Katy: Good afternoon, thank you so much for joining us today. My name is Katy Hussey-Sloniker and I work at the Office of Research and Evaluation at AmeriCorps.
Many of you today might be asking yourself, AmeriCorps?
First, let me share the news that in October of this year, our agency rebranded ourselves from the Corporation for National and Community Service to AmeriCorps.

Every year our agency invests in individuals and organizations making a difference in communities across America. We continue our belief that volunteers in service to others represents the best qualities of America. We believe that AmeriCorps, the name, represents those ideals and if you haven't heard of the change, I'm happy to be sharing this exciting news with you.

Second, our federal agency knows that the past nine months, COVID has impacted all of our lives in ways we could not have imagined one year ago. We hope that you, your family, friends and communities remain healthy and are staying safe. At the AmeriCorps Office of Research

and Evaluation, our objectives are to support our agency's mission by building knowledge on civic engagement, volunteering and national service. We conduct in-house research, but also fund research through competitive grants to researchers, scholars and [unintelligible] at institutions of higher education and support research and evaluation of our programs and grantees of which the social innovation fund is one.

We started this webinar series as one way we share our ongoing research and findings. We like to think just because we need to be physically distant, it doesn't mean we have to be socially distant. Our agency's mission of working with communities and volunteers to strengthen community outcomes couldn't be more critical than it is at this very moment.

Vibrant communities are based on strong community engagement, social capital and participation. And as an office devoted to building knowledge around these topics, we're always looking to highlight cross-hitting research from a variety of disciplines that broadens how we define or impact engagement across the United

States. Before we begin, we'd like to cover a few housekeeping items before we connect.

Janelle: Thank you all for your patience as we get started with Adobe Connect. This webinar will be recorded and posted online following the presentation. There is no dial in phone line. All audio is broadcast over the internet using your computer speakers. All participants will be in listen only mode until the question and answer session following the presentations at which time you can ask a question using your computer's microphone by selecting the raised hand feature from the menu above.

You can also ask questions at any time during the presentation by using the Q and A or chat box below. As mentioned earlier, this webinar is being recorded and if you have any questions or experience technical difficulties, please let us know using the Q and A or chat boxes below. I believe that takes care of our housekeeping items. Back to you, Katy.

Katy: Thanks, Janelle. Our webinar today is a showcase of the final social innovation fund cohort awarded in August of 2016. I have had the pleasure of working with

each of the SIF grantee teams, as we like to call them, for almost their entire award performance period. The grantees under this final funded opportunity from our agency all have two things in common. One, they are members of one of the six federal tiered evidence programs with SIF, and two, they all have a focused area of youth development.

As you will hear, their programming of designs and outcomes impact identified are all different. Even each of their geographic interventions delivery strategies vary. I'm excited for each of you to hear what they have accomplished from Friends of the Children scaling a national model, to North Carolina Partnership for Children working on state-based model, to United Way for Southeastern Michigan implementing a regional model. And, finally, to United Way of Central Indiana executing a neighborhood model.

Now I would like to introduce Dr. Lily Zandniapour,
Research and Evaluation Manager for The AmeriCorps
Office of Research and Evaluation, to briefly provide
remarks on the social innovation front. From Lily,

we'll proceed to the first presentation and conclude with open discussion from Q and A. We expect for the presentations to last for a total of 55 to 60 minutes. During the webinar, please feel free to type in questions or provide comments in the chat box and all speakers will respond during the Q and A time period. For now, I would like to introduce to you Dr. Lily Zandniapour.

Lily Zandniapour: Thank you so much, Katy, and good afternoon, everyone. As Katy said, I'll be brief and just want to provide you with a bit of background on the social innovation fund. The social innovation fund was approved and administered by AmeriCorps that received congressional funding from 2010 to 2016 and, as Katy mentioned, is one of six tiered evidence initiatives that was designed and implemented at the federal level during President Obama's administration.

In the decade of system implementation, a total of 59 grants were awarded, for a total federal investment of \$382 million dollars in promising programs in three focus areas of youth development, economic opportunity, and health. The majority of these grants were five year

awards. SIF program had a two-tiered model where funds were awarded to an openly-competitive process to intermediary grant makers, who would then hold open competitions of their own and make awards to subgrantees implementing selected intervention models with evidence that these work.

SIF congressional appropriation was leveraged in a public-private funding structure that required the grantees and the sub-grantees to match one to one through private funding their federal share received.

In all, the SIF portfolio resulted in the investment of a little over a billion dollars in communities across the country. Again, the full grantees presenting today are the final selected cohort of those 59 grantees.

Next slide, please. Creating the public-private partnership for funding was only one aspect of SIF statutes and grantee participation. The key objectives of the initiative were to, first of all, invest in promising interventions that address social and community challenges and grow their impact. Secondly, to invest in evaluation and capacity building in order

to support the development and use of rigorous evidence to measure the effectiveness of each funded intervention and inform decision making. And third, to work with grantees to scale and sustain the efforts of their public-private partnerships.

Over the decade of implementation, the SIF program has proved successful in strengthening and sustaining the capacity of our funded grantee partners for conducting rigorous evaluation. The way we'd like to say it is this moves the evidence needle around social service programming so that we can make what works work for more people.

When SIF was put through a third party, independent, for truly a wide robust impact evaluation at the national level, the findings revealed that the funding and support of each cohort of grantees and their subgrantees spurred high quality local evaluations that are building knowledge and a body of evidence across their supported program models to inform practice in their communities, their region, and the nation.

Today the 2016 SIF cohorts of grantees will be sharing their findings and lessons learned to inform and build knowledge and to outline their next steps to sustain their work. Katy and I would like to congratulate each of them on their achievement in computing their evaluations and now disseminating their results.

We are excited to have partnered on this project, and look forward to both publishing their final report on the AmeriCorps evidence exchange in the coming months. Let me now introduce our first presentation, the Friends of the Children. Take it away, please. Thank you.

Susan: Thank you, Lily. I'm Susan Walsh, I'm the Director of Research and Strategic Impact at Friends of the Children. And I just would love to take a minute to thank Katy, our Program Officer, for all the great work with us over the last four years. And I'd also like to introduce Dr. Shelley Osborn, from ICF. Shelley is the principal investigator of our SIF evaluation and just has been an amazing partner on this project. Next slide, please.

So, who are we at Friends of the Children? We had hoped to show you a video, but we had some technical issues. So we're going to place the video link in the Chat for you to view after the webinar if you'd like to learn more about us. Friends of the Children is a national non-profit that began services in Portland, Oregon over 27 years ago.

At Friends of the Children, we select and invite youth and their families to participate in a paid professional mentoring program from the time that children are 4 to 6 years old, through high school graduation. Twelve and a half years for every child, no matter what. All of our children have unique talents, interests, and dreams and they also face significant systemic barriers to achieving their goals. Next slide, please.

To identify and select our children, we partner closely with schools, child welfare agencies, and community agencies such as early intervention programs and such.

Together with our partners, we conduct a rigorous risk and protective factor assessment, and also make

arrangements to meet the children for observations, all of which helps us understand which children are in high need of additional family supports and advocacies. Next slide, please.

So, what makes up our program? The core of our program are professional mentors that we call Friends. Our Friends are trained, salaried, professional mentors and each Friend carries a caseload of eight children. Friends work four hours a week on average, with and for each youth and family and they represent the communities within which our families live.

On average, our Friends' tenure with the organization is about five years, so each child is partnered with approximately two to three friends over the course of our twelve and a half year program. Our work is individualized and intentional working in the child and family's home, school, and community. And one of our main premises for our organization over the course of the last 27 years has been evaluation - evaluation, measurement, and improvement.

We use data internally in a networked ETO system,

Efforts to Outcome system, so that Friends

intentionally plan their work in relation to annually

set roadmap goals that they set with their children

together each year, the children and caregivers. And

for the last 25 years-plus, we've been committed to

external evaluation.

Third party evaluation of our long-term outcomes show that 83 percent of our youths receive a high school diploma or GED; over 92 percent enroll in post-secondary education or enter the workforce; 93 percent successfully wait to parent until after their teen years; and 93 percent also remained free of criminal justice involvement. Next slide, please.

So, when we were developing our SIF evaluation plan, it was heavily influenced by our existing external evaluation when we were making decisions about the design. And most significantly, we have an ongoing RCT, Randomized Control Trial, evaluation. This evaluation started in 2007 with NIH funding at four of our sites. And we have findings right now through the early years

of the study, up until the children average the eleven year goals.

And you can see here on the slide, our findings were mainly in the area which we would expect, in the area of social/emotional development in the children, as well as protective factors of parents' perceptions of their children's behavior. We are now just received funding to finish the study with the help of NIH and so we'll be looking at end point and two year follow-up analyses.

So when we were going into SIF, because of this enormous investment, you'll see in the slides that follow, we decided to focus our SIF evaluation plan on an implementation study of the fidelity with which we scale our program. This is our third - our first third-party implementation study. We also incorporated data analyses strategies to evaluate whether our SIF sites were on track with these social/emotional learning outcomes since all of the children that were involved with the SIF grant were in their early years, were young as well, elementary school. And we also wanted to

understand whether we were continuing to have a positive influence on parental professions as well.

Next slide, please?

Our primary goal of SIF funding was to learn how to build the appropriate capacity as a network to scale our program model with fidelity around the country. We want every child that would benefit from a friend to be able to join our program and experience positive outcomes. So we started in these sites that you see her on the slide.

So in the beginning of, pre-SIF, we were in seven locations. And then if you want to advance the slide? And with SIF, we expanded to 14 sites and that's the yellow dots here. So we expanded services by starting five new programs in new locations, and also expanding on the existing sites that we had in Seattle and Boston. Next slide, please? So now I'd like to take a minute and turn everything over to Shelley to talk more about our SIF evaluation design.

Shelley: All right, Susan, thank you so much. So again, I'm Shelley Osborn, principle investigator for the

evaluation that we did for Friends of the Children for SIF. So ICF conducted a four year evaluation of the Friends of the Children program, so starting in 2016 through 2020.

Our implementation evaluation used a mixed methods design that drew from program data, primarily in each of those efforts to outcomes that Susan mentioned, the systematic data that Friends of the Children collects. Information we obtain from monthly calls with the site staff, so that included executive directors, program directors, including Friend and Friend supervisors and then direct observations that we did at a couple of sites.

We have planned more site evaluations, which of course COVID put a kibosh on that. So our research questions for the implementation set to be centered on program models fidelity, as Susan mentioned. So you know, the specified number of hours that Friends spend with their youth, with caregivers, with the school staff, as well as how the professional development training was implemented.

The child welfare study involved administrative data from state agencies and answered questions specific to child welfare outcomes such as the length of stay in foster care, the number of placements and the time to permanency. And that was conducted in two site. The school study also used administrative data looking at attendance and behavior, which was primarily measured by just disciplinary incidents, and then academic performance which was measured by MAP and/or reading test scores.

And then our caregiver survey was designed to answer research questions related to improvements in parents' perceptions of gains in their child's socioemotional learning and their own parenting efficacy. And that survey was conducted in 2019 and 2020. So that's just a quick overview, and then I'm going to turn it back over to Susan for the next slide.

Susan: So right now we are still finalizing our review of ICF's final evaluation report and data analyses. And so we really wanted to focus our time mostly on what we learned over the course of the four years in

implementing this evaluation. And like I said, the implementation study was really important and groundbreaking for us at Friends of the Children. We learned that the process of doing an implementation study was so incredibly valuable.

Our ICF team has been true partners. They shared findings with us along the course of the study, which we've been using strategically to inform program improvements as we scale. And mainly some of the findings we found that we were actually able to really operationalize is that we needed to strengthen our training support and supervisor our program staff. And what this led to was us investing in a new quality improvement system building initiative.

We went out and in the middle of SIF and we sought funding to be able to create a QIF system. And also invest in a learning management system so that our delivery to our staff across the country was able to be adaptable to the variety of diverse adult learning styles. And this is something that's benefitting our

entire network, not just our SIF sites, and positioning us well for future expansion and quality.

Part of this process was that ICF, what we learned from our implementation study, was the need to really focus on the voice of our Friends, the voice of our internal program, ground level program staff, to inform the process and create systems for that that live on and are continuous. So we've instituted a Friend Advisory Board and a network-wide program committee that helps inform, review and develop our quality improvement system building priorities.

We also learned that SIF was an incredibly effective mode for building national infrastructure for expansion. So through the implementation study, some of the findings along the way have really led for us to be encouraged to grow our finance and our HR team, and to model the SIF matching fund approach with private investors. So we've been successful doing that, which is really, really great.

And then the administrative data analyses, making sure the juice is worth the squeeze. We could have an entire webinar about what we learned about developing data use agreements with schools and child welfare and it is a very complicated process.

We've learned that with the school data that social/emotional learning is really our sweet spot in the early years of the program. And so that the enormous investment in school data, admin data in elementary school is probably not worth the squeeze. But we are realizing with child welfare data analyses, we did have some positive findings in the area of reductions of lengths of stay in foster care. So we're excited to learn more about that. Again, we're still unpacking the results.

And finally, with caregiver voice - you know, one of our SIF sites piloted a new two generation approach to our program model where our program teams do more intentional work with families, as well as children with the goal to advance not only child outcomes, but also family stability outcomes.

So over the course of this SIF grant term, our caregiver survey became a more primary focus of our evaluation. And again, ICF was wonderful adapting to our priorities, especially during COVID when our work with families became even more important and the logistics of fielding a caregiver survey became even more complicated. So we really have learned a lot through that process. I'm going to kick it back to Shelley to share a little bit about those findings of the caregiver survey.

Shelley: Okay, so next slide please? And I know we just have a minute left, so I'll go over this really quickly. So we conducted the survey twice in 2019 and 2020 with all seven sites. And again, when we talk about sort of the socioemotional skill development, we're talking about things like self-management and self-regulation, self-awareness.

And we had parents and caregivers sort of answer a series of questions from not at all true to very true, thinking about before their child had a Friend and then in the past two months before the survey. And we saw

gains in all of the areas, even when we controlled for several factors. The second group of findings, we really wanted to not only figure out from caregivers what they thought about their child's growth and development, but for themselves.

And so we saw improvements, again, self-reported improvements for a cross-sectional survey, but improved problem solving within the family, ability to handle sort of parenting demands and then those important connections that Friends were able to help caregivers make. So educational assistance, like books for their home, tutoring, library access, cultural or art activities, fitness or sports activities. At least 40 percent of the caregivers in both years of the survey reported that Friends helped them connect to those areas. And I'll turn it back to Susan. Susan, are you there?

Susan: Sorry, I was on mute. I know we're out of time, but thank you very much. The SIF slide shows where we were with this. If you advanced one more slide, you'll see where we're headed. We're hoping to get to 25 sites by 2025. And our SIF evaluation, particularly the 2Gen

work, is where all of these new sites want to do their work. So really, we would not have been where we are with our 2Gen innovation without this SIF evaluation. So thank you so much. I will now pass on to the North Carolina Partnership for Children.

Stephanie S: Thank you so much and hello, everyone. My name is Stephanie Sidberry with the North Carolina

Partnership for Children. And I'm going to talk to you about the lessons learned and the evaluation from our project, Shape NC. We are housed at the North Carolina Partnership for Children, which is the state level organization that administers Smart Start. And Smart Start was created in 1993 as an innovative solution to a problem.

Children were coming to school unprepared to learn. So policymakers recognized this and established Smart Start as a public/private partnership. We have a network of independent private organization called local partnerships, it's about 75 of them, that work across all 100 counties throughout the state. Next slide, please? So before I begin, I'd like to give kudos to the rest of our team. I don't know if they're

able to join or not, we had conflicting calls this morning, this afternoon.

But Courtney Latta-Sosebey and Angela Lewis are our implementation coaches and these two very smart, dedicated early childhood professionals, I want to thank publicly for all of their hard work over the last three years. Now missing from this is our evaluator, who was with NCPC for most of this project, Dr. Kim McCum Storton [phonetic]. She moved on to another organization, last year, but I still want to acknowledge her because a lot of what I'm going to be talking about today was a result of her work. Also want to thank Katy for all of your guidance and support throughout this project. Next slide, please?

So back in 2010, the Blue Cross and Blue Shield North Carolina Foundation came to NCPC with this idea to utilize our network of 75 local partnerships to address early childhood obesity and so Shape was created. And so since then, we've had two prior funding phases, one from 2011 to 2013 and then phase two was 2014 to 2016. Next slide?

So in 2016, NCPC was lucky enough to be awarded funding from back then SIF to conduct a rigorous evaluation to determine if the Shape model would continue to produce outcomes on early childhood body mass index and health. So NCPC had conducted evaluations in our two previous phases and both found that BMI, body mass index, for children where centers implemented this full Shape model, realized more significant decreases in child BMI than children that were in centers that only implemented portions of the program.

So this is the model that we used for this phase of Shape. And so we had three main bubbles. We had our expert partners that consisted of Be Active Kids, which is a health program for children ages birth to five that provides resources and education and training on the benefits of physical activity of childhood.

The Natural Learning Initiative, which is housed at NC State's College of Design, which works with childcare centers to transform existing traditional playgrounds into natural play and early learning environments. We

don't call them playgrounds anymore once we transform them - they become outdoor learning environments. Go NAPSAAC, which is the nutrition and physical activity self-assessment for childcare which is an evidence-based online assessment tool housed at UNC Chapel Hill that childcares can use to assess their current best practice implementation in various content area, such as infant and child physical activity, infant feeding and breastfeeding, child nutrition, oral health and such. So those are our three core partners.

Over about midway through this phase, we did add Farm to Early Care and Education as one of our partners, but they weren't a factor in our evaluation. Next up is our learning spaces. So the way we disseminated knowledge down to the locals was through peer to peer, in person learning collaboratives, technical assistance to childcare centers, coaching and providing online resources and conferences. And then the next bubble, we sub-granted funds to several local partnerships. We actually funded three local partnerships and one community-based organization. And then these

organizations in turn passed money down to childcare centers. Next slide?

So the evaluation was set up as a quasi-experimental design, delay treatment design, meaning that childcare centers were not randomly assigned to treatment and comparison groups, but they were matched variables related to their readiness to implement the program such as how long they had been in operation, their quality rating, staff stability, director, owner stability.

We also took into consideration whether the center accepted subsidies, which we used as a proxy for poverty, to ensure we were reaching the children most in need in each county. So the evaluation assigned the centers to either a treatment group or a comparison group. Centers and treatment groups immediately began working with our core partners in receiving training and technical assistance from the Shape team.

So as you can see, data was collected in the fall and spring of year one and fall and the spring of year two.

And I apologize, because there's a typo on that slide "year two" should be 2018 to 2019. Now our study was
originally designed to be three years, but due to COVID
in spring of this year, we decided to cancel data
collection because we couldn't get into the centers and
it was just not the safe thing to do. So we decided to
just focus on two years' worth of data for the
evaluation. Next slide?

So the research questions we were examining were what was the impact of Shape on the number of health and nutrition best practices implemented in the childcare centers. What is the impact of Shape on physical activity in children and what is the impact of Shape on the percentage of participating children at a healthy weight as measured by their body mass index compared to the children in our comparison site? Next slide.

So what we found was overall the evaluation determined that Shape produced large and significant improvements in opportunities for indoor and outdoor physical activity among children participation at the childcare sites. The evaluation also determined that programs

from our three partners, Be Active Kids, Go NAPSAAC and NLI, the Natural Learning Initiative, are powerful and effective interventions that bring opportunities for children to engage in physical activity, both indoors and outdoors.

So specifically, for research question number one, what we found was there was no significant impact on Shape on the number of healthy nutrition policies and practices, best practices, after one or two years of implementation. Now there was a bit of a caveat with that.

The evaluators, we had come to a decision with the evaluators to use the Yale's Rudd Center for Food Policy and Obesity survey as a validated tool to assess children, policy and practices. Of the 46 physical activity policies and practices they examined, 23 were already in childcare licensing regulations, meaning that our centers were really supposed to adhering to them anyway. So that would explain why we didn't see any kind of significant impacts on Shape health and nutrition policies practices.

But as far as research question number two which was the impact of Shape on physical activity in children, we did see that after two years children at all 20 treatment sites engaged in indoor free play which was an increase from one site at baseline. So that was statistically significant. And then after two years the number of sites in which children engaged in structured indoor play increased from eight sites to 17 sites, and that was also statistically significant. Next slide?

Continuing with outcomes from our second research question. After two years of treatment, the number of centers in which children participated in outdoor structured play increased from 4 to 17. And then for research question three, which was the impact of Shape on body mass index, we found that after two years the percentage of children in the healthy weight category decreased significantly, unfortunately, from 73.8 percent at baseline to 65.7 percent. While the percentage of children in the obese category increased significantly from 9.5 percent at baseline to 15.2 percent at baseline.

Now although we definitely did not want to see obesity increase, I can say that more than two-thirds of the children in both treatment and comparison groups were at a healthy weight category at baseline. And most of those children in both groups stayed at a healthy weight after one and two years of treatment, so that it is a good thing. So where are we going next? Next slide?

So what we're going to do with our model is we're going to pull out this little piece on Coaching for Technical Assistance. We know that the Shape model significantly increased physical activity. We also learned throughout this project how important it was to have ongoing technical assistance and coaching as a means to embed the Shape model into childcare centers.

Now, Shape as a program is sunsetting in 2021, but we wanted to continue implementing these best practices within centers across the state. So we decided the best way to do that is to focus on the coaching piece. So we're going to leverage the skill and knowledge base of

our current implementation coaches, Angela and

Courtney, as well as the Shape-trained TAs across our

local partnership network. And so we're going to scale

TA provision across this network to all of the other

local partnerships.

And we realize we have about 150 TAs across the state, and so we're going by this time hoping that by providing them technical assistance and training, we can continue to move the needle on integrating best practices around healthier eating, increasing physical activity, and outdoor play and learning. We will also support coaching towards new and enhanced policies, collaborations, [unintelligible] that influence a wide range of child and family outcomes.

We know that our Shape TAs are highly trained and competent, so we want to duplicate that across our network. And what we're hoping is that this will lead to significantly expanded capacity of the local TAs across our network, to support childcare centers in their critical roles in promoting positive outcomes for children.

Now this will be, unfortunately, an unfunded project. I mean, we will have funding at the state level, but the technical assistance and coaching that we will provide to the network of TAs will include ways to engage communities in raising money. That's another lesson that we learned with this project is that it's so important to engage the community and get them and parents involved.

And you just never know what kind of skill and expertise you have within your community to help build out, continue building out outdoor learning environments, and to keep funding coming so that these centers can start embedding these best practices for healthier eating and active play. So with that, next slide. Thank you very much for your time, and I will turn it over to the United Way of Southeast Michigan.

Ty: Thank you. I'm really excited to be here. My name is Ty

Partridge and I'm a professor at Wayne State

University. I've been working on projects with the

United Way since about 2004, and I have to say this is

particularly meaningful for me in that SIF has been a

daily part of my world since 2012, I believe. So it's going to be really weird to not have SIF stuff going on in my day to day life coming up at the end of this project.

I also want to acknowledge Chris Trentacosta, who is a professor at Wayne State University who's been working with us on this project, and is really the program expert. And Jeff Miles who many of you might know is leading the SIF project and early childhood initiatives for United Way and Randi Burlew who is the lead evaluator from Philliber Research that's working with us. So, the next slide, please.

This project has been a tremendous undertaking and I just want to acknowledge all of the people that have participated in this. Obviously we could not do this without the support and encouragement and knowledge of the AmeriCorps crew and all of the fantastic work that Katy and Lily and everyone has given us over the years. There's a huge team at United Way.

And this intervention, it's a single intervention, a single program, but we're actually implementing it through five different agencies: Oakland Family Services, Care of Southeastern Michigan, Leaps and Bounds Family Services, the National Kidney Foundation of Michigan, and Access who have all been tremendous partners in this project. All right, next slide, please.

So just a little bit about the G.O.A.L.S program. This program is really designed to serve low income families with children between the ages of 0 and 5, living in the Metro Detroit area. We really tried to have a much more regional approach. The G.O.A.L.S program is built around the family checkup model, which is an evidence-based intervention that uses motivational interviewing to use sort of enhanced case management services to help children - or families with young children - to procure resources and engage in different services that they need.

And our approach to this was to take their original family checkup model and expand on it by using a multi-

agency delivery approach, but also pairing it with the tremendous referral capacity of United Way and the 211 program. And so we think of this as a really intensive, but light-touch case management, home visiting type of intervention, but that has scalability to a regional and larger context without the same resource cost of something like traditional home visiting. And I'll talk a little bit more about how it works in a little bit. All right, the next slide.

So again, this is a single intervention, and it's being implemented through five different agencies and the idea that we had was really to create a regional network. And so these agencies, in a way, almost form sort of a meta-agency where we had regular learning community sessions, we were sharing resources, they're sharing oftentimes referring to each other or sharing training materials or training resources. And so it really did operate like this much broader community intervention model that transcended different agencies.

And that was one of the things that we think was really unique about our approach here, was extending and

really creating a collaborative network across the community. All right, next slide. So a little bit off the timeline. United Way of Southeastern Michigan was fortunate enough to have been awarded a Social Innovation Fund grant in 2012, I believe. And we learned a tremendous amount, often the hard way.

And one of the things that we learned was to make sure that we had a planning year and a pilot process to help us kind of get up to speed. So we really started the piloting of this program after a year of intensive planning. In 2017 we did a pilot and took our learnings from that and really started the programming in full on February of 2018, continued to enroll families through December of 2019 and then our data collection ended just this past August. All right, next slide.

So a little bit about the families that we enrolled. We had about just under 1,000, we had 992 families participate in this program. We're evenly split between an intervention group and a control group. The sample was about half were married. We had a really diverse sample, 47 percent of the sample was African American,

or Black, 24 percent were Middle Eastern or North

African or Arabic descent and then 23 percent white.

And we also had a lot of language diversity, if you'll

notice. 24 percent of our sample, their primary

language was Arabic. And education was pretty evenly

distributed from less than high school through some

college, although we did have some college graduates as

well, and advanced degrees. Next slide.

We also wanted to highlight some of the health factors, particularly in the context of COVID, because we're going to take a look at some COVID impacts in a little bit. We found that 86 percent of our sample was on Medicaid. Almost all had insurance, but 17 percent had unmet, uninsured medical need. And really important in terms of the COVID risk and how this is going to impact their sample over the next year or so, that 36 percent of them had chronic health conditions that put them at higher risk for COVID complications. All right, next slide?

So, as I said, this was primarily an implementation study. We really wanted to take a known empirically

validated intervention, but implement it in a different way and in a larger scale. But we also did include a randomized control trial, where we have a comparison group and an intervention group. We have a broad range of assessments, that I'll talk about in just a second, that we give to all families.

And then basically what happens is that if you're in the comparison group, you're given a list of resources, and basically referred to the services of the agency that you were enrolled in the program through. And it's kind of a standard of care. The intervention group was given the family checkup assessments, and there's a three session process where the family's checkup specialist will meet with the family, build a level of rapport, and then provide really intensive feedback to the family. And then using a motivational interviewing approach, work with the family to set goals and refer them into specific pathways across our entire network. And then we follow each cohort up at six months and twelve months following the initial assessment. So, the next slide.

The assessment as I mentioned is really broad. We looked at things like basic need, that includes things like housing stability, income security, food security. We looked at some family vulnerabilities domains like mental health, substance use, legal involvement. Positive family supports like life skills, adequate family social support, community involvement, those sorts of things.

We looked at both adult education needs and child education needs. We looked at child development milestones, primarily through the ASQ, the Ages Questionnaire, as well as some parenting skills and parenting knowledge and the quality of the parent child relationship, at least in the family checkup model, through the PICCOLO Assessment. The majority of these assessments really come from the Arizona Self-Sufficiency Matrix, and a structured interview that we developed to fill out the Arizona Self-Sufficiency Matrix. All right, next slide.

So, the way the family checkup model works is you give that comprehensive set of assessments, and then we had

scoring criteria that really puts you into categories of green, yellow, and red. And if you were in the green category, that was really a strength for your program or your family. If you were in the yellow range, that was something that could need some intervention, but wasn't as severe. And if it was in the red range, well this is something that should really be brought to the family's attention and try to work with them to develop some goals around that. And then we did set some goals and we used this goal feedback sheet just to kind of work with the family to set those goals. All right, next slide.

Just an example of one particular family. They had a goal of trying to get the child to eat more foods. We enrolled them in a FEAST program, which is a food intervention, a food-based intervention with the United Way. And then when we followed up with them at six months, the child had started eating more foods. And so you can see that we kind of look at different specific questions, or different specific needs of a family, and then helping develop referral pathways for them and

then following up on those to see how they worked. Next slide, please.

This just gives you a little bit of an idea of the kinds of goals that were being set, and the kinds of referrals that we're making. Education and parenting skills were really the big things that folks were looking for, but we also had a range of other basic needs, like housing, food stability, mobility or transportation was a big issue, as well as some healthcare coverage and then on the right we have the different pathways that we referred people to. And these were all specific intervention pathways that we developed as a part of this program. All right next slide.

For those of you that when you get the slides we've got some links to some of our pathways. Parents as

Teachers, for example, was a big one. Ready4K, which is a text-based intervention that provides specific skills and resources for parents to help get their children ready for kindergarten, that are tailored to that particular child. We have healthcare access through a

virtual chat program. The National Kidney Foundation of Michigan has a diabetes prevention program that's been really helpful. And then again I mentioned the FEAST program really working with families to help really develop a better attitude around and better strategies around health and nutrition that's been very effective. Next slide.

So, looking at some of the outcomes that we've looked at, we used a logistic progression approach to look at how participants changed in terms of their relative risk in each of these domains compared to the intervention group and really across the board had pretty substantial, significant improvement for the family checkup model families relative to the control families, in a wide range of domains. And it's important to remember that the intervention or the control group was actually - they were still receiving interventions, it was just the point of the standard of care.

So this is above and beyond what the typical standard of care would be to families reaching out to the

agencies for supports. All right, next slide. Then as we all know, COVID hit and this did impact the way we delivered services. We've learned a lot about how to do this kind of case management remotely. And I just wanted to talk a little bit about some of the - we retrospectively went back and asked families that had participated how COVID has impacted them. And then we also looked at families who were enrolled and receiving services across the pre-COVID to post-COVID periods and how that has impacted them in their outcomes. So, go ahead to the next slide.

Based on our retroactive surveys, what we found is that of our families we got 380 respondents that we had data on at this point. Four percent of them had been COVID positive themselves. I think most striking is that 40 percent of the families in our sample had an extended family member or close friend that was COVID positive and about 18 percent of them had a family member or close friend die from COVID. And that's really just gives you an idea about the impact that it's having on the lives of families in this region.

We had really good compliance in our sample. 94 percent wore a mask when they went outside. But this is a group that doesn't have a lot of choice about staying at home and they had to leave home typically 3.5 to 4 days a week and primarily for work or getting groceries. Did have a pretty significant impact, particularly on income and food access, as well as increasing stress. And then finally, the next slide.

We did find in our study where we were looking at families who were already in the program before COVID hit and then had outcomes after COVID, that it really negatively impacted them in terms of inadequate healthcare, inadequate employment, decreased family connections, being disconnected from the community, parenting challenges and mental health challenges. And this was across the board, whether they were in the intervention group or in the control group.

But if you go to the next slide, we did find that being a part of the family checkup model, and having this strong rapport already developed with an agency and having those outreach connections pretty well

established, did lead to a rebound effect. While it hit everybody really hard initially, the families that were in the family checkup model program were between 1.8 and 3.5 times less likely to show an increased risk as the COVID pandemic progressed. So once we got past about April 30th, they started to really rebound in a way that the control group did not and we thought that was really powerful.

So, I really appreciate the time that everyone has given us today, and I'm happy to share these findings with you and a little bit about our program and I welcome any questions at the end. And now I will hand it off to United Way of Central Indiana.

Whitney: Thanks, Ty, from one United Way to another. I appreciate you passing that along. For those who don't know me, my name is Whitney and I'm a Senior Program Officer with United Way, working on the Great Families 2020 program. And you might see as we go along some parallels actually between our program and United Way of Southeast Michigan's program. They were a strong collaborator and kind of resource for us in the beginning as we were shaping this program.

So, today we're just really going to walk through programmatically high-level, the Great Families 2020 program, and specifically some tools, data and evaluation tools that we use, and some lessons learned at the end. Next slide, please. So, as I mentioned, I'm Whitney, and I also have the pleasure of being joined in the presentation with me later on, members of our strategic information team from United Way of Central Indiana, Denise Luster and Stephanie Fritz. And additionally, representation from our third party evaluator, PPI and Polis, Breanca Merritt, who will talk through some, like I said, the more specific data tools that we use in this program.

I also want to shout out some additional program staff that I see that are on the call joining today. So, Candace Gary and Dionna L. Marshall, they're pivotal to our programmatic work of Great Families. So thanks to them for joining on the call today. Next slide, please? So I want to start this time as I mentioned earlier on thanks to the [unintelligible] and her work, but I want to take a brief moment to talk through this because

it's really integral of Great Families 2020, and it's essentially the philosophical framework in which we use to develop our programming. So you'll see essentially the goal here is to support whole families. So, taking child-focused work and merging it with a parent-focused work with the ultimate goal of serving the whole family. Next slide, please.

So, here you can see there's six integral cause to Great Families, or 2Gen rather, that we used to embed into Great Families 2020 programming. So the early child education piece is kind of where we focused our work in 2Gen because we were already funding and supporting that work in the space, but it could also include K through 12 programming as well.

But for us, we had already funded very strongly early childcare work. And that's kind of the focus that we took in 2Gen, so the lesson learned as we're expanding from this work through Great Families, broadening that to include just larger early education work. And then additionally some of the adult's component. So that would include post-secondary and employment pathways,

getting credentials into high wage earning jobs, and then increasing economic aspects.

So for us, in the program the way we did that was through what's called the Center for Working Families model that's embedded in community centers and as a coaching and enrollment model to serve some of those outcomes there. And then health and well-being and social capital, which tend to be kind of tertiary to 2Gen work, but it's really integral to the whole component of it.

Health and well-being, as we know, supporting like whole social/emotional work with families and then social capital which is often called kind of the secret sauce. But essentially it's building connections and kind of your network of sorts using cohort and different peer to peer building strategies.

So, we really used this model to create Great Families 2020, and helped some of our sub-grantees learn this through this funding source. Next slide, please. So for our program explicitly, we also did sub-grants. So we

ultimately funded eight sub-grantees in five target area throughout Marion County, which is where Indianapolis is located. So we had a competitive grant process where we had two rounds and awarded four and four sub-grantees in each of those rounds and ultimately were able to give out three and half years of funding to these sub-grantees to build and implement 2Gen strategies at their own organizations.

They applied, it was competitive, we reviewed. And we really left it up to the sub-grantees to kind of dictate how they were going to bridge and implement some of this 2Gen programming at their own sites knowing that they know their programs best. They were already offering some level of this component, but this funding really allowed us to come alongside them and support them into the program and use this funding to help them kind of grasp some of the 2Gen concepts and theories.

And for us, as United Way, it was a way to try on a 2Gen hat. It was the first time we ourselves kind of brought together our early childcare work and our adult

work. So it was definitely a pilot in that regard and we could have a whole other presentation on lessons learned from that. But I will say for us it was unique in that we let sub-grantees have autonomy of how they wanted to implement the funding and utilize it at their sites. So you can see above the sites themselves are listed. So the blue boxes are what would traditionally be like a community center, and in the gray kind of varies.

So if you look at the Near Westside partnership, there's two sub-grantees there, but the MCCOY really focused on social capital support. They were a child advocate system level of provider. And then on the Near Eastside, you have Englewood and East Tenth who are a traditional childcare center partnering with a community center. So there's a lot of variation in terms of how that works.

But ultimately for us, it was a recruitment strategy and an enrollment into Great Families to be a Great Families site. So the only stipulations really that we implemented was that a child had to be enrolled in a

high quality - and for us, the way we define that is pass the quality 3 or 4, it's our ranking system here. So that child 0 to 5 enrolled in high quality and then an adult or guardian in that unit being enrolled in at least one center for working family service. So that could be financial support, educational coaching, mentorship.

And so then the sites enroll them into the program and then ultimately sat down and did what we call a family success plan that looked really similar to what Ty kind of talked about, that family engagement plan. And then they would kind of lay out a goal for that family in terms of outcomes and what they wanted to see. And then so for us, we could come alongside sub-grantees and offer additional technical assistance, connect them with mental health, social capital services and programmings while they were enrolling families into the program. Next slide, please?

So essentially theory of change, long-term for us. This would be the ideal situation for a family coming out of the Great Families program, that their child would be,

enter kindergarten ready to learn. Families would be financially stable. Children and parents would be physically and mentally healthy. Families will have formal and informal support networks to lay that social capital piece. And then parents or guardians, adults, will acquire 21st century financials and job tracking, job skills, for high wage jobs.

So I will pass it over to Denise who is going to talk to some of the specifics of how we measured the highlighted boxes there, so the kindergarten piece and the physical and mental health piece. We'll talk through some of the tools in which how our program tracks some of that. So next slide, and with that, I'll give it over to Denise.

Denise: Thank you, Whitney. As Whitney mentioned earlier, my name is Denise Luster. I'm the Vice President of Research here at United Way of Central Indiana. The evaluation tool that we use was ISTAR/KR. It's the only tool at this level from the state of Indiana. It stands for the Indiana Standards Tool for Alternate Reporting of Kindergarten Readiness. The tool assesses kindergarten readiness and overall child development.

It is free and it's administered either via web or paper, paper copy.

I think people are still using paper copies for things, but we found over the years that many childcare centers prefer to use sometimes paper copies because they're able to control it and administer is at their own accord in terms of time. It's used from infancy to first grade to assess a child's developmental skills in five domains - physical, personal care, socio-emotional skills, English language arts and math.

It is age-based and benchmarked, and what that means is it's to assess a child's development on a total of 30 different indicators listed by and observing age in months as compared to that child's age in months. For example, if a child is 47 months old and has a personal score of 52 months, the findings would suggest that the child is above this age range and likely kindergarten ready. Next slide?

So the next one, we're going to talk about the evaluation barriers in data collection in our data

sharing agreements. Like I stated initially, our goal was to have state ISTAR/KR data and combine that with our Great Families 2020 youth PII data, personally identifiable data, to come get to our early childhood education, or ECE outcomes.

The one thing - we started down the road several years ago when we first received the grant from CNCS trying to get a data sharing agreement with the State of Indiana Department of Education. So if anyone out there has ever had to get a data sharing agreement with any of their Departments of Education in their state, they know how hard that can be.

So this was about a two year process in which we have to go back and forth with the State of Indiana

Department of Education to finally get the data sharing agreement in place, which was a big deal for us in terms of this project and others. Once we got that data sharing agreement, got that data sharing agreement, we were able to assess 335 youth records that we submitted to the Department of Education, but we only had, only

22 records match which was at a 6.6 match rate, which was very low.

Some of the barriers to some of that is, one, if you don't have an STN number, which is like almost like the Holy Grail of numbers which is a student identification number or a testing number, it's hard to do that level of matching. Because we're relying on the organizations and the parents to give us a certain PII record to that matching test.

And some of the ways we were able to collect data, the data that we asked the parents to provide to us, was date of birth, address, those things. You'd think those would be sufficient enough. Believe it or not, there's a great sample of two Denise Lusters to be born on the same day and they have a similar address. So we ran into that.

And then we also ran into, when you have a data sharing agreement, you're still at the will of the Department of Education once we deliver that data over to them to turn that data back over to us. So those are some of

the issues we ran into. I guess the greater finding in this is through these data sharing agreements, it would be nice to get the STN number, but through FERPA regulations, that is almost impossible to do. They just don't provide those because you could get access to almost - when you get that STN number, it's not just testing, you have access to pretty much all of the information on that child and their parents. And I think I am turning this over to Stephanie then. Next slide?

Stephanie F: So continuing on to the evaluation barriers that we experienced, we actually then in 2019 the ISTAR/KR was actually decommissioned and replaced with the Kindergarten Readiness Indicators. And then along with this, this was decided by the State Board of Education, and it was the requirement for many high quality ECE providers that our Great Families 2020 youth were enrolled in.

So some of the issues we experienced with the

Kindergarten Readiness Indicators assessment was, first

of all, ISTAR/KR was web and paper based; however, the

KRI was only web based. So the Department of Education

provided a one year waiver for early childcare providers that had no computer or internet to delay the implementation of the KRI. So that put us towards the end of our evaluation when many of these providers just started entering data.

Additionally, the KRI is done as an annual assessment, so the ISTAR/KR was actually administered throughout the year so that way they could see the child where they started at the year, and then where they ended the year. So the KRI was provided only once a year, so we were unable to see growth in youth. And finally, the KRI is a population level assessment. So that means that the data is actually only tracked at the smallest level, it's actually county level. It's all aggregated. It's not an individual assessment on youth.

So that did not allow us to, again, track individual child's growth which again was a barrier to our evaluation. I am going to move this forward to Breanca Merritt, because we were able to pivot and look at some youth outcomes, so Breanca is going to be able to speak to what outcomes we were able to track. Next slide?

Breanca: So thank you, Stephanie. So as alluded to, we did have some outcomes, even though we had an adult component to the program as well. These findings are talking about the youth outcomes. So one of our primary outcomes was just looking at general attendance. And what we found was that 70 percent of youth who were enrolled were enrolled in high quality childcare on average 156 days, which is pretty good when we think about the range of children in there from 0 to 6, and the childcare inclusive of pre-K as well.

Moving to our ISTAR/KR indicators, Stephanie kind of walked through and Denise, some of the barriers with data collection and matching at that level with childcare agencies as they relate to youth. So what we - even though we had not a lot of folks who matched, not a lot of youth who matched, we were able to identify 22 youth who did, were able to be cross checked with those Department of Education records.

So at the time of program exit, we found that 32 percent, about a third, of all children had mastered all functional performance threads. We knew they

mastered, again, about five different areas by the end of their time in early learning, and 95 percent had mastered at least half. Initially 18 percent mastered all math and English language arts threads and 55 percent had mastered at least half.

So again, thinking about the range of kids of those 22 youth that we were able to match with, those that we were able to get results for, did have pretty positive outcomes. Related to just youth outcomes as well, a big component, like other presenters have mentioned, are parenting outcomes as well.

So we did use an assessment tool to understand protective factors and how parents engage with their children. And so what we found is that parents reported their own perception of child development and parenting improved significantly over the course of enrollment.

We saw that over time across multiple time periods and so from the first baseline assessment to follow-up, second follow-up and at the conclusion of the program.

So it's important because not only did we see those changes over time, we saw it consistently across different sites as well.

So with regards to the neighborhood they were in and depending on where they received services, importantly, we saw these trends across regardless of where children were attending school. And so with that, I'll turn it back over to Whitney to wrap everything up. Next slide, please.

Whitney: Thanks, Breanca. I know we are at time, so I'm not going to read this to you all here, but you can see kind of the things that we talked through in terms of data sharing, partnerships. And again, just making sure, like aware of the policy changes. So like the ISTAR/KR was a huge change that impacted greatly our evaluation outcomes. And one of the things we did have I want to highlight, in the beginning of the program was an advisory group that we could kind of bounce ideas and collaborate, but that went away once we created the program.

So one of our big lessons learned was to continue that advisory group throughout the course of the program.

But I know we're at time, so I just want to say thank you all for listening to our presentation. We are here and available offline if you have any additional questions about that. And thanks again to Katy and team for the opportunity to present and your support along the way of the grant. So with that, I will turn it back to Katy.

Katy: So thank you very much, Whitney. Before we open the line up for Q and A, I'd like to share a few final closing remarks. I'll be quick about it. First, I'd like to thank those who presented today. Each grantee showcase reinforce the SIF focus of identifying, validating, growing promising approaches through evaluation designs assessed for quality and rigor, building capacity for local communities and leveraging funds through public/private partnerships.

As a final cohort of the Social Innovation Fund investment, their work, like their predecessors, not only developed innovative programming in local communities, but also created learning communities and

pockets of sub-grantees and local stakeholders yearning to understand what works best for their citizens.

Second, it should be noted that there were many Social Innovation Funds, leadership, staff and colleagues over the last ten years who we owe a debt of gratitude.

Those that developed the policies, the standard operating procedures and provided the day to day administrative and technical support to provide management and oversight of this federal investment.

Our investment in evaluation and legacy around knowledge networks and products will continue to contribute through the AmeriCorps Evidence Exchange.

Included in the Evidence Exchange repository are 108 grantee designed intervention implementation and impact reports. In December, four more from these four grantees today will be added as the final cohort. Next slide?

If you'd like to reach out directly to those who presented today, we've included email contact information for each of the grantee award leads, and for the Office of Research and Evaluation team co-

hosting the event today. Andrea, I'll turn it over to you to begin the question and answer session.

Andrea: Okay, well thank you so much. This has been a lot of great information and what an undertaking in terms of all of these four projects. So I know we only have about ten minutes, so I would urge you to type in any questions that you have. We will send these questions over to the presenters. So even if we don't get to all of them today, you will get responses as long as you include your email, if you don't mind.

Okay, so you can ask a question by typing it into the Q and A box. Or, you could also just use the microphone on your computer and if you select that, the raised hand feature, we will give you microphone rights. So I've been looking at some of the comments and some of the, also some of the themes that have been coming. And I just really want to start off by asking if each of you could just, if another organization was going to start an intervention for youth in their community, what would be the first couple steps that you would take? I mean, you all mentioned a number of different aspects.

This was an undertaking in terms of bringing evaluation from the beginning. But it also, you know, a number of you talked about partnerships, issues around data sharing and planning. So what would be the first couple of steps that you would recommend to any other organization taking this on? And I'll start with Friends of the Children.

Susan: Yes, that's a great, great question. When we are,
when a community is interested in potentially
replicating Friends of the Children, we do look very
early into the available partnerships and the
interested partnerships in the community. I think one
of our biggest lessons learned through scaling is that
it could be that, of course, there's children in every
community who needs Friends of the Children, but they
have to - every community needs to want us to be there.
And it's really important that we go and listen to
community partners, participate in their activities and
learn about where the gaps are in the community that
potentially we could fill.

And we generally, the catalyst for that is identifying a champion. And so when we have a community that's interested in working with us, we spend a lot of time one-on-one talking to people, to identify someone in the community who is willing to do that work locally in partnership with our national office to explore the partnerships and explore the potential catalytic funding opportunities.

Andrea: Thank you. North Carolina Partnership for Children?

Stephanie: I would concur that partnerships are very important. All of our partners are experts in their fields. And we could not have gotten this far in our project without their knowledge and skill and buy-in, but also I want to say, community engagement is also very important.

When building out these outdoor learning environments for children, it was just so vitally important to get the community involved, get donations of supplies and materials. Several of the centers found out that parents had specific skillsets in carpentry and whatever and so they were able to donate time and/or services to these centers. So it's just so important,

especially when you're talking about maintaining these outdoor learning environments after the funding is gone, to really build the strong engagement piece with the community in order to sustain this work long-term.

Andrea: Thank you, Stephanie. And the United Way for Southeastern Michigan?

Ty: I would echo the sentiments that have been expressed. I would also say, was reminded of a quote that Iri Isco [phonetic], a famous community psychologist once said that you have to begin before the beginning. And I think the fact that the level of community partnerships that were a part of our project have been ongoing for a really long time really helped. The fact that we spent that first year really collaboratively building this program.

We had an idea, but with the different agencies involved, evaluators, content expert, the United Way staff really collaboratively building this project together gives a lot of shared ownership and brings everybody's perspective and expertise into the fold.

And I think along with that, is that we had tremendous communication, just ongoing communication in multiple

directions. And I think that that was really the key. We really did build a community among the partners and agencies.

Andrea: Thank you. And then finally, the United Way of Central Indiana?

Whitney: Sure. I would echo what others have said, so partnerships and consistent communication. And I think for us that consistent communication was key. We had a lot of turnover, both on our end and in sub-grantee and in the beginning. And I think just that initial trust building and moving folks along and really coming alongside both, and I think giving credit where credit is due. Like organizations are going to know their programming best and I think for us coming in and being that consistent cheerleader and communicator.

And particularly when you're looking at philosophical frameworks, like 2Gen that may be really hard for folks to grasp in the beginning. And that is some of the real work of structuring programs and shifting them. It's definitely a larger shift. And so I think for us having that consistent communication and learning, and

learning together even as we were figuring out what 2Gen looks like for us was crucial.

And then now we can move some of that 2Gen programming into a fund, the Family Opportunity fund, that we have really gleaned and highlighted 2Gen in that. So I would say NC understanding partnership and consistent communication throughout it.

Andrea: Thank you. And I know it's almost 3:30, but I do
want to ask another question of all of you. Now part of
what we do here, of course, is building evidence around
our program, but also looking at how we match national
service in our programs to effective programs. And now
that you have all done this evaluation, you know what's
working with your own programs, how would you see
possibly bringing in national service, whether it's the
AmeriCorps programs or the Senior Corps program to work
with your interventions? And I'll start with - I'll do
it backwards now, let's start with United Way of
Central Indiana.

Whitney: Actually, I'm going to have Denise answer that one, from the evaluation standpoint.

Katy: Denise, I don't know if you want to go first, since you're representing United Way directly.

Stephanie F: I can step in - this is Stephanie. So when it comes to the national service, there are many of our sub-grantees actually incorporate and will hire AmeriCorps members to implement some of their programming or some of their evaluations. And so we do look at organizations such as that to provide those services to provide learning services for AmeriCorps members, and to take care of their grants and their placements in order to help their ongoing programming.

Andrea: Thanks, anyone else?

Stephanie S: This is Stephanie. I think long-term it would be a great opportunity for some of those members to get engaged in any of the communities around our state that are previous or current Shape centers. I mean, there's loads of opportunity there to help not only with the outdoor learning environments, but indoors as well, volunteering or working with the children in any capacity would be more than welcome, and I think a great addition to this project.

Andrea: All right, thank you. And lastly, there are, again, we have one minute left, but you all mentioned some of

the hurdles that you faced with COVID and the different things that you had to do in order to compensate both for, it sounds like your evaluation, but also your service delivery. So any lessons learned on that end? Again, if you were talking to another organization trying to do this work.

Stephanie S: Sure, this is Stephanie again. One of the things that we did was we went completely online with pretty much everything. So our in person learning collaboratives switched to virtual. We used Zoom. And what we have found is that we can't have the long learning collaboratives like we used to. In the past they would be around six to seven hours.

So of course, when we're talking about virtual platform, we've had to shrink that considerably. So we've had to get more creative about making sure the information that we're relaying to our sub-grantees and our childcare centers is really on point. But I think that we have been able to make it work and that's really going to be our kind of operating model at least going forward in the short-term future.

That any training, coaching, any opportunities for training and coaching will be virtual from now on. It's just a matter of making sure you present information in a way that's engaging, that can keep people's attention and it's still a valuable learning opportunity, even though it's much shorter than what they would have gotten in person.

Andrea: Great, thank you. So I'll take one more response, and then I'll end. Anyone else?

Ty: This is Ty Partridge from United Way in Southeast

Michigan. And I think the fact that we had

intentionally tried to develop this as a technology

based approach to begin with really helped and really

leveraged a lot of text messaging which is more

resource friendly to a lot of families who might have,

might not have access to wireless internet all the

time. And really being sensitive to access to

technology for a lot of families and trying to

incorporate multiple methods, whether it's through the

phone, through text, as well as virtual platforms.

Andrea: Okay, well thank you. And thank you again for this wonderful work that all of you have done. As Katy said, it's been such wonderful to watch this grow. So I want

to be, of course, respectful of everyone's time. So I want to thank you, again, to our speakers and our audience today for a great discussion. We will be sending out a post-webinar survey, so please let us know your thoughts on this webinar, especially any ideas for future webinars. And as you all know, we will be posting this in about a month. So have a great rest of your day.

[End of File]