

Presentation to:  
**Early Childhood Subcommittee**

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Child & Family Policy Center

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Every Child Counts

February 1, 2007



# Importance of Developing an Early Childhood System

- Ensuring that children are healthy and prepared for success in school
- Enabling parents to be productive and self-sufficient workers
- Kids are worth it!

Up to half of the gap in achievement scores in school can be attributed to gaps already evident at the time of school entry.

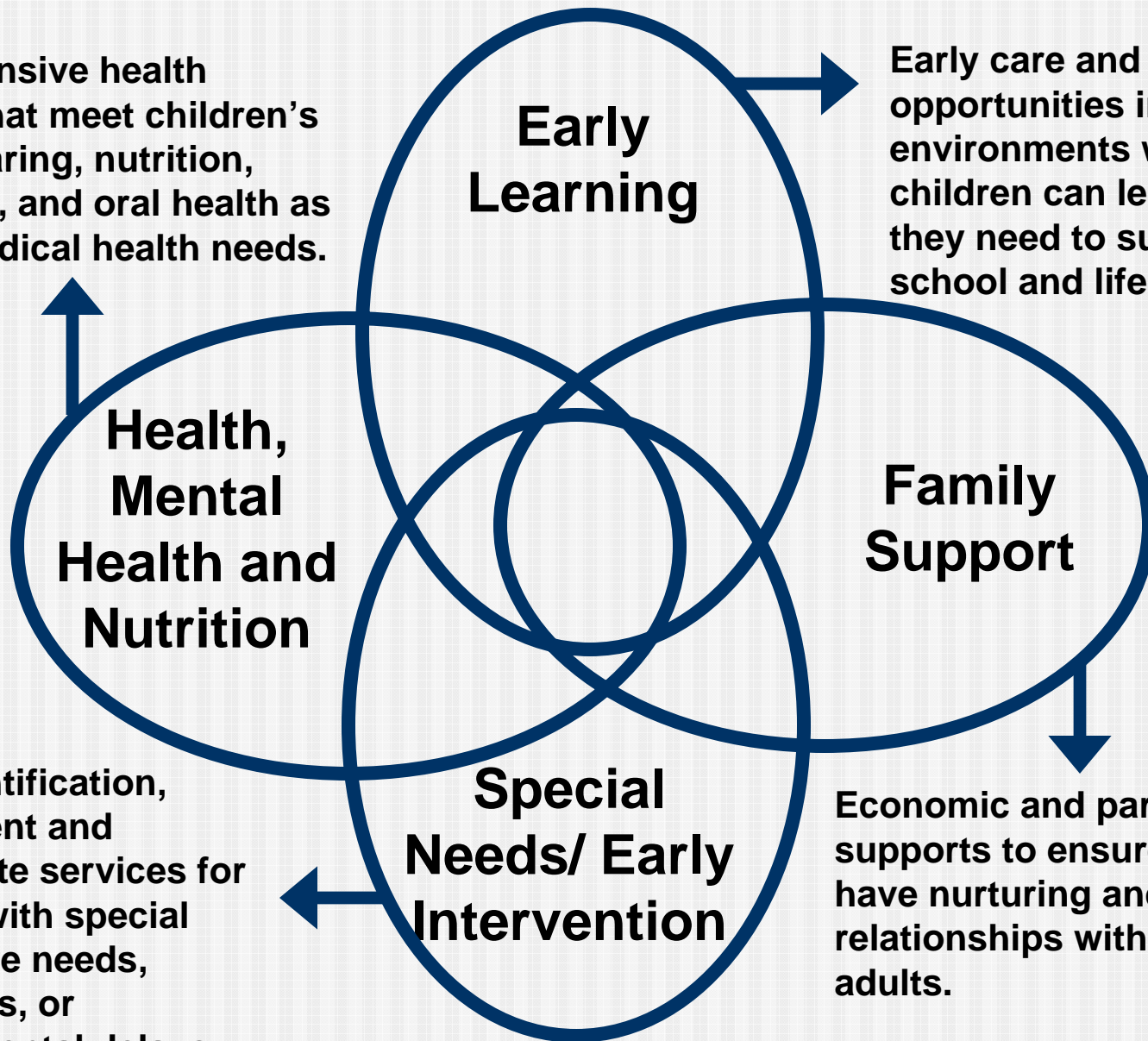
-- Rouse, Brooks-Gunn, & McClanahan, *School Readiness: Closing Racial and Ethnic Gaps*

While schools can and should be responsible for narrowing the gap between kindergarten and third grade, eliminating the gap requires actions in the earliest learning years ... from birth to school age.

-- Rothstein, *Class and Schools*

# State Early Childhood Development System

Comprehensive health services that meet children's vision, hearing, nutrition, behavioral, and oral health as well as medical health needs.



Early care and education opportunities in nurturing environments where children can learn what they need to succeed in school and life.

**Health,  
Mental  
Health and  
Nutrition**

**Family  
Support**

Early identification, assessment and appropriate services for children with special health care needs, disabilities, or developmental delays

**Special  
Needs/ Early  
Intervention**

Economic and parenting supports to ensure children have nurturing and stable relationships with caring adults.

# Early Childhood Systems Working Group

- Alliance for Early Childhood Finance  
<http://www.earlychildhoodfinance.org>
- The Build Initiative  
<http://www.buildinitiative.org>
- The Children's Project  
<http://www.thechildrensproject.org>
- Center for Law and Social Policy (CLASP)  
<http://www.clasp.org/publications.php?id=3>
- **Council of Chief State School Officers** (CCSSO)  
<http://www.ccsso.org/earlychildhood>
- National Center for Children in Poverty (NCCP)  
<http://www.nccp.org>
- National Child Care Information Center (NCCIC)  
<http://nccic.acf.hhs.gov>
- **National Conference of State Legislatures** (NCSL)  
<http://www.ncsl.org/programs/cyf/cc.htm>
- **National Governors Association** Center for Best Practices  
<http://www.nga.org/center>
- Smart Start National Technical Assistance Center  
<http://www.nationalsmartstart.org/>
- State Early Childhood Policy Technical Assistance Network (SECPTAN)  
<http://www.finebynine.org>
- ZERO TO THREE  
<http://www.zerotothree.org>

# The Four Ovals and Iowa Investments

## Health

Title XIX and hawk-i

MCH EPSDT Care  
Coordination

ABCD – Dental

Healthy Mental Development  
Initiative

**Health,  
Mental  
Health and  
Nutrition**

## Special Needs

Early ACCESS –  
Part C of IDEA

CPS/Child Welfare

Child Mental Health

**Early  
Learning**

## Public Preschool

Empowerment

Head Start

Part B of IDEA

Shared Visions

## Early Care & Education

Child Care Subsidy

Tiered Rating System

CCR&R

**Family  
Support**

## Family Support

Community Empowerment

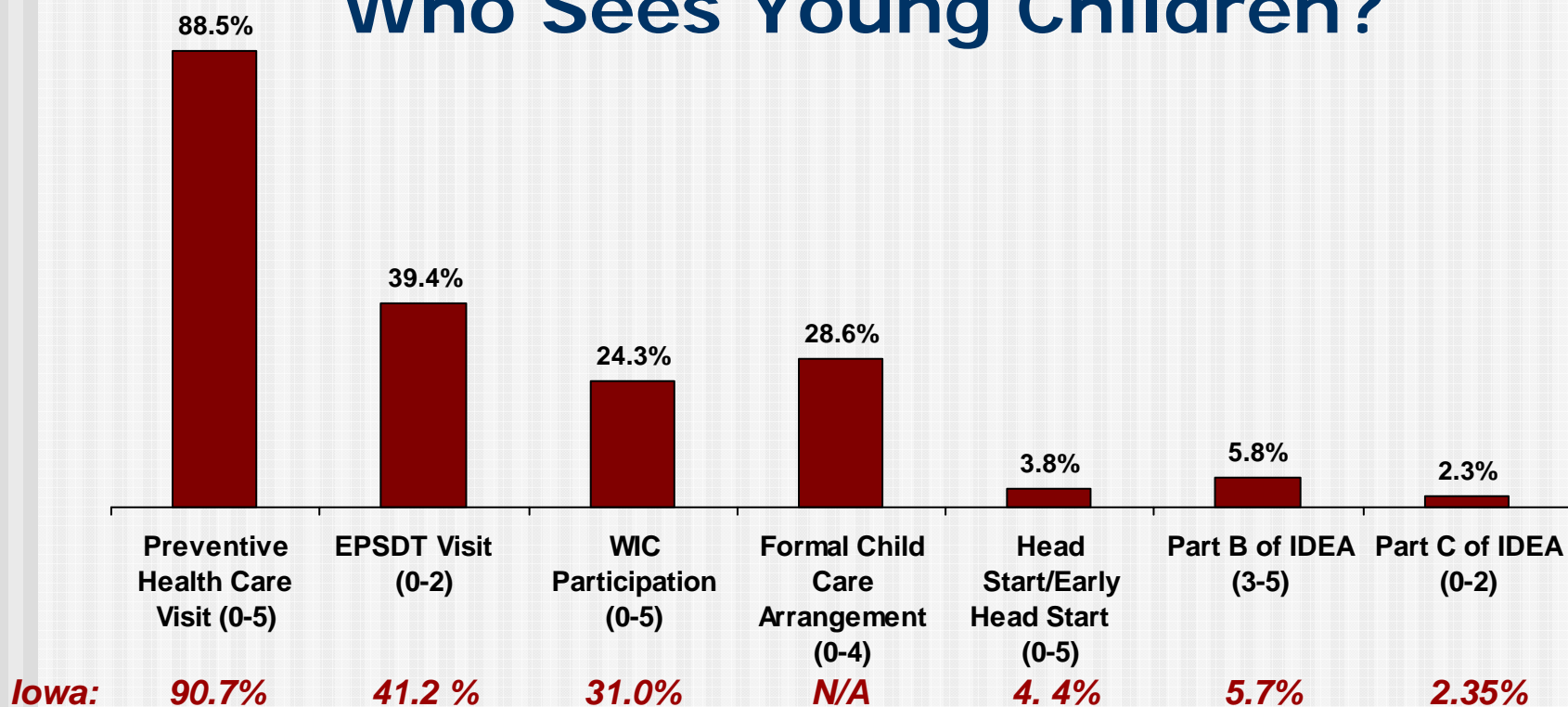
Early Head Start

HOPES

**Special  
Needs/ Early  
Intervention**



# Children's Healthy Development Who Sees Young Children?



Sources:

Preventive Health Visit: National Survey of Children's Health

EPSDT 416 Forms, Centers for Medicare and Medicaid Services (CMS)

WIC - FDA, Food and Nutrition Services, Office of Analysis, Nutrition, and Evaluation

Formal Child Care: Census Bureau Special Report: Who's Minding the Kids?

Head Start: National Head Start Association, Program Fact Sheets

Part B: U.S. Department of Education, Office of Special Education Programs, Data Analysis System

Part C: IDEAdata.org Data Tables for Office of Special Education Programs State Reported Data

# Beyond Health Insurance to Healthy Development



**Health Insurance = Medical Care = Child Health**

Establishing Coverage (XIX/SCHIP)

Getting Children Enrolled (Covering Kids)

use of primary/preventive services

coverage for comprehensive and behavioral health services (SCHIP)

screening for developmental health needs

referral and follow-up to address broad health needs



# Health as Part of System



1.



## **Pediatric Practitioner Training/Developmental Surveillance**

“Do you have questions about how your child is learning, behaving, or developing?”

## Developmental Surveillance

# Health as Part of System



**1.**



## **Pediatric Practitioner Training/Developmental Surveillance**

“Do you have questions about how your child is learning, behaving, or developing?”

Developmental  
Surveillance



**2.**



## **Care Coordination**

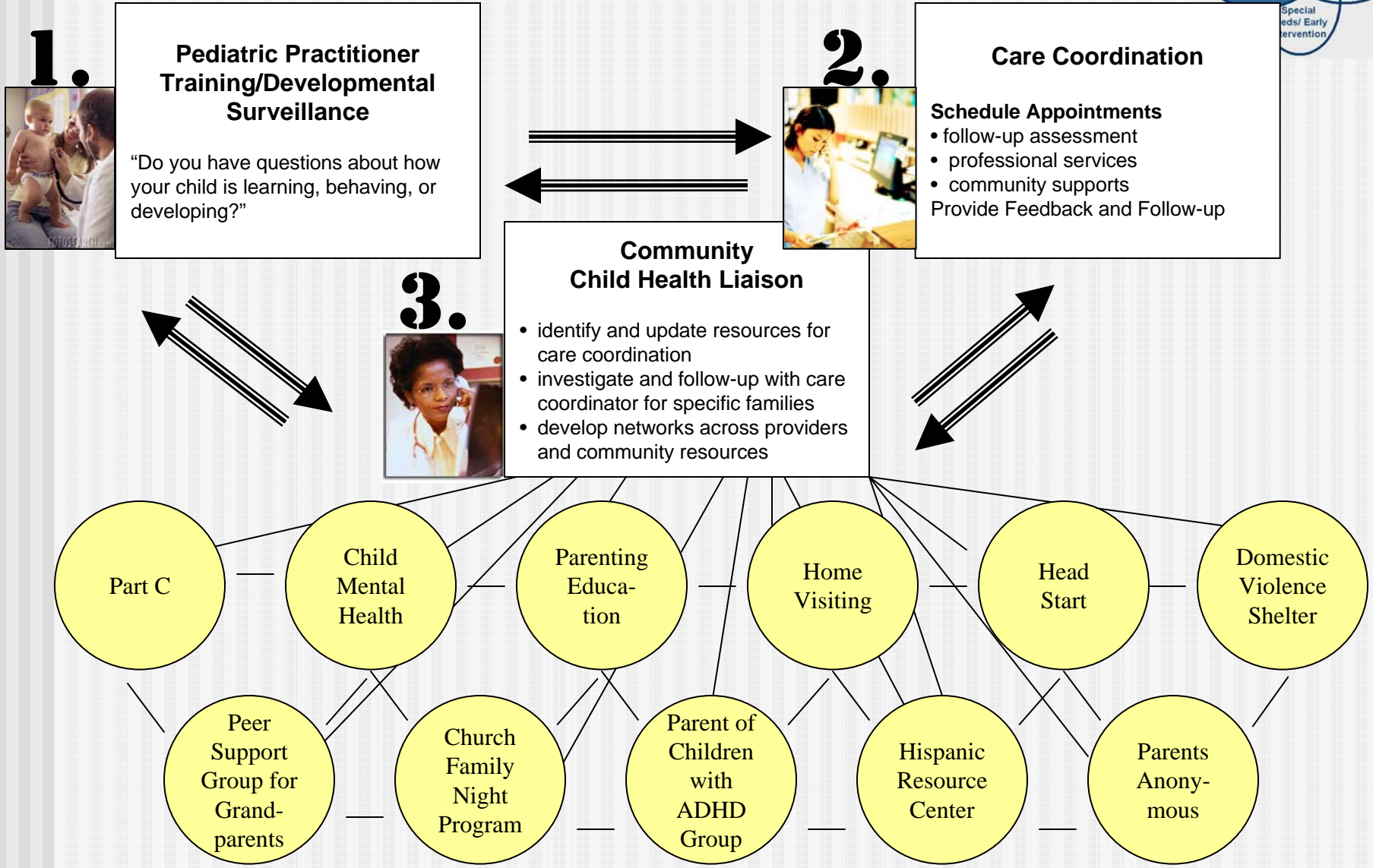
### **Schedule Appointments**

- follow-up assessment
- professional services
- community supports

### **Provide Feedback and Follow-up**

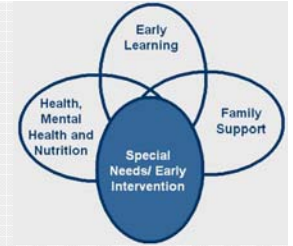
Care  
Coordination

# Health as Part of System



## Link to Community Resources

# Special Needs: Early Identification and Treatment



8-16% of young children have treatable special needs (mental health, learning disabilities, etc.) but fewer than half are detected before school entry

Early ACCESS (Part C)

Child development within CPS

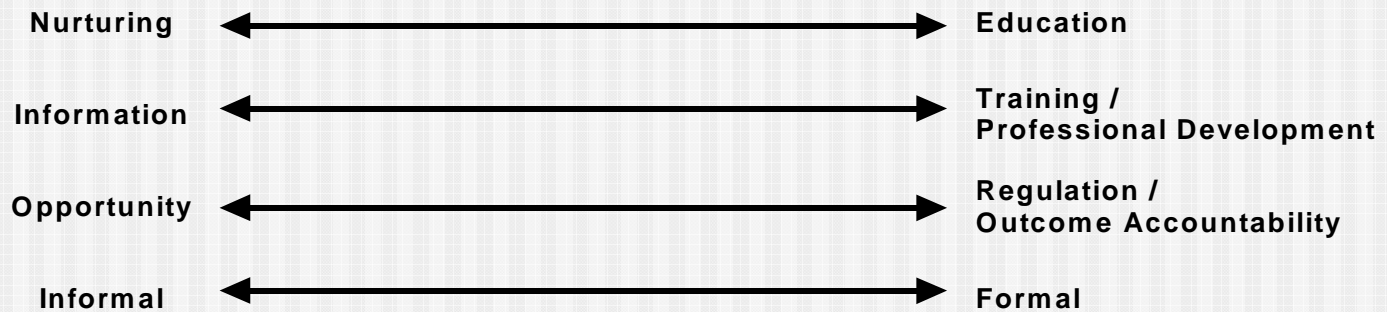
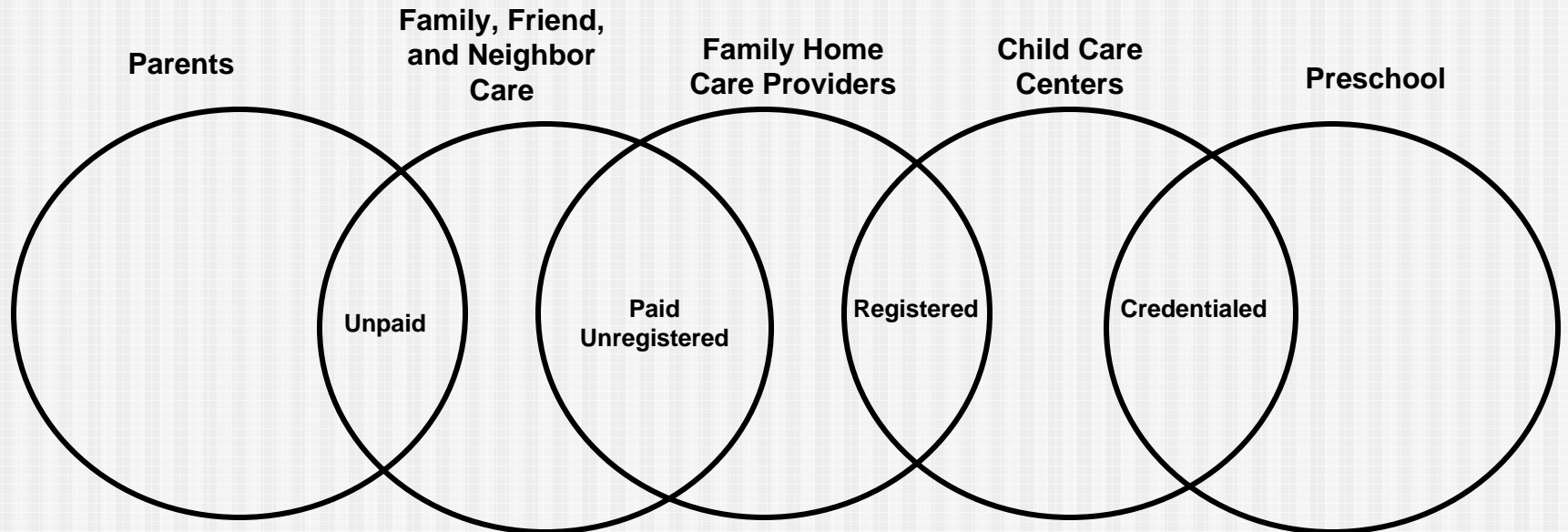
Child Health Specialty Clinics

# Family Support

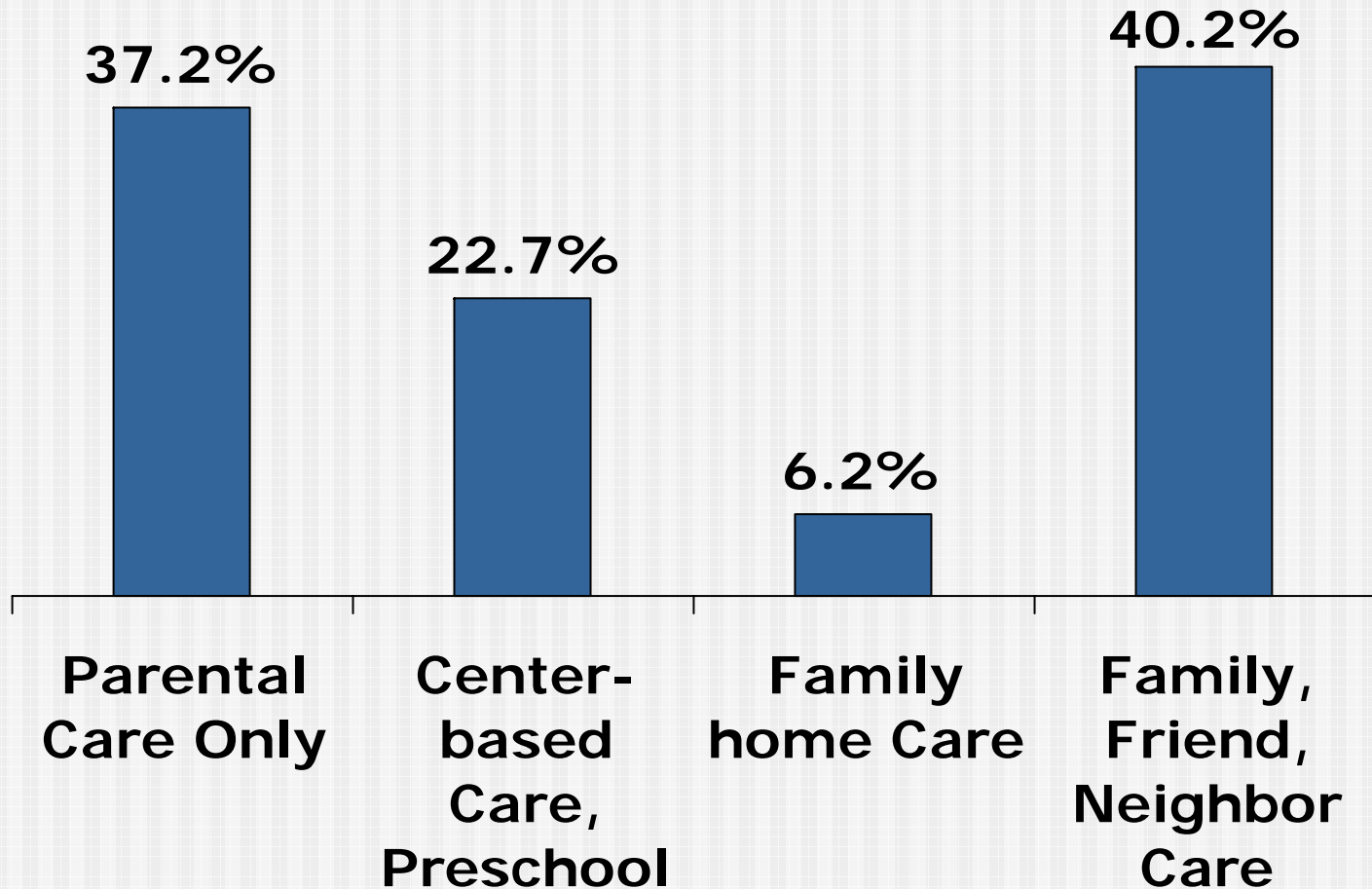


- Family Strengthening/Parenting Education/Home Visiting, Mutual Support
  - Quality Matters
  - Exemplary Programs/Core Attributes/Critical Strategies
  - Mutual Assistance and Reciprocity
- Family and Medical Leave
- Income Supports
  - EITC
  - Minimum Wage

# Early Care and Education Continuum



# Current Status of Care for Children 0-4



Source: Who's Minding the Kids? U.S. Census Bureau: May 2005

# Supporting FFN Care



- Resources and Supports –
  - Play & Learn Groups
  - Home Care Provider Networks
  - Family Resource Libraries
  - Grandparent Support Groups
- Attention through Community Empowerment



# Supporting Quality, Affordable Child Care

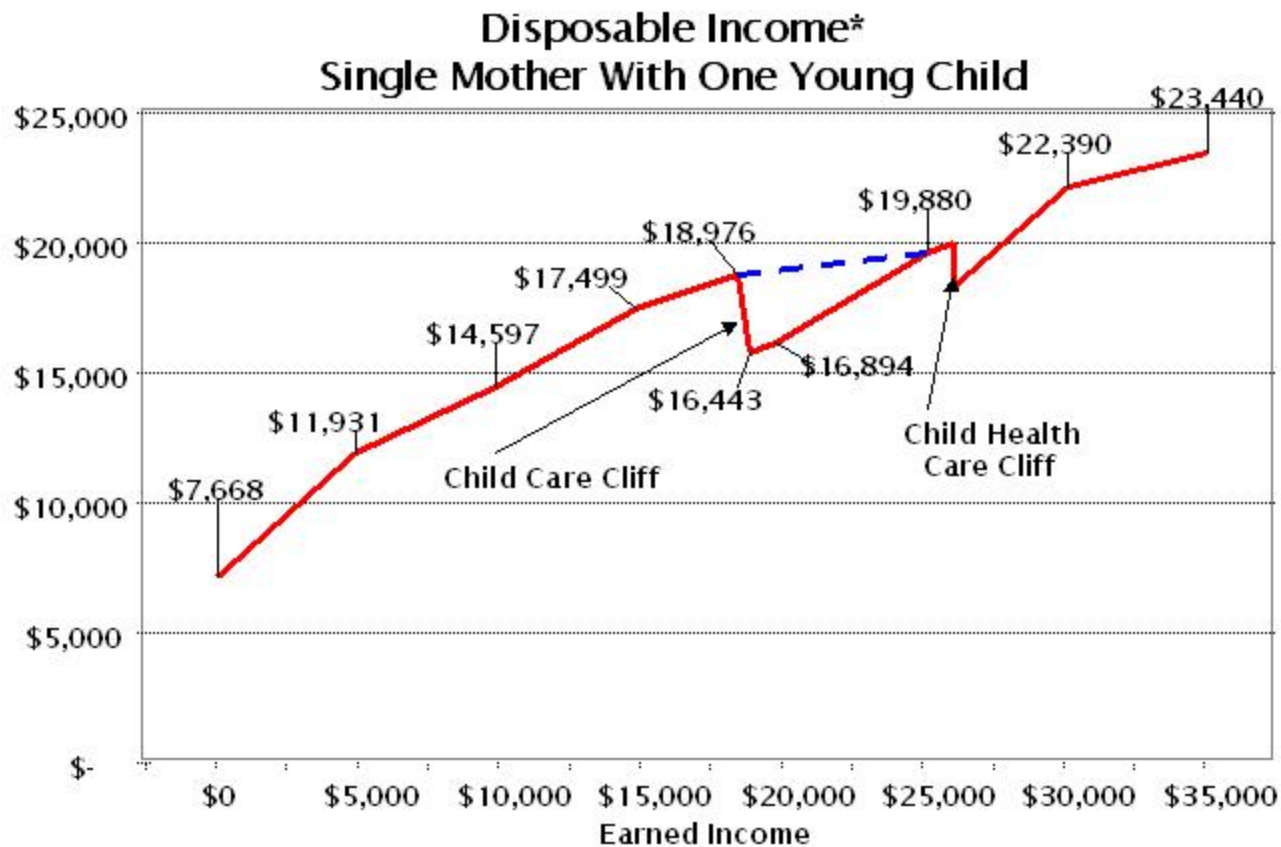


Mismatch between what families can afford to pay and what the market will produce in quality care – need for public sector investments

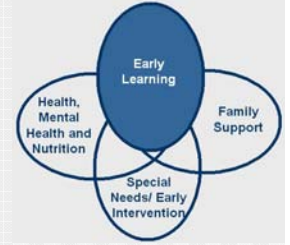
Family at 150% of poverty \$30,000  
family of four – \$18,000 and \$12,000  
income – not eligible for child care  
subsidy, pays \$1,300 in state income  
taxes



# Affordability and Cliff Effect



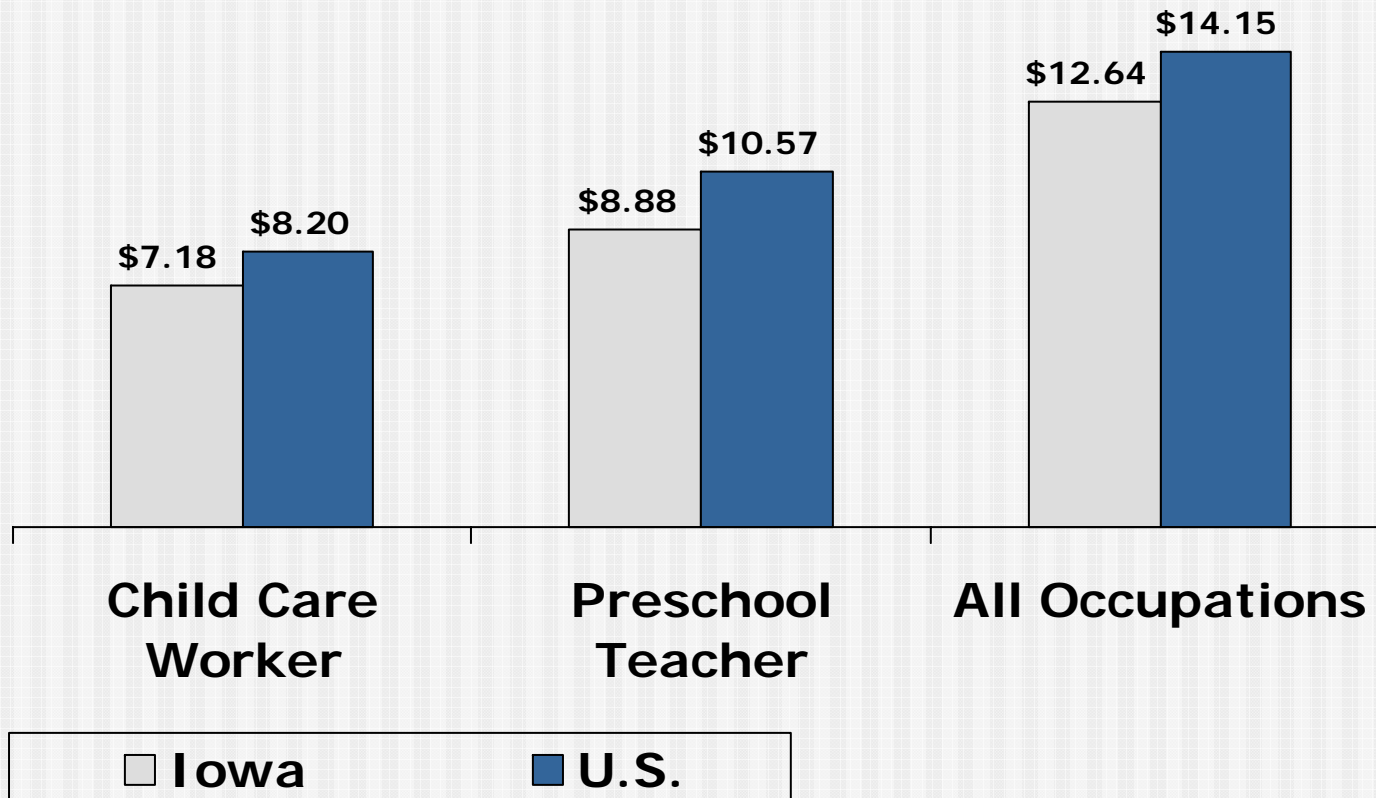
\* Disposable Income includes: earning from wages, TANF cash benefits, the value of food stamps, federal income tax refunds, and state income tax refunds. In determining disposable income the costs of Social Security taxes, Medicare taxes, federal income taxes paid, state income taxes paid, child care, and health insurance are deducted from the family's income.



# Child Care and Preschool Employment Data: May 2005

Bureau of Labor Statistics Information: Iowa and U.S.

## Median Hourly Wage



# Preschool Research: School Readiness and Returns on Investment



**Targeted.** Focused upon specific populations (e.g. under 185% of poverty), can close up to 20-30% of gap experienced by race and class, if:

- Comprehensive (whole child and family)
- High quality
- High Rates of Return (primarily avoided future costs – 16% RoR) but over long-term (20 years)

**Universal.** Can benefit all children and raise overall readiness

- Doesn't need to be as comprehensive or extensive
- Rates of return not established



# Iowa Children in Public Preschool

Program	Funding	Children Served	Investment Per Child	Eligibility Criteria
Head Start	\$41.8 M	6,437	\$6,494	100% of poverty/disability
Shared Visions	\$6.8 M	2,167	\$3,178	130% of poverty
Empowerment	\$10.15 M			200% of poverty
IDEA Part B		3,421		disability
Other/Title I/Local				

**Children 3-4 = 73,000**

**12,600 are in poverty**

**24,300 are below 185% of poverty**

Sources: National Institute for Early Education Research, 2005 State Preschool Yearbook  
Iowa Empowerment Annual Report

# Every Child Counts Policy Recommendations

## Health

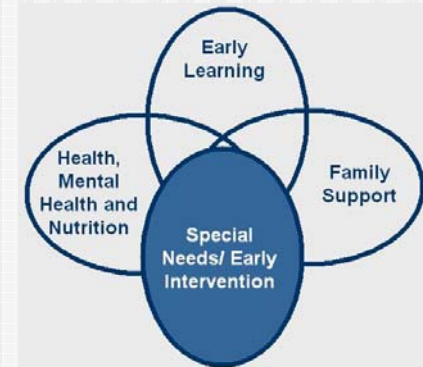
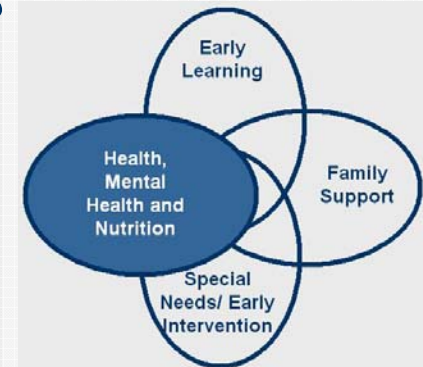
- Expand Healthy Child Development Initiative and Linkages
- Expand child health coverage (hawk-i and Medicaid) and improve hawk-i healthy development coverage package (care coordination, EPSDT-like developmental services)
- Address child dental issues

## Special Needs

- Provide state funding for Early ACCESS
- Provide Medicaid buy-in for Family Opportunity Act

## Family Support

- Strengthen state leadership to community empowerment for effective use of Community Empowerment funds



# Every Child Counts

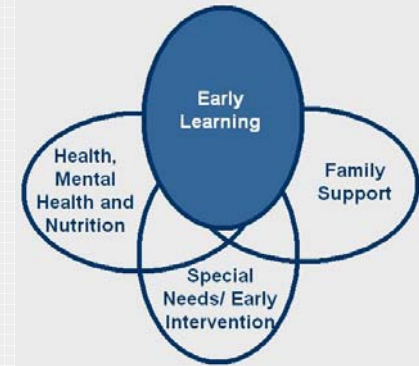
## Policy Recommendations, continued

### Early Care and Education

- Eliminate the cliff effect by phasing in child care subsidy to 200% of poverty
- Fully fund subsidy
- Build in quality incentives through both professional development (TEACH, etc.) and quality reimbursement
- Support Family Friend and Neighbor (FFN) care

### Preschool

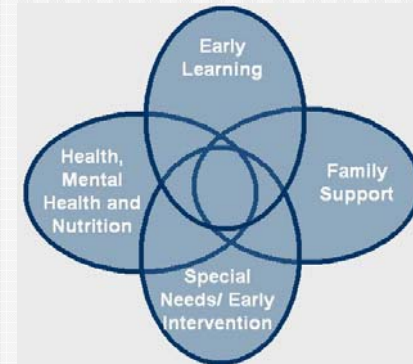
- Expand preschool funding (first targeted to those below 185% of poverty)
- Develop integrated system (Shared Visions, Head Start, IDEA Part B, Community Empowerment new funding) based upon following principles:
  - Quality (staffing, intentional learning environment)
  - Accessibility (location, flexibility of delivery models, meeting family needs and schedules)
  - Appropriateness (meets different child/family needs)
  - Integration (contributes to overall system development by strengthening other forms of care)
  - Accountable (held to meeting standards)



# Every Child Counts Policy Recommendations, continued

## Public-Private Investment Partnerships

- Provide additional funding (up to \$5 million) based upon leveraging expectations





# Public-Private Investment Partnerships (HF 2769)

- Business Community Investment Advisory Council
  - Levering private sector money
  - Using resources strategically (quality, continuous improvement)
- Discussions with Corporate Leaders on Securing Investments

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