

The Early Childhood Leadership Commission



ECLC Annual Report January 21, 2011

Presented to:
Governor John Hickenlooper
House and Senate Education Committees
House Health and Environment Committee
Senate Health and Human Services Committee

GOALS

Children have high quality early learning supports and environments and comprehensive health care.

Families have meaningful community and parenting supports.

Early childhood professionals have the knowledge, skills, and supports to work effectively with and on behalf of families and children.

all children are valued, healthy, and thriving

outcomes

ACCESS OUTCOMES

QUALITY OUTCOMES

EQUITY OUTCOMES

EARLY LEARNING

- Increased availability of formal education and professional development opportunities for early childhood professionals related to early learning standards.
- Increased access to high quality early learning, birth through third grade.

- Increased number of children meeting developmental milestones to promote school readiness.
- Increased number of programs that are accredited and/or quality rated.
- Increased number of schools that have leadership and educational environments that support young children's success.
- Increased availability of community resources and support networks for early childhood practitioners, professionals, and programs.

- Increased number of children with special needs who receive consistent early learning services and supports.
- Decreased gaps in school readiness and academic achievement between populations of children.

FAMILY SUPPORT AND PARENT EDUCATION

- Increased availability and family use of high quality parenting/child development information, services, and supports.
- Increased parent engagement and leadership at program, community, and policy levels.

- Increased number of children who live in safe, stable, and supportive families.
- Improved family and community knowledge and skills to support children's health and development.
- Increased family ability to identify and select high quality early childhood services and supports.

- Increased availability and use of family literacy services and supports.
- Increased availability of resources and supports, including financial and legal, to promote family self-sufficiency.
- Increased coordination of services and supports for families and children who are at-risk or have special needs.

SOCIAL, EMOTIONAL, AND MENTAL HEALTH

- Increased availability and use of high quality social, emotional, and mental health training and support.
- Increased number of supportive and nurturing environments that promote children's healthy social and emotional development.

- Increased number of environments, including early learning settings, providing early identification and mental health consultation.
- Improved knowledge and practice of nurturing behaviors among families and early childhood professionals.

- Increased number of mental health services for children with persistent, serious challenging behaviors.
- Decreased number of out-of-home placements of children.

HEALTH

- Increased access to preventive oral and medical health care.
- Increased number of children covered by consistent health insurance.

- Increased number of children who receive a Medical Home approach.
- Increased number of children who are fully immunized.
- Increased knowledge of the importance of health and wellness (including nutrition, physical activity, medical, oral, and mental health).

- Increased percentage of primary care physicians and dentists who accept Medicaid and Child Health Plan Plus.
- Increased percentage of women giving birth with timely, appropriate prenatal care.
- Decreased number of underinsured children.

STRATEGIES FOR ACTION

- Develop and support use of early learning standards by families, programs, and professionals.
- Evaluate and recognize high quality programs with a comprehensive rating and reimbursement system.
- Develop, promote, and support high quality professional development and formal education for adults who work with young children.
- Monitor children's learning and development through screening and on-going assessments.
- Improve financial sustainability and governing efficiency of early learning programs and infrastructure.

- Strengthen coordinated efforts of public and private stakeholders to meet the needs of children and families.
- Strengthen and support family leadership through effective training models.
- Provide tools and information to families to strengthen their own engagement and involvement in their children's lives.
- Provide information to families to facilitate connection to services and supports.

- Promote caregivers' knowledge of the social, emotional, and mental health of young children.
- Provide early childhood professionals with effective practices that promote children's social-emotional development and mental health.
- Strengthen and support community-based mental health services that identify and serve young children.

- Enroll more children in health insurance programs.
- Promote and support use of standards for a Medical Home approach (including medical, oral, and mental health, as well as developmental, vision, and hearing screening and services).
- Strengthen coordinated efforts of public and private stakeholders to support health and wellness.

FOUNDATIONS

Build and Support Partnerships

Fund and Invest

Change Policy

Build Public Engagement

Share Accountability

Generate Education and Leadership Opportunities

EARLY CHILDHOOD COLORADO PROVIDES A FRAMEWORK THAT:

- Recognizes the needs of the whole child and family.
- Communicates the vision for comprehensive early childhood work.
- Focuses on specific measurable outcomes.
- Guides, organizes, and focuses the actions and accountability of public and private stakeholders.

THIS WORK IS GUIDED BY THE FOLLOWING PRINCIPLES:

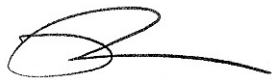
- Be child-focused and family-centered.
- Recognize and respond to variations in cultures, languages, and abilities.
- Use data to inform decisions.
- Build on strengths of communities and families.
- Focus on children from birth to age 8.
- Promote partnerships.
- Act at state, local, and statewide levels.

For more information contact Early.ChildhoodTeam@capitol.state.co.us.

Dear Governor Hickenlooper and State Legislators,

The Early Childhood Leadership Commission is pleased to present its first annual report. We hope you support us as we maximize resources and strive to create an equal opportunity for the children of Colorado to succeed in school and life.

Sincerely,



Pat Hamill, Co-Chair



Anna Jo Haynes, Co-Chair

Colorado Early Childhood Leadership Commission

Mission: The Early Childhood Leadership Commission aims to improve outcomes for young children ages birth to eight and their families. Established in statute, the Commission is charged “to identify opportunities for, and address barriers to, the coordination of federal and state early childhood policies and procedures that affect the health and well-being of Colorado’s children (CRS 24-44.7-101).”

Who: The 35-member Commission is a high-level, interagency, public-private partnership. Commissioners include business and philanthropic leaders, parents, legislators, early childhood service providers, and representatives from public education, health and other state and community stakeholders.

Why: The work of the Commission is vital to:

- **Close the Achievement Gap.** Each year in Colorado, an estimated 30% of kindergarteners are not ready for school. Decades of research indicate that high quality early childhood supports and services – early learning, health, mental health, and family support - can close the school readiness gap and lay the foundation for a productive citizenry.
- **Support and Build the Workforce.** A strong early childhood system improves worker productivity, reduces turnover, and enhances career ladders. The system is also an important part of economic stimulus: the child-care industry alone contributes more than \$1.6 billion to Colorado’s gross state product.
- **Increase Efficiency, Increase Results.** In Colorado, families use a mix of private and public services including more than 23 different federal and state funding streams. Better outcomes for children result when health, education and human service systems are better coordinated. Coordination also increases the effectiveness, efficiency and availability of services.

What: To accelerate and sustain better outcomes for Colorado’s children, the Commission will:

- Develop an **inter-agency data system** to help streamline services, drive continuous quality improvement, and promote shared accountability.
- Determine a **state-level oversight and coordination structure** for early childhood that increases efficiencies and supports equity and access for children and families.
- Improve the **quality, access and capacity** of early childhood services across all sectors.

Executive Summary

The children of Colorado deserve the opportunity to be valued, healthy, and thriving. Decades of child development research tell us four areas must be addressed to provide these opportunities and generate the best results for children: early learning; family support and parent education; social, emotional and mental health; and physical and oral health (see inset, *Early Childhood Colorado Framework*).¹ Today, Colorado has more children at risk yet provides less support in these areas. The current funding and service environment is siloed across six state agencies and over 23 public funding streams. The result: gaps in developmental gains, school readiness and academic success that will impact the state's economic well-being. The Early Childhood Leadership Commission (Commission) is committed to ensuring investments across the four domains generate the highest return and the best possible outcomes for children. Economists have shown that investments in early childhood are more cost-effective than investments in remediation in later years, thus producing the greatest returns in human capital. The Commission has recently launched a three-pronged strategy to improve young children's learning opportunities through a systemic use of the state's data, governance and financial resources. The Commission's primary charge is to coordinate and improve what is essentially a non-system of supports and services for early childhood. By removing barriers and maximizing opportunities for children and families in the early years, we will establish the foundation for lifelong learning and health and create an equal opportunity for all of Colorado's children to succeed in school and life.

Colorado's Vision for Children

The Early Childhood Leadership Commission believes that all children in Colorado deserve the opportunity to be valued, healthy and thriving. This means, starting from birth, children develop on track, enter school ready to learn and continue to make the academic gains necessary to be productive citizens.

Families lie at the heart of this vision. Parents fill basic needs like food and shelter, ensure wellness through check-ups and good nutrition and, from birth, provide the vital human interactions that allow children to develop to their full potential.

Child development never occurs in isolation. To help children thrive all families rely on their community. Other family members, friends, neighbors, health professionals, early learning experts – everyone has a role in supporting Colorado's children. Parents need:

- **An engaged community.** Accessible child development and parenting information, supports around literacy, early identification of and intervention for special needs and increased community knowledge to provide quality services.
- **Health.** Access to preventive oral and medical health, emotional and mental health support and access to the building blocks of a healthy lifestyle (nutritional foods, safe play environments, and responsive relationships).
- **Early Learning.** Availability of high quality early learning environments from birth through third grade that create a strong foundation for learning and academic success. Access to well-trained early learning professionals, including those qualified to care for children with special needs.
- **Formal Education.** Access to continued quality education that prepares children for college and vocational programs allowing for maximal career options, resulting in a strong and productive workforce.



Many Children At-Risk

The reality is that the need for appropriate support outpaces the availability of these effective programs services. Achieving the Colorado vision – all children are valued, healthy and thriving – is challenging because many children in Colorado are at-risk:

- Colorado ranks first in the nation for highest rate of growth of children living in poverty. From 2000-2006 this number grew by almost three-fourths.²
- The category of extreme poverty - \$11,025/yr. for a family of four accounts for the greatest increase. The majority of families in extreme poverty have children under the age of five.³
- Colorado is in the bottom ten nationally for the rate of children born with low birth weight - a predictor for child development and neurological problems.⁴
- “Poor social skills,” a major hindrance to learning, is an eligibility factor for one-third of the children who qualify for the Colorado Preschool Program.⁵

Approximately one-third of Colorado citizens live in at-risk counties...resulting in concerning outcomes for children and families.

Children identified as at-risk don't just live “over there” – this is a statewide problem. Across the state approximately one-third of Colorado citizens live in “at-risk” counties. In these counties – urban, rural and frontier – multiple concerning outcomes for children and families are a problem: high rates of premature births, infant mortality, child maltreatment, school dropout and unemployment.⁶



Gaps in Services

Colorado's support of families falls short as the Commission works to ensure children are valued, healthy and thriving. This is especially true for the state's youngest, most at-risk children. Research is conclusive that investing in the early years brings the highest return on investment in terms of the positive impact on child outcomes and economic and workforce investment.⁷

Yet Colorado spends almost *eight times less* on children five and younger, compared to school-aged children. The state spends \$8,700 for every child for public education versus \$1,130 per child for combined services for those ages five and younger including health, mental health, early learning, and family support. This difference in investment does not even account for the many young children in-need that don't have access to supports and services.

Investing in the early years brings the highest return on investment in terms of the positive impact on child outcomes and economic and workforce investment.

By The Numbers

1st Colorado's national ranking for rate of growth of children living in poverty.⁸

46th Colorado's national ranking for the White-Hispanic achievement gap.⁹

\$2.50—\$17 The dollar savings amount resulting in every \$1 invested in early childhood to-day...Investments made from birth to age five yield the highest return and result in decreased dependence on social programs and increased economic benefits for states and communities.¹⁰

Bottom 10 Colorado's national ranking for the rate of children born with low birth weight - a predictor for child development and neurological problems.¹¹

18,919 The number of jobs created by the formal child care industry.¹²

Gaps in services are tremendous:

- Approximately one in ten eligible families is served through the Child Care Assistance Program (CCAP). Currently, the CCAP wait list contains 5,000 children and proposed budget cuts could more than double this number.
- Colorado ranks 44th in the nation in percentage of children who are insured.¹³
- Federal dollars fund only 2% of Colorado children eligible for Early Head Start, a program that promotes social and cognitive development for at-risk children birth to three.¹⁴
- The Colorado Preschool Program, demonstrated to increase school readiness, reduce grade retention and increase long-term standardized test scores, serves an estimated three-quarters of eligible 4 year olds. A much smaller percentage of eligible three year olds are served.¹⁵

More Risk + Less Services = Gaps in Outcomes

Given this status, we can't be surprised when Colorado's children don't reach their full potential. In order to increase graduation rates and college attainment, the earliest years must be addressed. More than one third of the academic success gap found between poor and non-poor children is already present at kindergarten.¹⁶ While the state does not track and report gaps in school readiness, we know that later achievement gaps signal that not enough is being done to start children on the right track:

- 60% of Colorado’s fourth graders are not proficient in reading and 55% are not proficient in math. Worse, there is approximately a 26 point gap in performance between White and Hispanic or Black 4th graders.
- The pattern continues in later years: Colorado has the 42nd worst gap between White and Hispanic students in 8th grade National Assessment of Educational Progress (NAEP) math scores, and the 35th worst gap between White and Black students.
- The gap widens by high school: In 2009, Colorado’s high school graduation rate was almost 75%, but Hispanic students' graduation rates were around 50%; Colorado has the fourth worst White-Hispanic achievement gap in the country.

Even with massive resources in public education and college and career readiness, we won’t make gains without addressing early childhood.

The bottom line: support to young children falls far short of need. Despite a growing population and growing poverty, in the past decade, the purchasing power of public investments in children has steadily declined.¹⁷ Even with massive resources in public education and college and career readiness, we won’t make gains without addressing early childhood.

An Early Childhood “Non-System”

The Commission is charged to coordinate and improve what is essentially a non-system of early childhood supports and services. We must fix the non-system or we will not make the most of our current resources nor generate the highest return, the best possible outcomes for children. What, then, defines our non-system and what gets in the way of transforming it? The Early Childhood Leadership Commission has identified several important questions that must be answered in order to fix systemic problems and make the most of our current resources.

- **How are children doing?** Are children birth to age five on track to succeed when they enter school, and beyond?
- **Who gets what?** Which children are served by which programs and services in the areas of health, mental health, early learning and family support? Which children need multiple programs and do they get them?
- **Is there equal opportunity?** Which children have access to high quality programs? Are these the children who could benefit the most?
- **Does it work?** What are the characteristics of effective programs and services and how prepared are early childhood professionals to be effective?

- **Where is the money and how is it used?** How much money, both public and private, is being expended, how it is allocated and what services are funded?
- **Where are the inefficiencies?** What programs have similar goals, and are those programs coordinating the delivery of services? Are there areas in the state that are under- or over-served? Are there gaps? If so, where?

Our current non-system—spread across at least 23 public funding streams and six state agencies—has no way to systemically answer and address these questions.

Our current non-system—spread across at least 23 public funding streams and six state agencies—has no way to systemically answer and address these questions. These multiple funding streams often fund the same services, i.e. parent education, with different goals, different oversight and different accountability. Most programs lack the data to focus on continuous improvement and information on children and families is not often used to improve services. Without a systemic approach focused on child outcomes, how can we possibly ensure we're maximizing our current resources and making gains in ensuring children are ready for school and life?

The Community's Role in Supporting Colorado's Children

There are a myriad of ways the community can support children: the extended family member who provides child care for an urgent errand; the adult who intervenes in a playground dispute; the pharmacist who provides late night consultation on flu symptoms; the minister who counsils a parenting dispute. There are also more formal, public ways to support children and parents. Colorado has made some gains in benefitting children through a variety of programs and services. For example:

- **Health:** The American Academy of Pediatrics recommends that all children receive health care through a medical home approach, which ensures accessible, family-centered, comprehensive care. Colorado has followed suit by requiring providers serving children through Medicaid and Child Health Plan Plus to meet these quality components of care. Today, 245,000 children in Colorado are served through a certified medical home approach. The state has seen a 13% increase in well child care visits, increased immunization rates, decreased emergency room visits and decreased home health utilization for children receiving care consistent with a medical home.¹⁸
- **Mental Health:** Colorado recognizes the critical importance of the social, emotional and mental health of young children and the relationship to lifelong learning and health. Therefore, the state expanded mental health coverage in the private insurance market, enhanced mental health services for children in the Child Health Plan Plus program to match Medicaid benefits and established a training and technical assistance center focused on early childhood social emotional competence and inclusion.



What The Commission Is Doing to Solve the Problem

The Early Childhood Leadership Commission is focused on four issues: data, oversight, quality and access, and finance. The Commission will:

- **Develop an inter-agency data system** to help streamline services, drive continuous quality improvement and promote shared accountability. Thus far, the Commission has determined the mission and purpose of the planned early childhood data system and have begun assessing the status of current sources of data. In the coming year, in conjunction with the Office of Information and Technology, the Commission will fully assess our state's early childhood data systems and develop a concrete plan to coordinate them that is coordinated with the state's information systems goals.
- **Recommend a state-level oversight and coordination structure** for early childhood that increases efficiencies and supports equity and access for children and families. Beginning in 2011, this work will include a thorough analysis of the current organizational structure, focused on inefficiencies, redundancies and improvements in service delivery and outcomes for children and families. We will use these findings to develop an improved governance structure for consideration during the 2012.

- **Family Support:** Some Colorado families and their young children receive parenting and child development support through visits to the home by trained professionals . Documented impacts of these programs for families and children include:¹⁹
 - Lower rates of preterm births and low birthweight babies
 - More children meeting developmental milestones
 - Higher rates of proficient and advanced third grade CSAP scores and lower rates of unsatisfactory scores
 - Higher rates of employment and GED obtainment for first time mothers
- **Early Learning:** Colorado was one of the first states to create quality standards for early care and education programs and has recently defined school readiness to include both schools and children. The state is now working to update quality standards, improve quality for all licensed child care providers and determine the best approach to full assessing readiness. Early learning programs like Head Start and the Colorado Preschool Program have shown how quality standards pay-off with significant results including :
 - Higher rate of school readiness
 - Lower kindergarten grade retention
 - CSAP scores

- **Improve the quality, access and capacity** of early childhood services across all sectors. The Commission is dedicated to quality and access from birth through the early grades so that children are successful in 4th grade and beyond. Thus far, the Commission has endorsed Colorado’s Early Learning Professional Development System Plan and have formed an advisory group to determine implementation steps. In tandem, work is proceeding on a new Quality Rating and Improvement System for early learning programs, based on research-supported standards that are known to impact child outcomes.

Maximize and create efficiencies in current early childhood resources, prioritize other needed services and supports and set goals for financing and sustainability of an early childhood system. Efforts are underway to map all public and private resources, analyze gaps in need and create an interactive tool to model scenarios of access, quality and capacity and to analyze their impact on children and families.

The Commission’s enacting legislation motivates the following **six principles**:

- (1) Focus on what’s best for families and children.** The Commission will focus its work on measurable and obtainable results for children. We will identify the barriers that are preventing progress toward these results and work to remove system barriers.
- (2) Support all facets of child development.** The Commission has adopted *The Early Childhood Colorado Framework* (see inset), as the state’s desired results for children and families. The Framework is backed by decades of child development research on the facets of development that must be addressed to generate the best results for children: early learning; family support and parent education; social, emotional and mental health; physical and oral health.
- (3) An equal commitment to every year, birth through age eight.** Every year is equally important. We have fallen short if our combined efforts start at age four and end at the kindergarten door. We need to protect early childhood investments by ensuring equal opportunity to develop and excel starting from birth, through third grade, as well as birth to age five.
- (4) An aggressive use of current resources.** We are committed to maximizing current resources and reducing system inefficiencies. This may require challenging state and federal regulations. We are willing to press for changes that impede the best outcomes for children.
- (5) Solve the governance dilemma.** Children and families would be better served with a more unified system. The Early Childhood Leadership Commission is charged with recommending a new governance structure for early childhood supports and services that could potentially alter the funding and oversight of multiple state agencies. Per statute, the Commission shall report this in a joint session with the Governor and the Health and Human Services Committees and Education Committees of the House and Senate in January 2012. We ask for your support as we address this issue.
- (6) Fill the Need.** Only by first understanding the data, addressing the barriers, resolving the issues of governance and being aggressive with resources, will we know what needs remain in order to ensure that the children of Colorado are valued, healthy and thriving. The Commission is committed to meeting that unmet need so that our children have equal opportunities to develop to their full potential and excel at school and beyond.

Across Colorado: Successes and Challenges

In Colorado many young children are supported and thriving through shared efforts:

The **Wray Health Clinic**, in partnership with the local library, provides parents a new baby welcome bag including a board book and library information. Books are also given at well child visits through age 5 years. More than 400 books are provided annually for Wray children through **Reach out and Read Colorado**, a program proven to help develop language skills.

Stephanie Schiff, inspired by her son who has autism, developed a **business plan** as part of the Family Leadership Training Institute sponsored by the **Arapahoe County** Early Childhood Council. This plan resulted in opening a school for children with autism spectrum disorders, serving 32 children.

The **Chafee County** Early Childhood Council helped host a **community health fair**, including developmental screening. A mother from Buena Vista brought her 20 month old for a dental screen and afterwards stated, "I had no idea my son needed help talking – now I have an appointment to further evaluate his speech."

But many stories that confirm our efforts are not coordinated, efficient or effective enough:

In **Larimer County**, a mother writes, "I found Teaching Tree a month ago to care for my child while I did a job search....I was offered an internship for \$13.00/hour in **Loveland** but if I take the position, I will be kicked off TANF and my child might lose her spot. I have always held a well paying job, and have never used the system. I feel for those that have been in it longer than me because it is a full time job, with paperwork, appointments, and tough decisions...."

In **Adams County**, a family struggles to get their 3-year old daughter needed help. If the child receives services now, it is anticipated she will not need extra help later on in school. Yet transportation issues forces the family to choose between their high quality, full-time child care or a half-day, school-based program for children with delays.

A family at the 4-star Qualistar-rated **Acorn School in Boulder** qualified for the Colorado Childcare Assistance Program. But extended wait times, approval processes, and multiple requests to complete and re-submit nearly identical forms for services through mental health, housing and food programs were a significant challenge for a mother juggling two jobs.

Endnotes

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3. Ibid
4. Colorado Department of Public Health and Environment. (2010). Tipping the Scales: Weighing in on Solutions to the Low Birth Weight Problem in Colorado.
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13. U.S. Census Bureau (2008). Current Population Survey.
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Early Childhood Leadership Commission

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