and WIC funds.

State funds include ECI Funds, Department of Human Services (DHS) Child Care Block Grant, Community Partnerships for Protecting Children, Adolescent Pregnancy Prevention, Child Care Resource & Referral, Family Development and Self-Sufficiency (FaDSS), DHS hawk-i funds, I-Smile, Iowa Child Abuse Prevention Program (ICAPP), Community-Based Child Abuse Prevention (CB-CAP), Medicaid, Shared Visions Preschool and Parent Support grants, Child Care Assistance (CCA), and Statewide Voluntary Preschool Program.

Local funds are provided through Johnson County and United Way of Johnson County as well as private donations to the agencies from the community.

Collaboration and Coordination of Funding

As much as possible, funds are used collaboratively to provide necessary services to children. Grantee agencies combine over 60% of Empowerment/ECIA funds with other funds for programs. Administrative costs are 3% of the budget, while 97% of funds are used for services.

Early Childhood Iowa funds are -

- used in conjunction with other state and federal funds to wrap part-day, part-year Child Care Assistance, Head Start, and Shared Visions Preschool funding into full-day, full-year care.
- combined with Statewide Voluntary Preschool Program funds to provide full-day programming for children participating in the part-time program.
- combined with local Johnson County dollars to provide staff time to assist with the coordination of planning and services in Johnson County.
- used as matching funds for the Iowa Child Abuse Prevention Program (ICAPP) grant. Funds from State ECI, ICAPP, and United Way were combined to provide a parent education and support program to families that include young children with disabilities.
- combined with Community-Based Child Abuse Prevention (CB-CAP) funds through Community Partnerships for Protecting Children to provide Grupo Manantial, family support for Spanish-speaking parents who have a child age 0-5 with a disability.
- combined with Johnson County funds to provide no-cost emergency child care to families who are homeless or near-homeless.
- used as matching funds for the federal Transitional Living Grant. Funds provide Pediatric Nurse Practitioner home visiting for pregnant and newly parenting teens.
- combined with local Johnson County dollars to provide staff time to assist with the coordination of planning and services in Johnson County.

Additional public and private funding sources coming in to the Empowerment/ECI area:

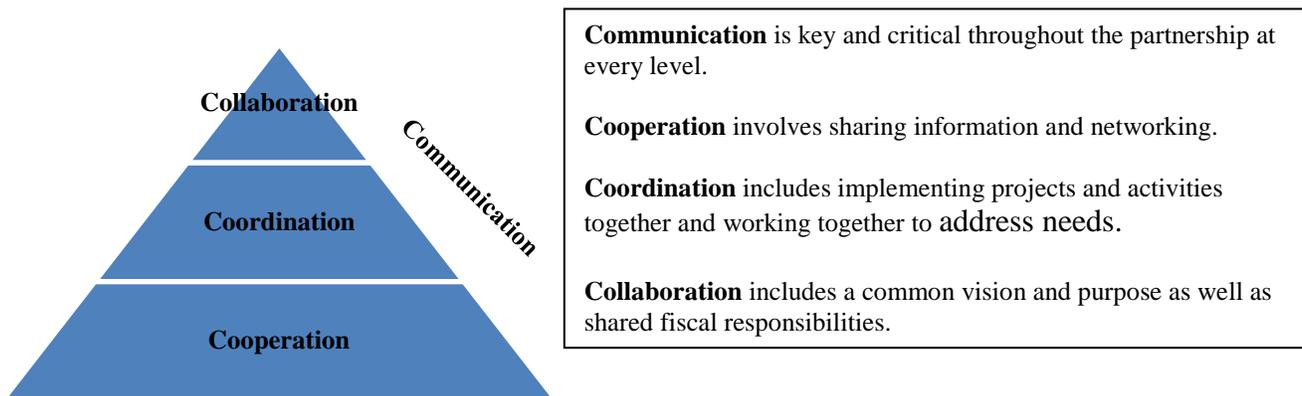
Decat

Youth Development - utilized for services for youth ages 6 to 24

Juvenile Crime Prevention

Community Partnerships for Protecting Children - utilized to support Family Team Meetings

SECTION IV: COMMUNITY COLLABORATION



From the Administration for Children & Families: Office of Child Care and Office of Head Start

Collaborative and Networking Opportunities

JCE/ECIA engages in **collaboration** at multiple levels. JCE/ECIA is working with JCE/ECIA funded community partners (Community Partner Agency Group) towards the creation of a central point of contact for early childhood service planning. Central Point of Contact is an issue also being discussed at the Homeless Coordinating Board and Decat, and JCE/ECIA is working to ensure coordination of all of those efforts, including coordination with the 211 system. Currently, JCE/ECIA strives to provide coordination of services for children from 0 through 5. The Johnson County Empowerment Family Support Program is the main source of parent education funding in the county. All referrals for that program go through the JCE/ECIA office to ensure appropriate referral and avoid duplication of services. All applications for JCE School Ready Scholarships are reviewed for eligibility for other services/programs and families are assisted in accessing appropriate services (e.g., Head Start, Shared Visions Preschool, State Child Care Assistance, Statewide Voluntary Preschool Program).

Representatives from the JCE/ECIA board participate with various **planning groups** including the Alliance for Healthy Living, Community partner Agency Group, Community Partnerships for Protecting Children Shared Decision-Making Team, Decat, Get Ready Iowa, Iowa City Community School District Early Childhood Task Force, Out Of School Time Work Group, and Prevent Child Abuse – Johnson County. JCE/ECIA actively participates on University of Iowa Trauma Informed Care and Trauma Informed Practice Committees. Past groups in which JCE/ECIA also participated include United Way’s Success By Six planning group, the Iowa City Housing Authority Program Coordinating Committee, the Johnson County Coalition Against Domestic Violence, and the Early Access Council.

Through Johnson County Public Health, a **Child Care Nurse Consultant** supports early care environments to prevent the spread of infectious diseases and child injuries, develops health protocols, and provides assistance with medication and the care for children with special health care needs.

Community Partners

The Johnson County Empowerment/Early Childhood Iowa Area has many engaged partners collaborating to improve and enhance the early childhood system.

Planning partners include Community Partnerships for Protecting Children, Decat, DHS, Johnson County AEYC, Johnson County Social Services, Juvenile Crime Prevention, Alliance for Healthy Living, Prevent Child Abuse – Johnson County, United Way of Johnson County, and Youth Development.

Planning and service delivery partners include 4Cs Community Coordinated Child Care, The Children’s Center for Therapy, Clear Creek Amana School District, DVIP, Grant Wood Area Education Agency, HACAP Head Start, Iowa Children’s Museum, Iowa City Community School District, Johnson County Public Health, Lone Tree School District, Neighborhood Centers of Johnson County, Prelude Behavioral Services, Shelter House, United Action for Youth, the University of Iowa, and the Visiting Nurse Association.

Additional partners include city government, local libraries and recreation departments.

Perhaps the most valuable partner is the families served by JCE/ECIA. JCE/ECIA strives for continuous quality improvement by soliciting planning input and feedback from the families served through funded programs as well as from other families within the community. The public relies on families to provide support to each other to truly form a cohesive community.

SECTION V: REVIEW AND EVALUATION

Review and evaluation take place in a number of different areas: program effectiveness, board effectiveness, and overall effectiveness of the Community Plan strategies. The Johnson County Empowerment/Early Childhood Iowa Area employs a full time early childhood specialist to facilitate the review and evaluation of all of those areas.

JCE/ECIA has a plan for evaluating the effectiveness of **funded programs**. Program outcomes are identified in three ways: 1) utilization of state required performance measures; 2) programs themselves identify planned outcomes in program proposals; and 3) the JCE/ECIA board identifies common measures based on overall ECI grant goals.

Funded programs submit quarterly reports, reporting on Core Indicators of Performance and Process Evaluation data. Funded programs also submit final annual reports, reporting on state required performance measures, core indicators of performance, and process evaluation data. Copies of reports are provided to board and work group members for review and all reports are reviewed by the early childhood specialist. Review includes financial reconciliation as well as ensuring progress toward contracted outcomes. Reports are discussed during work group meetings and report summaries are discussed and approved during board meetings. Based on report information, review, and summary approval, contracting agencies receive feedback about the report and/or program. The early childhood specialist works with programs to address any concerns regarding program implementation, the evaluation process, and the achievement of contracted outcomes and performance measures. Final program reports are utilized to report outcomes to the state on an annual basis. For additional information including required program performance measures data, please refer to the annual report that can be found on the website at www.jcempowerment.org

The JCE/ECIA board evaluates the effectiveness of the **board** in multiple ways. A Partners Survey and/or Customer Satisfaction Survey is sent to ECIA partners to assess community opinions of JCE/ECIA functioning and effectiveness. The results of those surveys are analyzed by the early childhood specialist and presented to the Board for their review and discussion. The JCE/ECIA Board utilizes that information to evaluate its effectiveness in sharing information with the community, including the community in program and system planning, and partnering with service agencies. Board members complete self-evaluations on an individual and board level for use in evaluating board functioning and effectiveness. Communication strategies, conflict resolution, and decision-making processes have all been revised based on feedback from those two processes.

Multiple processes are in place to evaluate the effectiveness of the **Community Plan**. Annually, the Board reviews the Community-wide Indicators and any new or updated community needs assessments.

Work Groups, whose membership includes board and non-board members, address systemic issues and bring those to the Board. System wide gaps and needs are evaluated in conjunction with contracting partners and other community planning organizations.

The Johnson County Empowerment/Early Childhood Iowa Area employs a full time early childhood specialist who attends a wide variety of community planning meetings, brings together community partners for systems planning, and monitors the needs and resources in the community. While all board members are encouraged to participate with other community boards and organizations, coordination and a comprehensive understanding of the community system is essential.

Through participation in community planning meetings, the early childhood specialist ensures the use of the Community Plan in a wide range of community planning activities, gathers information to share with the ECIA board for their use in community and program planning, and coordinates and reduces

duplication of efforts. The early childhood specialist tracks and updates performance of both program and community-wide indicators and integrates emerging needs into the work of the board.

The early childhood system in Johnson County is a dynamic entity, changing frequently as funding and staffing availability changes. The JCE/ECI Area works as a vehicle to bring together the many partners within the community for joint planning and problem solving.

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Appendix 1: Population Figures

Population Figures	2000	2010	% change
State of Iowa	2,926,324	3,062,309	4.0%
Johnson County	111,006	130,882	17.9%
Coralville	15,123	18,907	25.0%
Iowa City	62,220	67,862	9.1%
North Liberty	5,367	13,374	149.2%

Appendix 2: 2008 Community Needs Assessment

Early Childhood Environment Needs

	Family	Professional
Quality of preschool	41%	
Affordability of preschool	31%	
Affordability of child care	30%	51%
Availability of preschool	28%	
Quality of child care	27%	47%
Availability of child care	20%	15%
Early identification of behavioral problems	18%	58% (in health)
Accessibility of child care	11%	12%
Accessibility of preschool	10%	
Other	5%	8%
Increased need for funding for families just above eligibility		47%
Increased need for professional development training		42%
Lack of public awareness of the issues around early childhood		31%

Health Needs

	Family	Professional
Healthy nutrition for children	42%	
Accessibility/affordability of health insurance for children	37%	34%
Accessibility of quality health care for children	31%	30%
Early identification of health concerns	31%	
Access to dental care	25%	
Health care during pregnancy	15%	
Mental health needs of children	13%	57%
Childhood obesity/overweight	12%	20%
Childhood disabilities	10%	
Other	5%	1
Increased need for early diagnosis and treatment for behavioral needs		58%

Social and Family Environment Needs

	Families	Professionals
Enhancing relationship with children	44%	
Safe, stable, nurturing home environment	42%	55%
Safe neighborhood	36%	
Increasing supportive parenting skills	30%	42%
Stress and struggle with everyday life	27%	
Neighborhood based support services	10%	22%

Poverty impact and limited resources to address all needs of your family	9%	47%
Transportation	8%	
Child abuse	5%	8%
Problems speaking English/English proficiency	4%	11%
Substance abuse by parents	3%	
Accessibility of services in rural areas	3%	
Cultural differences in community	1%	22%
Mental health needs of parents	0.9%	30%
Isolation in rural areas	0.9%	
Other	3%	4%

Appendix 3: 2012 Needs Assessment

Which of the following do you see as the top 2 needs in Johnson County regarding:

	% of respondents (respondents choose up to 2)
ACCESS TO EARLY EDUCATION	
Paying for care	84%
Hours of care (e.g. second shift)	41%
Transportation to and from care	34%
ACCESS TO HEALTH CARE	
Behavioral/mental health services for children	71%
Early identification of health needs	55%
Well child/preventive care	25%
AVAILABILITY OF EARLY EDUCATION	
Infant care	46%
Statewide Voluntary Preschool for Four-Year-Old Children	30%
Preschool: full-day	23%
CHILD ABUSE PREVENTION	
Group-based parent education about child development	55%
Community building and informal support groups for parents	50%
Home visitation programs for families	46%
HEALTH INSURANCE FOR CHILDREN	
Non-covered services for private insurance (e.g. dental, mental health)	36%
Medical providers accepting Medicaid and hawk-i insurance	30%
Eligibility and immigration status	27%
High co-pays for private insurance	27%
HEALTH PROMOTION	
Cost of healthy foods	41%
Knowledge about healthy foods (e.g. how to prepare, how to store, where to purchase)	36%
Opportunities for physical exercise for children	27%
FAMILY/PARENTAL ISSUES	
Mental health (e.g. depression, anxiety)	66%
Extreme poverty	36%
Parent education level	27%
QUALITY IN EARLY ED	
Supporting children's social and emotional development	36%
Availability of support services for providers (e.g. AEA, CCR&R, ISU Extension)	25%
Caregiver interactions with children	18%

Indicate the 3 greatest needs in Johnson County for children age 0-5 and their families.

	% of respondents (respondents choose up to 3)
Accessibility of early education	51%
Parent/family issues (e.g. substance abuse, homelessness)	44%
Quality in early education	32%
Availability of family support (home visitation)	32%

Appendix 4: Analysis of the information collected to identify Priorities

Priority	Rationale for Identification or Deletion of Priority
1. Increase the accessibility and availability of quality early education	<p>Johnson County has experienced several child care programs limiting the number of children receiving State Child Care Assistance (SCCA). Families eligible for SCCA report difficulty finding quality providers that will accept their funding.</p> <p>About 6% of children had to change child care providers due to cost of the care. About one-quarter of children had parents who would consider switching providers if costs were not an issue. {ICFHHS 2005}</p>
	<p>Among the top community issues that most affect quality of life in Johnson County: availability of child care. {UWJC 2010}</p> <p>Parents of 42% of children who needed child care had either a big (16%) or small (26%) problem finding it. {ICFHHS 2005}</p> <p>The Johnson County 2008 capacity of regulated child care slots was 25% of the potential need. 2000 census data that 69.4% of children ages 0-6 have all parents in the work force; 2006 estimates of 7,539 children age 0-5 years; and 1,294 regulated child care slots in 2008. This estimates a need for 5,232 child care slots for children ages 0-5.</p>
	<p>Of the 20 counties in our area served by Southeastern Iowa Child Care Resource & Referral (CCR&R), Johnson County has the highest average weekly rate for all home-based child care except before-&-after-school care (4 counties had higher rates).</p> <p>For center-based care, Johnson County has the highest average weekly rate for infants and toddlers and full-time school age and the second-highest rate for 2, 3, 4, 5 year olds and full-time school-age care. Three counties had higher rates of center-based before-&-after-school.</p>
2. Increase quality in early education	<p>In the 2012 Needs Survey, quality in early education was identified as one of the top three greatest needs in Johnson County for children age 0-5 and their families. The top two identified needs within the area of quality in early education were supporting children’s social and emotional development and the availability of support services for providers.</p> <p>1% of children age 0-5 in child care in Iowa had been asked to leave a child care setting because of issues with behavior. {ICFHHS 2005} There has been a high demand in the community for the Childcare Alliance Response Team (CART) program funded through JCE/ECIA and that program has consistently demonstrated high achievement of contracted outcomes.</p>
	<p>Because Iowa’s system of early care and education is voluntary, there is often not external motivation for providers to participate in quality initiatives or professional development. There seems to be an overall lack of understanding about how to measure quality and what constitutes quality. Provider reimbursement rates are not tied to quality demonstration and the demand for care in Johnson County is greater than the availability of care – thus necessitating that some parents choose care that is not what they would consider “high quality”.</p> <p>About one-quarter of children had parents who would consider switching providers if costs were not an issue {ICFHHS 2005}</p>

<p>3. Prevent child abuse and neglect and increase supportive parenting skills.</p>	<p>Research demonstrates that the brain’s development can be physiologically altered by prolonged, severe or unpredictable stress – including maltreatment – during a child’s early years. Such an alteration in the brain’s development can in turn negatively affect the child’s physical, cognitive, emotional, and social growth. {Preventing Child Maltreatment: a guide to taking action and generating evidence. World Health Organization and International Society for Prevention of Child Abuse and Neglect. 2006}</p>
<p>4. Increase families’ healthy informal networks of support and utilization of appropriate community resources.</p>	<p>The availability of family support was identified in the 2012 Needs Survey as one of the three greatest needs for children age 0-5 and their families. The greatest needs identified in the prevention of child abuse and neglect were group-based parent education about child development, community building and informal support groups for parents, and home visitation programs for families.</p> <p>We know that parents are their children’s first teachers. Research shows that children exposed to Adverse Childhood Experiences are at significantly greater risk for negative academic and social outcomes in school and later in life. Supporting families to decrease those risks will improve outcomes for children.</p>
<p>5. Prevention, early detection, and identification of child health issues.</p>	<p>Environment and parent-child interactions have an immense impact on child development. 24% of children age 0-5 at 0-200% of the federal poverty level are in households with a primary caregiver who may be depressed or anxious; only 13% of children in households above 200% of federal poverty level. While this seems to be more of an issue for lower income families, parental mental health status and parenting stress is an important issue for all young children. Regardless of income, children will be at greater risk if they are raised in an environment where parents are having difficulties coping with the challenges of parenthood. Creative approaches to supporting new parents could benefit all children in the state. {ICFHHS 2005}</p> <p>43.9% of 2012 Needs Survey respondents identified parent/family issues (e.g. substance abuse, homelessness) as one of the three greatest needs in the county; mental health, extreme poverty, and parent education level were identified as the top needs within that category.</p>
	<p>Respondents to the 2012 Needs Survey identified early identification of health needs as one of the top 2 needs in the area of access to health care services. Research shows that the earlier children receive treatment for health concerns and developmental delays, the better their outcomes. In Iowa, the rate of referral and participation in the Early ACCESS program (Part C) for children age 0-3 is lower than would be expected. For preschool age children, AEAs are no longer doing general Child Check screenings. It has been accepted that it is not the screening itself that is the most important to achieve positive outcomes – follow-up with additional evaluation and intervention is required to effect change. By providing accessible training and screening tools to our providers (family support and early education), we can increase the number of children served and help families access needed services.</p>

	<p>Among the top community issues that most affect quality of life in Johnson County: affordability of health services, lack of/inadequate health insurance, availability of healthy food choices, and lack of culturally appropriate health services. {UWUC 2010}</p> <p>Children in Iowa without medical insurance are more likely to have lower global health status and to have an unmet need for medical and dental care. {ICFHHS 2005}</p> <p>Unmet need for medical care is higher among Hispanic children with Spanish-speaking parents (31%) than for other children (<1%). {ICFHHS 2005}</p> <p>Only 12% of children age 0-1 and 40% of children age 2-3 had a dental check-up in the last year. Getting children in for a dental visit that focuses on anticipatory guidance by age one is a challenge, but is particularly important for those most at risk (e.g., lower income children). The oral health status for 24% of Hispanic children with Spanish-speaking parents was rated as ‘fair’ or ‘poor’, compared to 6% for Hispanic-English, 7% for African American, and 4% for white children. {ICFHHS 2005}</p>
<p>6. Strengthen the transition to kindergarten.</p>	<p>The construct of “School Readiness” is commonly accepted to mean both children ready for school and schools ready for children. School readiness does not start in kindergarten – it is developed over time in the birth to five years. The responsibility for getting children ready for school lies with parents and early education providers. But the evaluation of school readiness – determining whether a child is ready for school – is a function of the school district and kindergarten teacher as well as the parents. In order for parents and early educators to help children be ‘school ready’, they must know what that means. Likewise, there has been some local concern that the alignment of kindergarten readiness expectations and the Early Learning Standards may not be optimal.</p>

Appendix 5: Analysis of the information collected to identify Community-wide Indicators

Indicator	Rationale for Selection of Indicator
Number and percent of early education environments meeting quality standards (NAEYC, NAFCC, QRS)	Accessibility of early education and quality in early education were identified as two of the greatest needs in Johnson County. To increase families' access to quality early education, it must be available. The number of quality programs demonstrates the availability for families. The percent illustrates the scope of programs that are demonstrating quality.
Number of regulated child care programs (DHS licensed centers, DHS registered homes, CCR&R listed homes)	Among the top community issues that most affect quality of life in Johnson County: availability of child care. {UWJC 2010} Parents of 42% of children who needed child care had either a big (16%) or small (26%) problem finding it. Because registration in Iowa is voluntary, it is impossible to track the availability of all care. By including CCR&R listed homes (that may not be registered with DHS), the data gives a more complete picture of the availability of care.
Number of regulated child care slots (licensed, registered, and listed)	The Johnson County 2008 capacity of regulated child care slots was 25% of the potential need. Census data from 2000 shows 69.4% of children ages 0-6 have all parents in the workforce. Based on 2006 estimates of 7,539 children age 0-5 years and 1,294 regulated child care slots available in 2008, this estimates a need for 5,232 additional child care slots for children ages 0-5. Rationale for including non-registered CCR&R listed is that those providers are regulated in the sense that they must complete specific health and safety trainings and many receive in-home visits from a consultant.
Number of confirmed child abuse reports	Research demonstrates that the brain's development can be physiologically altered by prolonged, severe or unpredictable stress – including maltreatment – during a child's early years. Such an alteration in the brain's development can in turn negatively affect the child's physical, cognitive, emotional, and social growth. {Preventing Child Maltreatment: a guide to taking action and generating evidence. World Health Organization and International Society for Prevention of Child Abuse and Neglect. 2006} One measurement of adverse childhood experiences is the incidence of child abuse. The number of reports demonstrates the frequency with which abuse is occurring; compared to the number of perpetrators or the number of victims.
Number of children enrolled in state health insurance programs	The community assessment showed that Johnson County has a smaller percentage of eligible children enrolled in state health insurance programs (hawk-i and Medicaid) than most other counties. Among the top community issues that most affect quality of life in Johnson County: affordability of health services and lack of/inadequate health insurance. {UWJC 2010} Children in Iowa without medical insurance are more likely to have lower global health status and to have an unmet need for medical and dental care. {ICFHHS 2005}

Percent of kindergarten students who attend preschool	Preschool attendance can be a tool to promote school readiness. At-risk children participating in high quality preschool are more likely to score well on school achievement tests, complete high school, be employed, and have higher median monthly incomes. At-risk children participating in high quality preschool are less likely to be arrested for crimes and spend less time in jail/prison. {Perry Preschool at Age 40}
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Appendix 6: Timelines for Fund Award Processes

Annually

December – Board reviews community needs assessments; Work Groups identify any new trends or local needs that are not noted in needs assessments and report to Board.

January – Board identifies/affirms priorities for funding and the processes by which applications will be solicited and proposals will be evaluated. When contracts are not eligible for renewal, the board follows a general RFP process. When contracts are eligible for renewal, the board utilizes an abridged process for applicants.

General RFP Process

February – RFP is issued. The public is notified through the jcempowerment.org website, the Facebook page, and a press release to the newspapers. Current contractors are notified by email.

March – Bidder’s Conference to provide clarification and answer potential applicants’ questions. If there is anything different from the previous year, it is highlighted during the meeting. Examples of potential differences include statewide required performance measures, required evaluation tools, the process for applying, the means by which applications will be evaluated, and any reporting or billing changes. All questions are submitted in writing. Questions asked and answered during the conference are recorded. All information provided at the Bidder’s Conference, as well as all questions and answers, are posted to the website.

April – Proposals are due. Staff reviews proposals to ensure the RFP guidelines were followed. Along with instructions, the proposals are emailed to all reviewers. Staff develops a preliminary budget of available funds, based on the previous year’s allocation and any planned carry-forward. That budget is then confirmed by the board as a starting point for funding allocation. It is noted that this is based on last year’s funding and could change dramatically, depending on the decisions of the legislature and the Governor.

May – Agency 3rd quarter reports are reviewed to ensure contracts will be successfully fulfilled. If the board has confirmed a budget from the state, funding decisions are made during the board meeting. If there is additional information requested from applicants, it is noted at this meeting. Staff follows up with applicants regarding requests for additional information. The funding decision includes priorities for allocating any additional funds available (carry-forward).

June – If funding decisions were not finalized in May, they are finalized in June (assuming the board has received a confirmed budget from the state). Contracts are issued in June. JCE/ECIA staff emails pdf copies of the contracts to providers for their review. If there are changes to the contract from the previous year, those are highlighted in color in the contract and are noted in the email. Once the contract is finalized, the provider prints and signs 2 signature pages and returns to JCE/ECIA. After the JCE/ECIA board has signed the contracts, an original is put into the JCE/ECIA file and the other original is returned to the agency.

July – Contract period begins.

August – Final carry-forward figures are available for the board. Any additional funds are allocated according to the process already in place. When necessary, contracts and/or amendments are issued using the same contracting process.

Renewal Process

February – Contractors' 2nd quarter reports are reviewed to determine if programs are on track to achieve all contracted outcomes.

March – Contractors are contacted with any questions or concerns about contracted activities and performance measures. Staff consults with contractors to determine if the program will expend all funding by the end of the contract period.

April – Letters are sent inviting current contractors whose contracts are eligible for renewal to apply to renew their contracts. The letter explains the process and timeline for renewal. If there are changes to the process or how the proposals will be evaluated, that information is highlighted in the letter. Staff develops a preliminary budget of available funds, based on the previous year's allocation and any planned carry-forward. That budget is then confirmed by the board as a starting point for funding allocation. It is noted that this is based on last year's funding and could change dramatically, depending on the decisions of the legislature and the Governor.

May – Agency 3rd quarter reports are reviewed to confirm that programs are on track to achieve all contracted outcomes. If the board has a confirmed budget from the state, the board compares the upcoming budget with that from the previous fiscal year. If the funding is relatively consistent, the board approves renewing the contracts. If there are significant budget differences, the board determines a process to adjust funding. The process includes priorities for allocating any additional funds available (carry-forward).

June – Contracts are renewed in June. JCE/ECIA staff emails pdf copies of the renewals to providers for their review. If there are changes or amendments to the contract from the previous year, those are highlighted in color in the renewal and are noted in the email. Once the renewal is finalized, the provider prints and signs 2 signature pages and returns to JCE/ECIA. After the JCE/ECIA board has signed the renewal, an original is put into the JCE/ECIA file and the other original is returned to the agency.

July – Contract period begins.

August – Final carry-forward figures are available for the board. Any additional funds are allocated according to the process already in place. When necessary, amendments are issued using the same contracting process.

Appendix 7: Fiscal Assessment

Anticipated Funding Amounts coming in to the Empowerment/ECI Area (FY 2018) By Priority Area

Secure and Nurturing Early Education Environments Funding

Funding Name	Funding Source	FY18 Estimate	Notes
Head Start* (HACAP)	federal HHS	\$844,088	Need for full-day, full-year service
Child Care Block Grant (CCBG) (HACAP, NCJC)	state Iowa DHS (federal pass-thru)	\$232,016	Need for full-day, full-year service
Child and Adult Care Food Program (CACFP)	state	Not reported county-wide	At Home Ties reimburses only 2 meals, one snack OR two snacks, one meal; must maintain 25% of SCCA to receive
Child Care Resource & Referral (CCR&R)	state		This funding has been regionalized and is administered out of Davenport.
Early Intervention to school districts (CCA, IC, LT, S)	Federal	\$ 99,890 \$901,906 \$ 28,327 \$ 63,882	
IDEA Part B to school districts (CCA, IC, LT, S)	Federal	\$ 81,773 \$652,339 \$ 19,932 \$ 54,549	
Iowa's Quality Preschool Program Standards (IQPPS) Technical Assistance and Verification	state ECI		These funds are for verification visits.
Shared Visions Preschool (HACAP Bloomington, Coral Ridge, Waterfront; ICCSD Hills & Twain, NCJC Broadway & Pheasant Ridge)	state Dept. of Ed	\$804,758.30	Need for full-day, full-year service; ECI funds are used at all locations to expand services
State Child Care Assistance* (SCCA)	State (\$720,181) and federal (\$2,719,077) Dept. of Human Services	\$3,439,258	Not enough slots; reimbursement does not match tuition, therefore budgets are not met
Statewide Voluntary Preschool Program* (SVPP) (CCASD, ICCSD, LTSD, SSD)	state Dept. of Ed.	\$ 186,934 \$1,282,754 \$ 70,906 \$ 254,617	Need to serve more families; need wraparound

University of Iowa	state	\$20,000	Address the quality of child care and the child care system
Johnson County	county	\$85,000	Cannot afford child care; crisis child care
Early Childhood Iowa local – childcare/preschool (4Cs, Clear Creek Amana Schools, HACAP, Iowa City Schools, Lone Tree Schools, NCJC, other community-based providers)	county	\$238,622	Funds the local ECI Area contracts with providers.
Early Childhood Iowa local – professional development (AEA, 4Cs)	county	\$114,277	Funds the local ECI Area contracts with providers.

Safe and Nurturing Families Funding

Funding Name	Funding Source	FY18 Estimate	Notes
Family Development and Self-Sufficiency* (FaDSS) (UAY)	state	\$33,000	Funding has been reduced over past few years.
Iowa Child Abuse Prevention Program* (ICAPP) (CCT, UAY)	state	\$23,951 (among 3 agencies)	Funding has been reduced over the past few years by about 20%.
Shared Visions Parent Support* (NCJC, UAY)	state Dept. of Ed.	\$87,060	Funding cut 6.8%
Transitional Living Program Grant*	federal	\$200,000	Not all teen families have children age 0-5
Early Childhood Iowa local	State	\$366,222	Children’s Center for Therapy, NCJC, UAY
Johnson County Funding	County	\$4,660	UAY

Children Ready to Succeed in School Funding

<u>Funding Name</u>	<u>Funding Source</u>	<u>FY18 Estimate</u>	<u>Notes</u>
Child Health (JCPH)	federal state	\$39,020 \$13,506	Car seats for medical transportation needed
Early Access (AEA)	federal state	\$382,492 (For a 7 county region)	Need to identify additional children to participate
IDEA Special Education (preschool ages 3-5) (AEA)	federal	\$315,083 (For a 7 county region)	Not Reported
Immunization (JCPH)	federal state	\$13,299 \$9,300	Need to hold more clinics
Maternal & Child Health Fee For Service (JCPH)	federal other	\$488 \$78,404	Need additional staff to do all follow up recommended by state office.
Women, Infants, & Children (WIC) Nutritional Program (JCPH)	federal county	\$453,202	
Healthy And Well Kids in Iowa (hawk-i) (JCPH)	state	\$7,111	Need support for an outreach worker. Defunded in FY12 by ECIA (-\$15,000).
I-Smile (JCPH)	state other	\$5,032 \$43,071	
Child Health Dental (JCPH)	federal state	\$4,262 \$1,413	
Child Care Nurse Consultant (JCPH)	County	\$38,315	There are no grant dollars designated for this service.
Adolescent Pregnancy Prevention (UAY)	state DHS	\$83,076	Funding reduced by 5% annually.
Early Childhood Iowa local (UAY)	County	\$14,580	

Appendix 8: Agency Collaboration

Communication – There is a process for the exchange of information and common understanding.

Contribution – There are mutual exchanges through which partners help each other by providing some of the resources and support needed to reach their independent goals.

Coordination – There is a deliberate, joint, often formalized relationship among partners involving communication, planning and division of roles, and longer term goals.

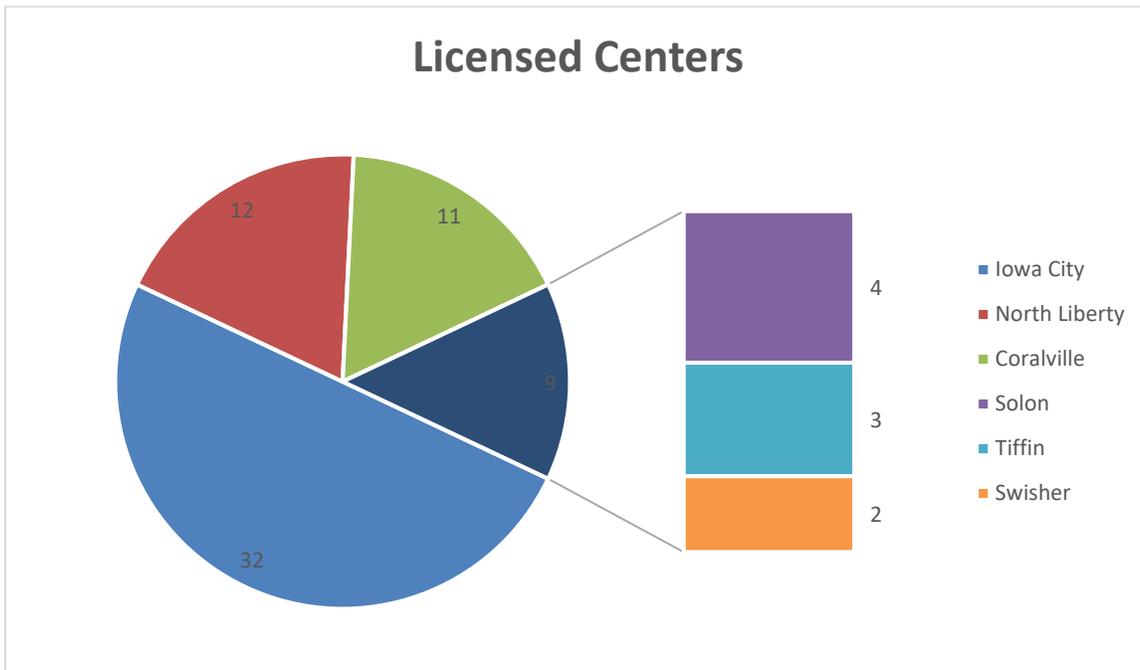
Cooperation – There is a defined relationship in which partners plan together, negotiate mutual roles and share resources to achieve joint goals.

Collaboration – Partners engage in a process through which they constructively build an interdependent system which includes a common mission, comprehensive communication and planning, pooled resources, and shared risks and products

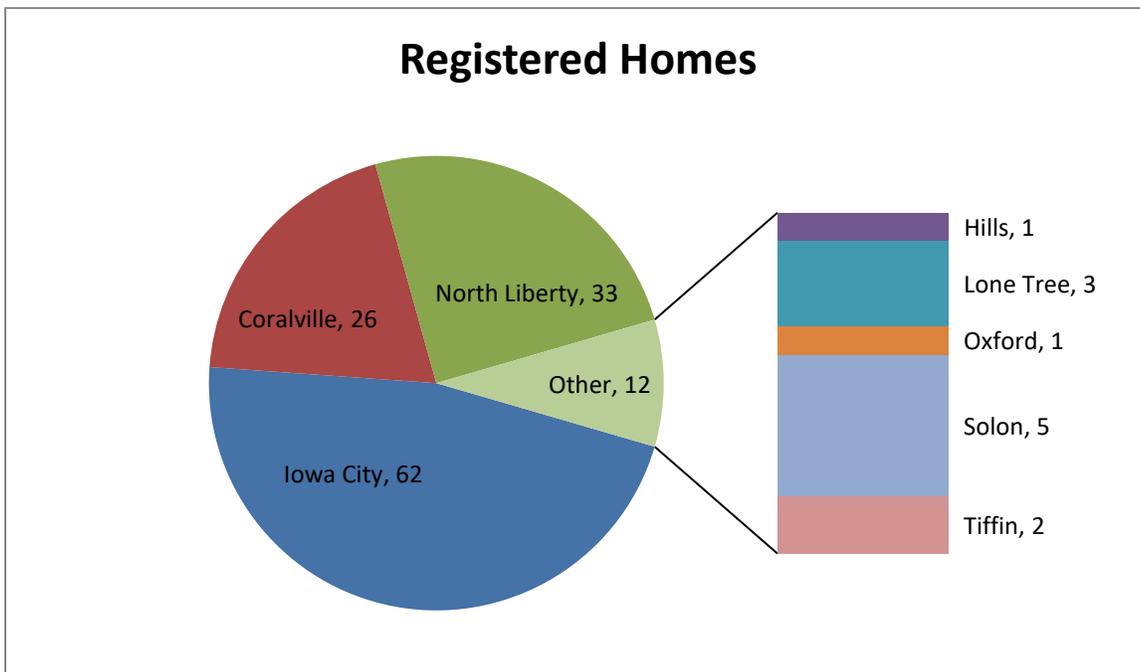
Agency Collaboration Levels

Agency	Level of Collaboration
4Cs Community Coordinated Child Care	Collaboration
Child Care Resource & Referral	Contribution
Children’s Center for Therapy	Cooperation
Iowa City Community School District	Cooperation
Department of Human Services	Contribution
Decat	Contribution
Johnson County	Collaboration
Community Partnerships for Protecting Children	Cooperation
Johnson County Public Health	Contribution
Grant Wood Area Education Agency	Cooperation
Clear Creek Amana School District	Contribution
Lone Tree School District	Coordination
HACAP Head Start	Cooperation
Neighborhood Centers of Johnson County	Cooperation
Prevent Child Abuse – Johnson County	Cooperation
Solon School District	Communication
United Action for Youth	Cooperation
United Way of Johnson County	Coordination
University of Iowa Family Services	Cooperation

Appendix 9: Additional Community-Specific Data

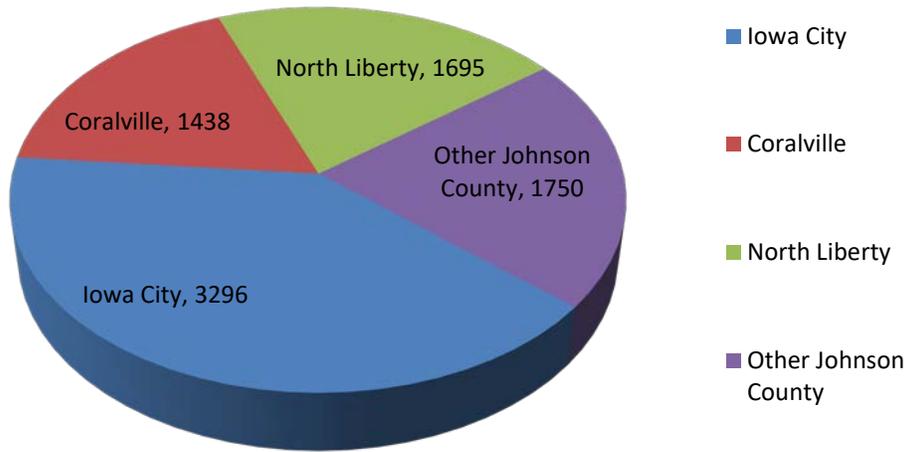


(Does not include Licensed Exempt or Licensed Before-and-After-School Programs)
 DHS, December 7, 2016



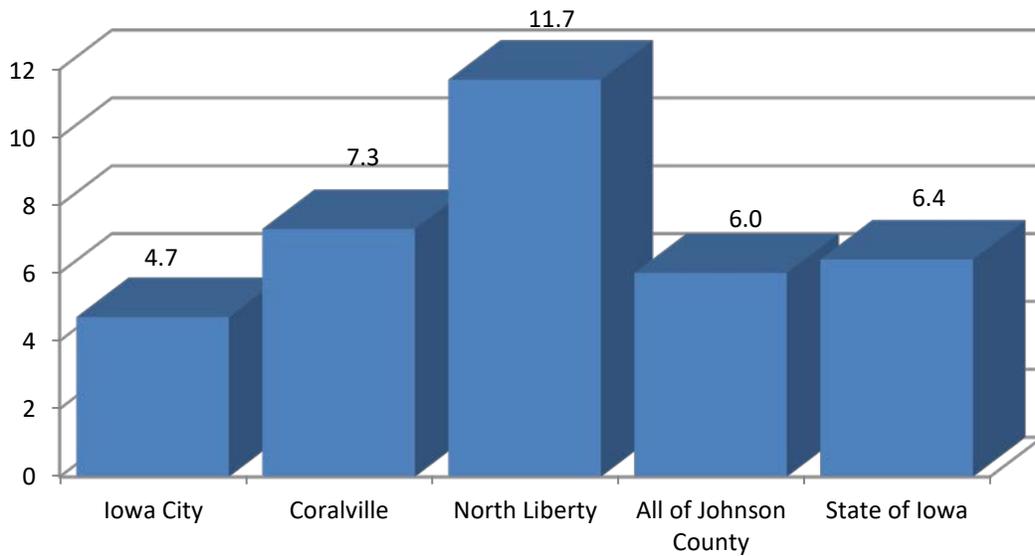
DHS, November 10, 2014

Number of Children Under Age 5

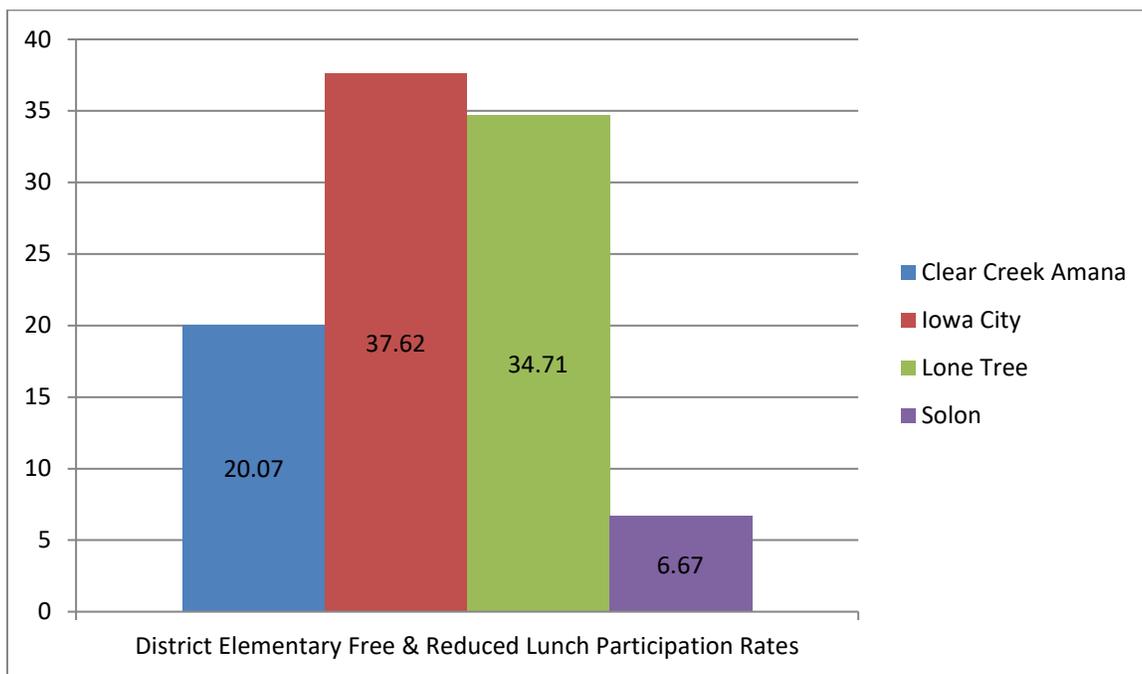


2012 US Census Bureau State & County QuickFacts

Percent of Population Under Age 5

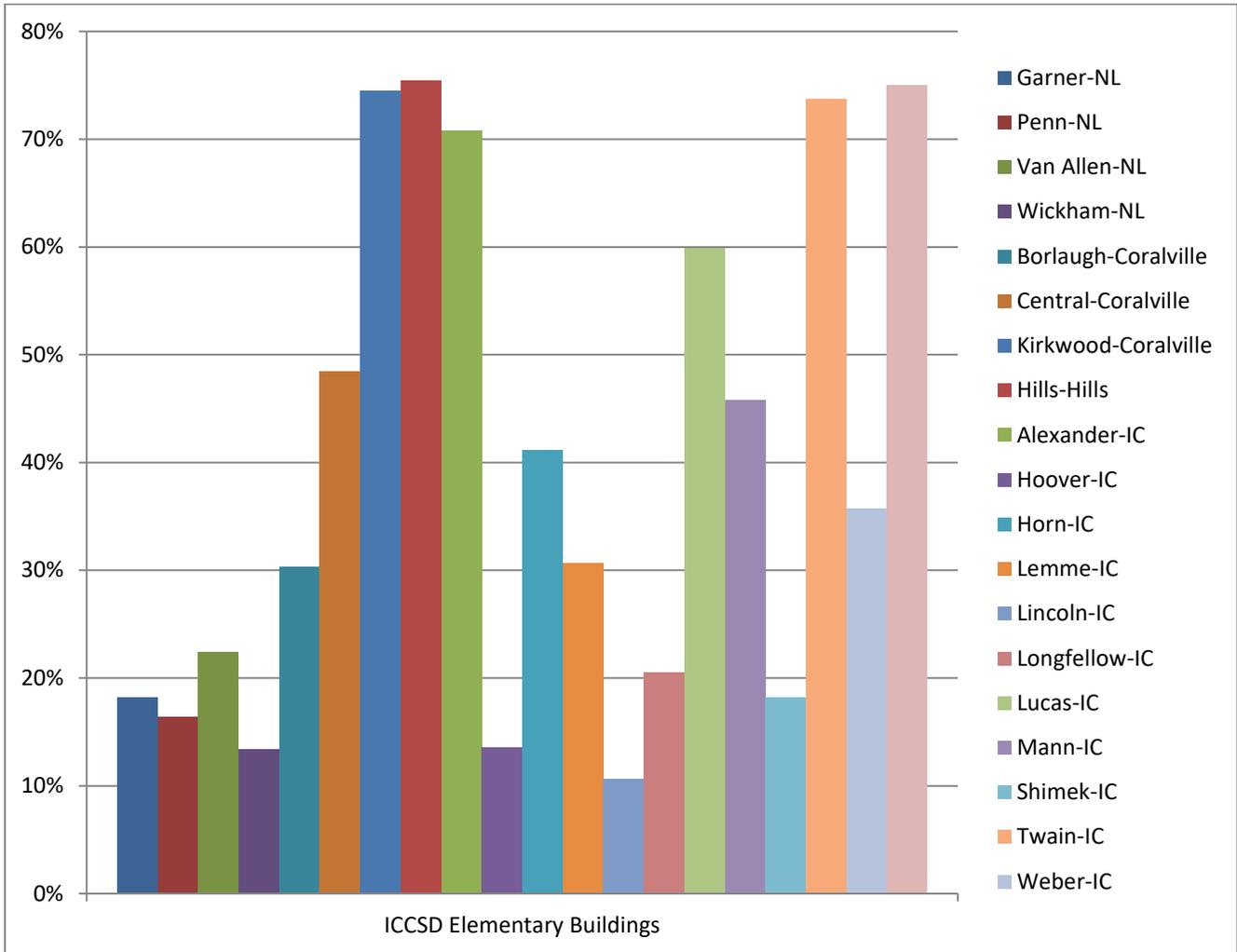


Percent of Students Eligible for Free & Reduced Lunch by District 2016-2017



<http://reports.educateiowa.gov/>

ICCSD Students Eligible for Free & Reduced Lunch by Elementary Building 2016-2017



<http://reports.educateiowa.gov/Home/reportWrapper>

WIC enrollment in Johnson County

