Reaching Children With Comprehensive Services: Partnerships and Financing



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Presentation Overview

- Overview and importance of comprehensive services
- Why reach children in child care settings because it's where they are!
- Financing partnership strategies
- Reaching children in home-based settings
- Potential roles for you in building partnerships around comprehensive services
- Questions, comments, examples

Comprehensive Services for Children

What Do We Mean By Comprehensive Services?

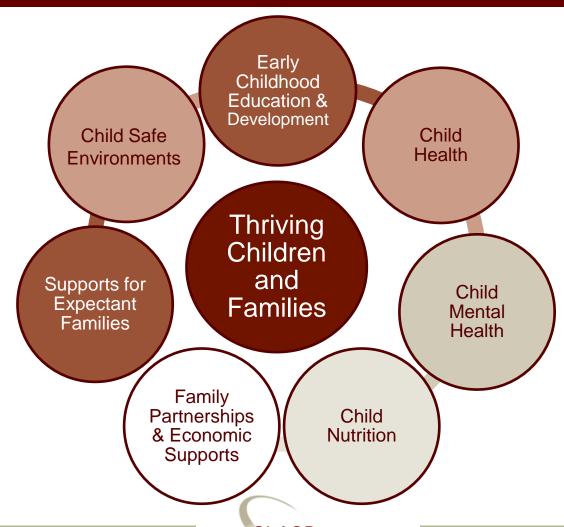
- Connection and access to preventive health care services, such as assistance in connecting to medical homes, preventive dental screenings, and tracking of vaccination and medical screening records;
- Support for emotional, social and cognitive development, including screening to identify developmental delays, mental health concerns, and other conditions that may warrant early intervention, mental health services, or educational interventions;
- Family leadership and support, including parent leadership development, parenting support, abuse prevention strategies, and connecting families to needed social services.

Why Financing and Funding Partnerships?

- Child Care and Early Education Funding is Insufficient
 - 42% of children eligible for HS preschool are served, and less than 4% of eligible infants and toddlers.
 - CCDBG serves 17% of eligible children and states do not pay rates high enough to support comprehensive services.
- Approaching services with a system building mindset
- Emphasis on effective and efficient use of funds.



Early Childhood System Components

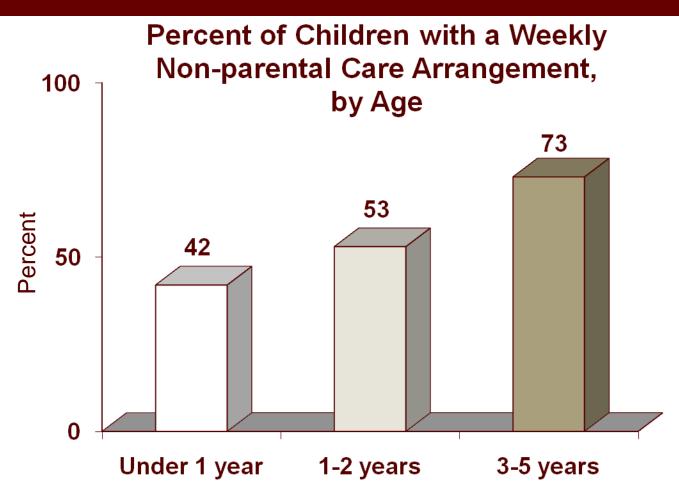


Why is Child Care and Early Education a Key Partner?

Why Child Care Settings?

- Young children are in care for significant portions of time, in different settings, and from an early age.
 - Opportunity to reach young children early.
- Low-income children have less access to health insurance and health services.
- Relationships between caregivers and children and families may provide positive context for delivering preventive services.

Young children are in child care...

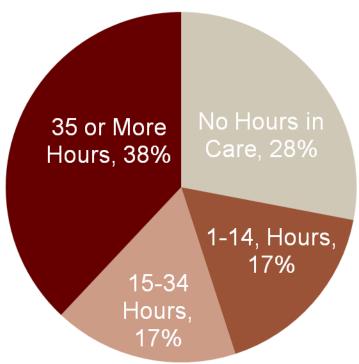


Source: National Center for Education Statistics, 2005 National Household Education Survey.



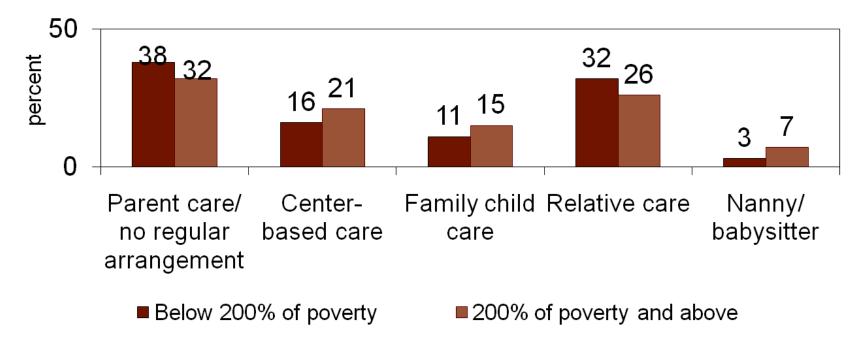
...for significant portions of time

Hours Spent in Nonparental Care by Children Under 3 with Employed Mothers, 2002



Source: Jeffrey Capizzano and Regan Main, *Many* Young Children Spend Long Hours in Child Care, Urban Institute, 2005. Analysis of 2002 NSAF Data.

Primary child care arrangements for children birth to 3 with employed mothers



Note: Percentages may not add to 100% due to rounding. Source: Jeffrey Capizzano and Gina Adams, Children in Low-Income Families are Less Likely to be in Center-Based Care, Urban Institute, 2003.

What is quality?

- Programs showing lasting benefits of high quality early education focused on whole child and included comprehensive services.
- Increased attention to school readiness, child outcomes, return on investment.
- Increased poverty has increased need for comprehensive services.

Financing Strategies

Putting it Together: A Guide to Financing Comprehensive Services in Child Care and Early Education

August 2012

Available at www.clasp.org



Financing Guide Focuses on the Following Funding Streams

- Maternal and Child Health Title V
- Healthy Tomorrows
 Partnership for Children
- Early Childhood Comprehensive Systems
- Home Visiting MIECHV
- Child Abuse Prevention and Treatment Act/Community Based Child Abuse Prevention (CAPTA/ CBCAP)
- Medicaid/SCHIP

- Elementary and Secondary Education -Title I
- McKinney-Vento
- Individuals with Disabilities Education Act (IDEA) Parts B and C
- Supplemental Nutrition Assistance Program (SNAP)
- SAMHSA (Project LAUNCH)
- Community Development Block Grant (CDBG)



What is a Partnership?

- Funding direct services in a child care setting
- Funding coordination of services that take place either inside or outside of the setting
- Building capacity of child care staff to provide services
- Funding materials and supplies to provide services

For Example: How Can Title V be Used?

States and communities can use Title V Maternal and Child Health Block Grant dollars to:

- Respond to needs identified by state health agencies (grantees);
- Improve access to quality health care for lowincome families;
- Coordinate resources;
- Implement targeted population based initiatives; or
- Provide direct services.



Source: Sec. 504. [42 U.S.C. 704]

For example: Child Care Nurse Consultants

- Both Arizona and Iowa use Maternal and Child Health funds to support child care nurse consultants.
- Both states also haveused ECCS and state dollars
- Nurses provide technical assistance, help programs develop health-related policies, and in lowa provide some preventive services.

Other Funding Streams: CBCAP

- Community Based Child Abuse Prevention (CBCAP) can pay for mental health consultation, parent education, family support, and provider training.
- Often flows to Children's Trust Fund or Prevention Fund.
- Child care and Head Start named as partners in legislation.
- No limits on population served, but targets young children and young parents.

Oklahoma: Child Guidance Support

- Oklahoma's Department of Health uses CAPTA/CBCAP and state funding to support parenting support, developmental screening, and behavioral and mental health consultation.
- Clinicians made 754 visits, and provided on-site mental health consultation to 104 child care centers in SFY 2011.
- Consultants visited child care facilities in 17 counties.

Other Funding Streams: Medicaid

- Medicaid can be used to pay for administrative or targeted case management, but must meet federal definition.
- Can be used for elements of EPSDT.
- State must define benefit and approved provider.
- May require state plan amendment (SPA) to reimburse services, which takes time to accomplish.
- In 2014, states will be making Medicaid changes.

Lessons and Considerations

- Build relationships with partners. Think about who administers what funds and what relationships already exist.
- Focus discussion on the GOAL of the funding stream and match with community needs, and with program. Seek flexibility in logistical details.
- Look for long-term sustainable funding, however use short-term funding to get started.
- Intermediaries (not direct service) are helpful for securing collaborative funding (public and private), and coordinate administrative requirements.



Lessons and Considerations

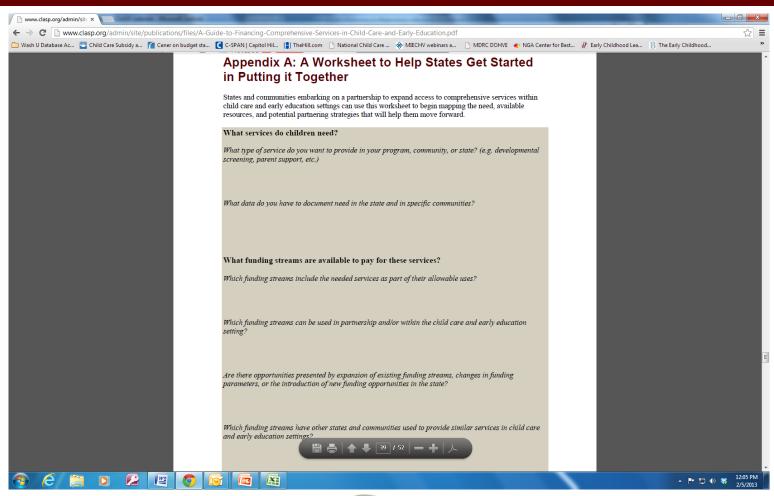
- Become engaged in community needs assessments with early childhood partners.
- Use research, data, and models from other states to build the case for partnerships.
- Share data across agencies, and include partners in planning.
- Consider multiple strategies, and the variety of child care settings.



Lessons And Considerations

- Consider the full range of funding streams federal, state, and private
- Align systems as you incorporate funding streams, to make your financing initiative more sustainable.
- Pay attention to silos, and the targeted populations they serve as you explore creative financing solutions.

State Financing Worksheet



Home Visiting Partnerships

Home visiting programs

- Traditionally deliver family support, preventive health, and developmental services to parents with young children
- Often link parents to community services
- Many varying curriculums and programs exist
- Part of a continuum of services for children birth to age five

Goals of home visiting programs

- Increasing positive parenting practices and improving parent-child relationships
- Reducing child abuse, neglect, and injury
- Improving child health and development
- Increasing school readiness and academic success
- Improving child's emergent language and literacy skills
- Enhancing parents' self-sufficiency



Maternal Infant and Early Childhood Home Visiting (MIECHV)

- On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act) (P.L. 111-148)
- Provides federal funding to state home visiting programs
- Amounts vary based on number of children in the states and whether states received supplemental grants
- Most states are now in the implementation stage



Twelve Evidenced-Based Models

- Child FIRST
- Early Head Start-Home Visiting
- Early Intervention Program for Adolescent Mothers (EIP)
- Early Start (New Zealand)
- Family Check-Up
- Healthy Families America
- Healthy Steps
- Home Instruction for Parents of Preschool Youngsters (HIPPY)
- Nurse-Family Partnership
- Parents as Teachers
- Play and Learning Strategies (PALS-infant only)
- Project 12-Ways/SafeCare (SafeCare Augmented Only)



FFN and FCC

- Defining Family Friend and Neighbor (FFN): a caregiver providing regular child care who is legally exempt from state licensing requirements.
- What we learned about FFN may translate to small licensed family child care (FCC) and unlicensed FFN serving non-subsidized children.
- Any providers without much support may benefit from quality initiatives with FFN and FCC.



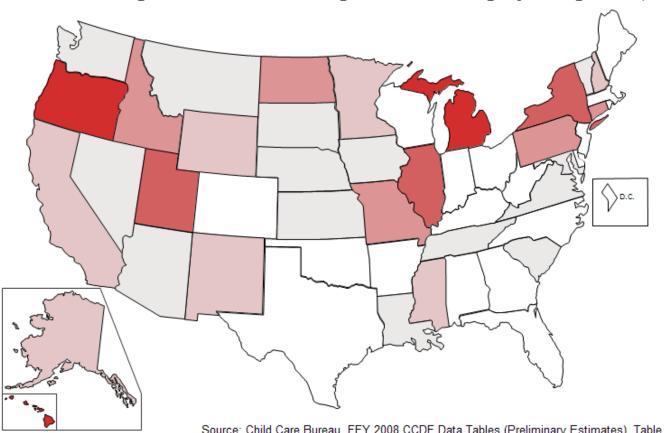
Vulnerable children are in FFN care

- Infants and toddlers and children of immigrants are more likely to be in FFN care
- Nationally, about one-fifth (21 percent) of children receiving CCDBG subsidies were served in legally unregulated care, although it varies by state

Sources: NSAF 2002 data and FFY2008 CCDF Data Tables (Preliminary Estimates).

Subsidy receipt for FFN care, by state

Percentage of children receiving subsidies in legally unregulated, home-based care



Scale

ocale	
Less than 10%	
10-20%	
21-30%	
31-40%	
41-50%	
More than 50%	

Source: Child Care Bureau, FFY 2008 CCDF Data Tables (Preliminary Estimates), Table 6.

Supporting Babies in Child Care

- When cared for in a home-based child care setting, babies benefit when their providers have specialized training in child development.
- Relative caregivers often are not considered part of the formal child care system, but they may still be interested in and benefit from support and information.
- States can support babies by supporting their caregivers.

Depending on the model and program, many different methods are used

- Joint visits with parent, child, and FFN caregiver
- Visiting with just the child and FFN caregiver
- New curricula or pilot programs
- Support and services for the caregiver, for the parent, and for the child



Child Care Home Program

- Based out of the Westchester Jewish
 Community Center in White Plains, New York
- Began in 2007 as a pilot which consisted of 7 providers and 60 children.
- The program cost about \$4000 per provider
- Utilizes the Parent Child Home
 Curriculum
- Program is now in its 3rd year of full implementation



Early Learning Communities: A Family, Friend, and Neighbor (FFN) Care Program

- Partnership with the Grand Rapids Public Schools
- Piloted in 2010—included 72 caregivers with 158 children
- Includes professional development for educators and caregivers, play groups and once-a-month home visits for caregivers.
- The one-year cost for the pilot program was under \$195,000
- The program is continuing with financial support from corporate foundations, the local United Way, and local community support through the Great Starts program



Considerations for implementation of home visits with FFN and FCC

- Program design/curricula may need modification
- Staffing issues
- Recruitment
- Building trusting relationships
- Identifying a neutral space for visiting services with certain populations that
 - cannot be reached in homes
- Funding



Opportunities from visiting with FFN caregivers and FCC providers

- Serve more at-risk, hard-to-reach children and families
 - Can reach vulnerable children whose parents have difficulty participating in a home visiting program while juggling the demands of work or school
- Improved relationships between child, caregiver, parent
 - Caregivers serve more children
 - Caregivers interact more with parents
 - At home, children request activities done in care

Opportunities from visiting with FFN caregivers and FCC providers

- Improve consistency and quality in care that children experience
 - Multi-generational families may have different parenting ideas
 - Improving care settings can positively affect the development of children



Questions and Discussion

What Role Can You Play?

- As an administrator of funding streams at the state or local level?
- As a provider of early childhood services?
- As a community leader or convener?
- As an advocate?

Resources

Putting it Together: A Guide to Financing Comprehensive Services in Child Care and Early Education

Includes State Financing Worksheet (editable version available at www.clasp.org/childcare).

Home Away from Home: A Toolkit for Planning Home Visiting Partnerships with Family, Friend, and Neighbor Caregivers: http://www.clasp.org/admin/site/publications/files/Home-Away-from-Home.pdf

Charting Progress for Babies in Child Care http://www.clasp.org/babiesinchildcare

More resources at www.clasp.org/childcare



Contact Information and Resources

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