

ALASKA LEGISLATURE SPECIAL COMMITTEE/SUBJECT FILES 8672

3019 SCOMM 197: HOUSE SPECIAL COMMITTEE ON EDUCATION 2005-2006

1976-1981	Coordinator, Federal and State Programs Anchorage School District Developed new Multicultural Education Department Initiated Title I Long Term Follow-up Study Initiated First Bilingual Education Grant	
1974-1976	Coordinator, ESEA Title I	Anchorage School District
1973-1974	Director, ESEA Title I	Alaska State Operated Schools, Anchorage, AK
1972-1973	Teacher, Title I Program	Alaska State Operated Schools, Anchorage, AK
1971-1972	Teacher, Early Childhood Program	Alaska State Operated Schools, Anchorage, AK
1969-1971	Teacher Early Childhood Lab School Washington State University, Pullman, WA	

Professional Honors and Community Contributions

Alaska Elementary Principal of the Year	1993
National Distinguished Elementary Principal	1994
Anchorage School District Administrator of the Month	November 1991
Alaska School Librarians Award: Outstanding Administrator Supporting School Libraries	1995
Alaska Parent Teacher Association Education Advocate Outstanding Support of Parent volunteers	1995
Friend of the Library Principal's Award	1998
National Energy Education Development Project Youth Award for Excellence Recipient	1991
Phi Kappa Phi Honor Society, Washington State University	1970
Faculty Senate Student Representative, Washington State University	1970
Phi Delta Kappa	1977 - Present
Kappa Research Representative	1981 - 1983
Phi Delta Kappa President	1983 - 1984
Phi Delta Kappa Membership Representative	1984 - 1986
Anchorage Council of Education President	1979 - 1980
Negotiations Team Spokesperson	1981
Alaska Associations of Elementary and Secondary School Principals State Conference Co-Chair	
Effective Principals, Effective Schools	1987
Alaska Chapter I Advisory Committee	1989-1991
Council for Exceptional Children Conference Speaker: Training "At-Risk" Teachers	1990
University of Alaska School of Education Adjunct Staff ED 612 Human Relations	1990
Anchorage Police Department/Anchorage School District Youth Violence Conference and Task Force	1991
Founder Mt. View Coalition for Nonviolence	1991
Anchorage School District New Teacher Interviewer and	

Steering Committee	1991-1998
Anchorage Principals' Association	1983-2004
Executive Committee	1992 - 1994, 2002-2004
President	1993
Negotiations Table Team	2000-2001
Treasurer	2002-2004
Resolving Conflict Creatively Trainer	1995 - Present
Municipality of Anchorage-Anchorage School District	
Safe Schools Task Force Member	1995
Municipality of Anchorage-Anchorage School District	
Committee on Truancy and Absenteeism	1995-1996
Cooperative Learning Trainer Providing School Based Classes	1998 - Present
Structural Approach to Cooperative Learning, 2 credits	
Cooperative Learning for Principals Instructor	Spring 2002
Anchorage Council of PTAs Principal of the Year Runner-Up	1999
Anchorage School District	
Chairman, Community Planning on Absenteeism	1982
Chairman, Effective Schooling Community Planning	1982-83
Chairman, Transportation Community Planning	1982
Superintendent Interview Committee Staff Representative	1993
Superintendent Leadership Team	1993
Mentor for New Principals	1996-2004
Research Review Committee	2002-2004
Library Advisory Committee	2001-2004
Teacher Evaluation Process Review Committee	2002
East Area Principal's Instructional Committee Representative	2001-2004
Data Driven Instruction for Principals Trainer	August 2002
Alaska Principal Team Lobby State Legislature for Educational Funding	April 2003
Anchorage City Wide Executive Exchange	2002-2003
Blood Donor	2001-Present

Training and Workshop Participant

Larson Math Computer Assisted Instruction Training	January 2004
Developmental Reading Assessment Principal Training	October 2003
New Teacher Induction Team Training	April 2003
Transforming Classroom Grading Principal Book Group Leader	Spring 2003
Second Language Learners Workshop	March 2003
Handling Disruptive Behavior Workshop	January 2003
Reading Training for Principals	January 2003
Data Driven Instruction using Excel	January 2003
Taking Assets from Awareness to Action Conference	November 2002
Leadership Institute	October 2002

Promoting Success for Bilingual Students, Team Training	May 2002
Kid Clinic Special Education Training	April 2002
Creating an Asset Rich School Workshop	April 2002
Safe and Drug Free Schools Conference	April 2002
Mission to Mars Training	March 2002
Cooperative Learning for Administrators	Summer 2002
Multiple Intelligences through Cooperative Learning	Summer 2000
Multiple Intelligences Through Cooperative Learning Institute	Summer 1999
First Steps Principal Training	August 1998
Cooperative Learning Trainer's Institute	Summer 1998

Publications

Black, L. February, 1982. Transportation policy planning seminar: a decision-making process, Anchorage School District.

Black, L. May, 1983. Effective schooling policy planning seminar: review of research, practice, and community expectations, Anchorage School District.

Black, L. , November, 1983. Attendance and discipline policy planning seminar: review of research, practice, and community expectations, Anchorage School District.

Black, L. , March, 1984. Senior high school reform policy planning seminar: review of research, practice, and community expectations, Anchorage School District.

Professional References

Current Reference List

Carol Comeau, Superintendent of Schools

Anchorage School District

P.O. Box 196614, Anchorage, Alaska 99519-6614

(907) 742-4312 Fax (907) 742-4318

Patricia McRae, Executive Director of Elementary Education

Anchorage School District

P.O. Box 196614, Anchorage, Alaska 99519-6614

(907) 742-4254 Fax (907) 742-4251

Eunice Long, Elementary Supervisor

Anchorage School District

P.O. Box 196614, Anchorage, Alaska 99519-6614

(907) 742-4242 Fax (907) 742-4251

1994 National Distinguished Principal Supporting Documents Available upon request

Personal Position Statements: Linda L. Black

Recommendations

Carol Comeau, Executive Director of Elementary Education

Carol Stolpe, Anchorage School Board

Susan Moore, Principal Denali Elementary School

Roger McCommon, Teacher

Sylvia Brown, Mountain View Elementary School PTA President

George Lyle, College Gate PTA President and Executive Board

Curriculum Vice
of

BONNIE C. GABORIK

BONNIE
GABORIKPO Box 53456
North Pole, AK 99705PH: (907) 490-2965
bgaborik@northstar.k12.ak.us**Education**University of Alaska @ Fairbanks,
Fairbanks, Alaska

May 1997

Master of Education in Educational Leadership
with an emphasis in Staff DevelopmentPacific University,
Forest Grove, Oregon

May 1966

Bachelor of Arts in Elementary Education
with an emphasis in English**Certificates**Type A - Regular Classroom
Expires 7/01/08Type B - Administrative
Expires 11/09/08**Experience**Fairbanks North Star Borough School
District
Fairbanks, Alaska

Present - 2003

Principal (with teaching duties)

Salcha Elementary:

Responsible for all administrative duties of building and general music,
K-6.

2003 - 1998

Principal TeacherSalcha Elementary: Responsible for all administrative duties of building and
general music, K-6.

1998 - 1993

Head TeacherSalcha Elementary: Responsible for all administrative duties of building and
general music, K-6.

1993 - 1991

Head TeacherSalcha Elementary: Responsible for all administrative duties of building and
1/2 time classroom teacher for 4th/5th grade combination classroom.

1991-1992

Fourth and Fifth Grade Combination

Salcha Elementary

1982-1980

General Music/Kindergarten

Salcha Elementary: Responsible for general music curriculum, K-6 and Kindergarten curriculum

1979-1978

Substitute/elementary grades

1970-1969

Combination Third and Fourth Grade

Salcha Elementary

Klamath County School District
Klamath Falls, Oregon

1977-1974

Fourth GradeHentley Elementary:
Assistant Principal on as-needed basis

1976-1978

Second Grade

Bonanza Elementary

Anchorage School District
Anchorage, Alaska

1969-1968

Second Grade

Inlet View Elementary

Hillsboro School District
Hillsboro, Oregon

1966-1966

Third Grade

Brookwood Elementary

Fairbanks K.S.E. School District Involvement

- District-Wide Task Force-developed student/parent/staff compact/NCLB
- District-Wide Elementary Steering Committee
- Professional Study Groups
Developed and implemented concept of teacher-directed study groups as alternative to traditional inservice options
- Professional Development Committee

Chairman of Professional Study Group sub-committee
• Healthy Life Skills Resource Guide Committee

Professional Affiliations

- Fairbanks Principals' Association
Treasurer/2002-2003
- State and National Principals' Associations
- Principals' Center- Harvard Graduate School of Education
- Alaska Teacher-Research Network
- Golden Heart Reading Association
- ASCD
- Phi Delta Kappa/Fairbanks North Chapter
Historian - 2001-2004
President - 2004 - 2005
- American Guild of English Handbell Ringers

Honors
2000

- FNSR School District Principal-Teacher of the Year
- State of Alaska Principal-Teacher of the Year

Community Involvement

Fairbanks Choral Society

**Director/Member English Handbell Choir - New Hope Methodist-
Presbyterian Church**

Have worked closely with families of alcoholics for 15+ years via Alanon

References

Available upon Request

ALASKA STATE HOUSE OF REPRESENTATIVES

Representative Mark Neuman, Chair
Alaska State Capitol, Room 432
Juneau, Alaska 99801-1182
Phone: (907) 465-2679
Fax: (907) 465-4822
Rep_Mark_Neuman@legis.state.ak.us



Committee Members:
Representative Carl Gatto
Representative Bob Lynn
Representative Bill Thomas
Representative Peggy Wilson
Representative Les Gara
Representative Woodie Salmon

House Special Committee on Education

Date: February 14, 2006

To: Suzi Lowell, Chief Clerk

From: Representative Mark Neuman, Chairman 
Special Committee on Education

RE: Confirmation Committee Reports

Attached are the Confirmation Committee Reports
Professional Teaching Practices Commission
for the following members:

Mr. Craig Baker – Kodiak

Ms. Linda L. Gillam Black – Anchorage

Ms. Bonnie C. Gaborik – North Pole

CONFIRMATION COMMITTEE REPORT

Action date: Febr 14, 2006

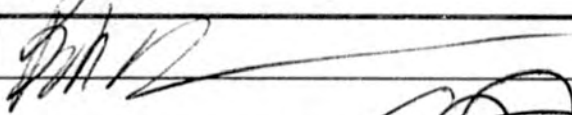
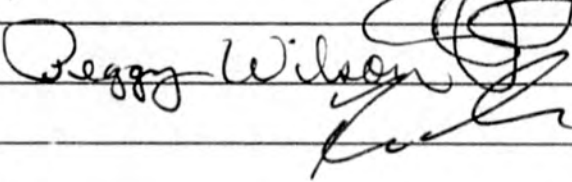
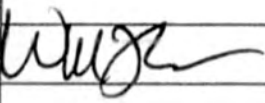
The House Special Committee on Education has reviewed the qualifications of the following Governor's appointee and recommends that this name be forwarded to a joint session for consideration:

Professional Teaching Practices Commission

Mr. Craig Baker - Kodiak

Reappointed: 1/23/2006 Term Expires: 3/1/2009

This does not reflect intent by any of the members to vote for or against this individual during any further sessions for the purposes of confirmation.

Signature:	Printed Last Name
	LYNN Galt
	WILSON Gara
	Hoe
Chair: 	VENUM
Chair:	

Please return to the Chief Clerk's office.

CONFIRMATION COMMITTEE REPORT

Action date: Febr 14, 2006

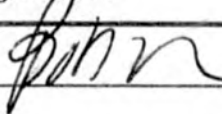
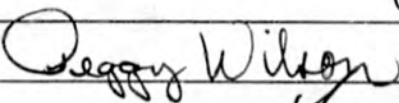
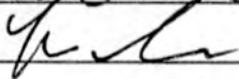
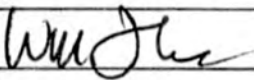
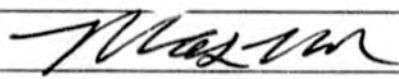
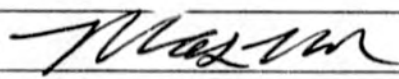
The House Special Committee on Education has reviewed the qualifications of the following Governor's appointee and recommends that this name be forwarded to a joint session for consideration:

Professional Teaching Practices Commission

Ms. Linda L. Gillam Black - Anchorage

Appointed: 3/1/2006 Term Expires: 3/1/2009

This does not reflect intent by any of the members to vote for or against this individual during any further sessions for the purposes of confirmation.

Signature:	Printed Last Name
	LYNN
	Gasto
	WILSON
	Gasto
	Wilson
	Thorne
Chair: 	Thorne
Chair:	

Please return to the Chief Clerk's office.

CONFIRMATION COMMITTEE REPORT

Action date: Febr 14, 2006

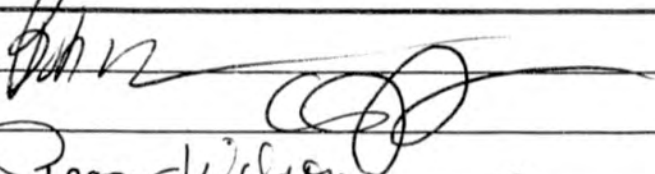
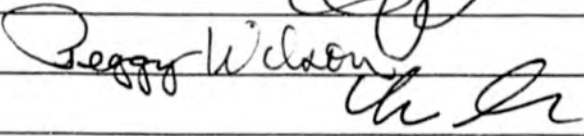
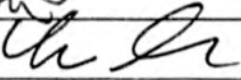
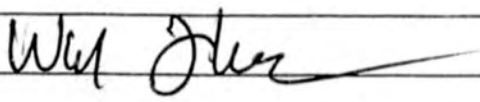
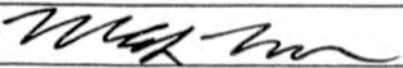
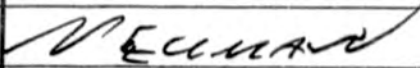
The House Special Committee on Education has reviewed the qualifications of the following Governor's appointee and recommends that this name be forwarded to a joint session for consideration:

Professional Teaching Practices Commission

Ms. Bonnie C. Gaborik - North Pole

Reappointed: 1/23/2006 Term Expires: 3/1/2009

This does not reflect intent by any of the members to vote for or against this individual during any further sessions for the purposes of confirmation.

Signature:	Printed Last Name
	LYNNE
	GABORIK WILSON
	Gara.
	Thorne
Chair: 	
Chair:	

Please return to the Chief Clerk's office.

SCOMM

137:5

ALASKA STATE HOUSE OF REPRESENTATIVES

Representative Mark Neuman, Chair
Alaska State Capitol, Room 432
Juneau, Alaska 99801-1182
Phone: (907) 465-2679
Fax: (907) 465-4822
Rep_Mark_Neuman@legis.state.ak.us



Committee Members:
Representative Carl Gatto
Representative Bob Lynn
Representative Bill Thomas
Representative Peggy Wilson
Representative Les Gara
Representative Woodie Salmon

House Special Committee on Education

Date: February 28, 2006

To: Suzi Lowell, Chief Clerk

From: Representative Mark Neuman, Chairman 
Special Committee on Education

RE: House Special Committee on Education Schedule

Tuesday, March 7, 2006, at 11:00 a.m. in Room 106

✧ **Early Childhood Development Presentation**
Presented by NCSL
Steffanie Clothier, Program Manager of the
Children & Families Program

Thursday, March 9, 2006, at 11:00 a.m. in Room 106

No Meeting Scheduled

✧ = teleconferenced

Education
Committee

March 7, 2006

NCSL Presentation

By

Steffanie Clothier

1

NCSL Memo

Pre-Kindergarten
Research Reports

2

State Investments
in Early Education

PowerPoint Presentation

3

NCSL - New Research:
Early Education as
Economic Investment

4

NCSL – LEGISBRIEF

Governing Early
Education Program

5

The Preschool Promise

6

NCSL – Early Childhood

Helping Young
Children Succeed

7

NCSL – LEGISBRIEF

New Efforts to Finance
Prekindergarten



NCSL MEMO

NATIONAL CONFERENCE *of* STATE LEGISLATURES

Pre-Kindergarten Research Reports

- I. General
- II. Outcomes
- III. State Examples
- IV. Finance
- IV. Economic Benefits
- V. Community Providers
- VI. Teacher Education

GENERAL

Building the Foundation for Bright Futures

National Governor's Association (2005)

<http://www.nga.org/Files/pdf/0501TaskForceReadiness.pdf>

This is the final report of the National Governors Association's Task Force on School Readiness. It identifies actions that governors and states can take to support families, schools, and communities in their efforts to ensure that all children enter school prepared to succeed. The recommendations are based on a review of available research and strategies that have proven effective in improving school readiness.

Early Childhood Education: Investing in Quality Makes Sense

American Educational Research Association (2005)

http://www.aera.net/uploadedFiles/Journals_and_Publications/Research_Points/RPFall05.pdf

Discusses the core components of high-quality early education programs, such as a quality curriculum and well-educated, well-compensated teachers. When a program has quality components, it improves school readiness and has a lasting impact throughout the child's education.

Going to Scale with High-Quality Education: Choices and Consequences in Pre-Kindergarten Efforts

RAND (2005)

http://www.rand.org/pubs/technical_reports/2005/RAND_TR237.pdf

This report draws on a literature review and interviews with pre-k personnel in eight states. It examines the policy choices and debates involved in implementing pre-k, focusing on the key issues of funding, access, accountability, and staffing. Additionally, it looks at the unintended effects of particular universal pre-K policy choices on other child populations, families, and communities.

On the Path to School Readiness: Key Questions to Consider Before Establishing Universal Pre-Kindergarten

State Early Childhood Policy Technical Assistance Network (2004)

http://www.finebynine.org/pdf/On_the_Path_to_School_Readiness.pdf

This resource brief addresses essential questions decision makers must consider when designing and promoting universal pre-kindergarten programs. In particular, such efforts need to recognize the possible systemic impacts of universal pre-kindergarten programs, both positive and negative- including the impacts on existing early care and education programs and on community-building efforts within poor, minority communities.

The Status of Early Care and Education in the States

Institute for Women's Policy Research (October 2004)

<http://www.iwpr.org/pdf/R264.pdf>

Outlines the need of working parents and their children for a universal, voluntary early care and education system that provides all families with access to a dependable, safe, and nurturing system of care. It discusses the benefits of such care, provides an overview of existing programs, and presents state and national data on the availability, quality, and cost of early care and education programs. The authors recommend steps for states and the Federal government to expand and improve the early childhood care and education system.

The State of Preschool: 2004 State Preschool Yearbook

<http://nieer.org/yearbook/>

National Institute for Early Education Research

This Yearbook profiles prekindergarten programs in the United States, and is organized into three major sections. The first section provides background information on preschool education, a description of the data collection and analytical methods, a national summary of the findings, and national policy recommendations. The second section presents detailed profiles outlining each state's policies with respect to preschool access, quality standards, and resources. The final section of the report contains appendices, including tables that provide the complete survey data obtained from every state, as well as Head Start and child care data.

OUTCOMES

A Critical Meta-Analysis of All Evaluations of State-Funded Preschool from 1977 to 1998: Implications for Policy, Service Delivery, and Program Evaluation

Walter Gilliam and Edward Zigler

<http://nieer.org/resources/research/StatePreKMeta.pdf>

This article provides a meta-analytic review of data from all completed evaluations of state funded preschool programs up to 1998. The authors critique the methods used for evaluation and provide measures of standardized effects for all the significant impacts. The authors found that although evaluations of state-funded preschool programs vary widely, enough data is present to suggest prekindergarten programs positively impact children in a number of areas.

Early Childhood Interventions: Proven Results, Future Promise

The RAND Corporation (2005)

http://www.rand.org/pubs/monographs/2005/RAND_MG341.pdf

This study builds on prior research that examines the costs and benefits of investment in a high-quality, large-scale early childhood development (ECD) program. It reports the benefit-cost ratios that have been calculated for the Perry Preschool Project, the Prenatal/Early Infancy Project, the Abecedarian Early Childhood Intervention, and the Chicago Child-Parent Center Program. The study also presents calculations on the effect of a high-quality, large-scale ECD program for all poor three and four year-old children would have on future government budgets, the economy, and crime. It also illustrates the benefits of high-quality ECD programs to several other aspects of society.

Early Learning, Later Success: The Abecedarian Study

<http://www.fpg.unc.edu/~abc/summary.cfm>

The Abecedarian Project was a carefully controlled study in which 57 infants from low-income families were randomly assigned to receive early intervention in a high quality child care setting and 54 children were assigned to a non-treated control group. This degree of scientific control gives investigators greater confidence that differences between the treated and untreated individuals can be attributed to the intervention itself, rather than to differences among treated and untreated families. The treated children received full-time educational intervention in a high-quality childcare setting from infancy through age five. This article, and the entire website, cover the findings of this study and its implications for the early childhood development field.

The High/Scope Perry Preschool Study Through Age 40

High/Scope Educational Research Foundation (2004)

<http://www.highscope.org/Research/PerryProject/PerryAge40SumWeb.pdf>

This report summarizes the results of the Perry Preschool Study, a scientific experiment that identified both short and long term effects of a high quality preschool education program for children living in poverty. Researchers were able to track some of the study participants over the past 40 years, and this report also presents those findings.

The Benefits of Prekindergarten for Middle Income Children

National Institute for Early Education Research (March, 2005)

<http://nieer.org/resources/policyreports/report3.pdf>

Many middle-income children, who are not eligible for publicly subsidized prekindergarten, lack the opportunity to attend high-quality preschool programs. As a result, they often start school unprepared. This policy report analyzes what the research says about access to and gains made in high-quality preschool programs by children from middle-income families. Recommendations include expanding publicly funded preschool programs to include middle-income children and strengthening standards for child care and early education programs.

STATE EXAMPLES

The Effects of Oklahoma's Pre-K Program on School Readiness

Georgetown University Public Policy Institute (November, 2004)

<http://www.crocus.georgetown.edu/reports/oklahoma9z.pdf>

The Oklahoma pre-kindergarten program enrolls a higher percentage of four-year-olds than any other program in the United States. Researchers are particularly interested in the program because it is based in the public schools and emphasizes high quality- for example, all lead teachers must have a college degree and be certified in early-childhood. This research study finds that pre-k improves academic achievement among all children regardless of income, race, or ethnicity.

The Effects of State Prekindergarten Programs on Young Children's School Readiness in Five States.

National Institute for Early Education Research (December 2005)

<http://nieer.org/resources/research/multistate/fullreport.pdf>

This study found that children in prekindergarten programs experienced gains in their language and math abilities. The five states in the study are Michigan, New Jersey, Oklahoma, South Carolina, and West Virginia. Each state's individual report is available on the NIEER website (www.nieer.org).

Effects of West Virginia's Early Education Programs on Young Children's School Readiness

National Institute for Early Education Research (December, 2005)

<http://nieer.org/resources/research/multistate/wv.pdf>

This study measures the effects of West Virginia's Early Education Program on entering kindergartners' academic skills. Language, early literacy, and early math skills were assessed in a sample of 720 children across West Virginia. The research finds that West Virginia's program has statistically significant and meaningful impacts on children's early literacy and mathematical development.

Georgia Early Childhood Study 2001-2004 final report

Georgia State University: Andrew Young School of Policy Studies

<http://aysps.gsu.edu/publications/2005/EarlyChildhoodReport.pdf>

Georgia State University released The Georgia Early Childhood Study, which examines effects of Georgia's Prekindergarten Program on four-year-olds. In 1995, Georgia was the first state to offer voluntary, universal prekindergarten to every four year old. Children in Georgia made significant gains from the beginning of preschool to the end of first grade in terms of their skills compared to national samples of children their age.

Pre-Kindergarten in 11 States: NCEDL's Multi-State Study of Pre-Kindergarten and Study of Statewide Early Education Programs (SWEEP)

Foundation for Child Development and National Institute for Early Education Research (May 2005)

<http://www.fcd-us.org/pdfs/NCEDLPkin11States2.pdf>

This paper reports the results of a study of 240 state-funded Pre-k programs in six states. Compared to other preschool settings these state-funded Pre-k program maintain relatively high standards. But they still have many teachers without college degrees paid substantially less than public school teachers. While class size and teacher-child ratios are acceptable, opportunities for learning are lower than anticipated.

Success Stories: State Investment in Early Care and Education in Illinois, North Carolina, and Rhode Island.

Anne Mitchell, Alliance for Early Childhood Finance

<http://www.earlychildhoodfinance.org/Publications/SuccessStoriesPDFDraft2.pdf>

Examines three diverse states that have invested in early care and education services. It examines the forces and factors that contribute to successful change.

FINANCE

Blending and Braiding Funding to Support Early Care and Education Initiatives

The Finance Project (January, 2003)

http://www.financeproject.org/Publications/FP%20Blending%20Funds%201_24.pdf

This strategy brief highlights the successes and lessons learned in blending early childhood funding streams. It presents financing strategies that state and local policy makers, community leaders, and program coordinators can employ to align, coordinate, and integrate discrete, categorical funding streams.

The Cost of School Readiness: A Tool for Estimating the Cost of Universal Preschool in the States

Institute for Women's Policy Research

<http://www.iwpr.org/pdf/G713.pdf>

The first part of this report summarizes research on the benefits of high quality early childhood education for children, parents, and communities. It then introduces a model that can be used to examine policy proposals on preschool services. This model is also a tool for examining the relationship between service standards, quality, and costs.

The Cost of Universal Access to Quality Preschool in Illinois

Institute for Women's Policy Research (2003)

<http://www.iwpr.org/pdf/preschoolIL.pdf>

This report, intended for the Governor's task force on universal access to preschool, estimates the cost of Illinois' proposed universal preschool program over its first ten years.

Funding the Future: States' Approaches to Pre-K Finance (February, 2006)

Pre-K Now (February, 2006)

http://www.preknow.org/documents/FundingtheFuture_Feb2006.pdf

This report examines the different strategies states use to fund pre-kindergarten programs, the effectiveness of each strategy, and the sustainability of the approach. In addition to the general fund, sources of funding include lotteries, gaming, sin taxes, income taxes, and tobacco settlements. The report discusses the advantages and disadvantages of each funding source.

Funding and Policy Choices in a Changing Fiscal Environment

National Conference of State Legislatures (July, 2003)

<http://www.ncsl.org/legis/cyf/ccfinance.pdf>

This document describes and examines financing options to consider when developing early care and education policy. It also outlines strategic fiscal and policy questions and includes key resource information that is designed to be useful in the development of legislative proposals.

ECONOMIC BENEFITS

Policies to Foster Human Capital

James Heckman (2000)

<http://www.jcpr.org/wpfiles/Wildavsky.pdf?CFID=3422231&CFTOKEN=46387051>

In this paper, the author describes how many politicians overlook the learning and development that occurs in the early years of life. Dr. Heckman uses economic and developmental studies to illustrate that investments in social policies that intervene in the early years have very high rates of return while social policies that intervene at later stages in the life cycle have low economic returns. The long term benefits of early interventions aren't limited to intellectual gains, but extend to overall lifetime achievement.

Early Childhood Development: Economic Development with a High Public Return

Art Rolnick and Rob Grunewald, Federal Reserve Bank of Minneapolis, (March, 2003)

<http://minneapolisfed.org/research/studies/earlychild/earlychild.pdf>

This report makes the case that subsidizing businesses is a flawed form of economic development. Rather, the way to improve Minnesota's economy is to publicly fund early childhood programs. It cites studies that document how well-focused investments in early childhood development yield high public and private returns. The authors propose that the Minnesota State government should create the Minnesota Foundation for Early Childhood Development to fill the gap between the funds currently available for early childhood family education, school readiness, and Head Start and the amount necessary to fully fund a high-quality program for all of Minnesota's 3- and 4-year-old low-income children.

Age 21 Cost Benefit Analysis of the Title I Chicago Child-Parent Centers

Arthur J. Reynolds, et. al (February 2002)

<http://www.waisman.wisc.edu/cls/index.html>

This is a cost-benefit analysis of a comprehensive early childhood program, the Title I Chicago Child-Parent Center Program (CPC). CPC's are located in public schools and provide educational and family support services to low-income children. Data from 1,539 children in the Chicago Longitudinal Study suggest that the measured and projected economic benefits of preschool participation, school-age participation, and extended program participation exceeded costs. Economic benefits to the general public, exclusive of individual earnings, also exceeded costs. By providing comprehensive and intensive services to children and families over several years, the CPC appears to reduce the likelihood of later scholastic and social difficulties and to enhance well-being. Findings demonstrate the cost-effectiveness of public early childhood programs.

Early Childhood Education: How Important Are the Cost-Savings to the School System?

by Clive R. Belfield, (February 2004)

http://www.winnegbeginningny.org/databank/documents/belfield_report_000.pdf

This report uses a balance sheet framework to compare the costs and benefits of investments in early childhood education in New York. Using conservative assumptions and data from published studies, present value cost-savings are estimated ranging from \$2,591-\$9,547 per child participating in the program. The medium-term benefits or cost-savings from early childhood education include: Reducing the incidence of special education; Preventing grade repetition; Improving educational productivity; and enhancing children's well-being. The report also addresses the long-term benefits of quality education.

Early Childhood Education For All: A Wise Investment

<http://web.mit.edu/workplacecenter/docs/Full%20Report.pdf>

Leslie Calman (2005)

This paper is based on recommendations from The Economic Impacts of Child Care and Early Education: Financing Solutions for the Future. It is a compilation of work by researchers and economists that links quality early childhood education with short and long-term economic benefits. After looking at a dollar for dollar return, early childhood education is one of the most cost-effective public investments available. The author uses Massachusetts and Connecticut as state case studies.

The Economic Impact of the Early Care and Education Industry in Illinois

A Report by Action for Children, Chicago Metropolitan 2020, & the Illinois Facilities Fund (January, 2005)

<http://www.chicagometropolis2020.org/documents/FullEISStudy.pdf>

Demonstrates that in addition to supporting and nurturing young children, the Early Care and Education industry has significant short and long term economic benefits in Illinois. It provides jobs, supports the current workforce, and prepares young children to succeed in life.

The New Economics of Preschool: New Findings, Methods and Strategies for Increasing Economic Investments in Early Care and Education.

Dana E. Friedman, Ed.D. Early Childhood Funders' Collaborative (2004)

<http://www.earlychildhoodfinance.org/handouts/FriedmanArticle.doc>

This paper provides an overview of research on both the long- and short-term economic impact of early care and education. Friedman reviews research on the long-term economic benefits that accrue from early childhood education. She also highlights research on short-term economic returns that result from the child care industry as a whole as well as increased and stable parental employment. She argues that both approaches are important and ends with practical applications and next steps.

The Economic Impact of Early Childhood Development Programs in West Virginia

Calvin Kent, et. al (October 2005)

<http://www.marshall.edu/cber/research/ECDfinalreport.pdf>

By the school year 2012-2013, every school district in West Virginia must provide a prekindergarten program that is available for all students. This study uses primary and secondary research to conclude that with appropriate public-private funding, West Virginia's preschool program should produce long-term economic gains for the state.

COMMUNITY PROVIDERS

All Together Now: State Experiences in Using Community-Based Child Care to Provide Pre-Kindergarten

Center for Law and Social Policy (February 2005)

http://www.clasp.org/publications/all_together_now.pdf

This report studies the emergence of the mixed-delivery model, in which the pre-kindergarten programs are delivered in both schools and community-based settings. It discusses the importance of mixed delivery and the key state policies in its implementation. It also describes the findings of a state survey CLASP conducted to understand the policy choices, opportunities, and challenges of including community-based child care providers in pre-kindergarten programs.

Prekindergarten- Four Selected States Expanded Access by Relying on Schools and Existing Providers of Early Education and Care to Provide Services

United States Government Accountability Office

<http://www.gao.gov/new.items/d04852.pdf>

Due to the level of investment and the variety of preschool programs currently receiving federal and state support, there is concern about whether these programs are well coordinated and that the lessons from their implementation are documented. Therefore, the Senate requested a study on how states have expanded their preschool programs to serve more children. The GAO study addresses how prekindergarten programs were designed and funded; the potential implications of these program features for children's participation and other programs that serve four year-olds; and the outcome data that have been collected on participating children and families. To gather this information, GAO conducted site visits in four states—Georgia, New Jersey, New York, and Oklahoma.

TEACHER EDUCATION

California Child Care Workforce Study

Center for Child Care Workforce

http://www.ccw.org/pubs/CAsurvey/center_based/Alameda_center_report.pdf

This study examines teachers and administrative staff who work in licensed child care centers across seven California counties. It focuses on the size and stability of the workforce, professional preparation, wages, retirement benefits, collective bargaining status, and identifies issues that warrant further attention.

Degrees of Improvement: States Push to Reverse the Decline in Preschool Teachers' Qualifications

Harvard Education Letter (2006)

<http://www.fcd-us.org/PDFs/Jan-Feb2006.pdf>

This issue brief describes the trend of declining professional credentials amongst preschool teachers, and how this trend affects young children. The report uses New Jersey and Oklahoma as examples of how states are addressing the issue.

Getting Teachers from Here to There: Examining Issues Related to an Early Care and Education Teacher Policy

Debra J. Ackerman

<http://ecrp.uiuc.edu/v7n1/ackerman.html>

This article explores two issues that must be considered prior to implementing any policy that requires preschool teachers to have a bachelor's degree: the constraints facing early care and education teachers in improving their credentials and the capacity of teacher preparation programs to help create a qualified and knowledgeable workforce. Given that New Jersey has recently adopted such a policy for teachers in its state-funded preschools, findings from studies focusing on this effort are used in order to illustrate these issues. The article concludes with implications for policy makers and researchers in terms of optimizing implementation of a BA policy and ensuring that policy-related supports are working.



State Investments in Early Education

Presentation by Steffanie Clothier
National Conference of State
Legislatures (NCSL)

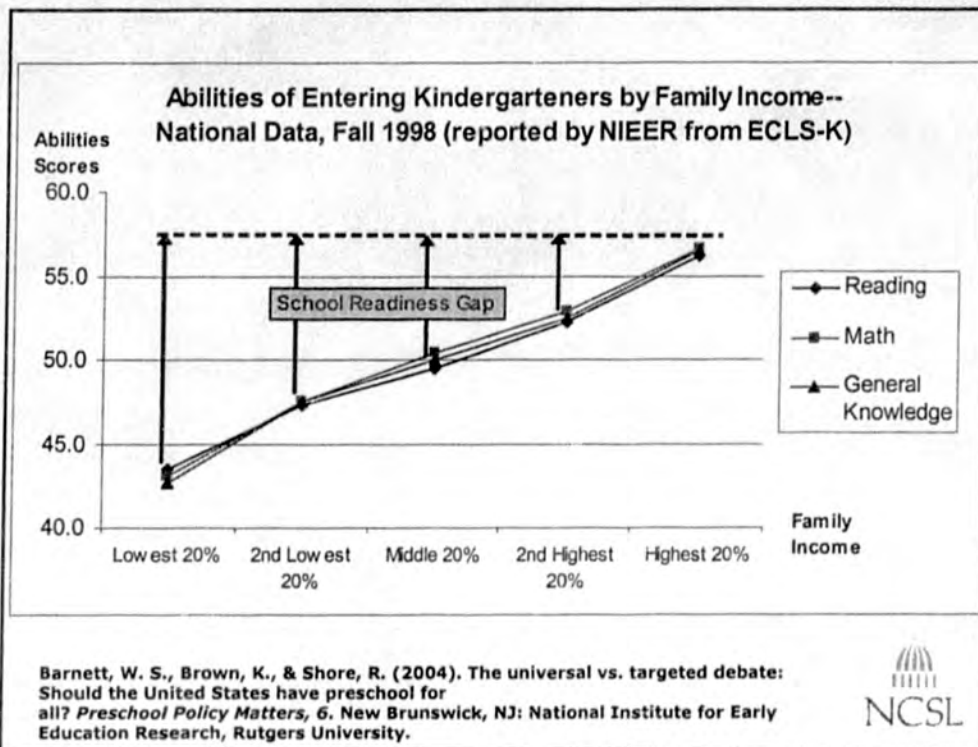
March 7, 2006
Juneau, Alaska



Early Learning in the States

- Part of education reform in early grades
- Concerns about NCLB at 3rd grade
- Response to issues of lack of school readiness
- Concern about achievement gap at Kindergarten
- Explosion of Research - brain research, economic data, state evaluations





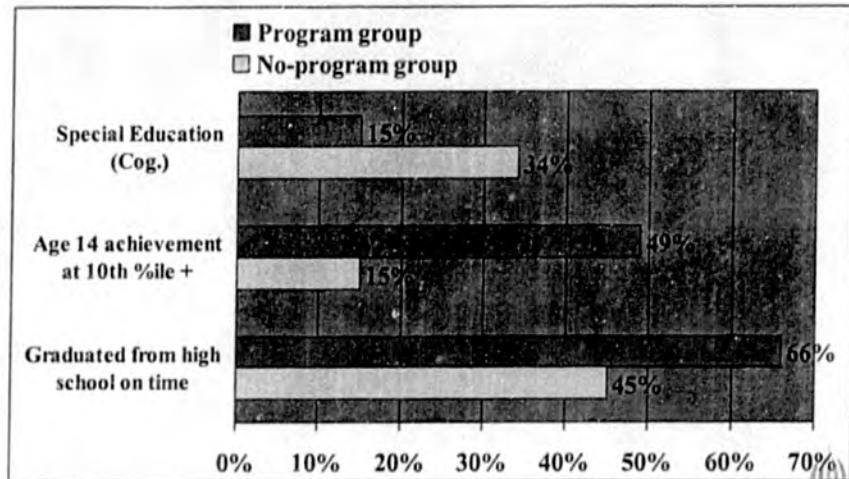
Summary of Research: Pre-K

- Higher test scores
- Increased social skills
- Better classroom behavior
- Less grade repetition & special education
- Higher graduation rates
- Increased productivity
- Less crime
- Better health behavior

Source: W. Steven Barnett, NIEER


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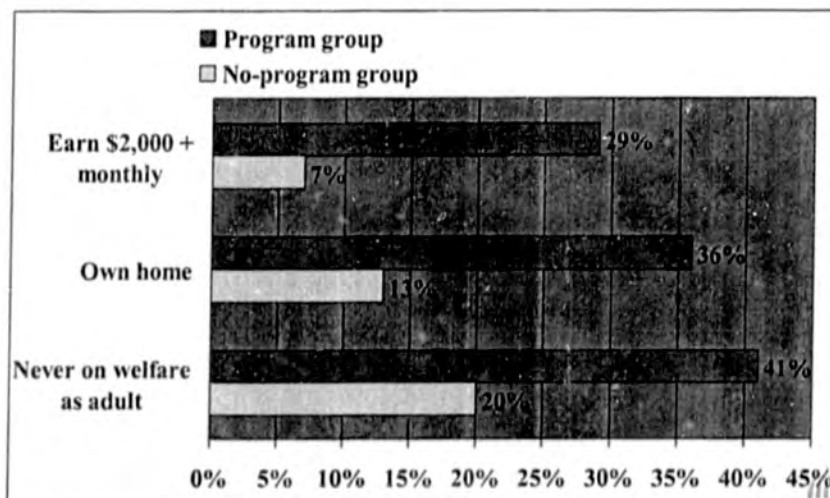
Perry Preschool: Educational Effects



Source: High Scope Educational Research Foundation

NCSL

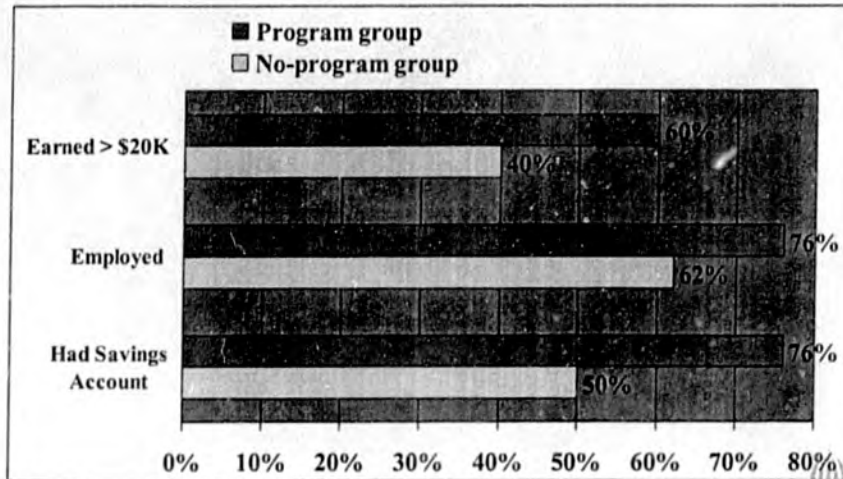
Perry: Economic Effects at Age 27



Source: High Scope Educational Research Foundation

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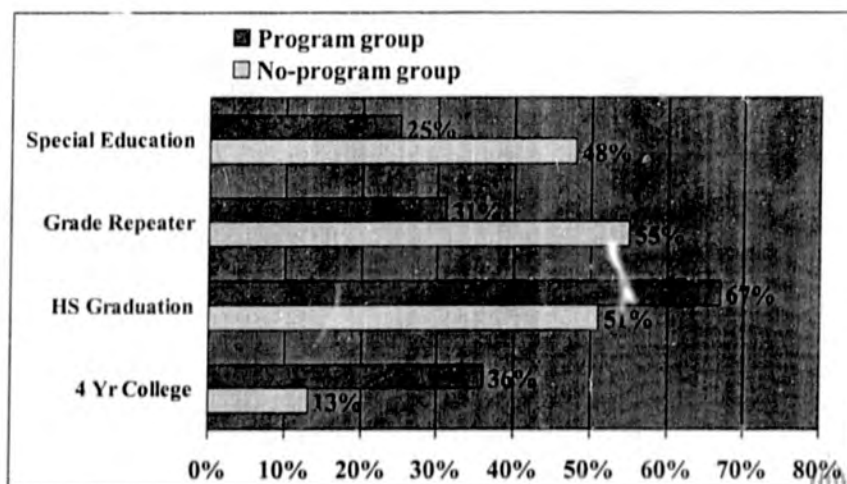
Perry Preschool: Economic Effects at 40



Source: High Scope Educational Research Foundation

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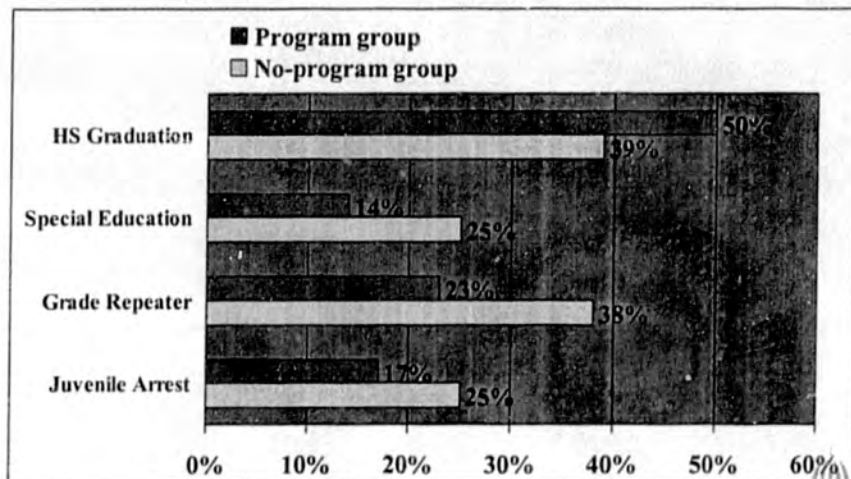
Abecedarian: Academic Benefits



Source: Carolina Abecedarian Study, W. Steven Barnett, NIEER

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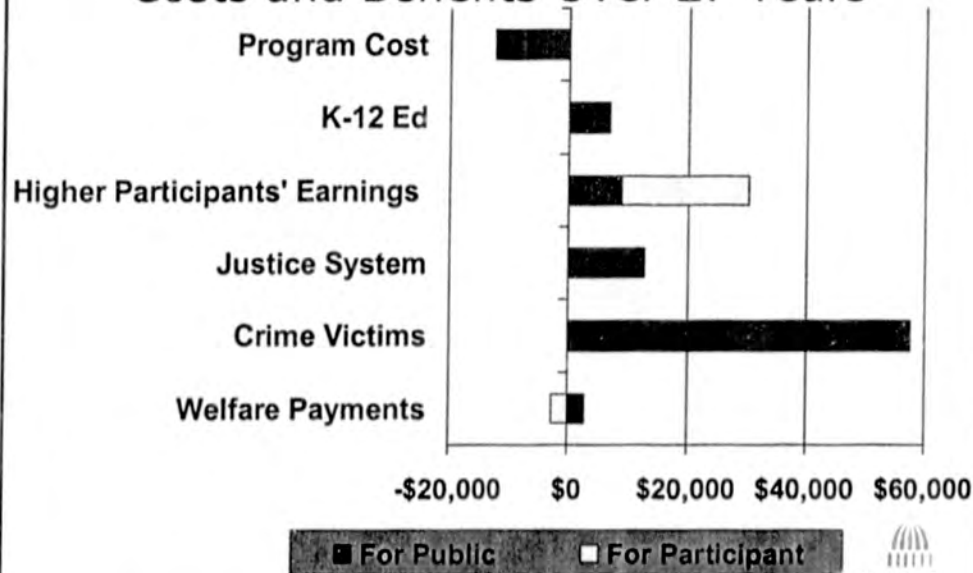
Chicago Child-Parent Center Findings



Source: W. Steven Barnett, NIEER

NCSL

Perry Preschool Costs and Benefits Over 27 Years



Source: Art Rolnick, Minneapolis Federal Reserve

NCSL

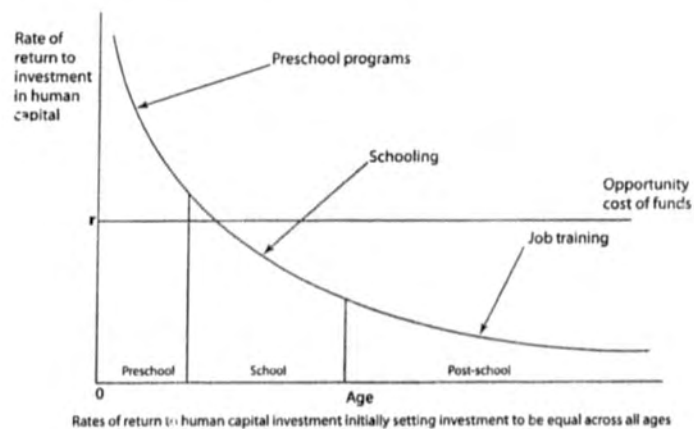
Return on Investment: Perry Preschool

- Total Benefit-Cost Ratio = \$8.74 to \$1
- Estimated Total Annual Rate of Return = 16%
- Public Rate of Return = 12%

Source: Art Rolnick and Rob Grunewald, Minneapolis
Federal Reserve



Human Capital Rate of Return



Source: Heckman and Masterov, *The Productivity Argument for Investing in Young Children*, October 2004.



Other Research

- Brain research highlights rapid brain development and critical periods for brain development that identify the early years as critical foundations for cognitive and social and emotional skills - point to need for positive early environments
- State evaluations - most recent include OK, GA, and a multi-state report



State Prekindergarten Programs - At a Glance

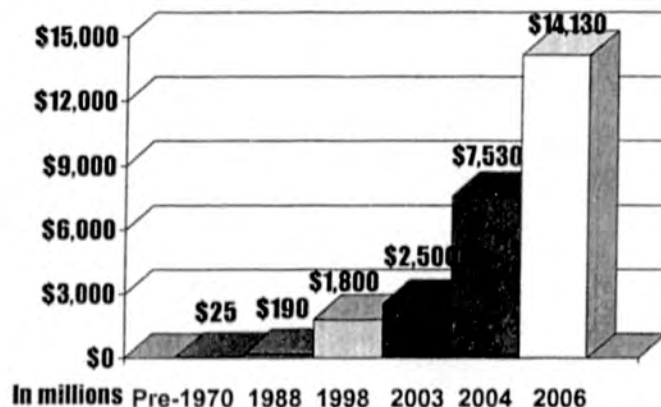
- State-funded program for children ages 3 and 4 or just 4-year-olds
- May be part day or school day and may coordinate with child care for full day, full year; often school year
- May be targeted to low income children, children at risk, low performing schools, geographic areas or not targeted and available for all children who want to enroll



- Usually delivered through diverse providers including schools and child care providers (36/44 programs)
- 23/44 programs require BA level teachers; 13 require BA plus specialized training
- Funding delivered to school districts (16), grants to providers (20), school funding formulas (13), or to local councils (2)



State Spending on Prekindergarten



Source: Anne Mitchell, Early Childhood Policy Research and Prek Now



2005 State Prekindergarten Expansions: 26 states +DC

- Florida (\$400 million)
- Illinois (\$90 million in three years)
- Iowa (\$8 million)
- Louisiana (\$20 million)
- New Mexico (\$5 million)
- North Carolina (\$17 million plus new lottery)
- Tennessee (\$25 million)
- Virginia (\$40 million in two years)
- West Virginia (\$4.4 million)



Highlights of 2006 Proposals

- Idaho and South Dakota interest in early learning
- South Carolina- debate resulting from school adequacy lawsuit
- Illinois Governor proposing Phase in of preschool for all 3 and 4 year olds
- California preschool ballot measure
- Washington public/private MOU and Early Learning Department (MN Foundation proposal)
- KY, IA - proposals for expansion



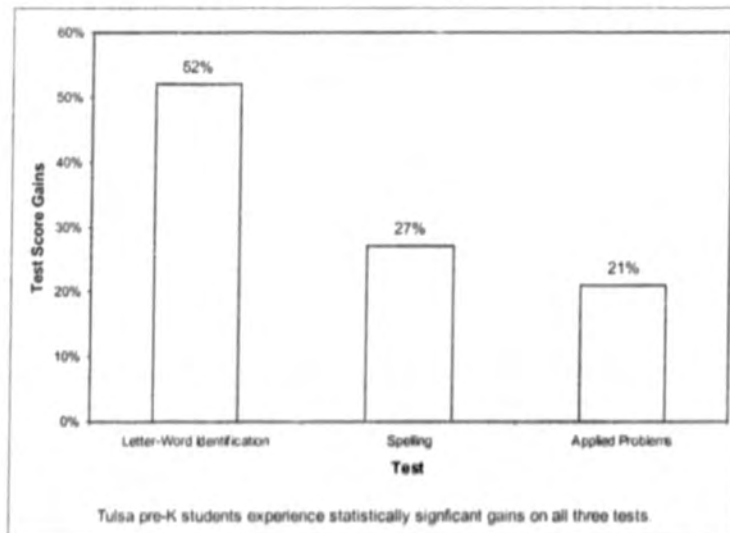
State Examples - Oklahoma

Started as a pilot then expanded to all 4 year olds in 1998.

- School finance formula (school can offer ½ or full day)
- Most in schools, some in private providers
- BA degree required with certification in early childhood/ paid according to school salary
- Also funds Head Start supplement



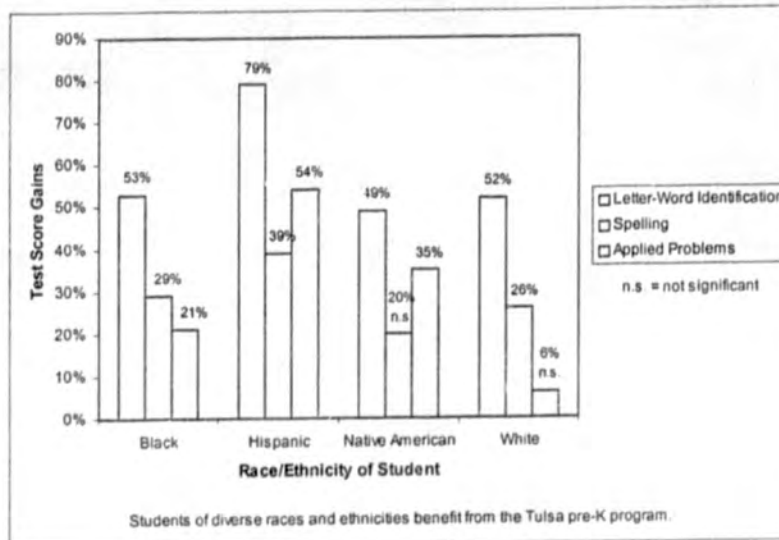
Overall Effects of Tulsa Pre-K Program



Source: William Gormley, Georgetown University



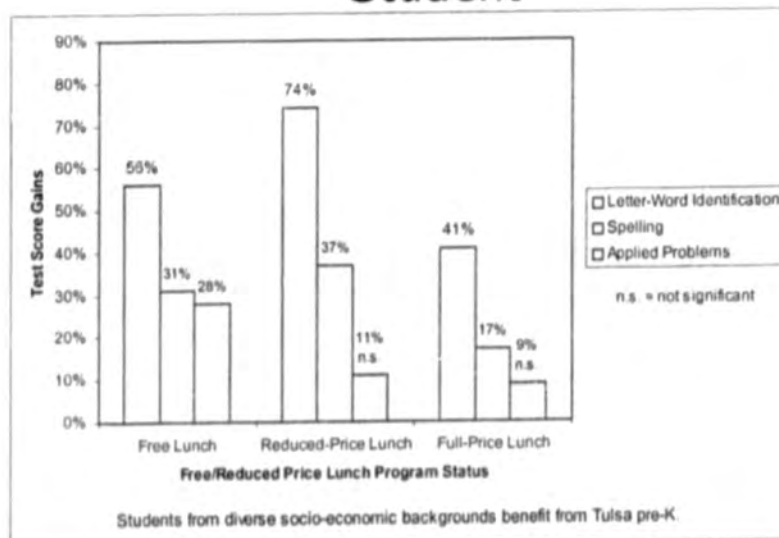
Effects of Tulsa Pre-K Program by Race/Ethnicity of Student



Source: William Gormley, Georgetown University

NCSL

Effects of Tulsa Pre-K Program by Free Lunch Program Status of Student



Source: William Gormley, Georgetown University

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Arkansas

- Arkansas Better Chance
 - Funded with excise tax on beer, state funds, local match
 - Target children in low performing school districts PLUS eligibility tied to income plus another risk factor
 - 3 and 4 year olds
 - Teachers licensed (P-4)
 - Full day, full week



New Jersey

- Abbott Preschool Program (result of litigation)
 - Targets 30 poorest school districts (% threshold qualifying for school lunch)
 - Geographic focus - all children in those districts are eligible
 - Serves 3 and 4 year olds
 - Full school day plus child care for extended hours
 - Certified teachers required plus certification. Those in private provider settings are paid salaries comparable to schools



State Supplements to Head Start

- 17 states provide supplemental funding for Head Start programs
 - To enhance services
 - To expand the number of hours
 - To expand the number of children that can attend
- 2 States use Head Start Standards for Prek (Ohio and Oregon)



Policy issues with Preschool

Quality

- Teachers - requirements and professional development
- Curriculum
- Ratios/group size

Program design

- Length of day, length of year
- Standards for class size and ratios
- Evaluation / monitoring
- Parent component, additional services

Service delivery

- Role of schools, community providers

Funding mechanism and cost per child



Challenges For States

- Choosing the program design - many choices
- Governance issues- agency administration
- Choice of delivery - schools, community providers
- Teacher requirements costly and requires infrastructure
- Funding



Kindergarten Policy

- 93% of all 5 year olds attend K/ 60% in full-day K
- Focus on full-day kindergarten in 2006, 19 states are considering legislation
- 9 states requires school districts to offer full day kindergarten
- 16 states define full-day Kindergarten



Full-Day Kindergarten Issues

- No experimental research on full-day vs. half-day benefits
- Still questions about teacher training, curriculum and learning activities
- Academic outcomes are mixed but gains found for disadvantages children

Source: *Making the Most of Kindergarten*, Debra Ackerman, W. Steven Barnett, Kenneth Robin



Policy Issues

- Funding structure - incentive or disincentive
- Learning standards for K coordinate with pre-K and 1st grade
- Teacher training for K generally and the change from half to full-day.
- Weigh policy decisions based on current kindergarten readiness rates, % retained in K and early grades, # of children at-risk of school failure, needs of working families



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www.ncsl.org/programs/cyf/cc.htm





National Conference of State Legislatures

Child Care and Early Education

New Research: Early Education as Economic Investment

By Steffanie Clothier and Julie Poppe

Recent research has focused on early education as an investment. NCSL has prepared this summary of the latest economic research examining early education initiatives as public investments. Many policymakers have considered early education initiatives as a school readiness strategy or as a way to close the achievement gap. Now, economic experts are offering another reason: mounting evidence shows that investments in early education may be considered as an economic development strategy.

This summary brief highlights three reports: the first from Art Rolnick, Senior Vice President and Director of Research at the Minneapolis Federal Reserve Bank; the second from James Heckman, Nobel Prize winner in economics from the University of Chicago; and the latest report from the High/Scope Educational Research Foundation on the longitudinal study of the Perry Preschool Program.¹ These reports characterize the economics of investing in early education by examining state economic subsidies, skill development for individuals in the broader economic picture, and specific new findings from a path-breaking early education program.

Return on Investment

Art Rolnick and Rob Grunewald of the Minneapolis Federal Reserve Bank published a paper examining the returns on investment of early education in Minnesota. The findings have had such broad appeal that the authors have been invited around the country to discuss their findings. In *Early Childhood Development with a High Public Return*, early education investments are compared to other kinds of state investments, with the conclusion that early education investments yield a return that far exceeds the return on most public projects that are considered economic development. The report raises issues relevant to most states, including how to build and maintain a viable state economy. The authors highlight the role of state subsidies while drawing on state experiences where subsidies failed to create real economic gains. Though subsidies to education have been longstanding, the authors argue that funding should be directed to early education because of the long-term effects.

Rate of Return: The report considered several studies of model programs and, when considering the Perry Preschool program, found a return on investment of 16 percent, with 80 percent of the benefits going to the general public. The data about model programs—such as Perry Preschool

yielding more than \$8 for every \$1 invested—is one way of describing the investment. Rolnick and Grunewald's use of the rate of return clearly shows the benefits of the investment compared to other investments.

The authors recommend creating a foundation endowment to fill the gap in current services in Minnesota by fully funding a high-quality program for all 3- and 4-year-old children in poverty. The endowment would generate enough operating funds for the early education initiative, which would include investments in quality improvements.

For more information, visit <http://minneapolisfed.org/pubs/fedgaz/03-03/earlychild.cfm>.

Building Human Capital

Nobel Prize winner James Heckman has turned his focus to early education as well. Heckman's work is devoted to the development of a scientific basis for economic policy evaluation. His career has included developing models to study unemployment, wage growth and skill formation. Heckman's report, *The Productivity Argument for Investing in Young Children*, describes how individual productivity can be fostered by investments in young children, particularly children in poverty or other adverse circumstances.

The report's findings are based on an analysis of the impact of current workforce conditions, workforce skills, the impact of baby boomer retirements, crime and family environments. For example, the report finds that America's workforce is not gaining in quality or productivity, but rather seeing slower growth. He argues that if this trend continues, there will be fewer educated individuals in the workforce and lower productivity than in previous periods. Key findings of the report include:

- Cognitive and noncognitive abilities are important for a productive workforce, and gaps that emerge early are difficult to change.
- "Skill begets skill and learning begets more learning." Because skills are accumulated, starting early and over time, investing in young children is an investment in future productivity and public safety.
- Family environments are important in determining education and skills. Growing numbers of children face adverse environments that restrict the development of these skills. Early education and other early interventions such as home visits can mitigate the effects of poor family environments. Key workforce skills such as motivation, persistence and self-control are developed early. Heckman concludes that K-12 schooling comes too late, and other remedies are prohibitively costly as well (e.g., job training programs and second-chance GED programs). (See Figure 1.)

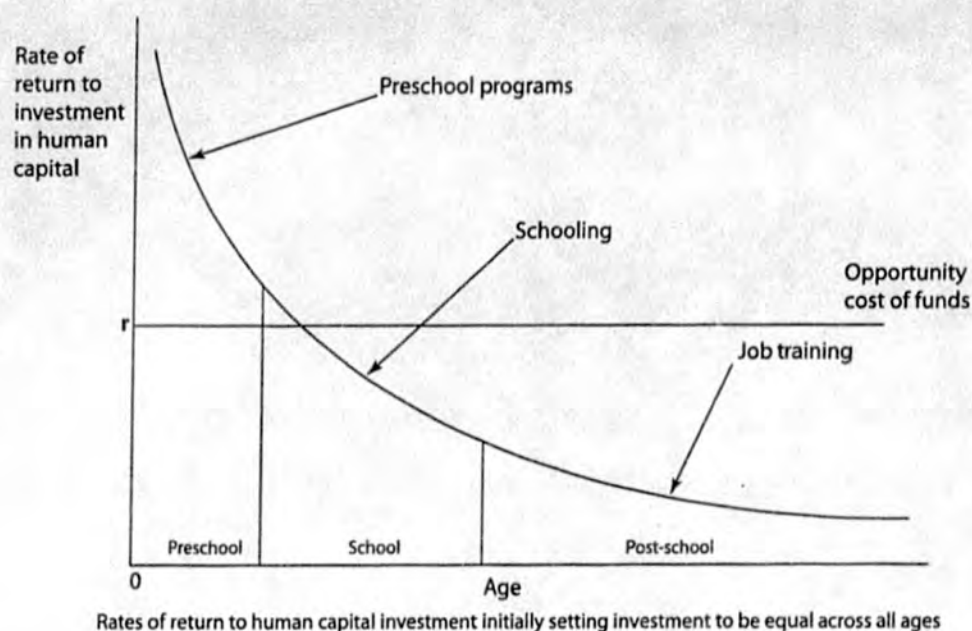


Figure 1. Rates of Return

Source: Heckman and Masterov, *The Productivity Argument for Investing in Young Children*, October 2004.

For more information, visit <http://jenni.uchicago.edu/Invest/> or http://ced.org/docs/summary/summary_heckman.pdf.

Perry Preschool at Age 40

In November 2004, the High/Scope Educational Foundation released the latest findings from the Perry Preschool longitudinal study. The research on the Perry Preschool model program has long been a key foundation for the long-term benefits of early education for children from disadvantaged families. The High/Scope Perry Preschool study started in 1962 with 123 young African-American children living in poverty in Ypsilanti, Michigan, and who were assessed to be at high risk of school failure. The Perry preschool program design included teachers who were well-qualified; a teacher served no more than eight children at a time; parents were visited as a component of the program; and classes operated daily. The researchers randomly assigned 58 of the children to this high-quality setting, and the rest received no preschool program. Researchers have compared children from the Perry preschool program with the comparison group at ages 14, 15, 19, 27, and now at age 40.

The latest report found continuing positive long-term effects of high-quality early childhood care and education on low-income 3- and 4-year-olds. Overall, the study recently documented a return to society of more than \$17 for every dollar invested in the early care and education program, primarily because of the large continuing effect on the reduction of male crime. These new figures are a dramatic increase in long-term returns. Highlights from the study's major findings include:

- *Economic/Workforce:* More of the group who received high-quality early education than the non-program group were employed at age 40 (76 percent vs. 62 percent).
- *Education:* More of the group who received high-quality early education, particularly females, graduated from high school than the non-program group.
- *Crime Prevention:* The group who received high-quality early education had significantly fewer arrests than the non-program group (36 percent vs. 55 percent were arrested five times or more).

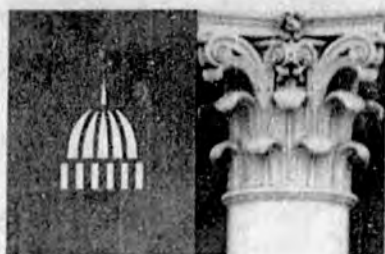
For more information, visit
www.highscope.org/Research/PerryProject/PerryAge40SumWeb.pdf.

Conclusion

These latest studies provide examples of an additional approach to thinking about state and federal funding investments. NCSL provides ongoing analysis and information as studies in this area are released. NCSL can provide analysis and highlights of recent research and can connect policymakers with experts in the field. Our staff welcome suggestions and comments about the research needs of policymakers. Please contact NCSL's Child Care and Early Education Project with questions or feedback.

1. Art Rolnick and Rob Grunewald, *Early Childhood Development: Economic Development with a High Public Return*, March 2003; James J. Heckman and Dimitriy V. Masterov, *The Productivity Argument for Investing in Young Children*, October 2004; High/Scope Educational Research Foundation, *The High/Scope Perry Preschool Study Through Age 40*, November 2004.

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National Conference of State Legislatures

LEGISBRIEF

BRIEFING PAPERS ON THE IMPORTANT ISSUES OF THE DAY

FEBRUARY 2005

VOL. 13, No. 8

Governing Early Education Programs

By Steffanie Clothier and Amber Minogue

Legislators often determine who will govern early education programs.

Three states recently changed administration of early education programs.

Georgia was the first state to create a prekindergarten program for all 4-year-olds.

Over the last two decades, state policymakers have intensified their efforts to promote young children's success in school by developing early education programs. Lawmakers consider many issues when designing programs for children and their families, including how to govern the programs. Recent trends show that legislators, while considering governance, also aim to coordinate early childhood and child care programs in order to reduce duplication and ensure effective and efficient services.

State Action

Three states passed legislation in 2004 to change the administration of early education programs. Georgia and Massachusetts created new and separate departments to administer and operate prekindergarten and other early education programs. Florida lawmakers passed a bill to provide prekindergarten for all 4-year-olds. The legislation reworked the governance of early childhood programs to grant authority to both the Agency for Workforce Innovation and the Department of Education.

Georgia. Georgia was the first state to create a prekindergarten program for all 4-year-olds. In 2004, Georgia created Bright from the Start: Georgia Department of Early Care and Learning, consolidating three offices—the Child Care Licensing Office, the Georgia Child Care Council and the Office of School Readiness. Responsibilities formerly held by the departments of Human Resources and Education were also transferred to the new office. The new department will administer Georgia's prekindergarten program, oversee Even Start and federal food and nutrition programs, regulate both child care and prekindergarten, and include the Head Start state collaboration office. Before 2004, Georgia's prekindergarten program ran through the Office of School Readiness, which operated independently and reported to the governor.

Massachusetts. Massachusetts was the second state last year to create a new governance structure as part of its plan to expand prekindergarten to all 4-year-olds. The legislature passed a bill to create an independent Department of Early Education and Care. It will develop and supervise all early education programs. Massachusetts' prekindergarten program was previously managed by the Department of Education, which funded and monitored local community partnerships. The creation of the new department is just one step in a multi-year initiative.

Florida. Florida lawmakers, under pressure to implement a ballot initiative passed in 2002, enacted legislation on prekindergarten in a special session in December 2004. The act established a governance structure at the state and local levels. At the state level, two agencies will play a role in oversight of the prekindergarten program. The Agency for Workforce Innovation will

administer the operational requirements of the program and coordinate the school readiness coalitions, previously administered by the Florida Partnership for School Readiness. The Department of Education will administer the accountability requirements of the program including performance standards, screening, and establishment and enforcement of school readiness rates. At the local level, the prekindergarten program will be administered by early learning coalitions and school districts replacing and consolidating the previous school readiness coalitions.

During the 2004 regular legislative session, lawmakers debated and passed a bill that was vetoed by the governor. In that bill, the prekindergarten program would have been administered primarily by the Department of Education, splitting early childhood programs between the Department of Education and the Agency for Workforce Innovation.

Florida has a history of consolidating early childhood programs. In 1999, Florida consolidated several programs that had been administered by the Department of Education, the Department of Children and Family Services, and Head Start. The legislation created the Florida Partnership for School Readiness and local school readiness coalitions. Initially in the governor's office, the Partnership was later moved to the Agency for Workforce Innovation but maintained independence with its own board. The Agency for Workforce Innovation also governs the state's child care subsidy program, migrant prekindergarten, Florida First Start, and Even Start Family Literacy.

Florida has a history of consolidating early childhood programs.

Major Approaches. These recent actions reflect the latest changes in governing early education programs. Generally, states have used four main structures to govern these programs:

- State education agencies
- Human services or other departments
- Joint governance between two or more departments
- Independent department or office

Massachusetts and Georgia established separate departments to consolidate early education programs. Most states, however, operate their programs through the state education agency. Only Hawaii, New Mexico and Washington administer their programs through another agency. A governance model where authority is shared among more than one department is the approach taken in Florida as well as Arkansas, Connecticut, Missouri and North Carolina. Arkansas and North Carolina administer their programs through human services and education departments. Arkansas delineates the functions of the two departments in statute, and requires consultation and joint decision making in some areas. North Carolina has a statewide task force chaired by the directors of the two departments with staff based in the governor's office. Local planning committees also are a key part of the structure.

Most states operate their programs through the state education agency.

Rethinking governance of early education is important for state policymakers when designing programs. These examples illustrate new developments in governance and how existing structures can evolve in ways that encourage collaboration and coordination of state agencies.

Selected References

Florida Legislation: <http://www.flsenate.gov/data/session/2004A/House/bills/billtext/pdf/h0001Aer.pdf>

Georgia Legislation: <http://www.mass.gov/legis/laws/seslaw04/sl040205.htm>

Massachusetts Legislation: http://www.legis.state.ga.us/legis/2003_04/fulltext/sb456.htm

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THE PRESCHOOL PROMISE

GOING TO PRESCHOOL BENEFITS CHILDREN THEIR ENTIRE LIVES.

CAN STATES AFFORD TO PROVIDE IT TO ALL KIDS?

By Julie Poppe and Steffanie Clothier



If you walk into a good preschool classroom, you might see a teacher reading to a group of kids, children immersed in an art project, little ones playing on a computer or getting ready for a field trip to a nearby museum or public library.

Those children, mounting research shows, will do better in school and are more likely to attend college. As adults they will have better jobs and pay more taxes. They will even be better parents.

The good news is that more and more children go to preschool: in 2002, 66 percent of 4-year-olds attended. Some schools are government supported, others are private. Today, at least 40 states provide state funding for preschool programs, compared to only 10 in 1980.

Parents from all income ranges send their children to preschool, although better educated parents with higher incomes have the highest participation rate.

Preschools are designed to provide education and a safe caring environment. Some states fund programs that incorporate the needs of working parents—sometimes by coordinating their programs with Head Start and child care subsidy programs to ensure full-day services.

READY FOR SCHOOL

One of the striking findings in early education is the size of the achievement gap at the start of kindergarten between children who have gone to preschool and those who have not. That difference hardly ever goes away. It continues in reading and math achievement in the early grades and throughout school and

into the job market. Steve Barnett from the National Institute for Early Education Research—an independent, nonpartisan organization that conducts research and follows state early education policy—says that kids living in poverty are 18 months behind the average kid when they start kindergarten. “This is an incredible amount of time for a school to catch up,” Barnett says. But the achievement gap isn’t just a poverty issue. “The gap continues up the income ladder,” he says. Because of these findings and recent brain research showing that almost 90 percent of brain growth occurs in children by age 5, more lawmakers, economists, business leaders and parents are supporting early education.

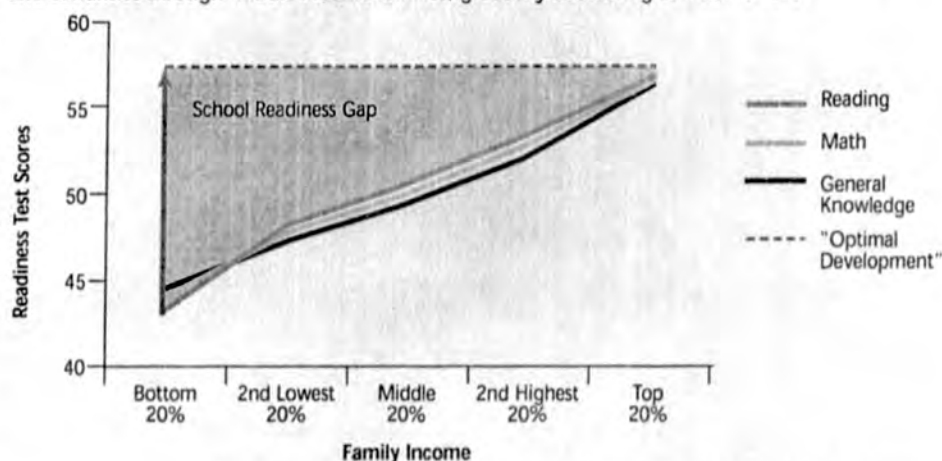
THE RIGHT PROGRAMS ARE KEY

What makes a good preschool program? Proper teacher qualifications and training, small class sizes and teacher-to-student ratios, stimulating curriculum and other services that support families. A good program can improve a child’s achievement over the short and long term. Recent focus on quality has prompted states to consider enhancements. For example, 23 now require preschool teachers to have a bachelor’s degree with additional certification and license.

Most states target their state-funded initiatives to children who are in low-income families or at risk of school failure. Some states are looking to expand their preschool programs in response to state litigation, the need to improve test scores due to No Child

THE ACHIEVEMENT GAP AT KINDERGARTEN

Family income has a great deal to do with how well a child does on readiness tests when entering kindergarten. The school readiness gap is steepest for children from families with the lowest incomes and continues through middle income families, gradually decreasing as income rises.



Source: Preschool Policy Matters, April 2004, National Institute for Early Education Research.

Julie Poppe tracks preschool policy for NCSL. Steffanie Clothier heads NCSL's Child Care and Early Education Project.

Left Behind, and the latest research showing early education improves children's school success. Some states have different goals in mind, such as funding and expanding early education programs to reach more working families.

PAYING FOR QUALITY PRESCHOOL

Arkansas has a state-funded preschool program that started in 1991 for low-income children. In recent years, \$40 million in funding has allowed more children to attend. Representative LeRoy Dangeau carried



REPRESENTATIVE
LEROY DANGEAU
ARKANSAS

a bill this session that resulted in an additional \$20 million over the next two years for the continued expansion of the state's program.

Other preschool funding comes from a beer tax (since 2001) that raises about 18 cents on every six-pack, generating \$8 million annually for early education. This April, the Legislature passed a bill to extend the beer tax until June 2007.

Dangeau hopes that by the summer of 2007 there will be a total of \$100 million dedicated for voluntary preschool for all 3- and 4-year-olds.

"When I became a legislator four years ago," says Dangeau, "I had no clue about the importance of early childhood. But I saw the research, including the benefits of preschool over time, and how it is the best investment of our money," he says.

In a recent Arkansas Supreme Court case on school funding inequity, the court recognized the importance of preschool (but didn't mandate it) as part of its ruling. "I think that the court case had an impact on how the Legislature views preschool," says Dangeau. "We see it as the quickest way to improve test scores. The issue is not whether or not to have preschool. The question is how much money to put into it."

Last year, the National Institute for Early Education Research ranked the quality of Arkansas' preschool program very high.

"I am very proud to say that Arkansas

ranked best in terms of quality," says Dangeau. He believes the success is directly tied to legislation passed in 2003 that puts preschool teachers on the same pay scale as K-12 teachers. Any program or school may provide preschool services as long as they meet the state's quality standards, such as one certified teacher per 10 students.

SUPPORTING WORKING FAMILIES

In the mid-'80s, the Illinois legislature established a preschool program for at-risk children. To support working families, the state allows child care centers and Head Start programs that meet standards to provide full-day early education services along with public schools. Local communities determine eligibility; there are an estimated 64,000 3- and 4-year-olds enrolled statewide.

The state has significantly increased funding over the past few years. Since 2003, lawmakers have appropriated \$30 million annually for early education and are looking to do the same this legislative session.

The National Institute for Early Education Research gave the state high marks for quality. Teachers participating in the program must hold an early childhood teaching certificate to be on the same pay scale as K-12 teachers.

In 2003, lawmakers created the Illinois Early Learning Council. It builds on the work the state has already done to develop a high-quality early learning system available

PRESCHOOL POPULARITY

At least 40 states provide state funding for preschool programs.

◆ The first to expand preschool to all 4-year-olds were Georgia and then Oklahoma. Florida, Maryland, New York and West Virginia are in the process of phasing in their programs.

◆ Thirty-six states considered early education bills in 2005. At least 28 states considered expanding preschool programs.

◆ Florida legislators, responding to a state ballot measure, approved legislation for a voluntary preschool program for all 4-year-olds. New Mexico legislators passed a pilot preschool bill with a \$5 million initial appropriation.

◆ Mississippi, Montana, North Dakota and South Dakota have no state-funded preschool programs, but did consider legislation this session.

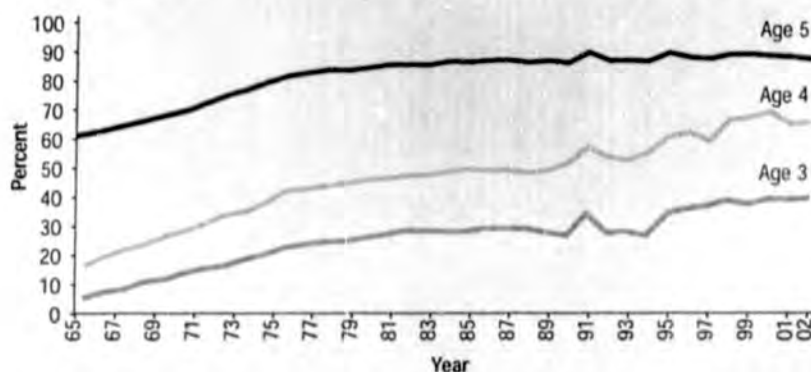
to all Illinois children up to age 5. Four legislators currently are members of the council, including Representative Elizabeth Coulson.

Coulson, who has a business background, sits on two of the House Appropriation Committee's subcommittees, Human Services and Education, which make funding decisions for early education. She is also a member of the House Human Services Committee. "I'm a link between key committees that focus on

KINDERGARTEN AND PRESCHOOL PARTICIPATION

1965-2002

Over the last several decades, preschool and kindergarten participation has increased steadily for children ages 3 to 5.



Source: National Institute for Early Education Research.



REPRESENTATIVE
ELIZABETH COULSON
ILLINOIS

early childhood," she says.

She says that Illinois has been concerned for some time about supporting working families and making sure a strong birth-to-age-5 system is in place that nurtures chil-

RESEARCH AND ECONOMIC PROOF

Solid research backs the premise that investments in early education pay off.

Some of the best known studies include the Perry Preschool Project, the Chicago Child Parent Center, the Abecedarian Project, and a study of Oklahoma's preschool program. The Perry study's most recent data are from participants at age 40. They earned higher wages, committed fewer crimes, needed welfare less and were more likely to have graduated from high school than their peers who were not in a preschool program.

The Chicago study results showed better reading and math test scores, more kids graduating from high school, reduced special education placement, less grade repetition and fewer juvenile arrests. Abecedarian showed similar results, with additional findings of increased college attendance and higher achievements of the mothers of the participating children. Oklahoma's preschool program showed children's gains in cognitive, language and motor skills with the greatest gains for low-income and minority children.

Nobel Prize winning economist James Heckman says productivity can be fostered by investments in young children, particularly children living in poverty or other adverse circumstances. He points to key future workforce skills—motivation, persistence and self control—that are developed early in life. He says the most efficient and cost-effective investments are in the early years.

dren. In 2003, the legislature increased the percentage of funding for birth-to-age-3 programs from 8 percent to 11 percent of the state's early childhood education block grant. The block grant makes up the state's funding for preschool education, parental training and prevention initiatives. "The formative years have the most impact on education. This is not just a women's issue, but it's also a children's issue and [in terms of economics and business] an important issue for the whole state," she says.

Nearly a third of all Illinois 4-year-olds are in a state-funded preschool program and the number is up from the year before. Coulson says early care is a thriving industry that has an impact on Illinois' economy, and businesses need to be aware of the benefits. Recent research shows that every tax dollar invested in preschool produces \$17 for the economy.

"This session, we continue to focus on quality and funding," Coulson says. In the last two years, the state has increased preschool spending by \$60 million. "This is a bad budget year for Illinois, but I am optimistic we will find a way to fund another \$30 million for early childhood," she says.

LEGISLATIVE INVOLVEMENT

During the mid-'80s, Massachusetts set up a state-funded early education program in public schools. Since then, the state has allowed community partnership providers who meet early childhood standards to participate in programs targeting at-risk 3- and 4-year-olds from working families serving almost 16,000 children last year.

During the 2004 session, more than 100 legislators, including leadership in both houses, signed on to a proposal for preschool for all 3-to-5-year-olds to be phased-in over 10 years, at an estimated cost of \$1 billion. Two bills that were eventually enacted laid the groundwork for the expansion by reworking state governance of early childhood programs. One law creates a single department to streamline early childhood programs and to expand preschool to all 3- and 4-year-olds. "Hopefully, we will see less duplication of services," says Representative Patricia Haddad.

She co-chairs the legislature's Joint Committee on Education and the state's legislatively created Advisory Committee on Early Education and Care. Nine other legislators

NEED HELP WITH PRESCHOOL POLICY?

NCSL staff have worked in a number of states helping legislators with their child care and early education programs. They provide assistance on program design and financing options for preschool programs.

Legislators interested in help can call Steffanie Clothier in NCSL's Child Care and Early Education Project, (303) 856-1416.



REPRESENTATIVE
PATRICIA HADDAD
MASSACHUSETTS

participate. They have conducted five public hearings throughout the state. "We had to be a part of the hearings ourselves, because it is nice to read a report, but the passion is different when you are involved," says Haddad. State early childhood advocates also held meetings throughout the state to educate the public on the importance of early childhood education and full-day kindergarten for all.

Last December, the advisory committee completed a report that identified four key components: developing a workforce, defining quality, delivering the system and evaluating progress. Haddad says the next step is providing a good workforce development program for teachers and providers.

The 2004 legislation also created a new board of early education and care, which will start this July. The commissioners from the boards of Higher Education, Education, and Early Education and Care will each sit on each other's boards. "We want the commissioners to be talking to one another, which will lead to better communication between these three entities," says Haddad.

Representative Haddad says people in Massachusetts are starting to realize the importance of preschool and the role that it might possibly play with No Child Left Behind. "If you do not provide the very best for children in the early years, you will continue to see gaps," she says. ■



EARLY CHILDHOOD



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Research and Policy Report

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Helping Young Children Succeed Strategies to Promote Early Childhood Social and Emotional Development

By Julie Cohen, ZERO TO THREE; Ngozi Onunaku, ZERO TO THREE;
Steffanie Clothier, NCSL; and Julie Poppe, NCSL

Introduction

The early years of life lay the foundation for a child's development today and during the course of his or her life. From the time of conception to the first day of kindergarten, development proceeds at a pace exceeding that of any subsequent stage of life.¹ It is during this time that the brain undergoes its most dramatic growth, and children acquire the ability to think, speak, learn and reason. Early experiences can and do influence the physical architecture of the brain,² literally shaping the neural connections in an infant's developing brain.

Gaining social and emotional skills enables children to learn from teachers, make friends, express thoughts and feelings, and cope with frustration. These kinds of skills, in turn, directly influence cognitive learning such as early literacy, numeracy and language skills.³ A child who cannot remain calm, focus on a task and stick with it will not be able to take advantage of an opportunity to interact with an adult who is reading her a story—an activity that effectively promotes early language and literacy skills.

Ensuring that young children arrive at school ready to learn has become a national priority. State policymakers have an opportunity to have a significant and lasting effect on young children's development by enacting policies that support healthy social-emotional development of young children from birth to age five. Social and emotional development extends beyond the realm of education to reach human services, health, economic development, and environmental policies. This brief defines early childhood social-emotional development; describes what can happen when children face emotional and behavioral problems; and outlines what actions can be taken at the state level to support healthy social-emotional development in babies and young children. It also highlights state and community efforts to improve early childhood social and emotional development through promotion, prevention and treatment approaches.

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Policy Recommendations in Brief

Promoting Early Childhood Social and Emotional Development

- Develop initiatives to increase awareness and understanding of early childhood mental health.
- Integrate social and emotional development into existing services.

Preventing Mental Health Disorders or Their Consequences

- Fully implement federal referral requirements under the Child Abuse Prevention and Treatment Act of 2003 (CAPTA) and the Individual with Disabilities Education Act (IDEA) Part C Reauthorization of 2004.
- Provide mental health consultation to early childhood programs to address challenging behaviors.
- Expand early identification approaches.
- Invest in family mental health services and supports.

Treating Early Childhood Mental Health Disorders

- Address the distinct mental health needs of young children and their families who are affected by maltreatment, substance abuse and domestic violence.
- Expand the number of mental health clinicians trained to address early childhood mental health issues.

(Details on page 9)

What Is Early Childhood Social and Emotional Development?

In their first years of life, children rapidly develop the social and emotional capacities that prepare them to be self-confident, trusting, empathic, intellectually inquisitive, competent in using language to communicate, and capable of relating well to others.⁴ Sometimes called early childhood mental health, or infant mental health, healthy social and emotional development refers to a child's developing capacity to:

- Experience, manage and express the full range of positive and negative emotions;
- Develop close, satisfying relationships with other children and adults; and
- Actively explore their environment and learn.

Social and emotional development lays the foundation that helps guide a child into adulthood. Early experiences can build a strong foundation or a fragile one, and can affect the way children react and respond to the world around them for the rest of their lives.

Influences: Biology, Relationships, Environment

Early childhood social and emotional development are influenced by biology, relationships and environment. Biology refers to what a child is born with, such as his or her genetic makeup. Relationships connect children with significant people in their lives and a child's environment is where a child spends time such as home, early education settings, and other situations a child experiences that can be either warm or hostile.

Biology: Biological influences can include such characteristics as temperament (infants are often characterized as easy, slow to warm up or difficult) and genetic influences such as prematurity and physical anomalies.⁵

Relationships: Young children develop social-emotional competencies in the context of the relationships that exist between a small group of consistent caregivers and a child. Caregivers may include parents, child care providers, foster parents, grandparents and other family members.

Environment: Children develop in the context of their environment. Environmental influences such as exposure to environmental toxins, extreme poverty, malnutrition, community or family violence, substance abuse, abuse and neglect, and poor quality child care settings all can lead to emotional or behavioral difficulties. Environmental stresses such as homelessness, poverty and parental mental illness negatively influence a child's early experiences.

The influences of biology, relationships and environment play a significant role in the development of social-emotional competencies. For example, a child exposed to abuse or neglect may respond biologically by producing high levels of cortisol—a stress hormone that the body releases in order to cope with threatening situations. Children who are repeatedly exposed to harmful environments are at risk for poor development because their stress levels remain high, causing permanent negative damage to the brain. These children are also at risk for a variety of behavioral problems, as well as loss of memory and learning skills and suppression of the immune system.⁶

Relationships with the primary caregiver are especially important for development in the first years of life because the child's primary caregivers structure the experiences and shape the environments within which early development unfolds.⁷ Babies and young children need to have the opportunity to develop a close, trusting relationship or secure attachment with at least one special person. The ability to attach to a significant adult allows young children to become trusting, confident, and capable of regulating stress and managing distress. Those who develop a secure attachment with a primary caregiver during the early years of life are more likely to later have positive relationships with peers, be liked by their teachers, perform better in school, and respond with resilience in the face of adversity as they grow and become preschoolers and older students. Those who do not have an opportunity to form a secure attachment with a trusted adult are at risk of experiencing distrust or uncertainty with their caregivers, negative self-image, and difficulties in coping adaptively with stress.⁸

Positive parenting practices—including responsive caregiving, positive discipline, supports for language and learning, and playful interactions—can promote social and emotional health. Because the parent-child relationship is so important for early development, the mental wellness of adults plays a critical role in how young children develop. The existence of maternal depression and other adult mental health disorders can negatively affect children if parents are not capable of providing consistent sensitive care, emotional nurturance, protection, and the stimulation that young children need. Maternal depression, anxiety disorders, and other forms of chronic depression affect approximately 10 percent of mothers with young children.⁹ This number is much higher for families in poverty. Findings at enrollment from the National Evaluation of Early Head Start indicate that nearly half (48 percent) of mothers reported enough depressive symptoms to be considered clinically depressed.¹⁰

Social-Emotional Skills that Support School Readiness¹¹

In the context of school readiness, several skills have been identified that enable children to learn and be successful in school and later in life. These include:

1. Confidence
2. Curiosity
3. Intentionality
4. Self-Control
5. Relatedness
6. Capacity to Communicate
7. Cooperativeness

Poverty is another environmental factor that is tied to social and emotional health. Young children who live in poverty-stricken communities may be exposed to environmental dangers such as lead and mercury—chemicals that studies have shown impair health. Children who live in poverty also often lack the proper nutrition needed for optimal brain development. Early childhood programs such as Early Head Start and Head Start mitigate against the effects of poverty by providing basic supports, such as nutritional meals, to young children in low-income families.

The Effects of Social and Emotional Development

Early childhood social and emotional development is firmly tied to every other area of growth and development—physical growth and health, communication and language development, and cognitive skills, as well as the child's early relationships. If young children do not achieve early social and emotional milestones that are linked to positive early childhood mental health, they will not do well in the early school years and subsequently, are at higher risk for school failure, juvenile delinquency, and a variety of other problems later in life.

Children who are emotionally healthy have a significantly greater chance of achieving success in school compared with those who have emotional difficulties.^{12, 13} Research indicates, however, that between one-quarter and one-third of young children are perceived as not being ready to succeed in school.¹⁴ For a significant number of these children, concerns center around emotional and behavioral difficulties that prevent them from making the cognitive gains they need when they enter school. Indeed, recent findings show that 3- and 4-year-olds are increasingly being expelled from preschool because of problem behaviors.¹⁵

Cost-benefit analyses confirm that nurturing young children's social, emotional and behavioral skills through quality early educational experiences produces an economic return to society. This occurs over the short term and over time through a contribution of labor force skills that generate national economic growth and lower crime rates that keep down taxpayer costs.^{16, 17} A principal benefit of early childhood intervention is shaping what are considered the noncognitive skills—behavior, motivation and self-control.¹⁸ Children with healthy social and emotional skills form the capacities to develop lasting friendships and intimate relationships, effectively care for their own children, hold a job, and become productive citizens.¹⁹

What Happens When Things Go Awry: What Do Early Childhood Mental Health Problems Look Like?

For most babies and young children, social and emotional development unfolds in fairly predictable ways. They learn to develop close relationships with family members and other caregivers; to regulate their emotions and soothe themselves if they are upset; to share and play with other children; and to listen and follow directions. All these signs indicate positive early social and emotional development. The healthy social and emotional development of babies and young children depends upon their ability to manage their feelings, develop trust with others, and learn about the world in which they live.

Due to biological, relationship-based, and/or environmental risk factors, some young children do not develop healthy social and emotional skills and can experience mental health problems. As early as the first year of life, some infants demonstrate significant behavioral or emotional problems—this may be evidenced by poor weight gain; slow growth; recurrent vomiting; constipation; overall delayed development; inconsolable crying; excessive biting; kicking and hitting; flat affect (no expression, no emotions); feeding and sleep problems. Older toddlers and preschoolers may demonstrate aggressive or impulsive behavior, defiance and overactivity. In addition, young children can experience depression, grief, and disorganization in response to trauma, maltreatment and loss.²⁰

How to Enhance Children's Healthy Social and Emotional Development

Approaches to improving early childhood social and emotional development include integrating three main components: promotion, prevention and treatment. **Promotion** of healthy social and emotional development focuses on promoting well-being among all children. **Prevention** services are aimed at children who are at-risk for mental health disorders. **Treatment** involves specialized services that address identified problems. These strategies can be adopted individually or as part of a continuum of services.

Behaviors that Warrant Concern

Infants and Toddlers (birth to age 3)²¹

- Chronic feeding or sleeping difficulties
- Inconsolable "fussiness" or irritability
- Incessant crying with little ability to be consoled
- Extreme upset when left with another adult
- Inability to adapt to new situations
- Easily startled or alarmed by routine events
- Inability to establish relationships with other children or adults
- Excessive hitting, biting and pushing of other children or very withdrawn behavior
- Flat affect

Preschoolers (ages 3 to 5)²²

- Engages in compulsive activities (e.g., head banging)
- Throws wild, despairing tantrums
- Withdrawn; shows little interest in social interaction
- Displays repeated aggressive or impulsive behavior
- Difficulty playing with others
- Little or no communication; lack of language
- Loss of earlier developmental achievements

Strategies in Brief

Promotion services, aimed at maintaining social and emotional well-being, benefit all young children and their families. A promotion strategy might involve a public awareness campaign and/or the use of home visiting or family support programs to educate parents and other primary caregivers (e.g., child care and health care providers) about the key role they can play in creating and maintaining healthy relationships, environments and experiences.

A **prevention** approach is targeted toward children who are at risk of poor developmental outcomes. Prevention approaches, aimed to reduce the risk of mental health problems through early identification and intervention strategies, might include screening for social and emotional development. Screening can be provided through child care settings, pediatric offices, family resource centers, home visiting programs, comprehensive child development programs, and child abuse prevention programs. Prevention services may specifically address areas such as environmental toxins (exposure to mercury and lead), focus on improving the quality of infant and toddler child care, or focus on reducing violence in the community and domestic violence.

Treatment offers targeted and individualized attention to young children and families who already are exhibiting symptoms of mental health disturbances. This highly specialized level of service requires skilled staff who have advanced training. For example, treatment might include the enrollment of a young child in a therapeutic day care program or child-parent psychotherapy for both the child and parent(s).

Promotion, prevention and treatment strategies may overlap with one another. For example, quality child care may be used to promote positive mental health and, at the same time, prevent poor developmental outcomes.

Promotion

Promoting and maintaining social and emotional well-being in young children requires a universal approach directed at all young children and their families. This involves promoting and maintaining the protective factors that bring about positive self-esteem, good coping skills, and success in school in young children. Meaningful opportunities exist to promote mental wellness among all young children and their families. The interactions caregiving adults have with young children during everyday activities such as bathing or feeding time provide natural opportunities to shape emotional development. For example, a bathing experience offers an opportunity for an adult to support the infant as he or she adapts to the experience. Through these experiences, caregivers have an opportunity to create and maintain healthy relationships, environments and experiences that allow children to grow and prosper.

Ensuring that all young children are mentally healthy requires that the adults who provide early care understand what social and emotional development is and what they can do to support it. Parents and other caregiving adults—such as a child care provider or primary health care provider—can learn to understand the social and emotional milestones of early development. Such knowledge would help caregivers develop a sense of what to expect from emotional development, distinguish between typical development and behaviors that warrant attention, and know how to obtain help for suspected problems. For example, caregivers could benefit from public service announcements, brochures, presentations at professional conferences, and parent education workshops.

There are a variety of programs that can be considered in the context of how they promote the parent-child relationship, including home visiting, welfare, and family leave policies. For example, the use of home visiting programs has been an effective strategy for offering information, guidance, and emotional and practical support directly to families in their homes. These programs promote healthy development of the family in a number of ways, including teaching parents about early development, enhancing parent-child relationships, and increasing families' appropriate use of community resources. Family support programs also can promote healthy development. Such programs may help families remove the barriers to food security, quality housing, or father involvement. The Parent Services Project (PSP), for example, has been used to help educate parents and child care staff about the mental health needs of young children and families.²³ PSP uses parenting education classes, workshops, peer support groups and family activities, and information and referral services to create social support networks for all families.

Prevention

Prevention strategies are targeted to those children who are identified as being at-risk of poor mental health outcomes. Supporting early social-emotional prevention approaches can help prevent traumatic life experiences—such as domestic violence and abuse and neglect—from interfering with a child's healthy development. If undetected, traumatic experiences can interact with a child's unfolding developmental processes and pose risks for mental health disorders and other poor developmental outcomes.²⁴ Research shows that abused and neglected children who do not receive professional attention experience higher rates of arrest for both juvenile and adult criminal behavior highlighting the importance of early prevention efforts.²⁵ Prevention efforts can help young children understand and process the traumatic events they have experienced to help diminish future risks.²⁶ Prevention efforts also may help to reduce feelings of anxiety and

fear among young children who may not feel safe or worry about safety and security. These efforts can help military families, for example, that are subject to challenges from deployment and separation, relieve the stress of anxiety and uncertainty.

For children who are at risk of poor mental health outcomes, high-quality child care programs can serve as a prevention approach and can promote healthy social and emotional development. These child care arrangements include family, friends and neighbors; family child care homes; and center-based child care. Research demonstrates that the quality of child care affects the social and emotional development of young children. High-quality programs, which offer children emotional nurturance and positive early learning experiences, enhance development and prepare children for school.

To achieve high-quality child care, research shows that certain key elements make a difference. These elements include well-trained caregivers, adequate compensation to encourage recruitment and retention of staff, low staff-child ratios, and parent involvement. Such elements not only promote strong, secure relationships and high-quality interactions between caregiver and child, but also improve attention to children's interest in problem solving, language development, social skills and physical development. Studies show that high-quality programs can even reduce risk factors for young children by mitigating the effects of poverty and maternal depression.²⁷ Conversely, low-quality programs have been shown to jeopardize the healthy development of young children.²⁸ A study by the National Institute of Child Health and Human Development (NICHD) found that a majority of child care settings in the United States are not providing positive caregiving, which translates into lost opportunities to mitigate other risk factors and creates limited or even harmful environments.²⁹

A number of current federal and state prevention programs aim to support early childhood development. Lawmakers can coordinate initiatives aimed at early childhood social and emotional development with programs that deliver services to families, such as Medicaid's Early and Periodic Screening Diagnosis and Treatment services (EPSDT); Part B and Part C under the Individuals with Disabilities Education Act (IDEA); child care; Head Start/Early Head Start; the Special Supplemental Nutrition Program for Women, Infants and Children (WIC); and home visiting programs. Both the child care subsidy program (Child Care and Development Fund) and Head Start can be used to provide mental health consultation and training for staff to improve the quality of classroom environments and interactions with children with behavioral difficulties.³⁰ On-site early childhood mental health consultants can develop a continuum of interventions—from classroom-focused interventions that target all children, to more intensive classroom and home-based interventions for more high-risk young children, to referrals for those children who need more specialized services.³¹ Other efforts to coordinate early childhood mental health services could involve maternal and child health and community mental health. In addition, new requirements in the Child Abuse Prevention and Treatment Act (CAPTA) and the Individuals with Disabilities Education Act call on states to develop provisions and procedures for referral of children under the age of three who have a substantiated case of abuse or neglect to Part C of IDEA for assessment and treatment as needed.

**Major Federal Programs and Funding Streams
that States Can Draw on to Support
Early Childhood Mental Health³²**

- Medicaid
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
- Head Start and Early Head Start
- Part B of IDEA: Preschool Special Education Program
- Part C of IDEA: Early Intervention
- Child Care and Development Fund (CCDF)
- Title V Maternal and Child Health Services Block Grant

Prevention approaches also can build on already established practices in early childhood settings such as primary health care. For example, routine developmental screenings, that already are already part of most well-child visits in primary health care, could include a social-emotional screening component. High-quality screening tools also can screen mothers and fathers for mental health problems such as depression, which may interfere with healthy infant and early childhood social and emotional development.³³

Treatment

Providing early childhood mental health services involves identifying children and families who are in need of intervention. Although signs and symptoms of early social and emotional issues are not always as obvious in babies and very young children as they are in adults or older children, skilled providers can accurately screen, diagnose and treat mental health disorders in infancy and early childhood before they affect other areas of learning and development. Diagnosing mental health disorders in very young children requires highly trained specialists who are skilled in working with children and their families.³⁴

Once a child is identified and diagnosed, various treatments are available to the young child and family. Treatment may be geared specifically toward a young child with mental health problems. Therapeutic day care programs, for example, may focus on helping young children succeed in both adult and peer relationships. Preschool inclusion programs may provide both early childhood special education and the positive behavioral support that young children with disabilities or developmental delays need. Methods of intervention also may involve caregivers, helping them to better understand a young child's mental health needs. Dyadic therapy, for instance, involves therapy for both child and parent together and may help a parent understand how to help a child regulate her emotions (e.g., tantrums and rages) and learn to verbally express his or her feelings.

Barriers to Implementing Early Childhood Mental Health Services

A number of barriers exist to implementing effective services. One is the lack of a skilled workforce—the professionals necessary to conduct the screening, diagnosis and treatment of mental health problems in young children. The president's New Freedom Commission on Mental Health recognizes this gap and calls for a trained workforce to meet mental health needs.³⁵ Psychologists, psychiatrists and other mental health therapists are needed to respond to the shortage but, to be effective, will need training in early childhood development.

Lack of training also creates a serious barrier for other early childhood professionals who are in a position to support early childhood mental health. These professionals—such as primary health care providers, home visitors, early interventionists and child care providers—seldom receive training in their role to support infant and early childhood mental health. A survey of unmet needs in the Illinois early care and education system, for example, revealed that 62 percent of programs reported inadequate mental health resources; these programs identified the lack of availability of trained mental health providers as one of the three areas of greatest unmet need.³⁶

In addition, significant structural barriers exist to providing services. These include barriers to provider reimbursement and difficulties experienced by primary health care providers in submitting payment claims. One strong vehicle for addressing early childhood development is

the federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services under the Medicaid program, which was designed to provide and finance early childhood mental health prevention, diagnostic and treatment services. Although EPSDT can be effective for funding treatment of diagnosed conditions, the requirement for services to be "medically necessary" may be interpreted by states to serve only those children with a serious emotional disturbance, rather than also to serve those children in need of preventive services. In addition, reliance on adult-based diagnostic tools or tools without an early childhood mental health focus is ineffective for young children who are at risk of a mental health disturbance. Payment policies based on those tools discourage treatment of young children.

Providing preventive services can be simplified by removing the barriers practitioners face to receiving reimbursement, eliminating administrative hurdles such as expanding the state Medicaid definition of "medically necessary" to include children who are at risk of poor development, and improving how state Medicaid agencies process billing codes and payment claims for young children's mental health.

What Can State Policymakers Do to Promote Healthy Social and Emotional Development and Address Early Childhood Mental Health?

State policymakers can take steps to improve early childhood mental health and provide a framework for comprehensive early childhood mental health services. The following policy recommendations and examples of state and community strategies are designed to help state policymakers meet the needs of infants, toddlers and young children by preventing problems before they result in more expensive long-term social liabilities.

Promoting Early Childhood Social and Emotional Development

DEVELOP INITIATIVES TO INCREASE UNDERSTANDING OF EARLY CHILDHOOD SOCIAL AND EMOTIONAL DEVELOPMENT

Parents and members of the general public seek informational resources to help them understand the importance of early childhood mental health, early indicators of risk and mental health disorders, and ways parents and other caregivers can support early social and emotional development. State policymakers can support efforts to ensure that a wide variety of materials about early social-emotional development—brochures, fact sheets, posters and online tools—are available to parents. Possible topics for parents might include creating and maintaining healthy relationships, recognizing both resilience and vulnerability, tuning into the temperament and interactional style of your baby, helping babies express and regulate their emotions, and ways to access early childhood mental health resources and services.

Public awareness is critical to the improved well-being of young children because parents and caregivers can gain greater skill in understanding the developmental needs and milestones in children's lives and how to support them. Programs can provide specific information about where families can go for help. Primary health care professionals and programs of early care and education, maternal and child health, and family support can serve as vehicles to provide direct outreach and education to members of the community. These partners can play an important

role in disseminating educational materials (brochures, posters, etc.) to the community at large and the families they serve. Broader outreach and educational efforts also might be cultivated through state agencies such as the state department of health or state department of education, professional organizations, state child advocacy organizations, and the media.

State legislators can pass a resolution declaring an "Early Childhood Mental Health Month" and support public education initiatives in their home districts that distribute parent education materials to schools, libraries, WIC and public health clinics, parks and recreation departments, welfare offices, public utility offices, child welfare offices, and public housing units.

Example: Wisconsin's Think Big, Start Small. Wisconsin's statewide public awareness campaign, "Think Big, Start Small," is designed to increase public awareness and raise the visibility of early childhood, including infant mental health. A brochure was developed to reinforce several messages, including "learning begins at birth" and "opportunities that we provide to children today to shape who they will become tomorrow." Wisconsin also developed an Infant and Early Childhood Mental Health Plan, a blueprint of early childhood mental health principles for a comprehensive system of care. The plan provides guidance on promoting the healthy social and emotional development of all young children and families, providing preventive services to children and families who are at risk of developing mental disorders, and supplying specialized treatment for those in need of intensive services. The governor has committed to implementing the Infant and Early Childhood Mental Health Plan.³⁷

INTEGRATE SOCIAL AND EMOTIONAL DEVELOPMENT INTO EXISTING SERVICES

If coordination occurs among early childhood state agencies and programs, agency and program staff can ensure that they meet the full range of early childhood mental health needs: promotion, prevention and treatment. Agencies and programs may include, but are not limited to, mental/behavioral health, Part C Early Intervention, child care, Head Start, Early Head Start, child welfare, Medicaid, and maternal and child health.

State policymakers can promote coordination among early childhood state agencies and programs. One strategy is to create a state/community strategic plan for developing a comprehensive early childhood mental health system. The plan would include collaboration across agencies plus professional development/training, policies and financing. State legislators could:

- Ensure that state-level coordinating groups such as the State Interagency Coordinating Council for Part C, the child care agency, and the Head Start Collaboration Project build mental health capacity in their systems. Request annual reports on efforts and progress made; the effect on referrals, services and outcomes; and increases in availability of early childhood mental health services.
- Ensure the State Children's Health Insurance Programs (SCHIP); Medicaid; Early and Periodic Screening; Diagnosis and Treatment (EPSDT); IDEA Part C and PartB/619 Pre-school Special Education; and private insurance provide adequate coverage for early childhood mental health screening, diagnosis and treatment (including treatment of parents and children together).
- Require the state mental health agency to participate in the state Part C Interagency Coordinating Council to ensure coordination across early childhood systems. In ad-

dition, support the participation of local level agencies, particularly in states where the local authority for mental health services is at the county or city level.

- Use current systems and funding streams to expand capacity to support early childhood social and emotional development. Initiatives could focus on promoting healthy development through Medicaid, support parent education through Early Head Start/Head Start or pediatricians, and provide training and professional development to early childhood programs and agencies. States can use federal funds to expand capacity. For example, Kansas expanded Early Head Start programs in the state by committing significant state funds and Temporary Assistance for Needy Families (TANF) funds.

Example: The Vermont CUPS Program. Vermont's Children's Upstream Services (CUPS), a statewide initiative that makes social and emotional health a priority, has guided interagency collaboration at the state and local levels by working with several state early childhood serving agencies and programs including Part C Early Intervention, home visiting, Medicaid and child care. Initially supported by a federal demonstration grant, the governor created a line item to sustain the work of this initiative, and the legislature has allocated state general funds (to be matched with Medicaid and/or Title IV-E funds) to continue this work. The initiative provided direct mental health services for approximately 500 new families per year with children between birth and age 6 who are experiencing or are at risk of experiencing serious emotional disturbance; more than 1,300 consultations per year for early care and education programs to enhance their ability to meet the social, emotional and behavioral needs of the children they serve; more than 200 interagency trainings per year on early childhood mental health for parents and direct service providers from mental health, health, early care and education, and related fields.³⁸ Early childhood programs are working together to ensure coordinated services for families and avoid unnecessary duplication.

Preventing Mental Health Disorders or Their Consequences

FULLY IMPLEMENT FEDERAL REFERRAL REQUIREMENTS UNDER THE CHILD ABUSE PREVENTION AND TREATMENT ACT OF 2003 (CAPTA) AND THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA) PART C REAUTHORIZATION OF 2004

A prevention and intervention approach can target the most vulnerable—young children who have been maltreated. These children may show signs of delayed social-emotional development, language acquisition, cognition and behavior. Infants and toddlers in foster care have rates of developmental delay approximately four to five times greater than those found among children in the general population.³⁹ To address developmental delays and disabilities early, new CAPTA and IDEA provisions require states to develop provisions and procedures for referral of a child under age 3 who is involved in a substantiated case of child abuse and neglect to Part C of IDEA.

State legislators can direct the State Interagency Coordinating Council for Part C to create procedures for CAPTA and IDEA referrals; establish a legislative task force to examine the scope and possible strategies to address the problem; fund a pilot study to determine an appropriate referral and data-sharing process; and require the creation of interagency agreements among all appropriate state agencies to fully implement the federal requirements.

Example: Massachusetts Early Childhood Linkage Initiative. The Massachusetts Early Childhood Linkage Initiative (MECLI), is designed to establish a formal link between the child welfare system and Part C Early Intervention. The objective of MECLI is to maximize early identification and intervention for young children who are at heightened risk for serious developmental problems. Current policy requires the child welfare system to refer to the Part C system all children under age 3 who have a newly opened abuse or neglect case. In the future, the policy could expand to require additional agencies to make referrals to Part C, including the welfare system (especially families that are reaching TANF time limits) and the child care system (especially for children who are expelled from child care).⁴⁰ Seventy-five percent of MECLI-referred children with completed evaluations have been found to be eligible for early intervention services. Sixty-nine percent of MECLI-referred children who were found eligible for Early Intervention have developmental delays, which suggests that the MECLI pilot program is acting as an expanded form of "child find" rather than introducing a new population to Early Intervention.⁴¹ Massachusetts supplements federal funds for Early Intervention services with Medicaid funds, private insurance, state funds, and sliding scale fees for parents. This Child Welfare to Early Intervention referral demonstration project is funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, and several foundation grants.

PROVIDE MENTAL HEALTH CONSULTATION TO EARLY CHILDHOOD PROGRAMS TO ADDRESS CHALLENGING BEHAVIORS

One effective way to reach young children and their families is through early childhood providers who have direct contact with them. Families with children may have contact with one or more current programs or settings such as child care settings, Part C early intervention programs, home visiting programs, Head Start and other preschool programs, and their pediatrician's office. These settings provide learning environments that can support healthy social and emotional development. By providing mental health consultation and training in these various settings, staff can prevent behavioral problems, support relationships with families, and identify early warning signs of mental health disorders.

Example: Kentucky Kids Now. One component of Kentucky's early childhood initiative, *Kids Now*, provides mental health consultation and educational services to child care providers who serve young children with mental health needs. Funded through a portion of the state's tobacco settlement funds, *Kids Now* provides assessments for young children between birth and age 5 with mental health needs, therapeutic treatment services (e.g., family therapy) for their families, and consultation and education services to child care program staff who serve this population. One goal of the initiative is to prevent young children and families from being expelled from early care and education settings due to problem behaviors. Recent data showed that of the 108 children identified as being "at risk" for expulsion, 95 were maintained in the program—a success rate of 88 percent.⁴²

EXPAND EARLY IDENTIFICATION APPROACHES

Many mental health disorders begin in the early years and can be identified and treated before they affect other areas of learning and development. The use of high-quality, developmentally appropriate screening and assessment tools for infants and toddlers are necessary to enable providers to identify need and provide effective interventions for young children and parents. Autism, for example, typically begins in early childhood and impairs thinking, feeling, language

and social interaction. The use of reliable screening tools, however, has made the early diagnosis of autism possible as early as age 2.⁴³

State legislators and other policymakers can:

- Require insurance contracts, HMO contracts and Medicaid contracts to include coverage for developmental and behavioral screening;
- Improve financing by allowing mental health providers to bill for prevention and early intervention services in addition to treatment services;
- Direct state agencies and their contractors or vendors to use high-quality screening tools and developmentally appropriate diagnostic tools; and
- Require Medicaid and State Child Health Insurance (SCHIP) reimbursement to use targeted diagnostic tools such as DC:0-3R for young children.

Example: North Carolina's Screening System. North Carolina improved the early identification of early childhood mental health disorders by improving screening procedures that are conducted at the pediatrician's office. The procedure, rolled into an easy-to-use Office Resource Guide, is used during well-child visits and includes standard use of the Ages and Stages Questionnaire (ASQ) screening tool. Information gathered from the screening process was followed up with care management, referrals (if necessary), and information sent to parents about their children's growth and development. North Carolina also formed a state advisory group to identify changes needed to improve state policies and reimbursement mechanisms.⁴⁴ North Carolina's state Medicaid agency updated its state regulations to expand social and emotional screening to the pediatric setting.⁴⁵

INVEST IN FAMILY MENTAL HEALTH SERVICES AND SUPPORTS

The emotional wellness of parents plays a significant role in the mental health of their children. Parents with positive mental health are better able to foster a healthy parent-child relationship than those with mental health disturbances. The absence of a healthy, strong, emotional bond between parent and child poses a great risk to a child's development, especially if another consistent and sensitive caregiving adult is unavailable to mitigate this risk. Family mental health disturbances may include maternal depression, anxiety disorders, substance abuse and family violence. Each disrupts parenting and interferes with a parent's ability and availability to nurture a child's social and emotional development. State policymakers can consider family mental health in the context of the goal of improving both child and adult outcomes. For example, policymakers can target services to pregnant women and new mothers to identify and treat maternal depression. In addition, policymakers could support the treatment of parents and infants together (called dyadic therapy) by expanding definitions in the state's Medicaid state plan.

Example: Illinois Maternal Depression Focus. Illinois is working to improve maternal and child health outcomes by improving the early identification, screening, referral and treatment of maternal depression. The state provides reimbursement to health care providers who conduct risk screening during pregnancy and after delivery; offers training workshops designed for primary health care practitioners on how to recognize, assess, screen and treat perinatal depression; and funds a clinical consultation line where professionals from the health care setting can call psychiatrists to tap their expertise on maternal depression. Psychiatrists provide expertise on treating patients with depressive symptoms during pregnancy and postpartum. In addition, consultants provide on-site assistance in implementing screening, assessment and treatment programs.⁴⁶

Treating Early Childhood Mental Health Disorders

PROVIDE SPECIALIZED TREATMENT TO CHILDREN WHO ARE AFFECTED BY CHILD ABUSE, SUBSTANCE ABUSE AND DOMESTIC VIOLENCE

Children who are affected by maltreatment, substance abuse or domestic violence are extremely vulnerable to mental health problems. For example, research indicates that when infants and toddlers are exposed to violence and trauma—either through witnessing domestic violence in their homes or experiencing abuse and neglect—their very sense of basic trust is threatened.⁴⁷ Many of these children exhibit signs of traumatic stress, including withdrawn behavior, fearfulness, anxiety, aggression, disorganization and sadness.⁴⁸ State legislators could ensure that children affected by child abuse, substance abuse and domestic violence receive priority for mental health services; develop an effective system for referral and follow-up; fund mental health services for young children and families involved in child welfare, early intervention, and drug/alcohol addiction services; or require the state mental health systems of care to include early childhood/family mental health objectives.

Example: Florida Young Children's Mental Health Pilot. The Florida Legislature funded the Infant and Young Children's Mental Health Pilot Site in Florida's Miami-Dade Juvenile Court to address the well-being of infants, toddlers and their families who are at risk of involvement in the child welfare system. All infants, toddlers and their mothers who come to the attention of the court receive screening and assessment services. Babies are screened for developmental delays and referred for services. An Early Head Start program, the first designed specifically to meet the needs of maltreated children, is connected to the Court. A parent-infant psychotherapy intervention is available to a select number of mothers. Three years of data from this court-directed therapeutic intervention show substantial gains for babies and families who are seen in the Miami-Dade Juvenile Court. Following treatment, reports of abuse or neglect were reduced from 97 percent of children to 0 percent. Upon completion of the pilot project, 100 percent of infants were reunified with their families.⁴⁹ The success of the work in Miami-Dade County has led to new federally funded pilot projects in Fort Bend County, Texas, Hattiesburg, Mississippi, and Des Moines, Iowa.

EXPAND THE NUMBER OF MENTAL HEALTH CLINICIANS WHO ARE TRAINED TO ADDRESS EARLY CHILDHOOD MENTAL HEALTH ISSUES

The quality of a service system depends upon the individuals who deliver the services. The gap in the number of trained clinicians is a barrier to improving the system of treatment for young children. Training clinicians includes addressing recruitment, continuing education, and retention of these professionals and a credentialing process to ensure that clinicians have the specialized skills necessary to meet infant-family mental health needs.

State legislators and policymakers can review the availability of early childhood mental health training programs in colleges and universities in the state; create special training projects in higher education to recruit and graduate mental health clinicians, including those who are bilingual; include early childhood mental health in agency professional development initiatives; review licensure and certification requirements to ensure that they do not create barriers; and work with state mental health associations to identify training needs and strategies.

Example: Ohio Informatics and Training. The Ohio legislature has made “enabling every child to succeed” a state priority. The General Assembly directed the Department of Mental Health to ensure that mental health clinicians, early childhood professionals, local mental health administrators, and parents receive training and information about how to support the healthy social and emotional development of young children from birth to age 6. Training was made available to mental health professionals who were then able to serve as consultants to an array of early childhood programs, including Help Me Grow (Part C Early Intervention program), Early Head Start, Head Start, child care and preschools. Funds also were used to pay for the training of center- and home-based early childhood providers and parents to enhance caregiving skills. Since 2003, statewide training sessions have been provided to more than 200 mental health and early childhood professionals to develop consultation skills. Nearly 2,500 educational sessions have been provided to approximately 1,500 parents and 3,000 early childhood staff. Almost 300 cross-system trainings have been provided to 1,861 participants.⁵⁰

Conclusion

During the first years of life, babies and young children acquire the skills that are necessary for healthy growth and development, setting the stage for later success in school and life. These skills are acquired in the context of relationships with family members as well as with other important caregivers. Children need nurturing, responsive and loving care to inspire their initiative, curiosity and hunger to learn. They also need help from their parents and well-trained professionals when they are struggling.

State policymakers have a unique opportunity to have a significant, lasting effect on young children's successful development by supporting effective policies and programs designed to support healthy social-emotional development. As school readiness continues to be a crucial issue for policymakers, there are opportunities to implement effective policies that improve social and emotional development in very young children. Effective approaches include promoting greater awareness of social and emotional development, implementing effective prevention and intervention approaches, and ensuring high-quality treatment. By building the social and emotional foundations for school readiness, state policymakers can ensure that young children are fully equipped for success in school and in life.

Additional Resources for State Policymakers

Building a Coordinated System of Early Childhood Mental Health

Florida's Strategic Plan for Infant Mental Health—A document that establishes an action plan to develop a system of mental health services for young children and their families in Florida; www.fsu.edu/~cpeip/IMHplan.pdf.

Project Bloom—A Colorado initiative designed to weave mental health service delivery into early childhood supports and services and improve system infrastructure to establish a system of care for all children; www.projectbloom.org.

Wisconsin Infant and Early Childhood Mental Health Plan—Presents a blueprint for a comprehensive system of care that includes prevention, early intervention and treatment; www.wiimh.org/documents/PLAN.pdf.

Financing Early Childhood Mental Health

Bazelon Center for Mental Health Law. *Mix and Match: Using Federal Programs to Support Interagency Systems of Care for Children with Mental Health Care Needs*. Washington, D.C.: Bazelon Center, 2003. Available at www.bazelon.org/issues/children/publications/mixmatch/matrix.htm.

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Information about Screening, Assessment, and Diagnostic Tools

Early Head Start National Resource Center @ ZERO TO THREE—Provides a description of several early childhood screening and assessment tools; www.ehsnrc.org/Information/Resources/Resourcearticles/ftscreen.htm.

ZERO TO THREE: National Center for Infants, and Toddlers, and Families—a developmentally based approach to the classification of mental health and developmental difficulties in the first four years of life in *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood Revised Edition DC:0-3R*; www.zerotothree.org/imh.

U.S. Department of Health and Human Services, Center for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities; www.cdc.gov/ncbddd/autism/actearly.

Key Measurement Issues in Screening, Referral, and Follow-Up Care for Young Children's Social and Emotional Development; www.nashp.org/Files/measurement_paper_for_web_final_4.7.05.pdf.

National Organizations

ZERO TO THREE: National Center for Infants, Toddlers, and Families—national organization that promotes the healthy development of infants and toddlers by supporting and strengthening families, communities and those who work on their behalf, including parents, programs, professionals and policymakers; www.zerotothree.org. See also Policy Center site for policy briefs on infant mental health, www.zerotothree.org/policy.

Georgetown University Center for Child and Human Development: National Technical Assistance Center for Children's Mental Health—National organization that helps states, tribes, territories and communities discover, apply and sustain collaborative solutions that improve the social, emotional and behavioral well being of children and families; http://gucchd.georgetown.edu/programs/ta_center/index.html.

National Academy for State Health Policy—National organization dedicated to helping states achieve excellence in health policy and practice; www.nashp.org.

National Center for Children in Poverty—National research and policy organization that identifies and promotes strategies that prevent child poverty and improve the lives of low-income children and families; www.nccp.org.

National Child Traumatic Stress Network—Develops treatment for infants, toddlers and preschool-aged children who have been exposed to trauma either in their families or by witnessing violence in their communities; www.ncctsnet.org/nccts/nav.do?pid=hom_main.

National Conference of State Legislatures—Bipartisan organization that serves the legislators and staffs of the nation's 50 states, its commonwealths and territories. NCSL provides research, technical assistance, and opportunities for policymakers to exchange ideas on the most pressing state issues; www.ncsl.org.

National Mental Health Association—National organization that works to improve the mental health of all Americans through advocacy, education, research and service; www.nmha.org.

National Scientific Council on the Developing Child—A council of interdisciplinary scientists that seeks to enhance the early development of children through the design and implementation of effective public and private policies and programs; www.developingchild.net.

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50. For more information about Ohio's early childhood mental health initiative, see www.pcsao.org and also www.mh.state.oh.us/.

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ZERO TO THREE's mission is to promote the healthy development of our nation's infants and toddlers by supporting and strengthening families, communities and those who work on their behalf. The organization is dedicated to advancing current knowledge; promoting beneficial policies and practices; communicating research and best practices to a wide variety of audiences; and providing training, technical assistance and leadership development.

The ZERO TO THREE Policy Center is a research-based nonpartisan effort at ZERO TO THREE that is committed to promoting the healthy growth and development of our nation's babies and toddlers and families. The Policy Center brings the voice of babies and toddlers to public policy at the federal, state and community levels by translating scientific research into language that is more accessible to policymakers; cultivating leadership in states and communities; and studying and sharing promising state and community strategies.



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New Efforts to Finance Prekindergarten

By Steffanie Clothier

States with limited dollars are investing in prekindergarten.

Legislative momentum for prekindergarten has been dramatic because states that are considering how to make effective investments with limited state dollars are choosing to invest in prekindergarten. In 2005, 26 states expanded state funding for prekindergarten, totaling more than \$600 million. State leaders are looking to high-quality early education programs to improve the success of children when they enter school and to reduce the achievement gap.

Legislators are relying on economic research, neuroscience, and numerous short- and long-term studies that show the effectiveness of high-quality early education. Gains for children are found in language, pre-reading and math skills, and in social and emotional skills that leading economists identify as critical to the future U.S. workforce. The skills lead to higher achievement, reduced special education placement and fewer children retained in a grade. Documented long-term benefits include higher rate of graduation from high school, increased earnings and employment, greater participation in college, reduced incarceration, and lower participation in welfare.

Thirteen states and the District of Columbia use the school finance formula to direct funding.

States are approaching funding for prekindergarten in three ways. Thirteen states—Colorado, Kansas, Kentucky, Maine, Michigan, Nebraska, New Jersey, New York, Oklahoma, Texas, Vermont, West Virginia, Wisconsin—and the District of Columbia rely on the school finance formula to direct funding. These states direct funding using the foundation formula with per pupil weighting, categorical funding allocation or competitive grants based on the school funding formula. Funding is distributed to school districts, but many states require or encourage districts to include private providers such as child care centers that meet the quality standards. The inclusion of these providers has been a key component in many states in order to use current capacity to serve 4-year-olds and to meet the needs of working families.

Three Common Ways to Fund Prekindergarten

- Use the school finance formula to direct funding.
- Distribute funds through a formula grant to districts or communities based on certain criteria.
- Use a competitive grant process under which potential providers apply for funding.

A second approach is to distribute funds through a formula grant to districts or communities based on, for example, the number of children in poverty in the district or districts where there are low-performing schools. A third method is to use a competitive grant process that calls for potential providers to apply for funding. The competitive process may include inviting school districts, individual providers or local councils to apply based on specific criteria.

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States' Use of School Finance Formulas. Including prekindergarten in the school finance formula can be effective. It underscores the educational purpose of early education and connects the funding to the later schooling, a tie that promotes a strong transition from prekindergarten to the early elementary years. The school finance formula also may provide some stability to the funding stream, where grant programs or pilot programs may be more vulnerable to cuts when budgets are tight. In addition, given that high-quality prekindergarten includes many of the features of "education"—such as high-quality teachers, curriculum standards and accountability—it can make sense for the state to include it in a school finance context.

State Action

Funding prekindergarten through the school finance formula is in place in states that offer prekindergarten to all 4-year-olds whose parents choose it, as well as in those states that limit funding to children who are at risk of school failure. Oklahoma and West Virginia are examples geared to all 4-year-olds, while Michigan and Nebraska target funding.

Oklahoma is one of the leaders in providing funding to serve all 4-year-olds. Its program was expanded in 1998, with funding for prekindergarten included in the school finance formula and distributed to school districts that choose to provide prekindergarten. The formula is weighted to provide an incentive for districts that participate. Prekindergarten students are weighted at 0.7 per pupil for half day and 1.3 per pupil for full day.

Oklahoma uses a weighted funding formula.

West Virginia is midway through its planned phase-in of prekindergarten for all 4-year-olds by 2012-2013. Counties are required to have an approved plan before they can receive school aid funding, and providers must meet all quality standards to receive funding. The state currently is enrolling almost 50 percent of 4-year-olds.

Michigan funds its school readiness program for at-risk 4-year-olds through both a school finance formula and a competitive grant process. The school finance formula funding, totaling \$72 million, is distributed to participating school districts. The competitive grant process, funded at \$12 million, is awarded to private providers such as child care centers.

Nebraska now uses the school finance formula for prekindergarten.

The most recent state to consider the school finance formula for prekindergarten is Nebraska. In 2005, the state expanded and enhanced prekindergarten by adding 4-year-olds with a per-student weighting. Nebraska phased in the use of the school finance formula and continued the current grant process. Providers who received grant funding for three years become eligible under the school aid formula in 2007-2008.

Although Nebraska is the most recent state to incorporate prekindergarten into the school finance formula, Iowa's governor in 2006 also proposed to expand preschool funding through the school aid formula with increased funding phased in over four years.

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NATIONAL INSTITUTE FOR
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THE STATE OF Preschool

2004 STATE PRESCHOOL YEARBOOK

- Enrollment
- Quality
- Access
- Standards
- Resources

The National Institute for Early Education Research, supported by The Pew Charitable Trusts,
Rutgers, The State University of New Jersey

States With No Program	
Alaska	New Hampshire
Florida	North Dakota
Idaho	Rhode Island
Indiana	South Dakota
Mississippi	Utah
Montana	Wyoming

Major findings from our study can be grouped into three main categories as follows:

Access

- In 2002–2003, 38 states funded one or more state prekindergarten initiatives, serving a total of nearly 740,000 children (about 45,000 more than the previous year). Access was uneven across states, with 10 states accounting for over three-quarters of enrollment.
- State prekindergarten initiatives served more than six times as many 4-year-olds as 3-year-olds in 2002–2003. Twenty states enrolled at least 10 percent of their 4-year-olds in state preschool programs, but only 3 states served at least 10 percent of their 3-year-olds.
- Georgia and Oklahoma continued to be the only states that made prekindergarten universally available to children. Across the United States, only one out of 10 children ages 3 and 4 were participating in state preschool programs, as most states targeted programs to serve economically or otherwise disadvantaged children.
- Twelve states (see box above) do not have a state-funded prekindergarten program.

Quality

- States need to initiate or improve policies that establish stronger quality standards. Only one state, Arkansas, met all 10 of NIEER's quality benchmarks, whereas 20 state initiatives met five or fewer benchmarks.
- State policies regarding quality standards were inconsistent. For example, one state may emphasize comprehensive services and another, teacher qualifications.
- Only 13 state prekindergarten initiatives required teachers to have both a bachelor's degree and specialized training in early childhood education. In addition, only 13 programs required teachers to be paid on a public school salary scale, even though adequate compensation is necessary for attracting and retaining the most qualified and effective teachers.

CORRECTION

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NATIONAL INSTITUTE FOR
EARLY EDUCATION RESEARCH

THE STATE OF Preschool

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Executive Summary

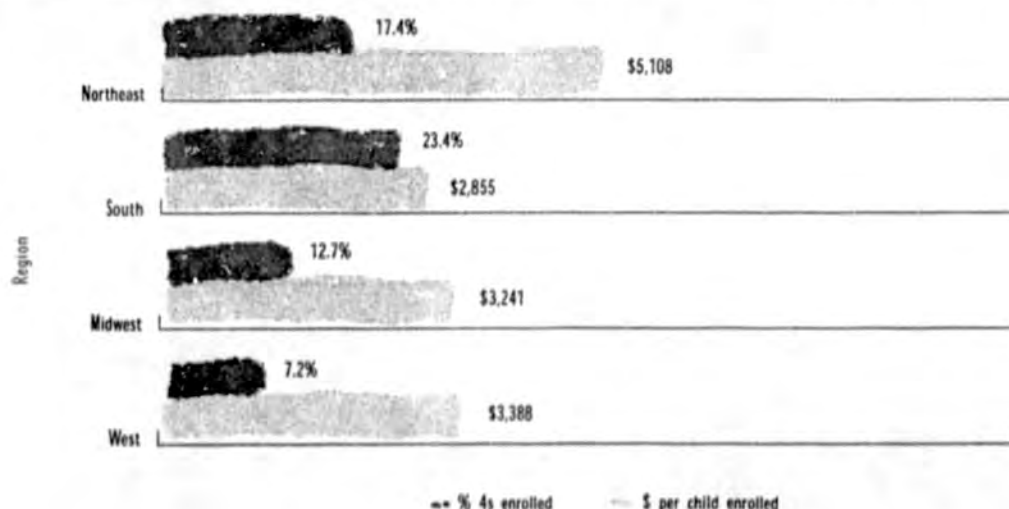
At a time when quality preschool education is widely recognized as an engine of success for our nation's children, the disparity in availability of that engine within and among the states is startling. A difference of a few miles can make the difference between being guaranteed access to high-quality preschool and having no access at all. And, where state-funded programs exist, preschool spending per child in one state can be nearly 10 times as high as in another. Across our nation, high-quality and readily available state-funded preschool programs are the exception rather than the rule. If quality prekindergarten education is "the little engine that could," that engine too often lacks fuel, suffers from substandard design, and, in many places, has no track on which to run.

In developing *The State of Preschool: 2004 State Preschool Yearbook*—our second annual report on state prekindergarten—NIEER found that the number of children attending state-funded preschool programs rose from 693,000 in school year 2001–2002 to 738,000 in 2002–2003. Although this finding is heartening, state-funded preschool programs only reached about 10 percent of the nation's 3- and 4-year-olds. Couple that with the fact that 10 states account for three-quarters of all the children served, and it becomes painfully obvious that some states are much worse than others when it comes to offering preschool education. The state preschool picture across the United States is one of haves and have-nots, with notable regional differences as shown in Figure 1 below. Access to a good education depends on where a child lives and the income of the family. Parents looking for a state where state-funded preschool is universally available will find only two states from which to choose.

Though total enrollment in state-funded programs rose, spending per preschool student fell as funding failed to keep pace with enrollment, particularly in states with budget shortfalls that opted to cut funding to preschool programs. The instability of funding is particularly disturbing—and unwise, given that few other state expenditures are so important to our children's future or return so much on the state's investment. There would be public outcry were such cuts levied on kindergarten or first grade. The education of younger children is no less deserving of protection from the vicissitudes of year-to-year swings in the economy.

Despite the instability of funding, some states did make gains. For example, New Jersey, North Carolina, and Louisiana increased funding substantially. In terms of access, Louisiana, Kansas, and North Carolina made noteworthy gains.

FIGURE 1: ACCESS FOR 4-YEAR-OLDS AND STATE SPENDING PER CHILD ENROLLED BY REGION



States With No Program	
Alaska	New Hampshire
Florida	North Dakota
Idaho	Rhode Island
Indiana	South Dakota
Mississippi	Utah
Montana	Wyoming

Major findings from our study can be grouped into three main categories as follows:

Access

- In 2002–2003, 38 states funded one or more state prekindergarten initiatives, serving a total of nearly 740,000 children (about 45,000 more than the previous year). Access was uneven across states, with 10 states accounting for over three-quarters of enrollment.
- State prekindergarten initiatives served more than six times as many 4-year-olds as 3-year-olds in 2002–2003. Twenty states enrolled at least 10 percent of their 4-year-olds in state preschool programs, but only 3 states served at least 10 percent of their 3-year-olds.
- Georgia and Oklahoma continued to be the only states that made prekindergarten universally available to children. Across the United States, only one out of 10 children ages 3 and 4 were participating in state preschool programs, as most states targeted programs to serve economically or otherwise disadvantaged children.
- Twelve states (see box above) do not have a state-funded prekindergarten program.

Quality

- States need to initiate or improve policies that establish stronger quality standards. Only one state, Arkansas, met all 10 of NIEER's quality benchmarks, whereas 20 state initiatives met five or fewer benchmarks.
- State policies regarding quality standards were inconsistent. For example, one state may emphasize comprehensive services and another, teacher qualifications.
- Only 13 state prekindergarten initiatives required teachers to have both a bachelor's degree and specialized training in early childhood education. In addition, only 13 programs required teachers to be paid on a public school salary scale, even though adequate compensation is necessary for attracting and retaining the most qualified and effective teachers.

Resources

- State funding for prekindergarten initiatives totaled \$2.54 billion in 2002–2003. Over three-fifths of this funding was from five states—California, Georgia, New Jersey, New York, and Texas. Inadequate funding severely limited access and quality in most states.
- State spending per child enrolled in state-funded preschool ranged from less than \$1,000 in Maryland to more than \$8,700 in New Jersey. State spending per child averaged about \$3,500—less than half the total funding provided per child in federal Head Start or public K–12 education.
- Between 2001–2002 and 2002–2003, total state spending (adjusted for inflation) rose by \$90 million, or 4 percent. However, state funding *per child* enrolled decreased by \$90, and 21 states decreased total spending.

Conclusions and Recommendations

Vast disparities exist in quality, access, and resources across the states. Some states, such as Arkansas, Illinois, New Jersey, and Oklahoma, have moved far beyond others in at least one of these areas. In contrast, a "dirty dozen" states fail to provide any state program at all. Children in highly rural western states have particularly poor access to preschool education because of a lack of state support. The need for preschool education does not cease when family incomes exceed the income thresholds for targeted state (and federal) programs. Children in these families constitute a large underserved population and deserve access to high-quality preschool programs. There is good reason to believe that our nation would benefit from making such programs more widely available.



Because, after parents, the primary responsibility for education rests with the states, it is the states that should develop policies that seek to address this large need. The costs of these policies are modest relative to overall state budgets. If states were to increase access so that 80 percent of all 4-year-olds were served in state-funded programs (including preschool special education) or Head Start for at least a half day, the full cost would be an additional \$15 billion. If states simply paid for the same share of preschool education that they do for K-12, the cost would be only \$8.75 billion above current annual spending. This is just a bit more than one penny per dollar of current state spending.

The following policy recommendations are offered as a means of promoting equal access to high-quality education for the nation's 4-year-olds:

- All states should increase funding to improve access and quality. If states included prekindergarten in their public K-12 funding formulas, every state in the nation could provide a good education for 80 percent of its 4-year-olds with a national investment of less than \$9 billion in state funds.
- States must improve their standards for prekindergarten education if programs are to produce the large gains in learning and development that the nation seeks. Teachers are required to have a BA and specialized training in preschool education in only 13 state preschool initiatives, whereas all public K-12 teachers must hold 4-year degrees and be state licensed or certified by the end of the 2005-2006 school year. States should apply high standards to all programs, so that no child can slip through the cracks.
- State-funded preschool has vast potential to contribute to economic growth and prosperity. States should make adequate funding for these programs a priority so that prekindergarten initiatives are less reliant on local support. When funding depends on local investment, services for the most disadvantaged children are often the most compromised.
- The federal government should increase support specifically for prekindergarten programs by offering to match state government spending that is accompanied by high standards. Such financial incentives could promote integration of various federal and state programs. Currently, federal programs that support the education of young children are inadequately funded to serve all targeted children.
- States need to create better data systems that provide the critical information policymakers need to make informed decisions about expanding and improving preschool. Most states cannot report unduplicated enrollment counts across early childhood education programs, nor can they track funding across multiple sources. Such shortcomings in information gathering do not exist for children in grades K-12. The federal government should support states in creating or improving data systems for prekindergarten programs.
- Effective change requires careful planning. Improvements in access and quality will most likely have their desired effects if sufficient time, funding, facilities, and personnel are provided to meet changing needs.

This report may be viewed in its entirety on the NIEER website at www.nieer.org.

TABLE 1: STATE RANKINGS AND QUALITY CHECKLIST SUMS

State	Access for 4-Year-Olds Rank	Access for 3-Year-Olds Rank	Resources Rank	Quality Standards Checklist Sum (Maximum of 10)
Alabama	35	none served	14	8
Alaska	no program	no program	no program	no program
Arizona	29	none served	28	4
Arkansas	26	12	21	10
California	21	13	17	4
Colorado	15	18	25	4
Connecticut	18	9	4	4
Delaware	22	none served	5	7
Florida	no program	no program	no program	no program
Georgia	2	none served	12	6
Hawaii	25	none served	15	5
Idaho	no program	no program	no program	no program
Illinois	10	5	23	9
Indiana	no program	no program	no program	no program
Iowa	30	20	22	5
Kansas	14	none served	34	4
Kentucky	7	3	27	7
Louisiana	12	none served	10	7.5
Maine	16	none served	32	3
Maryland	8	14	37	8
Massachusetts	17	2	9	6
Michigan	13	none served	19	5
Minnesota	36	19	2	8
Mississippi	no program	no program	no program	no program
Missouri	31	11	30	4
Montana	no program	no program	no program	no program
Nebraska	33	17	31	6
Nevada	38	24	13	4
New Hampshire	no program	no program	no program	no program
New Jersey	11	1	1	8.3
New Mexico	34	23	33	4
New York	5	25	16	5.6
North Carolina	28	none served	6	9
North Dakota	no program	no program	no program	no program
Ohio	20	7	8	6.5
Oklahoma	1	none served	29	8
Oregon	27	10	3	6
Pennsylvania	37	none served	not available	2
Rhode Island	no program	no program	no program	no program
South Carolina	4	15	35	8
South Dakota	no program	no program	no program	no program
Tennessee	32	21	7	8
Texas	3	8	26	3
Utah	no program	no program	no program	no program
Vermont	19	6	36	6
Virginia	24	none served	20	5
Washington	23	16	11	6
West Virginia	6	4	18	5
Wisconsin	9	22	24	3.3
Wyoming	no program	no program	no program	no program

TABLE 2: CHANGES IN ENROLLMENT AND FUNDING FOR STATE PRESCHOOL PROGRAMS FROM 2001-2002 TO 2002-2003

STATE	CHANGE IN ENROLLMENT FOR 4-YEAR-OLDS		CHANGE IN ENROLLMENT FOR 3-YEAR-OLDS		CHANGE IN TOTAL STATE SPENDING		CHANGE IN STATE SPENDING PER CHILD ENROLLED	
	number enrolled	percent of state population	number enrolled	percent of state population	inflation-adjusted dollars	percent	inflation-adjusted dollars	percent
Alabama	504	0.90%	0	none served	\$1,724,030	60.3%	-\$146	-3.9%
Alaska	0	no program	0	no program	\$0	0.0%	\$0	0.0%
Arizona	-185	-0.53%	0	none served	-\$106,617	-1.1%	\$80	3.4%
Arkansas	14	0.07%	-94	-0.24%	\$2,632,689	39.8%	\$908	43.4%
California	1,476	0.17%	-272	0.01%	\$2,484,514	1.0%	\$142	4.5%
Colorado	139	-0.17%	176	0.22%	\$3,503,160	12.6%	\$99	3.6%
Connecticut	392	0.96%	25	0.06%	-\$5,599,846	13.6%	-\$1,323	19.1%
Delaware	0	0.53%	0	none served	\$44,154	1.0%	\$53	1.0%
Florida	0	no program	0	no program	\$0	0.0%	\$0	0.0%
Georgia	2,287	0.86%	0	none served	\$8,009,640	3.3%	-\$12	-0.3%
Hawaii	-315	-1.51%	0	none served	\$689,341	-17.5%	\$325	10.3%
Idaho	0	no program	0	no program	\$0	0.0%	\$0	0.0%
Illinois	3,366	2.88%	-382	-0.08%	-\$6,432,584	-3.8%	-\$285	-8.9%
Indiana	0	no program	0	no program	\$0	0.0%	\$0	0.0%
Iowa	89	0.46%	-33	-0.03%	-\$985,432	-12.5%	-\$467	-13.8%
Kansas	3,203	8.86%	0	none served	\$4,713,723	101.6%	-\$359	-17.3%
Kentucky	858	3.83%	1,343	3.18%	-\$826,040	-1.7%	-\$377	-13.2%
Louisiana	5,449	9.07%	0	none served	\$18,769,208	58.5%	-\$346	-8.1%
Maine	0	1.14%	0	none served	\$432,240	19.1%	\$300	19.1%
Maryland	0	0.84%	0	0.02%	-\$593,285	3.0%	-\$29	-3.0%
Massachusetts	-1,405	-1.08%	-1,405	-1.22%	-\$26,169,120	-26.3%	-\$871	-17.5%
Michigan	-765	0.11%	0	none served	\$2,463,380	-2.8%	\$3	0.1%
Minnesota	74	0.19%	47	0.10%	-\$1,320,950	-7.0%	-\$544	-7.5%
Mississippi	0	no program	0	no program	\$0	0.0%	\$0	0.0%
Missouri	-512	-0.55%	832	-1.10%	\$4,717,012	-30.5%	-\$283	-11.4%
Montana	0	no program	0	no program	\$0	0.0%	\$0	0.0%
Nebraska	227	1.04%	217	0.94%	\$759,960	56.7%	\$883	-31.6%
Nevada	171	0.47%	107	0.31%	\$1,686,409	128.4%	\$645	21.2%
New Hampshire	0	no program	0	no program	\$0	0.0%	\$0	0.0%
New Jersey	3,486	3.70%	3,526	3.33%	\$109,695,251	40.3%	\$1,320	17.8%
New Mexico	-842	-3.10%	-308	-1.21%	\$111,240	-6.9%	\$959	119.1%
New York	7,723	5.19%	-4,405	1.74%	-\$15,633,800	-6.0%	-\$386	-10.3%
North Carolina	5,031	4.46%	0	none served	\$23,517,523	351.0%	-\$534	-10.8%
North Dakota	0	no program	0	no program	\$0	0.0%	\$0	0.0%
Ohio	442	0.60%	-498	-0.27%	-\$15,724,876	12.9%	\$656	12.7%
Oklahoma	2,181	3.79%	0	none served	\$1,675,204	2.6%	-\$135	-5.4%
Oregon	51	0.09%	251	0.55%	-\$2,350,080	-8.3%	-\$1,168	-15.2%
Pennsylvania	59	0.15%	0	none served	not available	not available	not available	not available
Rhode Island	0	no program	0	no program	\$0	0.0%	\$0	0.0%
South Carolina	674	2.90%	605	1.21%	-\$1,786,020	-7.3%	-\$216	-14.2%
South Dakota	0	no program	0	no program	\$0	0.0%	\$0	0.0%
Tennessee	642	0.89%	-42	-0.07%	-\$462,000	-3.0%	-\$1,162	-20.3%
Texas	15,491	3.79%	6,079	-2.04%	\$2,560,688	0.6%	-\$207	-7.0%
Utah	0	no program	0	no program	\$0	0.0%	\$0	0.0%
Vermont	24	1.18%	87	1.72%	\$93,719	6.6%	-\$224	-15.8%
Virginia	8	-0.01%	0	none served	-\$1,160,938	-6.0%	-\$202	6.1%
Washington	238	0.30%	69	0.09%	\$881,975	3.4%	-\$41	-1.0%
West Virginia	749	4.69%	125	0.79%	\$3,031,424	13.4%	\$20	0.6%
Wisconsin	3,326	5.65%	-18	-0.01%	-\$1,037,690	-2.0%	-\$745	-20.5%
Wyoming	0	no program	0	no program	\$0	0.0%	\$0	0.0%
50 States	51,398	1.7%	-7,790	-0.2%	\$92,736,368	3.8%	-\$90	-2.5%