



# MINUTES

## Early Care Best Practices Study Committee

November 26, 2007

---

### MEMBERS PRESENT:

Senator Becky Schmitz, Co-chairperson  
Senator Nancy Boettger  
Senator Robert Dvorsky  
Senator Dave Mulder  
Senator Amanda Ragan

Representative Cindy Winckler, Co-chairperson  
Representative Ako Abdul-Samad  
Representative Dave Heaton  
Representative Mary Mascher  
Representative Linda Miller

---

## MEETING IN BRIEF

.....

Organizational staffing provided  
by: John Pollak, Committee  
Services Administrator,  
(515) 281-3818

Minutes prepared by: Amanda  
Knief, Legal Counsel,  
(515) 281-6048

- I. **Procedural Business**
- II. **Dr. Deborah Daro, Chapin Hall Center for Children**
- III. **Area Education Agencies**
- IV. **Department of Education**
- V. **Neighborhood Centers of Johnson County**
- VI. **National Conference of State Legislatures**
- VII. **Committee Discussion**
- VIII. **Materials Filed With the Legislative Services Agency**



## Early Care Best Practices Study Committee

---

### I. Procedural Business

**Convening and Adjournment.** The second meeting of the Early Care Best Practices Study Committee was called to order at 10:04 a.m. on November 26, 2007, in Room 102 of the Statehouse. Roll call was taken and a quorum was determined to be present. Temporary Co-chairpersons Winckler and Schmitz were elected permanent co-chairpersons by a voice vote. The proposed rules for the Committee were approved by a voice vote. The minutes from the first meeting on October 31, 2007, were approved by a voice vote. The meeting was adjourned at 12:40 p.m.

**Next Meeting.** The co-chairpersons proposed holding a meeting sometime in January to discuss what has been learned and possible recommendations.

**Introductory Comments.** Representative Heaton reminded the Committee that the House Republicans had a caucus scheduled at 10 a.m. and that he would be excusing himself from the meeting at that time, but that he planned to return if there was a break. Co-chairperson Schmitz replied that there was a staff person taking notes at the meeting, so everyone would have the minutes from the meeting. Senator Mulder mentioned that the Senate Republicans were caucusing at noon as well.

### II. Dr. Deborah Daro, Chapin Hall Center for Children

**Overview.** Dr. Daro, Chapin Hall Center for Children at the University of Chicago, was introduced by Ms. Steffanie Clothier, Program Director, National Conference of State Legislatures (NCSL) Children and Families Program. Dr. Daro's presentation was entitled "Creating Effective Prevention Systems to Nurture Children and Strengthen Families," and is available on the Committee's Internet site.

**Key Concepts.** Dr. Daro identified several key concepts in prevention thinking and program planning, including identifying the most promising lessons, identifying procedures for better integrating new knowledge into the planning process, and building a program and improving it. There is a community paradigm for raising children — focusing on supportive communities and integrated systems. The planning parameters start with early intervention during pregnancy, if possible, and then at birth. The programs must have evidence-informed practices, not just good ideas, and there must be a system created to support continuous program improvement. Dr. Daro said the idea is to build a community where it is easier to do the right thing (e.g., recycling — put containers, community programs, and other steps in place so it is easy for citizens to recycle). Dr. Daro recommended the book "Leadership Without Easy Answers" for more about this topic.

Dr. Daro stated that it is important to see quality services as leverage, not solutions. She suggested viewing early child care as part of the K-12 education system in order to develop a long-term investment in young children that creates productive members of society.

Dr. Daro defined community as "the courage to offer assistance when you are not sure what is needed and the humility to accept." In order to create this kind of community, effective interventions are needed. This requires theoretical integrity: Explain what the program will do and



how the program will do it. Intervention targets the earliest stages of the developmental process, not just the remedial services, and employs persistent but respectful outreach methods to engage multiproblem families. These problems include language, distance, cultural, and transportation barriers. And because no program can do everything, the program needs to connect with other interventions and supports. Dr. Daro also emphasized the need for good staffing plans. This means low caseloads that allow staff to build relationships and to receive training and support.

Dr. Daro offered the following characteristics of effective systems: people moving toward the same goal, indicating interagency agreement on a common vision; diverse resource streams; integrated data systems where information is shared across agencies; and all services are local, not just considered "state" services. Dr. Daro also stressed the importance of evidence-based decision making, stating that research will not inform value decisions. She warned that those reviewing programs should always be as critical of potentially positive findings as they are about negative findings.

Finally, Dr. Daro proposed a strategy for monitoring performance and judging effectiveness. She said to determine common outcomes and indicators, identify elements of programs suitable for monitoring, create a reporting system to monitor performance of the elements, and use the data to identify the programs facing challenges.

### Discussion

- **Hospital Stays.** Co-chairperson Winckler asked when looking at benchmarks and early interventions if there had been research about care in the hospital and when newborns and mothers are released. Dr. Daro said that sometimes the mothers are contacted while they are in the hospital because the babies are staying in the hospital for extra care and the mothers are going home. Some of this research does not transfer, but the idea of starting early absolutely does.

Co-chairperson Winckler expressed concern about some babies and mothers staying only two days in the hospital after birth. Dr. Daro said that when Hawaii began its Healthy Start Program and neonatal clinics mothers were leaving after just two days. But most initial contacts are occurring at home first. In Cleveland, Ohio, all first-time parents get a home visit.

Representative Heaton commented that with a short stay in the hospital it would be hard to get a home visit provider to visit in the hospital, and a hospital will not release information about who has given birth due to federal Health Information Portability and Accountability Act (HIPPA) requirements. Maybe hospital staff could give information to parents about available resources as a first step, or the hospital could obtain permission from the parents to release information. Dr. Daro commented that it is a vulnerable time after birth. An explanation to the parents that home visitation is an expanding program for all newborns and that the program is limited in scope will get a more positive response than if parents perceive the program as a pervasive, ongoing relationship.

- **Iowa Home Visitation.** Senator Boettger asked if Iowa already has home visits. Ms. Shanell Wagler, Facilitator for Community Empowerment, replied that Iowa does have home visits. Dr. Daro said that outreach is necessary for a family facing more than the



## Early Care Best Practices Study Committee

---

average obstacles. It means offering more resources to a family based on its needs. A family in crisis will not usually refuse the visit, but other obstacles will prevent members from taking advantage of the resources being offered. Ideally, a home visit provider would be able to say, "I can help you with the things you are concerned about (e.g., transportation, child care, job) and I can help you with the things that will help your child (e.g., parenting, health, education)."

Senator Mulder mentioned Oklahoma's highly praised preschool program. Dr. Daro said that kids who do better in preschool are still the ones whose parents got involved earlier in their development. But having kids in school at a younger age does not hurt and can help them.

- **Agency Cooperation.** Co-chairperson Schmitz asked for ideas for how to get agencies to work together. Dr. Daro said that in Indiana, the governor put 5 percent of the agencies' budgets involved in children in a pool and he decided how to spend it. In Illinois, there is common staff training, not beholden to any agency, so it does not matter where the money comes from. So her answer is that it has worked when an authoritative third power has control because otherwise agencies protect their power and turf and it is better than a negotiated settlement. Ms. Clothier said that in states "whole systems work" is receiving major effort in order to get away from turf areas. In states where there is a lot of local control, there are efforts to put pieces in place to generate dialogue.

Senator Boettger asked if there were other ways to develop interdepartment and interagency cooperation. Dr. Daro suggested working in communities to develop programs, not so much statewide, because the smaller programs are so much more personality-driven. States can set out parameters for what can happen, but let local collaborators make changes and set the course.

- **Cost Considerations.** Co-chairperson Schmitz asked about the high cost of providing statewide universal home visits. Dr. Daro said that Hawaii for its Healthy Start Program engaged many sources to provide funding for the home visits. Other states use Medicaid dollars, which provide future savings by providing preventive care. Some areas use hospital services as an incentive such as the hospital providing a free home visit for the infants born in that hospital. She suggested that saving and supporting universal home visits provide positive social contacts between families and government.
- **Outreach.** Co-chairperson Schmitz asked about community outreach programs. Dr. Daro said that in North Carolina and South Carolina, community outreach advocates seek out those with newborns and pregnant women. The advocates work with obstetricians and pediatricians and visit separately with mother and child. Publicity is important. In Cleveland, Ohio (Cuyahoga County), it became widely known that everyone's mother, sister, aunt, daughter, and girlfriend had gotten a home visit. So the program had broad appeal and when it came up for a voter referendum, it passed.
- **Use of Information.** Co-chairperson Winckler commented that there are problems with babies returning to the hospital after release due to dehydration, mostly due to the



attitude of nurses that supplemental feedings of formula by breastfeeding mothers are bad. The short stays in the hospitals due to insurance company policies drive the need for providing a continuum of care for mother and baby. There needs to be access of care and community care for all. There are exceptions to HIPPA for clergy, so maybe Iowa's support system can have access to provide care and information that would assist these families. Legislators can take action in the upcoming legislative session. Dr. Daro said one way to secure objective information from agencies is to assure that there is no punishment for whatever the information is and that legislators will not change their funding if the information is not what was anticipated.

Co-chairperson Schmitz said that this issue presents a thinking dichotomy: Iowa needs to break out of that thinking of state versus local. Local agencies know what their communities need but there has to be greater accountability. Dr. Daro said that leadership is not telling others what to do all the time. Set the tone and let others follow by that example.

### III. Area Education Agencies

Mr. Wayne Haddy, Area Education Agency (AEA) Government Relations Specialist, provided the Committee with follow-up information from a survey commissioned based on questions from the first meeting about AEA early childhood programs and financing. Nine of the 10 AEAs provided responses. A copy of the report Mr. Haddy presented is available on the Committee's Internet site.

According to Mr. Haddy, the information indicates that mandated federal programs, particularly those associated with special education, have the most consistent availability due to the reliable funding source and necessity of complying with federal requirements. Other programs may or may not be offered around the state, depending upon whether there is funding available. Mr. Haddy said that providing information about programs involved in early childhood and preschool as requested by the Committee showed the inequities due to different funding streams.

Concerning staff development, Mr. Haddy said that staff development is occurring with the assistance of AEA funds and local community empowerment area funds. He said that the Department of Education (DE) was able to get one-time funding to assist with AEA staff development. But when there is no federal funding and no funding stream mandated, the equity and quality of staffing programs begins to differ and falter. This opens programs to audits from federal and state officials and even special education lawsuits. There are many arguments about how to use funding; the question is whether staff development is more important than other priorities.

**Discussion.** Co-chairperson Schmitz commented about mandated and nonmandated funding based on her experiences. She said that when she was called in to assist kids in child care settings, providers would be desperate for information and help. They would seek her assistance for help with other children. The AEAs would then ask for staff to be more involved in that child care situation. The AEA visiting was only supposed to be there for the one child, but it is difficult to refuse to help the provider with other children. It was and still is a big dilemma.



## Early Care Best Practices Study Committee

---

Co-chairperson Winckler asked Mr. Haddy if AEAs are doing any data collection for community empowerment areas. Mr. Haddy replied that he did not know for sure but that he would find out. Ms. Wagler replied that the only data collection that AEAs do for empowerment areas has to do with AEA contracts and that the information would be in the community empowerment annual report.

### **IV. Department of Education**

**Overview.** Ms. Penny Milburn, Early Childhood Consultant, DE, discussed DE early childhood programs and financing. Ms. Milburn told the Committee that Mr. Haddy's survey points out the lack of consistent, sustained funding to support the programs she would be presenting on today. Ms. Milburn discussed the following family support programs that are coordinated through DE. A copy of her report is available on the Committee's Internet site.

#### **A. Shared Vision Family Support Grants**

This is a state-funded program that targets pregnant women and children from birth to age five, where there is no adequate preschool. As of July 2007, 1,545 children were being served by the program and 421 children were on a waiting list. The program provides families with quality, family-centered, comprehensive early childhood services, including home visits, support groups, and referrals to other agencies. About 98 percent of the kids in the program have received their immunizations.

#### **B. Even Start Family Literacy Program**

This is a federally funded program that has received cuts in funding; it targets families with children ages birth to eight. In FY 2005-2006, 244 low-income families in nine programs across Iowa were served, including 318 children and 257 adults. There are four components to the program: parenting education, family and child interactive literacy time, adult education, and early childhood education. The screening for literacy is often done by the AEAs.

#### **C. Head Start and Early Head Start**

Both of these programs are federally funded; Early Head Start, in particular, has been flat-funded for the past five years. There are only 13 Early Head Start programs in the state, but the program is very comprehensive. The teachers work with the families to provide the parents with education, housing, even jobs. This program focuses on helping the families in order to help the children. It also offers prenatal services. Some state funds are available to help meet the waiting list and to expand services.

#### **D. Early ACCESS**

This is a federally funded early intervention program that targets infants and toddlers with conditions and developmental delays and their families. It is about building a partnership between the departments that specialize in services for these children and the families. In Iowa, the



Governor has designated DE as the lead agency to coordinate efforts. There are 11 Early ACCESS regions in the state.

Ms. Milburn also discussed the AEA childhood network. She said that one personnel position exists to provide all services for kindergarten through third grade children, preschool, and parent support. However, there are only enough funds to pay for about one-fourth of the cost of the position. The additional funds to pay for the position have come through community empowerment funds, but the funding is approved on a year-to-year basis.

**Discussion.** Senator Mulder asked what Ms. Milburn's outlook was on the programs, which are not statewide programs, since transportation costs are so high. Ms. Milburn said that the cost of transportation has little effect on the effectiveness of the programs. They are operated locally and in pockets around the state.

Senator Boettger asked about the possibility of interfacing the empowerment funds in the programs to make them more effective. Ms. Milburn said that by looking at the federal requirements for what needs to be offered and then looking at what programs are providing those services and are working, the state can infuse those programs with additional dollars to increase effectiveness.

Representative Abdul-Samad asked about the increasing numbers of children on waiting lists for the programs. Ms. Milburn said that calculating waiting lists is hard because children may get into another program or move or fall through the cracks. The last three or four years there has been an increase of 100-200 families to the lists.

Co-chairperson Winckler commented that interagency agreements, empowerment areas, and service coordinators need common data points collected by all providers and an amount of money to support the programs. She said that the state needs to be able to compensate if a funding stream is cut, but that is hard to identify with braided funding streams. The issue is how to support the programs lowans expect to be in communities. She said the state is headed for seamless services on a continuum of need but in order for that to happen a common collection of data is needed so that families do not have to reapply over and over again for services. Additionally, agencies need to stop protecting information about their funding streams. Ms. Milburn said that Co-chairperson Winckler identified the major issues in the state debate. One way to attack the situation is to look for common data elements. For example, in a preschool program, assign each child a unique number and then track them and keep lots of information. But all states are struggling with braided funding, and assigning a child a number at birth raises many ethical issues. Early Childhood Iowa has had some success with data collection points, but federal funding impairs that. Policymakers want a continuum of services because families have a continuum of need.

### **V. Neighborhood Centers of Johnson County**

Ms. Sue Freeman and Ms. Ladiester LeMaster, Neighborhood Centers of Johnson County, shared the efforts of the agency's Even Start Program with primarily Hispanic and African-American families. Even Start is integrated with other programs operated by the Neighborhood Centers aimed at assisting low-income families.



## Early Care Best Practices Study Committee

---

Ms. Freeman said that the Neighborhood Centers is a whole-family-based agency located in low-income neighborhoods. The Hispanic and African-American families that move to the area are isolated by unfamiliarity with the area, lack of English language skills, and lack of transportation. The goal of the Neighborhood Centers is to teach basic skills. For example, Ms. LeMaster visits one mobile home where one family with five kids lives. The mother cannot read or write. So Ms. LeMaster has helped her get into a beginning skills class and a parenting class, and the kids are in free child care provided by the Neighborhood Centers.

The agency aims for comprehensive intervention, sometimes with the parents and children learning reading and writing at the same time. The activities include interactive literacy activities such as teaching them to ride the bus, use the library, and go to the grocery store. About 41 percent of Even Start families made less than \$9,000 last year; these are the most educationally needy families. In order to receive Even Start services, the family must be low-income and have a literacy need, which includes second language needs. It is an intensive and voluntary program. Even Start is comprehensive and expensive, but it makes whole families productive members of society. The average time for an English learner to get through the program is three to four years; it takes five to six years for a Spanish learner to finish.

**Discussion.** Representative Abdul-Samad asked if the Neighborhood Centers is fighting a losing battle. Ms. Freeman said that every time there is a large migration of people to the Iowa City area, for example, the whole community sits down and tries to figure out how to make everyone fit. Urban families often have to transition a couple of times between Iowa and the city before they adjust. Families from other countries cannot go back, so they have an immediate need and must transition quickly. Mr. Tom Rendon, Even Start State Coordinator, said that even though Even Start is federally funded, there is a 10 percent match that must grow every year. The federal officials are saying that they want to see the local support for the program in dollars. So 65 percent of the Iowa City program is outside-funded, not federally funded.

Co-chairperson Schmitz asked about the average caseload for a staff worker. Ms. Freeman said that each worker has between 15 and 20 families, plus five empowerment families, plus five other families. So the Neighborhood Centers is able to assist about 200 families a year. Funding has been deeply cut, so reporting and statistics are a huge part of the Even Start Program to show that it is working. Ms. Freeman said that because the agency has such a variety of funding, the agency can take someone off Even Start and put them on another program if the person is not complying fully with the program requirements but still needs assistance and qualifies in another way. The agency is a single point of contact and so it provides a menu of options for the family for whatever reason they came into the agency originally.

Co-chairperson Winckler asked how many years the agency has been working. Ms. Freeman said that this is the 34th year for Neighborhood Centers. She said that the agency changes and adapts with what is happening with area needs and at the legislative level.





---

## VI. National Conference of State Legislatures

Ms. Steffanie Clothier, Program Director, NCSL Children and Families Program, discussed the activities of other states in the area of home visits. A copy of her presentation is available on the Committee's web site.

A 2007 survey by the National Center for Children in Poverty found that 35 states report home visit programs. Some of the new trends in these programs include concern about quality, greater coordination through state-level agencies, more services being delivered at home, thinking about a continuum of services to meet the differing needs of families, and triple the amount of spending than in the 2000 survey.

State and local officials are facing challenges in working together to manage multiple programs and in how to find programs that are effective in order to expand. There are also challenges in matching services to families, avoiding duplication of efforts, how to begin the approach of services to mothers, and effective implementation. Some states that are focusing on local control are working on collecting core data and using common data evaluation tools, common training tools, providing technical assistance, program monitoring, and program collaboration.

## VII. Committee Discussion

Co-chairperson Schmitz said that the Committee has been able to gather quite a bit of information to guide the Committee in support of a direction to keep early care programs on track.

Co-chairperson Winckler said she thinks that the Committee needs more information about hospitals and stays for mothers and newborns. She does not know if there is anyone available to talk to the Committee, but would like to investigate. This partnership contract idea with the hospital is important, especially when the hospitals are able to tell parents about services. It could be as easy as a checkoff on an admittance form. The hospital coordinates other stop-by visits, such as clergy. It should be possible to allow other nonthreatening visitors to provide information to help the families.

Co-chairperson Schmitz suggested perhaps having a nurse at the hospital give the information and bill Medicaid, and then have public health make the follow-up visit at home.

Senator Ragan said that she thought it would be difficult for the nurse to know everything that is available and convey that, but a nurse could connect with the families and help coordinate the home visit.

Ms. Clothier said that she could check and see if there are other state examples of programs like this.

## VIII. Materials Filed With the Legislative Services Agency

The following materials listed were distributed at or in connection with the meeting and are filed with the Legislative Services Agency. The materials may be accessed from the <Additional Information> link on the Committee's Internet web page:

<http://www.legis.state.ia.us/asp/Committees/Committee.aspx?id=215>



## Early Care Best Practices Study Committee

---

1. Committee Proposed Rules.
2. Iowa's Even Start Programs brochure.
3. "Creating Effective Prevention Systems to Nurture Children and Strengthen Families," Dr. Daro.
4. "Home Visitation: Assessing Progress, Managing Expectations," Dr. Daro.
5. Issue Brief, Sept. 2006, "Implementation of Home Visitation Programs: Stories from the States," Dr. Daro.
6. AEA Information Survey Responses, Mr. Haddy, AEA Government Relations Specialist.
7. Department of Education Early Childhood Programs Information, Ms. Milburn, Early Childhood Consultant.
8. Examples of Private/Public Partnerships Supporting Early Childhood Activities, by Ms. Wagler, Facilitator for Community Empowerment.
9. Expenditures for Iowa Family Support and Parent Education Programs, by Ms. Robin Madison, Legislative Services Agency, Fiscal Services Division.
10. "State Activity: Home Visiting," by Ms. Clothier, NCSL.