

Building a System for Early Success:

A Development Plan for West Virginia's Early Childhood System



WEST VIRGINIA
**Early Childhood
Planning** TASK FORCE

October 2014

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Planning** TASK FORCE

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The Task Force expresses its appreciation to members of the Early Childhood Advisory Council for their collaboration on this plan and to the 1,200 West Virginians who provided their input and ideas.

The Task Force also thanks Benedum President Pat Getty and Program Officer Kim Tieman for their dedication to this project and to the well-being of West Virginia's children.

For additional information and research related to this plan, see www.wvecptf.org.

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Table of Contents

| | | | |
|---|-----------|--|-----------|
| A Message From the Task Force | 5 | System Financing and Governance | 24 |
| The Development Plan at a Glance | 6 | • Resources | 24 |
| Introduction | 9 | • Priorities | 24 |
| Program Access, Quality and Outcomes | 14 | • Phase-in | 27 |
| Goal A - Define and track progress toward desired goals 15 | | • State-level governance | 27 |
| 1) System outcome measures | 15 | • Local planning and coordination | 28 |
| 2) Integrated data system | 15 | Conclusion | 29 |
| Goal B - Increase access to early childhood programs 16 | | Appendices | 31 |
| 1) Home Visitation Program | 17 | 1. Executive Order 5-13, creating the Early | |
| 2) Birth to Three Program | 17 | Childhood Planning Task Force | 31 |
| 3) Child Care affordability | 18 | 2. Early learning and development | |
| 4) Provider availability | 18 | program descriptions | 35 |
| 5) WV Love to Learn: Pre-K for three-year-olds | 19 | 3. West Virginia Measures of Success summary | 37 |
| 6) Prenatal and child health | 20 | 4. WV Love to Learn program description | 38 |
| Goal C - Improve the quality and effectiveness | | 5. Recommended changes in Quality | |
| of services | 21 | Rating and Improvement System | 39 |
| 1) Cross-sector quality improvement | 22 | 6. Expenditures and revenues for West Virginia’s | |
| 2) Family involvement | 22 | early childhood programs | 40 |
| 3) Professional development | 23 | 7. Task Force research, reports | |
| 4) Recruitment and retention of qualified staff | 23 | and presentations | 43 |





A Message

From the Early Childhood Planning Task Force

The Task Force members thank Governor Earl Ray Tomblin for the opportunity to explore the subject of early childhood development and to make recommendations that can lead to the creation of one of the most comprehensive programs in America. We applaud the Governor for his wisdom in recognizing the critical importance of early childhood and for his vision in creating our Task Force with its broad charge, even in these difficult financial times.

As is suggested throughout this report, we believe the benefits of the plan far outweigh the costs. These benefits include the substantial financial return to be realized from investing in high-quality early childhood programs, estimated by a Marshall University study at \$5.20 for each dollar invested. More importantly, we are convinced that our children's future, and therefore West Virginia's, depend upon significantly improved health, education and social outcomes, which are the ultimate goals of this plan.

Our proposed plan is not inexpensive. No comprehensive, quality early childhood system will be inexpensive. The proposed phase-in of the plan would require an investment of \$26 million in Year 1 and \$129 million when fully implemented in Year 10. The plan includes efficiencies wherever possible and does not recommend any new programs, building instead on the evidence-based programs we already have. Ten financing strategies, including new and existing state revenues and potential federal funding opportunities, are proposed.

We understand that the finances of the State are very tight and that new revenues are difficult to procure. Raising new revenue is never popular, but there are times when it may be necessary because the cost is worth the investment. Given the likely limitation on new revenue, the plan also includes consideration of possible revenues within the current budget that may become available when the purposes for which they are currently dedicated have been met.

We do not intend this document to be a mandate to the Governor or the Legislature. We offer the plan as our best thinking based on a year's worth of study, involving more than 1,200 West Virginians and a variety of experts. We hope this document, and the discussions it will engender, will lead to the adoption and funding of a plan that gives our young children a good start in life and our state a vibrant future.



The Development Plan At-A-Glance

What would the Development Plan mean for our children, families, programs and state 10 years from now?

Recognizing the importance of the earliest years of life, Governor Earl Ray Tomblin created the Early Childhood Planning Task Force in May 2013. The Task Force was charged with creating a development plan for

West Virginia's early childhood system. A 10-year plan for improving early childhood programs, financing and governance was completed in September 2014.

The Task Force partnered with the state's Early Childhood Advisory Council on the creation of the plan. More than 1,200 West Virginians provided input through community forums, stakeholder discussions, study groups, an online survey and key informant interviews.

The ultimate goal is for more pregnant women, young children and their families to receive the services they need and want. Our litmus test for the recommendations included in the plan was, "Will this work for the children we love and for the children in our state who are the most vulnerable?" Highlights of the plan are provided below.

Expanded opportunities

Birth To Three

- Updated eligibility criteria would include up to 2,000 more children per year who have or are at risk for developmental delays.

Child care

- Plan would fund subsidies for 1,200 more children per year and provide first increase in subsidy payments to providers since 2009.

Home visiting

- Statewide expansion of home visiting would reach 7,500 more families per year who are expecting or raising young children.

Pre-K for 3-year olds

- WV Love to Learn would provide high-quality early learning for 12,000 3-year olds in child care, Head Start and Pre-K.

Prenatal and child health

- Plan supports more developmental screenings and referrals, and more substance abuse prevention/treatment for pregnant women.

Higher quality and efficiency

Data power

- An integrated data system that links existing program data systems would improve system planning, evaluation & collaboration.

Quality improvement

- A statewide Quality Rating and Improvement System would help assure high-quality services across programs.

Tax credits for quality

- Refundable tax credits would reward quality-rated programs, staff who work for them and families that use them.

Stronger governance

- A unified governance approach would improve coordination, alignment, efficiency and accountability of the EC system.

Wise use of resources

- Ten-year phase-in of plan includes multiple financing strategies that maximize state, federal and private investments.

Better results

Child and family outcomes

- Families would have better access to quality programs that support healthy development, school readiness and working parents.

Return on investment

- The long-term economic benefit of high-quality early childhood programs in WV is estimated at \$5.20 for each dollar invested.





Introduction

Building a Legacy

West Virginia's disappointing rankings on child well-being may tempt some to conclude that "nothing works." But history suggests otherwise. Our state has proven on many occasions that, given the necessary policies, resources and public will, dramatic changes are possible.

The Children's Health Insurance Program (CHIP) is a prime example. Prior to 1997, most low-income working families had nowhere to turn for health insurance. Few had employer-sponsored health plans. Most made too much money to qualify for Medicaid, but not enough to afford insurance in the individual market.

When Congress passed CHIP in 1997, in large part through the efforts of Senator Jay Rockefeller, it gave states the option to participate or not. In the spring of 1998, despite severe flooding and other onerous demands on the state budget, the West Virginia Legislature passed and Governor Underwood signed the bill establishing WV CHIP. Since its passage, the law has resulted in health insurance for more than 150,000 children who would have otherwise gone uninsured.

On the heels of CHIP came West Virginia's PROMISE Scholarship, a merit-based student aid program to encourage more young people get college degrees. The Legislature established the scholarship in 1999 and funded it in 2001 through the regulation and taxation of video lottery machines. To date, more than 35,000 West Virginia students have attended colleges throughout the state on the PROMISE Scholarship. A 2012 WVU study found that 80 percent of the first PROMISE graduates in 2004 were employed at jobs in West Virginia.

In 2002, one year after PROMISE was launched, the Legislature passed a bill focusing on children at the beginning of their school years. The new legislation created a voluntary, universal pre-kindergarten program for four-year-olds, funded under the school aid formula. Today, WV Pre-K is ranked among the highest in the nation in terms of enrollment and quality. The state is praised for its collaborative model that utilizes public schools, child care centers and Head Start programs. About 70 percent of the state's four-year-olds attended Pre-K last year.

The Importance of the Earliest Years

The Early Childhood Planning Task Force believes we should build on this legacy by maximizing the potential of the earliest years of life. While some young children are at greater risk than others for developmental problems, all families benefit from support from relatives, friends, and services that help their children thrive.

Researchers have long recognized the impact of both nature and nurture on early childhood development, and advances in neuroscience have helped us better understand why. We now know that the connections between neurons in the brain – called synapses – form at



West Virginia's Achievement Gap: A Tale of Two Children

Imagine two children. The first is Casey, whose mother was thrilled to learn she was pregnant for the first time. She received early and regular care from her obstetrician. She and her husband found good advice about child development from a home visiting program. Casey was born full-term and healthy. When his mother returned to work, she took him to a child care center near their home that had a good reputation. When Casey turned 4 years old, his parents enrolled him in the public pre-kindergarten program offered at his child care center.

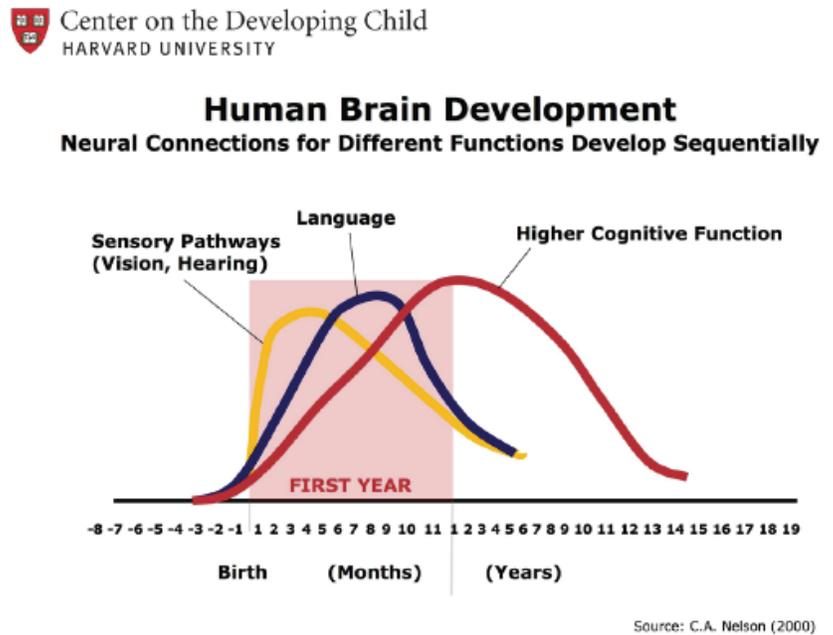
Brandon was the youngest of three children. While pregnant, his mother missed appointments with her obstetrician because she had used up her sick leave at work. She cut back on her smoking but wasn't able to kick the habit entirely. Brandon was born two weeks early and underweight. He and his sisters stayed with their grandmother when their mother returned to work. When Brandon turned 4, his father drove him 15 miles to the nearest pre-kindergarten program when he wasn't on the road for his job.

When the two boys entered kindergarten, Casey was at or above average on most measures of development while Brandon lagged behind. Every summer, Casey went to day camps and other programs that furthered his learning. Brandon's grandmother had books and games, but he preferred watching TV. Brandon was struggling with reading by the fourth grade, which caused him to fall further behind in other subjects as well.

The hypothetical lives of Casey and Brandon illustrate the cumulative effect that good prenatal care, high-quality early education and sufficient family income can have on later success in school. While a poor start does not destine a child to a bad life, it can narrow the available options as the child grows up.

Excerpted from "The Earlier, the Better: The Importance of Early Childhood Education," by Julie Pratt, which previously appeared in the Summer 2014 issue of West Virginia Executive magazine.

Figure 1



a faster rate during the first years of life than they ever will again. Young children's brains keep the synapses they use and eliminate the ones they don't.

It is through this creation and "pruning" of brain synapses that children acquire critical abilities. The first year of life is the peak time for development of the brain's architecture for vision, hearing, language and other cognitive functions. (See Figure 1.) This is what sets the stage for all later learning and why nurturing relationships and rich environments matter so much in early childhood.

Disruptions in early brain development can have serious long-term effects, according to the Adverse Childhood Experiences (ACE) Study of the Centers for Disease Control and Prevention and Kaiser Permanente Health Plan. ACEs include a range of traumatic experiences in childhood, such as abuse, loss of a parent or living in a violent home.

Researchers believe that intense or prolonged trauma produces toxic levels of stress that chemically interfere with the development of brain synapses. This can cause a range of social, emotional and cognitive impairments. These impairments increase the likelihood of health-risk behaviors, such as overeating, smoking and substance abuse, which can result in chronic disease, disability, social problems and premature death.

About 21,000 babies are born in West Virginia each year. A snapshot of key measures indicate that many of West Virginia's newborns have risk

factors for developmental problems. These include low birth weights, high rates of tobacco, alcohol and drug use during pregnancy, and the 8th highest teen birth rate in the nation. (See Figure 2.)

Poverty is another major concern, especially during early childhood due to its potential impact on early brain development. One-third of West Virginia's children under age five live in families with incomes below the federal poverty level. (See Figure 3.) Young children have the highest poverty rate of all age groups, and there are large disparities in poverty rates across racial groups.

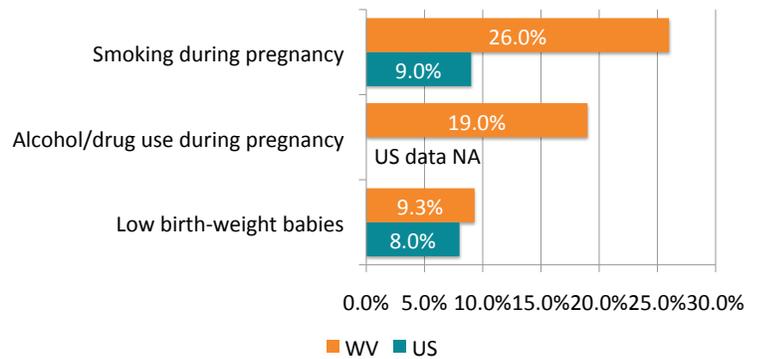
The Benefits of High-Quality Early Childhood Programs

Researchers are quick to point out that risk is not destiny. Prevention, early identification, effective interventions and appropriate support can help avoid or reduce adverse experiences and promote healthy development.

For example, Strengthening Families is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children. The framework is widely used across the country and by West Virginia's early childhood programs.

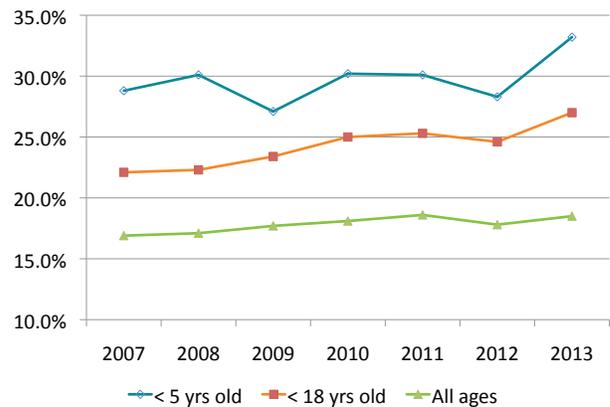
Returns on investments in human development are the highest during the first three years of life, according to Nobel-winning economist James Heckman and other researchers. (See Figure 4.) Numerous studies have shown that children who participate in high-quality early care and education are more likely to succeed in school and adult life. Better child outcomes lead to a host of societal benefits, including fewer costs for remedial programs, higher college-going rates and a stronger workforce.

Figure 2 Prenatal Risk Factors and Low Birth Weight



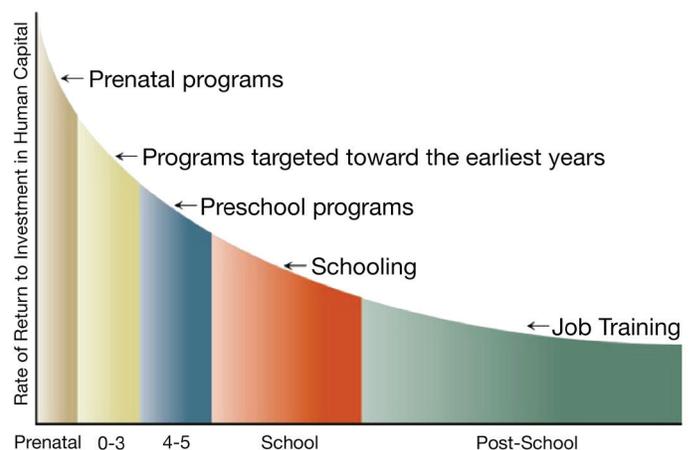
Sources: KIDS COUNT Data Center (accessed 9-13-14) and WV Umbilical Cord Tissue Study, WV Bureau for Public Health, 2009

Figure 3 Youngest Children Have the Highest Poverty Rates



Source: WV Center on Budget and Policy, based on American Community Survey, 9/19/14

Figure 4 Early Investments Yield the Highest Returns



Source: James J. Heckman, *The Heckman Equation*, <http://heckmanequation.org>.



In West Virginia, the long-term economic benefit of high-quality early childhood programs is estimated at \$5.20 for each dollar invested, according to a 2005 study by the Center for Business and Economic Research at Marshall University. The study identified four major benefits to West Virginia's families and economy:

1. Increasing the capacity of children to become more productive workers and citizens;
2. Providing quality child care so that parents can work;
3. Providing a major industry with a significant number of jobs; and
4. Producing returns on investment to public and private money in excess of returns to other economic development programs.

The cost of doing nothing is staggeringly high. For example, a 2007 West Virginia study by Steven Heasley identified \$250 million in annual costs that could be substantially reduced by evidence-based home visiting programs, which provide education and services for pregnant women and families with young children. The preventable costs cited in the study included hospital care for low birth-weight babies; the cost of child protective services and juvenile facilities needed as a result of child maltreatment or poor parenting; and immediate and long-term costs related to young children who are not fully immunized.

The Development Plan for Early Childhood in West Virginia

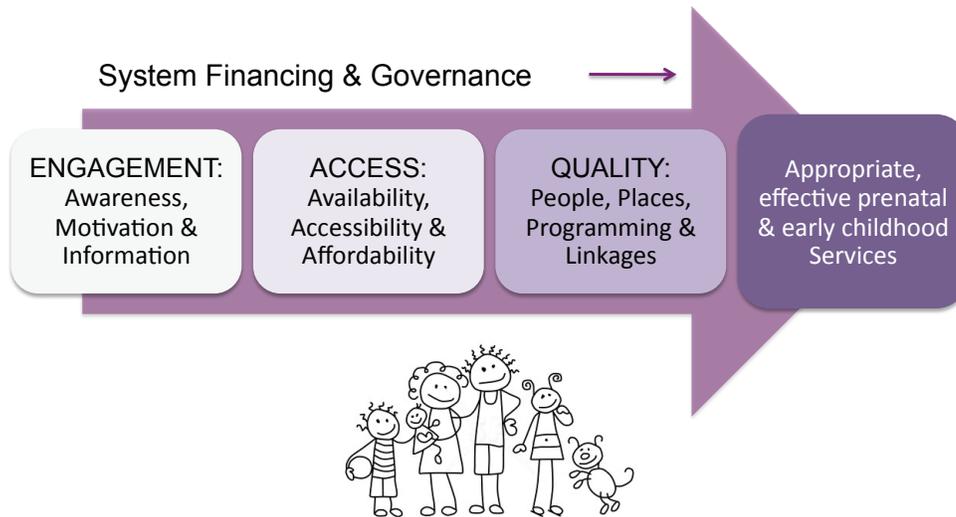
Recognizing the importance of the earliest years of life, Governor Earl Ray Tomblin created the West Virginia Early Childhood Planning Task Force in May 2013. The Task Force was charged with creating this development plan for the state's early childhood system. (See Executive Order 5-13 in Appendix 1.)

The work of the Task Force has been guided by these questions:

- What do we need to do, prenatally to age five, to achieve optimal outcomes for West Virginia's children?
- What do parents, teachers, health care providers and others say is most important to child development and well-being?
- What programs and practices have been shown to be most effective?
- How can we make quality services more accessible to families throughout the state?
- What will this cost, and how will we pay for it?
- And if we can't do everything at once, where should we begin?

The Task Force partnered with the state's Early Childhood Advisory Council, whose members provided extensive expertise and data for this plan. The Task Force also engaged more than 1,200 West Virginians in community discussions, study groups, key informant interviews and an online survey. The survey included 747 respondents, of whom 41 percent were parents of young children.

Figure 5 Family-Focused Logic Model



The Task Force contracted for specific research activities and heard 25 presentations from national, state and local experts on issues related to early childhood development. Task Force research, reports and presentations are listed in Appendix 7 and available online at www.wvecptf.org.

The Development Plan is based on a family-focused logic model. (See Figure 5.) The ultimate goal is for more pregnant women and families with young children to receive the services they want and need to help them thrive. Our litmus test for the recommendations included in this plan was, “Will this work for the children we love and for the children in our state who are the most vulnerable?”

The plan is presented in two parts. “Program Access, Quality and Outcomes” describes 12 specific recommendations for tracking outcomes and improving service delivery to achieve the desired outcomes. “System Financing and Governance” provides recommendations on the resources, priorities, timetable and governance needed for implementation of the plan.



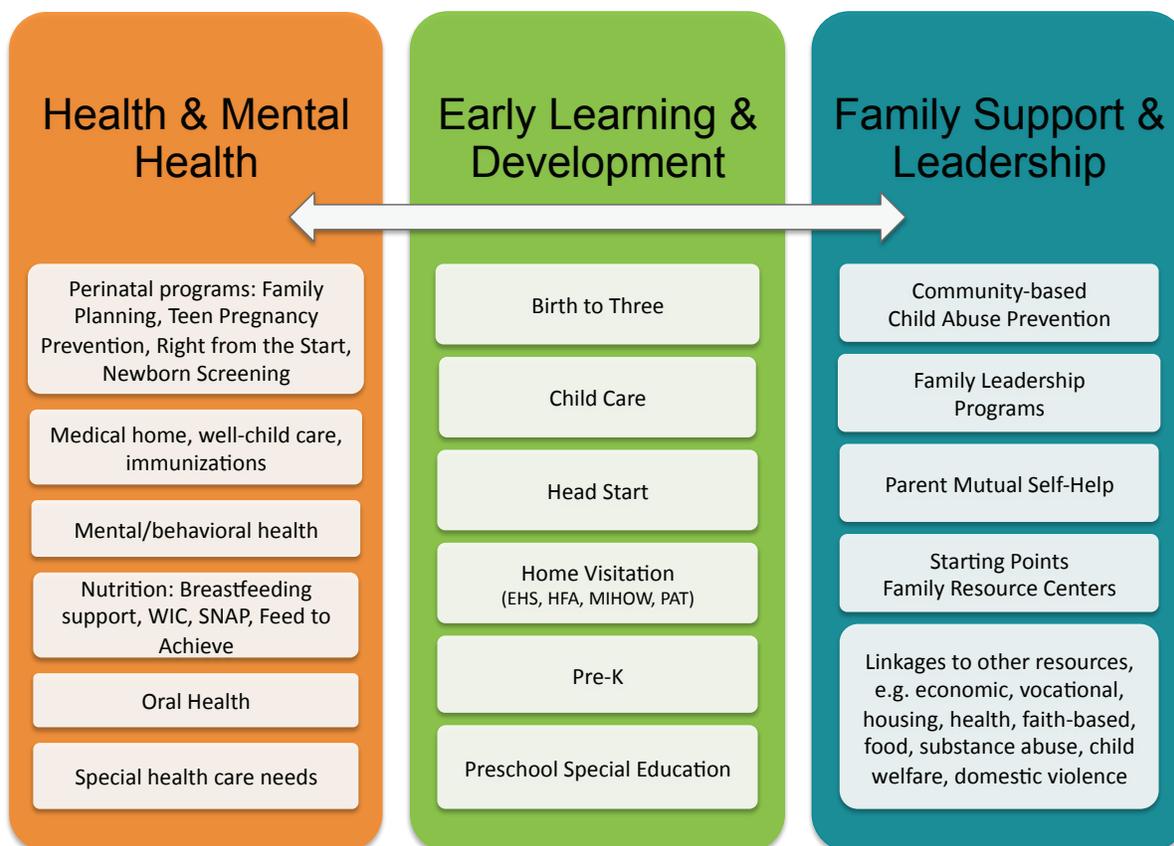
Program Access, Quality and Outcomes

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. These include health and mental health services, early learning and development programs, and family support and leadership initiatives. (See Figure 6.) The Task Force recognizes the importance of the entire range of services for families who have or are expecting young children, which are provided by public agencies and a vast network of community-based nonprofit organizations in the state.

The research and recommendations in this report focus primarily on the Early Learning and Development programs, which are further described in Appendix 2. The plan does not recommend any new programs, focusing instead on building upon existing programs that are most likely to improve child outcomes.

Parents of young children who responded to the Task Force online survey were asked to identify what, if any, problems they had accessing early childhood services. Three out of ten parents said they had no problems.

Figure 6 State-supported Programs Providing Services Prenatally to Age Five



Nearly a third reported concerns about the quality of available services, and a quarter had difficulty finding information about programs in their area. Other significant barriers included the cost of some services, hours that did not meet family needs, services that were either unavailable or too far away, and difficulty finding programs that could meet their children’s special needs.

Another major concern raised in Task Force discussion groups and surveys was the shortage of services in general from prenatal through age three, such as infant and toddler child care and home visitation programs. Many cited the lack of services for some children when they “age out” of the Birth to Three program, which serves children who have or are at risk of developmental delays. Children who don’t have sufficient delays to qualify for three-year-old Pre-K for children with special needs must wait a year until they’re eligible for universal four-year-old Pre-K.

GOAL A Define and track progress toward desired outcomes

1) System outcome measures

Develop and implement a set of outcomes and indicators for the early childhood system.

System outcome measures are essential for clearly defining what we – families, early childhood practitioners, policymakers and the public – aspire to achieve through our early childhood system. The measures help us track, report and improve upon child and family outcomes across programs. They also signal the importance of key issues, engage programs to work together toward shared goals, and hold the system accountable.

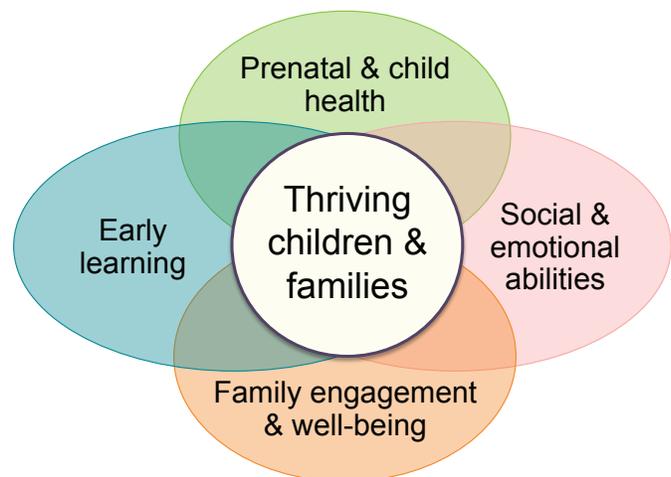
Members of the Early Childhood Advisory Council and Task Force Resource Team collaborated on the development of outcomes and indicators for the state’s early childhood system. The Development Plan includes adoption of their final report, *West Virginia Measures of Success*, which is summarized in Appendix 3. The framework focuses on the development of the “whole child,” including prenatal and child health, family engagement and well-being, early learning and development, and social and emotional development. (See Figure 7.)

Figure 7 **West Virginia Measures of Success**

2) Integrated Data System

Develop an integrated data system across early childhood programs to improve system planning and evaluation, and ultimately link it to the P-20 or successor data system.

West Virginia’s current data systems are insufficient to provide for system planning, evaluation and accountability. The creation of a system that links program-specific data systems is needed. The



process of creating such a system is composed of five important stages, described below. Over the last three years, the Early Childhood Advisory Council has completed the first two stages.

- A) Determine essential policy questions necessary to serve as a starting point for defining information priorities and establishing a scope of information to be included in the Early Childhood Data System;
- B) Conduct a data gap analysis to map the essential policy questions to the Common Education Data Standards (CEDS), conducting a program-by-program analysis of early childhood data collection practices and capabilities, conducting an evaluation of all early childhood-related systems, developing preliminary recommendations to each agency for improving capacity to collect CEDS compliant data, and developing general technical architecture and system design specifications for an Early Childhood Data System;
- C) Plan and design Early Childhood Data System taking into consideration data governance issues while beginning to make agency/program/system changes as recommended in Data Gap Analysis;
- D) Connect/build Early Childhood Data System; and
- E) Launch and maintain Early Childhood Data System.

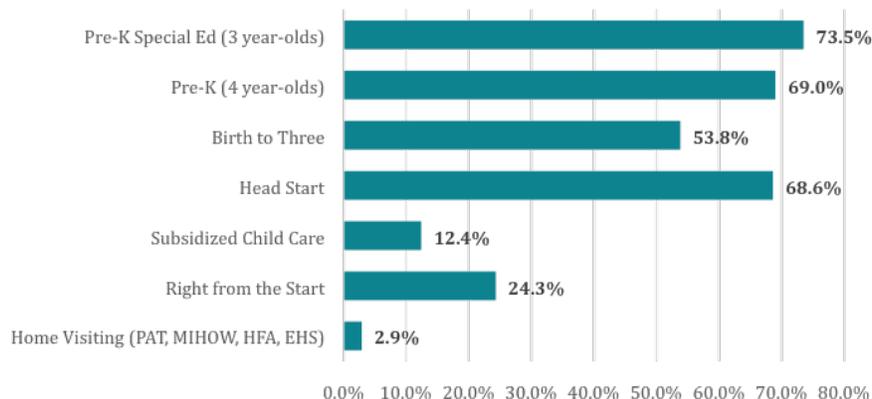
Pennsylvania is the only state to date that has pursued an approach similar to the one we envision, at a cost of \$12-15 million. This may be a lower cost than ours will be because Pennsylvania’s separate data systems were more advanced at the start.

The Development Plan includes a fully developed integrated data system to be phased in over the next five to ten years. An annual cost of \$2 million to \$2.5 million is projected to both develop and maintain the system.

GOAL B **Increase access to early childhood programs**

Collective Impact, LLC, conducted research on Early Learning and Development program costs, availability and participation rates. All of the programs are voluntary, and all except home visiting are available on some level in all counties. Access, however, is uneven across the state, resulting in what one Task Force member described as a kind of “Swiss cheese” availability. The participation rates for statewide programs range from 12 percent to 74 percent. (See Figure 8.)

Figure 8 Eligible Children Participating in Early Childhood Programs in West Virginia



Source: Estimating Early Childhood Program Participation Rates (Collective Impact, LLC, 2013)

Each of the programs has its own requirements about eligibility and cost to families. For example, Pre-K is open to all four-year-olds, at no cost to parents. Home visiting programs, where they exist, are also open to all children within a specified age range, at no cost to parents. Some programs focus only on children who have or are at risk for developmental disabilities (Birth to Three and Pre-K Special Education for three-year-olds). Others are limited primarily to low-income families (Head Start, subsidized child care, and Right from the Start).

1) WV Home Visitation Program

Phase in evidence-based home visiting services, beginning prenatally, in every county so that every family who wants a home visit can have one. The expansion will be done through regional agencies and based on formalized 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 who are expecting or raising young children. 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 an evidence-based curriculum and be credentialed by a national or multi-state organization.

The Development Plan calls for home visiting programs to be expanded to all counties and available in all communities. The phase-in would take place over a ten-year period to assure quality programs. The number of families served would increase from about 1,500 per year to about 9,000. The increased state investment at the end of ten years would be \$19 million annually, coupled with an anticipated federal investment of \$7 million from the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program.

Other federal dollars would not be displaced by this expansion, and Early Head Start would be included in the expansion plans. It is recommended that the proposed phase-in of the state funding be accelerated if the upcoming reauthorization of MIECHV (March 2015) delays, reduces or eliminates federal funding.

2) WV Birth to Three Program

Assure that the WV Birth to Three eligibility definition 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.

West Virginia Birth to Three is a statewide system of services and supports for children under age three who have a delay in their development, or may be at risk of having a delay, and their families. A variety of specialists are available to help families address their children's particular needs in home and community settings. The program follows federal requirements and receives partial funding under Part C of the Individuals with Disabilities Education Act.



States have the authority to define what medical conditions and biological and environmental risk factors they will use to determine which children qualify as “at risk” of having a delay. West Virginia and other states are currently working with the Centers for Disease Control and Prevention to update and expand their definitions based on the most recent medical research about conditions and risk factors that are likely to result in a delay. In addition, referrals to WV Birth to Three have been on the rise, due in part to increased use of standardized developmental screens by physicians. As a result of these factors, the Development Plan includes an additional \$4 million per year to the program, phased in over the next three years, to serve up to 2,000 more children annually.

3) Child Care Affordability

Raise the child care assistance income limit at the time of application to 200 percent of the federal poverty level, and phase out assistance in a manner that reduces the “cliff effect,” which discourages parents from advancing in their jobs and careers.

The DHHR Division of Early Care and Education and regional Child Care Resource and Referral agencies provide child care subsidies to eligible families when parents work, attend training or are otherwise unable to provide care. Families earning up to 150 percent of the federal poverty level (FPL) at the time they apply are eligible. Once eligible, the family may continue to receive assistance until their income reaches 185 percent of FPL. Most families pay a portion of the cost of care on a sliding scale based on income.

The Development Plan raises the income limit at the time of application from 150 to 200 percent of FPL. This is the approximate income that a family of four needs to satisfactorily meet its fundamental needs without public or private assistance, as measured by the West Virginia Self-Sufficiency Standard.

The plan also calls for a more gradual phase-out of financial assistance for families when their incomes rise. Currently, families may experience a sharp drop in financial resources when their earnings inch above the eligibility limit as the result of a raise or promotion, but not enough to make up for the more substantial loss of their child care assistance.

The proposed eligibility change is expected to provide subsidies to 1,200 additional children per year at an annual cost of \$5.4 million. The most recent cost estimate is based on data from DHHR and a 2011 report by the Marshall University Center for Business and Economic Research (CBER). The Benedum Foundation is contracting with CBER for an updated estimate that includes a phase-out period when family incomes increase to more than 200% FPL. In addition, the research will also consider the fiscal impact of changes in federal child care subsidy rules that are expected when the Child Care and Development Block Grant is reauthorized later this fall.

4) Program Availability

Increase and sustain the supply of early childhood programs through competitive provider reimbursement rates.

Increasing access to early childhood programs is hampered in some cases by provider reimbursement rates that are inadequate to cover the cost of program operations, which in turn jeopardize program viability. Reimbursement rates for child care providers serving subsidized children have not been raised since 2009 and are well below 75% of market rate, the minimum recommended by the federal Child Care and Development Block Grant. The reimbursement rates are based on type of setting and ages of children served.

The Development Plan raises child care reimbursement to 75 percent of market rate without reducing the number of children served. The DHHR Division of Early Care and Education estimated that the increase would require an annual state investment of \$8.3 million.

5) WV Love to Learn for Three-Year-Olds

Expand high-quality early learning programs for three-year-olds beyond existing Pre-K special education classrooms for three-year-olds. Use a collaborative model that involves Child Care, Head Start and Pre-K and maximizes federal funding, while ensuring quality, affordable infant and toddler child care and afterschool care.

During 2013, the Task Force conducted extensive surveys and focus groups with parents, program staff and the public about gaps in the current early childhood system. There was broad consensus about the need for more quality learning opportunities for children under four years old. There was particular concern about three-year-olds who aged out of Birth to Three on their third birthday, but did not have sufficient delays to qualify for Pre-K special education for three-year-olds.



The Task Force conducted the Zero-to-Four Early Learning Expansion Study in 2014 to delve deeper into these issues. The study included key informant interviews with 39 early childhood professionals about ways to improve early learning opportunities for children under age four in group settings (Head Start, Pre-K and Child Care). The Task Force released a report on the findings, *Relationships, Resources and Results: Highlights of Key Informant Interviews*, which is available on its website.

The Development Plan expands school aid funding for Pre-K to include all three-year-olds, not just those with special educational needs. A collaborative program model, called WV Love to Learn, was developed based on the study and is described in Appendix 4. The annual cost for the “educational” portion of the day is estimated at \$50 million. The remainder of the day would be funded by parental payments for child care and child care subsidies. Head Start services would be added for eligible children.

6) Prenatal and Child Health

Improve access to and coordination of prenatal, health and early childhood services through stronger collaboration among programs at state and local levels.

Health care providers play a pivotal role in early development, and many serve as the gateway to services needed beyond health care. The Task Force supports recommendations outlined in the report *Achieving Better Outcomes through Child Development Screening and Referral*, by the West Virginia Perinatal Partnership. These include use by all children’s health providers of the Ages and Stages Screening Questionnaire - 3 (ASQ-3), a standardized developmental screening tool endorsed by West Virginia Chapter of the American Academy of Pediatrics, and referrals to Birth to Three when appropriate.

The Task Force also supports the Early Childhood Advisory Council’s expansion of its membership to include a pediatrician and the formation of a Health Committee to create a stronger focus on health issues and service coordination, including medical homes.

The Development Plan calls for an intensified campaign to publicize Help Me Grow – West Virginia as an effective point of access for parents seeking prenatal and early childhood information and services. Help Me Grow offers parents and medical providers a toll-free telephone service with expert advice and referrals to community resources to help support early childhood development. In addition, the ASQ-3 developmental screening tool is available upon request.



The Development Plan also includes expansion of efforts to prevent and reduce substance abuse during pregnancy. A working group has been formed to explore the feasibility of using of Pay for Success financing to scale up two promising early intervention programs – the Drug Free Moms and Babies Program (DFMB) and Lily’s Place. Both programs are designed to reduce near-term medical costs and increase the long-term health and welfare of infants affected by maternal substance abuse, namely Neonatal Abstinence Syndrome (NAS). The working group’s preliminary report, *West Virginia Pay for Success*, is posted on the Task Force website.

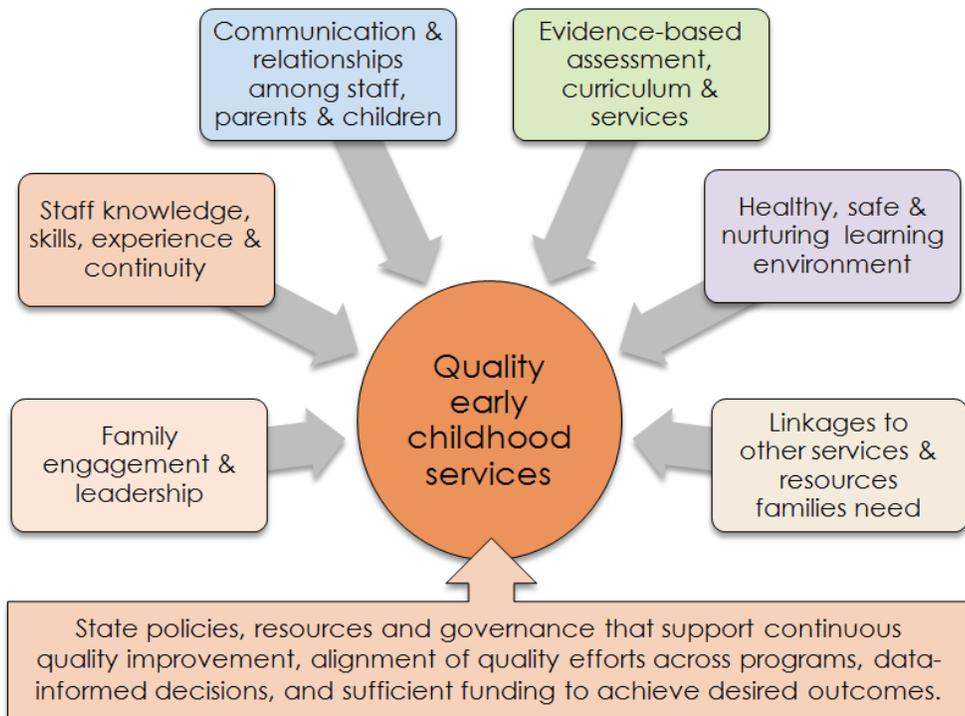
In addition to the statewide policies and initiatives that are the primary focus of this plan, the Task Force also recognizes the many local and regional efforts underway to support early childhood development. For example, the Education Alliance received a grant from Toyota Motor Manufacturing to pilot United Way Born Learning® Academies in three schools in Cabell, Putnam and Wayne Counties. This public/private partnership helps parents engage with and learn teaching methods alongside teachers and other community members to give children the best opportunities to succeed.

Another example is the West Virginia Healthy Start/HAPI (Helping Appalachian Parents and Infants) Project, a federally funded program administered by the WVU School of Medicine, Department of Obstetrics and Gynecology. The project works with the state’s Right From the Start program in eight north-central counties to provide comprehensive services to those women, infants and families at highest risk. Services are provided for up to two years following the birth of the infant.

GOAL C **Improve the quality and effectiveness of services**

Early childhood programs must be of sufficiently high quality to achieve the positive outcomes cited in numerous research studies. This includes qualified staff, a healthy learning environment, evidence-based services, strong parent involvement, and a well-developed referral network among the various programs serving pregnant women, young children and their families. Quality also depends on state-level support for professional development, data for planning and evaluation, quality improvement systems and sufficient program funding. (See Figure 9.)

Figure 9 **Essential Components of Early Childhood Program Quality**





For each of the major early childhood programs in West Virginia, 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.

1) Cross-sector Quality Improvement

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

The purpose of a quality rating and improvement system (QRIS) is to assess, improve and communicate the level of quality in early childhood programs. Originally designed for child care programs, states are increasingly adopting a cross-sector approach to QRIS. A fully functioning

QRIS includes: (1) quality standards for programs and practitioners, (2) technical assistance and financial incentives for meeting the standards, (3) monitoring and accountability for compliance with the standards, and (4) program ratings and consumer education to assist families in choosing quality programs.

The WV Legislature passed QRIS legislation in 2009, but has not provided funding for its implementation. The Development Plan supports:

- Adoption of changes in state code as recommended by the QRIS Advisory Council, which streamlines the code and broadens representation in QRIS to all early childhood sectors (see Appendix 5);
- An updated name, branding and communication strategy for West Virginia's QRIS (as Pennsylvania did with its QRIS called Keystone Stars) and new materials to educate parents, programs and policymakers; and
- Funding for implementation of a cross-sector QRIS, including phase-in of incentive payments for child care initially, with the potential of including incentive payments for other sectors in the future. Based on data used in a 2011 study, the annual cost to the state in ten years would be \$6.5 million for operations, data system and technical assistance, and \$19.8 million for incentive payments to child care providers that meet quality standards. The Benedum Foundation is contracting with CBER to update the cost estimates, incorporating the proposed changes in the code.

2) Family Involvement

Strengthen family engagement, support and leadership throughout the early childhood system.

Parent involvement in early childhood programs is 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. The Development Plan supports these and other efforts, including:

- Integrating the Strengthening Families Framework throughout the early childhood system to help programs build "protective factors" with the children and families they serve;
- Making parenting support groups, education and outreach available statewide; and
- Increasing use of social media by state agencies and community organizations to engage families with young children.

The plan also calls for sustaining state investments for family support programs including Starting Points Family Resource Centers, Family Resource Networks, and community-based programs that support families. These are an integral part of a high-quality early childhood system and provide parents with tools and services that help build protective factors, which in turn yield positive outcomes for children.

These community-based programs also help parents navigate the early childhood system, so that their children access the services that they need to succeed. Having predictable, sustained funding to support local capacity for these programs ensures that services are maintained, the needs of families are met, and the strengths of families are bolstered.

3) Professional Development

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

The Development Plan endorses the work of the Professional Development Committee of the Early Childhood Advisory Council, a cross-sector group of early childhood and higher education representatives. The Committee works to coordinate and maximize whatever professional development resources are available. The Committee has been working on revising core competencies for early childhood professionals; integrating the Strengthening Families framework and social-emotional “pyramid model” into education and training; expanding technical assistance and coaching; and other efforts to build and sustain a qualified early childhood workforce.

4) Recruitment and Retention of Qualified Staff

Improve the recruitment and retention of qualified staff in early childhood programs, including measures to address low compensation and discrepancies in compensation between early childhood sectors, with consideration given to maintaining affordability of services.

More needs to be done to improve wages, benefits and opportunities for advancement in the early childhood field in West Virginia. A significant challenge is low compensation in the nonprofit sector, as well as the disparity in wages between public schools and nonprofit organizations. This makes it difficult for many programs to recruit and retain qualified workers and provide the stable relationships that help children thrive.

Wages and benefits of early childhood program workers in West Virginia vary considerably from one program to another, according to an analysis conducted for the Task Force by Collective Impact, LLC. Wages and benefits for comparable positions are generally much lower among staff employed by non-profit agencies than those employed in programs operated by state agencies or local Boards of Education.

The Development Plan supports targeted tax credits as one way to improve staff compensation without raising program costs to an unaffordable level for families. Louisiana implemented a set of refundable tax credits for quality-rated child care programs, directors and teachers who work for them, parents who use them, and businesses that invest in them. The amount of the credit for program staff ranged from about \$1,600 to \$3,200 in 2013. A similar refundable tax credit program could be designed for West Virginia that would cost in the range of \$8-12 million annually.



System Financing and Governance

The Development Plan lays out ambitious goals for the state's early childhood system and strategies for reaching them over a ten-year period. Achieving these goals will ensure better outcomes for our children and a better economic future for our state. As described earlier in this report, there will also be substantial long-term returns on investments in early childhood due to increased earnings as adults, higher tax revenues, and reduced spending on remedial programs and public assistance.

Currently, programs serving young children in West Virginia are dispersed over four state agencies within 17 different divisions or offices. They are funded by a combination of federal funds, state revenues and significant financial contributions from families for certain services, especially child care. Government funding for the major early childhood programs totaled \$235 million in FY 2012, of which 43 percent came from state revenues. (See Appendix 5 for detailed expenditures and revenues.)

The Development Plan calls for an additional investment of \$26 million in Year 1, increasing to \$129 million in Year 10, when the plan is fully implemented. The plan also calls for stronger early childhood system governance to oversee this substantial investment and ensure coordination, effectiveness, efficiency and accountability.

This section provides guidance on essential factors for successful implementation of the plan: resources, priorities, phase-in, state-level governance and local planning and coordination.

Resources

Effective and efficient implementation of the plan hinges on strategic and durable financing. It requires maximizing federal funding for early childhood programs and employing multiple state-level financing options. Table 1 describes the most promising financing options that have been researched by the Task Force and its consultants. Various combinations of these options would generate enough money to fully fund implementation of the plan over the next ten years.

Priorities

Most of the Task Force recommendations included in the Development Plan require significant financial investments. The Task Force Resource Team, consultants and state agency partners estimated the cost to the state for each recommendation, and Task Force members individually ranked the nine investments. The range and average of their responses, along with the final rankings, are included in Table 2 on page 26.

The highest-ranked investments are the ones that are currently the most developed and well-positioned for immediate action, while the others may take additional time and analysis. All of the programs recommended for expansion are evidence-based programs and held to high standards of quality by funders and regulators.

The estimated costs are based on full implementation, which will take up to ten years to achieve. The estimates do not include adjustments for inflation.

Table 1: State and Federal Financing Options for Development Plan Implementation

| | |
|-------------------------------------|---|
| Federal funding for early childhood | The Task Force recommends taking full advantage of federal funding opportunities, including Preschool Expansion Grants; Early Head Start – Child Care Partnerships; Maternal, Infant and Early Childhood Home Visiting Program; Race to the Top – Early Learning Challenge, and other initiatives that help advance the goals of the plan. (More information available at http://www.whitehouse.gov/issues/education/early-childhood .) |
| School Aid Formula | The Task Force recommends financing an early education program for three-year-olds, involving the Department of Education, Head Start programs and child care providers, through the School Aid Formula. Implemented over a 10-year period, the state would assume the increased cost of the State Aid Formula, but that cost could be mitigated by savings created through declining enrollments and increased local share calculations generated by the restoration of property taxes described below. |
| Restoration of levy rate | This proposal would gradually restore regular education formula property tax rates to the levels imposed prior to 1992 over a phase-in period of up to 10 years. Current tax rates are nearly 15.5% lower than tax rates in place prior to 1992. |
| Tobacco tax increase | Increasing the price of tobacco products is the single most effective strategy in reducing tobacco use and would help address the high rate of smoking among pregnant women in WV. The Task Force recommends increasing the tobacco tax and using the revenues, in whole or in part, in conjunction with other revenues, to fund the recommendations of the Task Force. |
| E-cigarette tax | A tax based on wholesale price/cost would apply to nicotine liquids. The tax rate could be the same as the tax rate applicable to other tobacco products. |
| Tax credits for quality child care | Louisiana's School Readiness Tax Credits program offers refundable tax credits to quality child care programs, to teachers who work in quality programs, to parents who choose quality programs, and to businesses that give financial support to quality centers. The Task Force recommends analyzing the costs and benefits of such an approach in West Virginia. (For more information, see http://revenue.louisiana.gov/sections/individual/school_readiness.aspx .) |
| Pay for Success financing | "Pay for Success" is an approach where government pays for results achieved rather than up-front payment for services. With assistance from national experts, the Pay for Success Working Group of the Task Force has prepared an initial analysis of the application of this strategy to reduce medical costs and improve the long-term health and welfare of infants affected by maternal drug abuse. (Report available on Task Force website at www.wvecptf.org .) |
| Endowments | Nebraska's Sixpence Early Learning fund combines \$20 million from the private sector with a \$40 million state investment and uses the earnings to support high-quality early childhood programs. The Task Force recommends dedicating interest earnings from current state trust funds or new funds to be established, such as a West Virginia Future Fund, for a program similar to Nebraska's fund. (See http://www.singasongofsixpence.org/difference/blended_funding.html .) |
| Medicaid and CHIP | The Task Force recommends maximizing Medicaid and CHIP revenues, the large majority of which are federal, for Birth to Three and the Home Visitation Program as appropriate. |
| Currently dedicated state revenues | Currently dedicated sources of general revenue and Lottery revenues will become available in coming years to support early childhood programs. |

Table 2 Task Force Recommended Investments and Rankings

| Category | Goals and Strategies | Est. Annual Cost in 10 Yrs* | Range | Avg | Rank |
|---|--|-----------------------------|-------|-----|------|
| Access | Home visiting - statewide expansion | \$19 million | 1-7 | 3.8 | 2 |
| Access | Birth to Three - expanded eligibility definition | \$4 million | 1-8 | 4.2 | 3 |
| Access | Child care subsidies to 200% FPL & 75% market rate payments | \$14 million | 1-8 | 4.8 | 5 |
| Access | Perinatal drug abuse prevention & treatment | TBD** | 1-9 | 5.9 | 8 |
| Efficacy | Quality rating & improvement system, inc. incentive payments | \$26 million | 2-7 | 4.6 | 4 |
| Efficacy | WV Love to Learn full-day program for 3-yr-olds | \$50 million | 3-9 | 5.6 | 6 |
| Efficacy | Quality tax credits for programs, staff & families | \$8-12 million | 3-9 | 7.4 | 9 |
| Infrastructure | Integrated data system across EC programs | \$2.0 - 2.5 million | 1-8 | 3.0 | 1 |
| Infrastructure | System planning, evaluation, development, governance | \$1.5 - 2.0 million*** | 2-9 | 5.8 | 7 |
| <i>* Costs estimates represent additional investments needed, based on FY 2012 expenditures</i> | | | | | |
| <i>** Planning underway with goal of using Pay for Success financing, with public and private investors</i> | | | | | |
| <i>*** Depends on governance model and scope of duties at state and local levels; includes existing positions</i> | | | | | |

Table 3 Proposed Phase-in of Additional Investments in Early Childhood (in Millions)

| EC Sector | YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 | YEAR 5 | YEAR 6 | YEAR 7 | YEAR 8 | YEAR 9 | YEAR 10 |
|--|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Birth to Three | \$1.5 | \$3.0 | \$4.0 | \$4.0 | \$4.0 | \$4.0 | \$4.0 | \$4.0 | \$4.0 | \$4.0 |
| CC - QRIS operation | \$6.1 | \$6.2 | \$4.3 | \$4.7 | \$5.2 | \$5.3 | \$5.5 | \$5.8 | \$6.1 | \$6.5 |
| CC - QRIS incentives | \$1.3 | \$2.0 | \$2.9 | \$2.9 | \$6.6 | \$9.0 | \$12.0 | \$15.0 | \$18.0 | \$19.8 |
| CC - Subsidy eligibility expansion | \$5.4 | \$5.4 | \$5.4 | \$5.4 | \$5.4 | \$5.4 | \$5.4 | \$5.4 | \$5.4 | \$5.4 |
| CC - 75% market rate payments | \$8.3 | \$8.3 | \$8.3 | \$8.3 | \$8.3 | \$8.3 | \$8.3 | \$8.3 | \$8.3 | \$8.3 |
| CC - Tax credits for quality | \$0.0 | \$1.5 | \$3.0 | \$5.0 | \$7.0 | \$9.0 | \$8.0 | \$9.0 | \$10.0 | \$12.0 |
| Home Visiting (inc EHS) | \$1.0 | \$3.0 | \$5.0 | \$7.0 | \$9.0 | \$11.0 | \$13.0 | \$15.0 | \$17.0 | \$19.0 |
| WV Love to Learn for 3-year-olds | \$0.0 | \$5.0 | \$10.0 | \$15.0 | \$20.0 | \$25.0 | \$30.0 | \$35.0 | \$40.0 | \$50.0 |
| Infrastructure (inc. data system) | \$2.5 | \$4.0 | \$4.0 | \$4.0 | \$4.0 | \$4.0 | \$4.0 | \$4.0 | \$4.0 | \$4.0 |
| Total additional investments | \$26.1 | \$38.4 | \$46.9 | \$56.3 | \$69.5 | \$81.0 | \$90.2 | \$101.5 | \$112.8 | \$129.0 |
| Current state revenues | \$102.4 | \$102.4 | \$102.4 | \$102.4 | \$102.4 | \$102.4 | \$102.4 | \$102.4 | \$102.4 | \$102.4 |
| Current federal revenues | \$132.4 | \$132.4 | \$132.4 | \$132.4 | \$132.4 | \$132.4 | \$132.4 | \$132.4 | \$132.4 | \$132.4 |
| Total proposed state/federal \$ | \$260.9 | \$273.2 | \$281.7 | \$291.1 | \$304.3 | \$315.8 | \$325.0 | \$336.3 | \$347.6 | \$363.8 |

Phase-in of Investments

Phase-in schedules were developed for each investment, based on the time needed to implement the improvement or expansion successfully. (See Table 3.) Some improvements involve minor changes to established statewide systems and could be implemented relatively quickly. These include updating the eligibility definition for Birth to Three, raising income eligibility for child care subsidies to 200 percent of the federal poverty level, and increasing subsidy reimbursement rates for child care providers to 75% of market rate.

Other investments would be phased in more gradually to ensure the quality of programs. These involve expanding projects statewide that currently operate on limited basis, including the Quality Rating and Improvement System, home visiting programs, and collaborative Pre-K for three-year-olds.



Governance at the State Level

Given the scope of responsibility and resources that this plan entails, effective governance is needed for the overall early childhood system that ensures coordination, alignment, efficiency and accountability. (See Figure 10.) Currently, the only formal coordinating body for early childhood programs is the Early Childhood Advisory Council, located in the Department of Education and the Arts and staffed by an Executive Manager. The Council includes state and local representatives from a broad range of programs providing prenatal and early childhood services. It has several committees that work on cross-sector issues, such as family involvement, professional development, health, data and public awareness.

The Task Force Resource Team conducted phone interviews with early childhood leaders in four states that had co-located most of their early childhood programs under one umbrella agency. All of the state leaders felt the consolidation had boosted the visibility of early childhood in state government, increased collaboration among programs and led to tangible improvements in services. All cautioned that the realignment was a long-term process, requiring a year or more and leadership at every level.

A public meeting was held in August 2014 to share the findings from these interviews and solicit input from West Virginia stakeholders on different governance options. Based on this input, several options were

presented and discussed by the Task Force. Each of the options relied primarily on realigning existing programs and staff, with limited additional costs. The majority of Task Force members present supported the following recommendations.

- (a) The ultimate goal should be to create a cabinet-level *Department of Early Childhood*, with a Secretary who reports to the Governor. The new department would house the major state-administered early childhood programs (Pre-K, Birth to Three, Child Care, Home Visiting, and Family Support/Child Abuse Prevention), as well as the Early Childhood Advisory Council, Head Start State Collaboration Office and Quality Rating and Improvement System.
- (b) An immediate interim step should be the creation of an independent *Office of Early Childhood Collaboration* that reports to the Governor, with an Executive Director who functions as a member of the Governor's staff. The Office would not directly administer early childhood services, but have a small staff dedicated to cross-sector collaborative efforts, including but not limited to the Early Childhood Advisory Council, Head Start State Collaboration Office, and Quality Rating and Improvement System.
- (c) An additional interim step should be to consolidate the major early childhood programs currently located in DHHR (Birth to Three, Child Care, Home Visiting and Family Support/Child Abuse Prevention) into a new *Bureau for Early Childhood Development*, with a Commissioner who reports to the Secretary of DHHR.

The Development Plan envisions an active, ongoing role for the Early Childhood Advisory Council, regardless of the particular governance structure of the early childhood system. The Council should be staffed by a full-time Executive Manager and other such staff that are needed to support an effective, efficient Council. Existing federal resources should be maximized by continuing to collaborate with the Early Childhood Comprehensive Systems grant, Head Start State Collaboration grant, and other opportunities. The sole staff person of the Head Start State Collaboration Office should be co-located with the Early Childhood Advisory Council.

The Council should be charged with overseeing the implementation of the Development Plan, as appropriate, and submit an annual report to the Governor and the Legislature on progress made and recommendations for further policies and funding needed for plan implementation.

Planning and Coordination at the Local Level

Local collaboration plays a critical role in building an early childhood service system that is effective and responsive to families with young children. The Development Plan calls for strengthening local planning and coordinating bodies that maximize use of available resources and make it easy for families to access needed services. Rather than creating new entities, efforts should focus on strengthening existing structures, including:

- *Family Resource Centers*, which are community-based one-stop shops offering information, referrals and direct services to families with young children
- *Family Resource Networks*, which are county-based interagency groups that spearhead planning and coordination of local programs and initiatives for children and families
- *County Collaborative Early Childhood Teams*, which are interagency groups focused on universal Pre-K access; student curriculum, instruction and assessment; child transitions and school readiness; and program assessment and improvement
- *Regional stakeholder planning groups*, which are convened for the development of local home visiting programs and referral networks.

Conclusion

After many months of listening, learning and deliberating, the Task Force offers this Development Plan for an early childhood system that helps all young children reach their full potential. The plan is based on scientific evidence about early brain development and effective programs, coupled with in-depth analysis of costs and benefits. Equally important, the plan is embedded in the firm belief that we are capable of transforming our state from one of dismal rankings on child well-being to one of opportunity and success.



When *Harry Potter* author J.K. Rowling addressed Harvard University graduates at their 2008 commencement ceremony, she issued an invitation that also applies to our work to change the course of early childhood in West Virginia:

“If you choose to use your status and influence to raise your voice on behalf of those who have no voice; if you choose to identify not only with the powerful, but with the powerless; if you retain the ability to imagine yourself into the lives of those who do not have your advantages, then it will not only be your proud families who celebrate your existence, but thousands and millions of people whose reality you have helped change. We do not need magic to change the world, we carry all the power we need inside ourselves already: we have the power to imagine better.”

This plan is the result of imagining a better future for our state’s children and laying out goals and strategies for achieving it over the next ten years. The success of such a plan depends upon all of us. It begins with families who have the skills and resources they need to raise happy and healthy children. It also includes the teachers, therapists, child care workers and health professionals who serve young children. It encompasses employers who offer flexible hours for new parents and faith-based organizations that sponsor play groups and parenting classes. And it hinges on citizens and elected officials who support policies and programs that offer the best possible start for all West Virginia’s children.



APPENDIX 1

Executive Order 5-13, Creating the Early Childhood Planning Task Force

STATE OF WEST VIRGINIA

EXECUTIVE DEPARTMENT

At Charleston

EXECUTIVE ORDER NO. 5-13

By the Governor

WHEREAS, nothing is more imperative to West Virginia’s future than the well-being of its children, and it is incumbent on West Virginia to ensure that our youngest citizens have every opportunity to develop, learn, and contribute to society in a healthy and safe environment; and

WHEREAS, West Virginia has created a pre-kindergarten (“Pre-K”) system which is widely recognized as one of the best in the nation and which benefits from collaboration with the Governor’s Early Childhood Advisory Council, its representative departments and organizations, and other State and local organizations serving young children and their families; and

WHEREAS, the growing empirical knowledge among national and State organizations about best practices as a result of these efforts and the substantial investment of federal and State resources into various early childhood services have put West Virginia in an advantageous position to make further progress in meeting the needs of our children and to carefully consider actions which will improve the future of our children and our State; and

WHEREAS, West Virginia will benefit from the development and implementation of a comprehensive plan for early childhood development that clearly defines the services and programs best calculated to benefit the health, development, and school-readiness of young children, including the estimated costs, implementation strategies, and potential governance models; and

WHEREAS, a comprehensive plan must balance the needs of our State's youngest citizens with the ability to fund services, and this requires a review of all services and programs and recommendations about whether the State should continue using existing services or implement new services within the constraints of available resources.

NOW, THEREFORE, I, EARL RAY TOMBLIN, by virtue of the authority vested in me as the Governor of the State of West Virginia, do hereby **ORDER** that:

1. The West Virginia Early Childhood Planning Task Force (hereinafter, "Task Force") is hereby created to study early childhood services in the State and to produce, by no later than December 31, 2013, a development plan for early childhood in West Virginia, which will:

- a. Identify those services currently available in the State for the purpose of improving the health, development, and school-readiness of children aged birth to five and, where advisable, identify new services with the same purpose; and
- b. Review services available to expectant mothers regarding pre-natal preparation to improve the health, development, and school-readiness of children at birth;
- c. Prioritize each service by analyzing the potential impact of each service on early childhood health, development, and school-readiness; and
- d. Identify the costs associated with implementation of the identified priority recommendations; and
- e. Recommend strategies for improving, coordinating and, where advisable, implementing services in the State which improve early childhood health, development, and school-readiness; and
- f. Analyze the value of a Quality Rating and Improvement System (QRIS) with respect to child care services in the State as a critical element of a comprehensive system of services for young children; and
- g. Recommend a plan by which West Virginia could fund the identified priority services; and

- h. Recommend a plan for implementation; and
 - i. Recommend whether changes should be made to the governance of State administration of services pertaining to early childhood and to families with young children, and the steps needed to implement any changes in governance; and
 - j. Recommend strategies to evaluate and assess the effectiveness of early childhood services and recommend changes with respect to these services.
2. The Task Force shall consist of the following nine members;
- a. The Governor, or his designee, who shall serve as Chair of the Task Force;
 - b. The Secretary of the Department of Education and the Arts; and
 - c. Seven citizens members, to be appointed by the Governor, who will represent the following:
 - i. A representative of the medical community;
 - ii. A representative of the faith-based community;
 - iii. A representative knowledgeable in early childhood education, including the four-year-old kindergarten program;
 - iv. Two representatives of the business community;
 - v. An attorney with experience in the field of health and human resources; and
 - vi. A representative with experience in rural school and community development.
3. The Task Force shall:
- a. Ensure collaboration with State and local organizations, both public and private, including, but not limited to, the Governor’s Office, the Department of Education and the Arts, the Department of Health and Human Resources, the Department of Education, the State Board of Education, the Early Childhood Advisory Council, and Head Start;
 - b. Involve other appropriate non-governmental entities at local, State, and national levels that effectuate the delivery of services to young children and their families;
 - c. Solicit input from parents, professionals and the public about the needs of, and services to, young children and their families;

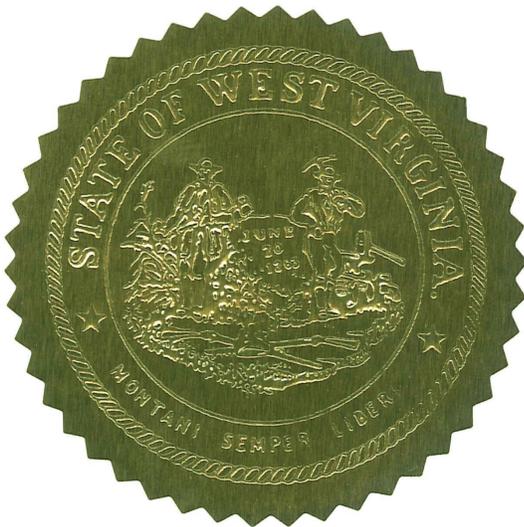
d. Seek financial support for the work of the Task Force from the Claude Worthington Benedum Foundation and other charitable foundations, the Legislature, corporations, and other non-governmental entities;

e. Engage administrative, research, and consulting assistance as may be needed.

4. The Task Force shall have access to all relevant data and information as needed to complete its work.

5. The Task Force will be dissolved March 8, 2014, unless its charge is extended in writing by the Governor.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of West Virginia to be affixed.



DONE at the Capitol, in the City of Charleston, State of West Virginia, this tenth day of May, in the year of our Lord, Two Thousand Thirteen, and in the One Hundred Fiftieth year of the State.

Earl Ray Tomblin
GOVERNOR

By the Governor

Natalie E. Elmore
SECRETARY OF STATE

APPENDIX 2

Early Learning and Development Programs in West Virginia

| Program | Description | Eligibility |
|-------------------------|--|--|
| Birth to Three | <p>WV Birth to Three statewide system of early intervention services under Part C of the federal Individuals with Disabilities Education Act (IDEA). Based on a multidisciplinary assessment of each referred child, the program provides needed services, such as assistive technology, audiology, counseling, physical therapy, occupational therapy, speech therapy, special instruction, sign language, social work, psychological, vision and service coordination. Professionals in these disciplines help families find ways to help their infants and toddlers develop during typical daily activities and routines in order to prepare them for later success in school. WVBTT must make available the services that are identified on the Individualized Family Service Plans (IFSPs). Services are provided in the family's home or other natural environment of the child.</p> | <p>Children must be under the age of three, and:</p> <ol style="list-style-type: none"> 1. Have an established diagnosed condition that will result in developmental delay, OR 2. Be exhibiting a substantial delay according to policy, OR 3. Have multiple biological and environmental risk factors that will result in delay, according to policy <p>This is special education law, so family income is not an eligibility factor</p> |
| Head Start | <p>Head Start is a federally funded community-based child development program for children ages 3 to 5, which provides services to promote academic, social and emotional development for income-eligible families. Head Start's mission is to promote school readiness by enhancing the cognitive and social development of children through the provision of comprehensive educational, health, nutritional, social and other services to enrolled children and families; support parents in their role as primary educators of their children and empower families to meet their own educational and employment goals; and provide responsive services that are appropriate to the developmental, ethnic, cultural, and linguistic heritage and experience of individual children and their families.</p> | <p>Age of the child (3 to 5 years old) and income of the family are the two primary eligibility criteria. Income eligibility is based upon Federal HHS Federal Poverty Guidelines. Programs may enroll some children from families whose incomes are higher than the federal poverty level if they meet other eligibility requirements. Families with circumstances such as homelessness, children in foster care, or receiving TANF or SSI are considered to be categorically eligible and also qualify for services.</p> |
| Early Head Start | <p>Early Head Start (EHS) is a federally funded community-based program for income eligible families with infants and toddlers and pregnant women (prenatal to age 3). Early Head Start's mission is to promote healthy prenatal outcomes for pregnant women; enhance the development of very young children; and promote healthy family functioning.</p> | <p>Same eligibility as Head Start, except for prenatal to age 3.</p> |

| | | |
|---|--|--|
| Child Care Subsidies | The child care subsidy program assists parents who work or attend a training or education program in paying all or part of the cost of child care. Recipients of child protective services (CPS) are also eligible for services. | Families must be in need of child care in order to attend work or training, or be a child protective services recipient (CPS). To enter the program, families must have an income below 150% of 2012 Federal poverty level (FPL). Families may remain on the program until their income exceeds 185% of FPL. Income limits do not apply to CPS recipients. |
| 4-year-old Pre-K | West Virginia Universal Pre-K required all 55 counties to make available preschool education to all 4-year-olds in the state by the 2012-2013 school year. The state has been successful in increasing the number of 4-year-olds served annually and offers preschool education programs in all school districts. | All children who are 4 years old prior to September 1. |
| 3-year-old Pre-K Special Education | Program provides preschool education for three-years-olds with an Individualized Education Plan (IEP) | Three-year-olds who meet eligibility criteria for special education under WV Policy 2419. |
| Home Visitation Program | Home visiting (Parents as Teachers, Healthy Families America, Maternal Infant Health Outreach Worker) provides caring and supportive programs to families. The goal is to improve child health, increase school readiness and give information and support needed to empower parents in decision-making. (Early Head Start is also recognized as an evidence-based home visiting program.) | Parents as Teachers serves prenatal to age 5; MIHOW serves prenatal to age 3; Healthy Families America serves prenatal to age 5. None of the programs has family income eligibility limits or co-pays. |
| Right from the Start | RFTS is the statewide Medicaid case-management home visiting program for highest at-risk families. | Medicaid eligible, prenatal to age one |

APPENDIX 3 West Virginia Measures of Success Outcomes and Indicators

Outcome Area **1**

Prenatal and child health
Outcome statement:
 Children are born healthy and grow up healthy.

- 1.1. Infants with low birth weights
- 1.2. Child health status at school entry
- 1.3. Child death rate under age 5 (infant mortality and deaths of children ages 1-4)
- 1.4. Prenatal smoking and substance abuse

Outcome Area **2**

Family engagement and well-being
Outcome statement:
 Families are thriving.

- 2.1. Births to mothers under age 18
- 2.2. Births to mothers with less than a 12th grade education
- 2.3. Children under age 6 living in families that are poor (under 100% of Federal Poverty Level) or low-income (100%-200% FPL)
- 2.4. Early childhood programs that promote Strengthening Families protective factors

Outcome Area **3**

Early learning and development
Outcome statement:
 Children have positive early learning experiences.

- 3.1. Children under age 5 in at least one quality early learning program
- 3.2. Children ready for kindergarten
- 3.3. Children proficient in reading by the end of the 3rd grade
- 3.4. Early learning programs that meet quality standards

Outcome Area **4**

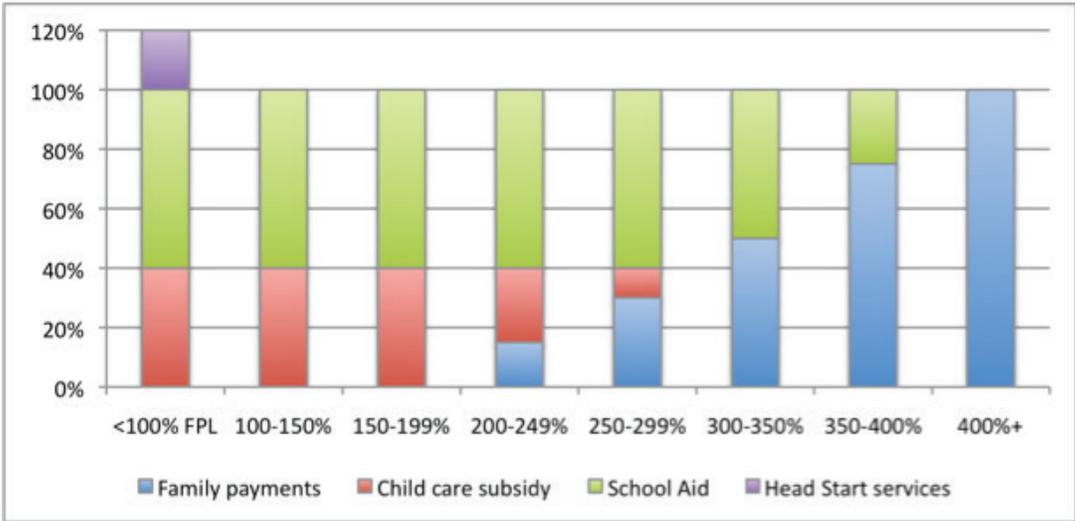
Social and emotional development
Outcome statement:
 Children live in safe, stable and supportive families and communities.

- 4.1. Young children who exhibit positive social behaviors when interacting with peers and with adults
- 4.2. Early childhood programs that promote “universal practices” for social and emotional development
- 4.3. Substantiated cases of child abuse and neglect of children under age 5
- 4.4. Families that screen positive for domestic violence

APPENDIX 4
West Virginia Love to Learn

Proposal for a High-Quality Early Care and Education Program for West Virginia’s Three-Year-Olds

- West Virginia needs more high-quality learning opportunities for our youngest children and high-quality care that parents can count on while they’re at work.
- WV Love to Learn will be a full-day, year-round program that meets the needs of working parents and advances the health and development of three-year-olds.
- Participation in WV Love to Learn will be voluntary, with no charge for families with incomes up to 200% FPL and with financial assistance for other families up to 400% FPL.
- WV Love to Learn may be offered by Head Start programs, child care centers, child care facilities and family child care homes. While the exact model will be tailored to the setting, all will be based on the WV Early Learning Standards Framework; facility, staff and content standards; and attainment of a designated level in the state’s Quality Rating and Improvement System (QRIS). Social-emotional development and developmentally appropriate practices will be emphasized.
- WV Love to Learn will be jointly developed and sponsored by WVDE Office of Early Learning, WVDHHR Office of Early Care and Education and WV Head Start State Collaboration Office.
- WV Love to Learn will be administered by a state-level management team with representatives from each of the sponsoring agencies. It will be responsible for certification and monitoring of WV Love to Learn program providers; coordination of funding; and providing/arranging for training and technical assistance.
- WV Love to Learn will be supported by blended funding from families, child care subsidies, education dollars and Head Start services, based on these hypothetical percentages:



APPENDIX 5

Proposed Substitute for Current QRIS State Code

West Virginia Quality Rating and Improvement System for Early Childhood Development Programs

1. A quality rating and improvement system for early childhood development programs shall be established with the overall goal of improving the quality of care for West Virginia's children.
2. The system shall:
 - a) Serve as a framework to implement program, practitioner, and child standards that define the early childhood development and school age care system; and
 - b) Provide incentives and supports to promote continuous quality improvement of programs; and
 - c) Include accountability measures for compliance with quality standards; and
 - d) Provide information about the quality of early childhood development programs to parents so they may make more informed decisions about the placement of their children; and
 - e) Facilitate early childhood system reform by including all early childhood sectors in system design and resource alignment.
3. The Secretary of the Department of Health and Human Resources shall implement a quality rating and improvement system applicable to all early childhood sectors and settings. A Quality Rating and Improvement System Advisory Council with cross-sector representation shall provide input on a plan of implementation and ongoing policy review. Participating agencies and partners shall share information and work collaboratively to develop quality criteria and incentives that allow participation by each sector.
4. The quality rating and improvement system shall also include a process to gather data to evaluate the system as a whole for quality improvement.

Summary of Substantive Changes from Current Code

- Elimination of the word “voluntary” as it relates to program providers from the code.
Rationale: This will allow for possible future changes in participation requirements of the system.
- Including fewer specifics of the financial incentives and supports offered, tools used for evaluating programs, and the overall structure and processes of the system.
Rationale: This will allow for future changes to the system as new research in best practices and evaluation tools become available. The system can be more easily updated to support best practices in ECE programs.
- Including all early childhood sectors in the system via representation on the QRIS Advisory Council and assuring that quality standards are applicable across sectors and settings.
Rationale: This will encourage collaboration and participation of all early childhood education programs, making the system more effective and useful for parents and consumers choosing care for children. Current research highlights the importance of using QRIS as a framework for early childhood system reform.
- Removing the quality standards from the legislative rule.
Rationale: This will allow for changes to quality standards as necessary according to updates in best practice, regulation and policy changes across sectors.

APPENDIX 6

Expenditures and Revenues for Major Early Childhood Programs, FY 2012

Head Start/Early Head Start

Head Start and Early Head Start programs are supported by grants made by the federal government directly to local providers of these services. There is no state level administration of Head Start funding although a small federal grant for Head Start State Collaboration supports one position and some statewide coordination. There are no state funds allocated for local Head Start programs. The state does provide the small required match for Head Start State Collaboration in the amount of \$30,000.

Funding streams supporting Head Start& Early Head Start:

Federal Expenditures

- Head Start Local Programs \$58,201,030
- Head Start State Collaboration \$ 125,000

State Expenditures

- Head Start Collaboration Match - \$ 30,000

Total Expenditures - Head Start \$58,356,030

CHILD CARE

Child Care subsidies are supported through a combination of federal and state funding streams. There is some variation in the amount spent for child care subsidies from year to year largely due to varying amounts transferred from the TANF Block Grant to the Child Care & Development Fund. TANF funds may be used to support child care but the amount used each year is dependent on how much of the TANF Block Grant is spent for income assistance payments and other types of support services. Child care subsidies are provided for qualifying children of all ages; however, the amount supporting young children under 6 yrs of age is estimated at 77.5% of the total based on the most recent data available. Total Child Care expenditures are listed below as well as the portion of the total that supports child care for children under 6 yrs. of age.

Funding streams supporting Child Care all ages:

Federal Expenditures (includes amounts supporting Pre-K services)

- Child Care & Development Block Grant \$ 8,170,557
- Child Care Development Fund \$22,342,790
- Transfer from TANF \$32,946,312
- Other miscellaneous federal funds \$ 24,818

State Expenditures

- Child Care Development- \$ 3,566,328
- Child Care Maintenance of Effort- \$ 2,971,392

Total Expenditures - Child Care (all ages) \$70,022,197

Total Expenditures - Child Care (under 6 yrs. of age) \$54,267,203

BIRTH TO THREE

The *Birth to Three* program is supported by federal and state funds appropriated for early intervention services as well as reimbursements for health-related services provided to Medicaid and CHIP eligible children through Medicaid and the Children's Health Insurance Program.

Federal Expenditures

| | |
|---|--------------|
| • IDEA part C | \$ 1,900,672 |
| • MCH Block Grant-Title V | \$ 602,880 |
| • Birth to Three Fund (Medicaid and CHIP) | \$11,535,999 |

State Expenditures

| | |
|---|--------------|
| • State Birth to Three (Early Intervention) | \$ 3,307,043 |
| • Birth to Three Fund (Medicaid/CHIP Match) | \$ 4,349,431 |

Total Expenditures - Birth to Three **\$21,696,025**

HOME VISITING

Home Visiting services are funded by a combination of state and federal funds.

Federal Expenditures

| | |
|---|-------------|
| • Community Based Child Abuse Prevention (CAPTA Title II) | \$ 225,473 |
| • Maternal, Infant and Early Childhood Home Visiting (MIECHV) | \$1,060,259 |

State Expenditures

| | |
|----------------------------|-------------|
| • In Home Family Education | \$1,000,000 |
|----------------------------|-------------|

Total Expenditures - Home Visiting **\$2,285,732**

RIGHT FROM THE START

Right From the Start is Medicaid funded program.

Federal Expenditures

| | |
|---|-------------|
| • Medicaid Admin. (Right From the Start) | \$ 989,204 |
| • Medicaid Fee for Service (Right From the Start) | \$2,243,672 |

State Expenditures

| | |
|---|------------|
| • Medicaid State Match Admin. (Right From the Start) | \$ 989,204 |
| • Medicaid State Match Fee for Service (Right From the Start) | \$ 829,851 |

Total Expenditures - Right From the Start **\$5,051,931**

PRE-K

Pre-K programs are supported through the State Aid to Schools funding formula and through collaborative agreements with Head Start and Child Care programs. The collaborative nature of the Pre-K programs allows for federal funds supporting Head Start and Child Care Centers to contribute to the support of Pre-K programs. The estimated portion of the Head Start and Child Care funding that supports Pre-K programs is included in the expenditures listed previously under Head Start and Child Care.

Federal Expenditures

- IDEA – Part B, Preschool Education \$ 4,185,626
- Title I Grants to Local Education Agencies \$ 2,108,686

State Expenditures

- State Aid to Schools \$ 86,246,280
- Other miscellaneous funds (non-required local expenditures) \$ 1,243,443
- Total Expenditures - Pre-K (Does not include Head Start and Child Care)** **\$ 93,784,035**

Estimated federal expenditures through Head Start and Child Care \$ 42,111,539
Total Pre-K related Expenditures (Includes Head Start and Child Care) \$135,895,575

SUMMARY

| | | |
|---|----------------------|---------------|
| Total federal expenditures | \$132,378,971 | (56.2%) |
| Total state expenditures | \$101,818,542 | (43.2%) |
| Miscellaneous non-required local expenditures for Pre-K | <u>\$ 1,243,443</u> | (0.6%) |
| Total expenditures | \$235,440,956 | (100%) |

Prepared by Collective Impact, LLC, October 2013

APPENDIX 7

Task Force Research, Reports and Presentations

West Virginia Research and Reports Commissioned by the Task Force

Stakeholder Survey and Discussions: Summary of Findings (Collective Impact, LLC)
http://www.wvecptf.org/docs/Stakeholder_report_final.pdf

State and Federal Expenditures on WV Early Childhood Programs (Collective Impact, LLC)
<http://www.wvecptf.org/docs/CI-State-and-Federal-Expenditures-Report.pdf>

Estimating Early Childhood Program Participation Rates (Collective Impact, LLC)
<http://www.wvecptf.org/docs/CI-ParticipationRates.pdf>

Estimating Costs of Expanding Early Childhood Services (Collective Impact, LLC)
<http://www.wvecptf.org/docs/CI-ExpansionCostsFinal.pdf>

Early Childhood Programs Wage and Benefit Comparisons (Collective Impact, LLC)
<http://www.wvecptf.org/docs/CI-Wages-and-Benefits.pdf>

Summary of Early Childhood Issues and Concerns from Legislators (Tonkin Management Group)
<http://www.wvecptf.org/docs/Legislative-Interviews-Memo-11-6-13.pdf>

Investing in Early Childhood Development: Financing Options for West Virginia (WV Center on Budget and Policy) <http://www.wvecptf.org/docs/WVECPTF-Presentation-Financing-Options.pdf>

A Development Plan for Early Childhood in West Virginia: Phase I Findings and Recommendations (Task Force Resource Team) <http://www.wvecptf.org/docs/WVECPTF-Phase1-Report.pdf>

Building a System for Early Success brochure (Task Force Resource Team)
<http://www.wvecptf.org/docs/Early%20Success%20Tri-Fold%20single%20page.pdf>

West Virginia Measures of Success: Proposed Outcomes and Indicators the State's Early Childhood System (Early Childhood Advisory Council of WV and WV Early Childhood Planning Task Force)
http://www.wvecptf.org/docs/Measures%20of%20Success_FINAL.pdf

State Early Childhood System Governance Considerations: Highlights from Interviews with Other States (Barbara Gebhard and Julie Pratt)
<http://www.wvecptf.org/docs/State%20EC%20Governance%20Interview%20Highlights.pdf>

Relationships, Resources and Results: Highlights from Key Informant Interviews, Zero-to-Four Early Learning Expansion Study (Nikki Daring-Kuria, Bruce Decker, Jane Haddox, Julie Pratt, Gerry Sawrey, Leslie Stone, Karen Williams) <http://www.wvecptf.org/docs/Relationships%20Resources%20Report%20FINAL.pdf>

West Virginia Pay for Success: Recommendations from the Pay for Success Working Group (Alyse Schrecongost and Ted Boettner) <http://www.wvecptf.org/docs/Pay%20for%20Success%20FINAL.pdf>

Consultation from Dr. Sharon Lynn Kagan, Virginia and Leonard Marx Professor of Early Childhood and Family Policy, and Co-director of the National Center for Children and Families at Columbia University

Consultation from Anne Mitchell, President of Early Childhood Policy Research, an independent consulting firm specializing in evaluation, policy analysis and planning on early care and education

Presentations to the Task Force and its Study Groups

“Early Childhood in West Virginia” (5/17/13)

Kim Tieman, Program Officer, Claude Worthington Benedum Foundation

<http://www.wvecptf.org/docs/early%20Childhood%20PP%20KT%20WV%20517-2013%20FINAL.pdf>

“Early Childhood Advisory Council Overview and Key Issues” (5/17/13)

Secretary Kay Goodwin, Department of Education and the Arts

<http://www.wvecptf.org/docs/Goodwin-presentation-5-17-13.pdf>

“Overview of West Virginia Pre-K” (5/17/13)

Clayton Burch, Executive Director, WVDE Office of Early Learning

<http://www.wvecptf.org/docs/WV-PreK-Overview-december2012.pdf>

“What About the Babies? Infant and Toddler Policies and Initiatives” (6/21/13)

Barbara Gebhard, ZERO TO THREE, and Gretchen Frankenberry, Early Childhood Advisory Council

<http://www.wvecptf.org/docs/Zero%20to%20Three%20Presentation.pdf>

“KISRA: Championing Positive Community Change” (6/21/13)

Michelle Foster, Executive Director, Kanawha Institute for Social Research and Action

<http://www.wvecptf.org/docs/KISRA%20Presentation.pdf>

“West Virginia’s Quality Rating and Improvement System” (7/29/13, 11/21/13)

Jessica Dianellos, DHHR Division of Early Care and Education

<http://www.wvecptf.org/docs/WV-QualityRating-ImprovementSystem.pdf>

“QRIS in West Virginia: History and Current Issues” (7/29/13)

Margie Hale, Executive Director, WV KIDS COUNT

<http://www.wvecptf.org/docs/QRIS-History-and-Overview.pdf>

“Governance Concepts, Framework and Models” (7/30/13)

Barbara Gebhard, Assistant Director of Public Policy, ZERO TO THREE

<http://www.wvecptf.org/docs/EarlyChildhoodGovernanceModels.pdf>

“Addressing Substance Use in Pregnancy” (7/31/13)

Dr. Stefan Maxwell, Director, NICU, CAMC Women and Children’s Hospital

<http://www.wvecptf.org/docs/Addressing-Substance-Abuse-during-Pregnancy.pdf>

“West Virginia Home Visitation Program Overview” (7/31/13)

Jackie Newson, Director

<http://www.wvecptf.org/docs/WV-Home-Visitation-Program-Task-Force-Meeting.pdf>

“Overview of MIHOW, PAT and Healthy Families Home Visiting Programs” (7/31/13)

Michele Baranaskas, Coordinator, Partners in Community Outreach

<http://www.wvecptf.org/docs/WVPartnersInCommunityOutreach.pdf>

“Our Fiscal Challenges in Early Care and Education in West Virginia” (9/6/13)

Ted Boettner, Executive Director, West Virginia Center on Budget and Policy

<http://www.wvecptf.org/docs/Fiscal%20Challenges%20-%20WVCBP%20Presentation%20-%2009.05.13.pdf>

“Expanding CHIP Coverage to Public Employees” (9/6/13)

Brandon Merritt, Health Policy Analyst, West Virginia Center on Budget and Policy

<http://www.wvecptf.org/docs/CHIP%20Expansion%20-%20WVCBP%20Presentation%20-%2009.05.13.pdf>

“West Virginia Birth to Three Overview” (8/28/13)

Pam Roush, Director

<http://www.wvecptf.org/docs/WV%20Birth%20to%20Three%20Presentation%20-%2008.28.13.pdf>

“Division of Early Care and Education (DHHR) Overview” (8/28/13)

Kim Hawkins, Director

<http://www.wvecptf.org/docs/WV%20Birth%20to%20Three%20Presentation%20-%2008.28.13.pdf>

“Head Start and Early Head Start Overview” (8/28/13)

Traci Dalton, WV Head Start State Collaboration Director

<http://www.wvecptf.org/docs/Head%20Start%20-%20Early%20Head%20Start%20Presentation%20-%2008.28.13.pdf>

“Early Childhood Program Expenditures, Participation Rates and Expansion Costs”

Steve Heasley, Researcher, Collective Impact, LLC

“Improving Child Health Outcomes Through Better Screening and Referral” (10/4/13)

Renate Pore, Dr. Mary Boyd and Dr. Bill Lewis, West Virginia Perinatal Partnership

“WV Research on Public, Parent and Stakeholder Views About Early Childhood” (10/4/13)

Betty Knighton, WV Center for Civic Life, and Bruce Decker, Collective Impact, LLC

“Investing in Early Childhood Development: Financing Option for WV” (10/29/13, 11/21/13)

Ted Boettner, Executive Director, West Virginia Center on Budget and Policy

<http://www.wvecptf.org/docs/WVECPTF-Presentation-Financing-Options.pdf>

“Local System Coordination in Nicholas County” (10/30/13)

Marla Short, Starting Points Family Resource Center; Robin Brown, Family Resource Network; Sommer Dillsworth, Head Start Director; and Sara Kieper, Board of Education Pre-K Coordinator

“Improving Access, Assessment and Linkages to Services” (10/30/13)

Jackie Newson, WV Home Visitation Program; Renate Pore, WV Perinatal Partnership; Laurie McKeown and Michelle Comer, Mountain State Healthy Families / TEAM for WV Children

“Financing Opportunities and Strategies for Early Childhood Systems” (4/3/14)

Anne Mitchell, Alliance for Early Childhood Finance

“West Virginia Pay for Success: Recommendations from the Pay for Success Working Group” (8/27/14)

Presentation by Kim Tieman, Benedum Foundation; report by Alyse Schrecongost and Ted Boettner

“Federal Funding Opportunities: Preschool Development and Expansion Grants and Early Head Start-Child Care Partnerships” (8/27/14), by Traci Dalton, WV State Head Start Collaboration Director, and Janet Bock-Hager, Pre-K Coordinator, WV Department of Education, Office of Early Learning

Other West Virginia research and recommendations considered by the Task Force

Early Childhood Advisory Council and WV Center for Civic Life

“Making the Most of the First Three Years: Report on Community Forums”

Heasley, Steven. “An Examination of Preventable Cost Factors in West Virginia’s High Risk Families with Young Children.” <http://www.wvpartners.org/docs/PreventableCostFactors.pdf>

Marshall University, Center for Business and Economic Research

Quality Rating and Improvement System: Cost Implementation Study

http://www.marshall.edu/cber/docs/2011_07_31_QualityRatingImprovementSystemFINAL.pdf

The Economic Impact of Early Child Development Programs in West Virginia

http://www.marshall.edu/cber/docs/2011_07_31_QualityRatingImprovementSystemFINAL.pdf

Our Children, Our Future Steering Committee:

“Recommendations to the Early Childhood Planning Task Force”

<http://www.wvecptf.org/docs/OurChildrenOurFutureRecommendations-WVECPTF-Nov2013.pdf>

West Virginia Center on Budget and Policy

“Child Poverty in West Virginia: A Growing and Persistent Problem”

<http://www.wvecptf.org/docs/Child%20Poverty%20Report.pdf>

“Reducing Child Care Assistance – The Impact on West Virginia’s Low-Income Working Families,”

http://www.wvpolicy.org/wp-content/uploads/2012/11/ChildCare_Nov8.pdf

West Virginia Department of Education: West Virginia School Readiness Profile 2012

http://wvde.state.wv.us/ready-set-go/doc/School_Readiness_Profile_For_Web.pdf

West Virginia KIDS COUNT Data Books and Data Center

<http://www.wvkidscountfund.org/explore-our-data>

West Virginia Perinatal Partnership and West Virginia Community Voices

“Achieving Better Outcomes through Child Development Screening and Referral”

http://www.wvecptf.org/docs/ScreeningReferral_Report_FINAL.pdf

ZERO TO THREE

“State Baby Facts: West Virginia”

<http://www.zerotothree.org/public-policy/state-community-policy/baby-facts/west-virginia-baby-facts.pdf>



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