

Leveraging Existing Funding Sources to Support Early Head Start and EHS-like Services



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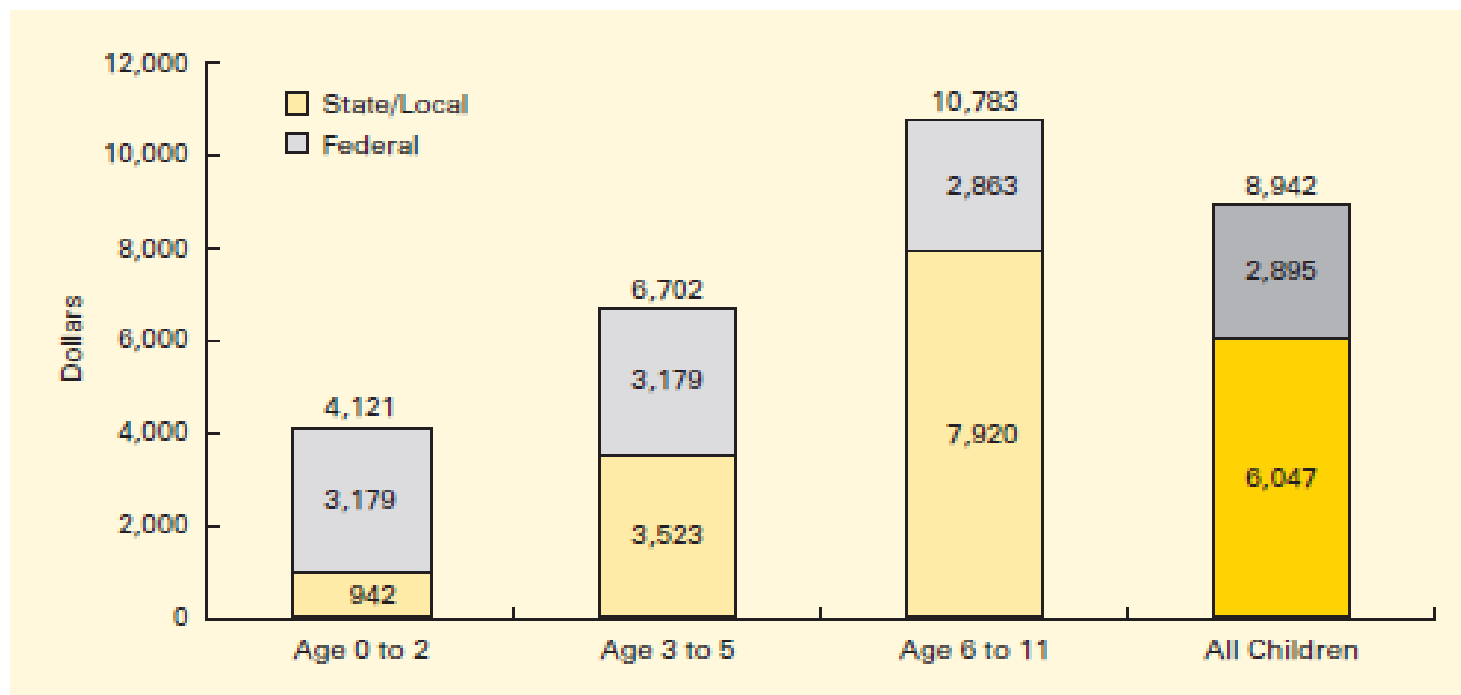
May 26, 2010

Today we will discuss...

- The case for investing in birth to three
- Financing for what? Revisiting the continuum
- A framework for thinking creatively about financing
- Example strategies
- Oklahoma's Pilot Early Childhood Program
- Vermont's Children's Integrated Services
- Discussion

Per Capita Public Spending for Children Under Three is Low

FIGURE 1. Per Capita Public Spending on Children by Age, 2004

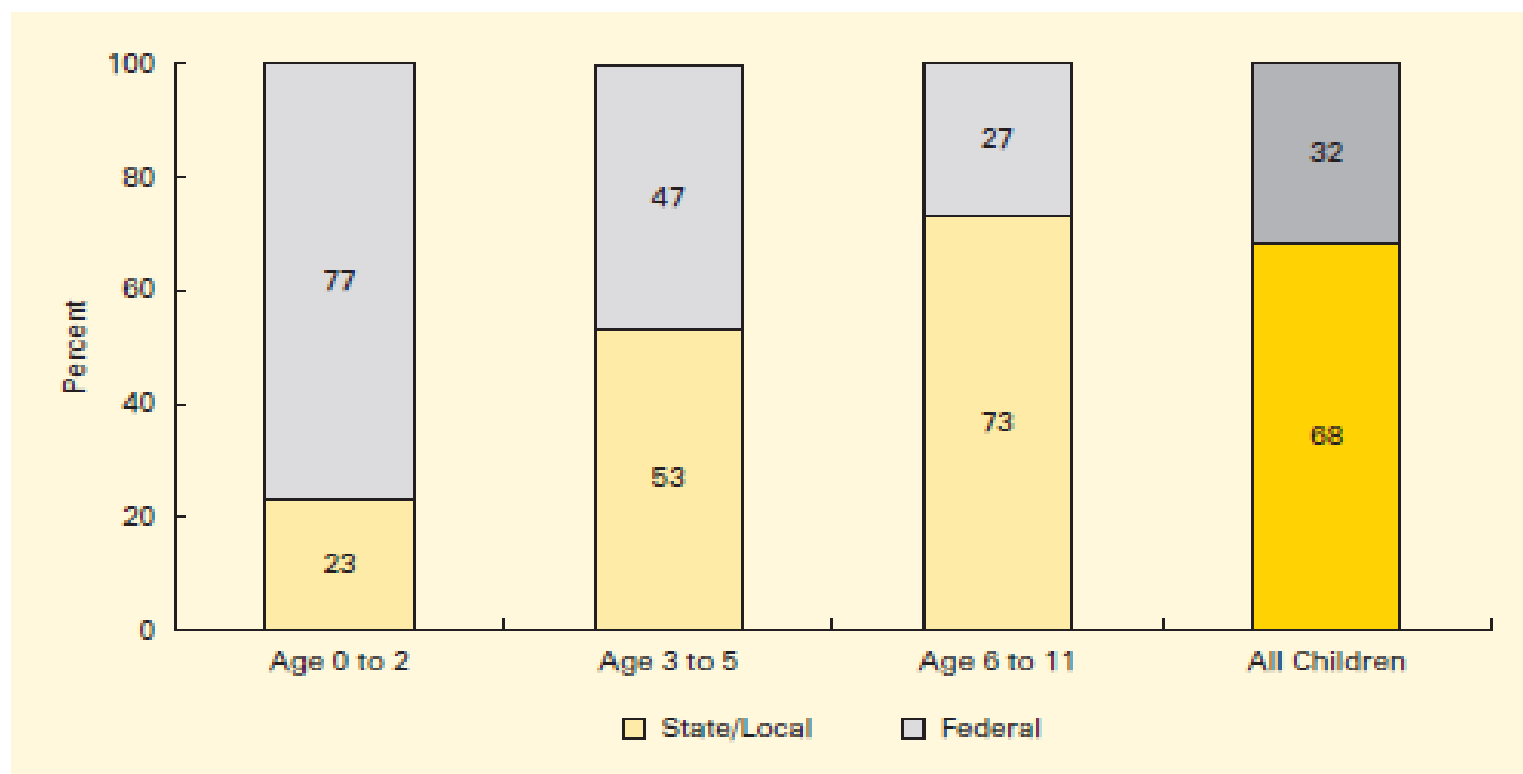


Source: Urban Institute and Brookings Institution 2010. Authors' estimates are based on the *Budget of the United States Government, Fiscal Year 2010* and Billen et al. 2007.

Note: Tax expenditures are not included at either the federal or the state and local level.

Overall States Spend Less on Children Under Three than Older Children

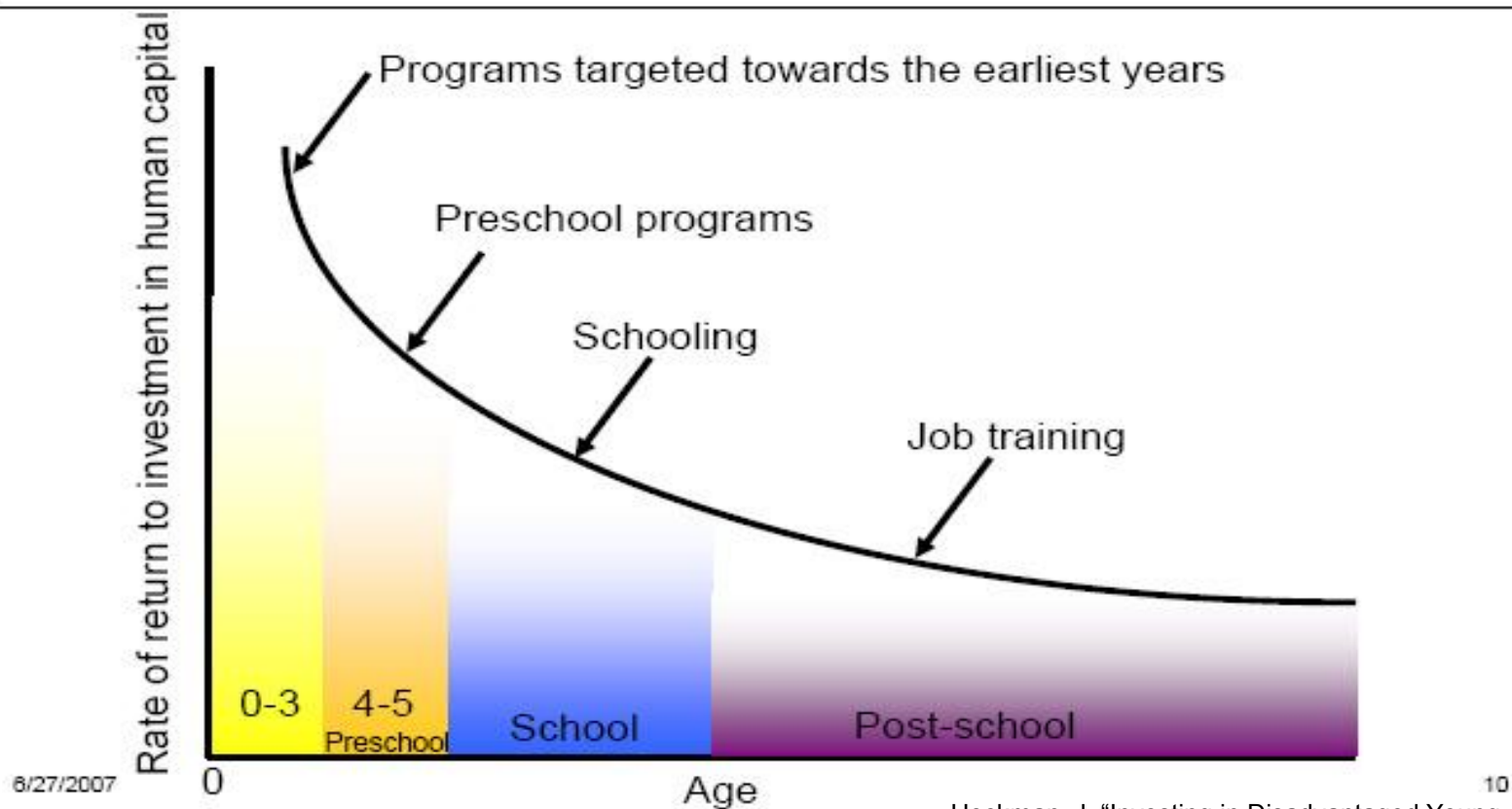
FIGURE 2. Portion of Federal and of State and Local Spending on Children by Age, 2004



Source: Urban Institute and Brookings Institution 2010. Authors' estimates are based on the *Budget of the United States Government, Fiscal Year 2010* and Billen et al. 2007.

Note: Tax expenditures are not included at either the federal or the state and local level.

Figure 9: Rates of Return to Human Capital Investment at Different Ages: Return to an Extra Dollar at Various Ages



For the full discussion, see:
The Heckman Equation, www.heckmanequation.org

Heckman, J. "Investing in Disadvantaged Young Children Is Good Economics and Good Public Policy"
Testimony before the Joint Economic Committee
Washington D.C., June 27, 2007

A Continuum of Ways the EHS Model Can Inform State Systems and Services

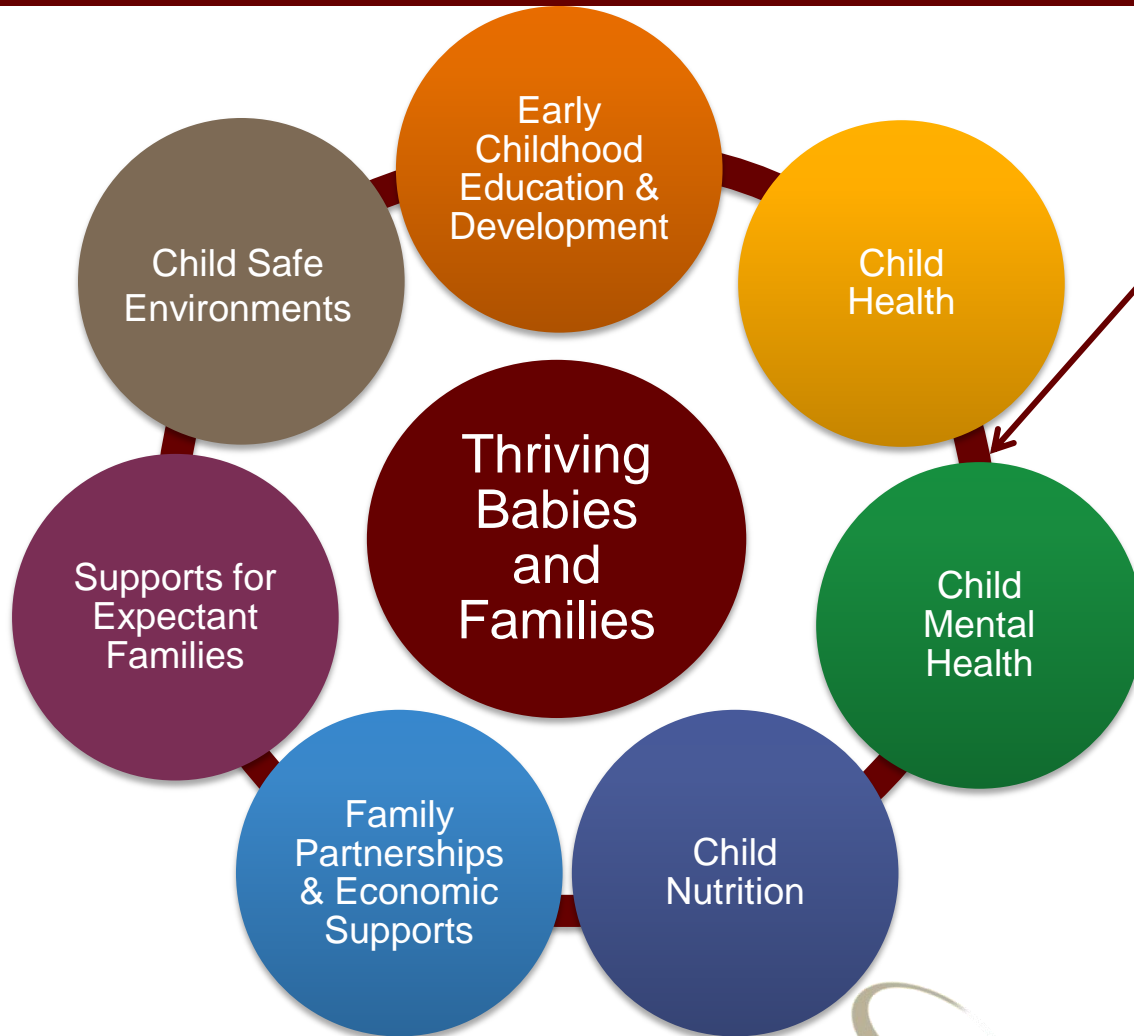
Connect
federal EHS to
state and local
early childhood
systems

Coordinate
state early
childhood
systems to
offer EHS-like
services to
families

Support
community
partnerships
between EHS
and local
programs, e.g.
child care and
home visiting

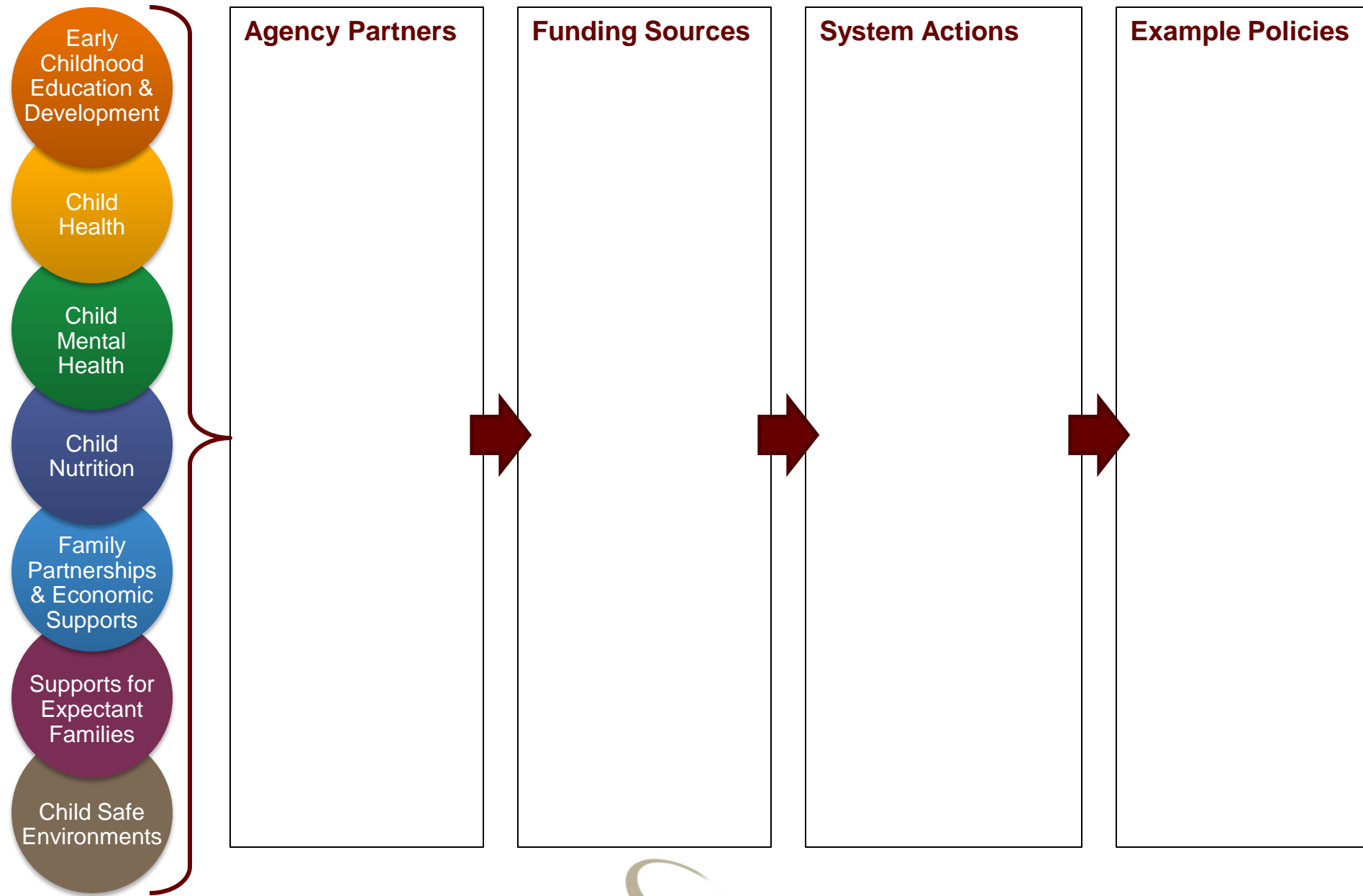
Expand
access to
programs that
meet federal
Program
Performance
Standards for
EHS

State Role in Building Comprehensive Supports, Prenatal to Three

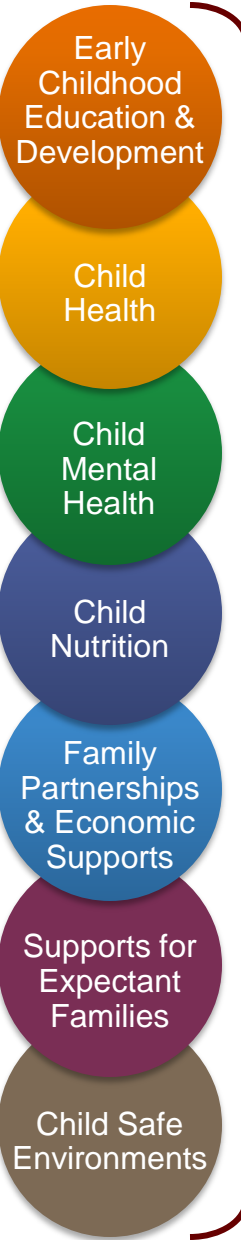


- The role of the state is to **engage and coordinate all components** that can enhance the lives of vulnerable infant/toddlers and their families.
- State actions take place along a **continuum** of short-and long-term activities to implement the vision.

Steps to Comprehensive Infant/Toddler Development Policies



Steps to Comprehensive Infant/Toddler Development Policies



Agency Partners	Funding Sources	System Actions	Example Policies
Agency Partners			
<ul style="list-style-type: none">• Child Care Subsidy• Child Care Licensing• Child Care Resource and Referral• Education• Head Start – State Collaboration Office• Early Intervention• Health• Mental Health• Maternal and Child Health• Public Health• Child Welfare/Child and Family Services• Welfare/Workforce• Substance Abuse Services• Adult Education/ Family Literacy• Institutes of Higher Education/State and Community Colleges• Immigrant/Refugee Assistance• Home visiting (state or local)• Liaison with business and philanthropy community			

Steps to Comprehensive Infant/Toddler Development Policies

Agency Partners	Funding Sources	System Actions	Example Policies
<ul style="list-style-type: none"> • Early Childhood Education & Development • Child Health • Child Mental Health • Child Nutrition • Family Partnerships & Economic Supports • Supports for Expectant Families • Child Safe Environments 	<div data-bbox="367 185 1864 1235"> <h2>Funding Sources</h2> <ul style="list-style-type: none"> • CCDBG • ESEA • Early Head Start • IDEA Part C • WIC • CACFP • SNAP • EPSDT • Medicaid/SCHIP • Community Mental Health Services Block Grant • Comprehensive Community Mental Health Services for Children Grants • CAPTA • Child Welfare Title IV- B and IV-E • Even Start • SSBG • CSBG • TANF • Title V Maternal and Child Health Block Grant • New Home Visiting (federal) • Private Foundations • Business • Tax system </div>		

Steps to Comprehensive Infant/Toddler Development Policies

Agency Partners	Funding Sources	System Actions	Example Policies
<div data-bbox="19 107 260 1335"> <p>Early Childhood Education & Development</p> <p>Child Health</p> <p>Child Mental Health</p> <p>Child Nutrition</p> <p>Family Partnerships & Economic Supports</p> <p>Supports for Expectant Families</p> <p>Child Safe Environments</p> </div>			
		<div data-bbox="367 187 1870 1170"> <h2>System Actions</h2> <ul style="list-style-type: none"> • Plan across agencies • Set benchmarks across early childhood • Leverage federal funds • Mandate linkages across agencies • Work with Region staff • Create cross-agency mechanisms to share funding, staff expertise and functions, and decision-making • Support local partnerships • Allow flexibility to braid funds locally • Align functions, e.g. shared intake, screening, training, technical assistance, professional development, and program support • Establish cross-system competencies and standards • Coordinate monitoring, reporting, and evaluation </div>	
community	<ul style="list-style-type: none"> • Business • Tax system 		

Steps to Comprehensive Infant/Toddler Development Policies

Agency Partners	Funding Sources	System Actions	Example Policies
<ul style="list-style-type: none"> • community 	<ul style="list-style-type: none"> • Business • Tax system 	<ul style="list-style-type: none"> • reporting, and evaluation 	<p>Example Policies</p> <ul style="list-style-type: none"> • Fund state EHS or EHS/child care partnerships • Make families eligible for child care subsidy as long as in EHS/HS • Require health screenings for children in licensed or subsidized care • Use Medicaid to pay for mental health therapy and home visits • Make FFN eligible for CACFP and conduct outreach • Put family support workers in subsidized child care centers or support community hubs • Extend home visiting to low-income pregnant women, and include FFN

Early Childhood Education & Development

Child Health

Child Mental Health

Child Nutrition

Family Partnerships & Economic Supports

Supports for Expectant Families

Child Safe Environments

Steps to Comprehensive Infant/Toddler Development Policies

Early
Childhood
Education &
Development

Child
Health

Child
Mental
Health

Child
Nutrition

Family
Partnerships
& Economic
Supports

Supports for
Expectant
Families

Child Safe
Environments

Agency Partners

- Child Care Subsidy
- Child Care Licensing
- Child Care Resource and Referral
- Education
- Head Start – State Collaboration Office
- Early Intervention
- Health
- Mental Health
- Maternal and Child Health
- Public Health
- Child Welfare/Child and Family Services
- Welfare/Workforce
- Substance Abuse Services
- Adult Education/Family Literacy
- Institutes of Higher Education/State and Community Colleges
- Immigrant/Refugee Assistance
- Home Visiting
- Liaison with business and philanthropy community

Funding Sources

- CCDBG
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- Early Head Start
- IDEA Part C
- WIC
- CACFP
- SNAP
- EPSDT
- Medicaid/SCHIP
- Community Mental Health Services Block Grant
- Comprehensive Community Mental Health Services for Children Grants
- CAPTA
- Child Welfare Title IV-B and IV-E
- Even Start
- SSBG
- CSBG
- TANF
- Title V Maternal/Child Health Block Grant
- New Home Visiting
- Private Foundations
- Business
- Tax system

System Actions

- Plan across agencies
- Set benchmarks across early childhood
- Leverage federal funds
- Mandate linkages across agencies
- Work with Region staff
- Create cross-agency mechanisms to share funding, staff expertise and functions, and decision-making
- Support local partnerships
- Allow flexibility to braid funds locally
- Align functions, e.g. shared intake, screening, training, technical assistance, professional development, and program support
- Establish cross-system competencies and standards
- Coordinate monitoring, reporting, and evaluation

Example Policies

- **Fund state EHS or EHS/child care partnerships**
- **Make families eligible for child care subsidy as long as in EHS/HS**
- **Require health screenings for children in licensed or subsidized care**
- **Use Medicaid to pay for mental health therapy and home visits**
- **Make FFN eligible for CACFP and conduct outreach**
- **Put family support workers in subsidized child care centers or support community hubs**
- **Extend home visiting to low-income pregnant women, and include FFN**

How 20 States Finance Initiatives to Build on EHS

States use multiple sources of State, private, and federal funding

State General Revenue (10)	CCDBG Subsidy (10)	CCDBG Quality Set-aside (3)
Infant/Toddler Earmark CCDBG (1)	State Gaming Revenue (1)	Private Foundation (1)
TANF(1)	State Tobacco Settlement (1)	Head Start – State Collaboration (1)

Source: CLASP and ZERO TO THREE, *Building on the Promise*, 2008.

Other Strategies

- State
 - Set-aside in state pre-kindergarten funding
 - Public/private partnership
 - Endowment
- Local
 - Shared services/hubs
- Individual
 - Refundable state income tax credit for low-income filers tied to QRIS rating

Contact Information

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