WEST VIRGINIA
Early Childhood Planning TASK FORCE

Recommendations for Improving the Early Childhood System in West Virginia

Submitted to the WV Early Childhood Planning Task Force by:

Service System Design Study Group
Quality and Evaluation Study Group
Finance and Governance Study Group
Early Childhood Advisory Council
Task Force Resource Team

November 14, 2013

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Recommendations for Improving the Early Childhood System in West Virginia
Submitted to the Early Childhood Planning Task Force, November 2013

Table of Contents

C) Strengthen governance and financing of the early childhood system

1) Create a Cabinet-level agency with administrative authority and funding for the major early childhood programs.
2) In the meantime, strengthen the Early Childhood Advisory Council as outlined in recommendations from the Council.
3) Move the Head Start Collaboration Office and its one staff person to the Early Childhood Advisory Council for greater collaboration and efficiency.
4) Consider and pursue most promising financing options of those researched by the WV Center on Budget and Policy and Collective Impact, LLC.

Appendices

I. Endorsements of related initiatives that help improve the health, development and well-being of young children
II. "Achieving Better Outcomes Through Child Developmental Screening and Referral," report by the West Virginia Perinatal Partnership and West Virginia Community Voices
III. Correspondence from a private school administrator, a family child care provider, and a family leadership organization

The Study Group Process

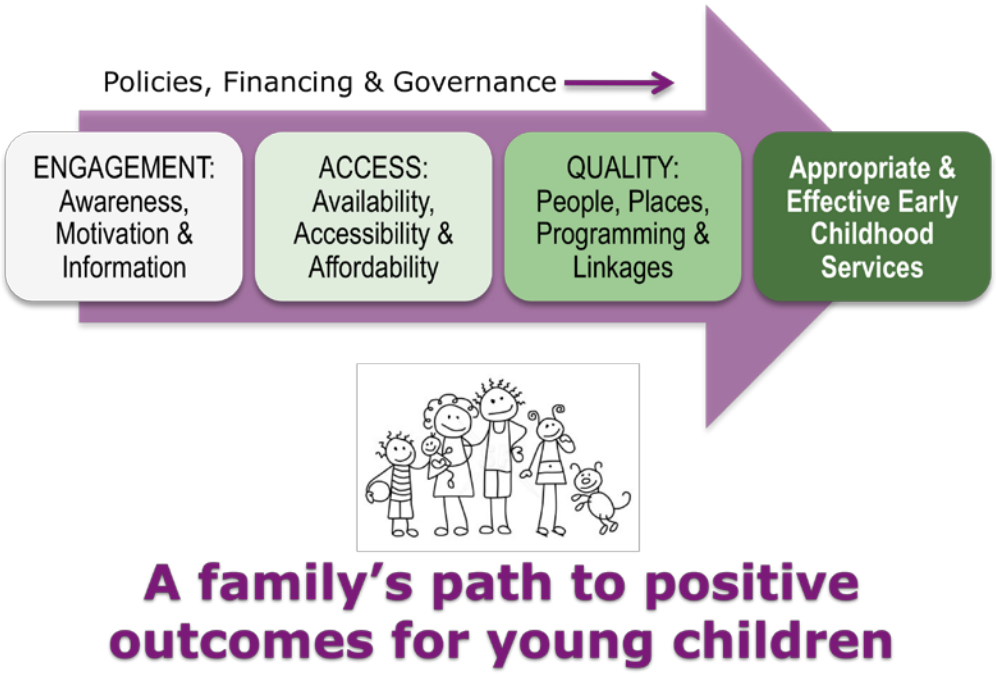
The WV Early Childhood Planning Task Force was established by Governor Earl Ray Tomblin in May 2013. The Task Force created three Study Groups to review and discuss key aspects of the early childhood system in West Virginia and make recommendations about future improvements:

- The *Service System Design Study Group* focuses on current and potential components of the early childhood service system, detailing needs, availability, participation, coordination and costs.

- The *Quality and Evaluation Study Group* focuses on current and potential quality assurance mechanisms at the program level and system level.

- The *Finance and Governance Study Group* focuses on current and potential options for finance (public and private) and governance (state and local) of the early childhood system.

Each Study Group held three day-long meetings between July and October 2013. In their review and analysis of West Virginia's early childhood system, they focused on issues of engagement, access and quality from the perspective of the families who are seeking or using services, as well as the infrastructure need to support those services.



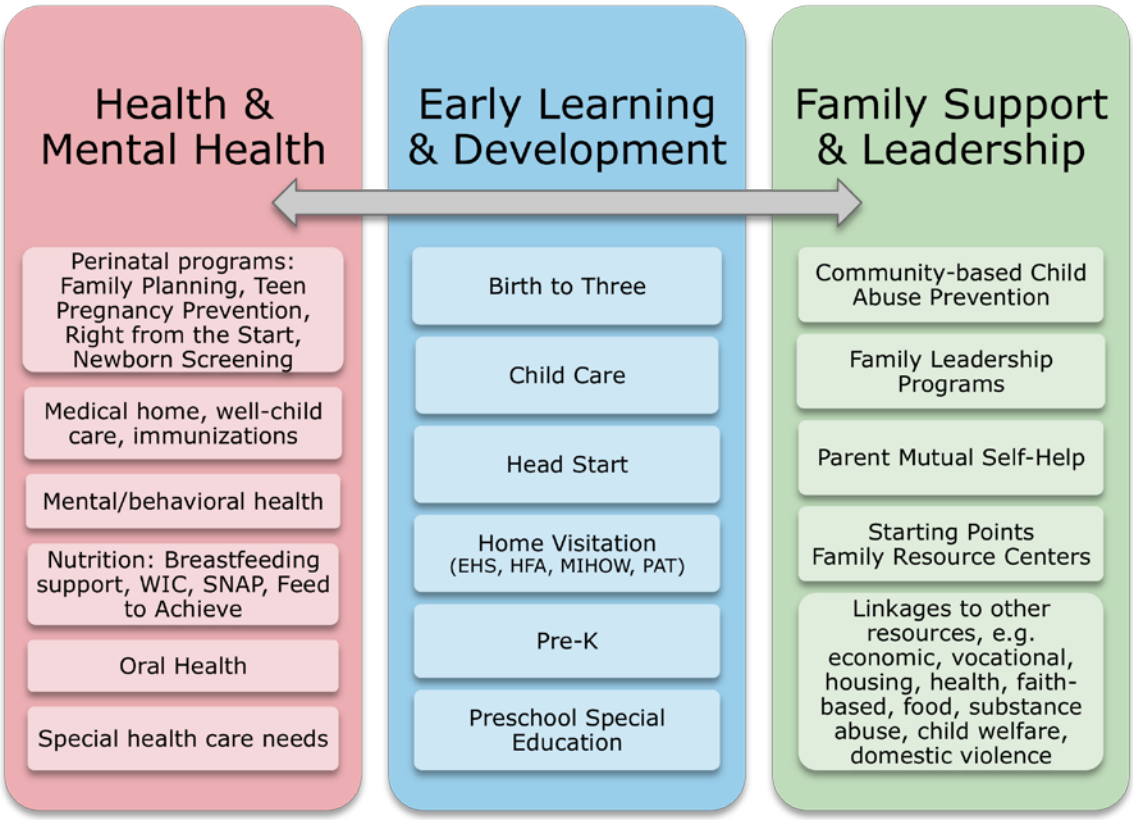
The Study Group recommendations presented in this report have been informed by the following research and expertise:

- Participation of Early Childhood Advisory Council members in all Study Groups and data provided by early childhood programs.
- An online survey conducted by Collective Impact, LLC, of 747 parents, professionals and the public about their experience, views and recommendations regarding early childhood programs.
- Stakeholder discussions conducted by Collective Impact, LLC, involving 19 groups and 290 people about their experience, views and recommendations regarding early childhood programs.
- Community dialogues on early childhood conducted by the Early Childhood Advisory Council and WV Center for Civic Life, involving 25 forums and 400 people.
- Interviews with 12 WV State Legislators regarding views on early childhood, conducted by Tonkin Management Group.
- West Virginia early childhood program analysis conducted by Collective Impact, LLC, including program expenditures, participation rates and estimated expansion costs.
- West Virginia early childhood workforce compensation analysis conducted by Collective Impact, LLC, including wages and benefits by program sector.
- Research on financing options for early childhood development by the West Virginia Center on Budget and Policy.
- Presentations by Kim Tieman, Benedum Foundation; Clayton Burch, WVDE Office of Early Learning; Barbara Gebhard, ZERO TO THREE; Michelle Foster, KISRA; Dr. Stephan Maxwell, WV Perinatal Partnership; Michele Baranaskas, Partners in Community Outreach; Jackie Newson, WV Home Visitation Program; Bruce Decker and Steve Heasley, Collective Impact; Traci Dalton, Head Start State Collaboration Office; Pam Roush, WV Birth to Three; Kim Hawkins, DHHR Office of Early Care and Education; Renate Pore, Dr, Mary Boyd and Dr. Bill Lewis, WV Perinatal Partnership; Betty Knighton, WV Center for Civic Life; Marla Short, Robin Brown, Sara Kieper, and Sommer Dillsworth, Nicholas County early childhood collaborative team; Laurie McKeown and Michelle Comer, Mountain State Healthy Families/TEAM for WV Children; Gretchen Frankenberry, Early Childhood Advisory Council; Jessica Dianellos, DHHR Office of Early Care and Education; Ted Boettner and Brandon Merritt, WV Center on Budget and Policy.
- Consultation from Dr. Lynn Kagan, Co-Director of the National Center for Children and Families at Columbia University.
- Additional information provided by the Task Force Resource Team (Bruce Decker, Gretchen Frankenberry, Barbara Gebhard, Jenny Lancaster and Julie Pratt).

Section A:
Increase participation in early childhood programs.

The Service System Design Study Group examined information about the current service system provided through presentations, research and data analysis. The group found that West Virginia has a broad array of prenatal and early childhood services, including all the major state-federal programs that are found in most states.

West Virginia programs serving prenatal to age five

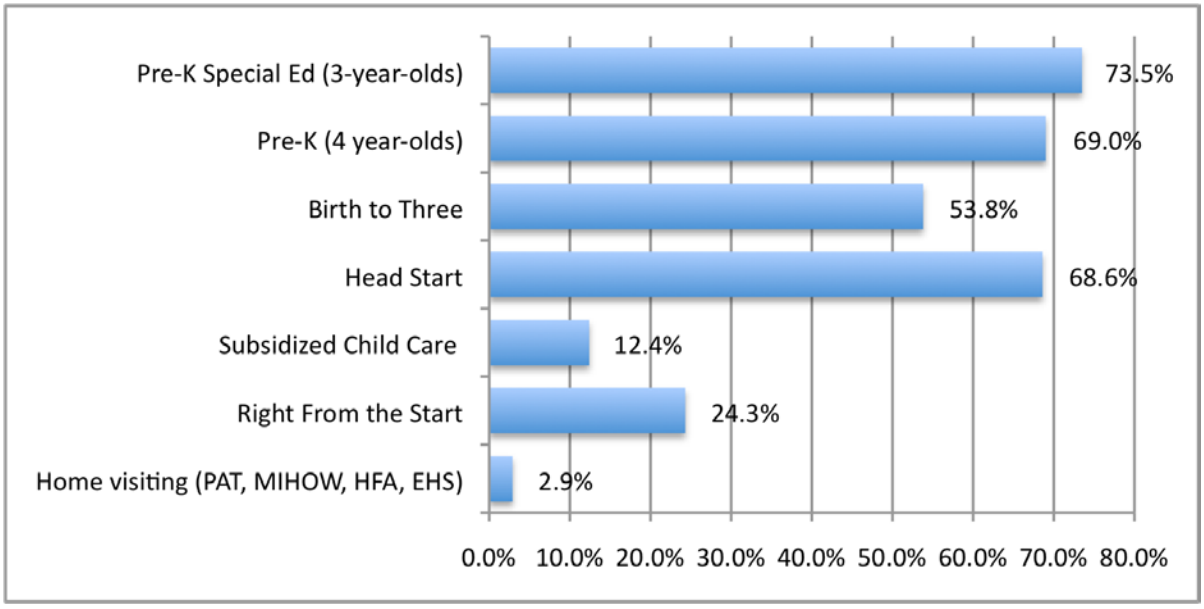


The Study Groups recognized the importance of the entire range of services for families who have or are expecting young children. The research and recommendations in this report offer an in-depth examination of the Early Learning and Development programs represented in the middle column of the graphic above. Appendix I lists key initiatives in Health/Mental Health and Family Support/Leadership that are also essential to a comprehensive system.

Beyond government-supported programs, the private sector plays an important role in early childhood. While there is no central repository of this information, there are many examples. They include United Way agencies that support Success by Six initiatives, faith-based groups and private schools that offer preschool programs, and businesses that offer flexible hours and family leave policies that support working parents. (See Appendix III for letter from a private school administrator.)

Collective Impact, LLC, conducted research on Early Learning and Development program costs, availability and participation rates. All of the programs represented in the above figure are voluntary, and all except home visiting are available on some level in all counties. The participation rates for statewide programs range from 12 percent to 74 percent, resulting in what one Study Group member described as a kind of "Swiss cheese" availability.

Percentages of eligible children participating in early childhood programs



The DHHR Office of Early Childhood Education, which administers the state's child care system, provided information on the types, availability and capacity of regulated child care providers. In addition to the providers listed below, other providers (e.g. people serving fewer than four children) must register if they accept children with child care subsidies.

Regulated child care providers in West Virginia

Type	Counties	Sites	Capacity
Family child care homes (4-6 children)	54	1,579	9,474
Family child care facilities (7-12 children)	36	109	1,308
Child care centers (13 or more children)	49	358	*
Head Start center-based programs	39	118	3,394

** Child care center capacity is 20,599 children ages 2-13 and 3,858 children under 2.*

A.1. Phase in evidence-based home visiting services in every county through regional agencies and based on community collaboration and planning.

Home visiting programs are a core component of an effective early childhood system. These programs provide parenting education and support to families with young children in their homes. Services are voluntary and are available from before birth to age three and, in some cases, age five. Trained home visitors are familiar with and trusted by the communities they serve. Programs are required to use a research-based model with evidence-based curriculum and be credentialed by a national or multi-state organization.

Home visiting programs work to improve:

- Prenatal, maternal and newborn health
- Child health and development, including prevention of child injuries and maltreatment
- Parenting skills
- School readiness and academic achievement
- Family economic self-sufficiency; and
- Referrals for and provision of other community resources and supports

Home visiting is the only Early Learning and Development program not available on a statewide basis. Services are currently provided in 30 counties to 1,200-1,500 families per year.

In 2010, the first major federal funding stream for home visiting – the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program – became available under the Affordable Care Act, and additional support is proposed in the federal Strong Start for America's Children Act recently introduced in Congress. Current funding also includes a state appropriation of $1 million for "in-home family education" and lesser amounts from the federal Community-based Child Abuse Prevention grant and other sources. Early Head Start is another evidence-based model recognized under MIECHV and should also be considered in statewide planning.

A.2. Conduct an impact study and develop a plan to implement universal, collaborative Pre-K classes for three-year-olds and to ensure quality, affordable infant and toddler child care and afterschool care.

The current system of Early Learning and Development programs is a mix of categorical programs and one universal program (Pre-K for four-year-olds). All programs but one (home visiting) are statewide, though not necessarily accessible to all families who need them.

<table>
<tr><th></th><th>Prenatal</th><th>Birth to 1</th><th>1 to 2 yrs</th><th>2 to 3 yrs</th><th>3 to 4 yrs</th><th>4 to 5 yrs</th></tr>
<tr><td>Right from the Start</td><td colspan="2">Medicaid-eligible only</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Home visitation
(EHS, HFA, MIHOW, PAT)</td><td colspan="6">Programs not available statewide</td></tr>
<tr><td>Child care</td><td></td><td colspan="5">Cost paid by families; subsidies for low-income</td></tr>
<tr><td>Birth to Three</td><td></td><td colspan="3">Children who have or are at risk for developmental delays</td><td></td><td></td></tr>
<tr><td>Pre-K Special Needs</td><td></td><td></td><td></td><td></td><td colspan="2">Special ed with IEP</td></tr>
<tr><td>Head Start</td><td></td><td></td><td></td><td></td><td colspan="2">Low-income & at risk</td></tr>
<tr><td>Universal Pre-K</td><td></td><td></td><td></td><td></td><td></td><td>All</td></tr>
</table>

Two notable gaps are (1) the 200+ children each year who leave Birth to Three on their third birthday but aren't eligible for three-year-old Pre-K special education, and (2) the limited availability of quality, affordable early learning programs for most children under four.

All three Study Groups discussed the potential use of the state school aid funding formula to expand services, and all favored the concept of universal, voluntary Pre-K for three-year-olds.

Two of the groups also examined the potential repercussions of universal three-year-old Pre-K on the availability of infant and toddler child care. Infants and toddlers are the most expensive to serve due to higher staff-child ratios. Child care providers balance high infant and toddler costs with the lower costs of serving three- and four-year-olds in order to keep care affordable. Therefore, it was recommended to study both systems – child care and Pre-K – and determine a financing plan that maximizes available revenues and ensures the viability of both.

A.3. Assure that the WV Birth to Three eligibility definition (under Part C of IDEA) supports identification of infants and toddlers with significant risk of developmental delay as early as possible, in order to maximize their readiness for later educational success.

Currently, children under the age of three are eligible for WV Birth to Three when they:
(a) have an established medical condition that is known to result in delay (as listed in state's definition), or
(b) are already demonstrating a significant delay or significant atypical development, or
(c) have a combination of 5 or more biological and environmental risk factors (as listed in the state's definition).

Potential issue to be reviewed regarding WV Birth to Three eligibility criteria:

Since the WV Birth to Three eligibility definition/criteria were established in the early 1990s, there are likely diagnoses in the biological risk category that have a higher probability of delay, and should be moved to category (a), making a child automatically eligible based on that condition. This potential issue was further impacted in 2009 when the level of delay required under category (b) was increased. Thus, children who have certain conditions on the biological list, but don't have the required 5 risk factors, may not be eligible until their level of delay is greater.

The CDC is currently working with states to review the list of medical conditions used by their Part C early intervention systems. The CDC will provide feedback on how likely each diagnosis is to result in delay, as well as prevalence of the diagnoses. This information should be available within the next few months.

WV Birth to Three could then re-evaluate West Virginia's eligibility criteria for services, and determine if any biological risk conditions should be moved to the established medical condition list in order to assure the appropriate early identification of infants and toddlers who will likely have developmental delays.

Moving any of the biological risk factors to category (a) for automatic eligibility would very likely result in increased numbers of children being identified –and being identified earlier, with better potential to reduce the impact of future delays.

It could be estimated that this change would increase the WV Birth to Three child count by nearly 1,000 children annually. The CDC data on prevalence will provide a better estimate of the potential impact.

Current funding for WV Birth to Three could not support this increase even though the program and DHHR have maximized access to federal funding (primarily through Medicaid and CHIP). The WV Birth to Three state line item has been $3.3 million for several years.

A.4. For early childhood programs with income guidelines, expand eligibility to 200% of the federal poverty level, which is approximately equal to the WV Self-Sufficiency Standard, and raise the child care assistance income limit to 200% FPL at time of application and to 220% to remain on the program.

The Self-Sufficiency Standard is a measure of how much income is required for a family of a particular structure in a particular location to satisfactorily meet its fundamental needs without public or private assistance. Regular updates of the WV Self-Sufficiency Standard are conducted by WorkForce West Virginia.

The Self-Sufficiency Standard was created in the mid-1990s by Dr. Diana Pearce, who at that time was Director of the Women and Poverty Project at Wider Opportunities for Women. The Standard was intended initially as a performance measure for the goal of "self-sufficiency" in federal job training programs. First calculated for Iowa in 1996, it experienced a major expansion with funding by the Ford Foundation in the early 2000s, and today, the Standard can be found in 37 states and the District of Columbia.

The Self-Sufficiency Standard is considered to be a more precise and reliable measure of family income adequacy than the federal poverty level (FPL). First conceived nearly five decades ago, the official FPL has now become out-of-date. FPL is based on USDA food budgets that meet minimal nutritional standards. Because families in the 1950s spent an average of one-third of their income on food, it was assumed that multiplying the food budget by three would result in an amount that would be adequate to meet other basic needs as well. Since its creation, the FPL has only been updated for inflation. FPL thresholds reflect the number of adults and children, but they do not vary by age of children, nor by place.

Family Structure	Federal Poverty Level	Self-Sufficiency Standard	SSS as % of FPL
1 adult & 1 preschooler	$15,510	$28,125	181%
1 adult, 1 preschooler & 1 school-age child	$19,530	$35,375	181%
2 adults, 1 preschooler & 1 school-age child	$23,550	$47, 145	200%

A.5. Increase and sustain the supply of early childhood programs through competitive provider reimbursement rates and workforce compensation initiatives.

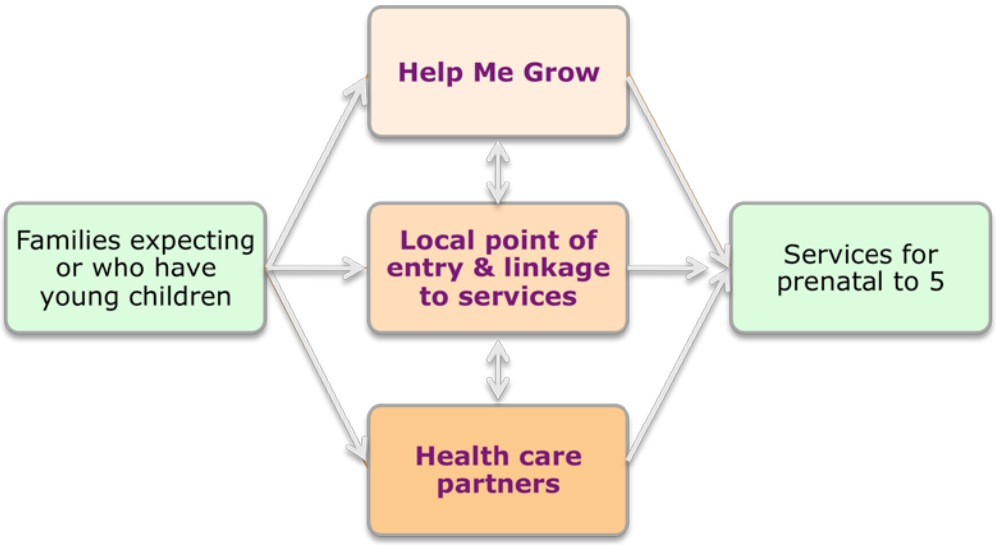
For example, many child care providers who accept child care subsidies for low-income children are reimbursed at less than 75 percent of the market rate, the minimum percentage recommended by the federal government. This affects access to child care by low-income families and can also jeopardize the viability of programs, especially in low-population areas.

The ability to recruit and retain qualified workers in low-wage early childhood jobs also affects the viability many private-sector early childhood programs, who frequently lose experienced staff to public schools when early childhood positions become available there. (See Recommendation B.3.)

A.6. Improve family access to early childhood services through coordinated points of assessment and referral.

One of the most frequently expressed concerns in the stakeholder surveys and discussions was how hard it is for families to find out what services available and how to access them. This was true, regardless of income. The Service System Design Study Group heard a presentation from the WV Perinatal Partnership, Help Me Grow and Mountain State Healthy Families that called for greater collaboration between health and early childhood systems at both local and state levels. This includes early and regular developmental assessments using Ages to Stages, as well as strong referral networks that connect children and families with needed services.

Detailed recommendations from the WV Perinatal Partnership are included in Appendix II. The local point of entry model used by Mountain State Health Families, which includes an initial home visit for all families who want one, is included in Appendix IV.



A.7. Strengthen local planning and coordination of early childhood programs.

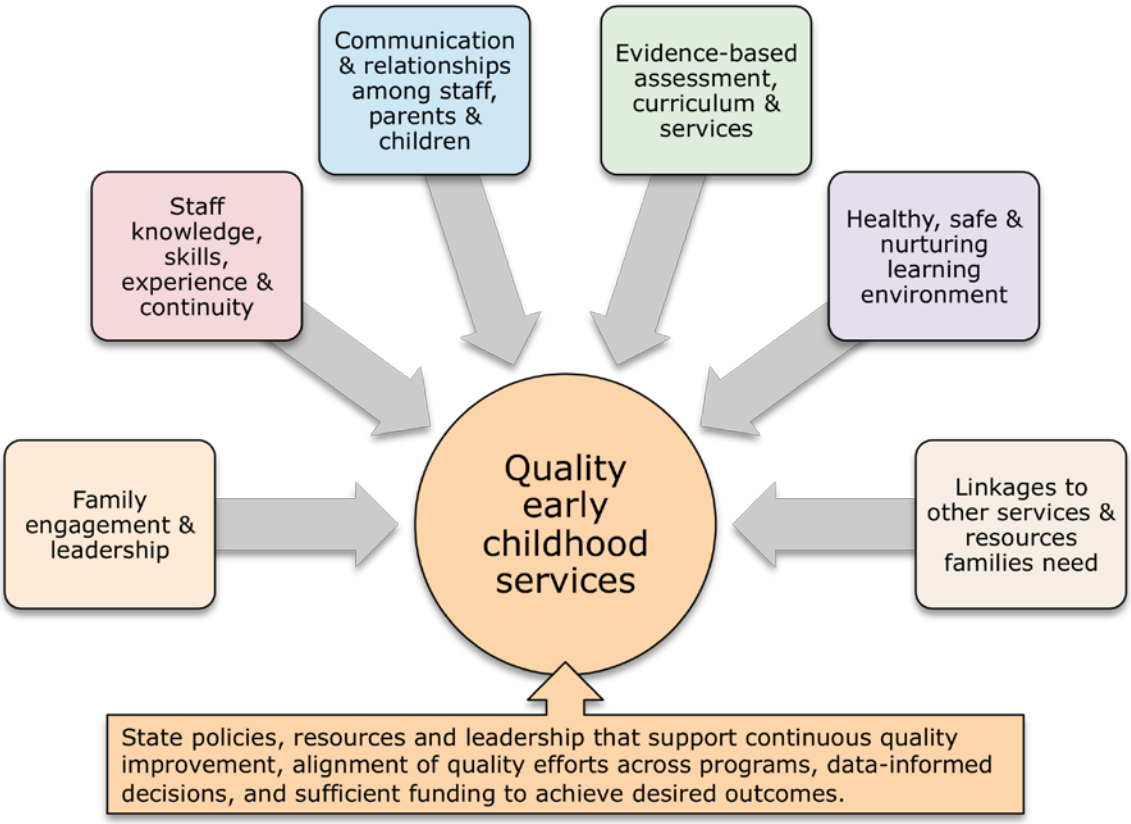
While much of the work of the Study Groups focused on improving the state-level early childhood system, young children and their families are equally affected by how well county-level programs work together to build a responsive and effective service system. The Service System Design Study Group heard a presentation from an early childhood collaborative group in Nicholas County, including representatives from Head Start, Pre-K, the Starting Points Family Resource Center and the Family Resource Network. The group described the process and stages of forming their collaborative and the accomplishments that have resulted from it.

Nearly all counties have these essential local players: a Family Resource Network, an Early Childhood Collaborative Team convened by the board of education, and Head Start. Many counties also have Starting Points centers, child care centers and home visiting programs. Funding and support should be provided by state agencies to encourage the development of effective county-based early childhood collaborative groups.

Section B:
Improve the quality of early childhood services and infrastructure.

The Quality and Evaluation Study Group was charged with examining current and potential quality assurance mechanisms at the program level and system level. The group developed a framework for thinking about quality across programs and the infrastructure needed to support quality improvement.

Quality services and the infrastructure needed to support them



The Study Group members concluded that, in general, there are sufficient program standards in place through federal funding requirements, state code and regulations, and national accrediting bodies. The challenge lies in assisting programs in meeting those standards and aligning standards across programs. And while there is extensive data collection *within* programs, there is a lack of an integrated data *across* programs, which impedes system planning and evaluation. A final concern is that collaboration on quality across programs hinges largely on the willingness of individuals and programs to work together, without sufficient organizational commitments.

B.1. Implement a quality rating and improvement system for early childhood services.

The purpose of a quality rating and improvement system (QRIS) is to select and measure key indicators of quality to support quality improvement and assist parents in identifying and accessing quality programs for their children.

a. Study the experiences of other states that have launched QRIS.

As of October 2013, 45 states (excluding West Virginia) have launched QRIS. Of those, 37 are statewide, two are regional, and six are pilots. The WV Legislature passed QRIS legislation in 2009, but has not provided funding for its implementation. It's unlikely that the Legislature will consider funding for QRIS in FY 2014-2015, given the state's large budget deficit.

Therefore, it's recommended that a time-limited QRIS Stakeholder Group be formed to consider lessons learned from other states and our own experience, and to update our approach, implementation plans and funding estimates. The Stakeholder Group should include people from the QRIS Advisory Council, Early Childhood Advisory Council and early childhood provider agencies. All early childhood sectors – child care, Pre-K, Head Start, home visiting and Birth to Three – should be represented in the Stakeholder Group.

The Stakeholder Group should take advantage of technical assistance from a national expert on QRIS as they study other state experiences. Potential resources include Louise Stoney, Anne Mitchell, and people from National Center on Child Care Quality Improvement and National QRIS Learning Network.

b. Recommend changes to the WV Code for consideration during the 2015 General Session.

The QRIS Advisory Council has discussed changes to the State Code needed to efficiently operate QRIS as originally envisioned. Since there is little or no chance of funding for FY 2014-2015, it would be better to wait until January 2015, and include any additional changes that may be identified by the QRIS Stakeholder Group.

c. Revisit and update the name, branding and communication strategy for WV's QRIS.

Despite many efforts by state and nonprofit agencies to educate parents, programs and policymakers about QRIS, it remains poorly understood by most people. Some states have developed a state-specific name for their QRIS, such as Keystone Stars in Pennsylvania. The Stakeholder Group should revisit and update QRIS marketing and communication strategies, including name and branding. The group should use the new materials to educate parents, programs and policymakers about the updated QRIS before and during the 2015 General Session.

d. Explore the possibility of a pilot project before implementing a QRIS statewide.

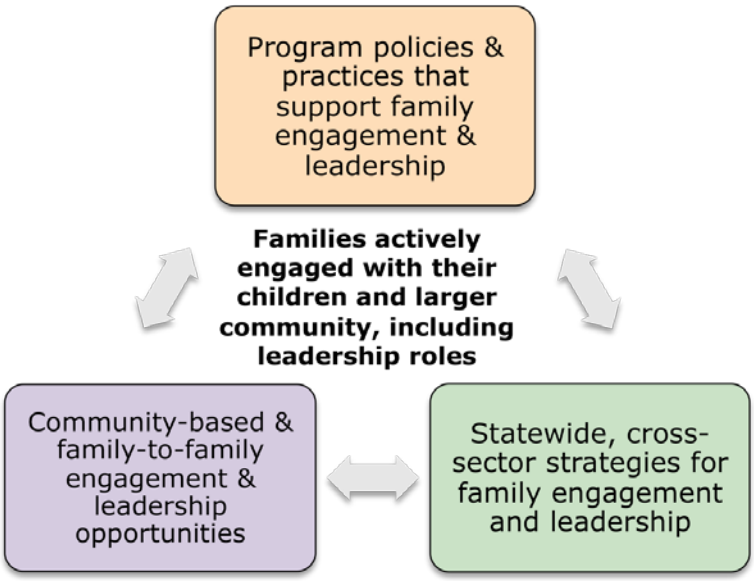
The Stakeholder Group should consider the options available in West Virginia for developing a pilot project prior to statewide implementation of QRIS. A pilot project would demonstrate the adequate amount and most effective form of incentives and supports to improve program quality and engage participants, while also allowing for the most accurate cost estimate for the system to ensure that we maximize resources. It would allow for a thorough evaluation in preparation for executing the system statewide.

Additional resources from the Study Group:

- "Quality Rating and Improvement System in West Virginia," a presentation by Jessica Dianellos, DHHR Division of Early Care and Education. http://www.wvecptf.org/docs/WV-QualityRating-ImprovementSystem.pdf
- "Quality: What is and why it matters in early childhood education," published by the Schuyler Center for Analysis and Advocacy, September 2012. http://www.wvecptf.org/docs/Quality-in-early-childhood-education.pdf
- "Unlocking the Potential of QRIS: Trends and Opportunities in the Race-to-the-Top Early Learning Challenge Applications," by Louise Stoney, published by the QRIS National Learning Network. http://www.qrisnetwork.org/sites/all/files/resources/gscobb/2012-03-07%2008:29/LouiseStoneyMemo.pdf

B.2. Strengthen family engagement and leadership throughout the early childhood system.

Parent involvement in early childhood programs as vital to the quality of their children's experiences and outcomes. Parents can also play valuable leadership roles in programs and communities. Several programs, such as Head Start and Birth to Three actively engage parents in advisory and leadership roles, and many home visiting programs hire and train mothers who received home visiting to become home visitors. Parent support groups, such as Circle of Parents, and statewide conferences for parents, such as Family Leadership First, are also valuable resources. (See letter from Family Leadership First in Appendix III.)



a. Integrate the Strengthening Families Framework in all EC Programs.

Strengthening Families is a research based, cost-effective strategy to increase family stability, enhance child development and reduce child abuse and neglect. The approach is being used in 30 states, including WV, to help programs build "protective factors" with the children and families they serve. The protective factors are parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, social and emotional competence of children, and nurturing and attachment. (Also see: http://www.strengtheningfamilieswv.org.)

b. Make parenting support groups, education and outreach available statewide.

Circle of Parents is a national network of parent-led self-help groups, where parents and caregivers share ideas, celebrate successes and address the challenges surrounding parenting. Prevent Child Abuse West Virginia launched Circle of Parents in 2012 and has trained 40 facilitators from 14 different organizations to date. (Also see http://www.preventchildabusewv.org/circle-of-parents.html.)

Another model of parent mutual self-help groups is MOPS, an international support network of women who share the common bond of preschool-age children. The organization doesn't have state chapters, but there are several MOPS groups meeting in West Virginia. (Also see http://www.mops.org.)

Community Health Workers (CHWs) is community-based education model that may have applications to families with young children. In southern West Virginia, five local organizations sponsor staff and volunteers to serve as CHWs. CHWs are mobilizing community members to design projects to meet local health priorities. (Also see http://www.future.org/wv%20community%20health%20workers.)

c. Increase use of social media by state agencies and community organizations to engage families with young children.

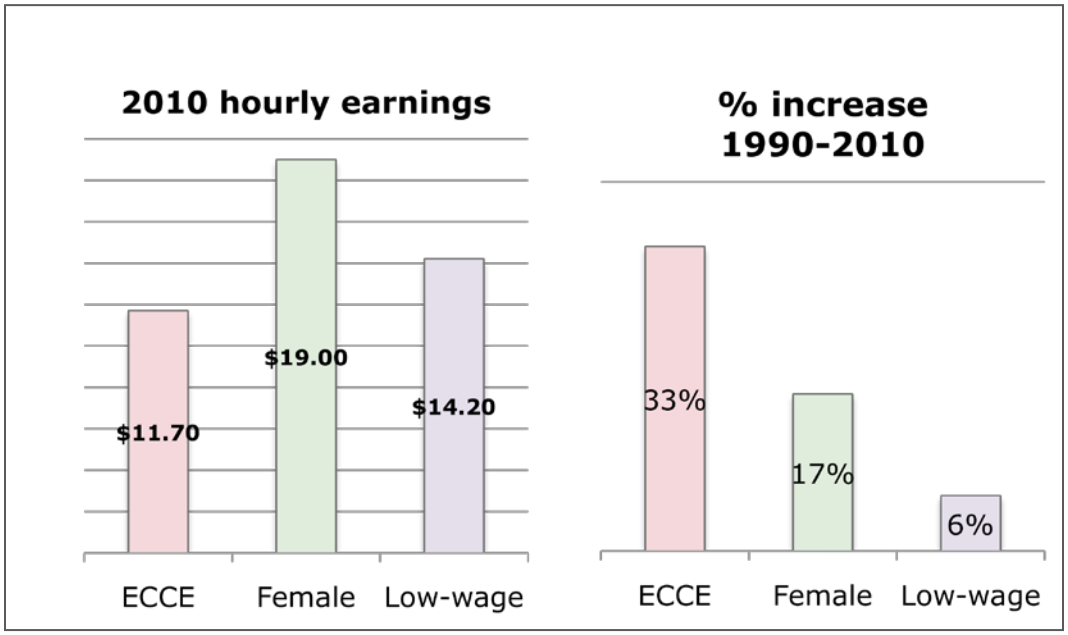
Staff working with families with young children should have access in the workplace to social media and other Internet resources that are of value to families.

B.3. Address low wages and benefits of the EC workforce and discrepancies between early childhood sectors, with consideration given to maintaining affordable services to families.

A significant challenge to quality is the poor compensation of the early childhood workforce, as well as the disparity in wages between the public and nonprofits sectors of the workforce. This makes it difficult for many programs to recruit and retain qualified workers and provide the stable relationships that help children thrive.

The Study Group considered national research on the early childhood workforce, which concludes that it remains a low-education, low-compensation, and high turnover workforce. The study also found that the qualifications, compensation and stability of the early childhood workforce have improved meaningfully over the past two decades in both home-based and center-based settings.

National comparison of average hourly earnings of early child care and education (ECCE) workers, all female workers, and all low-wage workers



ECCE Workforce 1990-2010: Changing Dynamics & Persistent Concerns (Bassok et al.)

The Study Group reviewed methods used in other states to improve compensation, including apprenticeships, health initiatives, mentoring programs, public/private partnerships, scholarship programs, unionization, wage incentives, and tiered reimbursement rates. (See issue brief on workforce compensation by Collective Impact, LLC, for further analysis.)

B.4. Develop an integrated data system across early childhood programs to improve system planning and evaluation.

The Early Childhood Advisory Council of WV should oversee the development of a work plan, timeline, and budget for creating a system that would integrate data from all Early Childhood related data systems as well as directing and supporting programs in bringing current data up to the Common Education Data Standards.

West Virginia's lack of usable, longitudinal data was raised as a concern in every study group. The inability to gather unduplicated counts of children, answer basic policy questions, and respond to federal proposals and inquiries leaves the state at a severe disadvantage.

Therefore, it is necessary that a detailed plan for linking of data systems be developed to address these shortcomings. The planning process should address: system design, location of system, governance agreements, required MOUs, and other necessary determinations. It will build on the findings from the data gap analysis that was conducted earlier this year.

During this year-long planning period, the programs should begin making the changes necessary to bring their data up to the Common Education Data Standards beginning with Child Identity, Child Demographic, and Family Identity elements.

B.5. Support a cross-sector professional development system for early childhood programs.

The need for a high quality, well-trained, and competent workforce was discussed in the Quality and Evaluation study group. The need to provide relevant and valuable training and technical assistance to professionals in the field is of utmost importance.

The state currently has a tremendous amount of quality professional development taking place throughout the state for early childhood professionals. However, attention must be given to promoting collaboration among these programs and organizations to provide technical assistance across sectors. This will allow for the maximization of resources and will enhance effectiveness and efficiency.

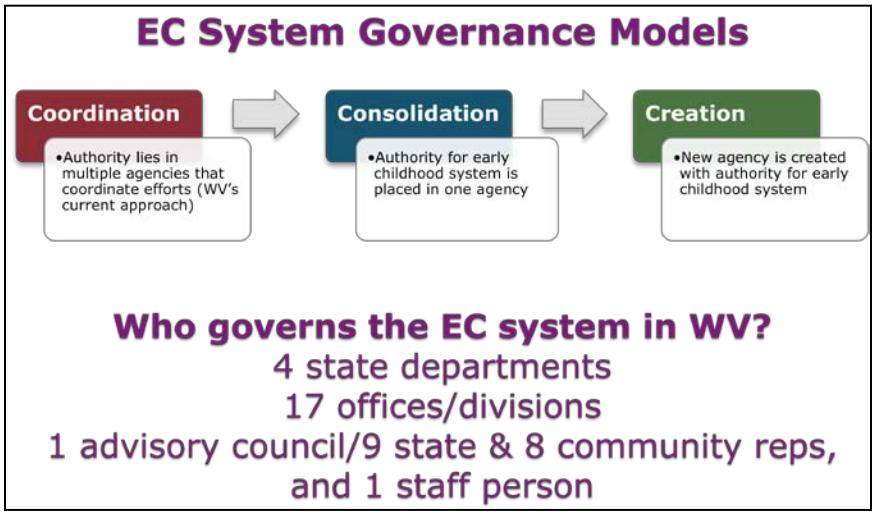
The Early Childhood Advisory Council is working to enhance collaboration among programs and organizations that offer Professional Development to the Early Childhood community.

Section C:
Strengthen governance and financing of the early childhood system.

C.1. Create a Cabinet-level agency with administrative authority and funding for the major early childhood programs.

Early childhood governance refers to how programs and entities are managed to promote efficiency, excellence, and equity. It encompasses the traditions, institutions and processes that determine how power is exercised, how constituents are given voice, and how decisions are made on issues of mutual concern. The responsibilities of governance include:

- **Coordination** across programs and services, connecting the parts to strengthen the whole;
- **Alignment** of system-wide tasks, such as data systems and quality standards, and of programs to promote a developmental continuum;
- **Efficiency** in allocating resources wisely, eliminating duplication and maximizing return on investment; and
- **Accountability** of the system and of programs to ensure quality, equity and results.



West Virginia, like many states, currently uses a "coordination" model of governance. The Finance and Governance Study Group also considered the pros and cons of "consolidation" and "creation" models. On a practical level, the Study Group leaned toward the coordination model, with consolidation of some of the major early childhood programs within DHHR.

At its last meeting, the members agreed that the most effective model would be to create a new state agency that had the necessary funding and authority to fulfill the governance responsibilities described above. The group recommended that a plan be developed to bring the major early childhood programs into a new agency, with consideration to relevant state and federal requirements, funding streams and other factors.

C.2. In the meantime, strengthen the Early Childhood Advisory Council as outlined in recommendations from the Council.

a. Stronger representation of health programs and providers, child welfare programs, and family child care providers

In addition to the membership already mandated by the federal legislation and the Executive Order, three additional appointments and one appointment clarification should be added to the Council:

- One practicing pediatrician should be added to the Council.
- One child welfare representative should be added to the Council.
- One family child care representative should be added to the Council.
- Additionally, the Office of Maternal Child and Family Health should assign a specifically medical/health focused representative to the Council. The Home Visitation Program Director will continue to serve on the Council in addition to this OMCFH representative.

(Please see the revised membership list on next page.)

b. Appropriate funding of the Council

- The Council should be staffed by a full-time Executive Manager and other such staff that are needed to support an effective and efficient Council and quality early childhood system.
- Existing federal resources should be maximized by continuing to collaborate with the Early Childhood Comprehensive Systems grant under Title V, Head Start State Collaboration grant, and other opportunities.
- A line item of $200,000 should be added to the budget of the Department of Education and the Arts to specifically support Council staff and system improvement initiatives. (This would be in addition to the ¬¬¬$69,629 currently being appropriated from Education and the Arts for support.)

c. Creation of a Cabinet-level process to address early childhood issues

- The Secretary of Education and the Arts, the Secretary of DHHR, and the Superintendent of Schools should meet quarterly, and this group would report back to the Governor's Cabinet and the Governor's Senior Staff, as necessary. This group would:
  - Address issues/concerns raised by the Council;
  - Address other issues that arise surrounding the Early Childhood System coordination;
  - Review and discuss Early Childhood related budget proposals; and
  - Discuss and address ramifications of department decisions on the EC system as a whole.

- The Council staff would support this body.

d. Responsibility

- The Council should be charged with oversight of the implementation of the Task Force's Final Plan, as appropriate.
- The Council will submit an annual report to the Governor and the Legislature on progress made and recommendations for further policies and funding needed for plan implementation.

<u>Early Childhood Advisory Council Recommended Amended Membership</u>

1. The Director of the Division of Early Care and Education, WV DHHR
2. Representative of the Department of Education
3. Representative of Local Education Agencies
4. Representative of Institutions of Higher Education in the State
5. Representative of Local Child Care Providers of Early Childhood Education and Development Services
6. Representative from Head Start Agencies Located in the State
7. The State Director of Head Start Collaboration
8. Representative of Early Head Start Programming
9. The Director of West Virginia Birth to Three, WV DHHR
10. Representative of the Office of Special Programs, WVDE
11. Representative of In-Home Family Education Community
12. Representative of the Early Childhood Advocate Community
13. Representative of the Business Community
14. Representative of the Office of Maternal Child and Family Health, WV DHHR
15. Representative of the Governor's Office
16. Representative of the labor community
17. The Secretary of the Department of Education and the Arts, who shall be the chairperson
18. The Director of the WV Home Visitation Program, WV DHHR
19. Representative of the Pediatric Community
20. Representative of Child Welfare Programs
21. Representative of Family Child Care Providers

C.3. Move the Head Start Collaboration Office and its one staff person to the Early Childhood Advisory Council for greater collaboration and efficiency.

Head Start and Early Head Start programs are critical components of the state's early childhood system, but are not administered by the state. The federal government contracts directly with local programs, and the state has a Head Start State Collaboration Director who facilitates planning and cooperation between Head Start and other early childhood programs.

The Finance and Governance Study Group recommended that this position, currently house in DHHR, be moved to the Department of Education and Arts to work in conjunction with the Executive Manager of the Early Childhood Advisory Council. Such a move would provide for stronger collaboration, more efficient use of resources, and better system alignment.

C.4. Consider and pursue most promising financing options of those researched by the WV Center on Budget and Policy and Collective Impact, LLC.

The Task Force Resource Team recommends that the following financing options be further considered for West Virginia's early childhood programs. (See binder for more detail.)

Options	Potential Applications
1. Social Impact Bonds	Prenatal services to reduce low birth weight
2. Cigarette tax increase	Home visiting programs, which include among their goals helping pregnant women to quit smoking
3. Tax credits for quality child care	Credits for quality child care programs and employees and for parents who use quality providers; based on Louisiana model
4. Endowments	Quality enhancement or other purposes; based on Nebraska Sixpence Fund and connected to the proposed WV Future Fund
5. School Aid Formula	Universal, collaborative Pre-K for 3-year-olds
6. Medicaid and CHIP	Birth to Three and home visiting
7. Strong Start for America's Children Act	Pre-K, Head Start, child care, home visiting

Appendix I:

Proposed endorsements of related initiatives that help improve the health, development and well-being of young children

The following are initiatives identified by Study Group members that are beyond the "core" early learning and development programs, but highly relevant to the health and well-being of young children and their families. These are by no means an exhaustive list, but among those that warrant endorsement by the Task Force.

- Circle of Parents West Virginia, http://www.preventchildabusewv.org/circle-of-parents.html
- Drug-free Moms and Babies Project, http://www.wvperinatal.org/drug-alcohol-tobacco.htm
- Enroll West Virginia, regarding the Affordable Care Act, http://www.enrollwv.org
- Governor's Initiative on Substance Abuse, http://wvsubstancefree.org
- Our Babies Safe and Sound, http://www.safesoundbabies.com/main.html
- Our Children, Our Future campaign to reduce child poverty, http://www.wvhealthykids.org
- Partners in Outreach, http://www.wvpartners.org/contact_us.php
- Strengthening Families, http://www.strengtheningfamilieswv.org/index.html
- WV Breastfeeding Alliance, http://www.wvbfa.com
- WV School-Based Health Assembly, http://www.wvsbha.org/main/partners/

Appendix II:

Achieving Better Outcomes Through Child Developmental Screening and Referral: Recommendations from the WV Perinatal Partnership and WV Community Voices

October 2013

1. Establish baseline data and trend analysis for developmental screening for all three public payers (Medicaid, CHIP, PEIA) and conduct follow-up audits and/or independent quality reviews every two years with a goal of 90 percent compliance by 2020.

Identifying children with developmental, social or behavioral delays is the first step in providing early intervention. To assure that all children receive developmental screening at the ages of 9, 18, and 24-30 months, using a standardized tool as recommended by the American Academy of Pediatrics and Bright Futures, West Virginia must measure progress over time. Audits of pediatric records conducted by the Office of Maternal, Child and Family Health in 2012 and 2013 from all payer sources will establish the baseline against which future progress will measured.

2. Support the health care provider community in integrating the Ages and Stages Questionnaire – 3 (ASQ-3) data into the electronic health record (EHR).

While health care providers report using the ASQ-3 in their practice, the data often are not reflected in the health record. The transition to electronic health records (EHR) is challenging and models vary from practice to practice. Some providers report that ASQ is not reported in the electronic record because "there is no place for it."

To support health care providers in documentation, the Office of Maternal, Child and Family Health should facilitate the development of an electronic documentation format (compatible with the most widely used EHR software) that corresponds to the 9, 18 and 30 month ASQ-3 information summary and provide technical assistance and training to integrate such a summary in the health records of all providers who see young children.

The Centers for Medical Services (CMS) currently has demonstration grants in some states to develop a pediatric template, which incorporates global screening as part of a comprehensive preventive visit. West Virginia should build on lessons learned from demonstration projects.

3. Support the integration of further assessment and screening for special needs populations for health practices by providing training and quality initiatives for tools such as the Ages and Stages Questionnaire – Social and Emotional (ASQ – SE) and Modified Check List for Autism in Toddlers (MCHAT).

The Office of Maternal, Child and Family (MCFH) has provided the ASQ-3 questionnaire free-of-charge to all health care practices and provided training as requested. They should continue this practice. In addition, the payers (Medicaid, CHIP, PEIA and MCFH) should collaborate to create a web-based training on ASQ-3 and provide tips for implementation. The payers and MCFH should also develop Quality Improvement training (web-based as well as on-site) for providers on using developmental screening as a quality improvement project. Since all pediatric providers need a quality improvement project for professional certification, this approach would support the requirement for Maintenance of Certification (MOC).

4. Track and improve referral rate to early intervention and other community programs and assure coordination through a common referral tool.

Coordination between health care providers and early intervention programs has been a problem nationally as well as in West Virginia. To assure optimal outcomes, the health care system and early intervention system must improve communication and coordination. State payers could incentivize managed care organizations (MCOs) by requiring such activities in the managed care contracts.

Agreeing on and using a common referral tools such as the draft form included in the Appendix is a first step in improving communication and coordination while meeting confidentiality requirements of both systems. The West Virginia Birth to Three Program should continue current efforts to modify national tools to meet the specific needs of West Virginia's health care and early intervention systems and take the lead in working with health care and early intervention providers to establish and disseminate this tool.

5. Expand home visitation services (in - home family education) to every county in West Virginia.

West Virginia health care providers are concerned about the ability of parents to provide the resources necessary to assure healthy development. Health care providers believe that the education of parents of young children is a vital part of pediatric health care practice. Yet, the support that parents of young children need is most often outside the ability of a busy health care practice.

For many years, West Virginia has pioneered successful in – home family education programs using nationally-recognized models. These programs, however, remain limited. In 2012, 1,200 families in 29 counties received services through these programs. State policymakers should make every effort to expand these programs state-wide and provide training to health care providers about how to make use of such resources. About 60,000 children age zero to three live in West Virginia. More than half live in low-income families. Other developed nations make programs to educate parents of young children a regular part of their health care system. The experience of young children in their earliest greatly affects their lifelong success or failure. To support healthy development and help West Virginia's youngest children thrive, we must create a state-wide system of parent support and education.

A recent report from the National Association for State Health Policy (NASHP) and the PEW Center on the States discusses using Medicaid to finance Early Childhood Home Visiting Programs. An appropriate committee made up of payers, health care providers, and early intervention programs should review findings in the report and consider how West Virginia might expand current Medicaid support for home visiting programs. In addition, the Public Employees Insurance Agency (PEIA) and the Children's Health Insurance Program (CHIP) should be engaged in discussion of support for home visiting programs.

6. Support Help Me Grow as West Virginia's statewide comprehensive system for linking families to developmental information and needed services through health care practitioners, community outreach, and centralized information/referral.

In 2013, the Office of Maternal, Child and Family Health launched a new program called Help Me Grow. Help Me Grow is a system that builds collaboration across sectors, including child health care, early care and education, and family support. It is based on a national model developed in Hartford, Connecticut by Dr. Paul Dworkin. The program is operating in 19 states.

Through a comprehensive system that includes health care practitioners, community outreach and centralized information and referral centers, families of young children birth to five, are linked with developmental information and needed programs and services. Ongoing data collection and analysis helps identify gaps in and barriers to accessing needed services. Help Me Grow was developed to address all the problems identified in this report and is a promising solution for system improvements that can support the healthy development of young children.

The Office of Maternal, Child and Family Health has made a commitment to this program and is coordinating implementation through the Early Childhood Advisory Council and the Health Check Medical Advisory Council. The ultimate success of the program will require support from all sectors of the health care and early education system including policymakers, health care providers, payers, the early intervention and educational system and parents. The health care provider community should be engaged in promoting Help Me Grow.

Appendix III: Correspondence

Email from private school director and Task Force Study Group member, Elizabeth Hofreuter-Landini

October 29, 2013

Julie,

I really enjoyed talking with you yesterday. I have found this process to be very fulfilling as it has allowed me to hear the perspectives of new voices.

We all come to the table with our own experiences and needs that we see everyday which must be met. As our work has unfolded, I have grown in my understanding of the great needs of those living in poverty in our state. The hard truth of what other counties experience has silenced me because their needs are clearly greater. I couldn't agree more that we need to help those children - meet their needs first and as soon as possible. I would be remiss however if I did not remind our group that we do need to consider ALL the children in our state.

Every family I meet from any socio-economic level needs support at one time or another for their young children. I appreciate the vast and varied resources we have, but I worry how families learn of such opportunities and determine which is best for their children's needs. We rely on schools for so much of this, but we cannot keep adding to the responsibilities of teachers and administrators without realizing that we are taking something away from teaching and learning in the process.

I have long found Birth to Three to be an incredible resource IF you qualify. There is a system within that program to emulate in order to serve larger numbers in my opinion. What it lacks, however, is the educational support families need. We need to support our youngest citizens not only by allowing them to live healthy lives but also by READING to them. We have to get books in their parents' hands. For those who struggle with reading, we need to identify the systems, like Orton Gillingham, that other neighboring states have adopted as a method for supporting ALL emerging readers that catches those who need help as early as kindergarten.

I know I come from a different perspective as an independent school person; however, I think it is my responsibility to identify best practices in other schools (other states) and to pilot them in my school. I am always open to doing that. I have a responsibility to serve ALL the children in that way as well.

Please accept my apology that I cannot make the long drive to Charleston tomorrow. I am available by phone at anytime. If I can comment further on any of these topics, I would be happy to do so.

I am indebted to you for your hard work on this project and to the governor for spurring such debate among us.

Elizabeth Hofreuter-Landini
Head of School, Wheeling Country Day School
8 Park Road, Wheeling, WV 26003
Phone: 304-232-2430, www.wcdsedu.com

Email from family child care provider and Task Force Study Group member, Chinelle and Leighton Duncan

Good morning Julie.

Thank you for having us participate in the Early Childhood Planning Task Force. It was a productive session which fostered interactive discussions from various perspectives -- policy, academia, social services, health and wellness, and service providers. This, I believe, is a critical factor in charting, developing, and implementing solid comprehensive solutions for today's challenges. As stakeholders with differing motives, it is expected that weighting the options or ideas will cause some conflict. But as my husband often says, "conflict is good. It forces us to think, and innovate toward better solutions."

In my family child care experience, more so than when I worked in a center, I have found it is critical we wear many hats -- social worker, educator, health, nutrition and wellness coordinator, family counselor, and life-coach among others. The root problem I find most often is that too many fathers and mothers are not committed to being parents. Through ignorance or arrogance, they have yet to absorb the idea of being holistically assimilated into the lifestyle of parenting. We understand that parenting is a present-tense continuous development of relationships through life experiences, therefore an individual will never know everything. But we can and must foster an attitude of heart, as well as social policies that promote this construct.

With this approach, I think our children, families, and thus our community, wins.

It is a privilege to be part of the process to improve the lives of children. Through them, we live forever. We wish to offer our continued support.

Thank you for having us.

Chinelle G. Duncan
Leighton Duncan
304-433-8040

302 Nathan Street Apt. 2C
Elkins, WV 26241
304-637-0903

July 2, 2013

Dear Governor Tomblin,

Family Leadership First (FLF) would like to thank you for the 19 years that DHHR's has supported us. Throughout those years we have worked to educate over 1,500 West Virginia families in leadership skills and family issues during the past 19 years. With an average of 4 family members per family we have touched 6,000 individuals. Evaluation has shown us that each individual shares the information learned with at least 1 person outside of the family thus giving us a total number of West Virginia's reached of over 12,000. We have put the funding to good use, by giving West Virginia families many educational tools thus allowing them to build stronger families and communities within our state. Because of this we know we are worth the extra effort when ensuring that funding is secured for us.

The mission of Family Leadership First (FLF) is to work with individuals and unite groups to grow a network that links, supports and encourages families to speak for themselves and others in realizing their hopes and dreams. Our vision for West Virginia families is to empower and support families who are respected and have a say in decisions affecting all West Virginians. We grew from two principle collaborative efforts of the past decade to promote family support, involvement and family leadership: The Families First Council and the Family Leadership Project, both initially supported by the Governor's Cabinet on Children and Families. The groups merged in January of 2003. The membership of FLF is composed of a majority of family members who have received publicly funded services, family advocates, and interested professionals. All decisions are made by consensus, ensuring that every member's voice is heard.

Family Leadership First (FLF) activities have strengthened our state. We sponsor an annual conference and several one-day trainings in different regions each year, all of which are available at no cost to families. Our conference is unique to the state; we do not ask income, race, religion, disability or any other demographic identifiers. We have a large variety of workshops, with the subjects coming from our participants at the previous year's conference. We ask families what they would like to have information on. Our workshops have included: IEPs, How to be on a Board, Money Smarts, Healthy Eating, Cooking on a Shoestring, Scream Free Parenting, How to Deal with Annoying People and Legislation 101. For our teens we have had workshops on Preparing for College, Healthy Relationships, Drug and Alcohol Awareness and Alternatives to College. Along with workshops, the networking that occurs is invaluable. Our families learn various resources they may need and share numerous experiences with others. In order for families to take full advantage of the opportunities given at the conference on site professional childcare is provided.

As we approach our 20th year and annual conference, this education is crucial to West Virginia Families, who struggle daily with various issues including parenting, money management, education, employment, mental health issues and bullying. This conference provides a foundation for our families that they can build on.

We understand that there are issues with funding however this small investment touches so many families who otherwise might not get the help they need. We must invest in our families in order to make our state stronger!

Sincerely,

Joyce Floyd, Chairperson

Appendix IV:
Mountain State Healthy Families - Assessment and Referral Process