Brown County United Way

2016 Annual Report to the Community

Brown County is a community where all children can learn, play, and grow.

www.browncountychildren.org

Executive Summary – 2016 Annual Report

The Community Partnership for Children (CPC) was established in 2005 with the vision that all Brown County children will be **safe, healthy and ready for kindergarten**. To accomplish this, many community partners actively work together to implement solution-focused strategies that will ultimately make it possible to:

Strengthen families
Improve child health
Reduce child abuse and neglect
Promote optimal child development

Major highlights of 2016:

- **3,073** parents received a Welcome Baby Visit either prenatally or at the hospital.
- Of these parents, **969 or 32%** were identified at risk.
- Of those parents assessed at-risk, **99%** were successfully referred to community resources such as food and housing support, family and parenting support services.
- **508 families** received short term follow-up or direct assistance such as additional family visits, follow-up phone calls, and additional information.
- **307** at-risk families were enrolled in long-term home visitation services through the CPC Gateway agencies, attaining the **outcomes** listed at the right and more.
- **100+** families built supportive peer connections and parent education through parent-child playgroups, classes, and fatherhood programs.
- State-level investment in Brown County early home visitation services was renewed with a 10-year funding commitment through the Family Foundations Home Visiting Program, administered by the Wisconsin Department of Children and Families.

The central message of the CPC is that early investment in children has the greatest potential to ensure that they will learn and thrive in school, the workforce and life ("cradle to grave"). By doing so, we will position **Brown County's children and the entire community for success.**

For more information about the CPC, contact Jill Sobieck at jill@browncountyunitedway.org or Sarah Inman at sarah@browncountyunitedway.org. To inquire about making a major investment in the CPC Fund, contact Andria Hannula at andria@browncountyunitedway.org.

Safe

96%

Percent of CPC-enrolled households having no substantiated reports of child abuse or neglect

Healthy

99%

Percent of CPC-enrolled families that were linked to a primary care provider

Ready for Kindergarten

70%

Percent of CPC-enrolled children who were developmentally on track for kindergarten

94%

Percent of CPC-enrolled children who were socially and emotionally on track for kindergarten

Learn, Play, Grow

The Community Partnership for Children (CPC) has the bold vision of ensuring that **all Brown County children are safe, healthy and ready for kindergarten**.

The Community Partnership for Children was launched by Brown County United Way 2005 in response to the need to take solution-focused action to invest more purposefully in early childhood; provide a platform for collective impact; and address identified system challenges through coordinated, on-the-ground strategies.

The founding principle of the CPC is that every newborn deserves to have the best possible chance in life – right from the start and before a family is in crises. By giving parents the tools to succeed and connecting them to resources that will help them, families become self-sufficient and empowered. Children, families and the community gain tremendous social and economic benefits from early nurturing, rich learning experiences, and supportive health practices.

The CPC brings together nearly 40 organizations and more than 100 individuals that are partnering to collaborate and implement intentional, solution-focused community-based strategies at a system level. Since the CPC's launch many significant milestones have been reached through the diligent work of all of these partners. This 2016 Annual Report measures progress toward the CPC's vision and goals.

A Coordinated System of Care

In the life of a child, family and community resources influence many health and social outcomes. One of the most effective means of ensuring that children, especially those at-rsik, receive access to key support services is through a System of Care approach. A signature strategy made possible through the CPC has been the creation and expansion of a "gateway" – or central means for families to access local resources best suited to their individual needs and strengths. The first step is a Welcome Baby Visit, prenatally or at the hospital, which links families to community resources and lays the foundation for addressing any risk factors. Additional core services that have been enhanced over time include short-term and longer-term intensive home visits, parent education, playgroups, wraparound services, and coordinated referrals to the full spectrum of local programming and services.

The CPC's "Gateway Agencies" are the Healthy Families Program at Family Services, Family & Childcare Resources of N.E.W. ("FCRNEW") and the Howe Community Resource Center ("Howe"). Along with the Women, Infants and Children Program ("WIC") at N.E.W. Community Clinic, Brown County hospitals and the Brown County Health & Human Services, and De Pere Health Department, these agencies form a coordinated entry point into a System of Care that includes many human service and early education partners – an entry point that did not exist prior to the CPC's launch.

First Point of Contact: Welcome Baby Visits

Staff at all hospitals "screen" parents for risk factors contributing to child abuse/neglect; at WIC, parents complete a self-screen. Parents then receive a Welcome Baby Visit from a CPC Family Resource Specialist. If risk factors are identified, the Family Resource Specialist has an in-depth

conversation with parents to further assess needs, risks and strengths. Families are then connected to resources based on their circumstances, eligibility and program availability.

During 2016:

- **3,073** parents received a Welcome Baby Visit either prenatally or at the hospital.
  - Of these parents, **969** or **32%** were identified at-risk.
  - **367 or 38%** at-risk screens were referred prenatally, made possible by collaborating with Brown County's Women, Infants and Children Program (WIC); this has increased 19% since 2015.
  - **255 parents or 26%** of those screened at-risk were first time parents.
  - **142 families** screened at-risk were referred for home visitation at one of the Gateway Agencies.

- Currently all referral requests received for Welcome Baby Visits are fulfilled by 5.75 FTE Family Resource Specialists; however, there may be a waiting period because staffing is at capacity.

Selected Profile of At-Risk Parents	2009	2010	2011	2012	2013	2014	2015	2016
Annual household incomes <$10,000	48%	54%	49%	26%	44%	40%	34%	34%
Annual household incomes between $10,000 and $25,000	19%	26%	19%	13%	16%	14%	18%	15%
Single mother (includes never married, divorced, seperated, widowed)	87%	85%	86%	89%	75%	73%	70%	74%
Inadequate income	88%	95%	93%	96%	97%	93%	98%	98%
Unstable housing	11%	9%	8%	10%	14%	11%	12%	11%
Education under 12 years	37%	35%	38%	34%	30%	31%	31%	36%
Late prenatal care	27%	21%	23%	25%	30%	33%	26%	27%
History of depression or current	45%	37%	36%	44%	49%	48%	53%	57%
Marital or family problems	21%	21%	15%	22%	20%	16%	16%	19%
Mother aged 20 years or less	59%	60%	65%	50%	18%	30%	25%	25%
White Non-Hispanic	55%	53%	59%	43%	46%	40%	39%	46%
Hispanic or Latino (of any race)	14%	15%	24%	19%	21%	25%	25%	22%
American Indian or Alaska Native	9%	8%	11%	8%	10%	13%	12%	10%
Asian	5%	7%	7%	4%	6%	6%	5%	5%
Black or African American	6%	7%	9%	10%	12%	11%	14%	13%
Native Hawaiian or Pacific Islander	5%	0%	0%	0%	0%	0%	0%	0%
Multi-racial	4%	6%	6%	5%	4%	3%	5%	3%
Other	0%	0%	0%	0%	0%	0%	0%	1%
Somali: Additional breakout from total (Somali are included in Black/African American percent)					2%	3%	2%	5%

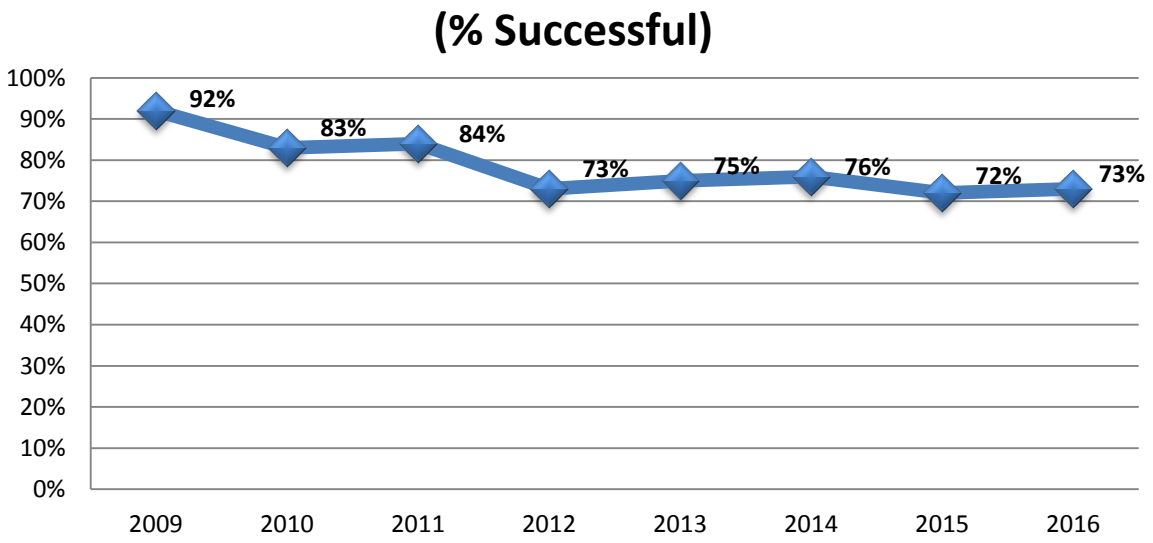
2014: For all profile data, any 'unknown/blank' data is excluded from calculations 2014 forward. Starting in 2014 - current, data collected on at risk parents included *all screened,* identified at risk births. 29% of at-risk parents' incomes were reported as unknown.
2015: 35% of at-risk parents' incomes were reported as unknown.
2016: 36% of at-risk parents' incomes were reported as unknown; 14% of marital/family problems were reported as unknown, and 12% of race/ethnicity was unknown.
Source: Healthy Families.

2016 Welcome Baby Program Outcome Highlights

(Results of the families visited prenatally or at the birth of their baby.)

Brown County parents who screen at-risk receive an assessment of strengths and needs by a Family Resource Specialist prenatally or in the hospital at the birth of their baby.

- **73%** of identified at-risk families were assessed (706 of 969). (Indicator #1)
    - *Data collected from Brown County resident births from all three hospital systems: Aurora, Bellin, and Hospital Sisters Health System.*
    - *In 2016, reasons for those not assessed included the following: already enrolled in a home visitation program, declined assessment, could not be reached, moved out of county, awaiting assessment, child was adopted, or infant death.*
    - ***In 2012, the decline illustrates a decrease in percentage successful due to an increase in the number of screening and assessment of all Brown County families (from first-time parents only, which was the initial target population).***

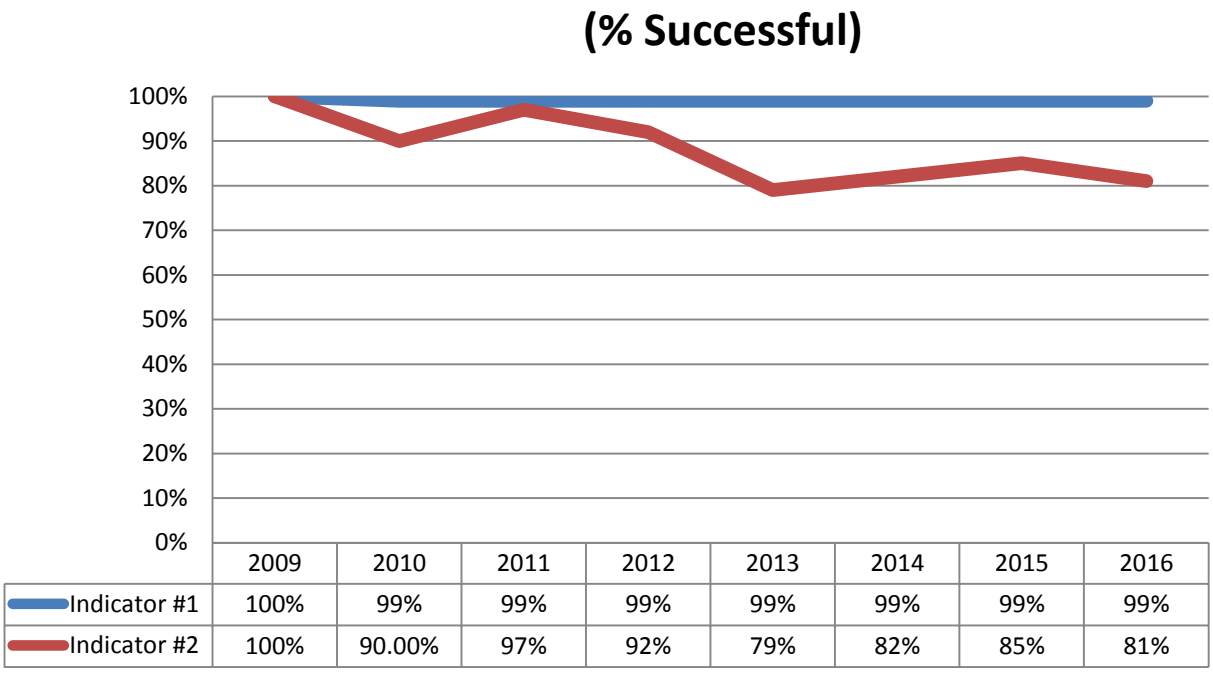


Indicator 1: In 2009, the total number of mothers assessed = 342; in 2016, the total number families assessed = 969.

Brown County parents are referred for community resources and have support in making the necessary linkages.

- **99%** of identified at-risk families were referred to community resources based on assessed needs (682 of 686). (Indicator #1)
    - *Assessed needs included referrals for food and housing insecurities, family and parenting support services, emotional and physical support services. In 2016, the top referrals were Love Life, the Job Center, area food pantries, Integrated Community Solutions, GED or education related (including ELL).*

- **81%** of at-risk families that were identified in need of short term follow up received direct assistance (508 of 624). (Indicator #2)
    - *Short-term follow up included phone calls, additional family visits, and sending requested informational packets.*
    - ***In 2013, the decline illustrated a decrease in percentage successful due to an increase in the number of screening and assessment of all Brown County families (from first-time parents only, which was the initial target population).***
    - *Of those families identified in need of follow up services and were unable to be reached, several attempts were made to connect with the families.*



	2009	2010	2011	2012	2013	2014	2015	2016
Indicator #1	100%	99%	99%	99%	99%	99%	99%	99%
Indicator #2	100%	90.00%	97%	92%	79%	82%	85%	81%

Indicator 1: In 2009, the total number of assessed families = 314; in 2016, the total number families assessed = 686.
Indicator 2: In 2009, the total number of families measured = 125, in 2016, the total number of families measured = 624.

Home Visitation and Other Parenting Support Services

Intensive, longer-term, evidence-based home visiting services, such as the Healthy Families Program at Family Services and the Parents As Teachers Programs at FCRNEW and HCRC, are particularly beneficial to at-risk families. In this voluntary program, Parent Educators visit the homes of families regularly (depending on the identified risk-factors) either prenatally or at the time of birth, for an extended period of time; ideally until the child is of school age. During this critical developmental period, parents receive support and information around child development, health and nutrition, safety and well-being, and linkages to community resources. Multi-week parenting classes and structured playgroups are also invaluable resources, providing education and a social outlet that is especially important for new and/or isolated parents.

During 2016:

- **436** families were served by the Gateway Agencies (i.e., home visitation, parenting support classes, playgroups and/or wrap-around supports). These families were referred through the Welcome Baby process and other referral sources.
- **4,654** home visits were completed by the Gateway Agencies.
- **764** resource referrals for families were provided by phone via Family & Childcare Resources of N.E.W**.**
- **307** at-risk families were enrolled in long-term home visitation services through the Gateway Agencies.

Profile of Families Receiving Targeted CPC Gateway Services*	2009	2010	2011	2012	2013	2014	2015	2016
Annual household incomes <$10,000	47%	26%	38%	37%	46%	46%	39%	43%
Annual household incomes between $10,000 and $25,000	24%	22%	21%	23%	19%	15%	27%	38%
White	52%	58%	59%	50%	40%	40%	35%	39%
Hispanic or Latino (of any race)	8%	21%	11%	25%	33%	28%	32%	29%
American Indian or Alaska Native	6%	5%	4%	3%	3%	3%	5%	2%
Asian	4%	4%	4%	6%	6%	9%	7%	2%
Black or African American	8%	9%	12%	8%	8%	9%	8%	9%
Native Hawaiian or Pacific Islander	4%	0%	0%	<1%	0%	0%	<1%	<1%
Multi-racial	9%	6%	10%	8%	10%	11%	11%	14%
Unknown								<1%

*Targeted services include intensive and short-term home visits, parenting support classes, playgroups and/or other wrap-around supports via CPC Gateway Agencies. Source: CPC Gateway Agencies' combined demographics (enrolled children and/or enrolled parents, depending on the demographic).

2016 Collective Program Outcome Highlights

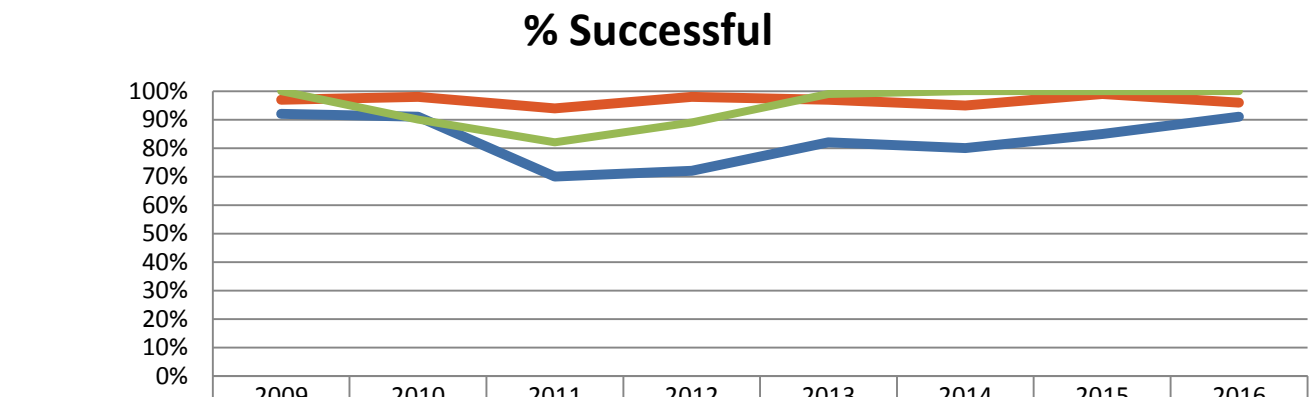
(Aggregated results of the families receiving services via CPC Gateway Agencies – primarily longer-term intensive home visiting clients. Most outcomes and indicators were developed by and/or adapted from The Early Years Home Visitation Outcomes Project of Wisconsin.)

Children Live in a Safe Environment

- **96%** of CPC enrollees had no substantiated reports of child abuse or neglect (**272 of 283** households). (Indicator #1)
    - *2009-2011 results reflected in the graph below are for the Healthy Families Program only; subsequent years include Healthy Families, HCRC and FCRNEW.*

- In **91%** of homes where safety concerns were identified, those concerns were eliminated or reduced within six months. (Indicator #2)
    - *In 2016, **174** home were identified with safety concerns; of these homes, **159 concerns** were resolved.*
    - *The decrease in success in 2011 was due to the Healthy Families Program having a significant reduction in the number of homes where they were able to eliminate safety hazards, because of a loss of a prior grant which had enabled the program to purchase safety equipment for families.*
    - *In some rental properties corrections are unable to be made, and some concerns are out of the programs' control. For example, issues regarding landlord responsibility (railings, windows, etc.) families often fear eviction if issues are brought to the attention of the landlord. In these and all situations, staff provides education to families in an effort to increase awareness and promote change.*
    - *In 2016, top concerns included: CO2 detectors, plug protectors, safety latches, lack of first aid kits and fire extinguishers, cleaning supplies and sharp objects within reach of child, furniture not secured, lack of poison control numbers posted.*

- **100%** of parents/primary caregivers indicated via surveying that they knew how to keep their children safe (**150 of 150** households measured*)*. (Indicator #3 – HCRC and FCRNEW only)

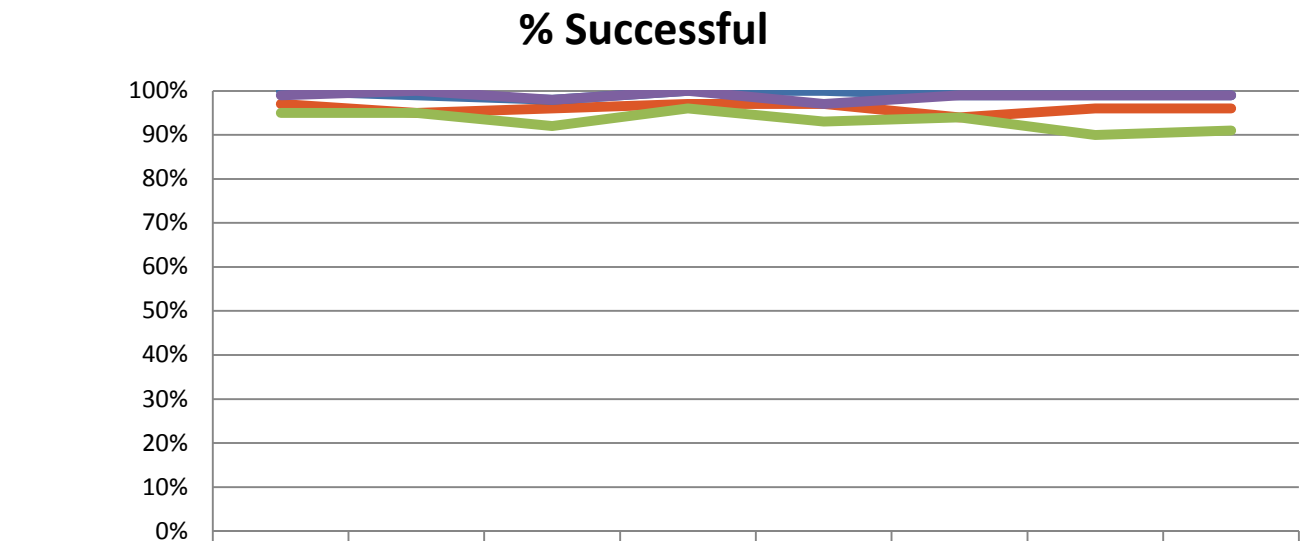


	2009	2010	2011	2012	2013	2014	2015	2016
Indicator #1	97%	98%	94%	98%	97%	95%	99%	96%
Indicator #2	92%	91.00%	70%	72%	82%	80%	85%	91%
Indicator #3	100%	90%	82%	89%	99%	100%	100%	100%

Intensive home visiting clients only (Healthy Families and Parents As Teachers program enrollees)

Children are Healthy

- **96%** of children were on schedule to reach full immunizations by age three (**320** of **333** children measured). (Indicator #1)
- **99%** of their families were linked to a primary care provider (**337** of **338** families measured). (Indicator #2)
- **91%** of children were receiving regular well-child exams (**224** of **247** children measured). (Indicator #3)
- **99%** of children's identified nutritional needs were addressed (**155** of **157** children measured). (Indicator #4)
    - *In 2016, top concerns identified were: food insecurity, propping of baby's bottle, baby going to bed with bottle, inappropriate food choices for age and development, and low weight.*



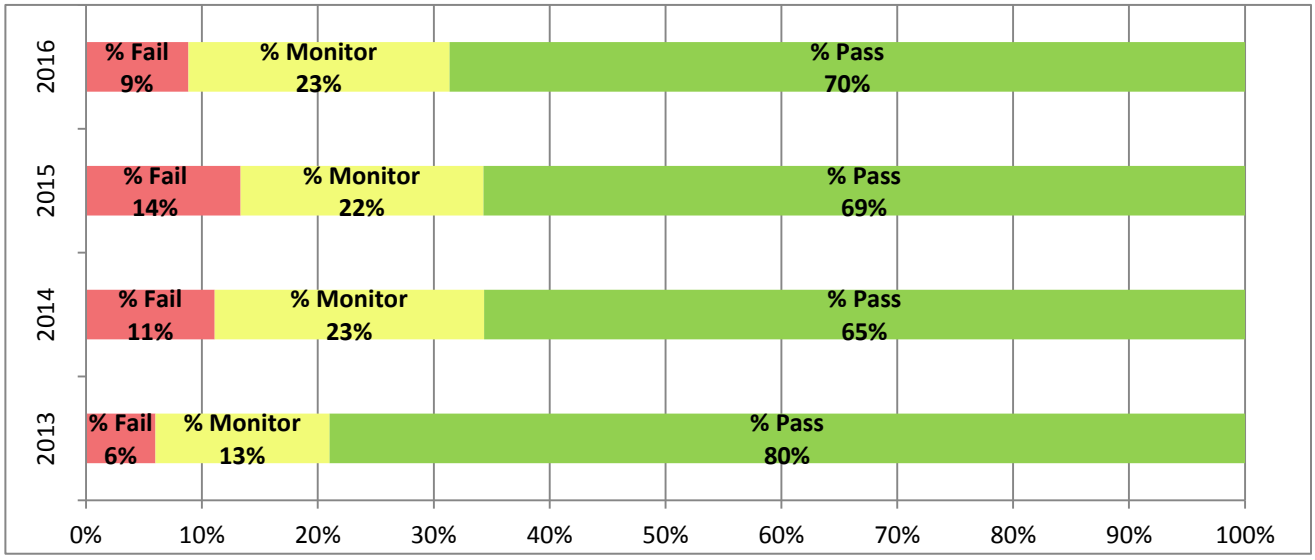
	2009	2010	2011	2012	2013	2014	2015	2016
Indicator #1	97%	95.00%	96%	97%	97%	94%	96%	96%
Indicator #2	100%	99%	98%	100%	100%	99%	99%	99%
Indicator #3	95%	95%	92%	96%	93%	94%	90%	91%
Indicator #4	99%	100%	98%	100%	97%	99%	99%	99%

Intensive home visiting clients only (Healthy Families and Parents As Teachers Program enrollees)

Children Achieve Their Optimal Milestones in Development and Early Learning

- **70%** of children scored at or above age-appropriate developmental levels in each of the key developmental areas of the Ages and Stages Questionnaire-3rd Edition (ASQ-3) (**173** of **247** children measured). (Indicator #1)
    - ***247*** *children measured and scored in the pass, monitor, or needs further assessment zone (fail).*
    - *In 2013, a new edition of the Ages & Stages Questionnaire was used to measure this indicator. The new edition expanded the scoring range to include an additional "monitoring zone." A child falling into the monitoring zone does not qualify for intervention services such as Birth to Three. A child who scores in this zone is considered to be not developmentally on target and must be closely monitored and provided additional support and learning extension activities. The most common areas of concern on the ASQ are within the communication and problem solving domain.*

The new edition allows for more sensitive and effective measurement of a child's developmental progress and most importantly, better identification of delays so that appropriate resources and support can be provided.



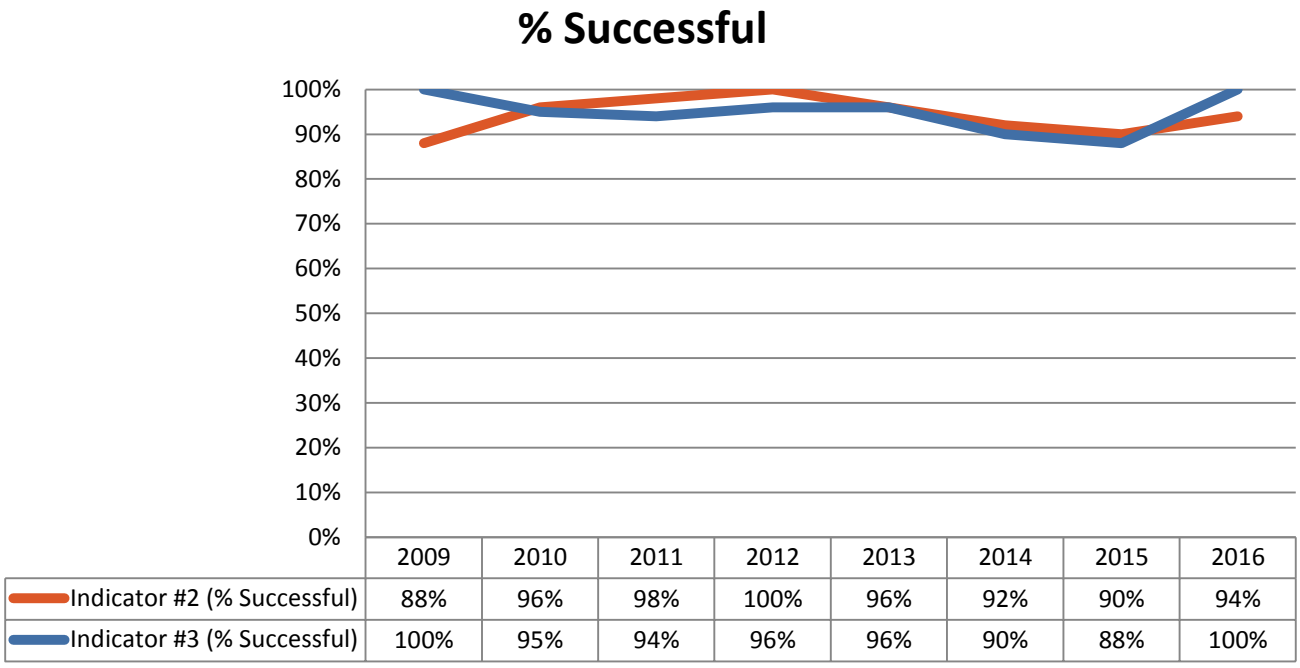
Note: A child can fall into both monitor and fail zones, so percentage total may equal > 100%.
Each interval of the ASQ-3 screens children over 21 age intervals (1-66 months) and contains 30 questions about children's abilities, organized into five areas: communication, gross motor, fine motor, problem solving, and personal/social.

For each of these items, parents are given three choices for answering whether their child is demonstrating the skill described: "yes," "sometimes," or "not yet." The scores are totaled in each domain to indicate whether a child falls into the pass, monitor or needs further assessment (fail) range.

Children Achieve Their Optimal Milestones in Development and Early Learning

- **94%** of children scored at or above age appropriate developmental levels of the Ages & Stages Social Emotional (ASQ-SE) Questionnaire (**229** of **243** children measured). (Indicator #2)

- **100%** of children with identified developmental delays received appropriate early intervention services within 2 months (**31** of **31** children measured). (Indicator #3)



	2009	2010	2011	2012	2013	2014	2015	2016
Indicator #2 (% Successful)	88%	96%	98%	100%	96%	92%	90%	94%
Indicator #3 (% Successful)	100%	95%	94%	96%	96%	90%	88%	100%

Intensive home visiting clients only (Healthy Families and Parents As Teachers Program enrollees)

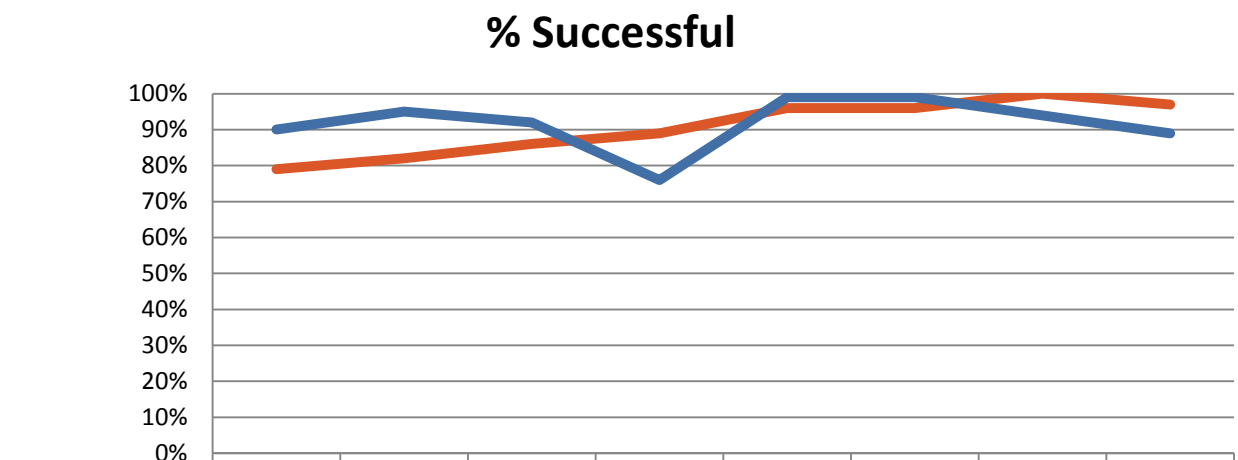
The ASQ-SE screens children over 9 age intervals (1-72 months) and contains 30 questions in five areas: self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction with people.

Parents Interact with Their Children in Ways that Enhance Their Children's Development and Early Learning

- **97%** of parents expressed more confidence in their ability to parent, help their children develop and/or improved their parenting skills (**106** of **109** families measured). (Indicator #1)

Families Access Formal and/or Informal Support Networks to Meet Their Needs

- **89%** of families access formal and/or informal support to help meet their basic needs and reduce isolation (**134** of **150** families measured). (Indicator #2)



	2009	2010	2011	2012	2013	2014	2015	2016
Indicator #1	79%	82.00%	86%	89%	96%	96%	100%	97%
Indicator #2	90%	95%	92%	76%	99%	99%	94%	89%

Includes intensive home visiting and parenting class participants

For complete information on CPC outcomes and indicators, copies of Appendix A: Detailed Outcomes Report are available upon request. Note: The above outcomes are not grouped in the same order as they are listed in Appendix A. This measurement framework (most outcomes, certain indicators and data collection methodology) was developed by the Early Years Home Visitation Outcomes Project of Wisconsin, a special initiative of the Child Abuse Prevention Fund of Children's Hospital and Health System.

A Celebration of Success from the Gateway Agencies

Below are testimonials from an employee of the Welcome Baby Program at Family Services and employees of the home visitation programs at the resource centers. *(Names have been changed to protect the identity of clients).*

Healthy Families of Family Services: Welcome Baby

"Every day because of the Community Partnership for Children (CPC), I get the privilege to meet families in our community that have experienced a life-changing moment. Because of this opportunity to be a part of the CPC, I have forever been changed. It has made me more humble, more accepting, and more compassionate with families and/or neighbors who I encounter every day. We can celebrate the joy and excitement that comes with a pregnancy or new baby, but sometimes we forget the fear, anxiety, and heartache that can accompany it as well. I see families every day who have a positive support system, a safe home, and every need met for their new baby. However, all too often, I encounter families who don't know how they will get to the next doctor appointment, have no family to turn to, or where they will put their baby to sleep at night when they take him/her home for the first time."

"When I tell community members what I do for a living, I often see the lack of understanding and denial that these issues are happening right here in Brown County. I take great pride in my role as a Family Resource Specialist and that I am able to encourage families in a nonjudgmental way. I have the opportunity to lift families up. I get to tell families they are doing a great job, they matter, they are cared for, and that the cycle they have lived for so many years can change. I get to see the tears of joy when they welcome a newborn into their home or tears of pain after the loss of a newborn or miscarriage. I have personally cried over families who have no one shedding tears for them; felt frustrated by "the system" that is not there supporting families in need; have lost sleep over families I meet who were unsure if they were able to secure housing for the night; and have given hugs to families who have no one but a stranger who takes time to say, 'How can I support you and how are you doing?'"

"The Community Partnership for Children offers hope to hundreds of families in Brown County each and every day. All too often we settle for the services provided or the lack of services offered. We have an opportunity not to settle anymore, but to change the course of lives in our community forever."

Family and Childcare Resources of N.E.W.: Home Visitation

"Everyone is aware that change is difficult and takes time. However, as a community, people often expect parents to change their parenting behaviors overnight, not realizing that the behaviors are a combination of what they have learned and experienced over many years. For example, we work with a single mother who has been enrolled in our Parents As Teachers program for 3.5 years. Since her initial enrollment, one of her biggest challenges has been to appropriately and effectively discipline her children. She often took her own anger, frustration, and disappointment out on her children through yelling and spanking. The mother realized this was not how she wanted to parent her children, but it was the only way she knew how with the current skill set she had. Through time we were able to help her recognize the difference between discipline and punishment while providing her with a larger 'toolbox' of parenting skills."

"This mother worked very hard to change her patterns of behavior and to recognize her children's emotions. She is now better able to recognize her own feelings and manage them more effectively. She

has embraced the idea of self-care which helps her to be more prepared to work with her children and to teach them appropriate behaviors. This mother now has goals for herself and envisions a better future for her and her children."

Howe Community Resource Center

"Mary was referred to us through the CPC when she was 7 months pregnant. She was living on the streets and couch-hopping and did not want to enroll at the time. We maintained contact with her for 3 months, providing her with support for basic necessities. When Mary's babies were born, she decided to enroll in home visitation. Mary has been with me for 1.5 years since the birth of her twins."

"Mary is a recovering drug addict who has struggled with her disease and its impact for most of her adult life. For the majority of her pregnancy, she experienced homelessness. I remember the first time I met her, the babies were snuggled on the bed and she told me she hadn't slept in days. Her tears fell and she said, 'I don't think I can do this.' In the last year and a half, I have watched a person who society seemingly closed the door on, blossom into a confident and strong parent and person. When we first met she was not gainfully employed, she had no means of transportation and most of all she had no hope. She loved her children deeply, but felt she was not capable of providing them with what they needed. In the last year-and-a-half, she has realized that not only is she capable, but she is also pretty darned good at parenting. Here are just a few of her successes:

- She completed the necessary steps to regain her driver's license (AODA treatment, AODA classes). She purchased and insured a vehicle.
- Together we have developed healthy positive coping skills that she actively practices.
- She is actively searching for gainful employment.
- She has remained in her residence for a year-and-a-half after a long history of evictions.
- She has a history of allowing people to take advantage of her due to her fear of being alone and has NEVER lived alone because of this. After many long talks of validation and support, she asked everyone to leave and has not allowed anyone back.

"At each of our visits, we partner to address multiple facets of child development. Listed below are just a few:

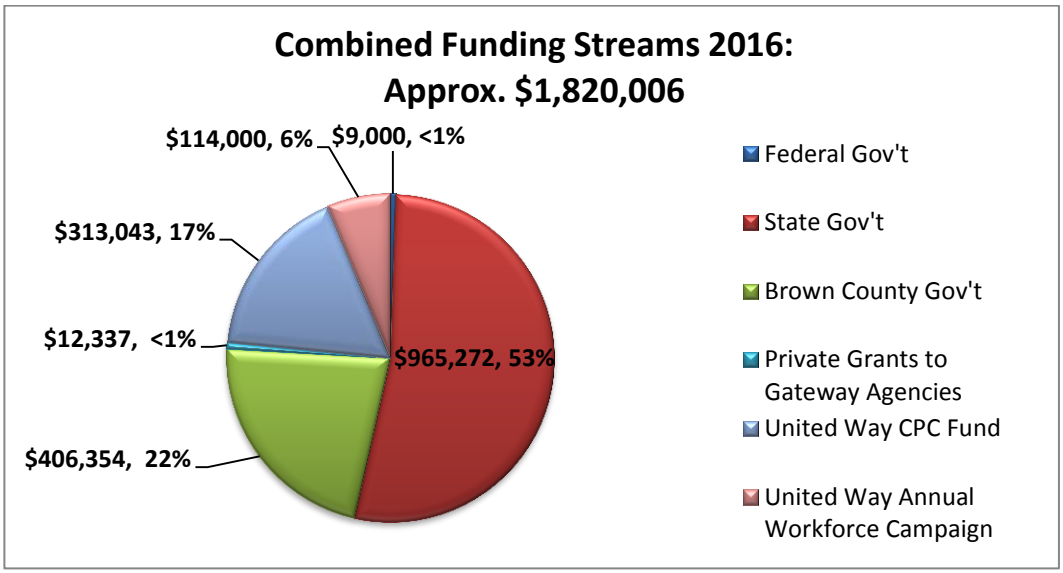
- She provides a large amount of books for her children and reads to them daily.
- Her son was not communicating with her or others and she was concerned. Together we brainstormed what in his environment could be contributing to this and recognized there is a lot of screen time in the home. Together we developed a plan and after reducing the amount of screen time, he is now starting to communicate (after just two weeks).
- Her children are completely up to date on both well-baby checks and immunizations.
- Both children have met or are on track to meet their age-appropriate developmental milestones.
- She was a recent active participant in our Parent Advisory Council.
- While in our program, she has been connected to many community resources, including but not limited to: Adopt a Family, energy assistance, Job Center, Love Life, food pantries, mental health counseling, Birth to Three Program, child support."

"LAST BUT DEFINTELY NOT LEAST: Mary has maintained sobriety. She has shared a renewed confidence in not only her parenting, but also in HERSELF!"

Snapshot of Primary Funding Streams: CPC Gateway

The following pie chart depicts the **combined**, primary sources of funding that supported core CPC-related services of the three Gateway Agencies in 2016 (Welcome Baby, home visiting, wraparound parenting supports). The goal with respect to sustaining the CPC Gateway from a funding perspective has always been to establish an ongoing public/private partnership.

Year-to-year FTE levels do not include clerical, IT and supervisory support at the Gateway Agencies (which were also supported by the dollars noted).



Total Public Funding: $1,380,626 (76%)

Total Private Funding: $439,380 (24%)

Direct Service Staff: 27.5 FTE

Note regarding state funding: State-level investment in Brown County's early home visitation services was renewed with a 10-year funding commitment through the Family Foundations Home Visiting Program, administered by the Wisconsin Department of Children and Families. Our community is grateful for this continued support, which is critical to the success of the Gateway Strategy and ensuring that the most vulnerable families receive these vital services.

However, due to deep reductions in federal early home visiting dollars which augment the Family Foundations Program, significantly less funding was received compared to the prior grant cycle. As a result, the local capacity to serve at-risk families via longer-term home visiting through the Gateway Agencies decreased by at least 120 families starting in late 2016.

In early 2017, Governor Scott Walker included $3.9 million per year in new dollars in his 2017/2019 budget proposal for the Family Foundations Program. The Community Partnership for Children strongly supports this measure, which, if approved by the Wisconsin state legislature, will benefit Family Foundations grant recipients across the state and supports the recommendation of the Governor's Early Childhood Advisory Council to double the number of families with young children served in Family Foundations Home Visiting Programs.

Note regarding Welcome Baby funding: The Welcome Baby Program, which is privately funded, also experienced funding challenges going into 2017. However, thanks to investments from Aurora BayCare, Bellin Health, Hospital Sisters Health System, Greater Green Bay Community Foundation and Brown County Government, which were matched by Brown County United Way and Family Services, the program remains at full capacity for 2017. Long-term sustainability planning is underway.

Spotlight on Community-Based Collaborations

The Brown County Health Department, which recently merged with Brown County Human Services to become Brown County Health & Human Services, works closely with community partners to help meet the needs of families. Many public health staff members collaborate and provide leadership for local community efforts that support optimal health and well-being for citizens and the environment.

Maternal Child Health services are offered to any parent in Brown County. These services are voluntary, confidential, and free of charge. Services include: family home visits, medical care coordination, breastfeeding support and/or assistance, parenting education and support, information and referral to community resources, lead poisoning information and/or prevention, child development screenings, safety information, and case management for children and youth with special health care needs. Referrals are received from community agencies, health care systems, or self-referrals and whose needs are best suited for public health nursing services. Visits are made at the convenience of the family and interpreters are available. Nurses accompany community partners on home visits when needed and as appropriate. In 2016, a need was identified for additional lactation support and coordination. The Brown County Maternal Child Health Division has been able to provide three certified lactation consultants and a health educator who can provide visits to mother and baby in their homes for these supportive services. In 2016, BCHD became the central source of coordination for lactation support, stemming from community referrals, the hospitals, and the Women, Infants, and Children Program.

In 2016, the department served 353 resident clients and completed 1,604 maternal/child home visits. The De Pere Health Department also provides Maternal Child Health Services and is a key partner in the CPC.

2016 Key Results from the Brown County Health Department

Safe:

- **94%** of B children served had no substantiated reports of child abuse or neglect (284 of 299 households).
- **97%** of homes with safety concerns were eliminated or reduced within 6 months (168 of 174).

Healthy

- **96%** of children served are on schedule to reach full immunizations by age 3 years (299 of 313).
- **95%** of children served have a primary care provider ((309 of 325).
- **96%** of children served have their nutritional needs identified and addressed (303 of 316).

Ready for School

- **66%** of children scored at or above age-appropriate developmental levels in each of the key developmental areas of the Ages and Stages Questionnaire-3rd Edition (ASQ-3) (164 of 250 children measured).
- **95%** of children served in need of early intervention services were enrolled or referred for services (82 of 86).

The immunization rate for Brown County overall, excluding De Pere, is 80% for children at age 2 years.

Early Screening Efforts

The Early Screening Team began meeting in 2011 with the objective of formulating best practices for identification and intervention of developmental delays in early childhood in a coordinated manner involving several community organizations. The Ages and Stages Questionnaire (ASQ) is recognized as a best practice screening tool for the identification of developmental delays in children less than five years of age. In 2015-2016, the Governor's Early Childhood Advisory Council recognized the Ages and Stages Questionnaire as being a highly rated, valid, and reliable screening tool.

In 2015-2016, the Early Screening Team developed a community plan to support broad outreach efforts for increased access to developmental screenings, parental awareness and education, and increased public knowledge of available supportive intervention services. Through the use of traveling ASQ boards, many families were introduced to early childhood developmental screeners at various community events like Healthy Kids Day, Encompass Big Event for Little Kids, NWTC Child Find, Back to School Store, and more. Key successes include:

- The completion of a one-year pilot done in partnership with Brown County Health Department, De Pere Health Department, Brown County Birth to Three, Oneida Health Department, along with the assistance of many community agencies staffing the events.
- The traveling board was used at a total of **8 community events**.
- **638** ASQs were distributed during the community pilot.
- Of the ASQs that were completed and /or returned, **21%** were referred for follow-up.

CETE

State Collaboration

Brown County United Way has long believed in the idea of building partnerships across communities for a lasting social impact. In 2015-2016, Brown County United Way was awarded a Race to the Top/Early Learning Challenge Grant through the State of Wisconsin. At the state level, an early childhood network of early childhood partnerships came together to increase the quality of early childhood programs and bring greater awareness to early childhood initiatives through greater public/private partnerships and investments; resulting in the formation of the Hub, which is called **CETE: Children's Empowerment through Education.** The Hub will join the partnerships in a collective effort and will provide training, support, and tools to help increase community engagement.

Locally, the grant is providing support for additional data to be incorporated into the Community Information System (CIS) from local human service providers, health care, and educational systems.

Initial Hub communities included the United Ways of St. Croix Valley, Brown County, Marathon County, Great Rivers and Portage County, and the Fox Valley Early Childhood Coalition. Additional communities with early childhood collaborations are also welcome to join.

Special Thanks

Executive Committee & Steering Team

Co-Chair: Denis Hogan, *Bellin Health System*
Co-Chair: Nancy Armbrust, *Schreiber Foods (retired)*
Debbie Armbruster, *De Pere Health Department*
**Jamie Babbitts, *Hospital Sisters Health System*
John Gossage, *Brown County Sheriff (advisory)*
Tom Hinz, *Community Volunteer*
Mary Ann Hitch, *Green Bay Area Public Schools*
Adam Jackson, *Humana*
Randall Lawton, *The C.A. Lawton Co.*
Dr. Greg Maass, *Brown County United Way*
Georgia Miller, *University of Wisconsin-Green Bay*
*Vicki Mulvey, *Brown County Birth to Three*
Erik Pritzl, *Brown County Health & Human Services*
Laurie Radke, *Greater Green Bay Chamber*
Dr. H. Jeffrey Rafn, *Northeast Wisconsin Technical College*
Jim Schmitt, *Mayor of Green Bay (advisory)*
*Andrea Schultz, *Brown County Health Department*
Brian Simons, *Brown County Library*
Troy Streckenbach, *Brown County Executive*
Dr. Christine Vandenhouten, *University of Wisconsin-Green Bay*
*Tracy VandeLoo, *Bellin Health*
Peter Vandenhouten, *Shopko Stores*
*Sue Vincent, *Encompass Early Education and Care*
Chrystal Woller, *St. Norbert College*

* *Denotes CPC implementation team/workgroup chairperson.*
***Denotes former member who served during 2016.*

Leadership Council

Co-Chair: Denis Hogan, *Bellin Health System*
Co-Chair: Nancy Armbrust, *Schreiber Foods (retired)*
John Dye, *Green Bay Press-Gazette (retired)*
Mike Haddad, *Schreiber Foods*
George Kerwin, *Bellin Health System*
Tom Kunkel, *St. Norbert College*
Dr. Michelle Langenfeld, *Green Bay Area Public Schools*
Therese Pandl, *Hospital Sisters Health System*
Dr. H. Jeffrey Rafn, *Northeast Wisconsin Technical College*
Ginny Riopelle, *Community Volunteer*
Larry Weyers, *Integrys Energy Group (retired)*

Gateway Sustainability Task Force

Co-Chairs: Denis Hogan and Nancy Armbrust
Eric Genrich, *State Representative and member, Wisconsin Legislative Children's Caucus*
George Kerwin, *Bellin Health System*
Dr. Michelle Langenfeld, *Green Bay Area Public Schools*
Dr. Greg Maass, *Brown County United Way*
David Pamperin, *Greater Green Bay Community Foundation*
Erik Pritzl, *Brown County Health & Human Services*
Brian Simons, *Brown County Library*
Dr. Christine Vandenhouten, *University of WI-Green Bay*

Human Service Partners (Children & Families Workgroup, Community Resources Team, Early Screening Team, and Start Smart Team)

American Foundation of Counseling Services
ASPIRO
Aurora BayCare Medical Center
Bellin Health
Big Brothers Big Sisters
Birth-to-Three
Boys & Girls Club of Green Bay
Brown County Health Department
Brown County Human Services
Brown County Library
Brown County UW-Extension
CASA of Brown County
Catholic Charities
Center for Childhood Safety
Cerebral Palsy Center
CESA 7 Early Head Start, Head Start
Denmark Early Childhood Center
De Pere Health Department
Encompass Early Education and Care
Family & Childcare Resources of N.E.W.
Family Services of Northeast Wisconsin
Girl Scouts of the Northwestern Great Lakes
Golden House
Green Bay Area Public Schools
Green Bay Head Start
Hand-N-Hand of Northeastern Wisconsin, Inc.
Hospital Sisters Health System
Howe Community Resource Center
Literacy Green Bay
N.E.W. Community Clinic
Northeast Regional Center -Children & Youth with Special Healthcare Needs, WI Children's Hospital
Oneida Head Start and Early Head Start
Oneida Health
Phuture Phoenix, University of WI-Green Bay
Start Smart/The Early Childhood Council
WI Statewide Medical Home Initiative, WI Children's Hospital
Wise Women Gathering Place
YMCA of Greater Green Bay
YWCA of Green Bay – De Pere

Special Thanks

CPC Fund Major Investors (2008-Present)

Scott & Nancy Armbrust
Aurora BayCare
Associated Bank
Paul Beideman
Bellin Health Foundation
Brown County Children's Charity Golf Outing 2010
Celebrate Children Foundation
City of Green Bay
Cornerstone Foundation of Northeastern Wisconsin
Mark & Mary DePrey
Larry & Kay Ferguson
Festival Foods
Gannett Foundation/Green Bay Press-Gazette
Greater Green Bay Community Foundation, Basic Needs Giving Partnership
Green Bay Packers
Hospital Sisters Health System
Leanne & Mike Haddad
Denis & Irene Hogan
James Hogan Memorial Fund
JJ Keller Foundation Fund
The Konop Companies
Lawton Charitable Gift Fund
Jack & Engrid Meng
Nicolet National Foundation, Inc.
Jack & Ginny Riopelle
Rotary Club of Green Bay
Paul & Carol Schierl
Schneider National Foundation
Schreiber Foods, Inc.
Schultz Family Foundation
ShopKo Foundation
K.C. Stock Foundation
Thrivent Financial for Lutherans Foundation

United Way Coordination Support

Sarah Inman, Vice President - Community Investment & Strategic Impact
Jill Sobieck, Education Portfolio Manager
Cheryl Cerrato, Chief Financial Officer
Andria Hannula, Vice President - Resource Development & Strategic Communication
Ashley VandenBoomen, Investment Framework Manager

Core Funders

Brown County Human Services *(county levy)*
Brown County United Way
WI Department of Children and Families

Representatives from every sector of Brown County are working together to coordinate and enhance early childhood services and build awareness about the vital importance of children's first five years.