

Sangamon Success:

Recommendations for Improving Outcomes for
Less Advantaged Children in Sangamon County



Sangamon County Continuum of Learning Coordinating Council
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SANGAMON SUCCESS – INTRODUCTION

The education of young people should be the highest priority in Sangamon County, as it is most everywhere. While other objectives, such as growing the economy, revitalizing downtown Springfield, improving infrastructure, and healthier citizens matter a lot, education is the linchpin of individual success and community progress. Education is the one good thing without which the other good things desired by the community cannot be adequately realized.

The past half century has seen a significant expansion of the local educational continuum to respond to the changing needs of the community. Recognizing the necessity of a good start, early education programs have been added at the beginning of the continuum so more children can enter kindergarten ready to learn. Recognizing that high school completion is rarely enough anymore, universities and colleges have been established to provide citizens with useful post-secondary learning opportunities that can prepare them for a career.

As a result, the current continuum in Sangamon County works well for many, giving them the education they need to make their way toward becoming productive, responsible adults. But, it does not work well for all. Despite the opportunities available, less advantaged children are still more likely to begin life behind and never catch up. The challenges they face are not being satisfactorily addressed by existing resources. In the process, they lose, but so do the community and economy.

Barring another serious recession in the next ten years, the less advantaged population of children in the county is projected to remain largely unchanged – from 27 percent of the population ages 0 to 19 in 2010 to 24 percent in 2025.¹ The lack of change is the result of offsetting factors. While the white less advantaged child population is estimated to decline by 7 percent, the black less advantaged child population is estimated to increase by 24 percent.

It is disheartening enough that a fourth of the local child population is and will remain underprivileged unless changes are made. But it is worse that this will likely be a problem for an increasingly disproportionate number of black children. Local communities with higher concentrations of lower income families, such as Springfield and Riverton, will find the future more difficult than the present if they cannot find a way to improve the fortunes of their less advantaged citizens through education and support for the development of children.

Fortunately, there is a way forward. Over the past three decades, there has been a surge of research on what works and what doesn't in the development and education of children. Scientists have made considerable progress penetrating the mysteries of the developing brain, and researchers have designed interventions capable of improving substantially how well less advantaged children develop and learn. Findings from this work have been gradually making



UIS Black Male Collegiate Society mentoring students at Matheny-Withrow Elementary

their way into programs and practices in schools, medical offices, social service agencies, and family homes. It is all reason to have more confidence, than might have been possible even ten years ago, about the prospects for improving outcomes for less advantaged children.

To this end, in early 2014, the Sangamon County Continuum of Learning commissioned a study to review the research on effective child development and education and the local experience with programs for less advantaged children,² and to then, based on this examination, come up with recommendations about what the community should do to get better results. Four working groups were organized for each major phase in child development – pregnancy through age 2, ages 3 through 5, kindergarten through fifth grade, and sixth grade through twelfth grade. The groups, consisting of local experts from the schools, social service providers, and healthcare organizations, met monthly between April and December, assisted by staff from UIS' Center for State Policy and Leadership. They submitted their recommendations to the Coordinating Council of the Continuum of Learning at the end of 2014.

The recommendations reflect the informed views of professionals in the community who are tasked with the responsibility of helping and educating children. While this is not the only perspective that matters – parents, local civic leaders, and others obviously matter a great deal, too – it is a critical perspective that has often been too easily dismissed during the past thirty years of one externally imposed education reform after the next, few of which have produced lasting, positive effects. The expert members of the Sangamon Success study groups have combined what they know from their experience with what has been learned from the science of child development to provide the community with an evidence-based plan for altering the educational trajectory of our less advantaged children.

¹Less advantaged is defined as having an income of 150% of the poverty level or less. Projections of the size of the less advantaged population are based on Illinois Department of Commerce and Economic Opportunity population projections for Sangamon County (<https://data.illinois.gov/Economics/DCEO-County-Population-Projections/h3bx-hbbh>) and estimates from the Brookings Institution of poverty through 2020 (<http://www.brookings.edu/research/papers/2012/09/10-poverty-rate-sawhill>). The divergence between changes in the white and black less advantaged populations stems mainly from the combination of higher black birth and low-income rates, and the historical trend in which whites tend to benefit more from economic growth than blacks do.

²Profiles of the local programs identified and discussed by the working groups can be found in Appendix I.

THEMES

Woven throughout the recommendations that follow are several themes worth enunciating.

- *The importance of developmental stages*

The nature of development changes dramatically from the time a child is in his or her mother's womb to graduation from high school. Development occurs in stages, and how the community thinks and acts on the needs of its children should be guided by the strategy that is best suited to each stage. Each stage matters, and none can be neglected.

- *Schools cannot do it all*

The challenges facing less advantaged children are multifaceted. While education is the central facet, it is not the only facet. The primary responsibility for formal education lies with the schools, but the schools cannot be expected to solve every problem or meet every need that arises in the lives of less advantaged children. Parents, healthcare organizations, social service providers, employers, and others must bear important responsibilities as well. These responsibilities are best pursued by people working in concert, as a community, rather than apart.

- *Doing what works*

A major thrust of Sangamon Success has been to identify programs and practices supported by the strongest evidence from research. A few of these models operate locally, but there is vast room for improvement by importing effective ideas from elsewhere that have proven reliable in different environments. Federal, state, and philanthropic funders increasingly want to see evidence of effectiveness before funds will be granted. Sangamon County should heed this trend.

- *Measuring outcomes*

Hand-in-hand with doing what works is measuring the outcomes of local organizations and programs. The public schools have made strides measuring the effects they have on their students, but the record of outcome measurement among others involved in the education and development of children is much more mixed. This needs to change, and the sooner the better.

- *A willingness to innovate and experiment*

A stronger commitment to measuring outcomes sets the stage for a greater willingness locally to test innovative ways of getting better results for less advantaged children. Despite the growing body of evidence of what works, a lot remains unknown and even effective programs can always be improved. However, when local organizations undertake innovations, they should only do so if they also plan to carefully evaluate the effects. The community should be guided, not by what's popular, but by what works.

- *Not just academics*

The recommendations make clear that improving academic performance is necessary but far from sufficient to help less advantaged children succeed. Indeed, the research shows that



Parent education

the development of character and social-emotional skills, which science has proven can be improved, is as important as intelligence in predicting life success.

- *Parenting*

We save to last the theme that may be the most important to emphasize, and that is the extraordinarily critical role that good parenting plays in shaping the pathways of children. Less advantaged parents are more likely than advantaged parents to face ongoing and damaging stresses that can interfere with their ability to help their children develop and learn. Many of the recommendations in this report speak to ways of reducing these “toxic” stresses. What the report does not speak to are the additional efforts that may be necessary, and not just in Sangamon County, to increase the educational and job opportunities through which disadvantaged parents can surmount the obstacles that keep them from giving their children a better life.

One final note before proceeding to the recommendations. Readers will not see in what follows a large number of ideas for changing what happens in schools. Where the evidence is strong and the need critical, desirable school-based improvements have been identified. However, since Illinois is in the throes of implementing the new common core learning standards and a new evaluation system for teachers and administrators, this is probably not the right time for proposing additional ways to make classroom education effective.

The belief of the working groups and of the Continuum of Learning is that if the recommendations set forth here could be implemented as a cohort strategy of improvement for the development and education of children in the county, the achievement gap between less and more advantaged children could be substantially narrowed over the next decade.

PRENATAL THRU AGE 2

According to science, the most important time in a child's life occurs during pregnancy and his or her first two to three years. This is the most formative and rapid period for brain development. How a mother takes care of herself during pregnancy and then takes care of her baby once it is born profoundly influences how that child will develop and learn in the long-run. Preschool is too long to wait to take action to try to assure that every child gets off to the right start.³

Healthier Births, Healthier Parenting

Mothers under heavy and constant stress, owing to low income or other disadvantages, are more likely to have adverse birth outcomes, such as prematurity, low birth weight, and brain impairments. They are also more likely to have more difficulty taking care of and being responsive to their babies.⁴ Of the roughly 8,000 Sangamon County children under the age of three, about 2,000 are in less advantaged families.

The evidence from research finds that protecting mothers from this stress can lead to better birth outcomes and more effective parenting at the outset of a child's life, with lasting positive consequences.⁵ For parents of very young children, programs that involve service providers visiting families in their homes are considered to be more effective in this protective, stress-reducing function than many other types of services.⁶ Put simply, mothers (and fathers when present) are more likely to learn how to be good or better parents by learning in the place where they will do most of their early parenting.

Mothers having their first babies are apt to be the most receptive to the help of a visitor, since managing a pregnancy is a new experience for them and they haven't yet decided how they will parent. There are an estimated 200 first births to low-income women in Sangamon County each year.

The most effective home visiting program for low-income, first-time pregnant women is the Nurse-Family Partnership (NFP).⁷ The NFP begins during pregnancy and continues through the first two years of the child's life. Highly trained, registered nurses focus on three goals: 1) improving pregnancy outcomes, 2) improving the child's health and development by helping parents provide more competent care, and 3) improving the mother's own health and self-sufficiency. Evaluations have shown that the NFP produces a wide variety of short-term and long-term benefits for children and their

mothers, and that, during the first 18 years of the child's life, the program saves five to six times as much as it costs.⁸

Recommendation 1: Sangamon County should adopt the Nurse-Family Partnership as the principal, local means to help low-income, first-time mothers in the county get their children off to a good start.



The Nurse-Family Partnership costs about \$9,000 per participating family. Federal funding specifically for early childhood home visiting, like the NFP, has been available and may become available again. Many states also use Medicaid to help pay for the program. Springfield is home to a number of healthcare organizations that are familiar with the needs of young, less advantaged families and that could play a role in pursuing funding for the NFP and implementing the program once funding is obtained.

Several home visiting programs already exist in the community. These include Healthy Families, Family Case Management, and Early Intervention, all operated by the Sangamon County Department of Public Health, Parents as Teachers operated by Springfield Public School District #186, and Early Head Start operated by the Springfield Urban League. While each program is able to serve low-income, first-time mothers (the target population

³ Shonkoff, Jack P., "Leveraging the biology of adversity to address the roots of disparities in health and development," *Proceedings of the National Academy of Sciences*, Vol. 109, Suppl. 2, October 16, 2012.

⁴ Wadha, Pathik D., et al., "Developmental origins of health and disease: Brief history of the approach and current focus of epigenetic mechanisms," *Seminars in Reproductive Medicine*, Vol. 27, No. 5, September 2009; Hanson, Jamie L., et al., "Family poverty affects the rate of human infant brain growth," *PLOS ONE*, Vol. 8, Issue 12, December 2013; Robert Wood Johnson Foundation, *Toxic Stress and the Development of Young Children*, Robert Wood Johnson Foundation, January 28, 2014, Princeton, New Jersey.

⁵ Walker, Susan P., et al., "Early childhood stimulation benefits adult competence and reduces violent behavior," *Pediatrics*, Vol. 127, No. 5, May 2011; Center on the Developing Child, *The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain*, Harvard University, December 2012; Campbell, Frances, et al., "Early childhood investments substantially boost adult health," *Science*, Vol. 343, March 28, 2014; "Interventions to improve cortisol regulation in children: a systematic review," *Pediatrics*, Vol. 133, No. 2, February 2014.

⁶ Pew Charitable Trusts, *Home Visiting Family Support Programs*, January 5, 2015, <http://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2014/02/03/home-visiting-family-support-programs>.

⁷ Coalition for Evidence-based Policy, *Evidence Summary for the Nurse-Family Partnership*, September 22, 2014, Washington, DC.; Heckman, James, & Kautz, Tim, (Working Paper), *Fostering and Measuring Skills: Interventions that Improve Character and Cognition*, University of Chicago, November 9, 2013.

⁸ Miller, Ted R., *Nurse-Family Partnership Home Visitation: Costs, Outcomes, and Return on Investment*, H.B.S.A., Pacific Institute for Research and Evaluation, April 30, 2013.

for the NFP), that is not their exclusive focus. Nor have these programs been shown to be as effective as the NFP in making a difference with less advantaged women having their first child.⁹

Recommendation 2: Consequently, it is proposed that if the Nurse-Family Partnership is adopted in Sangamon County, redirecting the efforts of existing home visiting programs toward families other than low-income, first-time mothers and their babies may provide the most benefit for the community.

In the county, there is an estimated 1,000 to 1,300 disadvantaged families with two or more children, at least one of whom is under the age of 3. The existing home visiting programs probably reach at least half of these families. Expanding these programs to reach more families will require additional funding.

Increasingly, accessing funding for providing services to less advantaged families depends on being able to make a strong case for service effectiveness. The Nurse-Family Partnership has built into it ongoing and publicly transparent measures of its effects on mothers (e.g., parenting skill, completion of high school, entry into employment or training, delayed subsequent pregnancies) and children (e.g., birth-weight, home safety, avoidance of injuries, language development). Such measures provide critical, regular feedback that enable home visitors to make improvements and to be accountable to the community. The county's existing home visiting programs currently make some effort to measure their performance. A closer look at these efforts to see how they could be strengthened and made more consistent across programs would be a step in the right direction.

Recommendation 3: The home visiting programs in Sangamon County should collaborate in developing ways to consistently measure their effects on mothers and children and use this information for the purposes of ongoing improvement and public accountability.

Access to Good Quality Healthcare

The first objective of most of the home visiting programs is to help pregnant women access and use good quality prenatal care. Sangamon County, particularly in Springfield, has substantial resources for providing prenatal care, including two federally qualified health centers serving the low-income population.

Recommendation 4: Because low-income pregnant women, especially when young, are more likely to be socially isolated and less engaged in managing their own healthcare, it is important for the community that efforts be made to identify at risk pregnant women early in their pregnancies and connect them with the prenatal care they need.

This may be accomplished through outreach activities by prenatal care providers through local institutions (e.g., churches) in neighborhoods with higher concentrations of low-income families. Another important access point is the federally funded Women, Infants, and Children (WIC) program run by the Sangamon County Department of Public Health. WIC provides food, nutrition and health information, and healthcare referrals. Shown to have positive effects on birth outcomes and use of healthcare by low-income people, WIC is often one of the first places at risk pregnant women turn for assistance.¹⁰

Access to good quality healthcare needs to continue once babies are born. Healthy starts are important to long-term functioning. Springfield's federally qualified community health centers – Southern Illinois University's Center for Family Medicine and Central Counties Health Centers – provide less advantaged people with access to services at affordable prices. Valuable services, such as immunizations and health education, can be accessed through the Sangamon County Department of Public Health. And Medicaid pays for coverage of healthcare services for thousands of low-income families with children locally.

Recommendation 5: The steps taken to link at risk pregnant women to healthcare should be the first stage in a concerted effort, within the medical community, to assure that every child in less advantaged families, from the day he or she is born, can access, without undue difficulty, appropriate medical and dental care.

Adopting the Nurse-Family Partnership, improving the effectiveness of existing home visiting programs, and increasing access to good quality prenatal and early child healthcare together argue for making the prenatal to age three period of child development among the highest priorities for the community. Research demonstrates that the earliest interventions, when implemented well, have the most potential for changing lives. The community should take this truth to heart.

Recommendation 6: Accordingly, it is recommended that the community, under the auspices of its medical community, create a committee consisting of physicians, nurses, and educators to serve as a forum for promoting more attention to the earliest time in a child's life.

In the same way that the community is intentional about the performance of its public schools, it needs to become intentional about enabling all children to start life under the best conditions possible. When this doesn't happen, when the early period is neglected, the problems that are more common among less advantaged families are simply pushed down the road, where they grow larger, more complex, and more costly to everyone with each passing year. Getting it right at the beginning is the best chance Sangamon County has for assuring its children learn well and become successful, productive adults.

⁹ Washington State Institute for Public Policy, Benefit-Cost Results Tables as of January 22, 2015.

¹⁰ Currie, Janet & Rajani, Ishita, "Within-Mother Estimates of the Effects of WIC on Birth Outcomes in New York City," National Bureau of Economic Research, Working Paper No. 20400, Cambridge, MA, August 2014.



By the age of three, children start taking an active part in their own learning. They begin acquiring the specific cognitive, motor, and social-emotional abilities that prepare them for the educational demands of elementary school. No longer just taking things in, by this age children are engaging their environment. So, conditions in that environment affect what and how well they learn.

In addition, what might be thought of as the brain's traffic control system, otherwise known as executive function and self-regulation, develops rapidly during this time and is critical to learning. Executive function consists of the abilities to hold information in mind and use it, pause and think before acting, and adjust appropriately to change. Learning activities that support the development of these functions and self-control are as important as teaching children about words and numbers and boosts the benefits of subsequent education.

Young children exposed to the stress of family disadvantage are more likely to have less developed executive functions and cognitive and social-emotional skills. When these challenges are not addressed, less advantaged children are more apt to enter elementary school behind other children and have difficulty catching up.¹¹

The Quality of Early Education

High quality preschool or child care is regarded by scientists as among the most effective options for helping less advantaged children be ready for kindergarten.¹² High quality comes from positive relationships between teachers and children, engaging, well-organized classrooms/centers, and instruction that teaches children

to think. Research demonstrates that such programs are capable of having a positive, enduring impact on educational and life success, with favorable consequences for the economy.¹³

Of the roughly 8,000 Sangamon County children ages three to five, an estimated 2,000 (25 percent) are less advantaged. Existing programs, including Early Start, which is Springfield Public School District's Preschool for All program, and the eight Head Start sites in the county, appear to reach about two-thirds of this population.¹⁴ Among these programs, four have achieved the state's "gold" (highest) standard for quality. There are many more that have yet to reach this level.

Recommendation 7: Sangamon County should assure that all less advantaged children are enrolled in high quality preschool or child care during the two-year period preceding their entry into kindergarten.

Studies show that a crucial ingredient in high quality preschool or child care is full-day participation in a developmentally appropriate curriculum.¹⁵ Full-day attendance produces higher rates of developmental progress, especially for children with greater needs, than does half-day attendance. Best estimates indicate that around 80 percent of children locally in preschool or child care participate in full-day programs (although the proportion of these children who are less advantaged is not known).

Recommendation 8: Preschool and child care programs should strive to provide full-day service for all less advantaged children in the county.

Connecting with Parents

An effective preschool or developmental child care program is not a substitute for effective parenting. Programs and parents are complements. They need to be governed by a strong inter-relationship, where teacher/professional caregiver and parent work in close collaboration for the benefit of the child.

At this point in life, children are still spending large amounts of time with their parents and families, and are heavily influenced by what happens at home. Mothers who are chronically stressed by lack of income or other troubles may have more difficulty being effective allies with preschools and child care providers in supporting the development of their children.

¹¹ Shonkoff, Jack P., et al., "The lifelong effects of early childhood adversity and toxic stress," *Pediatrics*, Vol.129, No. 1, January 2012; Schnabel, Jim, *Poverty and Cognition: How the Poor Get Poorer*, The Dana Foundation, New York City, New York, February 25, 2014; Diamond, Adele & Lee, Kathleen, "Interventions shown to aid executive function development in children 4-12 years old," *Science*, Vol.333, August 19, 2011; Sroufe, Alan L., et al., "Conceptualizing the role of early experience: Lessons from the Minnesota longitudinal study," *Developmental Review*, Vol. 20, 2010, pp. 36-51.

¹² Phillips, Deborah A. & Meloy, Mary E., "High quality school-based pre-K can boost early learning for children with special needs," *Exceptional Children*, Vol.78, No. 4, Summer 2012; Duncan, Greg J. & Magnuson, Katherine, "Investing in preschool programs," *Journal of Economic Perspectives*, Vol.27, No. 2, Spring 2013; Barnett, W.S., "Effectiveness of early educational intervention," *Science*, Vol. 333, August 19, 2011; Conti, Gabriella & James J. Heckman, The Economics of Child Well-being, Discussion Paper No. 6930, Institute for the Study of Labor, Bonn, Germany, October 2012.

¹³ Ibid.

¹⁴ Early Start, along with the child care centers at Lincoln Land Community College and the University of Illinois Springfield and Memorial Child Care are the only preschool/child care programs in the county that have attained the state's "gold" rating for quality.

¹⁵ Arteaga, Irma, et al., "One year of preschool or two: Is it important for adult outcomes," *Economics of Education Review*, Vol. 40, June 2014.

Consequently, taking extra steps to enable mothers to do more to support the early education of their children could be a wise investment. To this end, the home visiting that has proven to be effective in the very earliest years of a child's life may, on a reduced scale, be a useful component of high quality preschool and child care. Existing home visiting programs, such as Parents as Teachers, which is operated by District #186, could play a highly valuable role as a complement to preschool education for less advantaged children.

Recommendation 9: Preschool and child care providers in the county should experiment with using home visiting in a more systematic way to help parents reinforce at home what their children are learning in preschool or child care.

An important by-product of making more use of home visiting in this context is to strengthen relationships between less advantaged parents and the teachers and care-providers tasked with educating their three to five year old children. Less advantaged parents often, themselves, have limited education and may lack the confidence and ability to interact effectively with professional educators. Meeting parents on their "own turf" can help lower social barriers and generate the conditions under which parents and teachers may be more likely to find common ground.

Common ground may be especially reachable in developing learning activities that promote the use of executive functions (as described above). While most formal preschool curricula do not explicitly account for executive functions, many of the activities included in such curricula are consistent with what is known about how executive functions mature.¹⁶ Imaginary play, storytelling, songs and games that encourage movement and control, matching and sorting activities, and puzzles all foster the use of one or more executive functions.¹⁷ These activities can be done in both the classroom or center and at home, and in many cases do not depend on parents' education level.

Recommendation 10: Steps should be taken, as necessary, to educate preschool and child care providers about the role of executive functions in early child development and the types of learning activities that can be used to enhance the development of these functions.

The Importance of Pre-School Math

Another area where preschool curricula and the developmental programs of high quality child care providers may need strengthening is in the time and attention devoted to teaching pre-academic math skills. Research has found that math skills upon entry into kindergarten are as or more predictive of subsequent success in elementary school than reading skills and self-regulation.¹⁸ While the extent to which math is currently addressed

by preschools and child care providers in the county is not known, data from national studies indicates that preschool teachers devote twice as much time to early literacy activities as they do to math activities.¹⁹ There are evidence-based preschool math curricula that could be used to supplement the existing curricula in local preschool programs.

Recommendation 11: Preschools and child care providers should, together, examine available math curricula to see if there is one or more that could be used as a cost-effective supplement to the existing curricula in these programs.

Tracking Children's Progress

The expected, immediate result from preschool and early child care is that children will be ready for kindergarten. Unfortunately, there is no hard consensus among scientists about how to define and measure



kindergarten readiness. Currently, through the Ready to Learn initiative of the Community Child Care Connection and the United Way of Central Illinois and Community Foundation for the Land of Lincoln, a developmental screening tool, called the Brigance, is being used by a large number of preschools and child care providers in the county as a measure of readiness for kindergarten. While there are other, more sophisticated screening instruments, the Brigance has the virtues of being easy to use and inexpensive, and it captures, in general, the relevant domains of development.

Elementary schools would likely benefit, however, from more complete information on the children who will be enrolling in their kindergartens. If less advantaged children are served by an early home visiting program like the Nurse-Family Partnership and then participate in preschool or developmental child care for two to three years, elementary schools ought to have more information to go on than just Brigance screening scores, in order to have a complete picture of each child who will be entering the classroom.

Recommendation 12: Local preschools, child care providers, and home visiting programs should collaborate with elementary schools in developing a system that would allow collecting more complete data on children's developmental progress from birth up to their enrollment in kindergarten.

¹⁶ Diamond, Adele & Lee, Kathleen, "Interventions shown to aid executive function development in children 4-12 years old," *Science*, Vol.333, August 19, 2011.

¹⁷ Center on the Developing Child, *Enhancing and Practicing Executive Function Skills with Children from Infancy to Adolescence*, Harvard University, 2014.

¹⁸ Duncan, Greg J., et al., "School readiness and later achievement," *Developmental Psychology*, Vol. 43, No. 6, November 2007.

¹⁹ Phillips, Deborah & Meloy, Mary E., "High quality school-based pre-k can boost early learning for children with special needs," *Exceptional Children*, Vol. 78, No. 4, Summer 2012.

GRADES K THROUGH 5

The foundations of learning are laid during the first seven to eight years of life. Basic brain development does not stop at the end of preschool or the start of kindergarten, but continues at least through second grade.²⁰ Another way to think about it is that children learn to read by second grade or so, and then, after that, read to learn. Thus, elementary school encompasses two critical phases in the development of children.

Less advantaged children face a higher likelihood of entering kindergarten with shortcomings in basic cognitive and social-emotional skills.²¹ They are also more likely to have underdeveloped executive function – the basic brain-based memory and thinking skills that undergird learning and support the self-regulation necessary to pay attention and follow rules in a classroom.²² The stress of poverty and family instability, anxiety, and lack of physical fitness can impair activity in that part of the brain where executive function is centered, leading to difficulties with learning. If nothing is done to correct for these gaps, the result can be delaying, and sometimes permanently weakening, the foundations needed for education.

Failure in elementary school is difficult to overcome later in life, making success in kindergarten through fifth grade essential for all children. Of the roughly 16,000 Sangamon County children in elementary school, an estimated 4,000 (25 percent) are less advantaged.

Reading Is Essential

The one cognitive skill children most need is the ability to read and understand what they read. Nearly all subsequent academic learning requires reading proficiency. Research provides compelling evidence that children should be able to read at grade level by the end of second or third grade in order to proceed through school at the normal pace after that.²³ School curricula become increasingly more demanding from one grade to the next, and children who can't read find themselves falling further and further behind.

A number of supplementary reading programs have been tested and found to be effective, to varying degrees, in the first three years of elementary school. A series of evaluations, for example, has found that Reading Recovery, a widely replicated program that used to exist in District # 186 but was suspended for budgetary reasons,



can produce significant improvements in general reading achievement among struggling readers in first grade.²⁴

Recommendation 13: The school districts in Sangamon County should review and, based on the documented needs of their kindergarten, first, and second grade students, give serious consideration to adopting one of the supplementary reading interventions with substantiated evidence of effectiveness. Support for improving the reading ability of struggling young students should be a priority for funding.

The early years of grade school are also an opportunity to bolster reading among at risk students during the summer, when children are prone to lose some of what they learned during the preceding school year. Annual book fairs, in which low income children receive free books to read during the summer break, have proven to be a cost-effective way to minimize learning loss.²⁵

Recommendation 14: Local support should be generated to finance annual book fairs, through the schools, to provide free summer books for less advantaged kindergarten, first, and second grade students. This effort could build on the Dolly Parton Imagination Library, the local version of which is funded by the United Way of Central Illinois for preschool students.

²⁰ Connor, Carol M., et al., "Effective Classroom Instruction: Implications of Child Characteristics by Reading Instruction Interactions on First Graders' Word Reading Achievement," *Journal of Research on Educational Effectiveness*, Vol.4, 2011, pp. 173-207.

²¹ Aber, J. Lawrence, et al., *Middle Childhood Success and Economic Mobility*, Center on Children and Families, The Brookings Institution, Washington, DC February 2013; Burchinal, Margaret, et al., "Examining the Black-White Achievement Gap Among Low-Income Children Using the NICHD Study of Early Child Care and Youth Development," *Child Development*, Vol. 82, No. 5, September/October 2012; Sandstrom, Heather & Huerta, Sandra, *The Negative Effects of Instability in Child Development*, Discussion Paper 3, Urban Institute, September 2013.

²² Sarsour, Khaled, et al., "Family Socioeconomic Status and Child Executive Functions: The Roles of Language, Home Environment, and Single Parenthood," *Journal of International Neuropsychological Society*, Vol. 17, 2011, pp. 120-132; Center on the Developing Child, Building the Brain's Traffic Control System: How Early Experiences Shape the Development of Executive Function, Harvard University, February 2011.

²³ Dehaene, Stephen, et al., "How Learning to Read Changes the Cortical Networks for Vision and Language," *Science*, Vol.330, December 3, 2010; Allor, Jill H., et al., "Is Scientifically Based Reading Instruction Effective for Students with Below Average IQs," *Exceptional Children*, Vol. 80, No.3, 2014; Hernandez, Donald J., *Double Jeopardy: How Third Grade Reading Skills and Poverty Influence High School Graduation*, The Annie E. Casey Foundation, Baltimore, MD, March 2012.

²⁴ What Works Clearinghouse, *Reading Recovery*, Institute of Education Sciences, U.S. Department of Education, July 2013; May, Henry, et al., *Evaluation of the i3 Scale-up of Reading Recovery*, Consortium for Policy Research in Education, August 2013.

²⁵ Allington, Richard L., et al., Addressing Summer Reading Setback among Economically Disadvantaged Elementary Students," *Reading Psychology*, Vol. 31, No. 5, 2010.

The Importance of Executive Functions

Reading requires the executive functions of working memory (the amount of information held in the mind at one time) and inhibitory control (preventing irrelevant information from interfering with comprehension). Children who have difficulty reading are apt to have trouble performing these functions. This provides a strong argument for being more deliberate in trying to develop the executive functions of elementary school children. In the first years of elementary school, children respond well to games and activities with rules, which exercise executive function and self-regulation skills. Executive function and self-regulation continue to develop through the remaining years of elementary school as games and activities become more complex.²⁶

Recommendations 15: Steps should be taken to educate elementary school teachers and out-of-school professionals involved in the education and development of children about the essential role of the executive functions of the brain in learning. Teachers and other professionals should be encouraged to incorporate executive-function-promoting activities as part of what they do to help children learn.



Pediatrician Virginia Dolan of Memorial Physician Services at Koke Mill

Developing Social and Emotional Skills

The promotion of executive functions goes hand in hand with social-emotional development. Combined, they represent the ability to regulate oneself and relate appropriately to others, skills without which learning is difficult. Public schools in Sangamon County use the Positive Behavior Interventions and Supports program (PBIS) effectively to teach students good behavior.²⁷ For students with greater needs, the MOSAIC initiative, launched in 2011 and led by the Mental Health Centers for Central Illinois, has shown promising early results in improving the identification and treatment of children with social-emotional problems.

Recommendation 16: MOSAIC represents an important commitment to the social-emotional well-being of at risk children, a commitment that should be sustained and expanded as evidence of MOSAIC's effectiveness develops.

The development of executive functioning and self-regulation may also be an opportunity for more effective engagement of parents in their elementary school children's education. Studies show that disadvantaged parents tend to be less optimistic about their children's education, sending signals that may negatively influence the motivation of children to learn.²⁸ When teacher and other professional interactions with parents are limited to student performance in academic subjects or classroom behavior, parents, with limited education themselves, may feel at a disadvantage. They may be less able to engage in productive discussion about steps they could be taking to support their child's learning.

Consequently, it may be worthwhile to supplement these discussions, which are often necessary, with discussion of activities that can happen in the family, and are not dependent on the parents' education level, to help elementary age children practice their executive function and self-regulatory skills. Such discussions may be most effective when they occur in the neighborhood or home rather than the school or agency office.

Recommendation 17: Elementary schools in the county should establish methods for more effectively engaging less advantaged parents in supporting the educational development of their children. In designing methods, thoughtful consideration should be given to what families can do to help their children develop their executive function and self-regulatory skills and to connect with parents where they are comfortable (home or neighborhood).

Out-of-School Support for Less Advantaged Children

Less advantaged children are more likely to come from families with a single parent, and it is often more difficult for these families, when acting alone, to provide the range of support that their children need to advance educationally. Mentoring, when done the right way, has been found to be effective in bolstering the efforts of disadvantaged single parents.²⁹ Mentoring that fosters close, enduring relationships with children, like that done through Big Brothers, Big Sisters, can contribute to better academic performance and reduce behavior problems. Mentoring programs that fall short in cultivating strong relationships are not just less effective but can do more harm than good.

²⁶ Center on the Developing Child, *Enhancing and Practicing Executive Function Skills with Children from Infancy to Adolescence*, Harvard University, 2014.

²⁷ Bradshaw, Catherine P., et al., *Examining the Effects of Schoolwide Positive Behavioral Interventions and Supports on Student Outcomes*, Journal of Positive Behavioral Interventions, Vol. 12, No. 3, July 2010; Washington State Institute for Public Policy, *Benefit-Cost Results: Schoolwide Positive Behavior Programs*, June 2014; Durlak, Joseph A., et al., *The Impact of Enhancing Students' Social and Emotional Learning: A Meta-analysis of School-based Universal Interventions*, *Child Development*, Vol. 82, No. 1, February 2011.

²⁸ Reeves, Richard V. & Howard, Kimberly, *The Parenting Gap*, Center on Children & Families, The Brookings Institution, Washington, DC, September 8, 2013; Cunha, Flavio, et al., *Eliciting Maternal Expectations about the Technology of Cognitive Skill Formation*, Working Paper 19144, National Bureau of Economic Research, Cambridge, MA, June 2013.

²⁹ Grossman, J.B. & Tierney, J.P., "Does Mentoring Work: An Impact Study of the Big Brothers, Big Sisters Program," *Evaluation Review*, 22, pp. 403-426; Bayer, Amanda, et al., *School-Based Mentoring Programs: Using Volunteers to Improve Academic Outcomes of Underserved Students*, Manpower Demonstration Research Corporation, New York, NY, August 2013.



Big Brother Robert Dixon with his Little Brother Jeffrey

Recommendation 18: The community should get fully behind the expansion of demonstrably effective mentoring programs, such as Big Brothers, Big Sisters, so that all local children who could benefit from a mentor have a mentor.

Much of the time, mentoring occurs outside of school, including in the period immediately after school. The after-school period is an important opportunity to reinforce positive behavior and learning. Research shows that after school programs, when well-designed and implemented in coordination with schools, can be successful in improving reading and math and promoting good behavior.³⁰ In particular, one-on-one tutoring is a useful way to help elementary

school students with reading, and small group instruction a useful way to help them with math. These instructional activities may be particularly effective when situated in a context which is less structured than the typical school classroom and which puts more emphasis on active learning of the kind associated with the development of executive function (e.g., reading or solving math problems as part of a game).

Springfield is home to a number of after-school programs, including the 21st Century Community Learning Centers operated by Boys and Girls Clubs and the Urban League, and Compass, operated by the Family Service Center for homeless children, both in cooperation with District #186. Though not rigorously evaluated yet, these programs, which reach around 1,000 grade school students, have shown encouraging results.

Recommendation 19: Local after-school programs that have given indications of being effective should be expanded to accommodate more of the less advantaged children who could benefit from their services. A commitment should be made to helping these programs develop practices that will enable them to continue to improve in quality and effectiveness.

Collaborating on Improvement

A commitment to ongoing improvement and better results for children should not be limited to after school programs but serve as an overall goal for the K-5 period which unites parents, schools, and nonprofit organizations that work with this population.

Recommendation 20: Local stakeholders in child development during the elementary school years should have a common strategy for improving academic and behavioral outcomes for less advantaged children and a way to coordinate the activities arising from this strategy with respect to individual children. Parents, teachers, and nonprofit staff should be able to see how their various efforts to help a child learn and develop reinforce one another.

³⁰ Lauer, Patricia A., et al., "Out of School Time Programs: A Meta-analysis of Effects for At Risk Students," *Review of Educational Research*, Vol. 76, No. 2, Summer 2006; Roth, Jodie L., et al., Does the Amount of Participation in After School Program Relate to Developmental Outcomes? A Review of the Literature, *American Journal of Community Psychology*, Vol. 45, pp.310-324.



Dual Credit program at Lincoln Land Community College

Adolescence – the middle and high school years – marks a distinct shift in child development. A lot of development has already taken place by this point, leading to habits and beliefs that are now less modifiable. Children become more autonomous, making more choices for themselves about what interests them, who their friends are, how they will spend their time, and so on. More autonomy and choices bring more complexity and ambiguity. The certainties of childhood fade away as self-responsibility increases.

Most adolescents make their way through this uncertain time successfully, although doubts and temporary setbacks are common. But, for those growing up under less advantaged circumstances, who often have fewer and less effective resources and supports, the challenges of adolescence can be especially daunting and lead to setbacks with life-defining consequences.³¹ Out of the 15,000 middle and high schoolers in Sangamon County, an estimated 3,900 (26 percent) are less advantaged.

The Adolescent Brain

Part of the reason adolescence is difficult lies in the fact that the brain develops unevenly during the teen years. On the one hand, cognitive development slows during adolescence. In strictly cognitive terms, adolescents are about as capable as adults of making judgments and decisions. On the other hand, the social-emotional function of the brain is not nearly as mature, making adolescents more impulsive, sensation-seeking, and sensitive to the opinions of others.³²

Peer conformity looms large among teenagers, increasing their brain-based vulnerability to believing that attributes, such as

intelligence and athleticism, are fixed and not changeable. Such beliefs are more likely among less advantaged children who have struggled to succeed in school. Because they don't believe they are capable academically, they don't try as hard, leading to less academic success, which, then, only further reinforces the belief. If this persists, adolescents can lose hope in the possibility of a productive and rewarding future.³³

Research has found, however, that fixed beliefs about ability are amenable to change using a simple motivational strategy.³⁴ On a day-to-day basis, communicating high academic expectations to all students and communicating sincerely to each student that he or she has the ability to meet those expectations can motivate students with less academic success to try harder and get better results. If this is done consistently, there is reason to think that at least some proportion of less advantaged adolescents who might otherwise fail in school will instead succeed.

Recommendation 21: Middle and high schools in the county and nonprofit agencies that work with adolescents should develop a shared commitment and method to communicating high academic expectations and belief in the ability of individual students, regardless of their prior academic experience, in meeting those expectations. When less advantaged students are surrounded by adults who communicate confidence in their ability to succeed, they are more likely to believe that they can.

³¹ Aber, J. Lawrence, et al., *Middle Childhood Success and Economic Mobility*, Center on Children and Families, The Brookings Institution, Washington, DC February 2013; Kautz, Tim, et al., *Fostering and Measuring Skills: Improving Cognitive and Non-Cognitive Skills to Promote Lifetime Success*, Discussion Paper 8696, Institute for the Study of Labor, Bonn, Germany, December 2014.

³² Blakemore, Sarah-Jayne & Robbins, Trevor W., "Decision-Making in the Adolescent Brain," *Nature Neuroscience*, Vol. 15, No. 9, September 2012; Casey, B.J., "The Teenage Brain: An Overview," *Current Directions in Psychological Science*, Vol. 22, No.2, 2013; Eiland, L. & Romeo, R.D., "Stress and the Developing Adolescent Brain," *Neuroscience*, Vol. 249, 2013, pp.162-171; Steinberg, Laurence, "Commentary: A Behavioral Scientist Looks at the Science of Adolescent Brain Development," *Brain Cognition*, Vol.71, No.1, February 2010.

³³ Burnette, Jeni L., et al., "Mind-Sets Matter: A Meta-Analytic Review of Implicit Theories and Self-Regulation," *Psychological Bulletin*, Vol. 139, No. 3, 2012; Yeager, D.S., et al., "The Far-Reaching Effects of Believing People Can Change: Implicit Theories of Personality Shape Stress, Health, and Achievement during Adolescent," *Journal of Personality and Social Psychology*, Vol. 106, No. 6, June 2014; Yeager, D.S., et al., "Breaking the Cycle of Mistrust: Wise Interventions to Provide Critical Feedback Across the Racial Divide, *Journal of Experimental Psychology – General*, Vol.43, No.2, April 2014.

³⁴ Yeager, D.S., et al., *How Can We Instill Productive Mindsets at Scale? A Review of the Evidence and an Initial R& D Agenda*, A White Paper prepared for the White House meeting on Excellence in Education, June 10, 2013;

Clear Pathways

Being more intentional about motivating academic effort needs to be coupled with more clarity about the ultimate payoff from that effort. Good grades or test scores may be the near-term objective. But, for less advantaged adolescents who have been conditioned by years of doubt about their future, there has to be a connection between current effort and the career or careers that effort should make possible. Children should begin learning about careers in elementary school, but by middle school this “education” needs to become more focused and in-depth, and in high school the pathways have to become even more sharply defined. College is one pathway, and quicker movement into a viable career is another.

Early College, in which students are able to earn college credit while still in high school, has proven to be an effective way to prepare lower income and minority students to succeed in college.³⁵ For students more interested in a technical career that may not require a four-year or greater college degree, Career Academies have demonstrated success in keeping students in high school and guiding them into productive careers.³⁶

Recommendation 22: Sangamon County high schools should unite in establishing dual credit programs, like Early College, with the range of local institutions of higher education to provide a more powerful incentive for capable and interested less advantaged students to pursue and achieve a college degree. At the same time, high schools should receive support from the community to further develop their career and technical education options, so that every student who remains in high school has a pathway into a useful career.

Promoting Persistence

Motivating academic effort in order to gain entry to college or pursue a career is a critical formula that the community needs to fully embrace beginning in middle school. But, for some proportion of the less advantaged student population, it will likely not be enough. Teenagers who have endured childhoods of prolonged or repeated exposure to stress are more apt to lack the self-control needed to cope with the challenges of adolescence.³⁷ Increases in stress-related problems during adolescence, such as anxiety, depression, drug and alcohol abuse, and other forms of anti-social behavior often lead adolescents to drop-out of school, which almost never makes their lives better. Fortunately, there are interventions which have been proven successful in reducing the likelihood of dropping out and increasing the likelihood of persisting in school.³⁸

Recommendation 23: Middle and high schools should collaborate with local nonprofits committed to youth development in identifying the most effective strategies and programs for keeping teenagers in school and then working to implement those initiatives.

A good starting point in following through on this recommendation is the program recently launched by Lanphier High School in Springfield, in cooperation with the Urban League, to provide disruptive students with an alternative to suspension. Suspension 2 Redemption (S2R) channels students with discipline problems into supervised in-school and after school suspension activities intended to change student mindsets about being in school. Since the program is new, it warrants close monitoring and evaluation to assess its effectiveness and potential for use in other high schools and middle schools. Another local project with potential for changing outcomes for the most at risk youth is MOSAIC, which focuses on identifying adolescents with social-emotional challenges and getting them the help they need.

Consideration also ought to be given to Check & Connect, a widely replicated, evidence-based program that uses close attention to at risk students’ academic performance to catch and act on problems early.³⁹ Check & Connect is, essentially, a type of mentoring. Connecting less advantaged students, as necessary, with responsible, caring adults on a consistent basis provides an indispensable source of social support and guidance. This works best when mentors are allied, to the extent practicable, with parents in looking out for a young person’s best interests. Big Brothers, Big Sisters mentoring works effectively in this direction, as does Goodwill GoodGuides mentoring program serving more at risk juveniles.

Recommendation 24: The youth mentoring programs in Sangamon County, with backing from the larger community, should commit to providing an adult mentor to every youth who needs one. No adolescent should be denied the opportunity to develop a supportive relationship with a caring adult, and no adolescent should have to go through adolescence without at least one responsible adult looking out for him or her.

A Community of Support for Teens

Through elementary school, children live their lives in a relatively cohesive community involving their school, their home, and Perhaps the block or two around that home. They function, by and large, within narrow boundaries, with older people usually watching out for them. Beginning in middle school, the boundaries expand,

³⁵ Berger, Andrea, et al., *Early College, Continued Success: Early College High School Initiative Impact Study*, American Institutes for Research, Washington, DC, January 2014.

³⁶ Kemple, James J. and Willner, Cynthia J., *Career Academies: Long-Term Impacts on Labor Market Outcomes, Educational Attainment, and Transitions to Adulthood*, Manpower Demonstration Research Corporation, Washington, DC, June 2008.

³⁷ Casey, B.J. & Caudle, Kristina, “The Teenage Brain: Self Control,” *Current Directions in Psychological Science*, Vol. 22, No.2, 2013.

³⁸ Wilson, Sandra Jo, et al., *Dropout Prevention and Intervention Programs: Effects on School Completion and Dropout among School Aged Children and Youth – A Systematic Review*, The Campbell Collaboration, Vol.7, No.8, 2011.

³⁹ Sinclair, M.F., et al., “Facilitating Student Engagement: Lessons Learned from Check & Connect Longitudinal Studies,” *The California School Psychologist*, Vol.8, No.1, 2003.

and adult monitoring slackens. This change occurs deliberately, in order to allow adolescents to take the beginning steps toward managing their own lives. Adolescents who come from advantage have families and groups that back them up and support them in moving forward. In other words, they have a community that is in step with their needs. Those who come from disadvantage are often left to move forward much more on their own. They either have no supportive community to speak of, or what they do have is lacking.⁴⁰ Providing them with that supportive community, as a necessary complement to the efforts of their families, ought to be the overriding aim of all work to help less advantaged adolescents succeed.⁴¹

Recommendation 25: The four preceding recommendations should constitute elements of a community-wide strategy to support less advantaged middle and high school students. Rather than acting on these recommendations individually, they should be experienced by the adolescents at which they are aimed as a common effort. The less advantaged should be able to benefit from the same kind of community that the advantaged already have.

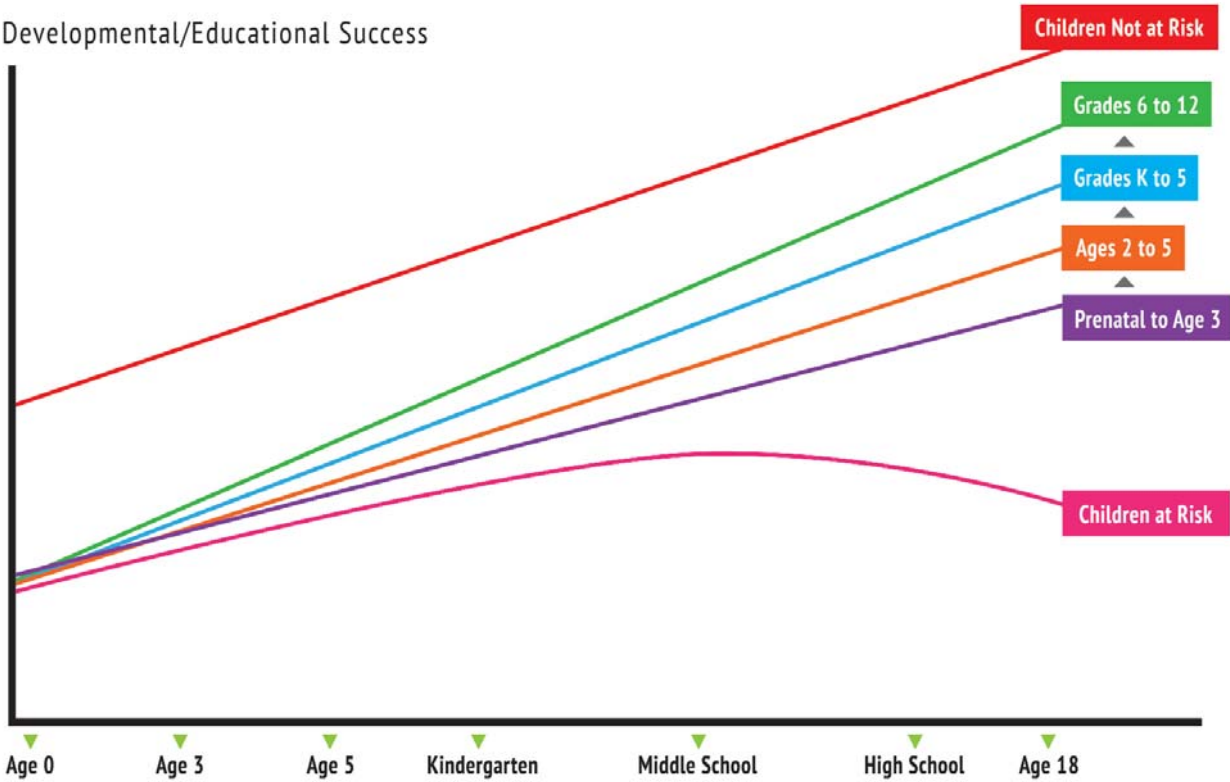


The creation of a community of support for less advantaged teens should be governed by a shared understanding of what adolescents need, a commitment to doing what works, and a willingness to identify and collectively track measurable objectives related to the progress expected of teenagers. This community should be anchored in the coordinated efforts of all relevant sectors – education, healthcare, social services, employers, and parents.

CONCLUSION

A recent study estimated that using evidence-based programs, similar to the ones recommended in this report, could close the achievement gap between less and more advantaged children by 70 percent.⁴² How this works is illustrated in the following graph based on the

Sangamon Success strategy. Increase in developmental/educational success is shown along the vertical axis and increase in age along the horizontal axis. The bottom and top lines show the current success gap, on average, between less advantaged children and more



⁴⁰ Putnam, Robert D., et al., *Growing Class Gaps in Social Connectedness among American Youth, 1975-2009*, Working Paper, the Saguaro Seminar, Harvard Kennedy School of Government, Cambridge, MA., July 12, 2012.

⁴¹ Oreopolous, Philip, et al., *Pathways to Education: An Integrated Approach to Helping At Risk High School Students*, Working Paper, University of Toronto, 2015.

⁴² Sawhill, Isabel V. & Karpilow, Quentin, *How Much Could We Improve Children's Life Chances by Intervening Early and Often?*, Center on Children and Families, The Brookings Institution, Washington, DC, July 2014.

advantaged children, respectively. The lines in between show how much the success gap closes with implementation of the recommendations for each successive age group. Intervening early (the lower lines) makes a big difference, but not as much as can be achieved by continuing to intervene with programs and practices that work through completion of high school.

The strategy depicted in this graph not only makes good social sense. It also makes compelling economic sense. Cost-benefit analyses of specific programs that have been proposed in this report indicate that spending money in these ways will, over time, produce substantially more benefits than costs.

Program	Benefit/Cost Ratio
Nurse-Family Partnership	\$6/\$1 ⁴³
Head Start	\$3/\$1*
High Quality Preschool	\$5/\$1*
Reading Recovery	\$4/\$1*
Big Brothers, Big Sisters	\$3/\$1*

In other words, although there will be costs associated with implementing the recommendations in this report, those costs will

be more than compensated for by the benefits to be produced by using “what works” to improve outcomes for less advantaged children.

Economists have estimated that each additional year of schooling adds, over the long-run, a third of a percentage point to the rate of economic growth. This is a large effect, given that annual economic growth rates in the United States are typically two to three percent.⁴⁴ Average years of school completed by adults in Sangamon County is currently around 13 years.⁴⁵ It appears to be slightly less than 12 years (almost high school completion) for the less advantaged and about 18 years (college completion) for everyone else. Closing the educational achievement gap between the less advantaged and others by 70 percent could conceivably boost average years of schooling locally by 4 years, raising the rate of economic growth by between one and one and a half percentage points. It would also increase incomes and tax revenues.

These figures are, admittedly, speculative. The future cannot be known in a precise way, and the translation of educational attainment into economic impacts is inherently complex. Yet, that does not detract from the logic of the argument set forth in this report. Being more intentional about doing what works, and not doing what doesn’t work, to develop and educate less advantaged children will make a dramatic difference, not just for those children and their families, but in the well-being of the entire community. It is the right thing to do.

⁴³ Miller, Ted R., Nurse-Family Partnership Home Visitation: Costs, Outcomes, and Return on Investment, H.B.S.A., Inc., Pacific Institute for Research and Evaluation, Beltsville, MD, April 30, 2013.

* Estimates derived from benefit-cost analyses conducted by the Washington State Institute for Public Policy.

⁴⁴ Hanushek, Eric A., et al., Education and Economic Growth, educationnext.org, Vol.8, No. 2, Spring 2008.

⁴⁵ Years of schooling estimates are derived from the U.S.Census Bureau’s 2013 American Community Survey.

APPENDIX 1

Local Programs – Ages Prenatal to 3

Description	Who Program Serves	Outcomes	Cost
Adverse Pregnancy Reporting System APORS – Illinois Department of Public Health			
APORS tracks individual records of adverse pregnancy outcomes. These include: birth defects, birth weight <1500g, fetal death, infant death during newborn hospitalization, serious congenital infections, diagnosed exposure to drugs and other serious conditions.	<ul style="list-style-type: none"> 275 cases were recorded for Sangamon County 58.1% male and 40.3% female (1.4% of cases were ambiguous or unknown) 68% White and 32% other races 30 cases of fetal death or death before discharge 50 cases where birth weight was <1500g 173 instances of birth defects <p>*Note: 2011 data</p>	<p>Per 10,000 births there were: 79.2 fetal deaths, 45.8 deaths during newborn stay, 208.3 instances of birth weight <1,500g and 425 instances of birth defects</p> <p>Note: 2011 data</p>	
Central Counties Health Centers			
Central Counties Health Centers (CCHC) is one of two Federally Qualified Health Centers (FQHCs) in Sangamon County. Located on the east side of Springfield, IL in a lower-income area, CCHC provides service free to those who qualify for Medicaid and offers services on a sliding scale to those who exceed the income threshold for Medicaid eligibility.	<ul style="list-style-type: none"> 14,895 total patients served 1,152 homeless 5,362 age 0-17 77% <Federal Poverty Level 44% African American 3.8% children <18 are uninsured and 95.2% are on Medicaid <p>*Note: 2013 figures. Figures are totals for all patients (i.e. children and adults) unless otherwise specified</p>	<p><u>Adjusted Quartile Rankings</u></p> <p>Childhood immunization: 85.7% (1st quartile)</p>	<ul style="list-style-type: none"> Average cost per medical visit: \$170 Average cost per dental visit \$160 Average annual cost per patient: \$460 <p>*Note: 2013 Figures</p>
Children's MOSAIC Project – Mental Health Centers of Central Illinois			
<p>Meaningful Opportunities for Success and Achievement through Service Integration for Children (MOSAIC) integrates resources to (1) implement a version of the Screening, Assessment, Referral and Treatment (SART) model for all children in District 186. (2) Build the community's capacity to offer all services/supports that children need to develop to their fullest potential (3) Enhance and expand interagency communication and collaboration.</p> <p>MOSAIC partners with a wide variety of stakeholders including the SIU Center for Family Medicine, District 186 and the Head Start program. MOSAIC is administered by Mental Health Centers of Central Illinois and is evaluated by The Center for State Policy and Leadership at UIS.</p>	<p><u>Children and adolescents</u></p> <ul style="list-style-type: none"> 10,004 children screened 114 children assessed 833 children referred 615 children treated (77% ADHD, 27% Mood, 24% Anxiety (2013 Cross Site Evaluation)*) <p><u>Families</u></p> <ul style="list-style-type: none"> 65% have 3 kids or more** 60% have annual income <\$20,000* 55% <H.S. Diploma or less* 40% unemployed* <p>*Data for all ages **responses from parent counseling survey</p> <p>Note: FY 3013 and FY2014 data***Note: FY2013 data</p>	<p>An evaluation from 2013 showed differences between MOSAIC school-based counseling clients and controls. Versus controls, MOSAIC clients saw a:</p> <ul style="list-style-type: none"> 40% reduction in no shows per 100 days 72% increase in therapy sessions 25% increase in treatment planning 50% reduction in crisis intervention <p>A similar evaluation in 2015 confirmed the earlier evaluation's findings of positive effects on no-shows and therapy sessions.</p>	<ul style="list-style-type: none"> \$160/child screened(2013), \$117/child screened (2014, projected)* Total costs: \$606,212 (2013), \$805,601 (2014, projected) <p>*Cost calculated by program expenditures/child screened. May not be inclusive of all operating costs.</p>
Dolly Parton's Imagination Library – United Way of Central Illinois			
Dolly Parton's Imagination Library, a program the United Way of Central Illinois began in September 2011, provides books to preschool age children in Sangamon County. Children receive an age appropriate book in the mail from birth until their fifth birthday. By age five, a child who has participated since birth will have received 60 books.	<ul style="list-style-type: none"> 2,123 children currently receiving books 1,723 children have graduated from the program <p>Note: Figures reflect most recent (August 2014) data</p>	<p>65,872 books have been provided so far (average of nearly 1,900 books per month over almost 3 years)</p>	<p>Program cost: ~\$26 per year per child</p>
Early Head Start (EHS) – Springfield Urban League			
Early Head Start is the 0-3 component of Head Start, a federally funded program which serves infants, toddlers under the age of three and pregnant women. The program provides comprehensive child development and family support services to low-income infants, toddlers and pregnant women.	<ul style="list-style-type: none"> 71 families and 96 children total 75% African American, 10.4% White and 8.3% of two or more races Parents: 35% did not have paternity established and 16% were currently receiving child support <p>*Note: 2012-2013 school year data.</p>	<p>Research based on other Early Head Start programs has found some small effects on cognitive and language development, sustained attention during play, and less aggressive behavior for participating children, and improvement in parental engagement. Convincing evidence of sustained effects has not yet emerged.</p>	

Description	Who Program Serves	Outcomes	Cost
<p>Head Start places an emphasis on the relationship between mother and child and focuses on:</p> <p>(1) Child development (2) Family development (3) Community building (4) Staff development.</p> <p>Early Head Start programs last a full day. In Sangamon County all children are provided center-based services, one of the four programs options available to EHS grantees. The centers are available for a minimum of six hours per day and wrap-around care is provided at the Cook Street site.</p>			
Early Intervention – Sangamon County Department of Public Health			
<p>Early Intervention is a system of services that helps infants and toddlers with developmental delays or disabilities. Eligibility is determined by one of the following: (1) A 30% delay in development. (2) A medical diagnosis such as Down's Syndrome which leads to developmental delays. (3) Meeting three separate risk factors (homelessness, parent <15, e.g.).</p> <p>Early Intervention focuses on helping these children reach appropriate developmental outcomes. The program is authorized by law as part of the Individuals with Disabilities Act (IDEA).</p> <p>Focuses on skills such as: physical (reaching, rolling, crawling, walking), cognitive (thinking, learning), communication (talking, listening), social/emotional (playing, feeling secure and happy), self-help (eating, dressing).</p> <p>Services provided may include: Assistive technology, speech and language services, counseling and training, medical and nursing services, nutrition services, occupational therapy, physical therapy, and psychological services.</p>	<ul style="list-style-type: none"> • 400 children currently active in the program • 17% African American, 5% Biracial • More than 80% come from household sizes of three or greater • 71% incomes less than 30,000 per year <p>*Note: 2014 data</p>	<p>Outcomes for EI are to help the child reach optimal development and to facilitate the child's participation in family and community activities.</p>	
Family Case Management (FCM) – Sangamon County Department of Public Health			
<p>Provides outreach and coordination of medical health, oral health and social services for low-income families (<200% FPL), for families with a pregnant woman, an infant (defined as a child under one) or a child with special needs. Services include: finding a doctor for prenatal care, finding a doctor for care of a special needs child, education to help understand child development, prenatal care, and the importance of immunizations.</p> <p>FCM also provides medical case management for DCFS wards and families with high-risk infants as identified by the Adverse Pregnancy Outcome Reporting System (APORS).</p>	<ul style="list-style-type: none"> • 550 pregnant women • 994 infants • 261 children 		
Healthy Families Illinois (HFI) – Sangamon County Department of Public Health			
<p>Provides intensive home visiting services to low-income (<200% FPL) new and expectant families by strengthening the parent/child relationship, encouraging healthy child growth and nurturing parents. In order to meet credentialing requirements, staff must complete a 5-day Healthy Families America Core Training as well as initial and on-going on the job training. Training Caseloads are limited to 15 or less families per caseworker.</p> <p>In Sangamon County, the target population is first- or second- time parents age 25 or younger receiving WIC or Family Case Management services. As space allows, referrals may be accepted from other agencies so long as the income requirements are met and the parent is a first- or second-time parent. As of July 2014 all participants in the program were female.</p>	<ul style="list-style-type: none"> • 69 participants • 97% single • 76% first- time parents • 48% White and 39% African American • 26.1% < HS education • 18.8% are in college • 77.9% live in lower-income Zip Codes 62702 or 62703 • 92.3% below 20,000 annual income <p>*Note: 2014 data</p>	<p>From research on the Healthy Families model (not specific to Sangamon County):</p> <ul style="list-style-type: none"> • Some evidence that children who have participated were more likely to score in the normal range of child mental development vs. controls (58% versus 48% respectively) • One study found a statistically significant reduction in low birth weight for participants. <p>*Note: The Coalition for Evidence-Based Policy reports that based on the evidence produced so far from randomized control group evaluations of the model, Healthy Families has shown limited effectiveness in producing positive, enduring impacts.</p>	<ul style="list-style-type: none"> • ~ \$3,600 to \$4,600 per year • Start-up costs: approximately 25% of a program's annual budget (~\$50,000)* • \$0.57 benefit-to-cost ratio** <p>*Once Prevention Fund (2011) **Washington State Institute for Public Policy (2008)</p>

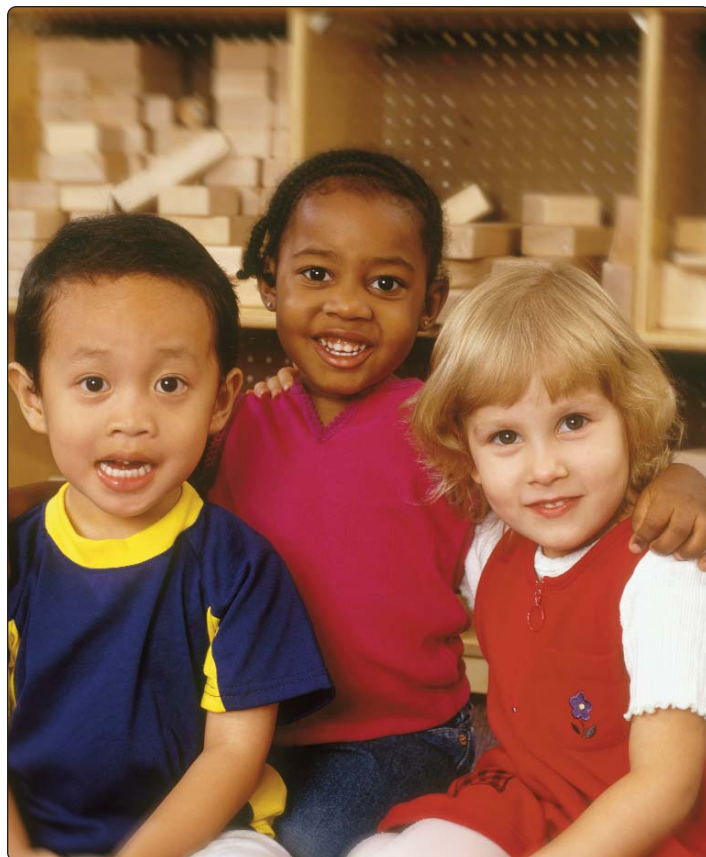
Description	Who Program Serves	Outcomes	Cost
Mini O'Beirne Crisis Nursery			
<p>The Mini O'Beirne Crisis Nursery provides emergency day care (24 hours a day, 365 days a year) for at-risk children while their families are unable to provide care for them.</p> <p>The target population is children birth - age six who are at risk for child abuse and neglect or are dealing with poverty or a difficult situation at home.</p> <p>The primary service offered by the Crisis Nursery is emergency day care. In addition to day care, support services are available to help parents better deal with stress and break the pattern of abuse.</p>	<ul style="list-style-type: none"> 332 children ages 0-and 20 children ages 6-12. 29% Caucasian, 54% African American, 16% two or more races, 1% "other" 95%<FPL 2,011 total admissions (includes duplicates) Reasons for admission: 26.4% job/school related crisis, 18.9% parental stress, 17% medical, 13.1% home crisis, 8.9% public/support services, 7.8% substance abuse, 3.1% mental health, 2.6% court related, 1.3% other, 0.8% domestic violence <p>*Note: FY2014 figures</p>	<p><u>Outputs</u></p> <ul style="list-style-type: none"> 360 unduplicated children cared for 45 developmental screenings conducted 14,530 crisis care hours provided 76.9% of families using crisis care and 87% of families using post-crisis care reported a positive change in stress 96% of families in crisis care and 100% of families in post-crisis care reported a positive change in parenting skills 96% in crisis care and 97% in post-crisis care reported a reduced risk of maltreatment for their children. <p>*Note: FY2014 figures</p>	<p>Total expenses: \$421,826 (FY2014)</p>
Parents as Teachers (PAT) – Springfield Public Schools District 186/Ounce of Prevention Fund			
<p>PAT is a home visiting program for parents with children 0-5. Parents acquire skills that help them make the most of their children's crucial early learning years. PAT-certified parent educators visit families at their homes. There are several components to the model.</p> <p>(1) Home visits - parent educators work in partnership with parents to share child development and parenting best practices using the PAT curriculum.</p> <p>(2) Group meetings – Meetings provide opportunities for parents to acquire additional information.</p> <p>(3) Developmental screening – Enrolled children receive developmental, hearing, vision, dental and health screens at least once/year.</p> <p>(4) Resource Referrals – families are connected to resources in the community.</p> <p>(5) Goal setting – parent educators work with families to set and achieve appropriate development and parenting goals.</p>	<ul style="list-style-type: none"> 130 families served and 135-140 children served. Screening using the Ages & Stages questionnaire indicates that about a fourth to a third of children have developmental issues. PAT does not perform income checks for participation, although it does collect data on participation in programs for low-income people, including TANF, WIC and Food Stamps. About 70% of families participate in these benefit programs. Families are referred to PAT through different agencies (Springfield Urban League, e.g.) <p>*Note: 2013-2014 school year data</p>	<p>From research on the Parents as Teachers model (not specific to Sangamon County):</p> <ul style="list-style-type: none"> A 2005 RAND Corporation evaluated PAT as "promising" One study found an increase in child competence in playing with a new toy. A lower quality study found that participation in PAT predicted school readiness and third grade achievement <p>Local data from 2013-2014, based on the Life Skills Progression (a scale that measures changes in parental functioning), shows that parents improved some in their relationship with their children over the course of the year. At the beginning, 25.8% of parents presented with problems, and this declined to 16.2% by the end of the year. Gains in other areas measured by the LSP were not as strong.</p>	<ul style="list-style-type: none"> \$3,650 per year per participant* \$78,002 start-up costs for a new program or \$4,470 per program site for existing programs to adopt the model \$815 training per person* \$1.39 total benefit-to-cost ratio** <p>*Ounce of Prevention Fund (2011) ** Washington State Institute for Public Policy</p>
Women, Infants, and Children (WIC) – Sangamon County Department of Public Health			
<p>WIC provides food, nutrition information, advice, and health referrals to low-income mothers and their children. Women receive coupons to purchase food deemed essential for child nutritional health and are provided with breastfeeding information and support, among other resources. In Illinois, only 51% of those eligible participate in the program. Eligibility is determined by pregnancy status, the child's age, and annual gross income. The cutoff for a family size of two is \$29,101 and is increased by \$7,511 for each additional individual in the family.</p>	<ul style="list-style-type: none"> 1,120 infants (58.4% White, 35.7% African American) 2,200 children (58.3% White, 40.5% African American) 1,100 women (60.8% White 34.9% African American) <p>*Note: 2014 Figures</p>	<p><u>Local</u></p> <ul style="list-style-type: none"> Encourage Breastfeeding: 249 women currently breastfeeding Provide education to mothers Provide health referrals to women and their babies <p><u>From research on WIC (not specific to Sangamon County):</u></p> <ul style="list-style-type: none"> Participation positively associated with gestational age and mean birth weight WIC participation may be linked to reductions in being overweight (mixed evidence, may be mediated by race) Two studies found WIC participants had higher rates of vaccination against hepatitis A at age 1 Participation is positively correlated with greater utilization of health care. 	<ul style="list-style-type: none"> Over the short-term, participants in the WIC program tend to use more health services so their Medicaid costs are higher Total costs in Illinois were \$53,761,574 (FY2013)

Local Programs – Ages 3 Thru 5

Description	Who Program Serves	Outcomes	Cost
Children's MOSAIC Project – Mental Health Centers of Central Illinois			
<p>Meaningful Opportunities for Success and Achievement through Service Integration for Children (MOSAIC) integrates resources to (1) implement a version of the Screening, Assessment, Referral and Treatment (SART) model for all children in District 186. (2) Build the community's capacity to offer all services/supports that children need to develop to their fullest potential (3) Enhance and expand interagency communication and collaboration.</p> <p>MOSAIC partners with a wide variety of stakeholders including the SIU Center for Family Medicine, District 186 and the Head Start program. MOSAIC is administered by Mental Health Centers of Central Illinois and is evaluated by The Center for State Policy and Leadership at UIS.</p>	<p><u>Children and adolescents</u></p> <ul style="list-style-type: none"> • 10,004 children screened • 114 children assessed • 833 children referred • 615 children treated • (77% ADHD, 27% Mood, 24% Anxiety (2013 Cross Site Evaluation))* <p><u>Families</u></p> <ul style="list-style-type: none"> • 65% have 3 kids or more** • 60% have annual income<\$20,000* • 55%<H.S. Diploma or less* • 40% unemployed* <p>*Data for all ages **responses from parent counseling survey Note: FY 3013 and FY2014 data</p>	<p>An evaluation from 2013 showed differences between MOSAIC school-based counseling clients and controls. Versus controls, MOSAIC clients saw a:</p> <ul style="list-style-type: none"> • 40% reduction in no shows per 100 days • 72% increase in therapy sessions • 25% increase in treatment planning • 50% reduction in crisis intervention <p>A similar evaluation in 2015 confirmed the earlier evaluation's findings of positive effects on no-shows and therapy sessions.</p>	<ul style="list-style-type: none"> • \$160/child screened(2013), \$117/child screened (2014, projected)* • Total costs: \$606,212 (2013), \$805,601 (2014, projected) <p>*Cost calculated by program expenditures/child screened. May not be inclusive of all operating costs.</p>
Dolly Parton's Imagination Library – United Way of Central Illinois			
<p>Dolly Parton's Imagination Library, a program the United Way of Central Illinois began in September 2011, provides books to preschool age children in Sangamon County. Children receive an age appropriate book in the mail from birth until their fifth birthday. By age five, a child who has participated since birth will have received 60 books.</p>	<ul style="list-style-type: none"> • 2,123 children currently receiving books • 1,723 children have graduated from the program <p>*Note: Figures reflect most recent (August 2014) data</p>	<p>65,872 books have been provided so far (average of nearly 1,900 books per month over almost 3 years)</p>	<p>Program cost: ~\$26 per year per child</p>
Early Start (Early Learning Center) – Springfield Public Schools District 186			
<p>Early Start is the Springfield Public Schools District 186 Preschool for All/Pre-K for All program funded by the Illinois State Board of Education.</p> <p>The mission of Early Start is to provide a high quality, education program that encourages kindergarten success and lifelong learning.</p> <p>The program employs the Creative Curriculum for Preschool, based on 38 objectives for development and learning. The Creative Curriculum is aligned with the Head Start Child Development and Early Learning Framework and Illinois Early Learning Standards.</p> <p>The Creative Curriculum consists of 10 areas of development and learning: socio-emotional, language, physical, cognitive, literacy, science and technology, social studies, the arts, mathematics, and English language acquisition. The Early Learning Center, where the Early Start program is housed, is NAEYC accredited, meaning it has met program standards as defined by the National Association for the Education of Young Children (NAEYC).</p>	<ul style="list-style-type: none"> • 689 children served • 51.5% white, 32.5% African-American, 10.0% two or more races, 3.2% Hispanic or Latino, 2.5% Asian • 73.5% low-income, • 5.8% limited English proficiency • 245 (37.1%) students in special education • Mobility: 23.3% <p>*Note: 2013-2014 school year figures</p>	<p>The Early Learning Center tracks the following participation measures:</p> <ul style="list-style-type: none"> • Home visits: 85% • P/T conferences: 89% • At home learning: 93% • Parents as Teachers: 55% <p>*Note: 2013-2014 school year figures</p>	<p>Early Childhood Education – Block Grant 00 (ages 3-5 ISBE funding): Instruction: \$1,383,127 General Administration: \$173,801 Pupil Transportation and Services: \$804,504 Community Services: \$155,552 Total: 2,521,988 Outstanding Obligation: \$361,360 Approved Total: \$2,883,348</p> <p>*Note: Total not inclusive of District funding which provides custodial staff, building maintenance and other expenses</p>
Head Start – Springfield Urban League			
<p>Head Start is a federally-funded program, operated in Springfield by the Springfield Urban League, which provides preschool to children ages 3-5. Head Start emphasizes school readiness and social and emotional development. In Sangamon County, the Head Start program operates at five sites.</p>	<ul style="list-style-type: none"> • 561 children served • 74.9% African American, 13.4% White, 7.7% Two or more races, 2.7% Other, 1.1% Hispanic, 0.4% Asian • Parents: 22% paternity not established, 16% currently receiving child support, 36.5% live in subsidized housing <p>*Note: Values are for 2012-2013 school year</p>	<p>During 2013-2014 school year:</p> <ul style="list-style-type: none"> • 40% of children showed improvement in language arts; • 48% of children showed improvement in math • 42% of children showed improvement in science • 42% of children showed improvement in social science • 35% of children showed improvement in physical health and development • 35% of children showed improvement in social emotional development • Overall, 40% of children improved 	

Description	Who Program Serves	Outcomes	Cost
Kids Café – Central Illinois Foodbank/Springfield Urban League			
<p>Kids Café is a national afterschool feeding program which is nationally linked to Feeding America and is administered locally by Central Illinois Foodbank in partnership with the Springfield Urban League. There are currently two locations: The Boys and Girls Club on 15th street and Brandon Court, operated by the Springfield Housing Authority, on the far east side of Springfield. A new location at St. Patrick's School was recently added.</p> <p>In addition to providing children with healthy meals, the Springfield Urban League also provides homework help and tutoring to students while they are at the facility.</p>	<p>65-105 children across three sites</p> <p>*Note: 2014 data</p>	<ul style="list-style-type: none"> • Feeds hungry children • Provides homework help (with SUL) 	
Mini O'Beirne Crisis Nursery			
<p>The Mini O'Beirne Crisis Nursery provides emergency day care (24 hours a day, 365 days a year) for at-risk children while their families are unable to provide care for them.</p> <p>The target population is children birth - age six who are at risk for child abuse and neglect or are dealing with poverty or a difficult situation at home.</p> <p>The primary service offered by the Crisis Nursery is emergency day care. In addition to day care, support services are available to help parents better deal with stress and break the pattern of abuse.</p>	<ul style="list-style-type: none"> • 332 children ages 0-and 20 children ages 6-12. • 29% Caucasian, 54% African American, 16% two or more races, 1% "other" • 95%<FPL • 2,011 total admissions (includes duplicates) • Reasons for admission: 26.4% job/school related crisis, 18.9% parental stress, 17% medical, 13.1% home crisis, 8.9% public/support services, 7.8% substance abuse, 3.1% mental health, 2.6% court related, 1.3% other, 0.8% domestic violence <p>*Note: FY2014 figures</p>	<p><u>Outputs</u></p> <ul style="list-style-type: none"> • 360 unduplicated children cared for • 45 developmental screenings conducted • 14,530 crisis care hours provided • 76.9% of families using crisis care and 87% of families using post-crisis care reported a positive change in stress • 96% of families in crisis care and 100% of families in post-crisis care reported a positive change in parenting skills • 96% in crisis care and 97% in post-crisis care reported a reduced risk of maltreatment for their children. <p>*Note: FY2014 figures</p>	<p>Total expenses: \$421,826 (FY2014)</p>
Parents as Teachers (PAT) – Springfield Public Schools District 186/Ounce of Prevention Fund			
<p>PAT is a home visiting program for parents with children 0-5. Parents acquire skills that help them make the most of their children's crucial early learning years. PAT-certified parent educators visit families at their homes. There are several components to the model.</p> <p>(1) Home visits - parent educators work in partnership with parents to share child development and parenting best practices using the PAT curriculum.</p> <p>(2) Group meetings – Meetings provide opportunities for parents to acquire additional information.</p> <p>(3) Developmental screening – Enrolled children receive developmental, hearing, vision, dental and health screens at least once/year.</p> <p>(4) Resource Referrals – families are connected to resources in the community.</p> <p>(5) Goal setting – parent educators work with families to set and achieve appropriate development and parenting goals.</p>	<ul style="list-style-type: none"> • 130 families served and 135-140 children served. Screening using the Ages & Stages questionnaire indicates that about a fourth to a third of children have developmental issues. • PAT does not perform income checks for participation, although it does collect data on participation in programs for low-income people, including TANF, WIC and Food Stamps. About 70% of families participate in these benefit programs. • Families are referred to PAT through different agencies (Springfield Urban League, e.g.) <p>*Note: 2013-2014 school year data</p>	<p>From research on the Parents as Teachers model (not specific to Sangamon County):</p> <ul style="list-style-type: none"> • A 2005 RAND Corporation evaluated PAT as "promising" • One study found an increase in child competence in playing with a new toy. • A lower quality study found that participation in PAT predicted school readiness and third grade achievement <p>Local data from 2013-2014, based on the Life Skills Progression (a scale that measures changes in parental functioning), shows that parents improved some in their relationship with their children over the course of the year. At the beginning, 25.8% of parents presented with problems, and this declined to 16.2% by the end of the year. Gains in other areas measured by the LSP were not as strong.</p>	<ul style="list-style-type: none"> • \$3,650 per year per participant* • \$78,002 start-up costs for a new program or \$4,470 per program site for existing programs to adopt the model • \$815 training per person* • \$1.39 total benefit-to-cost ratio** <p>*Ounce of Prevention Fund (2011) ** Washington State Institute for Public Policy</p>
Positive Behavior Interventions and Support (PBIS) – Springfield Public Schools District 186			
<p>PBIS is a support system which seeks to establish behavior supports for all students in a school so that they may achieve social, emotional, and academic success.</p> <p>PBIS operates a three-tiered approach. The first tier (universal) targets all students. This tier emphasizes prevention. The second tier (secondary) targets some students who are considered at-risk. Interventions are small-group based and are designed to respond rapidly to student needs. The third tier (tertiary) focuses on individual students and incorporates student assessments.</p>	<p>PBIS is a school-wide system, thus all children in a school are considered to take part. Counts of second and third tier interventions are unavailable due to data being held at specific schools</p>		

Description	Who Program Serves	Outcomes	Cost
In order to gauge intervention effectiveness, PBIS utilizes a tiered fidelity inventory. This tool allows for an interpretation of how effectively the program was carried out in the schools, giving more context to child and adolescent outcomes.			
Ready to Learn Initiative – Community Childcare Connection			
<p>The Ready to Learn Initiative is a kindergarten readiness program that provides check-ups (screening) to children aged three to five in preschool/pre-K programs and family child care providers in Sangamon County. Additionally, community screenings (of which 153 were conducted during 2012-2013) are conducted off-site.</p> <p>Check-ups utilize the BRIGANCE screen which tests for developmental delays in children across three domains: communication, motor and academic. After the screens are conducted, parents are made aware of their child's score and additional action may be taken at the discretion of the providers and families.</p>	<ul style="list-style-type: none"> • 29 sites completed all aspects of the program • 42 sites distributed parent education pieces and/or screened a portion of their enrollment. • 1966 children received learning check-ups • 176 persons participated in family engagement nights to learn about the initiative <p>*Note: Figures are for the 2012-2013 school year</p>	<p>An evaluation of participants shows that of 17 preschools in Sangamon County:</p> <ul style="list-style-type: none"> • 2 improved at a rate higher than the national average and 1 improved at a rate lower than the national average (year 3 to year 4) • 7 improved at a rate higher than the national average and 2 improved at a rate lower than the national average (year 4 to year 5) <p>*Note: The above numbers are for all three domains (communication, motor and academic).</p> <p>**Note: Figures are for the 2012-2013 school year</p>	<ul style="list-style-type: none"> • Total program expenses: \$73,701 • ~ \$37.50/child screened (Program costs/children screened)
SIU Center for Family Medicine			
<p>SIU Center for Family Medicine is one of two Federally Qualified Health Centers in Sangamon County. It provides service to about 13,500 patients, a quarter of whom (~3,375) are children under the age of 18.</p>	<ul style="list-style-type: none"> • 3,375 < 17 years old • 76 homeless • 72.3% white, African American • 40.9% Medicaid/CHIP • <1% children uninsured <p>*Notes: 2013 data. Figures are totals for all patients unless specified</p>	<p><u>Adjusted Quartile Rankings</u> Childhood immunization: 82.9% (2nd quartile)</p>	<ul style="list-style-type: none"> • Total cost per patient: \$453.94



Local Programs – Grades K Thru 5

Description	Who Program Serves	Outcomes	Cost
21st Century Community Learning Centers – Boys and Girls Clubs of Central Illinois			
<p>Boys and Girls Clubs (BGC) of Central Illinois administer the 21st Century Community Learning Centers (CCLC) programming at 10 schools in Springfield.</p> <p>CCLCs are funded via Title IV of the No Child Left Behind Act which allocates funding for after school enrichment programs targeted at at-risk youth.</p> <p>The program is designed to help students meet state and local standards in academic subjects such as reading and math.</p> <p>Programming is aligned with BGC core principles and includes the following components:</p> <ul style="list-style-type: none"> An integrated academic achievement program (links program and school activities). Remedial activities which target math and reading deficiencies and academic enrichment activities are stressed. Additionally, tutoring and homework help is provided Arts and music education Drug and violence prevention Technology education Parental involvement and family literacy programs Recreational activities Assistance to truant children or children with a disciplinary history Mentoring programs 	<ul style="list-style-type: none"> 1202 children at eight elementary schools and two middle schools 100% of students eligible for free or reduced lunch Race: 61.5% black, 22.8% white, 6.1% two or more races, 3.2% Hispanic (across four sites); 45.1% white, 38.3% black, 12.9% two or more races (across five sites) <p>*Note: FY2013 figures</p>	<ul style="list-style-type: none"> Attend 30+ days: Range: 66% (Matheny Elementary) – 97% Dubois Elementary <p>ISAT tests</p> <ul style="list-style-type: none"> Math scores: 27.7% increase, 51.1% decrease, 21.3% stayed the same Reading scores: 42.6% increase, 25.5% decrease, 31.9% same <p>Profile of regular attendees</p> <ul style="list-style-type: none"> Math: 44.6% “meet or exceed” standards Reading: 44.0% “meet or exceed” standards <p>Grades</p> <ul style="list-style-type: none"> 91% of students improved or maintained their grade in reading; 80% of students improved or maintained their grade in math <p>Behavior</p> <ul style="list-style-type: none"> 65% of students displayed improved behavior (measured via teacher surveys and discipline referrals) <p>*Note: FY2013 figures</p>	
21st Century Program – Springfield Urban League, Inc.			
4-H – University of Illinois Extension			
<p>4-H is a youth organization which aims to develop leadership skills and stresses hands-on learning opportunities. In Sangamon County there are 14 traditional 4-H clubs including one in Springfield. Traditional clubs meet once a month at a public location and are led by adults. Membership is open to all 8-18 year old children as well as children 5-7 years old who participate as cloverbuds.</p> <p>In addition to the traditional clubs, 4-H SPIN (Special Interest) clubs are offered. Three SPIN clubs are currently offered in Sangamon County: Shooting, Horse Bowl and Hippology, and Livestock Judging.</p>			<p>Annual fee for participation: \$20 plus additional program fees where applicable. Fees are offset for students who cannot afford them by fundraising efforts.</p>
Big Brothers Big Sisters of the Illinois Capital Region			
<p>Big Brothers Big Sisters operates three mentoring programs in Sangamon County: Community Based Mentoring (CBM), Site Based Mentoring Program (SBM), and Children of Prisoner's Program.</p> <p>The Community Based Mentoring Program is the most flexible in terms of activities. Time commitment involved is 10-14 hours a month for a minimum of one year.</p> <p>The Site Based Mentoring Program is based at the child's school. The time commitment is 1 hour/week for the school year. Activities take place at the school and are less structured and often consist of discussion and homework help.</p>	<p><u>Enrollment</u></p> <ul style="list-style-type: none"> 778 Children currently matched (208 unmatched) (492 in SBM and 212 in CBM, 74 in Mentoring Children of Prisoner's Program) <p><u>Sex/Gender and Race</u></p> <ul style="list-style-type: none"> 51% male/ 49% female 45% Caucasian, 40% African American, 15% multi-racial/other nationalities <p><u>Enrollment by Age</u></p> <ul style="list-style-type: none"> 13-15 year olds: 63 community-based, 34 site-based 16-18 year olds: 2 community based <p><u>Family Characteristics</u></p> <ul style="list-style-type: none"> ~90% of children are from single parent homes ~90% children are from homes with income <FPL. <p>*Note: 2013 figures. Unless specified figures refer to all age groups.</p>	<p><u>Grades</u></p> <ul style="list-style-type: none"> 80% improvement in Language Arts and 76% improvement in Math grades (for all age groups) <p><u>ISAT scores</u></p> <ul style="list-style-type: none"> 81% of 4th-8th graders improved reading and math ISAT scale scores over the previous year <p><u>Behavior and attendance</u></p> <ul style="list-style-type: none"> 78% of truant youth improved school attendance rates 69% improved social and life skills (for all age groups) <p>*Note: 2013 figures</p>	<ul style="list-style-type: none"> Community-based mentoring - \$127,040 (~258/child) Site-based mentoring - \$74,630 (~352/child) Mentoring children of prisoners - ~\$57,680 (~779/child) <p>*Note: 2014 figures</p>

Description	Who Program Serves	Outcomes	Cost
Boy Scouts Abraham Lincoln Council			
Central Counties Health Centers			
Central Counties Health Centers (CCHC) is one of two Federally Qualified Health Centers (FQHCs) in Sangamon County. Located on the east side of Springfield, IL in a lower-income area, CCHC provides service free to those who qualify for Medicaid and offers services on a sliding scale to those who exceed the income threshold for Medicaid eligibility.	<ul style="list-style-type: none"> 14,895 total patients served 1,152 homeless 5,362 age 0-17 1,539 ages 6-11 77% <Federal Poverty Level 44% African American 3.8% children <18 are uninsured and 95.2% are on Medicaid <p>Note: 2013 figures. Figures are totals for all patients (i.e. children and adults) unless otherwise specified</p>	<u>Adjusted Quartile Rankings</u> Childhood immunization: 85.7% (1st quartile)	<ul style="list-style-type: none"> Average cost per medical visit: \$170 Average cost per dental visit \$160 Average annual cost per patient: \$460 <p>*Note: 2013 Figures</p>
Children's MOSAIC Project – Mental Health Centers of Central Illinois			
<p>Meaningful Opportunities for Success and Achievement through Service Integration for Children (MOSAIC) integrates resources to (1) implement a version of the Screening, Assessment, Referral and Treatment (SART) model for all children in District 186. (2) Build the community's capacity to offer all services/supports that children need to develop to their fullest potential (3) Enhance and expand interagency communication and collaboration.</p> <p>MOSAIC partners with a wide variety of stakeholders including the SIU Center for Family Medicine, District 186 and the Head Start program. MOSAIC is administered by Mental Health Centers of Central Illinois and is evaluated by The Center for State Policy and Leadership at UIS.</p>	<p><u>Children and adolescents</u></p> <ul style="list-style-type: none"> 10,004 children screened 114 children assessed 833 children referred 615 children treated (77% ADHD, 27% Mood, 24% Anxiety (2013 Cross Site Evaluation))* <p><u>Families</u></p> <ul style="list-style-type: none"> 65% have 3 kids or more** 60% have annual income <\$20,000* 55% <H.S. Diploma or less* 40% unemployed* <p>*Data for all ages **responses from parent counseling survey</p> <p>Note: FY 3013 and FY2014 data</p>	<p>An evaluation from 2013 showed differences between MOSAIC school-based counseling clients and controls. Versus controls, MOSAIC clients saw a:</p> <ul style="list-style-type: none"> 40% reduction in no shows per 100 days 72% increase in therapy sessions 25% increase in treatment planning 50% reduction in crisis intervention <p>A similar evaluation in 2015 confirmed the earlier evaluation's findings of positive effects on no-shows and therapy sessions.</p>	<ul style="list-style-type: none"> \$160/child screened(2013), \$117/child screened (2014, projected)* Total costs: \$606,212 (2013), \$805,601 (2014, projected) *Cost calculated by program expenditures/child screened. May not be inclusive of all operating costs.
Compass – Family Service Center			
<p>Provides academic and enrichment programming to homeless and low-income children in District 186. Children are referred to the program by a team comprised of school personnel who are familiar with the child's situation. Compass currently has three components: (1) an after-school program and (2) a summer program and (3) the Back Pack Feeding Program.</p> <p>The after-school program takes place off-site at a community partner location within walking distance from the school. The after-school program offers homework help, life skills classes, a dinner and transportation to and from the program.</p> <p>Camp Compass, modeled on Project Connect, a program operated by Cincinnati Public Schools, offers enrichment programming provided by collaborators such as Girl Scouts of Central Illinois, genHKids, and the American Cancer society.</p> <p>In 2013, Family Service Center began the Back Pack Feeding Program. The program sends home two breakfasts, two lunches, two snacks and two dinners with each Compass child every weekend during the school year as well as a larger package of food over the winter and spring breaks. Last year, the program was administered at Dubois Elementary school and is tentatively planned to expand to McClelland Elementary for the 2014-15 school year.</p>	<ul style="list-style-type: none"> 210 students served in FY2013 – selection based on school team referral Students are homeless or low-income <p>*Note: FY2014 data</p>	<p>After School Program:</p> <ul style="list-style-type: none"> Attendance: 62% improved attendance across all sites Grades (4th quarter year over year 2012-2013): 44.48% improved grades across all sites Teacher survey: 93% of school personnel surveyed indicated one or more positive outcomes (attendance, grades, behavior) <p>Note: Due to an increased understanding of the variability of grades across schools and classrooms, Compass will use the following indicators in place of grades moving forward:</p> <ul style="list-style-type: none"> Homework completion Behavior referrals <p>*Note: FY2014 data</p>	<ul style="list-style-type: none"> \$127,961 expenses (FY2013) \$200,000 expenses to operate 10 Compass sites and the summer camp <p>*Note: FY2014 data</p>
Freedom School Literacy Program – Springfield Urban League, Inc.			
Girl Scouts of Central Illinois			

Description	Who Program Serves	Outcomes	Cost
Girls on the Run – Girls on the Run of Central Illinois			
<p>Girls of the Run is the 3rd-5th grade program operated locally by Girls on the Run of Central Illinois. The program takes place over twelve weeks and meets twice per week for 75 minutes. Cohorts are comprised of 8-15 girls led by a volunteer. The culmination of the program is a 5k race, and, separately participation in a community service project.</p> <p>Curriculum emphasizes team-building, self-confidence and community involvement. Additionally, healthy-eating and exercise habits are stressed. The curriculum varies depending upon age level to ensure age-appropriateness.</p>	<ul style="list-style-type: none"> ~810 girls in Sangamon County (3rd–5th grade) 45% of participants receive a scholarship (indicating they are low income) <p>*Note: 2013-2014 school year data</p>	<p><u>Survey</u></p> <ul style="list-style-type: none"> 99% of respondents (coaches) “agreed” or “strongly agreed” that girls were positively impacted 100% of volunteers experienced success in the program 92% of race participants said that participation in the 5K would lead to family participation in other healthy events. <p>*Note: 2013-2014 school year data</p>	<ul style="list-style-type: none"> Funded by grants, sponsorship and fundraising events Program fee: \$135, scholarships offered on a sliding scale based on reported income
Hope School Learning Center - The Hope Institute			
<p>Hope school learning center provides special education to students with disabilities. All students have an IEP, which targets goals such as self-help and daily living activities.</p> <p>Communication skills are emphasized. Sign language and pictures are used to communicate with children. Intensive services are provided through the Lakeshore School Program to children with severe emotional disturbances.</p>	<p>12 children between the ages of 6-11</p> <p>*Note: 2013-2014 school year data</p>		<p>Hope is funded through the State of Illinois Department of Human Services, Illinois Department of Children and Family Services and the Illinois State Board of Education. Additional funding is provided through private donations.</p>
Kids Café – Springfield IL YMCA			
Positive Behavior Interventions and Support (PBIS) – Springfield Public Schools District 186			
<p>PBIS is a support system which seeks to establish behavior supports for all students in a school so that they may achieve social, emotional, and academic success.</p> <p>PBIS operates a three-tiered approach. The first tier (universal) targets all students. This tier emphasizes prevention. The second tier (secondary) targets some students who are considered at-risk. Interventions are small-group based and are designed to respond rapidly to student needs. The third tier (tertiary) focuses on individual students and incorporates student assessments.</p> <p>In order to gauge intervention effectiveness, PBIS utilizes a tiered fidelity inventory. This tool allows for an interpretation of how effectively the program was carried out in the schools, giving more context to child and adolescent outcomes.</p>	<p>PBIS is a school-wide system, thus all children in a school are considered to take part. Counts of second and third tier interventions are unavailable due to data being held at specific schools</p>		
Project SCOPE– Springfield Public Schools District 186			
<p>SCOPE is the before and after-school care program operated by Springfield Public Schools. There is a SCOPE program at all elementary schools as well as two summer school locations which provide all-day care; these locations also operate during spring breaks, teacher in-service days, and school improvement days. In recent years, due to the popularity of the means-tested program, 21st Century, participation in the SCOPE program has decreased.</p> <p>Activities include a transition time, an afternoon snack, outdoor and gym activities, a special activity like an art or craft project, a science project, or an organized game.</p> <p>Because SCOPE charges a fee for its services, it tends to serve children who do not qualify for the 21st Century program. Tuition assistance is made possible by Community Child Care Connection.</p>	<ul style="list-style-type: none"> 538 children cared for in the AM 691 children cared for in the PM 88 children cared for in either AM or PM <p>*Note: Data as of 7/24/2014</p>		<p>Current fee schedule:</p> <ul style="list-style-type: none"> Before school only: \$30.00/week Before school and Wednesday PM: \$37.00/week Wednesday PM only: \$7.00/week After school only: \$35.00/week Before and After school: \$65.00/week

Description	Who Program Serves	Outcomes	Cost
SNAP-ED – University of Illinois Extension			
<p>SNAP-ED is a program which is a component of the Supplemental Nutritional Assistance Program (SNAP) and is administered by the U of I Extension. Community workers and U of I employees use set curricula in schools either as part of normal instruction time or after school.</p> <p>Programs Include:</p> <p>The OrganWise Guys (OWS) – community workers in the schools teach children about health through organ characters (puppets). The curriculum includes puppets, reading materials and utilizes Common Core Standards.</p> <p>Kids in the Kitchen – Provides kids with hands-on experience cooking healthy meals. The program exists for 5 weeks and meets two hours per week. The Kids in the Kitchen curriculum has recently been updated to reflect USDA MyPlate standards.</p>	<ul style="list-style-type: none"> • 6188 children (5-17) served in Sangamon County • 53.8% white, 45.6% African American (for all age groups) <p>*Note: FY2014 figures</p>		



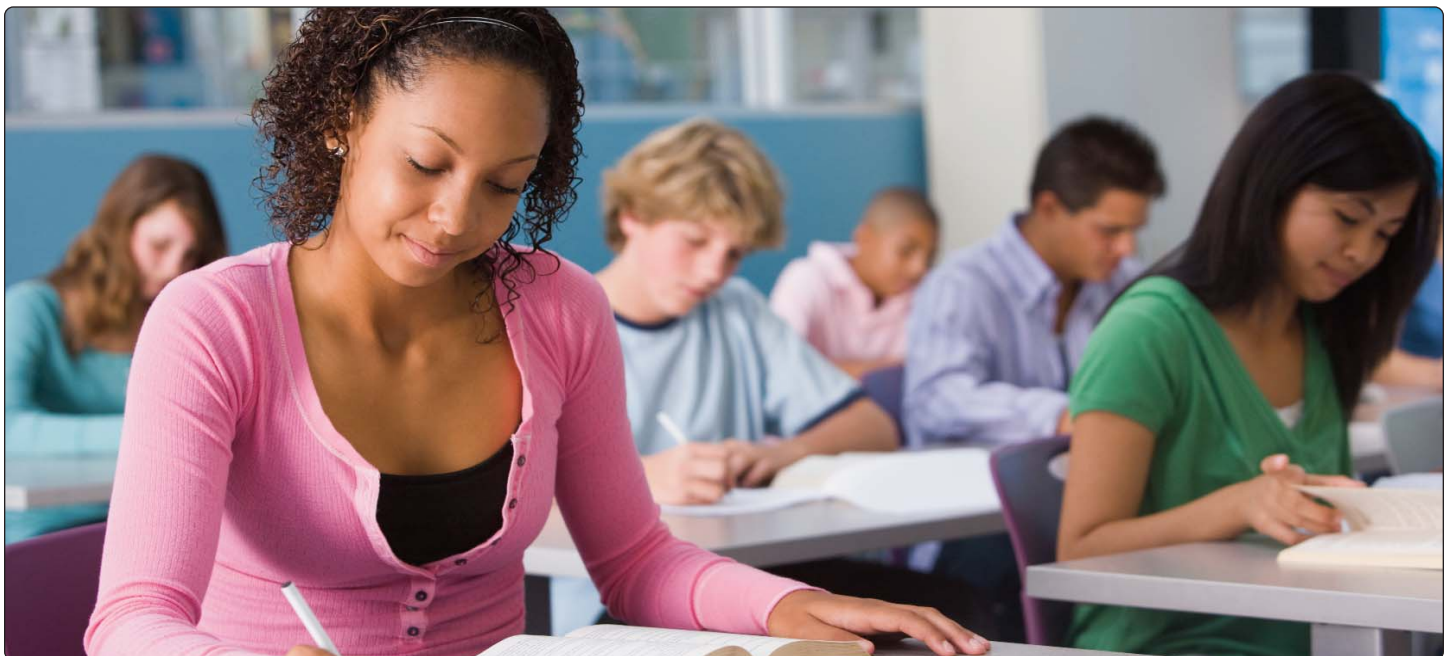
Local Programs – Grades 6 Thru 12

Description	Who Program Serves	Outcomes	Cost
21st Century Community Learning Centers – Boys and Girls Clubs of Central Illinois			
<p>Boys and Girls Clubs (BGC) of Central Illinois administer the 21st Century Community Learning Centers (CCLC) programming at 10 schools in Springfield.</p> <p>CCLCs are funded via Title IV of the No Child Left Behind Act which allocates funding for after school enrichment programs targeted at at-risk youth.</p> <p>The program is designed to help students meet state and local standards in academic subjects such as reading and math.</p> <p>Programming is aligned with BGC core principles and includes the following components:</p> <ul style="list-style-type: none"> An integrated academic achievement program (links program and school activities). Remedial activities which target math and reading deficiencies and academic enrichment activities are stressed. Additionally, tutoring and homework help is provided Arts and music education Drug and violence prevention Technology education Parental involvement and family literacy programs Recreational activities Assistance to truant children or children with a disciplinary history Mentoring programs 	<ul style="list-style-type: none"> 1202 children at eight elementary schools and two middle schools 100% of students eligible for free or reduced lunch Race: 61.5% black, 22.8% white, 6.1% two or more races, 3.2% Hispanic (across four sites); 45.1% white, 38.3% black, 12.9% two or more races (across five sites) <p>*Note: FY2013 figures</p>	<ul style="list-style-type: none"> Attend 30+ days: Range: 66% (Matheny Elementary) – 97% Dubois Elementary ISAT tests Math scores: 27.7% increase, 51.1% decrease, 21.3% stayed the same Reading scores: 42.6% increase, 25.5% decrease, 31.9% same Profile of regular attendees Math: 44.6% “meet or exceed” standards Reading: 44.0% “meet or exceed” standards Grades 91% of students improved or maintained their grade in reading; 80% of students improved or maintained their grade in math Behavior 65% of students displayed improved behavior (measured via teacher surveys and discipline referrals) <p>*Note: FY2013 figures</p>	
4-H University of Illinois Extension			
<p>4-H is a youth organization which aims to develop leadership skills and stresses hands-on learning opportunities. In Sangamon County there are 14 traditional 4-H clubs including one in Springfield. Traditional clubs meet once a month at a public location and are led by adults. Membership is open to all 8-18 year old children as well as children 5-7 years old who participate as cloverbuds.</p> <p>In addition to the traditional clubs, 4-H SPIN (Special Interest) clubs are offered. Three SPIN clubs are currently offered in Sangamon County: Shooting, Horse Bowl and Hippology, and Livestock Judging.</p>			<p>Annual fee for participation: \$20 plus additional program fees where applicable. Fees are offset for students who cannot afford them by fundraising efforts.</p>
AVID – Springfield Public Schools District 186			
<p>Advancement Via Individual Determination (AVID) is a program which seeks to close the achievement gap and prepare children for college. AVID Students work together and with tutors to gain mastery of concepts which they are struggling with in other classes. A trained AVID teacher oversees the classroom and implements the program model. AVID also stresses the importance of organization; students keep a binder with all of their class materials.</p> <p>The AVID model focuses on the population of students “in the middle”. Students who receive B’s and C’s, for instance, are identified as candidates for participation. AVID students must also possess the desire and willingness to succeed and attend college. With the support of structure, tutors and collaboration, AVID hopes to prepare students for college preparatory courses and/or success in college.</p>	<p><u>Students served</u></p> <ul style="list-style-type: none"> 6th grade: 89 7th grade: 144 8th grade: 158 <p>Total middle school: 391</p> <ul style="list-style-type: none"> 9th grade: 77 10th grade: 47 11th grade: 36 12th grade: 19 <p>Total high school: 179</p> <p><u>Demographics</u></p> <ul style="list-style-type: none"> 44% African American, 42.6% White, 9.6% two or more races, 3.3% Hispanic or Latino 73.2% eligible for free or reduced lunch <p>*Note: 2013-2014 school year figures.</p>	<p><u>College Readiness</u></p> <ul style="list-style-type: none"> 2 of 23 AVID seniors took at least one AP or International Baccalaureate exam. 20 of 23 AVID seniors completed college entrance requirements 100% of AVID seniors graduated from HS 73.9% of AVID seniors accepted into four year college <p>Note: all figures pertain to previous (2012-2013 school year)</p> <p><u>High school prep</u></p> <ul style="list-style-type: none"> 83.5% of AVID 8th grade students enrolled in Algebra I (64.1% 2010-2011) 92.8% of 8th graders recommended for enrollment in college prep sequence of courses (99.4% 2010-2011) 58.4% of 8th graders completed algebra or higher math course with a ‘C’ or better (72.4% 2010-2011) <p>*Note: all figures pertain to 2011-2012 school year.</p>	<p><u>Cost/student</u></p> <p>Year one: \$3.51 Year two: \$1.54 Year three: \$1.32</p> <p>*Note: Three year cost projections. Costs are based on 30 students per day, 180 days a year (high school). Not inclusive of teacher salary.</p>

Description	Who Program Serves	Outcomes	Cost
Big Brothers Big Sisters of the Illinois Capital Region			
<p>Big Brothers Big Sisters operates three mentoring programs in Sangamon County: Community Based Mentoring (CBM), Site Based Mentoring Program (SBM), and Children of Prisoner's Program.</p> <p>The Community Based Mentoring Program is the most flexible in terms of activities. Time commitment involved is 10-14 hours a month for a minimum of one year.</p> <p>The Site Based Mentoring Program is based at the child's school. The time commitment is 1 hour/week for the school year. Activities take place at the school and are less structured and often consist of discussion and homework help.</p>	<p><u>Enrollment</u></p> <ul style="list-style-type: none"> 778 Children currently matched (208 unmatched) (492 in SBM and 212 in CBM, 74 in Mentoring Children of Prisoner's Program) <p><u>Sex/Gender and Race</u></p> <ul style="list-style-type: none"> 51% male/ 49% female 45% Caucasian, 40% African American, 15% multi-racial/other nationalities <p><u>Enrollment by Age</u></p> <ul style="list-style-type: none"> 13-15 year olds: 63 community-based, 34 site-based 16-18 year olds: 2 community based <p><u>Family Characteristics</u></p> <ul style="list-style-type: none"> ~90% of children are from single parent homes ~90% children are from homes with income <FPL. <p>*Note: 2013 figures. Unless specified figures refer to all age groups.</p>	<p><u>Grades</u></p> <ul style="list-style-type: none"> 80% improvement in Language Arts and 76% improvement in Math grades (for all age groups) <p><u>ISAT scores</u></p> <ul style="list-style-type: none"> 81% of 4th-8th graders improved reading and math ISAT scale scores over the previous year <p><u>Behavior and attendance</u></p> <ul style="list-style-type: none"> 78% of truant youth improved school attendance rates 69% improved social and life skills (for all age groups) <p>*Note: 2013 figures</p>	<ul style="list-style-type: none"> Community-based mentoring - \$127,040 (~258/child) Site-based mentoring - \$74,630 (~352/child) Mentoring children of prisoners - ~\$57,680 (~779/child) <p>*Note: 2014 figures</p>
Central Counties Health Center			
<p>Central Counties Health Centers (CCHC) is one of two Federally Qualified Health Centers (FQHCs) in Sangamon County. Located on the east side of Springfield, IL in a lower-income area, CCHC provides service free to those who qualify for Medicaid and offers services on a sliding scale to those who exceed the income threshold for Medicaid eligibility.</p>	<ul style="list-style-type: none"> 14,895 total patients served 1,152 homeless 5,362 age 0-17 77% <Federal Poverty Level 44% African American 3.8% children<18 are uninsured and 95.2% are on Medicaid <p>*Note: 2013 figures. Figures are totals for all patients (i.e. children and adults) unless otherwise specified</p>	<p><u>Adjusted Quartile Rankings</u></p> <ul style="list-style-type: none"> Adolescent weight screening and follow-up: 97.1% (1st quartile) Tobacco use screening: 94.3% (1st quartile) Tobacco cessation screening: 46.4% (3rd quartile) <p>*Notes: 2013 data. Quartiles correspond to placement when compared to hospitals. Figures pertain to patients of all ages.</p>	<ul style="list-style-type: none"> Average cost per medical visit: \$170 Average cost per dental visit \$160 Average annual cost per patient: \$460 <p>*Note: 2013 Figures</p>
Children's MOSAIC Project – Mental Health Centers of Central Illinois			
<p>Meaningful Opportunities for Success and Achievement through Service Integration for Children (MOSAIC) integrates resources to (1) implement a version of the Screening, Assessment, Referral and Treatment (SART) model for all children in District 186. (2) Build the community's capacity to offer all services/supports that children need to develop to their fullest potential (3) Enhance and expand interagency communication and collaboration.</p> <p>MOSAIC partners with a wide variety of stakeholders including the SIU Center for Family Medicine, District 186 and the Head Start program. MOSAIC is administered by Mental Health Centers of Central Illinois and is evaluated by The Center for State Policy and Leadership at UIS.</p>	<p><u>Children and adolescents</u></p> <ul style="list-style-type: none"> 10,004 children screened 114 children assessed 833 children referred 615 children treated (77% ADHD, 27% Mood, 24% Anxiety (2013 Cross Site Evaluation)*) <p><u>Families</u></p> <ul style="list-style-type: none"> 65% have 3 kids or more** 60% have annual income<\$20,000* 55%<H.S. Diploma or less* 40% unemployed* <p>*Data for all ages **responses from parent counseling survey Note: FY 3013 and FY2014 data</p>	<p>An evaluation from 2013 showed differences between MOSAIC school-based counseling clients and controls. Versus controls, MOSAIC clients saw a:</p> <ul style="list-style-type: none"> 40% reduction in no shows per 100 days 72% increase in therapy sessions 25% increase in treatment planning 50% reduction in crisis intervention <p>A similar evaluation in 2015 confirmed the earlier evaluation's findings of positive effects on no-shows and therapy sessions.</p>	<ul style="list-style-type: none"> \$160/child screened(2013), \$117/child screened (2014, projected)* Total costs: \$606,212 (2013), \$805,601 (2014, projected) <p>*Cost calculated by program expenditures/ child screened. May not be inclusive of all operating costs.</p>
Girls on Track – Girls on the Run of Central Illinois			
<p>Girls on Track is the 6th-8th grade component of Girls on the Run. Like the program for younger girls, Girls on Track provides a curriculum which emphasizes self-esteem and team-building and incorporates age-appropriate materials which discuss topics such as relationships, cyber-bullying and tobacco/alcohol use. The program culminates in a 5K run in which all of the girls participate.</p>	<ul style="list-style-type: none"> 1,200 girls (700 spring, 550 fall)*. Estimated count of middle school girls participating: 90 <p>*Notes: Program totals. Refers to central Illinois data. About 75% of these totals are in Sangamon County.</p>	<p><u>Survey</u></p> <ul style="list-style-type: none"> 99% of respondents (coaches) "agreed" or "strongly agreed" that girls were positively impacted 100% of volunteers experienced success in the program 92% of race participants said that participation in the 5K would lead to family participation in other healthy events. <p>*Note: 2013-2014 school year data; data is for all age groups</p>	<ul style="list-style-type: none"> Program fee: \$135 with scholarships on a sliding scale based on ability to pay. Clothes cost \$60. Funding is provided by a combination of sponsorships, grants and special events.

Description	Who Program Serves	Outcomes	Cost
GoodGuides Youth Mentoring Program – Land of Lincoln Goodwill Industries			
The Goodwill GoodGuides mentoring program is a program that targets children ages 12-17 with risk factors including being a juvenile offender. The program seeks to provide at-risk youth with positive adult influence. The aim is to help youth finish school and become productive adults who are active in the workforce.	<ul style="list-style-type: none"> 114 Youth ages 12-17 (current cohort) 	<ul style="list-style-type: none"> 114 youth received four hours of mentoring and two hours of career-focused activities for 12 months 125 youth and families received other services offered by Goodwill or partners 102 youth participated in service learning activities 130 youth in program for one year didn't offend or re-offend 117 youth achieved one or more of their desired goals from their individual success plan. <p>*Note: 2011-2014 data</p>	<ul style="list-style-type: none"> \$200,000/year total cost. Covers services, equipment, activities, career training, traveling costs for youth, and school supplies \$1,388/child/year
Hope School Learning Center - The Hope Institute			
<p>Hope school learning center provides special education to students with disabilities. All students have an IEP, which targets goals such as self-help and daily living activities.</p> <p>Communication skills are emphasized. Sign language and pictures are used to communicate with children. Intensive services are provided through the Lakeshore School Program to children with severe emotional disturbances.</p>	<p><u>Enrollment</u></p> <ul style="list-style-type: none"> Grades 6-8: 33 Grades 9-12: 86 		Hope is funded through the State of Illinois Department of Human Services, Illinois Department of Children and Family Services and the Illinois State Board of Education. Additional funding is provided through private donations.
Making the Grade			
Making the Grade hosts an annual conference which targets provides students with one-on-one mentoring time. Students discuss career and post-HS educational opportunities. The program attempts to reach out to every student at the high school in one day.	In 2012, the program was "opt-out" meaning that a majority of the students at Lanphier participated in the program. In 2013 the program became "opt-in" though there were still a large number of participants.	<ul style="list-style-type: none"> To make children more aware of community opportunities and employment. To build stronger relationships and a sense of belonging. To increase student achievement. <p>*Note: 2011-2014 data</p>	Cost is limited to hand-outs to students (e.g. wrist-bands) on conference day.
Parents as Teachers (Teen PAT) – Springfield Public Schools			
<p>PAT is a home visiting program for parents with children 0-5. Parents acquire skills that help them make the most of their children's crucial early learning years. PAT-certified parent educators visit families at their homes. There are several components to the model.</p> <p>(1) Home visits - parent educators work in partnership with parents to share child development and parenting best practices using the PAT curriculum.</p> <p>(2) Group meetings – Meetings provide opportunities for parents to acquire additional information.</p> <p>(3) Developmental screening – Enrolled children receive developmental, hearing, vision, dental and health screens at least once/year.</p> <p>(4) Resource Referrals – families are connected to resources in the community.</p> <p>(5) Goal setting – parent educators work with families to set and achieve appropriate development and parenting goals.</p>	<ul style="list-style-type: none"> 130 families served and 135-140 children served. PAT does not perform income checks for participation. Families are referred to PAT through different agencies (Springfield Urban League, e.g.) <p>*Note: 2013-2014 school year data</p>	<p><u>From research on the Parents as Teachers model (not specific to Sangamon County):</u></p> <ul style="list-style-type: none"> A 2005 RAND Corporation evaluated PAT as "promising" One study found an increase in child competence in playing with a new toy. A lower quality study found that participation in PAT predicted school readiness and third grade achievement <p>*Note: Local data is not yet available.</p>	<ul style="list-style-type: none"> \$3,650 per year per participant* \$78,002 start-up costs for a new program or \$4,470 per program site for existing programs to adopt the model \$815 training per person* \$1.39 total benefit-to-cost ratio** <p>*Ounce of Prevention Fund (2011) ** Washington State Institute for Public Policy</p>
Positive Behavior Interventions and Support (PBIS) – Springfield Public Schools District 186			
<p>PBIS is a support system which seeks to establish behavior supports for all students in a school so that they may achieve social, emotional, and academic success.</p> <p>PBIS operates a three-tiered approach. The first tier (universal) targets all students. This tier emphasizes</p>	PBIS is a school-wide system, thus all children in a school are considered to take part. Counts of second and third tier interventions are unavailable due to data being held at specific schools.		

Description	Who Program Serves	Outcomes	Cost
<p>prevention. The second tier (secondary) targets some students who are considered at-risk. Interventions are small-group based and are designed to respond rapidly to student needs. The third tier (tertiary) focuses on individual students and incorporates student assessments.</p> <p>In order to gauge intervention effectiveness, PBIS utilizes a tiered fidelity inventory. This tool allows for an interpretation of how effectively the program was carried out in the schools, giving more context to child and adolescent outcomes.</p>			
Rutledge Youth Foundation			
<p>Rutledge Youth Foundation provides numerous services to youth who lack a stable home environment. Among the services offered are :</p> <ul style="list-style-type: none"> • Case management and youth counseling • A transitional living program offering residential services to young men (16-21) • An independent living program in which clients are offered subsidized rent, food and utilities while they work or attend school full-time. • Three foster care programs (home of relative, traditional, and specialized). Children in foster care received mentoring, tutoring services, and therapeutic services • An academic success program which targets truant youth and youth with disciplinary issues 	<p><u>Youth served by program</u></p> <ul style="list-style-type: none"> • in DCFS transitional living program: 13 • transition to independent living program: 13 • specialized foster care: 21 • traditional/home of relative foster care: 26 • DCFS reunification: 8 • DCFS Intact Family Services: 50 • DCFS System of Care: 17 • DCFS Permanency Innovations Initiative: 10 • United Way Achieving Academic Success: 15 • United Way Youth Counseling and Advocacy: 29 • Residency: 11 <p><u>Total served: 213</u></p>		
SIU Center for Family Medicine			
<p>SIU Center for Family Medicine is one of two Federally Qualified Health Centers in Sangamon County. It provides service to about 13,500 patients, a quarter of whom (~3,375) are children under the age of 18.</p>	<ul style="list-style-type: none"> • 3,375 < 17 years old • 76 homeless • 72.3% white, African American • 40.9% Medicaid/CHIP • <1% children uninsured <p>*Notes: 2013 data. Figures are totals for all patients unless specified</p>	<p><u>Adjusted Quartile Rankings</u></p> <ul style="list-style-type: none"> • Adolescent weight screening and follow-up: 32.9% (3rd quartile) • Tobacco use screening: 93.0% (3rd quartile) • Tobacco cessation screening: 46.5% (3rd quartile) 	<ul style="list-style-type: none"> • Total cost per patient: \$453.94



School Districts

Auburn CUSD 10

Grade 6 Enrollment: 102
Grade 7 Enrollment: 100
Grade 8 Enrollment: 94
Total Middle School: 296*

Grade 9 Enrollment: 102
Grade 10 Enrollment: 98
Grade 11 Enrollment: 105
Grade 12 Enrollment: 96
Total High School: 401*

Demographics*

Hispanic: 1.9%
American Indian: 0.2%
Asian: 0.4%
African-American: 0.9%
White: 92.9%
Two or more races: 3.6%

29.4% low-income*
16.6% IEP**
4.5% homeless**

*2013-14 data

**2012-2013 data

ISAT: Grade 6 (% meet standards)*

Reading

- 45.9% low-income (71.2% not low-income);
- IEP (non-IEP)

Math

- 59.5% low-income (67.8% not low-income)
- 18.2% IEP (70.6% non-IEP)

ISAT: Grade 7 (% meet standards)*

Reading

- 23.3% low-income (51.6% not low-income)
- 0.0% IEP (50.1% non-IEP)

Math

- 27.5% low-income (53.1% not low-income)
- 0.0% IEP (53.2% non-IEP)

Science

- 63.3% low-income (78.2% not low-income)
- 14.3% IEP (83.8% non-IEP)

ISAT: Grade 8 (% meet standards)*

Reading

- 43.4% low-income (61.1% not low-income)
- 8.3% IEP (63.7% non-IEP)

Math

- 34.7% low-income; (67.5% not low-income)
- 16.7% IEP (65.9% non-IEP)

PSAE: Grade 11*

Reading

- 41.4% low-income (66.6% not low-income)
- 20.0% IEP (72.6% non-IEP)

Math

- 31.0% low-income (47.8% not low-income)
- 8.0% IEP (54.8% non-IEP)

Science

- 31.0% low-income (53.6% not low-income)
- 20.0% IEP (56.2% non-IEP)

ACT Scores**

- 19.9 composite score
- 45.4% "ready for college coursework"

4-Year HS Graduation Rates**

86.2% overall; 69.0% economically disadvantaged; 74.1% students with disabilities; 100% black

*2013-14 data

**2012-2013 data

New Berlin CUSD 16

Grade 6 Enrollment: 69
Grade 7 Enrollment: 68
Grade 8 Enrollment: 61
Total Middle School*: 198

Grade 9 Enrollment: 63
Grade 10 Enrollment: 52
Grade 11 Enrollment: 53
Grade 12 Enrollment: 55
Total High School*: 223

Demographics*

Hispanic: 1.1%
American Indian: 0.2%
Asian: 0.8%
African-American: 1.4%
White: 94.8%
Two or more races: 1.7%

ISAT: Grade 6 (% meet standards)*

Reading

- 44.4% low-income (80.0% not low-income);

Math

- 66.7% low-income (75.5% not low-income)

ISAT: Grade 7 (% meet standards)*

Reading

- 36.8% low-income (51.3% not low-income)

Math

- 31.6% low-income (68.3% not low-income)

Science

- 84.3% low-income (97.6% not low-income)

ISAT: Grade 8 (% meet standards)*

Reading

- 46.7% low-income (72.3% not low-income)
- 45.5% IEP (70.6% non-IEP)

Math

- 33.3% low-income; (74.5% not low-income)
- 36.4% IEP (70.6% non-IEP)

School Districts

27.9% low-income*
17.5% IEP**
1.2% homeless**

*2013-14 data
**2012-2013 data

PSAE: Grade 11*
Reading
• 66.7% low-income (61.7% not low-income)
• 80.0% IEP (59.2% non-IEP)
Math
• 50.0% low-income (not low-income)
• 70.0% IEP (53.1% non-IEP)
Science
• 58.4% low-income (66.0% not low-income)
• 70.0% IEP (63.3% non-IEP)
ACT Scores**
• 19 composite score
• 37.0% "ready for college coursework"
4-Year HS Graduation Rates**
90.9% overall; 78.6% economically disadvantaged; 90.9% students with disabilities; 100.0% African-American

*2013-14 data
**2012-2013 data

Pawnee CUSD 11

Grade 6 Enrollment: 41
Grade 7 Enrollment: 39
Grade 8 Enrollment: 43
Total Middle School: 123*

Grade 9 Enrollment: 56
Grade 10 Enrollment: 44
Grade 11 Enrollment: 53
Grade 12 Enrollment: 45
Total High School: 198*

Demographics*
Hispanic: 0.0%
American Indian: 0.0%
Asian: 0.2%
African-American: 0.5%
White: 96.8%
Two or more races: 2.5%

29.6% low-income*
12.3% IEP**
2.0% homeless**

*2013-14 data
**2012-2013 data

ISAT: Grade 6 (% meet standards)*
Reading
• 50.0% low-income (72.1% not low-income);
Math
• 50% low-income (85.7% not low-income)
ISAT: Grade 7 (% meet standards)*
Reading
• 60% low-income (77.4% not low-income)
Math
• 60% low-income (51.7% not low-income)
Science
• 70% low-income (93.5% not low-income)
ISAT: Grade 8 (% meet standards)*
Reading
• 87.5% low-income (77.0% not low-income)
Math
• 68.8% low-income; (66.7% not low-income)
PSAE: Grade 11*
Reading
• 27.3% low-income (71.1% not low-income)
• 10% IEP (74.3% non-IEP)
Math
• 18.2% low-income (47.3% not low-income)
Science
• 45.5% low-income (63.2% not low-income)
• 40% IEP (64.1% non-IEP)
ACT Scores**
• 20.4 composite score
• 45.5% "ready for college coursework"
4-Year HS Graduation Rates**
76.7% overall; 50% economically disadvantaged; 50% students with disabilities

*2013-14 data
**2012-2013 data

Riverton CUSD 14

Grade 6 Enrollment: 98
Grade 7 Enrollment: 115
Grade 8 Enrollment: 123
Total Middle School: 336*

ISAT: Grade 6 (meet standards)*
Reading
• 57.9% low-income (78.2% not low-income);
• 15% IEP (79.3% non-IEP)
Math
• 58.9% low-income (70.9% not low-income)
• 15% IEP (68.5% non-IEP)

School Districts

Grade 9 Enrollment: 105
 Grade 10 Enrollment: 104
 Grade 11 Enrollment: 107
 Grade 12 Enrollment: 103
Total High School: 419*

Demographics*

Hispanic: 0.9%
 American Indian: 0.5%
 Asian: 0.5%
 African-American: 2.1%
 White: 94.9%
 Two or more races: 1.0%

47.1% low-income*
 19.4% IEP**
 5.7% homeless**

*2013-14 data

**2012-2013 data

ISAT: Grade 7 (% meet standards)*

Reading

- 38.9% low-income (59.1% not low-income)
- 5% IEP (59% non-IEP)

Math

- 46.3% low-income (62.1% not low-income)
- 5% IEP (65% non-IEP)

Science

- 75.9% low-income (86.3% not low-income)
- 45% IEP (89% non-IEP)

ISAT: Grade 8 (% meet standards)*

Reading

- 46% low-income (53.8% not low-income)
- 6.3% IEP (57.6% non-IEP)

Math

- 52% low-income; (49.3% not low-income)
- 12.5% IEP (56.5% non-IEP)

PSAE: Grade 11*

Reading

- 40.9% low-income (56.5% not low-income)
- 13.3% IEP (56.1% non-IEP)

Math

- 38.7% low-income (58.1% not low-income)
- 6.7% IEP (57.2% non-IEP)

Science

- 36.4% low-income (58.1% not low-income)
- 13.3% IEP (55.0% non-IEP)

ACT Scores**

- 19.0 composite score
- 37.1% "ready for college coursework"

4-Year HS Graduation Rates**

85.7% overall; 78.6% economically disadvantaged; 70.0% students with disabilities

*2013-14 data

**2012-2013 data

Springfield Public Schools District 186

Springfield Public Schools serves students in the City of Springfield and several surrounding localities. A number of the schools have programs which target the disadvantaged population. These programs include:

- 21st Century Community Learning Centers (Lanphier HS, Springfield HS, Jefferson MS, Franklin MS)
- AVID (Lanphier HS, Grant MS, Franklin MS, Jefferson MS, Washington MS, Lincoln Magnet School)
- Bilingual support (Springfield HS, Franklin MS,
- Supplemental Educational Services Tutoring (Franklin MS, Jefferson MS, Washington MS)
- Girls on Track (Franklin MS, Washington MS)
- Goodwill GoodGuides Mentoring (Franklin MS)
- Title 1 Programs: Washington MS, Jefferson MS)

Grade 6 Enrollment: 1,141
 Grade 7 Enrollment: 1,069
 Grade 8 Enrollment: 1,071
Total Middle School: 3,281*

Grade 9 Enrollment: 1,236
 Grade 10 Enrollment: 1,092
 Grade 11 Enrollment: 980
 Grade 12 Enrollment: 761
Total High School: 4,069*

Demographics*

Hispanic: 2.6%
 American Indian: 0.2%
 Asian: 2.0%
 African-American: 38.8%
 White: 46.8%
 Two or more races: 9.5%

64.8% low-income*
 19.5% IEP**
 3.9% homeless**

*2013-14 data

**2012-2013 data

ISAT: Grade 6 (% meet standards)*

Reading

- 35.5% low-income (68.1% not low-income);
- 27.2% black (61.5% white);
- 15.6% IEP (54.1% non-IEP)

Math

- 40.7% low-income (69.3% not low-income)
- 31.0% black (65.5% white)
- 15.7% IEP (58.5% non-IEP)

ISAT: Grade 7 (% meet standards)*

Reading

- 34.9% low-income (66.7% not low-income)
- 21.9% black (59.8% white)
- 12.5% IEP (54.2% (non-IEP)

Math

- 39.7% low-income (64.4% not low-income)
- 32.2% black (61.8% white)
- 12% IEP (57% non-IEP)

Science

- 60.8% low-income (83.1% not low-income)
- 52.2% white (82.5% black)
- 31.1% IEP (77.4% non-IEP)

ISAT: Grade 8 (% meet standards)*

Reading

- 35.5% low-income (69.6% not low-income)
- 29.7% black (63.8% white)
- 10.4% IEP (56.1% non-IEP)

School Districts

		<p><u>Math</u></p> <ul style="list-style-type: none"> • 36.1% low-income; (64% not low-income) • 30% black (60.1% white) • 11.6% IEP (53.7% non-IEP) <p>PSAE: Grade 11*</p> <p><u>Reading</u></p> <ul style="list-style-type: none"> • 26.1% low-income (58.1% not low-income) • 18.2% black (57.8% white) • 12.3% IEP (47.8% non-IEP) <p><u>Math</u></p> <ul style="list-style-type: none"> • 21.2% low-income (53.5% not low-income) • 50.9% <p><u>Science</u></p> <ul style="list-style-type: none"> • 21.5% low-income (51.5% not low-income) • 13.6% black (51.1% white) • 10.5% IEP (41.6% non-IEP) <p><u>ACT Scores**</u></p> <ul style="list-style-type: none"> • 18.9 composite score • 33.5% "ready for college coursework" <p><u>4-Year HS Graduation Rates**</u></p> <ul style="list-style-type: none"> • 67.3% overall; 53.6% economically disadvantaged; 50.9% students with disabilities; 58.5% black <p>*2013-14 data **2012-2013 data</p>
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Tri-City CUSD 1

<p>Grade 6 Enrollment: 51 Grade 7 Enrollment: 34 Grade 8 Enrollment: 28 <u>Total Middle School: 113*</u></p> <p>Grade 9 Enrollment: 47 Grade 10 Enrollment: 32 Grade 11 Enrollment: 42 Grade 12 Enrollment: 45 <u>Total High School: 166*</u></p> <p><u>Demographics*</u></p> <p>Hispanic: 1.5% American Indian: 0.5% Asian: 0.0% African-American: 0.8% White: 95.8% Two or more races: 1.3%</p> <p>41.3% low-income* 19.4% IEP** 1.0% homeless**</p> <p>*2013-14 data **2012-2013 data</p>	<p><u>ISAT: Grade 6 (% meet standards)*</u></p> <p><u>Reading</u></p> <ul style="list-style-type: none"> • 53.8% low-income (58.8% not low-income); <p><u>Math</u></p> <ul style="list-style-type: none"> • 30.8% low-income (73.5% not low-income) <p><u>ISAT: Grade 7 (% meet standards)</u></p> <p><u>Reading</u></p> <ul style="list-style-type: none"> • 93.6% Overall (no sub-groups available) <p><u>Math</u></p> <ul style="list-style-type: none"> • 81.2% Overall (no sub-groups available) <p><u>Science</u></p> <ul style="list-style-type: none"> • 87.6% Overall (no sub-groups available) <p><u>ISAT: Grade 8 (% meet standards)</u></p> <p><u>Reading</u></p> <ul style="list-style-type: none"> • 18.8% low-income (64.5% not low-income) • 13.3% IEP (65.6% non-IEP) <p><u>Math</u></p> <ul style="list-style-type: none"> • 31.3% low-income; (54.9% not low-income) • 20% IEP (59.4% non-IEP) <p><u>PSAE: Grade 11</u></p> <p><u>Reading</u></p> <ul style="list-style-type: none"> • 50% low-income (55.8% not low-income) <p><u>Math</u></p> <p>20% low-income (54.1% not low-income)</p> <p>*2013-14 data **2012-2013 data</p>
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