

Investment Connection Online Proposal

Early Childhood Workforce Development and Mental Health Services

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Name of organization	ChildSavers-Memorial Child Guidance Clinic
Mission statement	Our mission is to guide our community s children through life s critical moments with trauma-informed mental health and child development services.
Overview of organization	ChildSavers was established in 1924 as the Children's Memorial Clinic in memory of Dr. McGuire Newton, one of Richmond's first pediatricians who worked exhaustively to treat children during the 1918 Spanish Flu pandemic. When Dr. Newton passed away in 1923, the response was immediate that his contributions to our community during a time of such devastation had to be honored. It was Martha Patteson Bowie Branch who rallied the citizens of Richmond to create an innovative agency "for the purpose of giving complete physical and mental examinations, free of charge, to all children who may need the same." Almost 100 years later, we continue to honor that mission. We were the first child guidance clinic in the South, and one of the first ten in the United States. While mental health services remain integral to our mission, we have expanded our expertise to include the training and credentialing of early child care providers to ensure greater access to safe, quality care for our community's youngest children. In so doing, we have developed a unique, "prevention/intervention" approach towards childhood trauma, combining nurturing early childhood care to prevent trauma from occurring and intervention with mental healthcare if it does occur. We are the only organization in Virginia to take this approach. The combination of nurturing early childhood care and trauma-informed mental health therapy reinforces the overall health of our community's children. As our knowledge grows and the community changes, we adopt new models and best practices to meet the needs of children.
	Child Development Services (CDS) increases the capacity of early childhood education providers. By supporting providers with a broad range of training and professional development, we help them deliver quality programs to

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	children and families. Programs include credentialing, mentoring, and nutrition education.
	Mental Health Services (MHS) helps children build resilience to trauma by providing crisis intervention, outpatient, school-based clinical services. Play therapy is our specialty and activities are always child-centered, goal-oriented, and involve clients' families, guardians, and/or other appropriate supporters. Website
Website	<u>childsavers.org</u>
State where proposal is located	Virginia
Proposal title	Supporting underserved populations with early childhood workforce development and mental health services during COVID-19
Support request	Investment/Grant
Requested amount	\$50,000
Other significant partners in the proposal	Our partnerships with Richmond Police Department and VCU Medical Center make it possible for us to help children in the wake of trauma and crisis when they need support and psychological first aid the most. Our school-based services are possible thanks to a partnership with Richmond Public Schools. We are licensed by Virginia Department of Behavioral Health & Developmental Services, and work closely with DBHDS promoting recovery, self-determination, and wellness in all aspects of life.
	For workforce development for early care and education providers, we collaborate with Child Development Resources to implement the Virginia Infant & Toddler Specialist Network, Virginia Department of Social Services to implement Virginia Quality and Voluntary Registration, Virginia Department of Health to administer Child and Adult Care Food Program. We also partner with Child Care Aware to provide technical assistance to providers and connect parents to quality care. We have a long history of partnering with Smart Beginnings Greater Richmond and Virginia Early Childhood Foundation. Our entire agency is trauma-informed and participates in the Greater
	Richmond Trauma-Informed Community Network (TICN) and the Southside Trauma-Informed Community Network (STICN). To provide internship opportunities and workforce development, we partner with Partnership for the Future, Virginia Commonwealth University, Virginia Union University, and Reynolds Community College.
Proposal narrative	ChildSavers is committed to remaining open and available to our clients, especially during this time of enormous stress and anxiety. In the midst of this crisis, Childsavers mission has never been more relevant.
	Child Development Services (CDS) increases the capacity of early childhood education providers. By supporting providers with a broad range of training and professional development, we help them deliver quality programs to

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	children and families. Business continuity plans for small businesses providing early childhood care and education have never been more relevant. We remain an invaluable resource to early care providers, helping them increase their business acumen, navigate new guidelines, and ultimately stay in business to continue serving children and families. Early childhood care and education is truly the backbone of our community s workforce and economy. Mental Health Services (MHS) helps children build resilience to trauma by providing outpatient, school-based, and crisis intervention clinical services. As of Monday, March 23, we have used telehealth to continue services in the midst of COVID-19. Our outpatient clinic remains open for children requiring face-to-face therapy, and our crisis intervention team continues to respond to
	 Outpatient, clinic-based therapy focuses on the child s individual needs and includes specialized treatments such as art-based, sand tray, and play therapy. There is currently a waitlist of 89 children in need of these services and the list continues to grow. School-based services operate in seven Richmond Public Schools. For the current school year, ChildSavers serves seven schools. All seven schools are federally funded programs under Title 1 or Head Start. By providing services in a location convenient for children, we can serve more children, engage with their families and teachers, and achieve improved outcomes. Immediate Response is our on-call therapy team that responds when trauma or a crisis places a child in need of support. Our 24/7 team helps to prevent or decrease the severity of future mental health and behavioral problems in children and provides the child and their family
Issues addressed	 with immediate support and mental health care so they feel safe again. Community Services and Facilities Small Business Development / Microlending
	Stabilization and SustainabilityWorkforce Development / Economic Development
Geographic impact	State-wide
Population served	ChildSavers is located in the East End of Richmond, with neighborhood poverty rates ranging from 35-65%. Life expectancy data shows a child born today in this community is expected to live 20 fewer years than a child in a neighborhood 5 miles away. While the largest percentage of MHS clients originates from this nearby community, our service-area forms a radius of 30 miles around our headquarters. Our CDS programming extends to more than 60 localities throughout Central and Southwest Virginia.
Population income	For MHS clients, assessment of income is based on eligibility for Medicaid, and on their self-reported income levels on intake forms. Ninety percent of clients served in outpatient and school-based therapy, and 95% of Immediate Response clients, are from families with incomes and assets sufficiently low enough to qualify them for Medicaid. Thus, they fall into the category of "At or below 200% of the federal poverty guidelines." All seven schools where we operate licensed mental health clinics are federally funded programs under

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Title 1 or Head Start.

For the majority of our programs in CDS, income levels are obtained from a self-reporting survey. Results from the survey are used as a sample and extrapolated to the remaining providers. For the Child and Adult Care Food Program (CACFP), 90% of participants qualify as Tier I child care homes. These homes are located in low-income areas, or those in which the provider's household income is at or below 185% of the federal income poverty guidelines. According to the Bureau of Labor Statistics, U.S. Department of Labor, child care workers in Virginia earn an average salary of \$24,620, placing them at 200% below the federal poverty level for a single person home (data accessed April 2019).

Anticipated outcomes or impact

Our fiscal year runs July 1, 2020 to June 30, 2021. For FY21, we plan to directly serve 700 children with mental health services. Additional goals include:

- Provide 11,852 outpatient therapy sessions to children
- Provide 138 children with 2,011 hours of therapy to children through Immediate Response
- 70% of children meeting treatment plan objectives
- 70% of children exhibit a decrease in the severity of symptoms
- 95% of guardians report they are satisfied with services
- 95% of Immediate Response clients discharged to a lower level of care
- Reduce and maintain our waiting list to 60 children while decreasing the wait time to 33 days

For FY21, we plan to serve 3,500 early childhood educators who could impact more than 28,000 children. Additional goals include:

- 200 new providers participate in building quality across all CDS programs
- 30% of eligible programs participate in Virginia Quality
- Serve 14,000 children through Virginia Quality
- Provide 400 ChildCare Aware Technical Assistance Episodes
- Provide 270 training sessions
- Provide 800 training hours
- 200 CDA participants enrolled over the year, with 30 completing requirements

We anticipate our ability to help people access our services will be impacted due to COVID-19.

Evaluation methods used to measure success

We analyze progress toward programmatic and administrative goals monthly. Our Program Analyst creates a dashboard to share with our Board of Directors, CEO, and leadership teams. The dashboard is used as an organization-wide tool to make decisions, improve quality, and measure impact. Each year we meet to set challenge goals for the coming year. We base goals on previous year s outcomes and our capacity and expected growth to address the need for services.

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In MHS, data is gathered through regular Youth Outcome Questionnaires (YOQs) and Strengths and Difficulties Questionnaires (SDQ). YOQs are widelyused survey instruments administered to assess social functioning, track therapeutic progress in children and adolescents, and evaluate guardian satisfaction. The SDQ is completed by school staff and measures the client s strengths and difficulties within the classroom, as well as the client s positive social behavior. Clients, guardians, and service providers develop Individualized Treatment Plans. These plans have a number of goals specific to the individual client that are measured and tracked through Electronic Health Records. In CDS, data is gathered using a variety of evidence-based observation models. ChildSavers reviews pre and post scores to see the significance of change. CDA also has passing scores for modules, observation, and the final test. Selfreported data is used to measure improved program quality. All trainings require participants take a post-evaluation to determine if participants understood and gained knowledge around the core learning objectives. Quarterly and annual satisfaction surveys are provided for all programs to make sure ChildSavers is meeting the needs of the community. Measures include progression through the levels of quality, increasing scores, and selfreported feedback. **Existing Program**

Project timeframe. Is your request for an existing or new program?