

Meriden Blueprint For Young Children

November 29, 2009

REVISED DRAFT

Since the publication of the Meriden Early Childhood Blueprint in 2008, Meriden parent and community leaders have started to develop a Meriden Children Zone (MCZ), a pilot project and manageable way to implement and measure Blueprint strategies. If the Zone project brings improvement on key children and family measures, then the project can be expanded to involve more children and families.

MCZ is an evolving approach based on the model of the Harlem Children's Zone (www.hcz.org). The MCZ will focus on a lower-income Meriden neighborhood to improve health, early learning and self-sufficiency outcomes for young children. These three priority areas mirror those as developed in the Blueprint. The MCZ will focus a coordinated, comprehensive array of wrap-around services and on-going supports for 50 participating families. There will be a special emphasis on early literacy skills.

Evaluation of Meriden Children Zone outcomes will be based on a Results Based Accountability framework. Outcomes will be focused on how well a child improves on these measures:

- % of eligible children enrolled in HUSKY health insurance program
- % mothers who receive quality prenatal care
- % of children considered 'ready' for kindergarten based on early literacy skills as measured by the kindergarten assessment
- % improvements with District Reading Assessments in school system
- % of children involved with quality preschool program
- % of mothers who achieve a high-school diploma and are thus more 'job ready'
- % parents getting job training and placement

The areas the Zone project will impact are captured in a family enrollment form. This tool will be used by outreach workers to capture **baseline information** that will inform a coordinated family action and referral plan. This data will also be useful to track the impact of Zone efforts over time – for both the individual child and family and for the larger cohort of families involved with the Zone. A friendly and flexible data collection system is being developed that will house this information and allow for reporting, mapping, and tracking progress over time.

What follows is the most recent thinking on desired results from the larger Blueprint plan, guiding indicators and strategies and actions that turn the curve to improve the lives of children and families. Several of these actions will or have been implemented at a city-wide level. Many will be targeted in the Zone area.

The last page discusses some community process measures that will be tracked to show progress on items such as the early-childhood structure being built in Meriden and on how strategies are being implemented.

I Family Support

RESULT:

All Meriden children birth through eight are healthy, ready for school and successful learners.

HEADLINE INDICATOR:

Meriden has chosen the mother's education level as the major headline indicator to track our results for family support. This indicator has been selected because research shows that the education level of the mother has a strong relationship to the eventual educational level achieved by the children. If a mother's education level can be improved, that could have a strong positive effect on how well their children do in school – and how they go in their school career.

Mother's education level (in Meriden's inner district / Children Zone area)- % mothers without a high school degree:
Meriden 54.6%, State 37.3%

Secondary Indicator: % elementary children eligible for free/reduced lunches: **Meriden 59.1%, CT: 33.1%**

STORY BEHIND THE INDICATOR:

In recent Meriden history, there were many manufacturing jobs in town that did not require a high school degree. These jobs are gone. The entry level jobs available now – and in this economy there are few of them – pay little, have shrinking benefits and require a high school diploma at least. Those without a high school diploma are at a severe disadvantage.

Many Meriden people are working but working two and three jobs to make ends meet (% parents employed with children under 6 - **Meriden 64.7%, State 61.9%**). Employers often don't advertise locally due to shallow pool of quality labor.

There are a number of reasons why we believe many Meriden mothers do not complete their high school degrees, including:

- Young mother has a child while still in school. For many of those without an involved man/boyfriend, it is that much more difficult to remain in school. Many young moms choose to have a baby – it's cool
- Generational expectations. If a drop-out mom didn't finish school, it's possible her mother didn't finish. OK not to finish
- Involved with drugs/law enforcement
- Mother may need or want to work
- School is boring, not engaging or difficult – may be frustrating, embarrassing to not be doing well
- Certain Meriden neighborhoods do not have the assets or opportunities as readily available to drop-outs

STRATEGIC AREA 1:

Based on this diagnosis, we propose the following strategies that can improve the mother's education level, and thus the educational achievement of her child. Towards this end, we need to ensure adequate:

1. [family supports](#) are in place to help mom/dad be able to finish school and to work - childcare, afterschool, family resource, parent leadership.

Year 1 Specific Strategies / Actions

- Adults of young children made aware of information about community parenting programs which provide parent training, childcare, support, assistance and leadership. Use resources such as adult ed catalog, doc offices, insert in school calendar, MidState/baby bags, police officers.
- ‘Train The Trainer’ about available parenting programs as a resource for families by way of workshop for agencies, outreach workers, preschool directors/teachers, (BOE- professional development days ?) etc.
- Convene outreach workers, childcare program staff, others who interact with public to raise awareness on available community resources
- Prevent closure of Family Resource Centers & Nurturing Family programs
- Push Adult Ed to apply for Workforce Board resources to expand adult education offerings

Impact of Strategies (1-5 scale – the higher the total numbers, the better)

Strategy Area: family support Action steps:	Impact on indicator (least/most)	Time (most / least)	Resources (most / least)
Program awareness	2	5	5
Outreach worker training	2	4	4
Outreach worker convenings	2	4	5
Protect FRCs, Nurturing Family	3	3	2
Adult Ed/workforce \$	3	4	2

2. [professional development](#) for parents so they can complete high school and have the additional training they may need or want to get work & raise expectations for their kid’s high school completion - literacy, job training, financial/money management, workforce development.

- Identify and promote the literacy/financial/workforce/job training agencies that serve families with young children who are unemployed or underemployed
- Have Literacy Volunteers, Adult Education, others? meet to talk about ways to co-market/register to better accommodate adults needing these skills
- Zone outreach workers to link target families to employment and training resources, including CT Works and the Women and Families Center

Impact of Strategies (1-5 scale – the higher the total numbers, the better)

Strategy Area: parent professional development Action steps:	Impact on indicator (least/most)	Time (most / least)	Resources (most / least)

Awareness of programs	3	3	5
Literacy programs	2	3	3
Connect families to programs	4	2	2

How to Measure

Zone family enrollment form will be used in a targeted neighborhood. For those 50 families, mother’s high school attainment will be noted. Over time, with the implementation of the above strategies, changes to mother’s high school attainment can be measured.

On the community level, a mother’s educ. level is collected when she gives birth, but then where does that info go – can it be collected? Do school readiness (Jess) or K intake forms (AI) ask this? FRC, Nurturing Families collect this info for their mother participants, but not tabulated. How about MHA? New Opportunities? **Meriden Head Start: For 08-09, 188 families – 37% do not have high school diploma.** Can measure changes with high school achievement and economic advances through these family-serving programs.

Who’s Responsible / Partners

- Nurturing Families (Community Health Center)
- Head Start
- Family Resource Centers
- Women and Families Center
- Child Guidance Clinic
- Meriden Wallingford Substance Abuse Council
- Meriden Board of Education
- CT Works
- Adult Education/Board of Education
- Greater Meriden Chamber of Commerce
- Meriden Housing Authority
- WIC
- United Way / 211
- Meriden Public Library
- Easter Seals/Head Start
- New Life Church, others?
- Parent leaders
- Others?
- pediatricians

2009 Family Support Accomplishments

- 1st annual early childhood expo – 50 families and a dozen agencies participated
- Commitment by adult education to pursue workforce development funds for adult ed expansion
- Led by Family Resource Centers, state-funding for the program has been largely preserved
- Other?

What’s Happening Now

Committee has met four times this summer / fall 2009 to select headline indicator and flesh-out story behind the indicator. Have recently engaged Adult Education and CT Works to better understand local workforce supports and how to link those to Blueprint strategies, including potential to focus CT Works and adult education resources to Meriden Children Zone families.

Will soon convene many of Meriden’s outreach workers to better understand who is doing what and discuss ways to coordinate efforts, especially in the Zone.

II Early Care & Education Workgroup

Result: All Meriden children birth through eight are healthy, ready for school and successful learners.

HEADLINE INDICATORS

Meriden has chosen CMT reading scores as the headline indicator to track our results for early care and education. Success on 3rd grade reading scores are a strong indicator of future academic success. If Blueprint strategies can improve a child's reading ability, they will have a stronger academic foundation on which to build.

The DRA will be used as a secondary indicator to show reading achievement in the grades before the 3rd grade CMT.

- 3rd grade CMT reading scores - 31.5% at grade level (52% for the State). Parochial schools use Iowa tests vs. CMT.

Other Secondary indicators

- **% of children entering Kindergarten with educationally appropriate literacy and numeracy skills: 54%** (in the field this figure is considered moderately powerful given that results are self-reported by teachers. But at this time, this is the best measure we have for kids entering K)
- **% of children in full-day kindergarten. 10% now.** Children in full-day K do better socially and academically than do their ½ day peers, according to national and local research.

STORY BEHIND THE INDICATORS

Reasons why 3rd grade reading scores are not so hot:

- More kids need to be in quality preschool, more full-day kindergarten.
- Recent loss and now overall lack of early literacy supports - pre-K and early school grades.
- A classroom of preschool kids who have a quality, shared experience may, as K students, be sprinkled around town and in classrooms with different/uneven teaching quality/style.
- Significant loss of academics over the summer for certain groups, especially children from lower income families
- Poor evaluation/measures of kids leaving pre-K and entering K – hard to know where kids are at to know who needs what
- K teachers not clear/consistent on what expectations for incoming K kids
- Parent involvement at home and school declines as grade levels increase due to time and economic pressures; some not comfortable in schools; some schools not welcoming/encouraging of parent involvement; more academic demands less time. Some schools (parochial) have incentives for parents.
- Parents need to be caught and taught when their children are very young the need, value and how-to of early literacy skills
- Once a child is in school, quite a bit of mobility within and between towns
- Sometimes a child is passed on to the next grade vs. getting the targeted/timely supports they needs
- Kids often leave school and return home to chaotic environments

STRATEGIC AREA 1:

Based on this diagnosis, we need to increase the number of children enrolled in (receiving) a quality pre-school experience and expand full-day K opportunities so they can have a stronger academic footing in their earlier years.

Year 1 Actions

- Make sure current plans for full-day K continue in a timely fashion

- Increase awareness of current (accredited) programs – Apple, Head Start, School Readiness, DSS, community programs. Create a one page document on: How to find child care programs in Meriden, and educate parents on how to chose a child care program that is right for their family.

Impact of Strategies (1-5 scale – the higher the total numbers, the better)

Strategy Area: early learning Action steps:	Impact on indicator (least/most)	Time (most / least)	Resources (most / least)
Increase # children in pre-K	4	3	2
Monitor implementation of full-day K	4	1	3

How to measure

Zone enrollment form at start of involvement and at intervals over time note changes in numbers of children in preschool and full-day K.

Strategic Area 2:

K registration/transition/expectations/supports for children, parents, pre-school providers and the school system. Improving transition between preschool and school will be of value for all key stakeholders, improving the ease of enrolling for K, moving from preschool to K and understanding what’s expected for parents and students.

Year 1 Action Steps

1. Registration

- K- registration nights
- Kindergarten registration packets available at several community locations.
- Mass emailing of K registration info. Ask community programs to post for parents to see.
- Posting flyers around k registration at local merchants/City buildings
- Set up k registration tables at: sports registrations, back to school event, national night out, Daffodil Festival, local church’s
- Registration Saturday at the Meriden Public Library
- Events to be offered now and some again during August.

2. K transition strategies/action ideas:

PARENTS

- Parent of preschooler outreach and education workshops prior to start of K
- Transition handout for parents/children (have examples)
- Orientation event, packets

Collect info currently being disseminated from all elementary schools. Compare/contrast information to create a standardized packet.

Create a uniform district-wide Kindergarten Orientation Packet to be distributed to all pre-school children prior to entering kindergarten

CHILDREN

- Meetings with pre-k and K students
- Picture book of news schools, staff, activities; Pre-K bus tour around to K schools (First Congo example)
- Have K students and K teachers visit pre-K as ‘guest speakers’

TEACHERS

- Professional developed sharing
- K teachers visit incoming K students prior to start of school (Putnam example)
- Transition meetings: PK and teachers exchange & discussions

3. K ENROLLMENT & ORIENTATION

- K orientation day/open house for pre-k – include expectations, curriculum
- Include expectations when a child enrolls for k

4. Expectations of preschoolers and incoming K students

Create form for Community Pre-K providers detailing these expectations

- Pre-K providers to complete K-skills checklist for all children and send with children to K
- Ensure check list is shared with K teachers
- Joint professional development directed at children ages 3 to 5
- Continue annual pre-k/k teacher event

Impact of Strategies (1-5 scale – the higher the total numbers, the better)

Strategy Area: family support Action steps:	Impact on indicator (least/most)	Time (most / least)	Resources (most / least)
K registration			
K transition from preschool			
K orientation and expectations			
K expectations			

How to Measure

- Ask teachers now what they understand as expectations. Tell them. Then ask again and how that is reflected in their programs.
- More to figure out here . . .

Strategic Area 3:

Expand specialized early reading programs for pre-school children, especially during the summer. Children who are exposed to literacy skills at an earlier age get more traction on reading. Parents must also be involved to reinforce the basics and encourage a love of reading. Often parents want to help their children but aren’t sure how best to do so.

Many also come from book-poor homes. And over the summer, many of the gains made during the school year are lost over the summer due to lack of continued exposure to reading.

Action Steps

- Expand “Read With Me” program
- Reach Out & Read program ... link to WIC and CHC - investigate
- Convene community literacy program “providers” to share, compare, and contrast literacy strategies – Senior Buddy Readers, Raising Readers, Literacy Storytelling. Lee y Seras?
- Parent/teacher/administrator/Community literacy resources convene for workshop to encourage reading at home, share literacy strategies, etc.
- SUMMER TIME - kids often lose much of what they gain between the end and start of school years.

Impact of Strategies (1-5 scale – the higher the total numbers, the better)

Strategy Area: family support Action steps:	Impact on indicator (least/most)	Time (most / least)	Resources (most / least)
Expand early literacy programs	4	2	3
Summer support	4	3	2

Who’s responsible/partners: School Readiness, Preschool providers, Board of Education, Meriden Public Library, parochial schools

What’s Happening Now

Met three times this summer to select headline indicator and flesh-out story behind the indicator. *Each of next 4 committee meetings to focus on the following:*

System-wide efforts

1. Kindergarten registration, expectations
2. Transition from preschool to K

Meriden Children Zone

3. Summer stuff /early literacy to keep kids sharp for the start of the next school year - develop a plan and concentrate efforts in the Zone
4. Preschool program awareness/recruitment of children - develop comprehensive outreach/recruitment plan with special emphasis in the Zone

Note: In 2010, revisit Increasing numbers of affordable infant-toddler childcare services. Consider Task Force (?)

2009 Early Care and Education Accomplishments

- Early Childhood Assessment Project. Have been working with two school readiness programs (St. Andrew's and the YMCA) to summarize children's scores (from 2008), which have been recently sent to research specialist Al Larson at the BOE. The primary interests are to see what a child 'loses', if anything, between the end of the preschool experience and the first assessment in kindergarten (Fall). In time, we can also see how these children compare with their non-preschool peers in their early school careers.
- Created a one-pager with info to help parents find quality childcare.
- Other?

III Health & Development Work Group (Prenatal Subcommittee efforts are incorporation in this section)

Result We Want: All Meriden children birth through eight are healthy, ready for school and successful learners.

HEADLINE INDICATOR:

Our guiding headline indicator is the % eligible Meriden children with HUSKY (69%). The belief is that if all eligibly children are enrolled in HUSKY, the community can help ensure that children starting prenatally are getting regular well-visits, developmental screenings, etc.

Secondary indicators

This set of secondary indicators relates to access and utilization of health services.

1. Access and Utilization

- 65% of infants and toddlers statewide are enrolled in HUSKY A and receive 6 or more well-child visits within first 2 years. 65% in Meriden (of those enrolled in HUSKY). *Also find # of those who are no longer enrolled in HUSKY at 2 - it's a big number.*
- School absenteeism (this is more than health, but may still be revealing)?
- % kids receiving age-appropriate screenings *There are #s for well child visits for kids 2-5 and 6-8.*
- % children on HUSKY
- % children obtaining dental care

STORY BEHIND THE INDICATORS:

- Kids whose moms get adequate prenatal care do better. Not all moms appreciate value of early health care.
- Many undocumented families
- Having insurance doesn't = access - lack of physicians that accept HUSKY
- Lack of office hours, especially for working people
- Many - even with insurance - find it easier to use the hospital emergency room
- Lack of parent awareness of programs

STRATEGIC AREA 1: Physical health care access and utilization

Based on this story, we need to

- Enroll eligible families in HUSKY.
- Of those who are on HUSKY, more should make well-child visits. Many drop out after 2 years, however – redetermination period is critical

Impact of Strategies (1-5 scale – the higher the total numbers, the better)

Strategy Area: family support Action steps:	Impact on indicator (least/most)	Time (most / least)	Resources (most / least)
Enroll families with HUSKY			
Help with redetermination			
Ensure well-child visits			
Ensure regular dental check-			

ups			
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What's Happening Now

Access and Utilization. Focused most of recent meeting on how to increase % of children enrolled in HUSKY and accessing services, with emphasis of this work on the families to be enrolled in the Meriden Children Zone.

Noted that HUSKY A redetermination is key point where a number of families leave/lose HUSKY. New challenge where area DSS has lost 22 positions. Will create a simple handout to help HUSKY A families know how to reapply. Only CHC, Health Dept (Rita and Julie) and New Opportunities (Zaida) are able to enroll families in HUSKY A. When the one pager is together, those who can enroll will be convened to discuss how to ensure families have and make use of the one-pager.

Have recently secured the Meriden BOE health curriculum, which is currently under revision. Met with Director of Curriculum and made great progress to include important material regarding sexuality and healthy choices.

Hunters Ambulance will generate data to show emergency service utilization in the Zone. That information may help inform strategy. Shows who uses Meriden emergency services, where, and for what reason. Possible to target Zone streets (without attributing names and addresses) to pull out call volumes, age cohorts, insurance data, gender, ethnicity, issue. This could be helpful to target prevention efforts in the Children Zone.

Strategic Area 2: Prenatal Care & Teen Pregnancy Supports

- ensure that all mothers in Meriden will receive adequate or more than adequate prenatal care
- reduce teen pregnancy (and support those who do become pregnant?)

Meriden has chosen two secondary indicator to track our results prenatal care:

1. Mothers receiving non-adequate prenatal care: 207 (24.9%) Meriden 19.8 State
(Adequate prenatal care for CT measure: first visit before 13 weeks and then 80% of recommended visits thereafter)

2. Births to teen mothers (<20; 2006): 111 (12.6%) Meriden 8.2% State
 (note this is one year's worth of new teen moms; also add teen moms who had babies in past years and are still teens-400+?; also, what's the trend on this #, who would have?)

Prenatal Care Actions

STORY BEHIND THE INDICATOR:

Prenatal Care

- Lack of money/insurance to access care
- Immigrants used to not having access in home countries, not part of their experience/awareness that something they should do
- For some who become pregnant, may be denial at the start - young moms may not want to tell parents, the boyfriend/husband may not want a baby
- Transportation challenges, but it's more a lack of how/where to find vs. not having it at all in Meriden
- Wait times for OBs are very long - for a mother with another child or two in tow, a two hour wait is not practical

- Some moms say they already know all about this via previous babies, TV, internet

Based on this story, we need to:

- Increase by at least 25% percent the proportion of pregnant women who begin prenatal care in the first trimester.
- Increase by 25% the proportion of women who are breast-feeding during the early postpartum period?

Year 1 Actions

- Sign up those eligible for HUSKY (in a target zone?)
- Increase the comprehensiveness and access to adequate prenatal care through outreach initiatives.
- Provide outreach, education, and support services on prenatal care and for women who choose to breast feed their baby.
- Medical home?

Year 2 Actions: support those who do become pregnant

- Info on supports at discharge - educational options, breast feeding, behavioral health, 211, WIC, etc.
- Link to school social workers and guidance counselors for those who are still school-aged
- Note that about 40% of all Meriden teen moms go through Young Mothers program - many stay in involved after birth of their baby. Still, hundreds of moms not connected to supports

Impact of Strategies (1-5 scale – the higher the total numbers, the better)

Strategy Area: family support Action steps:	Impact on indicator (least/most)	Time (most / least)	Resources (most / least)
HUSKY sign-ups			
Outreach to encourage prenatal and infant/toddler visits			

HOW TO MEASURE IMPACTS: Rose shared data she collected on first prenatal visits in May 2009. 119 visits. 30% of those mothers did not receive care before 12 weeks. Most from Meriden. She'll continue to collect and also add information about the age of the mother. **CHC too?**

STRATEGIC AREA 3: Reduce births to teen moms / teen pregnancy

STORY BEHIND THE INDICATOR:

1. *Teen Pregnancy / reduce teen births*
 - Teens often get pregnant because that's what their mothers did.

- Often the teen moms want to have babies - want a family, someone to love, someone to make their difficult lives 'better' (note than in 30 years of the young mother's program, only 1 mom has given up her baby for adoption)
- Sometimes the boyfriends do too, it makes them a 'man'.
- Talked about important of early identification for children at risk for becoming a teen mother. Noted that it's almost certainly known who is at-risk the second they are born - esp. if their mother is a teen
- Sex education issues not talked about formally until high school in Meriden school system - need to start in middle school.
- In a relatively poor community like Meriden, girls more likely become pregnant than in wealthier communities

Based on this story, we need to:

- Provide outreach, education, and services to the fathers/families of the unborn child.
- Reduce the amount of births by teenagers (<20 years of age) by 25% over the next 3 years

Year 1 Actions

- Increase family involvement in pregnancy prevention and family planning
- Provide pregnancy prevention programs to all teenagers in Meriden (males and females)
- Increase access to and information on contraception, including abstinence

Impact of Strategies (1-5 scale – the higher the total numbers, the better)

Strategy Area: family support Action steps:	Impact on indicator (least/most)	Time (most / least)	Resources (most / least)

Strategic Area 2 Wellness

- % 4th graders who pass entire state physical fitness test: ~30%
- % children passing each of four components of physical fitness test
- % school aged children at appropriate height and weight for their age - *health dept collects in K and 3rd grade. 928 total 3rd graders. Of those, 56% of boys are at-risk or overweight (>85th percentile) and 44% of girls (2007/08)*
- % children using ER for asthma care

STORY BEHIND THE INDICATORS:

- Kids with asthma miss school. More difficult to participate in gym and sports.
- Kids don't get outside. Schools are squeezed for time. Etc.
- Lots of kids have not been identified or referred to needed behavioral health services (strategies/actions still under construction)

Based on this story, we need to

- increase numbers of children within normal height and weight for their age through increased opportunities for physical activity?
- reduce the number of children ages birth to 8 who visit the emergency room for uncontrolled asthma care in Meriden

Year 1 Actions

Wellness Committee thought about how fitness/wellness/healthy choice activities could be developed and implemented in the Zone. Researching some best practices that have worked in lower-income, diverse inner-city neighborhoods.

1. Fitness

- Research best practices for individual and community-level measures to prevent childhood obesity (including environmental-change interventions).
- Board of Education is revising health curriculum - have a look at it before complete. Gym curriculum?

2. Asthma

- Obtain information on current numbers of children who visit the emergency room for uncontrolled asthma care.
- Asthma care best practices will be obtained and reviewed by the Health & Development Work Group for feasibility of use in Meriden. (See www.pediatricasthma.org for a list of best practices based on local models at community, hospital, and managed care levels)
- Provide education to those children and families who visit the ED for uncontrolled asthma care.
- Market Putting on AIRS program to schools, housing authority, pediatricians, pharmacies, and other medical professionals.
- Work with school nurses to identify students with asthma. Create a personalized asthma control plan if one is not already in place.

Impact of Strategies (1-5 scale – the higher the total numbers, the better)

Strategy Area: family support Action steps:	Impact on indicator (least/most)	Time (most / least)	Resources (most / least)

Strategic Area 4: Behavioral Health

Meriden-Wallingford behavioral health collaborative is currently researching best practices (Norwalk, Bridgeport, CHDI) to develop a more complete understanding of what’s needed to create a more comprehensive/coordinated local behavioral health system for young children and their families. **Held a November strategic planning session** facilitated by Paul Vivian with the collaborative, based on needs assessment from several years ago. Next steps to be defined at December Collaborative meeting.

2009 Health Accomplishments

- Crafted a one pager to help mothers-to-be know about community resources to help have a good pregnancy into young motherhood.
- Strategic planning session held with Meriden-Wallingford Behavioral Health Collab.
- Middle school health curriculum being revised and significantly beefed-up based in part on feedback from Prenatal Subcommittee
- Created HUSKY redetermination one-pager
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System Development Measures for Meriden

How well are we building structure? How well are we implementing the Blueprint plan? Need to develop this some more. This table shows baseline numbers as of December 1, 2009. This will be revisited in 6 months.

Category	Example	Status as of December 1, 2009
<i>Community Engagement</i>	Number of organizations participating	15
	Number of parent/community leaders trained (PLTI, workshops)	25
<i>Measurement</i>	Number of partner programs using RBA	7? (United Way agencies)
	Number of partner programs to which common program measures are applied	?
	Number of partner programs using outcome measures	?
<i>Data</i>	Number of partner programs sharing data on common clients	?
	Existence of data development agenda for system measures	None yet
	Number of partner program data development items accomplished	Not yet applicable
<i>Resources</i>	Dollar amount of partner program budgets	Overall, or Zone-specific?
	Dollar amount of private/philanthropic funds obtained (for the Zone)	\$30,000
	Number and dollar amount of partner programs targeting their resources in support of system strategies	?
<i>Collaboration</i>	Number of partner programs following case management protocol	?
	Number of partner programs following facilitated referral protocol	?
	Number of partner programs with formal agreements covering service to common clients	?
	Number of partner programs participating in regular planning or case management meetings	?
	Number of partner programs using common assessment instrument	?
	Number of partner programs using common intake form	?
<i>Plan implementation</i>	Percent of plan milestones reached on time	Too soon to tell