

Final
STAFF SUMMARY OF MEETING

EARLY CHILDHOOD AND SCHOOL READINESS LEGISLATIVE COMMISSION

Date:	09/02/2014	ATTENDANCE
Time:	09:14 AM to 02:45 PM	Kefalas X
		Marble X
Place:	HCR 0112	McCann X
		Wilson E
This Meeting was called to order by		Todd X
<u>Representative Pettersen</u>		Pettersen X

This Report was prepared by
Kristen Koehler

X = Present, E = Excused, A = Absent, * = Present after roll call

Bills Addressed:	Action Taken:
Call to Order	Witness Testimony and/or Committee Discussion Only
Kindergarten and School Readiness Working Group Update	Witness Testimony and/or Committee Discussion Only
Early Childhood Collaborative Funding Working Group Update	Witness Testimony and/or Committee Discussion Only
Family Support Working Group Update	Witness Testimony and/or Committee Discussion Only
Mental and Behavioral Health Working Group Update	Witness Testimony and/or Committee Discussion Only
Commission Discussion of Non-working Group Ideas	Witness Testimony and/or Committee Discussion Only
Quality of Early Childhood Workforce Working Group Update	Witness Testimony and/or Committee Discussion Only
Commission Discussion and Vote on Motions to Draft Legislation	Recommendation(s) Approved
Public Comment	Witness Testimony and/or Committee Discussion Only

09:15 AM -- Call to Order

Representative Pettersen, Chair, called the meeting to order. The members of the commission introduced themselves and stated the working group they are chairing. All of the commission members were present, except for Representative James Wilson. Representative Sue Schafer was also present as a guest of the commission. Representative Pettersen provided reminders about the commission's meeting on Monday, September 22.

Representative Pettersen opened up the meeting for public comment. No one had signed up to testify, so the public comment portion of the meeting was closed.

09:20 AM -- Kindergarten and School Readiness Working Group Update

Representative Pettersen invited the members of the Kindergarten and School Readiness Working Group to the table to provide an update to the commission. Ms. Ruth Aponte and Ms. Sara Odendahl, representing the working group and the Pikes Peak Area School District Alliance, described the work of the working group. Ms. Aponte said that the group met three times during August to discuss quality rating improvement systems, full-day kindergarten, alignment of standards, family-friend-neighbor care, the Colorado Preschool Program (CPP), and support for high-needs students. She said that the group does not feel that there is a need to request legislation at this time, but that many discussions are taking place that may drive legislation as the 2015 session approaches. She talked about the work of the Colorado Department of Education (CDE) and the Colorado Department of Human Services (DHS) to align quality standards, and said that an update on this work will be provided during the November 2014 SMART Act hearings. Ms. Odendahl discussed Race to the Top - Early Learning Challenge grant funds and the sustainability of those funds. Ms. Aponte discussed Representative Wilson's support for full-day kindergarten and said that he would like to see additional per-pupil resources allocated to providing full-day kindergarten. She said that schools have capacity concerns in providing full-day kindergarten, and that working with the community may help to meet facility needs. Ms. Odendahl concluded the presentation by discussing the Denver Preschool Program, and said that the first cohort of students from the program have just completed the Transitional Colorado Assessment Program (TCAP) and that the results are good.

09:31 AM

Mr. Bill Jaeger, representing the Colorado Children's Campaign, joined the conversation. He responded to a question from Senator Kefalas about possible legislation related to family-friend-neighbor care. Senator Kefalas asked about the process for assigning Early Childhood At-Risk Enhancement (ECARE) slots. Ms. Aponte responded that each school district distributes the spots based on the needs and resources of the community. Mr. Jaeger also responded, saying that there are competing pressures on how the spots are allocated. Commission discussion about the allocation of ECARE slots ensued.

09:43 AM

Senator Kefalas asked about the CPP and how the success of the program is measured. Mr. Jaeger responded that the CPP statutes require the CDE to annually submit a report showing student level growth and outcomes over time. Senator Kefalas asked how the state can go about providing universal full-day kindergarten. Mr. Jaeger responded that there is a lot of work to do and that only about 20 percent of four-year-olds have access to the CPP, despite the expansion of the program in 2013.

09:52 AM -- Early Childhood Collaborative Funding Working Group Update

Senator Kefalas provided an update on the work of the Early Childhood Collaborative Funding Working Group. A handout was distributed to the members (Attachment A). Senator Kefalas talked about a proposal to provide more funding to the state's Family Resource Centers. He said that he would like the commission to write a letter to the Joint Budget Committee requesting additional funding for these centers, and that statutory changes would not be necessary. Senator Kefalas discussed the Colorado Child Care Contribution Tax Credit. He said that the working group would like to focus on a public awareness campaign to educate the public about the credit's availability and to encourage participation. He said that the campaign does not involve a bill or official legislative resolution. He talked about long-term sustainable funding for early childhood and how to align funding streams in a way that promotes universal access to quality care. He talked briefly about the indicators of economic well-being.

10:06 AM

Commission discussion about bill proposals from the working group ensued. Senator Kefalas clarified that no bill request was necessary. The commission recessed.

10:32 AM -- Family Support Working Group Update

Representative Pettersen called the commission back to order. She invited Mr. Mark Kling, representing the Family Resource Center Association, and Ms. Julie Pelegrin, representing the Office of Legislative Legal Services, to the table to discuss the need for statutory changes to increase funding to the Family Resource Centers. Ms. Pelegrin stated that it does not appear that statutory changes are needed, and that everything the commission is asking for will fit within existing authority. Mr. Kling echoed Ms. Pelegrin's comments, stating that he does not believe that statutory changes will be necessary. He provided a handout to the commission members (Attachment B). Mr. Kling talked about the relationship between the Family Resource Centers and the Office of Early Childhood in the Colorado Department of Human Services (DHS). He said that less than 30 percent of the funding for Family Resource Centers is state funding, and that the proposal for \$2.2 million would provide support for the current statutory requirements for how the centers should be conducting their case management. Mr. Kling discussed the ways families hear about the centers.

10:48 AM

Representative Pettersen thanked Mr. Kling and Ms. Pelegrin and asked the stakeholders from the Family Support Working Group to come to the table. Ms. Jildi Gentry, representing the public, commented on county remittance of Temporary Assistance for Needy Families (TANF) monies to the state and expressed concern. Mr. Terry Scanlon, representing the Colorado Center on Law and Policy, provided a handout to the commission (Attachment C) and discussed the way TANF works. He said that under current law, a custodial parent who receives TANF support is prohibited from receiving child support payments from the non-custodial parent. Instead, the child support payments are collected by the state and about half of the money goes to the federal government, most of the other half goes to the counties, and a small amount goes to the state -- none goes to the parent or child. Mr. Scanlon discussed the intent of the proposal and the wide-ranging and important impacts poverty has on children. He talked about a program in Washington, D.C. that increased the number of non-custodial parents who paid child support when more money was actually going to the child rather than to the government. He talked about potential costs of such a proposal.

10:59 AM

Representative Pettersen asked if the TANF recipients would be kicked out of the program for receiving child support payments under the proposal. Mr. Scanlon responded. He said that a family of three on TANF gets about \$421 a month, whereas the average child support payment is \$121 per month. Committee discussion about the proposal ensued. Representative Schafer asked about child care costs. Senator Marble asked for clarification on how the TANF dollars flow. Mr. Scanlon explained that, the way it works now, is that a non-custodial parent pays child support and half of the payment goes to the federal government, and half stays in the state and is distributed mainly to the counties. He said that the goal is for the federal government to establish a policy that would allow the state to pass the child support through to parents, and would waive the amount that would have otherwise gone to the federal government. He said that if such a policy is passed, there will be more money staying in the system in Colorado and more money staying with Colorado families. He said that when a family signs up for TANF benefits, they assign the child support payments to the state, and that is the only way the families are able to receive TANF.

11:17 AM

Ms. Sarah Ehrlich, representing Denver Human Services, joined the conversation. Ms. Ehrlich commented on county budgets and spending. She said that the way money is divided up is through a formula, so it can vary depending on the number of kids under 12-years-old who live in the county who are also in poverty. She discussed county use of TANF funds. Representative McCann asked what happens to TANF money that is unused by the county. Ms. Ehrlich responded that the money is returned to the state and put into a mitigation pool that counties may apply to for additional funds. She said that this can also happen on the federal side, if a state under spends, it can apply for a federal block grant. She said that the allocation formula changes every year and, in Denver, allocations have been decreasing for several years.

Mr. Bill Jaeger returned to the table to discuss the allocation formula.

11:26 AM -- Mental and Behavioral Health Working Group Update

Representative McCann, Chair of the Mental and Behavioral Health Working Group; Dr. Barbara Smith, Pyramid Plus Center; and Mr. Bill Jaeger, Colorado Children's Campaign, came to the table to provide an update to the commission. Representative McCann talked about expulsion rates of preschool children, saying that preschoolers are three times more likely to be expelled for poor behavior than K-12 students. She said that better training needs to be provided to early childhood professionals on how to handle poor and challenging behavior. She noted that research shows that early aggressive behavior is a good predictor of future involvement in the juvenile justice system, and that poor behavior also impacts children's social and emotional skills.

Representative McCann discussed immunization requirements in Colorado and said that Colorado law allows a parent to opt out of immunization without providing a reason. She said that the group will not propose legislation around the matter, but that the conversation about whether or not people should be able to opt out for any reason needs to continue. She talked about children's mental health and the need to identify children early on who may have depression or are experiencing toxic stress. She said that there is not currently a good screening tool for young children in these areas. She said that Colorado policy must support early action and a referral system to connect children with the proper care. Commission discussion regarding early childhood screenings ensued. Dr. Smith commented on the treatment continuum for young children.

11:49 AM -- Commission Discussion of Non-working Group Ideas

Representative Pettersen began the committee discussion of other bill ideas not originating from a working group. She started by discussing the expansion of the number of slots for the ECARE program. Senator Kefalas asked about the goals of such a bill. Representative Pettersen mentioned shifting more slots towards preschool, and other ideas. Senator Todd said that everyone agrees that increasing the slots is a good idea, but wants to know the details, and if it should be a bill or a request to the Joint Budget Committee. Committee discussion ensued on the topic. Ms. Julie Pelegrin, Office of Legislative Legal Services, came to the table and stated that a bill would be needed to increase the number of preschool slots. Discussion ensued about prior funding for preschool slots under the School Finance Act for FY 2014-15.

11:59 AM

Senator Todd commented on prior discussions with the Colorado Children's Campaign concerning teacher evaluations for early childhood educators and stated her concerns in this area. She wants the commission to discuss the issue further and to hear from educators. Senator Todd stated that there are tough questions to answer and wants to look at the issue of evaluation before moving forward. Senator Kefalas asked whether a bill proposal to exempt early childhood educators would be a good way to ensure spirited conversation. Senator Todd reiterated her desire for public input and public comment on the issue. Representative Schafer wanted to look at how child care workers are currently evaluated, for example in the Denver Preschool Program and the Colorado Preschool Program. The committee recessed for lunch.

12:46 PM -- Quality of Early Childhood Workforce Working Group Update

The commission came back to order. Senator Todd introduced the Quality of Early Childhood Workforce Working Group. Ms. Katherine Hammerbeck and Ms. Heather Tritten came to the table and discussed the need for education and training for the child care workforce. Ms. Hammerbeck mentioned the difficulty in incentivizing quality, especially with the low pay for child care providers and educators. She described a bill proposal for a refundable tax credit for professional development for early childhood providers that serve Colorado Child Care Assistance Program (CCCAP) children. Ms. Hammerbeck recommended that the credit start at the credentialing level, and then work its way up to higher levels. She proposed that the credit start in the range of \$1,600 to \$2,500 per person, per year. Senator Todd mentioned the impact of having highly trained teachers in schools and thought that it could apply in an early education environment.

Senator Kefalas requested that Legislative Council Staff provide a preliminary fiscal note for the proposal. He mentioned that many early childhood educators with low pay benefit from the earned income tax credit (EITC), and wants to know how that interacts. Ms. Hammerbeck stated that many child care aides and assistant teachers qualify for the EITC, but less likely at the lead teacher level. Senator Kefalas asked about making the proposal connected with income level. Ms. Hammerbeck replied that she was not opposed to this, but that the working group was trying to keep the credit simple to administer.

Senator Marble asked about the credential for early childhood educators. Ms. Hammerbeck described the existing system and revisions to standards being made by the CDE. Ms. Tritten stated that the standards are research-based. Senator Marble asked about the role of physical education in early childhood education and the impact on child behavior from reducing physical fitness in schools. Ms. Tritten stated that the quality rating system does have a health rating component, but that this is unrelated to the teacher credentialing system. Ms. Hammerbeck further elaborated on the competencies required as part of the teacher credential.

01:12 PM

Ms. Tritten began discussing the working group's second bill idea for a scholarship program. She described the existing funding for teacher scholarships. The working group proposed to amend the existing program at the CDE to shift the program to a grant-based program in which the CDE funds organizations providing scholarships, rather than directly provide scholarships. Senator Todd voiced her support for the proposals in building up the capacity of educators. Representative McCann asked if they are wanting additional funding. Ms. Tritten explained that the existing program was made to receive federal funds, but they were never received.

01:16 PM -- Public Comment

Representative Pettersen discussed the commission's schedule and opened up the floor for public comment. Ms. Rosemary Allen, Professor of Early Childhood at Metropolitan State University, began her testimony, which focused on preschool expulsions and racial disparities in these suspensions. She provided a handout to the committee on this topic (Attachment D). She discussed the need to address challenging behaviors in preschool and use research-based practices. She wants there to be culturally responsive practices and training, and discussed the differences between the early childhood workforce and population of children served. Representative Pettersen asked about the best way to address the problem and if legislation was needed. Ms. Allen stated that data collection was needed and that courses in the curriculum need to include culturally responsive material. Senator Todd asked about the courses in this area and Ms. Allen described her work and the courses at Metropolitan State University and University of Colorado Denver. Ms. Allen responded to prior comments concerning teacher evaluations.

Mr. Rich Jones, Director of Policy and Research at Bell Policy Center, began his testimony. He stated that The Bell is in favor of many of the ideas presented, in particular expanding the number of preschool slots available in the Colorado Preschool Program. He stated that flexibility between full-day kindergarten and preschool slots is important, but that more preschool slots are needed. He also voiced support for the TANF child support proposal and funding for Family Resource Centers. Senator Kefalas asked if expanding slots should be done through the School Finance Act or a separate bill. Mr. Jones responded that the School Finance Act has traditionally been the vehicle for expanding slots, but that it could be its own bill if the committee wants. Representative McCann asked for clarification about the relevant statutory sections. Julie Pelegrin from the Office of Legislative Legal Services, provided additional information on this topic and past practices for amending the School Finance Act.

01:33 PM

The members of the Early Childhood Leadership Commission (ECLC) came to the table, including Ms. Cindy Schultz, Ms. Anna Jo Haynes, Ms. Charlotte Brantley, and Ms. Elsa Holguin.

Ms. Haynes, co-chair of the ECLC, described the partnership between the ECLC and the commission. Ms. Schulz discussed the higher percentage of ECARE slots going toward full-day kindergarten rather than preschool and the need for more preschool slots. She described the impact of preschool on families and the developmental benefits of preschool. Ms. Brantley, CEO of Clayton Early Learning, began her testimony and discussed family-friend-neighbor care. She described the experience at Clayton Early Learning of trying to improve the quality of unregulated family, friend, and neighbor care. She stated that more study is needed on this topic, rather than a specific bill. Ms. Holguin discussed their work with the Office of Early Childhood. Ms. Haynes discussed the ECLC's position on the various ideas put forth by the commission. Senator Kefalas asked about the data collection on racial disparities in early childhood discipline. Ms. Allen returned to the table and discussed the data collection mandates in current law. Ms. Brantley stated that the ECLC can also take up this issue.

01:57 PM -- Commission Discussion and Vote on Motions to Draft Legislation

Senator Kefalas proposed that the commission write a letter to the Joint Budget Committee recommending additional funding for Family Resource Centers. There were no objections from the commission. Representative McCann stated that she did not have any bill proposals. Senator Todd's first proposal was to draft a bill to create a tax credit for child care provider education. There were no objections from the commission. Senator Kefalas stated that he would like a preliminary fiscal note for the tax credit bill proposal. Senator Todd's second proposal was to increase funding for early childhood scholarships for early childhood teachers. There were no objections from the commission. Senator Marble did not object, but stated that it is important to her that funding for education align with what is in the constitution, which she states is to serve children ages 6 through 20, not for preschool. She then discussed the relationship between spending per pupil and graduation rates in different cities and states.

Representative Pettersen presented her proposal for a bill allowing TANF recipients to receive child support from non-custodial parents, rather than have these funds retained by the state and federal governments. There were no objections from the commission. Representative Pettersen stated that she would like to have a bill to increase Colorado Preschool Program slots, even if this is just a temporary placeholder that will be worked into the School Finance Act.

Commission discussion ensued about the logistics of drafting the bills with Ms. Julie Pelegrin, Office of Legislative Legal Services. Ms. Pelegrin discussed the drafting deadlines.

02:10 PM -- Public Comment

Representative Pettersen opened up the floor for additional public comment. Ms. Charlotte Brantley, Clayton Early Learning, discussed teacher evaluations. She talked about how they evaluate early learning teachers and their findings. Ms. Brantley described the qualifications of teachers in their organization in terms of education and teachers' ability to use child outcome data. She also commented on professional development and evaluation for principals. She discussed accountability and further professionalization of the field.

Councilwoman Sarah Levison, City of Longmont, described her work with the National League of Cities in the area of early childhood. She stated that everyone agrees that there is need for professional development, but that there are many questions about how to do this. She mentioned the lack of substitute teachers as one example of difficulty in professional development. She discussed choice in child care and the ability to afford child care if working a low-paying job.

Mr. Bill Jaeger, Colorado Children's Campaign, thanked the commission for its time and attention to early childhood issues. He discussed early childhood evaluation and how to measure student growth in early childhood. He stated that this is a difficult and important conversation. He provided information and statistics on the current status of early childhood education. Senator Todd asked about student growth and the tools available to measure growth. Mr. Jaeger responded that the Colorado growth model does not apply but that there are conversations ongoing about developmentally appropriate milestones versus academic achievement for early childhood.

Ms. Gloria Higgins, Executives Partnering to Invest in Children (EPIC), and a founding board member of the Denver Preschool Program, began her testimony. She talked about measurement and evaluation for the Denver Preschool Program and how they linked quality with the amount of credit available to parents.

Ms. Brantley returned to the table and stated that there is a difference between evaluating programs and individual teachers. She discussed the gains made through the investment of Denver sales tax dollars, but that the evaluation data does not show results for individual teachers. She stated that assessment is expensive and has to be a one-on-one evaluation, unlike standardized testing for older children. Representative McCann asked about the applicability of Senate Bill 10- 191, which concerns quality instruction through educator effectiveness, to Clayton Early Learning. Ms. Brantley stated that they are not required to be licensed and not covered under SB 10-191. Representative McCann then asked about their internal teacher evaluation process and discussion ensued on this topic.

Ms. Jildi Gentry, Morgan County Early Childhood Council, came to the table and discussed SB 10-191 and her experience as a child care center director. She elaborated on teacher and supervisor qualifications and discussed the expectations on teachers. She then talked about suspensions and expulsions in early learning and the connection with the foster care system. She then discussed kindergarten transition and integrating the preschool and kindergarten workforce.

02:45 PM

Representative Pettersen thanked the participants in the working groups and discussed the next meeting on September 22nd. The commission adjourned.

**Early Childhood and School Readiness Commission
Kindergarten and School Readiness Work Group Update
September 2, 2014**

**Co-chairs: Representative Jim Wilson & Ruth Aponte for the Pikes Peak Area School District Alliance
Participants: Bill Jaeger & Dan O'Connell, Colorado Children's Campaign, Evie Hudak Colorado PTA & the Bell Policy Center, Elisabeth Rosen, CASE & the SPED Consortium, Dieter Raemdonk, Douglas County School District, Carolena Steen, Cheyenne Mountain School District, Montina Romero, Fountain Fort Carson School District, Melissa Colman, CDE, Marie Hueston, Cindy Schulz, Marsico Foundation.**

The work group met several times and discussed a broad range of topics related to kindergarten and school readiness. Ultimately, the group decided not to make any recommendations for 2015 legislation to the full Early Childhood and School Readiness Commission. While the issues discussed all merit ongoing conversations, the work group collectively agreed that legislation in the 2015 session was unnecessary.

Specific topics discussed include:

- Alignment of QRIS with CPP Quality Standards: Previous legislation addressed this topic and it is anticipated that an update will be provided as part of the November SMART Act hearings. Additionally, meetings between CDE and a network of critical friends at the district level are continuing throughout the fall, and the work group felt that they needed to continue in earnest prior to legislative change.
- Family, Friend and Neighbor (FFN): The work group discussed quality issues related to FFN care, and various options to improve and incent quality. Currently there is work in this arena through the FFN Learning Community, and the Colorado Children's Campaign is undertaking a research project. The work group decided to wait for the results of those two initiatives.
- Use of ECARE Slots: The work group briefly discussed ECARE slots and whether any changes as to how the slots are allocated was warranted. Districts expressed the desire to flexibility with CPP and ECARE funding, and the work group did not pursue further discussion.
- Early Childhood Quality Incentive Program (ECQIP): The work group briefly discussed ECQIP and the legislative history behind the idea. However, the work group felt the ongoing discussions regarding alignment of QRIS and CPP quality standards, as mentioned above, were a priority and did not pursue further discussion.
- Sustainability of funding after Race to the Top Early Learning Challenge Grant: The work group referred the idea to the Collaborative Funding work group.
- Support for High-Needs Students: The work group discussed early childhood high needs students at the first meeting, specifically special ed students, however there was no further discussion at subsequent meetings.

- Full Day Kindergarten: The work group discussed Rep. Wilson's bill concept for full day K funding, and the legislative history. Districts voiced concerns about classroom space, and the overall cost of expanding full day K statewide. One idea suggested to address the space issue is to explore whether community providers are a potential resource for space. Community providers are not available in all areas of the state, but if they are, could be considered part of the solution. Many districts offer full day K through mill levy money or via other funding sources, and additional funding would be duplicative. The work group agreed to continue discussing the idea and try to work through some of the initial concerns. However, there is no formal recommendation to the full Commissions regarding full day K.

In addition to the topics above, the work group received a presentation from Jennifer Landrum with the Denver Preschool Program. She gave an overview of the program, including funding mechanisms, populations served and initial TCAP data gathered from the first cohort of students to complete the program.

DRAFT

Dual-Generation Family Support and Parent Education Proposal

August 29, 2014

This proposal by the Family Resource Center Association (FRCA) to the Early Childhood and School Readiness Legislative Commission (ECSRLC) is to fund Family Support and Parent Education at Family Resource Centers throughout Colorado. The Family Support and Parent Education domain is an important part of the Early Childhood Colorado Framework.

The Family Resource Center Act, C.R.S. 26-18-101, established in 1993 the family resource center (FRC) program as a single point of entry to provide coordinated and integrated community-based family support services for vulnerable families and children. When the state pilot funding was eliminated in 2000, the centers formed FRCA to support the FRCs. FRCA has 24 FRCs that serve families in 45 counties across the state. In July 2013, the state FRC program was moved from the CDPHE to the Office of Early Childhood within the CDHS.

The majority of families accessing services at their local FRC seek assistance with an initial primary need such as food, utility assistance, family support or parent education. The FRC staffs link families to services that meet their immediate needs and also partner with families to provide family support services so they may accomplish goals and overcome barriers to achieve family stability and/or economic or educational success. This Dual-Generation family support case management model was recognized as a Promising Practice for Collaborative Service Delivery in Poverty Reduction by the Colorado Economic Opportunity Poverty Reduction Task Force in 2012.

The Family Resource Center Act requires FRCs to utilize a coordinated case management service delivery approach. The centers have been challenged to meet this requirement since 2000 due to insufficient funding. Despite this lack of funding, FRCs continue to provide effective and coordinated services through a variety of funding sources such as foundation grants, federal funds, pass-through state program funding, and fundraising activities. FRC's annually serve over 56,000 families. About half of the 5,000 families seeking comprehensive services, or 2,500 annually, are able to be served with sufficient intensity to track progress. Longitudinal data for the past six years shows that the coordinated case management services result in statistically significant family progress toward stability in the following family well-being indicators: Adult Education, Childcare, Children's Education, Financial, Employment, Food, Health Coverage, Housing, Parenting Skills, Substance Use, Transportation and Utility Assistance.

This proposal is for an annual general fund appropriation of \$2,200,000 to be added to the Colorado Department of Human Service's appropriation. This funding would provide for the following work at FRC's, at the discretion of the OEC:

1. Additional family development staff at FRCA member centers to increase the number of families (from 2,500 to 5,000 annually) that receive coordinated case management services, addressing multiple goal areas for both parents and children to increase family stability (i.e. education, employment, income, early childhood);
2. Support for the statewide infrastructure for family support and parent education through implementation of Quality Standards of Family Strengthening Programs, tracking and reporting standardized family outcome measures (aligned with CDHS's CSTAT System) and training and technical assistance to increase FRC organizational sustainability;
3. Support for an ongoing project fostering statewide cooperation between FRC's, the Early Childhood Councils, Child Care Resource and Referral agencies, and other early childhood organizations to efficiently provide family support and parent education and avoid duplication of services.

We believe this proposal would fund programs that are already in statute, with no changes to the program or direction on how to use the funds, and would not require a statutory amendment to the Family Resource Center Act. Family Support and Parent Education are defined in the statute. We believe this proposal may require a new line item in the Long Bill to appropriate the money. As such, it may require a letter from the ECSRLC or another Interim Committee to the JBC requesting the inclusion of a new line item.



**Executives Partnering
to Invest In Children** 

475 17th Street, Suite 950
Denver, Colorado 80202
office: 303-319-3350
www.ColoradoEpic.org

Founding Members

Dan Ritchie, Founding Chair
Chairman and CEO
Denver Center for the Performing Arts

Pat Hamill
Chairman and CEO
Oakwood Homes

David Merage
Chairman and CEO
Consolidated Investment Group

Managing Board

Brad Bussa, Chair
Managing Director
RBC Capital Markets

Greg Anton, Vice-Chair
Chairman and CEO
Anton Collins Mitchell LLP

Geta Asfaw
President
Addis & Company/Ababa & Company

Christine Benere
President
Mile High United Way

Barbara Grogan
Founder/Past CEO
Western Industrial Contractors, Inc.

Gloria Higgins
President
Executives Partnering to Invest in Children

Paul Major
President
Telluride Foundation

Doug Price
President and CEO
Rocky Mountain PBS

Sue Renner
Executive Director
Merage Foundations

Amy Schwartz
Executive Director
Foundation for Educational Excellence

Susan Steele
Executive Director
Temple Hoyne Buell Foundation

Tamra Ward
Executive Director
Colorado Concern

Chris Watney
President
Colorado Children's Campaign

Tim Wolf
President
Wolf Interests, Inc.

Burnie Zercher
President
Industrial Constructors / Managers, Inc.

COLORADO CHILD CARE CONTRIBUTION TAX CREDIT
Early Childhood Collaborative Funding Working Group

Background:

The Child Care Contribution Tax Credit was passed in 1998 and has been amended six times. Currently, taxpayers that make a monetary contribution to promote qualified child care may receive a Colorado Income Tax Credit up to 50% of the total contribution, with limitations. In 2011 and 2012 the credit was deferred as a result of a legislative “trigger”. In 2011 this “trigger” was eliminated with the tax credit partially available in 2013 and 2014. The full amount of the credit is restored in 2015.

Financial Impact:

The limitations imposed by the “trigger” legislation created a loss of millions of dollars to the early childhood provider community. With the reinstatement of the tax credit, it is important to re-energize the public/private partnership created through the Child Care Contribution Tax credit.

Early Childhood Data:

- ★ By age 3, a child’s brain has reached over 85% of its adult development
- ★ Kids who attend preschool are 20% more likely to graduate from high school
- ★ Kids who attend preschool are 22% less likely to commit a felony

Recommendation:

Develop public support in 2014 and 2015 for contributions to qualified child care providers by:

- Engaging Colorado’s business community, community organizations and individuals to develop a marketing program which encourages Colorado taxpayers to contribute to qualifying early child care programs
- Work with the early childhood community to create an outreach program whereby individuals and businesses are encouraged to support the quality care and education of children birth to eight

Commitment:

Executives Partnering to Invest in Children is willing to coordinate the collaborative efforts to bring the utilization of the Colorado Child Care Contribution Tax Credit to its pre-recession levels.

Additional ideas were discussed during the **Collaborative Funding Working Group** meetings that are not ready for bill drafting or do not require legislation, but the group wants to inform the ECSRC about the conversations.

- **Long-term sustainable early childhood funding**, aligned across the various funding streams, is a complex and critical topic that requires on-going and inclusive deliberation. The Collaborative Funding Working Group (CFWG) supports the ECSRLC being part of these current and future discussions with the ECLC, the relevant departments, and community stakeholders. Issues to be considered include: how we restore CCCAP funding on a sustainable basis over time to support working families; how we align and make more efficient the various early childhood funding streams; how we fund current and future initiatives to ensure quality and affordable childcare (QRIS) especially when federal funds expire. The Quality Work Force Working Group discussed this as well in the context of having a long-term strategy for funding professional development (PDIS).
- The proposed **Economic Well-Being Index (EWBI)** was developed by Legislative Council staff in 2012 at the request of Sen. Kefalas (see LC memos dated 5/2/12 and 7/19/12) to research different methodologies for evaluating state programs, services and interventions that address family well-being and poverty. The goal is to create a non-partisan, objective measurement tool within existing resources that would help inform policymakers and the public about the progress of state and county efforts in relation to the selected economic well-being indicators. The EWBI is based on the “capability approach” – the ability to achieve one’s basic needs, which is different than the Federal Poverty Levels (FPL) that focus on gross income and family size. The annual federal Official Poverty Measure (OPM) is based on FPL and does not consider other resource inputs or cost of living geographic differences. The Collaborative Funding Working Group (CFWG) respectfully asks the ECSRLC to take on this project that would require a robust stakeholder process to address the various considerations such as which indicators to use that would portray a most meaningful picture of economic well-being through the lens of early childhood development.
- The Collaborative Funding Working Group discussed the important work of the **Family, Friend & Neighbor Learning Community (FFN)** and understands that the FFN community will continue working on a strategic plan with existing organizations that engage with FFN caregivers (e.g. Early Childhood Councils, Family Resource Centers, PASO, and other interested parties) to determine solutions for supporting the FFN community.



August 30, 2014

Subject: Pass-through and disregard child support payments for TANF recipients

Summary: Colorado law prohibits parents who receive Temporary Assistance for Needy Families (TANF) from receiving the child support payments made by non-custodial parents. This proposal would allow TANF recipients to receive child support payments without lowering their TANF benefits.

Goals:

- Increase income for children on TANF
- Reduce depth of poverty for children on TANF
- Improve child support compliance.
- Strengthen families.
- Keep parental income in Colorado.
- Solution needs to be administratively viable.
- Provide sufficient state funding for all necessary administrative upgrades, such as computer changes.
- Provide sufficient state funds to offset all lost revenue to the counties.

Background: Temporary Assistance to Needy Families (TANF) is a federal block grant to states to cover benefits targeted to needy families with children. TANF emphasizes self-sufficiency through work participation requirements, benefit time limits, and initiatives to encourage the formation and maintenance of two-parent families.

Currently, child support payments of non-custodial parents whose children receive TANF benefits go to the government, rather than sent to the other parent. In Colorado, roughly half of that money stays with the state and the counties while the other half goes to the federal government.

The Federal government allows states to let child support payments “pass through” to the families and “disregard” those payments when calculating the TANF benefit. Twenty-four states do this. That extra financial aid could make a difference.

Bill proposal:

- Allow custodial parents of children on TANF to receive the timely child support payments made by the non-custodial parent
- Disregard child support as income for determining qualification for Colorado Works as well as the level of benefit for Colorado Works
- Provide General Fund appropriations:
 - To counties to offset lost revenue

- For computer systems and other potential administrative changes
- For enhanced communication or marketing to inform parents of the changes
- Reporting from the state to provide accountability and transparency

Data:

- In FY 2012-13 a total of 7,900 current TANF cases in the year received a payment or payments for one month or multiple months toward their current child support obligation.
- In FY 2012-13, a monthly average of 2,400 current TANF cases received a payment toward current support.
- The total amount of current child support paid in FY 2012-13 on active TANF cases was \$3.6 million.
- For those active TANF cases that received a current support payment in a month, the average payment was \$121.
- For each month in calendar year 2012, there were approximately 8,200 cases with a current support obligation where the custodial party was current on TANF
- The federal government receives 50 percent, the counties receive 20 percent and the remaining 30 percent is also sent to the counties except for \$365,000 each year that the state retains.

Contact:

Terry Scanlon
Public Affairs Manager
Colorado Center on Law and Policy
tscanlon@cclponline.org
303-957-8137

Early Childhood and School Readiness Legislative Commission (ECSRLC)
Mental, Physical, and Behavioral Health Working Group

Topic Area:

Increase resources for the Office of Early Childhood to support increased professional development opportunities for early care and education professionals on evidence-based practices particularly those that promote social competence, prevent challenging behavior and effectively intervene with challenging behavior if it occurs. The Office of Early Childhood offers evidence-based professional development opportunities. The number of children benefiting from these effective practices could be greatly expanded with more resources.

Challenging behavior in young children is a significant national and state problem with long-term consequences for children, families and communities. National and state research indicates:

- Challenging behavior is the number one professional development issue for early childhood educators.
- Preschool children are three times more likely to be “expelled” than children in grades K-12 for challenging behavior.
- Early appearing aggressive behaviors are the best predictor of juvenile gang membership and violence.
- If aggressive behavior is allowed to persist to age 9, it is more difficult to change.
- Faculty in higher education early childhood programs report that their graduates are least likely to be prepared to work with children with persistently challenging behavior.
- Social skills are linked to school readiness as much as or more than cognitive skills.
- **There are evidence-based practices that are effective in changing this developmental trajectory...the problem is not what to do, but rests in ensuring access to them.**

(The Technical Assistance Center on Social Emotional Interventions (TACSEI)

<http://challengingbehavior.fmhi.usf.edu/>)

In 2006, a Colorado study reported that 10 out of 1000 preschool aged children in child care were expelled. A follow-up study in 2011 found the number had been reduced by more than 50%, to 4 out of 1000. Additionally, in the 2011 study, teachers reported using more evidence-based practices. Between 2005 and 2011, Colorado put into place more programs and services to address the issue, including instituting the position of early childhood mental health specialist in community mental health centers and Pyramid Plus: the Colorado Center on Social Emotional Competence and Inclusion.

In addition to having access to evidence-based models and practices, the delivery of the information must reflect effective professional development strategies such as on-site, job embedded coaching (Joyce & Showers, 2002). Coaching significantly increases the likelihood that new practices will actually be used. Effective models are tiered approaches that promote social skills, prevent challenging behavior when possible, and effectively intervene with challenging behavior. Data show that when a promotion, prevention, intervention model is used coupled with training and coaching, the impact is:

- 83% of children identified as social/behaviorally “at risk” on the ASQ-SE were no longer “at risk”
- Children’s rates of social, emotional and behavioral challenges significantly reduced
- Teachers and directors feel competent and confident
- Programs practice full inclusion and no expulsions
- Teachers use the practices with fidelity (<http://pyramidplus.org/>)

Topic Area:

Immunizations and Physical Health

The work group on Mental, Physical and Behavioral Health discussed childhood immunizations and concluded that while promoting the importance of vaccination among young children and their caregivers is an important public health issue, there are no legislative recommendations for the 2015 session.

Vaccines are safe and effective are considered one of the greatest public health achievements of the 21 century. However, Colorado is facing challenges in ensuring that all children are up-to-date on recommended life-saving immunizations. Last year 414 Colorado children were hospitalized with a vaccine-preventable disease costing Colorado

\$26.6 million in hospital charges for treating them. Vaccine preventable disease is particularly concerning for infants and toddlers as they do not receive their full series of recommended vaccines until they are older, leaving their immature immune systems more vulnerable to infectious diseases. Last year 64.4 percent of children hospitalized with vaccine-preventable disease were four years of age or younger and overall 20 percent of Colorado children are under- or unvaccinated against one or more vaccine-preventable diseases. While these statistics are alarming, there is a broad coalition of pro-vaccine advocacy organizations working together to promote vaccines through credible scientific education and ensure access to vaccines across the state.

One topic the work group discussed explicitly was the state's immunization registry. The Colorado Immunization Information System (CIIS) is the state's consolidated voluntary immunization tracking system that records and tracks the number of vaccines an individual receives. Current funding for CIIS has remained stagnant since it was created 5 years ago. Stakeholders met in over the course of six months in 2014 to look at long-term opportunities to leverage CIIS and improve its functionality. With regard to children in ECE settings, the vast majority of child care centers in Colorado do not have access or training to use CIIS to verify a child's immunization status. Stakeholders recommended expanding CIIS to child care centers, however additional funding for training and technology deployment is required.

Topic Area:

A robust and comprehensive screening, referral, follow-up, and care coordination system is a necessary step in supporting the healthy development of young children. When we screen children for developmental issues, including social emotional and behavioral well-being, we can intervene much earlier and head off more costly and challenging problems later. When we screen caregivers for signs of depression and gather information about other psychosocial factors that impact family functioning, we can better support both a parent and a child's mental and behavioral health.

And, yet, we face significant challenges in implementing a robust screening, referral, and follow-up care system:

- 16% of Colorado children have a diagnosed disability (including emotional/behavioral problems). Just 30% of these disabilities are detected prior to entering school [See Ready, Set, Go Briefs pages 3-4]
- Less than 30% of behavioral health referrals actually make it from the primary care setting to the behavioral health providers. For children in low-income families estimates suggest it could be as low as 10-20% (National Health and Nutrition Examination Survey, CDC).

To address these challenges, Colorado must explore financing and policy solutions that promote effective strategies such as public health promotion and prevention, universal access to screening services at the child and family level, the integration of behavioral health supports into primary care settings, implementation of comprehensive and coordinated screening processes that provide family-centered navigation and culturally responsive resources and supports to young children and their families, and reforms to our financing and billing system to support these policy changes. We look forward to continuing to develop policy proposals that can help support a robust screening, referral, and care coordination process that give all children a healthy start.

Tax Credit for Child Care Providers, Submitted to the ECSRLC

Submitted by the Quality Early Childhood Workforce Working Group

Background:

“The most important indicator of a high-quality early care and education (ECE) program is the quality of the teachers and caregivers who interact with children every day. As a result, quite a bit of ECE research has focused on the impact of bachelor’s degrees on effective practice. Indeed, several studies found that early childhood educators with a bachelor’s degree were more responsive to children and provided more language development and emergent literacy activities than teachers without a bachelor’s degree (Ackerman, 2005; Saracho & Spodek, 2007; Whitebook, 2003). However, research has also demonstrated that a bachelor’s degree alone is insufficient to ensure teacher quality at the early childhood level. It appears that the presence of a degree in combination with specialized training relating to classroom practice is what results in quantifiable teacher-quality improvements (Pianta & Hamre, 2009). Importantly, some research and evaluation has also found that with targeted training and mentoring less-educated teachers can provide early learning opportunities comparable to those provided by their better-educated counterparts (Layzer, Goodson and Price, 2007).

As debates about the value of a college degree continue, recruiting and retaining qualified teachers remains a significant challenge for most ECE programs. (Cassidy et al, 2011).”

Louise Stoney

The challenge is to balance the need for increased education and training with the cost of care. Wages are 65% - 70% of a center’s budget. Parents cannot afford higher tuition and the subsidy program doesn’t reimburse providers sufficiently in order to pay higher wages. Therefore, it is difficult to encourage staff to seek higher education and for programs to improve quality.

Louisiana addressed this problem with a package of tax credits, one of which is a refundable tax credit for child care center staff (directors and classroom teachers) to encourage them to obtain higher educational levels. In the first year, \$2.2 Million in tax credits were used for 1227 early childhood professionals. Louisiana’s tax credits were based on position held, i.e. director or classroom teacher, and the educational/training level achieved by the applicant.

Goals:

- Incentivize staff to increase their education/training
- Improve a program’s quality rating with higher levels of education
- Encourage programs or providers to accept CCCAP children

Proposal:

Create a refundable tax credit for child care providers to include teachers, directors, and family child care providers. All programs must serve CCCAP children.

Tracking and Eligibility Levels:

We recommend that the tax credits use the PDIS professional development registry and learning management system. Starting with Credential Level II (which is comparable to the qualifications for an Early Childhood Teacher in licensing) through Credential IV. As the provider moves up the credentialing system, the tax credits would be higher. This is not a reimbursement, but more like a bonus for achieving higher levels of education and training and is ongoing. The proposed levels are:

- Credential II: \$1600
- Credential III: \$2,000
- Credential IV: \$2500

We recommend that the teachers and directors be employed in their program for at least 6 months, and that family child care providers be licensed for at least 6 months.

Providers would be eligible for the tax credit every year as long as they maintain a current credential and meet the other requirements.

In Colorado, the child care industry contributes over \$1 Billion to the gross state product, employs more than 12,000 staff with more than \$200 million in employment compensation. Increased compensation will have a direct impact on the state economy compared to other goods and services¹

¹ *The Economic Impact of Child Care in Colorado*, Miles K. Light.

September 2, 2014

To: Colorado Early Childhood School Readiness Commission

From: Quality Early Childhood Workforce Working Group

Subject: Proposal to increase funding for early childhood scholarships

The Quality Early Childhood Workforce working group recommends the creation of a statewide scholarship fund to improve the education levels of the early childhood workforce.

Summary: Research shows that high quality early childhood experience are critical for the creation of a strong foundation for lifelong learning and development. A highly educated early childhood workforce is critical for the creation of quality early childhood programs. Colorado requires early childhood teachers and directors to have minimal levels of formal education. Providing scholarship funds to encourage and support the early childhood workforce to increase their levels of education is critical to ensuring that Colorado's children are ready for kindergarten.

Background: Colorado's support for teacher education has historically been provided by the T.E.A.C.H. scholarship fund, which is a program of Qualistar Colorado, and scholarship funds provided at the local level by the Buell Foundation. Currently, T.E.A.C.H. serves approximately 200 students each year because of limited funding. T.E.A.C.H. has projected that the program should be serving around 700 students. The State received funding through the Early Learning Challenge Fund to increase scholarships. Thus far those funds have been invested in T.E.A.C.H., the Community College Foundation, and the creation of a scholarship program for Early Intervention professionals.

In 2010 the legislature passed HB 10-1030, which created the Early Childhood Educators Development Scholarships program. This program was created as a mechanism to use federal funds to provide scholarships to individuals who were seeking an associate's degree in early childhood education. This bill was never funded and the program should have been repealed for lack of funding at the end of 2011, but was not. In 2014, SB 14-006 was introduced to broaden the scope of HB 1030 with the hope of increasing funding for T.E.A.C.H., however, the legislation did not meet that intent, so the sponsor asked for the bill to be postponed indefinitely.

Bill idea: "Early Childhood Educator Development Scholarships" – Revise the Early Childhood Educator Development Scholarships (ECEDS) Program in Article 9.7 of Title 22 to be a funding program for scholarships for early childhood educators to get postsecondary education in early childhood, without specifying a particular degree, credential, or certificate. Allow the details of the scholarship funding to be designated

through rule of the Department of Education, with input from the Department of Human Services. Ensure that the scholarships would be applicable to the T.E.A.C.H. program.

Proposal: Repeal Article 9.7 of Title 22, CRS, which was created through HB10-1030 and replace it with legislation that creates a scholarship fund that can administer funding to scholarship programs.

Contact: Heather Tritten, Interim President & CEO, Qualistar Colorado
htritten@qualistar.org; 303-339-6806

C.R.S. 26-18-101

COLORADO REVISED STATUTES

*** This document reflects changes current through all laws passed at the First Regular Session of the Sixty-Ninth General Assembly of the State of Colorado (2013) ***

TITLE 26. HUMAN SERVICES CODE
ARTICLE 18. FAMILY RESOURCE CENTER PROGRAM

C.R.S. 26-18-101 (2013)

26-18-101. Legislative declaration

(1) The general assembly hereby declares that Colorado needs healthy and cohesive families at all income levels in order for the state to be economically viable. A number of families in communities throughout Colorado temporarily may not have access to the basic necessities of life or to resources or services designed to promote individual development and family growth.

(2) The general assembly further declares that many of Colorado's vulnerable families, individuals, children, and youth do not necessarily live in at-risk neighborhoods. Such persons may not have appropriate resources or sufficient income for adequate housing, health care, or child care because the primary wage earners are unemployed, underemployed, or work at jobs that pay minimum wage or less. Further, many such persons not only live in poverty, but also experience divorce, domestic violence, or are single parents. Children and youth who are raised in vulnerable families experience an increased risk of being abused, being illiterate, being undereducated, dropping out of school, becoming teen parents, abusing drugs, and engaging in at-risk behaviors, including but not limited to criminal activities. Such children and youth are often influenced by and are likely to repeat behaviors that began with their parents.

(3) Therefore, the general assembly finds that it is appropriate to establish a program to provide family resource centers in communities to serve as a single point of entry for providing comprehensive, intensive, integrated, and collaborative state and community-based services to vulnerable families, individuals, children, and youth.

HISTORY: Source: L. 93: Entire article added, p. 1900, § 1, effective July 1.L. 97: (3) amended, p. 1115, § 1, effective May 28.L. 2001: Entire section amended, p. 246, § 1, effective March 29.L. 2009: (3) amended, (SB 09-055), ch. 48, p. 172, § 1, effective March 20.

C.R.S. 26-18-102

COLORADO REVISED STATUTES

*** This document reflects changes current through all laws passed at the First Regular Session of the Sixty-Ninth General Assembly of the State of Colorado (2013) ***

TITLE 26. HUMAN SERVICES CODE
ARTICLE 18. FAMILY RESOURCE CENTER PROGRAM

C.R.S. 26-18-102 (2013)

26-18-102. Definitions

As used in this article, unless the context otherwise requires:

(1) "At-risk neighborhood" means an urban or rural neighborhood or community in which there are incidences of poverty, unemployment and underemployment, substance abuse, crime, school dropouts, illiteracy, teen pregnancies and teen parents, domestic violence, or other conditions that put families at risk.

(2) "Case management" means the process whereby a family advocate for the family resource center assesses a family's need for services in accordance with section 26-18-104 (2).

(3) "Community applicant" means any local entity interested and willing to commit private and public resources to establish a family resource center and which applies for a family resource center grant pursuant to section 26-18-105. "Community applicant" includes, but is not limited to, any state or local governmental agency or governing body, a local private nonprofit agency, a local board of education on a cost-shared basis, a local recreational center, or a local child care agency.

(3.5) Repealed.

(4) "Family resource center" means a unified single point of entry where vulnerable families, individuals, children, and youth in communities or within at-risk neighborhoods or participants in Colorado works, pursuant to part 7 of article 2 of this title, can obtain information, assessment of needs, and referral to delivery of family services described in section 26-18-104 (2) and for which a grant is awarded to a community applicant in accordance with section 26-18-105.

(4.5) "Family support and parent education" means a program or service that promotes a family's positive and meaningful engagement in its children's lives by providing an experiential and supportive adult learning environment through which a primary caregiver can learn how to create a safe, stable, and supportive family unit.

(5) "Local advisory council" means the body that oversees the operation of the family resource center and which is described in section 26-18-105 (1) (b).

(6) Repealed.

(7) "State department" means the department of human services created in section 26-1-105.

HISTORY: Source: L. 93: Entire article added, p. 1901, § 1, effective July 1.L. 2000: (6) repealed, p. 583, § 2, effective May 18.L. 2001: Entire section amended, p. 247, § 2, effective March 29.L. 2004: (3.5) amended, p. 114, § 4, effective August 4.L. 2009: (4.5) added, (SB

09-055), ch. 48, p. 172, § 2, effective March 20.L. 2013: (3.5) repealed and (7) added, (HB 13-1117), ch. 169, p. 584, § 9, effective July 1.

Cross references: For the legislative declaration in the 2013 act repealing subsection (3.5) and adding subsection (7), see section 1 of chapter 169, Session Laws of Colorado 2013.

 LexisNexis® [About LexisNexis](#) | [Privacy Policy](#) | [Terms & Conditions](#) | [Contact Us](#)
Copyright © 2014 LexisNexis, a division of Reed Elsevier Inc. All rights reserved.

C.R.S. 26-18-103

COLORADO REVISED STATUTES

*** This document reflects changes current through all laws passed at the First Regular Session of the Sixty-Ninth General Assembly of the State of Colorado (2013) ***

TITLE 26. HUMAN SERVICES CODE
ARTICLE 18. FAMILY RESOURCE CENTER PROGRAM

C.R.S. 26-18-103 (2013)

26-18-103. State council created - powers and duties - report. (Repealed)

HISTORY: Source: L. 93: Entire article added, p. 1902, § 1, effective July 1.L. 94: (1)(a), (2), and (4) amended, pp. 2613, 2635, § § 17, 71, effective July 1.L. 97: (1)(b), (4), (6), and (7) amended, p. 1115, § 2, effective May 28.L. 2000: Entire section repealed, p. 583, § 3, effective May 18.

C.R.S. 26-18-104

COLORADO REVISED STATUTES

*** This document reflects changes current through all laws passed at the First Regular Session of the Sixty-Ninth General Assembly of the State of Colorado (2013) ***

TITLE 26. HUMAN SERVICES CODE
ARTICLE 18. FAMILY RESOURCE CENTER PROGRAM

C.R.S. 26-18-104 (2013)

26-18-104. Program created

(1) (a) There is established in the prevention services division in the department of public health and environment a family resource center program. The purposes of the program are to provide grants to community applicants for the creation of family resource centers or to provide grants to family resource centers for the continued operation of the centers through which services for vulnerable families, individuals, children, and youth who live in communities or in at-risk neighborhoods are accessible and coordinated through a single point of entry.

(a.5) On July 1, 2013, the family resource center program is transferred to the department of human services. All program grants in existence as of July 1, 2013, shall continue to be valid through June 30, 2015, and may be continued after said date.

(b) The state department shall operate the family resource center program in accordance with the provisions of this article. In addition, the state department may establish any other procedures necessary to implement the program, including establishing the procedure for submitting grant applications by community applicants seeking to establish a family resource center or by a family resource center applying for a grant for continued operation of a family resource center.

(c) (I) The family resource center program may receive direct appropriations from the state general fund.

(II) Any moneys received by family resource centers pursuant to the temporary assistance for needy families block grant or from the family issues cash fund created in section 26-5.3-106 shall be from funds directly disbursed by a county at the discretion of the county.

(III) The state department may accept and expend any grants from any public or private source for the purpose of making grants to community applicants for the establishment or continued operation of family resource centers and for the purpose of evaluating the effectiveness of the family resource center program. This article does not prohibit a family resource center from accepting and expending funds received through an authorized contract, grants, or donations from public or private sources.

(2) (a) Services provided by a family resource center shall be coordinated and services should reflect the needs of the community and the resources available to support such programs and services. Services may be delivered directly to a family at the center by center staff or by providers who contract with or have provider agreements with the center. Any family resource center that provides direct services shall comply with applicable state and federal laws and regulations regarding the delivery of such services, unless required waivers or exemptions have been granted by the appropriate governing body.

(b) Each family resource center shall provide case management by a family advocate who

screens and assesses a family's needs and strengths. The family advocate shall then assist the family with setting its own goals and, together with the family, develop a written plan to pursue the family's goals in working toward a greater level of self-reliance or in attaining self-sufficiency. The plan shall provide for the following:

(I) A negotiated agreement that includes reciprocal responsibilities of the individual or family members and the personnel of each human service agency providing services to the family;

(II) A commitment of resources as available and necessary to meet the family's plan;

(III) The delivery of applicable services to the individual or family, if feasible, or referral to an appropriate service provider;

(IV) The coordination of services;

(V) The monitoring of the progress of the family toward greater self-reliance or self-sufficiency and an evaluation of services provided; and

(VI) Assistance to the individual or family in applying for the children's basic health plan, medical assistance benefits, or other benefits.

(c) In addition to services required by paragraph (b) of this subsection (2), the family resource center may provide for the direct delivery of or referral to a provider of the following six services:

(I) Early childhood care and education, including programs that contribute to school readiness;

(II) Family support and parent education;

(III) Well child check-ups and basic health services;

(IV) Early intervention for identifying infants, toddlers, and preschoolers who are developmentally disabled in order to provide necessary services to such children;

(V) Before and after school care;

(VI) Programs for children and youth.

(d) A family resource center may also provide services, including, but not limited to, the following:

(I) Additional educational programs, such as mentoring programs for students in elementary, junior, and senior high schools; adult education and family literacy programs; and educational programs that link families with local schools and alternative educational programs, including links with boards of cooperative services;

(II) Job skills training and self-sufficiency programs for adults and youth;

(III) Social, health, mental health, and child welfare services and housing, homeless, food and nutrition, domestic violence support, recreation, and substance abuse services;

(IV) Outreach, education, and support programs, including programs aimed at preventing teen pregnancies and school dropouts and programs providing parent support and advocacy;

(V) Transportation services to obtain other services provided pursuant to this subsection (2).

(e) (Deleted by amendment, L. 2000, p. 583, § 4, effective May 18, 2000.)

HISTORY: Source: L. 93: Entire article added, p. 1903, § 1, effective July 1.L. 97: (1) amended, p. 1116, § 3, effective May 28.L. 2000: (1) and (2)(e) amended, p. 583, § 4, effective May 18.L. 2001: Entire section amended, p. 247, § 3, effective March 29.L. 2004: (1) (a) amended, p. 114, § 5, effective August 4.L. 2007: (1)(c) amended, p. 1478, § 1, effective August 3.L. 2009: (1)(c)(II), IP(2)(b), (2)(b)(VI), (2)(c)(I), (2)(c)(II), and (2)(d)(I) amended, (SB 09-055), ch. 48, p. 172, § 3, effective March 20.L. 2012: (1)(c)(II) amended, (HB 12-1341), ch. 155, p. 555, § 5, effective April 1, 2013.L. 2013: (1)(a), (1)(b), and (1)(c)(III) amended and (1)(a.5) added, (HB 13-1117), ch. 169, p. 584, § 10, effective July 1; (1)(b) amended, (HB 13-1239), ch. 307, p. 1630, § 6, effective July 1.

Editor's note: Amendments to subsection (1)(b) by HB 13-1117 and HB 13-1239 were harmonized.

Cross references: For the legislative declaration in the 2013 act amending subsections (1)(a), (1)(b), and (1)(c)(III) and adding subsection (1)(a.5), see section 1 of chapter 169, Session Laws of Colorado 2013. For the legislative declaration in the 2013 act amending subsection (1)(b), see section 1 of chapter 307, Session Laws of Colorado 2013.

 LexisNexis® About LexisNexis | Privacy Policy | Terms & Conditions | Contact Us
Copyright © 2014 LexisNexis, a division of Reed Elsevier Inc. All rights reserved.

C.R.S. 26-18-105

COLORADO REVISED STATUTES

*** This document reflects changes current through all laws passed at the First Regular Session of the Sixty-Ninth General Assembly of the State of Colorado (2013) ***

TITLE 26. HUMAN SERVICES CODE
ARTICLE 18. FAMILY RESOURCE CENTER PROGRAM

C.R.S. 26-18-105 (2013)

26-18-105. Selection of centers - grants

(1) The state department may award a grant for the purpose of establishing a family resource center based on a plan submitted to the state department by the applicant or for the continued operation of a family resource center. The plan shall meet specific criteria which the state department is hereby authorized to set, but the criteria shall include at least the following provisions:

(a) That members of the community will participate in the development and implementation of the family resource center;

(b) That the center shall be governed by a local advisory council comprised of community representatives such as:

(I) Families living in the community;

(II) Local public or private service provider agencies;

(III) Local job skills training programs, if any;

(IV) Local governing bodies;

(V) Local businesses serving families in the community; and

(VI) Local professionals serving families in the community;

(c) That the advisory council shall establish rules concerning the operation of the family resource center, including provisions for staffing;

(d) That services provided by the family resource center shall be coordinated and tailored to the specific needs of individuals and families who live in the community;

(e) That the family resource center will:

(I) Promote and support, not supplant, successful individual and family functioning and increase the recognition of the importance of successful individuals and families in the community;

(II) Contribute to the strength of family ties;

(III) Establish programs that focus on the needs of family members, such as preschool programs, family preservation programs, and teenage pregnancy prevention programs, and assist the individual or family in moving toward greater self-sufficiency;

(IV) Recognize the diversity of families within the community;

(V) Support family stability and unity;

(VI) Treat families as partners in providing services;

(VII) Encourage intergovernmental cooperation and a community-based alliance between government and the private sector. Such cooperation may include but not be limited to the pooling of public and private funds available to state agencies upon appropriation or transfer by the general assembly.

(VIII) Provide programs that reduce institutional barriers related to categorical funding and eligibility requirements;

(IX) Make information regarding available resources and services readily accessible to individuals and families;

(X) Coordinate efforts of public and private entities to connect families to services and supports that encourage the development of early childhood and other family support systems; and

(f) That the family resource center shall coordinate the provision of services and shall pool the resources of providers of services to aid in funding and operating the center.

(2) Repealed.

(3) If the state department determines, from any report submitted by a local advisory council or any other source, that the operation of a family resource center is not in compliance with this article or any rule adopted pursuant to the provisions of this article, the state department may impose sanctions, including termination of the grant.

HISTORY: Source: L. 93: Entire article added, p. 1905, § 1, effective July 1. L. 2000: IP(1), (2), and (3) amended, p. 584, § 5, effective May 18. L. 2001: Entire section amended, p. 250, § 4, effective March 29. L. 2009: (1)(e)(IX) amended and (1)(e)(X) added, (SB 09-055), ch. 48, p. 173, § 4, effective March 20. L. 2013: IP(1), (2), and (3) amended, (HB 13-1117), ch. 169, p. 585, § 11, effective July 1; (2) repealed, (HB 13-1239), ch. 307, p. 1631, § 9, effective July 1.

Cross references: For the legislative declaration in the 2013 act amending the introductory portion to subsection (1) and subsections (2) and (3), see section 1 of chapter 169, Session Laws of Colorado 2013. For the legislative declaration in the 2013 act repealing subsection (2), see section 1 of chapter 307, Session Laws of Colorado 2013.

C.R.S. 26-18-106

COLORADO REVISED STATUTES

*** This document reflects changes current through all laws passed at the First Regular Session of the Sixty-Ninth General Assembly of the State of Colorado (2013) ***

TITLE 26. HUMAN SERVICES CODE
ARTICLE 18. FAMILY RESOURCE CENTER PROGRAM

C.R.S. 26-18-106 (2013)

26-18-106. Repeal of article. (Repealed)

HISTORY: Source: L. 93: Entire article added, p. 1906, § 1, effective July 1.L. 97: Entire section amended, p. 1116, § 4, effective May 28.L. 2000: Entire section amended, p. 585, § 6, effective May 18.L. 2009: Entire section repealed, (SB 09-055), ch. 48, p. 174, § 5, effective March 20.

 LexisNexis® [About LexisNexis](#) | [Privacy Policy](#) | [Terms & Conditions](#) | [Contact Us](#)
Copyright © 2014 LexisNexis, a division of Reed Elsevier Inc. All rights reserved.



COLORADO CENTER
ON LAW & POLICY

789 Sherman Street, Suite 300 • Denver, Colorado 80203 | 303-573-5669 • Fax | 303-573-4947

Justice and Economic Security for all Coloradans

www.cclponline.org

September 2, 2014

Subject: Pass-through and disregard child support payments for TANF recipients

Summary: Colorado law prohibits parents who receive Temporary Assistance for Needy Families (TANF) from receiving the child support payments made by non-custodial parents. This proposal would allow TANF recipients to receive child support payments without lowering their TANF benefits.

Goals:

- Increase income for children on TANF.
- Reduce depth of poverty for children on TANF.
- Improve child support compliance.
- Strengthen families.
- Keep parental income in Colorado.

Conforms to the scope of Commission: This proposal fits squarely in the Early Childhood School Readiness Commission's mission, as outlined in 26-6.5-203, which says the commission was created "for policy improvement related to early childhood and school readiness, including the areas of health, mental health, *parental involvement*, *family support*, child care, and early learning." This policy would provide added support to families and improve parental involvement.

Background: Temporary Assistance to Needy Families (TANF) is a federal block grant to states to cover benefits targeted to needy families with children. TANF emphasizes self-sufficiency through work participation requirements, benefit time limits, and initiatives to encourage the formation and maintenance of two-parent families.

Currently, custodial parents of children who receive TANF must agree to assign child support payments to the government. Half of the money collected is returned to the federal government. Most of the other half goes to counties. A small portion goes to the state. The child and the custodial parent do not receive any child support while they receive TANF. However, the federal government allows states to let child support payments "pass through" to the families and "disregard" those payments when calculating the TANF benefit.

Poverty rate among children in Colorado is on the rise. About 224,000, or 18 percent, of the state's more than 1 million children lived below the poverty threshold of \$23,000 in annual income for a family of four in 2012, according to the most recent Kids Count released by the Colorado Children's Campaign.

Research shows that poverty has wide-ranging and severe impacts on the development of young children. “Poverty early in a child’s life may be particularly harmful because of the astonishingly rapid development of young children’s brains leave them sensitive and vulnerable to environmental conditions,” according to a study “The Long Reach of Early Childhood Poverty” published in 2011 and written by Greg Duncan at the University of California at Irvine and Katherine Magnuson at the University of Wisconsin.ⁱ

Bill proposal:

- Allow custodial parents of children on TANF to receive the timely child support payments made by the non-custodial parent
- Disregard child support as income for determining qualification for Colorado Works as well as the level of benefit for Colorado Works
- Provide General Fund appropriations:
 - To counties to offset lost revenue
 - For computer systems and other potential administrative changes
 - For enhanced communication or marketing to inform parents of the changes
- Reporting from the state to provide accountability and transparency

Income increases help children:

Research shows that modest increases in income for families living in poverty can have a positive affect on the children in those families.

- “Strong evidence relates income increases to children’s test scores (achievement) and the number of years of schooling they complete (attainment).”ⁱⁱ
- A \$1,000 increase of income increases math and reading test scores for childrenⁱⁱⁱ
- A \$3,000 increase for a family earning less than \$25,000 increases the long-term earning power of the children in adult life, according to Duncan and Magnuson.

Experience in other states:

Twenty-six states allow some portion of child support to pass-through to the family. The most comprehensive research has focused on policies in Wisconsin and Washington D.C. A 2010 Urban Institute report^{iv} summarizes the findings. Pass-through and disregard policies in both Wisconsin and D.C. increased the likelihood that the non-custodial parent would pay child support.

- In Wisconsin, by the third of the year of the policy, fathers were 8 percent more likely to pay child support.
- In D.C., by the third year, non-custodial parents were 3 percent more likely to pay child support. But the increase was even more dramatic for families that began receiving TANF after the policy was enacted. The non-custodial parents in that group were 7 percentage points more likely to pay.

The pass-through and disregard policies also increased the amount of child support paid by noncustodial parents. In Wisconsin, the payments had increased 12 percent by the third year. In D.C., the payments increased nearly 11 percent in the same time.

Also, money received in child support payments used to pay for basic needs. The Urban Institute evaluation of the D.C. pass-through program found that most of the custodial parents interviewed said

they used the money to pay for basic supplies and to pay bills, such as, food, schools supplies and clothing.

Finally, 5 of the 12 states with county administered human services programs allow for some portion of child support to pass through to the family. The five states are California, New York, Pennsylvania, Virginia and Wisconsin.

Costs: How many people will this help and how much will it cost?

In short, the answers to these questions are still coming into focus. Data collection continues to occur. But some important data points are known, and provide some sense of the scope of this policy.

- In FY 2012-13 a total of 7,900 current TANF cases in the year received a payment or payments for one month or multiple months toward their current child support obligation.
- In FY 2012-13, a monthly average of 2,400 current TANF cases received a payment toward current support.
- The total amount of current child support paid in FY 2012-13 on active TANF cases was \$3.6 million.
- For those active TANF cases that received a current support payment in a month, the average payment was \$121.

Contact:

Terry Scanlon
Public Affairs Manager
Colorado Center on Law and Policy
tscanlon@cclponline.org
303-957-8137

ⁱ Greg Duncan and Katherine Magnuson, "The Long Reach of Early Childhood Poverty," *Pathways* (Winter 2011), pages 22-27.

ⁱⁱ Greg J. Duncan, Katherine Magnuson and Elizabeth Votruba-Drzal, "Boosting Family Income to Promote Child Development," *Handbook of Child Psychology and Developmental Science* as found on www.futureofchildren.org (Spring 2014), pages 99-120

ⁱⁱⁱ Gordon B. Dahl and Lance Lochner, "The Impact of Family Income on Child Achievement: Evidence From the Earned Income Tax Credit," *American Economic Review* (2012), pages 1927-1956

^{iv} Kye Lippold, Austin Nichols and Elaine Sorensen, "Evaluation of the \$150 Child Support Pass-Through and Disregard Policy in the District of Columbia," The Urban Institute (November 2010).

Early Childhood Mental Health in Colorado:

An Environmental Scan of Challenges, Progress and Recommendations for the Social and Emotional Health of Colorado's Children

Prepared by Sarah Davidon Hoover, M.Ed. and Lorraine F. Kubicek, Ph.D., JFK Partners/University of Colorado School of Medicine for Rose Community Foundation and Caring For Colorado

Early childhood mental health is the capacity of children from birth to five years to form close and secure relationships; experience, manage, and express a full range of emotions; and explore the environment and learn—all in the context of family, community, and culture.

This developing capacity is inextricably linked to children's cognitive, communicative, and physical development and significantly impacts the well-being of every family with young children. To support the healthy development of our young children, it is essential to create a comprehensive system that supports a continuum of mental health services and has the capacity to deliver those services statewide. Despite a growing awareness of the importance of mental health to future wellness and recent progress to address gaps in its current system, Colorado's early childhood mental health system remains inadequate to *promote* the healthy development of its young children, *prevent* problems for those at risk, and *treat* the symptoms of children with diagnosed mental health disturbances.

Rose Community Foundation and Caring for Colorado Foundation have a long history of supporting early childhood mental health in Colorado and together saw an opportunity to collaborate and explore a shared strategy to move the field forward. To that end, the Foundations contracted with JFK Partners, University of Colorado School of Medicine, to identify opportunities and develop recommendations for philanthropy to address the unmet mental health needs of Colorado's young children and their families at the levels of promotion, prevention, and treatment through effective programs and policy solutions.

The resulting environmental scan included comprehensive data from: (1) an extensive review of relevant literature and documents; (2) an analysis of key informant interviews and focus groups; and (3) a summary of early childhood mental health service data. Data were organized to provide an understanding of the current status and to support recommendations to build upon the five goal areas identified in Colorado's Early Childhood Mental Health Strategic Plan in 2008. Two additional goal areas were added based upon findings of the environmental scan. The seven goal areas are: Public Engagement, Professional/Workforce Development, Funding, Program Availability, Integrated System of Care, Child and Family Wellbeing, and School Readiness.

Continued on the back



Early Childhood Mental Health in Colorado: An Environmental Scan of Challenges, Progress and Recommendations for the Social and Emotional Health of Colorado's Children

Continued from front

Despite notable accomplishments and new opportunities related to each of the goal areas, a review of the data highlighted challenges to improving and expanding Colorado's system of early childhood mental health and led to the proposed recommendations. For example, the current workforce is insufficient, and there is a notable lack of incentives and supports for professionals to seek specialized training and remain in the field. While quality programs and services exist, availability is often unequal and limited to certain geographic areas. Despite the importance of early identification and treatment, screening for childhood social and emotional difficulties is inconsistent among providers. Moreover, current Medicaid policies are often not flexible enough to cover treatment appropriate for young children.

The accompanying full report includes recommendations for funders to address these and related challenges as they work with other funders, government and other social service agencies and mental health professionals to find enduring, systemic solutions. Overarching considerations should include:

- Colorado's policy, system and program readiness to properly address early childhood mental health issues statewide and the ability to integrate early childhood mental health into existing health care coverage and networks;
- The current effectiveness and preparedness of state and local mental health systems to provide access to parents and caregivers;
- The ability to identify and take to scale best models and best practices of effective early childhood mental health care;
- The importance of integrating the perspective of parents, caregivers, state agencies, childcare providers and health care professionals;
- The need to take account of differences among system capabilities and structures in rural and urban communities.

An overview of each of the seven goal areas with their respective objectives, challenges, progress and recommendations is provided in the addenda pages that follow.

Child and Family Well Being

GOAL — Foster increased family stability and the development of strong bonds between young children and their parents.

Objectives

- Opportunities exist to promote better mental health for young children and their families.
- There is increased screening for maternal and paternal depression and stress.
- There is a decrease in the percentage of families with child welfare involvement.

Challenges

- Families consider mental health issues “private family matters” and do not seek professional help to address them.
- Parental depression and stress compromise children’s mental health, but there are inadequate resources to screen for and address these issues.

Progress

- Fussy Baby Network Colorado exists to normalize and assist with difficulties new parents may experience.
- Colorado Maternal, Infant and Early Childhood Home Visitation Program was created by the federal health reform law.
- Recognition of the high incidence of postpartum mood disorder has led to more screening for new mothers, which has been included in the work of Project CLIMB at Children’s Hospital.

Recommendation

1. Support programs at the levels of promotion, prevention, and intervention that include:
 - a. Increased screening for maternal and paternal depression, stress, and related mental health issues.
 - b. Increased availability of parenting education through early care and education, schools and primary care.
 - c. Increased access to early childhood mental health resources and therapeutic preschool programs for children who have entered the child welfare system, their parents, and their foster or kin care providers.

School Readiness

GOAL — Children enter kindergarten socially and emotionally prepared and ready to learn.

Objectives

- More children enter preschool, pre-K programs, and kindergarten socially and emotionally prepared and ready to learn.
- Fewer children are removed from preschool and pre-K programs due to challenging behaviors.

Challenges

- Early childhood mental health is often not an important focus in the training or practice of early care and education providers.
- Early care and education providers are often not reimbursed or compensated for continuing education or professional development.

Progress

- Social-emotional readiness and development are included in Colorado's Early Learning and Development Guidelines and in kindergarten readiness assessment.
- Federal funding through the Race to the Top: Early Learning Challenge will accelerate Colorado's plans to improve school readiness for kindergarten and increase access to high-quality early learning programs.
- Increased availability of early childhood mental health consultants has helped to address behavioral issues prior to school entry.

Recommendation

1. Monitor the implementation of Race to the Top to ensure that early childhood mental health remains a priority.
2. Fund programs that support social-emotional development in kindergarten through third grade that incorporate best practices from early childhood mental health (e.g., Incredible Years and the Teaching Pyramid).

Integrated System of Care

GOAL — A comprehensive and effective system of care exists that supports early childhood mental health.

Objectives

Colorado's early childhood mental health system of care follows the public health model of promotion, prevention, and intervention which includes the following elements:

- universal early screening for social and emotional difficulties
- integration/availability of mental health services into primary care, early care and education settings, and home visitation
- ready access to psychiatric consultation for primary health care providers

Challenges

- There is often a lack of information sharing and cross-discipline collaboration across providers.
- There is a lack of child-specific information sharing within and across systems that serve children (e.g., child care providers, pediatricians, etc.)

Progress

- The Colorado Care Coordination Community of Practice has been established to ensure consistency in the definition and standards of care coordination.
- Colorado Child Health Access Program and Assuring Better Child Health and Development work to ensure children are receiving coordinated care in medical homes.
- Healthy Steps is included as one of the home visitation program model options through the Maternal, Infant and Early Childhood Home Visiting Program.

Recommendation

1. Assess the following areas related to integrated primary/behavioral health care models:
 - a. Models of integrated physical and mental health care that are best practices.
 - b. Data on prevalence of integrated care models in Colorado, outcomes of these models, and the process by which these models function.
 - c. Solicit responses from providers on how integrated care models are working, including recommended improvements and challenges.
2. Assess the need/importance of care coordination within integrated care models to assist families in accessing needed services.
3. Conduct a feasibility study of developing a data system that could support collection of information on developmental, autism and social-emotional screening at the physician/practice level.

Program Availability

GOAL — Colorado families and caregivers are able to easily obtain appropriate and affordable mental health resources and support for their children and themselves at the promotion, prevention and intervention levels.

Objectives

- Parents can easily navigate services and supports to access the care their young child/family needs.
- Every young child/family in need of a mental health provider has access to one who is qualified to provide the services they need and accepts their insurance.
- Primary care practices adopt an approach that emphasizes a close relationship with parents in addressing the physical, emotional, and cognitive development of young children.

Challenges

- Access to quality programs and services is unequal across Colorado due to differences in health care coverage and geographic locations.
- Specific programs and initiatives have proven effectiveness but are constricted by capacity and financial limitations.
- When early screening is done and problems are identified, providers do not know where to refer families for follow up and treatment.

Progress

- Pilots and models of early childhood mental health consultation in child care and primary/pediatric health care continue to be implemented.
- Capacity to provide more direct services for outpatient and in-home services has increased.
- The Colorado Early Childhood Social-Emotional and Mental Health Navigation Guide has been launched.

Recommendation

1. Increase the availability of Early Childhood Mental Health Consultation as a practice model throughout the state not only in early care and education programs but in other environments such as home visitation programs and primary care and pediatric practices.
2. Support regular updates of the Colorado Early Childhood Social-Emotional and Mental Health Navigation Guide to ensure the availability of current program and service information.

Funding

GOAL — Financial and human investments and policies regarding children's mental health follow a framework for promotion, prevention, and intervention; are embedded within Colorado's early childhood system; and demonstrate accountability.

Objectives

- Colorado's early childhood mental health system of care is cost effective, fiscally sound, and sustainable with funding allocated to delivering services in environments where young children and their families naturally are.
- Flexible eligibility criteria exist that allow payment for services for young children who have recognized mental health difficulties but do not necessarily meet specific diagnostic criteria and for relationship-based treatment for young children and their parents.
- There is a voice "at the table" to represent early childhood mental health whenever issues/policies that affect young children and their families are under discussion.

Challenges

- Reimbursement is often not flexible enough to accommodate a treatment model where the parent-child dyad or the family, rather than the individual child, is considered to be the client.
- There is a lack of a consistent set of standardized measures by which to assess gains/progress in early childhood mental health.
- Early childhood discussions in Colorado consistently lack a mental health voice, essentially making early childhood mental health either an afterthought or a forgotten domain.

Progress

- There have been investments to provide for currently unfunded/non-reimbursable services, such as program-focused early childhood mental health consultation.
- There are increased public investments in early childhood mental health such as the Early Childhood Mental Health Specialists and a focus on social-emotional health in the Medical Home approach.
- Foundations are investing in early childhood social-emotional and mental health.

Recommendation

1. Fund up to 50% of the Early Childhood Mental Health Program position within the new Office of Early Childhood with a condition that this is a short-term public-private partnership to support the position until a longer term state level sustainability strategy is in place.
2. Host working sessions with private insurance providers and Medicaid to promote relationship-based payment for young children and their caregivers, payment for treatment for issues that do not meet specific diagnostic criteria, and for treatment in non-clinical settings.
3. Commit to a funding strategy for early childhood mental health program evaluation that is based on outcomes and intended effects.

Professional and Workforce Development

GOAL — All personnel in disciplines working with young children and their families use effective promotion, prevention and intervention strategies for mental health.

Objectives

- Colorado has adequate numbers of trained professionals across all appropriate disciplines such as early care and education, mental health, medical and child welfare.
- Early childhood professionals at all levels have specialized and adequate training in early childhood mental health.
- Appropriate and recognized standards are in place to assess professional competency in early childhood mental health.

Challenges

- There are inadequate numbers of professionals at all levels and disciplines with specialized training in early childhood mental health.
- Many colleges and universities continue to produce professionals who are trained to operate in “silos” rather than in an integrated system of care.
- There is a lack of incentives and supports for professionals to seek specialized training and remain in the field.
- There is only limited use of standards for professional competency, with no requirement for credential for certain professional positions.

Progress

- The Colorado Association for Infant Mental Health (CoAIMH) has joined 14 other states in purchasing and adopting a nationally recognized endorsement (Colorado Infant/Early Childhood Mental Health Endorsement).
- Social-emotional training is a requirement in Colorado's Rules Regulating Family Child Care Homes.
- Colorado's Center for Social Emotional Competence and Inclusion at the University of Colorado Denver has been established and sustained.

Recommendation

1. Work with Colorado colleges and universities to integrate early childhood mental health competencies into the training of all professionals who work with young children and their families.
2. Fund efforts to build a sustainable infrastructure for the Endorsement and promote standards and incentives as well as pay differential for having the Endorsement in early childhood mental health.
3. Commit funding for the integration of social-emotional models and practices and for professional development and practices that foster inclusion of children with social, emotional, behavioral and developmental concerns.

Public Engagement

GOAL — The people of Colorado have a common understanding of early childhood mental health and embrace and support the healthy social and emotional development of young children.

Objectives

The general public has a common understanding of:

- The foundational importance of early childhood mental health to overall health, well-being, and success in school and throughout life
- How to promote early childhood mental health
- Age-appropriate behaviors for children birth through age five years and when behaviors warrant professional attention

Challenges

- The lack of key public service messages that reach a wide audience and effectively and consistently communicate the importance of early childhood mental health to overall health, well-being and success in school and throughout life.
- The lack of awareness of age-appropriate norms and expectations for young children, particularly with regard to social, emotional, and mental health, or an understanding that young children can suffer from mental health problems that are serious enough to warrant professional attention.
- The stigma that discourages many from seeking professional help for themselves or their children.

Progress

- Many in the field of early childhood recognize the importance of children's mental health. The issue has been prioritized within:
 - The Early Childhood Colorado Framework and related work on the Framework in Action
 - Colorado's Early Learning and Development Guidelines
 - The state's 31 Early Childhood Councils
- Family child care providers are now required to take three hours per year of continuing education focused on children's social-emotional development.

Recommendation

1. Convene early childhood mental health partners, including funders and stakeholders such as the Blue Ribbon Policy Council for Early Childhood Mental Health and the Colorado Association for Infant Mental Health (CoAIMH) to:
 - a. Identify one key issue or priority to target with a social marketing campaign. A public perceptions survey would be used to inform the group about the public's awareness and understanding of the issue.
 - b. Review the effectiveness of past social marketing efforts and the relevance of existing materials (e.g., Project BLOOM, ZERO TO THREE) and decide how best to disseminate the information.