

## Early Learning Challenge Fund:

On September 17, the House passed the Student Aid and Fiscal Responsibility Act of 2009 (H.R. 3221), which contains language authorizing the Early Learning Challenge Fund, a new federal funding stream to promote state early care and education systems for children birth to five. The Senate Health, Education, Labor and Pensions Committee is expected to consider authorizing language for the ECLF in the next few weeks.

This proposed initiative would provide competitive grants to State educational agencies, or the agency in a State that administers early childhood programs, for the development of a statewide infrastructure of integrated early learning supports and services for children, from birth through age 5. Grants would enable States to raise their standards, build systems that promote quality and ensure the effectiveness of their early learning programs, and monitor all publicly funded early childhood programs' performance against the State's standards.

## Maternal, Infant, and Early Childhood Visitation – *Current Law*

Title V of the Social Security Act (SSA) authorizes the Maternal and Child Health (MCH) block grant program. The MCH block grant, which is administered by Health Resources and Services Administration (HRSA), allocates funding to states based on a statutory formula. States use the Title V funds to design and implement a wide range of maternal and child health programs. The MCH block grant program seeks to: (1) reduce infant mortality; (2) increase the number of children appropriately immunized against disease; (3) increase the number of children in low-income families who receive health assessments and follow-up care; (4) provide comprehensive perinatal care to low-income and at-risk pregnant women; (5) provide preventive and child-care services, and rehabilitative services to disabled children; and (6) develop comprehensive, family-centered, community-based, culturally-competent, coordinated systems of care for children with special health care needs.

States must submit annual reports on Title V funded activities and demonstrate progress made towards standardized MCH status indicators (e.g., live birth rate, low birth weight, maternal death rates, and poverty levels) in order to facilitate comparison between states. The Secretary compiles the data submitted by the states in an annual report to Congress. States are required to audit and report on the use of their funds at least once every two years.

### *Chairman's Mark*

The Chairman's Mark would add a new section 511 in title V of the Social Security Act. The Chairman's Mark would require states, as a condition for receiving the MCH block

grant, to conduct a needs assessment to identify communities that are at risk for poor maternal and child health and have few quality home visitation programs. The needs assessment, which would be separated from but coordinated with the assessments currently required under Title V and the Head Start Act, would also review the state's capacity to provide appropriate services to those communities. States would be required to submit the results of their needs assessment and their proposed activities to the Secretary. 68

In addition, the Mark would establish a new state grant program for early childhood home visitation. Grantees of this new program would be required to establish appropriate process and three and five year outcome benchmarks to measure improvement in maternal and child health, childhood injury prevention, school readiness, juvenile delinquency, family economic factors, and coordination with community resources. Grantees who did not demonstrate improvement in at least four of these benchmarks at the end of the third year of funding would receive expert technical assistance. The Mark lists certain core components for the home visitation programs. Grantees would be required to use an evidence-based program model that:

1. Conforms to a clear consistent home visitation model that has been in existence for at least three years and is research-based; grounded in relevant empirically-based knowledge; linked to program determined outcomes; associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement; and has demonstrated significant and sustained positive outcomes, as described in the paragraph above, when evaluated using well-designed and rigorous randomized controlled, and the evaluation results have been published in a peer-reviewed journal;

2. Conforms to a clear consistent home visitation model that has been in existence for at least three years and is research-based; grounded in relevant empirically-based knowledge; linked to program determined outcomes; associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement; has been successfully replicated in diverse communities and with diverse families and has demonstrated significant positive outcomes, as described in the paragraph above, when evaluated using well-designed and rigorous quasi-experimental research designs.

However, they would be permitted to use 25 percent of the award to fund a promising new program model that would be rigorously evaluated. Additional requirements proposed by the Chairman's Mark would require grantees to use evidence-based practices to meet the process and outcome benchmarks, employ well-trained staff and specialists as appropriate, maintain high-quality supervision, possess strong organizational capacity and linkages in the community, and have rigorous evaluation and research methodology. The Mark would establish priority for services to be delivered to families who are determined to be at-risk by the needs assessment, and other indicators including low-income, young maternal age, and involvement with child welfare.

In order to apply for the grant, eligible entities would need to submit a description of the target population, and service delivery model, demonstrate consistency with findings of the needs assessment, procedures, and the benchmarks to be used. Grantees would be

required to maintain their aggregate spending on home visitation programs at no less than their FY 2009 level.

The Chairman's Mark would require the Secretary (1) to appoint an expert panel to design the evaluation of the home visitation grants program; and (2) by grant, contract, or interagency

agreement, conduct an evaluation of the statewide needs assessments, the home visitation programs, and the progress made by grantees' towards their benchmarks. The Secretary would be required to report the results of the evaluation to Congress. The Mark would require HRSA to collaborate with a number of Federal agencies including the Administration for Children and Families, National Institute of Child Health and Human Development, and the Office of Juvenile Justice and Delinquency Prevention. The Secretary would be permitted to use \$10 million of the funds appropriated for this program to assist in the establishment of new home visitation programs. This grant program would not be subject to any other requirements of the MCH Block grant, except for certain administrative provisions that are outlined in the bill.

The Chairman's Mark would appropriate \$1.5 billion between FY2010 and FY2014 — which includes \$50M for FY2010, \$300M for FY2011, \$450M for FY2012, \$700M for FY2013, and \$1.5 billion for FY2014 — for the home visitation grants program. Of the amount appropriated for this program, three percent would be used for research and evaluation, and three percent would be used to provide home visitation services to Indian families. The Mark defines eligible entities as states, Indian tribes, tribal organizations or urban Indian organizations. The Mark would authorize the Secretary to determine which other entities, who have the capacity to carry out the program, are eligible if a state has not received a grant under this program by 2012. The Mark also defines the terms —other entities, || —eligible family || and —Indian tribe, tribal organization, urban Indian organization.

## Bridge to Benefits

Bridge to Benefits is a multi-state project sponsored by the Children's Defense Fund. The CDF, by the way, is a nonpartisan, nonprofit organization which receives no government funding. It has 13 state/regional offices around the US (and this number is increasing).

The "Bridge to Benefits" provides quick information about the following programs:

- \*Caring for Children
- \*Child Care Assistance Program
- \*EITC – Earned Income Tax Credit
- \*Healthy Steps
- \*LIHEAP – Low Income Home Energy Assistance Program
- \*Medicaid
- \*School Meal Program
- \*SNAP (Supplemental Nutrition Assistance Program)

Note that this website does not screen for TANF, WIC, or several other programs. For emergency situations, families need to go directly to the appropriate offices for help.

The website also provides an Eligibility Screening Tool. It is noted that the screening tool does not determine eligibility. After using the screening tool, you must still apply for each

program to be sure you are eligible. For more info, please go to the website a [www.bridgetobenefits.org](http://www.bridgetobenefits.org).

## Healthy North Dakota sponsors “I Am Moving, I Am Learning” event

Friday, September 25th the first Introduction to I Am Moving, I Am Learning training was held in Grand Forks. 74 Head Start staff, Child Care providers and Community Health Partners participated. Healthy North Dakota provided funding to support the cost of IMIL trainers, printed materials, meals and travel reimbursement for participants.

Choosy Kids, LLC is the National Training Team for the Office of Head Start’s “I Am Moving, I Am Learning” initiative to combat childhood obesity. Thousands of teachers, trainers, parents, public health professionals and their partners across the country have participated in the movement to teach children and families about healthy living. The training content is universal and blends comfortably with a variety of approaches and models for health promotion. Major focus areas:

- child wellness,
- intentional planning,
- obesity "prevention" strategies,
- innovative, motivating, classroom activities,
- motor skill instruction and assessment,
- brain-body-nutrition connections,
- promoting healthy active lifestyles for grownups and children.

***Healthy preferences for food choices and physical activity can be developed early in life!***  
Choosy Kids, LLC

For more information visit: <http://www.choosykids.com/CK2/>

Over the coming months, the ND Head Start State Based Training Office will continue to follow up this work with local Head Start programs. Additional training opportunities may be available as interest expands.

## Family Voices of ND to conduct study

Families of children, youth, and young adults with special health care needs in North Dakota have consistently identified the need for access to timely, high quality health care and community services and supports. While improvements to the current complex systems of services may take time to implement, families living in the reality of today often struggle are struggling to find helpful information on how best to care for their child, how to understand services, how to locate needed programs, and how to navigate different criteria for eligibility.

The goal of the study is to more fully understand the experience that families may face as they search for resources, information, and support. We want to identify that experience as a family is searching for information, financial support, emotional support, and access to services.

The study that we are proposing will involve telephone calls to various agencies across the state of North Dakota by a Family Voices staff member. These agencies will include family support organizations, social service agencies, hospitals, clinics, schools and educational programs, and early childhood programs. The intent of the call is to gauge the ability of North Dakota agencies to determine families' needs and connect them with the programs that will be the most helpful. While you may be interested in the information generated from the specific information related to your agency, we are also interested in the cumulative picture of what it means to families to access a variety of services.

Agencies or service delivery systems have been identified as one of the target supports, and each is receiving a letter explaining the survey intent beforehand. Please know that it is our intention to share the results of this survey with the agencies/delivery systems in hopes of continuing to partner on improvements for North Dakota's families with children with special health care needs.

I hope you will join me in the excitement about what we that we feel we will learn from the study. We look forward to better understanding the impact of special health care needs on North Dakota families and our continued partnership with you. Please feel free to contact me directly with any questions that you may have.

Sincerely,  
Donene Feist

Family Voices of ND has many resources on their website. Check it out at [www.fvnd.org](http://www.fvnd.org)