

# Reaching Children Through Comprehensive Services: Exploring Local Partnerships and Federal Funding



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# Overview

- Discuss the value of reaching children in child care settings with comprehensive services.
- Learn about the potential uses of a variety of federal funding streams in child care settings.
- Explore state and local examples of partnerships, highlighting the Rhode Island experience.
- Address key considerations for implementation.

# Why Comprehensive Services?

- 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.



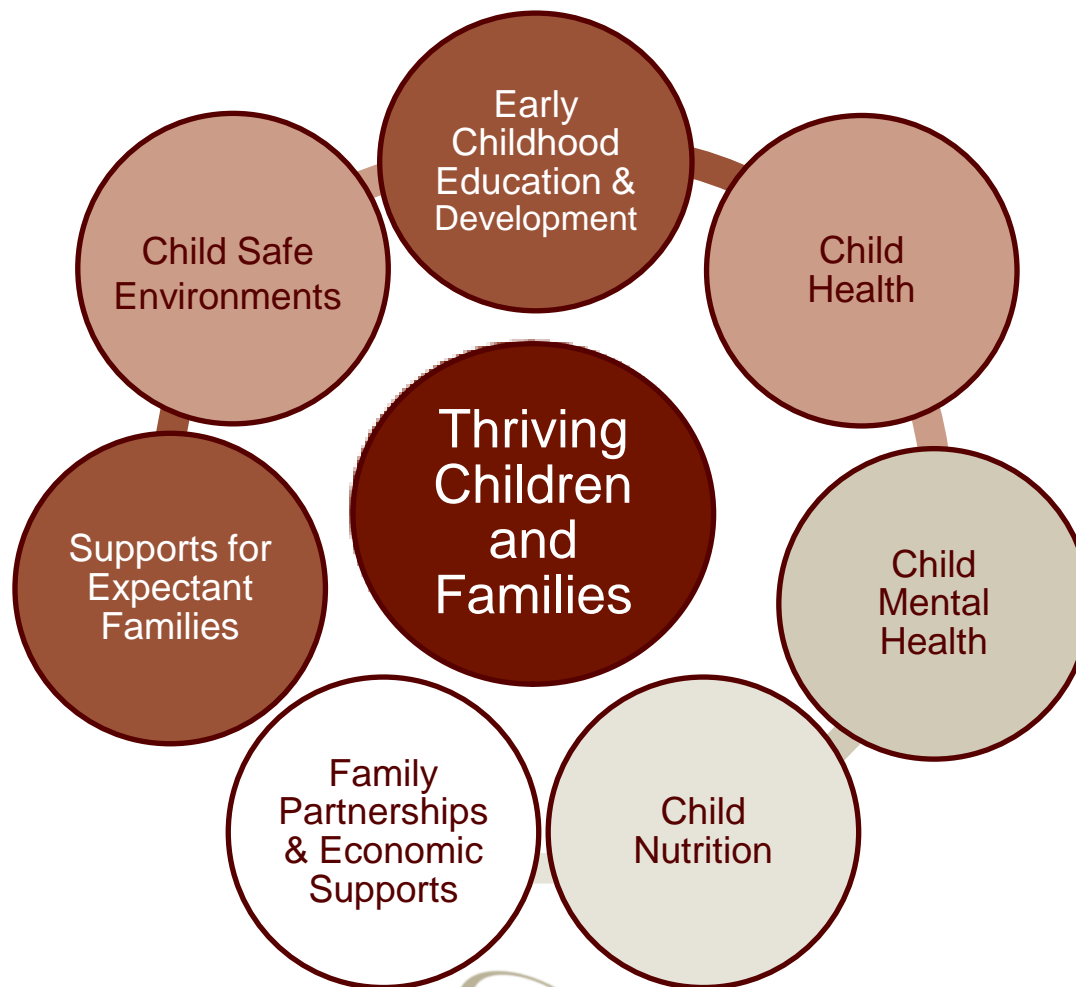
# What Do We Mean By Comprehensive Services?

- 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 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.

# 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 low-income families;
- Coordinate resources;
- Implement targeted population based initiatives; or
- Provide direct services.



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

# Another Example: 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.

# And one more: 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.

# Arizona: Child Care Nurse Consultants

- Arizona Early Childhood Development and Health Board (First Things First) has used Early Childhood Comprehensive Systems (ECCS) funds and Maternal and Child Health block grant dollars to develop a network of child care nurse consultants
- Work with programs to build their internal capacity to meet children's health and developmental needs
- Work with child care staff to develop policies related to health, medical and emergency procedures, and train staff to work with children who have specific health needs

# 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.



# Watch Me Grow RI

Goal: Increase the number of young children (infants and toddlers) receiving developmental and behavioral health screening

- Train and support child care providers to use developmental screening tools and share results with parents and health care providers
- Train and support pediatric primary care practices to use developmental screening tools and share results with parents.

RI Department of Health & RI Chapter of the American Academy of Pediatrics



# Watch Me Grow RI

## Support for Child Care Providers

Training in developmental screening and access to tools (ASQ-3, ECSCA, and ASQ-SE on request) helps child care providers:

- Understand each individual child's developmental progress
- Discuss children's development with parents
- Identify any developmental red flags and share information with parents and health care providers
- Screenings are conducted at 9, 18, 24, and 30 months of age
- 68 centers statewide are participating (33% of licensed centers serving infants/toddlers)





# Watch Me Grow RI

## Successes

- Tools build basic understanding of child development (ASQ is written for parents; 5<sup>th</sup> grade reading level)
- Helps providers focus on child development
- Positive impact on curriculum and individualization of instruction

## Challenges

- Continued follow through with screening/monitoring (pilot entry of data into the state's KIDSNET database)
- Turnover of child care staff (particularly in infant/toddler classrooms)
- Lack of financial supports/incentives to complete developmental screenings in child care settings (while there are financial supports/incentives in pediatric primary care practices)
- Expansion into family child care is difficult

# Establishing the Nurse-Family Partnership Program in RI

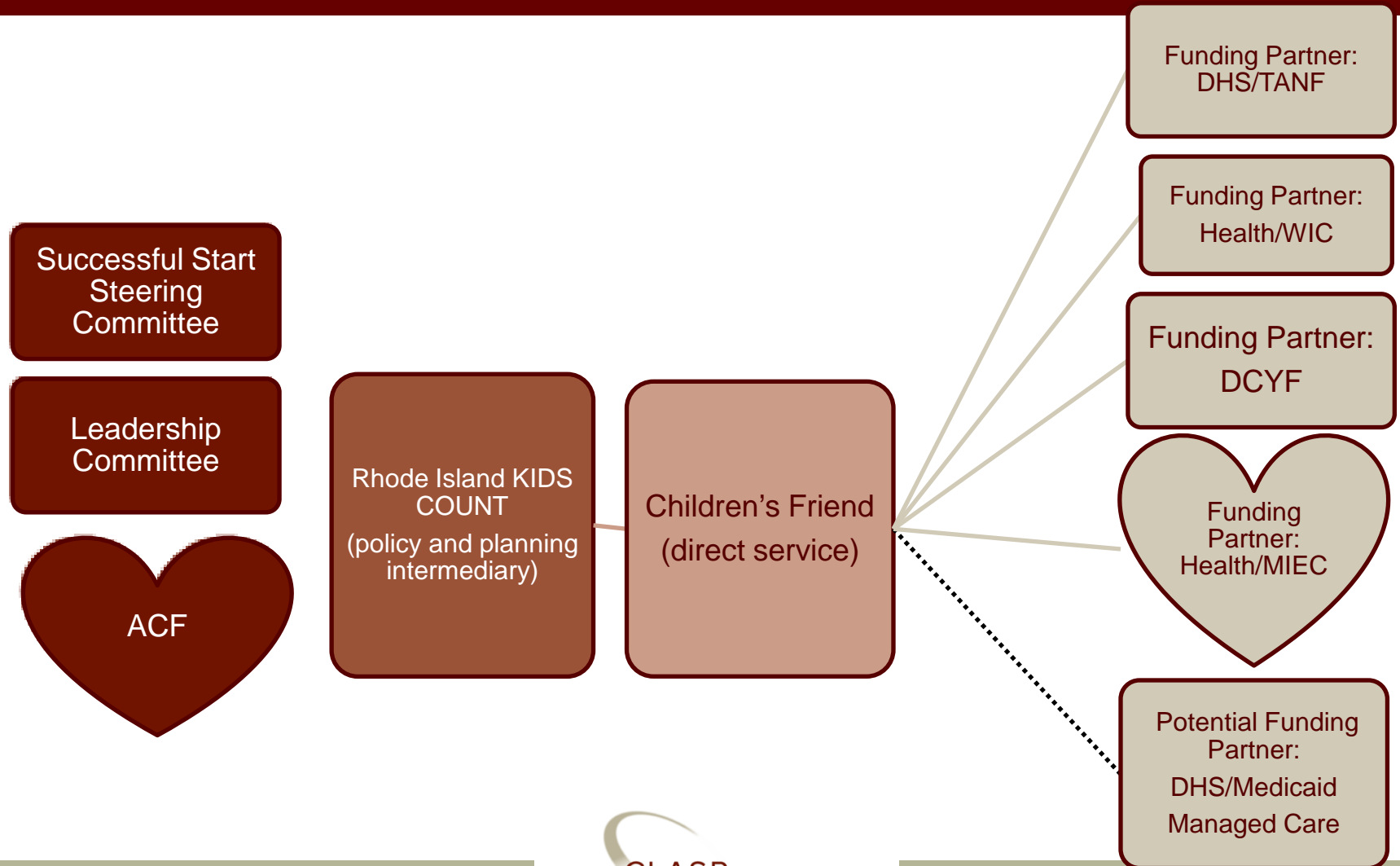
*An Example of Blended Funding & Systems Coordination*

**ACF Grant: Evidence Based Home Visiting to Prevent Child Maltreatment 5-Year funding (Oct. 2008- Sept. 2013) to support:**

- Collaborative planning efforts to leverage other federal, state and local investments of **existing funding streams into evidence-based home visitation programs and practices**

# Establishing NFP in Rhode Island

## *Project Structure*



# Establishing NFP in RI

## *Year 1 Financing Plan*

Funder	Estimated Cost Per Family	Estimated Total
DHS/TANF	\$1,650 (\$137.50/month @ 12 months)	\$165,000
DCYF/Project Early Start	\$1,000	\$100,000
Health/WIC	\$800	\$80,000
ACF/EBHV	\$3,050	\$305,000
TOTAL	\$6,500	\$650,000

# Establishing NFP in RI

## *Identifying Common Goals and Facilitating System Coordination*

Funding Partner	Desired Outcomes	System Coordination
DHS/TANF	<ul style="list-style-type: none"><li>• Improved maternal education</li><li>• Improved maternal economic self-sufficiency</li><li>• Reduce repeat pregnancies</li></ul>	<ul style="list-style-type: none"><li>• NFP is approved alternate program for teen cash assistance clients</li><li>• Monthly reporting to DHS for cash assistance clients</li></ul>
HEALTH/WIC	<ul style="list-style-type: none"><li>• Improved child development</li><li>• Improved child health and nutrition</li></ul>	<ul style="list-style-type: none"><li>• NFP nurses also trained as lactation consultants</li><li>• NFP clients do not receive First Connections home visits</li></ul>
DCYF	<ul style="list-style-type: none"><li>• Improved parenting</li><li>• Improved child development</li><li>• Reduced child maltreatment</li><li>• Reduced DCYF involvement</li></ul>	<ul style="list-style-type: none"><li>• NFP is approved FCCP/Project Early Start service</li></ul>

# Establishing NFP in RI

## *Potential Funding – Still pursuing*

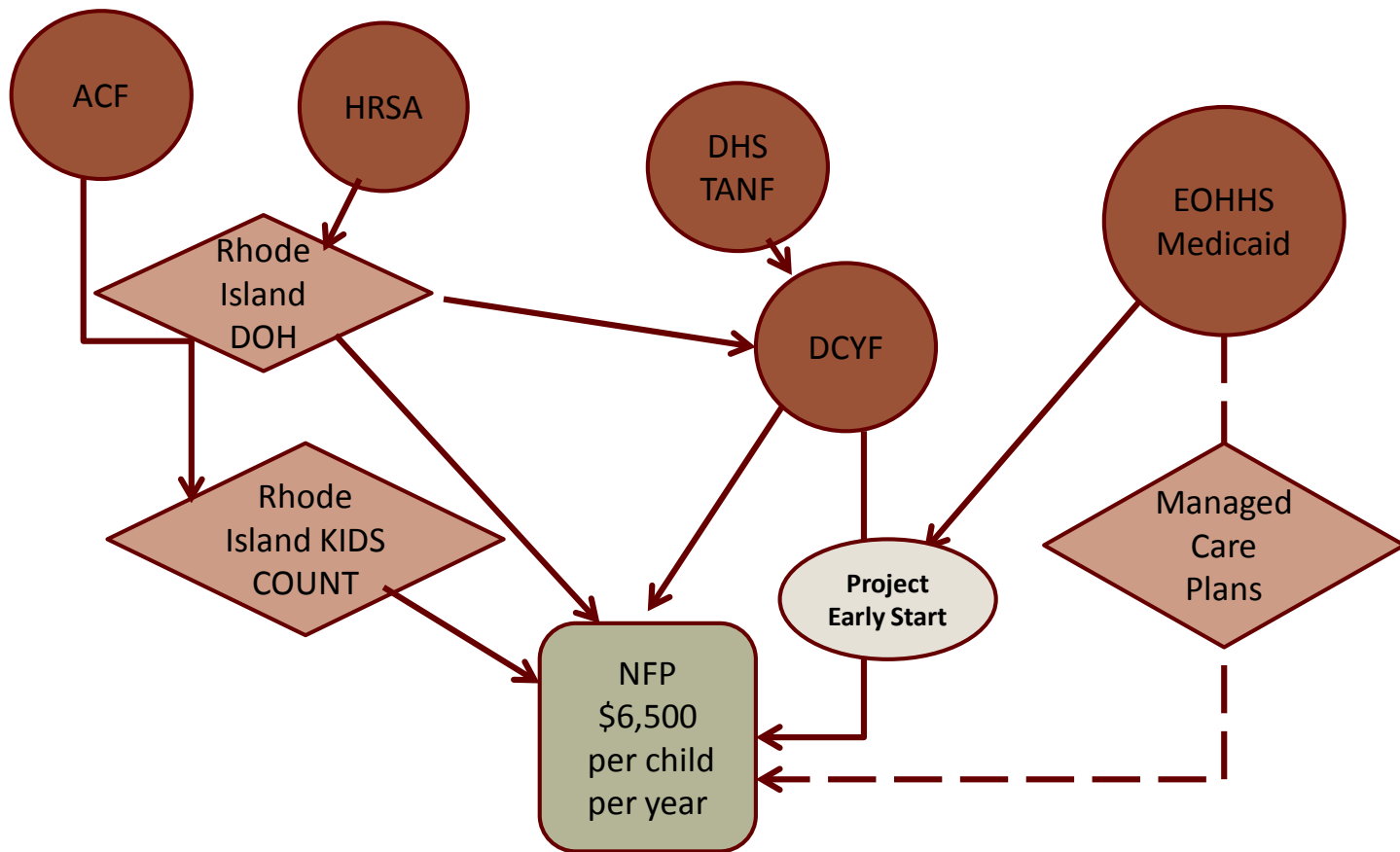
### **Rhode Island's Medicaid Managed Care (Rlte Care) program**

- 2 Medicaid managed care organizations cover state
- NFP considered a medical expense (vs. administrative)
- State Medicaid Office/MCO interest in improving client health outcomes (HEDIS measures) and reducing medical costs (ER, NICU, etc.)
- Potential billing at existing rate for nurse home visits (approx. \$140/visit)
- Would cover about 50% of the cost of the program.
- Coordination with existing care management programs operated by the plans (e.g. Bright Start)

# Establishing NFP in RI

## *The Realities of Blended Funding*

### NFP Financing in RI



# Lessons and Considerations: Cross-Agency, Blended Funding

- 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.
- Blended funding brings allies together across state departments.
- Blended funding forces service coordination discussions.
- State purchasing requirements can be challenging.
- Each existing funding stream comes with different requirements, paperwork, etc. Managing blended funding requires extra work for agencies.
- Intermediaries (not direct service) are helpful for securing collaborative funding (public and private), and coordinate administrative requirements.



# Lessons and Considerations: Building partnerships

- 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: Funding Streams

- 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.

# 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](http://www.clasp.org/childcare)).
- More resources at [www.clasp.org/childcare](http://www.clasp.org/childcare).



# CLASP TA on Financing Comprehensive Services

- Identify and provide relevant community and state level data.
- Convene and facilitate stakeholders to identify needs and opportunities in your state.
- Provide more detailed information about lessons from other states.
- Map the current use of federal funding streams in your state, to identify potential partnerships and opportunities.
- Explore additional research topics.

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