JUNE 2018

CAROLINAS REGIONAL STRATEGY

GET READY GUILFORD INITIATIVE

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THE DUKE ENDOWMENT

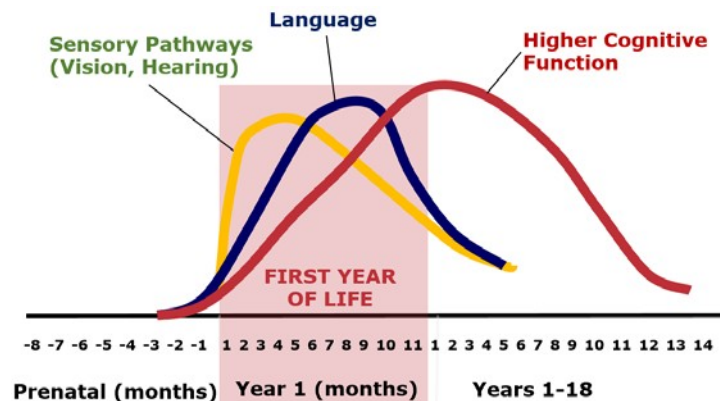
EXECUTIVE SUMMARY

Across the United States, a child's life prospects are still best predicted by the circumstances of her birth. This challenge is acutely experienced by disadvantaged families living in the American South, where most children of low-income families are stuck at the bottom of the economic ladder with little opportunity to climb upward. A child raised in the bottom quartile of income in the Piedmont Triad region of North Carolina, home to Guilford County, has a less than five percent chance of progressing to the top quartile as an adult – one of the worst rates of upward mobility in the nation.[1]

The scientific community increasingly points to the earliest years of life as our country's best opportunity for disrupting cycles of poverty. Rapid advances in neuroscience find the overwhelming majority of brain development occurs before a child turns three.[2] During this sensitive period, trauma and adversity have significant negative impacts on lifelong health and behavior while high-quality early intervention demonstrates positive effects on educational, social, and economic outcomes that persist well into adulthood. Economists estimate the cost-benefit of such interventions is as high as $12 for every dollar spent.[3] **We believe significant investment in early childhood is the most impactful and the most cost-effective way to unlock human potential.**

Hundreds of communities across the country have arrived at the same conclusion and are responding with multi-sector efforts aimed at improving early outcomes such as school readiness and third grade reading. However, few have documented measurable improvements at the population level. We believe the discrepancy between their efforts and their communities' outcomes is due to (1) the absence of systems that can identify needs early enough in children's lives and (2) insufficient attention to the quality of services responsible for addressing those needs. Through the Get Ready Guilford Initiative (GRGI), we propose to build a system that identifies needs proactively – before they become persistent gaps – and responds with *effective* services at the right points in development, prenatally through age eight.

DEVELOPMENT ACROSS A CHILD'S LIFESPAN, HARVARD CENTER ON THE DEVELOPING CHILD (2015)



GUILFORD COUNTY

GRGI is a joint endeavor of The Duke Endowment (TDE) and Guilford County's early childhood backbone organization, *Ready for School, Ready for Life* (*Ready Ready*). TDE selected Guilford County for investment from over 60 communities with place-based, early childhood initiatives. Seeking the community most prepared for a large-scale investment in the Carolinas, TDE chose Guilford County because of *Ready Ready*'s massive cross-sector mobilization, the strength of existing services, and the potential to nest our early childhood investment in a pipeline to college and career.[4] Guilford County's diverse population and demographics also make it an ideal place to scale and pattern solutions for other communities within the state and nation. Approximately 6,000 children are born in Guilford County each year, and about half are born into poverty. The Guilford County population is small enough to measure and generate intended impact, yet large and diverse enough that individual strategies could be applied to other communities undertaking similar initiatives.

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[1] MDC, Inc. "North Carolina's Economic Imperative: Building an Infrastructure of Opportunity." (link)
[2] Center on the Developing Child at Harvard University (2015). "Building Core Capabilities for Life." (link)
[3] Heckman, James (2017). "The Lifecycle Benefits of an Influential Early Childhood Program." (link)
[4] Guilford is one of three counties supported by Say Yes to Education, which offers higher education scholarships (over $40 million raised since 2015), wraparound services, and integrated data infrastructure to public school systems to improve outcomes along a "K-16" pathway toward college completion. See BEYOND PHASE 1.

THEORY OF CHANGE

Last year, TDE and *Ready Ready* co-developed a theory of change charting the initiative, positing that:

IF

- All families' needs are identified through comprehensive assessment;
- Services are high-quality, accessible, and capable of meeting families' needs;
- Families receive timely access to services coordinated by data that can meet their needs;
- The community is informed and motivated to capitalize on children's early development; and
- Public and private funders deploy sufficient resources to build and sustain an early childhood system

THEN

- Individual-level impact will be achieved and
- Population-level change is possible

All aspects of the GRGI strategy are aligned to this hypothesis. Evaluators will measure implementation to ensure each element of our theory of change is fulfilled.[5] Once interventions are scaled, the system is built, and implementation is sound, they will rigorously evaluate individual- and population-level change.

TARGET POPULATION

The GRGI target population is all families with children prenatal through age-eight (PN-8) living in Guilford County. While our strategy offers comprehensive universal assessment to all families, it will provide intervention only to those who show a need, and only at the appropriate level. This "universal assessment, targeted intervention" strategy distributes resources according to need, not demography, to ensure optimally efficient service allocation for the full population. Providing interventions to disadvantaged groups, who often need services the most, will ensure that the vast majority of resources flow to low-income children and families and yield more equitable outcomes. The fact that any family can benefit from the initiative affords GRGI broad-based support that improves our ability to secure public sector resources and achieve financial sustainability.

GRGI's Phase 1 target population is the 24,000 children between prenatal and 36 months. Currently, 4,700 (20%) receive services from a proven program.[6] By the end of the first phase, we plan to serve at least 16,000 (67%) annually with one or more proven program or promising local program participating in continuous quality improvement (CQI) coaching.

OUTCOMES

GRGI will be accountable for individual and population-level improvements and reductions in disparities across five outcome areas: (1) planned and well-timed pregnancies; (2) healthy births; (3) on-track infant and toddler development at 12, 24, and 36 months; (4) school readiness at kindergarten; and (5) success by third grade. Each of these areas includes multiple indicators, including direct measures of child well-being during infancy and toddlerhood when administrative data is rarely available.[8] We formally end the initiative at age-eight recognizing the connection between third grade reading achievement and long-term outcomes, including education and earnings. By achieving population-level change, we can generate better outcomes and cost-savings at a scale that makes sustainability an economic imperative for policymakers.

[5] The full theory of change is available in **APPENDIX A**

[6] The initiative defines "proven" as an intervention with positive effects found by at least one high-quality randomized control trial conducted in a real-world setting.

[8] See **GRGI OVERVIEW**

GRGI IMPLEMENTATION SCHEDULE, PHASES 1-4

	PHASE 1			PHASE 2				PHASE 3		PHASE 4		
	2019*	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
PC to 3	Initial			Full								
Ages 3 to 5	Piloting			Initial				Full				
Ages 5 to 8	Planning			Piloting				Initial		Full		

*begins October 2018

Though GRGI spans prenatal, including preconception, to age eight (PN-8), the first phase concentrates on prenatal to age three (PN-3). Our staged approach builds out the PN-8 system deliberately and over time, beginning with the youngest age group, for which services are most disorganized and development occurs most rapidly. By phasing in our work this way, we can implement the full strategy with optimal resource efficiency and in a way that supports impact evaluation in future phases.

Phase 1 will deliver effective interventions to more families and build toward full implementation of the PN-3 strategy in Phase 2. As we implement, we will also pilot and plan for children ages three to eight to ensure the system of care eventually extends to the entire target population. We propose four stages of implementation for the three age groups as on the timeline above.

- During **Planning** periods, we will develop relationships with key organizations and an understanding of systems and interventions serving the age group.
- During **Piloting** periods, we will select and test the implementation of direct services as we design a strategy for ramping up our system of care to serve the age group, using developmental evaluation when appropriate.
- During **Initial Implementation** periods, we will further design, test, and scale strategies and interventions for the age group while conducting implementation evaluation.
- During **Full Implementation**, we will operate the strategy at scale while conducting impact and cost-benefit evaluations.

STRATEGY

Our core strategy is to proactively assess children and families at key timepoints, and connect them to effective services through an integrated data system. Because children have many needs, the universal assessments cover several domains of well-being, and our referral process matches a family's needs with family-specific interventions. We believe our approach ensures that individual families receive the services they need, placing the entire county on a path to better and more equitable early childhood outcomes.

Since 2015, *Ready Ready* has mobilized the community to prepare for system-building. This includes nearly two years of "pre-launch" activity with TDE to prepare for the initiative. Over the next three years, *Ready Ready* and TDE will advance **six Phase 1 priorities** to further design, implement, and scale the system of care for Guilford's youngest children and families. The priorities are:

1. **Expanding and integrating proven programs.** Our PN-3 strategy is anchored by the expansion and integration of three programs with proven effectiveness: Family Connects, HealthySteps, and Nurse-Family Partnership. These programs will serve more families and play a central role in the development of a new system of care. We will also track families' access to other proven interventions, including Early Head Start and Reach Out and Read.
2. **Creating a system of navigation.** Navigation will connect families to effective services so that needs are identified and met on a continuous basis. This system includes universal assessment at five points through 36 months, targeted referrals to services based on assessment results, and ongoing support for families between assessment periods. Because more Guilford families need Nurse-Family Partnership than the program can serve, the navigation system will make strategic referrals at pregnancy based on newly-developed criteria showing which families benefit most from this intervention. Our system will build upon Community Care of North Carolina (CCNC) programs, funded by the state and proven to generate Medicaid cost savings.[9]

[9] North Carolina Department of Health and Human Services (2015). "North Carolina Community Care Networks, Inc. Clinical Program Analysis." (link)

3. **Improving quality among local programs.** To fill service gaps left by proven programs, up to 30 promising local programs will engage in a continuous quality improvement (CQI) process to improve their use of data in service of better outcomes. *Ready Ready* and TDE selected Root Cause, based in Boston, to lead this work following a national search for firms specializing in building organizational capacity. The CQI strategy engages GRGI with a larger set of programs that, in combination with proven programs, can address the broad array of needs in the community.
4. **Building an integrated data system.** An integrated data system (IDS) is needed to connect GRGI activities and services. Such a system will allow referral management, create care coordination, and support evaluation. Over the next three years, we will leverage existing relationships with Guilford County government, the state of North Carolina, Duke University, and the United Way to develop case management and data warehouse systems to undergird our strategy.
5. **Strengthening the backbone organization.** *Ready Ready* will increase its capacity to manage and execute the growing initiative. *Ready Ready* will also take the lead in building public support for the financial sustainability for GRGI, including a messaging campaign targeted to caregivers, providers, and policymakers.
6. **Evaluating for learning and impact.** Rigorous evaluation will be employed to test new strategies, make decisions at the initiative level, and understand what works for families. Following a national search, MDRC (based in New York) and Frank Porter Graham Institute (housed at UNC-Chapel Hill) will co-lead evaluation focused on implementation during Phase 1.

These six priorities are the first steps toward our twelve-year vision to create a proactive, comprehensive system of care for the PN-8 population. In addition to the steps delineated here, we will coordinate our work with Guilford County Schools and the community's cradle-to-career (Say Yes Guilford[11]) and self-sufficiency (Greater Guilford Network[12]) initiatives to ensure GRGI links families to K-12, postsecondary, and economic supports.

We believe the individual strategy components represented by the six priorities have potential for replication in the over 60 communities doing similar work across the Carolinas and hundreds more across the country. Collectively, the priorities offer TDE an opportunity to replicate the full initiative in other places in the Carolinas.

SUMMARY

Poverty and adversity are stubborn. Despite North Carolina's notable early childhood efforts and decades of innovation and collaboration in Guilford County, many child outcomes are moving in the wrong direction, consistent with national trends and disparities. These deficits create downstream effects, including lack of college readiness exemplified by low ACT scores and completion rates among the county's public school graduates. A vast research base shows these unacceptable early outcomes depress communities' economic development, exacerbate social problems, and strain government resources. While Guilford's challenges are not unique, we believe its assets in combination with this opportunity offer a realistic chance to build a comprehensive system of care achieving better and more equitable outcomes for young children.

[11] See **BEYOND PHASE 1**
[12] See **NAVIGATION**

GRGI OVERVIEW

Our theory of change is designed to help *Ready Ready* and TDE align their respective strategies toward a mutual goal of individual- and population-level impact. This overview describes our target population, intended outcomes, and the activities, resources, and organizations we will mobilize to achieve our common goals. All elements are consistent with both organizations' ambitions, plausible to achieve, and testable to facilitate learning and improvement.

TARGET POPULATION

The GRGI target population is all families with children prenatal, including preconception, through age eight (PN-8) living in Guilford County. Our approach offers comprehensive universal assessment to all families, but intervention only to families indicated to need it. Over 6,000 children are born each year, so the annual target population by the end of the initiative will total more than 54,000. Our Phase 1 target population concerns only prenatal to age three, or approximately 24,000 children.

OUTCOMES/INDICATORS

As we offer assessment to all families and strive to meet all identified needs, we hold ourselves accountable for individual- and population-level improvements in the following outcome areas spanning preconception to age eight. We end the initiative at age eight because outcomes at third grade strongly predict educational and economic success, and knowing that our work is embedded in a community committed to cradle-to-career success (see **BEYOND PHASE 1**).

Each outcome area is defined by a set of indicators. Defining indicators (1-12) will measure the entire population of children at specific points in time. We will also track other indicators (13-16) that measure important *caregiver behaviors* related to the defining indicators. **Our goal is to improve outcomes and reduce disparities among individuals and across the population for each indicator.**

OUTCOME AREAS	POPULATION INDICATORS DEFINING THE OUTCOME AREAS (DATA SOURCE)	OTHER INDICATORS
A. PLANNED AND WELL-TIMED PREGNANCIES	1. Pregnancies are planned (prenatal assessment, CCNC) 2. Subsequent births no sooner than 24 months (birth records, NC DHHS) 3. Fewer teen births (birth records, NC DHHS)	13. Avoidance of child abuse and neglect (administrative records, NC DHHS) 14. Mothers initiate breast feeding (newborn home visits, Family Connects/NFP) 15. Mothers do not report depression (newborn, 12-, 24-, and 36-month assessments) 16. Children avoid unnecessary emergency department utilization (Medicaid records, DHHS)
B. HEALTHY BIRTHS	4. Children are born at a healthy weight (birth records, NC DHHS) 5. Children are born after 37 weeks completed gestation (birth records, NC DHHS)	
C. ON-TRACK DEVELOPMENT AT 12, 24, AND 36 MONTHS	6. Children demonstrate age-appropriate emotional and social development (12-, 24-, and 36-month assessments) 7. Children demonstrate age-appropriate emerging literacy skills (12-, 24-, and 36-month assessments) 8. Children demonstrate physical well-being and appropriate motor development (12-, 24-, and 36-month assessments)	
D. SCHOOL READINESS AT KINDERGARTEN	9. Children demonstrate competence in all five domains of school readiness (Kindergarten Entry Assessment, NC Dept. of Public Instruction)	
E. SUCCESS IN THIRD GRADE	10. Children read proficiently in grade 3 (End of Grade test [proficiency rates and means], NC DPI) 11. Children perform math proficiently in grade 3 (End of Grade test [proficiency rates and means], NC DPI) 12. Children have age-appropriate social-emotional skills by end of third grade (K-3 Formative Assessment, NC DPI)	

PHASE 1 PRIORITIES

Over the next three years, *Ready Ready* and TDE will advance **six Phase 1 priorities** toward realizing the theory of change for the prenatal to age three (PN-3) population. These activities, detailed in the chapter on **PHASE 1 PRIORITIES**, are:

1. **Expanding and integrating proven programs**
2. **Creating a system of navigation**
3. **Improving quality among local programs**
4. **Building integrated data infrastructure**
5. **Strengthening the backbone organization**
6. **Evaluating for learning and impact**

We propose a three-year Phase 1 to design, test, and scale our preconception to age three strategy. By the end of Phase 1, GRGI will produce the outputs described in the table below, organized by priority. Each priority and anticipated progress toward its Phase 1 outputs are detailed in the following pages.

PHASE 1 PRIORITIES, PERFORMANCE MARKERS AND OUTPUTS, AND REQUEST OF BLUE MERIDIAN PARTNERS

PHASE 1 PRIORITIES	PHASE 1 PERFORMANCE MARKERS AND OUTPUTS (BY END OF YEAR 2021)
EXPANDING ACCESS TO PROVEN PROGRAMS	Increase availability and access to programs with proven effectiveness • 16,000 families (67% of target population) served annually by a proven program or program participating in continuous quality improvement coaching
IMPROVING QUALITY AMONG LOCAL PROGRAMS	Increase quality and capacity of promising local programs • Strengthen the capacity of 13 local programs to improve their program quality and measurement systems • Train *Ready Ready* to assume coaching responsibilities for second cohort
CREATING A SYSTEM OF NAVIGATION	Conduct universal assessment at pregnancy, birth, 12, 24, and 36 months • 18,000 families assessed annually (75% of target population) Create system of ongoing support for families between assessment periods • Launch navigation system for prenatal to 36-month population
BUILDING INTEGRATED DATA INFRASTRUCTURE	Launch an integrated data system (IDS) to share and aggregate data • Launch case management system • Launch data warehouse system • All programs fully participating in GRGI contribute to IDS by end of Phase 1
STRENGTHENING THE BACKBONE ORGANIZATION	Strengthen capacity to assume larger role in leading future phases of the initiative, including financial, governance, and analytical capabilities Ensure high quality implementation of GRGI strategy during Phase 1
EVALUATING FOR LEARNING AND IMPACT	Measure implementation of Phase 1 activities Collect baseline data for impact evaluation Design impact and cost-benefit evaluation plans for Phase 2 and beyond
	TOTAL REQUEST $32.5 million