

2019 Utah Preschool Development Grant

B-5 NEEDS ASSESSMENT



Empowering Utah families through a Coordinated Early Childhood B-5 System



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The Kem C. Gardner Policy Institute, also at the University of Utah's David Eccles School of Business, completed a series of roundtable discussions, individual interviews, and deliberative group discussions to contribute to the needs assessment. This qualitative report is attached as Appendix A to this report.

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ABBREVIATIONS USED IN THIS ASSESSMENT

ACE	Adverse Childhood Experiences
ASQ	Ages and Stages Questionnaire
BWEIP	Baby Watch Early Intervention Program
CAC	Care About Childcare
CACFP	Child and Adult Care Food Program
CAT	Community Assessment Tool
CBCAP	Community-Based Child Abuse Prevention
CCDBG	Child Care and Development Block Grant
CCQS	Child Care Quality System
CDA	Child Development Association
CDC	Centers for Disease Control
CCDF	Child Care Development Fund
CHEC	Child's Health Evaluation and Care
CHIP	Children's Health Insurance Program
CNP	Child Nutrition Program
COBI	Compendium of Budget Information
DCFS	Division of Child and Family Services
DPS	Department of Public Safety
DHS	Department of Human Services
DOH	Department of Health
DSAMH	Division of Substance Abuse and Mental Health
DWS	Department of Workforce Services
DWS–OCC	Department of Workforce Services–Office of Child Care
ECC	Early Childhood Commission
ECCE	Early Childhood Care and Education
ECCS	Early Childhood Comprehensive System
ECIDS	Early Childhood Integrated Data System
ECS	Education Commission of the States
ECU	Early Childhood Utah Advisory Council
FEP	Family Employment Program
FPL	Federal Poverty Line
GAO	Government Accountability Office
HPSA	Health Provider Shortage Area
IDEA	Individuals with Disabilities Education Act
IGP	Intergenerational Poverty
KEEP	Kindergarten Entry and Exit Profile
KSEP	Kindergarten Supplemental Enrichment Program
LEA	Local Education Agency
LHD	Local Health District
MIECHV	Maternal, Infant, and Early Childhood Home Visiting Program
MMHC	Maternal Mental Health Collaboration

ABBREVIATIONS USED IN THIS ASSESSMENT CONT.

NAMI	National Alliance on Mental Illness
NIEER	National Institute for Early Education Research
NFP	Nurse-Family Partnership
OEK	Optional Extended-Day Kindergarten
OHV	Office of Home Visiting
PDG	Preschool Development Grant
PEEP	Preschool Entry and Exit Profile
PRAMS	Pregnancy Risk Assessment Monitoring System
PSI	Postpartum Support International
SIC	Sorenson Impact Center
SLCC	Salt Lake Community College
SLDS	Statewide Longitudinal Data System
SNAP	Supplemental Nutrition Assistance Program
SUU	Southern Utah University
TANF	Temporary Assistance to Needy Families
UAE	Utah Act Early
UAEYC	Utah Association for the Education of Young Children
UDA	Utah Data Alliance
UDRC	Utah Data Research Center
UHC	Utah Health Centers
UIC	Urban Indian Center of Salt Lake City
UPC	Utah Parent Center
URPD	Utah Registry for Professional Development
USBE	Utah State Board of Education
USDA	United States Department of Agriculture
USIIS	Utah Statewide Immunization Information System
USU	Utah State University
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children

EXECUTIVE SUMMARY

The purpose of Utah’s 2019 Preschool Development Grant Birth through Five (PDG B-5) Needs Assessment (Needs Assessment) is to provide insight into Utah’s early childhood care and education (ECCE) mixed delivery system and how it can be better coordinated to meet the needs of children and families. Conducted in accordance with the 2019 PDG B-5 federal guidance, this Needs Assessment builds upon Utah’s [2017 Early Childhood Services Study](#), which provided a general landscape overview and identified several needs and gaps in Utah’s ECCE system and programs. Although the landscape remains similar in 2019, there is forward progress in some areas, including the creation of a statutorily defined state-level governance system, and increasing recognition that more can and should be done to support families in Utah.

A key component of this Needs Assessment is the qualitative data collected by the University of Utah’s Kem C. Gardner Policy Institute. Appendix A contains a full report of the process to gather stakeholder input through deliberative community engagement sessions that included discussions with early childhood program managers and leaders, service providers, and parents throughout the state. In addition to updating key qualitative and quantitative data related to programs and services, this Needs Assessment focuses on ensuring high-quality support to vulnerable and underserved families through increased coordination between multiple components of the ECCE systems, including governance structures, data linkages, funding, common standards and definitions, workforce, and transitions between programs in the system.

This Needs Assessment will inform a statewide strategic plan that outlines system changes designed to increase coordination and alignment in the ECCE systems to best serve Utah’s most vulnerable and disadvantaged children. This Needs Assessment contains three primary sections— Section 1: Utah’s Children, Birth through Age Five, Section 2: Utah’s Birth-through-Five System, and Section 3: Programmatic Elements in Utah’s System.

Section 1: Utah’s Children, Birth through Age Five

The first section of this Needs Assessment provides demographic and contextual data for Utah’s youngest residents, with particular focus on those who are vulnerable or underserved.

Utah’s children from birth through age five ($N=302,342$) represent 9.6% of the state’s population.

- 14% live below 100% of the federal poverty line
- 26% live between 100% and 200% of the federal poverty line
- 9% live in intergenerational poverty
- 82% live in five urban counties
- 72% are non-Hispanic White
- 19% are Hispanic or Latinx¹

Utah is considered an “urban state,” with 79% of the population living in five counties along the Wasatch Front: Cache, Weber, Davis, Salt Lake, and Utah. The state’s population distribution for the birth-through-five population is similar to the overall population distribution:

- 247,115 (82%) of children ages 0–5 live in five urban counties
- 47,830 (16%) of children ages 0–5 live in twelve rural counties
- 7,397 (2%) of children ages 0–5 live in twelve frontier counties

¹ Throughout this report, “Latinx” refers to individuals relating to or marked by Latin American heritage —used as a gender-neutral alternative to Latino or Latina.

Section 2: Utah’s Early Childhood System, Birth through Five

A well-functioning early childhood system includes essential elements and infrastructure to enable the best outcomes for those it serves. Improving system elements will increase efficiency, improve experiences, and ultimately, outcomes for children and families in Utah. These essential system elements—Governance, Data Integration, Funding, Common Standards and Policies, Workforce, and Transitions—form the ECCE system around which it is necessary to coordinate and align program components that serve Utah’s children and families.



Section 2 analyzes Utah’s ECCE system and presents the following:

- State-level Early Childhood System Actors Map and Tribal Entities Map;
- Best practices for building a well-coordinated and aligned system;
- Utah’s needs and gaps related to building a well-coordinated and aligned system.

The majority of Utah’s system elements are in the early stages of alignment to best practices. There are examples of coordination and alignment in various parts of the system, but Utah lacks common standards and definitions at the state level, and does not have a common framework for transitioning children from early care and education to elementary school. Significant findings from this Needs Assessment related to Utah’s early childhood system include the following:

- | | |
|-----------------------|---|
| FAMILIES | <ul style="list-style-type: none"> • Parents report confusion with eligibility and need additional information on existing programs and resources. • Parents report needing additional information to identify important developmental milestones, educational services, and support resources. Social stigma and prior negative interactions with governmental entities affect families’ willingness to engage with early childhood programs and services. • Rural communities face unique challenges including limited transportation and fewer programs and services. |
| GOVERNANCE | <ul style="list-style-type: none"> • Some early childhood programs and services coordinate through local-level initiatives but Utah does not have formalized local governance structures, which can best address availability and access of services, resources, and programs for families due to the geographic nature of service provision. • Newly-created Early Childhood governing entities do not receive dedicated funding for staff support, and there is not consensus among early childhood leaders on whether dedicated staffing would be the best way to facilitate coordination. • High-quality early care and education programs are not consistently included as part of the larger educational continuum that leads into kindergarten. |
| INFRASTRUCTURE | <ul style="list-style-type: none"> • Definitions, measurement of quality, and use of common standards are not uniformly applied to all programs. • Utah lacks the capability to identify unduplicated data in key areas, such as school readiness programs administered by several agencies, or workforce development supports, limiting Utah’s ability to understand the full picture across the system and whether needs are being met. • Early care and education professionals lack common standards for professional development, expectations and required competencies, and clearly delineated career pathways. |

Section 3: Utah's Programs, Services, and Resources for Children, B-5

A well-functioning early childhood system is coordinated and aligned across multiple agencies and systems and also provides families with high-quality programs and services to support children's development. Section three discusses programs and resources for young children and families in Utah within four domains: Family Support and Safety, Health and Development, Early Learning, and Economic Stability.

KEY TAKEAWAYS: FAMILY SUPPORT AND SAFETY

- Parents report a need for additional information to identify important developmental milestones and additional programs, services, and support resources.
- Evidence-based home visiting programs only reach a small portion of the estimated population in need.
- Child care costs heavily burden families' budgets and availability is limited, especially in rural areas.
- Young children, ages 0–5, represent a high proportion of all child victims of abuse and neglect in Utah.
- Comprehensive data collection and impact measurement on parent-support programs and home-visiting services is limited.

KEY TAKEAWAYS: HEALTH AND DEVELOPMENT

- Utah's rate of uninsured children ages 0–5, already high compared to other states, has increased in the last year.
- There are not enough primary care, dental, and mental health care providers and facilities to meet the needs of children and families, particularly in rural areas.
- Children with developmental delays, particularly social and emotional needs, need increased support.

KEY TAKEAWAYS: EARLY LEARNING

- Utah lacks a comprehensive early learning strategy or agenda for supporting early childhood development and the informative years before preschool.
- Utah lacks a comprehensive early childhood agenda for the years before preschool.
- Publicly funded school readiness programs and enhanced kindergarten options do not reach all low-income students and those at most risk of academic failure.

KEY TAKEAWAYS: ECONOMIC STABILITY

- Many families are not eligible for child care subsidies; the high cost of child care is a financial burden on even moderate- and middle-income families.
- Food insecurity persists in each of Utah's counties, while participation in food security programs is declining.
- Parents' stable employment, housing, and financial security affect the overall health and well-being of children.

This Needs Assessment addresses Utah's early childhood system, including services and programs. System infrastructure and high-quality programs, services, and resources are all necessary in the development of a coordinated and aligned birth through five early childhood system that supports families in ensuring their children are healthy and ready to learn when they enter kindergarten. This Needs Assessment serves as a blueprint for the state's early childhood strategic planning, with special attention on vulnerable and underserved children.

INTRODUCTION

Brain development in a child's earliest years sets the foundation for future learning, behavior, and health. Infants' brains form one million neural connections every second.² Responsive caregiving supports this rapid and compounding brain development, as neural connections are built and strengthened through responses aligned with the child's communication and social cues.³ When parents and caregivers receive support to provide responsive caregiving early in a child's life, the potential to capture and strengthen the billions of neural connections in the first years of life grows.

Early investment in young children also results in increasing economic returns for communities. Dr. James Heckman, a Nobel Prize-winning economist at the University of Chicago, found that investing in high-quality programs to support infants and toddlers results in a 13% return on investment per year.⁴ Children who attend high-quality programs are noted to achieve better outcomes in educational attainment, healthcare, social development, and economic advancement, which decreases the need for more costly interventions later in life.⁵

2017 Early Childhood Services Study

In December 2017, The Utah Department of Workforce Services, Office of Child Care (DWS-OCC) and the Utah Education Policy Center completed an [Early Childhood Services Study](#). This study established a framework with four domains, each equally contributing to ensuring children are raised in healthy, safe, and enriching environments and prepared for early success in school and life.

The 2017 study identified needs of children, ages 0-5, and families in Utah, and the extent to which programs and resources in each of the four domains were meeting these needs. In addition, the study identified essential elements of a well-functioning system. To efficiently serve Utah's young children and families, the early childhood system programs and agencies that constitute the system need certain system infrastructure elements to coordinate and align resources for families.⁶

Behind the numbers of this Needs Assessment are real Utahns, facing decisions and circumstances that affect their families' lives.

Heather, an elementary school teacher, and her husband Isaac, a contract worker, were excited to welcome their first child. Heather and Isaac researched licensed child care centers and put their names on multiple waiting lists. Hopeful that the waitlists would clear faster than the projected one year to 18 months, the family proceeded with plans for Heather to return to teaching after her maternity leave. Six weeks after giving birth to a healthy baby boy, there was little movement on the waiting lists. Without family nearby to help with care, Heather made the difficult decision to stay home with her son rather than return to teaching. This change in family income and insurance coverage proved to be challenging for the family's financial stability.

Names and specific identifying details have been modified.

² "Brain Architecture," Center on the Developing Child, Harvard University <https://developingchild.harvard.edu/science/key-concepts/brain-architecture/>.

³ "Serve and Return," Center on the Developing Child, Harvard University, <https://developingchild.harvard.edu/science/key-concepts/serve-and-return/>.

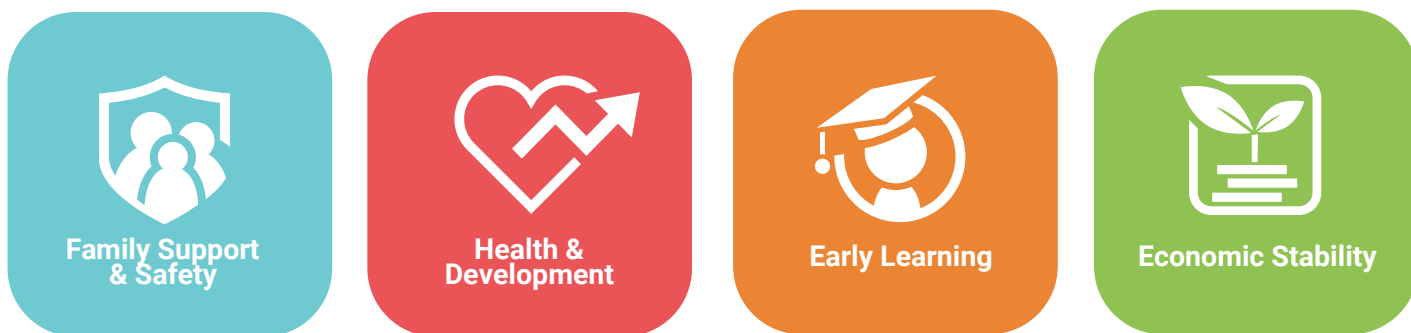
⁴ "13 Percent ROI Research Toolkit, The Heckman Equation, <https://heckmanequation.org/resource/13-roi-toolbox/>.

⁵ Ibid

⁶ Throughout this report, "young children" refers to individuals under the age of six, unless otherwise noted.

Federal Preschool Development Grant, Birth through Five

Figure 1. Early childhood domains



In December 2018, the DWS–OCC was awarded a federal Preschool Development Grant, Birth through Five (PDG B-5) to analyze Utah’s current early childhood care and education landscape, including its systems and programs. These grants serve as opportunities for states to begin creating or further build high-functioning, coordinated, and aligned birth-through-five early childhood systems to best meet the needs of young children and their families.

The Sorenson Impact Center and the Kem C. Gardner Policy Institute, both at the University of Utah, engaged members of Utah’s early childhood community for assistance in gathering data to better understand the landscape of early childhood in the state, and identify both strengths and opportunities for improvement. The Gardner Policy Institute conducted deliberative group discussions around the state to engage families and better understand their experiences and connections to early childhood services statewide. Its full report and findings are included in Appendix A.

This Needs Assessment is a step in further developing Utah’s early childhood system, as it outlines in detail the current status of early childhood programs, resources, and system elements statewide. A thorough and detailed understanding of the families and children who use the system and the state-level actors and funding mechanisms that make up the system will allow administrators to effectively align system processes and objectives with the needs of all parties involved. This report continues utilizing the four domains identified in the 2017 study as a means of organizing the programs and services in Utah’s early childhood system.

This report focuses on the need to coordinate and align across these four domains to better serve Utah’s families and children, as illustrated in Figure 2. These four domains should complement and coordinate with one another to increase government efficiency, and create environments that support and foster families and healthy development in children. This framework represents an evolution of the work in Utah, from the initial 2017 study to this Needs Assessment and its focus on coordinating and aligning for children and families.

Figure 2. Utah’s early childhood domains: Family-centric



2019 Guiding Definitions

To ensure consistency and alignment across Utah’s early childhood system, the PDG–B-5 requires states to adopt common definitions for certain terms. The Early Childhood Utah Advisory Council (ECU) adopted common definitions for the terms listed in Table 1, which includes abbreviated definitions, with full definitions and additional information located in Appendix B. These definitions guide a collective understanding of the needs and the children to target across the state of Utah.

Table 1. Abbreviated early childhood definitions

Quality Early Childhood Care and Education	A program that integrates seven key elements, including highly qualified staff with appropriate ratios, age-appropriate and evidence-based curriculum, safe and healthy learning environment, positive social and behavioral practices, family-centered approach, and coordination and alignment with other early childhood programs and resources.
Availability of Early Childhood Care and Education	“When parents, with reasonable effort and affordability, can enroll their child in an arrangement that supports the child’s development and meets the parents’ needs.” ⁱ
Vulnerable and Underserved Children	Children from low-income families or otherwise in need of special assistance and support. This category encompasses children who have disabilities or developmental delays, who are English-learners, who are racial or ethnic minorities, and who lack stable or consistent housing, including those who are migrant, homeless, or in foster care. ⁱⁱ
Rural	This Needs Assessment uses the Utah Department of Health’s definition of children in rural areas, ⁱⁱⁱ which classifies counties as either urban, rural, or frontier based on population density, as follows: <ul style="list-style-type: none"> • Urban: more than 100 people per square mile • Rural: more than 6 people per square mile, but fewer than 100 people per square mile • Frontier: fewer than 6 people per square mile.

ⁱ S. Friese et al., *Defining and Measuring Access to High-Quality Early Care and Education (ECE): A Guidebook for Policymakers and Researchers*, sponsored by the Office of Planning, Research and Evaluation (OPRE Report #2017-08, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2017).

ⁱⁱ U.S. Department of Education, *Definitions*, <https://www.ed.gov/early-learning/elc-draft-summary/definitions>.

ⁱⁱⁱ “County Classifications Map,” Utah Department of Health, Office of Primary Care & Rural Health, <https://ruralhealth.health.utah.gov/portal/county-classifications-map/>.

SECTION 1: UTAH'S CHILDREN, BIRTH THROUGH AGE FIVE

Prior to establishing the needs of Utah's early childhood system, it is first necessary to understand the state's birth-through-five population and their families. This section provides demographic and contextual data for Utah's youngest residents, with particular focus on those who are vulnerable or have traditionally been underserved.

Utah's children aged birth through five (N=302,342) represent 9.6% of the state's population:

- 14% reside in families living below 100% of the federal poverty line (FPL)
- 26% reside in families living between 100% and 200% of the FPL
- 9% reside in families experiencing intergenerational poverty
- 82% live in five urban counties
- 72% are non-Hispanic White
- 19% are Hispanic or Latinx

Demographics

Many elements of Utah's demographics make it unique. While Utah's fertility rate has dropped to second-highest in the nation, Utah remains the third-fastest-growing state, and natural population increase was responsible for 54% of the growth between 2016 and 2017.⁷ These factors contribute to Utah having the largest household size in the nation and the youngest median age.

Table 2. Selected demographic estimates, Utah and the U.S.

	Population (2018)	Population Growth (2016-17)	Under 5 years (2018)	Median Age (2018)	Fertility Rate (2016)	Household Size (2018)	Family Size (2018)
Utah	3,161,105	1.9%	8.5%	30.5	2.24%	3.13	3.63
National	327,167,434	0.7%	6.2%	37.8	1.82%	2.65	3.26

Source: U.S. Census Bureau and Kem C. Gardner Policy Institute

Table 3 shows single-year age estimates for Utah's birth-through-five population in 2018. These children make up nearly 10% of Utah's total population. The large number of young children per capita has statewide funding and policy implications.

Table 3. Utah single-year age population estimates, ages 0–5, 2018

<1 year	1 year	2 years	3 years	4 years	5 years	ages 0–5
47,461	49,482	50,822	51,401	51,149	52,027	302,342

Source: Kem C. Gardner Policy Institute

⁷ <https://gardner.utah.edu/wp-content/uploads/Population-Estimates-Dec2018.pdf>

Race/Ethnicity

As Utah’s population rapidly increases, the state’s racial and ethnic composition also continues to change. Demographers project that by 2050, among Utah’s overall population, 30% will include individuals from racial or ethnic minority backgrounds. Even more striking, 62% of individuals under 18 years old will be from minority backgrounds.⁸ Currently, the majority of Utah’s young children are non-Hispanic White, with Hispanic and Latinx children making up the largest minority group.

Table 4. Child population under 5 years by race, 2017

Race of children under 5 years	U.S.	Utah
Hispanic or Latinx	26%	19%
non-Hispanic American Indian and Alaskan Native alone	1%	1%
non-Hispanic Asian alone	5%	2%
non-Hispanic Black alone	14%	1%
non-Hispanic Native Hawaiian and Other Pacific Islander alone	<.5%	1%
non-Hispanic Two or More Race Groups	5%	4%
non-Hispanic White alone	49%	72%

Source: U.S. Census Bureau, retrieved from: <https://datacenter.kidscount.org/data/tables/8446-child-population-by-race-and-age-group>

Population Distribution

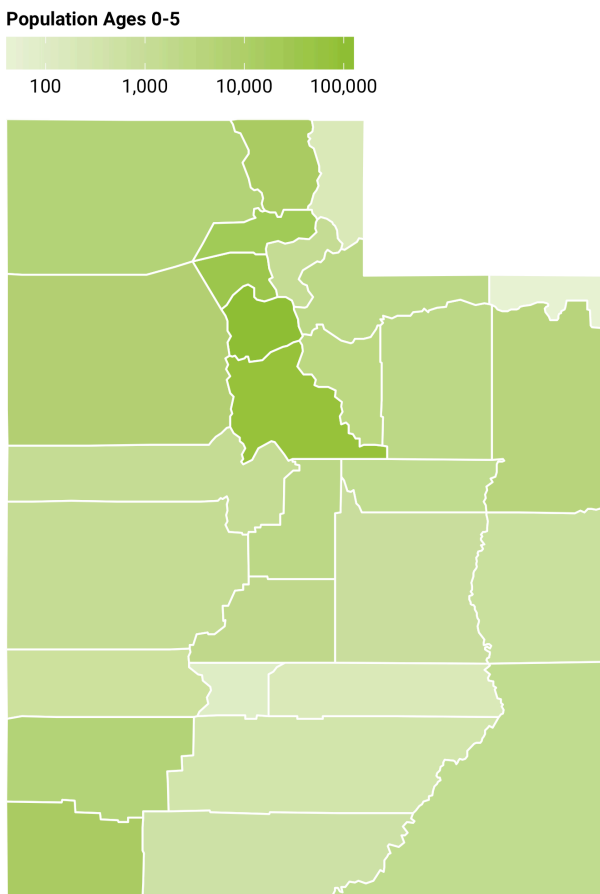
Utah is considered an urban state, with 79% of the population living in five counties along the Wasatch Front: Cache, Weber, Davis, Salt Lake, and Utah. The state’s population distribution for the birth-through-five population is similar to the overall population distribution:

- 247,115 (82%) of children ages 0–5 live in 5 urban counties
- 47,830 (16%) of children ages 0–5 live in 12 rural counties
- 7,397 (2%) of children ages 0–5 live in 12 frontier counties

Salt Lake County has the largest population for this demographic, with an estimated 103,607 children ages 0–5. Daggett County has the smallest estimated population of young children with 49 children ages 0–5 (see Figures 3 and 4). Understanding the population distribution across the state allows for improved evaluation of existing resources based on needs, and enables the state to better target resources to the counties that may have higher proportions of young children.

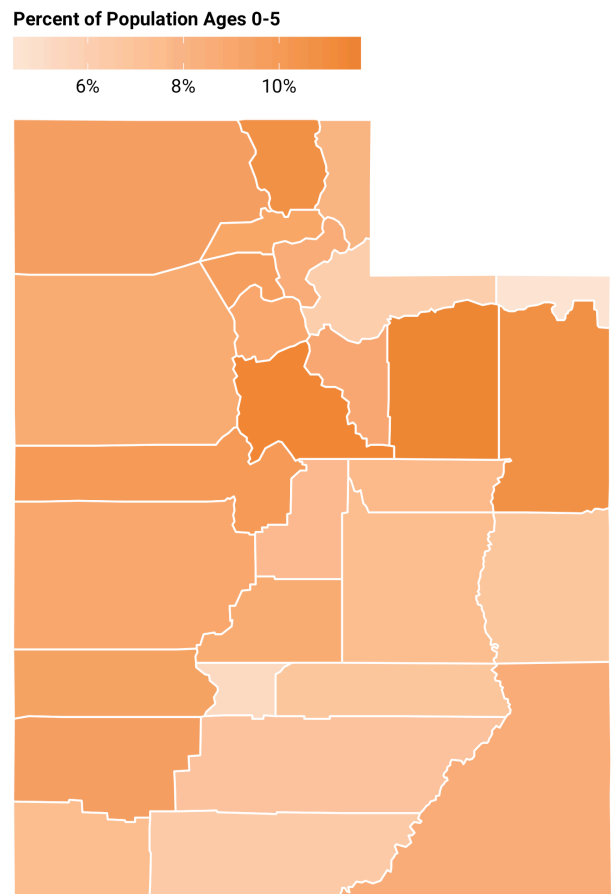
⁸ Perlich, P. (2008). Utah’s demographic transformation: A view into the future. Utah Economic and Business Review, 68(3). Salt Lake City, UT: Bureau of Economic and Business Research, David Eccles School of Business. Retrieved from: <http://gardner.utah.edu/wp-content/uploads/2015/08/UEBRVolume68Number3-1.pdf>

Figure 3. County population for ages 0–5, 2018 estimates



Source: Kem C. Gardner Policy Institute Utah State and County Annual Population Estimates by Single Year of Age and Sex: 2010–2018, Released May 2019.

Figure 4. Percent of total county population ages 0–5, 2018 Estimates

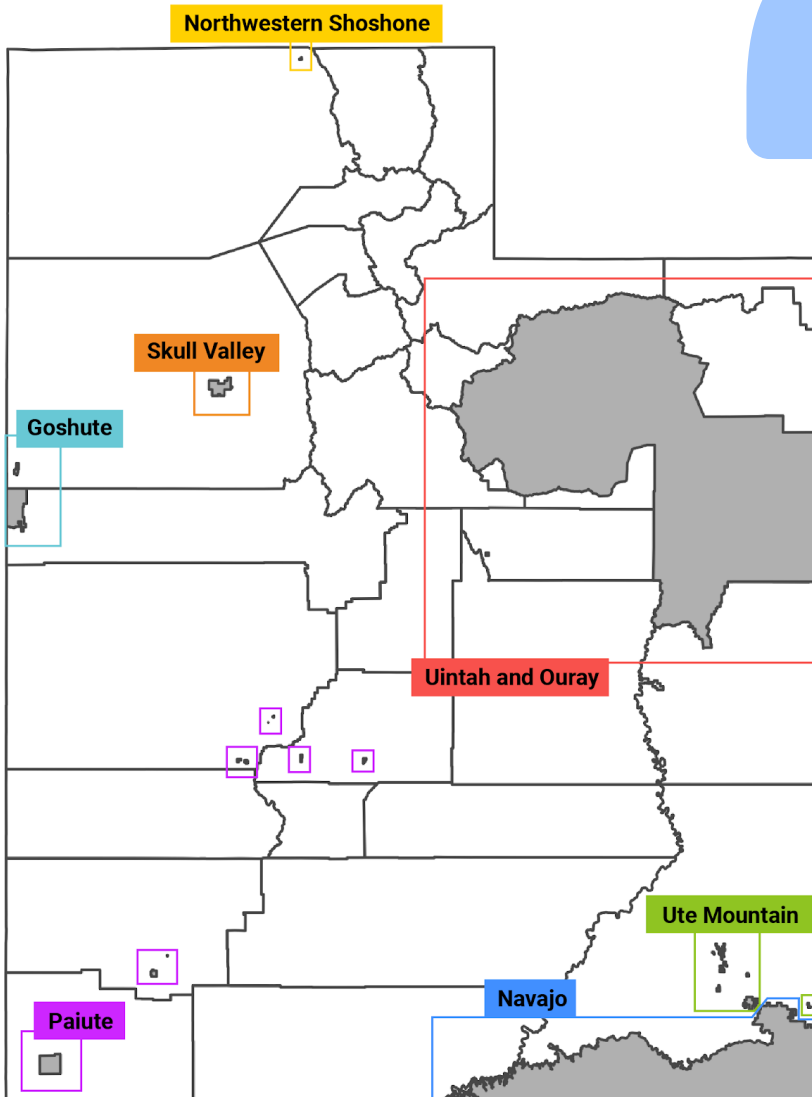


Source: Kem C. Gardner Policy Institute, Utah State and County Annual Population Estimates by Single Year of Age and Sex: 2010–2018 (May 2019).

American Indian & Alaska Native Children

A comprehensive look at the early childhood system and children in the state of Utah must include the state's American Indian reservations and peoples. The latest available U.S. Census Bureau data report an estimated 59,338 American Indian and Alaskan Natives residing in Utah, and for over 7,500 Utahns, the language most spoken at home is Navajo.⁹ Presently, Utah lacks available data detailing children, by age or ethnicity, residing on reservations. Nevertheless, children and families in American Indian and Alaskan Native communities are best served by service providers paying special attention to the locations and cultures of each community. Additionally, increased partnering with local American Indian communities will promote policies and programs that provide efficient and responsive services. Figure 5 details the American Indian reservations within the state of Utah.

Figure 5. Utah reservations map



An estimated 59,338 American Indian and Alaskan Natives reside in Utah, and for over 7,500 Utahns, the language most spoken at home is Navajo.

⁹ U.S. Census Bureau, Annual Estimates of the Resident Population by Sex, Age, Race Alone or in Combination, 2018 Population Estimates, Table PEPASR5H; U.S. Census Bureau, 2013–2017 ACS 5-Year Estimates, Table B16001.

Poverty

Living in poverty is one of the greatest impediments to healthy child development and places children at risk of falling behind in school, experiencing social, emotional, and behavioral challenges, and poor health.¹⁰ Sadly, children continue to be over-represented among those experiencing poverty. As of 2017, the rate of children under age six in Utah living in poverty was 14%; lower than the national rate of 18%.¹¹

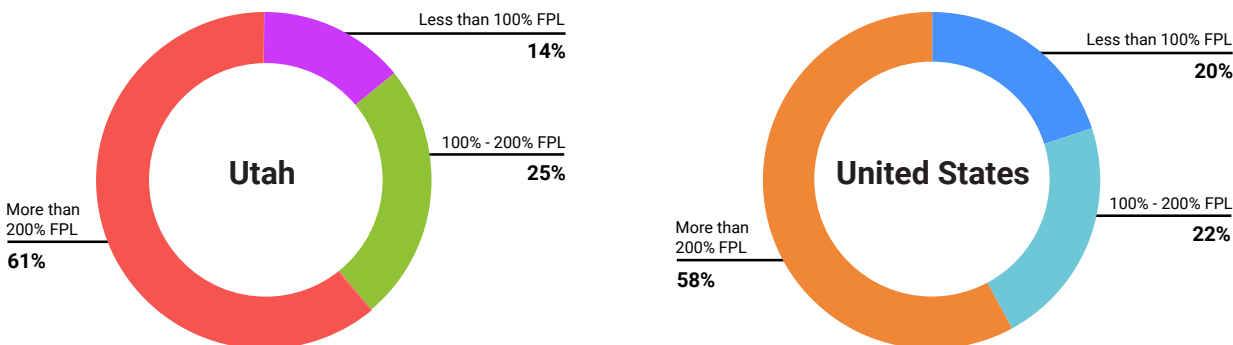
Table 5. Estimates of children ages 0–5 living below 100 percent of the FPL

	2013	2014	2015	2016	2017
Number	48,665	49,841	48,205	45,277	42,718
Percent	16%	16%	16%	15%	14%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table B17024
<https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmm>

Additionally, 25% of Utah children under six years old are low-income, living between 100% and 200% of the FPL, a rate higher than the national rate of 22% (see Figure 6). In order to secure adequate and safe housing, high-quality child care, and other needs that impact a child’s well-being and development, a family often requires income greater than 200% of the FPL.¹² Unfortunately, the combined rate of children living in poverty and the rate of children living between 100 and 200% of the FPL results in more than one-third of Utah’s children under the age of six residing in families that are likely unable to meet their basic needs.

Figure 6. Young children under age 6 by income level, 2017



Source: U.S. Census Bureau, American Community Survey, as reported by the National Center for Children in Poverty, http://www.nccp.org/profiles/UT_profile_16.html#3.

The rate of children experiencing poverty and those who are low-income varies by county (see Figures 7 and 8). The county with the highest rate of children experiencing poverty is San Juan, a rural county, which has 38% of children less than six years old living in poverty. It should be noted that rates are higher in rural counties in Utah compared to urban counties. The data is similarly reflected among children under six years old residing in low income families. Four rural counties in Utah account for nearly two-thirds of the children under six years old living at or below 200% FPL.

10 Oshikawa, H., Aber, J. L., & Beardslee, W. R. (2012). The effects of poverty on the mental, emotional, and behavioral health of children and youth: implications for prevention. *American Psychologist*, 67(4), 272.

11 <https://www.childrensdefense.org/wp-content/uploads/2018/09/Child-Poverty-in-America-2017-National-Fact-Sheet.pdf>

12 Yang Jiang, Maribel R. Granja, and Heather Koball, Basic facts about low-income children, Children under 3 years, 2015 (National Center for Children in Poverty, January 2017), http://www.nccp.org/publications/pub_1171.html.

Figure 7. Percentage of children ages 0–5 living at or below 100% of the FPL

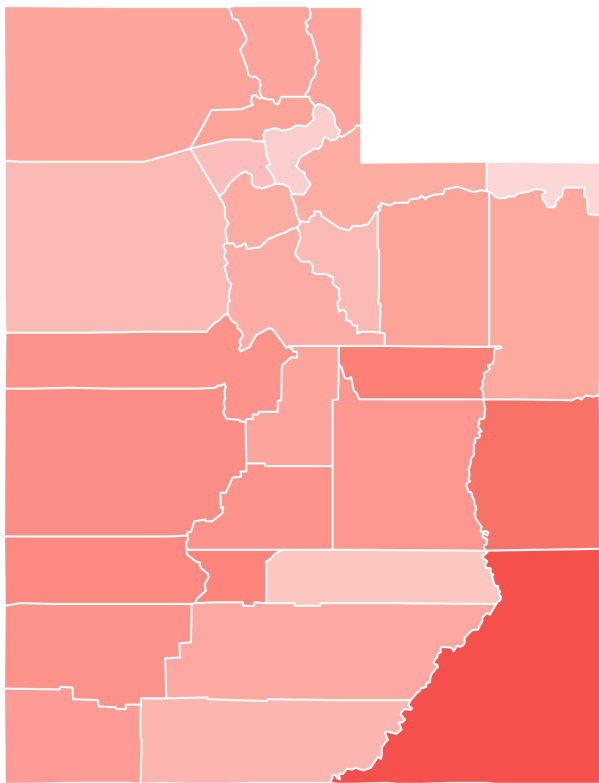
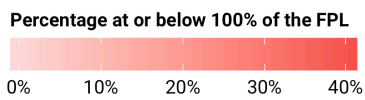
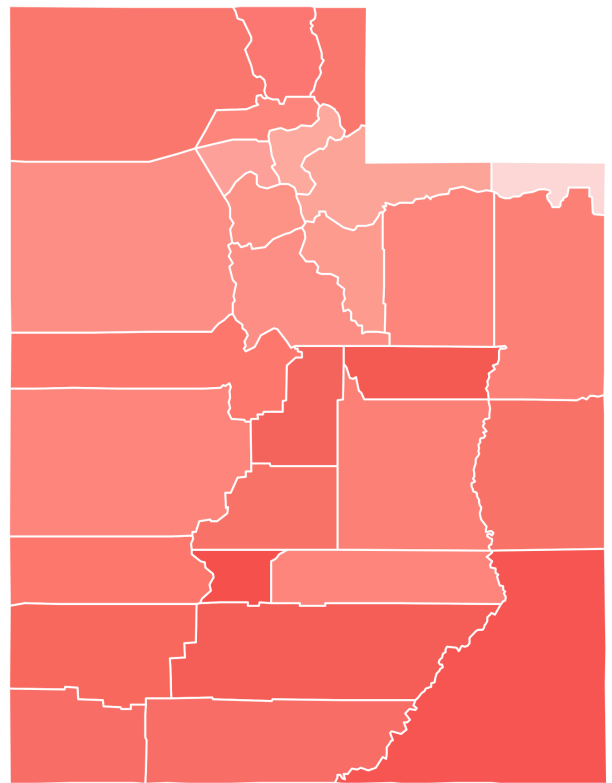
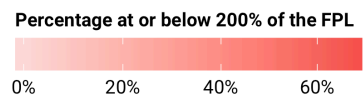


Figure 8. Percentage of children ages 0–5 living at or below 200% of the FPL



In addition to the federal poverty measure, Utah has collected and assessed data on children experiencing intergenerational poverty (IGP) since 2012. Intergenerational poverty is defined as “poverty in which two or more successive generations of a family continue in the cycle of poverty and government dependence.”¹³ In 2018, the DWS estimated that there were 53,861 children ages 0–17 experiencing intergenerational poverty. Similar to poverty rates, the rates of those experiencing intergenerational poverty are highest among Utah’s youngest children. Among children ages 0–17 experiencing intergenerational poverty, 50% are under age six, with children under the age of one representing just over 14%.

Table 6. Intergenerational Poverty in Utah, CY2018

IGP		
Age of Child	Total	Ratio
0	7,756	14.4%
1	3,995	7.4%
2	4,029	7.5%
3	4,094	7.6%
4	3,734	6.9%
5	3,549	6.6%
6	3,339	6.2%
7	3,288	6.1%
8	3,093	5.7%
9	3,018	5.6%
10	2,795	5.2%
11	2,454	4.6%
12	2,092	3.9%
13	1,932	3.6%
14	1,760	3.3%
15	1,506	2.8%
16	1,334	2.5%
17	93	0.2%
Grand Total	53,861	100.0%

IGP counts include children whose parents received at least 12 months of government assistance as adults AND 12 months as a child. DWS data only goes back to 1989, so the oldest adults in 2017 were 45. In 2018, they were 46.

development, research shows that toxic stress experienced in childhood “can disrupt the development of brain architecture and other organ systems, and increase the risk of stress-related disease and cognitive impairment well into the adult years.”¹⁵ As a result, children who experience toxic stress are more likely to have learning, behavioral, or developmental delays. Toxic stress results from exposure to Adverse Childhood Experiences (ACEs), which include emotional, physical, or sexual abuse, emotional or physical neglect, domestic exposure to substance abuse, household mental illness, parental separation or divorce, or an incarcerated household member.¹⁶ There are also predictive factors linked to toxic stress, such as death of a parent, community

13 Utah Code Annotated 35A-9-102. https://le.utah.gov/xcode/Title35A/Chapter9/35A-9-S102.html?v=C35A-9-S102_1800010118000101

14 “Child Maltreatment,” World Health Organization, September 30, 2016, <https://www.who.int/news-room/fact-sheets/detail/child-maltreatment>.

15 American Academy of Pediatrics, Adverse Childhood Experiences and the Lifelong Consequences of Trauma, https://www.aap.org/en-us/documents/ttb_aces_consequences.pdf.

16 <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html>

Child Maltreatment and Foster Care

Child neglect and abuse, also known as maltreatment, is associated with many negative outcomes, including physical injuries, psychological problems, and in extreme cases, death.¹⁴ In many cases, children who are victims of abuse and neglect are placed in foster care, increasing the likelihood that those children will experience additional challenges. In 2017, 38% of victims of child maltreatment in Utah were ages 0–5. Similarly, 42% of children in foster care are also children from this age group. Young children are particularly susceptible to maltreatment, including neglect and abuse. This maltreatment often leads to toxic stress that when not mitigated often has lifelong negative implications.

Among children ages 0–17 experiencing intergenerational poverty, 50% are under age six, with children under the age of one representing just over 14%.

Adverse Childhood Experiences and Toxic Stress

While stress is normal and necessary for healthy development, research shows that toxic stress experienced in childhood “can disrupt the development of brain architecture and other organ systems, and increase the risk of stress-related disease and cognitive impairment well into the adult years.”¹⁵ As a result, children who experience toxic stress are more likely to have learning, behavioral, or developmental delays. Toxic stress results from exposure to Adverse Childhood Experiences (ACEs), which include emotional, physical, or sexual abuse, emotional or physical neglect, domestic exposure to substance abuse, household mental illness, parental separation or divorce, or an incarcerated household member.¹⁶ There are also predictive factors linked to toxic stress, such as death of a parent, community

violence, and poverty. Although it is not uncommon for children to experience ACEs, there is a higher prevalence for those who live in poverty. When children experience ACEs without adequate adult support, they are more likely to experience toxic stress. As children experience more ACEs and toxic stress, the risk of poor outcomes increases.¹⁷

Compared to the national average, a lower percentage of children ages 0–17 in Utah experience the divorce or separation of a parent or guardian or the death of a parent or guardian. However, the prevalence of children in Utah living with anyone mentally ill, suicidal, or severely depressed is statistically higher than the national average. Further disaggregation of these numbers may provide additional insight into areas of need for specific populations. Because adverse childhood experiences such as poverty and violence can considerably affect the developmental trajectory of children, it is critical that adequate services and supports are in place.

Table 7. Prevalence of individual ACEs, Utah and U.S. Averages¹⁸

Prevalence of Individual ACEs	Utah	U.S. Avg.
Hard to cover basics like food or housing somewhat or very often	24	25
Parent or guardian divorced or separated	18	25
Lived with anyone who has a problem with alcohol or drugs	9	9
Lived with anyone mentally ill, suicidal, or severely depressed	12	8
Parent or guardian served time in jail	6	8
Saw or heard parents or other adults slap, hit, kick, or punch in home	4	6
Parent or guardian died	1	3
Victim of or witness to violence in neighborhood	3	4

Orange shading = Percentage is higher compared to the national average at a statistically significant level

Green shading = Percentage is lower than the national average at a statistically significant level

Outpacing all other states with the youngest median age, Utah’s overall population continues to grow rapidly with children ages birth through five representing a significant portion. ECCE services and programs play a critical role in ensuring that Utah’s most vulnerable children are effectively identified and supported. Increased coordination and alignment among the current ECCE mixed delivery system will make certain that the needs of the youngest children in Utah are identified, referrals to needed services are made and completed, and service duplication is minimized to ensure children and their families thrive.

¹⁷ “Violence Prevention: About ACEs,” U.S. Center for Disease Control and Prevention, <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html>.

¹⁸ Child Trends Research Brief. The prevalence of adverse childhood experiences, nationally, by state, and by race/ethnicity. Feb. 2018.

SECTION 2: UTAH'S BIRTH-THROUGH-FIVE SYSTEM

As Utah seeks to increase its understanding of the importance of early childhood development and its relationship to long-term outcomes, evaluation of the system providing services and supports to this age group is necessary. As in most states, several state agencies, local government entities, and private nongovernmental organizations administer Utah's early childhood programs, resources, and services. This fragmentation of services often impacts families' ability to effectively address the needs of their young children.

State-level Early Childhood System Actors Map

A first step in understanding how a statewide early childhood system can better coordinate and align is to understand who and what composes the system. Several state-level stakeholders noted the lack of a well-defined birth through five system in Utah, and added that they were not fully aware of what other state or community actors were doing.¹⁹ The following State-level Early Childhood System Actors Map identifies primary state agencies involved with core early childhood programs, resources, and services. This illustrates the landscape of services, programs, and resources offered or administered by different actors working with this age group, but should not be interpreted to mean that these actors are functioning as a well-coordinated system. There are examples of coordination and alignment in certain applications, but Utah continues to work toward building a comprehensive and fully aligned system.

Identifying and inventorying each resource, service, or program that could be included in Utah's early childhood system could fill hundreds of pages, but may prove to have limited utility to families. To be most useful to parents and families, and rooted in Utah's definition of availability of early care and education, inventories of resources and services are best organized by geographic areas. Even though a list of early intervention providers in the northern part of the state could prove to be a valuable asset, it is less valuable to parents who may live five hours away, in the southern part of the state.

While community-level service and program coordination is best handled at the community level, state actors need to align and coordinate system-level components such as policies, standards, quality assurance, evaluation, licensing, regulation, planning, and financing. Stakeholders in Utah commonly expressed the desire to collaborate, coordinate, and align approaches, practices, and efforts in working with children and families.

This high-level map can serve several purposes, including the following:

- Illustrating the complexities of the system, even at the state level, acknowledging to all stakeholders that there are many involved parties;
- Providing a common definition of which entities compose the system;
- Functioning as a tool to more effectively and efficiently plan strategies to coordinate and align;
- Encouraging a broader, systems-level view to allow actors to see who they are currently coordinating with, and assess possibilities to coordinate further.

This map can assist service providers and program managers in identifying the actors who develop important policies, standards, funding allocations, and planning that affect all system actors. Local communities can build off of this foundation and create community-specific system maps for families and children in their local areas. Local leaders can then engage local government agencies, private (nonprofit and for-profit) service providers, advocacy organizations, faith-based organizations, libraries, doctors, tribal entities, and others involved in the important work of supporting families with young children.

¹⁹ See Appendix A, PDG B-5 Interview and Discussion Roundtable Findings, 2019

Utah Early Childhood System: State-level Actors Map



Health & Development



Early Learning



Economic Stability



Family Support & Safety



Cross Sector

**denotes additional subprograms not listed in this map*

Department of Human Services (DHS)

- Child Mental Health
- Prevention
- Child Protective Services
- In-home Interventions
- Kinship Care
- Foster Care
- Adoption
- Services for People with Disabilities
- System of Care

Department of Workforce Services (DWS)

- Child Care Subsidies (CCDF)
- Child Care Quality Improvement
- Care About Childcare Website
- School Readiness Grants
- Head Start State Collaboration Office
- SNAP
- TANF – Cash Benefit
- Medical Program Eligibility
- Public Services Programs
- Homelessness Programs
- Affordable Housing Programs
- Refugee Services
- *Employment Programs and Services
- Unemployment Insurance
- Office of Rehabilitation Services
- Utah Data Research Center (UDRC)

Utah System of Higher Education (USHE)

- UETN - Preschool Pioneer
- USU Extension – Healthy Relationships Utah
- IHEs – Early Childhood Workforce Training

Department of Health (DOH)

- Early Childhood Utah Advisory Council
- ECIDS Database
- Childcare Licensing
- Maternal & Child Health (Title V)
- Family & Youth Outreach
- Home Visiting: Federal MIECHV
- Oral Health Program
- Newborn Safe Haven
- Mother to Baby Utah
- Maternal Infant Health Program
- Women, Infants & Children (WIC)
- *Medicaid
- Children’s Health Insurance Program (CHIP)
- *Children with Special Health Care Needs
- Baby Watch Early Intervention Program (IDEA Part C)
- Immunization
- Violence & Injury Prevention Program
- Newborn Screening Program

Governor’s Office

- Governor’s Education Excellence Commission
- Governor’s Early Childhood Commission
- First Lady - Uplift Families

Utah State Board of Education (USBE)

- Early Childhood Core Standards
- Special Education Preschool
- UPSTART computer program
- School Readiness Grants
- Kindergarten
- Child Nutrition Program (CACFP)
- Local Education Agency (LEA) administered:
 - Title I Preschool
 - Tuition-based Preschool

Utah Early Childhood System: State-level Actors Map



- Department of Human Services (DHS)
- Department of Workforce Services (DWS)
- Utah System of Higher Education (USHE)
- Department of Health (DOH)
- Governor's Office
- Utah State Board of Education (USBE)

**denotes additional subprograms not listed in this map*

Early Learning

Child Care Quality Improvement
School Readiness Grants
Head Start State Collaboration Office

IHEs – Early Childhood Workforce Training

Child Care Licensing

Early Childhood Core Standards
Special Education Preschool
UPSTART computer program
School Readiness Grants
Kindergarten
Title 1 Preschool (LEAs)
Tuition-based Preschool (LEAs)

Health & Development

Children Mental Health
Services for People with Disabilities

Medical Program Eligibility

Maternal & Child Health (Title V)
Oral Health Program
Mother to Baby Utah
Maternal Infant Health Program
*Medicaid
Children's Health Insurance Program (CHIP) & Medicaid
*Children with Special Healthcare Needs
Baby Watch Early Intervention Program (IDEA Part C)
Immunization
Violence & Injury Prevention Program
Newborn Screening Program

Family Support & Safety

Prevention
Child Protective Services
In-home Interventions
Kinship Care
Foster Care
Adoption
System of Care

Care About Childcare Website

USU Extension – Healthy Relationships Utah

Home Visiting: Federal MIECHV
Childcare Licensing
Safe Haven

First Lady – Uplifts Families

Economic Stability

SNAP
TANF – Cash Benefit
Public Services Programs
Homelessness Programs
Affordable Housing Programs
Refugee Services
*Employment Programs and Services
Unemployment Services
Child Care Subsidies

Women, Infants & Children (WIC)

Child Nutrition Program (CACFP)

Cross-Sector

Utah Data Research Center (UDRC)

Early Childhood Utah
ECIDS Database

Governor's Education Excellence Commission
Governor's Early Childhood Commission

Building a Coordinated and Aligned System in Utah

Utah's system map, characterized by multiple entities and actors, illustrates the need for a system to coordinate and align across actors. The work of thoughtfully building these disparate parts into a cohesive body is the work of system-building. System-building is a dynamic, ongoing process of "developing the structures, behaviors, and connections that make all the components of an early childhood system operate as a whole to promote shared results for children and families."²⁰ While state and local agencies, private service providers, and faith-based organizations have a long history of providing programs and services for Utah's children and families, they have done so in silos, without a strong coordinating or connecting system focus. Building a system is the foundational step to build on effective practices, improve program and policy outcomes, and ultimately improve child and family outcomes.²¹ Appendix C provides additional detail, context, and references for a system-building framework.²²

KEY ELEMENTS IN BUILDING A COORDINATED AND ALIGNED SYSTEM

- **Coordination** is the foundation that facilitates system-building. Coordination involves formal and informal arrangements for programs and activities to work together to create a cohesive system that communicates well and serves all children and families in need.
- **Alignment** ensures that the policies, regulations, and standards that guide the system are nonduplicative and streamlined to be most effective, efficient, and equitable.
- To coordinate and align, systems need **infrastructure**, which is everything it takes to efficiently spend the funds allocated for children and families. This can include data systems, aligned definitions and policies, funding strategies, staff support to execute system strategies, and technical assistance and support for local initiatives.
- Systems are created and sustained when the surrounding conditions and the **context of support** exist, including leadership, political will, and public buy-in that allow for the needed policy and funding changes.
- **Local system-building** efforts are also critical to an overall state early childhood system, and should align with state system-building efforts

Key elements compiled from: U.S. Department of Health and Human Services, State Early Childhood Systems: Examining Program Integration (October 2016); see also Gerry Cobb and Karen Ponder, The Nuts and Bolts of Building Early Childhood Systems through State/Local Initiatives, prepared by Build Initiative (January 2014); Xin Ma et al., The Role of System Alignment in Care and Education for Children from Birth to Grade 3 (October 15, 2014); Build Initiative, Comprehensive Early Childhood System-Building: A Tool to Inform Discussions on Collaborative, Cross-Sector Planning, (2014); "Framework for Evaluating Systems Initiatives," Build Initiative, September 2007.

Results of the Gardner Policy Institute-facilitated discussion roundtables and additional interviews conducted for this Needs Assessment suggest that Utah stakeholders see significant gaps between the current system and a well-coordinated and aligned system. Some stakeholders in Utah's ECCE system expressed difficulty in finding time to do the meaningful system-level work of coordination and alignment, considering the already complex duties associated with their jobs. Further, it was noted that Utah lacked many important elements of system infrastructure. Several early childhood leaders reported that federal funding streams and reporting requirements from multiple federal agencies contribute to the lack of coordination and alignment at the state level. Additionally, other stakeholders felt that the statewide political and public support for government-funded early childhood services is insufficient. Stakeholders reported a need to spread awareness—among both the public and policymakers—about the need for early childhood services and families' desire to receive support.²³

²⁰ Build Initiative, Comprehensive Early Childhood System-Building: A Tool to Inform Discussions on Collaborative, Cross-Sector Planning (December 2013).

²¹ ChildTrends and National Collaborative for Infants and Toddlers, Prenatal-to-three outcomes framework, https://www.thencit.org/sites/default/files/2018-12/Prenatal-to-Three%20Outcomes%20Framework%20Brief_0.pdf.

²² Gerry Cobb and Karen Ponder, The Nuts and Bolts of Building Early Childhood Systems through State/Local Initiatives, prepared by Build Initiative (January 2014), <https://www.buildinitiative.org/Portals/0/Uploads/Documents/Nuts%20and%20Bolts%20of%20Building%20Early%20Childhood%20Systems%20through%20State-Local%20Initiatives.pdf>.

²³ See Appendix A, Preschool Development Grant, Ages Birth-Five Interview and Discussion Roundtable Findings, 2019

System Elements in Utah's Birth-through-Five Mixed Delivery System

A well-functioning system has essential elements and infrastructure in place to enable the best outcomes for those it serves. The following sections of this report examine the needs and gaps in essential system elements, which include Governance, Data Integration, Funding, Common Standards and Policies, Workforce, and Transitions. Improving these elements of the system will increase efficiency, improve experiences, and positively impact outcomes for children and families in Utah. Figure 9 illustrates these essential system elements and their binding function within the system to coordinate and align programs, resources, and services to serve Utah's children and families. For each essential system element, Utah is at various stages of progress.

Figure 9. System elements necessary to support families through Utah's early childhood programs, resources, and services



Table 8. Summary of system elements in a coordinated and aligned system

System Element	Best Practices for a Coordinated and Aligned System ⁱ	Status in Utah
Governance Structure or Model	Connects pieces of the system and reflects its comprehensive nature; provides coherence for system-wide tasks such as data integration, accountability, and efficient funding; sustainable through political and administrative changes.	New governance structures are in early stages of implementation; initial meeting of Governor’s Early Childhood Commission’s occurred late 2019; little or no funding allocated for dedicated staffing in governance entities.
Data Integration	Includes a governing body that sets research and planning agenda, identifying how data can improve practice and accountability; facilitates aligning data standards and data sharing, including data privacy policies and practices.	Multiple longitudinal or integrated data systems exist; early-stage Early Childhood Integrated Data System infrastructure created, but without dedicated or ongoing funding to sustain; Utah lacks unduplicated data.
Funding	Coordinates administration and oversight of funding, streamlining requirements and assistance to grantees; ensures adequate, consistent, and ongoing funding for services.	Multiple agencies administer multiple funding streams without coordinated approach or responsibility for strategic oversight; insufficient, variable, and one-time funding is common.
Common Standards and Definitions	Includes aligned and adopted common standards and definitions that are uniformly applied to all early childhood programs and help programs guide their delivery of services.	Varying definitions of early learning program quality by regulatory entities; oversight and measurement of quality occurs voluntarily or is only required when a program receives funding.
Workforce	Offers professional development system and career pathways; promotes data-driven policies and programs; bolsters state certification and higher education scholarship programs; rewards degree completion with wage supplements or tax credits.	Utah lacks common professional development standards, required competencies, or clearly delineated career pathways; voluntary nature of registries limits complete data; insufficient funds limit reach and scope of training and scholarship programs.
Transitions	Both sending and receiving programs within the system collaborate on creating consistent and aligned experiences for children; state-level plans outline a framework and processes for facilitating transitions to kindergarten.	No statewide framework or uniform process among agencies or community-based organizations for effectively transitioning children from early care and education to school; poor care coordination and information sharing between programs.

ⁱ A Framework for Choosing a State-Level Early Childhood Governance System. Build Initiative, 2013
<https://www.buildinitiative.org/Portals/0/Uploads/Documents/Early%20Childhood%20Governance%20for%20Web.pdf>
 How Policymakers can Support Early Childhood Data Governance. Early Childhood Data Collaborative
https://www.childtrends.org/wp-content/uploads/2019/09/ECDCGovernanceBrief_September2019.pdf
 Rebecca Ullrich, Katie Hamm, and Leila Schochet, “6 Policies to support the early childhood workforce,” Center for American Progress, February 6, 2017,
<https://www.americanprogress.org/issues/early-childhood/reports/2017/02/06/298085/6-policies-to-support-the-early-childhood-workforce/>.

GOVERNANCE STRUCTURES FOR COORDINATION AND ALIGNMENT

KEY TAKEAWAYS

- Utah's Early Childhood landscape comprises multiple state agencies, local governments, and private providers. The state utilizes a coordinated governance model, with multiple state agencies overseeing various programs and services. The Governor's Early Childhood Commission and the Early Childhood Utah Advisory Council serve as coordinating entities.
- Newly-created early childhood governing entities do not receive dedicated funding for staff support, and there is not consensus among early childhood leaders on whether dedicated staffing is needed.
- Some early childhood programs and services coordinate through local-level initiatives but Utah does not have formalized local governance structures, which can best address availability and access of services, resources, and programs for families due to the geographic nature of service provision.

Governance is “the means by which a governmental entity allocates decision-making authority and ensures accountability across the public and private sectors.”²⁴ A governance structure ensures coordination among fragmented programs for children and families, leading to improvements in the quality, equity, and sustainability of programs and services.²⁵ Through coordination, governance also facilitates the delivery of higher quality services, necessary funding, and overall efficiency of the relevant programs for children and families. In addition, a strong governance structure provides a foundation for facilitating data sharing and integration.

Governance Models

Nationwide, there are various models of governance utilized for state early childhood systems. There are two primary governance models for early childhood systems, which include either a coordination model or a consolidation model. A coordinated system maintains authority and accountability in each separate governmental agency and seeks to increase the coordination and collaboration among the agencies, often through memoranda of understanding or interagency agreements.²⁶ The consolidation model exists when one executive branch agency maintains authority and accountability for multiple early childhood programs. Oftentimes, coordinating governance structures lack authority or accountability and therefore have limited impact beyond their visibility.²⁷ In addition to state system governance, there is also need for a system of governance at the local level, given that families accessing services are obtaining those services locally.

State-level Governance in Utah

Utah's early childhood system utilizes the coordination model, and has had a coordinating body since 2011, Early Childhood Utah Advisory Council (ECU).²⁸ Staffed and maintained by the Utah Department of Health, ECU has seen recent staff turnover and departmental reorganization shifting its location several times in just a few years. State leaders recognized the need for more formal and high-level coordination and alignment between state agencies, and the Utah Legislature passed [HB 47](#) in its 2019 General Session. This new legislation codified ECU as an advisory council to a newly created Governor's Early Childhood Commission. ECU's duties include preparing an annual assessment on the availability of high-quality prekindergarten; improving coordination and collaboration among state agencies, programs, and services; evaluating program participation; recommending enhancements for the early childhood workforce; and recommending improvements to statewide early learning standards.

24 U.S. Department of Health and Human Services, State Early Childhood Systems: Examining Program Integration (October 2016), <https://childcareta.acf.hhs.gov/sites/default/files/public/governingstateearlychildhoodsystemsrevisedcoded.pdf>.

25 Ibid.

26 Janice Gruendel and Emily Carroll, When Brian Science Meets Public Policy: Rethinking the Governance of Early Childhood Systems, prepared with Institute for Child Success (February 2015).

27 Ibid.

28 See 2017 Early Childhood Services Study for additional detail on ECU.

The creation of the Governor’s Early Childhood Commission, which consists of the lieutenant governor and four state agency directors,²⁹ represents a significant step forward in formally engaging Utah’s leaders to address the fragmented system.

While the state-level governance of a state/local early childhood initiative can take many forms, it is very important that there be a state-level infrastructure to: provide leadership to the state and local efforts, assist with fundraising, advocate for funding and policy changes, and support both state and local efforts to build systems.³⁰

Local and Community-level Governance

The Governor’s Early Childhood Commission sits in a historic place to help build a statewide system with the vision, mission, values, and objectives for Utah’s youngest residents and their families.

The commission is uniquely positioned to permeate a common vision for early childhood throughout state and community levels. While state-level system-building activities are critical, there is also the need for local system building. Effectively serving Utah’s families and children requires both approaches. Systems developed and maintained at the community level are best equipped to address the unique needs of the families living in their communities. With families accessing services and programs in their local communities, it is critical for coordination and alignment to occur on the local level as well.³¹ Although there are some communities in Utah in which coordination is occurring, the governance is informal and not standardized across all communities.

Example of Formal Local Government and State Alignment

Alabama’s local Children’s Policy Councils provide an informative example of alignment between state- and local-level governance models. Each county in Alabama has its own council to address access and availability at a local level. Each county’s council produces an annual needs assessment, which the State Children’s Policy Council, chaired by the secretary of the Department of Early Childhood Education, uses. The State Children’s Policy Council then makes recommendations, including recommendations for state funding, to address the needs of families and children. The state council also compiles a resource guide for counties to use in their work to address their local early childhood needs. The county councils work to align and coordinate services and agencies within their county, allowing them to develop a more effective and responsive plan.

Sources:

“Children’s Policy Council,” Alabama Department of Early Childhood Education, <https://children.alabama.gov/cpc/>.

“Who We Are: The County Children’s Policy Council,” Children’s Policy Councils of Alabama, <http://www.alcpc.org/countycpc>.

29 State Superintendent of Public Instruction, Department of Workforce Services, Department of Health, and Department of Human Services.

30 Gerry Cobb and Karen Ponder, *The Nuts and Bolts of Building Early Childhood Systems through State/Local Initiatives*, prepared by Build Initiative (January 2014), pages 8-9

31 Ibid.

Staff Support for Governance Entities

Coordination and alignment work takes significant time and concerted effort. In a 2017 survey of state-level child and youth coordinating bodies, researchers found that the majority of coordinating bodies are staffed by one or more full-time employees (FTEs), and that 25% of those surveyed were staffed by four or more FTEs.³² Having dedicated staff whose job it is each day to ensure coordination and bring additional actors to the table to align early childhood services is an important factor in ensuring that the forward movement of systems-level work is accelerated.

The 2019 legislation that created the Governor’s Early Childhood Commission and the Early Childhood Utah Advisory Council did not allocate dedicated funding for staffing these governance entities. Some system stakeholders expressed frustration about the lack of dedicated staff to carry out the coordination and alignment work of the system, but there is not consensus among early childhood leaders on whether dedicated staff is needed to facilitate coordination.

Multiple Governance Bodies and Coordination Efforts

In addition to the Governor’s Early Childhood Commission, there are additional partnerships, collaboratives, or initiatives working to build a better system of collaboration and alignment in Utah. The School Readiness Board and Governor’s Education Excellence Commission are both engaged in improving early childhood policies and services statewide. In addition, one active private sector–led group with much overlap to several of these commissions and boards is the United Way of Salt Lake’s Promise Partnership Regional Council. Its work aligns with several of these committees and involves many of the same people, but relies on a model of collective impact and setting aggressive goals to ensure accountability in their volunteer members.

Tribal Governing Bodies

As sovereign Native American territories, Utah tribal nations face similar challenges when attempting to ensure children birth through five thrive; issues such as poverty remain pervasive. Accounting for the effects of poverty on young children, various services and programs exist to address their needs. Table 9 highlights examples of early childhood programs and services provided by American Indian nations in Utah. In addition to those listed, there is also the Urban Indian Center of Salt Lake City (UIC). UIC hosts agencies such as Red Mesa Counseling and Cedar Point Wellness Center, providing vital services for Utah’s urban American Indian populations.

³² Elizabeth Gaines et al., The Forum for Youth Investment. 2017 State Policy Survey: Child and Youth Coordinating Bodies in the U.S. Summary of Findings. 2017 Survey Report (Washington, DC: Forum for Youth Investment, December 2017).

Table 9. Examples of programs and services provided by tribal nations in Utah

Tribe/Nation	Example of Relevant Agencies/Programs
Confederated Tribes of Goshute https://ctgr.us/home/2018/03/05/ctgr-departments-and-staff/	<ul style="list-style-type: none"> • Social Services Department • Health Department • Child Development Program
Skull Valley Band of Goshute https://www.skullvalleyhealth.org/primary-care	<ul style="list-style-type: none"> • Primary Care • Mental Health
Paiute Indian Tribe of Utah https://www.utahpaiutes.org	<ul style="list-style-type: none"> • Four Points Health • Education • Housing
San Juan Southern Paiute Tribe https://www.sanjuanpaiute-nsn.gov	<ul style="list-style-type: none"> • Health Department • Employment • Human Resources • T.E.R.O Office • Job Training • Tribal Enrollment
Northwestern Band of Shoshone Nation http://www.nwbshoshone.com	<ul style="list-style-type: none"> • NWB Shoshone Health Services • NWB Shoshone Housing Authority • Economic Development
Ute Indian Tribe of the Uintah and Ouray Reservation http://www.utetribe.com	<ul style="list-style-type: none"> • Ute Family Services • Diabetes Health • Head Start • Ute Tribe Education Department • Food Distribution • Personnel Department
Ute Mountain Ute Tribe & White Mesa Ute Community http://www.utemountainutetribe.com/enterprisesmainpage.html	<ul style="list-style-type: none"> • Head Start • Economic Development • Human Resources
Navajo Nation http://www.navajo-nsn.gov/govt.htm	<ul style="list-style-type: none"> • Divisions of Social Services; Child Support Services • Division of Health: WIC & Navajo Special Diabetes Project • Department of Dine Education: Head Start • Navajo Department of Workforce Development • Division of General Services: Special Education/ Rehabilitation Services

DATA QUALITY AND LINKAGES

KEY TAKEAWAYS

- Utah has a foundation for quality integrated data systems, but integrating early childhood data is in its very early stages.
- Utah has dedicated ongoing funding to a state longitudinal data integration effort, the Utah Data Research Center (UDRC); Another early childhood longitudinal data effort, ECIDS, does not have an ongoing, stable funding source.
- Utah lacks the capability to identify unduplicated data in key areas, such as school readiness programs administered by several agencies, or workforce development supports.

In addition to establishing a strong statewide and local governance structure within the early childhood system, strong data integration is necessary to coordinate and align, measure outcomes, and make data-informed decisions. Although Utah is recognized as a leader in data-informed policy making for certain policy areas, within its early childhood system Utah lacks robust data coordination across programs and systems serving young children and their families. In the absence of system-wide early childhood data coordination, Utah is unable to answer key policy questions, ensure accountability, and promote continuous improvement. Individually, programs serving young children are investing in gathering and maintaining program data, and there are modest investments in linking and sharing these data across multiple programs. Currently, Utah has two data systems with the ability to develop a robust and integrated data system for early childhood: Utah Data Research Center and the Early Childhood Integrated Data System. Unfortunately, neither system is coordinating data across all early childhood programs.

Utah Data Research Center


The Utah Legislature created and funded the Utah Data Research Center (UDRC) in 2017 to connect data from the State Board of Education, the state's higher education institutions and technical colleges, the Department of Workforce Services (DWS), and the Department of Health (DOH). The DWS received \$955,000 in an ongoing appropriation to operate the UDRC. Additionally, each of the agencies providing data to the UDRC receives an appropriation to assist in the work of the UDRC to contribute and maintain data.

This statewide longitudinal database allows researchers to ask critical questions and inform policy decisions. The UDRC was established in 2017 and continues the work of the Utah Data Alliance (UDA) that began in 2009 with a federal grant. The Utah Legislature made an important change in 2017 when it required the inclusion of early childhood data from the DOH, which creates the framework for an early childhood-to-workforce data pipeline, P-20-W.³³ Through the incorporation of the data, the Utah Legislature established a research entity with the ability to support policymakers and researchers in furthering their understanding of behaviors across the full continuum of early childhood, elementary and secondary schools, postsecondary education, and the workforce. In late 2019, UDRC began adding some birth-through-five data from DOH and DWS, with plans to incorporate additional early childhood data elements throughout 2020.

³³ P-20-W longitudinal data systems are state-level databases that collect, merge individual-level records, analyze, and report aggregate data from preschool to high school, postsecondary education, and the workforce to inform policy and practice.

Early Childhood Integrated Data System

Another integrated data system effort in Utah is specific to the birth-through-five population. In 2011, DOH launched the Early Childhood Integrated Data System (ECIDS). The purpose of ECIDS is to connect data from multiple programs serving young children. ECIDS has benefited from existing data infrastructure and resources within the DOH, but other agencies have also provided modest funds and resources to build and operate the system. The DOH has utilized several funding sources, some small or one-time, to support the design, creation, and maintenance of the database. Federal funds, including the Early Childhood Coordinated Systems (ECCS) grant, the Child Care and Development Fund (CCDF), and the Statewide Longitudinal Data System (SLDS) grant, have provided support to the development of ECIDS.



Utah has laid the foundation for quality integrated data systems, but integrating early childhood data is in its very early stages.

Currently, the capability of ECIDS is limited to a few programs; however, there are efforts to build out participation and continue to add data from additional programs and link those data with data already incorporated in ECIDS. Currently, ECIDS includes data from the Women, Infants, and Children (WIC) program, administered by DOH, and Utah's child care subsidy program, administered by DWS. Although limited to only two programs, this is significant as it represents data integration of two different early childhood programs administered by two different state agencies. While the vision for ECIDS has existed for a long time, only in the last year have efforts resulted in connected data across early childhood programs. ECIDS plans to add additional data elements in the future. As federal grants expire and funding priorities change, ECIDS does not have a stable ongoing funding source to ensure its ongoing maintenance and utility.

Community Assessment Tool (CAT)

Although neither ECIDS nor UDRC is able to provide unduplicated counts of children participating in all early childhood programs, DOH is utilizing ECIDS and other population data to develop the Community Assessment Tool (CAT). The CAT will be an interactive reporting tool that will allow the user to generate specific community-level reports on needs and existing early childhood services. This tool will place Utah on the verge of creating a statewide needs assessment reporting tool that could be publicly accessible, informing many different audiences. The CAT will utilize data from ECIDS, as well as population data for Utah children ages 0–5 to estimate the percentage of children being served in early childhood programs. As a result, the CAT will provide a picture of needs and gaps across the state, and will have increased utility when more programs' data are incorporated.

Lack of Common, Centralized Data

Utah has laid the foundation for quality integrated data systems, but integrating early childhood data is in its very early stages. While ECIDS and the CAT represent a step forward in linking and comparing data, they do not provide Utah with unduplicated headcounts of children served by the state's various early childhood programs. Although UDRC has the ability to provide unduplicated counts, until it incorporates early childhood data into its data warehouse, it too will be unable to provide the state with unduplicated headcounts across programs. Additionally, Utah early childhood programs utilize different individual identification numbers, further complicating the state's ability to evaluate outcomes for children based on their participation in a single or multiple early childhood programs.

Although centralizing data through either ECIDS or UDRC is important in understanding the needs and outcomes produced by Utah’s early childhood system, connecting data systems will not improve the quality and relevance of data collected by individual systems or programs, or account for data that are not collected in the first place. Some data elements, such as vacancy rates at licensed child care programs, are self-reported and unaudited. Another example is that the USBE does not collect any information regarding students attending Title 1 Preschools provided by individual school districts. At this time, data reported by agencies or programs includes required administrative data that is not always effective in answering key questions. As a result, Utah often lacks the ability to evaluate child outcomes. Similarly, each program within the system applies its own definition to specific data elements, such as the meaning of “quality,” further limiting the usefulness of the data. These challenges and limitations will not necessarily be overcome through centralizing all early childhood data.

FUNDING AND FINANCING

KEY TAKEAWAYS

- Early Childhood programs and services are funded through multiple federal and state funding streams, and administered and managed by several state agencies.
- Two out of three dollars that fund early childhood programs and services in the state come from the federal government.
- Funding for two specific programs, Medicaid and kindergarten, represents 60% of the early childhood funds allocated to those ages 0 to five years.
- Funding for the programs and services in the family support and safety domain represents just 6% of all dollars allocated for early childhood programs, with the majority of this funding spent on child welfare, not other family support or preventative services.

In order for Utah to meet the needs of its youngest citizens through a coordinated early childhood system, coordination extends to funding and financing. An integral piece in understanding the early childhood system and landscape is the fiscal landscape, beginning with a fiscal mapping process. The way in which funding is allocated reveals various funding priorities. Utah’s early childhood system is financed by federal, state, and local government revenues, as well as private and philanthropic sources. A foundational step in addressing unmet needs of young children is identifying the funding amounts allocated to services and programs; the funding source; whether amounts are increasing or decreasing; and whether various funds may be allocated or combined to address the unmet needs. Similar to the system map, funding and financing for Utah’s early childhood system includes multiple state agencies and multiple funding streams financing each of the components of Utah’s early childhood framework. Also similar to the system mapping process, there is a role for this analysis at the state level, but also at a local or community level.

Voices for Utah Children, a private nonprofit entity, publishes an annual [Children’s Budget](#), which quantifies the amounts of state and federal dollars allocated to supporting Utah children ages 0–17. In contrast, Table 10 is a fiscal map of early childhood funding allocations for children ages 0–5. It identifies each major early childhood program or service, which state agency administers the funds, the amount of funding the state and federal governments provide, and in which early childhood framework domain the program or service is categorized. Appendix D contains additional detail on sources and methodology for estimating the funding allocation to the birth-through-five population, where applicable.

General Findings from the Fiscal Mapping Process

According to the fiscal map, Utah expends \$1,129,541,983 in state and federal resources on its early childhood system for children ages 0–5. Among those resources, the largest amount of money is spent on the Medicaid program, representing more than half of all funding for early childhood programs in the state. The next largest amount of funding is expended on kindergarten, through Minimum School Program funding.

One of the challenges of developing a fiscal map of the early childhood system is that much of the funding serves a larger age range of children. However, in evaluating the fiscal map through estimates that disaggregate the age range, it is clear that programs specifically targeting the youngest children, infants and toddlers, represent a small portion of the total, \$88.8 million. These include BabyWatch Early Intervention, Home Visiting, Utah Schools for the Deaf and the Blind Parent/Infant Program, and the Maternal and Infant Health Program. Among the programs primarily serving children between the ages of three and five, \$165.7 million is expended in the following programs: Special Education Preschool; Utah's state-funded preschool program, School Readiness Grants and Supports; home-based technology preschool program, UPSTART; and kindergarten and supplemental kindergarten programs.

Table 10. Estimated funding allocations for Utah programs and services, Ages 0–5, FY2018ⁱ

The colored rows in this table correspond with Utah’s four service domains: ■ Family Support & Safety ■ Early Learning ■ Health & Development ■ Economic Stability

Early Childhood Program or Service	State Fiscal Agent	State \$	Federal \$	Domain
Home Visiting: MIECHV	DOH		\$3,423,566	Family Support & Safety
*Child Care Licensing	DOH	\$824,662	\$1,339,820	
*Child Welfare (Child Protective Services, In-home, Out-of-home, adoption)	DHS	\$36,529,072	\$23,577,043	
Baby Watch Early Intervention Program (IDEA Part C)	DOH	\$15,028,100	\$5,670,958	Health & Development
Maternal & Infant Health Program	DOH		\$61,086,700	
*Medicaid	DOH	\$173,962,649	\$405,912,847	
*CHIP	DOH		\$13,419,643	
Special Education Preschool (IDEA Part B)	USBE	\$35,682,600	\$3,551,119	Early Learning
High-Quality School Readiness Grants and Supports	USBE & DWS	\$3,000,000	\$9,000,000	
UPSTART computer program	USBE	\$8,128,100	\$2,000,000	
Head Start & Early Head Start	Local Entities		\$61,771,465	
Kindergarten (Minimum School Program)	USBE	\$93,994,200		
Supplemental Kindergarten Programs (OEK and KSEP)	USBE	\$10,400,000		
Utah Schools for the Deaf and the Blind, Parent/Infant program	USBE	\$3,149,773	\$489,779	
*Child and Adult Care Food Program (CACFP)	USBE		\$15,882,906	Economic Stability
Supplemental Nutrition Program for Women, Infants and Children (WIC)	DOH		\$39,325,634	
*Child Care Subsidies (CCDF and TANF)	DWS		\$46,609,538	
*Family Employment Program (FEP)	DWS		\$5,493,743	
*Supplemental Nutrition Assistance Program (SNAP)	DWS		\$50,288,066	
Total		\$380,699,156	\$748,842,827	

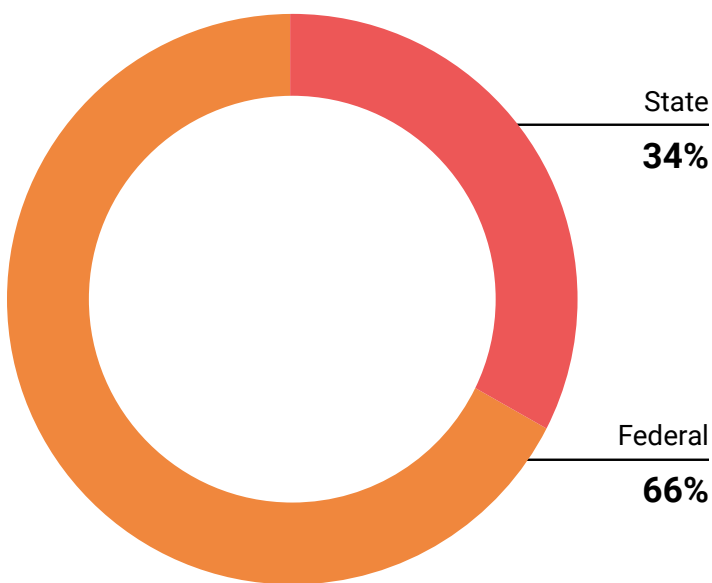
* These programs serve older children in addition to those ages 0–5. This number is an estimate of the total funding that is expended toward the birth-through-five population.

i “FY” represents fiscal year and is defined by the US Federal Government, starting on October 1 and ending on September 30. The calendars cover a 12 month period and are divided into four quarters.

Federal and State Funds

Fully 66% of Utah's early childhood fiscal support comes from federal funds (see Figure 10). Major federal funding programs for early childhood that are available to all states include the Child Care and Development Block Grant (CCDBG), Head Start, Temporary Assistance to Needy Families (TANF), Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), Title IV-B and Title IV-E of the Social Security Act, Medicaid, and the Children's Health Insurance Program (CHIP), Individuals with Disabilities Education Act (IDEA) Parts B and C, Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and the Child and Adult Care Food Program (CACFP). The largest state expenditures for early childhood are the state portion of Medicaid, Minimum School Program funding for kindergarten, Special Education Preschool, and Child Welfare.

Figure 10. Proportion of state and federal funds allocated to early childhood resources in Utah



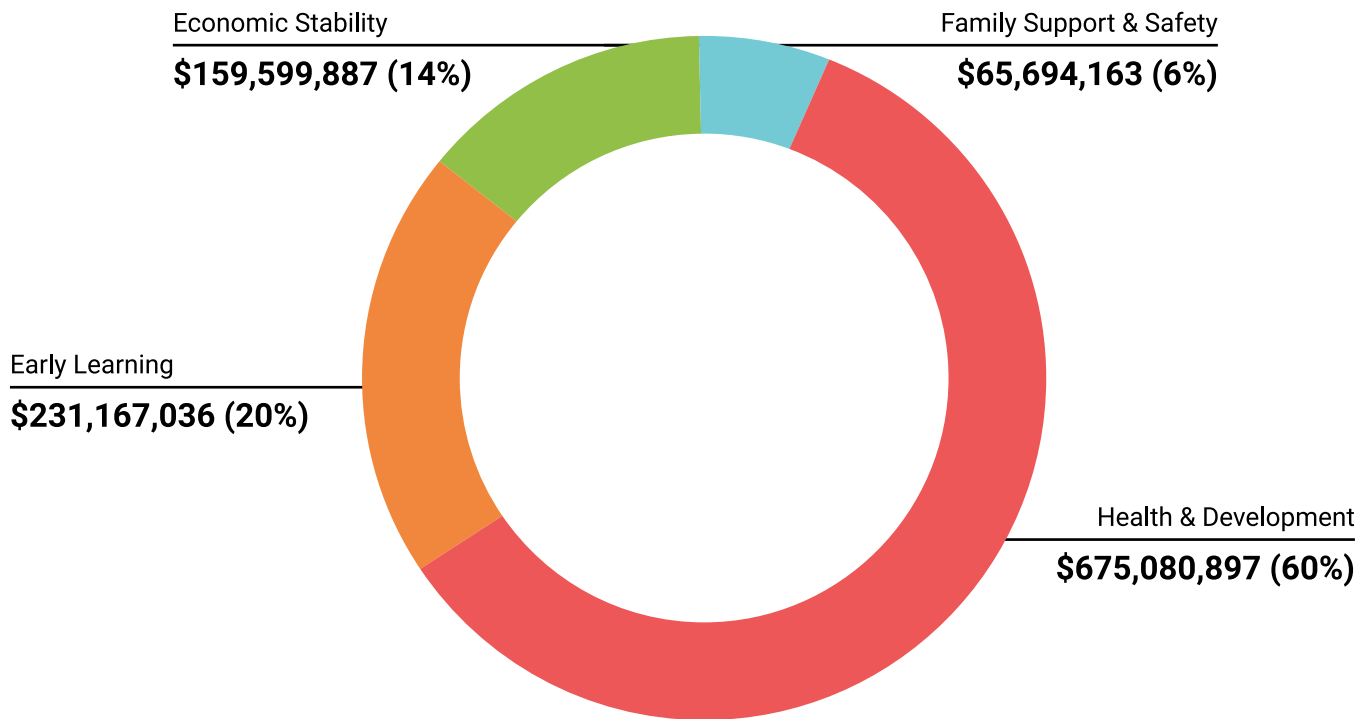
Many states and localities supplement the major federal funding sources for early childhood with state tax revenues and other special revenue sources. These less traditional sources may include lotteries, local taxes dedicated to early childhood services or children's funds, individual or business tax credits, leveraging private investment dollars through innovative financing structures, or even in-kind use of facilities.³⁴ In addition to utilizing alternative funding sources, there are financing approaches that can support early childhood efforts, including blending and braiding of funds. Blending occurs when two or more funding streams are used seamlessly for one set of work. Braiding involves closer accounting processes as allocation and tracking of funds from two or more funding streams are used for one set of work. The blending or braiding of funds requires a well-coordinated system, particularly when the funding and increased efficiencies must occur between different agencies.

Funding by Early Childhood Domain

The largest amount of resources in Utah's early childhood system are allocated to the health and development domain of the framework (see Figure 11). The smallest amount of resources are allocated to the family support and safety domain, with the majority within this domain expended on child welfare expenses.

³⁴ The Children's Funding Project and the Education Redesign Lab at the Harvard Graduate School of Education, Innovative Financing to Expand Services So Children Can Thrive, <https://edredesign.org/press/InnovativeFinancingtoExpandProgrammingandServicesSoChildrenCanThriveFinal.pdf>.

Figure 11. Funding by early childhood domain



Funding Stability

To ensure a stable and sustainable system of programs, it is important to have ongoing funding, since the funds tend to support personnel-intensive services and multiyear programs. In Utah, there has been variable or unstable funding sources from year to year. Unfortunately, this instability may lead to loss in confidence of the system or a decrease in utilization of the system by families. This instability in funding has occurred in evidence-based home visiting programs, high-quality preschool, and extended-day kindergarten, which have received funding through one-time funding sources. When this occurs, programs face closure, layoffs, and uncertainty about services available to families.³⁵

Funding to Support System Infrastructure

In addition to funding programs and services, it is important to provide support for system infrastructure to advance coordination, alignment, and data integration. These are essential system elements, as they allow the other programmatic funds to be used in the most effective and efficient manner. In Utah, the Governor’s ECC received no dedicated funding. The ECU, meanwhile, has had some funding support, but staff from the DOH provide support to the ECU, in addition to their other duties not related to the ECU. As detailed previously in the Data Integration section of this Needs Assessment, the UDRC has ongoing and stable funding to coordinate, but the ECIDS has time-limited funding.

³⁵ In a comprehensive statewide needs assessment for the Title V Maternal and Child Health Services Block Grant that includes a survey and interviews, respondents expressed concerns about lack of funding, unreliable funding streams from the state, and insufficient funds to meet needs of Utahns. Preliminary findings shared by Dr. Sharon Talboys, University of Utah, with Sorenson Impact Center in August 2019.

COMMON STANDARDS, POLICIES, AND DEFINITIONS OF QUALITY

KEY TAKEAWAYS

- Definitions and measurement of quality are not uniformly applied to all programs, limiting the ability to understand the full picture of quality across the system.
- Utah's Early Childhood Core Standards are not mandatory for programs, and the degree to which they are implemented across the system is unknown.
- Utah's early childhood system does not have a universal messaging campaign with information on early childhood development and how families can connect with additional resources.
- Well-coordinated and aligned systems include high-quality early care and education programs as part of the larger educational continuum that leads into kindergarten.

Common Quality Standards and Definitions

Common quality standards and definitions across all of Utah's early childhood care and education environments provides clear information to parents as they choose the right program for their families and lays out a path for all participating children to be kindergarten ready. These standards and definitions are often set by agencies that are part of the state-level early childhood governance structure, and the commonality allows for more streamlined enforcement and tracking of programs' adherence to the standards. Two examples of early childhood quality measures available in Utah are the Early Childhood Core Standards, adopted by the Utah State Board of Education (USBE), and the newly developed Child Care Quality System, recently implemented by the Department of Workforce Services Office of Child Care (DWS-OCC). Preschools, and parents and other educators, use these early childhood standards to inform and guide decisions regarding curriculum that will prepare children for kindergarten. USBE's Early Childhood Standards Writing Committee is currently updating these standards, including suggested activities and approaches for each of the standards and their subsections. The standards are not mandatory for all early childhood learning programs, but only for some programs that receive certain state funds.

In July of 2018, the DWS-OCC began piloting the Utah Child Care Quality System (CCQS). The CCQS was implemented for center-based child care programs in October of 2019 and will be implemented for family-based child care programs in January 2021. Participation in the quality rating system is required for programs to receive federal funding from DWS-OCC, including funding for child care subsidies. For all other licensed child care programs, participation in CCQS is voluntary. As CCQS is fully implemented, Utah will know the number of high-quality child care programs operating in the state, as well as the number of young children served by levels of quality, including children representing Utah's target populations.

In addition to child care programs, Utah's early care and education system includes Head Start programs and public preschool programs operating in Utah's public education system. Utah's Head Start programs may voluntarily become licensed child care programs and therefore have quality measured utilizing the CCQS, but all Head Start programs have a separate set of performance measures established by the federal Head Start program. The federal Office of Child Care welcomes and encourages Head Start programs to participate in Utah's CCQS. Similarly, at this time CCQS does not apply to the public preschool programs operating in Utah's public education system. However, components of CCQS and other tools utilized to evaluate quality are being used in public and private preschool programs receiving state funding through Utah's School Readiness program. As a result of both the disparities in the definitions of quality utilized by Utah's early care and education system and the limited application of the definitions to programs across agencies, Utah does not have a comprehensive understanding of the number of high-quality early learning programs in the state. The organization of governance structures also facilitates the establishment of common standards and

definition of quality. In 2010, there were 35 states that included public prekindergarten in the same governing entity that oversees public kindergarten through 12th grade education for the state.³⁶ In doing so, these states align core competency standards for students, share data, and adjust programming to meet the needs of children and their families. States with well-coordinated and aligned early childhood systems tend to house multiple initiatives and programs within one agency, which might be the state’s department of education, department of human services, or similar.³⁷

Common Definition of Kindergarten Readiness

The U.S. Department of Health and Human Services’ Head Start Office defines school readiness broadly as when “children are ready for school, families are ready to support their children’s learning, and schools are ready for children.”³⁸ Kindergarten or school readiness is typically further defined at the state level to align to the state’s early childhood framework.

More than twenty-six states have adopted official, statewide kindergarten readiness definitions.³⁹ Having a common definition of and way to measure kindergarten readiness serves multiple purposes for both students in preschool and those entering kindergarten. In a 2016 study of state education agencies, REL Northwest found kindergarten readiness definitions served to “inform classroom instruction, curriculum planning, and professional development needs; identify students in need of specialized supports or interventions; and provide a statewide snapshot of what children know when they enter kindergarten, monitor changes over subsequent kindergarten cohorts, and inform public policy and public investments in early childhood.”⁴⁰

Utah has not adopted a formal or official statewide definition of kindergarten readiness, but the state uses two tools to determine whether children are ready for kindergarten: the Kindergarten Entry and Exit Profile, or KEEP assessment evaluates the math and literacy skills of incoming and outgoing students, while “Utah’s Early Childhood Core Standards,” define the key skills and knowledge that kindergarten students should have after completing preschool.⁴¹

Example of Formal Local Government and State Alignment

Colorado offers an example of a coordinated and aligned state early childhood system. Colorado’s State Advisory Council for early childhood, the Early Childhood Leadership Commission, developed the Early Childhood Colorado Framework, which Colorado’s Office of Early Childhood then adopted for statewide use. The Early Childhood Colorado Framework is part of a larger state early childhood initiative, including a website, which serves as a hub for early childhood agencies, policymakers, and researchers to connect and partner with one another in order to improve outcomes for children and families in Colorado. The Framework is organized so that various early childhood parties can clearly see their role and impact on the larger system, and is also detailed enough to provide a basis for agencies to develop aligned strategic action plans, incorporating the Framework into their daily work.

Sources:

“Early Childhood,” Colorado Department of Human Services, <https://www.colorado.gov/pacific/cdhs/early-childhood>.

“Frame,” Early Childhood Colorado Framework, <http://earlychildhoodframework.org/frame/>

36 Hunter Railey and Louisa Diffey, Your Question, Our Response: Response to information request made with Education Commission of the States (2017), https://www.ecs.org/wp-content/uploads/State-Information-Request_P-20-Consolidated-Governance-Structures.pdf.

37 Ibid.

38 Head Start Office, Head Start Approach to School Readiness – Overview (December 2018).

39 <https://ies.ed.gov/ncee/edlabs/regions/northwest/blog/kindergarten-readiness.asp>

40 Ibid.

41 Martell Menlove et al., Utah’s early Childhood Core Standards, prepared with the Utah State Office of Education (February 14, 2013), <https://www.schools.utah.gov/file/867f3f1b-c233-497a-bd45-e31dc4581327>.

Common Communication Strategy

Providing families with inconsistent messaging and information not only causes confusion but can potentially build distrust of the system. Utah is working toward creating a single comprehensive website about kindergarten readiness, designed with the parent or caregiver in mind. Developers of this website have sought input from many actors in the system, including parents and caregivers. However, the coordination, alignment, and system-building does not end with a well-designed website. The system needs to continually work to improve coordinated services, beyond informing parents of programs' existence. A key theme from the qualitative portion of this Needs Assessment, gathered through deliberative sessions with parents and service providers, was parents' lack of knowledge of developmental milestones, lack of awareness of existing programs, and misconceptions about eligibility and services.⁴²

WORKFORCE DEVELOPMENT

KEY TAKEAWAYS

- Early care and education professionals do not have common standards for professional development, expectations and required competences, and clearly delineated career pathways.
- Administrators do not have comprehensive data on the early care and education workforce
- Funding amount limits the scope and reach of existing workforce development programs.
- Many opportunities for professional development only serve a specific location or area and do not involve cross-training of professionals who work with children ages 0–5.

Components of a Highly Skilled Workforce

Research-based inputs associated with a high-quality early childhood workforce include the following:⁴³

- Develop and maintain a comprehensive and ongoing professional development system;
- Develop or revise statewide career pathways for advancement;
- Make progress toward compensation and benefit standards at parity with kindergarten teachers;
- Promote data-driven policies and programs with a statewide workforce registry;
- Bolster state certification and higher education scholarship programs;
- Reward degree completion with wage supplements or tax credits.

All components of the early childhood workforce are dependent upon each other to establish standards for, and result in, a high-quality workforce. In recent years, the Utah State Legislature has passed several bills and resolutions to establish a foundation for an early childhood system, but has not addressed robust, ongoing support of the early childhood workforce. In 2016, the legislature appropriated \$500,000 to provide scholarships to early childhood teachers to receive the nationally recognized Child Development Associate (CDA) Credential. Through that appropriation, over 400 early care and education professionals working in public preschool, Head Start, and private child care programs obtained their CDA. The success of the program has led the DWS–OCC to continue funding the training for private child care providers with an option for public preschool and Head Start professionals to participate for a modest fee.⁴⁴

42 See Appendix A, Preschool Development Grant, Ages Birth-Five Qualitative Deliberate Group data, 2019

43 Rebecca Ullrich, Katie Hamm, and Leila Schochet, "6 Policies to support the early childhood workforce," Center for American Progress, February 6, 2017, <https://www.americanprogress.org/issues/early-childhood/reports/2017/02/06/298085/6-policies-to-support-the-early-childhood-workforce/>.

44 Point-in-time data provided by DWS–OCC on November 25, 2019

Multiple public and private efforts and investments have also laid a strong foundation upon which to build a high-quality early childhood workforce. Appendix E contains additional detail on Utah's early childhood workforce resources and programs. Based upon interagency cooperation and partnerships, these efforts are bringing Utah closer to maintaining all the components of a highly skilled workforce, but barriers still remain.

Professional Development and Career Pathways

One barrier to the creation of a high-quality workforce is the development and maintenance of a comprehensive and ongoing, professional development system. Currently, Utah has some entities and opportunities for professional development, including the following:

- Utah Registry for Professional Development (URPD) (USU & DWS-OCC);
- Care About Childcare (CAC) (DWS-OCC);
- Utah Early Childhood Conference (UAEYC & DWS-OCC);
- Empowered to Connect Conference (Children's Services Society);
- Care About Childcare USU-Eastern Conference on Strengthening Early Childhood Programs (USU-Eastern & DWS-OCC).

Engagement with these various organizations is voluntary, and many in the early childhood workforce do not access or engage with the professional development registries in beneficial ways.⁴⁵ Based on data provided by the Utah Early Childhood Conference and Children's Service Society, participation in valuable ongoing training programs is at the discretion of early childhood professionals themselves, who often fail to take advantage of opportunities for professional development both because they are not mandatory and because they are particular to only one region or area.⁴⁶ In addition, professional development opportunities are not available to caregivers and teachers across all programs, settings, and roles, and often do not involve cross-training.

Another barrier to establishing a high-quality workforce is the absence of a statewide career pathway for caregivers and teachers within Utah's early childhood system. The DWS-OCC and Utah State University oversees the Utah Registry of Professional Development (URPD) career ladder program. The career ladder has 12 levels with each level outlining coursework required to complete each level and provides a registry to track professional accomplishments, as well as a formal system of recognition for completed work.⁴⁷ URPD also administers a professional incentive that provides eligible participants with a financial incentive upon completion of each level on the career ladder.⁴⁸

URPD is the state's primary early childhood workforce registry, open to all members of the workforce, although largely includes individual profiles for professionals working in child care. Additionally, the workforce registry only includes individual records for those professionals participating in Utah's early childhood career ladder. As a result of its voluntary participation, URPD is not capturing the professional development, educational attainment levels, or career ladder progress of the entire early childhood workforce. In addition, the limited utilization of URPD by the workforce limits Utah's ability to uniformly understand issues related to compensation, expectations, and professional development. Based on the limited utilization and understanding, the development of career pathways for advancement falls upon individual employers.

45 Point-in-time data provided by URPD on September 19, 2019. See Appendix E for more information.

46 Point-in-time data provided by UAEYC on October 9, 2019 and by CSSS of Utah on September 14, 2019. See Appendix E for more information.

47 <https://urpd.usu.edu/ou-files/uploads/Professional%20Development%20Brochure%20FY20.pdf>

48 <https://urpd.usu.edu/professional-development/professional-development-booklet>

State Certification and Scholarship Programs

In Utah, several post-secondary education opportunities exist for the early childhood workforce to increase their education and skill set. Because these dollars largely come through the DWS–OCC, some of these opportunities may be limited to the private child care workforce.

The URPD provides scholarships to cover costs associated with tuition and fees, obtaining a Child Development Associate credential (CDA), or a National Administrator’s Credential (NAC).⁴⁹ The T.E.A.C.H. Early Childhood Utah scholarship, administered by UAEYC and Salt Lake Community College (SLCC), serves both early childhood educators and administrators across Utah. T.E.A.C.H. covers 80% of tuition for those in the private child care sector who are eligible.⁵⁰ The Early EdU Program is open to largest variety of educators, and offers accessible and affordable credit-bearing professional development courses.⁵¹ Early EdU offers three courses, at three credit hours per course, for \$21 per hour. See Appendix E for additional detail on early childhood workforce programs and resources in Utah.

Compensation and Benefits

Nationally, low compensation among early childhood professionals is near the top of the reasons for the high rates of turnover in the field of early childhood care and education.⁵² Low pay also increases applications for public assistance. It is estimated that nationally, between 43% and 54% of early childhood workers experience high rates of food insecurity and are receiving public assistance.⁵³ Poor mental well-being and chronic diseases such as asthma, hypertension, and migraines also affect early childhood workers at higher than average rates.⁵⁴ In addition, research has found that 25–30% of the early childhood workforce is not covered by health insurance, which can lead to further financial difficulties when children or their caregivers become ill and need medical care.⁵⁵

In Utah, child care workers experienced a decrease of less than 10% in their median wage from 2015 to 2017.⁵⁶ Based on 2018 data from the Bureau of Labor Statistics, the mean wage estimates for members of the early childhood workforce in Utah was \$10.78 per hour, while the national mean wage was \$11.83.⁵⁷ Unfortunately, low pay and high rates of turnover may result in decreased quality of a child’s learning environment and impact child outcomes.⁵⁸

49 <https://urpd.usu.edu/scholarships>

50 <https://www.uaeyc.org/t.e.a.c.h.-early-childhood.html>

51 The Utah Early EdU Collaboration was formed in 2017 and is made up of Southern Utah University (SUU), Utah Education Network (UEN), Utah Head Start Association (UHSA), Utah Office of Child Care (OCC), Utah State Board of Education (USBEd) and Weber State University (WSU)

52 Marcy Whitebook et al., Early Childhood Workforce Index 2018. (Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley 2018), <https://cscce.berkeley.edu/files/2018/06/Early-Childhood-Workforce-Index-2018.pdf>.

53 Jennifer J. Otten et al., “The Culture Of Health In Early Care And Education: Workers’ Wages, Health, And Job Characteristics.” Health Affairs 38, no. 5 (2019): 709-720.

54 Marcy Whitebook et al., Early Childhood Workforce Index 2018. (Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley 2018), <https://cscce.berkeley.edu/files/2018/06/Early-Childhood-Workforce-Index-2018.pdf>.

55 Jennifer J. Otten et al., “The Culture Of Health In Early Care And Education: Workers’ Wages, Health, And Job Characteristics.” Health Affairs 38, no. 5 (2019): 709-720.

56 Marcy Whitebook et al., Early Childhood Workforce Index 2018. (Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley 2018), <https://cscce.berkeley.edu/files/2018/06/Early-Childhood-Workforce-Index-2018.pdf>.

57 <https://www.bls.gov/oes/current/oes399011.htm#st>

58 Marcy Whitebook et al., Early Childhood Workforce Index 2018. (Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley 2018), <https://cscce.berkeley.edu/files/2018/06/Early-Childhood-Workforce-Index-2018.pdf>.

TRANSITIONS

KEY TAKEAWAYS

- Early care leaders and parents expressed concerns related to poor care coordination and information sharing.
- Additional provisions are necessary statewide to ensure effective transition support for vulnerable and underserved children with developmental delays or other special needs.
- Because learning expectations, curricula, instructional strategies, assessments, and learning environments are not fully connected and aligned into the state's educational continuum, children, particularly those vulnerable and underserved, experience gaps in the successful transition to kindergarten.

Transitions are any change in events and experiences that occur when a child moves from a well-known setting to one with new roles and expectations. A successful transition is characterized by the consistency of experiences for children across diverse care and education settings as they grow and develop. Transitions are important because children who experience continuity with earlier educational experiences show increased motivation, improved relationships with peers and adults, and higher achievement.⁵⁹ Successful transitions are characterized by the consistency of experiences for children across diverse care and education settings as they grow and develop, and requires strong leadership and collaboration between both the sending and receiving programs.⁶⁰

Existing Transition Supports

Some early childhood service leaders within the Utah birth-through-five system are confident in their ability to adequately transition children from early care and education programs to elementary school. One early care administrator described how early educators seek to identify where the students will attend kindergarten or first grade and partner with schools and teachers to ensure children develop the desired competencies, saying that the transition was “going very well. My preschool teachers know what their neighborhood schools need.”⁶¹ In addition, some early childhood service leaders are encouraged by the newly formalized early childhood governance structures and feel confident about their ability to increase collaboration.

Some rural Utah communities demonstrate increased collaboration due to smaller population densities. For example, some rural Cache County preschool providers take field trips to kindergarten classrooms in an effort to improve child transitions from preschool. Stakeholders noted that smaller communities and private providers have increased flexibility and additional opportunities for innovation.

Utah's early care leaders reported that urban schools are also increasing coordinating between preschools and the school district to provide parent support and ensure the needs of children are met.⁶² Specifically noted were the small cluster of preschools that are addressing mental health and autism for children ages 0–5. Outside of the small cluster of preschools serving children with autism, transitions and continuity in learning experiences for Utah children with developmental delays remain largely insufficient. Continuity in learning experiences for children over time requires the alignment of learning expectations, curricula, and other instructional strategies, assessments, and learning environments to ensure that they are coordinated and grounded in the science of child development and best practices in instruction and other professional responsibilities.⁶³

59 Harper, L. J. (2016). Supporting young children's transitions to school/ Recommendations for families. *Early Childhood Education Journal*, 44(6), 653-659

60 Pianta, Robert C., Marcia Kraft-Sayre, Sara Rimm-Kaufman, Nancy Gercke, and Terri Higgins. “Collaboration in building partnerships between families and schools: The National Center for Early Development and Learning’s Kindergarten Transition Intervention.” *Early Childhood Research Quarterly* 16, no. 1 (2001): 117-132.

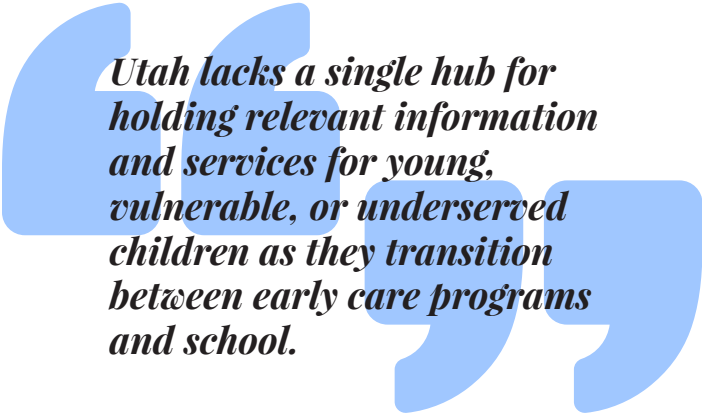
61 Personal Communication with Neighborhood House, on June 27, 2019

62 Utah is an English-only state and does not require translation services, B-5 service providers are ensuring that parents are aware of basic information such as when school enrollment occurs and what is needed, documents are translated into Spanish, and organizations seek translators to accommodate non-English speaking parents.

63 National Research Council. *Transforming the workforce for children birth through age 8: A unifying foundation*. National Academies Press, 2015.

Gaps in Transition Supports

Although strengths exist within Utah's birth-through-five system, it remains complex and fragmented. The existing complexities result in families experiencing difficulty when attempting to access essential services and supports. Utah lacks a single hub for holding relevant information and services for young, vulnerable, or underserved children as they transition between early care programs and school. Once children age out of early intervention, transition services decline significantly. Early care leaders and parents expressed concerns related to poor care coordination and information sharing. Getting information to and from the school is, in the words of one parent, "almost impossible; there is a lot of [necessary] follow-up and follow-through that just doesn't happen."⁶⁴



Utah lacks a single hub for holding relevant information and services for young, vulnerable, or underserved children as they transition between early care programs and school.

Parents, caregivers, and service providers attributed the lack of communication between early childhood care, education programs, and schools to the fact that stakeholders within Utah's educational system tend not to view early child care as equal to primary teachers nor early care as education per se. One early care professional asserted, "We are education—we are not just child care.... We are educators and the toddler's teachers are their first professional educators."⁶⁵ Stakeholders believe that by recognizing early care and education programs in the state's educational continuum, Utah can encourage further alignment of learning expectations, curricula, instructional strategies, assessments, and learning environments to ensure children, particularly those vulnerable and underserved, thrive during transitions.

Transition supports exist within a few specific program-level offices; however, none span all agencies or community-based organizations that serve children ages 0–5. For example, within the Children's Mental Health division of Child Protective Services (Department of Health & Human Services), there are supports in place for children 0–8, but division directives to develop policies to support this population in a variety of care and education settings remain forthcoming. The lack of common language or established definitions is another limitation to transition support for families. As one early child care professional put it, "Not having similar language and definitions makes it hard to even identify where coordination and transitions should occur."⁶⁶

Transitions in Rural Areas

Targeted support for Utah children transitioning from early care and education programs to school in rural and frontier areas needs improvement. To date, there are no targeted transition supports tailored towards vulnerable and underserved children and families in rural communities. Essentially, stakeholders agreed that transition services and supports are either scarce or nonexistent in rural communities.

⁶⁴ Appendix A: Preschool Development Grant, Ages Birth-Five Qualitative Report, 2019

⁶⁵ Personal Communication with The Children's Center, on July 26, 2019

⁶⁶ Ibid.

Developmental Delays and Other Special Needs

Additional provisions are necessary statewide to ensure effective transition support for vulnerable and underserved children with developmental delays or other special needs. One stakeholder further explained:

Right now, the services [for special needs children] are really challenged; developmental delays are seen as [a] physical health need. For example, if there is a child with Autism, they have to be diagnosed with either [a] physical or mental health need. Thus, they would not have a provider to address all of their needs. So, a child with autism who has anxiety would be treated by a provider addressing the physical health aspects and [who] would not be sufficiently trained to help with the anxiety. The goal is to minimize the siloed approach and create more integrations—then billing will have to catch up.⁶⁷

It is difficult for Utah's early childhood service leaders to address social and emotional needs as children transition to kindergarten, and between early intervention and preschool special education programs. This is particularly true for children who have experienced trauma and disruption, such as those in foster care. With only one therapeutic preschool in the state of Utah, many early care providers are tasked with meeting the needs of children who have emotional disruption without the specialized training necessary to do so. Early childhood service providers need additional skills to effectively screen and respond to the needs of children appropriately while distinguishing normal behavior from trauma responses. It is essential that Utah's early childhood system better acknowledge and account for the socio-emotional development of young children relative to their overall well-being.

Parents' Role in Transitions

The methods for sharing transition information with parents in Utah often do not take account of cultural and linguistic considerations. Early childhood service leaders believe their respective agencies could do a better job at sharing information with families, both when children transition to kindergarten and between early intervention and preschool special education programs. There is a need for more Spanish-speaking service providers to assist Latinx families during transitions as well as additional services for refugees.⁶⁸ Despite the availability of twenty-four-hour phone translation services, a significant gap in culturally and linguistically responsive early care transition support services remains. In the absence of state mandates and provisions to ensure accommodations for other languages, both written and verbal, many organizations in Utah are forced to stretch their modest resources in an effort to provide in-person interpreters and translated documents to parents.

⁶⁷ Ibid.

⁶⁸ Personal Communication with The Children's Center, on July 26, 2019

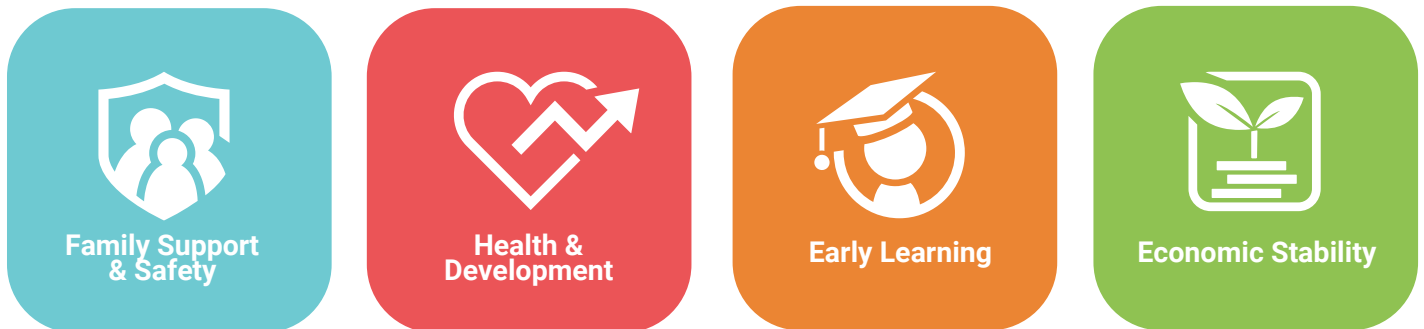
SECTION 3: PROGRAMMATIC ELEMENTS IN UTAH'S SYSTEM

A well-functioning early childhood system that is coordinated and aligned across multiple agencies and systems provides families with high-quality programs and services to support their needs and their child's development. This section of the Needs Assessment identifies the programs and resources for young children and families in Utah in each of the four domains: Family Support and Safety, Health and Development, Early Learning, and Economic Stability.

Updating Selected Programmatic Data: 2017 Early Childhood Services Study

As discussed throughout this Needs Assessment, the 2017 Early Childhood Services Study provided data and analysis on programs and services in Utah's early childhood system. The report focused on the state level and covered different policies, resources, and programs serving Utah children ages 0–5 and their families.

This Needs Assessment builds upon that report, which provided much contextual and overview information on programs and services in addition to identifying needs and gaps. The following sections may include updated data or expanded information about particular programs, a specific systems-level focus on how increased system infrastructure could improve programs or services, or more specific data from counties or other geographic areas, when available.



FAMILY SUPPORT AND SAFETY

HOME VISITING

KEY TAKEAWAYS AND NEEDS


- Decreased funding and one-time funding for home visiting services in recent years has led to fewer families receiving services.
- Utah does not have comprehensive home visiting data collection or a coordinating entity tracking all home visiting services, which may receive operating funds from multiple sources.
- Home visiting services are meeting a small portion of the estimated need, and there is limited access for families outside of Salt Lake City and Ogden.
- Families are not aware of eligibility requirements, face long waiting lists, and lack access to culturally competent home visitors for refugees and other minority populations.

The [2017 Early Childhood Services Study](#) provides an overview of home visiting services in Utah, the Utah DOH's Office of Home Visiting (OHV), and estimates of families served by various home visiting providers at that time. In addition, the 2017 study identified gaps in home visiting services, including that half of the counties in Utah did not have any home visiting programs. For the counties with home visiting programs, those programs were estimated to meet only a small percentage of the potential need.

Limited Funding

Funding changes in recent years have dramatically decreased the number of families receiving services. Utah's OHV has seen its federal funds reduced from a high of \$8 million in fiscal year 2016 to \$1 million in fiscal year 2019, which caused several sites to stop offering services as the OHV was unable to fund four local agencies. Additionally, the OHV is experiencing an overall reduction in other funding streams, including TANF dollars that were allocated to the OHV. During the 2019 General Session, the Utah Legislature allocated \$520,000 to the OHV, which represents the first time the OHV has received state dollars for evidence-based home visiting programs.

Since families require service over multiple years, from a child's birth through the most crucial years for brain development, this variable and one-time funding can seriously weaken a home visiting program's ability to serve families in need. Additionally, gaps in data collection make it difficult to provide accurate longitudinal analyses. The OHV does not have access to historical data, and data ownership by service providers presents issues in collecting and maintaining consistent data.



Home visiting services in Utah continue to meet only a small percentage of the potential need statewide.

Table 11. Funding history of the Utah OHV–Utah DOH

Funding Source	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019
X02 MIECHV Formula Funding ⁱ	\$1.0M	\$1.0M	\$1.0M	\$1.0M	-	-
X10 MIECHV Formula Funding ⁱ	-	-	-	\$3.2M ⁱⁱ	\$2.09M ⁱⁱⁱ	\$1.05M
D89 MIECHV Competitive Funding	-	-	\$7.0M	-	-	-
State TANF Funding (4 County Health Departments expanding their NFP Home Visiting Program) ^{iv}	-	-	\$1.0M	-	-	-
State TANF Funding (Central Utah HD & the Native American Tribes in Utah)	-	-	-	\$1.0M	\$1.0M	\$1.0M
Early Childhood Utah Funding (3 high risk zip codes in Utah)	-	-	-	\$150,000	\$150,000	\$150,000
Total	\$1.0M	\$1.0M	\$10.0M	\$5.32M	\$3.24M	\$2.2M

ⁱ Two-year window to spend these funds

ⁱⁱ Unspent funding from the \$3.17 M carried forward to FY2018

ⁱⁱⁱ \$2.09 M in MIECHV formula funding allocated for FY2018 (\$1.05 M held in reserve for FY2019)

^{iv} This funding for Bear River, Weber-Morgan, Davis, and Utah County Health Departments carried forward to FY2018

Behind the numbers of this Needs Assessment are real Utahns, facing decisions and circumstances that affect their families' lives.

Maimouna came to the United States from Sudan when she was fifteen. She received citizenship and graduated from high school in Utah. Now in her thirties, Maimouna is a single mother with two children, ages 12 and 3. When her first child was young, Maimouna was connected to an organization that provided home visiting services. With the help of her home visitor, her child was connected to early intervention services and continues to be served through the school district's special education services today. Taking the lessons learned from her first child's experience and her knowledge of child development, Maimouna suspects her younger child may also have some developmental delays. She contacted the organization that provided home visiting services years ago, only to be told the program ended back in 2015 due to a lack of funding. The doctor at the health clinic told Maimouna that her younger child is fine, but Maimouna disagrees. Not knowing where to turn for additional developmental screening, Maimouna stays awake at night worrying that her child is falling further behind every day.

Names and specific identifying details have been modified.

Currently, federal MIECHV funds support programs in Weber County, Salt Lake County, and Washington County. The newly appropriated state dollars are being used to serve families in Salt Lake County, Central Utah Public Health Department, and San Juan County.

The Utah Department of Health is currently conducting a comprehensive statewide needs assessment for the Title V Maternal and Child Health Services Block Grant. The final results are expected in early 2020, but preliminary results indicate significant unmet needs statewide. As part of their needs assessment process, the OHV examined several risk factors by county, including premature birth, infant mortality, poverty, crime, domestic violence, high rates of high school dropout, substance abuse, unemployment, and child maltreatment. The counties with the greatest number of risk factors were Carbon, Garfield, Grand, Salt Lake, Tooele, Uintah, and Weber. Additional findings highlight access issues including:⁶⁹

- Limited access for families outside of Salt Lake City and Ogden;
- Lack of culturally competent home visiting for refugees and other minority populations;
- Not enough staffing to visit all homes (long wait times);
- Families do not know eligibility requirements;

Lack of Comprehensive Data Collection

There is also a lack of comprehensive data collection across multiple home visiting service providers. As currently structured, the DOH–OHV does not take a comprehensive view of home visiting in the state but rather oversees and distributes the federal MIECHV funds. Therefore, the OHV only collects information on home visiting programs that they fund. There is not an entity that uniformly collects data from all home visiting services in Utah, which presents a challenge for policymakers when trying to identify the number of families receiving services across all funding sources. The OHV did complete a one-time [comprehensive study in 2017](#), which provided detailed data from home visiting programs in the state across all funding sources. This report also addressed needs and gaps in services, as well as coordination and overlap. OHV reported that it is common for programs to report long wait lists, particularly in urban areas.

The National Home Visiting Resource Center identifies as many as 216,700 families in Utah who could benefit from home visiting, with about 26,000 of those families meeting two or more targeting criteria, indicating the greatest potential need. Yet only an estimated 2,110 families received home visiting services in 2017, which translates to roughly 8% of the most pressing need met.⁷⁰ Unfortunately, home visiting services in Utah continue to meet only a small percentage of the potential need statewide.

CHILD CARE

KEY TAKEAWAYS AND NEEDS

- More than 151,000 children ages 0–5 in Utah have all available parents in the workforce, yet there are just under 41,000 licensed child care slots. This represents 3.7 children for each available slot. This ratio varies across counties, with the highest rate in Morgan County, the lowest rate in Summit County, and four counties with no licensed child care slots.
- Vacancy rates are self-reported, reducing reliability. However, reported vacancy rates show high child care demand in many counties. Reported vacancy rates are even lower for infant and toddler care, meaning those slots were scarcer.
- The cost of high-quality child care, particularly for infants, is more expensive than most Utah families can afford.
- The state’s quality rating system is not fully implemented, which limits the ability to understand the full picture of quality across the system.

⁶⁹ Preliminary findings shared by Dr. Sharon Talboys, University of Utah, with Sorenson Impact Center in August 2019

⁷⁰ "Home Visiting by State," National Home Visiting by State, <https://nhvrc.org/explore-research-and-data/hv-by-state/>.

The [2017 Early Childhood Services Study](#) includes an overview of child care in Utah and presents data related to the needs and gaps in serving Utah families, including a statewide survey that provided insight into families' child care needs. Parents' need for high-quality, safe options for child care continues to increase. The U.S. Census Bureau estimates that in 2017, 52% of Utah children under age six had all available parents in the labor force.⁷¹ The number of licensed providers in Utah declined during the great recession, but has been increasing in recent years. Since 2014, the total number of licensed child care programs in Utah has increased approximately 9%, from 1,060 to 1,152 (see Table 12).

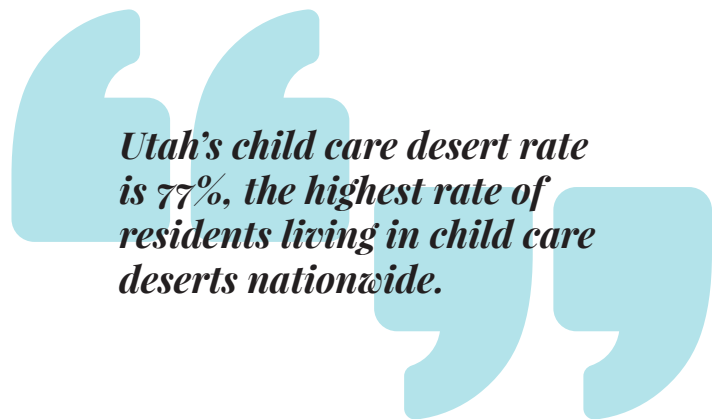
Table 12. Number of licensed child care providers in Utah, 2014–2019

	2014	2015	2016	2017	2018	2019
Licensed Center	284	296	306	322	330	342
Licensed Family	776	765	774	783	751	810
Total	1,060	1,061	1,080	1,105	1,081	1,152

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table B17024
<https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

Gaps in Availability

There is not enough licensed child care to meet the estimated need in the state. The Center for American Progress developed a methodology to identify child care deserts and studied their existence across the U.S. In its latest report, Utah's child care desert rate is 77%, the highest rate of residents living in child care deserts nationwide.⁷² The high cost of child care also affects Utahns' ability to access high-quality care. See the Child Care Assistance section in this Needs Assessment for additional analysis on child care costs in Utah.



The estimated population of children ages 0–5 in Utah is over 302,000, with just under 41,000 licensed child care slots in the state. In other words, there are approximately 7 children for every licensed child care slot available. Bearing in mind that not all 302,000 children are in need in of out of home child care, data on parents who work outside of the home was used to calculate the number of children in need of care. According to Census Bureau estimates, there are 110,632 children in two-parent families with both parents in the labor force, and 40,948 children in single-parent families with the parent in the labor force, for a total of 151,580 children under age six who potentially need out of home child care in the state of Utah.⁷³ This represents about 3.7 children reasonably expected to require child care for every one licensed space available.

71 Kids Count Data Center, Children under age 6 with all available parents in the labor force in the United States, <https://datacenter.kidscount.org/data/tables/5057-children-under-age-6-with-all-available-parents-in-the-labor-force>.

72 Rasheed Malik et al., "America's Child Care Deserts in 2018," Center for American Progress, December 6, 2018, <https://www.americanprogress.org/issues/early-childhood/reports/2018/12/06/461643/americas-child-care-deserts-2018/>.

73 Ibid

Licensed Capacity for Child Care, by County

While it is important to track statewide figures and trends, it is most meaningful to understand licensed child care capacity for families in the geographic area where they live. The ratio of children to licensed child care capacity varies considerably across the state, with rural counties experiencing the largest numbers of total children per licensed capacity. The highest rate is in Morgan County, the lowest rate in Summit County, and four counties do not have any licensed child care slots. Not all children or families will need formal licensed child care, so this does not represent a true gap in need, but does suggest the variability of need across the state. Since the 2017 study, there has been a net increased capacity across the state of 1,648 licensed child care slots, with capacity increasing in some counties and decreasing in other counties (see Table 13).

There are 3.7 children in Utah for every one child care slot.

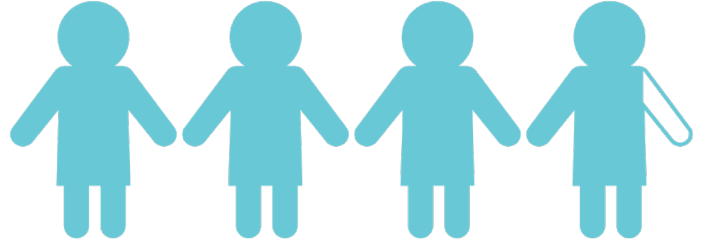
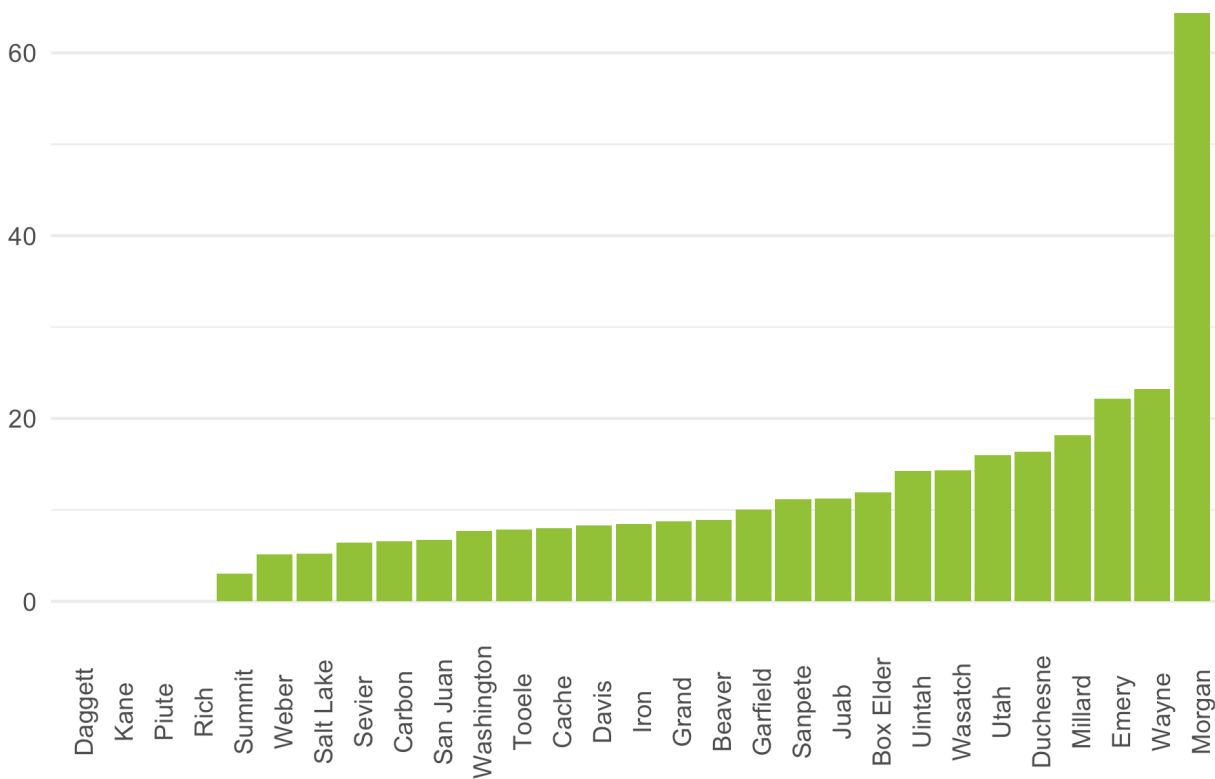


Figure 13. Number of children ages 0–5 per licensed child care slot, by county



Notes: Dagget, Kane, Piute, and Rich Counties have no licensed child care providers; Includes Licensed Center, Licensed Family, and Residential Certificate licensing types.

Table 13. Change in licensed capacityⁱ between 2017 and 2019, by county

County	Age 0 to 5 Population	Licensed Child Care Capacity October 2017	Licensed Child Care Capacity July 2019	Change in Licensed Capacity from Oct. 2017 to July 2019
Beaver	651	67	73	6
Box Elder	5,353	576	450	-126
Cache	13,819	1,404	1,723	319
Carbon	1,638	282	250	-32
Daggett*	49	-	-	-
Davis	34,665	4,051	4,171	120
Duchesne	2,404	147	147	0
Emery	797	68	36	-32
Garfield	361	16	36	20
Grand	701	119	80	-39
Iron	5,141	633	606	-27
Juab	1,222	117	109	-8
Kane*	496	-	-	-
Millard	1,235	84	68	-16
Morgan	1,030	16	16	0
Piute*	87	-	-	-
Rich*	199	-	-	-
Salt Lake	103,607	18,529	19,769	1,240
San Juan	1,413	172	210	38
Sanpete	2,308	148	207	59
Sevier	1,910	347	296	-51
Summit	2,553	832	838	6
Tooele	6,063	793	768	-25
Uintah	3,969	279	279	0
Utah	71,998	4,340	4,497	157
Wasatch	2,846	199	199	0
Washington	12,615	1,657	1,644	-13
Wayne	186	24	8	-16
Weber	23,027	4,439	4,507	68
Total	302,343	39,339	40,987	1,648

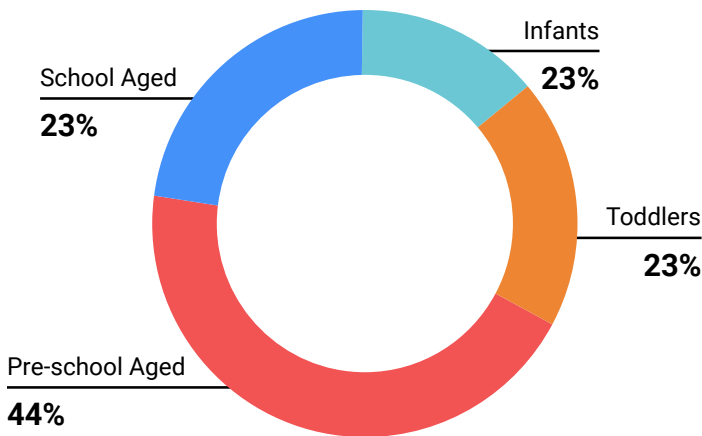
ⁱ Includes Licensed Center, Licensed Family, and Residential Certificate licensing types.

*No licensed child care

Demand for Child Care; Reported Vacancies

The vacancy rate for licensed child care is one indicator of the availability of care, as well as the level of choice that parents have when selecting care. Low vacancy rates indicate a high degree of utilization, and therefore reflect high demand for care. The Utah Office of Child Care receives vacancy rates from licensed providers, but these data are self-reported and not consistently audited. Similar to other child care data, there is wide variation across the state. Fifteen counties report a vacancy rate of 15% or less, and four counties have no licensed child care. Infant and toddler vacancy rates are even lower (see Table 14). In all but four counties, the reported vacancy rate was lower for infant and toddler care, meaning those slots were scarcer. National reports also indicate limited availability in infant and toddler slots compared to slots for preschool-age children.⁷⁴

Figure 14. Percentage of licensed child care slots in Utah, by age group



Source: 2019 Child Care Aware State Fact Sheet: Utah

⁷⁴ ChildCare Aware of America, 2019 State Child Care Fact in the State of Utah.

Table 14. Reported vacancy rates for licensed child care, by County, July 2019

County	Reported Vacancy Rate	Vacancy Rate for Infants and Toddlers
Beaver	62%	56%
Box Elder	8%	6%
Cache	17%	2%
Carbon	24%	23%
Daggett*	12%	11%
Davis	N/A	N/A
Duchesne	7%	17%
Emery	28%	20%
Garfield	14%	0%
Grand	9%	0%
Iron	13%	9%
Juab	4%	3%
Kane*	N/A	N/A
Millard	19%	42%
Morgan	0%	0%
Piute*	N/A	N/A
Rich*	N/A	N/A
Salt Lake	14%	11%
San Juan	23%	18%
Sanpete	23%	14%
Sevier	25%	14%
Summit	12%	3%
Tooele	7%	6%
Uintah	15%	18%
Utah	13%	13%
Wasatch	7%	6%
Washington	14%	12%
Wayne	0%	0%
Weber	12%	11%

Source: Care About Child Care Database
*No licensed child care

Quality Improvement Efforts

In October 2019, Utah launched its Child Care Quality System (CCQS) to support the healthy development of Utah's children by ensuring that children have access to high-quality child care. This new rating system evaluates providers over five domains of quality, assesses minimum standards, and awards quality points for additional enrichment and high-quality activities. While the system is not mandatory for all licensed providers, participation is required for those who receive funding from the DWS-OCC, including subsidy payments or grants. While this effort allows the DWS-OCC to collect more consistent and higher quality data to better inform investment of its dollars, and to understand the extent to which children are being served by high-quality providers, it is limited to those entities that receive funding or opt in. Because it was recently launched, there is limited data on the quality of Utah's full child care system.

In addition to state quality ratings, child care centers can gain national accreditation from nationally-recognized accrediting bodies such as the National Association for the Education of Young Children (NAEYC). Just 8% of child care centers in Utah are nationally accredited, which largely reflects the high cost of hiring well-educated and highly trained staff.⁷⁵ Having well-trained and educated staff who are knowledgeable in child development and early learning pedagogy ensures that children are exposed to positive learning experiences in a safe and nurturing environment. One obstacle to hiring and retaining high-quality early child care staff may be the low wages early child care professionals typically earn (see Workforce Development Section for additional discussion on the early childhood workforce).

CHILD WELFARE

KEY TAKEAWAYS AND NEEDS

- Of the child maltreatment cases in Utah involving neglect and abuse, young children (ages 0–5) represented the largest portion of victims, at 38%.
- Children ages 0–5 are disproportionately represented in foster care as well, making up 38% of the foster care population.

Safety from abuse and neglect is a basic prerequisite of a healthy childhood. As of 2017, the maltreatment rate in Utah for children under eighteen years old is 10.7 per 1,000 children, a 6.9% increase since 2013.⁷⁶ This rate is slightly higher than the national rate of 9.1 per 1,000 children (see Figure 15).⁷⁷

Utah operates a state-administered child welfare system coordinated through five regions. The Utah Department of Human Services, Division of Child and Family Services (DCFS) provides a continuum of services, from child abuse and neglect prevention and intervention to supporting youth transitioning out of foster care. Many of Utah's Community-Based Child Abuse Prevention (CBCAP) grants also fund parent education programming as part of local community prevention efforts, to align with the federal Child Abuse Prevention and Treatment Act agenda.⁷⁸

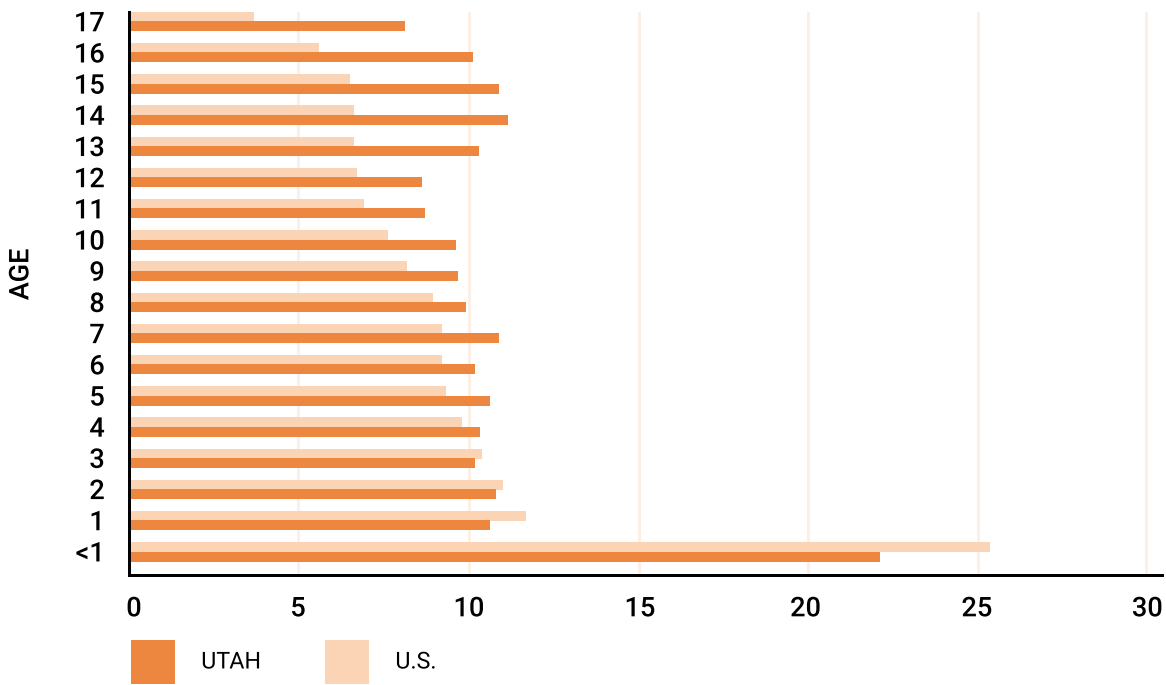
⁷⁵ Ibid.

⁷⁶ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, and Children's Bureau, *Child Maltreatment 2017* (2019), <https://www.acf.hhs.gov/sites/default/files/cb/cm2017.pdf#page=130>.

⁷⁷ Ibid.

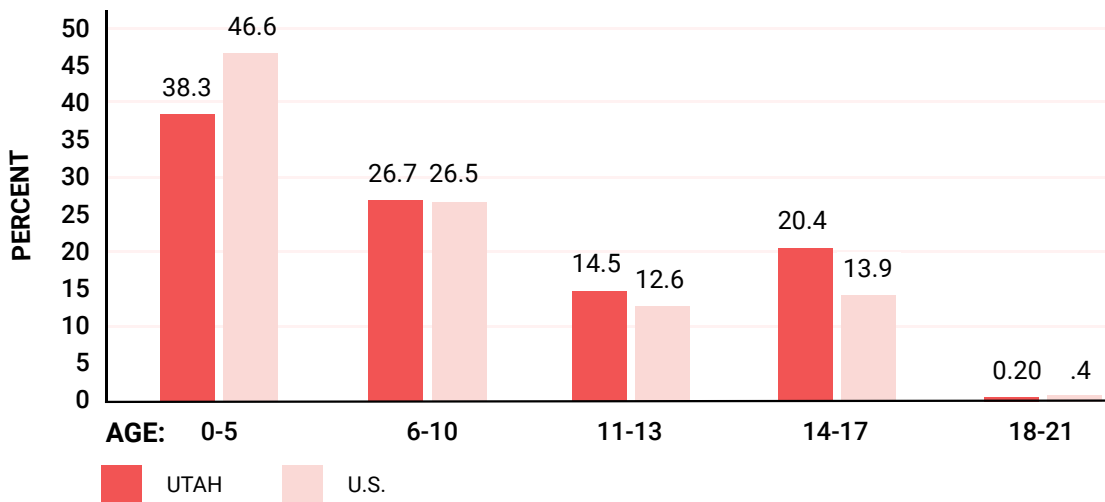
⁷⁸ <https://www.acf.hhs.gov/sites/default/files/cb/capta.pdf>

Figure 15. Rate of victims of child maltreatment per 1,000 Children, by age, 2017



Of the child maltreatment cases in Utah involving neglect and abuse, very young children (ages 0–5) represented the largest group of victims, at 38% (see Figure 16).⁷⁹ Children in the age group of birth to 1 year in Utah have the highest rate of victimization, at 22.1 per 1,000 children.

Figure 16. Victims of child maltreatment by age, 2017



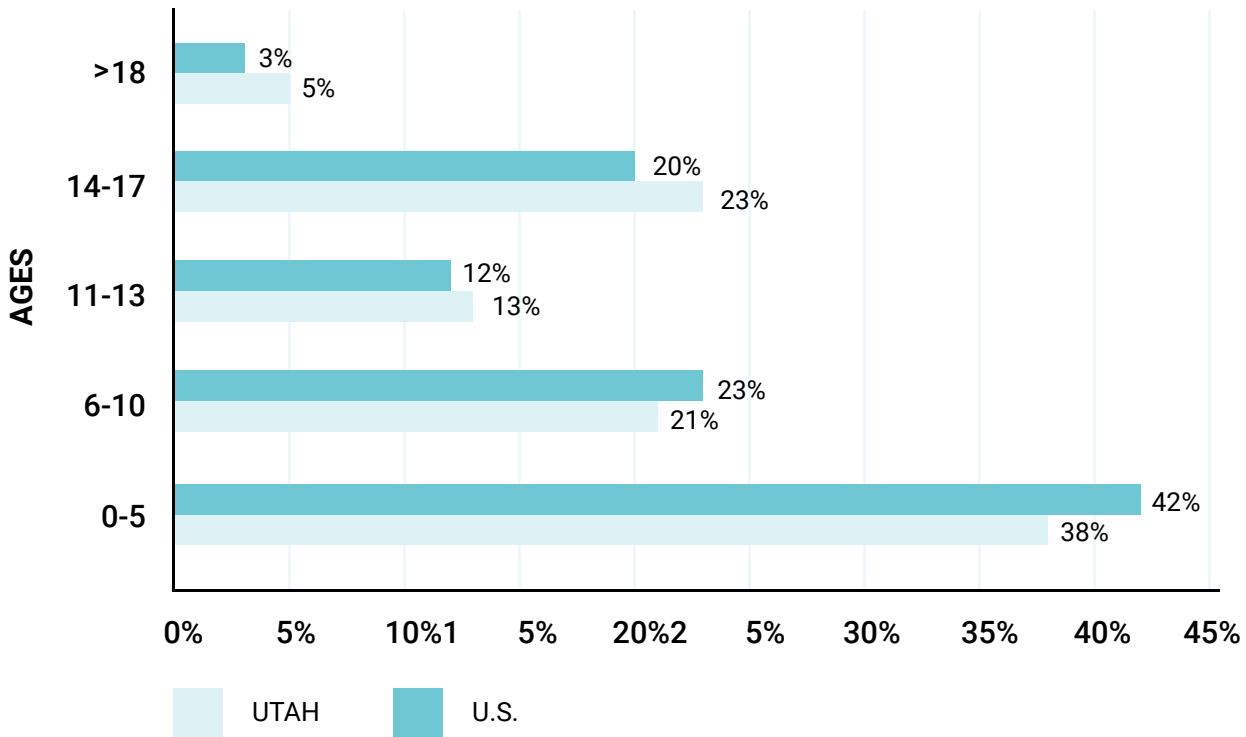
Additionally, approximately 4,900 children are placed in Utah foster care annually.⁸⁰ Children from birth to age five are disproportionately represented in Utah, making up 38% of the foster care population (see Figure 17).⁸¹

⁷⁹ <https://www.acf.hhs.gov/sites/default/files/cb/cm2017.pdf#page=130>

⁸⁰ "Trends in Foster Care and Adoption," Children's Bureau, Administration for Children and Families, <https://www.acf.hhs.gov/cb/resource/trends-in-foster-care-and-adoption>.

⁸¹ Utah Department of Human Services, Child and Family Services, Annual Report 2018: Child and Family Services: State of Utah, <https://dcfs.utah.gov/wp-content/uploads/2019/01/2018-FINAL-ANNUAL-REPORT.pdf>.

Figure 17. Percentage of children in foster care by age, 2017



In Utah, parents represent 73% of perpetrators of child maltreatment, and relatives other than parents make up 19%.⁸² Considering that our youngest children are the most vulnerable to maltreatment, a coordinated and aligned system is essential to facilitate a multisectoral approach that supports parents in increasing child safety and overall well-being.

⁸² Utah Division of Child and Family Services, "Utah Department of Human Services, Child and Family Services, <https://dcfs.utah.gov/>.

PARENTING SUPPORT

KEY TAKEAWAYS AND NEEDS

- Parents report confusion with eligibility and need additional information on existing programs and resources.
- Parents need additional information to identify important developmental milestones, to know when to seek support and services.
- Social stigma and prior negative interactions can affect families' willingness to engage with early childhood programs and services.

Parents and parental figures play a vital role in the lives of their children, especially in the first few years of life, since these years are the most crucial for development. In the U.S., 83% of parents agree that good parenting skills can be learned.⁸³ In order to be at their best, parents need support, including education on child development, parenting skills, and access to resources in times of need.

Researchers at the Gardner Policy Institute identified key themes from ten deliberative sessions that were held for parents around the state (See Appendix A). Throughout the ten deliberative sessions, parents discussed a general lack of awareness regarding services and programs for which they may be eligible, and confusion around program purposes and target demographics. In general, parents described learning about services or resources available to them by word of mouth from a friend, family member, or acquaintance. Additionally, participants noted that even if programs and resources were identified, it could be difficult to understand or maintain eligibility, especially for those with fluctuating income, such as migrant and seasonal workers. Finally, many participants, especially Spanish-speaking parents and refugee parents, said the stigma of accessing and using resources, as well as the attitudes of service staff, deterred them from taking advantage of some public assistance programs.

Parents also noted a gap in understanding developmental milestones, often only realizing an older child was off track when they observed their second child, or through a connection to a program like Head Start. Utah has a number of parenting and/or early childhood programs and services, either governmental, nonprofit or community based, several of which are detailed in the [2017 Early Childhood Service Study](#) (see pages 30–31), but findings from the deliberative group suggest that parents may not be aware of these programs and are not connecting to existing resources.

In Utah, there are also nongovernmental agencies working to increase parent education and skills for early childhood development milestones. United Way of Salt Lake is leading and coordinating an early childhood educational campaign, “5B45,” with local media outlet KSL and other stakeholders. The campaign highlights five tips parents can incorporate into their parenting that will foster healthy brain development before the age of five: love, talk, read, count, and play.⁸⁴ United Way of Salt Lake has also been working to increase the rate of usage for the Ages and Stages Questionnaire (ASQ) in children under age five as a means of identifying opportunities for early intervention for children with developmental delays.

83 National Parent Survey Overview,” Zero to Three, <https://www.zerotothree.org/resources/1424-national-parent-survey-overview-and-key-insights>. Indicator background: Parent education reduces the risk of child abuse and neglect by encouraging positive parenting practices that promote safety, well-being, and permanency for children and families. The Child Abuse Prevention and Treatment Act (CAPTA), as reauthorized in 2010, identifies parent education as a core prevention service. Many of the Children’s Bureau’s Community-Based Child Abuse Prevention (CBCAP) grants fund parent education programming as part of local community prevention efforts.

84 United Ways SL, “5B45 - Building Strong Brains,” YouTube, July 1, 2019, <https://www.youtube.com/watch?v=Yg31DMALkA8&feature=youtu.be>.

HEALTH AND DEVELOPMENT

HEALTH CARE ACCESS

KEY TAKEAWAYS AND NEEDS

- After several years of decline, the number and rate of uninsured children ages 0–5 is rising.
- Utilization of preventive care services (i.e., medical and dental care, prenatal and postpartum screenings) is low across the state of Utah.
- Currently providers utilize two different tools (i.e., PRAMS and EDPS) to assess maternal behavioral health and do not collect data on paternal behavioral health and Utah lacks comprehensive data collection to understand postpartum depression

Health care access “is the timely use of personal health services to achieve the best health outcomes.”⁸⁵ Access results in entry into the healthcare system, being able to obtain services appropriate to one’s health needs, and finding a provider in whom one can confide.⁸⁶ Having access to health care early in life correlates with positive health and well-being throughout life.⁸⁷

It is essential that all expectant mothers have access to prenatal care and postpartum care.⁸⁸ Infants and young children also need access to medical and mental health providers. Access to health care typically occurs through employment benefits, marketplace purchase, or public programs. In the absence of employer-sponsored health insurance or a public program, free or sliding scale community health providers may fill in the gap for uninsured families. Qualifying low-income caregivers and parents can obtain health insurance through public programs such as Medicaid and the Children’s Health Insurance Program (CHIP). See Appendix F for additional detail on public health insurance programs.

Gaps in Health Care Access

In frontier, rural, and urban Utah, low-income families and children experience difficulties accessing health care. Many families and children have limited insurance coverage, limited local health care resources, particularly in frontier and rural areas, and a limited number of providers that accept Medicaid.⁸⁹ For some immigrant and refugee families who access care, an additional barrier can be a provider with limited awareness, knowledge about, or sensitivity to families’ and children’s cultural background and circumstances.⁹⁰

To better understand gaps in health care access the Utah DOH is conducting a comprehensive statewide needs assessment for the Title V Maternal and Child Health Services Block Grant. Preliminary results highlight systemic issues, including:⁹¹

- Access issues, including availability, insurance, providers, visibility, distance, and cultural barriers;
- Insufficient and unreliable funding and resources;
- Basic needs around the social determinants of health;
- Issues related to both under- and over-utilization, telehealth, and fear or trust.

85 Tod, A.M. & Hurst, J. (Eds.) (2014). Health and inequality: Applying public health research to policy and practice. New York, NY: Routledge.

86 Office of Disease Prevention and Health Promotion (ODPHP) (n.d.). Access to health services. Healthy People 2020 Topics and Objectives. Retrieved from: <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services#1>

87 <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

88 <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care>

89 <https://jobs.utah.gov/edo/intergenerational/igp19.pdf>

90 <https://www.ahip.org/closing-gaps-in-health-care/>

91 Preliminary findings shared by Dr. Sharon Talboys, University of Utah, with Sorenson Impact Center in August 2019

The Annie E. Casey Foundation reported that after steadily falling for three straight years, the number of uninsured children (ages 0–5) has begun to rise.⁹² Utah continues to lag behind the rest of the nation with regard to the percentage of children who still lack health insurance (see Table 15).

Table 15. Number and percentage of uninsured children ages 0–5

Year	Number of Uninsured Children (0–5) in Utah	Percentage of Uninsured Children in Utah	Percentage of Uninsured Children in U.S.
2014	25,000	8%	5%
2015	17,000	6%	4%
2016	16,000	5%	4%
2017	18,000	6%	4%

Source: <https://datacenter.kidscount.org/data#UT/2/0/char/0>
<https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

Utah’s estimated uninsured rate among low-income infants and toddlers (ages 0–3) is even more stark compared to the national average, with 9.7% uninsured low-income infants and toddlers (ages 0–3) compared to 5.8% for the U.S.⁹³

Evidence suggests that parents who lack access to employer-sponsored health insurance may not seek health insurance coverage through public options such as Medicaid, even if their children are likely eligible. Due to Utah’s decision to not expand Medicaid under the Affordable Care Act, adults in Utah may be less likely to qualify under Utah’s Medicaid eligibility policies and unable to afford private insurance. In addition, mixed-status⁹⁴ families may be reluctant to enroll their children, even if they are likely eligible.⁹⁵ IGP in Utah is also highly correlated to issues with accessing health care. Several counties in Utah (Carbon, Iron, Kane, San Juan, Sanpete, Utah, Washington, and Weber) have the highest rates of children at risk to remain in poverty as adults. While 93% of children are covered by public health insurance, 42% of children receive annual dental care, and only 27% of adults in need of behavioral health services receive those services.⁹⁶

92 <https://www.aecf.org/resources/2019-kids-count-data-book/>

93 <https://stateofbabies.org/data/#/Utah>

94 Mixed-status families refers to parents who don’t share the same immigration status as each other and/or with their children.

95 Jessie Mandle, “New Report Finds Utah’s Child Uninsured Rate is Moving in the Wrong Direction: More Kids in Utah are Uninsured,” Voices for Utah Children, November 29, 2018, <https://www.utahchildren.org/newsroom/speaking-of-kids-blog/item/943-new-report-finds-utah-s-child-uninsured-rate-is-moving-in-the-wrong-direction-more-kids-in-utah-are-uninsured>.; Utah Department of Health, Utah’s medicaid expansion: Implementation toolkit (2019), https://medicaid.utah.gov/Documents/pdfs/UTAH%20MEDICAID%20EXPANSION_%20Toolkit.pdf.

96 <https://jobs.utah.gov/edo/intergenerational/igp19.pdf>

PHYSICAL AND BEHAVIORAL HEALTH SERVICES

KEY TAKEAWAYS AND NEEDS

- Limited data collection prevents an understanding of gaps in services, and occurs because of a lack of infrastructure and limited use of assessment tools statewide.
- There are not enough primary care, dental health, and mental health care providers and facilities to meet the demands of families in frontier, rural, and urban settings.
- Immunizations and mental health screenings are unutilized or underutilized across the state of Utah.

Good health is essential to proper development and the ability to lead a happy and productive life. Physical and behavioral health interventions establish an effective support system for families and prevent long-lasting and generational adverse effects.⁹⁷ Additionally, children who are in good health are more likely to perform well academically and lead productive lives into adulthood.⁹⁸ Good health encompasses physical health, mental health, and behavioral well-being, all of which impact each other. Good health also plays a role in parent-child relationships. Children and parents or caregivers who have access to physical, mental, and behavioral health services experience healthier parent-child relationships and a reduction in, or prevention of, incidences of child abuse and neglect.⁹⁹

Preventive Care

Preventive care services for children ages 0–5 are used to identify potential physical, mental, and developmental health issues early and prevent health crises by providing services in advance of a problem (e.g., immunizations). Primary care providers promote preventive care such as developmental screenings, immunizations, and curative care for preventable and treatable symptoms. Regular preventive care aids in overall health and reduces emergency room visits, generating significant cost savings.¹⁰⁰ Families can access preventive services at no cost without health insurance or Medicaid coverage.

Primary care facilities can be located in clinics, health centers, hospitals, and other institutional settings. Utah Health Centers (UHC) operate 58 clinics in 13 health center locations throughout the state and provide care to more than 158,000 people annually. A Utah State Medicaid program, Child's Health Evaluation and Care (CHEC), offers preventive screenings and primary care for qualifying low-income children ages 0–5.¹⁰¹

The Department of Public Safety (DPS) also offers preventive care services through its car seat inspection centers.¹⁰² The DPS provides a list of sixty-one car seat inspections centers for parents in order to ensure that they are installing car seats safely and properly. Various local health districts (LHD) around the state, such as the Central Utah Health District, may also provide car seat inspections and car seats at a discounted cost to families in need. In Utah, child seats were only in use during 68% of crashes involving children ages 0–8 in the year 2016.¹⁰³

97 <https://jobs.utah.gov/edo/intergenerational/igp19.pdf>

98 https://health.ucsd.edu/news/2006/Pages/04_07_Taras.aspx;

99 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5598786/>

100 <https://www.ncbi.nlm.nih.gov/pubmed/22052182>

101 <https://health.utah.gov/umb/benefits/chec.php>

102 <https://highwaysafety.utah.gov/seat-belts-and-car-seats/car-seat-safety/>

103 <https://site.utah.gov/dps-highwaysafe/wp-content/uploads/sites/22/2017/10/Section2OccupantProtection2016.pdf>

Newborn Screenings

Currently, there are two medical screenings for newborns conducted across Utah. The heel stick that screens for genetic, endocrine, and metabolic disorders, captures over 98% of all newborns each year, and hearing screenings capture over 96% of all newborns on an annual basis.¹⁰⁴

Parental Mental Health and Mental Health Care

Parental mental health and well-being plays a significant role in the overall health and well-being of a family. Parents with newborns can experience postpartum depression impacting the health of parents and their children.¹⁰⁵ While postpartum depression is commonly associated with the birth mother, fathers can also experience postpartum depression with very similar outcomes for their newborns.¹⁰⁶ For infants and toddlers, parental postpartum depression can result in developmental and cognitive delays. Other adverse experiences can also impact child development, including verbal, physical, or sexual abuse, emotional or physical neglect, parental separation or divorce, intimate partner violence, parental substance abuse, and parental criminal behavior.¹⁰⁷ Often, poverty can exacerbate stress for both children and families, leading to increased risks to healthy development.¹⁰⁸

Maternal and paternal mental health and well-being is a necessary metric to track statewide with regards to the health and well-being of young children. Untreated parental mental health problems present risks that can disrupt family functioning and impede the proper development of children. While there are no services specifically targeted towards paternal mental health needs in Utah, there are several resources to address maternal mental health, postpartum depression specifically.

Postpartum depression is addressed in Utah through the following agencies: Maternal Mental Health Collaborative (MMHC), the National Alliance on Mental Illness (NAMI), and the Division of Substance Abuse and Mental Health (DSAMH). MMHC is a part of Postpartum Support International (PSI). Known as the MMHC/PSI-Utah, it is an all-volunteer organization composed of several hundred community members including survivors and providers. NAMI is a national, grassroots organization that seeks to improve the lives of individuals with mental illness. DSAMH, located in the DHS, is responsible for helping to fund comprehensive substance use and mental health disorder services throughout the state.

The Children's Center, founded in 1962, also provides comprehensive mental health care to enhance the emotional well-being of infants, toddlers, preschoolers, and their families. Their services include therapeutic preschool, outpatient services, and training consultation and research.¹⁰⁹

104 <https://ibis.health.utah.gov/ibisph-view/indicator/view/NewHeelScr.Year.html>; https://ibis.health.utah.gov/ibisph-view/indicator/complete_profile/NewHearScr.html

105 Anne-Claude Bernard-Bonnin, Canadian Paediatric Society and Mental Health and Developmental Disabilities Committee, "Maternal depression and child development," *Paediatrics and Child Health* 9, no. 8 (2004): 575-583. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2724169/>.

106 American Academy of Pediatrics, Dads Can Get Depression During and After Pregnancy, Too (2019), <https://www.healthychildren.org/English/ages-stages/prenatal/delivery-beyond/Pages/Dads-Can-Get-Postpartum-Depression-Too.aspx>.

107 Ibid.

108 <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/poverty>

109 <https://childrenscenterutah.org/>

Health Care Provider Shortages

Gaps in health care access also impact children’s and families’ ability to address primary and preventative care. Research suggests that if children have health insurance coverage but their parents do not, parents may be less likely to take their children to seek healthcare services.¹¹⁰ Nearly every county in Utah is designated as a partial or full Health Provider Shortage Area (HPSA), which means there are not enough primary care, dental health, and mental health care providers and facilities to meet the demands of families. Many of these are rural counties, where health centers and providers are generally more limited in services provided, or are sparsely located, which can create significant transportation and access barriers.¹¹¹ Also, where providers do exist, some do not accept Medicaid payments as reimbursements for care, placing a further burden on families accessing health care, especially in rural and frontier areas.

Table 16. Number of Utah counties with HPSAs

Designation	Primary Care HPSA	Dental Care HPSA	Mental Health HPSA
HPSA	16	18	27
Partial HPSA	9	5	2
No Data	4	6	0

Source: Data as of April 2018; <https://jobs.utah.gov/edo/intergenerational/igp19.pdf>

Unutilized or Underutilized Prevention Services

Although many prevention-based services are provided at no-cost, families are not seeking them out. Immunizations and mental health screenings are unutilized or underutilized across the state of Utah. Immunize Utah utilizes a myriad of data sources and offers online reports dating back to 2010, covering almost every year between then and 2018. While the full reports can be accessed publicly,¹¹² this study highlights data points representing the number of reporting facilities in Utah and rates for seven key vaccinations. The data presented are from across state and national ranks and as compared to Health and Human Services Region 8 (iCO, MT, ND, SD, UT, and WY).¹¹³

In order to collect, consolidate, and manage immunization records for Utah, the DOH program Immunize Utah enrolls facilities in the Utah Statewide Immunization Information System (USIIS). Although Immunize Utah has successfully enrolled more programs in USIIS, the state still lags behind in vaccination rates.

110 Commission (2019). Utah’s eighth annual report on intergenerational poverty, welfare dependency, and the use of public assistance. <https://jobs.utah.gov/edo/intergenerational/igp19.pdf>

111 https://www.auch.org/images/CHC_Listings_and_Map_FINAL_Mar_2017.pdf

112 <http://www.immunize-utah.org/statistics/utah%20statistics/immunization%20coverage%20levels/index.html>

113 http://www.immunize-utah.org/pdf/2018ImmCovRpt/2018StateReports/2018_Coverage_Report.pdf

Table 17. Utah's national rank for six key vaccines, 2015-2017

Vaccine	National Rank		
	2015	2016	2017
DTap	46	34	46
Polio	38	31	46
Hep B (birth dose)	11	36	16
Varicella	44	45	46
Rotavirus	23	12	17
Combined 6-vaccine series	34	26	46

Source: http://www.immunize-utah.org/pdf/2018ImmCovRpt/2018StateReports/2018_Coverage_Report.pdf

Gaps in Addressing Parental Mental Health

With regards to maternal mental health, two assessment tools are utilized throughout the state of Utah. The Pregnancy Risk Assessment Monitoring System (PRAMS) is administered by the Centers for Disease Control (CDC) and state health departments, and reports on population-based data as it relates to maternal attitudes and experiences at the state level. Private organizations such as Postpartum Support International Utah (PSI-Utah) advocate for the use of the Edinburgh Postnatal Depression Scale (EPDS) and Postpartum Depression Screening Scale (PDSS).¹¹⁴

The 2013–2017 PRAMS concluded that 13% of women in Utah reported symptoms of postpartum depression, with Tooele and Bear River Health Districts reporting rates higher than 15%. Two other Local Health Districts (LHDs), Salt Lake and Weber-Morgan, have rates above 14%.¹¹⁵ Additionally, 21% of mothers in Utah report having having less than optimal mental health.¹¹⁶

For the years between 2013 and 2017, PRAMS data for four LHDs, San Juan, Southeast Summit and Wasatch, did not have enough responses to establish a reliable baseline.¹¹⁷ Not screening for postpartum depression can be very detrimental for the mother and child, as postpartum depression can last anywhere from one to two years after the birth of an infant.¹¹⁸ If screening for parental or caregiver mental health issues does not occur, the issues go undiagnosed and untreated.¹¹⁹ Lastly, a lack of coordination between state and private agencies regarding the type of assessment tool used negatively impacts data collection efforts and prevents a holistic picture of postpartum depression across the state from being understood.

114 <https://www.psiutah.org/professionals/screening-instruments/>

115 https://mihp.utah.gov/wp-content/uploads/Maternal-Mental-Health-Report_finals.pdf

116 <https://stateofbabies.org/data/#/Utah>

117 https://mihp.utah.gov/wp-content/uploads/Maternal-Mental-Health-Report_finals.pdf

118 <https://www.nimh.nih.gov/health/publications/postpartum-depression-facts/index.shtml>

119 American Academy of Pediatrics, Dads Can Get Depression During and After Pregnancy, Too (2019), <https://www.healthychildren.org/English/ages-stages/prenatal/delivery-beyond/Pages/Dads-Can-Get-Postpartum-Depression-Too.aspx>.

EARLY INTERVENTION

KEY TAKEAWAYS AND NEEDS

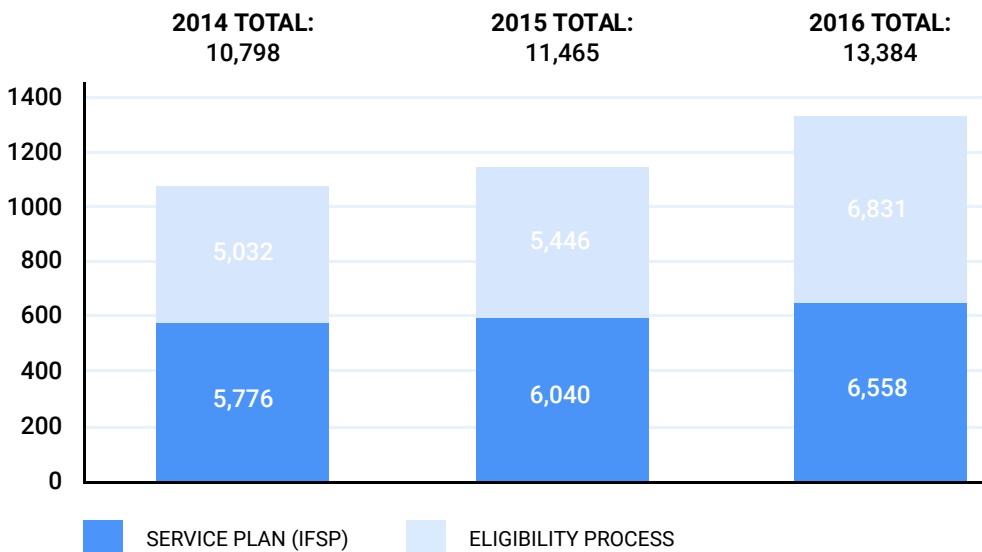
- While services such as Baby Watch and Home Visiting exist, disparities persist related to type, duration, and concentration of early intervention services provided to young children at risk.

Intervention Services and Programs

Utah's statewide early intervention system consists of services, tools, and resources that provide support to families of children, from birth to three years old, with developmental delays or disabilities. Early intervention programs in Utah continue to grow and are primarily administered under IDEA Part C—Early Intervention Program for Infants and Toddlers with Disabilities (see Figure 18).¹²⁰ Approximately 8,400 Utah children receive early intervention services through BWEIP annually.¹²¹ BWEIP continues to provide positive outcomes for families, with 77% of participant children demonstrating an increase in their acquisition and use of knowledge and skills.¹²²

Early interventions are primarily offered through the Utah Department of Health, which offers: Baby Watch Early Intervention, home visiting, ASQ screenings, and Act Early. Other entities involved in early intervention programming are LHDs, the United Way, and other nonprofit organizations. LHD early intervention services, offered in select counties across Utah, are largely community-based home visiting programs. The United Way's early intervention resource is Help Me Grow Utah. Additionally, the Utah Parent Center offers early intervention services and resources to families of children with disabilities.

Figure 18. Utah children served by early intervention¹²³



Source: Baby Watch Early Intervention Program BTOTS database, 2018

¹²⁰ "Part C of IDEA," Early Childhood Technical Assistance Center, <https://ectacenter.org/partc/partc.asp>

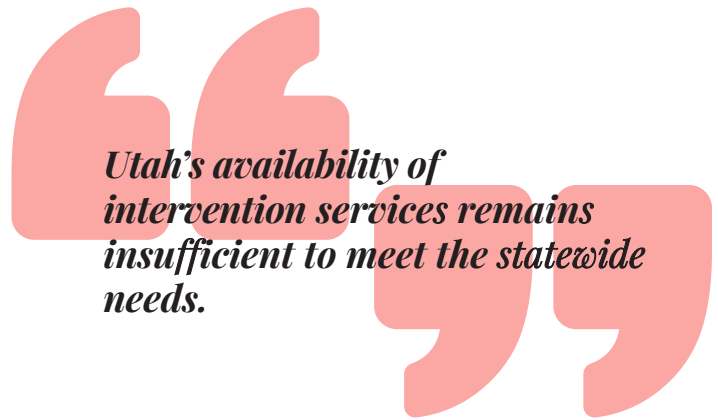
¹²¹ U.S. Department of Education, ED Facts Metadata and Process System (EMAPS): "IDEA Part C Child Count and Settings Survey," 2017. Data extracted as of July 11, 2018.

¹²² Utah Department of Health (2015). UT part C: FFY2015 State performance plan: Annual performance report. Retrieved from: <http://health.utah.gov/cshcn/pdf/BabyWatch/APR-2015C-UT.pdf>

¹²³ 'Service Plan' or 'IFSP' - is the Individualized Family Service Plan that Early Intervention providers develop with families to guide the delivery of services. IFSPs are based on an in-depth assessment of the child's needs and the needs and concerns of the family. It contains 1) goals for the child, 2) services the child will receive to help him or her achieve the goals and 3) how the family, with support from professionals, can help the child reach the goals. 'Eligibility Process' represents the total number of children screened for early intervention services.

Gaps in Early Intervention Services

Utah's availability of early intervention services remain insufficient to meet the needs statewide. While services such as Baby Watch, home visiting, and various parenting supports exist, disparities persist related to the type, duration, and concentration of early intervention services provided to young children at risk. For example, children from low-income families are less likely than children in higher-income families to be in excellent or very good health at both nine and twenty-four months.¹²⁴ Disparities in child outcomes become evident at nine months and grow larger by twenty-four months, and exist across cognitive, social, behavioral, and health outcomes.¹²⁵ Adequate early intervention services for children in need are critical to positively influencing their developmental trajectory.



Gaps in Early Intervention Tools

Since approximately 42,000 children in Utah are at risk for developmental disabilities and only 10,247 have been screened, additional resources are needed. It is important that the ASQ-3 be more widely distributed and completed to support Utahns ages 0–5 and their families to ensure appropriate development. While developmental disabilities are an unfortunate predicament for any child and family, early identification and intervention can greatly improve outcomes.

Table 18. Utah children (0–5) screened with the ASQ-3

	2017	2018
Number of Children Screened	6,292	10,247
Percent Increase	-	63%

Monitoring is an ongoing process that parents, caregivers, early care professionals, and teachers complete together. To best support ongoing monitoring, everyone engaged in the care of children ages 0–5 should be trained in operationalizing the data collected from the ASQ surveys. Combining developmental screenings and monitoring is a necessary two-pronged approach to best support Utah's birth-through-five children.¹²⁶

124 National Center for Education Statistics, "Birth Cohort (ECLS-B)," in Early Childhood Longitudinal Program (ECLS), <https://nces.ed.gov/ecls/birth.asp>.

125 Ibid.

126 Child and Adolescent Health Measurement Initiative, "2016-2017 National Survey of Children's Health," Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, retrieved August 5, 2019, <https://www.childhealthdata.org/browse/survey/results?q=5390&r=1>.

EARLY LEARNING

EARLY CHILDHOOD DEVELOPMENT

KEY TAKEAWAYS AND NEEDS

- Utah lacks a comprehensive early childhood agenda for the years before preschool.
- Parents need additional information to identify important developmental milestones, to know when to seek support and services

Utah does not have a comprehensive early childhood agenda for the years before preschool. While there are programs and resources in the state that serve parents of infants and toddlers, such as Help Me Grow and Baby Watch, the state has yet to articulate a common policy agenda for children prenatal to three years old. Having a statewide common policy agenda is important to drive forward common goals rooted in a shared approach to early childhood development for use across all agencies and programs that serve vulnerable and underserved children.

It is also important to acknowledge that a child’s learning begins well before they enter a formal educational setting. Parents are a child’s first teachers and babies are born learning. Human development research demonstrates that the first three years of brain development are critical to establishing lifelong learning and language skills. Children are “learning how to learn” through their relationships and the social and emotional foundations built in the early years of development.¹²⁷ A coalition of early childhood stakeholders, led by United Way of Salt Lake, recently catalogued multiple initiatives or early childhood campaigns to see if these efforts could be aligned and leveraged. They launched the “5B45” Building Strong Brains campaign, as discussed earlier in the Parenting Support Section.

Reading to infants is critical for their language and cognitive development, and is also important for building children’s vocabulary and pre-reading skills. Reading to toddlers on a regular basis promotes literacy and contributes to kindergarten readiness. Children who are not read to on a daily basis are missing opportunities to build a strong foundation for early learning and later literacy.¹²⁸ The 2017 National Survey of Children’s Health indicates that compared to the national average, Utah has a higher percentage of parents who do not read, or do not read often, to their young children (see Table 19).

Table 19. Parents’ responses when asked how many days they or another family member read to their 0–5-year-old child within the past week

	0 days	1–3 days
Utah	9.7%	31.9%
U.S.	7.1%	34.4%

Source: Child and Adolescent Health Measurement Initiative, “2017 National Survey of Children’s Health.” Retrieved from <https://www.childhealthdata.org/browse/survey/results?q=6749&r=46&r2=1>.

127 The Ounce, Learning Begins at Birth (Chicago, IL: Ounce of Prevention Fund, n.d.), <https://www.theounce.org/wp-content/uploads/2017/03/LearningBeginsAtBirth.pdf>.

128 https://cchp.ucsf.edu/sites/g/files/tkssra181/f/buildbabyinten081803_adr.pdf

EARLY HEAD START/HEAD START

KEY TAKEAWAYS AND NEEDS

- The number of funded slots for Early Head Start and Head Start decreased from the 2016–2017 school year to the 2017–2018 school year by 178 slots, while the number of children who were experiencing homelessness or in foster care increased during the same timeframe.
- Early Head Start and Head Start serve 25% of the eligible children in Utah: children whose families are at or below the FPL.
- The majority of funded Head Start slots in Utah are part-day, meaning children spend less than six hours per day in care.
- Availability is often impacted by accessibility, with parents citing a lack of transportation as a major barrier.

Early Head Start and Head Start are federally funded programs aimed at serving low-income 0–5-year-olds and their families. The programs provide services such as child care, screenings, and meals to enrolled children, while working to connect the children’s parents to services and supports for which they may be eligible. Unlike other federally funded programs, funds for Early Head Start and Head Start do not pass through a state agency, but instead are routed directly to local entities throughout the state. The Utah Head Start Collaboration Director, also funded by federal dollars, is located in the DWS–OCC. This position, along with the Utah Head Start Association, serve Utah’s Early Head Start and Head Start community.¹²⁹

In the 2017–2018 school year, there were 6,516 funded slots for Early Head Start and Head Start in the state of Utah,¹³⁰ down from 6,694 in the 2016–2017 school year. Head Start served a total of 7,723 Utah children ages 0–5 in 156 locations, or 25% of the eligible children in Utah. Of those children, 670 were experiencing homelessness and 316 were involved in the foster care system. Both the number of children experiencing homelessness and the number of children involved in the foster care system have increased since the 2016–2017 school year, as the total number of children served has remained relatively stable. However, the number of funded slots has decreased in the same timeframe. Utah’s Early Head Start also served 152 pregnant women in the 2017–2018 school year.

The majority of Early Head Start– and Head Start–funded slots are center-based, as opposed to home-based or family child care–based. Of all of the funded slots available in Utah, 60% are center-based and part-day, meaning children can be in care four or five days per week for less than six hours per day. Only 34% of funded slots are center-based and full-day, meaning children are in care four or five days per week for more than six hours per day.

Tables 20 and 21 provide a breakdown of these larger enrollment data, including the Early Head Start or Head Start grantee serving families in each county. While widely dispersed throughout the state, with a higher concentration of funded slots in urban counties, the availability of Early Head Start and Head Start services is dependent on families’ ability to get to and from centers in reliable and practical manners. For example, a needs assessment recently conducted for the Utah Department of Health finds that parents who access Head Start services in rural tribal-inclusive counties are largely affected by a lack of transportation.¹³¹ Similar themes around access are also discussed in Appendix A, reflecting the deliberative sessions with parents and child care service providers. Other early childhood service providers also indicated a desire to refer their clients to Head Start, but have found that families report experiencing long waitlists for these programs.

¹²⁹ For additional detail on Head Start in Utah, see 2017 Early Childhood Services Study (pages 50-53)

¹³⁰ “Grantee Service Profiles,” Head Start, Early Childhood Learning and Knowledge Center <https://eclkc.ohs.acf.hhs.gov/federal-monitoring/report/grantee-service-profiles?state=UT>.

¹³¹ Preliminary findings shared by Dr. Sharon Talboys, University of Utah, with Sorenson Impact Center in August 2019

Table 20. Head Start enrollment data by service area and age

Grantee	Counties served (# sites per county)	HS Sites	Total HS Enrollment	Funded Slots			Age			
				Center-based, Part Day	Center-based, Full Day	Funded slots, total	Total 2 YO	Total 3 YO	Total 4 YO	Total 5 YO
Bear River Head Start & Early Head Start	Box Elder (3) Cache (4) Idaho (4)	9	422	268	80	384	10	185	227	0
Centro de la Familia de Utah	Box Elder (2) Cache (1) Millard (1) Salt Lake (5) Sanpete (2) Utah (1)	7*	367	77	485	564*	91	150	145	72
Davis Head Start and Early Head Start	Davis (21)	21	450	0	48	401	0	158	292	0
Mountainland Head Start	Juab (1) Utah (9) Wasatch (1)	11	865	557	187	744	28	364	473	0
Ogden-Weber Community Action Partnership Head Start	Weber (11)	11	657	328	239	567	8	233	416	0
Rural Utah Child Development Head Start & Early Head Start	Carbon (3) Emery (1) Grand (1) San Juan (1) Sevier (3) Uintah (1)	10	297	181	76	262	7	129	161	0
Southern Utah University Head Start	Beaver (1) Iron (5) Millard (2) Washington (3)	11	417	228	155	383	2	166	250	1
Ute Indian Tribe Head Start	Duchesne (1) Uintah (4)	5	236	154	38	215	0	107	129	0
Utah Community Action Head Start & Early Head Start	Salt Lake (34) Tooele (3)	37	2,000	1,686	72	1,758	94	779	1,127	0

*Includes Migrant and Seasonal Head Start, which serves birth-5 years old
Source: <https://eclkc.ohs.acf.hhs.gov/federal-monitoring/report/grantee-service-profiles?state=UT>

Table 21. Early Head Start enrollment data by service area and age

Grantee	Counties served (# sites per county)	EHS Sites	Total EHS Enrollment	Funded Slots		Age				
				Center-based, Part Day	Center-based, Full Day	Funded slots, total	Total 0 YO	Total 1 YO	Total 2 YO	Total 3 YO
Bear River Head Start & Early Head Start	Box Elder (3) Cache (2) Idaho (2)	2	257	48	32	183	64	84	119	0
Centro de la Familia de Utah	Box Elder (2) Cache (1) Millard (1) Salt Lake (5) Utah (1)	10*	319	0	440	494*	78	104	132	5
Davis Head Start and Early Head Start	Davis (4)	4	117	369	32	101	26	38	53	0
DDI Vantage Early Head Start	Salt Lake (6) Tooele (2)	8	342	8	66	216	109	133	94	6
Kids on the Move Early Head Start	Utah (1)	1	267	0	32	164	81	79	89	18
Mountainland Head Start (home-based, as there are no center-based slots and it is not on the map?)	Utah (1)	1	17	0	0	12	6	2	8	1
Ogden-Weber Community Action Partnership Head Start	Weber (1)	1	45	0	16	30	10	17	18	0
Rural Utah Child Development Head Start & Early Head Start	Carbon (1) Emery (1) Grand (1) San Juan (1) Uintah (1)	5	159	0	0	99	47	43	51	18
Roots for Children	Washington (2) Arizona (1)	3	206	0	0	132	95	46	62	3
Utah Community Action Head Start & Early Head Start	Salt Lake (16) Tooele (1)	17	283	0	198	218	102	86	79	11

*Includes Migrant and Seasonal Head Start, which serves birth-5 years old
Source: <https://eclkc.ohs.acf.hhs.gov/federal-monitoring/report/grantee-service-profiles?state=UT>

STATE AND LOCAL PRESCHOOL

KEY TAKEAWAYS AND NEEDS

- Utah lacks a common definition of high quality preschool. Definitions, requirements, and curricula differ by the regulations or agency overseeing each program (i.e., private child care programs, Head Start, or public preschool administered in Local Education Agencies).
- Funding for high-quality early learning classroom slots is limited and not sufficient to serve all low-income families in the state.
- Classroom-based preschool programs (including Special Education Preschool) enrolled far more low-income, at-risk minority, special education, and English Language Learners than the state's computer-based school readiness program, UPSTART.

Preschool administered, defined, and regulated across multiple entities

The last several years have engendered significant discussion, advocacy, and awareness of issues relating to preschool in Utah. The [2017 Early Childhood Services Study](#) (see pages 53–56) outlined the various state and local early learning options available to families in the state. As detailed in that report, Utah does not have a comprehensive statewide prekindergarten program with uniform data collection. Multiple entities provide early learning options through programs such as Head Start, private child care, preschool at a public school, and the state-funded, home-based technology school readiness software, UPSTART. Utah's preschool landscape still lacks common definition of what constitutes preschool, and universal identification of quality across programs.

However, the state legislature recently passed [SB 166](#) in its 2019 General Session, which was a step towards increased uniformity around state-funded school readiness programs. This bill streamlined the management and funding of various School Readiness Grants and increased alignment between programs by mandating certain quality standards, assessments, and data collection of all programs receiving state grants. With preschool being administered across multiple entities, data collection is disparate, which limits our understanding of the quality and outcomes of early learning programs across the state. Each provider in the state offering preschool (whether a private child care provider, Head Start, or public preschool) is not uniformly assessed to determine and report its quality. Many other states collect data that provide researchers and policymakers with an unduplicated headcount of children attending preschool, allowing them to know the percentage of programs that are of high quality according to commonly-accepted criteria.

The National Institute for Early Education Research (NIEER) has a clear definition of what qualifies as a state preschool program, as well as ten policy benchmarks against which they rate early childhood systems. According to NIEER, Utah was not one of the forty-four states and the District of Columbia with a preschool program in 2018, according to their definition. Additionally, the U.S. Government Accountability Office (GAO) and the Education Commission of the States (ECS) do count Utah as a state that has funded statewide preschool.

School readiness program participation

The USBE is working to better understand and track children's early learning experiences before they enter kindergarten. By matching records of incoming kindergarten students who took the KEEP Assessment¹³² with student records from Special Education preschool, high-quality preschool programs receiving grants from USBE, and the UPSTART school readiness computer program, USBE found that these programs did not serve

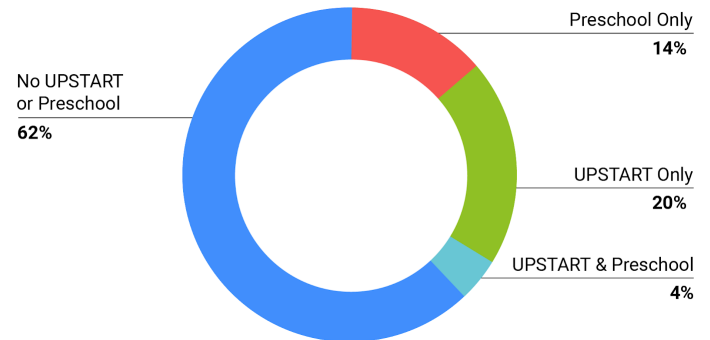
¹³² The Kindergarten Entry and Exit Profile, or KEEP assessment, evaluates the math and literacy skills of incoming and outgoing kindergarten students

the majority of kindergarten students (see Figure 19). However, children in these programs could have also been enrolled in a private child care setting, which may or may not have had a preschool curriculum. To better understand this overlap, the USBE would need to match student records from those enrolled in licensed child care settings.

Interestingly, almost three-quarters of parents identified that their child attended preschool when asked the open-ended KEEP question, “Did your child participate in preschool when they were four years old?” This is not entirely surprising, as many of these children may have attended private child care providers or participated in a program that parents identify as a preschool experience. In addition, a large percentage of incoming kindergarteners served by publicly supported preschools might not be expected, as the state funds a small number of slots. Another note of interest is that 10% of those using the UPSTART program answered “no” to this same question (see Figure 20).

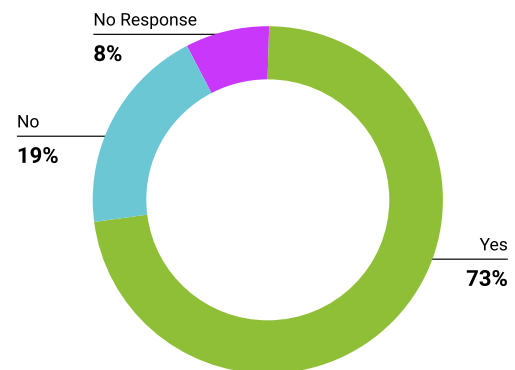
The classroom-based preschool programs funded by the state (HQSR and HQSR-E) provided funding for 1,640 children in the 2017–2018 school year, with the total enrollment in those programs, regardless of funding source, at 8,528.¹³³ Because these programs receive state funding, they are required to meet the state’s high-quality standards and receive quality observations and ratings. Understanding quality for preschool is limited to those programs that have received money through state-administered grants (DWS and USBE). And again, this represents a small portion of preschool children in the state. This issue is similar for the upcoming rollout of quality rating for licensed center-based child care providers. Since all licensed centers will not be universally assessed for quality, we will be limited to understanding the pool that is assessed.

Figure 19. Program participation based on matched data from the 2019 KEEP Entry Assessment



Source: USBE. *Preschool includes Special Education Preschool

Figure 20. Parent Responses: Did your child participate in preschool when they were four years old?



Source: USBE.

133 USBE analysis, provided to Sorenson Impact Center September 2019

Data collection is improving and beginning to move toward increased integration. The USBE is in the process of conducting a more thorough landscape analysis of what schools are offering. Currently, the state entity charged with public education, the USBE, does not have a complete understanding of what preschool education children are receiving or what public schools are offering. Public schools use a variety of funding sources to offer preschool at their buildings, including federal Title 1 funds, local revenues, private grants and donations, and state-administered competitive School Readiness Grants. The USBE does not request Title 1 expenditures on preschool from LEAs, so they do not have a universal understanding of how much Title 1 funding is spent to support preschool education.

However, in the next year, the USBE is expected to have a completed list of LEAs offering preschool programs, as well as additional assessment data, as the state began administering a preschool assessment in the 2019-20 school year to children enrolled in certain state-funded programs school readiness programs.¹³⁴ In addition, the USBE has hired additional research analysts to study the different early childhood programs, which greatly increases its capacity to understand the landscape and make data-informed decisions.

As detailed in the table below, LEAs do report preschool enrollment numbers to the USBE, but not other information such as the number of hours the preschool operates, what curriculum it uses, or the qualifications of the teachers. These data reported by LEAs have not changed significantly from the 2017 Early Childhood Services Study, other than for UPSTART, which saw a 33% increase in enrollment from 2016–2017 to 2017–2018.



¹³⁴ Utah's Prekindergarten Entry and Exit Profile (PEEP) was developed in 2018 and 2019, with the first entry profile administered in Fall 2019.

Table 22. USBE preschool and kindergarten data

	School Year 2016-2017	School Year 2017-2018
Public schools offering kindergarten	650	644
Public schools submitting preschool enrollment data to the USBE	352 (54%)	349 (54%)
Enrollment reported to the USBE for public preschool (includes 3- and 4-years-olds in Special Education Preschool)	21,472	21,980
3- and 4-year-olds enrolled in Special Education Preschool	10,199	10,136
Children enrolled in UPSTART computer program	10,745	14,278
4-year-olds enrolled in preschool (including Special Education Preschool) and eligible to enter kindergarten the following school year	12,128 (4,793 SpEd)	12,574 (5,260 SpEd)
Kindergarten students enrolled on October 1 the following school year	47,605 (Oct. 1, 2017)	49,081 (Oct. 1, 2018)
Percentage of kindergarten students estimated to have been served the prior year in public preschool programs (including Special Education Preschool)	25%	26%
Percentage of kindergarten students estimated to have been served the prior year in public preschool programs (not including Special Education Preschool)	15%	15%

Source: USBE

Outcomes of vulnerable or underserved populations by USBE school readiness programs

Referenced earlier in this section, a recent analysis from the USBE examined 46,856 records from the 2019 KEEP Entry Assessment to learn about those children’s preschool attendance (see Table 23). These student records were matched with the previous year to identify those who had a “preschool” flag in the USBE database, meaning they had participated in Special Education Preschool, the UPSTART program, or one of the high-quality school readiness classroom-based programs. Looking at the demographics of enrollment, classroom-based preschool programs (including Special Education Preschool) enrolled far more low-income, at-risk, minority, special education, and English Language Learners than the UPSTART program (see Figure 21).

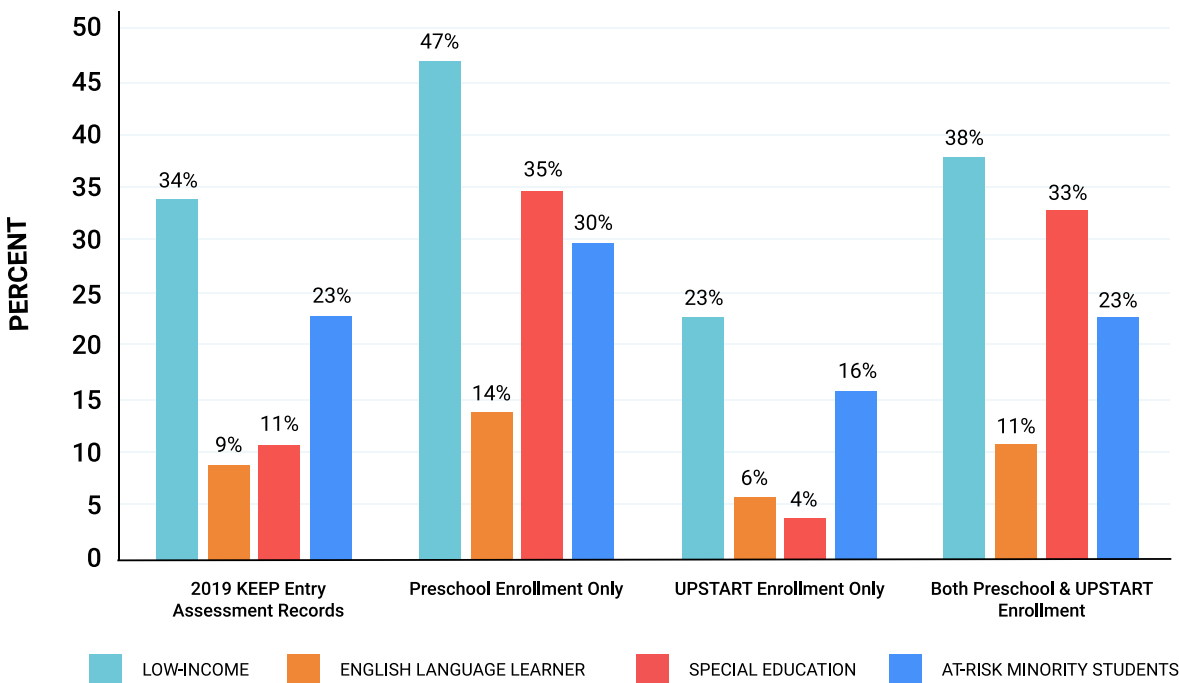
Table 23. Participation from Selected Demographic Groups, by Program Participation

	Number	Low-income	English Language Learner	Special Education	At-risk Minority Students
Public schools offering kindergarten	46,856	34%	9%	11%	23%
Public schools submitting preschool enrollment data to the USBE	6,543	47%	14%	35%	30%
Enrollment reported to the USBE for public preschool (includes 3- and 4-years-olds in Special Education Preschool)	9,340	23%	6%	4%	16%
3- and 4-year-olds enrolled in Special Education Preschool	1,937	38%	11%	33%	23%
Children enrolled in UPSTART computer program	29,036	34%	9%	7%	24%
Self-reported as attending a preschool	34,201	28%	6%	12%	18%

Source: USBE

Notes: Preschool includes Special Education Preschool. At-risk minority students excludes Caucasian and Asian students

Figure 21. Participation from selected demographic groups in school readiness programs



In examining outcomes from these students on the KEEP Entry Assessment, students from nearly every demographic scored the highest when they had been enrolled in both classroom-based preschool and UPSTART.

KINDERGARTEN

KEY TAKEAWAYS AND NEEDS

- Optional extended-day and enhanced kindergarten programs are not meeting their full potential of serving students at risk of academic failure.

Full-day and extended kindergarten offerings, in addition to the state-funded half-day of kindergarten, have not changed significantly since the publication of the [2017 Early Childhood Services Study](#) (see pages 56–58). The legislature began limited funding for Optional Extended-Day Kindergarten (OEDK) in 2007 with a \$7.5 million pilot program. That program was allowed to sunset in 2011 and later incorporated into a 2012 program called the Early Intervention Program, which allocated the same amount of money for enhanced kindergarten options. Beginning in 2017, the Legislature allocated \$2.9 million each year for three years in TANF funds to serve additional at-risk kindergarten students through the Kindergarten Supplemental Enrichment Program (KSEP). These funds are supporting additional options beyond half-day in forty-six schools across seventeen Local Education Agencies. Because this program was time-limited, these programs serving at-risk students will not receive the funding after the 2019–2020 school year unless the legislature allocates new funding.

Schools have now administered the new KEEP Assessment for two school years. At the time of this publication, the USBE has only published results for the first administration, the 2017–2018 school year. Students enrolled in extended kindergarten programs beyond half-day showed greater gains from the beginning of the year than overall kindergarten student performance.¹³⁵ This is especially true for students with academic risk factors, including students who are economically disadvantaged, students who identify as a racial or ethnic minority, students with disabilities, students who are English language learners, and those who enter kindergarten with lower proficiency scores.¹³⁶



Optional Extended-Day and Enhanced Kindergarten programs are not meeting the full potential of serving students at-risk of academic failure.

Optional Extended-Day and Enhanced Kindergarten programs are not meeting full potential of serving students at-risk of academic failure. Utah students attending a full-day or extended-day kindergarten represent just 25% of the kindergarten student population, compared to 80% of kindergarten students nationally who attend full-day kindergarten.¹³⁷ State funds described previously support some of these offerings, but similar to preschool programs, LEAs utilize varied funding streams to offer these classes. Based on 2017 KEEP data, 37% of incoming students did not demonstrate sufficient prerequisite knowledge and skills in literacy or numeracy for kindergarten.¹³⁸

¹³⁵ Utah's State Board of Education, Utah's 2017-2018 KEEP Report (n.d.), <https://www.schools.utah.gov/file/8365ba5b-0b42-4821-9f55-5af69c299101>.
¹³⁶ Ibid.

¹³⁷ "Preschool and Kindergarten Enrollment," Institute of Education Statistics, National Center for Education Statistics, https://nces.ed.gov/programs/coe/indicator_cfa.asp.

¹³⁸ Sara Wiebke and Shannon Ference, State of the State: Early Learning in Utah, USBE Presentation to the Utah Legislature's Education Interim Committee, June 19, 2019, <https://le.utah.gov/interim/2019/pdf/00003174.pdf>.

ECONOMIC STABILITY

EMPLOYMENT AND FINANCIAL ASSISTANCE

Children who experience poverty suffer from long-term negative impacts, which can include decreased school readiness, lower academic performance, fewer well-paying employment opportunities, and worse health outcomes.¹³⁹ Several economic stability programs are available in Utah, including utility assistance, rental and housing assistance, and financial or cash assistance. Some of these programs are targeted to children directly and some have the potential to impact children indirectly through the adults in their lives.

The [2017 Early Childhood Services Study](#) identified state support programs for employment, financial assistance, and housing. This Needs Assessment focuses updates in the areas of child care assistance and food security because of their direct impact and funding dedicated to children ages 0–5. While employment and financial programs and resources are not targeted specifically to ages 0–5, early childhood leaders in Utah are mindful of the implications tied to the financial health of families and overall health and well-being of children. Adequate employment for parents is a gateway to family stability and self-sufficiency, and financial assistance can prevent homelessness and provide stability for families with young children during times of transition. Utah programs like the Family Employment Program (FEP), administered by the DWS, provide temporary cash assistance to families who are unemployed or underemployed. FEP further assists families in need of child care through the FEP–CC program when certain conditions are met.

Table 24. FEP and FEP–CC participation in Utah

		Total Recipients	Recipients Under Age 6
FEP	SFY2017 ⁱ	19,951	5,803
	SFY2018	18,238	5,298
	SFY2019	15,700	4,605
FEP–CC	SFY2017		1,449
	SFY2018		1,318
	SFY2019		1,093

SOURCE: DWS, Nov. 6, 2019

ⁱ For the purposes of this report, 'SFY' represents state fiscal year, starting on July 1 and ending on June 30.

139 Arloc Sherman and Tazra Mitchell, "Economic Security Programs Help Low-Income Children Succeed Over Long Term, Many Studies Find," Center on Budget and Policy Priorities, July 17, 2017, <https://www.cbpp.org/research/poverty-and-inequality/economic-security-programs-help-low-income-children-succeed-over>

CHILD CARE ASSISTANCE

KEY TAKEAWAYS AND NEEDS

- High-quality child care, particularly for infants, is more expensive than most Utah families can afford, and its cost is increasing.
- The eligibility threshold for child care subsidies in Utah (171% FPL) is lower than the national average (200% FPL), which can place a large burden on individual families to cover child care costs.

It is widely reported that child care access and affordability have reached a crisis point nationwide.¹⁴⁰ Many advocacy and research organizations track and compare child care costs across the states. Across multiple measures and definitions, child care is regarded as expensive for families, with infant care costing the most.

High-quality child care, particularly for infants, is more expensive than most Utah families can afford. The 2017 Early Childhood Study estimated that a single mother in Utah would need to pay one-third of her income to afford high-quality child care. The U.S. Department of Health and Human Services recommends no more than 7% of household income go toward child care payments.¹⁴¹ By this standard, one estimate finds that only 12% of Utah families can afford infant care, as it is 51% more expensive than tuition at the state's four-year universities.¹⁴² According to the DWS–OCC's 2015 Market Rate Study, the monthly rate a licensed provider charges, at the 70th percentile of all providers, for full-time care of a four-year-old and a one-year-old was \$568 and \$758, respectively. In 2017, OCC's Market Rate Study found that a licensed provider charging at the 70th percentile of all providers for full time care of a four-year-old and one-year-old was \$608 and \$850, respectively.¹⁴³

Child care assistance programs administered by DWS help eligible parents cover the cost of child care with a monthly subsidy. Programs include the Employment Support Child Care, Family Employment Program Child Care, Transitional Child Care, Kids In Care, and Homeless Child Care programs (see Appendix F for additional detail). Funding for child care subsidies is provided by federal CCDBG and TANF funds. To be eligible, parents must be employed or actively seeking employment, and can be citizens or noncitizens.¹⁴⁴ The maximum monthly allotment eligible participants receive is based on household size and monthly income, measured as a percentage of the poverty limit.¹⁴⁵

The number of families submitting cases and the total children ages 0–5 receiving subsidies has decreased over the last year (see Table 25). The Gardner Policy Institute reported that families' fears about privacy and confidentiality may further prevent some from applying for early childhood services.¹⁴⁶ While the total number of children receiving subsidies has decreased, the number of children covered by subsidies among the IGP population has increased since 2013 (see Table 26).¹⁴⁷

140 Andrew Keshner, "America's child-care crisis: 'The entire system is experiencing pressure from every angle and something's got to blow,'" Market Watch, August 6, 2019, <https://www.marketwatch.com/story/most-parents-to-be-are-clueless-about-the-career-and-money-costs-of-raising-a-child-2019-07-1.7>; Jennifer Levitz, "Why Businesses Are Pushing for Better Child Care in America," Wall Street Journal, February 10, 2018, <https://www.wsj.com/articles/why-businesses-are-pushing-for-better-child-care-in-america-1518264001>.

141 "The cost of child care in Utah," Economic Policy Institute, <https://www.epi.org/child-care-costs-in-the-united-states/#/UT>.

142 Ibid

143 <https://jobs.utah.gov/occ/occmrket.pdf>

144 <https://jobs.utah.gov/eligibility/index.html>

145 <https://jobs.utah.gov/customereducation/apply/incomecharts.html>

146 See Appendix A for full Deliberative Session findings

147 Intergenerational Welfare Reform Commission Annual Report. Utah's 7th Annual Report. 2018. Retrieved from <https://jobs.utah.gov/edo/intergenerational/>

Table 25. Number of children ages 0–5 receiving child care assistance (SFY 2017-2019)

2017	2018	2019
13,005	12,957	12,595

Source: DWS, Nov. 6, 2019

Table 26. Child Care Subsidy Rates, IGP Children and All Children (CY2013–2017)

	2013	2014	2015	2016	2017
IGP Children Covered by Child Care Subsidy	42%	42%	46%	48%	50%
Children Covered by Child Care Subsidy	58%	58%	54%	52%	50%

Source: IWRC Annual Report 2018 <https://jobs.utah.gov/edo/intergenerational/igp19.pdf>

Family Income Levels

Families making a little over \$41,000 qualify for a subsidy and thus spend roughly 7% of their income on child care. Families with incomes of \$45,000 would not qualify for a subsidy, and would spend roughly 39% of their income on child care. In this scenario, the family income is only slightly higher than the income eligibility threshold of \$44,016. Even for families with the state median income of \$78,600, the cost of child care still accounts for roughly 22% of income. This is illustrative of the burden that child care costs can create, even for families earning more than the median income and the recommended living wage. Figure 23 provides a visual comparison of Utah family income levels.

Figure 23. Comparison of Utah family income levels

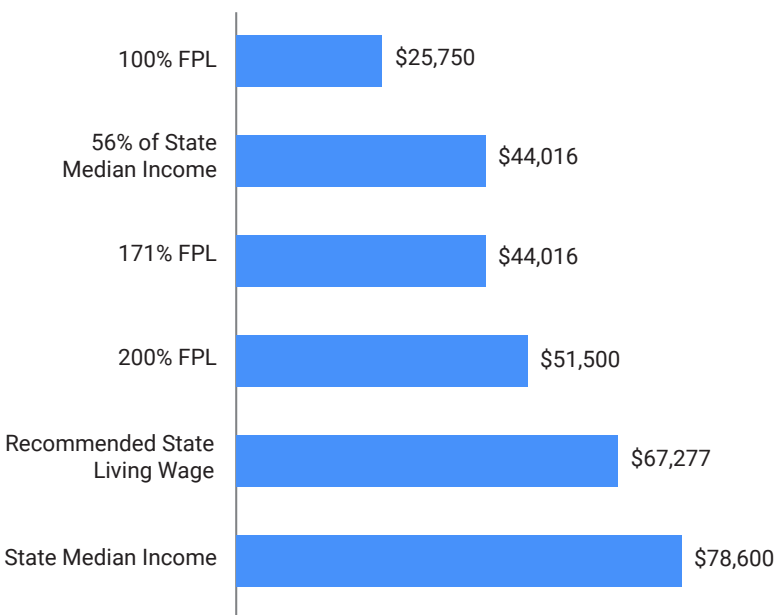
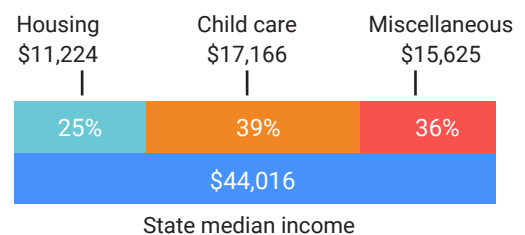


Figure 24. Family budget scenario based on state median income



Gaps in Child Care Assistance

The Employment Support Child Care subsidy is available to families whose income falls at or below 56% of the state median income, which is approximately 171% of the FPL. The DWS-OCC establishes and reviews eligibility requirements to take costs and income into account, while also trying to avoid subsidy waiting lists that exist nationwide.¹⁴⁸ However, the cost of child care places a significant burden on a family's budget when the family is ineligible for a subsidy.

In Utah, the average cost of housing ranges between 24 and 27% of a family's total income, regardless of renting or owning.¹⁴⁹ When child care absorbs 39% of a family's expenses and housing absorbs 24–27%, a family that makes 56% of the state median income or slightly higher will still struggle to make ends meet, increasing the chances of food insecurity and the family living in poverty (see Figure 24).¹⁵⁰ The increases in monthly fees for a licensed provider, the threshold for eligibility, and stagnating wages, places single parents and low-income families at a considerable disadvantage in being able to afford high-quality child care.¹⁵¹

FOOD SECURITY

KEY TAKEAWAYS AND NEEDS

- Participation in the Supplemental Nutrition Assistance Program (SNAP) has decreased over the last two years in every county in Utah, with a state-level decrease of 18%.
- Participation in the Supplemental Nutrition Program for Women, Infants and Children (WIC) has also been decreasing, with a 28% drop since 2014.
- The number of meals served at child care centers through the Child and Adult Care Food Program (CACFP) has decreased by about 31% in the past two years, without a decrease in funding.
- There is a wide variety of factors that may influence participation in these three programs, including a recovering economy and difficulty in navigating, using, or qualifying for participation.
- Despite decreasing participation in food security programs, food insecurity rates remain relatively steady.

Access to healthy food is essential to ensuring the development, learning potential, and well-being of children. This is especially important in the earliest years of life, when brain development is most critical. Children who are malnourished while in gestation or during the first few years of life have smaller than average brains, resulting in lifelong behavior and cognition issues, such as lower IQ and worse performance in school.¹⁵²

While Utah has a strong nutrition support system through faith-based organizations, the Utah Food Bank, and local food pantries, there are often distance and time barriers to access. Barriers to nutrition support resources include traveling to and from pantries, long lines at the pantries, and conflicts with visitors' schedules and the pantries' hours of operation. Additionally, pantries often serve as a supplement to a family's overall food needs. The Utah Food Bank operates 150 food pantries and 29 mobile pantry sites across the state, as well as 85 mobile school pantries.¹⁵³ However, the mobile school pantries visit a school only once per month, and sometimes rely on children to carry food home to their families. To further support families, there are three key USDA programs, administered by three Utah governmental agencies, available to improve food access and nutrition: SNAP, WIC, and CACFP.

148 <https://childcareworks.org/wp-content/uploads/2019/06/CCDBG-Utah-Snapshot.pdf>

149 Annie E. Casey Foundation Kids Count Data Book 2019. Retrieved from <https://www.aecf.org/resources/2019-kids-count-data-book/>

150 <https://jobs.utah.gov/edo/intergenerational/igp19.pdf>

151 <https://www.sltrib.com/news/nation-world/2019/02/25/shareholder-profits/>

152 "How does nutrition affect the developing brain?," Zero to Three, <https://www.zerotothree.org/resources/1372-how-does-nutrition-affect-the-developing-brain>.

153 "Find a Food Pantry," Utah Food Bank, <https://www.utahfoodbank.org/find-a-pantry/>; and "Mobile Pantry Program," Utah Food Bank, <https://www.utahfoodbank.org/programs/mobile-pantry/>.

Table 28. SNAP participation in Utah by household and children, 2016–2018

County	CY2016		CY2018		Change in Participation CY2016–CY2018	
	Households	Children 0–5	Households	Children 0–5	Households	Children 0–5
Beaver	105	168	81	123	-22.9%	-26.8%
Box Elder	908	1,441	740	1,151	-18.5%	-20.1%
Cache	1,909	3,129	1,568	2,504	-17.9%	-20.0%
Carbon	480	708	419	603	-12.7%	-14.8%
Daggett*	8	14	5	7	-37.5%	-50.0%
Davis	3,889	5,962	3,171	4,965	-18.5%	-16.7%
Duchesne	504	784	407	618	-19.3%	-21.2%
Emery	176	274	143	231	-18.8%	-15.7%
Garfield	51	74	40	51	-21.6%	-31.1%
Grand	178	261	130	183	-27.0%	-29.9%
Iron	1,160	1,816	937	1,486	-19.2%	-18.2%
Juab	154	254	138	247	-10.4%	-2.8%
Kane*	95	150	56	87	-41.1%	-42.0%
Millard	215	330	181	283	-15.8%	-14.2%
Morgan	55	92	41	61	-25.5%	-33.7%
Piute*	24	39	10	14	-58.3%	-64.1%
Rich*	21	30	21	33	0.0%	10.0%
Salt Lake	17,297	26,702	13,987	21,697	-19.1%	-18.7%
San Juan	626	981	516	822	-17.6%	-16.2%
Sanpete	444	752	381	629	-14.2%	-16.4%
Sevier	445	682	407	636	-8.5%	-6.7%
Summit	186	262	143	202	-23.1%	-22.9%
Tooele	1,168	1,803	995	1,484	-14.8%	-17.7%
Uintah	822	1,238	678	1,023	-17.5%	-17.4%
Utah	7,251	11,950	5,822	9,536	-19.7%	-20.2%
Wasatch	234	375	182	274	-22.2%	-26.9%
Washington	2,720	4,223	2,235	3,530	-17.8%	-16.4%
Wayne	36	55	32	44	-11.1%	-20.0%
Weber	4,785	7,244	4,019	6,117	-16.0%	-15.6%
Total	45,946	71,793	37,485	58,641	-18.4%	-18.3%

Source: DWS

SNAP

The Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, provides a monthly benefit to low-income families for food in the form of an EBT card, which can be used to purchase non-prepared foods such as fresh produce, meat, pantry staples, and dairy. SNAP cannot be used to purchase prepared food or non-food items such as alcohol, medicine and vitamins, or household supplies.¹⁵⁴

To be eligible for SNAP in FY2018, a household of four would need to have a gross monthly income no greater than 130% of the FPL (\$2,665) or net monthly income no greater than 100% of the FPL (\$2,050).¹⁵⁵ Households are required to renew and verify their continued eligibility every six months. In FY2019, 273,777 individuals received SNAP in Utah, of which 50,257 were under age six.¹⁵⁶ Following national trends, SNAP participation in Utah has been decreasing in recent years, potentially due to economic growth and changes in program policies.¹⁵⁷ Table 28 shows the decrease in SNAP participation in Utah by county from calendar year 2016, which was presented in the 2017 Early Childhood Services study, to calendar year 2018.

WIC

The Special Supplemental Nutrition Program for Women, Infants and Children, known as WIC, is funded by the USDA and administered through the Utah DOH. WIC provides low-income women and young children with access to nutrition education, counseling, nutritious food, and help with finding health care and community resources. According to the USDA, WIC participation is linked to lower incidences of premature birth and infant death and a greater likelihood of receiving prenatal care, as well as improved diet and nutrition outcomes for children.¹⁵⁸ For a family of four to be eligible for WIC in fiscal year 2020, their monthly income cannot exceed 185% of the FPL, or \$3,970 per month.¹⁵⁹

Although it is a beneficial program for women and children, there is a downward trend nationally and in Utah in WIC participation, with some local health districts seeing as much as an 18% decrease in participation from September 2016 to September 2018 (see Table 29).¹⁶⁰ While this could be interpreted as a decrease in demand as the Utah economy grows, there are other possible interpretations to consider. WIC relies on a cumbersome paper benefits system, affecting ease of use, adding to stigma around usage, and suppressing knowledge about the program.¹⁶¹ Preliminary results from a DOH needs assessment indicate that fears of deportation may also be affecting participation for immigrant and mixed-status families. Additionally, with the increase in SNAP participation during some of these same declining WIC years, some women may be opting to rely only on SNAP benefits instead of WIC.¹⁶² In fiscal year 2019, WIC served 44,047 Utahns.¹⁶³

154 "What Can SNAP Buy?," Food and Nutrition Service, U.S. Department of Agriculture, <https://www.fns.usda.gov/snap/eligible-food-items>.

155 U.S. Department of Agriculture and Food and Nutrition Service, Supplemental Nutrition Assistance Program (SNAP): FY 2018 Income Eligibility Standards (n.d.), <https://fns-prod.azureedge.net/sites/default/files/snap/FY18-Income-Eligibility-Standards.pdf>.

156 DWS, received 9/27/19

157 <https://www.ers.usda.gov/amber-waves/2018/september/participation-in-snap-varies-across-states-but-is-generally-decreasing/>

158 "About WIC - How WIC Helps," Food and Nutrition Service, U.S. Department of Agriculture, <https://www.fns.usda.gov/wic/about-wic-how-wic-helps>.

159 <https://www.federalregister.gov/documents/2019/04/26/2019-08389/special-supplemental-nutrition-program-for-women-infants-and-children-wic-20192020-income>

160 "County Food Access Profiles," Utahns Against Hunger, updated June 28, 2019, <https://www.uah.org/fight-hunger/learn-more/item/117-county-food-access-profiles-2019>.

161 <https://www.reuters.com/article/us-usa-poverty-nutrition/u-s-nutrition-program-for-mothers-infants-sees-falling-demand-idUSKBN0HE1AF20140919>

162 Preliminary findings shared by Dr. Sharon Talboys, University of Utah, with Sorenson Impact Center in September 2019

163 "WIC Data Tables," Food and Nutrition Service, U.S. Department of Agriculture, <https://www.fns.usda.gov/pd/wic-program>.

Table 29. WIC participation, by health district, FY2018

	Counties Served	Number of WIC Participants in the District	Change in Participation Sept. 2016–2018
Salt Lake County Health District	Salt Lake	16,853	-18.2%
Bear River	Box Elder Cache Rich	3,377	-16.4%
Tooele	Tooele	1,261	-10.3%
Weber-Morgan	Weber Morgan	4,502	-21.0%
Summit	Summit	369	-13.0%
Davis	Davis	4,061	-18.4%
Wasatch	Wasatch	431	-12.2%
Utah County	Utah	8,962	-17.8%
TriCounty	Duchesne Daggett Uintah	913	-12.0%
Southeast	Carbon Emery Grand	849	-14.9%
San Juan	San Juan	288	-13.5%
Central	Juab Millard Piute Sanpete Sevier Wayne	1,576	-18.3%

Source: <https://www.uah.org/fight-hunger/learn-more/item/117-county-food-access-profiles-2019>

Table 30. WIC participation in Utah, by participant group

	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019*
Women	15,309	14,704	13,821	12,811	11,545	10,379
Infants	14,247	13,865	13,290	12,491	11,484	10,529
Children	31,704	30,426	29,473	28,447	25,960	23,139
Total	61,259	58,995	56,584	53,748	48,989	44,047

*Data as of September 6, 2019

Source: <https://www.fns.usda.gov/pd/wic-program>

CACFP

CACFP is a subprogram of the federal Child Nutrition Program (CNP), funded by the USDA and administered by the Utah State Board of Education. CACFP funds four nutrition support programs: Adult Day Care Centers, Child Care Centers/Head Start/Emergency Shelters, Family Day Care Homes, and At-Risk Afterschool Meal Program. Since the publication of the 2017 Early Childhood Services Study, the number of licensed child care centers receiving meals has increased slightly, but the number of family care homes using CACFP has decreased.¹⁶⁴ Since FY2016, the number of meals served in child care centers has decreased by over two million (31%), and the number of meals served in family day care homes decreased by over four million (45%) (see Table 31).

Nationally, there has also been a decrease in CACFP participation by licensed family day care home providers. However, funding for CACFP has not seen a dramatic decrease, remaining steady at around \$25 million since 2014 (see Table 32). CACFP staff at the Utah State Board of Education provided additional insight into the declining participation in the program in the state of Utah:

- A thriving economy and healthy job market may be incentivizing family home day care providers to work in the job market outside the home;
- Rising household incomes of the programs' families affect the reimbursement rate for providers;
- Changes in meal patterns;
- Perceived complexity of maintaining paperwork and requirements;
- Fear of deportation and government;
- Prohibitive financial costs of background checks and licensing standards for family day care home providers.¹⁶⁵

Despite decreasing participation in food security programs, food insecurity rates remain relatively steady.

¹⁶⁴ The number of licensed child care centers increased from 287 in FY2016 to 296 in FY2018. The number of licensed family child care homes decreased from 1,804 in FY2016 to 1,434 in FY2018. FY2016 data retrieved from the 2017 Early Childhood Services Study. FY2018 data retrieved from <https://www.schools.utah.gov/file/10361280-4579-4c05-a00e-3530931089b0>

¹⁶⁵ Jodi McGill, Utah State Board of Education Coordinator, email to Meredith Muller, October 3, 2019.

The decline in meals served through child care centers could be in part due to centers' inability to reach the threshold of 25% of children in their program qualifying for free and reduced meals, making them ineligible to claim reimbursement. However, there has been an increase in the number of sites participating in the CACFP At-Risk After School Program, which is included in the child care centers data.¹⁶⁶

Despite the available hunger and nutrition support programs, and the overall declining participation, food insecurity remains relatively stable, with very little change in food insecurity rates in Utah's counties (see Table 33). The largest decrease in food insecurity was in Piute County, which saw the food insecurity rate drop from 17% in 2015 to 14% in 2017.

Table 31. Meals served through child nutrition programs in federal FY2018

Programs under Child and Adult Care Food Program (CACFP)	Meals Served in FFY2016	Meals Served in FFY2018
Child Care Centers (breakfast, lunch, and dinner)	7,808,058	5,374,326
Family Day Care Homes (breakfast, lunch, and dinner)	9,704,464	5,324,647
School Lunch Program	54,854,817	54,396,153
School Breakfast Program	13,739,690	14,055,799

Source: <https://www.schools.utah.gov/file/10361280-4579-4c05-a00e-3530931089b0>

Table 32. CACFP funding in Utah, 2014-2018

2014	2015	2016	2017	2018
\$25,778,887	\$26,709,088	\$26,380,346	\$26,149,779	\$26,409,887

Source: <https://fns-prod.azureedge.net/sites/default/files/resource-files/14cccash-9.pdf>

¹⁶⁶ Ibid.

Table 33. Food insecurity rates in Utah by County, 2017

County	Food Insecurity Rate in 2015	Food Insecurity Rate in 2017	Change in Food Insecurity, 2015-2017
Beaver	13.3%	13.2%	-0.1%
Box Elder	12.6%	12.3%	-0.3%
Cache	14.8%	14.4%	-0.4%
Carbon	15.1%	14.9%	-0.2%
Daggett	12.7%	10.3%	-2.4%
Davis	11.8%	10.8%	-1.0%
Duchesne	15.0%	14.5%	-0.5%
Emery	14.3%	14.3%	0.0%
Garfield	17.8%	15.6%	-2.2%
Grand	16.9%	14.7%	-2.2%
Iron	17.5%	16.9%	-0.6%
Juab	14.2%	13.3%	-0.9%
Kane	13.4%	13.1%	-0.3%
Millard	12.6%	11.9%	-0.7%
Morgan	11.6%	9.7%	-1.9%
Piute	17.0%	14.0%	-3.0%
Rich	14.1%	14.3%	0.2%
Salt Lake	12.6%	11.8%	-0.8%
San Juan	19.8%	19.4%	-0.4%
Sanpete	14.7%	14.7%	0.0%
Sevier	15.1%	14.2%	-0.9%
Summit	11.1%	10.5%	-0.6%
Tooele	11.7%	10.9%	-0.8%
Uintah	14.2%	14.1%	-0.1%
Utah	13.8%	12.8%	-1.0%
Wasatch	11.9%	11.2%	-0.7%
Washington	14.9%	13.9%	-1.0%
Wayne	17.2%	15.1%	-2.1%
Weber	12.7%	12.2%	-0.5%

Source: https://public.tableau.com/profile/feeding.america.research#!/vizhome/2017StateWorkbook-Public_15568266651950/CountyDetailDataPublic

CONCLUSION

This Needs Assessment addresses Utah's early childhood care and education (ECCE) system, including its component programs, resources, and services. The ECCE system in Utah plays a critical role in ensuring our most vulnerable and disadvantaged children thrive. With Utah's youngest children representing a significant portion of the population, it is critical for the state to establish a highly-functioning system to help ensure that the most vulnerable and underserved children are effectively identified and supported.

Too often early childhood systems operate in silos, missing key opportunities to maximize the overall health, well-being, and early learning outcomes of children. Increased coordination and alignment among ECCE actors in Utah will help ensure each child's needs are identified, service referrals are made and completed, and the messages that families hear are well-defined, aligned, and consistently reinforced.

A major focus of this Needs Assessment is increased coordination and alignment between actors in the system, and ensuring that essential elements of a system are present. The essential elements addressed are governance structures, data linkages, funding, common standards and definitions, workforce, and transitions between programs. By addressing the gaps in Utah's ECCE system, the state will better serve families as they access early childhood programs, services, and resources.

High-quality programs, services, and resources within the system are equally as important as the infrastructure to efficiently operate them. This Needs Assessment also discusses programs and resources for young children and families in Utah within four domains: Family Support and Safety, Health and Development, Early Learning, and Economic Stability. Having the essential system elements to provide a strong foundation, as well as high-quality programs, ensures a coordinated and aligned birth-through-five early childhood system that supports families by ensuring their children are healthy and ready to learn when they enter kindergarten.

APPENDIX A. KEM C. GARDNER POLICY INSTITUTE QUALITATIVE NEEDS ASSESSMENT

Preschool Development Grant, Ages Birth–Five Qualitative Deliberative Group Data to Inform State Needs Assessment and Strategic Plan for Early Childhood Services

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August 2019



Preschool Development Grant, Ages Birth–Five

Analysis in Brief

In May and June of 2019, deliberative groups of parents and early childhood service providers in communities throughout Utah identified challenges and barriers to learning about and accessing early childhood services. Some difficulties, such as a lack of knowledge about the existence of programs, eligibility requirements, and childhood development markers, were noted in all communities. Barriers also varied by community, such as the need for language translation to understand application forms and websites, or a sizable portion of the community living without cars or driver’s licenses. Participants offered ideas to raise awareness about programs, and suggested website names and search terms.

Key Themes

- There are many unknowns for parents: a lack of knowledge of developmental milestones that might indicate the need for early childhood services, a lack of awareness of existing programs, and eligibility misconceptions that discourage service application.
- Variable income poses challenges to maintaining service eligibility. Temporary extra income from seasonal work or year-end bonuses can disqualify families from services. The possibility of losing Medicaid eligibility for their children is a deterrent to maximizing earning potential.
- Participants learn about services through family, friends, or acquaintances; the planned one-stop website, while warmly welcomed, is unlikely to be the first place families learn about services without significant outreach and marketing.
- Stigma affects parents’ willingness to seek government services. For those who do seek services, negative interactions, particularly towards non-English-speakers applying for services and parents making WIC purchases, can deter them from further service use.
- Barriers varied by community and parent background. Transportation difficulties are felt in most rural communities, and language barriers by migrant workers and refugees.

At a Glance: Information, access, and quality findings

Information

- Parents typically first learn about services from a friend, family member, or acquaintance.
- Families often receive their first early childhood service after a health event like a birth or diagnosis.
- Participants were pleased with the idea of a one-stop website, but some anticipated needing help with navigation and urged attention to security.
- Awareness campaign ideas include posting flyers, utilizing doctor’s offices, booths at community fairs, posting on local Facebook pages, and purchasing radio and billboard ads.

Access

- Transportation access deters service use due to lack of public transportation, the expense associated with cars, a lack of a driver’s license, and long distances.
- English language learners experience barriers when they cannot understand paperwork, the public transportation system, websites, and in-person case-work assistance.

Quality

- Experiences differed regarding whether service referrals were useful, respectful, and timely. Issues include a lag time for school referral processing, and Spanish-speaking applicants experiencing rudeness.
- Participants wish they had known about services for their older children, suggesting resources and developmental milestones need to be routinely discussed.
- Perceived quality of services varied; parents utilizing Head Start are pleased with their children’s kindergarten-readiness, and rural participants worry about the readiness of children far away from services.

Website

- Most participants support a one-stop website and offered suggestions for the name and useful search terms.
- Concerns include lack of phone or laptop, discomfort with the internet, internet inaccessibility, and language barriers.
- Most participants are comfortable with a universal ID number, but caution against using a Social Security number.
- An official logo and pervasive and consistent marketing are important.

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Report Organization Summary

Section 1 of the report identifies overall themes derived from deliberative group discussions.

Section 2 summarizes participants’ ideas about information, access, and quality – three areas identified by early childhood service leaders as important for public input.

Section 3 provides brief summaries of the unique features of participants’ experiences with early childhood services in different communities.

Section 4 examines participants’ responses to the concept of a statewide one-stop website, the possibility of a new universal ID number, and suggestions for website design.

Introduction

The federal Preschool Development Grant (PDG B-5), awarded to the Utah Department of Workforce Services (DWS), provides states with funding to coordinate and align the early childhood service system, which in Utah sprawls through six offices within four state agencies and several community-based organizations. The grant calls for a comprehensive needs assessment, a strategic plan, and a state website to enhance parent choice and expand the current mixed delivery system. While the goal of the grant is to coordinate and align services for all Utah families, the needs assessment focuses on the needs of families with risk factors such as poverty, intergenerational poverty, English language learner (ELL) status, and lack of child care providers.

The Kem C. Gardner Policy Institute contracted with DWS to provide qualitative research on families' experiences with early childhood services, especially those with childhood risk factors, and include both urban and rural communities throughout Utah. The information collected by the Gardner Institute through

deliberative groups in communities throughout Utah will be used by the Sorenson Impact Center to inform a state needs assessment and strategic plan. Communities were selected in consultation with DWS to reflect the variable resources and needs in Utah's diverse communities.

Deliberative group participants identified several barriers to access to early childhood services in their communities. Barriers included lack of knowledge and access to information about available early childhood services, confusion surrounding program qualifications and application processes, stigma, access to transportation, lack of awareness of early childhood developmental milestones, language barriers, concerns that use of services would negatively impact citizenship, and lack of smart phones, laptops and access to the internet. Each of these findings can strengthen the state needs assessment and strategic plan by insuring they are informed by the experiences and realities of families in communities throughout Utah.

Methodology

The first phase of Gardner Institute's research included 10 in-depth interviews and two discussion roundtables with early childhood service leaders in Utah. Input from these roundtables informed the discussion guide for 10 statewide deliberative sessions.^{1,2} Deliberative group participants were primarily parents, but also included local early childhood service providers. Participants had a wide variety of backgrounds.

The Gardner Institute worked with the Department of Workforce Services (DWS) to identify partners in five urban and five rural areas with high rates of childhood risk factors, including poverty, intergenerational poverty, English language learner (ELL) status, and lack of child care providers. When possible, the Gardner Institute identified existing parent groups and worked with local partners to organize a deliberative event. Partners included various Head Start programs (including Centro de la Familia, which provides other services as well), The San Juan Foundation, a home visiting program, University Neighborhood Partners (UNP), the United Way of Utah County, and a local county health office. Participants received snacks and a \$10 Walmart gift card.³

Rural sessions were held in Price (2), Blanding, Cedar City, and Honeyville. Urban sessions were held in Salt Lake City (2), Ogden, Provo, and Tooele. Each deliberative session lasted one and a half hours. Participants were divided into groups based on turn out. Each group had a facilitator and a note taker. In five locations, translators were provided for Spanish (4) or Somali-speakers (1).⁴

Like other types of research, qualitative research has strengths and limitations. A limitation of qualitative research is that findings are not generalizable. Deliberative group

participants were not selected randomly and did not constitute a representative sample of the communities selected. Moreover, since the Gardner Institute worked with local partners to identify existing parent groups, participants were more likely to know about and be connected with early childhood services than an average community member. However, by targeting community members who were part of parent groups, the feedback provided has a greater chance of reflecting real life experiences with accessing early childhood services and providing valuable insights about existing barriers and the changes that would make the greatest difference in creating greater alignment and coordination of services.

Qualitative research allows explanations of difficulties or barriers to be more detailed, and for facilitators to follow up with participants to better understand the factors involved in the situations discussed. Highlighted quotations from participants are integrated throughout the report to illustrate themes and general findings.

One final research note: when translators were present at a deliberative session, they provided summaries of the answers provided by participants rather than verbatim quotes. Thus, participant observations are quoted directly whenever useful, but all translated responses are summarized.

Attached appendices include individual interview and discussion roundtable findings (both key takeaways and coded using applicable ECCE system elements identified by the PDG B-5 Needs Assessment Guidance document), and an English and Spanish version of the discussion guide.

Section One: Deliberative Group Themes

There are a lot of unknowns for parents – even those connected to early childhood service providers

- **Childhood Development** Parents are not always aware when young children are developmentally delayed. This can be particularly problematic if the oldest child has a developmental delay and the parent has no experience with child development. The amount of information doctors provide at check ups varies and even parents who attend regular doctor check ups are not always told to seek needed services for their children. Although several parents mentioned receiving good information from the school system, this was not a common source of information for parents of children without older siblings who need services before school age. Participants in Provo and UNP in Salt Lake mentioned that many parents may not get any services until kindergarten if they lack a connection. Parents had a variety of input on whether programs successfully identify developmental delays, and gave suggestions for sharing information earlier, including urging doctors, day care providers, and preschool teachers to watch for developmental milestones and inform parents of developmental delays and where to go for services.

"I've also noticed [Head Start] helps...[my wife] so that she understands where the kids are supposed to be at, what they are supposed to be doing...a lot of new mothers and fathers don't know what to do or where to be or what to expect." Price Participant

"Well, my son, with him there was like a 6 out of 12 on autism that he scored red flags ... so ... if we would have known what to look for and what to expect... the assessment was done through Kids On The Move. I just feel like if my pediatrician would have told me sooner, like "hey your son is starting to show signs" ... then I think that I could have started to address them." Provo Participant

There is a lack of services to detect and address special needs learning disabilities. Parents of children with autism, ADHD, and sensory processing disorder don't know exactly what is occurring, but know something is off. Even if a pediatrician provides parents with a list of things to do, or provides a late diagnosis, many Spanish-speaking parents don't know where to go. Places that are referred to by physicians are frequently unaffordable and inaccessible, and Spanish-speaking parents feel like there are no mental health services available for their children. Ogden Participants

"...we could tell at that point that there was a learning disability there and he had no idea because she was his first...and there was no information out there for him as a single dad to find out about it. So once we got married we asked the pediatrician...[about her at the]... well baby check when she was 3 and she said [we] could go to the school because now she has aged out of the EI [Early Intervention Services] and so we missed that opportunity. We missed possibly years of helping her...[wished there was]...an online [test to]...see if your kid is on track." Provo Participants

"I have to do ages and stages questionnaires (because of foster care) They teach providers how to use them, but I never had seen those when my biological kids were younger, [questions like] how many blocks can they stack? or can they jump off of just one foot, even when you go to the pediatrician the few things they do is very limited but ...seeing, what should they be doing at this age, I think it's helpful." Price Participant

- **Lack of Program and Service Awareness** Many parents lack knowledge of early childhood service programs and may not recognize their purpose based on the program names. For instance, a Provo participant had never heard of TANF or SNAP, Blanding participants suggested that Head Start flyers need to say "sign up for preschool" because the name is not intuitive, and Provo participants noted acronyms are confusing: "even saying, "women, infant, children," like what is that?"

"I wouldn't have known where to go for WIC if my mother-in-law hadn't been a public health nurse." Blanding Participant

"I have talked to families just with the (early childhood service) position that I have now and they weren't aware of Upstart or Head Start." Blanding Participant

- **Eligibility Misconceptions** Parents may not realize they could qualify for some programs and/or that they could qualify for some programs but not others. For instance, a UNP Salt Lake participant believed Head Start was for kids with disabilities, a Blanding participant assumed since she had health insurance through her employer and no longer received Medicaid, she would no longer qualify for WIC, a UNP Salt Lake participant didn't realize they were eligible for WIC as a family of five since they had not

qualified with their first child, and an Ogden participant assumed she wouldn't qualify for other programs if she didn't qualify for WIC.

"I thought you had to be a specific demographic and that they approached you." Blanding Participant

"I think in our case, when we were declined for Baby Your Baby we never applied again and we probably could have qualified." Provo Participant

"I was not aware that Head Start took over-income students until ... we had someone come to the early childhood meeting and she was like "oh yea, we do!" and ... I thought that Head Start was just for Native American kids." Blanding Participant

- **Guardianship Eligibility** A Price participant noted that people caring for children without legal guardianship cannot apply for early childhood services. However, another participant indicated she was able to get food stamps and Medicaid (but not other services) for three kids to whom she was not related. This confusion surrounding what services are available to children who are being cared for by someone other than their parent or legal guardian was echoed in the Tooele discussion.

Variable income poses challenges

- Several groups - including groups from Honeyville, the UNP Somali refugee group, and the Spanish-speaking and English-speaking Salt Lake UNP groups - discussed concerns about changes in program eligibility based on fluctuating income. A Salt Lake UNP participant noted the last three months of income can be more relevant to determining need than the last tax return if someone has recently become unemployed or their work situation has changed. A Honeyville participant didn't apply for a recommended service because of the confusion of changing program qualification. Several groups mentioned the difficulties associated with maintaining eligibility while doing seasonal work.

"...that little nice three hundred dollar Christmas bonus your boss gives you, right at review time, makes it so that you are not qualified." Cedar City Participant

- UNP Somali refugee participants were particularly concerned that income fluctuation could result in kids no longer qualifying for Medicaid. Several participants from the UNP Somali refugee group told stories (both personal and friends') about families who moved from Utah to Califor-

nia to be assured of Medicaid coverage for their kids, but then returned to Utah because of a good job market. Other groups mentioned how a small amount of extra income was an all-or-nothing difference in Medicaid qualification.

Everyone who moves says other states have better Medicaid there, but there are no jobs...one found a job here, but if the kids get sick, emergency care costs thousands. Somali Refugee UNP Participants

Word of mouth is the most a powerful recruiter

A range of families in need of services would not have known about what is offered unless: someone in their church urged them to sign up; someone from Head Start saw them at Home Depot and noticed they had a lot of kids; their husband drove a bus for a school that offered services; they had an older sister who had used services; they worked at an entity providing services; or one of many other individual stories of mere coincidence.

A woman from my church "used to work for Head Start and would come to our house..."hey! You should get [your daughter] in this [program]....she kept pushing it, so I was like okay, maybe." Price Participant

"I work in a thrift shop and a lot of people come in, ... they are poor and they are having problems, and they are struggling, but they don't know, [how to access services such as TANF, SNAP, Voc Rehab]... I'll get phone numbers...information...but as far as I know, around here there is really no place to get the information other than by word of mouth, or a police officer..." Price Participant

"A woman at Home Depot noticed me walking around with my five kids and offered me a flyer about this Head Start program." Honeyville Participant

One-stop website a great idea, but marketing and personal support also needed.

Despite the seeming ubiquity of smart phones in modern life, a google search was rarely mentioned as the way deliberative group participants had looked or would look for information about early childhood services. When the idea was introduced by a facilitator, participants were positive about the idea of a simple, one-stop shop to learn about all services in one place. In order for it to be accessible and effective, many noted they would need assistance in filling out the forms and would like a caseworker to help them use the website. Others indicated they lacked internet access or access to a smartphone or laptop. This is particularly problematic in areas around Blanding,

which completely lacks coverage, but it is also a problem for people who cannot afford internet service, smartphones, and computers.

Significantly, those who had members of their family who were undocumented were concerned about how the information would be used. Regardless of concerns about documentation, several groups emphasized the importance of being able to determine if the website is official through logos, widespread distribution of the link through childhood service entities, and possibly the creation of a mobile app.

Currently, some organizations are serving as resource centers by distributing information on early childhood services. The Refugee Education and Training Center, Centro de la Familia for migrant workers in Honeyville, the Cedar City Head Start, and the WIC program serving Price were all mentioned as places where parents received timely service referrals. Facebook communities and parent groups were also mentioned as forums where participants had learned about the existence of early childhood services. Participants thought marketing information about the website through materials posted at organizations such as these, along with doctors' and government offices, would be the best way to get information to the people who needed it.

Stigma affects information, access, and quality

Stigma can be a barrier to seeking services and came up in a variety of ways, particularly in answers to the question *"have a service or screening ever been recommended to you and you chose not to follow up?"* (discussed in detail in Section Two). Participants noted that negative interactions with both early childhood service staff (when applying for early childhood services) and the public (when using early childhood services) had deterred them from seeking services. A Cedar City participant recounted how she chose to stay home rather than seek WIC and Medicaid services for her adopted baby daughter who was withdrawing from methamphetamines because people were judgmental about her child's behavior and her parenting.

There is also a stigma for government help in general, discussed specifically in Cedar City, Provo, and Blanding. A Blanding participant noted an example of a woman whose husband said no to accepting taxpayers' money even though they could have qualified for WIC, and suggested stigma is even more of a problem in a closely knit small town.

Finally, a Cedar City participant noted that part of some parents' reluctance to accept the suggestion that their child is developmentally delayed and needs help is likely the stigma associated with a mental health issues.

Barriers differ by region and group

Barriers discussed by participants tended to differ depending on whether they were from rural or urban areas, whether a member of their family was undocumented, whether they spoke English, and whether they had access to internet and computers, however not all groups in any of these categories would answer questions identically, and interesting community differences emerged.

For instance, while Price is a rural community, several participants noted many people in Price do not have a car or driver's license, making them dependent on family and friends to get to services and exacerbating the difficulties of driving to other towns for early childhood services. In other rural areas, participants reported that most residents had driver's licenses, cars, and in the case of Honeyville participants, bussing provided by Centro de la Familia.

In contrast, Tooele was initially included as an urban community because people can commute to Salt Lake from Tooele and Tooele residents are consequently close to the wide array of services offered in the Salt Lake area. However, a Tooele participant noted *that "another issue is that Tooele for several funding sources is considered an extension of Salt Lake.... The Rapid Rehousing Funds, we were in competition with Salt Lake for it. Salt Lake always got the larger cut because they have the larger population but the resources that we have here are few and far between...and Head Start, everything runs through Salt Lake ...so it's hard for Tooele to really build their own resources because it is contingent on Salt Lake."* When these funding issues are combined with health care boundaries, and the difficult commute for people without access to a car or with busy schedules, Tooele experiences the problems associated with a rural community, despite its proximity to Salt Lake City.

More detail regarding region-specific barriers can be found in Section Three.

Section Two: Information, Access, and Quality

Section Two discusses the three areas early childhood service leaders identified as important for public input on service coordination and alignment in Utah: information, access, and quality.

Information

Participants were probed about their initial point of contact with an early childhood service. Most deliberative groups were an adaptation of an existing parent group - an approach helpful in recruitment, but resulting in a sampling of individuals who had succeeded in finding early childhood services. In several cases, establishing contact with just one organization can serve as a reference for a wide range of other services. Possible initial touch points that provide referrals include Head Start, Centro de la Familia, the Refugee Education and Training Center, and United Way 211. An emergency health event can also result in a range of services being identified.

How did participants get initial information about programs?

- Many found out through friends or family.
 - Sister in Nevada knew about WIC. Honeyville Participant*
 - Sister-in law knew about Upstart program. Provo Participant*
 - Mom worked at Head Start. Cedar City Participant*
"[my friend said]...my son is going and you should take yours....so I went and signed up." Cedar City Participant
- Some experienced a personal or family health event that prompted the first service
 - "I had learning problems during elementary school and high school that went undiagnosed at first, but then my first service touch point was Four Corners Mental Health." Price Participant*
 - "(with) my first child we had the (EI) home visits because she had to be flown out right after she was born... we had a nurse come in for the first year and check everything, make sure she was learning what she needed to and all that stuff." Blanding Participant*
 - Son was a preemie and needed expensive formula through WIC. Honeyville participant*
 - Nurse provided information on Welcome Baby after birth in hospital. Provo participant*

- Others were fortunate happenstance:

"Head Start had a booth and so I just grabbed an application and some information and here we are."
Cedar City Participant

My neighbor...[asked]... "Do you have kids?" and I [said].. "Yea I have two" [and she asked]... "Are they going to school?" and I said "No just the boy. I don't know where to go," and she was the one that took me to school." UNP Salt Lake Participant

Participants indicated that, although medical referrals are extremely effective at steering parents towards valuable care for their children, they are not commonplace practice. When asked about the ideal place to share information about early childhood services with parents, almost every group mentioned medical offices – either through flyers or doctor and staff discussions. But many noted that doctors' offices did not provide flyers or go through developmental stages and expectations with parents unless there was a major issue. A Blanding participant noted that UNHS (Utah Navajo Health System) could share information beyond just children's check ups.

"UNHS, it's huge... in Montezuma Creek, they go out, they have mobile clinics, they have health fairs and ... if something is going on, ... you hear about it. Which is also frustrating because ... they could do a better job in participating in the local resources ... in public health, in the education system, in preschool daycares, and so getting them on board with sharing that information would be astronomical." Blanding Participant

Participants differed regarding whether birth was a good time to provide information – some thought a list of local services and contact information would be a valuable addition to the packet of information new parents take home from the hospital.

"For me, when I was in the hospital with my first newborn, I was very like much a sponge for information." Provo Participant.

Others said they were too tired and focused on their new baby to read the packet and that well-baby doctor appointments would be ideal for retaining the information.

What would be the best way to distribute information to people who may need early childhood services?

- Post and distribute flyers – with appropriate language translation - at WIC offices, Medicaid offices, health departments, DWS offices; city offices, local churches, recreation centers, the nontraditional student office at SUU in Cedar City, the Refugee Education and Training Center (with multiple language translation), grocery stores (including Clark’s in Blanding and international food stores), libraries, malls, Walmart, doctors’ offices (pediatrician, obstetrician, and post-partum depression counselor), hospitals, day care facilities, pre-schools, senior centers, foster care offices, La Leche League, carnivals, laundromats, parks, and elementary schools
- At well-child check-ups, have doctors and/or staff provide developmental milestone information, contact information for early childhood services, and a reminder when the child is old enough for preschool
- Include a paragraph of information in the “height and weight” pamphlet for well child visits
- Provide information on early childhood services and post-partum mental health services at pre-natal visits
- Have early childhood service caseworkers provide and explain information on a flyer
- Include in hospital packet sent home after birth of a baby
- Provide at pregnancy classes
- Train preschool teachers to be knowledgeable about developmental milestones and resources
- Create local guides for distribution
- Send flyers home with elementary students
- Set up booths at parent-teacher conferences
- Post on Facebook community pages, parent pages, or the Lighthouse Foster Care page – either flyer information or simply “We are going to do free screenings, everyone is welcome”
- Replicate Upstart Program’s social media efforts
- Set up booths at public fairs such as the UNHS health fair in Blanding or the Helper art fair
- Include in UNHS free monthly newsletter
- Create information booths at the grocery store by the free snack table
- Broadcast radio PSAs or commercials

- Go door-to-door in trailer courts and low income neighborhoods
- Post message on a well-positioned local billboard (such as the one in Price)
- Run newspaper ads in local papers like the Tooele Transcript
- Purchase an ad in the local Provo magazine
- Provide at Ready to Learn classes

Access

What are the barriers you have experienced in accessing early childhood services?

- *Transportation* Transportation is an issue for participants in Price, Blanding, Cedar City, the Ogden Spanish-speaking group, and both refugee groups in Salt Lake. The mixed background refugee group in Salt Lake discussed the prohibitive costs of purchasing and insuring a car. Moreover, Uber and Lyft require a credit card, which most members of their community do not have, and downtown parking and bus passes are expensive. The language barrier makes using the bus system difficult and it is easy to get lost. One participant from the Somali refugee group did not seek WIC services because it was too far away. A participant in the Spanish-speaking Ogden group did not pursue Head Start for her daughter because it would have been a two mile walk with a baby to get her daughter there before a new free bus route was created.

“Three years ago we had a mom that walked 8 miles every day [to and from Head Start] because she didn’t have a car ... [or] ... know how to drive so she would walk to drop off her kid...and then come back.” Cedar City Participant

Both Price and Somali group participants mentioned that many in their community did not have a car or driver’s license. These create two different problems in that Price’s rural location requires driving greater distances to receive services, and Somali refugees are deterred by an English-language based bus system.

Head Start no longer offers bussing, which is problematic for some parents in rural areas like Price and Blanding. *“I wish they would bring that back.”*

A Price participant chose the preschool in Castle Dale (about 31 miles from Price) because they provided transportation.

- *Language Barriers* Language barriers were emphasized in all of the non-English speaking groups, with a related concern that they were being treated rudely and unfairly because they did not speak English. Honeyville and UNP Salt Lake participants recounted stories of being treated rudely and unfairly by service providers. Participants were scared to ask for a service if they spoke Spanish. Participants who had a family member who was undocumented worried about deportation, and those seeking citizenship worried that using services could be held against them as a public charge. Participants from the mixed background refugee group in Salt Lake underscored the importance of translation, noting that translation is difficult and perhaps unavailable for some tribal languages, and that even those who speak English may not be able to read and translate necessary documents.
- *Cognitive Development* Several groups that included early childhood service providers discussed the need to educate the public about the importance of cognitive development between ages 0-5, and the influence parenting and programs can have on cognitive development. They felt it could counter the apathy and fatigue that parents feel when confronted with the time and effort of pursuing a service or program for their child. Interestingly, parent participants in several groups had a similar insight, suggesting that doctors, preschool workers, day care providers, caseworkers, and anyone else who has regular contact with a young child be trained in developmental milestones and have the contact information for services in their area. Many of these parents wished someone had brought their child's developmental delays to their attention earlier.
- *Paperwork and Documentation* Proper documentation was also a barrier to accessing services, with participants from the UNP Salt Lake group discussing instances when they had sought services and found that they did not have proper documentation. Participants from the mixed background refugee group mentioned problems with lost documentation.

Several groups noted that lack of employer cooperation in providing necessary paperwork was a barrier.

"...when I switched jobs, I sent in an employer form and ... cut off my medical and Food Stamps because my employer wouldn't fill out another form. In that situation it kind of threw me... like my kids need medical." Cedar City Participant

"One of the challenges is the paperwork involved for Medicaid. For example, they require a proof of income and if [your] employer doesn't want to fill out the letter then they won't have a letter."

Honeyville Participant

- *Accessible Hours* Limited program hours, programs at-capacity, a lack of office hours, and a dearth of programs for younger children were also discussed as barriers by the Spanish-speaking Ogden group and others. Blanding participants noted that WIC is only available on Tuesdays and Provo participants noted the Orem WIC office is not open on Mondays. Others cited the difficulty of using services during the work day.

"I had a mom that told me that she left her 5 year old home with like a newborn baby and set a timer while she went to work." [because they can't find or afford daycare] Blanding Participant

"I am always at work, and they do things in the morning hours." Provo Participant

- Two participants in the UNP Salt Lake group indicated they had difficulty navigating current websites to obtain services. Moreover, they noted that a phone interview or email address may be required for some services and some do not have a phone or email address.
- UNP Salt Lake participants described the importance of having a caseworker to help you access services, but noted you had to bring your own translator and most caseworkers were rude.

Have you always followed through with recommended screenings or services?

As mentioned in the Deliberative Group Theme section, several participants did not follow through on seeking recommended screenings and services because they felt judged by service providers or the public.

"... I think that [what] actually keeps people from wanting to do it just because they don't want to feel judged, like someone's checking up on how clean their house is ... and that's really not what they are there for - they are just to help support the kids - but I do think that's a deterrent for some people..." Price Participant

Some Spanish-speaking participants did not seek services after being treated disrespectfully by service providers and were sometimes even turned away despite being eligible for services because of difficulty communicating as a Spanish-speaker or as someone who speaks English as a second language.

"When I went (to apply for Medicaid and food assistance), I was treated with such disrespect that I just left. I felt like I was begging them for the help - and it may be just one button that I forgot to push that made the difference. It was the way they acted - eye rolls and stuff like that - I wouldn't go back unless it was the last resort I took the bus with 5 kids to meet with them. That was hard. I just left." Salt Lake UNP Participant

A Provo participant indicated cashiers are not nice about processing WIC.

"...and then you kind of feel like a nuisance because you are holding up the line and the checks take forever to process each individual one." Provo Participant

A Tooele participant described comments made by fellow shoppers while using WIC for her foster kids.

"Look at her rings!" "She has her nails done!" ... and you're like I'm in foster care, ... I've had 7 kids and I've adopted 4 of them, leave me alone. You don't know what I've been going through." Tooele Participant

Others indicated they felt overwhelmed by parenthood and/or post-partum depression.

"I think initially it is overwhelming to have a new child in your house and you're trying to figure everything out and you have people walking through and measuring and fire extinguishers and all that other stuff and it's like oh my gosh like what else can I take on?" Price Participant

"...sometimes the families that we serve are so inundated with so many services they just want to be left alone, they don't want another thing... you know what I mean?" Blanding Participant

An Ogden participant knew about Welcome Baby for years before taking advantage of it because *"I was in a better place."*

Early childhood provider participants suggested additional possibilities.

"I think for some of them it's that they don't have time and some of it I think is apathy." Price Participant

"...if it's a DCFS referral, it's "you're not going to try to tell me what to do" or they're scared to because they think that you are judging them as a parent." Price Participant

A mom who delayed having her son checked for 6 months after a day care provider noticed signs of autism shows parents are reluctant to admit their child might have a problem, and that such reluctance can adversely affect treatment since they don't seek early intervention before the child turns three. Blanding Participant

Lack of transportation prevented one mom who qualified for Head Start from enrolling her kids.

Fluctuating eligibility pushed one participant to stop trying to receive Medicaid

"I did Medicaid with my kids but being self-employed ... sometimes I'd get an \$8000 dollar paycheck and then nothing for four more months... we had to go in every 3 months with self-employment ... Medicaid was awful to deal with so I quit..." Cedar City Participant

In several groups, participants shared stories of doctors saying a child would qualify for a service and then being denied the service multiple times until they gave up applying.

Participants in several communities, including Price, Honeyville, Salt Lake, and Ogden, discussed choosing not to apply for services because of fears the services would be viewed negatively when trying to establish citizenship.

Finally, Provo participants repeatedly discussed the sense that they did not want to take any more services than were absolutely necessary.

"I guess even for WIC, I found it but I was like nooooo, ... I kind of feel bad about it even though our income was really low in grad school with kids... I don't want to use it unless necessary." Provo Participant

Quality

"What is the quality of your experience with a referral from one service provider to another? Were they useful, respectful, timely?"

Responses to this inquiry differed by participant and community. In Price, a participant mentioned that Head Start follow up was good, and a local WIC provider explained they think of providing referrals as part of their six-month assessment checks for children 0-5. They refer parents to doctors and EI services if they see developmental delays. Spanish-speaking Ogden participants also mentioned WIC as the place they received referrals to programs such as Welcome Baby.

Blanding participants were frustrated with the amount of time school referrals can take (6-9 months, most of school year) - this is a problem for kids who get their intervention (usually for a speech delay) after they turn three. This lag time, and its deleterious effect on children in need of intervention, was also discussed in Price.

Cedar City participants indicated that while EI and Head Start did a good job of following up, other programs did not.

In Blanding, participants discussed a missed opportunity to have UNHS provide more referrals.

“UNHS and the hospital are huge and could be a great source of referral to programs like WIC, but they need to get the doctors and nurses to do it as a matter of standard practice.” Blanding participant

Was there information you wished you had received sooner?

Participants from several groups wished they had known about Head Start or other services for their older children. A Spanish-speaking Ogden participant wished she had known about child care services earlier - she had taken her kids to work with her because she couldn't figure out another alternative.

In many cases, responses to this question reflected a system where people do not receive information about services they qualify for from medical professionals unless there is a serious health event for a child or the need to establish Medicaid for the birth of a child. For instance, a Cedar City participant wished she had known about Head Start for her older children but only found out when a younger child needed speech therapy.

Are children kindergarten ready?

The main concern for some parents was that they do not know what “kindergarten ready” means. They questioned what the standards were for kindergarten, and noted that whereas kindergarten used to be viewed as the initial step for children, it now requires preparation.

Most of the participants whose children were in a Head Start program felt strongly that their children were ready for kindergarten. In some cases, they felt their child was more advanced than other kindergarteners, with Honeyville parents noting kids from Head Start were at the top of their class and one mother sharing that her daughter had skipped a grade

because she was so advanced. The only concern regarding Head Start, expressed by a Somali refugee participant, was that all of the classes were taught in English, which she felt could lead to poor behavior.

When it came to assessing the abilities of children in general, the reviews were more mixed. One participant expressed her reservations towards the state's move toward online learning for preschool children via the Upstart program.

“I feel like the trend has been Upstart, which is computer-based, ... I'm not saying that those academic skills are not important, but I think if you want to talk about getting along in this world, you need social relationships ... And I think those situations are underrated and they are so important.” Price Participant

Participants from Cedar City and Tooele had concerns regarding social skills.

“I see a lot of kids come in that don't have the social or emotional development.” Tooele Participant

A participant in Blanding felt that kids near Monticello and Blanding were ready, but kids father out were less ready.

“We see a lot of families that have delayed speech...in Montezuma Creek...There were so many kids in middle school and high school who were required to stay home down south so that their parents could go to work and they had to watch their younger siblings. So not only are our younger kids behind, but our older ones are behind as well because they are missing school to take care of their younger sibling and it's a huge epidemic.” Blanding Participant

Section Three: Experiences by Community

Much of each location's deliberation has already been captured in earlier sections of the report. This section provides samples of discussion at each location to highlight some of the factors that make the experience of accessing early childhood services in that community unique.

Blanding

Blanding was the most rural of the deliberative sessions. The participants who gathered in Blanding to discuss early childhood services came from surrounding towns, including those who worked with families on the Navajo reservation. The diverse needs of the sprawling area came through in participant observations.

"We surveyed like 60 families in the county in the main communities and there was a huge need for early childhood preschool, daycares, any child services ... south in like Montezuma, ... Aneth, and the reservation area ... is in pretty high need." Blanding Participant

State rural initiatives don't apply to San Juan County because "they are stay at home moms or ...temporary employees [or...] they are working outside ...[and] go from job to job (or self-employed or disabled)" so they don't have insurance through their employers to offer initiatives like the diabetes prevention initiative. Blanding Participant.

"UNHS is probably our biggest resource." Blanding Participant

A participant noted the area had only three preschool programs, with the Montezuma Creek program being for special education. The host partner in Blanding noted they were working on opening an additional preschool in the area.

Another participant noted that people from the Ute Mountain tribe were in need of the type of mobile services that were offered on the Navajo reservation. The closest Utah medical facility is much farther away than the one in Colorado (Towaoc).

One early childhood service provider working in Aneth noted the difficulty of keeping accurate contact information for people with frequently changing phone numbers:

"when we can't get ahold of our parents, we drive out there and find them and ...ask them to update their [phone] numbers.... they get tired of us and then they start doing it on their own but that's the only way."

Cedar City

In Cedar City, some medical options seem like a "monopoly" to participants – for instance, participants said the Southwest Behavioral Health Center is the only Medicaid behavioral health provider and there are also only one or two OB-GYNs who accept Medicaid. Other challenges noted by Cedar City participants included:

The day care options in Cedar City are limited and expensive.

People living west of Cedar City don't have access to a bus.

An interesting difference between Cedar City and Blanding, two locations with proximity to tribal reservations, is the relative integration of the Paiute reservation with Cedar City. Whereas long distances must be traveled to reach many Navajo and Ute Mountain communities from Blanding, the Paiute reservation is contiguous with Cedar City and therefore provides more easily accessible services for tribal members.

Honeyville

Honeyville had the biggest turn out of any deliberative group location. Centro de la Familia provides Head Start and other services to agricultural workers. Many of the participants learned about Centro de la Familia through outreach conducted while they were working in the fields. Centro de la Familia provides a wide array of services and connection to services that makes many of the experiences shared by these participants different from Spanish-speaking participants in other communities. For instance, Centro de la Familia provides transportation, so few of the participants reported transportation as a barrier to getting services.

However, some of the barriers experienced by Honeyville participants are similar to other Spanish-speaking participants in that they report experiences of being treated rudely and unfairly by service providers and employers. Participants planning on applying for citizenship were concerned program use would count against them in application even if they are legally eligible for the programs. Moreover, some were concerned that even family members' use of services would prevent them from receiving citizenship, even if kids and spouse are citizens.

Despite the importance of Centro de la Familia in providing multiple referrals for early childhood services, many participants found information on their initial early childhood service through a friend or acquaintance, or because of a medical need.

Ogden

Participants at this location were divided into two groups, one Spanish speaking and one English speaking.

Despite being in a more urban setting, participants experienced transportation difficulties.

Multiple participants in both groups shared stories about being told incorrect and inconsistent information about early childhood services by the professionals providing the service. They wondered if program qualifications had changed or their situation changed. Many noted the burdensome time requirements of applying for a service, either in person or over the phone. Both groups reported difficulties accessing caseworkers, with some providing tips on the times of day when you were likely to be able to get through to a caseworker.

Price

The most surprising finding from this community was that participants reported many community members do not have a car or driver's license, meaning they are dependent on family and friends for transportation, and services are even more difficult to access.

Like other rural areas, there are few preschool programs in the area, and Price residents consider options in surrounding towns as possibilities for their children. For instance, some Price residents are interested in the Castle Valley preschool, but are unable to enroll children without an Individualized Education Plan (IEP). A participant described the difficulties of maintaining a job in Price while driving her child to a preschool in Wellington. A participant who provides child care in Helper discussed having clients who drove their children to her program from surrounding communities (in one case to go to work in a third community). Depending upon the child's needs, the availability of program spots and the cost of the program, the drive between communities for drop off and pick up of children can be difficult or prohibitive for working parents, with one participant noting that it could result in parents choosing convenience over quality for their children's activities.

"But talking about the transportation thing, you're dealing with a lot of people that don't have money or don't have the access to get vehicles [or] learn how to drive ... so transportation is really hard." Price Participant

Provo

Provo is an urban community. Participants here were divided into three groups, including one small Spanish-speaking group and one group consisting mostly of college students. There was a relative even mixture of men and women overall, with many couples in attendance.

Internet access and smart phone access were not discussed as barriers for this group, however most did not learn about early childhood services through a Google search. Instead, most had their initial point of contact after the birth of their first child or as a result of a family or friend referral.

More than other groups, Provo participants discussed wanting to use only as many services as necessary for their family.

Salt Lake – UNP Hartland Center

Participants at this location were primarily refugees, and divided into two groups. The biggest group consisted entirely of Somalian refugees and had a Somali translator. The second group consisted of people who were able to converse in English. These participants came from a variety of backgrounds, including Somali, South Sudanese, Congolese and Burmese. Participants in these two groups noted they received some initial information about services from the refugee office.

Language was a huge barrier for both groups. Even those who speak English could struggle to read and fill out forms in English and those who speak Somali need a translator to access services. The language barrier also makes using public transportation difficult, and although this group has smart phones, they noted that the connectivity would not assist them in accessing services unless a Somali translation was offered.

Although a problem mentioned in many groups, the difficulties associated with supporting a family when Medicaid qualification (especially for their children) can be lost at low levels of income was discussed most extensively by the Somali group. Some participants, and many people they knew, had left Utah to seek Medicaid coverage for their children, but sometimes returned because there were better job opportunities in Utah. The fear of not having health care coverage for their children was a major concern.

Salt Lake – UNP

Participants at this location were divided into an English and a Spanish-speaking group. The English-speaking group also spoke Spanish. This group was different from most others because several of the participants did not currently have children in the 0-5 age range. This provided the perspective of parents who did not find a link to early childhood services during the time they would have needed it. Many of these parents found day care/preschool options cost prohibitive and did not pursue preschool for their children.

Poor treatment by early childhood service providers was discussed in both groups, with some parents having decided not to pursue services for which they were eligible because of the disrespectful way they were treated. Both groups also discussed rumors they had heard that led them to distrust government programs – one participant noting that as a young mother there was a rumor that if you used TANF, the government owned your children. Although no longer concerned with these rumors, participants were still concerned about the potential adverse impact that using government programs could have during the citizenship application process and some were still wary of programs such as home visiting.

Tooele

Although initially included as an urban location because of its proximity to Salt Lake City, many of the problems for Tooele residents mirrored those of rural residents. Participants agreed that the public bus system in Tooele was not useful – although it was not as much of a concern because most participants had cars. Funding and programming for some early childhood services in Tooele is shared with Salt Lake, leaving Tooele participants to feel that their community lacks adequate resources (*“the ‘F’ word... ‘funding’*”), and foster care parents lamented the inconvenience of foster care training being held in Salt Lake.

Nonetheless, one participant mentioned the benefit of living in Tooele: *“And this in particular is a really good community for just kindness and helpfulness and you know being a little bit of a smaller community than Salt Lake...”*

Rural Areas

Two problems stood out as barriers that are particularly difficult in rural areas.

Lack transportation

Transportation between towns takes time and is prohibitive for people without cars. One example that participants in several groups mentioned was Head Start’s elimination of busing for students. Some indicated that it prevented them or someone they knew from applying for or attending Head Start.

Phone numbers are unreliable

Many families get less expensive “track” or “burner” phones and have a quick turn over of phone numbers. Many times the children’s service providers do not have an accurate phone number.

Section Four – Statewide Website

Do you like the idea of a one-stop early childhood service website where parents enter eligibility information and learn which programs they are eligible to receive?

The idea of a one-stop website was appealing enough that several participants suggested it before facilitators asked the website-related questions. Most participants were fans of not having to retell their story multiple times to find the programs for which they are eligible.

“I think it’d be amazing.” Price Participant

“Like idea of one-stop shop.” Salt Lake UNP Participant

“Five stars.” Provo Participant

Participants in some groups suggested applicants may need someone to walk them through the process, but they still thought having a one-stop website would be helpful for service providers assisting applicants.

Participants shared a number of reservations and suggestions regarding accessing the website. For instance, a Price participant noted he hates his cell phone and would rather use paper, and believes others in the community share that view. Another Price participant shared the perception that most people don’t have access to a smart phone. Several others confirmed that perception, noting that many people use less expensive “burner phones” and change their phone numbers frequently. Many Blanding area residents also lack a smart phone.

“...sounds really great, but... Help Me Grow is kind of already doing that. And it’s not even working here. ... we can get people to fill out the referral form and ... sign up ..., but Help Me Grow can never contact them again. Their phones aren’t working, or they won’t answer, or they won’t respond to text, they won’t respond to emails.” Blanding Participant

Participants in other groups, such as Honeyville and the refugee groups in Salt Lake, mentioned the importance of having different languages on the website. Participants from the Somali refugee group indicated the website would only be useful if it was available in Somali and the mixed background refugee group noted that Google translate is only useful for translatable languages; many refugees speak dialects that Google translate doesn’t cover.

Participants at Salt Lake UNP and Provo noted the importance of being able to verify the legitimacy of a website that handles large amounts of personal information. Both thought a mobile app may be easier and bolster legitimacy. Other elements to consider are making sure there is a state logo incorporated in

the website and/or mobile app, and making sure the same link appears on all of the flyers at doctors’ offices, school websites, or any other official avenues of information sharing.

Cedar City participants urged the hiring of a community outreach person to visit day care centers, Head Starts, doctors’ offices, etc., and educate them about the new website.

Do you have any concerns about Utah creating a universal ID number for each child when using the website?

Most participants did not have a problem with the idea of an ID number generally, but did not want the number to be a Social Security number. Participants with family members who were not citizens were the most likely to be concerned about the idea of a universal ID number, with a Honeyville participant concerned that the government would be able to use it to track someone down. Participants in several of the groups felt an early childhood service number would be similar to other numbers that their children already had for programs like school lunch and Medicaid. A Spanish speaking Ogden participant said she had two cards for each child with different numbers.

A Blanding participant, who was a local provider, cautioned *“We do have some participants who have not even been willing to give us information for like home visiting so they’ve just opted out because they weren’t willing to give us Social Security numbers.”*

Some participants wanted to put limitations on the number, with Provo and UNP Salt Lake participants suggesting a temporary number. The Salt Lake UNP participant cautioned having a permanent number might allow problems incurred in elementary school to adversely effect kids later in school.

Internet Access

Internet access levels varied between communities, with the Blanding area having the lowest levels of coverage.

However, other groups had coverage issues related to the cost of service. Participants in the mixed refugee group at the UNP Hartland Center explained most of them have limited access through a Comcast program that provides internet for \$10 per month if a child is in the home. They thought the program could likely be used to search for early childhood services, but there is a limitation on things like movies for adults.

Even in groups that where most participants had a smart phone, some participants professed a lack of knowledge of and comfort with the internet.

Website Names

Participants provided a wide range of ideas regarding the best name for a one-stop website.

- Assistance for children
- Assistance in education or medical assistance
- Child resources
- Childhood services
- Children’s resources
- Early Childhood Services
- Family 411
- Family and Childhood Services
- Family Support
- Family Support Info
- General assistance for children
- Guide for children
- How to Parent
- kidshelp.utah.gov
- parenting.gov
- parenting.utah.gov
- Utah child resources
- Utah family resources
- Utah Services (but linked to DWS)
- utahchildhoodresources.gov
- Provo and Cedar City participants emphasized that the most important thing if for all service materials to refer to the same link.

- UNP Salt Lake and Honeyville participants emphasized that there should be official logos included on the site to make clear it was a legitimate website.
- Provo strongly discouraged use of an acronym and suggested a mobile app may be easier to use than a website.

Website Search Terms

Participants suggested a variety of possible search terms for people needing more information about early childhood services.

- 3 years old
- Child care help
- Child resource
- Children’s resource
- Community resources
- Day care
- DWS
- Emergency child care
- Formula help
- Free preschool
- Full-day preschool
- Help for my 3 year old son
- How to be a good foster parent
- “I’ve got a three year old what preschool?”
- Key words like “2, 3, summer, Head

Start, preschool”

- Look for school, education or medical help up to age 3
- Low-cost daycare
- Medical assistance
- My child
- Near me, around me, in my area or Provo Utah, and then a specific term depending on what you need: insurance, food, teaching programs
- Programs for kids (or toddlers or children)
- Servicio en patel or preschool
- Specifics like “help for low income families” and “free”
- Subsidized preschool or education
- Summer programs,
- Utah child resources
- Utah family health care
- Utah health services
- Utah services (but linked to DWS)
- “What can I do with this kid?”
- What type of education services are out there?

Conclusion

Deliberative group participants in communities throughout Utah provided a detailed look at barriers to accessing early childhood services in their area. Their comments suggest that it will take a multi-pronged approach to make services reliably accessible to parents in need. Moreover, they suggest that early childhood service providers - in government, the medical community, and private and non-profit entities - should be proactive and consistent in the information they share, because

many parents in need are not aware of childhood development markers, the importance of early childhood development to the future well-being of the child, or the services available to help them through difficult times. Participants welcomed the idea of creating a one-stop website, and suggested design and marketing ideas to ensure it is easily accessible and trusted by families in need of early childhood services.

Research Preview

April 17, 2019



PDG B-5 Interview and Discussion Roundtable Findings

Samantha Ball, Ph.D., Research Associate; Dianne Meppen, Director of Survey Research, and Marin Christensen, MS, Research Associate

Methodology

The Gardner Policy Institute contracted with the Utah Department of Workforce Services to provide qualitative research for the Preschool Development Grant (PDG B-5). The first portion of the research included 10 in-depth interviews and two discussion roundtables with early childhood service leaders. Input from these discussions will be used to create an issue guide for statewide deliberative community engagement efforts. Below

are the key takeaways, which will be distilled into important issue areas to focus deliberative discussions among parents and service providers throughout the state.

Attached appendices include insights from the same roundtables and interviews, coded using applicable ECCE system elements identified by the PDG B-5 Needs Assessment Guidance document.

Key Takeaways: Discussion Roundtables and Individual Interviews

Families need “one-stop shop” to get information and needs met

- Need a service that can act as a first step resource hub or “one-stop shop” to learn details and contact information for all available services.

“One practical solution is a centralized website where a parent can go and begin to learn how to navigate the services, of course if they had access to the internet and such. That is a practical and doable idea.”

“I had my first child at 16 years old and all of the services were so disjointed. The only one I really heard about was WIC. I didn’t know other things that might have been helpful as a young teen parent. I didn’t know about DWS or about family crisis nurses. I didn’t know about things that could have made us more successful and we were kind of winging it.”

“If you had a website that was developed specifically for parents of children and it could be accessed by providers or anyone... what services are available... daycare, medical, lactation--all of the different things that might be available to somebody in the community.”

“I think one thing that parents or families have to do every time they access a service, they’re starting from scratch

with that place. It’s tell your story, give all your data and information. It’s time consuming. It’s very repetitive. I’ve heard talk for years about a universal applications. There are so many barriers for that.”

- Need for better communication between services to inform families of the services they qualify for and provide them with contact information to seek those services.

“There are multiple agencies serving the needs of this age group and they’re not coordinated and that creates inefficiencies in the system. And inefficiencies for families; families only have so many hours in the day.”

- Make it mobile friendly but remember not everyone has a phone, so create multiple methods of getting information.
- Don’t expect to create a website and solve the problem.
- Provide best practice training across all early childhood services.

“There are best practices out there but there’s not enough support to get the frontline people trained up on that. And administratorsmight know the best practice, but do the people who are actually in the classrooms know that? And that’s where I think having a credential, or certificate or something that has to be required is going to be beneficial.”

- Ask parents about their needs and barriers to service.
- Design system that makes personal connections at transition points between services, a “warm hand off.”

Need Better Data

- Need to collect data at aggregate level to be able to track outcomes for kids and programs.

“...we don't really know how many kids are in preschool because DWS is only connected to private child care providers, USBE is only looking at LEA. Everyone defines preschool a little bit differently. So, we don't really have a really good sense of how many parents think their kids are actually in preschool and what those outcomes are.”

“When you say what does a coordinated system look like, there are some states that are further along and what we're talking about right now is what they've done. They either assign some type of universal ID at birth, whether that's the birth certificate ID or some type of a system generated ID sometimes at birth, or once a child needs any kind of early childhood service then they're given this ID.”

- Be aware of each other's screenings without violating privacy, especially given recent actions undertaken by ICE and an earlier security breach of Medicaid data.

“Speaking of privacy and disclosure consents, there is a program manager at the Utah Data Research Center and so this is his idea--when we talk about a single sign-on, he's thinking what if a parent, through the use of the single sign on could see who is sharing data with who and agree or disagree. At least some type of view so they could see what's going on with their data and provide informed consent.”

- Collect consistent data.

“There are quite a few data systems that are running siloed and you'd have to figure out how to feed in just enough information soit helps with coordination across all the lines.”

“One thing that would help is if the child's name was always the same. Mike, Mikey, Michael. Depending on what the parent wrote down that day and you don't always make that connection that it's the same child without some kind of search.”

“They might have been enrolled in pre-k services with one name and then enroll in kindergarten with another. And that affects your data and your research.”

- Plan next steps if data is collected that links different services. How will that information be used to better serve the child and family?

- ECIDS is a good start. Need dozens more programs to participate. Design or adopt one of existing personal identification numbers as the standard for all entities. Call for legislation if needed to share information.

“I try and follow my kids either back in time or forward and you just lose them if they're not in the child welfare system. I can get a little information from the juvenile justice system and a little bit out of Medicaid, but as far as [being able to understand] the big picture of what have we worked with this family on and what has worked and what have they not had access too--that would be fantastic.”

“WIC is in the system, they were one of the early adopters of getting in to ECIDS. But if you consolidate all the different data systems that are out there--there's so much power in that because we can really create an impactful conversation about making meaningful changes for kids over time.”

Educate Public

- Increase public awareness of services and the importance of early childhood development on long-term outcomes.

“...an understanding of the depth of social/emotional development and how foundational it is to everything else that a child's going to do.”

“Other states have aligned systems. Ours seems like we are constantly having to butt heads because people don't see early childhood services as critical as an important stepping stone both economically to prepare our workforce, preparing our kids to be healthy, preparing our families. As a state we don't make it a priority. If we can talk about making it a priority, these systems will align.”

- Need for common branding, marketing, and language. It should be inclusive to all groups, including all SES categories and multi-cultural.

“It has to resonate with the parents.”

- Dispel cultural myths for public and legislature.

“Utah's ripe with all sorts of child care myths that don't hold and maybe never held. There is still a myth that there is a 3-person family with a breadwinner that [provides for] a house and [puts] food on the table, and someone can stay home with that child. And that is a myth that hasn't be true for decades, but it is still believed in the legislature.”

- Provide education in life skills classes at high schools.

Eliminate silos

- Need for better communication between services to avoid inefficiency and duplication.
"...our state is small enough that we know each other, and it would be nice if we weren't so siloed in our approach to practices and work with families and children."
"I think there is a desire across these different systems to coordinate."
- A legal relationship is required to establish ongoing collaboration. Coordinating all services has appeal, but some worry it could decrease the quality of the services. ECU could lead in early childhood service coordination.
- Share information about conferences, research, and events to avoid duplication of effort among agencies and other entities.
- Workforce development should include training across programs such as early intervention and home visitors, or Head Start and child care; sharing professional standards; professional development; and customer training across a whole spectrum of services. Workers should be aware of best practices and fairly compensated.

Align outcomes and funding among programs and funding streams.

- Reduce duplication due to overlapping programs.
"[An aligned early childhood system] means that there are shared benchmarks that we're all measuring to kind of assess the health and well-being for kids in this age group. It means shared standards of practice, shared standards for early learning guidelines across the system, shared standards for definition of quality."
"...aligning funding streams so that we are maximizing our effort and sharing the enrollment burden rather than competing with each other."
"There's concern about not only duplicating services but potentially duplicating funding. So maybe giving a service provider funding for maybe one activity from the DWS that we want that provider to provide. And then maybe the Department of Health is also funding that service provider for something different, rather than aligning the outcomes and the funding"

Design changes that address geographic and technological access limitations for rural areas and tribal lands

- Even though many people in urban areas access everything by their phone, phone numbers are likely to change and not everyone has internet access. Additionally, many tribal areas have almost no coverage and people are unlikely to have cell phones.
- Home visiting is not offered in some tribal areas despite repeated requests for coverage, and the compatibility between tribal culture and home visiting's approach to service.

Learn from the shortcomings of earlier collaboration efforts

- Need to follow through on calls for collaboration. Schedule regular times where people from different entities (silos) are paid to come together. Have these groups compare activities to avoid duplication, and share missions and programmatic details to promote seamless transitions and proper referrals.
"Every group I meet with says they want to break down the silos and work together. A lot of policy and procedure can get in the way of that. Most groups are created due to funding requirements and rules for different programs – you have to have a board, you have to have an oversight committee."
- Silos prevent information sharing and service coordination among different entities, but busy schedules, limited financial commitment, and a lack of consistency in the coordination leadership have led to the failure (or stilted progress) of earlier discussions about collaboration.
- Address power struggles among some entities, particularly when grants are involved.
"Having an actual taskforce or an actual standing group that is created to address these needs and the need for coordination."
"ECU is a good leadership entity because it is inclusive and not led by a state agency. May need leadership other than an all-volunteer board."
- Involve all partners.
"Involve all of the partners instead of just the ones under the umbrella of state agencies."
- Ongoing funding is as important as level of funding.
"If you've heard of what's happened to the home visiting program over the last 5 years or so, it's a really good example of the overall challenges--their funding stream is feast or famine. And we know that [home visiting] is an effective program. We know that they can get into the homes when the children are young or the moms are still pregnant. We know it's evidence-based and we know we

could have good outcomes for it. And some states have it statewide and free to parents that need it and qualify. And here in Utah we have those same needs and the home visiting program had their funding go down. Luckily for many years they had TANF surplus funds. But it's not funded adequately from its own grant or with enough state funding. So that's a really good example of a program that we know ... could be statewide, that could have positive outcomes, and we just don't invest in it."

"...if you had consistent state funding--even if wasn't a lot--if you had a decent amount of money that was consistent that we could count on, then it would make a significant impact."

- Need consistent person/people to implement coordination.

"If you keep having turnover, you are always starting over again. So funding is always tricky and the downside is how you fund a position."

- Need follow through on training.

"We hope that our counselors are giving out information about quality child care and resources like early Head Start. But there's never guarantee because there really is no control. We don't have control within our offices. We have best practices where we encourage people to work with their local providers and make sure that they're referring appropriate families and children to those services, but it's just kind of hit and miss, and it just depends."

Some early childhood service entities have power and funding that is disproportionate to the segment of the population they serve.

"One of the concerns that I hear and is also a concern of mine--departments that have the money, or the staffing make a lot of the decisions even though they only represent one portion of the workforce. One example of this--the Office of Child Care, they are our ally and partner and I love them--but everything that they do obviously only affects one body of professionals, those who work with children receiving subsidy funding. So, they have a lot of power from a state level perspective because of the funding they have and the outreach that they have but really, they technically only represent one portion of the workforce. And those are people who work in licensed child care centers."

Align and centralize without losing human focus, especially in rural areas

"Having an early childhood unit or division. I think the downside to that is if it gets too big then you start running into the bureaucracy and missing that organic grassroots support of the community. You have to be careful if you are working with families and prevention."

"There's a sense of real territoriality. I also think it's important to get outside of the urban areas and not develop programs and access that just benefit or are just easier for folks that live in urban settings."

"...[need] someone that can help navigate (as a parent, the alphabet soup of grants and qualifications, that can just become ridiculously overwhelming). If I could say "I need help with this" and someone behind the scenes who understands federal grants ... can help me shuffle me in to whatever bucket I could qualify for, that would be ideal. And then if you have that system, you're able to identify where ...[they] ... "don't quite qualify for assistance, but definitely can't pay out of pocket for infant or early child care gap." And having a good sense of how often we're hitting that is something a centralized system could help with as well."

"You could start and have a message or conversation right away online with a care manager that could help do an intake and to help that family access the services. That's similar to 211 and similar to Help Me Grow."

Ask parents

- How do they get information about early childhood services?

"I think it is important to see if they are utilizing what we already have instead of creating new programs – are they using 211? Are they using Help Me Grow? What are they using?"

"Where do we align and coordinate and also how do we get parents to know about that? I know we are looking a little bit at a website, and if I am a parent and I am going to ask about a service, what is my first line of contact? Do I go online and do a google search for it? Do I ask around?"

- Are there non-traditional places where information could be distributed – grocery store, salon, faith-based organization, Native American community job or health fair?
- Do they want all of the services coordinated or is there a downside to that? Are there privacy or other concerns?

"If they're being served by multiple programs and different state agencies, would it be helpful for them if there was a centralized case management system? [are they] okay with that, or [do] they like the separate systems and ... feel like they shouldn't [be] touch[ed]. Because I feel like on this level, we think we know what is best, but what are people on the ground and those receiving services [thinking]? I don't know. I'd be surprised that they wouldn't want to consolidate those services, but again, some people like keeping things separate and don't want Human Services to know that they're on public assistance. I think it would be good to know."

- Did they feel intimidated or helped by the process?
- Did they receive information on how to access needed services in a timely manner?
- Why don't parents use resources or get screenings or services recommended?

"Why is it difficult when you're given the information to actually make the connection to a resource? We see this a lot in Help Me Grow. The parent is given resources, [and] they seem to be on board about needing to get that resource, but there isn't that sense of urgency to connect to the resource."

"I think we solve problems that we think people have in ways we think are really good and helpful. Why aren't they using [services]? Why don't they come? How come there is not awareness? That is where we spend a lot of time, figuring out all of these processes that are not as effective as they would be if they had the information about what parents have and need, and how it would be best accessible to them."

- What are the barriers to receiving services?

"...the refugee population would like to see an availability of transportation so they could transport their children whatever choice they have for early childhood or preschool. The same thing with rural community. Transportation is a big deal and issue."

"What time do you get up in the morning, how far do you travel, do you have transportation, do you have a child with special needs, how is it different for him or her? If you

can have, maybe even a menu of options--what would make your life easier?"

"[we need to address] access to services or barriers to accessing services ... whether that's in urban areas even when there's transportation available, it doesn't mean that it's really available. If you have to go 5 or 10 miles or if you're in a rural area... the services maybe not even be there. Are the services even in your area? Mental health services? Children's centers provide incredible service to children but they're not statewide. The model is beautiful, same with home visiting."

- How are services delivered?

"We need to talk about delivery, how families are actually getting the help that they need, and how children are being affected by how the services are given."

- Were there gaps in the information received?

"I think it would also be good to know [from] those families that are receiving services like Head Start or Early Head Start, ... their experiences [regarding] getting information of other resources. Particularly resources that are free for them through either Workforce Services or the Department of Health. And I'm talking more about in-home services, free services, like home visiting, the parents and teachers' program, nurse-family partnership and those types of programs. I would just be curious to know what level of information they are given about those different type of services. Just to find where the gaps are."

Appendix – Coded by PDG B-5 Guidance Document Elements

This appendix provides an alternative categorization of findings. Some statements may be duplicative of comments in the key takeaway discussion and others may provide a more detailed recount of participant insights.

Policy

- A single point of access for parents would minimize paperwork and redundant visits. Clients could fill out paperwork a single time and not be required to repeat their stories and needs each time they access a new service.
- In need of a common language and branding, as well as a unified message that focuses attention on the children and families.
- A two-generational approach is needed, with agencies offering services to families but working indirectly to meet the children's needs at the same time.
- Need Governor's office involvement to achieve unified direction.

- Be cognizant that although Head Start and child care are frequently combined for grant purposes, they are difficult to coordinate because they are more different than alike.

"In terms of funding and services, training, leadership, and wrap around services, Head Start and Child Care are really nothing alike except they are serving the same age group and sometimes the same children and families. Coordination efforts for these services should keep these difference, and children's developmental needs in mind."

- Increase focus on prevention services such as home visitation.

- Increase public awareness of services and the importance of early childhood development.

"...an understanding of the depth of social and emotional development and how foundational it is to everything else that a child is going to do."

- Ensure future collaboration efforts recognize that governmental agencies and other entities have created geographical regions in which they work that often differ from those created by other agencies for their purpose. This can be difficult for alignment and coordination purposes.

"DCFS has its own five regions, the mental health provider has different regions, and the hospitals are under different regions. To be able to coordinate a system it's really hard especially for [a client] who is in four different regions [depending on the service]."

- More community outreach needed.

"...[need to have meetings] in 12 different areas around the state, every three months ... so that parents will start talking to each other."

- Be cognizant that different people will need or want different services. For example,

"... maybe they don't need center-based child care, maybe they need family-based in rural areas."

- Entities need to know where to refer children and families in need.

"...as far as services for children who might be experiencing some troubles at home and have behavioral issues because of it--we only really know to refer to the children's center. But beyond that we don't know if there's something else. Something else that private and public early child care needs is help in addressing the needs of special needs children who have physical disabilities."

- Title V Block Grant and Home Visiting program are conducting similar research to this and would like to coordinate.
- Educate the public and the legislature to dispel cultural myths surrounding children and families, like the perceived societal norm of a two-parent, one-breadwinner family.

Governance

- Recognize importance of leadership. Successful collaboration has frequently been related to good collaborators rather than the mandated efforts included in grants. Otherwise,

"It looks more like people coming together to do what they need to do to get funding, then either because of attrition or turn over, or because of busyness...the first thing that goes by the wayside is collaboration."

- Provide more local control.

- Break down silos. Identify what entities are working with the same families or population in the community. Come together for reasons other than grant seeking to avoid territorial tendencies.

- Eliminate inefficiencies.

"There are multiple agencies serving the needs of this age group and they're not coordinated and that creates inefficiencies in the system. And inefficiencies for families. Families only have so many hours in the day."

"There are a lot of services out there and they are all working very hard independently to try and build awareness of what is available and get that awareness out to the population that needs to be aware. But at the more macro level, I feel there are a lot of different groups with similar goals and it could be more powerful, productive and effective if they were to align."

"Early Childhood Utah group has several subcommittees with specific goals they work on. There is the ICC, Inter Coordinating Council, that oversees the early intervention program. Head Start has their own coalition, the preschools, the Board of Education too. These different groups are all working to have a goal of educating parents and supporting them if the children are ready for kindergarten. There are just a lot of groups working to do that. It would be much more effective if there were more awareness and what others are doing."

- Establish a common governance structure. Minimum of a legal relationship that requires coordination. ECU and the Preschool Development Grant are mentioned as good places to start coordination. Schedule regular meetings to collaborate.

"Having an actual taskforce or an actual standing group that is created to address these needs and the need for coordination."

- Align funding by centralizing.

"I just got done doing a survey from the Department of Health. It was like a needs assessment survey targeting parents, stakeholders, service providers of their concerns and what are the most important things they need to focus on. Now talking to you, I feel like the questions are not on the same issue but in the same genre or area. We have a lot of reactive departments. We have Child and Family Services and our Aging and Disability – we don't have a lot of preventative services that I am aware of. I am not saying that it needs to be government divisions but that is usually where all of the funding runs through. I spoke with someone in Texas before and they told me that their family services has an entire prevention team where they look at these age groups and aligning services and making sure that there is awareness around them. In Utah, I feel like it

is more ad hoc and kind of follows the funding. If we had a larger entity completely focused on this topic, like we do on intervention topics, it would be a better way to align.”

- Bridge the gap between leadership and service provision.
“For me, [regarding] any kind of coordination or implementation of coordinated services, I find that there’s a gap between leaders talking about the issues and . . . those solutions actually touching the ground. If we could bridge that gap and get the right people at the table, I think there’s potential to move the needle to where it needs to be in terms of coordination. But for now, I just don’t see that.”
- Workers in most departments are unaware of what others are doing.
- Involve non-profit community groups and private entities, as well as state agencies.

Financing

- Multiple funding streams can lead to inefficiency or competition between entities that should be focused on providing services to families and children.
- Inconsistent funding is as damaging as lack of funding.
“...the money goes way up and then it goes down. And it’s just not consistent, and it’s very hard for the people we contract with.”
- Need to be creative to get Head Start and child care funding options to work for families with varying financial need and schedules.
“We don’t want everything government sponsored necessarily, or even government supported. We want church related programs, we want Head Start related programs, district related programs, and private child care. But we’ve got to find funding structures and transportation and we have to work at that local level. That’s got to be sometimes town by town, county by county. How do we make this work for parents?”

Data and Quality Linkage

- Create a single application that collects the data necessary for many different types of services. This application would also serve as an indicator of what services clients are eligible to receive. Some believe a common application for all will work, others expressed concern about privacy and choice, suggesting an opt-in approach to any data sharing. The application process should be paired with a human expert to provide easy steps and contact information.
- The data collected from the unified application and other agency data could be stored in a shared database. Agencies can access this information to know what other entities are doing—in terms of services, research, data collection and

events—as well as contact information for people working on those issues.

- Need for better data that tracks individual kids. Build on ECIDS. Design or adopt one of existing personal identification numbers as the standard for all entities. Call for legislation if needed to share information. Privacy concerns are real, particularly in light of recent actions by ICE and earlier security breaches in the Medicaid program.
“...one of the biggest things is data. We need to talk about how we’re collecting data, using data, how it’s informing the work that we do.”
- Collect data at aggregate level to be able to track outcomes for kids and programs.
- Align outcomes and funding among programs and funding streams.

“We would want to align eligibility income requirements locally. Head Start is a federal grantee and they have rules and regulations in place, but that plays out in different communities in different ways.”

- TANF and the Utah Department of Human Services have a notification system for people using their services, but it needs to be used productively to better serve children and families.
- Data searches currently use a probabilistic search, but sometimes even then cannot identify the child. One problem is a failure to use consistent names for children in the system, due to nicknames, name changes due to adoptions, etc.

Workforce

- Consider case manager or ombudsman approach used by Granite School District and Head Start.
- Professional cross-training is a good idea, but hasn’t been prioritized.

“Some cross sector things I can think of --- people who work in early intervention and home visitors have a lot in common and could learn about community resources, self-care, basic child development from birth to five, ---... they could learn together in same room and enrich each other’s discussion. People who are clinical level mental health clinicians could work with pediatric RN’s and identify common training topics . . . we can train Head Start and family child care and child care center based people in the same training venue on certain topics. But here’s what people do, Head Start will say they’ve opened up the training to the community already. But it’s always on Friday, and there are very few child care people who can get out of their program on Friday. The child care community has always said their system is open to Head Start and whoever else, but they advertise it to people who are in their

system. The training calendar goes out to the same people who are fully licensed full-day child care programs.”

- Sharing professional standards and professional development is important.
- Customer training across a whole spectrum of services is needed. Workers should be aware of best practices and be fairly compensated.

“I think that [it] comes down to a systems approach where you’re looking at “let’s build up the workforce in ... [the early childhood service] system so that they have that knowledge because they’re the ones that are working and coordinating with parents, and getting organized, and then go to a website. So if we had a common language that we’re working in the same thing, even if we have different populations that we’re working with, it’s because we all have the same certificate or credential or something like that that we’re getting the same training, and our system is being fed with individuals that have that same training, that same common language. That capacity is being built up. It’s going to then go farther.”

- Follow through on best practice training is needed.

“We had a whole initiative called the family-focused case management initiative. We basically brought in a ton of training for all of our officers statewide, how to do a family assessment, how to recognize trauma, how to deal with secondary trauma, how to work with families not just on financial or employment planning but also addressing the needs of the children. We had never really done that before--involved children in the discussion. So, we adopted some practices for making sure that you’re asking about the children and asking if they had their checkups or if they’re seeing a dentist on a regular basis or if they are in quality child care or a child care provider. We do have these things that we have trained people on. And I’d like to think that for the most part people have implemented some of those strategies. But I know that not everyone has.”

Family Involvement

- Ask parents what they need and what they see as barriers to services.

“I think when you start talking with parents, ask them these questions. What time do you get up in the morning, how far do you travel, do you have transportation, do you have a child with special needs, how is it different for him or her? If you can have, maybe even a menu of options-- what would make your life easier?”

“From parents what I hear the most is they want to be able to drive their usage of the system rather than the system driving them. For example, a parent in a pretty difficult situation may want to work on these three things, rather

than the four things that are listed initially as them needing through a case management perspective. I think it needs to be parent driven and they need to feel like there is a whole system they can work through, but right now in their lives, this is about what they can handle.”

“Sometimes they just need a few services, and so then it is just being able to understand what is needed and then give them those rather than the whole package and saying ‘well, in order for you to receive services for ages zero to five, here is the whole package,’ and the parents saying they don’t need all of those services, they only need one or two services. Customize it to meet their needs. The more local, the better we are able to do that instead of packaging it for everyone in the state. Usually when we package it that way it becomes more like Salt Lake more like the urban areas, and a lot of times people don’t necessarily want that. They want something more catered to their area.”

“So everyone deserves to have those packages, but maybe they are at home with their parents and the parents don’t need to send their child to preschool. They are doing it all from home and they just need a little bit of support. Maybe they have a disability and they need some early intervention, but they don’t want the other stuff, they don’t want child care. They just want early intervention services.”

- More resources should be available at the tribal level – not at a state or local government site – but in the tribal health and education systems.

Transition

- Design a system with transition points, or “warm hand-offs” between professionals who know each other and the services each provides.

“Once they’ve actually hit the system and they’ve gotten the resources, then there needs to be a closing of that loop. So, it’s understood they’ve been transferred and they are now doing this or that. You don’t need to give a lot of detail but at least you can say ‘yes, they hit our system.”

“Outside of them making typical referrals for these parents, I don’t know if very many of them have actual coordinating touchpoints with other agencies. It would be nice for them to have contact people in their various areas. And I know it happens more often in the rural areas, which is good because they’re smaller. Here in Salt Lake, I don’t know if they have those types of relationships. I would recommend that though. Actual touch points, and not just say ‘here’s the Head Start number give them a call.’ But actually, have someone there that coordinates with DWS or coordinates with a caseworker that says ‘we have a potential participant here.’ Have that coordinated effort rather than a passing referral.”

Quality Assurance

- Need shared benchmarks, measurements, definitions, and practice standards.

"[A coordinated system] means that there are shared benchmarks that we're all measuring to kind of assess the health and well-being for kids in this age group. It means shared standards of practice, shared standards for early learning guidelines across the system, shared standards for definition of quality."

"I think that if we could align the performance standards for daycares to mirror a little more of what Head Start provides, I think that would be a great thing."

- Consider what parents want.

"...if we look at child care then we are also going to look at quality and if we look at quality, parents aren't necessarily on the same page as us. Maybe they want affordable,

so they will take them anywhere, but we want to look at quality. And then what about preschools for preparing kids for school? ...We need to save money, so maybe it's looking at 15 minutes of an online school program and ...now our scores [are].. looking good and our kids are looking more prepared for school but did they get the social and emotional they need? So there are various entities competing against each other saying our kids aren't ready for school, what do we do? In the meantime, we have parents who are working so they didn't necessarily get to work as they needed to because they couldn't afford child care. So there is now a cost associated with it that is economic and there is also a quality issue. We are all having to balance those different issues."

Individual Interview and Discussion Roundtable Participants

Johnny Anderson, Utah Private Child Care Association

Nicole Bissonette, Early Childhood Utah

Simon Bolivar, UDOH, Child Care Licensing

Natalie Brush, Utah Head Start Association

Kyla Clark, DHHS, Children and Family Services,
Domestic Violence

William Cosgrove, Utah Chapter of American
Academy of Pediatrics

Tracy Gruber, DWS, OCC

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Jamie Robinson, USBE

Cassie Selim DHHS, Prevent Abuse and Neglect

Leah Schilling, Child Care Resource and Referral, DWS, OCC

Jessica Smith, USBE, Preschool Specialist

Sisifo Taatiti, formerly DWS, TANF

Codie Thurgood, Children, Youth and Families, DHHS,
Children's Mental Health

Rick Wardle, UDOH, WIC

Melissa Zito, UDOH, American Indian/Alaskan Native Liaison

Understanding Your Experiences with Early Childhood Services (Ages birth-5)

Utah has over 3 million people, and about 300,000 are children between birth and age five.



What is your experience with early childhood services?



Do you feel you have received all the services you need to ensure your children enter kindergarten ready to learn?

There are a wide range of services that children and families may need between the ages of birth and five years old. Each service provides support in various areas to ensure children are safe, healthy, and ready for kindergarten. Here are examples of these services, categorized by support area.

Family Support and Safety

Child Protective Services – to keep children safe from abuse and neglect. Example: Foster care.
Parenting services – Provide resources for specific circumstances such as having a child with special needs, pregnancy, or services for low-income families. Example: Home Visiting.

Health and Development

Mental health services – Provide mental health services to pregnant moms and children ages birth-five. Examples: The Children's Center in Salt Lake and the Maternal Mental Health Collaborative.
Disability services – Assessment and intervention for children birth-three who have developmental delays or disabilities. Example: Utah Baby Watch Early Intervention Program (BWEIP).
WIC – Food vouchers, nutrition counseling, breastfeeding support, and health care referrals for pregnant women and children up to age five.
Health care services – Primary care providers who offer preventative screenings for health, mental health, dental health and developmental milestones.

Early Learning

Reading and literacy programs – Promote reading and awareness of the importance of word exposure. Example: Ready to Read.
Early Head Start and Head Start – Promote early learning, conduct development assessments, and provide resources related to health and other services.

Economic Stability

TANF – Provides financial assistance and promotes job preparation, work and marriage.
SNAP – Federally funded program to provide food to families with low incomes.
Child care services – Access to safe, affordable high-quality child care. Examples: Head Start, Early Head Start, and financial subsidies for high-quality child care.

? Information

Parents get information on childhood services in a variety of ways. Many programs provide information on a website but also require an in person visit in order to receive benefits. Some provide contact information on flyers in places such as doctors' offices.

- How - and where - have you gotten information about early childhood services?
- What would be the easiest way for you to get information on early childhood services?
- Are there other places information could be displayed or distributed that would be convenient for you and people you know?

🔑 Access

Organizations offering early childhood services include Utah Department of Health, Utah Department of Human Services, Utah Department of Workforce Services, libraries, health clinics, schools, child care providers, and more.

- Have you experienced barriers to getting childhood services? Has transportation always been available? Were business hours convenient? Did you have difficulty accessing information or applications on the internet? Was there a cost associated with getting services?
- Have you always used the resources or services recommended to you? If not, why? Have you always gotten the screenings recommended? If not why?
- Background: Utah is working on a plan to coordinate and align early childhood services. One idea is creating a one-time application to direct families to the services they are eligible to receive. The plan would reduce the number of times a parent provides similar information and documentation to different organizations. This would likely require a personal ID number to best coordinate services. Do you think it is a good idea to have services coordinated or is there a downside to that? Are there privacy or other concerns?

+ Improving Quality through Useful, Respectful, and Timely Information and Convenient Services

Part of the goal for coordinating and aligning early childhood services is to improve parents' experiences.

- Have you ever thought of getting services but then decided not to? Why did you decide not to get the services?
- Was there information you wished you had received earlier?
- Has an early childhood service ever referred you to another? If so, did they provide you with adequate information? Did they personally contact the other service for you? Did anyone follow up to see if you received the other service?
- Did you ever have difficulty coordinating requirements for multiple early childhood services?
- Do you feel there are adequate services available to ensure that kids 0-5 enter kindergarten ready-to-learn?
- If you could change one thing, what would it be?
- Are certain problems especially difficult depending upon whether you live in a city or in a rural area?



Discussion guide available at gardner.utah.edu

Entendiendo sus experiencias con Servicios Infantiles (Desde nacer hasta los 5 años de edad)

Utah tiene más de 3 millones de habitantes y unos

300,000

son niños entre recién nacidos y cinco años de edad



¿Cuál es su experiencia con los Servicios Infantiles?



¿Siente que ha recibido todos los servicios que necesita su niño para asegurar que ingresará al kindergarten listo para aprender?

Existe una amplia gama de servicios que los niños y las familias pueden necesitar desde que nace el niño hasta que cumple sus cinco años. Cada servicio provee apoyo en varias áreas para garantizar que los niños estén seguros, saludables y listos para el kindergarten. He aquí ejemplos de estos servicios, categorizados por área de soporte.

Soporte Familiar y Seguridad

Servicios de protección infantil: para mantener a los niños a salvo del abuso y la negligencia. Ejemplo: cuidado de crianza.
 Servicios para padres: proporcionan recursos para circunstancias específicas, como tener un hijo con necesidades especiales, embarazo o servicios para familias de bajos ingresos. Ejemplo: Visita a domicilio.

Salud y Desarrollo

Servicios de salud mental: brindan servicios de salud mental a madres embarazadas y niños desde que nacen hasta los cinco años de edad. Ejemplos: el "Children's Center" en Salt Lake y la "Maternal Mental Health Collaborative".

Servicios para discapacitados: evaluación e intervención para niños en edades entre nacimiento y hasta tres años que tienen retrasos del desarrollo o discapacidades. Ejemplo: Programa de intervención temprana de Utah Baby Watch (BWEIP por sus siglas en inglés).

WIC – Vales para alimentos, asesoramiento sobre nutrición, apoyo a la lactancia materna y recomendaciones de atención médica para mujeres embarazadas y niños de hasta cinco años de edad.

Servicios de atención médica: proveedores de atención primaria que ofrecen exámenes preventivos de salud, salud mental, salud dental e hitos del desarrollo.

Aprendizaje temprano

Programas de lectura y alfabetización: promover la lectura y conocer la importancia de la exposición de palabras. Ejemplo: Listo para leer.

"Early Head Start" y "Head Start" – Promueven el aprendizaje temprano, realizan evaluaciones de desarrollo y proporcionan recursos relacionados con la salud y otros servicios.

Estabilidad Económica

TANF – Provee asistencia financiera y promueve la preparación laboral, apoyo para conseguir trabajo y apoyo matrimonial.

SNAP – Programa financiado con fondos federales para proporcionar alimentos a familias con bajos ingresos.

Servicios de cuidado infantil: acceso a cuidado infantil seguro y de alta calidad. Ejemplos: Head Start, Early Head Start y subsidios financieros para el cuidado infantil de alta calidad.

Información

Los padres obtienen información sobre servicios infantiles de varias maneras. Muchos programas brindan información a través del internet, pero requieren una visita en persona para otorgar beneficios. Algunos proveen información de contacto a través de folletos que se distribuyen en lugares como consultorios médicos.

- ¿Cómo y cuándo ha obtenido usted información sobre servicios infantiles?
- ¿Cuál sería para usted la forma más fácil para obtener información sobre servicios infantiles?
- ¿Hay otros sitios en donde se pueda exhibir o distribuir la información que serían más convenientes para usted y para personas que usted conoce?

Acceso

Las organizaciones que ofrecen servicios para la primera infancia incluyen el Departamento de Salud de Utah, el Departamento de Servicios Humanos de Utah, el Departamento de Servicios Laborales de Utah, bibliotecas, clínicas de salud, escuelas, proveedores de cuidado infantil y más.

- ¿Ha experimentado barreras para obtener servicios infantiles? ¿Siempre ha conseguido transporte? ¿Las horas de oficina era conveniente? ¿Tuvo dificultad para acceder a información o hacer solicitudes por internet? ¿Hubo algún costo asociado con la obtención de los servicios?
- ¿Siempre ha utilizado los recursos o servicios recomendados para usted? En caso negativo ¿Porqué no? ¿Siempre se ha hecho las pruebas que le recomiendan? En caso negativo ¿Porqué no?
- Antecedentes: Utah está trabajando en un plan para coordinar y alinear los servicios para la primera infancia. Una idea es crear una solicitud única para dirigir a las familias hacia los servicios para las cuales califican. El plan reducirá la cantidad de veces que los padres tengan que dar información y documentación similares a distintas organizaciones. Esto probablemente requeriría un número de identificación personal para coordinar mejor los servicios. ¿Crees que sea buena idea tener servicios coordinados o ve algún inconveniente en eso? ¿Hay preocupaciones por la privacidad o de otra naturaleza?

Mejorando calidad

por medio de información oportuna, útil, respetuosa y servicios convenientes

Parte del objetivo de coordinar y alinear los servicios para la primera infancia es mejorar las experiencias de los padres.

- ¿Alguna vez ha pensado en solicitar los servicios y luego decidió no hacerlo? ¿Porqué decidió no solicitar los servicios?
- ¿Supo de información que quisiera haber recibido con anterioridad?
- ¿Alguna vez un servicio infantil lo ha referido a otro? En caso afirmativo, le suministraron información adecuada? ¿Contactaron personalmente al otro servicio para usted? ¿Le hicieron seguimiento para saber si recibió el otro servicio?
- ¿Alguna vez tuvo dificultades para coordinar requerimientos para servicios infantiles múltiples?
- ¿Piensa que hay suficientes servicios adecuados disponibles para que niños entre 0 y 5 años de edad ingresen al kindergarten ya listos para aprender.
- ¿Si pudiera cambiar una sola cosa, cual sería?
- ¿Hay problemas especialmente difíciles que dependen del hecho de que usted viva en la ciudad o en un área rural?



Discussion guide available at gardner.utah.edu

Endnotes

- 1 Findings from the interviews and discussion roundtables can be found in Appendix 1.
- 2 Deliberative community engagement brings people together to learn about an issue, share perspectives, understand the perspectives of others, and work collaboratively to find common ground. PDG 0-5 groups were less deliberative than most in that participants generally agreed with the goal of coordinating and aligning early childhood services, however the group process shared a deliberative commitment to inclusivity and thoughtful, thorough consideration of possible next steps.
- 3 The Gardner Institute provided snacks and a gift card unless the partner program offered or requested alternative provisions. For instance, in some cases the partner provided dinner for participants, and in one such case, the partner requested \$10 gift cards not be offered to participants in order to conform to other events.
- 4 Representatives from DWS and The Sorenson Impact Center also observed some of the sessions – to inform their work on the state website (DWS) and the needs assessment and strategic plan (Sorenson).

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The following individuals and entities help support the research mission of the Kem C. Gardner Policy Institute.

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APPENDIX B. DEFINITIONS ADOPTED BY THE EARLY CHILDHOOD UTAH ADVISORY COUNCIL

QUALITY EARLY CHILDHOOD CARE AND EDUCATION

High-quality early childhood education can be broadly defined as “a safe and nurturing environment [that promotes] the physical, social, emotional, and intellectual development of young children.”¹⁶⁷ Quality early childhood education also means that the educational environment is age-appropriate and prepares the child for the next phase of their educational development¹⁶⁸ Further, a quality early childhood education system is one that includes “evidence-based standards and guidelines that caregivers, providers and policy makers can use to guide and shape programs, services and resources.”¹⁶⁹

Specifically in Utah, ECU collaborated on a definition of high-quality early childhood education, which includes a program that integrates all of the following key elements:

- Lead by knowledgeable, well-educated, and fairly compensated educators, administrators, and staff;
- Includes age-appropriate and evidence-based curriculum that emphasizes the development and growth of the “whole child,” while also promoting a child’s learning and success through “play, exploration, child-initiated learning, individualizing, and differentiated instruction and encourage children to reach challenging and achievable goals;”
- Maintains a high adult-to-child ratio in order to ensure proper attention and responsive interactions between teachers and children;
- Maintains a safe and healthy learning and classroom environment, including proper nutrition in the classroom and sufficient space to learn and play—both indoor and outdoor;
- Fosters positive development, trust, guidance, behavior management, problem-solving skills, and healthy learning and attachments for all children;
- Maintains a family-centered approach to learning, including by engaging families as partners in the learning process and encouraging families to support their child(ren) as their “first and most important teacher;”
- Coordinates with the various other community programs and resources available to foster overall well-being for the child.¹⁷⁰

At this juncture, programs may adopt this definition or merely use it as a guideline. Implementation requirements remain unclear. This presents an opportunity for monitoring and continuous evaluation for programs and ECU by determining the number of programs in the state that meet this definition and what this looks like in practice.

AVAILABILITY OF EARLY CHILDHOOD CARE AND EDUCATION

Availability is generally defined as a characteristic of a resource that is committable, operable, or usable upon demand to perform its designated or required function.¹⁷¹ In the context of early childhood care and education, availability is characterized by the resource’s reliability, affordability, and accessibility. Thus, the availability of early care and education is “when parents, with reasonable effort and affordability, can enroll their child in an

167 U.S. Department of State, Section Two – Quality in Early Childhood Education, <https://www.state.gov/m/a/os/41176.htm>.

168 Ibid. See also Build Initiative, A Framework for State Leadership and Action in Building the Components of an Early Childhood System, 1.

169 Utah Education Policy Center and Workforce Services Child Care, Early Childhood Services Study (2017), <https://jobs.utah.gov/occ/EarlyChildhoodServicesStudy.pdf>.

170 Early Childhood Utah, Definitions of High Quality Education.

171 Business Dictionary, s.v. “Availability,” <http://www.businessdictionary.com/definition/availability.html>.

arrangement that supports the child’s development and meets the parents’ needs.”¹⁷²

This definition of availability accounts for differences across the state, and allows a more nuanced look at the data. Policymakers can gain value from examining statewide data, but should realize that a more localized look at availability is more meaningful when discussing needs and resources. A child care program with available space in one end of the state is not reasonably available to the parent living in another end of the state.

VULNERABLE AND UNDERSERVED CHILDREN

Vulnerable children are defined as children from low-income families¹⁷³ or children who are otherwise in need of special assistance and support. This category encompasses children who have disabilities or developmental delays, who are English-learners, who are racial or ethnic minorities, and who lack stable or consistent housing, including those who are migrant, homeless, or in foster care.¹⁷⁴

Data show that historically underserved youth—including youth of color, those with disabilities, and those from low-income families—frequently fail to receive the attention, information, and high-quality support they need and deserve within the education system.¹⁷⁵

RURAL

Federal and state agencies define rurality differently across various programs and applications. Federal agencies use criteria such as population density, access to services, or labor force commuting patterns to define rurality at county and subcounty levels.¹⁷⁶ Within the state of Utah, population and population density are used to define rurality at the county level. Several Utah state agencies consider all counties within the state to be rural except four counties along the Wasatch Front: Weber, Davis, Salt Lake, and Utah Counties.¹⁷⁷

This Needs Assessment uses the Utah Department of Health’s definition of children in rural areas,¹⁷⁸ which classifies counties as either urban, rural, or frontier based on the following population density criteria:

- Urban: More than 100 people per square mile
- Rural: More than 6 people per square mile but fewer than 100 people per square mile
- Frontier: Fewer than 6 people per square mile.

172 S. Friese et al., *Defining and Measuring Access to High-Quality Early Care and Education (ECE): A Guidebook for Policymakers and Researchers*, sponsored by the Office of Planning, Research and Evaluation (OPRE Report #2017-08, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2017).

173 U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation, 2019 Federal Poverty Guidelines, <https://aspe.hhs.gov/2019-poverty-guidelines>. Notably, low-income is often determined on a program-basis and according to federal poverty guidelines for family size and income level.

174 U.S. Department of Education, *Definitions*, <https://www.ed.gov/early-learning/elc-draft-summary/definitions>.

175 Learning Policy Institute, *Advancing Educational Equity for Underserved Youth: How New State Accountability Systems Can Support School Inclusion and Student Success* (February 2017), https://learningpolicyinstitute.org/sites/default/files/product-files/Advancing_Educational_Equity_Underserved_Youth_REPORT.pdf.

176 U.S. Department of Agriculture Economic Research Services, *What is Rural?* (April 9, 2019), <https://www.ers.usda.gov/topics/rural-economy-population/rural-classifications/what-is-rural/>; see also

U.S. Department of Health Resources and Services, *List of Rural Counties and Designated Eligible Census Tracts in Metropolitan Counties*, (Dec. 31, 2016), <https://www.hrsa.gov/sites/default/files/ruralhealth/resources/forhpeligibleareas.pdf>.

177 Office of Legislative Research and General Counsel, “Rural” or “Urban” as Defined by State Statute or Administrative Rule, <https://le.utah.gov/interim/2012/pdf/00000877.pdf>.

178 County Classifications Map,” Utah Department of Health, Office of Primary Care & Rural Health, <https://ruralhealth.health.utah.gov/portal/county-classifications-map/>.

Table B.1. Utah Counties by Population Density Classification

County	Classification	2018 Total Population Estimate	Population Density (Pop/Mi ²)
Salt Lake	Urban	1,142,077	1,418.37
Davis	Urban	352,802	555.73
Weber	Urban	251,572	381.51
Utah	Urban	633,582	295.69
Cache	Urban	128,886	109.96
Washington	Rural	171,040	70.34
Wasatch	Rural	32,137	26.63
Summit	Rural	41,286	21.97
Morgan	Rural	11,963	19.60
Sanpete	Rural	30,579	19.10
Iron	Rural	54,151	16.40
Carbon	Rural	21,395	14.42
Sevier	Rural	21,928	11.44
Tooele	Rural	68,859	9.45
Box Elder	Rural	55,685	8.28
Uintah	Rural	36,920	8.20
Duchesne	Rural	20,850	6.42
Juab	Frontier	12,177	3.58
Grand	Frontier	10,257	2.78
Beaver	Frontier	6,911	2.67
Emery	Frontier	10,668	2.39
Rich	Frontier	2,428	2.24
Piute	Frontier	1,663	2.17
San Juan	Frontier	16,487	2.08
Millard	Frontier	13,586	1.99
Kane	Frontier	7,717	1.88
Daggett	Frontier	1,060	1.47
Wayne	Frontier	2,751	1.12
Garfield	Frontier	5,229	1.00

Source: <https://ruralhealth.health.utah.gov/portal/county-classifications-map/>

APPENDIX C. SYSTEMS BUILDING FOR INCREASED COORDINATION AND ALIGNMENT

System-building is a dynamic, ongoing process of “developing the structures, behaviors, and connections that make all the components of an early childhood system operate as a whole to promote shared results for children and families.”¹⁷⁹

Coordination is defined as “a set of arrangements under which programs and activities work with one another.”¹⁸⁰ The purpose of coordination is to move away from the existing fragmented approach to child and family programs, and instead create a cohesive system of early childhood education that communicates and works with children and families in need. In furthering the purpose of coordination, the key goal is to increase communication, collaboration, and efficiencies between and among programs, agencies, administrative entities, and their decision-makers.

Although coordination is a crucial first step for improving programs and services, coordination can only improve the overarching system a finite amount. This is because the underpinnings of coordination are communication and collaboration, but greater communication and collaboration alone can only improve the system so much before additional action, such as alignment of processes or efforts, is required. In practice, coordination should be the foundation that facilitates additional next steps.

Alignment refers to “the process of ensuring that the policies, regulations, and standards to which programs that serve young children must adhere are configured so that they are non-duplicative, streamlined, and of high quality.”¹⁸¹ Alignment of the early childhood education system is an ongoing and dynamic process that requires a common understanding of overall purpose. The alignment of policies and standards should work in a way that makes the entire system “effective, efficient, and equitable” for all children in order to produce the best possible outcomes from the system.¹⁸² The goal of alignment is to enhance consistency, accountability, and quality across the standards and regulations that make up the early learning system.

Federal agencies and states have recognized the need for increased coordination and alignment for decades. Like Utah, many states have created state-level coordinating bodies and councils. “These federal policies and state-driven coordination efforts did reduce fragmentation in states, but they did not eliminate it. Coordination is a governance function that relies on cross-agency and cross-program collaboration, which is often informal and dependent on individuals who have authority over a particular program or funding stream having the time and resources to engage in coordination activities.”¹⁸³

SYSTEM-LEVEL SUPPORT AND INFRASTRUCTURE TO COORDINATE AND ALIGN

Building a foundation and infrastructure for a system is equally as important as improving the components of that system. It is important to prioritize and invest in a system’s infrastructure to allow for collaboration, coordination, and alignment. Infrastructure is everything it takes to efficiently and effectively spend the funds allocated for children and families. This includes data systems, aligned definitions and policies, funding strategies, staff support to execute system strategies, and technical assistance and support to local initiatives.¹⁸⁴

179 Build Initiative, *Comprehensive Early Childhood System-Building: A Tool to Inform Discussions on Collaborative, Cross-Sector Planning* (December 2013).

180 U.S. Department of Health and Human Services, *State Early Childhood Systems: Examining Program Integration* (October 2016), <https://childcareta.acf.hhs.gov/sites/default/files/public/governingstateearlychildhoodsystemsrevisedcoded.pdf>.

181 Ibid.

182 Xin Ma et al., *The Role of System Alignment in Care and Education for Children from Birth to Grade 3* (October 15, 2014); see also Build Initiative, *Comprehensive Early Childhood System-Building: A Tool to Inform Discussions on Collaborative, Cross-Sector Planning*, (2014).

183 U.S. Department of Health and Human Services, *State Early Childhood Systems: Examining Program Integration* (October 2016), <https://childcareta.acf.hhs.gov/sites/default/files/public/governingstateearlychildhoodsystemsrevisedcoded.pdf>.

184 Gerry Cobb and Karen Ponder, *The Nuts and Bolts of Building Early Childhood Systems through State/Local Initiatives*, prepared by Build Initiative, 18 (January 2014),

Coordination and alignment work takes significant time and concerted effort. In a 2017 survey of state-level child and youth coordinating bodies, researchers found that the majority of coordinating bodies are staffed by one or more FTE, and that 25% of those surveyed were staffed by four or more FTE.¹⁸⁵ Having dedicated staff whose job it is each day to ensure coordination and bring additional actors to the table to align early childhood services is key to moving system-level work forward faster. Many stakeholders in Utah's early childhood system told of difficulty in finding time to do meaningful systems-level work, given the multiple other duties of their jobs. Staff at agencies and service providers have competing duties to manage grants, administer programs, provide oversight, draft reports, and manage internal teams and budgets. Having dedicated, funded staff to manage coordination and alignment efforts with explicit duties to carry forward the systems-level work was mentioned in the stakeholder discussion roundtables and interviews conducted by the Kem C. Gardner Policy Institute.

One example of the recognition for this dedicated staffing is the funding from the federal government for a Head Start Collaboration Director in each state. This is a commitment to the specific purpose of collaborating and coordinating local Head Start programs with state agencies and other local partners such as school districts and child care providers and agencies. A dedicated staff person is able to take the time to engage multiple stakeholders, build consensus from different groups, be the point person for an initiative or topic area, and dedicate their time entirely to moving that work forward.

ENSURING THE CONTEXT EXISTS TO BUILD A COORDINATED AND ALIGNED SYSTEM

System-building is a complex process, with many actors. When improving or building a system, it can be helpful to think about focusing on improving different areas that impact the system, such as the context in which the system exists, the components that make up the system, the connections that link the system components together, the infrastructure to support those connections, and scaling up the system to meet the needs of its intended beneficiaries.¹⁸⁶

While entities in Utah are continually working to improve the components of the early childhood system and have a strong desire to further connections in the system, system leaders can also consider the important work of improving the political and public context, which can have a profound effect on the support for creating and sustaining the system. By improving the political context, states make positive steps forward in increased recognition of the need for a system, a shared vision, stronger leadership, increased public engagement and media coverage, stronger public and political will, and favorable policy changes.¹⁸⁷ Stakeholders in Utah often spoke of the need to dispel cultural myths—both with the public and policymakers. They expressed a strong need to make the case that early childhood services should be a critical investment and priority for the state, and that many families need support.

COMMUNITY-LEVEL SYSTEM-BUILDING

While state-level system-building activities are moving forward in Utah, the state can also consider the need for local system-building. Effectively serving Utah's families and children cannot be accomplished through a state-based approach alone.¹⁸⁸ Systems developed and maintained at the community level are best able to address the unique needs of the families living in those communities. With families accessing services and programs in their local communities, it is critical for coordination and alignment to occur on the local level as well. Communities can create community-level system maps and fiscal maps to begin this process as well.

185 Elizabeth Gaines et al., *The Forum for Youth Investment. 2017 State Policy Survey: Child and Youth Coordinating Bodies in the U.S. Summary of Findings. 2017 Survey Report* (Washington, DC: Forum for Youth Investment, December 2017).

186 "Framework for Evaluating Systems Initiatives," *Build Initiative*, September 2007, <https://www.buildinitiative.org/Portals/0/Uploads/Documents/Framework%20for%20Evaluating%20Systems%20Initiatives.pdf>

187 *Ibid.*

188 *bid.*

APPENDIX D. FISCAL MAP METHODOLOGY AND SOURCES

Many of these funding sources or programs are not limited to serving the birth-through-five age group exclusively. Sorenson Impact Center (SIC) gathered figures for the fiscal mapping process from multiple sources, including the following:

- Reports from federal funding agencies;
- The state’s Compendium of Budget Information (COBI), published each year by the Utah Legislative Fiscal Analyst <https://le.utah.gov/lfa/cobi/cobi.html?cobid=1&tab=overviewTab&year=2017>;
- Appropriations detailed in state legislation;
- Spreadsheets shared by Matthew Weinstein, Voices for Utah Children, as source documents for the annual Children’s Budget Report <https://www.utahchildren.org/images/pdfs-doc/ChildrensBudgetReport2-20-19-final-print.pdf>;
- Requests made to state agencies to provide estimates calculated from the agency’s internal databases.

For those programs that serve children outside the targeted age range, SIC used several methods to estimate the portion of the funding that is allocated to children ages 0–5. State agencies ran queries to isolate the funding allocated to this age group when the data allowed. In cases where data were not collected or reported in a way that enabled the agency to disaggregate by age, a proportionate amount was estimated based on program service estimates. For example, the Office of Child Care reports to the federal government that on average, 62% of children in licensed child care are between the ages of 0 and five.¹⁸⁹ This percentage was applied to funding such as Child Care Licensing or CACFP to estimate the amount of funding that could be attributed to serving this age group. The following table details the source and methodology used to estimate the funding allocation.

FY2018 Program or Funding	State \$	Federal \$
Home Visiting: MIECHV		\$3,423,566
Source: HRSA MIECHV State Funding Awards, FY2018: https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/fy18-home-visiting-awards		
*Child Care Licensing	\$824,662	\$1,339,820
Source: Provided by Simon Bolivar, Utah Child Care Licensing Division. SIC multiplied total amount by 62% to estimate the portion attributed to those aged 0–5, based on: https://www.acf.hhs.gov/occ/resource/fy-2017-preliminary-data-table-9		
*Child Welfare (Child Protective Services, In-home, Out-of-home, adoption)	\$36,529,072	\$23,577,043
Source: Provided by Vanessa Shiba, Utah Department of Human Services. Amount reflects DHS estimates of the portion of funds attributed to ages 0–5, FY18		
Baby Watch Early Intervention Program (IDEA Part C)	\$15,028,100	\$5,670,958
State Source: Provided by Matthew Weinstein, Voices for Utah Children, 2019 spreadsheets Federal Source: U.S. Department of Education, state tables FY18: https://www2.ed.gov/about/overview/budget/statetables/index.html		

189 <https://www.acf.hhs.gov/occ/resource/fy-2017-preliminary-data-table-9>

Maternal & Infant Health		\$61,086,700
Source: Provided by Matthew Weinstein, Voices for Utah Children, 2019 spreadsheets https://www.utahchildren.org/newsroom/publications/item/961-utah-children-s-budget-report-2019		
*Medicaid	\$173,962,649	\$405,912,847
Source: Total amount and state and federal proportional split provided by Roger Price, Medicaid Auditor, Utah Department of Health, Division of Healthcare Financing, FY18.		
*CHIP		\$13,419,643
Provided by Roger Price, Medicaid Auditor, Utah Department of Health, Division of HealthCare Financing, FY18.		
Special Education Preschool (IDEA Part B)	\$35,682,600	\$3,551,119
Source: U.S. Department of Education state tables, FY18: https://www2.ed.gov/about/overview/budget/statetables/index.html Also State COBI: https://le.utah.gov/lfa/cobi/cobi.html?cobiID=1602&tab=financialsTab&year=2018		
High-Quality School Readiness Grants and Supports	\$3,000,000	\$9,000,000
Source: 2014 HB 96 appropriated \$3 Million in state General Funds for high-quality school readiness programs. 2016 SB 101 appropriated \$11 Million TANF funding each year for three years to High Quality School Readiness (see UPSTART for additional amount).		
UPSTART Computer Program	\$8,128,100	\$2,000,000
Source: State COBI for FY18 Actual: https://le.utah.gov/lfa/cobi/cobi.html?cobiID=1513&tab=financialsTab&year=2019 Source: Federal estimated provided by Jennifer Thronsdon, USBE, for use of federal TANF expenditures as allowed in 2016 SB 101,		
Head Start and Early Head Start		\$61,771,465
Source: Head Start Program Fact Sheet, U.S. Department of Health and Human Services, FY18: https://eclkc.ohs.reacf.hhs.gov/about-us/article/head-start-program-facts-fiscal-year-2018		
Kindergarten (Minimum School Program Funding)	\$93,994,200	
Source: State COBI https://le.utah.gov/lfa/cobi/cobi.html?cobiID=1596&tab=financialsTab&year=2019		
Supplemental Kindergarten Programs (OEK and KSEP)	\$10,400,000	
OEK Source: State COBI, "Early Intervention" Program in MSP https://le.utah.gov/lfa/cobi/cobi.html?cobiID=1643&tab=financialsTab&year=2019 KSEP Source: 2017 HB 163 Appropriation https://le.utah.gov/~2017/bills/static/HB0168.html		
Utah Schools for the Deaf and the Blind (USDB) Parent/Infant Program	\$3,149,773	\$489,779
Source: Provided by Carl Empey, Director of Finance, USDB, for FY18.		

*Child and Adult Care Food Program (CACFP)		\$15,882,906
<p>Source: Total CACFP: U.S. Department of Agriculture, Food and Nutrition Service, FY18 CACFP Cash Payments: https://www.fns.usda.gov/pd/child-nutrition-tables. The following indicates that on average, 3% of those served are adults: https://www.frac.org/programs/child-adult-care-food-program. SIC estimated the allocation to age 0-5 by using 97% of the total number to estimate the funds allocated to children, and then 62% of that amount to estimate the age 0-5 population served in child care centers, based on https://www.acf.hhs.gov/occ/resource/fy-2017-preliminary-data-table-9.</p>		
Women, Infants & Children (WIC)		\$39,325,634
<p>Source: WIC Funding and Program Data, Food and Nutrition U.S. Department of Agriculture, FY18 https://www.fns.usda.gov/wic/wic-funding-and-program-data</p>		
*Child Care Subsidies (funded by CCDF and TANF)		\$46,609,538
<p>Source: Provided by Nune Phillips, Program Manager, Office of Child Care, portion of funds attributed to age 0-5, FY18.</p>		
*FEP		\$5,493,743
<p>Source: Provided by Nune Phillips, Program Manager, Office of Child Care, portion of funds attributed to age 0-5, FY18.</p>		
*SNAP		\$50,288,066
<p>Source: Provided by Nune Phillips, Program Manager, Office of Child Care, portion of funds attributed to age 0-5, FY18.</p>		
Total	\$380,699,156	\$748,842,827

**These programs serve older children in addition to those ages 0-5. This number is an estimate of the total funding that is expended toward the birth-through-five population.*

APPENDIX E. ADDITIONAL DETAIL ON UTAH EARLY CHILDHOOD WORKFORCE PROGRAMS AND RESOURCES

ECU & ECC

Legislative efforts resulted in the creation of the Early Childhood Utah Advisory Council (ECU) and the Early Child Commission (ECC). ECU is charged with improving and coordinating the quality of services and programs for children, completing a statewide needs assessment by August of 2020 that addresses both the quality and availability of early childhood programs and services and serving in an advisory role to the ECC. The ECC is charged with supporting children ages 0-6 and their families by providing comprehensive and accurate information, improving coordination between state and community partners, sharing and analyzing early childhood data, developing and coordinating service delivery, and identify opportunities for, and barriers to, the alignment of standards, rules, policies, and procedures across programs and agencies involved with early childhood care and education.

Utah Registry for Professional Development (USU & DWS–OCC)

An example of another state level partnership that was facilitated by legislative efforts is the Utah Registry for Professional Development (URPD). The URPD combines the work of the Department of Workforce Services, Office of Child Care (DWS–OCC) and Utah State University (USU). The professional development opportunities available through the partnership between DWS–OCC and USU are the Utah Career Ladder. Utah Career Ladder provides members of the early childhood workforce with a formal means to engage in professional development. The ladder is comprised of an Annual Professional Development Incentive and scholarships for certification.

The ladder's training incentive program outlines coursework, and provides a registry to track professional accomplishments and a formal system of recognition for work that is completed. The training incentive program is a voluntary statewide professional development program for the early childhood workforce that provides eligible participants with an end-of-year financial incentive for the professional development in which they have engaged. This incentive was available to those child care providers that worked at least 20 hours per week, in a position directly with children in a fully licensed child care program as determined by the state of Utah child care licensing. The incentive was based on two factors: the highest Career Ladder level attained and the number of times the incentive was earned over the years. One incentive could be earned each fiscal year. From 2016 through the 30th of June, 2019, 4,019 eligible participants earned the end-of-year financial incentive for engagement in professional development opportunities.

The scholarships available through URPD help support members of the early childhood workforce whose program's lack the means to provide financial assistance for professional development activities. Currently, scholarships can help fund those seeking a Child Development Associate credential (CDA), a National Administrator's Credential (NAC), or those in need of financial assistance to pay for classes and/or observation fees.

Care about Childcare (DWS, OCC)

Care About Childcare (CAC) is an internet-based portal for parents and providers in Utah, which is administered by the Department of Workforce Services Office of Child Care. For parents, CAC resources and information to help them make informed choices regarding the childcare setting in which they will place their child. Resources offered through CAC include but are not limited to, human services programs, prekindergarten scholarship programs, and a means to search for high quality programs. Information offered by CAC includes but is not limited to, the importance of high quality childcare, policies and procedures for background checks, and steps to choosing high quality childcare. Between April of 2018 and August of 2019, CAC has experienced a total of 70,020 open searches for an average of 4,119 per month.

For providers, CAC offers resources and information to support them in the work of caring for children and managing a center. Providers' resources include but are not limited to, grants for childcare, a portal through which to manage the application and licensure with the state and a registry to track staff professional development. The information CAC offers providers includes but is not limited to, how to open a quality child care center or quality home program, and a training/professional development calendar. In total CAC has 2,658 active child care programs in its database ranging from Alternative Care (511) to Licensed Centers (335) to Licensed Family Child Care (756) to Residential Certificate (73) and many more.

Early EdU Alliance

The Utah Early EdU program is a collaborative effort by multiple organizations, institutions and agencies across Utah. The Utah Early EdU Collaboration was formed in 2017 and is made up of Southern Utah University (SUU), Utah Education Network (UEN), Utah Head Start Association (UHSA), Utah Office of Child Care (OCC), Utah State Board of Education (USBE) and Weber State University (WSU). Each partner plays a significant role in the Early EdU Alliance:

- SUU: course credit and higher education consultation,
- UEN: online course platform
- UHSA: funding and participant recruitment
- OCC: funding and participant recruitment
- USBE: credentialing criteria, funding and participant recruitment
- WSU: faculty

Together, they came together with the mission to make relevant, credit-bearing professional development accessible and affordable to the early care and education workforce. Their vision is to increase the numbers of well-qualified early childhood professional providing high-quality care and education to children in Utah. Early EdU offers 3 professional development courses at 3 credit hours per course and charges \$21/credit hour. Early care and education professionals are allowed to earn up to 9 credit hours and are given additional support towards matriculation into higher education. One of the next steps to support the early care and education workforce is for Early EdU to establish concurrent enrollment for high school students who are interested in the field. Since 2017, Early EdU has enrolled 56 participants in its program, with 96% of them receiving college credit through SUU. Nine participants have taken multiple courses and 4 participants have completed all 3 courses.

T.E.A.C.H. Early Childhood Utah (Utah Assoc. For Ed of Young Children & SLCC)

The T.E.A.C.H. Early Childhood Utah Scholarship Program is part of an evidence-based strategy that provides a pathway to higher education with the goal of increasing retention and improving the quality of early childhood

care and education. T.E.A.C.H. is available to employees and administrators who work in a licensed child care center or home program. The scholarship was established in 2016 and is a partnership between an employee, their employer and the Utah Association for the Education of Young Children. It is coordinated through Salt Lake Community College. Through the T.E.A.C.H scholarship early childhood caregivers, educators and administrators can get 80% of tuition covered. Between 2016 and mid 2018 more than 35 early childhood caregivers, educators and administrators were able to gain access to higher education, helping to make the end goal of earning a college degree a possibility.

Utah Early Childhood Conference (UAEYC & DWS–OCC)

The Utah Early Childhood Conference is a two-day professional development conference held annually at Weber State University in Ogden. Approaching its 45 year, UECC is hosted by the Utah Association for the Education of Young Children and co-sponsored by the Department of Workforce Services, Office of Child Care. Since its inception, the UECC focuses on engaging and inspiring members of the early childcare workforce. The UECC supports early childhood educators to more effectively care and educate the children at their centers, in their programs, or at their homes. Along with providing general professional development opportunities, UECC also allows attendees to earn CEU, NAC and/or USBE credits. Four years ago, UAEYC and DWS–OCC established an annual pre-conference event for early childhood care Directors, Manager and Leaders. The one day pre-conference event focuses on providing opportunities for leaders to enhance their leadership skills so they can better support their staff. Overall, UECC provides the early childhood workforce with professional development opportunities to help them grow and strengthen their work in early childhood centers, programs and homes.

Children’s Service Society of Utah

First established in 1884, the Children’s Service Society of Utah is the state’s oldest non-denominational agency focused on child welfare and family support. The mission and vision of CSS of Utah is to empower families and other caregivers in providing services that support the health and well-being of Utah’s youngest residents. Initially started to support working class families by offering affordable child care, CSS of Utah quickly expanded its services to include adoption. Along its journey, CSS of Utah has never swayed from its mission and vision. In order to accomplish its mission and achieve its goals CSS of Utah has expanded and now offers families and caregivers the following types of programming on a quarterly basis: Adoption, Grandfamilies Kinship Care, Care About Childcare and Utah Parents in Action, Home Visitation. In order to manage the expansion of services CSS of Utah relies upon, and continues to rely upon, grants and donations from private and public foundations, corporate philanthropy and private donors. CSS of Utah also hosts a two-day conference for families and professionals to better serve children impacted by adoption and foster care. While predominantly attended by parents, foster parents and parents considering adoption, 9 professionals attended their conference in 2017, followed by 6 in 2018 and 16 in 2019.

Care About Childcare USU Eastern Conference on Strengthening Early Childhood Programs (USU-Eastern & DWS–OCC)

The Care About Childcare (CAC) Utah State University-Eastern (USU-Eastern) Conference on Strengthening Childhood programs is a two-day conference for early childhood educators and other professionals working in Carbon, Daggett, Duchesne, Emery, Grand, San Juan, and Uintah Counties. With a focus on eastern Utah, the conference has been supporting the educational and professional development needs of caregivers and educators for six years. Topics addressed at conferences include but are not limited to, retention, guided play, family involvement/engagement and increasing the quality of care. The conference is sponsored by USU-Eastern and the Department of Workforce Services Office of Childcare.

APPENDIX F. ADDITIONAL DETAIL ON SELECTED EARLY CHILDHOOD PROGRAMS PUBLIC HEALTH INSURANCE PROGRAMS

Caregivers and parents can access information about public insurance programs, and/or submit applications to the Department of Health (DoH) and/or the Department of Workforce Services (DWS). Public insurance programs are based upon a percent of Federal Poverty Level (FPL) and vary by program. Public health insurance programs, and qualifications for such programs include:

- Medicaid (100% FPL) - DoH & DWS
- Child Medically Needy (100% FPL) - DoH & DWS
- Pregnant Woman (139% FPL) - DoH & DWS
- Pregnant Woman Medically Needy - DWS
- Baby Your Baby - DoH & DWS
- Parent/Caretaker Relative Medicaid - DoH & DWS
- Utah Premium Partnership for Health Insurance (UPP) (200% FPL) - DoH
- Children's Health Insurance Plan (CHIP) (Plan B: 150% FPL; Plan C: 200% FPL) -DoH & DWS
- Family Medically Needy (BMS Level) - DoH & DWS

The Children's Center

The Children's Center, founded in 1962, provides comprehensive mental health care to enhance the emotional well-being of infants, toddlers, preschoolers, and their families. Their services include therapeutic preschool, outpatient services, and training consultation and research. The center is primarily sustained through public support with some state funding; averaging \$5.2 million from donations, federal and state contracts, fees and other revenues. In 2017, the center reported that 67% of families paid no fee, 31% paid on a sliding scale, and 2% paid the full fee. The center is recognized as an expert in the field of treating children ages 0-5 who have experienced trauma. Having grown to employ a staff of over 100 people, the center is the largest agency of its kind in Utah. Since 2016, the center has served an average of 2,000 families on an annual basis. They have also averaged 1,000 volunteers each year providing an average of 13,000 service hours. Lastly, they average 315 children enrolled in therapeutic preschool. There are two locations: Salt Lake City and Kearns.

Women, Infants, and Children (WIC)

Women, Infant, and Children (WIC) serves mother, infants and children up to age five. WIC offers food vouchers to eligible women and children, nutrition counseling, breastfeeding support and referrals to public health programs and health care providers. As a form of preventive care, WIC supports mothers, infants and children in accessing the proper nutrition and medical care necessary to support the health, development and mental health of infants and children.

Immunize Utah

Immunize Utah, operated through the Department of Health, seeks to promote vaccinations to reduce illness, disability and death from vaccine-preventable infections. An important program offered through Immunize Utah is the Vaccines for Children (VFC) which is available to children ages 0-18. Children eligible to take part in VFC are: enrolled in Medicaid; enrolled in the Children's Health Insurance Program (CHIP); American Indian/Alaskan Native; not insured; or, under-insured* (insurance does not cover immunizations). Immunize Utah utilizes a myriad of data sources and offers reports online dating back to 2010, covering almost every year between then and 2018. The full reports can be accessed here.

Mental Health

Several resources exist to address maternal postpartum depression; Maternal Mental Health Collaborative (MMHC); National Alliance on Mental Illness (NAMI) and Division of Substance Abuse and Mental Health (DSAMH). MMHC is a part of Postpartum Support International (PSI) organization. Known as the MMHC/PSI-Utah, it is an all volunteer organization made up of several hundred community members, including survivors and providers. MMHC/PSI-Utah and PSI provide resources for moms, families and professionals, including checklists, descriptions of maternal depression, and lists of other helpful resources. MMHC/PSI-Utah also hosts an annual conference called the Perinatal Mood and Anxiety Disorders Conference. PSI also holds a national conference.

NAMI is a national, grassroots organization that seeks to improve the lives of individuals with mental illness. The local Utah affiliate, NAMI Utah, offers free education materials and on-site consulting for mental health concerns, and organizes support groups for families and caregivers throughout Utah. NAMI also advocates for initiatives to prevent suicide and policy changes to improve the level of care and treatment available in Utah, especially for treatable disorders such as general depression and postpartum depression.

DSAMH, located in the Department of Human Service, is responsible for helping to fund comprehensive substance use and mental health disorder services throughout the state. DSAMH contracts with other support agencies to provide Family Resource Facilitators, School-Based Behavioral Health, and Youth Mobile Crisis Teams. Mobile crisis teams enable families in crisis to receive a home visit from a licensed therapist.

Baby Watch Early Intervention Program (BWEIP)

As Utah's lead early intervention agency, BWEIP oversees 15 regional early intervention agencies by establishing performance indicators, provider credentialing, provider and community education, and compliance and reporting.¹⁹⁰ BWEIP is a program within the Department of Health's Bureau of Children with Special Health Care Needs (CSHCN). Services are provided through a family coaching model that focuses on helping children (ages 0–3) meet goals in all areas of development. All services take place in the child's natural environment (home, child care, etc.) and are tailored to meet the needs of the child and family.

Infants or toddlers who have physical, cognitive or social-emotional delays or disabilities may be eligible for early intervention services. Children born with certain health conditions (e.g., Down Syndrome, hearing loss, vision loss) are automatically eligible for services. Service fees are waived for families and children enrolled in Medicaid, families receiving services from the Family Employment Plan Cash Assistance Program, Temporary Assistance for Needy Families (TANF, WIC, and the Primary Care Network (PCN). Fees are also waived for children enrolled in Early Head Start and the Children's Health Insurance Program (CHIP).¹⁹¹

Baby Watch interventions focus on improving parent and caregiver capacity to assist in advancing a child's developmental outcomes. An array of services are provided such as multidisciplinary evaluations, education, and family coaching, as well as audiology and hearing services, speech-language services, medical, nursing, nutrition, and vision services, and psychology and social work.

UPC - Peer Support, Training and Advocacy

The Utah Parent Center (UPC), a 501c3 nonprofit, is a training and information center founded in 1983 by parents of children and youth with disabilities to help other parents facing similar challenges throughout

¹⁹⁰ Utah Department of Health, Baby watch early intervention program. Program description and program contact list (n.d.), <http://health.utah.gov/cshcn/programs/babywatch.html>.

¹⁹¹ Utah Legislature (2016). Utah Administrative Rule R398-20, Early Intervention (as in effect on September 1, 2016). Retrieved from: <https://rules.utah.gov/publicat/code/r398/r398-020.htm>

Utah.¹⁹² UPC utilizes a proven, effective parent-to-parent model to help many thousands of parents annually. They also represent families in many system- level activities. The UPC staff have built collaborative networks with education, health and human service professionals, agencies, and organizations. Through the UPC, families can get connected to BWEIP and other services appropriate to their needs.

ASQ

The Ages and Stages Questionnaire (ASQ, offered through the Department of Health's Bureau of Child Development, helps to identify whether a child would benefit from early intervention services, and to identify key attributes of developmental delays.¹⁹³ Two different forms of the screening tool are in use: the ASQ-3 and the ASQ:SE-2. The ASQ-3 surveys overall development in areas such as communication, gross and fine motor skills, problem solving, and personal/social interaction. The ASQ:SE-2 focuses solely on social-emotional health and well-being. ASQ screenings are available through health care providers, BWEIP, home visitation programs and Help Me Grow Utah.

Utah Act Early

Utah Act Early (UAE) is Utah's local campaign that operates in conjunction with the national "Learn the Signs. Act Early" campaign.¹⁹⁴ Utah's local campaign, managed by the Utah Department of Health, received one-time funding for a public awareness campaign. The website aims to provide information to parents to help them learn about healthy development for newborns and young children by offering a variety of tools, checklists, and videos. The one-year public awareness campaign ran during FY 2011. Since its inception, the Act Early website has been maintained on the Department of Health's website at no cost. Utah Act Early website receives an average of 5,265 visitors per year. Due to the lack of funding, the campaign has not continued to be widely advertised and the website has not been updated since 2012.

Help Me Grow (HMG)

As a part of the Help Me Grow National Network, Help Me Grow Utah is a free information and referral helpline providing caregivers, providers, and physicians with knowledge and resources to make a difference in children's lives. HMG Utah supports prenatal parents and families with children ages 0-8, offering services in both English and Spanish. As a service coordination tool, HMG helps connect parents to BabyWatch and home visiting services, among other services.¹⁹⁵ For health care and service providers, HMG provides support via screening tools, and also provides training to help them better understand HMG and its services. HMG also offers a way for concerned community members to get involved.

Services provided by HMG include: 1) Personal Care Coordination; 2) Free Child Development (ASQ:3 & ASQ:SE-2), and Perinatal Screenings (Edinburgh Postnatal Depression Scale (EDPS)); 3) Answers to pregnancy, parenting and child development questions; and 4) Connection to community resources. Since 2016, roughly 8,584 families have been served by HMG's Parent Support Specialists.¹⁰⁹ On an annual basis, HMG averages 3,250 ASQ-3 screens, 151 ASQ:SE-2 screens and 47 EDPS screens.¹⁰⁹ Regarding referral services, HMG offers informational referrals (i.e., answers to parents' questions in the form of PDFs, websites, videos, articles, etc.) and community referrals (i.e., referrals to direct service providers). Since 2016, HMG has averaged 984 community referrals and 2,302 informational referrals annually.¹⁹⁶

192 "Utah Parent Center," Utah Parent Training and Information Center, <https://utahparentcenter.org/>.

193 "Developmental Screening ASQ," Utah Department of Health, Bureau of Child Development, <http://asq.utah.gov/>.

194 "Learn the Signs. Act Early," Centers for Disease Control and Prevention, https://www.cdc.gov/ncbddd/actearly/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Factearly%2Findex.html.

195 "What We Do," Help Me Grow National Network, United Way of Utah County (n.d.), <http://www.helpmegrowutah.org/who-we-are/what>.

196 Email correspondence with Kali Iverson Ottesen, Program Manager - Help Me Grow Utah, United Ways of Utah on September 27, 2019

Employment Support Child Care. The Employment Support Child Care (ESCC) subsidy program helps a parent pay an approved provider for child care. The maximum subsidy is paid to a provider every month but still may not cover the total cost of child care. The difference in cost and subsidy is the responsibility of the family. To qualify for ESCC, families must meet minimum working hours or be involved in a training program. A family is eligible to receive a subsidy if their income does not exceed 56% of the state median income.

Once receiving a subsidy, family income may increase up to 70% of the state median income. For a family of four, those thresholds establish that income cannot exceed more than \$3,474 per month or \$41,688 annually at the time of application for child care subsidies. This amount is approximately \$1,700 below the recommended living wage for a family of four with two working adults.¹⁹⁷ In order to continue receiving assistance during that calendar year, the family's income must not exceed \$4,816 per month or \$57,792 annually. If the family has a special needs child and requires ongoing care, the family's income must not exceed \$5,458 per month or \$65,496.¹⁹⁸

This program also provides Temporary Change Child Care subsidies. This subsidy requires families to have previously received Employment Support Child Care and provides assistance to families who expect to experience temporary changes to their employment or household circumstances for the remainder of the certification period as long as other criteria are met.¹⁹⁹ Similarly, Job Search Child Care is provided to parents who become unemployed while receiving ESCC subsidies. In these cases, child care continues for up to three months while parents seek re-employment.

Family Employment Program Child Care. The Family Employment Program (FEP) is a temporary cash assistance program for families. FEP provides cash assistance for up to 36 months within a lifetime. The Family Employment Program Child Care (FEP-CC) subsidy provides funds only to the families who are receiving FEP assistance or have applied for financial assistance within the last 30 days. Family's must also meet with an employment counselor to develop an employment plan, require child care to participate in employment activities, and choose a DWS-approved child care provider. Child care costs are paid for with TANF funding.

Transitional Child Care. The Family Employment Child Care (FEP-CC) Transitional Child Care subsidy is available during the six months immediately following termination from FEP, if the termination was due to an increase in earned income and the household now meets eligibility for ESCC. Families receiving Transitional Child Care are not subject to copayment requirements. The co-pay does resume after the six month time period has ended.

Kids In Care. Kids In Care is a subsidy program for recently unemployed parents. They may be eligible to enroll their children in the Kids In Care program which provides support to parents engaged in formal job search activities. Parents are eligible if they are not receiving ESCC or FEP-CC. Parents may receive up to 150 hours of child care assistance while searching for employment and assistance is available once during a six-month period. Applications for Kids In Care must be submitted to the Children's Service Society of Utah.

Homeless Child Care. Subsidies are also available for homeless families residing in shelters to support the healthy development of their children, as well as supporting the parent's activities to obtain stable housing. In these cases, subsidies are provided to those lacking other forms of child care support.

¹⁹⁷ "Living Wage Calculation for Utah," Living Wage Calculator, Massachusetts Institute of Technology, <https://livingwage.mit.edu/states/49>.

¹⁹⁸ <https://jobs.utah.gov/customereducation/apply/incomecharts.html>

¹⁹⁹ https://jobs.utah.gov/Infosource/eligibilitymanual/200_Program_Eligibility_Requirements/210-10_Changes_During_12_Month_Certification_Period.htm



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