



LOOKING TO THE PAST TO SHAPE COLORADO'S FUTURE

30 YEARS OF PROGRESS FOR YOUNG CHILDREN AND FAMILIES

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EARLY **MILESTONES**
COLORADO

To Our Fellow Coloradans:

Looking ahead is an important part of moving forward in the right direction. It's also helpful to look back now and then, to see how far we've come, understand the terrain we've covered, and put past lessons to use in advancing closer to our goals.

That is the purpose of this history, to examine what Colorado has achieved in supporting young children and their families and explore the work that lies ahead.

For 30 years now, we've seen Colorado emerge as a leader in its commitment to and investments in early childhood opportunities. We've seen policymakers, professionals, advocates, and communities themselves undertake a variety of early childhood challenges and push forward in search of solutions. We've seen incredible examples of collaboration, innovation, and tenacity in surmounting these challenges that have expanded opportunities to help children and families succeed.

This history is constructive in shaping the next 30 years of progress to ensure that every child in Colorado has the best opportunity to grow up safe, healthy, and on the path to success.

The complexities of the early childhood landscape, along with Colorado's own unique characteristics, make this no easy feat. Incredible advances have been achieved in children's health, poverty reduction, and early learning opportunities. At the same time, persistent social, cultural, and economic barriers remain. That's why the context of past efforts is so vital to understanding how we might overcome those barriers going forward so that all children in Colorado have the opportunities they deserve.

This report is aimed at informing our communities about the legacy of how far we've come and how we got here. It's also aimed at inspiring a renewed commitment to our work ahead.

Thank you for your commitment to these efforts, and we look forward to our continued partnership.

Sincerely,

A handwritten signature in black ink, appearing to be 'SP' followed by a horizontal line.

Sarah Park
Board Chair, Early Milestones Colorado

Acknowledgements

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A photograph of two young children sitting on a wooden floor in a playroom. The child on the left is a girl with dark hair, wearing a blue and white striped long-sleeved shirt and a red skirt with white polka dots. She is looking down at a large, light brown stuffed animal. The child on the right is a boy with blonde hair, wearing a green long-sleeved shirt and blue pants. He is also looking at the stuffed animal. In the background, there are various wooden toys, including a small table with a yellow ball on top and a blue structure. The overall atmosphere is warm and playful.

1

Introduction

1

In the past 30 years Colorado has made significant strides to support young children birth to eight, and their families. State leaders understand that Colorado prospers when children thrive: they are our future workforce, leaders, and community members. This report tells the story of how that core understanding and commitment continues to drive increased access to quality services and supports that help all children reach their potential, regardless of personal or social circumstances. This story of progress will help decision-makers better understand the context, strategies, and emerging opportunities that will continue to improve the overall potential of Colorado children.

Young children are completely dependent on the adults that care for them and the environment in which they live. Child development is complex: social and emotional growth interfaces with biological responses – all of which drive lifelong physical and cognitive development and health. The delicate system of relationships, nutrition, health, safety, and enrichment make providing comprehensive support to young children and their families – and the policy that guides it – highly complicated. It requires a commitment from many willing partners to collaborate and remain responsive to families.

Because the needs of young children and their families are complex and diverse, early childhood isn't a single system, but a system of systems. To address the critical task of linking and integrating these systems, Colorado developed the Early Childhood Colorado Framework (Framework). The Framework is organized around three areas: Learning and Development; Family Support and Education; and Health and Well-Being. Likewise, this history uses the same organization to detail how early childhood services and policies have developed in our state. We start with the big picture: the history of improvements in the collaboration and coordination of early childhood to create the most efficient and effective use of resources. We then summarize the major accomplishments in access and quality across these sectors, while emphasizing common elements that have generated better results for children and, importantly, the equity considerations that have shaped programs.

In reflecting on Colorado's past 30 years of progress in early childhood, several major themes have emerged.

Children and Families are Central to Early Childhood Work

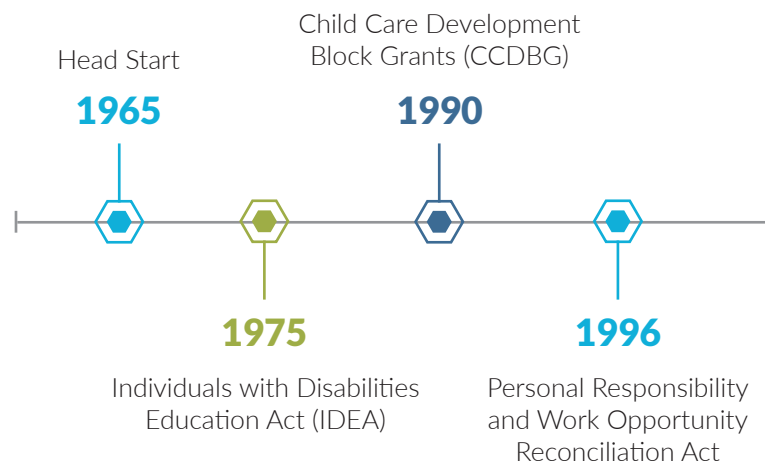
Local and state stakeholders have long understood both the promise and complexity of the first years of life. The specific needs of the families of young children, the inter-connected nature of children's health and development, the importance of neighborhood and community in effective service coordination and delivery — these factors have guided major improvements in quality, access, equity, and governance.

A Collective, Sustained Vision is Essential to Early Childhood Successes

Colorado is remarkable in the development — through the input of multiple stakeholders — of a consistent vision for the field. Most importantly, the state has maintained and made progress concerning that vision across administration and leadership changes and economic and fiscal conditions. Stakeholders have deliberately instituted processes and structures that have allowed that vision to consistently guide progress for more than 30 years, a feat which perhaps no other state can claim.

Federal Timeline (1965-Present)

State and federal policies are intertwined. The following federal action is important to consider within Colorado's history of early childhood. Shifts in the national policy landscape can create environments for state innovation and problem solving. In Colorado, state priorities and innovation have also influenced changes in other states and at the federal level.

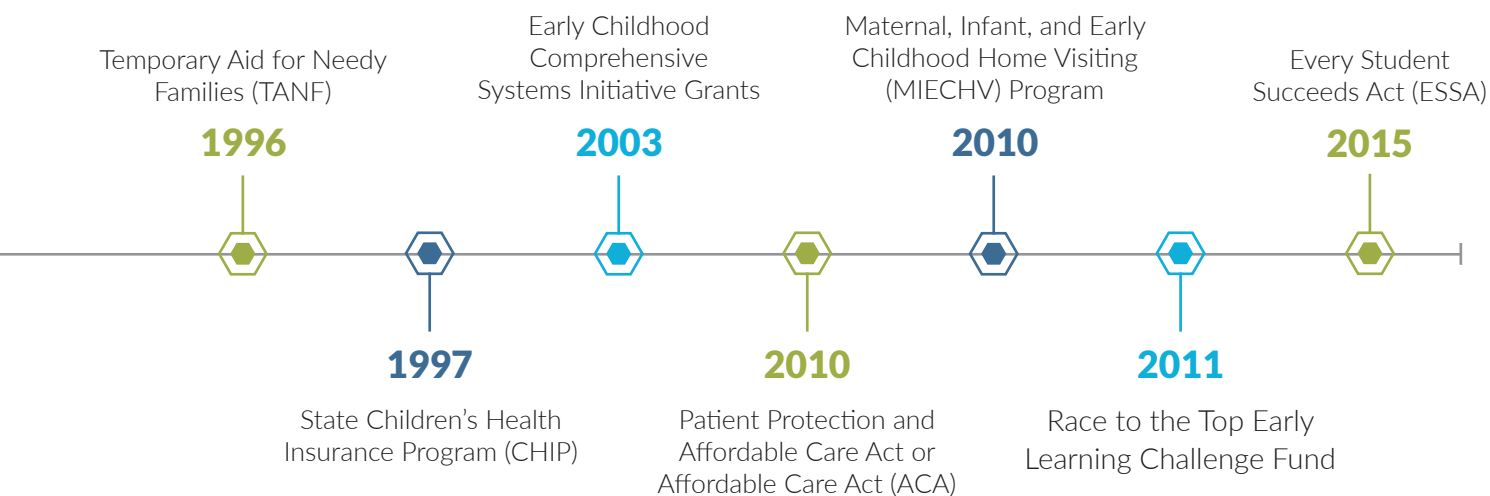


The Who, What, and How is Driven by the Colorado Context

The Western values of smaller government, limited taxing and spending, and an emphasis on “pitching-in,” or collaborating to solve problems, have resulted in some consistent approaches to how quality, access, and equity decisions are made and implemented and how innovation is expressed.

- ▶ **The Who.** Progress is made through ongoing dialogue among those inside and outside of government. Furthermore, innovation and best-practice enhancements result from a consistent and ongoing interaction between local and state stakeholders.
- ▶ **The What.** Progress is often the result of deliberate, multi-stakeholder strategic plans that become living documents. The technique of Plan, Do, Study, Act has driven major change in all early childhood system sectors. In early childhood, plans don’t just sit on a shelf; we try them out, improve them and, when we accomplish them, we begin the cycle anew.
- ▶ **The How.** The Western ethic in combination with the strong value to center the work on the needs of the child and family, have resulted in productive collaborations between professionals, families, and other stakeholders in health, mental health, learning and development, and family support. When Coloradans tell their story of collaboration nationally, we are often met with amazement. We work together because child development is a multi-domain and multi-dimensional endeavor and because, to really address individual child and family needs and conditions, all perspectives are critical.

The story of Colorado’s progress in early childhood is both inspiring and motivating. This story clarifies the key principles required to further the work and create the best conditions for Colorado’s children to thrive so that the state continues to prosper. We hope the past informs the future as we work together to realize the collective state vision that All Children Are Healthy, Valued, and Thriving.



A photograph of a young child with blonde hair, wearing a rainbow-striped shirt, being held by an adult. The child is smiling broadly and looking upwards. The background is a soft-focus outdoor scene with green foliage and a clear sky. The text is overlaid on the left side of the image.

2

State Leadership, Planning, and Alignment of Services

2

Perhaps in no other area has the arc of progress been so clear as in the development of the overall umbrella for Colorado's early childhood system of systems. There is a strong connection between the earliest activities detailed in this report and our current system. Stakeholders have steadily implemented the vision for a more efficient and effective system, while remaining responsive to research and best-practice learnings. As a result, Colorado's systems-building efforts have garnered national attention.

The First Impressions Initiative (First Impressions), located in the Governor's Policy Office, was created in 1987 and led by Colorado First Lady Bea Romer. First Impressions laid a blueprint for much of the next 30 years of systems building. Three principles set the philosophy that has shaped policy and governance to this day: 1) the first years as a foundation for life; 2) the primacy of the parent-child relationship; and 3) a community-based approach to support families.

First Impressions also set the standard for an inclusive approach to addressing early childhood issues. A series of forums across the state engaged both parents and other leaders. A task force explored early care and learning workforce issues. A business council, later the Business Commission on Child Care Financing, explored market issues in child care. State agency personnel began envisioning elements of the comprehensive system. Today entities like the Early Childhood Council Leadership Alliance (ECCLA), the Early Childhood Summit, Executives Partnering to Invest in Children (EPIC), and the Early Childhood Colorado Partnership (ECCP) provide forums for stakeholder input and influence.

First Impressions was also the impetus for many significant early care and learning and family support programs that still serve children and families today. The original systems-building levers and current evolutions of this work are below:

ORIGINAL LEVER	ACCOMPLISHMENTS	CURRENT LEVER	SIGNIFICANCE
Strategic Plan for Colorado's Families and Children 1991	Established the first state goals to improve early childhood services. Led to the Commission on Families and Children and Cabinet Council on Families and Children.	Governor-appointed Early Childhood Leadership Commission	Overarching, public-private stakeholder body to increase system efficiency and effectiveness.
Parents as First Teachers Project 1991	Brought state attention to the need for parent education and support programs. Established 13 parent education and support programs in school districts.	A variety of parent education and support programs meet diverse family needs. State has adopted a two-generation lens for supporting families.	Effective programs for child maltreatment prevention and promoting healthy parent/child interactions.
Early Childhood Professional Standards Task Force 1991	Developed recommendations on training; defined core knowledge standards; developed common course/degrees at two-year institutions; and created articulation of credits between two- & four-year training institutions.	Early Childhood Professional Development (ECPD) Advisory created 2010 Early Learning Professional Development Systems Plan.	Progress on first plan resulted in need to develop Colorado's Early Childhood Workforce 2020 Plan.
State Efforts in Early Childhood Management Team 1991	Established model for interagency collaboration. Worked together to plan and create a more effective family-centered service delivery system.	Expanded to include community partners. Multiple Early Childhood Comprehensive Systems (ECCS) grants supported The Early Childhood Colorado Partnership (ECCP).	Broad stakeholder participation in developing and revising the Early Childhood Colorado Framework, and Framework in Action State Plans.
Colorado Business Commission on Child Care Financing 1995	Generated business involvement in need for high quality child care. Led to establishment of first child care quality rating system.	Business involvement continues through Executives Partnering to Invest in Children (EPIC).	Helped expand business participation in the Child Care Contribution Tax Credit. Continued advocacy for family friendly business practices.
Legislative Day Care Commission 1997	First formalized legislative commission focused on early childhood policy.	Legislative commissions have continued to the present day, including the current Early Childhood and School Readiness Legislative Commission.	Expansion of the Colorado Preschool Program and Colorado Child Care Assistance Program reform.
Colorado Community Consolidated Child Care Pilots 1997	Successful pilots resulted in expansion into local Early Childhood Councils focused on comprehensive systems-building.	System of 34 Early Childhood Councils and formation in 2013 of statewide intermediary, The Early Childhood Council Leadership Alliance (ECCLA).	Nationally-recognized approach to place-based systems-building; laboratories of strategies to accomplish Framework goals.

Community organizations have been critical to the maturity of systems. After an important piece of legislation failed in 1985, community leaders recognized the need for an entity outside of government to raise awareness, lobby, and maintain the vision through political leadership changes. That entity, the nonprofit, nonpartisan Colorado Children's Campaign (CCC), has become the state's premier child-focused advocacy organization. Successes in the past quarter century include the establishment of the Children's Health Plan (CHP+), expansion of the Colorado Preschool Program and full-day kindergarten, establishment of the local councils, and the Tony Grampsas Youth Services Program, which provides funding for child maltreatment prevention and other programs. In addition, the field agreed that more unified voices could help in the legislative arena. Thus, by the early 1990s, many of the statewide early childhood organizations, led by CCC, united to form the Early Childhood Summit, an active coalition of statewide leaders that collaborate to advocate for and shape public policy. Other organizations have also contributed to major gains across access, quality, and equity.

In 1996, the Early Childhood Funders Collaborative, now known as the Early Childhood Funders Network (EC Funders Network) was formed. Comprised of approximately 20 foundations statewide, the EC Funders Network shares information and strategy and plans coordinated funding on emerging issues. Participants have provided tens of millions of dollars in early childhood investments and have helped pioneer many systems improvements including the state's first quality rating system, state systems planning, the Early Childhood Colorado Framework, the Office of Early Childhood, and the Race to the Top Early Learning Challenge (Early Learning Challenge) award. Members of the foundation community also promote Colorado's vision through participation on boards and commissions, including the Early Childhood Leadership Commission.

The interplay among legislative, executive, and community stakeholders is perhaps the defining feature of Colorado's progress: no major effort has been accomplished without partnerships, pressures, and process amongst these actors. The development of the current governance system exemplifies this. In the early 2000s, at the encouragement of the Governor's office and funded by the EC Funders Network, state agency representatives began to map funding and coordination gaps and analyze system needs, and determine an ideal governance model. Concurrently, the 2004 School Readiness Legislative Commission was created to coordinate various statewide early childhood initiatives and to evaluate plans for a comprehensive system. In the mid-2000s, a plan widely called the Three-Legged Stool, detailed a public-private model for a comprehensive system. The plan included a new early childhood commission as the seat of the stool, and three legs: 1) state agencies, including a consolidation of programs; supports and services; 2) an expansion of local Early Childhood Councils; and 3) the formation of a nonprofit organization to provide flexible support.

The recommendations were carried into a new administration where significant progress was made. The Early Childhood Leadership Commission (ECLC) was established in 2010, first by executive order and later through legislation. Housed in the Lt. Governor's Office, the ECLC was charged to advance a comprehensive and coordinated early childhood system. The ECLC included parents, business and philanthropic leaders, service providers, and other state and local leaders. The ECLC was also charged to make recommendations concerning state governance of the early childhood system of services.

In 2007, legislation expanded the Early Childhood Councils (formerly, the Child Care Consolidated Pilots), to 31 Councils serving 58 counties, jointly supported by the Colorado Department of Education (CDE) and the Department of Human Services (CDHS). The Councils were charged to address comprehensive improvements in quality and coordination at the local level. Currently, 34 Councils cover 99% of the state's young children.

33 **COUNCILS COVER** **99.8%** **OF THE STATE'S YOUNG CHILDREN**

Under Lt. Governor Barbara O'Brien's leadership and with significant community input and foundation support, the Early Childhood Colorado Framework was developed, formalizing a set of goals, activities, and outcomes related to young children, birth to age eight, and their families. Facilitated by the Early Childhood Colorado Partnership, the Framework was adopted widely and served to focus and coordinate work across multiple stakeholders at the state and local level. The Framework, updated in 2015 by the ECLC, is a shared vision for activities across the sectors of Learning and Development, Family Support and Education, and Health and Well-Being. The Framework's second version brought greater emphasis on infants and toddlers, prenatal care, and integrated health and well-being.

With the seat of the stool (ECLC) and one of the three legs of the stool in place (expanded Early Childhood Councils), public and private stakeholders continued to carry the vision through another administration change. The next accomplishment, initiated by the ECLC, was the establishment of the Office of Early Childhood (OEC) in CDHS, which consolidated programs and funding streams from the Colorado Departments of Public Health and Environment, Health Care Policy and Financing, Education, and the Office of the Lt. Governor. Again, this occurred first through executive order (2012) and then through legislation (2013) that moved programs to CDHS. The OEC's priorities are early identification and intervention, early learning and development, and family support and education. The OEC arrived just in time: in 2012 and 2013 the state was awarded close to \$45 million in Early Learning Challenge funds, the most significant federal grant focused on early childhood ever awarded to the state. To date, OEC accomplishments expand far beyond this initiative, including doubling the frequency of licensing visits, reforming the Colorado Child Care Assistance Program (CCCAP) to increase access and quality, supporting a two-generation approach to home visiting services by integrating education and employment assistance for parents, and developing Colorado's Early Childhood Mental Health Strategic Plan.

\$45 MILLION **IN EARLY LEARNING CHALLENGE FUNDS**

Finally, recognizing again the need for an outside entity to support state and local efforts and spur innovation, in 2015 several foundations established the nonprofit intermediary Early Milestones Colorado (Milestones). Since its inception, Milestones has advanced innovation and systemic change across the Framework.

The refinement of vision and interplay of public-private partnerships to accelerate systems improvements continues to this day. Healthy partnerships and collaborative tensions across the three legs and seat of Colorado's early childhood system have produced better access, quality, and equity outcomes for children and families.

STATE LEADERSHIP, PLANNING, AND ALIGNMENT OF SERVICES (1985 - PRESENT)



A photograph of a man and a young child in a living room. The man, wearing a green and white long-sleeved shirt and blue jeans, is kneeling on the floor, helping the child with their shoes. The child, wearing a red and white long-sleeved shirt and blue jeans, is sitting on a grey couch. The background shows a bookshelf with books and a small potted plant. The overall mood is warm and supportive.

3

Expanding Access to Services

3

In the past 30 years, Colorado has often been a national leader in strengthening critical supports and services for young children and their families. Nevertheless, available resources still don't meet the needs of Colorado's children. To allocate resources, Colorado has used the lens of equity and fairness to deliver services to the children and families in strongest need.

LEARNING AND DEVELOPMENT

Colorado has expanded access to early learning and development programs in response both to increased demand for child care services and research documenting the importance of the first five years of a child's life. Colorado's investments in these programs have incorporated flexibility to enable communities to respond to local conditions and needs.

In 1996, passage of the federal Personal Responsibility and Work Opportunity Reconciliation Act helped highlight a growing gap between the influx of parents into the workforce and the lack of quality child care and early learning services. States, including Colorado, quickly moved to address this disparity. In 1997, the legislature established a 12-community pilot program to coordinate local child care and early learning programs, increase available care options through consolidation of funding streams, and enable rule and regulation waivers to generate a more flexible and responsive local system. Strong pilot results led to the expansion of what has evolved into Colorado's network of local Early Childhood Councils, dedicated to systems improvements in a variety of services to parents and children.

ONLY 13% OF ELIGIBLE CHILDREN RECEIVE SUBSIDIES

The Colorado Child Care Assistance Program (CCCAP) provides financial assistance for low-income families who are homeless, working, job searching, and/or receiving education advancement through Colorado Works (the state's Temporary Assistance to Needy Families (TANF) program). While federal funds continue to constitute a significant portion of total funding to CCCAP, which includes a set-aside for quality improvements, the percentage contributed by the state has increased from 18% to 27% between 2012 and 2017. However, supply still does not meet demand: only 13% of eligible children received subsidies in 2016-2017.

2014 legislation brought a significant program overhaul to CCCAP that expanded access, quality incentives, and lower barriers to care for parents working toward economic self-sufficiency. The legislation was considered one of the most significant two-generation approaches to child care and early learning in the country. Currently, a pilot is underway to mitigate the “cliff effect,” gradually shifting families’ share of the cost for those who exceed income eligibility. The legislature continues to explore tax credits to increase affordability, with the Child Care Expenses Tax Credit now available to families making less than \$25,000 annually.

Beyond access for families living at or below the poverty line, all families still struggle with the supply of affordable, quality care, which lags significantly behind demand magnified by population expansion. In Colorado, licensed slots are available for less than half the number of eligible children ages six years and younger with working parents. The Child Care Contribution Tax Credit, instituted in 1999, has resulted in increased investment in learning and development-focused child care programs, leading to program expansion and improved quality. Businesses and individual taxpayers receive a 50% credit for contributions to facilities that promote child care, educational opportunities, developmental screenings, mental health and health services, and professional development. In 2016, nearly \$50 million was donated by nearly 22,000 individuals.

NEARLY \$50 MILLION

**WAS DONATED
BY NEARLY**

22,000

individuals

Preschool. Head Start, the federal preschool program for low-income children, started serving children in Colorado in the mid 1960’s. However, the need for services continues to outstrip the availability of federally funded slots. In 1988, the legislature enacted a preschool program to serve 2,000 young children with language delays, joining a wave of 23 states that began programs during that decade. Four years later, the renamed Colorado Preschool Program (CPP) expanded services to children with other risk factors. CPP steadily increased enrollment and the number of participating school districts over the years. Today, all but three of Colorado’s 178 school districts participate in CPP, serving 20,000 students in half-day and 1,400 in full-day programs in the 2017-2018 school year. CPP is part of the school finance budget and the number of children who can enroll is capped by the legislature.

CPP is designed to support equity by serving at-risk children in a manner that addresses local needs and capacity. The program receives oversight through school district CPP advisory councils and is delivered through a mix of school and community settings. Unfortunately, both per-pupil funding and access lag behind other state programs: CPP is funded at approximately 77% of the national average for state preschool programs. Estimates indicate that approximately 9,000 eligible children are not enrolled in either state-funded preschool or Head Start.

9,000

**ELIGIBLE
CHILDREN**

ARE NOT ENROLLED IN

PRESCHOOL OR HEAD START

In 2013, the legislature expanded the CPP program with Early Childhood At-Risk Enhancement (ECARE) slots, which localities can use either for either half- or full-day preschool or to serve eligible kindergarteners with full-day programming. Although a relatively new program, access has steadily increased from 3,200 ECARE slots in 2013 to more than double, 8,200 slots in 2017. Of these, 5,100 slots are utilized for full-day kindergarten.

Full-Day Kindergarten. In 2017-2018, more than three of every four Colorado kindergarteners were enrolled in full-day kindergarten (FDK), an approximately 78% increase since 2001-2002. Currently, all but eight districts offer FDK, although funding levels disincentivize the offering. Colorado is still one of 19 states that fund full-day slots at only slightly more than half the regular per-pupil funding rate. Local mill levy increases and/or parent fees make up the difference. Colorado districts appear to take an equity lens to enrollment: Black (90%), Hispanic (88%) and American Indian children (79%) are more likely to be enrolled than White or Asian children.

FAMILY SUPPORT AND EDUCATION

Early Intervention. In 1964, Colorado began helping families with children birth to age three who had developmental delays. This was more than a decade before the passage of the federal Individuals with Disabilities Education Act (IDEA). Early Intervention Colorado, the entity that provides these services, is funded through Part C of IDEA, state general funds, Medicaid, and Early Intervention Trust Funds (funded through health insurance companies). Currently about \$30 million is allocated, with state funds contributing triple that of federal funds, demonstrating Colorado's commitment to serve all children with at least a 25% developmental delay. The state has also shown national leadership in their efforts to serve children screened for early intervention services that are referred through child welfare. The efforts to educate professionals and communicate with families to ensure they understand the value of these services have resulted in a 70% increase of referrals through child welfare in the past five years.

Family Resource Centers (FRCs). National attention to the need for comprehensive, integrated support for families led the legislature in 1993 to create a five-year pilot program testing the concept of family resource centers (FRCs). Early promising outcomes prompted the expansion to 21 centers. Although consistent funding for the centers ended in 1998, communities and state agencies recognized the value of these services and helped sustain the programs with grants. In 2017, the state reinstated funding. Currently, more than 56,000 people in 44 counties are served annually through 29 centers. An intermediary, the Family Resource Center Association (FRCA), supports the quality and consistency of service delivery with a nationally recognized shared evaluation and data system. FRC services for families span the Framework and include case management.

Home Visiting Services. The emphasis on family support in the late 1990s and 2000s continued with expansion of home visitation programs. National programs were introduced to the state in 1989 when First Lady Bea Romer's efforts brought the Home Instruction for Parents of Preschool Youngsters (HIP-PY) program, which targets parents of children ages 3-5 years, to Colorado. Parents as Teachers (PAT) was also introduced in 1989. In 1995, inspired by a successful model developed in Yuma, the business community and state leadership founded Bright Beginnings (now called Bright by Three), which continues to expand through traditional services and through Bright by Text, last year reaching more than 21,000 families.

ANNUALLY 29 CENTERS SERVE 56,000 PEOPLE IN 44 COUNTIES

¹ Originally called the Education of Handicapped Children Act.

The same era saw the research and refinement of the Nurse-Family Partnership (NFP), a program for first-time, at-risk moms supported by trained nurses. In 2000, the legislature utilized state funds from the Tobacco Master Settlement Agreement to expand NFP in Colorado, and NFP is now in every county. Program implementation operates through a partnership between the state (OEC), a state-wide intermediary (Invest in Kids), the University of Colorado Health Sciences Center, and the NFP National Services Office. Significant federal funds to support home visiting programs became available in 2011 through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program.

Other foundation and state funding streams have provided sustained support for home visiting and other child maltreatment prevention and promotion programs, including the Tony Grampas Youth Services (TGYS) fund, authorized in 1993, and the Colorado Children's Trust Fund, authorized in 1989. Additional prevention efforts include a three-year pilot 2013–2016 of another home visiting model, SafeCare, for parents who are at-risk or have been reported for child maltreatment. Pilot results, including improved parent skills and decreases in open child welfare cases for participants, have motivated an expansion. All 64 counties in Colorado now have at least one home visiting program.

IN 2017 | MORE THAN 76,000 *children and pregnant moms* **WERE ENROLLED**

HEALTH AND WELL-BEING

Since 2010, Colorado has dramatically reduced the percentage of children without health insurance, from 14.4% in 2010 to 4% in 2017, making Colorado one of the top states for coverage. State- and federal- level policy changes over this time have also expanded coverage. Local philanthropic support also contributed to innovative programs to improve health outcomes for children and their families.

Health Coverage Expansions. In 1997, Congress passed the State Children's Health Insurance Program (CHIP). CHIP covers children and pregnant women in low-income families who earn too much to qualify for Medicaid but too little to enroll in private health insurance. In 1998, Colorado was one of the first states to pursue CHIP, creating its own separate program, Child Health Plan Plus (CHP+), which built on previous efforts to create a separate state program. Physical, behavioral, and oral benefits are covered under CHP+, as well as prenatal and maternity care for eligible women.

In 2009, Colorado passed legislation that created the Hospital Provider Fee and increased the income eligibility for CHP+ from 205% to 250% of federal poverty level (FPL). In 2017, more than 76,000 children and pregnant moms were enrolled.

Dental Health. In 1997, legislation authorized community water fluoridation in Colorado. But more than fluoridation is needed to prevent child tooth decay, the most common chronic disease in U.S. children. While children enrolled in CHP+ or Medicaid have dental coverage, data several years ago indicated that fewer than half were utilizing the coverage. As a result, the rates of dental caries, the disease process that leads to tooth decay and cavities, for kindergarteners (60% for low-income children) were unreasonably high. To address the issue, in 2007, six foundations launched Cavity Free at Three, a best-practice oral health program for federally-qualified health centers. In 2012, Governor Hickenlooper identified oral health as one of the top three "winnable battles," in health for Colorado over the next five years. The work has paid off. In 2017, 10% fewer entering kindergarteners state-wide had dental caries.



Child Immunizations. Concerns around poor child immunization rates in the early 2000s sparked targeted public-private partnership efforts. In 2002, Colorado's immunization rates ranked as some of the worst in the nation, but 15 years later, the state exceeds national averages with 93% of teens current on immunizations. Still, in 2015, \$35 million was spent in hospital charges to treat children for vaccine-preventable diseases.

\$35 MILLION TO TREAT CHILDREN FOR vaccine-preventable diseases

Key legislation served as the impetus for change that included the 2007 passage of the Colorado Immunization Registry Act, the 2012 creation of the public-private Vaccine Access Task Force, and significant new funding in 2015 for additional tracking and local public health efforts. The state continues to expand education efforts and, in 2017, began to release information on both immunization and exemption rates.

Pregnancy-related Depression. Depression is the most common complication of pregnancy for mothers, both in Colorado and nationwide. Colorado's 2011-2015 Maternal and Child Health Block Grant Needs Assessment identified pregnancy-related depression as one of nine priority areas for programs. In 2014, an administrative change allowed Colorado pediatricians to bill a child's Medicaid account for screenings to help identify and treat depression that may be caused by pregnancy and childbirth. This change increased early identification so that more timely referrals to services for moms can occur. Colorado was one of eight states to implement this before a 2016 federal ruling made it allowable for all state Medicaid programs. In 2017, state legislation enabled up to three screenings in the first year of a child's life.

Family Planning. Every child should be wanted and loved, and families need the ability to plan the number and timing of their children. Women who are not ready to have babies can face poor economic and health outcomes for themselves and their children. One of the most innovative access efforts has been in voluntary family planning. In the mid-2000s, unintended pregnancies remained high in Colorado, as approximately 40% of all pregnancies and 60% of those for women ages 24 years and younger were unplanned. In 2008, a private foundation helped launch the Colorado Family Planning Initiative (CFPI) to train professionals and provide low- or no-cost long-acting reversible contraceptives (LARCs) to teen girls and women. By 2015, more than 36,000 had participated, and birth rates declined by nearly 50% among teen girls aged 15 to 19. The dramatic change also resulted in an estimated \$70 million in avoided costs to Medicaid and other government programs.

Estimated \$70 MILLION in avoided costs to GOVERNMENT

The dramatic change also resulted in an estimated \$70 million in avoided costs to Medicaid and other government programs. Since 2015, the work has continued through a mix of policy solutions and support from a collaborative of 12 foundations. In 2016, the legislature approved a \$2.5 million increase to the Colorado Department of Public Health and Environment (CDPHE) for the state's family planning program.

EXPANDING ACCESS TO SERVICES

(1964 - PRESENT)





4

Quality Improvement Initiatives in Colorado

4

Access to services is simply not enough— the quality of services for young children and their families is essential for achieving positive outcomes. In the relatively young field of early childhood, quality advancements have tended to lag behind access gains. More recently in Colorado, most initiatives now expand and improve simultaneously.

LEARNING AND DEVELOPMENT

The goal of learning standards and assessments is to guide instruction and identify achievement disparities among groups of children. With the release of Results Matter in the early 2000s, Colorado became a national leader in supporting appropriate assessment and instruction for children ages five years and younger. The Colorado Department of Education (CDE) received a federal grant to develop this system for children in special education services. This expanded to include children in state- and federally-funded preschool and some child care centers and homes. At least 45,000 children served by 4,000 professionals benefit from the system.

45,000 CHILDREN served by **4,000** PROFESSIONALS

Standards for student learning in Colorado are not new, but the inclusion of young children’s learning and development is relatively recent. In the early 1990s, Colorado legislated standards-based K-12 education and standardized assessment. The 2008 passage of Colorado’s Achievement Plan for Kids (CAP4K) created new academic preschool through 12th grade standards, a definition for “school readiness,” and the use of individual school readiness plans, signaling a new emphasis on the early years.

In 2011, ECLC, with assistance from five state agencies and others, published the Colorado Early Learning and Development Guidelines, describing what children should know and be able to do in areas including literacy and social-emotional development. The birth to age eight guidelines aligned to the state’s preschool through 12th grade Academic Standards as well as Head Start learning guidelines and are used for training, parent education, and a myriad of services. These were important precursors toward the widespread use of kindergarten readiness assessments starting in 2012. Colorado’s Early Learning Challenge Fund supported the implementation of Colorado’s school readiness assessment system. In 2017-2018, Colorado released the first statewide data on kindergarten readiness. Sadly, less than half (49%) of all kindergarteners meet all six domains of readiness.

Program Quality. In 1995, the study *Cost, Quality and Child Outcomes in Child Care Centers* concluded that almost half of U.S. infants and toddlers were in care with minimal standards, and a shocking 96% of Colorado child care centers were of poor or mediocre quality. The study galvanized action that resulted in one of the first state child care quality rating systems, with an eye toward early learning and development opportunities. Funded by philanthropy Educare Colorado was launched in 1999 to develop and promote a rating system, help programs improve their standards, and provide parents information on programs. In 2004, Qualistar Early Learning was formed through the merger of Educare Colorado and Colorado Office of Resource and Referral Agencies (CORRA), linking information on the availability of child care with program quality ratings that speak more directly to early learning needs to help families locate appropriate care.

IN 1995 93% OF CHILD CARE CENTERS WERE POOR OR MEDIOCRE QUALITY

In 1998, the federal government earmarked a portion of Child Care Development Block Grant (CCDBG) dollars toward improving the quality of infant and toddler care. Colorado used this to further quality efforts, creating the Expanding Quality in Infant Toddler Care Initiative, an evidence-informed training program with promising evaluation results. Currently, 29 Early Childhood Councils offer this training through a network of over 120 instructors.

In 2000, legislation was passed to create pilots to implement and evaluate the impact of improved quality standards for licensed early care and learning programs. This project resulted in recommendations that became the basis for significant changes, such as reduced adult/child ratios. With funding from the state's Early Learning Challenge Fund award, the OEC launched Colorado Shines, the next-generation Quality Rating and Improvement System, in 2014. Colorado Shines is embedded into child care licensing, and thus covers all licensed preschools, child care centers, and family child care homes. In 2016, new rules required centers to provide playground time, limit TV time, and provide healthy meals (including limits on sugary drinks), resulting in some of the strongest standards in the nation in these areas.

Recently, additional changes to regulations for programs receiving CCCAP reimbursement have furthered quality standards. 2014 legislation increased affordability, changed eligibility to ensure more consistent and regular care, and instituted tiered provider reimbursements based on quality levels.

Good teaching is strongly linked to children's learning and development outcomes. Colorado's early learning professional development system began when credentialing was first established in 2000. Five years later, the system expanded statewide. Major supports for the profession were enacted after the ECLC's adoption of Colorado's Early Learning Professional Development System Plan in 2010. In 2013, Colorado produced competencies to anchor the statewide credential system, education requirements, and professional development. A revised credential system was developed in 2015 that accounts for a variety of professional roles and links both child care and educator licensing. Early childhood certificate, degree, and two- and four-year teacher programs are aligned with the competencies to enable better articulation.



In 2015, the state launched the Professional Development Information System (PDIS), a workforce registry, learning management system, and tool to guide career pathways. More than 46,000 professionals have completed over 260,000 online courses. A new state plan, Colorado's Early Childhood Workforce 2020 Plan, was produced in 2017 with an added focus on critical issues of compensation, recruitment, and retention.

To support and incentivize education attainment for the early childhood workforce, for more than 20 years local, state, and private funding has supported the T.E.A.C.H. scholarship program, which has significantly increased college enrollment and reduced teacher turnover. The state continues to explore ways to expand investments in scholarships with federal, state, and foundation dollars.

Recent literacy initiatives have generated promising student achievement results. In 1997, the Colorado Basic Literacy Act enabled some reading intervention, but, frustrated by stagnant outcomes, in 2012, the legislature passed the Reading to Ensure Academic Development (READ Act), to provide more support and promote parent communication around their student's literacy progress. In the first year of implementation, the state saw a 2% increase in children reading at grade level. Again, intermediaries have also played a strong role in this area. One example, Reach Out and Read Colorado, has trained almost 1,800 statewide to incorporate early literacy support into well-child visits, resulting in documented increases child language and literacy skills.

More recently, CDE has promoted preschool through third grade (P-3) alignment across all domains of learning as an effective strategy to increase academic achievement. Legislation in 2017 required low-performing elementary schools to implement a P-3 plan as part of their school improvement strategy and in 2018, CDE added a P-3 Office to coordinate efforts. Colorado encourages increased supports for early childhood as part of its federal Every Student Succeeds Act state plan.

Strong outcomes have also resulted from inclusive education. Colorado leads the nation in the percentage of preschool children receiving special education services in general education settings, stemming from 1994 funding changes that incentivized this practice. Colorado's preschool children with disabilities outperform most national averages on assessments. Inclusion begins in the infant-toddler years, and the Expanding Quality for Infants and Toddlers program also builds inclusive practices into training and coaching. Home visiting professionals are receiving additional support to help families see the value of early identification and intervention.

FAMILY SUPPORT AND EDUCATION

The Colorado Home Visitation Coalition began work in the early 1980s to promote and coordinate programs statewide. Prior to 1990, the effectiveness of family support and education programs was not well studied, and few program standards existed. In 1995, the Nurse-Family Partnership (NFP) program underwent a thorough evaluation, which proved the program's effectiveness and motivated the Colorado legislature to fund program expansion through the Tobacco Master Settlement fund.

In the 1990s and early 2000s, several intermediary organizations supported program replication, quality standards, and ongoing evaluation. Organizations providing this function include Parent Possible, Invest in Kids, the Family Resource Center Association, and Assuring Better Child Health & Development (ABCD). In 2011, when Colorado received a federal MIECHV grant, which only funded programs with a strong research base, evidence of effectiveness became critical. MIECHV stressed program fidelity and mandated the evaluation of child and family outcomes. Colorado's intermediaries have helped HIPPY, PAT, and NFP programs meet standards and remain effective.

Since 2007, the Strengthening Families Protective Factors Framework has guided all Colorado family support and child maltreatment programs with clear quality guidelines. Strengthening Families is a research-informed approach to increase family strengths, enhance child development, and reduce child abuse and neglect. First supported through the Colorado Children's Trust Fund (established by statute in 1989 for child abuse and neglect prevention), adoption has spread to initiatives including the Early Childhood Councils, Illuminate Colorado and all family support and prevention programs at the Colorado Department of Human Services (CDHS).

Colorado's family support programs are committed to accurate data collection, program evaluation, and continuous quality improvement, and have developed the necessary data systems to provide this information. Recently, CDHS has implemented a new data system that supports Early Intervention, Early Childhood Mental Health Specialists, Promoting Safe & Stable Families, SafeCare Colorado, and Colorado Community Response. Service delivery information and professional-level data, and the ability to link to other data systems allows deeper analysis of services and impact. For example, the use of mental health consultants by child care classroom can inform pockets of need and allow analysis of impact.



In 2017, Colorado was one of two states to spearhead a national effort to develop the Child Maltreatment Prevention Framework for Action. This nationally-recognized document, currently used in 15 communities to guide quality and systems planning, is designed to align local and state strategies and investments and maximize shared outcomes that promote child well-being.

NATIONAL LEADER **IN CHILD** **MALTREATMENT PREVENTION**

HEALTH AND WELL-BEING

Colorado has a more than 25-year history of clinical, research and practice efforts in infant/child mental health. Promotion efforts started in the mid-1990s, including the Irving Harris Program in Child Development and Infant Mental Health, which trains psychologists and community professionals in diverse settings, including child care and pediatrics. In the late 1990s, children's mental health began to be elevated nationally and statewide. In 1998, Early Childhood Mental Health Pilots were funded to support mental health systems-building in the local councils. In 2001, Harambe Colorado, a grassroots effort supporting early childhood mental health and caregiver well-being, received funding to convene the first statewide meeting on early childhood mental health. In 2002, the state received federal funding for local systems-building and implemented Project BLOOM, a first-in-the-nation effort in four Colorado communities. Several improvements emerged: diagnostic training; the introduction of mental health consultation; professional competencies; and care coordination and integration efforts.

In 2001, The Colorado Association for Infant Mental Health (COAIMH) was founded. COAIMH promotes professional development and, most recently, professional endorsements. The Infant Mental Health Endorsement adopted by the state in 2015 is one of the first and most comprehensive national efforts to build knowledge and skills across many disciplines.

The mid-2000s brought additional efforts to expand quality. In 2004, the Blue Ribbon Policy Council for Early Childhood Mental Health began developing a state strategic plan (adopted by CDHS in 2008). In 2005, the state supported the placement of early childhood specialists in each of the state's 17 mental health centers. In 2006, Colorado received federal funding to implement the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children. By 2015, more than 2,500 individuals had received training, more than 100 professionals had received trainer or coach certification, and seven communities had fully implemented the model.

¹ Parent Possible was first named the Colorado Parent and Child Foundation. The dates of founding are Parent Possible (1991); Invest in Kids (1999); the Family Resource Center Association, (1998); and, Assuring Better Child Health & Development (2005).

Mental health prevention efforts and systems-building accelerated in 2010 with a federal grant to Weld County. The outcomes were impressive, and another federal grant awarded to the state and Adams County fueled private foundations to expand the approach into five counties, with a heightened focus on statewide workforce development, data systems, communications, and policy.

In public health, integration became a top priority. Colorado was an early adopter of the Medical Home Initiative, a quality-of-care, team-based approach to holistic care. Parents informed development and implementation, and Family Voices Colorado has represented parents and families on these issues since 2000. In the mid-2000s, Colorado legislation directed state agencies to increase the number of children in medical homes. An intermediary, Colorado Children's Healthcare Access Program (CCHAP), promoted the work and has since supported 250 medical practices to serve more than 200,000 children.

250 MEDICAL **HOME PRACTICES** *serve at least* **200,000 children**

Coordination extends to early identification: since 2005, Colorado has focused on both developmental and pregnancy-related depression screening and referral as part of a national consortium. Multiple state agencies, as well as the intermediary ABCD, partner to increase screening, referrals, and information sharing. Continuing education and comprehensive community-wide outreach are emphasized to reinforce standards and best practices.

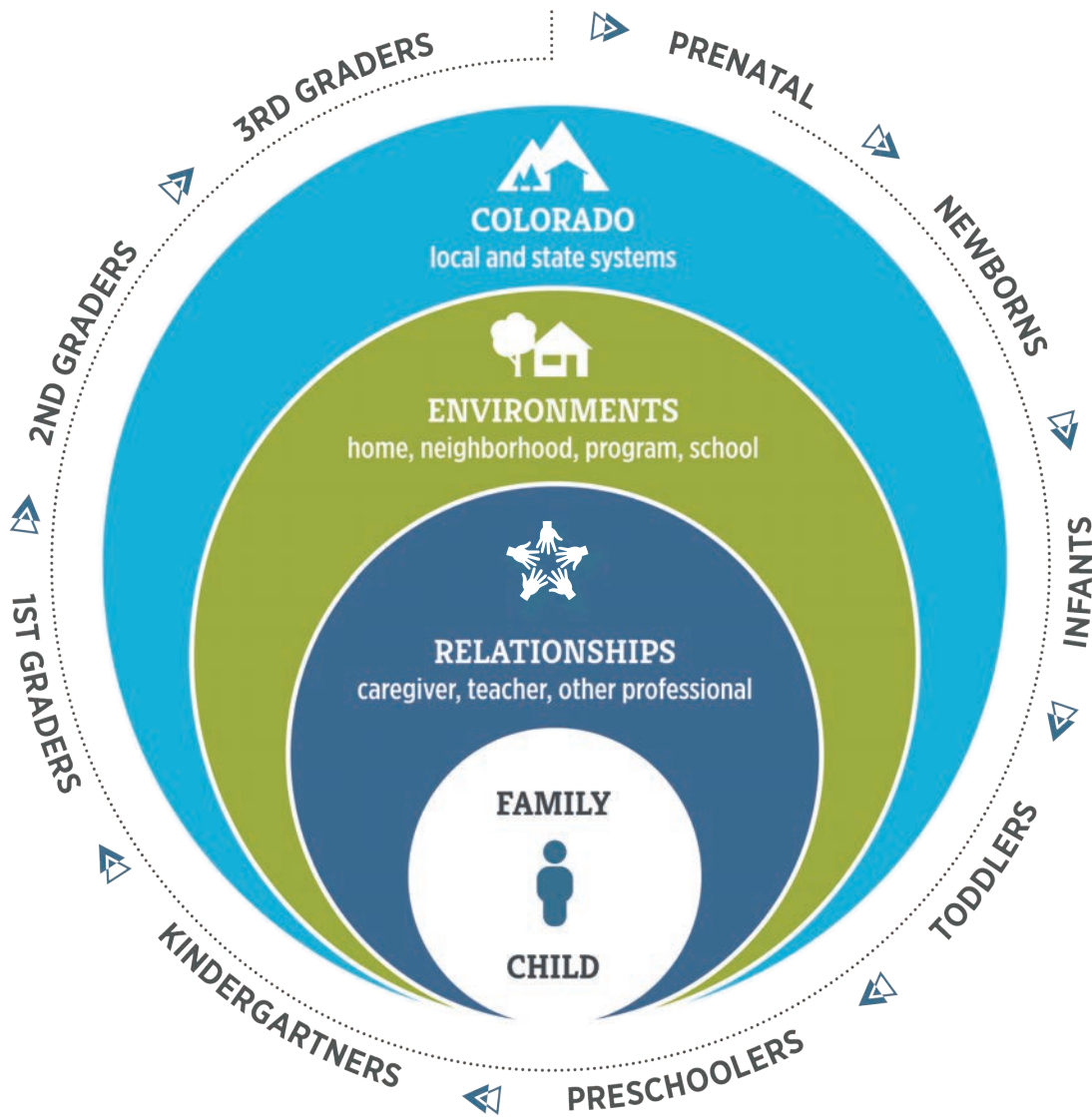
Integrated care results in both better child outcomes and cost savings. In 2009, the state launched a three-year pilot and in 2011, the state moved to restructure Colorado's Medicaid program through a new system that, among other things, joins physical and behavioral health under one regional administrative entity. Cost savings, increased utilization of care, and better access to services resulted and, beginning in 2018, the next phase will accelerate improvements. Complementing the work is the state's \$65 million four-year State Innovation Model (SIM) federal grant, awarded in 2015. The foundation community promoted the inclusion of pediatrics, including additional screening and early identification, and mental health integration. Medicaid billing changes have supported increased screening and private payers have also been encouraged to embrace integrated care.

The move toward integrated care includes dental services. The foundation community, in partnership with state agencies, has spearheaded integration of medical-dental practices. The Colorado Medical-Dental Integration Project co-locates dental assistants into medical practices, provides direct billing to Medicaid, and helps with business practices. Since its inception in 2014, more than 30,000 patients have received services.

QUALITY IMPROVEMENT INITIATIVES IN COLORADO

(1989 - PRESENT)





5 Lessons Learned and Policy Considerations

5

While Colorado has achieved remarkable progress over the last 30 years shaping an effective early childhood system, the work remains unfinished. Thoughtful policymaking that starts with the considerations detailed here can support the most effective and equitable approach to best serve Colorado's young children and their families.

Context Considerations

The Early Childhood Colorado Framework (Framework) shows how children and families are impacted by relationships, environments including culture, and local and state systems. The following factors within this context should be considered when crafting or revising policies, rules, or regulations.

Child and Family

Child and Family needs aren't siloed, but most programs and funding streams are. From the family's perspective, lack of on-the-ground coordination and service delivery inefficiencies can be a major barrier to accessing needed supports. Focus on coordinated communication, enrollment, outreach, and service delivery to increase the chances that families will reap the intended benefits.

Equity and fairness are not just good policy – they are essential to meeting intended outcomes. Colorado children are diverse in their developmental trajectories, their linguistic and cultural context, their geography (urban, rural, resort), and their individual and family strengths. Consider how the policy will affect the full range of Colorado children, whose needs may vary significantly from family to family.

Relationships

A myriad of caregivers and professionals interact with children and families in a variety of settings. For these adults, demonstrated knowledge and skills concerning child development and family systems can be the difference between optimal and potentially negative child outcomes. All efforts should include ongoing attention to adult knowledge and skills. Additionally, due to some growing workforce shortages (e.g., teachers), a focus on recruitment, retention, and compensation is important.

Environments

Early Childhood is a multi-sector, mixed delivery system, which impacts almost all policy decisions:

- ▶ Broad public and private stakeholder input is critical to address varied delivery and administrative needs and lessen unintended consequences.
- ▶ Different segments – local businesses, working families, faith-based communities, related public services – are often needed to achieve sustainable, workable change.
- ▶ Multiple funding streams often support a single program (e.g., early intervention services may be funded by EPSDT, CHIP, or the state General Fund). Understanding the unique requirements, quality drivers, and access limits is critical for most major changes.



Recognize the gap between service cost and affordability. Although they may sound like the same thing, cost and price are quite different. The gap between the two hinders families' ability to find affordable access to two critical services, health care and child care. Therefore, policies and actions that work in other free market sectors may not be successful in these sectors.

Don't separate access and quality, address these together. The field is rapidly learning about what quality elements drive child and family outcomes. For optimal results, ensure ongoing quality improvement is included — and funded — in new or expanded programming.

Colorado's Local and State Systems

Early Childhood is a system of systems. Because Early childhood spans five state agencies and services are delivered through a multitude of local entities, interdependencies between them are common. Horizontal coordination — through Memoranda of Understanding, shared governance structures, and coordinated data, standards, and monitoring — is critical to ensure the effective use of resources.

Intermediaries are an important tool. In limited government, great progress can be made by partnerships with intermediaries, organizations that build local capacity around program implementation. Intermediaries can pilot new efforts, support implementation, and track progress and accountability, and therefore help state agencies focus more on administration and oversight.

Foundations are foundational. In Colorado, many major advancements in early childhood have occurred with the partnership and support of philanthropic organizations. Foundations can serve as initiators, influencers, educators, innovative engines, critical friends, and guardians of the larger vision.

Speak their language and broaden the tent. Strong early childhood policy is both a moral imperative and a driver of local and state economic prosperity. Many stakeholders — military and defense, law enforcement, business and workforce, education — all gain from efforts to promote child well-being. To build and maintain public support, it is important to continue to communicate the connection between early childhood efforts and other community and state goals — in language that resonates with a diverse group of stakeholders.

¹ State agencies include the Colorado Departments of Education, Health Care Policy and Financing, Higher Education, Human Services, and Public Health and Environment.

Informed by Colorado's history of accomplishments for young children and their families, the following checklist highlights key considerations for successful policy.

Early Childhood Policy Checklist

The past 30 years of progress in Colorado have indicated the following are important considerations to create impactful policy solutions for young children and their families.

1 Equity and Fairness Considerations

- ☐ Are supports and services adequate to address need?
- ☐ Has a broad vetting process been conducted to anticipate unintended consequences?
- ☐ Does the design include ongoing family and community input and feedback?
- ☐ Is the program optimally designed to connect and empower families?
- ☐ Does the design remove unnecessary access barriers unique to certain groups?
- ☐ Does the design include the ongoing use of data to address disparities in access and impact?

2 Efficiency Considerations

- ☐ Does the implementation design support intended outcomes across various types of communities?
- ☐ Once in place, can people use it; does policy promote consumer access and affordability?
- ☐ Does it support efficient and sustainable business practices?

3 Efficacy Considerations

- ☐ Are desired outcomes clearly articulated and operationalized?
- ☐ Are the practices that lead to desired outcomes incentivized in design and implementation?
- ☐ Is accountability for desired outcomes tied to a quality improvement process?
- ☐ Is there appropriate support for data, technical assistance, and workforce education, training and capacity needs to support successful implementation and monitoring?
- ☐ Does the policy adhere to relevant research and best practices?
- ☐ Are innovative approaches appropriately promoted and supported through use of pilots or other measures?
- ☐ Do required reviews allow adequate time for development, implementation, and evaluation?



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