

Child and Family Services FY2022 Outcomes Report

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Organizational Overview

For 115 years, Center for Transforming Lives (CTL) has partnered with and supported women and children to move out of poverty and toward independence. Founded in 1907 as the YWCA® of Fort Worth and Tarrant County, early programs included housing, an employment bureau, and childcare for working mothers beginning in the 1930s. CTL has a long history of fostering healthy growth and development for children ages 6 weeks to 5 years through positive relationship-building, literacy-rich early education, and daily access to healthy foods and physical activity. Our early childhood education programs are designed for families that fall below 80% of the area median income or without stable housing. Because cost is a significant barrier, private and public childcare subsidies cover full tuition for children experiencing homelessness and partial tuition for low-income children based on the family's ability to pay.

In 2015, the organization changed its name to Center for Transforming Lives (CTL) to articulate its longstanding mission more clearly. Today, we walk with women, children, and families to move out of poverty and into self-sufficiency by providing safe, affordable independent housing, early childhood education, clinical counseling, and economic mobility services. Such services include personal career and financial coaching, matched savings, small business development, and job training and placement. CTL is uniquely positioned to meet the intense and complex needs of women and children in poverty through a two-generation, trauma-informed approach.

Also, in 2015, CTL began offering Early Head Start and Head Start services for homeless and low-income families with children from birth through 36 months of age. In 2017, CTL was awarded an expansion grant, which increased our capacity to serve children and families at three additional locations. In 2020, CTL was awarded a fourth Head Start grant. With the addition of this grant, CTL further scaled child and family



services. To support this exponential growth, CTL partners with community-based providers. This year providers include Lil Hoppers, Perfect Praise Academy, Zone 4 Kids, Fort Worth Independent School District, Allstars Arlington, Allstars Fort Worth, and Home-based services.

Child and Family Services Program Philosophy

It is the philosophy of CTL to walk alongside women and children to disrupt cycles of poverty. In doing so, we partner with women and families to address the root causes of poverty and abuse, generate sustainable solutions, and create intergenerational cycles of emotional and financial well-being. This philosophy is made a reality through two-generational, trauma-informed programming focused on reducing racial disparities.

Given the specific needs of the priority population, CTL provides four interrelated services designed to help women and children eliminate the root causes of poverty and build intergenerational assets for financial and emotional cycles of well-being. These services include early childcare and education, clinical counseling, housing, and economic mobility education and support. This multi-focus model reduces the need for uncoordinated referrals across multiple systems and removes barriers so that families can thrive. Implementing services within the framework of trauma-informed care, Child and Family Services is responsive to the unique needs of women and children experiencing homelessness. Key trauma-informed care components include:

- Creating "felt" safety (i.e., trauma-informed learning environments).
- Building and sustaining trusting relationships with children and parent/guardians.
- Collaborating and promoting autonomy.
- Identifying and assessing trauma.
- Addressing traumatic stress.
- Applying trauma-informed disciplinary policy and practices.
- Giving "voice" and "choice" and empowering women to make decisions that directly impact their lives.



Our work seeks to eradicate barriers to financial and emotional well-being perpetuated by racially inequitable policies and practices. Throughout our community and state's history, Black, Indigenous, and People of Color (BIPOC) have had inequitable access to programs and resources, leading to substandard maternal and child outcomes. We contribute programmatically and through local, state, and federal advocacy to ensure that racial and ethnic identity does not predict outcomes. We commit to educating and evaluating ourselves to ensure that we are consistent with the intent of our stated diversity, equity, and inclusion values and hold ourselves accountable to make changes when necessary.



Goals and Strategies

The Child and Family Services Program's primary goal is to improve young children's school readiness by providing high-quality, affordable childcare and early childhood education. Education is key to disrupting the cycle of poverty for women and their children. Long-term outcomes are diminished for children and families with fewer resources, including decreased educational attainment, lifelong earnings, and increased interactions with the legal/judicial system. In our community, homeless students perform 10-15% below their peers on standardized tests and are five times more likely to drop out of school. Research indicates that quality early childhood education has a transformational impact on children's lives and communities.

The Child Development Centers offer high-quality early childhood education to foster individual learning at every stage, from infancy through pre-kindergarten. Research shows that 85% of a child's brain is developed within the first three years of life.¹ This robust development period lays the groundwork for a child's cognitive, physical, linguistic, and social-emotional abilities throughout their lifetime. For children experiencing poverty and homelessness, a lack of consistent focused care and engagement in early learning activities can delay development, putting them years behind their more economically advantaged peers even before the first day of kindergarten.² Our centers offer responsive caregiving, positive relationships, and literacy-rich learning environments to shift this trajectory and ensure positive longitudinal outcomes.

Because young children need nurturing, low-stress environments filled with language, learning, physical activity, and positive social interactions, all classrooms are child-centered, with individual attention and support given to each child. In addition to early childhood education, ancillary, wrap-around services to improve child and family outcomes include family engagement, intensive case management, pediatric health, mental health, and nutritional support.

The locations for FY 2022 Child and Family Services included:

- Child Development Centers in:
 - o Downtown Fort Worth
 - o Two low-income communities of Fort Worth
 - o Arlington on the University of Texas at Arlington Campus
- Additional locations include:
 - o Allstars Learning Centers
 - o Perfect Praise Academy
 - o Lil Hoppers
 - o Fort Worth ISD at four schools
 - o Homebased Services



¹ Lally, J. (2013). For Our Babies: Ending the Invisible Neglect of America's Infants. Teachers College Press

² Li, W., Farkas, G., Duncan, G. J., Burchinal, M. R., & Vandell, D. L. (2013). Timing of high-quality childcare and cognitive, language, and preacademic development. Developmental Psychology, 49(8), 1440-1451

Programming is offered year-round, Monday through Friday, from 6:30 am to 6:00 pm, to give parents the time and support they need to find and maintain work or further their education to strengthen their family's financial stability and well-being. Family Advocates work directly with families to support goals and outcomes that focus on areas critical to reducing poverty. Our advocates help clients meet their basic needs, improve health, find adult education and employment, build financial literacy, establish healthy parent-child relationships, and find community connections.

Frog Street Press Curriculum

Teachers structure daily classroom lesson plans using the Frog Street Press curriculum for Infants, Toddlers, and Pre-Kindergartners. This research-based curriculum is designed to provide intentional learning opportunities on a developmentally appropriate continuum built on four cornerstones: early brain development research, developmental learning domains, intentional instruction, and social and emotional development. Lessons are individualized to address any specific strengths or challenges observed in a child's abilities or skills, including:

- Language Development
 - o Language-rich environment
 - o Opportunities to sing, read and talk
 - o Skill development in phonological awareness, alphabet knowledge, print awareness, vocabulary, and comprehension
- Social and Emotional Development
 - o Building trust
 - o Forming healthy attachments
 - o Developing impulse control
 - o Enhancing social interactions
- Cognitive Development
 - o Understanding cause-and-effect
 - o Thinking critically and creatively to solve child-sized problems
 - o Skill development in classification, patterns, one-to-one correspondence, order and sequence, and numeration
- Physical Development
 - o Fine motor and gross motor skill development
 - o Balance, coordination, and control
- Approaches to Learning
 - o Curiosity, persistence, attention, and communication are woven into and throughout all domains ³

Ages & Stages

Individualization is also supported by utilizing results from the Ages & Stages Questionnaires (ASQ-3/ ASQ:SE-2) and developmental and social-emotional screeners, respectively, to intentionally plan learning experiences for children from one month to five and ½ years of age. All children are screened within the first 45 days of enrollment, and the results indicate which children should be referred for further assessment/treatment. The companion activities book includes more than 300 developmentally appropriate activities that both classroom teachers and parents use to support children's development and encourage parent/child interaction. Activities are divided by age range and developmental domain, which ensures activities are tailored to a child's specific needs.⁴

Family Engagement

Parent education, family engagement activities, and resource referrals help parents promote their children's healthy development and literacy outside the classroom. One of these educational opportunities is Parent Café. This evidence-based program was approved as part of the state's initiatives to address the high child abuse and neglect rate in Texas. Parent Café is a peer-to-peer learning model that focuses on strengthening families from the inside out and is open to all families enrolled in CTL and partner centers. These comprehensive services are beneficial to families who have children with disabilities and may need additional support.

Intensive Case Management/Community Linkages

Family Advocates provide effective case management that involves coordinating the linkage of families to referrals and resources and evaluating progress with actions and strategies while engaging and supporting the family. Family Advocates meet formally with parents to set goals and assess progress in reaching them. Family Advocates frequently meet with parents informally in the Child Development Centers to discuss their child's development, school attendance, and health issues. These informal meetings are also a rich source of information regarding family stability and give clues to new or continuous stressors, changes in employment, health, and other concerns. The unique structure of CTL allows Family Advocates to coordinate with other integrated CTL services for a seamless approach to supporting the families' self-sufficiency goals.

Integrated Services

Integrated services for the whole family are offered to ensure long-term positive results for both the parent and child.

- 1. Economic Mobility provides comprehensive and integrated access to workforce readiness education, financial coaching, and small business development resources to women on the path to independence.
- 2. Housing provides housing and shelter to women and children experiencing homelessness. Utilize services to improve well-being and transition into permanent housing and independence.
- 3. Clinical provides evidence-based counseling services to increase emotional well-being for all and address mental, behavioral, and emotional challenges for adults and children who have experienced traumatic life events.

Priority Population

Participants of CTL face numerous risks, including poverty, homelessness, and trauma. Such experiences often lead to developmental delays, requiring a referral to Early Childhood Intervention (ECI). Our agencywide goal is to disrupt the cycle of poverty for women and children, and the key ingredient is education. Table 1 lists the percentage of children eligible to receive early intervention services under the Individuals with Disabilities Education Act and the percent increase or decrease from FY21 to FY22.

Center	Percent of Children Eligible for Early Intervention FY21	Percent of Children Eligible for Early Intervention FY22	Percent Change from FY21 to FY22
Allstars Arlington	25%	30%	120%
Allstars Fort Worth	22%	23%	1 4.6%
Arlington CDC	37.5%	24%	↓ 36%
Lancaster	19%	33%	↑73.7%
Perfect Praise	8%	25%	↑ 212.5%
Polytechnic	16%	27%	♦ 68.8%
Rosie K. Mauk	36.4%	25%	♦ 31.3%
Zone 4 Kids	17%	27%	∱ 58.8%
Homebased	14%	17%	↑21.4%
Lil Hoppers		29%	
Average across programs	s 22%	27%	18.5%

Table 1. Percent of Children Eligible for Early Intervention Services by Center, FY22 compared to FY21.

Chart 1. Percent of Children Eligible for Early Intervention Services, FY2021-FY2022



FY2022 Performance Targets

The Child and Family Services Program has set the following measurable objectives:

- 1. Children birth through 36 months enrolled will achieve a monthly average daily attendance rate of 85%.
- 2. 50% of children birth through 36 months will stay continuously enrolled for at least six months.
- 3. 80% of children birth through 36 months enrolled continuously for a minimum of six months will meet or exceed widely held expectations for the age level in at least four of the six core areas of child development and learning (social-emotional, physical, language, and cognitive development, as well as literacy and mathematics) by the end of the school year, with emphasis on achieving social-emotional and language development objectives.
- 4. 50% of primary caregivers of children birth through 36 months enrolled continuously for a minimum of six months will show improvement in three or more of the 15 domains on the TL scale.
- 5. 90% of children birth through 36 months enrolled continuously for a minimum of six months will have a medical home by the end of the school year.
- 6. 90% of children birth through six months enrolled continuously for a minimum of six months will be up to date on immunizations, dental visits, and annual check-ups.

Evaluation Methodology

Child and Family Services programs are funded by public grants and private foundations. Braided funding allows flexibility to provide supportive services in addition to the contract requirements. Evaluation plans consider the complexity of women and children developing and maintaining financial and emotional well-being and are inclusive of the organization's Theory of Change (referred to as Cycles of Well-Being hereafter), as well as government contracts and grant requirements. The evaluation process of children and families in Child Development Centers includes three main components: 1) AIM Assessments, 2) attendance, and 3) the Transforming Lives Scale.

Assess. Instruct. Monitor (AIM)

"The AIM Observational Assessment is a teacher-friendly online platform designed to document and monitor a child's progress toward reaching benchmarks and key indicators for kindergarten readiness and has defined and operationalized 60 signifiers of knowledge and skills essential for kindergarten within the domains of social-emotional, language, cognitive, and physical development. These signifiers, or 'learning progressions,' emerge in infancy or toddlerhood and continue to develop in complexity and scope into the kindergarten year. Over 200 strategies and activities for differentiating instruction provide developmentally appropriate adaptations and suggestions to help teachers guide children's learning."⁵



The AIM Criterion-Referenced Assessment (CRT) screener automates one-on-one assessments. "Aligned with state standards, Head Start Early Learning Outcomes Framework, and the AIM Observational Assessment Learning Progressions, the AIM CRT comes with 96 assessments in both English and Spanish." Assessment domains include:

- Language and Communication
- Emergent Literacy Reading and Writing
- Physical Development
- Mathematics
- Social-Emotional Development

- Science
- Social Studies
- Health Knowledge
- Fine Arts⁶

The assessments are based on teachers' daily observations of each child's knowledge and capabilities and feedback from parents' observations of their children's skills and abilities. Teachers then identify individualized goals and strategies to help each child reach milestones and achieve school readiness. Children are observed in the context of their everyday experiences, and teachers document how these observations relate to objectives. Teachers review the data regularly to track learning progression, prevent gaps and respond to developmental and learning delays as early as possible. New students are assessed after they have been in the program for ten days and progress checkpoints occur every four months.

The AIM assessment was administered to all children enrolled during the 2021-2022 program year (September 1, 2021- August 31, 2022). As the AIM assessment is used to indicate which children are on-level for their age/ grade, only children with complete assessments in the Spring of 2022 were included in these results.

Attendance

CTL tracks and analyzes children's attendance noting that regular attendance is necessary to ensure children's future success at school. CTL's desired measurable outcome is a monthly average daily attendance rate of 85% or higher, which aligns with Head Start guidelines and expectations. Family Advocates also use the data to identify and engage families who need individualized support to overcome obstacles to maintaining regular attendance. Additional data (dosage and results from the Transforming Lives Scale-Family Assessment) is analyzed for children who were continuously enrolled for a minimum of six months.

Transforming Lives Scale

Furthermore, as part of the evaluation of the two-generational, trauma-informed approach, the Transforming Lives Scale Family Assessment identifies specific barriers families face in moving from poverty to prosperity. Life domains include transportation, access to childcare, housing wage, education, grit/self-efficacy, assets, income, employment, mental health, physical health, legal, life skills, substance abuse, safe relationships, and natural supports. Family Advocates collaborate with families with children enrolled in our Child and Family Services Program to complete the initial scale within one week of program admission and every four months after that until program completion or exit. Scale results inform action plans with measurable steps to remove obstacles and achieve targeted outcomes. Transforming Lives Scale data was analyzed using Excel for Head Start and Early Head Start families with at least two completed assessments. Transforming Lives Scale assessments are not administered for families in traditional childcare services.

Participant Results

Numbers Served and Program Capacity

The total unduplicated number of participants served across all centers for FY2022 was 684. Six hundred sixty-seven of those served in FY22 were children, and 17 were pregnant mothers served through Head Start and Early Head Start.

Program-specific total numbers served include:

- 267 children served by the Head Start program.
- 313 participants (296 children, 17 pregnant mothers) served by the Early Head Start program.
- 104 children served by CTL childcare programs.

Chart 2. Total Number of Participants Served FY2022





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Chart 3. Participants Served by Center and Program Type FY2022

Chart 4. Early Childhood Education Program Overall Capacity Utilization, FY2019-FY2022



Notably and during FY2022, the CTL Child and Family Services Program increased from 490 total slots available to 676 available slots for children in the community due to expanded funding. However, the annual utilization rate was 76% due to the loss of slots in Fort Worth ISD.

Demographics

The chart below demonstrates the age of participants across centers noting that 55% (368 children) are birth to 36 months of age. In addition to the age distribution data for children demonstrated in Chart 4, Child and Family Services also served 17 pregnant mothers during FY2022.



Chart 5. Age of Children Served, Child and Family Services, FY2022

Most students served (83%) were Black and/or Hispanic. Notably, the total count by race is higher than the total unduplicated count of children served due to the options parents have to select multiple races.





Of the 46 children enrolled in traditional childcare at Rosie K. Mauk, seven, or 15%, received subsidized childcare in FY2022. Additionally, at the Arlington Child Development Center, 40 of the 60 children, or 67% percent, enrolled in traditional childcare received subsidized childcare. All children served through Head Start or Early Head Start received subsidized Early Childhood Education. CTL Early Childhood Programs and Centers operated at an average total capacity of 76% for FY2022.

Attendance

Performance Target: Children birth through 36 months of age enrolled in the Child and Family Services Program will achieve a monthly average daily attendance of 85%. The chart below demonstrates that the average attendance across all centers was 84%, and the following centers did not achieve an average attendance rate of 85% this fiscal year:

- Arlington CDC -81%
- Lancaster 77%
- Little Hoppers 75%
- Polytechnic 80%
- Perfect Praise 82%
- Rosie K. Mauk 84%

The Head Start and Early Head Start programs will continue utilizing the Transforming Lives scale to identify and support critical needs.





100% Goal = 85% 90% 80% 82%*** 80% 84% 70% 60% 64% 50% 40% 30% 20% 10% 0% FY21 FY19 FY20 FY22

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Chart 8. Comparison of Average Daily Attendance Rates, FY2019-FY2022

Length of Stay

Performance Target – 50% of children birth to 36 months enrolled in the Child and Family Services Program will stay continuously enrolled for at least 6 months.

Recognizing the importance of children receiving continuous, high-quality early childhood education and care over time, CTL's goal is that more than 50% of all children in our Child Development Centers will achieve a length of stay (i.e., enrollment) of 6 months or more. For FY2022, 459 of 667 children (69%) served across all programs were consistently enrolled for 6 or more months.

Chart 9. Number of Children Continuously Enrolled for 6+ Months in the ECE Program by Center, FY2022





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Chart 10. Total Children Enrolled for 6 or More Months by Center and Program Type, FY22

Transforming Lives (TL) Scale

Performance Target - 50% of primary caregivers of children birth to 36 months enrolled in the Child and Family Services Program for a minimum of 6 months will show improvement of one level (0-4) in 3 or more of the 15 domains on the TL scale.

For FY 2022, 59.5% of families (345 out of 580) enrolled in Head Start and Early Head Start programs completed at least 2 Transforming Lives Scale Assessments. The charts below demonstrate the percentage of families who demonstrated improvement across each of the domains on the Transforming Lives Scale. This analysis only includes families with at least two completed assessments during FY2022.



Chart 11. Transforming Lives Scale Results, Percent of Families Showing Improvement by Domain – Financial Well-Being, FY2022



Chart 12. Transforming Lives Scale Results, Percent of Families Showing Improvement by Domain – Mental Well-Being, FY22

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Chart 13. Transforming Lives Scale Results, Financial Well-Being Domains, Percent of Families by Amount of Point Increase. FY2022



Chart 14. Transforming Lives Scale Results, Mental Well-Being Domains, Percent of Families by Amount of Point Increase. FY2022



Health

Performance Target - 90% of children birth through 36 months of age who are enrolled continuously for a minimum of 6 months will be up to date on immunizations, dental visits, and annual check-ups.

In 2022, 96% of children were enrolled in a medical home by the end of the school year, and 90% of children birth to 36 months of age were up to date for required immunizations. CTL Early Head Start ended the FY2022 program year with 75% of children current on well-child exams.

AIM Assessment Results

Performance Target - 80% of children birth through 36 months enrolled continuously for a minimum of six months will meet or exceed widely held expectations for the age level in at least four of the six core areas of child development and learning for each domain.



Program Details - Head Start and Early Head Start programs require a comprehensive assessment and coordinated approach to ensure children's development and learning progress from birth through age five. CTL collects, aggregates, and analyzes student outcomes data three times a year as part of our performance and quality improvement plan. Such data is used to inform our approach to professional development for educational staff.

CTL strives to provide equitable, inclusive, high-quality early childhood learning and developmentally appropriate services. This includes individualized programming for dual language learners and children with disabilities. CTL supplies various developmentally, culturally, and linguistically appropriate learning experiences. Our activities, materials, and equipment are unbiased, age-appropriate and promote individual and group learning.

Our comprehensive services encourage learning through playful explorations of children's language and literacy, cognition, social-emotional, perceptual, motor, and physical development. Evidence-based curricula and practices are utilized for early childhood classrooms, intentionally instructing for school readiness. CTL honors each child's uniqueness by following the child's individualized family service plan (IFSP) or the individualized education plan (IEP), ensuring that each child receives the support needed. Such intentional instruction is implemented through daily individual and small group activities.

All programs emphasize establishing a positive and responsive relationship with children and their families to ensure maximum growth potential through home-school extensions and engaging highquality learning experiences. In addition, multidisciplinary evaluation team meetings are conducted with teachers, parents, and content area staff to discuss eligibility, assessments, observations, parent concerns, and to develop goals with projected dates and short-term objectives.

As the following charts display, data indicates that our enrolled students are developing widely held expectations. This data represents an improvement as compared to FY2021. This improvement is attributed to increased training, technical assistance, and intensive coaching provided to our educational staff.

Moving into FY2023, educators will continue to expand and deepen curriculum concepts based on individual student needs during small group instruction, closing any identified gaps aligned with our school readiness goals and the Head Start Early Learning Outcomes Framework domains.

CTL uses a Home Language Survey to support biliteracy in families enrolling with languages other than English. Screenings and assessments will be completed in the child's home language (when available) to accurately administer the screening or assessment and record and understand the child's responses, interactions, and communications. Teachers who are bilingual, and other staff, will serve as interpreters in conjunction with a qualified staff person to conduct screenings and assessments.

AIM Assessment Results are calculated based on the Academic School Year. Data for FY2022 was collected from August 2021 through May 2022. As presented below, aggregate child development and progression results are highly favorable.



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Chart 15. Year End AIM Outcome Results by Domain, FY2022 Academic Year

Chart 16. Year End AIM Outcome Results by Age Group, FY2022 Academic Year





Chart 17. Year End AIM Outcome Results by Partner Center and Domain, FY2022 Academic Year

Chart 18. Year End AIM Outcome Results by Center and Domain, FY2022 Academic Year







Chart 19. Year End AIM Outcome Results by Age Group, Social Emotional Development, FY2022

Chart 20. Year End AIM Outcome Results by Age Group, Perceptual, Physical and Motor Development, FY2022





Chart 21. Year End AIM Outcome Results by Age Group, Perceptual, Language and Communication, FY2022

Chart 22. Year End AIM Outcome Results by Age Group, Science and Math, FY2022





Chart 23. Year End AIM Outcome Results by Age Group, Approaches to Learning, FY2022

Findings

- 1. While the Child and Family Services Program continues to strive for the average daily attendance target of 85%, we have achieved attendance rates that now exceed our pre-COVID rates, with 84% for FY2022 compared to 82% in FY2019 representing a significant improvement from FY2021.
- 2. For FY2022, 459 of 667 children (69%) across all programs were consistently enrolled for six or more months, exceeding the goal of 50% set for this fiscal year. When looking at the center and/or location categories individually, two (Lil Hoppers and Home-Based) fell below the 50% target.
- 3. In FY2022, 96% of children were enrolled in a medical home by the end of the school year.
- 4. Ninety percent of children birth to 36 months of age were up to date on required immunizations.
- 5. CTL Early Head Start ended the FY2022 program year with 75% of children current on well-child exams.
- 6. CTL continues to serve more children each year and increase the capacity of the Child and Family Services Program. By the end of FY 2022, CTL achieved a daily capacity to serve 676 children. This daily capacity increased from 490 to 676, an increase of 38%.
- 7. Utilization of capacity for FY2022 was at 76%. Our capacity utilization continues to fluctuate annually but shows significant improvement over the low-capacity utilization of 61% in FY2020.
- 8. Only 60 percent of Head Start and Early Head Start families had 2 or more completed TL Scale assessments. TL Scale assessments are only completed for families within the Head Start and Early Head Start programs.
- 9. When considering programs holistically, 100% of children in all age groups met or exceeded the 85% threshold for outcome expectations across domains as measured by AIM assessments throughout the program year. Equally, all CTL-operated and partner agencies met or exceeded the target of 85% on all AIM domains in FY2022.

Continuous Improvement Recommendations Based on Findings

To further improve instruction and outcomes, this section of the report communicates areas of focus for the FY2023 academic year. Progress will be tracked and reported quarterly. Improvements will be implemented using the Plan, Do, Study, Act process cycle.

CTL's Cycles of Well-Being (Theory of Change)

- As the organization moves into a new, online learning management system for staff training, continue to ensure all Child and Family Services Program employees have access to training in trauma-informed care, two-generation approach, and Cycles of Well-being.
- Continue offering Trauma-Focused Case Consultation in a space that provides support and allows employees to openly discuss participant strengths and present challenges. Offer trauma-informed strategies that address service delivery barriers.
- Ensure adequate supervision to support the integration of such training across all phases of service delivery (i.e., intake, screening, assessment, and goal planning).

Transforming Lives Scale (TL Scale)

- Train new and existing employees to accurately complete the TL Scale and use the scores to drive goal planning and referrals.
- Utilize the new CTL Participant Database to monitor the completion of TL scales quarterly to improve the completion rates of TL Scale assessments.

Employee Skills and Abilities

- Ensure the following training courses are available through the new online learning management system for all Child and Family Services employees:
 - o Trauma-Informed Care
 - o Cycles of Well-being
 - o Strengths and Needs Assessment (i.e., adults and children)
 - o Appropriate use of the Transforming Lives Scale, including frequency of use
 - o Making appropriate referrals and cross-collaboration
 - o Family Goal Planning and Monitoring
- Child and Family Services will continue to use existing data and outcomes to improve the skills and abilities of staff and leadership across all programs using training, certifications, assessment of teacher abilities, and improved results to measure effectiveness.
- Child and Family Services will continue to identify reasons for employee turnover and address those issues where possible.
- Collaboration will continue with the research and evaluation team to ensure targeted data is tracked and quality training is consistently delivered.



Client Outcomes Focused

- In the coming year, CTL plans to collaborate more closely with community partners that provide shelter and rapid rehousing to communicate the importance of attendance for the children they serve, dispel any misunderstandings about attendance (children may attend even if they arrive later in the morning) and identify ways to facilitate increased attendance.
- CTL employees actively review attendance data and identify students with patterns of low attendance. Parent education, individually and in group settings, will continue to focus on why regular attendance is essential and its long-lasting impact on a child's educational success. Child and Family Service Programs will work to connect families to community resources to prevent additional barriers impacting attendance. Early Head Start will continue providing transportation assistance and other emergency assistance to families. Moreover, all families can apply for funding to assist with barriers that prevent them from working regularly.
- CTL employees will continue to identify areas of improvement for staff training, identify areas to improve fidelity to the Frog Street curriculum model and use data to design program improvements.
- CTL employees will implement a plan and pursue solutions to increase enrollment so that 100 percent of capacity is reached within all programs. This includes identifying physical locations in the community so that all funded slots are available to serve children.
- CTL will identify improvement opportunities for specific locations that either fell below the target attendance rates of 85% or below the target for percent of children with six or more months of continuous enrollment.





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