

# Program Evaluation for Keeping our Promise

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A Program of Place-Based Partnerships for At-  
Risk Populations

10/21/2014

Keeping our Promise: Place-Based Partnerships for At-Risk Populations is an initiative funded by the Children's Trust of Miami which is being led by the Opa-locka Community Development Corporation. The initiative is designed to improve outcomes for children and provide support for their families, specifically, for children enrolled at Golden Glades, Nathan B. Young, and Dr. Robert Ingram Elementary School. A program evaluation was conducted by Tri-Star Leadership, Inc., on behalf of the Opa-locka Community Development Corporation.

## **Evaluation of Keeping our Promise:**

### **A Program of Place-Based Partnerships for At-Risk Populations**

#### **Introduction**

*Keeping our Promise: Place-Based Partnerships for At-Risk Populations* is a program funded by the Children's Trust. The Children's Trust of Miami, Florida is a dedicated source of revenue established by voter referendum to improve the lives of children and families in Miami-Dade County. The Children's Trust emphasizes collaboration and partnership in order to provide the programs and services needed by children and families and to effect community-wide change. Since its inception, The Children's Trust encourages creative approaches to coordinating, integrating and funding services across and within the areas of health, safety, development and promotes increased parental and community involvement on behalf of all our children, while stressing accountability and results.

*Keeping our Promise: Place-Based Partnerships for At-Risk Populations* is an initiative being led by the Opa-locka Community Development Corporation that is designed to improve outcomes for children and provide support for their families, specifically, for children enrolled at Golden Glades, Nathan B. Young, and Dr. Robert Ingram Elementary School. The effectiveness of the program and partnership is to be measured by improved student attendance, behavior, and decreases in student maltreatment. It will also be measured by an increase in the number of children and families linked to community partners that provide services and supports that improve their overall quality of life.

#### **Program Implementation Design**

The program's plan of implementation is predicated on its recognition of the value and importance of providing a comprehensive system of care and support that improves outcomes for children and supports their families more effectively and focuses on building more supportive communities, improved coordination of services, and strengthened, more cohesive engagement among schools, families, agencies, and services providers. Specifically, the program is designed to employ a system of care around its coalition that includes receiving referrals from multiple sources at one point of contact. The referrals were designed to be entered into an electronic data system and assigned to a care coordinator within 24 hours (unless it is an emergency).

The program recognized the value and importance of providing a comprehensive system of care and support that improves outcomes for children and supports their families more effectively and focused on building more supportive communities, improved coordination of services, and strengthened more cohesive engagement among schools, families, agencies, and services providers. Specifically, the program was designed to employ a system of care around its coalition that included receiving referrals from multiple sources at one point of contact. The referrals were to be entered into an electronic data system to be assigned to a care coordinator within 24 hours (unless it is an emergency).

The care coordinator was expected to meet with the parents face to face or by phone to conduct a brief assessment to determine the level of care needed. The program was designed with the anticipation that referrals would receive this one session/assessment only and that the family would be referred to an appropriate provider and/or the care coordinator would answer any questions that the parents might have.

If the assessment demonstrated that the family needed a number of interventions, a Family Team Conferencing session would be arranged, at the school, inviting all representatives of current service providers involved with the family and potential services providers. This would include school personnel, school police, community police, probation officers, after-school partners, parks and recreation staff, and community agencies. From this meeting, a service plan would be created outlining future sessions, if needed.

If the assessment and Family Team Conferencing session demonstrated that the family requires intensive, ongoing, care coordination services, the care coordinator assigned to the school that the child attended would continue to provide support and follow up for approximately six months. Services would include family support services and linkages to other community agencies and providers. This time-period could be shortened or extended according to need.

Approximately every 12 weeks, during these services, additional Family Team Conferences were to be held to monitor progress and add or eliminate services, as needed. The service plan for the family could be modified at these conferences to

reflect the work that was being done by the providers and the family in addressing the needs of the family. The remaining youth would be followed in these intensive care coordination services.

### **Evaluation Goal**

The goal of this evaluation is to determine the effectiveness of the *Keeping our Promise: Place-Based Partnerships for At-Risk Populations* program and partnership in improving student attendance and behavior, and decreasing student maltreatment. This evaluation will also examine the partnership and investigate the various components of the program. The examination will be made to determine which program components are performing optimally, should be expanded or replicated, and/or should be adjusted, reduced, or eliminated for future program planning, funding, and implementation for the following year.

### **Evaluation Team**

The Opa-locka Community Development Corporation, as the lead entity for the partnership, retained an independent consultant firm, Tri-Star Leadership, Inc., an educational management and consultant firm based in Miami, Florida.

Tri-Star Leadership, Inc. is a minority owned firm that has over 20 years experience in the area of Educational Leadership, Consultancy, and Management. It has a qualified and proven network of professional and educational associates. Areas of expertise include but are not limited to Instructional Leadership; Effective Teaching of Reading, Writing, and Mathematics; Strategic Master Scheduling; Data Analysis & Utilization; Effective Schools Correlates; Strategic Planning; Grant & Proposal Response Writing; Curriculum Review, Development, & Mapping; and Team Building. Tri-Star Leadership brought to the partnership and its evaluation both research-based and practical experiences of professionals having served successfully in educational positions ranging of teacher, principal, and university professor of education, to district administrator and superintendent.

## I. Stakeholders

The *Keeping our Promise: Place-Based Partnerships for At-Risk Populations* program is grounded in the effectiveness of partners in the process providing support for the children and families of Golden Glades, Nathan B. Young, and Dr. Robert Ingram Elementary School.

### Academic Performance Summary Data of Partner Schools

Tangential to the partnerships is the ultimate goal of improving student learning and achievement in the three (3) partnership schools. It is recognized that the school have consistently faced debilitating home and community conditions that have resulted in persistent patterns of underperformance in the three schools as measured by statewide assessments in reading and mathematics and each school's letter grade. In fact, based on the 2014 FCAT 2.0 assessment, 2 of the 3 schools are listed among the state's lowest performing elementary schools. The lowest 300 elementary schools are determined based on the reading achievement and learning gains points each school earns in the school grades model. Specifically, preliminary points for reading achievement and for reading learning gains were summed for each elementary school, and the schools were ranked from lowest to highest based on the summed points value for the two components. Golden Glades Elementary and Dr. Robert B. Ingram are reflected on this list.

In addition, school letter grade information has revealed the following for the three partner schools:

SCHOOL	2014	2013	2012	2011	2010
Golden Glades	F	D	C	C	D
Nathan B. Young	D	D	C	D	D
Dr. Robert B. Ingram	D	D	C	D	D

## **Lead Agency: Opa-locka Community Development Corporation (OLCDC)**

The Opa-locka Community Development (OLCDC) is the Lead Agency for *Keeping our Promise: Place-Based Partnerships for At-Risk Populations*. The OLCDC is a Neighborhood Community Based Organization that brings an extensive background in providing guidance, assistance, and support services to businesses, job seekers, adults, youth, dislocated workers, refugees and individuals transitioning from welfare to work. For over 30 years, the OLCDC as a non-profit community-based organization has successfully provided critical community services that include but are not limited to economic development, housing assistance, jobs training, and family support services.

### **Dr. Robert B Ingram Elementary School**

Dr. Robert B. Ingram Elementary School, formerly known as Opa-locka Elementary, services economically disadvantaged Pre-kindergarten through fifth grade students. The school is located on 6.81 acres in the heart of Opa-locka's historic district, a community that reflects the rich architectural structure of Arabian history. Dr. Robert B. Ingram Elementary School was built in 1937 and is nestled in the center of a former military base. It is a Title I school whose population is predominantly Black with approximately a quarter of the population being Hispanic. For the past three years, the student population has been an even distribution between male and female. Special populations, such as English Language Learners (ELL) and Exceptional Student Education (ESE), which consists of students with disabilities (SWD) and Gifted, are below 20%. Dr. Robert B. Ingram Elementary School provides educational services as well as dental, medical, vision and counseling services for all students. The school touts the implementation of innovative programs to improve reading, writing and mathematics. Additionally, the school lists extracurricular activities, such as a chorus and step program.

### **Nathan B. Young Elementary School**

Nathan B. Young Elementary School is located in the southeast quadrant of Opa-Locka. This elementary school services pre-kindergarten to fifth grade students. Over 95% of the student' population is economically disadvantage with only 1% identified as gifted. Nathan B. Young Elementary School promotes a vision and mission statement that emphasizes the pursuit of the best quality education while remaining committed to providing a world class education to their students. The

school offers the NASA Science Engineering Mathematics and Aerospace Academy (SEMMAA) program, which is a national, innovative project designed to increase participation and retention of historically underrepresented K-12 youth in the fields of science, technology, engineering and mathematics (STEM). The goals of this project is to inspire a more diverse student population to pursue careers in STEM-related fields, engage stakeholders by incorporating emerging technologies, and educate students using rigorous STEM curriculum enhancement activities designed and implemented. There is a Head Start program located on the campus of Nathan B. Young Elementary School's campus, which fosters a partnership between the two entities. This partnership supports transitioning process and professional development.

### **Golden Glades Elementary School**

Golden Glades Elementary describes itself as a school working to build an effective school community by molding their program to meet the individual needs of their students and working collaboratively with parents and community to meet the challenge of preparing their students for their future roles in society.

### **Institute for Child and Family Health**

The Institute for Child and Family Health (ICFH) - formerly the Children's Psychiatric Center (CPC) - is a private, not-for-profit organization that has been providing health, behavioral health, educational, and prevention services to the children, adolescents, and families of Miami-Dade County since 1945. ICFH serves over 30,000 children, adolescents, and families per year. ICFH is a COA Accredited, non-profit providing health, behavioral health, educational, and prevention services to the children, adolescents, and families of South Florida for over 65 years. It is the oldest and largest community health center in the state dedicated to the well being of children, serving over 30,000 families per year in the state of Florida.

The Institute for Child and Family Health is committed to empowering the children, youth & families of our community by providing services that enhance their emotional, physical, and educational well-being.

## **Florida International University Neighborhood Help Program**

The Green Family Foundation Neighborhood HELP (Health Education Learning Program) is a core component of the College of Medicine curriculum at Florida International University.

The program involves sending interdisciplinary teams of FIU students into communities of need to track and monitor the health of families throughout those students' education. Each team works with 1-2 households and includes a medical student and his or her counterpart in social work, nursing and public health. The teams will also include students studying business and law.

It is also one of the only program types in the country that offers students the opportunity to follow households for four years in their homes, providing unedited glimpses into the lives of the uninsured and under-insured.

The College of Medicine leaders hope the program will help FIU graduate compassionate physicians, doctors attuned to the cultural complexities and harsh realities of our community's underserved populations.

The FIU Neighborhood HELP Program assists residents of the North Dade area find and better understands health and social services in their communities. Their program sends students and their professors from the fields of medicine, nursing, social work and law to help families achieve their health goals.

## **Miami-Dade County Juvenile Services Department (JSD)**

Miami-Dade County Juvenile Services Department (JSD) allows representatives from law enforcement and social services to work together to provide a range of services for at-risk youth and youth involved with the in the system. JSD has served as a centralized processing, referral, and evaluation center for over 150,000 juvenile arrests in Miami.



## **II. Background and Description of the Program**

The *Keeping our Promise: Place-Based Partnerships for At-Risk Populations* program is grounded in the effectiveness of partners in the process providing support for the children and families of Golden Glades, Nathan B. Young, and Dr. Robert Ingram Elementary School.

The program was designed to facilitate a partnership that would stem and eradicate the tide of chronic absenteeism, disruptive behavior, and maltreatment of children attending Golden Glades, Nathan B. Young, and Dr. Robert B. Ingram Elementary. By positively addressing these areas, students' chances for increased learning and achievement were expected to greatly improve. Consequently, program enrollment, service, and participation were to be targeted to this particular group of children and their families. Based on the February 2013 FTE student enrollment counts, 996 students were enrolled in the three schools from Pre-Kindergarten to 5<sup>th</sup> grade. Although enrollment, services, supports, and participation was designed to be opened to all students and their families enrolled in the schools based on needs and referrals, the program was designed to target students with chronic absenteeism and students that have been involved in documented incidents of disruptive behavior and maltreatment.

### **Need**

Program need may be determined by many factors. However, the program, as determined by the Children's Trust, initially identified and framed need around those indicators that defined student learning and achievement in targeted schools. Patterns of low student achievement and underperformance were used to determine need for participating schools. The Schools identified to participate in the program were those that were a part of the Education Transformation Office (ETO) of the Miami-Dade County Public Schools. In addition to trends of student underperformance, these schools are also vexed by issues of low attendance, high suspension rates, and being located in low, socioeconomic communities.

FCAT trend data for the participating schools is as follows:

SCHOOL	2014	2013	2012	2011	2010
Golden Glades	F	D	C	C	D
Nathan B. Young	D	D	C	D	D
Dr. Robert B. Ingram	D	D	C	D	D

None of the schools earned a school letter grade above a “C” over the past five (5) years.

### **Target Population**

Using both quantitative and qualitative data through referral, analysis and consultation with school leaders and staff, this program would work with schools to initially identify and address a target population based on those with the most critical, immediate and persistently documented needs. Elementary school aged children in grades PK-6 whose individual behavior, absenteeism, or family circumstances were eligible for enrollment in the program.

### **Objectives**

The primary objective of the program is to improve the attendance, behavior, and reduce the maltreatment of students enrolled in Golden Glades, Nathan B. Young, and Dr. Robert B. Ingram elementary schools. Secondary and related objectives include providing intervention and support to students and their families through Care Coordination that was to be delivered by the Institute for Family and Child Health.

### **Program/Partnership Development**

The program was funded by the Children’s Trust of Miami, Florida is a dedicated source of revenue established by voter referendum to improve the lives of children and families in Miami-Dade County. The Children's Trust emphasizes collaboration

and partnership in order to provide the programs and services needed by children and families and to effect community-wide change.

A key component and requirement of the program was the engagement of partnerships in its development and delivery of services. All of the partners that were included and made commitments reflected in the plan submitted to the Children's Trust did not participate in the program's delivery. The reason that many of the initial partners did not continue had to do with funding. Based on the funding criteria established by the Children's Trust, funds were limited to Care Coordination. Many of the other proposed partners were seeking to provide services that were outside of the scope of Care Coordination. Such programs included afterschool tutoring, mentoring, and afterschool/summer enrichment programs.

The initial partners identified included:

- Institute for Child and Family Health
- Florida International University Neighborhood HELP Program
- The Portrait of Empowerment
- City of Opa-locka
- The Fatherhood Taskforce of South Florida
- The Jessie Trice Community Health Center
- Center for Family and Child Enrichment
- Miami-Dade County Juvenile Services Department
- Florida Education Fund
- King Kids Academy
- New Generation Baptist Church
- Lion of Judah Jurisdiction New Eason Temple Cogic
- Holy Temple Missionary Baptist Church
- Tri-Star Leadership
- Golden Glades Elementary
- Nathan B. Young Elementary
- Dr. Robert B. Ingram Elementary

Of the 17 initial partners proposed and that had committed to the program, 10 engaged in some form of participation during the program's implementation during

the first nine months. With the exception of the Institute for Child and Family Health which was responsible for providing the direct services of Care Coordination, and FIU Neighborhood HELP Program which was responsible for initial intake and screenings, the participation of the remaining partners whose agency or entity focus involved services and supports, was limited to attendance to meetings. Several of the proposed strategies, due to a lack of anticipated funding, were not implemented. Many of these proposed strategies were designed to facilitate team building, role clarification, and strategic collaboration.

### **Activities**

Program activities that did not involve Care Coordination included meetings and community events. Some of the community events that proved extremely successful were those that engaged parents and students on the school site. The partnership participated in PTA Meetings, Open House Events, and Parent Test Meetings. The Parent Refreshment Hour, which was designed to support parental involvement; reinforce the partnership with each school; and provide information to parents about the proposed partnership and related supports and services. This activity was held during the student arrival periods of each school in which partnership members were present on site to engage parents as they drop their children off to school. This activity served to reenergize the partnership and reengage the schools and parents.

### **Outcomes**

The program was designed to engage partners to improve outcomes for children and to support their families. Consequently, the fundamental outcome of this program was to improve the learning and lives of children enrolled at Golden Glades, Nathan B. Young, and Dr. Robert Ingram Elementary School. This would be measured by improved student attendance, behavior, and decreases in student maltreatment. It would also be measured by an increase in the number of children and families linked to community partners that provide services and supports that improve their overall quality of life. Successful implementation would be determined through an analysis of data that include the number of families enrolled and served through Care Coordination. Additional outcome measures would include the reduction of student absences and suspensions. During the 2012-2013 school year these numbers were 359 and 96 respectively. Meaningful Improvement Outcomes would be based on the decrease in the number of students with 11-21 student absences and the number of

students with duplicated suspensions for the school year 2013-2014 as compared to the 2012-2013 school year. Meaningful change that will be used to measure and determine success would be a 20% reduction in each number.

### **III. Focus of the Evaluation**

The program was designed to implement and provide for a comprehensive approach to address student attendance, behavior, and maltreatment. However, the program design and focus were limited to those families that were enrolled and successfully completed Care Coordination. Care Coordination is an evidenced-based model that has been proven to be highly effective with children and families experiencing educational, social, and personal distress. This approach was selected for its sustained, ongoing systems of engagement, identification of successful outcomes, and accountability of partners and stakeholders. The need to sustain its implementation was a key factor and was foreseen as a potential barrier to program implementation.

#### **Evaluation Questions**

- How many families were provided an initial screening to determine eligibility for Care Coordination Services?
- How many families were enrolled in Care Coordination?
- How many families actually completed Care Coordination Services to address issues of attendance, problem behavior, and/or maltreatment?
- What percentage of students that participated in Care Coordination Services improved their attendance to school?
- What percentage of students that participated in Care Coordination Services decreased problem behavior in school?
- What percentage of parents that participated in Care Coordination Services completed the Adult Adolescent Parenting Inventory (AAPI) pre-test and post-test?
- What percentage of Place-Based Partners actively supported effective partnerships through collaborative approaches that included but were not limited to attendance to partner meetings?
- How many participants attended Community Events as a part and in support of the Place-Based Partnership?

## **IV. Gathering Credible Evidence: Data Collection**

### **Referrals for Initial Screening: FIU Neighborhood Help Program**

The FIU Neighborhood HELP Program was the partner retained and charged with serving as the initial point of contact with schools, working with schools to identify students whose needs could be served through intervention, and providing the initial screening to determine eligibility for Care Coordination Services.

At the conclusion of the contract year an estimated 245 referrals were received across the three partner schools. 86 referrals were further referred to Care Coordination. Approximately 707 efforts were made to contact these referrals through phone calls or household visits.

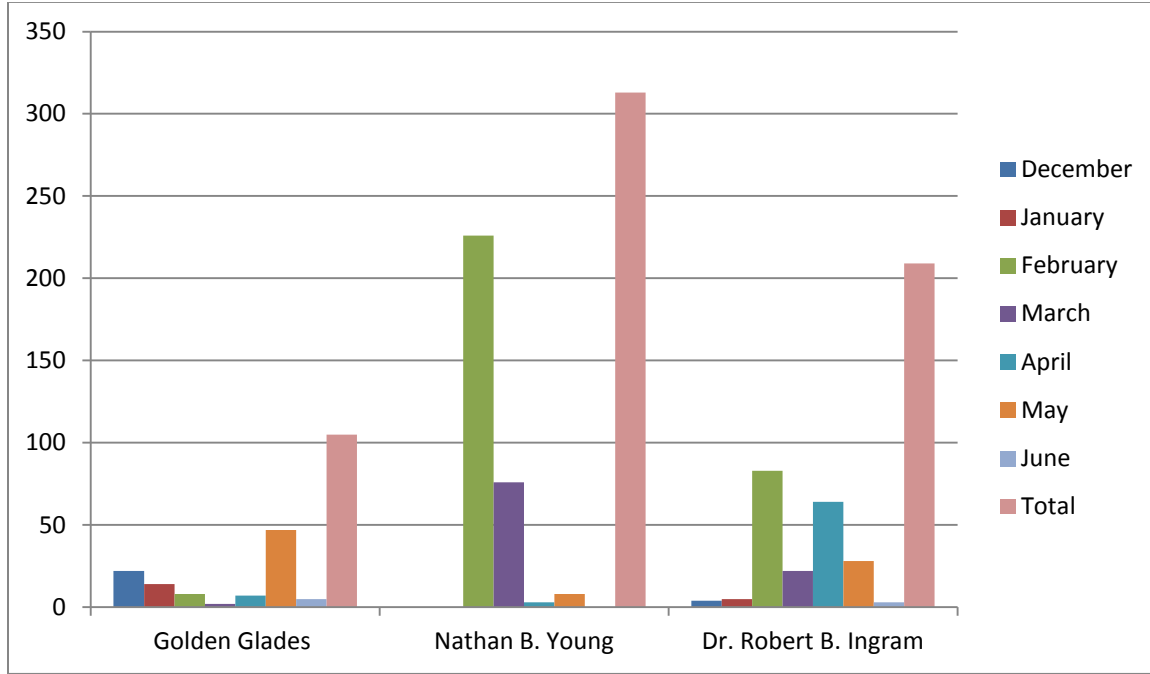
Golden Glades Elementary sent a total of 50 referrals to the FIU Outreach Team and the Institute of Child and Family Health. Twenty-three out of 50 referrals were referred to care coordination. Four respondents were not interested in participating in the program, at the time. An effort of at least three calls and one house visit was made to each referral. Fourteen of these referrals were not able to complete this process before the closing of the contract period, as the referral was received toward the end of the school/contract year. Of the 50 referrals, 9 had either incomplete/incorrect information or no further contact was made.

Nathan B. Young Elementary sent a total of 125 referrals to the FIU Outreach Team and the Institute of Child and Family Health. Forty-five out of 125 referrals were referred to care coordination. Twenty-nine respondents were not interested in participating in the program, at the time. An effort of at least three calls and one house visit was made to each referral. Seven of these referrals were not able to complete this process before the closing of the contract period, as the referral was received toward the end of the school/contract year. Of the 125, referrals 44 had either incomplete/incorrect information or no further contact was made.

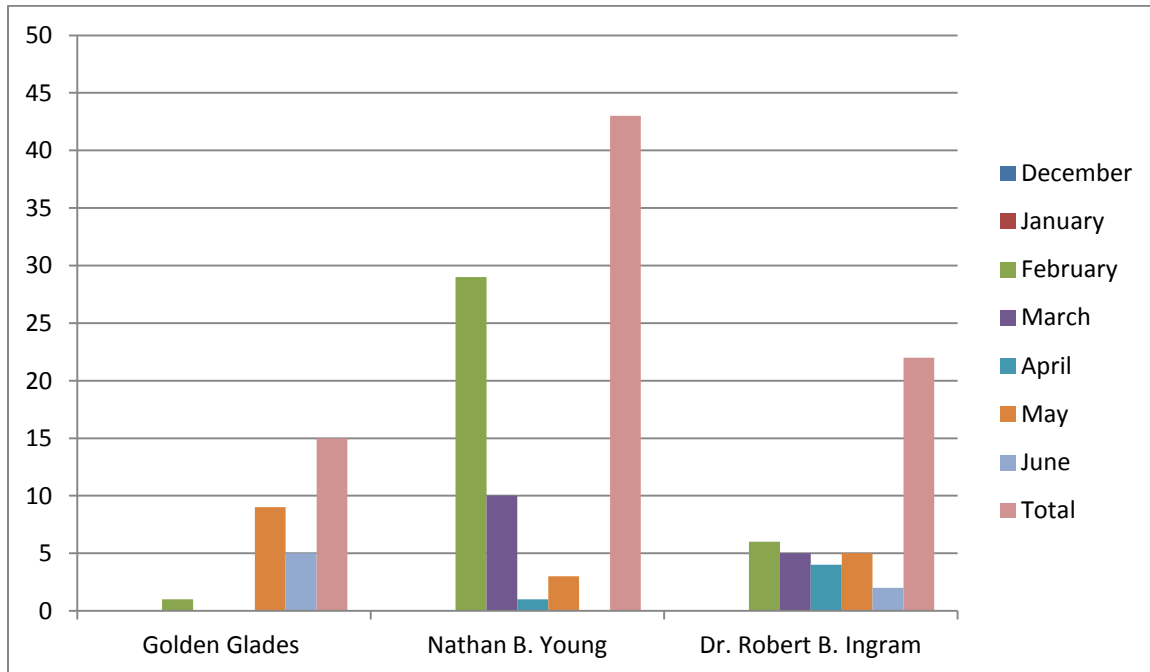
Dr. Robert B. Ingram sent a total of 70 referrals to the FIU Outreach Team and the Institute of Child and Family Health. Eighteen out of 70 referrals were referred to care coordination. Twelve respondents were not interested in participating in the program, at the time. An effort of at least three calls and one house visit was made to each referral. Seventeen of these referrals were not able to complete this process before the closing of the contract period, as the referral was received toward the end of the school/contract year. Of the 70 referrals, 23 had either incomplete/incorrect information or no further contact was made.

The individual date for each partner school is listed below.

### FIU Neighborhood Help Phone Calls

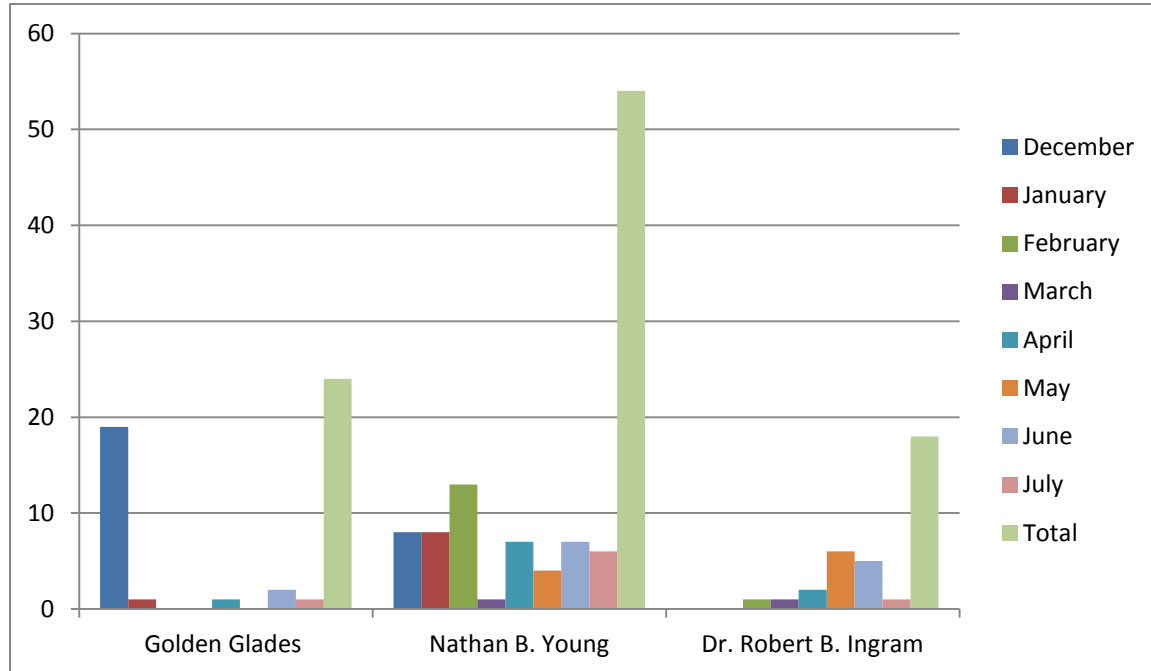


### FIU Neighborhood Home Visits





## Institute for Child and Family Health: Care Coordination Enrollments



### Data Collection

The data collection process and sources of evidence included sign-in sheets, registration forms, and session summaries that were implemented for each of the training sessions and parent activities. Basic demographic data was collected on each participant during initial screening and for those referred to and enrolled in care coordination services. Sign-in sheets and a summary note documenting the salient issues and a plan of action for each participant was to be used for each Family Team Conferencing session.

FIU Neighborhood HELP gathered initial data during intake and screening. This information, after analysis and review, was then referred for Care Coordination or to another entity. However, specific data for which referrals made to agencies other than Care Coordination was not available. In addition, the process by which referrals were received from each school, reviewed by FIU, and subsequently referred to ICFH, seemed duplicitous and resulted in a backlog and several delays. Issues with this process were identified and noted by members of the partnership, the lead agency,

and the partnership consultant. As a result, a review of the process for data collection was conducted and adjustments were made to streamline the process and ensure that student referrals are not delayed and/or processed.

Once referred to Care Coordination, Care Coordinators used a comprehensive assessment form (pre and post), a service plan with quarterly service plan reviews, and a client checklist. Documentation, along with progress notes, was placed in a client record to document daily and weekly services. All referrals were logged and tracked by the program coordinator. Follow-up was discussed at weekly staff meetings with ICFH staff and at monthly meetings with partnership meetings.

ICFH utilized the latest computing and management information system technologies. The centerpiece of its Management Information System (MIS) is a large sophisticated database that allowed the agency to track and document all delivered services by specific program and funding source, and generate accurate and timely utilization management, outcome, and fiscal reports. ICFH generated monthly, quarterly, and year-end program performance and outcome achievement reports to meet the requirements of the program. The agency has a reputation for the accuracy and timeliness of all programmatic outcome data, and related reports. ICFH has full capacity to participate in web based information and referral programs. ICFH maintained appropriate records to document the delivery of all services, and stored and managed records in a confidential and professional manner (meeting HIPPA and HITECH requirements as well as professional standards and state laws).

In addition, the evaluation requested by the Trust for this partnership program includes multiple process and a few client specific outcome questions. Long term outcomes of this project are to be measured by the Trust and will reflect the long term results of the program including school and neighborhood change.

## **Timeline**

The timeline for the program was **November 1, 2013** through **July 31 2014**. The initial enrollment of a participant into Care Coordination was **December 9, 2013**.

## V. Analysis and Interpretation

The primary objective of the program was to improve the attendance, behavior, and reduce the maltreatment of students enrolled in Golden Glades, Nathan B. Young, and Dr. Robert B. Ingram elementary schools. Secondary and related objectives included providing intervention and support to students and their families through Care Coordination that was to be delivered by the Institute for Family and Child Health.

The data regarding the number of students and families that participated in Care Coordination is inferred to be a quantitative indicator of the program's effectiveness and impact. However, enrollment in Care Coordination, from a practical perspective, is a strategy, not an outcome to evaluate and determine whether or not the program achieved its primary objectives of improving attendance and behavior, and reducing maltreatment. In fact, of the 8 evaluation questions below, only 2 would provide a metric to determine whether or not the program achieved any of its primary objectives and to what extent. Four of the remaining 6 questions dealt with criteria linked to the implementation of Care Coordination, with the remaining 2 questions addressing partner participation.

1. How many families were provided an initial screening to determine eligibility for Care Coordination Services?
2. How many families were enrolled in Care Coordination?
3. How many families actually completed Care Coordination Services to address issues of attendance, problem behavior, and/or maltreatment?
4. What percentage of students that participated in Care Coordination Services improved their attendance to school?
5. What percentage of students that participated in Care Coordination Services decreased problem behavior in school?
6. What percentage of parents that participated in Care Coordination Services completed the Adult Adolescent Parenting Inventory (AAPI) pre-test and post-test?
7. What percentage of Place-Based Partners actively supported effective partnerships through collaborative approaches that included but were not limited to attendance to partner meetings?
8. How many participants attended Community Events as a part and in support of the Place-Based Partnership?

Additional data regarding the two primary questions on whether student behavior and attendance were improved requires additional analysis and reflect summative student data at the end of the school year. Additionally, this data is protected by FRPA and would require a joint review and analysis by the entity and/or agency to whom it was released and to whom and for what purposes the parent or guardian provided consent. As a result, a deeper analysis to determine whether or not student attendance and behavior improved would need to be conducted, notwithstanding a further determination of the causal effect and/or related variables for such improvement---was it Care Coordination or Care Coordination along with other variables?

## VI. Lessons Learned: Report and Dissemination

One of the most critical components of an evaluation is the opportunity to gain insight for improvement. Despite the success realized during the initial year of implementation, there remains opportunity to improve the delivery of the program and strengthen the engagement of partners. In addition to recommendations made by the Evaluator, this section provided an opportunity for partner to provide feedback and recommendations moving forward. Recommendations, based on lessons learned, are as follows:

- Increase on-site presence on school-sites through a formalized schedule
- Develop a concise, consistent, and coherent mechanism to provide updates to schools regarding response, engagement, and progress of referred participants
- Develop and implement a program to recognize schools and parents for participation, support, and achievement of school and program goals and milestones
- Review, revise, and refine a “flowchart” to provide detailed timelines and processes for program expectations
- Promote proactive engagement through expanded enrollment in Care Coordination
- Partner with each school in which members of the partnership will participate in “service days” to donate on-site time in support of school projects, event, etc.
- Explore and pursue expansion of partnership to include students and families of North Dade Middle School
- Develop, in consultation with school leadership and staff, in-school events that promote and support active parental involvement
- Develop an incentive program to increase parent involvement and participation in the program

The above reflects initial lessons learned and recommendations gleaned for the initial year of the partnership. A commitment to continuous, ongoing open dialogue will serve to further support improvements in the partnership and overall program delivery.

Lastly, the partnership recognized the need for sustainability in support and services to children and families over time. Specifically, that children and families should be supported throughout the year through programs and services that build upon the interventions during the school year. Additional programs beyond the school day and year such as before and after school programs, as well as programs that are offered to children and families during winter and spring break, and over the summer should be expanded in the targeted areas. The provision and expansion of such programs will further support the goal of improving student attendance, behavior, and the overall learning success of children and the effectiveness and sufficiency of families.

It is recommended that the Children's Trust link funding opportunities in a manner that further supports place-based partnerships and in a manner that provides for a seamless level of support and services to underserved communities and children attending underperforming schools.