

PROCEEDINGS OF THE FOURTH NATIONAL MEETING

School Readiness Indicators Initiative: Making Progress for Young Children

The Ewing Marion Kauffman Foundation Conference Center
Kansas City, Missouri

May 13th – 15th, 2003

Sponsored by:

The David and Lucile Packard Foundation
The Ewing Marion Kauffman Foundation
The Ford Foundation

Hosted by:

Rhode Island KIDS COUNT

Participating States:

Arizona, Arkansas, California, Colorado, Connecticut, Kansas, Kentucky, Maine, Massachusetts, Missouri, New Hampshire, New Jersey, Ohio, Rhode Island, Vermont, Virginia, Wisconsin

Purpose:

This was the Fourth National Meeting of the 17-state initiative to use child well-being indicators to improve school readiness and ensure early school success. Over the course of the Initiative, states will work individually and collectively to develop a comprehensive set of measures to monitor the physical, social, emotional, cognitive, and economic well-being of young children. Indicators will reflect state investments in programs and policies for young children and families as well as child outcomes. States will develop policy goals and communications strategies to improve school readiness in their states.

Meeting Objectives:

- To explore and develop policy strategies for early childhood programs and systems.
- To highlight state work on school readiness collaboration and policy issues.
- To expand knowledge in two critical areas: the use of Medicaid to improve health and child development and strategies to support the transition to kindergarten.
- To provide opportunities for participants to meet in state and cross-state teams to apply information from experts and initiative colleagues to their own state work.
- To be briefed on outcomes from the Hart Research survey of early elementary professionals' views on school readiness.

Tuesday, May 13, 2003

Welcome and Opening Remarks

**Elizabeth Burke Bryant
Executive Director
Rhode Island KIDS COUNT**

**Carl J. Schramm
President and Chief Executive Officer
The Ewing Marion Kauffman Foundation**

Elizabeth Burke Bryant welcomed participants to the Fourth National Meeting of the School Readiness Indicators Initiative. This is the only multi-state project to use school readiness indicators to leverage policy. Our work is garnering national attention. We gratefully acknowledge our hosts, the Ewing Marion Kauffman Foundation, an early funder and developer of our shared vision.

Our work reflects the diversity of the country. We progress in our work in a variety of ways, but common threads bind us together. Each state has a specific yet challenging political and policy context. We all experience highs and lows, peaks and valleys. If we are afraid of measuring our challenges in the valleys, we will not have the powerful advocacy our children need. If we are tracking data on the outcomes that the research base tells us matter, we can make a difference. Our work is more powerful than ever, and we need to support each other and keep moving forward on behalf of young children.

Ms. Burke Bryant introduced the President and CEO of The Ewing Marion Kauffman Foundation, Carl J. Schramm.

Mr. Schramm welcomed participants to the Kauffman Foundation. The area of early childhood has been a focus and concern of the Kauffman Foundation for many years. Lisa Klein and her staff have shown the link from early childhood to the larger mission of education. The education system is in breakdown, and it will take a strong look at what we are doing well and what we are failing to accomplish. Just as engineers collect data to study why structures fail, we must collect data to understand where our education and early childhood systems need work. We need to gather objective data and drive the dialogue forward, even if the data are sometimes painful. If we understand failure, we can get to success faster.

Ms. Burke Bryant recognized Missouri team member Ruth Flynn, who will retire at the end of May from the Missouri Department of Elementary and Secondary Education. She has been an outspoken and powerful voice for young children in her state and across the country.

Meeting facilitator Jolie Pillsbury asked participants what they hoped to gain from the meeting. Responses included:

- Feeling state work is on the right track.
- Hearing what other states are doing.
- Understanding of the link between health and child development.
- Information about what it means for schools to be ready for children.

Indicators and Policy of Children's Health

Sara Rosenbaum

Hirsh Professor of Health Law and Policy

George Washington University School of Public Health and Health Services

Dr. Rosenbaum explored the domain of physical health, discussing the link between health and child development with an emphasis on the Medicaid program.

Dr. Rosenbaum's paper "Room to Grow: Promoting Child Development Through Medicaid and CHIP" is attacked in Section 3.

Major points:

1983 saw the first of the expansions of Medicaid. It was a difficult time, coming out of the greatest recession (12% unemployment) since the Depression.

We live in a time when there is tremendous attention given to education and child development. A number of programs are important for children: child care, Head Start, Title V, WIC, and other programs that provide child welfare prevention services. However, none are as mighty as Medicaid, and that is why the program is in the line of fire. Medicaid is an Atlas on whose shoulders a lot of children's programs sit. Without Medicaid funding, many state programs would cease to exist.

Medicaid now covers 1 in 4 young children, 10 children for every 1 under SCHIP. Part of this large number is due to the fact that Medicaid for children has been reconceptualized to cover children beyond welfare limits. This is the pediatric system of the United States. Our ability to take our children to hospitals is utterly dependent on Medicaid.

Where children are concerned, Medicaid is the largest single statement of the status of children's health in the US. As a benefit design, it is like nothing else ever created for any population or group's needs. Since 1967 the program has focused its vision around child development.

In 1967 President Johnson decided to restructure our child health care system to find problems as early as possible and provide intervention. Under Title V, the plan called for early and periodic screenings, diagnosis and treatment to prevent onset of developmental problems.

Medical necessity standards are an issue for children's health insurance. With adult care, the goal is to treat illness and injury until the patient returns to "normalcy." If a return to normalcy is impossible without long term care, insurance generally does not pay. In the case of children with developmental disabilities needing specialized therapy, health insurance would often not cover the treatment since the child was never "normal." The child requires chronic care, and that is what Medicaid pays for. This is why Medicaid is crucial to maintaining necessary services for young children's development.

Medicaid also covers gaps in care settings. Health insurance covers procedures done in licensed doctor's offices, but not in settings such as schools. Medicaid has the flexibility to pay care in any setting within a structure set up by states.

Most problems of restrictive Medicaid policies are often state restrictions; Medicaid cannot pay for care that isn't legal in a state.

Medicaid is also unique in that you have to apply for it. At one time Medicaid could only be obtained as part of welfare. Now Medicaid is a separate program from welfare and is available to children and families who meet the federal and state eligibility requirements. Enrollment in a state's welfare program is not a requirement for Medicaid eligibility. This means that working families who meet eligibility requirements now receive Medicaid.

It is easy to lose people who should be enrolled in Medicaid programs since enrollment requires an action. This is a huge issue for families with children, especially in states with complicated enrollment and renewal procedures.

How Medicaid pays providers is a challenging system that is different across states. Medicaid can pay at any rate according to state guidelines. It can build in incentives and design compensation to reward behaviors. For example, Medicaid can reward those medical providers who demonstrate age appropriate counseling.

The marriage of Medicaid and managed care is complex in regards to child development. Most of the states in the School Readiness Indicators Initiative deal with managed care. Under managed care and Medicaid, states are required to provide coverage for a broad range of services. Rhode Island is a model for building in standards of medical necessity that support child development services.

President Bush's administration is working to eliminate the legal entitlement to Medicaid coverage, a proposal sold as "protecting access to coverage." Children need to have immediate, comprehensive coverage to have the kind of health care needed for positive development. With the possible entitlement changes, we will disentitle children since caps imply waiting lists, higher contributions, and will potentially reduce the range of benefits covered.

We need to make the strong link between health status and Medicaid. What will happen to children without it? We rely on data from your programs about what Medicaid and SCHIP means for children and families.

Questions and comments

Nan Brien (Wisconsin) had heard that school-based financing for health care will be discontinued. Dr. Rosenbaum said that we can pay for a significant amount of health care in schools. The administration is trying to distinguish between expenses for medical care and expenditures for administrative services; many school systems added health services as an administrative cost. Administrative costs were simply easier to bill. For years schools and community health centers used this practice but the feds are now starting to make a clear distinction between these two types of expenditures.

Elizabeth Burke Bryant (Rhode Island) brought up the issue of the communications power of indicators. The communications power of health and child development indicators is powerful, i.e. sick kids can't learn. Which indicators of children's health should states track? Dr. Rosenbaum suggested linking child development and school readiness clearly. We need universal measures to track and communicate the status of children's health; we used to look at immunization for this. We can institute some process to do a rapid assessment linked to

Medicaid funds, particularly in schools identified with high risks. Vision and hearing screenings are an example of what could be included. To begin touching on the problem of funding for such a system, we could pilot the screening system in communities that have experience combining school funds, Title V and Medicaid.

Cheryl Mitchell (Vermont) talked about the role of parents in community health centers (CHCs). Dr. Rosenbaum said there is a lot of energy around CHCs in Washington. The need of CHCs is growing as the number of underserved children is increasing due to health coverage being lost by children and families. CHCs offer several advantages, including offering treatment without regard to ability to pay and having staff that can speak several languages, thus minimizing language barriers to treatment.

Ellen Shemitz (New Hampshire) reiterated the importance of Medicaid for children and families. Another federal program facing rollbacks is IDEA. What are the relevant advocacy opportunities that link Medicaid and IDEA? Dr. Rosenbaum explained that IDEA is a unique law in its own right. It is under the same fundamental threat as the House plans dramatic changes to the program. Congress inserted language to IDEA legislation in the 80's saying that children receiving IDEA funds cannot be denied Medicaid. IDEA will pay for services Medicaid will not, such as specialized child care.

Penny Canny (Connecticut) asked about work being done around the topic of universal entitlement. What would it look like for kids? Who has written about it? Dr. Rosenbaum replied that some do not want government in the insurance business. Some see reworking the Medicaid system to become universal. Others want coverage provided through parents' employers. We believe that when it comes to children small steps toward universality are best.

Laurey Collins Burriss (Vermont) asked if all CHCs are federally qualified. Dr. Rosenbaum said most are, although there are some health centers that provide critical services that are not funded as federally qualified centers.

Larry Pucciarelli (Rhode Island) asked Dr. Rosenbaum to comment on Medicaid's coverage of dental services. She stated that the problem with providing dental services through Medicaid is the same now as it's been for decades: payment. Work is being done with the Centers for Disease Control and Prevention on preventive dental practice. There is a tremendous shortage of providers willing to accept Medicaid clients.

Catherine Walsh (Rhode Island) stated that Medicaid touches many health service issues: maternal depression, lead, etc. How can we raise the visibility of basic child services and the need for additional funding sources? Dr. Rosenbaum thought the best advocacy would focus on fact sheets, public education, press, and working with legislators.

Wednesday, May 14, 2003

What Schools Are Telling Us About Ready Children

Geoff Garin
President
Peter D. Hart Research Associates

Mr. Garin shared results from a recent survey of K-3 teachers and professionals about what it means for a child to be “school ready.” Educators were asked about the most important aspects of a ready child and what they believe children need to succeed in school.

Mr. Garin’s presentation is attached in Section 4.

Additional points:

The survey explored the views of 603 K-3 classroom teachers and 100 education professionals (principals, guidance counselors, reading and special education experts, and school nurses).

School readiness is among educators' top concerns, affecting nearly every facet of their efforts to promote children's education and development. Educators describe the problem of school readiness as a complex challenge that is on the rise and poses serious consequences for all children regardless of family background. Overwhelmingly, educators say their state governments are not doing enough to open opportunities for greater participation in pre-K programs.

In schools with over 70% of children participating in free and reduced price lunch programs, 72% of those surveyed said that “children beginning kindergarten ready to learn and do their best” was a very serious concern.

Among teachers with 20% or less of students coming from low-income backgrounds, educators reported that 64% were ready for kindergarten. Among teachers with 70% or more of students coming from low-income backgrounds, the number drops to 14%.

Questions and comments:

Nancy Sconyers (New Jersey) asked about how to balance the feeling that many children are not entering school ready to learn with the belief that young children are being pushed too fast. Mr. Garin stated that it is difficult. Many teachers are in a phase of resignation and acceptance when it comes to systemic change. Most educators believe their job is easier if more children come to school prepared. We have to acknowledge that changing the status quo is critical but not an impossibly difficult task.

Dianne Jenkins (Wisconsin) asked if the term “preschool” was defined for those taking the survey. There is a wide variance in how people understand that term, from child care to public pre-k. Mr. Garin said the term was defined. A theme that emerged was that pre-k was not aligned with kindergarten except when the programs were in the same building.

Gayle Stuber (Kansas) asked about the educational background of the K-3 teachers surveyed. Mr. Garin reported that the group was all college degreed: 23% with a four year college degree, 18% with post-graduate work, and 56% with a Masters or Ph.D. The researchers did not track areas of specialty. In a kindred research project, people were asked what pre-k and kindergarten teachers should be required to study before entering the profession. Most people said a college degree was necessary for kindergarten but not pre-k. However, they were unable to articulate the difference between what happens in a pre-k classroom versus a kindergarten classroom.

Dana Naimark (Arizona) asked about the geographic distribution of the surveyed professionals. Mr. Garin reported a national cross-section.

Cynthia Rice (New Jersey) found compelling statistics for parental involvement. Did the survey define the term? Mr. Garin said the survey asked about both parental knowledge and involvement. Knowledge was specific, but involvement was not as specifically defined. Involvement could be as simple as reading notes sent home and coming to parent-teacher meetings.

Transitions: What We Need to Know When Children Change Environments

Robert C. Pianta
Professor
University of Virginia

Dr. Pianta presented his research on best practices around transitioning children to kindergarten. The presentation looked at models and practices that can be used to more effectively link families, children and schools as well as the structures in early education classrooms that affect readiness.

Dr. Pianta's presentation and information on his new book Successful Kindergarten Transitions: Your Guide to Connecting Children, Families, and Schools are attached in Section 5.

Additional points:

Common themes in parents' feedback about transition practices:

- Anticipation and excitement about something new
- Contact can help or hurt
- Prepare by starting early
- Please get to know my child as an individual
- Please teach my child and have clear expectations

When teachers were asked how many of their students successfully entered kindergarten, the response was 52% successful, 33% with some problems, and 16% with difficulty.

The three most common methods teachers use to help children make the transition to kindergarten are talking with the child's parents after school starts (95%), writing a letter to the child's parents after school starts (88%), and hosting an open house for children and

parents after school starts (81%). The three least common methods are visiting a child's home before school starts (9%), visiting a child's home after school starts (12%), and talking with the child's parents before school starts (13%).

Forty-one percent of teachers feel that the lack of a formal transition plan in their school or district is a barrier to smooth transition practice.

Transition is a practice involving schools, communities, families and preschools/child care. Those elements must be strongly linked to a supportive, high quality classroom environment. Two major links are teachers calling parents before class begins and aligning curriculum from pre-k to kindergarten.

Transitions must be child-focused. We must fight the misconception that children are innately ready for school. "Readiness" is not located within the child. The discourse must move toward quality early childhood programs. Readiness is an ecological issue defined by relationships between ecologies. We do not pay enough attention to how children's relationships change over time

Best practices around building a systemic kindergarten transition plan:

- Establish collaborative teams
- Identify a transition coordinator
- Facilitate regular meetings and conduct a needs assessment
- Generate ideas for transition activities
- Create a transition timeline
- Anticipate barriers
- Revise ideas and timelines
- Implementation

Policy considerations:

- Define/describe school readiness
 - Child
 - Family
 - Schools
- Promote readiness definitions in multiple venues
- State/local mandated for transition planning
 - Responsibility of public schools/community
 - Identify key constituencies
 - Identify leadership
 - Create timelines for key events
- State/local transition practices
 - Transition meetings for staff
 - Transition meetings for families
 - Joint activities
 - Records and information sharing
 - Joint curriculum/assessment planning

“Kids are ready for school when, for a period of several years, they have been exposed to consistent, stable adults who are emotionally invested in them; to a physical environment that is safe and predictable; to regular routines and rhythms of activity; to competent peers; and, to materials that simulate their exploration and enjoyment of the world and from which they derive a sense of mastery. These factors alone would be better indices of readiness for school than any measurable aspect of child performance” (Pianta & Walsh, 1996).

Questions and comments:

Ellen Shemitz (New Hampshire) shared that NH is the only state without mandatory kindergarten. There are incentives to dissuade parents from using public system. Can grassroots advocacy be helpful as these issues as well as transition teams are discussed? Dr. Pianta replied he has worked with several groups to strengthen kindergarten policies, some school-led, some grassroots. Each had advantages and disadvantages.

Marilou Hyson (NAEYC) agreed that transition planning is crucial. What are strong messages we can give policymakers who ask for proof that good transition planning is effective? Dr. Pianta suggested looking at evidence from parent surveys about satisfaction. In addition, evidence shows that when kindergarten teachers engage in best transition practices, they are uniformly satisfied. The vexing concern is trying to gauge transition practice’s effectiveness on kids. One small example comes from anecdotal evidence showing that transition practices can decrease the number of children placed in kindergarten special education programs.

Cheryl Mitchell (Vermont) asked if the positive effects of transition practices impact children and families across the economic spectrum. Dr. Pianta said they absolutely do. Connections between families and schools make a huge difference to children and families of all backgrounds. The social-emotional benefits are unequivocal.

Jasmine Daniels (New Jersey) expressed that transition planning must be culturally and linguistically sensitive. Many families do not see schools as friendly, safe places. Dr. Pianta replied that if schools are focused on relationships with families rather than simply stale “involvement”, schools would be more family friendly. Families must be recognized for their strengths.

Catherine Walsh (Rhode Island) asked for more comments about effective communications strategies. We want to avoid the blame game between families, schools and teachers. How do we communicate best about the links that must exist for effective transitions to happen? Dr. Pianta said that communications was not an area of expertise. Communication is most clear when a broad group is involved and a leader is clearly in place. Schools will see this as a responsibility if they see the value of it. Kindergarten teachers must be engaged in these discussions. Keep the discussion focused on supportive environments.

Technical Assistance Opportunities

Charles Bruner
Executive Director
Child and Family Policy Center

Royce Conner
Policy Associate
Rhode Island KIDS COUNT

Mr. Bruner and Mr. Conner presented the options for technical assistance provided by the School Readiness Indicators Initiative and the State Early Childhood Policy Technical Assistance Network.

Mr. Bruner's presentation is attached in Section 6.

Additional points:

The School Readiness Indicators Initiative provides technical assistance in the areas of indicator and data development, communications, and other indicator-related state work. Recent TA projects include:

- visits to Arkansas, Connecticut, Ohio, Massachusetts and Missouri.
- linking with ECS to provide information on No Child Left Behind.
- presentations to Children's Defense Fund, Society for Research in Child Development, and Success by Six.

SECPTAN provides assistance on the individual state level (consultation, rapid research responses) and multi-state level (publications, workshops). Two upcoming meetings will focus on early childhood financing (July 16-18 in Minneapolis, Minnesota) and kindergarten assessment (September 15-17, 2003 in Chicago, Illinois).

To access technical assistance, contact either Rhode Island KIDS COUNT or The Child and Family Policy Center.

State and Cross-State Meetings

Participants were given the opportunity to meet either as state teams or in cross-state groups to discuss issues relevant to the National Meeting. Three of the cross-state meetings discussed the following topics:

- Assessments, Standards, and Accreditation
- Sustainability
- Working In Your Budget Climate

Each cross-state group had a participant who recorded the main points of the conversation.

The notes from these cross-state meetings are attached in Section 7.

Improving School Readiness: Legislation, Community Outreach, Collaborations

Page 10 of 20

Proceedings, Fourth National Meeting
School Readiness Indicators Initiative

May 13-15, 2003

www.GettingReady.org

Bruce Atchison
Vice President of Policy Programs
Colorado Children's Campaign

Rachel Hutson
Director of Child Health
Colorado Department of Public Health and Environment

The panel discussed Colorado's new school readiness law to improve early care and education in neighborhoods with low-performing elementary schools. The presentation included a description of the strategy used to involve a broad group of community voices in their school readiness work and their collaboration with other school readiness projects.

Mr. Atchison and Ms. Hutson's presentation, "Colorado's Blueprint for an Early Childhood Care and Education (ECCE) System," and "Making a Difference: Advocates Rally the Troops to Increase Early Learning Opportunities for Kids" (NACA, December 2002) are attached in Section 8.

Additional points:

The Colorado state budget is \$12.5 billion and has been cut \$1 billion. There are discussions in the state about further cuts of \$0.5 billion or more. This is the third worst budget crisis per capita in the nation.

The School Readiness Bill 1297 was passed in Colorado to target the school readiness needs of the state's poorest children. The bill allows communities with poor performing schools that are also members of the Consolidated Child Care Pilots (a program creating high quality early childhood opportunities in low-income communities) to apply for three-year grants to fund school readiness programs in local child care centers and homes. With support from public/private partnerships, the bill passed without impacting state budgets (EDUCARE put up \$2 million in private money that could be matched by \$2 million in federal money).

The 17 statewide pilot communities are required to have local stakeholder groups that drive the ECE agenda. They can request waivers to any state regulation or law.

Another outcome of the work was the creation of a Child Care Commission involving 6 legislators and 3 governor appointees as well as the establishment of 3 related committees: Blueprint, Tools and Public Awareness.

Colorado's Blueprint for an Early Childhood Care and Education System has nine components with school readiness being the overarching goal:

- program quality
- program licensing
- program availability
- parent and family engagement
- professional development and credentials
- public engagement
- systems oversight

- accountability
- funding and financing

An extended version of the Blueprint will have indicators and strategies for how to use them effectively.

The formation of the Blueprint included technical assistance from Smart Start. A survey was conducted and meetings held to define what a system would look like. Smart Start developed a plan: public awareness campaign, goals, etc.

A planning grant available through Title V agencies gives states an opportunity to pull together elements of an early childhood system into a comprehensive package. Part of the grant requires the development of indicators, a natural fit for our initiative. Colorado presented its indicators to many groups around the state throughout the process of creating the Blueprint.

Questions and comments:

Suzanne Johnson (Virginia) asked if Governor Romer's business task force established in 1996 still existed. The feeling in Virginia is that engaging the business community is critical. The panel replied that the task force no longer met. However, part of the state's current public engagement strategy includes business.

Meeting facilitator Jolie Pillsbury asked participants to comment on how the Colorado story reflects on their own state work.

Massachusetts felt their work was affirmed since it is so comparable to what Colorado has done. The state is going back to the community to use the blueprint.

Missouri has modeled some of its efforts after Colorado, particularly around getting community input on indicators.

New Jersey felt the Colorado PowerPoint is an excellent tool for both internal and external purposes.

Maine's technical assistance plan calls for developing a vision for early childhood as well as the indicators to support it. The PowerPoint will also be a useful tool.

Vermont felt the Colorado work packages the issues in a highly accessible and visible way. They appreciated the public engagement strategy and felt that talking about the implications of the system was more important than revisiting indicators several times over.

Arizona will take the Blueprint back to the state and strategize around drawing down private funds.

Kansas has done similar work to Colorado. One area to improve is the grassroots outreach. The value of the school readiness group is that it provides a forum to shape the early childhood systems planning work.

Thursday, May 15, 2003

Examining Statewide Early Childhood Systems

Ceil Zalkind
Executive Director
Association for Children of New Jersey

Sandy Miller
Director, Early Childhood Education
Ohio Department of Education

Ms. Zalkind and Ms. Miller discussed their states' work on developing a comprehensive early care system through the Build Initiative.

"Building Early Learning Systems in the States: The Build Initiative" and "Envisioning the Early Learning System for New Jersey's Youngest Citizens" are attached in Section 9.

Major points from Ms. Zalkind:

The Build Initiative and the School Readiness Indicators Initiative provide interesting supports to each other.

The Build Initiative is a two year project that supports and expands on early childhood initiatives in New Jersey. After the state Supreme Court decision to provide high quality pre-school for children living in the poorest systems, an early childhood coalition was formed. This was the first step moving toward the development of a comprehensive early childhood system. Build allowed New Jersey to bring in state partners from Human Services and Education. The Initiative also built the capacity to bring in new constituencies: Health, Early Intervention, Infant Mental Health, and parents.

One of the first orders of business for the coalition was to identify who else had to be at the table. Who were the champions?

Defining the elements of the early childhood system was not as difficult as thought. The team came up with Head Start, child care (access, professional development, and quality), access to health care (starting with prenatal), early intervention (formal and informal), infant mental health, and parent support (programs to support parents as first teachers and engagement in decision making). One piece that was debated was child protection.

The team's goal was to develop an agenda for the first year and advocate for it in the second year. The work included a set of 10 focus groups and surveys to get parent input. The team reached out to the Latino community. Four sessions were held with Kindergarten teachers, a crucial group of stakeholders. The team also completed a scan of existing programs and assessed strengths and gaps.

The state's policy agenda was framed in 3 month short term goals. The summer and fall were spent circulating information, getting endorsements, and developing a communications strategy.

The School Readiness Indicators Initiative provided a communications strategies frame and the data to support that early learning is linked to school success. The School Readiness Indicators Initiative provides broader definitions and contexts of early learning.

Major points from Ms. Miller:

Ohio has councils in all 88 counties to pull together local leadership to make early childhood programs more accessible. In addition, the Governor's Office put together a professional development system.

In 2001, Action for Children took on the issue of financing a county system.

The state's work focuses around 3 broad themes: relationships matter, quality matters, and resources matter. Build took advantage of the state's 10 year strategic plan and made it the core of the Build work. Major pieces of work include professional development (rating system, raising standards), developing early learning content standards and accountability systems, building political will, and developing a communication plan, legislative strategy, and policy agenda.

The School Readiness Indicators Initiative will keep Build moving forward. It will provide expertise as we track not only child indicators but systems indicators as well.

Questions and comments:

Gayle Stuber (Kansas) asked if there was room for K-3 participation in the Build work. The panel replied that this is a part of our ready schools work, an area the School Readiness Indicators Initiative is also discussing.

Suzanne Johnson (Virginia) underscored the importance of building fully comprehensive systems. We need to jump to how we get to this with the highest level of commitment in government we can get.

Cheryl Mitchell (Vermont) reported that Vermont has been meeting for quite some time about building systems. Based on what states were doing, Vermont assessed its ten year goals and recognized that many had been met.

Charlie Bruner (SECPTAN) looked at the policy recommendations made by Robert Pianta the previous day and asked whether states should be measuring them as systems are being built. He offered to review the work and provide a research response. It is important to look at pieces of a system with the essential question of "is this really contributing to the fundamental needs of kid?".

States were given the opportunity to describe the status of their own early childhood systems.

Royce Conner (Rhode Island) reviewed feedback from each of the states. Some themes that emerged included:

- Many states felt strong in the areas of health insurance, health care, ECE, family support, children’s mental health, and special education.
- Many states felt they had more work to do in the areas of children’s mental health, transitions to kindergarten, dental care, ready schools, affordable housing, child development services, and early intervention.
- Systems are in need of better coordination, particularly around child welfare issues.
- Many of the strengths of early childhood systems are facing a direct threat from budget cuts.

State feedback:

States were asked to share strategies, programs or policies with other states working to improve the capacity of their early childhood systems.

Colorado

Consolidated Child Care Pilots and It’s About Kids are two separate (but integrated) grassroots efforts driven at the local level with statewide support and “buy-in” to a state agenda for kids. Consolidated Child Care Pilots have a statewide coordinators’ meeting on a monthly basis and quarterly meetings with all 17 communities. They discuss barriers, best practices, policy and systems work. They have become politically savvy (most of them) and have the attention of our state legislature.

It’s About Kids is a grassroots network driven by the Colorado Children’s Campaign that is in 12 primarily rural communities representing 78 of our 100 legislators. Each community has a designated “unusual suspect” that is their state representative. These folks come together twice each year to discuss a kids’ legislative agenda that they can all support. Additionally there is a community coordinator that ensures legislative updates get out and that calls, emails, letters to the editor, etc. get done when there is a need. There are 5,500 people on their email network. Colorado Children’s Campaign offers media, data, social marketing, fiscal, and advocacy trainings to the It’s About Kids communities.

It’s coordinated and it works!

Kansas

Kansas added higher education to the early childhood system list because we have a new, unified teacher licensure system. Birth through grade three, regular and special education, and early childhood faculty at two-year and four-year universities have formed groups to meet monthly to address partnerships among universities and share resources. For example, they have identified common courses so that they don’t all have to teach Child Development every semester. Distance learning is also an exciting project for us, allowing potential students to not have to drive across the state and giving the opportunity to take courses at times convenient for them. Courses would transfer among universities. Articulation agreements are in place.

Transition is also a strength. We have developed a wealth of materials, provided training on a regional basis for community teams, and created a peer support regional team network to support each other. Transition agreements help make local process and procedures clear.

Missouri

Missouri's Professional Development System is really moving forward. Missouri has core competencies, trainer and provider registries tied to compensation and reimbursement, and competency-based teacher certification for early childhood (birth to grade 3).

Parents as Teachers is a strength for Missouri in the family support arena. It is statewide, connected with schools, "reaches backwards," and can be leveraged as a support to create ready schools.

New Hampshire

High priority areas:

- Maintain CHIP eligibility and benefit levels.
- Prevent cuts to child care reimbursement rates
- Improve child protection through legislation mandating accreditation. Also utilize a class action lawsuit against the state.
- Engage local communities in grassroots efforts to identify goals of education and critical building blocks.

Strategies to share:

- Three-pronged approach to child protection improvement: media, legislation and litigation.

New Jersey

Strengths:

- Professional development – child care and preschool staff can receive a credential thanks to a relationship with higher education.
- Family support system through center-based child care.
- Connections between health care and child care.
- Licensing has a participating process with child care.

Needs:

- Training, certification and professional development for 0-3.
- Tiered licensing and reimbursement systems.

We have been looking at transition from center-based community preschool programs to kindergarten and have found a school district (Plainsfield) that has a good approach in place. We have written up a workshop on this program and have submitted proposals to NJEA and Smart Start.

We plan to have a public forum on transition in the fall featuring Robert Pianta and this program we have identified as well as other presenters. We want to spread Pianta's ecological approach.

Vermont

We have a "ready schools" assessment tool we would be happy to share with others. We also have a preliminary "parent perspectives" tool. We would welcome other tools designed as instruments for collecting parents' input.

We are willing to share information about:

- Job Gaps study.
- Livable wage program.
- ECE career lattice.
- Frameworks and standards for kids.
- Impact of Touchpoints training (900 practitioners trained so far).

Family Supports "Learning Together" is a system for vulnerable children and families, providing a continuity of services.

We have strong connections with the medical and health care community.

Wisconsin

The Wisconsin State Brain Team is dedicated to informing the public about the scientific rationale for quality early experiences. As public awareness expands, we have a foundation upon which to build an early care effort.

Collaborating Partners, a very inclusive collaboration of a wide-range of agencies, is moving toward the "Early Childhood and Care System." The School Readiness Indicators Initiative can support this effort and help it become operational.

Policy Development Strategies

Thabiti Anyabwile
Program Associate
Center for the Study of Social Policy

Mr. Anyabwile discussed his work with the Policy Matters Project, an initiative to establish state policy benchmarks. Mr. Anyabwile discussed the research base for evaluating and developing state policy goals to improve school readiness. The session was facilitated in question and answer style with participants offering their insight into the conversation. This was one of the first opportunities for the Policy Matters Project to discuss its work with a group like the School Readiness Indicators Initiative with a broad cross-section of state agency policy staff.

Mr. Anyabwile's presentation, "Policies That Strengthen Families: A Self-Assessment and Planning Tool for States," and "Improving the Readiness of Children for School (Center for the Study of Social Policy) are attached in Section 10.

The Policy Matters Project is truly a work in progress. The project is perpetually in process because changes in policy happen so quickly and often. The project began 3 years ago with a question: can we do the same thing with policy that was done with data through KIDS COUNT? How can benchmarks be applied to state policy? "Policy" became a matter of figuring the constellation of decisions and establishing evidence that supports how each decision is critical to children and families.

We want our policies to have a shelf-life beyond current administrations.

One product of The Policy Matters Project would be a 50-state report that would gauge both policy decisions and, to some extent, decision implementation.

Paula Nickelson (Missouri) asked for a specific definition of evidence and how evidence is weighed in advocating for policy benchmarks. Mr. Anyabwile said that evidence encompasses research, program evaluation, and practitioner wisdom.

Nancy Sconyers (New Jersey) asked for clarification on who constitutes policymakers according to the project. Mr. Anyabwile said there were two types: elected officials (and staff) and key administrative policy staff in departments and agencies.

Catherine Walsh (Rhode Island) mentioned that sometimes a state looks good at the state level but disparities exist among communities. Are there ways projects can take that into account?

Ann Segal (Action Strategies) looked at the policy of school-based health services. These services usually pertain solely to older kids. Young children need to be included. Also, issues of mental health are difficult to find. Mr. Anyabwile said that mental health and other issues are addressed across the series of Policy Matters papers. More work will be done on these issues over the summer.

Cheryl Mitchell (Vermont) raised the issue of universal access. What are the pros and cons of setting universal access benchmarks? Mr. Anyabwile and other participants noted that setting a standard of 100% access in a given program, few or no states would do well. One idea is to set a "stretch goal" for essential programs that require universal access.

Elizabeth Burke Bryant (Rhode Island) shared an experience from a recent education meeting. Everyone in the room supported kids, but some were fighting against the "all things for all kids all the time" policy. We need to put benchmarks in terms that do not alienate states making less progress. Ellen Shemitz (New Hampshire) suggesting adding a column to recognize states providing universal access but also giving other states a place to express future goals (e.g. universal access, 5 year goal, 10 year goal). Then the universal standard could be left in without alienating states.

Dianne Jenkins (Wisconsin) praised The Policy Matters Project work for its helpfulness and timeliness. A suggestion is to look at per-capita preschool investment.

David Illig (California) noticed some ambiguity as to the goal of the assessment. What is the expectation across the domains? Mr. Anyabwile replied that the expectation would be for states to have the opportunity to see where they are relative to benchmarks.

Ami Nagle (Arizona) expressed the value of this work in building and sustaining coalitions.

Charlie Bruner (SECPTAN) suggested adding a column to the benchmarks where states could write comments. Mr. Anyabwile embraced the idea, adding an idea to end each policy section with a key question.

Nan Brien (Wisconsin) suggested tracking the source of funding.

Valorie Ricker (Maine) felt the timeliness of this work is excellent in terms of the fiscal climate. She added that more work could be done to broaden the policies around the Title V Maternal and Child Health Grant work taking place in states.

Dianne Jenkins (Wisconsin) shared a reservation about comparing states, feeling it could pit states against each other in an unproductive way. Mr. Anyabwile replied that the project is addressing this concern now by getting the information into the field.

Leslie Bulicz (Colorado) said that broad looks at statewide policies does not account for policies that have more local control in states. In many states certain policies, such as eligibility, is more powerful if looked at county by county. Mr. Anyabwile agreed, noting his past work in North Carolina where counties made most of the policies. More thinking needs to be done about how to capture local work.

Suzanne Johnson (Virginia) wanted to explore the values embedded in the project. It seems values are expressed in terms of outcomes. We can speak in terms of our states' values, but the research is by far the most valuable. An example of a value-laden outcome in this work is family-strengthening. Sometimes it is best if values are hidden. Mr. Anyabwile said that 97% of the project is about research. What we found on the values part is that we need to be transparent. Family structure is important and research supports it, so we lead with research and let the value remain unspoken.

Wrap-Up and Next Steps

Marilou Hyson (NAEYC) gave participants an update on new accreditation standards for child care. A draft version is circulating with an intended program roll out date in 2005. She was very pleased to see so many states tracking NAEYC accreditation as an indicator of child well-being.

“NAEYC Commission Seeks Comments on Early Childhood Program Standards” (Young Children, May 2003) is attached in Section 7.

Nan Brien (Wisconsin) asked if any states had successful strategies in encouraging out of state travel. Elizabeth Burke Bryant (Rhode Island) said The School Readiness Indicators Initiative can work with state government to express how critical it is to have full participation from state teams.

The next Residency Roundtable will be held on October 8-9, 2003 in Denver, Colorado. The roundtable will focus on issues affected children ages birth to three.

The Fifth National Meeting will be held on December 2-4, 2003 in Boston, Massachusetts.