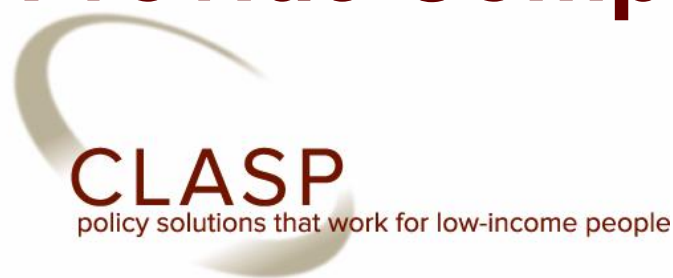


MCH and Early Childhood Settings: Reaching Children Where They Are to Provide Comprehensive Services



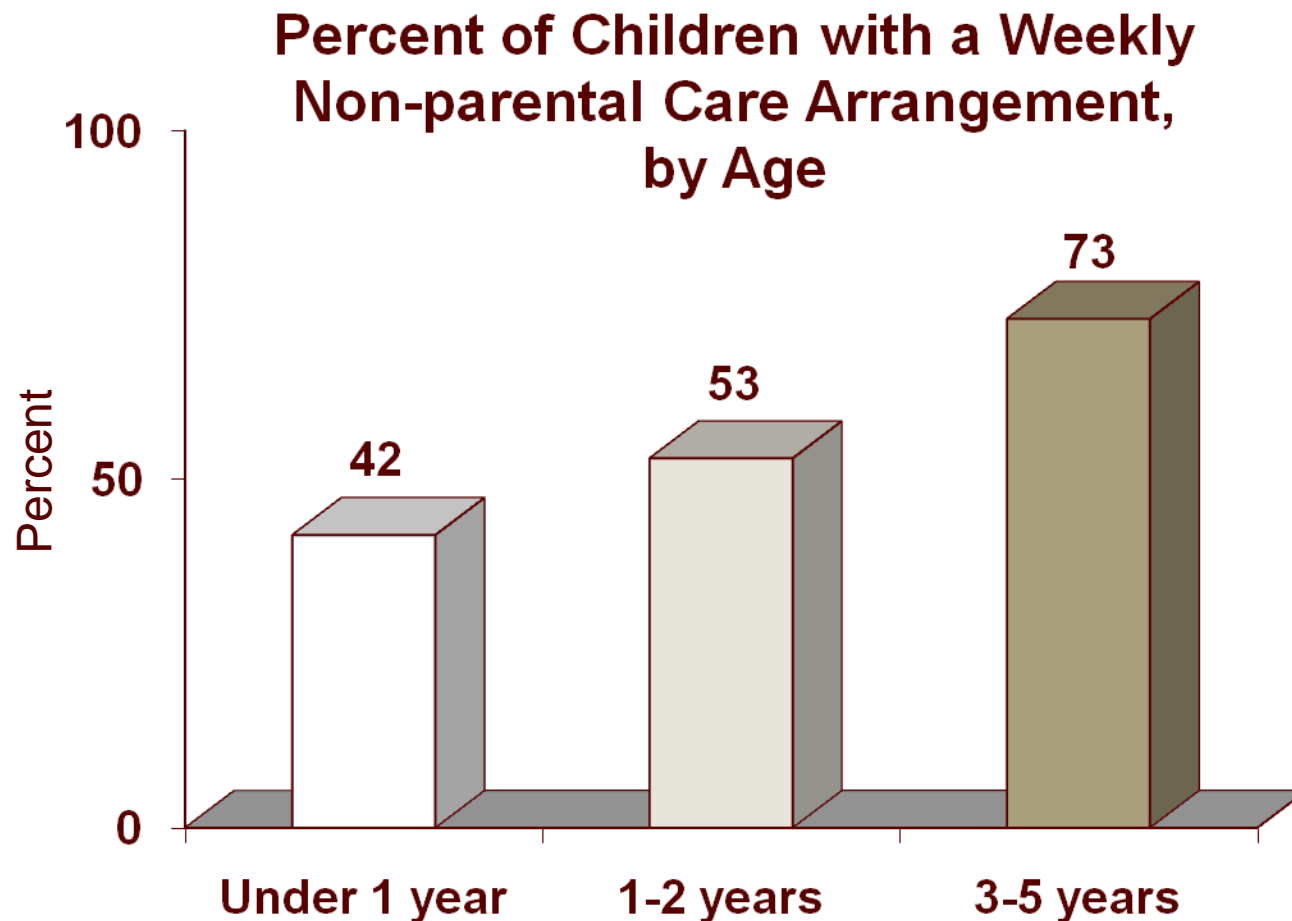
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Goals for this Workshop

- Discuss the value of reaching children in child care settings.
- Learn about the potential uses of MCH and other federal funding streams in child care settings.
- Explore state and local examples of partnerships.
- Become familiar with key considerations.

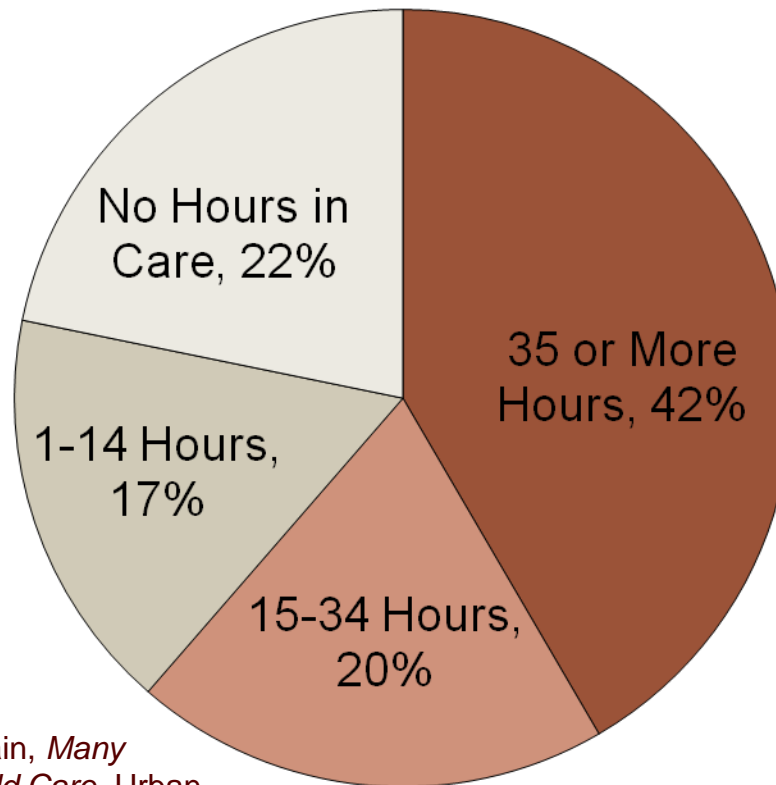
Young children are in child care...



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

...for significant portions of time

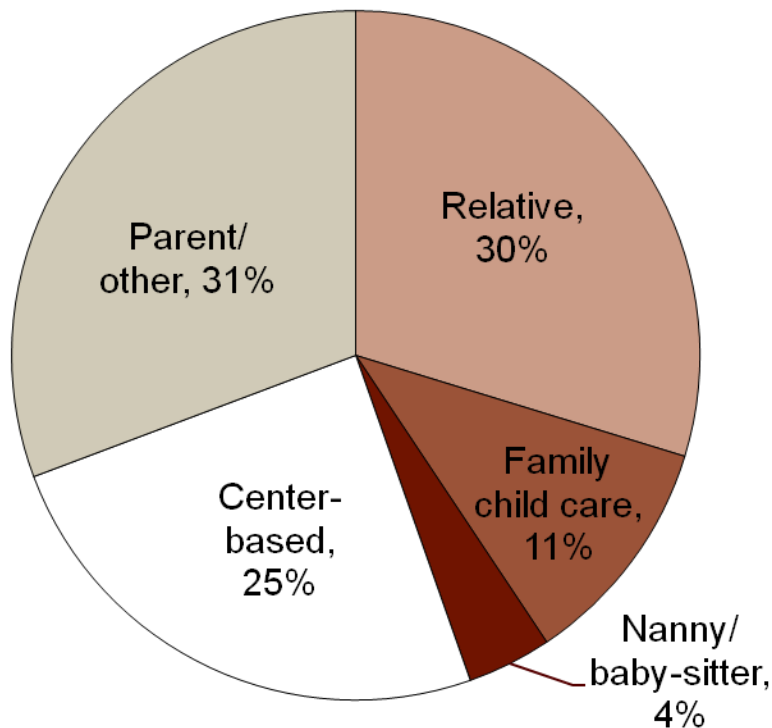
Hours Spent in Nonparental Care by Children Under 5 with Employed Mothers, 2002



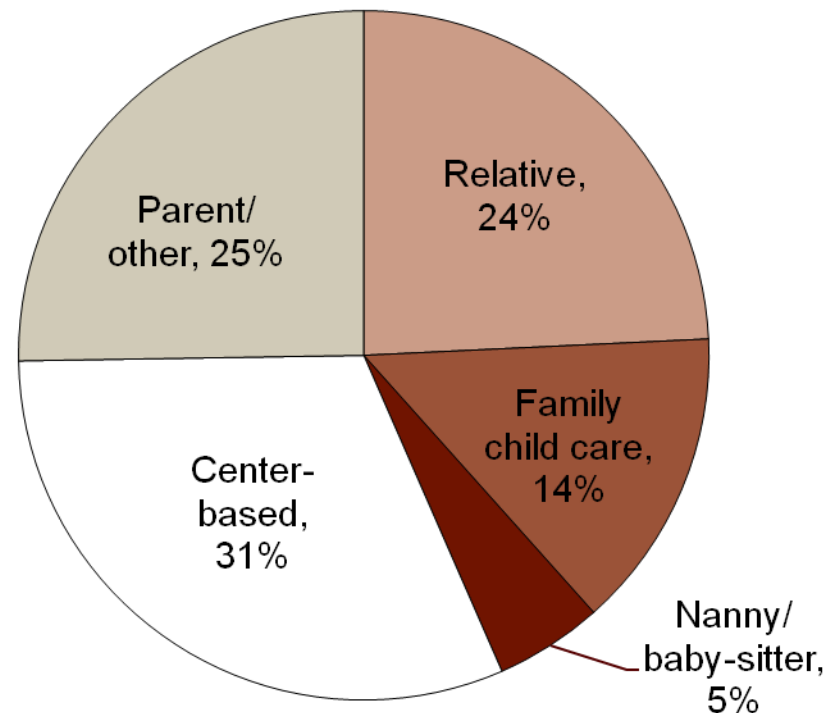
Source: Jeffrey Capizzano and Regan Main, *Many Young Children Spend Long Hours in Child Care*, Urban Institute, 2005. Analysis of 2002 NSAF Data.

Primary child care arrangements for children under age 5 with employed mothers

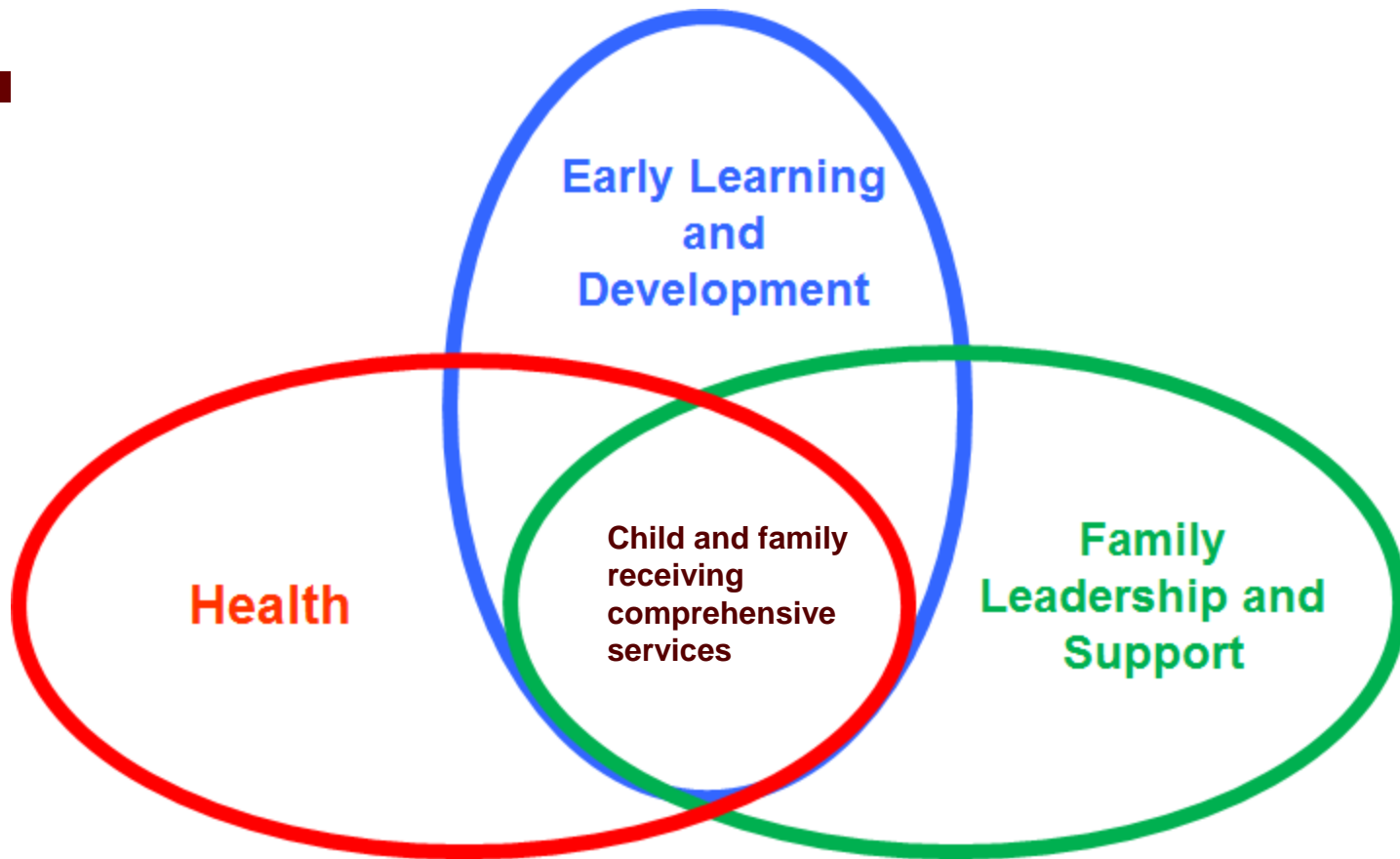
**Low-Income Children
(under 200 percent FPL)**



**Higher-Income Children
(200 percent of FPL and above)**



Source: National Survey of America's Families 2002
Data. Jeffrey Capizzano and Gina Adams, *Children in Low-Income Families are Less Likely to be in Center-Based Child Care*, Urban Institute, 2003.



Source: Early Childhood Systems Working Group, 2011

So, 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.

Financing Comprehensive Services in Child Care Settings

- Child care and early education are funded primarily through CCDBG and Head Start
- CCDBG is designed as a work support, so it provides very limited funding for quality (including comprehensive services)
- 61% of children under age six have employed mothers; among low-income children it is 45%
- As we saw, most of those children are in child care, either with a center, a home-based provider (family child care), or a relative or friend (FFN).

Which Funding Streams?

- Maternal and Child Health – Title V
- Early Childhood Comprehensive Systems
- Home Visiting – Evidence Based and MIECHV
- Child Abuse Prevention and Treatment Act
- Medicaid
- Elementary and Secondary Education -Title I
- SAMHSA (Project LAUNCH)
- CDBG

What can a partnership with child care look like?

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

How can MCH be used?

States and communities can use Maternal and Child Health 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]

How can MCH be used? (cont.)

- “...to increase the number of children (especially preschool children) appropriately immunized against disease and the number of low income children receiving health assessments and follow-up diagnostic and treatment services...”
- “...promote the health of children by providing preventive and primary care services for low income children...”

Source: Sec. 501. [42 U.S.C. 704]

Arizona: Child Care Nurse Consultants

- Arizona Early Childhood Development and Health Board (First Things First) has used MCH and ECCS funds 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

Rhode Island: Watch Me Grow

- Voluntary initiative that provides child care programs with materials to screen children using the ASQ, ASQ/SE, and the ECSA.
- Provides training to providers
- How to use the results of the screenings to identify potential developmental issues
- How to communicate effectively with parents and physicians about the screening results to plan for any necessary treatment or interventions.
- Maternal and Child Health and ECCS dollars were used to purchase materials.



Home Visiting and FFN

- A lot of children are in FFN care settings
- Home visiting is a way to reach these children and caregivers
- Home visiting funding is flexible and comes from varying sources.
- Many home visiting models are based in maternal child health.

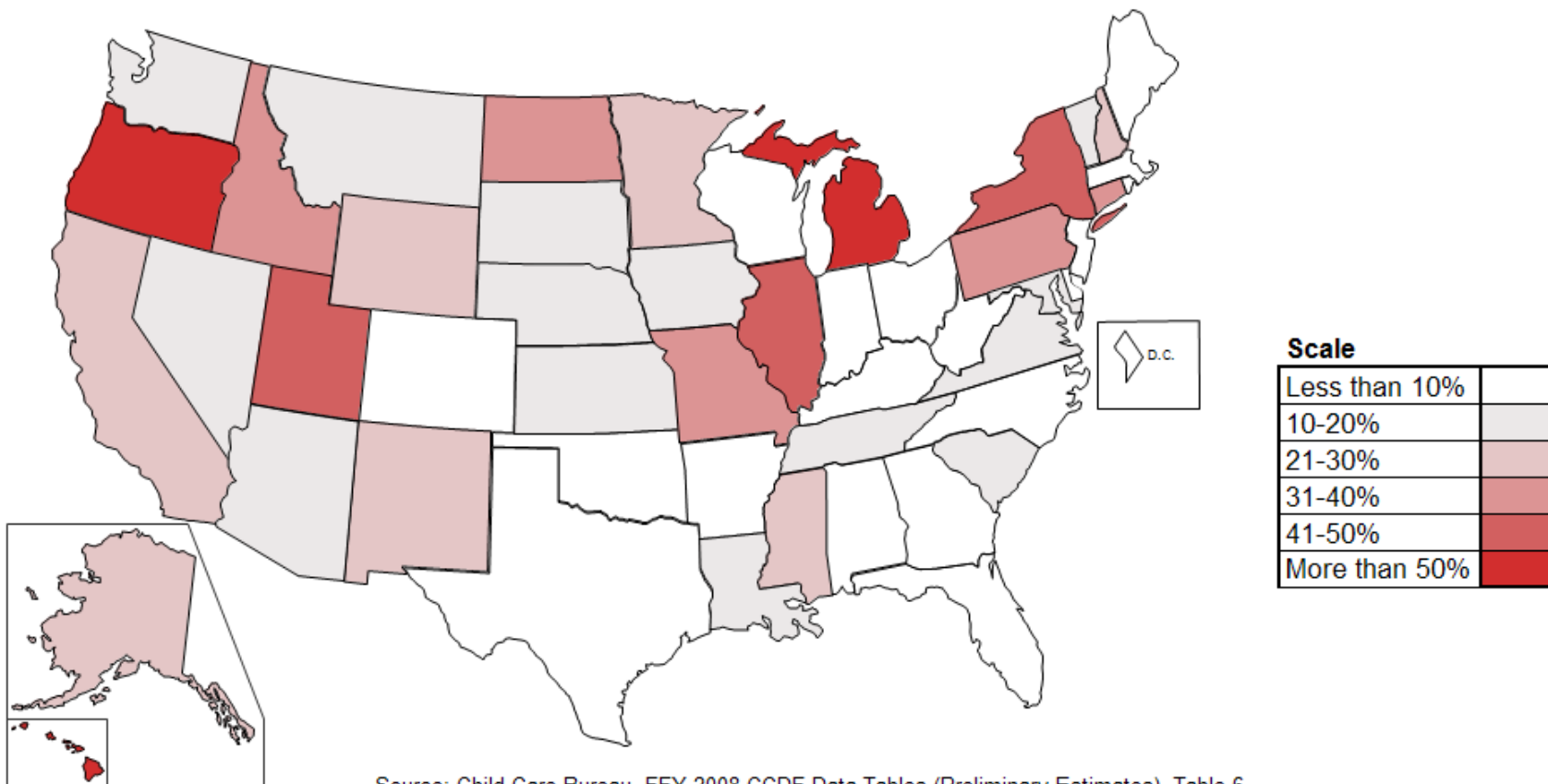
Vulnerable children are in FFN care

- Low-income children (living below 200% of the poverty level) are more likely to be in FFN care
- 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



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

CareQuilt Services: An Early Head Start Advanced Home Visiting Project (EHS-EHVP)

- A component of the Kennebec Valley Community Action Program in Waterville, Maine
- The purpose of CareQuilt is to develop and implement enhanced home visiting models which recognize that, when a caregiver of a child is not the child's parent, it is important that the caregiver has the knowledge, training and skills necessary to help the child develop to his or her highest potential.
- Throughout the 3 year pilot, the program reached 35 children and their FFN caregivers.
- Funded through Federal Head Start and Early Head Start dollars
- After the pilot, the program was able to continue due to integration of the program into the services of the agency.
- As a result, the program serves fewer children and caregivers.

Evaluation of CareQuilt

- The program evaluates its services using surveys with parents, the safe home checklist and a series of prompts to start topics around specific subjects. The agency has seen the results of its services.
- The benefits seen by the program include:
 - Greater access to resources not only for the child but for the entire family (parent and K&K caregiver)
 - Increased literacy efforts in the caregivers home
 - Access to educational supplies
 - Stronger connections to the child's classroom
 - Individual carry over and support of child goals
 - Improved communication (staff-parent-caregiver)
 - Attendance at program events
 - Greater consistency for the child in all environments
 - Stronger child bond with staff
 - Staff more aware of family culture
 - Strengthen the sustainability for the entire family since the child will be in those settings long after they end their (Early) Head Start relationship.

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

- Partnership with the Grand Rapids Public Schools
- Piloted in 2010—including 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

Evaluation of Early Learning Communities

- Child/Home Environmental Language and Literacy Observation (CHELLO)
 - 97% of caregivers evaluated had a positive increase in their Literacy Environment score
 - caregivers increased their provision of age appropriate reading materials
- Peabody Picture Vocabulary Test (PPVT-IV)
 - Children enrolled in the program for 6 months gained more than typical in the language development category
 - 100% of parents surveyed reported noticeable changes in their child's skill level since becoming involved in the FFN program

Lessons and considerations...

- Consider the full range of funding streams available – federal, state, and private - and especially those that support the components of comprehensive services .
- Build relationships with early childhood partners.
Consider which agencies administer which funds, and what relationships and other collaborations already exist.
- Remember that intermediaries can help coordinate partnerships between agencies, and can help bring private funds into the mix.

Lessons and considerations...

- Use research, data, and models from other states to make your case and to not reinvent the wheel.
- Find your service gaps, then create your financing and partnership strategy.
- Consider child care and early education partnerships when assessing community needs. Share data, and include partners in planning.
- Look for short-term funding to get started and long-term funding to sustain services.

Lessons and considerations (cont.)

- Invest in coordinated solutions and align systems as you layer funding to make your financing initiative more sustainable.
- Consider multiple strategies that may be effective in different settings – home based, center based, FFN, etc.
- Pay attention to silos, and the targeted populations they serve as you explore creative financing solutions.

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