

# A Development Plan for Early Childhood in West Virginia

## *Phase I: Findings and Recommendations*



WEST VIRGINIA  
**Early Childhood  
Planning** TASK FORCE

Robert Kiss  
Task Force Chairperson

January 2014



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**Early Childhood  
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January  
2014

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January, 2014

## Dear Fellow West Virginians,

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 is charged with creating a development plan for the state's early childhood system. The plan will specify the components, priorities and costs of such a system and strategies for its implementation and governance.

This report details the findings and recommendations of the Task Force during its first six months, which will serve as the foundation of the development plan. **We welcome your comments on the report, which you may send to Project Director Julie Pratt at [julie@ontheridgeline.com](mailto:julie@ontheridgeline.com).**

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?

We have learned a great deal from the creation of West Virginia Pre-K for four-year-olds, now a nationally recognized model. One of the lessons is that we need at least a ten-year window to implement bold ideas. Some of the Task Force recommendations will take a decade or more to fully realize. Others support actions that can be taken immediately to improve outcomes for our youngest children and their families.

The Task Force is partnering with the state's Early Childhood Advisory Council in this effort. We are grateful to the more than 1,200 West Virginians who participated in our study groups, community forums, stakeholder discussions and surveys. We appreciate the invaluable research assistance we received from the state's early childhood programs, Collective Impact, LLC, West Virginia Center on Budget and Policy, Tonkin Management Group, Barbara Gebhard at ZERO TO THREE, and Dr. Sharon Lynn Kagan at Columbia and Yale Universities. And we thank the Claude Worthington Benedum Foundation and other funders of this project for their vision, resources and commitment to young children.

Sincerely,

Robert S. Kiss, Chairperson  
WV Early Childhood Planning Task Force









# A Development Plan for Early Childhood in West Virginia

## *Phase I: Findings and Recommendations*

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## THE POWER AND POTENTIAL OF EARLY CHILDHOOD

"If we did all the things we are capable of doing, we would literally astound ourselves."

*Thomas A. Edison*

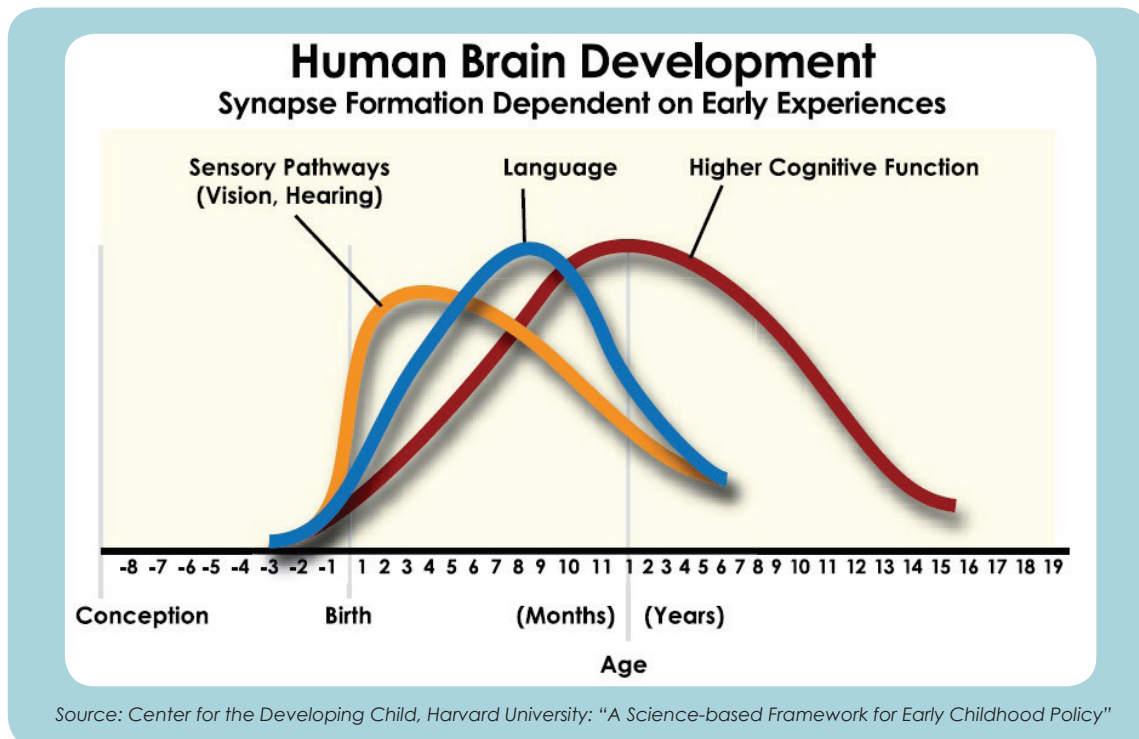
Nothing matters more than the well-being of our youngest children. It is the truest measure of our humanity and the foundation of our collective future. If we attend to children's development in the earliest years, their ability to learn, love and contribute will amaze us.

We have a highly favorable environment to intensify our early childhood efforts in West Virginia. We have strong local collaboration among schools, Head Start, Birth to Three, child care and other programs. We have state-level expertise from the Early Childhood Advisory Council and its member organizations. Our state's Pre-K program is rated among the best in the nation. We have substantial federal support for home visitation and other early childhood programs, with expertise from national organizations about best practices.

In order to take full advantage of this opportunity, Governor Tomblin issued Executive Order No. 5-13 to create the West Virginia Early Childhood Planning Task Force. The Task force is charged with producing a development plan for early childhood, focusing on prenatal to age five. The plan will define the components, priorities and costs of a quality early childhood system and strategies for its implementation and governance. The findings and recommendations in this report will form the basis for the plan. (See Appendix I for Task Force members, and Executive Order at <http://www.wvecptf.org/docs/Executive%20Order%205-13.pdf>.)

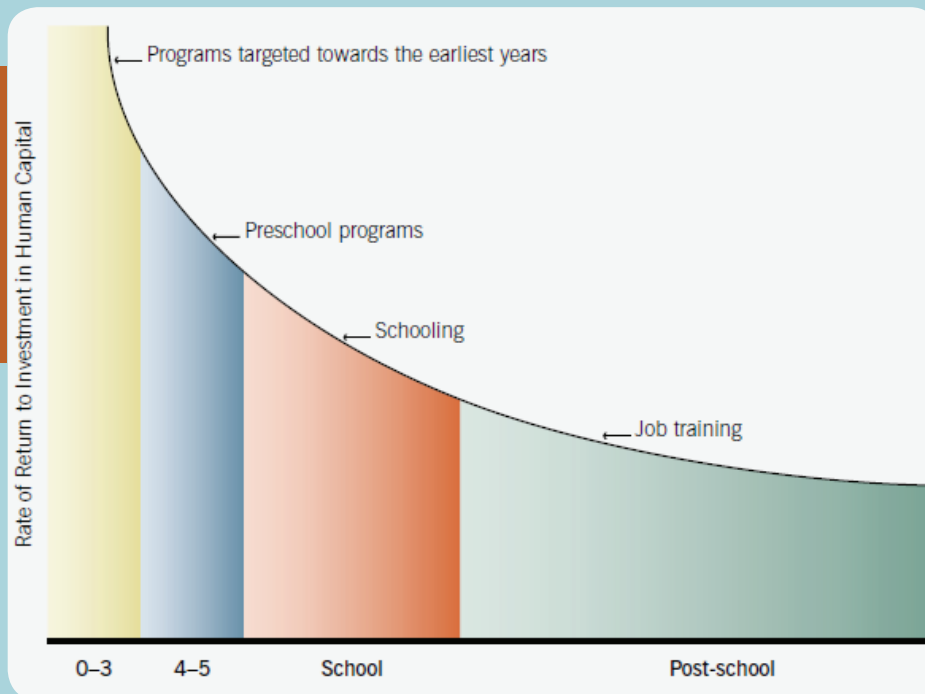
The need for such a plan is clear. Prenatal and early childhood experiences set the stage for later outcomes in school, work and life. These early years have a profound influence on the "architecture" of the developing brain, affecting future learning, behavior, and health.

Returns on investments in human development are the highest during the first three years of life, according to research by





Earliest Investments  
in Human  
Development  
Yield Highest  
Returns



Source: James J. Heckman, "Invest in early childhood development: Reduce deficits, strengthen the economy."

Nobel-winning economist James Heckman. Children who participate in high-quality early childhood programs are more likely to succeed in school and adult life, as well as contribute to society and the economy.

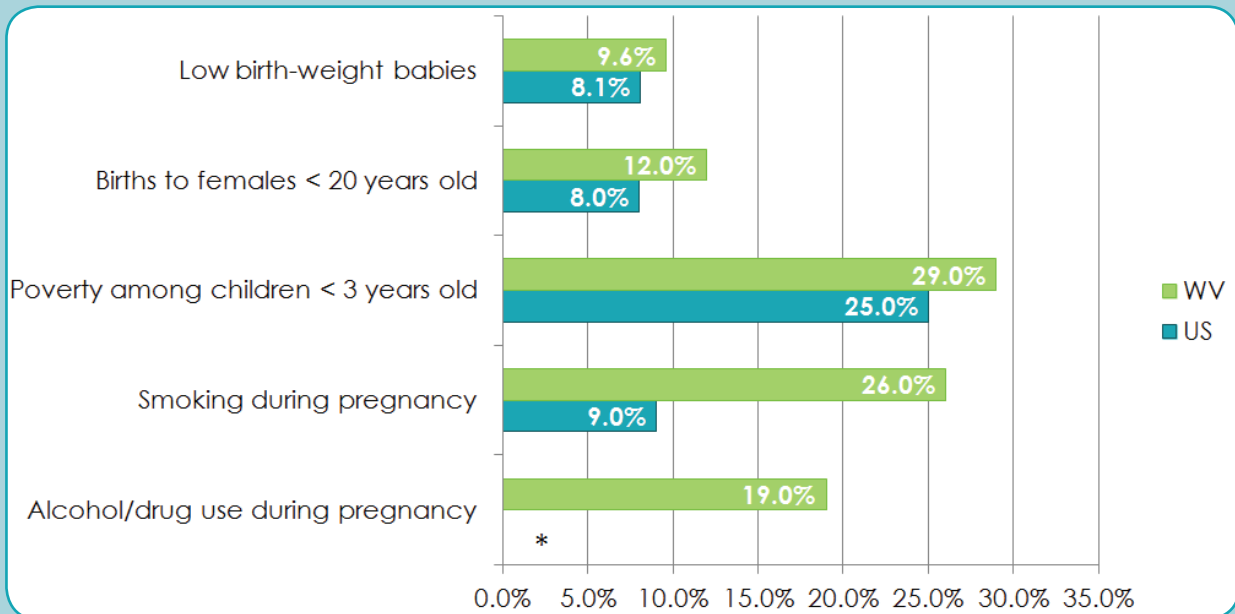
In West Virginia, the long-term economic benefit of early childhood programs is estimated at \$5.20 for each dollar invested, according to a 2005 study by the Center for Business and Economic Research at Marshall University. The study found that:

- Early child development is highly beneficial to children, increasing their capacity to be more productive workers and citizens.
- Early child development, by freeing parents to work, increases family income with the benefits for both family satisfaction and regional growth in income.

- Early child development is a major industry that both directly and indirectly creates millions of dollars of output and income as well as significant numbers of jobs in the West Virginia economy.
- Early child development produces returns on investment to public and private money which is in excess of returns to other economic development programs.

About 21,000 babies are born in West Virginia each year. A snapshot of key measures indicate that many of the state's newborns have risk factors for developmental problems that could be prevented or addressed by evidence-based prenatal and early childhood services. (For more information, see "State Baby Facts: West Virginia" at <http://www.zerotothree.org/public-policy/state-community-policy/baby-facts/west-virginia-baby-facts.pdf>)

### Young children at risk in West Virginia and U.S.



Sources: KIDS COUNT Data Center; National Center on Children in Poverty; and WV Umbilical Cord Tissue Study, WV Bureau for Public Health 2009

\*Comparable U.S. data not available.

Poverty is a particular concern in early childhood development because of its impact on early brain development. Young children have the highest poverty rate of all age groups, and there are large differences in poverty rates across racial groups. (See child poverty report by the WV Center on Budget and Policy at <http://www.wvpolicy.org/child-poverty-in-west-virginia-a-growing-and-persistent-problem>.)

There is strong support for early childhood development among parents, service providers and the public, according to stakeholder surveys and discussions conducted for the Early Childhood Planning Task Force by Collective Impact, LLC. (See full report at [http://www.wvecptf.org/docs/Stakeholder\\_report\\_final.pdf](http://www.wvecptf.org/docs/Stakeholder_report_final.pdf).) Findings include:

- Nearly all (98 percent) of the survey respondents agreed with the statement, "The first few years (birth to 5 years of age) are extremely important to success in school and later life."
- Nearly two-thirds (65 percent) survey respondents agreed with the statement, "I would support a small increase in state taxes or fees if the funds were used to provide high quality early childhood programs."
- The discussion participants also expressed a strong belief that early childhood is a critical period of development. Common elements of the vision they expressed for the early childhood system included universal access to needed services and the need for high quality programs.



## PLANNING FRAMEWORK

"We do not need magic to transform our world. We have all the power we need inside ourselves already. We have the power to imagine 'better'."  
J.K. Rowling

The planning framework adopted by the Early Childhood Planning Task Force is based on five key elements: (1) a clear **purpose** as defined in Executive Order 5-13; (2) involvement of a broad range of **people**, including parents, professionals, the public and policymakers; (3) a **perspective** that recognizes the primary role of parents, addresses all aspects of early childhood development, and strives for equity and cultural sensitivity; (4) a **process** that is broad-based, transparent, comprehensive and strategic; and (5) the end **product** of an effective development plan for early childhood in West Virginia. (See full document at [http://www.wvecptf.org/docs/Development%20Plan\\_new.pdf](http://www.wvecptf.org/docs/Development%20Plan_new.pdf).)

The Task Force partnered with the Early Childhood Advisory Council to engage

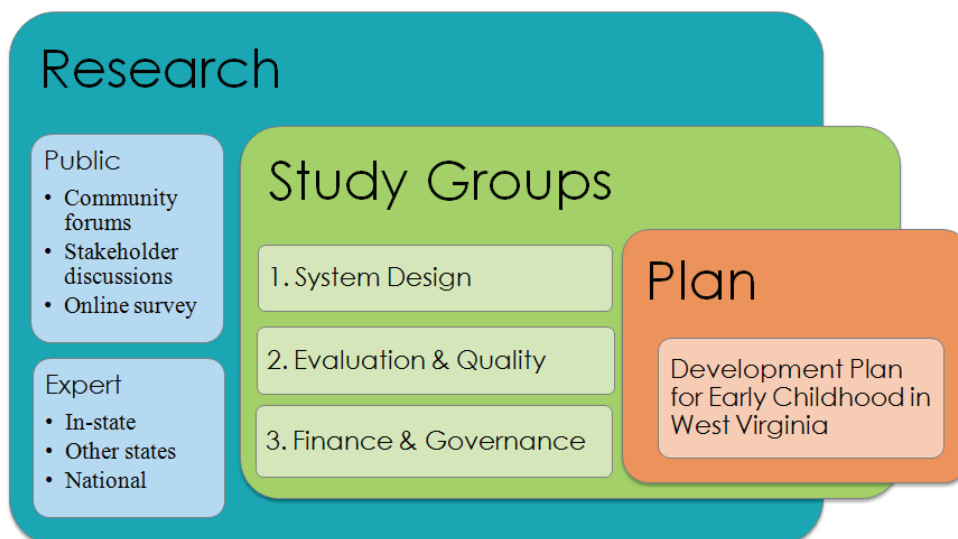
more than 1,200 West Virginians in imagining and planning a system that would give all children a good start in life. The process included 23 community forums (400 participants), 19 stakeholder discussions (290 people), and an online survey (747 respondents). Some people who participated in forums and discussion groups also completed the online survey.

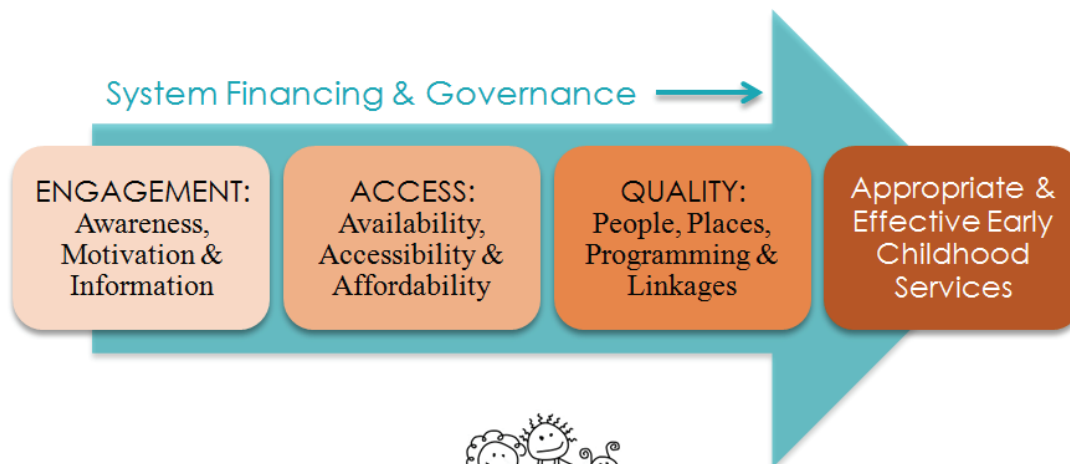
The Task Force contracted for specific research activities with several organizations, including Collective Impact, LLC, Tonkin Management Group, West Virginia Center on Budget and Policy, and ZERO TO THREE. In addition, the Task Force and Study Groups heard 22 presentations from state and local experts on issues related to early childhood development. A complete list of research and presentations is included in Appendix II.

The Task Force created three Study Groups to review and discuss key aspects of the early childhood system in West Virginia and make recommendations about future improvements:

- *The Service System Design Study Group* focused on current and potential components of the early childhood

### Task Force Planning Process





## A family's path to positive outcomes for young children

service system, detailing needs, availability, participation, coordination and costs.

- *The Quality and Evaluation Study Group* focused on current and potential quality assurance mechanisms at the program level and system level.
- *The Finance and Governance Study Group* focused on current and potential options for finance (public and private) and governance (state and local) of the early childhood system.

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

The Task Force members held a planning retreat on November 21-22, 2013, to review the research and Study Group recommendations.

They adopted the recommendations included in this report, which will guide the development of the final plan.

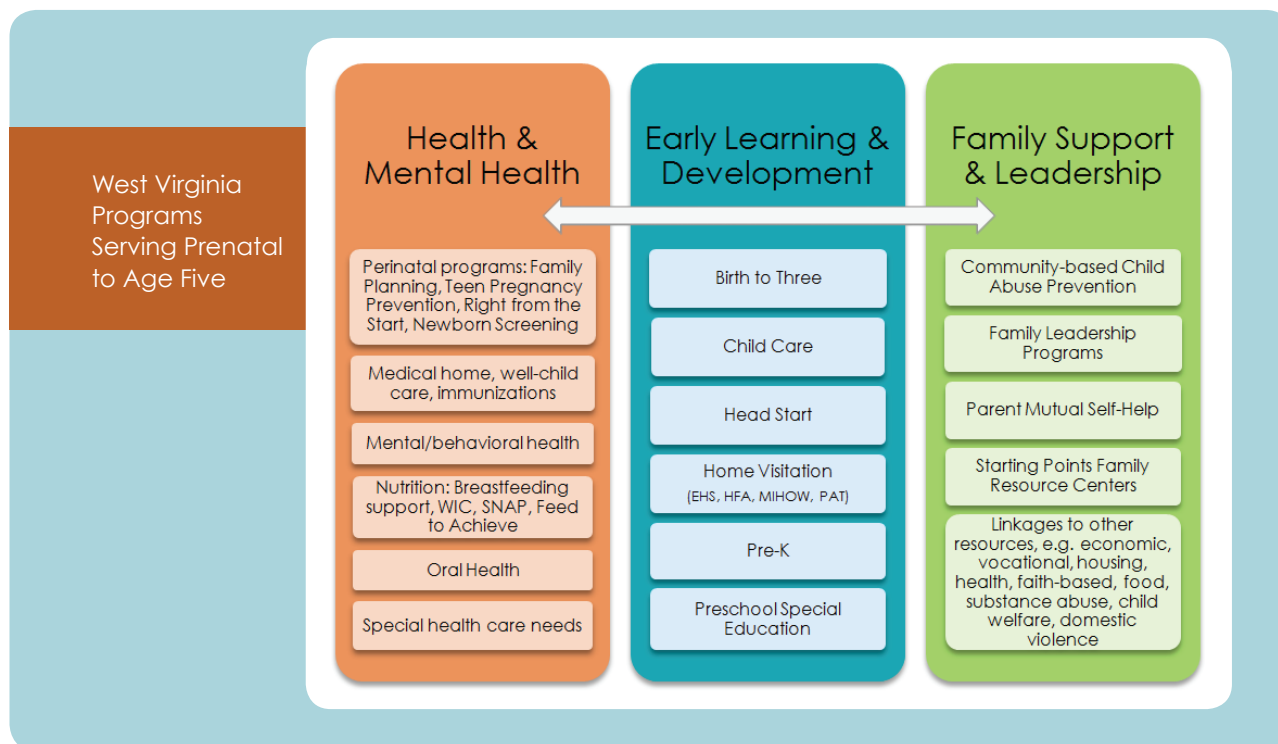
### RECOMMENDATIONS SECTION A

#### **Increase participation in early childhood programs.**

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

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 offer an in-depth examination of the Early Learning and





Development programs represented in the middle column of the graphic above, which are further described in Appendix III. Appendix IV lists key initiatives in Health/Mental Health and Family Support/Leadership that are also essential to a comprehensive system.

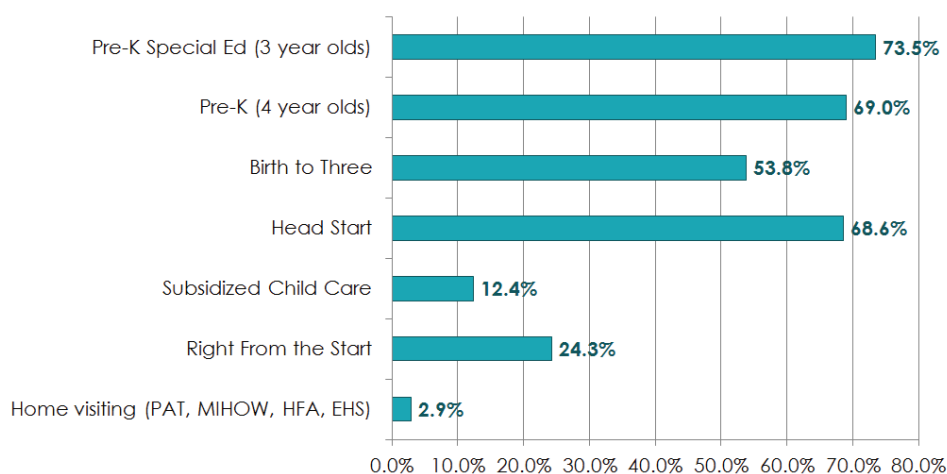
Beyond government-supported programs, the private sector plays an important role in early childhood. While there is no central repository of this information, there are many examples. They include United Way agencies that support Success by Six initiatives, faith-based groups and private schools that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

Collective Impact, LLC, conducted research on Early Learning and Development program costs, availability and participation rates. All of the programs represented in the figure on the next page are voluntary, and all except home visiting are available on some level

in all counties. The participation rates for statewide programs range from 12 percent to 74 percent, resulting in what one Study Group member described as a kind of “Swiss cheese” availability. An in-depth analysis of program costs was conducted, and estimates of the cost-per-child to expand programs is available at <http://www.wvecptf.org/docs/CI-ExpansionCostsFinal.pdf>.

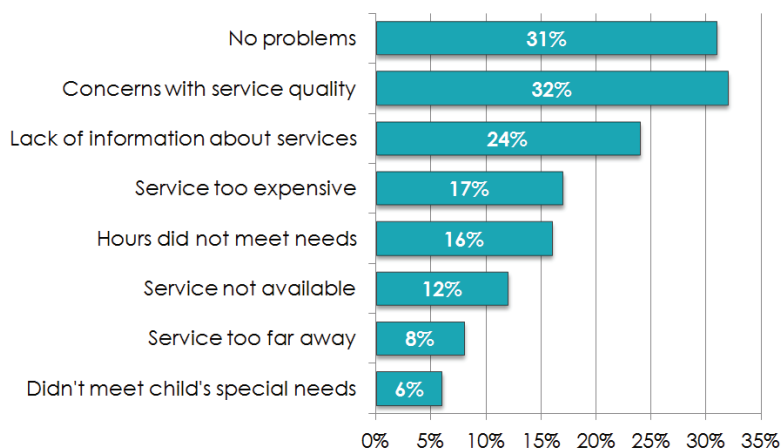
Each of the programs (see bar graph - top right) has its own requirements about eligibility and cost to families. For example, Pre-K is open to all four-year-olds, at no cost to parents. Home visiting programs, where they exist, are also open to all children within a specified age range, at no cost to 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).

### Eligible children participating in early childhood programs in West Virginia



Source: Collective Impact, LLC, "Stakeholder Survey and Discussions: Summary of Findings," November 2013

### Problems Accessing Early Childhood Services Reported by Families



Source: Collective Impact, LLC, "Stakeholder Survey and Discussions: Summary of Findings," November 2013

Participants in the Task Force-sponsored discussion groups said there were good programs currently serving young children in many parts of the state. Many cited the success of West Virginia's Pre-K program and collaborative model that involves public school, child care centers and Head Start. Other strengths of the current system included the caring nature and commitment of many early childhood program staff and the strong working relationships among state level program administrators overseeing the different public programs serving young children and pregnant women.

Survey respondents who used services within the past three years were asked to identify the types of problems they have encountered in accessing services for young children in the area where they live. Three in ten respondents said they had no problems accessing services. Nearly a third said they had concerns about the quality of available services, and a quarter said they had a hard time finding information about programs in their area (see bar graph above).



**A.1. Phase in evidence-based home visiting services in every county through regional agencies and based on formalized community collaboration and planning, so that every family who wants a home visit can have one, beginning prenatally.**

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.

Home visiting programs work to improve:

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

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

In 2010, the first major federal funding stream for home visiting – the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program – became available under the Affordable Care Act, and additional support is proposed in the federal Strong Start for America's Children Act recently introduced in Congress. Current funding also includes a state appropriation of \$1 million for “in-home

family education” and lesser amounts from the federal Community-based Child Abuse Prevention grant and other sources. Early Head Start is another evidence-based model recognized under MIECHV and should also be considered in statewide planning.

The West Virginia Home Visitation Program, located in the DHHR Office of Maternal, Child and Family Health, administers the MIECHV Program and coordinates overall planning for home visiting. Partners in Community Outreach, a coalition of West Virginia's evidence-based home visiting programs, has also been instrumental in this effort. A logic model for statewide expansion of home visiting is included in Appendix V.

**A.2. Assure that the WV Birth to Three eligibility definition (under Part C of IDEA) supports identification of infants and toddlers with significant risk of developmental delay as early as possible, in order to maximize their readiness for later educational success.**

Currently, children under the age of three are eligible for WV Birth to Three when they:

- (a) have an established medical condition that is known to result in delay (as listed in state's definition), or
- (b) are already demonstrating a significant delay or significant atypical development, or
- (c) have a combination of 5 or more biological and environmental risk factors (as listed in the state's definition).

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

Since the WV Birth to Three eligibility definition/criteria were established in the early 1990s, there are likely diagnoses in the biological risk category that have a higher probability of delay, and should be moved to category (a), making a child automatically

eligible based on that condition. This potential issue was further impacted in 2009 when the level of delay required under category (b) was increased. Thus, children who have certain conditions on the biological list, but don't have the required 5 risk factors, may not be eligible until their level of delay is greater.

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

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

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

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

Current funding for WV Birth to Three could not support this increase even though the program and DHHR have maximized access to federal funding (primarily through Medicaid and CHIP). The WV Birth to Three state line item has been \$3.3 million for several years. Expanding the program by 1,000 annually would cost an estimated \$1.3 million depending on the needs of the children served and other factors.

**A.3. Raise the child care assistance income limit at the time of application from 150 percent 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, which administers the state's child care program, contracts with regional Child Care Resource and Referral agencies to provide child care subsidies to eligible families. The subsidies cover the majority of the cost of child care while parents work, attend training, or are otherwise unable to provide care. The regional agencies also provide information that helps families find and choose appropriate child care.

Currently, families earning up to 150 percent of the federal poverty level (FPL) at the time they apply for assistance 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 recommendation is to raise the income limit at the time of application from 150 to 200 percent of FPL. This is the income that a family of four (two parents, one preschooler and one school-age child) needs to satisfactorily meet its fundamental needs without public or private assistance, as measured by the West Virginia Self-Sufficiency Standard. (For more information, see <http://workforcewv.org/lmi/SelfSufficiency/SelfSufficiencyDefault.html>.)

The recommendation also calls for a more gradual phase-out of financial assistance for families when their incomes rise. Currently, workers may experience a sharp drop in family income when their earnings inch above the eligibility limit as the result of a raise or promotion, but not enough to make



## Regulated Child Care Providers in West Virginia

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

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

up for the more substantial loss of their child care assistance. (Also see Urban Institute presentation on the “cliff effect” at <http://www.urban.org/UploadedPDF/Child-Care-Cost-Presentation-NAWRS-2013.pdf>.)

### **A.4. Increase and sustain the supply of early childhood programs through competitive provider reimbursement rates.**

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

The Department of Health and Human Resources is calculating the amount of funding that would be needed to bring reimbursement rates up to 75 percent of market rate for all child care providers. The DHHR Office of Early Care and Education, which administers the state’s child care system, provided information on the types, availability and capacity of regulated child care providers as of June 2012. In addition to the providers listed in the chart above, other providers (e.g. people serving fewer than four children) must register if they accept children with child care subsidies.

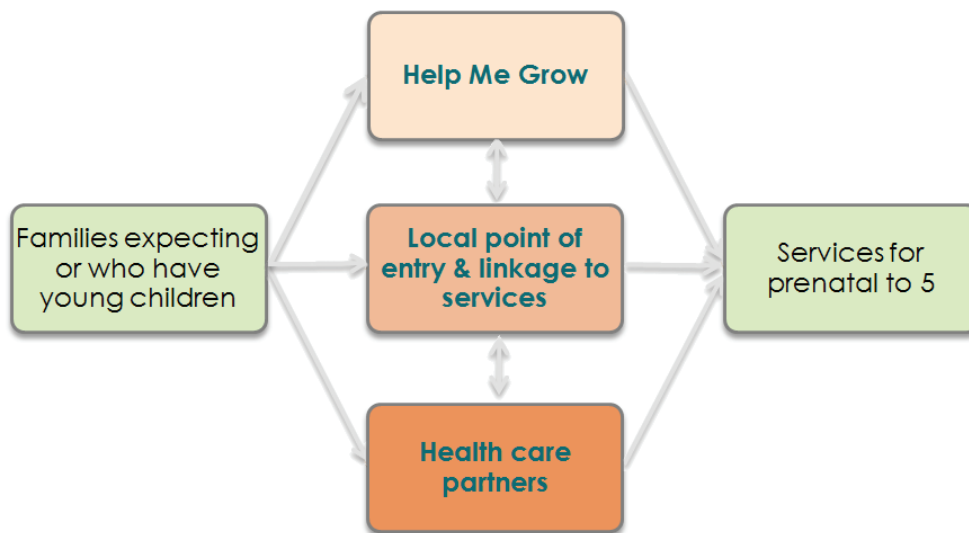
The ability to recruit and retain qualified workers in low-wage early childhood jobs also affects the viability of many private-sector early childhood programs, which frequently lose experienced staff to public schools when early childhood positions become available there. (See Recommendation B.3.)

### **A.5. Improve family access to prenatal and early childhood services through coordinated points of assessment and referral.**

The Service System Design Study Group heard a presentation from the WV Perinatal Partnership, Help Me Grow and Mountain State Healthy Families that proposed greater collaboration between health and early childhood systems at both local and state levels. This includes early and regular developmental assessments using a common tool, as well as strong referral networks that connect children and families with needed services as early as possible.

Help Me Grow (<http://www.dhhr.wv.gov/helpmegrow/Pages/default.aspx>) is a statewide service that 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 Ages and Stages Screening Questionnaire -

## Improving access through coordinated points of assessment and referral



3 (ASQ-3), a developmental screening tool endorsed by West Virginia Chapter of the American Academy of Pediatrics, is available upon request.

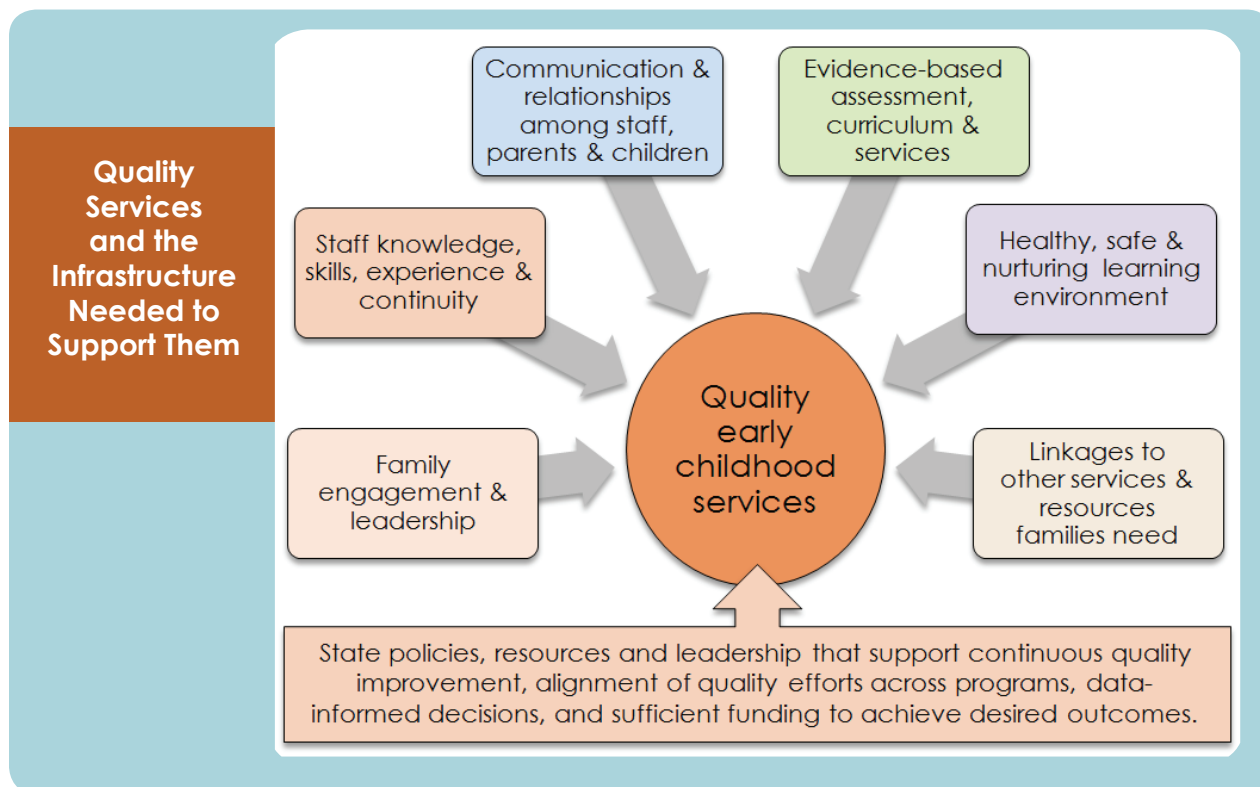
Mountain State Healthy Families (<http://www.teamwv.org/cabell-wayne-healthy-families-america/>) is an evidence-based home visiting program serving Cabell and neighboring counties. Part of their program model is to maintain an active referral network with prenatal and health care providers. Families referred to Mountain State Healthy Families are offered an initial home visit, including a baby bag with useful products, information about resources, and referrals for ongoing home visiting and/or other health and early childhood services.

Appendix VI includes detailed recommendations from the West Virginia Perinatal Partnership's Early Childhood Screening and Referral Committee about strengthening the connections among health and early childhood providers.

### A.6. Strengthen local planning and coordination of early childhood programs.

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

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



## RECOMMENDATIONS SECTION B

### **Improve the quality of early childhood services and infrastructure.**

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

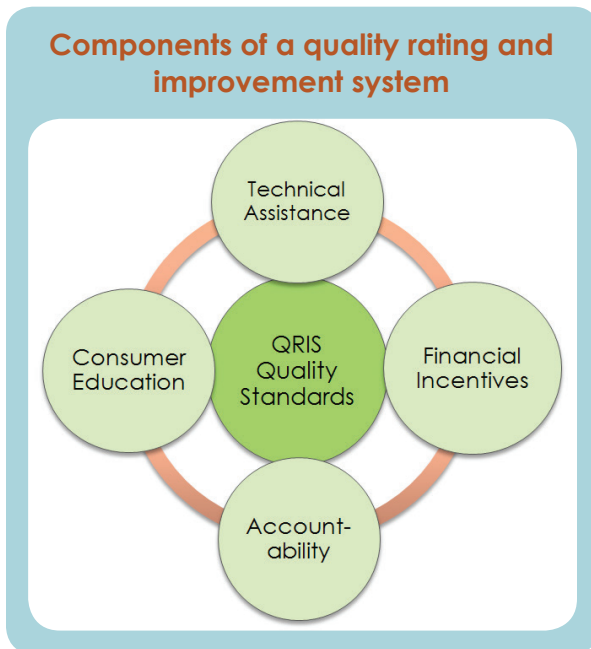
The Study Group members concluded that, in general, there are sufficient program standards in place through federal funding requirements, state code and regulations, and national accrediting bodies. The challenge lies in assisting programs in meeting those standards and aligning

standards across programs. And while there is extensive data collection *within* programs, there is a lack of an integrated data across programs, which impedes system planning and evaluation. A final concern is that collaboration on quality across programs hinges largely on the willingness of individuals and programs to work together, without sufficient organizational commitments.

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

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





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

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

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

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

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

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

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

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

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

The Stakeholder Group should consider the options available in West Virginia for developing a pilot project prior to statewide implementation of QRIS. A pilot project would demonstrate the adequate amount and most effective form of incentives and

supports to improve program quality and engage participants, while also allowing for the most accurate cost estimate for the system to ensure that we maximize resources. It would allow for a thorough evaluation in preparation for executing the system statewide.

**e. Undertake a costing analysis of the system utilizing a nationally recognized costing model.**

A new analysis is needed that takes into account changes recommended by the Stakeholder Group and lessons learned from other states.

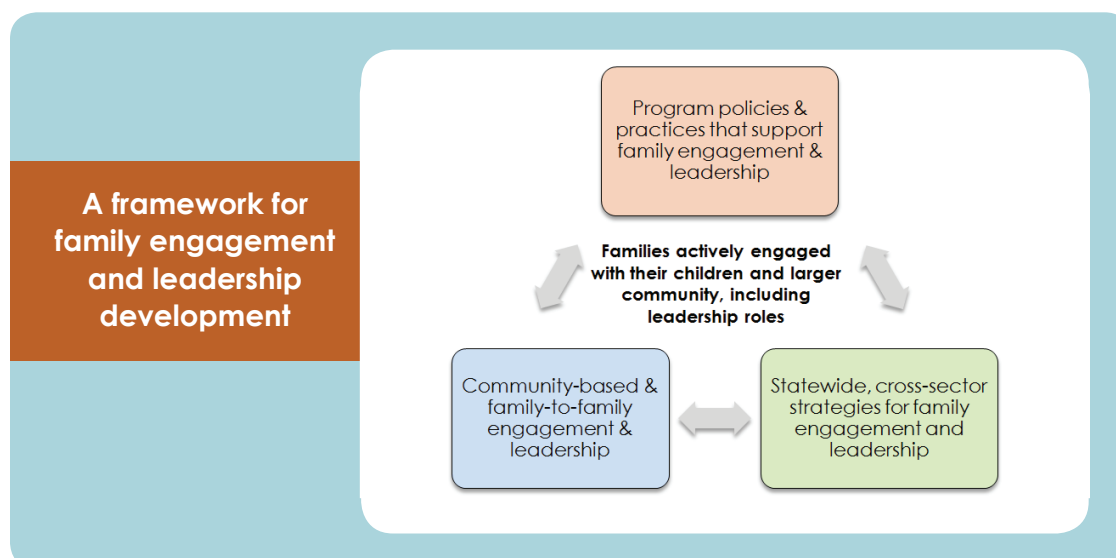
- “Quality: What is and why it matters in early childhood education,” published by the Schuyler Center for Analysis and Advocacy, September 2012. <http://www.wvecptf.org/docs/Quality-in-early-childhood-education.pdf>
- “Unlocking the Potential of QRIS: Trends and Opportunities in the Race-to-the-Top Early Learning Challenge Applications,” by Louise Stoney, published by the QRIS National Learning Network. <http://www.qrisnetwork.org/sites/all/files/resources/gscobb/2012-03-07%2008:29/LouiseStoneyMemo.pdf>

**Additional resources from the Study Group:**

- “Quality Rating and Improvement System in West Virginia,” a presentation by Jessica Dianellos, DHHR Division of Early Care and Education. <http://www.wvecptf.org/docs/WV-QualityRating-ImprovementSystem.pdf>
- QRIS Standards: The Few and the Powerful, by Louise Stoney, August 2013. <http://qrisnetwork.org/sites/all/files/session/presentations/QRIS%20NLN%20-%20The%20Few%20and%20the%20Powerful%20PPT%20PDF.pdf>

**B.2. Strengthen family engagement 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. Parent support groups, such as Circle of Parents, and statewide conferences for parents, such as Family Leadership First, are also valuable resources.

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

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

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

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

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

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

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

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

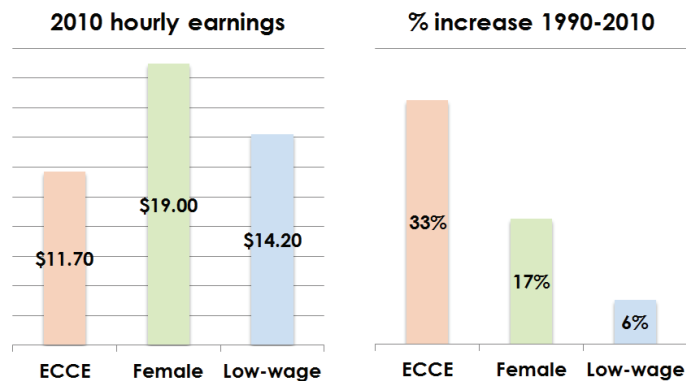
**B.3. Improve the recruitment and retention of qualified staff in early childhood programs, including measures to address low compensation and discrepancies in compensation between early childhood sectors, with consideration given to maintaining affordability of services.**

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

The Quality Study Group considered national research on the early childhood workforce, which concludes that it remains a low education, low-compensation, and high turnover workforce. The study also found that the qualifications, compensation and stability of



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



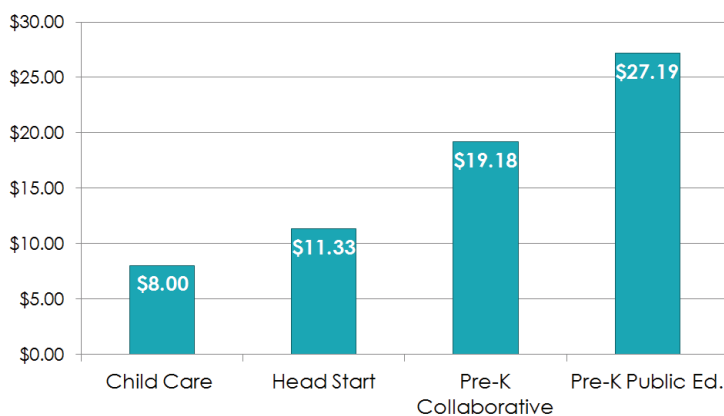
Source: ECCE Workforce 1990-2010: Changing Dynamics & Persistent Concerns (Bassok et al.)

the early childhood workforce have improved meaningfully over the past two decades in both home-based and center-based settings.

Wages and benefits of early childhood program workers in West Virginia vary considerably from one program to another, according to an analysis by Collective Impact, LLC (<http://www.wvecptf.org/docs/CI-Wages-and-Benefits.pdf>). Workers holding positions that require a similar level of education and training may be paid at significantly different levels, depending on the type of program that employs them. There are also large variations in the types of fringe benefits provided by early childhood programs. Health insurance, retirement, paid vacation, holidays, sick leave, and other benefits are generally provided at much lower levels within local non-profit programs than is the case within programs operated by state agencies or local Boards of Education.

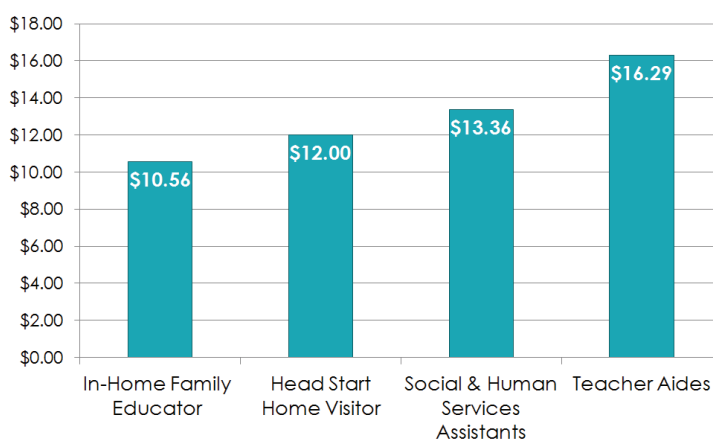
Low salaries and minimal benefits of workers within Home Visiting Programs and Child Care Centers are of particular concern. Recruitment and retention of high quality staff is challenging for these programs when other available healthcare or social service jobs offer substantially better pay and benefits. Program directors cite many examples of investments made in training home visitors or child care workers only to see them leave for better jobs.

### Estimated hourly salaries for teachers by program in WV



Source: Collective Impact, LLC, "Early Childhood Programs Wage and Benefit Comparisons," November 2013

### Estimated hourly salaries of paraprofessionals in WV



Source: Collective Impact, LLC, "Early Childhood Programs Wage and Benefit Comparisons," November 2013

The Study Group reviewed methods used in other states to improve compensation, including apprenticeships, health initiatives, mentoring programs, public/private partnerships, scholarship programs, unionization, wage incentives, tax credits, and tiered reimbursement rates. A useful resource for further planning is a national compilation by the Alliance for Early Childhood Finance of state initiatives to improve compensation of the early childhood workforce (<http://www.wvecptf.org/docs/Early-Care-Education-Comp-AppendixA.pdf>).

**B.4. 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.**

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

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

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

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

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

The need for a high quality, well-trained, and competent workforce was discussed in the

Quality and Evaluation study group. The need to provide relevant and valuable training and technical assistance to professionals in the field is of utmost importance.

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

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

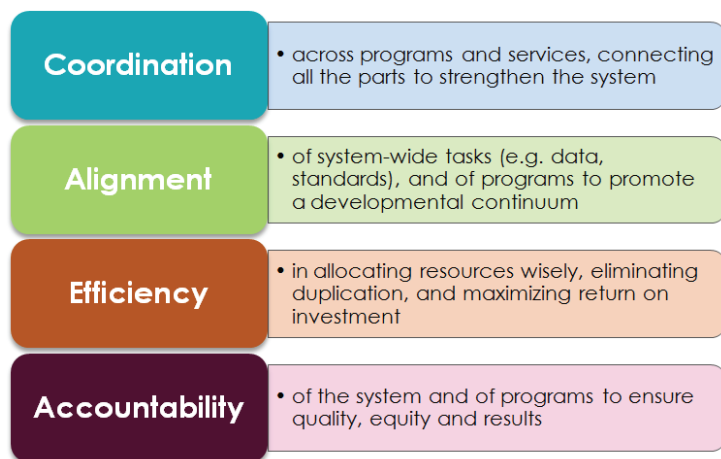
**RECOMMENDATIONS  
SECTION C**

**Strengthen governance and financing of the early childhood system.**

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

West Virginia's first early childhood state-level coordinating body was the Interagency Council on Child Development Services in the 1960s. The Governor's Early Childhood Implementation Commission was established in 1991 as part of the Governor's Cabinet on

## Responsibilities of Early Childhood System Governance



Source: Adapted from BUILD Initiative's "A Framework for Choosing a State-Level Early Childhood Governance System," May 2013

Children and Families. The Commission was replaced by Partners in Implementing an Early Care and Education System (PIECES) in 2002. The current Early Childhood Advisory Council was created in 2010 under Executive Order 9-10 (<http://wvearlylearning.org/wp-content/uploads/2011/05/ECAC-Executive-Order.pdf>).

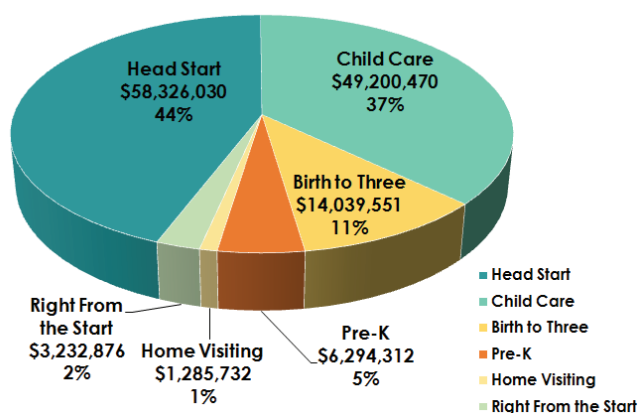
The Council is housed within the Department of Education and the Arts and is chaired by Cabinet Secretary Kay Goodwin. Members include state agency and community stakeholders in early childhood development. The Council's mission is to create a high-quality, coordinated system of services that support early childhood development. (For more information about the Council, see <http://wvearlylearning.org>.)

The Finance and Governance Study Group examined different governance models used in other states, and the Task Force recommended further analysis, giving strong consideration of a Cabinet-level agency. (See Recommendation D.2.)

The financing of the state's major early childhood programs involves numerous funding streams administered by multiple departments, offices and divisions. (See Appendix VII.) In addition, a significant portion of the cost of early care and education is paid by families, primarily for child care.

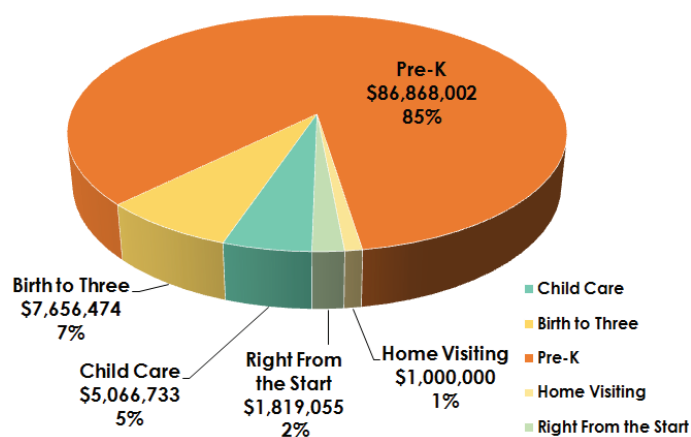
Approximately \$235 million in public funds were spent on early childhood programs during FY 2012, of which 56 percent came from the federal government. The two largest federal appropriations were for Head Start (\$58 million) and the Child Care Development Block Grant (\$49 million). School aid funding for Pre-K was \$88 million, or 85 percent of total state spending on early childhood programs. (See full report on early childhood expenditures at <http://www.wvecptf.org/docs/CI-State-and-Federal-Expenditures-Report.pdf>.)

## Federal spending on early childhood programs in WV (FY 2012)



Source: Collective Impact, LLC, "State and Federal Expenditures on Early Childhood Programs in West Virginia," October 2013

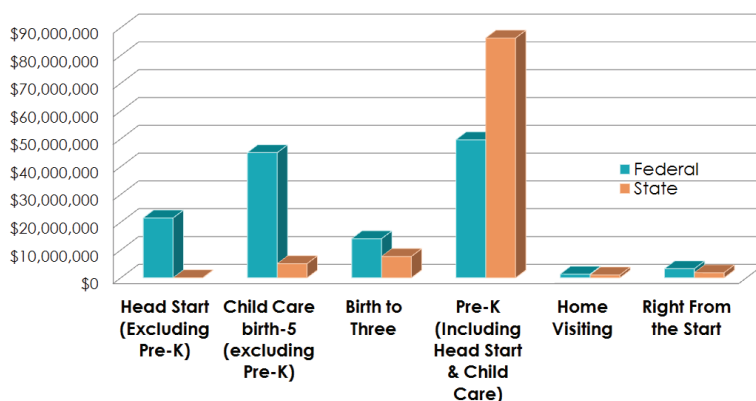
## State spending on early childhood programs in WV (FY 2012)



Source: Collective Impact, LLC, "State and Federal Expenditures on Early Childhood Programs in West Virginia," October 2013



## Total spending on early childhood by program type (FY 2012)



Source: Collective Impact, LLC, "State and Federal Expenditures on Early Childhood Programs in West Virginia," October 2013

The Finance and Governance Study Group heard presentations from the West Virginia Center on Budget and Policy about challenges and opportunities regarding financing early care and education. In the short term, the state's budget deficit and federal budget cuts threaten to reduce services for young children and their families. The federal sequestration has already resulted in a reduction in Head Start services and the elimination of services altogether in one county. In the longer term, there are numerous financing options to consider, which are outlined in Recommendation C.3.

### C.1. Strengthen the Early Childhood Advisory Council as outlined in recommendations from the Council.

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

In addition to the membership already mandated by the federal legislation and the Executive Order, three additional appointments and one appointment clarification should be added to the Council (See revised membership list on next page):

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

#### b. Appropriate funding of the Council

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

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

- The Secretary of Education and the Arts, the Secretary of DHHR, and the Superintendent of Schools should meet quarterly, and this group would report back to the Governor's Cabinet and the Governor's Senior Staff, as necessary. This group would:
  - Address issues/concerns raised by the Council;

- Address other issues that arise regarding Early Childhood System coordination;
- Review and discuss Early Childhood related budget proposals; and
- Discuss and address ramifications of department decisions on the Early Childhood System as a whole.
- The Council staff would support this body.

**d. Responsibility**

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

**C.2. Move the Head Start Collaboration Office and its one staff person to the Department of Education and the Arts for greater efficiency and collaboration with the Early Childhood Advisory Council.**

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

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

**C.3. Consider and pursue the most promising financing options based on national and West Virginia research.**

The Task Force considered financing options from several sources, including the West

**Early Childhood Advisory Council Recommended Amended Membership**

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

Options	Description and Potential Applications
1. Pay for Performance and Social Impact Bonds	“Pay for Success” is an approach where government pays for results achieved rather than up-front payment for services. Social Impact Bonds are one financing strategy available to support pay-for-success programs. (See The Third Sector, <a href="http://www.thirdsectorcap.org/what-is-pay-for-success/faq/">http://www.thirdsectorcap.org/what-is-pay-for-success/faq/</a> ). The Task Force recommends analyzing several easily identifiable and quantifiable savings attainable from increasing funding for identified programs, e.g. prenatal services to reduce low birth weight.
2. Cigarette tax increase	Increasing the price of tobacco products is the single most effective strategy in reducing tobacco use and would help address West Virginia’s high rate of smoking among pregnant women. West Virginia’s current cigarette tax of \$0.55 per pack is the 8th lowest in the nation and well below the national average of \$1.48 per pack. The Task Force recommends increasing the cigarette tax and using a portion of the revenues to fund home visiting programs, which include among their goals helping pregnant women to quit smoking.
3. Tax credits for quality child care	Louisiana’s School Readiness Tax Credits program offers refundable tax credits to quality child care programs, to teachers to work in quality programs, to parents who choose quality programs, and to businesses that give financial support to quality centers. (For more details, see <a href="http://revenue.louisiana.gov/sections/individual/school_readiness.aspx">http://revenue.louisiana.gov/sections/individual/school_readiness.aspx</a> .) The Task Force recommends analyzing the costs and benefits of such an approach in West Virginia.
4. Endowments	Nebraska’s Sixpence Early Learning fund combines \$20 million from the private sector with a \$40 million state investment. The earnings from these investments fuel the grants made to school districts/community partnerships throughout the state. Grant recipients commit to high-quality early childhood education by matching the grant at 100%. (See <a href="http://www.singasongofsixpence.org/difference/blended_funding.html">http://www.singasongofsixpence.org/difference/blended_funding.html</a> .) 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 Sixpence fund.
5. School Aid Formula	The Task Force recommends exploring financing for universal, collaborative Pre-K for 3-year-olds through dedicating savings created in the school aid formula from increased local share valuations, decreasing student populations, or other identifiable sources.
6. Medicaid and CHIP	The Task Force recommends maximizing Medicaid and CHIP revenues for Birth to Three and the Home Visitation Program.
7. Strong Start for America’s Children Act	The Task Force recommends support for the Strong Start for America’s Children Act, proposed legislation that would provide additional support for Pre-K, Head Start, child care, home visiting. (See <a href="http://rally4babies.org/wp-content/uploads/2013/11/Summary-of-Strong-Start-Bill-as-Introduced.pdf">http://rally4babies.org/wp-content/uploads/2013/11/Summary-of-Strong-Start-Bill-as-Introduced.pdf</a> .)
8. Currently dedicated revenues	The Task Force recommends identifying currently dedicated sources of general revenue and Lottery revenues that will be available in coming years to support early childhood programs.



Virginia Center on Budget and Policy, and recommended further study and action on approaches listed on the previous page. (See presentation at <http://www.wvecptf.org/docs/WVECPTF-Presentation-Financing-Options.pdf>).

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

## RECOMMENDATIONS SECTION D

**Complete further analysis and planning on select issues by September 30, 2014.**

**D.1. Conduct an impact study during the next year and develop a workable plan, which includes maximizing Head Start funding, to implement universal, collaborative Pre-K classes for three-year-olds and to ensure quality, affordable infant and toddler child care and afterschool care.**

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

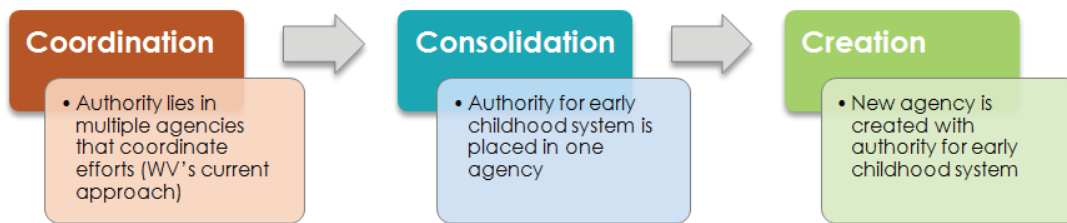
All three Study Groups discussed the potential use of the state school aid funding formula to expand services, and all favored the concept of universal, voluntary Pre-K for three-year-olds.

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

### Inventory of programs shows early learning opportunity gap for children under four years old

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

## Governance Models for Early Childhood Systems



### Who governs the EC system in WV?

4 state departments  
17 offices/divisions  
1 advisory council/9 state & 8 community reps, and 1 staff person

*(See Appendix VIII for organizational map of state early childhood programs.)*

*Source: BUILD Initiative, "A Framework for Choosing a State-Level Early Childhood Governance System," May 2013*

#### **D.2. Design a governance system that ensures the coordination, alignment, efficiency and accountability of the state's early childhood system, giving strong consideration to a Cabinet-level agency.**

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

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

## Appendix I:

### TASK FORCE AND STUDY GROUP MEMBERS

#### **Task Force Members**

Secretary Robert Kiss, WV Department of Revenue, Task Force Chairperson  
Secretary Karen Bowling, WV Department of Health and Human Resources  
Secretary Kay Goodwin, WV Department of Education and the Arts  
Michelle Foster, Kanawha Institute for Social Research and Action  
Lloyd Jackson, Jackson Gas  
Mike Perry, Heritage Farm  
Arthur Rubin, D.O., WV School of Osteopathic Medicine  
Justin Siebert, Direct Online Marketing  
Rachel Tompkins, Retired President, Rural School and Community Trust  
Taunja Willis-Miller, Jackson Kelly Attorneys at Law

#### **Task Force Staff**

Julie Pratt, Project Director  
Jenny Lancaster, Project Associate, Terzetto Creative

#### **Service System Design Study Group**

*Facilitator: Gretchen Frankenberry, Early Childhood Advisory Council*  
Lena Burdette, United Way of the River Cities  
Beth Hall Chambers, DHHR Office of Early Care and Education  
Rochelle Coleman, Children with Special Health Care Needs  
Traci Dalton, Head Start State Collaboration Office  
Monica DellaMea, WVDE Office of Early Learning  
Elizabeth Hofreuter-Landini, Wheeling Country Day School  
Sarah Mullins, Upper Kanawha Valley Starting Points  
Jackie Newson, WV Home Visitation Program  
Renate Pore, WV Perinatal Partnership  
Dee Ann Price, Bureau for Medical Services  
Pam Roush, WV Birth to Three  
Ann Sammons, RESA I  
Art Rubin, DO, WV School of Osteopathic Medicine (Task Force member)  
Rick Wilson, American Friends Service Committee

#### **Quality and Evaluation Study Group**

*Facilitator: Bruce Decker, Collective Impact, LLC*  
Keith Bell, West Liberty University  
Michele Baranaskas, Partners in Community Outreach  
Janet Bock, WVDE Office of Early Learning  
Janie Cole, DHHR Office of Early Care and Education  
Traci Dalton, Head Start State Collaboration Office  
Elaine Darling, MPH, Center for Rural Health Development, Inc.  
Chinelle and Leighton Duncan, Village Square Learning

Michelle Foster, KISRA (Task Force member)  
Suzie Groves, Gateway Christian Education Center  
Margie Hale and Laura Gandee, West Virginia KIDS COUNT  
Terra Hoff, OMCFH, Right From The Start Program  
Jamie Jeffrey, MD, KEYS 4 HealthyKids  
Emily Murphy, WVU Extension Service  
Jackie Newson, WV Home Visitation Program  
LaCrisha Rose, Upper Kanawha Valley Starting Points  
Regina (Mel) Woodcock, WV Birth to Three

**Finance and Governance Study Group**

*Facilitator: Barbara Gebhard, ZERO TO THREE*  
Jeanette Barker, WV Child Care Centers  
Christy Black, WV Developmental Disabilities Council  
Ted Boettner and Alyson Clements, WV Center on Budget and Policy  
Clayton Burch, WVDE Office of Early Learning  
Dan Foster, MD, CAMC  
Kim Hawkins, DHHR Office of Early Care and Education  
Sharon Lansdale, Center for Rural Health Development  
Jim McKay, Prevent Child Abuse WV / TEAM for WV Children  
Jackie Newson, WV Home Visitation Program  
Pam Roush, WV Birth to Three  
Marla Short, Nicholas County Starting Points Family Resource Center  
Justin Siebert, Direct Online Marketing (Task Force member)  
Stephen Smith, WV Healthy Kids and Families Coalition  
Rachel Tompkins, Task Force member  
Taunja Willis-Miller, Jackson Kelly Attorneys at Law (Task Force member)



## Appendix II:

### Research and Presentations

#### West Virginia research commissioned by the Task Force

Stakeholder Survey and Discussions: Summary of Findings (Collective Impact, LLC)  
[http://www.wvecptf.org/docs/Stakeholder\\_report\\_final.pdf](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>

Consultation from Sharon Lynn Kagan, Ed.D., Professor, Teachers College, Columbia University, and Professor Adjunct at the Child Study Center, Yale University.

#### Presentations made to the Task Force and 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)  
Jennifer 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

### **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"

Our Children, Our Future Steering Committee:

"Recommendations to the Early Childhood Planning Task Force"

<http://www.wvecptf.org/docs/OurChildrenOurFutureRecommendations-WVECPTF-Nov2013.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](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](http://www.marshall.edu/cber/docs/2011_07_31_QualityRatingImprovementSystemFINAL.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](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](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](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>



## Appendix III:

### Early Learning & Development Programs: Descriptions and Eligibility Requirements

Program	Description	Eligibility
Birth to Three	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.	Children must be under the age of three, and: <ol style="list-style-type: none"> <li>1. Have an established diagnosed condition that will result in developmental delay, OR</li> <li>2. Be exhibiting a substantial delay according to policy, OR</li> <li>3. Have multiple biological and environmental risk factors that will result in delay, according to policy.</li> </ol> This is special education law, so family income is not an eligibility factor.
Head Start	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; provide responsive services that are appropriate to the developmental, ethnic, cultural, and linguistic heritage and experience of individual children and their families.	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.
Early Head Start	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.	Same eligibility as Head Start, except for prenatal to age 3).
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 requires 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, and 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.	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.

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

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

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

## Appendix V:

### Logic Model for Statewide Expansion of Evidence-Based Home Visiting Programs

Event	Inputs	Outputs
<p>West Virginia received funding federal funding to create a statewide evidenced based, data driven home visiting program to help improve the outcomes of families in the targeted highest risk counties based upon the completed Statewide Needs Assessment. The ultimate goal is to reduce disparities in health and well-being of West Virginia families and children.</p> <p>The Statewide Home Visitation Program should collaborate, coordinate and engage stakeholders as partners, use data driven decisions and recognize the critical role the home visitor plays in the early childhood system.</p> <p>The Statewide Home Visitation Program should incorporate the broader set of systems, including healthcare, education, child care, early education and social service systems, while remembering many federal and state agencies are transitioning to a life course perspective.</p>	<p>Utilize combined federal and State home visitation funding for expansion and implementation Statewide over the next five years.</p> <p>Collaborate with state level agencies:</p> <ul style="list-style-type: none"> <li>• WV Early Childhood Advisory Council</li> <li>• Early Childhood Comprehensive Systems</li> <li>• Birth To Three/Early Intervention Part C</li> <li>• Right From The Start Program</li> <li>• WV Department of Education – Office of School Readiness</li> <li>• WV DHHR Bureau for Behavioral Health &amp; Health Facilities – Division of Alcoholism &amp; Substance Abuse</li> <li>• WV Coalition Against Domestic Violence</li> <li>• WV DHHR Bureau for Children &amp; Families – Division of Child &amp; Adult Services</li> <li>• WV Department of Education – Office of Special Programs</li> <li>• State Head Start Collaboration Project</li> </ul> <p>Coordinate services with local level agencies:</p> <ul style="list-style-type: none"> <li>• Partners in Community Outreach</li> <li>• Healthy Families America</li> <li>• Maternal Infant Health Outreach Workers</li> <li>• Parents as Teachers</li> <li>• Early Head Start/Head Start</li> <li>• Healthy Start/Helping Appalachian Parents &amp; Infants Project</li> <li>• Family Resource Networks</li> <li>• Starting Points Centers</li> <li>• Circle of Parents</li> </ul>	<p>Ensure the State infrastructure to successfully expand and/or implement evidence-based home visiting services to highest at-risk counties.</p> <ul style="list-style-type: none"> <li>• Provide leadership to support statewide Home Visitation Program.</li> <li>• Collaboratively identify and commit to shared outcomes.</li> <li>• Ensure service delivery model selected for implementation will be consistent with evidence based criteria established through the Affordable Care Act.</li> <li>• Ensure participation of eligible families is voluntary and that services are provided in accordance with an individual family assessment.</li> <li>• Ensure ongoing, open communication among stakeholders through the planning, development and implementation of the statewide Home Visitation Program.</li> </ul>

<b>Objectives</b> <b>(For both established and new evidence-based sites)</b>		
Short Term	Medium Term	Long Term
<ul style="list-style-type: none"> <li>• Ensure active participation among stakeholders in planning and implementing activities.</li> <li>• Determine counties/location for expansion of home visitation services based upon the Statewide Needs Assessment results and federal requirements.</li> <li>• Prepare sub-recipient grant agreements with selected home visitation models.</li> <li>• Ensure home visitation models selected can provide required data elements to maintain compliance.</li> <li>• Expand Home Visitation Directory of model availability.</li> <li>• Utilize WV Home Visitation Program website for training, referral and outreach information.</li> <li>• Utilize a statewide web-based data collection system.</li> <li>• Provide statewide cross model trainings for all home visitors.</li> <li>• Increase cross model referrals to ensure a continuum of services.</li> </ul>	<ul style="list-style-type: none"> <li>• Assure documentation of HV service delivery with fidelity by selected models.</li> <li>• Increase the rate of clients up to date on immunizations and linked to a medical home; decrease infant mortality for clients served; reduce the number of low birth weight infants for clients served; reduce the smoking rate for clients served; and increase SIDS awareness for clients served.</li> <li>• Provide clients with general injury prevention materials; ensure clients are aware of basic first aid fundamentals; and strengthen Child Protective Services referral process with home visitation models.</li> <li>• Improve training of home visitors on crime and domestic violence prevention; improve reporting of domestic violence cases among clients served; coordinate services with juvenile and criminal justice system; and improve safety training for home visitors.</li> <li>• Increase quality of parent child interaction in appropriate child development activities; promote early learning and reading for children served; increase physical activity; and encourage children's social and emotional development.</li> <li>• Improve access to community services to help with job searches and ensure home visitation staff is encouraging clients to increase their educational levels.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure expansion of evidence-based home visiting programs through increased enrollment and retention of families served.</li> <li>• Show improvements in prenatal, maternal and newborn health, including improved pregnancy outcomes.</li> <li>• Show improvements in children's health development of families served by decreasing childhood injuries, decreasing the number of child abuse, neglect or maltreatment cases and number of ER visits.</li> <li>• Strive to reduce domestic violence within West Virginia families served.</li> <li>• Improve school readiness and achievement for children served.</li> <li>• Provide clients an opportunity to become economically self sufficient.</li> </ul>



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

October 2013

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A recent report from the National Association for State Health Policy (NASHP) and the PEW Center on the States discusses using Medicaid to finance Early Childhood Home Visiting

Programs. An appropriate committee made up of payers, health care providers, and early intervention programs should review findings in the report and consider how West Virginia might expand current Medicaid support for home visiting programs. In addition, the Public Employees Insurance Agency (PEIA) and the Children's Health Insurance Program (CHIP) should be engaged in discussion of support for home visiting programs.

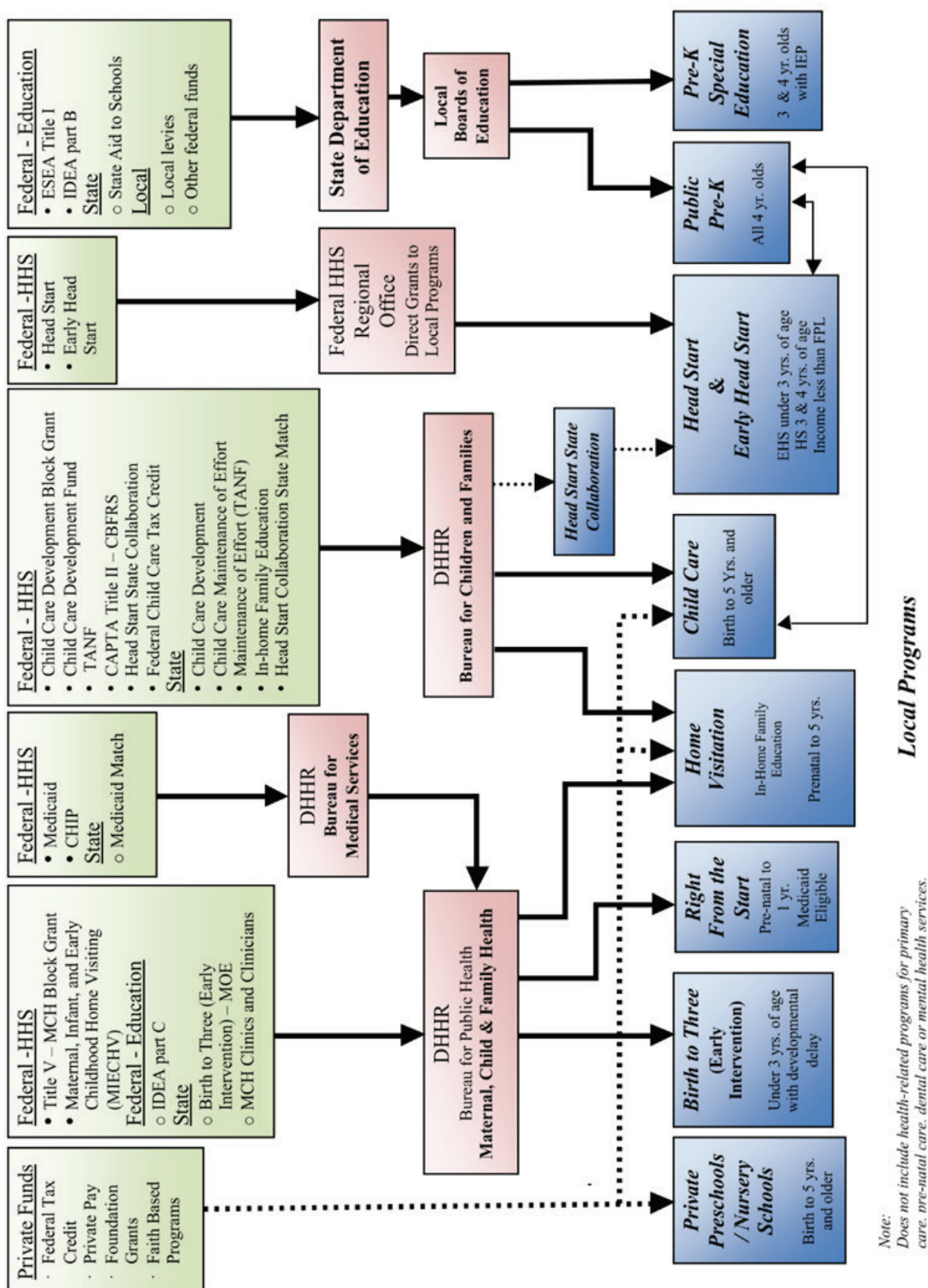
**6. Support Help Me Grow as West Virginia's statewide comprehensive system for linking families to developmental information and needed services through health care practitioners, community outreach, and centralized information/referral.**

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

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

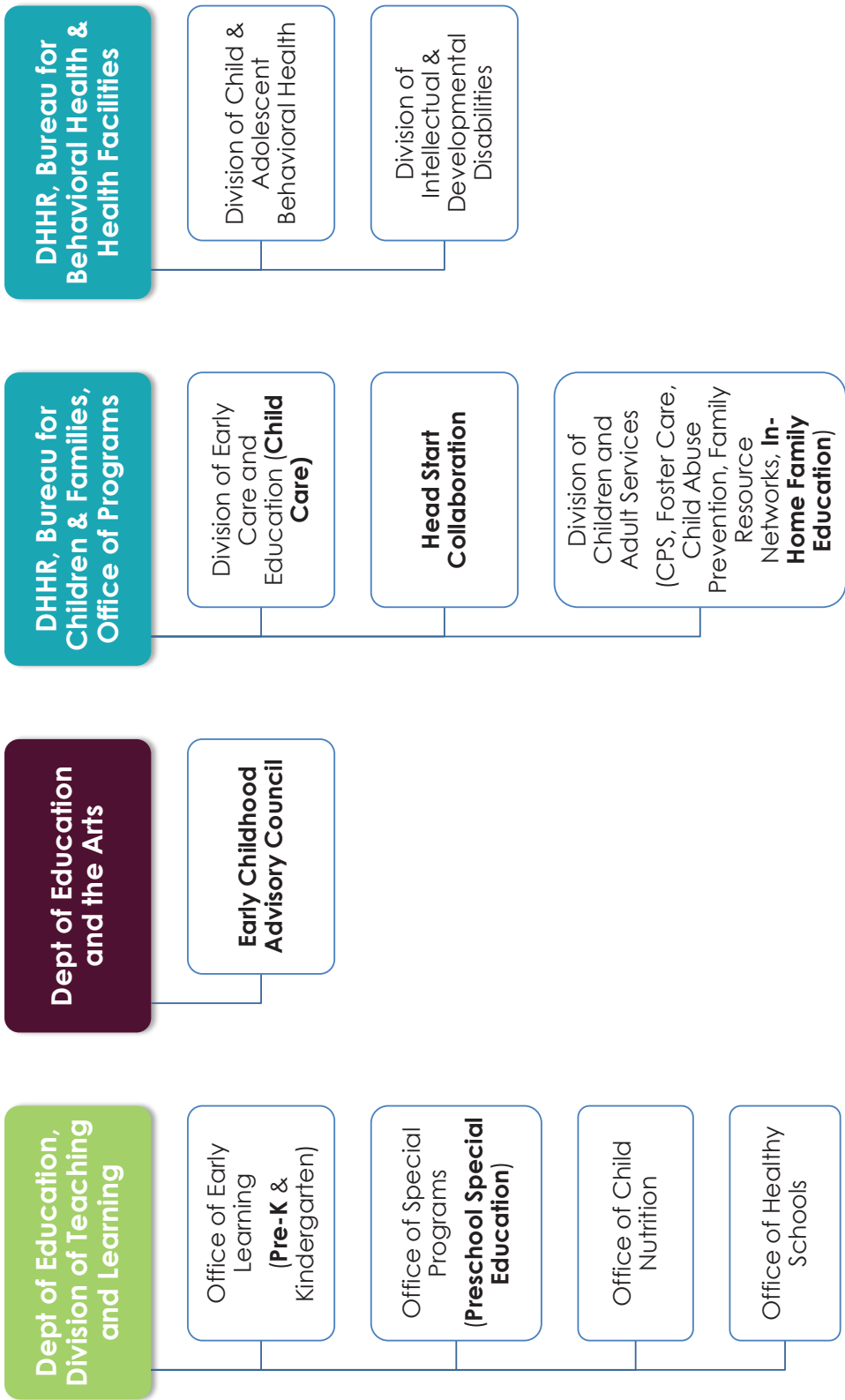
The Office of Maternal, Child and Family Health has made a commitment to this program and is coordinating implementation through the Early Childhood Advisory Council and the Health Check Medical Advisory Council. The ultimate success of the program will require support from all sectors of the health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

## Current Financing of West Virginia's Early Childhood System



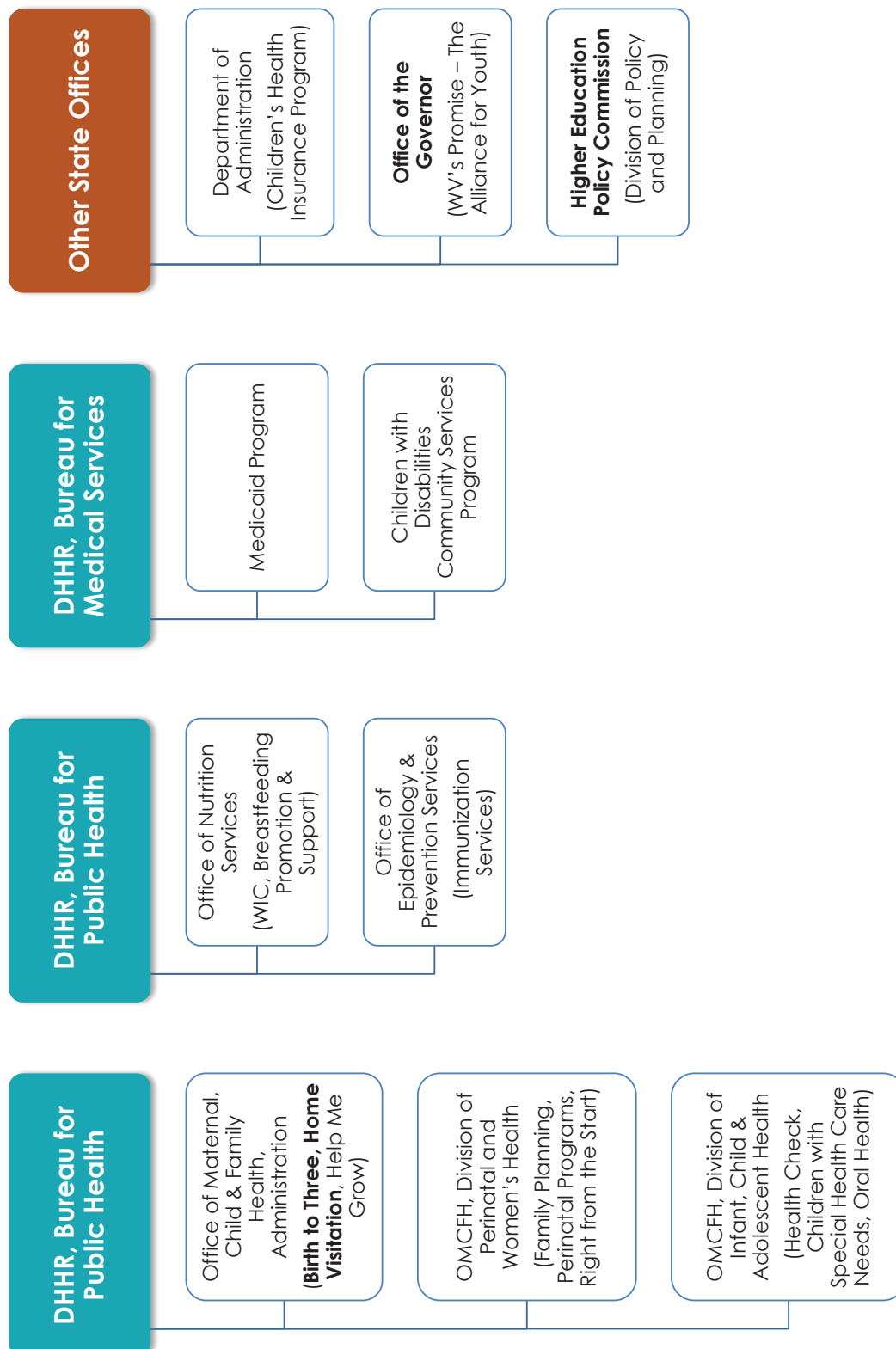


Major State Programs for Prenatal through Age 5 in West Virginia  
(**BOLD** = Programs represented on Early Childhood Advisory Council)



(Continued)

## Major State Programs for Prenatal through Age 5 in West Virginia *(continued)*



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