



Wake County SmartStart Request for Proposal FY 2017-2020

GOAL AREA #3: Children are healthy and developmentally ready for school

OBJECTIVES

- Improve children's developmental readiness for school (priority)
- Increase use of resources that support children's health and development
- Increase access to and use of services that are based in culturally appropriate practices and address health and well-being disparities
- Increase cross program collaboration to strengthen efficiency and effectiveness of services

ACTIVITY ELEMENTS

As required by the North Carolina Partnership for Children, Wake County SmartStart only funds Evidence Based or Evidence Informed programs and practices as defined in the Smart Start Resource Guide of Evidence Based and Evidence Informed Programs and Practices. The WCSS Board has prioritized use of the highest level of evidence possible for funded activities. Priority for funding will be for those activities that meet the standard for evidence based programs and practices. In addition to the Smart Start Resource Guide, a listing of registries rating programs by level of evidence is available in the *Resource Links* document.

Activities must include the following strategies:

- Use of evidence based programs or practices with demonstrated impact on child health, development or use of resources
- Implementation of culturally appropriate programs and practices that effectively meet the disparate needs of children impacted by health and well-being disparities
- Implementation of data sharing agreements, common outcomes, outreach, recruitment and/or enrollment strategies throughout a continuum of services

IMPACT

All activities must identify how they will demonstrate impact through program level outputs and outcomes.

Required Outputs:

- # of children served
- # of individual contacts **OR** # of home visits **OR** # of group contacts
- # of collaborative partners engaged to strengthen efficiency/effectiveness of services

Required Outcomes:

(These are broad outcome requirements. Detailed descriptions and proposed measures should be identified in the activity logic model.)

- #/% of collaborative partners that develop data sharing agreements, common outcomes, outreach, recruitment or enrollment strategies **AND**
- #/% of children who demonstrate improved developmental readiness for school (priority) **OR**
- #/% of children are linked to and utilize a needed service that support health or development

COMMUNITY INDICATORS

Activity outcomes should be linked to one of the following Board indicators:

- Percent of children developmentally on track for Kindergarten as measured by Kindergarten Entry Assessment (KEA)
- Percent of children who receive early intervention or special education
- Percent of children enrolled in Medicaid who receive a well-child exam
- Percent of low income children age 2-4 who are at a healthy weight