



# LOOKING TOWARD THE FUTURE

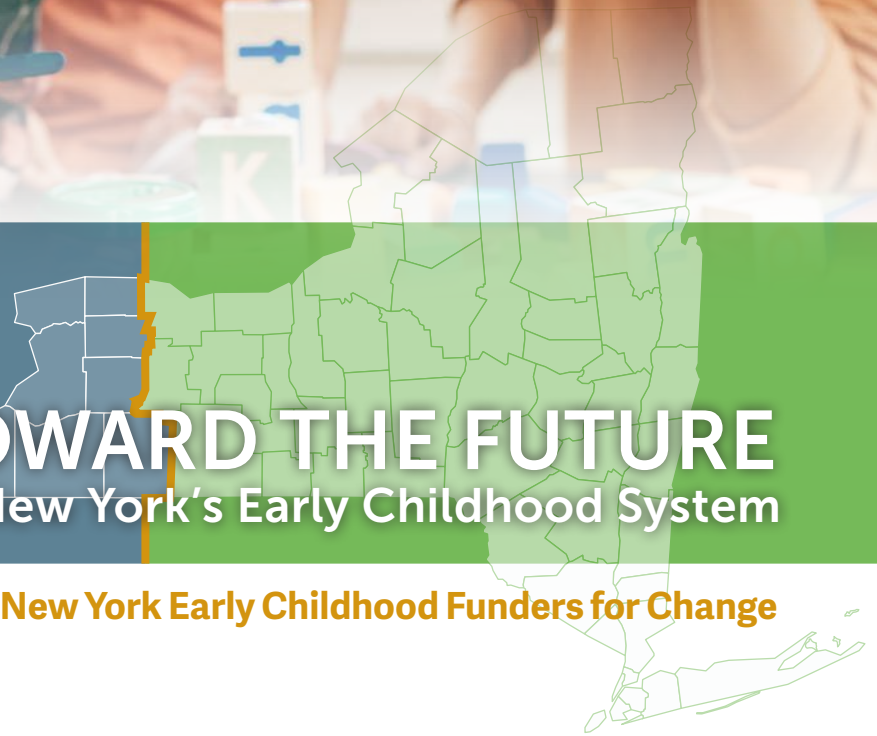
## A Review of Western New York's Early Childhood System

**A Report for Liftoff—Western New York Early Childhood Funders for Change**

**January 2018**

Prepared by  
**Public Sector Consultants**  
**Lansing, Michigan**  
[www.publicsectorconsultants.com](http://www.publicsectorconsultants.com)

Prepared for  
**Western New York:**  
Allegany, Cattaraugus, Chautauqua, Genesee, Erie, Niagara, Orleans, and Wyoming Counties



# Members of Liftoff—Western New York Early Childhood Funders for Change

As of January 2018

## Cattaraugus Region Community Foundation

- Karen Niemic Buchheit, Executive Director  
[Karen@cattfoundation.org](mailto:Karen@cattfoundation.org)

## Community Foundation for Greater Buffalo (CFGB)

- Clotilde Perez-Bode Dedecker, President/CEO  
[clotilded@cfgb.org](mailto:clotilded@cfgb.org)
- Cara Matteliano, VP Community Impact  
[CaraM@CFGB.ORG](mailto:CaraM@CFGB.ORG)
- Allie Urbanski, Community Impact Associate  
[AllieU@cfgb.org](mailto:AllieU@cfgb.org)
- Darren Penoyer, Senior Program Officer  
[darrenp@cfgb.org](mailto:darrenp@cfgb.org)

## Chautauqua Region Community Foundation

- Tory Irgang  
[tirgang@crcfonline.org](mailto:tirgang@crcfonline.org)
- June Diethrick  
[jdiethrick@crcfonline.org](mailto:jdiethrick@crcfonline.org)

## The Children's Guild Foundation

- Catherine Gura (Cathie), President  
[cgura@thechildrensguild.org](mailto:cgura@thechildrensguild.org)

## Erie County Department of Health

## Erie County Department of Social Services

## Health Foundation for Western and Central New York

- Monica Brown, Program Officer  
[mbrown@hfwcny.org](mailto:mbrown@hfwcny.org)

## Grigg-Lewis Foundation

- Chris Smith, Executive Director  
[Chris@griggLewis.org](mailto:Chris@griggLewis.org)

## James H. Cummings Foundation

- Mary Jo Hunt, Executive Director  
[mjhunt@jameshcummings.com](mailto:mjhunt@jameshcummings.com)

## John R. Oishei Foundation

- Blythe Merrill, Senior Vice President  
[bmerrill@oishei.org](mailto:bmerrill@oishei.org)
- Paul Hogan, Executive Vice President  
[phogan@oishei.org](mailto:phogan@oishei.org)

## Niagara Area Foundations

- Ken Fransiak  
[kfransiak@calamar.com](mailto:kfransiak@calamar.com)
- Molly Anderson  
[mollya@buffalo.edu](mailto:mollya@buffalo.edu)

## Northern Chautauqua Community Foundation

- Diane E. Hannum, Executive Director, [dhannum@nccfoundation.org](mailto:dhannum@nccfoundation.org)

## The Peter and Elizabeth C. Tower Foundation

- Tracy Sawicki, Executive Director, [tas@thetowerfoundation.org](mailto:tas@thetowerfoundation.org)

## Ralph C. Wilson Jr. Foundation

- Amber Slichta, Vice President of Programs  
[amber.slichta@rcwjrf.org](mailto:amber.slichta@rcwjrf.org)
- Maura Dewan, Director of Programs and Strategy  
[maura.dewan@rcwjrf.org](mailto:maura.dewan@rcwjrf.org)

## R.C. Sheldon Foundation

- Linda Swanson, Executive Director  
[linda@rcsheldonfoundation.org](mailto:linda@rcsheldonfoundation.org)

## United Way of Buffalo & Erie County

- Michael Weiner, Executive Director  
[michael.weiner@uwbec.org](mailto:michael.weiner@uwbec.org)
- Karen Christie, Chief Community Services Officer,  
[karen.christie@uwbec.org](mailto:karen.christie@uwbec.org)

## United Way of Greater Niagara

- Connie S. Brown, President and CEO  
[connie@uwgn.org](mailto:connie@uwgn.org)

## United Way of Northern Chautauqua County, Inc.

- Deborah C. Tederous, Executive Director  
[deborah@unitedwayncc.org](mailto:deborah@unitedwayncc.org)

## United Way of Orleans County

- Jessica Downey, Executive Director  
[jdowney@orleansunitedway.org](mailto:jdowney@orleansunitedway.org)

## United Way of Southern Chautauqua County

- Amy Rohler, Executive Director  
[arohler@uwayscc.org](mailto:arohler@uwayscc.org)

## Western New York Foundation

- Beth Gosch, Executive Director  
[bgosch@wnyfoundation.org](mailto:bgosch@wnyfoundation.org)

## WNY Women's Foundation

- Sheri Scavone, Executive Director  
[sheri@wnywfdn.org](mailto:sheri@wnywfdn.org)

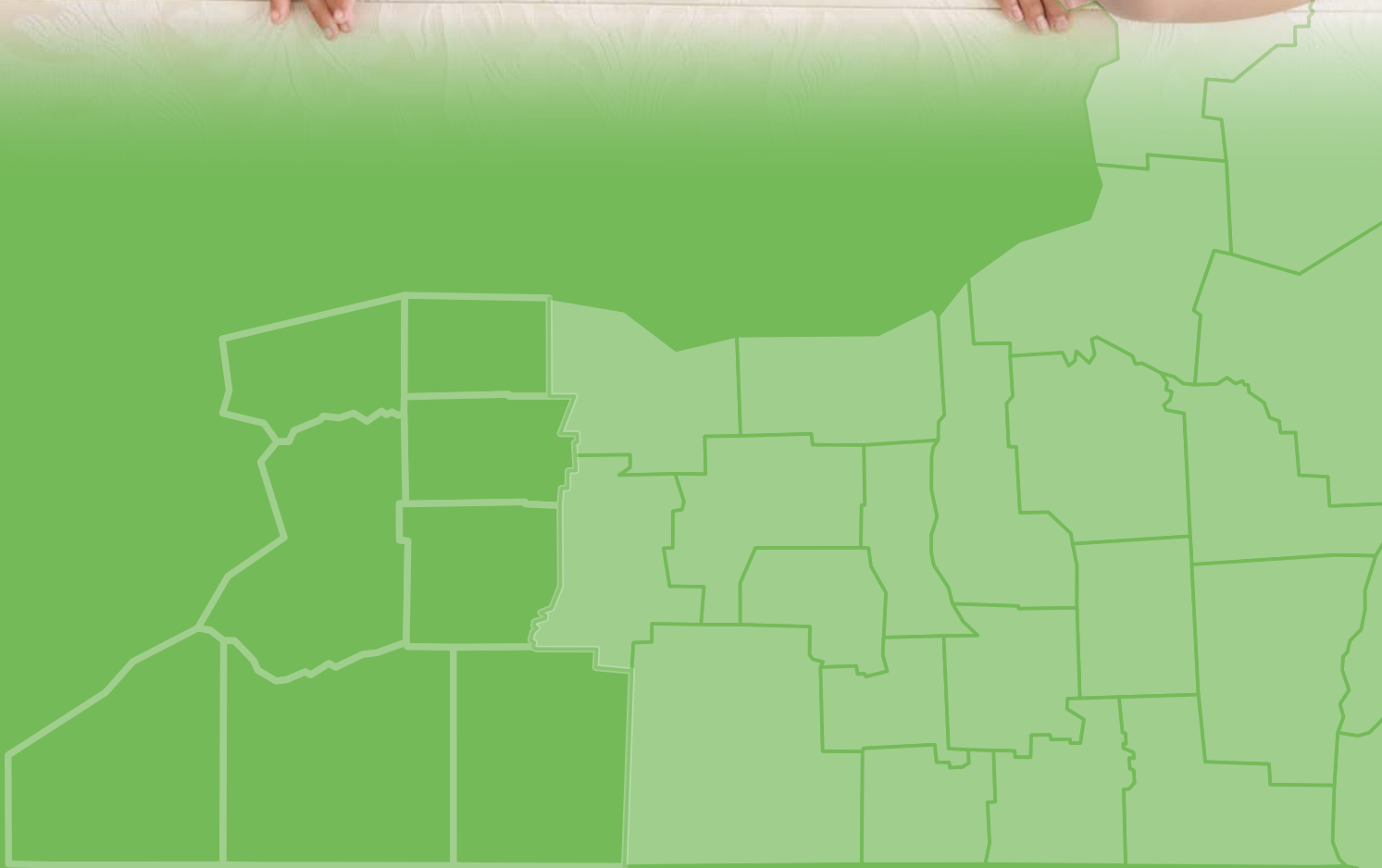
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# HOW WESTERN NEW YORK SERVES ITS YOUNGEST RESIDENTS: AT A GLANCE

**About this report:** In 2017, Liftoff—Western New York Early Childhood Funders for Change—wanted to better understand how the region serves its youngest residents, how other communities structure systems to improve life and learning for young children and their families, and how stakeholders across the system could come together to affect change. Together with partners across Western New York (including Allegany, Cattaraugus, Chautauqua, Genesee, Erie, Niagara, Orleans, and Wyoming Counties), Liftoff engaged Public Sector Consultants to provide an outside, objective review of early childhood systems and programs in the region. We hope this report will be the foundation for many conversations in the months and years to come.

## A CALL TO ACTION: WHY THE FIRST FIVE YEARS MATTER

Nearly 98,000 children under the age of six call Western New York home, and these children represent the future of the region. Research has clearly demonstrated the importance of early experiences in children’s development. What happens in a child’s first years, both positive and negative, can have lifelong consequences. Research has also shown that effective local programming can provide benefits throughout a child’s life. These interventions are often referred to as investments because economists have quantified the benefits of some of these early interventions and shown they can potentially provide a positive lifelong benefit to both children and the community.

While research demonstrates the power of early intervention, the reality is that Western New York’s need is substantial. Approximately half of Western New York’s children live in low-income households, and children from low-income households are at a heightened risk for not being ready for kindergarten. While much work has been done, meeting the early childhood needs of tens of thousands of children poses a significant challenge for the region.

While the large number of low-income children in the region is a challenge, the growing literature showing the power of early childhood investment illustrates that there are opportunities to make investments that will significantly improve the lives of these children and provide returns to the region. Work to improve outcomes for young children must be viewed as a vital regional effort. Given the large need and finite resources, the community needs to work together to ensure that efforts are coordinated and that needy children do not fall through the cracks.



*Photo provided by: Health Foundation for Western and Central New York*

## WESTERN NEW YORK AT A GLANCE

Approximately 98,000 children under six years of age live in the eight counties of Western New York. Erie County is home to 58,000 of these children, more than the other seven counties combined (39,000). Western New York is a diverse region, ranging from urban to quite rural. One particularly urban area, the city of Buffalo, has a population density of 6,571 people per square mile, while Allegany County has an average of just 48 people per square mile.

The share of children under six living in poverty ranges from 18 percent in Wyoming County to 32 percent in Allegany County. Medicaid, a health program for low-income families, uses a higher income threshold than the federal poverty line (FPL). Using Medicaid's definition of low income indicates that approximately half the children in the region live in low-income households. The share of children under six eligible for Medicaid ranges from 44 percent in Genesee County to 65 percent in Chautauqua County.

**EXHIBIT 1.** Number of Children Under Age Six, and Share of Children Under Age Six in Poverty and Receiving Medicaid

County	Children Under Six	Share of Children Under Six in Poverty	Share of Children Under Six on Medicaid	Share of Children Ages 0 to 17 Receiving SNAP
Allegany	2,930	32%	55%	21%
Cattaraugus	5,638	31%	53%	24%
Chautauqua	8,618	31%	65%	35%
Erie (incl. Buffalo)	58,489	27%	55%	30%
Genesee	3,873	22%	44%	17%
Niagara	13,184	22%	55%	26%
Orleans	2,583	26%	60%	26%
Wyoming	2,417	18%	48%	13%
<b>8 County Total</b>	<b>97,732</b>	<b>27%</b>	<b>55%</b>	<b>30%</b>

Source: PEDALS 2017; New York State Council on Children and Families 2017a

**Public investment in children from birth to age five is approximately \$574 million per year, or \$5,875 per child.**

The federal, state, and local governments as well as private philanthropy all invest in the region's young children. Public investment in children from birth to age five is approximately \$574 million per year, or \$5,875 per child. Approximately one-third of this investment is in programs supporting children's health, such as Medicaid or Child Health Plus. About one-in-five dollars is invested in programs for children with special needs, such as the New York State Early Intervention Program (EIP) and special education preschool. An additional 20 percent of funding is dedicated to nutrition programs, including the Supplemental Nutrition Assistance Program and the Child and Adult Care Food Program. Significant investments are also made in preschool, child care, and other programs supporting young children.

Private philanthropy supports many important early childhood programs in the region. These investments are not a substitute for public investment, but instead complement public programs. Philanthropy can help pilot new programs, identify and fill gaps, and invest in building the system, including increasing the skills and capacities of workers and organizations serving young children.

Despite these investments, important gaps still remain. Families on Medicaid can struggle to access providers, especially for specialty care. Transportation

challenges can keep some families from accessing services for which they might be eligible, waiting lists for preschool and child care programs can also keep out children entitled to services, and some families may have incomes just over eligibility thresholds, which leaves them to struggle to afford needed services.

## WHAT WE LEARNED FROM WESTERN NEW YORKERS

Over 300 Western New Yorkers lent their voices to this effort, including parents, early childhood providers, early childhood experts, members of the philanthropic community, and government officials. Residents from all eight counties were engaged through interviews, focus groups, and an electronic survey. These tools asked residents to better define the communities' goals and to identify what is working well, what is not working as well as it could, and where there are opportunities to improve the system.

A summary of residents' feedback follows. Western New Yorkers provided extensive feedback and more comprehensive reporting is included in the main body of the report and the report's appendices.

### **Our Goals: What Does It Take to Be Kindergarten Ready?**

Western New Yorkers indicated the following factors were important for ensuring children are ready to succeed when they arrive at kindergarten.

- Safe, healthy homes and neighborhoods
- Parents and caregivers who know about important benchmarks and how to successfully nurture children
- Positive learning and care experiences
- Medical homes, prenatal care, regular wellness checks, and universal screenings
- High-quality, affordable child care
- High-quality pre-K programs

### **Our System and Programs: What Is Working Well in Western New York?**

We heard about many things that work well for young children in the area—Western New Yorkers are clearly proud of the important services being provided to young children in the region. They believe Western New York has a strong collaborative culture and that agencies are communicating well. Many cited the quality of the region's early childhood staff, and strong and widespread preschool offerings were noted as a regional asset. Additionally, early intervention screening and referrals were viewed as high quality as well.

Specific programs cited by stakeholders for their excellence included:

- Help Me Grow Western New York—This program provides families in Erie and Niagara Counties with information, referrals to existing resources, and help connecting with those resources.
- Jericho Road—This program provides a culturally sensitive medical home, especially for low-income and refugee families, and provides other important early childhood services to these populations.

- Niagara County Early Child Care Quality Improvement Project—The project provides professional development and quality assistance to child care and preschool classrooms.
- Positive Emotional Development and Learning Skills (PEDALS)—This is a program for early childhood teachers that focuses on students' social-emotional skill development.
- Read to Succeed Buffalo—Read to Succeed Buffalo works to improve literacy for children from birth to third grade by increasing literacy instruction and improving quality.
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)—This program provides food, nutrition counseling, and referrals to healthcare for eligible women and children.

### **What Is Not Working as Well as it Could?**

Residents were also willing to take a hard look at where the region could improve. The most common challenges they cited are listed below.

#### **Lack of High-quality, Affordable Child Care**

Issues with accessing high-quality, affordable child care represent a major challenge for the region. Problems cited included:

- Challenges with the child care subsidy—Counties set their own eligibility requirements for the subsidy which leads to confusion. In addition, funding limitations mean many families who might technically be eligible for the subsidy are unable to access the program.
- Issues with quality and assessing quality—New York's quality rating system for providers has limited reach and few providers are accredited. As a result, it is challenging for families to assess the quality of child care providers. In addition, many of the providers who are rated receive low quality ratings, and there are few offerings receiving the highest quality rating.
- Availability and cost of care—Child care is expensive in the region and the high cost is a major challenge for families. In addition, there is growing concern over the overall availability of care with the number of providers declining. Some stakeholders cited New York's UPK program as a factor pushing some providers out of business by siphoning more-profitable older children out of the child care system.
- Availability of staff—Low wages for child care providers makes it difficult for providers to attract skilled staff.

#### **Transportation**

Transportation challenges make it hard for families to access needed services. This problem is particularly acute in rural areas, which have limited public transportation options.

#### **Awareness of Early Childhood Issues**

Awareness of early childhood issues and programs was cited as a significant challenge. This included parents being unaware of the importance of the early childhood years and the services for which their children might be eligible. Others felt provider knowledge was lacking, and some felt that overall awareness of early childhood issues in the broader community was a challenge.



## Who Is Not Being Served?

Stakeholders frequently indicated that families with incomes just over program eligibility guidelines had needs that were going unmet. One stakeholder noted that the safety net programs in place were not really designed to help the working poor, but that these families often have significant needs.

## Collaboration

Although collaboration was cited as a strength by some, others thought this was an area in need of significant improvement.

## Rural Areas

Rural areas have some unique challenges. Transportation barriers are significant in these areas, and stakeholders noted that some programs, such as Head Start, have been eliminating transportation, leaving some families unserved. Stakeholders also noted that attracting staff to rural areas was a significant issue, due to both low wages and a lack of community competitiveness in attracting young college graduates.

# LESSONS FROM COMMUNITIES ACROSS THE COUNTRY

Western New York is not alone in pursuing better opportunities for its youngest children. Across the nation, communities and coalitions are coming together to reassess current systems and practices and identify high-impact ways to improve. High-performing early childhood systems tend to have similar characteristics, including:

- Systems change:
  - Collaborative bodies
  - Strategic early childhood planning
  - Business engagement
- Improved programming:
  - Access to children's healthcare services
  - Coordinated intake systems
  - Data sharing and communication
  - Universal Prekindergarten program (UPK)



**Collaborative bodies** among stakeholders are one of the most important aspects of successful early childhood systems. These groups help ensure key partners have shared definitions and goals and help to ensure joint efforts are well coordinated. The collaborative body takes responsibility for important administrative tasks, such as scheduling meetings, keeping minutes, and compiling data, and also helps to ensure the inclusion of a diverse set of stakeholders; puts a unified mission, vision, and strategy in place; and helps provide consistent, long-term leadership.

These collaborative bodies often lead the development of **comprehensive early childhood strategic plans**, which provide the blueprints for a community's early childhood efforts. These plans communicate the shared goals for early childhood

efforts and help bring partners together. The plans provide actionable goals and realistic timelines, and they incorporate metrics that can be used to measure the region's success.

**Business engagement** can be an important element of successful early childhood systems. Businesses are becoming increasingly aware of the important role early childhood systems play in a region's economic development. In addition to ensuring more qualified employees in the future, a high-functioning system can help parents be more engaged at work. Business leaders can help with strategic visioning and can help build support for increased funding.

At the programmatic level, work can be done across all early childhood and human services. **Coordinated intake systems** can help connect young children and their families to the most appropriate services. These systems often have connected applications and providers to ensure that families are referred to other services they may need.

An early childhood system can work more collaboratively when there is a shared understanding of gaps and progress toward goals. Identifying issues and measuring progress can be done more effectively through **shared data** that is communicated to all early childhood stakeholders.

Specifically, communities can work on improving **access to children's healthcare services**, which can improve outcomes for young children. Poor health outcomes make it difficult for children to succeed, and programs that help ensure children and their families are connected to medical homes reduce absenteeism, promoting greater academic success for at-risk children.

Successful systems often provide widespread access to **quality preschool programs**. New York State is a leader in this area. Although not quite universal yet, New York's Universal Prekindergarten program provides prekindergarten offerings for many of the state's four-year-olds.



## OPPORTUNITIES FOR SYSTEMS CHANGE

When considering Western New York's strengths, areas for improvement, and how other communities have improved, Public Sector Consultants (PSC) identified three high-level opportunities for change. PSC believes that outside consultants can provide helpful perspective about where there are promising pathways to the future. At the same time, this report is only the beginning of community engagement and conversation about what opportunities exist and which show the most promise. This list can serve as a starting point for discussing what's next for the region.

This work identified several opportunities for systems change, which can be organized into three focus areas: building the system, increasing awareness, and increasing access.



**Building the System:** What can Western New York do to create a stronger early childhood system that serves all children well?



**Increasing Awareness:** What can be done to build awareness of the importance of early learning and intervention and existing programs and services?



**Increasing Access:** Too often, eligible children aren't served by programs due to program limitations and challenges getting to programs. What can be done?

## Building the System

Key opportunities for systems change include:

- Convening stakeholders
- Forming a backbone organization
- Strategic planning
- Engaging partners, including business
- Identifying, collecting, and analyzing data

Many of these roles were identified as part of the best practice research. Convening key stakeholders can build the system by ensuring common goals, language, etc., and putting in place a backbone organization responsible for keeping collaborative efforts moving forward can be a strong asset for systems change. Strategic planning can set the region's priorities for young children, create the community's action items, and establish the metrics for measuring success. Engaged partners, especially the business community, can help engage in advocacy and help to ensure the entire community is represented and engaged in early childhood efforts. Identifying, collecting, and analyzing important data can help to identify assets and gaps in the current system, which can be very valuable for planning. Data also helps stakeholders measure progress toward objectives.

## Increasing Awareness

An early childhood collaborative and its partners can increase awareness of early childhood issues in several important ways.

### Community Education

Using mass media to educate the broader community about the importance of early childhood can help make parents aware of important milestones and parenting practices, it can help increase parental awareness of important early childhood programs, and it can increase support for these programs among voters, the business community, and government officials.

### Increasing Parental Knowledge

Parent and caregiver knowledge of early childhood issues is especially important. An early childhood collaborative and its partners can support targeted efforts to reach parents, for example, by engaging pediatricians' offices to provide important information to families.

## **Directory of Resources**

Stakeholders noted difficulties with finding information on early childhood services in their communities. An early childhood collaborative and its partners can support 211 and other directory resources.

## **Advocacy**

Nonprofit organizations and business leaders can support efforts to educate policymakers and other key stakeholders about important early childhood issues. Advocacy should not be confused with lobbying, which involves trying to influence the passage of specific legislation.

## **Increasing Access**

An early childhood collaborative can work to increase access to important early childhood services.

## **Coordinate Intake Policies**

Coordinated intake policies, also known as “no-wrong-door” policies can be effective tools to increase family access to important early childhood programs. However, putting these programs in place can be complex since it involves coordinating the efforts of many different service providers, including nonprofits, government agencies, and schools.

## **Make Services More Affordable**

Philanthropy can support direct service provision in some communities for families in need. This could include families who are not eligible for public programs because their incomes are above the cutoff thresholds. Philanthropy is not a substitute for government support, but it can fund demonstration and pilot projects that can help build support for public funding.

## **Expand Location**

An early childhood collaborative can help replicate successful programs. Programs that are working well in one community can be started in neighboring communities building on the know-how and lessons learned from successful efforts.

## **Provide Transportation**

Transportation challenges make it difficult for many low-income families to access needed programs, and weather, challenges for children with disabilities, and issues with public transit can exacerbate this fact. Collaboratives can look for ways to mitigate these challenges, and though issues with transportation cannot be easily addressed, a collaborative effort can help identify and develop potential solutions.

## CONCLUSION

After reviewing this study's findings and listening to what parents, providers, and other experts have to say about the region's early childhood system and how it can improve, Liftoff has identified five high-priority action items for Western New York's early childhood system. The five priorities are:

- Developmental screenings for all children
- Kindergarten readiness screening
- Availability and awareness of high-quality child care
- Affordability of high-quality child care
- Transportation

In the coming year, Liftoff will be working with partners across the region to address these priorities. Improving outcomes for the region's youngest community members will put children on the path to success and improve the lives of families. It will improve the Western New York community, strengthen the region's economy, and ensure a prosperous future for the region.





# WHY DOES EARLY CHILDHOOD MATTER?

Children are learning from the day they are born. More than a million new neural connections are formed in a young child's brain every second. While new connections are formed throughout life, the early years represent the most rapid brain development. Researchers have proven that this development is influenced by genes and environment—meaning that positive early experiences have the power to dramatically affect children's development (Center on the Developing Child 2009).

## CHILDREN'S FIRST DAYS ARE CRITICAL

The first 1,000 days are critical to a young child's development. During this time, children's experiences help determine the hardwiring of their brains and help set the stage for the rest of their lives. Early positive experiences help put children on the right track for future success. Good maternal health, a positive home environment, and the absence of trauma can all help set children up for success. However, when a young child's life is marked by poverty and deprivation, the brain fails to grow at its optimum rate, and the damage can be long lasting. A child that experiences significant adversity in their first three years of life faces a 90 to 100 percent likelihood that he or she will experience a developmental delay (Center on the Developing Child 2009). These delays can be detected in vocabulary development, for example, as early as 18 months (Center on the Developing Child 2007a). Not only are later interventions more expensive and less effective, but early interventions can work to create a supportive, positive environment for child development, and can also be particularly powerful for children with special needs (Center on the Developing Child 2007b). Extensive research has shown that intervention is more powerful and less expensive when it is provided to children earlier rather than later (National Early Childhood Technical Assistance Center 2011).

## EARLY INTERVENTION IS POWERFUL

Researchers have proven that early childhood care and education programs work and are much more effective than later attempts at remediation. Programs can prevent the achievement gap and produce better education, health, and economic outcomes for children, families, and society. Consider, for example, home visiting programs, which connect parents with professionals that provide support, knowledge, and resources to promote positive parenting practices. These programs empower parents to be self-sufficient, increase the number of healthy births, increase school readiness, and more (The Pew Center on the States 2010). The same is true for quality preschool programs. Participants are more likely to succeed in school and graduate from high school (Schweinhart et al. 2012). The highest-quality programs have outcomes that last a lifetime, including higher labor force participation, higher earnings, and fewer crimes committed (Schweinhart 2005).

The Perry Preschool Program, one of the most well-known and studied early childhood programs, illustrates just how powerful early intervention can be. The Perry Program was an intensive program that low-income children attended in the 1960s. Researchers have followed the children who attended the program (now adults) and a control group for decades. Even though the intervention took place for

just a short period when participants were very young the effects can still be seen decades later. Compared to the control group, participants were more likely to be employed, they earned higher wages, were less likely to commit crimes, had lower teenage pregnancy rates, and were more likely to be married (Heckman and Masterov 2007).

## EARLY INVESTMENT IS A POWERFUL ECONOMIC DEVELOPMENT STRATEGY

In addition to unequivocal developmental and educational benefits, there is also a strong economic case for investing in young children. For families, stable, affordable high-quality early childhood care and education provides a safe place for children of working parents. It provides parents access to the labor force and increases their productivity. They worry less about their children during the work day, and they leave work less often to attend to disruptions in their child care arrangements.

Leading economists have also proven that early investments offer impressive savings for communities. Estimates of returns vary, ranging from \$2.50 to \$17 for every dollar invested, showing the powerful return to children, families, and taxpayers from early investment. These returns result from outcomes such as greater school achievement, college completion, career earnings, and the reduction of government spending on social supports and criminal justice (U.S. Chamber of Commerce Institute for a Competitive Workforce 2010).

The case for investment in the region's youngest residents could not be greater. Economic development efforts are often focused on incentives to attract businesses to a region. However, Bartik (2011) shows that early childhood investment is an important complement to traditional economic development strategies. The most powerful economic development benefits from early childhood investment come from the children themselves. Early investment means that when they are adults these children will have better skills and attitudes about work. This will increase the quality of the region's labor supply and increase overall earnings from labor in the region. The economic development benefits from early childhood investment are mostly long term, but this does not mean they are not important. In 20 years, much of the region's current labor force will be retired. Children who are not yet in kindergarten are the source of the region's future talent. Success in helping these children now, through investment and early intervention, will help to ensure the region's success in the future.

## THERE ARE OPPORTUNITIES IN WESTERN NEW YORK

This report seeks to lay the foundation for conversations on how to best improve outcomes for young children in Western New York. Hundreds of Western New Yorkers, including parents, child care providers, advocates, and experts, participated in surveys, interviews, and discussions about what is working well for young children in the region, what could be working better, and how the system could be improved. The report looks at how other communities structure their systems to best serve their young children and provides strategies for Western New York to create a stronger early childhood system that serves all children well. These pieces—the voices of Western New Yorkers, best practices from around the country, and strategies for improving the system—form the base for community engagement and conversation about existing opportunities that show the most promise. We hope this report can support the impactful conversations and actions that will lead to improvement in the lives of Western New York's children.



# DEMOGRAPHICS AND CURRENT EARLY CHILDHOOD PROGRAMS AND SYSTEMS

## REGIONAL OVERVIEW

Western New York is defined as the eight-county region consisting of Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming Counties. Collectively, these counties have a land area of 6,440 square miles, an area roughly comparable in size to Connecticut. It takes approximately three hours to drive the 137 miles from the northeast corner of Niagara County to the southwest corner of Allegany County, the two points furthest from one another in the region.

The region has a population of approximately 1.5 million, and the area ranges from urban to quite rural. Erie County, home to Buffalo, the region's largest city, has a population of 922,578, while Wyoming County has the smallest population at 41,013. Allegany County is the most rural with a population density of just 47.6 people per square mile. While its population (47,462) is larger than Orleans or Wyoming, it is significantly larger geographically than these counties. At 881 people per square mile, Erie has a population density 18 times that of Allegany, and the city of Buffalo has almost 6,500 people per square mile, a population density 136 times greater than Allegany County.

**EXHIBIT 2.** Western New York Land Areas, Population, and Density

County	Land Area (sq. miles)	Population (2015)	Population Density (2010)
Allegany	1,029	47,462	47.6
Cattaraugus	1,308	77,922	61.4
Chautauqua	1,060	130,779	127.2
Erie (incl. Buffalo)	1,043	922,578	881.4
Genesee	493	58,937	121.9
Niagara	522	212,652	414.4
Orleans	391	41,582	109.6
Wyoming	593	41,013	71.1
8 County Total	6,440	1,532,925	239.9
Buffalo (city)	40	258,071	6,470.6

Source: U.S. Bureau of the Census Quick Facts 2017

The region has a diverse population. Erie County's population is the most racially and ethnically diverse, with white residents making up approximately 80 percent, African Americans 14 percent, and Hispanic and Latino residents 5 percent of the population. Within Erie, the city of Buffalo is more racially and ethnically diverse, with 50 percent of the population identifying as white, 39 percent African American, and 11 percent Hispanic or Latino. Many different ethnic groups are present in Erie County; the City of Buffalo has a large immigrant population and more than 85 different languages are spoken in the Buffalo Public School District (Rey 2016). The entire region is home to many Native Americans, particularly members of the

Seneca Nation, which has a large presence in Western New York, especially in Cattaraugus County.

Residents in the rest of the region are predominately white. Allegany, Cattaraugus, Genesee, Orleans, and Wyoming Counties are all more than 90 percent white. Less than 3 percent of the population is black in Allegany, Cattaraugus, and Chautauqua Counties; approximately 3 percent of the population is black in Genesee County; and 6 percent in Orleans and Wyoming Counties. Less than 3.5 percent of the population is Hispanic or Latino in Allegany, Cattaraugus, Genesee, Niagara, and Wyoming. Roughly 5 percent of the population is Hispanic or Latino in Orleans and 6 percent in Chautauqua. For perspective, statewide in New York, 70 percent of the population is white, 18 percent is black, and 19 percent is Hispanic or Latino.

**EXHIBIT 3. Western New York Demographics**

County	White	Black	Native American	Hispanic or Latino
Allegany	95.2%	1.4%	0.3%	1.6%
Cattaraugus	92.2%	1.6%	3.4%	2.1%
Chautauqua	83.8%	2.7%	0.7%	6.1%
Erie (incl. Buffalo)	79.9%	14.0%	0.6%	5.2%
Genesee	92.9%	3.4%	1.2%	3.1%
Niagara	88.1%	7.2%	1.1%	2.8%
Orleans	90.1%	6.7%	0.8%	4.8%
Wyoming	91.9%	6.2%	0.4%	3.4%
<b>8 County Total</b>	<b>83.6%</b>	<b>10.3%</b>	<b>0.8%</b>	<b>4.5%</b>
Buffalo (city)	50.4%	38.6%	0.8%	10.5%

Source: U.S. Bureau of the Census Quick Facts 2017

Note: Data are for 2015, except Buffalo, which is 2010 data.

All eight counties have a median income below the state’s median income of \$59,269. It is worth noting, however, that the cost of living is significantly lower in Western New York than it is in the New York City metropolitan area, and the New York City metropolitan area pulls up the state median. For example, an online cost-of-living calculator indicates that an individual earning \$27,595 in Buffalo would need to make \$50,000 per year to support a comparable standard of living in Brooklyn (CNN Money 2017).

Wyoming County has the region’s highest median household income at \$52,564, while Cattaraugus County has the lowest at \$42,601. The city of Buffalo’s median household income of \$31,918 is significantly lower than the median incomes of any of the counties. On a per-capita basis, Erie again has the highest income at \$28,879, while Allegany is the lowest at \$20,940.

Cattaraugus has the highest poverty rate of the eight counties, with 18 percent of the population living in poverty, and Wyoming has the lowest rate at 13.3 percent. The city of Buffalo’s poverty rate is 31 percent, but while the county poverty rates are relatively similar, the nature of that poverty varies significantly from concentrated urban poverty in Buffalo to pockets of rural poverty in the outlying counties.

**EXHIBIT 4. Western New York Income and Poverty Rates**

County	Median Income	Per-capita Income	Poverty Rate	Percent of Pop. in Labor Force (16+)
Allegany	\$42,766	\$20,940	16.8%	57.0%
Cattaraugus	\$42,601	\$22,336	18.0%	59.2%
Chautauqua	\$42,993	\$22,903	17.2%	58.1%
Erie (incl. Buffalo)	\$51,247	\$28,879	15.6%	63.0%
Genesee	\$50,880	\$25,240	13.4%	65.4%
Niagara	\$49,449	\$26,891	15.5%	62.1%
Orleans	\$46,359	\$22,070	14.2%	54.9%
Wyoming	\$52,564	\$23,960	13.3%	58.4%
Buffalo (city)	\$31,198	\$20,751	31.4%	59.2%

Source: U.S. Bureau of the Census Quick Facts 2017

Note: Income totals are for 2011–2015 and are reported in 2015 dollars.

The share of the adult population with a high school diploma is similar across all eight counties, ranging between 85 and 90 percent. Buffalo’s rate comes in just below this at 83 percent. There is more diversity in the share of the population with a bachelor’s degree or better, the rate ranging from a low of 15 percent in Wyoming County to a high of 32 percent in Erie County (U.S. Census Bureau 2017).

The labor force participation rate for those over age 16 in the region ranges from a low of 55 percent in Orleans County to a high of 65 percent in Genesee County. The labor force participation rate for New York State is 63 percent. The region’s workforce is aging and the young children in the region now represent the workforce of the future. Success in early childhood is likely the best economic development strategy the region could undertake.

## WELL-BEING OF CHILDREN FROM BIRTH TO AGE FIVE

Approximately 98,000 children under age six live in the eight-county region. Erie County has 58,000 children under six, more children than the other seven counties combined (39,000). Just over one-quarter of children under six in the eight-county region live in poverty. The poverty rates range from 18 percent in Wyoming to 32 percent in Allegany.<sup>1</sup>

Young children and their families are more likely to be in poverty than older children and other adults, as it is more difficult for parents with young children to access the labor force. If they work at all, parents of young children must often work part time, or may have to choose lower-paying jobs in exchange for more flexible hours. In addition, parents of young children tend to be younger, have less experience in the labor market, and usually earn a lower wage.

Over half of the children under six are covered by Medicaid (55 percent), with the share ranging from a low of 44 percent in Genesee County to a high of 65 percent in Chautauqua County. Data for children under six receiving benefits under the Supplemental Nutrition Assistance Program (SNAP), colloquially known as food stamps, are not available, but data for children 17 and under are. For that age group,

<sup>1</sup> Poverty and population estimates are derived from the five-year American Community Survey. The accuracy of the estimates decrease when the data are examined for subgroups at the substate level. Therefore, the totals reported here should be reviewed as estimates and not exact figures.

the share receiving SNAP benefits ranges from 13 percent in Wyoming County to 35 percent in Chautauqua County.

Children from lower-income families are at heightened risk of not being fully ready to succeed when they arrive at kindergarten. The poverty rate and the share of children on Medicaid and SNAP provide a snapshot of the children that may be at heightened risk. Children below 100 percent of the poverty line are at the greatest risk, as households receiving SNAP are generally below 130 percent of the poverty line, and Medicaid eligibility for young children is between 185 percent and 200 percent of the federal poverty line.

**EXHIBIT 5.** Number of Children Under Age Six and Share of Children Under Age Six in Poverty and Receiving Medicaid

County	Children Under Six	Share of Children Under Six in Poverty	Share of Children Under Six on Medicaid	Share of Children Ages 0 to 17 Receiving SNAP
Allegany	2,930	32%	55%	21%
Cattaraugus	5,638	31%	53%	24%
Chautauqua	8,618	31%	65%	35%
Erie (incl. Buffalo)	58,489	27%	55%	30%
Genesee	3,873	22%	44%	17%
Niagara	13,184	22%	55%	26%
Orleans	2,583	26%	60%	26%
Wyoming	2,417	18%	48%	13%
8 County Total	97,732	27%	55%	30%

Source: PEDALS 2017; New York State Council on Children and Families 2017a

Success in the early years requires a coordinated effort across programming and systems from distinct service areas, including health and education. There are several data points available to help better understand the challenges families in the region face, such as availability of prenatal care, infant mortality rates, asthma hospitalization rates, and death rates. In addition, education data regarding enrollment in public programs and outcomes are useful in creating a full picture of early childhood experiences in Western New York.

Sixty-four percent of children in Western New York receive adequate prenatal care, slightly under the statewide rate of 69 percent. Across Western New York, the rate receiving adequate care ranges from 61 percent in Chautauqua County to 75 percent in Wyoming. The infant mortality rate ranges from a low of 5.0 per 1,000 live births in Genesee County to a high of 8.1 in Orleans County. Every county in Western New York has an infant mortality rate that exceeds the statewide average rate of 4.8.

The rate of hospitalization due to asthma for children ages zero to four ranges from a low of 1.2 per 1,000 children in Wyoming to a high of 3.4 in the more urban Erie County. The death rate per 1,000 children from ages zero to nine ranges from 0.2 in Wyoming to one in Erie. It should be noted that because of the very small number of incidents for some of these categories, the figures can be volatile from year to year.

**EXHIBIT 6.** Selected Health Indicators for Young Children in Western New York

County	% of Births with Adequate Prenatal Care	Infant Mortality Rate (per 1,000 live births)	Asthma Hospitalizations for children 0 to 4 (per 1,000 children)	Death Rate for Children 0 to 9 (per 1,000 children)
Allegany	71%	6.2	2.0	0.8
Cattaraugus	67%	5.5	1.9	0.5
Chautauqua	61%	6.6	2.1	0.6
Erie (incl. Buffalo)	63%	8.0	3.4	1.0
Genesee	71%	5.0	1.9	0.6
Niagara	64%	7.1	2.4	0.9
Orleans	69%	8.1	1.3	0.9
Wyoming	75%	6.9	1.2	0.2

Source: Births with adequate prenatal care NYS Department of Health (April 2016); Infant mortality rate and asthma hospitalization rate New York State Council on Children and Families (2017); Death rate for children NYS Department of Health (2012).

The eight-county region has 34,000 preschool-aged children (ages three and four). Again, with almost 20,000 preschool-aged children, Erie County has more than the other seven counties combined (14,161). Approximately, 8,800 of these children are enrolled in public and charter preschool programs. Of those children, 39 percent are considered economically disadvantaged, meaning their families participate in economic assistance programs, including the free and reduced lunch program. Head Start sites enroll 4,054 students, and some children may also be attending preschool through private child care centers. The share of children ages zero to three served by Early Intervention ranges from 2 percent in Allegany County to 5.3 percent in Niagara County.

There is no comprehensive assessment of readiness in place for children entering kindergarten. As a result, there are no readiness metrics for the eight-county region. While there are no uniform assessments, local school districts, nonprofits, and regions can implement their own readiness assessments. Many districts and programs may administer various observational tools to assess kindergarten preparedness but there is no central repository for these data.

**EXHIBIT 7.** Selected Early Education Indicators for Young Children in Western New York

County	Number of Children Ages 3 and 4	Pre-K Students (public and charter only)	Head Start Students	Percentage of Children Ages 0 to 3 Served by Early Intervention
Allegany	1,096	338	204	2.0%
Cattaraugus	2,103	685	272	3.9%
Chautauqua	3,141	995	570	3.5%
Erie (incl. Buffalo)	19,888	5,079	2,043	4.1%
Genesee	1,386	355	151	3.8%
Niagara	4,636	988	522	5.3%
Orleans	946	286	228	3.5%
Wyoming	853	108	64	3.1%
<b>8 County Total</b>	<b>34,049</b>	<b>8,834</b>	<b>4,054</b>	<b>N/A</b>

Source: PEDALS 2017; New York State Department of Health 2016

# RESOURCES SUPPORTING YOUNG CHILDREN IN WESTERN NEW YORK

## Overview

The first years of children's lives are critical, as brain development occurs rapidly during this time. Positive experiences during this interval can set children on the road to success, while negative experiences can set children back. Because the first years of children's lives are so important, early investments are often a much more effective way to help children succeed than later remediation efforts. As awareness of this has grown, many programs have been put in place to help young children succeed.

Western New York has more than 100 programs in place serving young children, and these programs are outlined in Appendix 2. In this section, we summarize the region's most important investments in young children and discuss some of the system's remaining gaps. Federal, state, and local governments as well as private philanthropy all invest in programs for young children. By their nature, government investment is more important for filling children's larger needs, such as providing healthcare, funding broad-based nutrition programs, and providing preschool to all four-year-olds. While philanthropy meets some of these needs as well, philanthropic investments are critical for building the early childhood system, piloting new programs, and filling in gaps in the public programs.

In total, an estimated \$574 million in public resources are invested in children from birth to age five in the eight counties of Western New York each year, or \$5,875 per child. Approximately one-third of this support is invested in programs supporting children's health, while one-fifth of the dollars supports nutrition programs, and an additional fifth aids programs for children with special needs. Preschool programs receive 16 percent of the public dollars, child care programs 8 percent, and home visiting programs 3 percent of public dollars.<sup>2</sup>

## Health Programs

New York State has broad health coverage for children, with 96 percent of children from birth to age 18 covered. Only half of these children are supported with employer-provided health insurance plans, indicating that publicly supported plans play a key role. The two primary public plans for children in New York are Medicaid and Child Health Plus.

### Medicaid

Medicaid is a federal healthcare program for low-income individuals and families. In New York, some individuals apply for Medicaid through local departments of social services, while others apply through New York State's healthcare marketplace. Pregnant women and young children apply through the marketplace.

New York State combines federal and state dollars, which then flow directly to Medicaid providers. In some cases, this may be doctors or clinics, while in other cases the dollars flow to health insurance plans that cover Medicaid recipients.

Income eligibility thresholds for Medicaid in New York State are based upon the child's age. Infants are eligible with family income up to 200 percent of the poverty line, while for older children, family income must be at or below 133 percent of the federal poverty line. In 2017, for a family of four, 133 percent of the poverty line is an income of \$32,319 per year and 200 percent of the poverty line is income of \$48,600 (New York State Department of Health December 2016).

<sup>2</sup> There is some overlap in these categories. For example, preschool special education is both a preschool program and a program for children with special needs. We placed programs into the categories that we felt were the best fit.

Western New York has approximately 54,000 children from birth through age five participating in Medicaid (PEDALS 2017). The average child on Medicaid in New York State receives benefits worth \$2,943 per year (Medicaid and CHIP Payment and Access Commission 2016). Applying this figure to the Western New York estimate of children birth through age five participating in the program results in estimated Medicaid spending of \$158 million per year in the region.

### **Child Health Plus**

New York State offers the Child Health Plus comprehensive health insurance plan to children with family income up to 400 percent of the poverty line who are not covered by private insurance and who are not eligible for Medicaid. New York is the only state with income limits going this high (New York State 2013). The plan offers comprehensive health services, including well checks, immunizations, and emergency medical care. For a family of four, 400 percent of the poverty line is an approximate income of \$98,000 per year (U.S. Department of Health and Human Services 2017).

In 2015, 280,000 children statewide were served by Child Health Plus—a significant drop from the 400,000 served in 2011. The program covers approximately 6 percent of children in New York State compared to 45 percent who are covered by employer-sponsored health plans and 39 percent covered by Medicaid (Newell and Thaper 2015). In FY 2017, New York anticipates spending \$222 million on Child Health Plus (Cuomo and Mujica 2017). Western New York has 17,800 children ages zero to 18 participating in Child Health Plus, and an estimated 8,000 children from birth to age five. Assuming the same spending per child as Medicaid (\$2,943), total Child Health Plus spending for children from birth to age five<sup>3</sup> in Western New York is \$23.5 million.



### **Programs for Children with Special Needs**

New York State provides a variety of services for young children with special needs or who need additional assistance due to developmental delays and/or disabilities. New York's biggest investments in these children are through the Early Intervention Program and Preschool Special Education.


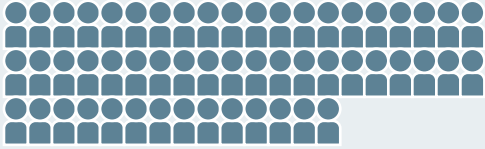







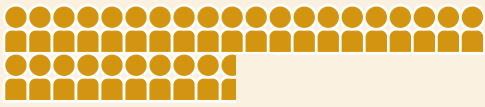

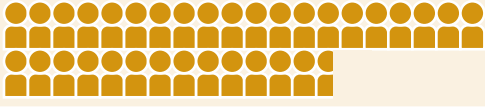

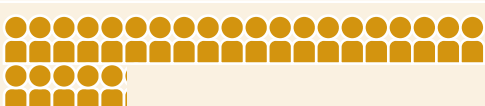










#### **Early Intervention Program**

The New York State Early Intervention Program is part of the national EIP program and was created under the federal Individuals with Disabilities Act to serve infants and toddlers with disabilities and their families. In New York State, the EIP program is administered by the Bureau of Early Intervention at the New York State Department of Health. While the state sets the rules and regulations, county health departments like this coordinate all early intervention services (New York State Association of Counties 2015).

Children are eligible for EIP if they are under the age of three and show significant delays in any of the following areas: cognitive, communication, physical or motor skills, social/emotional development, and adaptive/self-help (e.g., eating or dressing) (New York State Association of Counties 2015). There are no income eligibility requirements for families, and services must be provided at no cost.

<sup>3</sup> The share of children from birth to age five is estimated by assuming the same ratio of children from birth to age five as the ratio of Medicaid children in the region from birth to age five compared to children from birth to age 18.

# Western New York's Most Important Investments in Young Children

Program	Investment	Enrollment	
<b>Health</b>			
Medicaid	 \$158M	54,000	
Child Health Plus	 \$23.5M	8,000	
<b>Special Needs</b>			
Preschool Special Education Programs	 \$74.4M	4,680	
Early Intervention Program	 \$42.3M	4,650	
<b>Nutrition Programs</b>			
Supplemental Nutrition Assistance Program	 \$49.5M	29,700	
WIC Program - Women, Infants, Children	 \$39.8M	33,720	
Child and Adult Care Food Program (CACFP)	 \$18M	25,020	
<b>Preschool Programs</b>			
Head Start Programs (exc. Early Head Start)	 \$34.2M	2,980	
Universal Prekindergarten	 \$27.5M	7,110	
Statewide Full-day Prekindergarten	 \$24.3M	2,620	
<b>Child Care</b>			
NYS Child Care Subsidy Program	 \$30.9M	4,970	
<b>Home Visiting</b>			
Home Visiting Programs	 \$14.7	1,250	

 Portion of the \$574,217,000 spent on program     Represents 1,000 children ages 0-6



Program	Enrollment	Investment
Medicaid	54,000	\$158,000,000
Child Health Plus	8,000	\$23,500,000
American Indian Health Program	70	\$1,522,000
New Born Screening	17,520	\$841,000
Maternal and Infant Comm. Health Collab. (MICHC)	0	\$724,000
Lead Poisoning Prevention Program (LPPP)	230	\$556,000
American Indian Health Program - Clinics	0	\$252,000
Regional Perinatal Centers (RPC)	2,220	\$237,000
Family Planning Extension Program (FPEP)	1,090	\$191,000
Eat Well Play Hard	1,110	\$170,000
Child and Family Clinic	0	\$120,000
Migrant & Seasonal Farm Worker Health Program	130	\$116,000
Children with Special Health Care Needs (CSHCN)	40	\$113,000
Preventive Dentistry Program	2,060	\$107,000
Mental Health Consultation-Social-Emotional	0	\$78,000
New Born Hearing Screening Program	166,420	\$29,000
Supplementary Fluoride Program	1,430	\$9,000
<b>Total Health Programs</b>	<b>254,320</b>	<b>\$186,565,000</b>
Preschool Special Education Programs	4,680	\$74,422,000
Early Intervention Program	4,650	\$42,287,000
Physically Handicapped Children's Program (PHCP)	10	\$259,000
<b>Total Special Needs Programs</b>	<b>9,340</b>	<b>\$116,968,000</b>
Supplemental Nutrition Assistance Program	29,700	\$49,500,000
WIC Program - Women, Infants, Children	33,720	\$39,758,000
Child and Adult Care Food Program (CACFP)	25,020	\$18,038,000
Hunger Prevention and Nutrition Assistance Prog.	41,340	\$2,552,000
Farmers' Market Nutrition Program (FMNP)	3,240	\$310,000
<b>Total Nutrition Programs</b>	<b>133,020</b>	<b>\$110,158,000</b>
Head Start Programs (exc. Early Head Start)	2,980	\$34,195,000
Universal Prekindergarten	7,110	\$27,526,000
Statewide Full-day Prekindergarten	2,620	\$24,307,000
High Need Three & Four Year old Kindergarten	400	\$2,145,000
Federal Preschool Development Expansion	80	\$1,787,000
Priority Prekindergarten	430	\$1,787,000
Three Year Old Prekindergarten Program	0	\$1,573,000
Targeted Prekindergarten	20	\$93,000
Migrant and Seasonal Workers Head Start Training	0	\$6,000
<b>Total Preschool Programs</b>	<b>13,640</b>	<b>\$93,419,000</b>
NYS Child Care Subsidy Program	4,970	\$30,898,000
QUALITYStarsNY	0	\$7,096,000
NYS Child Care Administration	0	\$3,605,000
Union Administered Quality Child Care Grants	3,790	\$1,422,000
Child Care Resource and Referral (CCR&R)	0	\$1,189,000
Migrant & Seasonal Head Start Child Care	8,200	\$918,000
Facilitated Enrollment Demonstration Projects	160	\$744,000
Child Care Time and Attendance Payment System	0	\$493,000
Campus Based Child Care Centers	270	\$442,000
Education Incentive Program (EIP) - No Credit	470	\$254,000
Child Care Resource & Referral Legally Exempt Reg.	0	\$238,000
General Child Care Training	10,790	\$213,000
NY State Early Care and Learning Council (ECLC)	40	\$95,000
Child Care Res. & Referral Ctrs - Infant/Toddler	0	\$79,000
Professional Development Child Care Grant	160	\$71,000
Workforce Registry	0	\$71,000
GOER Child Care Technical Assistance & Training	0	\$36,000
Quality Scholars	50	\$32,000
Quality Child Care and Protection Act	0	\$25,000
QUALITYstarsNY Specialist	0	\$21,000
Child Care Subsidy Training	60	\$13,000
Nutrition and Physical Activity - Child care	250	\$6,000
Gov's Office of Empl. Rels (GOER) Child Care Refs	70	\$4,000
Education Incentive Program (EIP) - Credit	100	\$103,000
<b>Total Child Care Programs</b>	<b>29,380</b>	<b>\$48,068,000</b>
Early Head Start	520	\$11,018,000
Healthy Families New York State	400	\$1,915,000
Nurse Family Partnership (NFP)	220	\$1,544,000
Parent-Child Home Program, Inc.	100	\$200,000
Parents as Teachers (PAT)	10	\$49,000
Home Instr. for Parents of Prschl Yngsters (HIPPY)	0	\$10,000
<b>Total Home Visiting Programs</b>	<b>1,250</b>	<b>\$14,736,000</b>
<b>Other Public Spending</b>		<b>\$4,406,000</b>

Source: Augenblick, Palaich, and Associates 2015; Pedals 2017; Medicaid and CHIP Access Payment Commission 2016; and Public Sector Consultants.

New York spends more than \$600 million serving approximately 30,000 children each year. EIP is funded through a combination of federal, state, and local dollars along with private insurance. The federal government provides the largest share of support (44 percent) through the Medicaid program. State government contributes approximately 27 percent, and county governments contribute 26 percent. Private insurance covers approximately 3 percent of program costs (New York State Association of Counties 2015).

Augenblick, Palaich, and Associates (APA 2015) created a fiscal model for early childhood programs that can allocate program costs by region.<sup>4</sup> The model's definition of Western New York does not include Genesee, Orleans, and Wyoming Counties, but APA's estimates can be adjusted upward proportionally based on the share of the region's children under six living in these three counties. Based on the APA model, we estimate that 4,650 children in Western New York are served by EIP each year at a cost of \$42.3 million.<sup>5</sup>

### **Preschool Special Education**

Preschool special education provides services for children ages three to five who have a disability impacting their learning. The New York State Education Department, Office of Special Education has overall responsibility for preschool special education, and works with school districts, municipalities, approved providers, and parents (New York State Education Department, Office of Special Education 2016).

Unlike most states, in New York, preschool special education services are predominantly provided by for-profit and nonprofit contractors rather than the school districts themselves. There are approximately 320 private preschool special education providers in the state (Office of the New York State Comptroller January 2016).

Children who received early intervention services as an infant or a toddler may be referred to special education programs; however, preschool children who did not receive special education services may also be eligible if they have developmental delays or physical, behavioral, or learning challenges. Children who may be in need of preschool special education services are referred to a Committee on Preschool Special Education (CPSE) that consists of parents, special education teachers, and other professionals. The CPSE will provide referrals to professionals who can perform an evaluation and will help families find the programs and services that best meet their child's needs.

Preschool education is provided in a variety of settings, including school districts and approved agencies. Services can be provided by an itinerant special education teacher who travels to the child at the child's home or preschool or child care setting to provide services. Children can also receive services in special classes serving children with disabilities, either in a setting that serves children with and without disabilities or a setting that only serves children with disabilities. As noted above, New York State relies heavily on private for-profit and nonprofit providers to provide preschool special education services.

In New York, there are approximately 81,000 preschool students with disabilities who receive special education services. The state and municipalities spend \$1.4 billion each year for these services (Office of the New York State Comptroller 2016). APA's estimate for Western New York is 4,680 students served with spending of \$74 million each year.

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<sup>4</sup> The fiscal map was created by APA for the New York State Early Childhood Advisory Council to support their efforts to develop a comprehensive system of supports and services for children birth to five and their families.

<sup>5</sup> From this point forward, when the text references APA's estimates, these estimates have been grossed up to account for Genesee, Orleans, and Wyoming Counties.

## Nutrition Support Programs

Good nutrition is essential for children’s healthy development. The federal government makes a significant investment in food assistance and provides the funding for the three most important nutrition support programs for young children in Western New York. These programs are SNAP, WIC, and the Child and Adult Care Food Program (CACFP).

### SNAP

SNAP is a program providing benefits to low-income families that can be used like cash to purchase food. Many people still refer to the SNAP program as “food stamps” since the program has its origins in physical stamps used to purchase food, and the federal act supporting the program used to be called the Food Stamp Act. SNAP benefits are now provided through an electronic benefit transfer card, that works like a debit card. SNAP is a federally funded program but it is administered by the states so funding first flows to the states and then to eligible recipients.

SNAP eligibility is based on family income, and the income limit is based on whether households have earned income and elderly or disabled family members. In 2016, a family of four with earned income could qualify for SNAP benefits with annual income up to \$36,456, approximately 150 percent of the federal poverty line.

In 2014, 3,122,879 persons in New York participated in SNAP, receiving benefits totaling \$5.2 billion—a benefit of \$1,665 per person (Food and Nutrition Service 2015). Approximately 30 percent of children from age zero to five in Western New York receive SNAP. Based on this total, we estimate that 29,700 children in Western New York received SNAP benefits worth \$49.5 million.

### WIC

WIC provides federal grants to states to help low-income pregnant women, postpartum women, and children up to age five found to be at nutritional risk. WIC provides nutrition advice, breastfeeding support, and referrals to other services. And also provides parents with funds that can be used to purchase healthy foods.

WIC food grants are made directly to parents and the nutritional support funds are granted to the providers of those services. For example, with nutritional support funds, Catholic Charities Buffalo provides mothers with WIC nutrition education and counseling, prenatal and postnatal support, and breastfeeding consultations (Catholic Charities of Buffalo 2015). These mothers also receive grants directly from the WIC program, which they can use to purchase food.

To be eligible for WIC, applicants must have income below 185 percent of the federal poverty line and be:

- A pregnant woman
- An infant or child up to five years old
- A mother of a baby up to six months old
- A breastfeeding mother of a baby up to 12 months old (New York State Department of Health March 2017)

The U.S. Department of Agriculture reports that WIC serves 53 percent of all infants born in the United States (USDA 2015). In FY 2016, New York State received WIC funding totaling \$492.8 million, consisting of \$355.3 million in food grants and \$137.5 million in nutritional support (USDA 2017). APA estimates that 33,720 children in Western New York were served by WIC, with spending totaling \$39.8 million.

## **Child and Adult Care Food Program**

CACFP is an entitlement program funded by the federal government that provides funding for healthy meals for eligible children and adults. Meals are provided through child care centers, home-based child care settings, community-based adult care centers, after school programs, and homeless shelters. More than 14,000 licensed child care providers in New York State participate in the program, and on an average day, care providers for children and adults serve approximately 370,000 meals (New York State Department of Health June 2017).

Households are eligible for free meals under the CACFP if their income is below 130 percent of the federal poverty line—\$31,980 per year for a family of four. Families are entitled to reduced-price meals with income up to 185 percent of the federal poverty line.

In 2016, New York received nearly \$272 million to support the CACFP. The program served an average of 69,044 children each day at child care centers and 26,843 children each day at Head Start providers. Meals were also served to young children at family child care providers and through schools that provide meals outside of normal school hours. APA estimates that 25,020 children are served by the CACFP each year at a cost of approximately \$18 million each year.

## **Preschool Programs**

New York has strong support for preschool programs and recently ranked ninth among the states in terms of providing preschool access to four-year-olds (National Institute for Early Education Research 2017). New York has been investing in preschool with its Universal Prekindergarten program, a half-day program, as well as through grants designed to allow providers to offer full-day preschool. The federal government also provides preschool for low-income four-year-olds through the Head Start program.

### **Universal Prekindergarten**

New York State's UPK program was launched in 1998 with a goal of offering free preschool to all of the state's four-year-olds, regardless of their family's income. While that goal has not yet been met, the program does provide access to preschool for many of Western New York's four-year-olds.

Children who are four years of age on or before December 1 and who reside in a UPK-participating district are eligible for UPK, but some programs in the region have waiting lists, making a truly "universal" program challenging. UPK programs are not allowed to give preference to economically disadvantaged children if there are more eligible children than can be served in a given year (New York State Education Department 2011).

UPK funding flows through school districts, which are required to set aside 10 percent of UPK funding for collaborative efforts with eligible agencies, including child care centers, Head Start programs, and approved special education preschool programs. School districts often contract out a significantly higher percentage, and in 2013, approximately 59 percent of UPK classrooms were operated by community-based organizations (New York State 2013).

UPK serves approximately 100,000 four-year-olds statewide with spending of just over \$400 million per year (New York State, Division of the Budget 2017). Many children who are not enrolled in UPK receive preschool services from the federally funded Head Start program or a private provider (National Institute for Early Education Research 2017). APA estimates that UPK serves 7,110 children in Western New York, and is supported by spending of \$27.5 million.

## All-day Prekindergarten

New York State began offering \$340 million in competitive grants to districts to provide for full-day prekindergarten for four-year-olds in 2014. The grants are provided to local school districts and community-based organizations, and are renewable through 2019 (Clukey 2017). All students attending a program that has been awarded a grant are eligible.

The program is designed to serve 37,000 children (New York State 2014). There are currently 53 districts and 17 community-based organizations participating (Clukey 2017). Western New York districts awarded grants include Buffalo, Cheektowaga, Franklinville, Niagara Falls, Salamanca, and Silver Creek (New York State 2014). APA estimates 2,620 children are served by this program in Western New York at a cost of \$24.3 million.

## Head Start

Head Start provides services to low-income children from birth to age five to help promote school readiness. One of Head Start's primary programs is a preschool program for low-income four-year-olds. New York State has approximately 30,000 four-year-old children enrolled in Head Start (The Annie E. Casey Foundation 2017). APA estimates that approximately 3,000 children in Western New York are in Head Start (excluding Early Head Start) and that annual spending is \$34.2 million.



## Child Care Support

Finding high-quality, affordable child care is one of the most vexing problems facing families with young children in Western New York. New York State's Child Care Subsidy is the state's most important program helping parents meet this need.

## New York State Child Care Subsidy

The New York State Child Care Subsidy is the state's implementation of the federal Child Care and Development Block Grant (CCDBG), which provides a subsidy to help families meet the cost of child care. To be eligible, families must meet income guidelines and need child care for a delineated reason, such as working, looking for work, or attending employment training. The child care subsidy is given directly to the providers.

New York State combines federal and state child care subsidy funds and then provides them to county departments of social services. These county departments administer the program, so funds then flow from counties directly to child care providers. Child care providers include both center- and home-based care. Home-based care includes both licensed providers and legally exempt providers.

The state mandates that certain families be guaranteed a subsidy, including:

- Families on public assistance
- Those under 200 percent of the poverty line (counties have some discretion to lower this level if they do not have sufficient funds to cover everyone eligible)
- Those eligible for public assistance who choose only to receive a child care subsidy

Beyond these categorical eligibility requirements, counties are free to set their own requirements. Counties can choose to cover higher income levels, put different restrictions on the types of activities eligible for care, and put limits on how long families can receive benefits.

As a result of this, there is significant variability in eligibility requirements across counties. In addition, counties often do not have sufficient funds to cover everyone who meets the program requirements, so to accommodate this, some counties maintain waiting lists. Others, however, do not.

New York State spends \$889 million in federal and state dollars on the child care subsidy. Some local governments supplement these funds with local dollars (New York State, Division of the Budget 2017). Statewide, approximately 207,000 children in 123,000 families received the subsidy in FY 2015 (New York State, Office of Children and Family Services January 2016). APA estimates 4,970 children are served in Western New York at a cost of \$30.9 million.

### **Home Visiting Programs**

Home visiting programs provide services to pregnant women, new mothers, infants, and young children. They are voluntary programs that link parents with trained service providers, such as nurses or social workers, who coach families on how to best address the challenges they face and teach ways to improve the home environment for children. The research base supporting home visiting is remarkable for its breadth and quality, as well as for the positive results these programs have demonstrated.

An evidence-based home visiting program has a clear, consistent program or model that is based on research. These programs have been standardized so that communities that follow the models can be confident that their results will be comparable to those in the empirical research. Home visiting programs present in Western New York include:

- Early Head Start—present in Allegany, Cattaraugus, Chautauqua, Erie, Orleans, and Wyoming
- Healthy Families New York—present in Allegany, Erie, Cattaraugus, and Niagara
- Nurse Family Partnership—present in Chautauqua County and soon to be serving families in Erie
- Parents as Teachers—present in Chautauqua County
- Parent Child Home Visiting Program—present in Erie

The APA model estimates that home visiting programs supported by public investment serve 1,250 children each year with an annual investment of \$14.7 million. However, this estimate may understate the number of children served, since some home visiting programs may be provided by community-based organizations and may be supported with local or philanthropic dollars, which can be difficult to track.

### **Private Philanthropy**

Western New York has a strong philanthropic sector that provides significant support for young children. We asked the foundation community to provide us with a listing of the grants they had made in Western New York over the past three years that supported young children. We received responses from eight foundations: The Community Foundation for Greater Buffalo, the Grigg Lewis Foundation, the Health Foundation for Western and Central New York, the James H. Cummings Foundation,

The John R. Oishei Foundation, the Ralph C. Wilson, Jr. Foundation, The Peter and Elizabeth C. Tower Foundation, and the WNY Women's Foundation. Full results of the survey are included in Appendix 7.

These foundations made 80 grants supporting young children in the most recent three years, totaling \$8.9 million. Erie and Niagara Counties were the biggest recipients of grant money. Approximately, 30 percent of the grant money was for activities that only took place in Erie County, and an additional 15 percent was granted for activities just in Niagara County, while 4.5 percent was for activities exclusive to Erie and Niagara Counties combined. Therefore, approximately half of the philanthropic grant money in the eight-county region was dedicated to Erie and Niagara Counties alone. For perspective, three-quarters of the region's population lives in these two counties.

The Erie and Niagara County figures do not include totals for grants that serve the entire region, so the actual philanthropic support in Erie and Niagara Counties is higher than these numbers might suggest. For example, the largest philanthropic grant in the survey is an \$800,000 grant from the Health Foundation for Western and Central New York supporting activities in all eight counties. Given that most of the region's population lives in Erie and Niagara Counties, it is reasonable to assume that much of this grant is spent in these two counties.

Many philanthropic organizations have geographic restrictions in their bylaws, mission, or some other reason why they are unable to expand the locations in which they operate. Some foundations that serve Erie or Niagara County might not be able to serve young children in the more rural counties. Similarly, foundations in the more rural areas might not be able to fund programs in Erie or Niagara Counties.

The philanthropic community supports many important early childhood programs in the region. Private philanthropy is an important complement to public investment, but is not a substitute for that investment. Private philanthropy can help pilot new programs, identify and fill gaps, invest in building the system, help increase the skills and capacities of providers, and undertake other critical efforts; however, the resources available for investment are small when compared to the dollars available for public investment. For example, the largest philanthropic grants identified in our survey were just under \$1 million dollars, and these grants were often for multiple years of support. By contrast, Medicaid spending in Western New York is \$158 million per year, which is more than the total corpus of many of the region's foundations.

A small sampling of the types of programs supported by the philanthropic community is provided below.

Philanthropic support is important to ensuring that children have access to high-quality care. Important programs supported by philanthropy that help improve care quality include:

- Help Me Grow: Western New York (HMGWNY)—HMGWNY is based on the national Help Me Grow model that works to ensure children have access to the services they need to develop to their greatest potential. HMGWNY supports referrals and care coordination, offers a developmental questionnaire helping families understand their children's progression, and partners with service providers to support referrals and professional development.

- Niagara County Early Child Care Quality Improvement Project (QIP)—Niagara QIP works to improve the learning environments in child care centers, helping to improve the school readiness of preschool children.
- Positive Emotional Development and Learning Skills—PEDALS is a program for early childhood teachers that focuses on students' social-emotional skill development.

Some of the larger philanthropic grants in the region support programs aimed at improving the health of young children. These programs include:

- Maternal and Child Health Midwifery—Philanthropic support helps increase the number of low-income women in Western New York served by midwives.
- Portable Dental Care—Dental care is brought to low-income children through the CHOMPERS! Program, which brings dental equipment and care to Head Start programs, preschools, WIC offices, and community centers.
- Maternal and Child Health Hot Spot—Funding designed to support small projects that emerge from a “hot spot” analysis. These small projects are aimed at improving infant health, maternal health, and birth outcomes.
- Screening programs—Private philanthropy helps support hearing and vision screening through programs such as Lions SEE and the Buffalo Hearing and Speech Center.

Philanthropic grants also support programs that help parents of young children. Examples include:

- Every Person Influences Children (EPIC)—EPIC offers a series of parenting classes and workshops focused on new parents, parents facing unique obstacles, and early childhood literacy.
- Parent and Child Home Program—the Parent and Child Home Program is a home visiting model that helps prepare children age 18 months through four years old to be successful in school through regular home visits. Philanthropy helps support this program at the Jericho Road Community Health Center and the King Urban Life Center.

### Where are the Gaps?

Western New York is supported by a strong network of public and private programs; however, there are still important gaps in the system, gaps that leave some young children unserved and some important needs unmet. System gaps are discussed in greater detail in the next section, but some of the important gaps revealed by an analysis of funding streams are summarized here.

#### Health Programs

New York has a strong healthcare social safety net. Between private insurers, Medicaid, and Child Health Plus, 96 percent of children are covered by a health plan. However, some families still have difficulties accessing needed care. Parents may be covered by an insurance plan, but finding a provider can still be difficult, particularly for specialists. For example, Medicaid provides a dental benefit for children, but the Health Foundation for Western and Central New York (2017a) found that



approximately 62 percent of Medicaid-eligible children in New York between ages three and five did not receive any dental care in 2009.

Challenges with transportation can also make it difficult for families to access care. Winters in Western New York are harsh and travel can be difficult. Accessing public transit with small children can be challenging, and public transportation may not even be an option in the more rural areas of Western New York. Families with young children may also have inflexible work hours that can make it difficult to reach providers (Health Foundation for Western and Central New York 2017a).

### **Child Care**

Parents, experts, providers, and advocates all noted problems accessing high-quality child care as a challenge. New York has many gaps in its child care system. These gaps are detailed in the next section, but they include a shortage of funding that keeps many families from accessing subsidies even if they are eligible, complicated eligibility rules that vary by county, and income thresholds that often leave the working poor ineligible for subsidies.

Many in the community are also worried that providers are leaving the system, resulting in shortage of high-quality options for parents. It can be difficult for parents to judge the quality of providers because many providers are not accredited and do not participate in the state's child care rating system. Child care providers are struggling to find enough workers, pay in the industry is low, and child care providers must compete with other employers, often including school districts. Finally, it can be difficult for families needing care outside of normal hours, or care for children with special needs to find providers.

The sum of all these challenges can make it very difficult for families to access care. High-quality child care provided at child care centers is generally too expensive for low- and moderate-income families without some type of subsidy.

### **Home Visiting Programs**

Evidence-based home visiting programs have strong proof demonstrating their efficacy, and investing in young children through these programs can provide lifelong benefits. Research has demonstrated a significant return on investment to some evidence-based home visiting programs.

However, despite proof of program efficacy, very few children in Western New York are served by home visiting programs, which have very high upfront costs, and can often be \$7,000 to \$8,000 per year per child. As a result, slots in home visiting programs are quite limited. For example, Healthy Families New York has the capacity to serve 550 families in Buffalo, a significant number, but there are more than 14,000 children age zero to five in Buffalo with income below 185 percent of the poverty line. In addition, different home visiting models are appropriate for different children. Many communities only have one or two models present, meaning that the models most appropriate for some children may not be available to them.



## POLICY LANDSCAPE

The policy landscape for young children in Western New York is complicated in part due to the significant needs of the region's children. With roughly one-quarter of these children under six living in households with incomes below the poverty line, and more than half qualifying for Medicaid, the number of at-risk children is high, and the need for services is large and complex.

As noted previously, children in the region are supported by a variety of state- and federally funded programs, with annual spending of approximately \$5,875 per child under six. In an analysis of how state investments impact child welfare, The Foundation for Child Development (O'Hare 2012) identified three key findings: public investments in children matter, a child's well-being is strongly related to the state where he or she lives, and higher state taxes are better for children.

New York is a high-tax state—the Tax Foundation (2012) ranked New York as having the highest state and local taxes as percentage of personal income. These high taxes appear to benefit young children in New York, with the state ranking tenth on an index of child well-being (The Foundation for Child Development 2012). New York's high tax rate helps fund important programs, such as Medicaid, Child Health Plus, and universal preschool.

Because New York is already a high-tax state, securing tax increases for additional program funding may prove difficult. As part of this research, eight elected officials were surveyed about the overall level of taxation in the region. Five of the eight respondents thought taxes were too high, two thought they were just right, and just one thought taxes were too low, suggesting any push for new program funding will be hard. However, all eight respondents noted that they would support additional state funding for child care, and six of the eight respondents would support additional federal and county funding. The cost and availability of high-quality child care is a significant challenge for families in the region, and these responses likely represent the recognition of this challenge by policymakers.

Programs funded with state dollars may face significant challenges in the upcoming year. State officials recently cited a potential \$4 billion shortfall for New York's 2019 fiscal year, suggesting that many programs may be looking at funding cuts rather than increases (Post Editorial Board 2017).

Despite looming state budget pressures, there are positive outlooks regarding policies that affect young children. In July, New York's Medicaid director announced the First 1,000 Days on Medicaid Initiative, a plan to ensure that the state's Medicaid program works with health, education, and other stakeholders to support young children (New York State Department of Health November 2017). The initiative includes a workgroup charged with developing a ten-point plan to enhance services and outcomes for children on Medicaid.

At its November meeting, the workgroup reviewed 23 proposals for possible inclusion in the ten-point plan. These proposals were grouped into six categories: pediatric primary care improvements, systems improvements and measures, insurance changes, prenatal care, mental health, and cross-sector pilots. It is still too early to know whether this initiative will be successful; however, it presents a promising and exciting opportunity to make significant policy changes that will benefit the state and region's children.



Two groups that advocate for policies benefitting young children, Winning Beginning NY and the Schuyler Center for Analysis and Advocacy, have recently published state policy priorities. Winning Beginning NY is a statewide coalition working to improve the availability of high-quality, affordable care for young children in the state (Zero to Three 2016). Winning Beginning NY (2017) outlines its policy goals as follows:

- Use economic development funds to expand access to quality child care for low-income families
- Create a dedicated fund that local governments can access if they exhaust their child care fund
- Expand the child and dependent care credit
- Reinstate the 75th percentile formula for child care reimbursements
- Develop a fund and mechanism to help child care providers serving subsidy recipients deal with the recent minimum wage increase
- Expand access to full-day preschool for both three- and four-year-olds

The Schuyler Center for Analysis and Advocacy is a nonprofit policy and advocacy organization that supports poor and vulnerable New Yorkers (Schuyler Center 2014). The Schuyler Center (2017) articulates its policy goals for young children as follows:

- Increase funding for and coordination among New York's home visiting programs
- Increase the state's earned income tax credit from 30 percent of the federal rate to 40 percent
- Increase the state's child tax credit from 33 percent of the federal rate to 40 percent and expand eligibility to include children under four
- Increase funding for the state's child care subsidy
- Increase funding for preschool programs

These policy priorities reflect interest in addressing some of the challenges identified by Western New Yorkers through this research, especially challenges with the availability and affordability of high-quality child care. The next section details the results of conversations with Western New Yorkers about what is working well for young children in the region, what is not, and opportunities for positive changes.

# WHAT WE LEARNED FROM WESTERN NEW YORKERS

## OVERVIEW

Just over 300 residents of Western New York provided their views on the region's early childhood system. Participants shared what is working well, what is not working well, and their views on how to improve the system. Input was received from all eight counties and came from early childhood experts, providers, nonprofit executives and staff, members of the philanthropic community, and parents. This section summarizes their input and identifies key themes. This input was gathered through key informant interviews, community focus groups, a parent focus group, and an electronic survey.

### Key Informant Interviews

Fifteen key informants were interviewed in early 2017 about their perspectives on what children need to be successful when they start kindergarten, the region's early childhood assets, gaps in the early childhood system, ways in which early childhood funding could better be leveraged, and how the early childhood system could be improved. Key informants included representatives from philanthropy, nonprofit service providers, academics, school officials, and county agency staff. The full report of the key informant interview findings can be found in Appendix 3.

### Community Focus Groups

Five community focus groups were held in early 2017 in Allegany, Chautauqua, Erie, Niagara, and Orleans Counties. Participants in the focus groups included parents, nonprofit staff, child care providers, school district administrators and staff, members of the philanthropic community, and other stakeholders. Participants discussed what is working in their community, community challenges, and opportunities for improvement. The full report on the focus groups can be found in Appendix 4.

### Parent Focus Group

Although parents participated in the community focus groups, seven focus groups were held just for parents. The focus groups were held in Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Orleans, and Wyoming Counties. A total of sixty-one parents and caregivers participated. These parents shared their views on what was working well for them in their communities as well as some of the challenges they faced. A summary of the parent conversations can be found in Appendix 5.

### Electronic Survey

Two hundred and fourteen community members responded to an online survey. Survey respondents included 88 parents or grandparents of children under age five, 32 early childhood educators and administrators, and 28 respondents identified as "other service providers." Respondents answered several open-ended questions on what was working well in the early childhood system and areas for improvement. A full report on the survey responses can be found in Appendix 6.

## OUR GOALS: WHAT DOES IT TAKE TO BE KINDERGARTEN READY?

We asked early childhood experts what young children need to be ready for kindergarten. Most of the respondents told us similar things. We heard that children need:

- Safe homes and safe neighborhoods
- Parents and caregivers who know about important benchmarks and how to nurture emerging social, emotional, and literacy and numeracy skills
- Positive learning care and care experiences
- Medical homes and prenatal care, regular well-check visits, and universal screenings
- High-quality, affordable child care
- High-quality pre-K programs, especially in high-poverty areas



What we heard was not surprising. It matches what many parents know intuitively and what we find in the research literature. Early experiences matter. Children need safe and nurturing environments from their parents and child care providers. Health is important too, and children need to be connected to a medical home to ensure that they are receiving care and can be screened for developmental issues that may warrant early intervention.

Some parents and families can provide all of these things for their children. They live in safe neighborhoods, they can afford high-quality child care, and they have high-quality health insurance providing their children with a medical home. But for many families, especially families living in poverty, one or more of these factors is out of reach. One of the primary goals of the early childhood system is to help fill in these gaps and to make sure that every child gets what he or she needs to be on track and ready to succeed when they arrive at the kindergarten door.

## OUR SYSTEMS AND PROGRAMS: WHAT IS WORKING IN WESTERN NEW YORK?

We heard about many things that are working well for young children in Western New York. It can often be difficult to get people to share what they think works well because of their interest in jumping right to sharing their frustrations with the system and their thoughts of what does not work well. This was not the case in Western New York. Residents of this region have a lot of pride in the system, and during focus groups, participants were pleased to share what was working. Interestingly, many things that were cited as working well by some were noted as something not working well by others. This illustrates the varied experiences of those participating in the early childhood system, and likely also represents differing service levels and program availability in the various Western New York communities.

## Collaboration

More than 40 early childhood educators and other stakeholders noted strong collaboration in the early childhood community as an important asset. One person noted that a key strength is:

“A well-connected early childhood community through partnerships such as the Erie/Niagara Birth to 8 Coalition, Western New York Behavior Collaboration, New York Zero-to-Three-Infancy Leadership Circle, Healthy Moms-Healthy Babies, etc.”

Respondents said more agencies are working together and communicating. One early childhood educator said:

“Professionals are coming to the table to discuss what is working and what could be better about early childhood.”

Others noted the overall positive collaborative culture in the communities. One person noted that Western New York had a “neighbor help neighbor” culture. Some stakeholders listed programs by name. Strong partnerships with Niagara University were cited by several early childhood providers. Others noted partnerships with nonprofits and community action agencies, or partnerships with school districts and county agencies. Several survey respondents singled out Chautauqua County as a place with strong collaboration, with one stating:

“I work in several counties and Chautauqua’s, hands down, is the most progressive.”

Finally, Help Me Grow Western New York, a service-providing nonprofit that also facilitates partnerships in the early childhood community, is viewed as a regional asset.

## Quality of Early Childhood Staff

Western New Yorkers cited the quality and dedication of the early childhood teachers and caregivers as an asset of the system. Comments included:

“Teachers in child care are truly exceptional for the care and learning they provide to your youngest kiddos.”

—

“Many people working in the system are passionate, committed, and genuinely want to do what’s best for kids.”

## Preschool, Early Literacy Programs, and Hands-on Learning

Many stakeholders noted the region’s preschool offerings as a key asset. New York’s Universal Preschool Program and Head Start were frequently mentioned by name and were cited by more than 100 of the electronic survey respondents. One participant said:

“The only thing I know about an ‘early childhood system’ is that pre-K is offered to everyone in NYS. I can’t emphasize enough how important I believe this is for the children of our state ... This sort of program benefits everyone by helping citizens reach their potential.”

While preschool offerings are not yet universal in Western New York, this sentiment was shared by many others. Many parents and other stakeholders feel the preschool offerings are strong in Western New York, and they feel this way for both UPK and Head Start. New York has been phasing in full-day UPK and several

participants noted that slots were available and that the programs were high quality. However, UPK is not yet working for everyone. Parents at the focus group in Wyoming County noted that the Attica Central School District did not offer UPK, and Wyoming districts that do offer UPK (Warsaw, Letchworth, and Perry were mentioned) have substantial waiting lists and lotteries for slots.

Early learning opportunities and a strong early childhood curriculum were also noted by many participants. Comments included:

“We are getting many ready for the rigors of education by exposing them to the foundation skills so critically needed to be successful from the start.”

—

“The curriculum that was taught to my children was challenging, engaging, and fun.”

—

“[Children are receiving] well rounded instruction, outdoor play, letters and numbers, healthy living, etc.”

Many stakeholders listed early literacy programs as a regional strength. Often this was done when discussing preschool offerings, but other programs were noted as well. Several mentioned public library programs and offerings. Some mentioned specific programs such as Project Read and Read to Succeed Buffalo.

Hands-on learning was also cited by many survey respondents. One parent noted:

“Most early childhood programs I see are hands-on with intentional play time and social time—developmental necessities.”

Other respondents noted art and music programs, gym and sports participation, early introduction of a second language, and early opportunities with science, technology, engineering, and math (STEM) were all strengths of Western New York’s early childhood system.

### **Early Intervention Screening and Referrals**

Early intervention and referrals to needed services were cited as a strength of the region by more than 70 stakeholders. Respondents defined early intervention quite broadly. Some indicated that children have access to services to help fulfill their basic needs. Most said that there are mechanisms to identify and address early delays. One mother stated:

“My son is now placed and receiving the services he needs ... Everything went so well. As a single mother with two children, I am so grateful for the professionalism, emotional support, and fast implementation for my child.” While another parent stated:

“In Western New York, we have access to quality intervention programs and doctors, [school] districts, and providers all work together.”

Finally, one stakeholder noted the benefits of this early intervention:

“Helping children get services early in their development is eliminating or lessening behavior and medical delays, which is a lifelong benefit not only for them but for society!”

While early intervention was noted as a strength by many stakeholders, as will be

discussed in the next section, some stakeholders noted difficulty in accessing needed services.

### **Healthcare**

Stakeholders cited healthcare coverage for children as a strength of the region. New York offers two health insurance plans for children: Child Health Plus and Children's Medicaid. Eligibility depends on income, and children who are not eligible for Children's Medicaid can be enrolled in Child Health Plus. According to the Henry J. Kaiser Family Foundation (2017) 96 percent of children in New York from birth through age 18 have health insurance coverage. Only half of New York children are covered by employer insurance, so New York's public plans provide an important safety net. Parents also cited good pediatricians, vaccinations, and wellness programs as strengths of the system. Although New York provides broad coverage, there are still significant challenges in healthcare. Difficulty accessing specialists was a frequently cited problem.

### **Child Care Training**

Stakeholders, particularly early childhood educators, cited strong training of providers as an asset of the region. Some referred to training in general, while others specifically noted the Niagara County Early Child Care Quality Improvement Project, a program that works to enhance the lives of children in child care centers by training child care directors and teachers. Others noted training provided by the Early Intervention Program, the Association for the Education of Young Children of Western New York, and online training and webinars.

### **Paid Parental Leave**

Paid parental leave was only mentioned by a couple of stakeholders. This is likely because this recently enacted program has not yet started. Once implemented, however, this program will be a major asset for young families in Western New York. Starting in 2018, parents will be entitled to eight weeks of paid maternity and paternity leave. The allowable leave is phased-in over four years, and in 2021, parents will be entitled to 12 weeks of leave if they have a child, adopt a child, or foster a child. This program, which is financed through a payroll tax, has caps on the weekly payments parents can claim, but for parents who do not currently receive any maternity benefits, this program will represent a major change.

### **Specific Programs Working in Western New York**

The experts we spoke to in Western New York identified several programs that they thought worked particularly well and that were regional assets. While this list is by no means all inclusive, it does provide a sample of programs that effectively meet the needs of participants.

#### **Campaign for Grade Level Reading**

The Campaign for Grade Level Reading is working in Buffalo to promote an aligned continuum for children six weeks to eight years old in child care, preschool, Head Start, and the early grades of school. This work includes consistent measures of child literacy development, and environmental classroom observations. The program reaches approximately 12,000 children each year. During the 2013-14 school year, 95 percent of students tested were reading at or above benchmarks by the end of the year (Campaign for Grade Level Reading).

#### **Help Me Grow: Western New York**

Help Me Grow Western New York is a regional organization based on the national Help Me Grow Model that works to ensure that children have access to the



services they need to develop to their greatest potential. The HMGWNY program provides families in Erie and Niagara Counties with information, referrals to existing resources, and help connecting with those resources for parents of children from birth to age five.

HMGWNY evolved from the Early Childhood Connection Pilot Program, which in partnership with pediatricians in Erie and Niagara Counties, identified children at risk for developmental or behavioral issues. HMGWNY uses a highly successful national model that helps identify at-risk children and helps families find community-based programs and services.

HMGWNY provides outreach to child healthcare providers to support early detection and intervention; it provides community outreach to promote use of the program and to create networking opportunities for families and service providers, it has a centralized telephone access point to connect families to services and care coordination, and it collects data to help identify gaps and barriers (Niagara University 2017a).

### **Jericho Road**

Jericho Road Community Health Center provides a culturally sensitive medical home, especially for refugee and low-income community members. The center has two targeted early childhood programs: the Priscilla Project and the Parent-Child Home Program.

- Priscilla Project—This project works with low-income, pregnant refugee women and matches them with volunteer mentors, doula services, educational classes, and referrals appropriate to their cultural needs. The project helps women navigate an unfamiliar health system and continues to provide breastfeeding support after birth.
- Parent-child Home Program (PCHP)—A certified site for the national PCHP, Jericho Road works to prepare children ages 18 months through four years to be successful in school through regular home visits. The visits include language and literacy skills, as well as parent-child bonding activities. Jericho Road also works to train local members of refugee communities to act as home visitors and then strives to ensure families are culturally matched with a visitor (Jericho Road Community Health Center n.d.).

### **Niagara County Early Child Care Quality Improvement Project**

The Niagara County Early Child Care Quality Improvement Project has been working to improve the learning environments in child care centers and increase school readiness of preschool children. Niagara QIP worked with 30 child care centers and 44 preschool classrooms as part of phase one, which began in 2010. The program is now in phase two, focusing on infant and toddler development. The second phase has four interrelated components: developmental screening, professional development, leadership capacity of child care center directors, and enhanced learning environments through facility upgrades. The QIP, originally funded by the Niagara Area Foundations, is now funded by the Peter and Elizabeth C. Tower Foundation, Grigg-Lewis Foundation, and the United Way of Greater Niagara (Niagara University 2017b).

### **Positive Emotional Development and Learning Skills**

A partnership between the Peter and Elizabeth C. Tower Foundation and the Health Foundation for Western and Central New York, PEDALS is a program for early

childhood teachers that focuses on students' social-emotional skill development. PEDALS is implemented into preschool classrooms and prekindergarten child care settings in Erie and Niagara Counties, and includes a variety of activities and short lessons, as well as coaching support, that help build specific social-emotional skills in the classroom. Since 2012, PEDALS has reached more than 3,500 children in more than 114 classrooms and child care settings (PEDALS 2017b).

### **Read to Succeed Buffalo**

Read to Succeed Buffalo (RTSB) works to improve literacy for children from birth to third grade by increasing literacy instruction and improving quality. They have two main programs: Community Alignment for Reading Excellence (CARE) and Imagination Library. Through CARE, RTSB partners with child care providers, preschools, and elementary schools, including Head Start, and provides onsite early literacy specialists to support instruction in the classroom or child care setting. They also provide professional development, literacy instruction resources, and other services to help improve literacy. Imagination Library is a local partner of a national program created by Dolly Parton to provide free books to low-income children.

RTSB began in 2007 with a \$4.1 million U.S. Department of Education grant. This investment was successful in improving kindergarten readiness for more than 900 three- and four-year old children in Buffalo. RTSB has continued its work beyond the end of the federal grant period and has expanded its focus to both younger and older children.

### **WIC**

Women, Infants, and Children is a federal program that provides food, nutrition counseling, and referrals to healthcare for eligible women and children up to age five. This program is very popular. It was cited by name by 15 survey respondents, while a number of other respondents referred to strong nutritional programs generally.

programs generally.

At the parents focus group held in Wyoming, there was consensus that WIC was a very strong program. Parents shared that special farmers market WIC coupons were particularly valued. Parents did share that they occasionally face challenges with the program. Some grocery stores seemed to be WIC friendlier, and parents in Wyoming singled out Tops Friendly Market as a place where mothers could use their WIC benefits easily. Parents expressed frustration that in some stores they struggled with cashiers who were unclear over what purchases qualify for the program.

## **WHAT IS NOT WORKING AS WELL?**

We asked stakeholders about what was not working as well in Western New York and their thoughts and opinions on gaps in the current system. Many stakeholders noted the challenges associated with poverty. Items mentioned included the lack of well-paying jobs, the breakdown of the family structure, issues of abuse and neglect, substance abuse issues, and other factors. Since this report is focused on the early childhood system, these factors are not specifically addressed. However, the challenges associated with poverty should not be forgotten. In many cases, poverty is the root cause of the challenges facing young children.



## Lack of High-quality, Affordable Child Care

Many of the challenges identified by stakeholders pertain to the availability and affordability of high-quality child care. Challenges with child care do not relate to just one issue, but rather to a whole range of issues, which makes addressing child care needs particularly vexing. The major challenges identified by stakeholders are listed below:

### Issues with the Child Care Subsidy

New York State provides funding to counties to subsidize the cost of child care for low-income families. Approximately two-thirds of the allocation is from federal funds and the remainder from state funds. The state mandates that the following categories of families be guaranteed a subsidy:

- Families on public assistance
- Those eligible for public assistance who choose to only receive a child care subsidy
- Families under 200 percent of the poverty line. These families are categorically eligible, but the state allows counties flexibility in lowering this limit if they do not have sufficient funding to cover all eligible families (Empire Justice Center 2014).

Beyond these three categories, counties can set their own eligibility requirements. Counties can choose different income restrictions, different restrictions on who qualifies, and limits on how long families can claim the subsidy. As a result, counties have adopted widely varying policies for eligibility. As can be seen in Exhibit 9, the income limit to qualify for the program ranges from 100 percent of the federal poverty line in Erie County to 200 percent in Allegany, Chautauqua, Genesee, and Wyoming. There are also variations in how parent copays are calculated and whether the counties maintain waiting lists.

**EXHIBIT 9.** Select Child Care Subsidy Eligibility Requirements by County

County	Eligibility % of FPL	% Income above FPL to Calculate Copays	Does County Operate a Waiting List?	State Allocation Per Capita
Allegany	200%	20%	NO	\$10
Cattaraugus	175%	10%	NO	\$23
Chautauqua	200%	30%	YES	\$34
Erie (incl. Buffalo)	100%	35%	YES	\$27
Genesee	200%	35%	NO	\$17
Niagara	120%	20%	YES	\$13
Orleans	150%	35%	YES	\$19
Wyoming	200%	35%	YES	\$13

Source: Empire Justice Center 2014; New York State Office of Children and Family Services 2016b

In general, counties have more demand for subsidy slots than they have funds. Therefore, not everyone who is technically eligible for the program can access it. The shortage is bad enough that some counties do not maintain waiting lists. In addition, since some families are categorically eligible, if a new family is put on the program, a noncategorically eligible family needs to be kicked off the program and the decision-making criteria for selecting these families differ by county. It is difficult to find the eligibility criteria for individual counties. A family receiving the

subsidy in one county may find that they are no longer eligible if they cross county lines. The county patchwork of rules and regulations creates significant challenges for families trying to access the system.

### **Issues with Quality and Assessing Quality**

New York's program to assess child care quality is QUALITYstarsNY. QUALITYstarsNY is a voluntary program that rates others on a scale from one to five stars with the highest-quality programs earning five stars. The reach of QUALITYstarsNY is still limited, however. Erie County is one of 13 designated test centers across New York. Between 2013 and 2015, 33 local child care programs participated in the QUALITYstarsNY. In 2015, 45 percent of the assessed child care programs were rated four or more stars, while 55 percent were rated one or two stars (WNY Women's Foundation 2016).

Child care providers can be accredited by the National Association for the Education of Young Children (NAEYC) considered the gold standard for accreditation and providing another way for families to judge program quality. Just 12 percent of child care centers in Erie County and only 2 percent of registered family and licensed group homes are accredited by NAEYC (WNY Women's Foundation 2016).

The limited reach of the quality rating system and NAEYC accreditation process means that it is very difficult for parents to assess the quality of their child care provider. In addition, given that more than half the centers assessed were only rated one or two stars, it appears that many of the options are not of the highest quality.

### **Availability of Care**

Stakeholders expressed concerns over the availability of care and were worried that the problem is worsening and may soon approach a crisis level. One stakeholder noted:

"There is a lack of providers available for child care. In both Orleans and Genesee there are 72 providers of child care. There are so few regulated programs. We have lost so many. There is little interest in starting new programs."

While another noted:

"Thirteen child care centers in Chautauqua County have closed in the last year."

One parent noted:

"There are few options and they are all costly; we were on four waitlists while pregnant and when I had to go back to work still hadn't gotten in anywhere. We ended up having to drive from north Buffalo to Cheektowaga for the closest option for six months."

And another stated:

"We have a long wait list in Wyoming County for subsidized care. Wyoming's Department of Social Services is telling clients that the wait list is one to two years. Wyoming County needs more funding for child day care."

Stakeholders pointed to a couple of reasons for a shrinking number of early childhood slots. First, stakeholders indicated that some long-time family providers are retiring and there are not enough new family providers to fill the need.

State statistics show a substantial decline in family-based child care, but not in the number of slots overall. Statewide, excluding New York City, the number of family child care slots declined by 22 percent between 2012 and 2015, while the overall number of child care slots grew by 0.3 percent, reflecting a shift away from family-based care toward center-based care (New York State Office of Children and Family Services May 16, 2016a). However, statewide statistics might not be reflective of the experiences of individual communities, some of which may be experiencing declines in the overall number of child care slots.

Stakeholders also noted that while UPK is a significant early childhood asset, it is having an unintended consequence for child care providers. It is more expensive to provide care for infants and toddlers than it is for older children due to the required staff ratios. Many center-based and home providers lose money on infants and toddlers and make money on three and four-year-olds. UPK, however, is moving many children out of child care settings. Child care providers cannot meet their costs with the remaining children and are closing.

Availability of care is a particularly challenging issue for parents who need care outside of normal business hours. One early childhood educator noted:

“Many parents are unable to secure daycare for shifts that are not your typical daytime shift. Many employment opportunities begin with a second or third shift opportunity. Parents are not able to follow through or sustain these work opportunities due to the lack of second and third shift daycare centers.”

Another noted the need for more evening and overnight services, stating:

“Some single parents that need to travel for business or other issues that may arise, could benefit from this type of service. This also could work with parents that simply need a night out. Having licensed centers is more comforting than an unlicensed baby sitter.”

At the parent focus group, parents noted the need for child care outside of traditional work hours. The focus group was held in Wyoming County and the largest employers include Walmart, the hospital, and the prison, all of which require late shifts. A grandmother in the group noted that she was 86th on the child care waiting list when she began to seek services.

Availability of care is also a challenge for families accessing services for less than a full day. Several parents noted challenges associated with half-day UPK programs or part-day programs for children with special needs. Others discussed challenges associated with finding after school care or programming.

### **Cost of Care**

When it is available, high-quality care is expensive for many families, and out of reach for some. One parent noted:

“I spend twice as much on child care as on my mortgage.”

### **Availability of Staff**

The wages of child care providers are notoriously low, making it difficult to attract and retain high-quality staff. One provider noted that New York’s increasing minimum wage is making it hard for child care providers to compete with fast food restaurants and big box stores.

The challenges associated with access to high-quality, affordable child care are currently being discussed by the New York State Assembly, which is considering a

bill to establish a task force for studying availability of child care within the state, assessing affordability issues for providers and parents, and identifying areas that need to be addressed.

### Transportation

Many stakeholders cited challenges with transportation as an issue for the early childhood system. Although transportation is an issue for low-income families throughout Western New York, the problem is particularly acute in rural areas since low-income families in these areas often have less access to public transit. Inclement weather in Western New York can also make transportation particularly difficult, with record-breaking amounts of snow and ice a regular occurrence in winter months. Alongside these issues, transportation can also be particularly challenging for children with disabilities.

For example, one early childhood advocate said:

“Transportation is a huge issue in the rural areas of Western New York. The local Head Start’s enrollment numbers were down because they lost transportation funding in 2015–2016.”

In addition, some commenters noted that some transportation services for early childhood services had been cut back. One early childhood educator noted:

“Transportation to programs is not regularly offered and negatively impacts UPK attendance in Jamestown, particularly for Head Start students. We need transportation to UPK classrooms in order for many parents to be willing to send their students.”



While a stakeholder in Orleans County said:

“The Head Start program used to provide rural transportation options, but now it is limited to the town area. It’s car costs (insurance, vehicle, and fuel) that are a big hurdle for people.”

Some stakeholders also noted that even when transportation was available, children with special needs in rural communities often had to travel long distances to receive services.

### Awareness of Early Childhood Issues

Awareness of important early childhood issues was frequently mentioned by stakeholders as an area in need of improvement. There were many facets to concerns over parental awareness. While a couple of stakeholders mentioned concerns that parents were not aware of how important the early childhood years were, lack of awareness of available services was mentioned much more frequently. In response to the survey question on how to improve access to programs and services, increasing awareness of important programs was mentioned more than 90 times. As one advocate stated:

“I believe there is a knowledge gap between what services are in the community and what families know about. There needs to be better education for families into what the community can provide.”

Parents were aware of and concerned about this knowledge gap. As one mother noted:

“As a single mother here in Buffalo, I did feel a little lost in the process of finding help for my son. I think more advertisement through other service providers would be helpful. For example, through doctors’ offices, Medicaid, social services and schools.”

Another parent, when asked how the system could be made better, stated:

“First and foremost, is awareness. Making them aware of what is actually available to them. And making such services accessible.”

Doctors’ offices were frequently mentioned as a potentially good way to communicate information. There was consensus that families frequently meet pediatricians and that they are a trusted source of information. In response to how the system could be made better, one parent stated:

“More awareness, maybe more info available at pediatrician waiting rooms?”

However, while pediatricians were seen as potentially serving as an important connector to early childhood services, there was concern over whether doctors had the proper information. As one focus group participant stated:

“Some healthcare professionals don’t take early intervention seriously enough. People generally trust their pediatrician, but they don’t always have the right or all the information. Pediatricians need to know who else is out there and who can provide services for intervention.”

Stakeholders also suggested radio, television, and billboards as an effective means to getting needed information to parents.

Some stakeholders also stated that it was important to raise awareness among policymakers and business leaders. One stakeholder stated:

“[We have] so much of the emphasis on workforce development. Child care and early childhood education is the basis of workforce development.”

## Who is Not Being Served

Stakeholders were asked if there were people in the community who are not being served who should be. Somewhat surprisingly, few stakeholders expressed concern that the poorest of the poor were not being served. This is likely a testament to the relatively strong social safety net in place in Western New York. Instead, we more frequently heard concerns for families that are just over the income cut offs for social safety net programs. One stakeholder said:

“Many programs only help people who are living in poverty when there are more families that need support or services.”

Another noted a common concern over the affordability of child care, and when asked who was not being served, stated:

“Families that earn more than the income eligibility requirements for subsidized child care, but cannot afford it on their own are left out.”

Finally, this sentiment is probably best captured by the stakeholder who noted:

“Programs were not designed to serve the working poor. They are misaligned with the people they are actually serving. There is no effort to get people out of poverty. They make you more comfortable living in poverty. [This] even creates an incentive to find your way into poverty.”

We also heard concerns about children with special needs not being served. In some cases, this was because services were not available or there were program backlogs. A stakeholder in Orleans County said:

“Twenty-two children with speech needs are currently going unserved because there are no providers. The school system is trying to close the gap for the kids between ages three and five. Some children haven’t had services or are at risk for substantial regression.”

While another stated:

“There is a backlog of child evaluations. It can take four months to get through the intake system.”

Some stakeholders expressed concerns that children with special needs were not being served because children were not being tested or referred to programs either due to pediatricians not doing needed referrals, screening services not being available, or parents avoiding testing due to fear of stigma.

One service provider stated:

“The cost of testing for autism (not just screenings) is high and in Chautauqua County there are not many resources, and parents find themselves having to go to Buffalo for testing. For some [parents], this is not a possibility.”

While another stakeholder said:

“It is so important to catch problems with children early on, but unless parents are connected with the right resources, their kids are not getting the diagnosis and help they need early enough.”

Children with social and emotional problems often face particular challenges since they may be kicked out of child care settings and parents may have a hard time finding a program that meets their children’s needs.

At the parent focus group, parents noted that it was difficult to find doctors willing to serve new patients under the age of 17. Many drove a long way to access pediatricians. Parents noted that many dental clinics were not accepting Medicaid patients.

## **Collaboration**

Although some stakeholders noted collaboration as a strength of Western New York’s early childhood system, others saw collaboration as an area in need of improvement. Several stakeholders used the term “silo” when discussing health, education, and social services. Some noted the successes in collaboration but felt that more could be achieved. One stakeholder noted:

“This community has tried to organize around the Birth to 8 group, and I still think that this concept has potential. However, it has never picked up the momentum that other community-based early



## Collaborative Bodies Can:

Focus the community • Establish common goals • Develop strategies  
Take joint actions • Build stakeholder buy-in

## Collaborative Bodies have representation from:

State and local government • Philanthropic organizations • Early childhood advocates  
Healthcare providers • Early childhood service organizations • Businesses • Parents and caregivers

childhood collaboratives across the country have. Help Me Grow certainly has momentum, but early childhood success is even larger than that. There are initiatives all over this country with promising practices to model after—one successful one right in Rochester, New York. I think that this community would be well served to revisit this and work to get it right.”

### Availability of Skilled Staff

The availability of skilled staff to early childhood programs was cited as a concern, particularly in rural areas. In some cases, limited program funding makes it hard to compete with other employers in the area. One stakeholder noted:

“Low wages prevent quality services because of high turnover. Lowe’s cashiers could make \$15 an hour.”

Another stakeholder noted that staff in her program had gone six years without a raise.

Stakeholders in rural areas expressed concerns that they could not attract skilled early childhood workers such as speech pathologists to their communities, even when their programs had sufficient funding. One put the problem this way:

“Upstate graduates are heading back to the city for higher wages and for a more urban lifestyle.”

### Home Visiting Programs

Different home visiting models are suitable for different family situations. For example, Nurse Family Partnership’s home visiting model has produced remarkable results. However, the model only accepts first time mothers. They also typically only accept pregnant women before the 28th week of pregnancy. Therefore, while this model can produce outstanding results, it is important to have other models present in a community that can serve families that do not meet these criteria.

Many Western New York communities are served by home visiting programs but some models are not present in many communities. If a community is only served by one model, it is likely that many families needing services will not be the right fit for the program in their communities.

One additional challenge with home visiting programs is the upfront cost. While careful research has demonstrated that evidence-based home visiting programs deliver a positive return on this upfront investment, the high upfront costs can limit the number of children being served. Evidence-based programs can cost \$7,000 or \$8,000 per child per year, with some children staying in the program for multiple years. As a result, the number of children served by these programs can be small. For example, Healthy Families New York has the capacity to serve 550 families in Buffalo, a large number for a home visiting program, but there are more than 14,000 children age zero to five in Buffalo with family income below 185 percent of the poverty line.

### Departments of Social Services

Some parents noted negative interactions with Department of Social Services staff, saying that they felt that the experience of dealing with staff was often humiliating and embarrassing. One mother stated that she felt the experience was degrading. Interestingly, this issue did not come up at the community focus groups where the attendees were predominantly service providers and government and nonprofit staff.

## Recreation Activities

Mothers expressed a strong desire for options to keep their children active. Parents were also interested in art programs. However, mothers were concerned with the cost associated with having their children participate in these activities.

## Parental Involvement and Accountability

Some stakeholders pointed to parents and parental involvement when asked about what was not working well for young children. One stakeholder stated:

“We are in a moral decline as a society and schools are being forced to pick up the slack. How do you prepare a child for kindergarten and first grade if the stress in their home environment is still prevalent and parents aren’t held accountable?”

Another stated:

“[I] don’t know how far you’re allowed to push a parent. [I] witnessed a parent in denial of her child’s ADHD/speech problems. She refused all services and now the child is at a huge disadvantage academically as well as socially (due to his difficulty with communicating with children his own age). This is a family member and plain and simple, it angers me to watch what the child is now going through. I feel like the parent should be held responsible for their refusal of services.”



Other stakeholders noted that parental concern about stigma often prevented them from seeking needed services for their children. Pointing to parents as part of the problem can seem like victim blaming, but it is important to recognize the frustration that early childhood providers, who care deeply about children, can feel when they see parents taking actions detrimental to their children or failing to take actions that may be in their children’s best interests. In addition, this sentiment in the community at large can make it difficult to gain support for funding and services that can help young children and their families.

## Rural Areas

Rural areas face some unique challenges, many of which have been noted above when discussing specific issues. However, it is useful to summarize some of the biggest challenges facing rural areas in one place:

- Transportation—There is little public transportation in rural areas and it can be very difficult for families in rural areas to access needed services.
- Density—Many rural areas do not have the density of children needed to support programs. As a result, some children may need to travel a long way to access needed services. Some stakeholders noted that they felt that many of the most important and best early childhood services were concentrated in Buffalo and Niagara.

- Staffing—Some rural areas are having trouble attracting staff. This is in part due to low wages endemic to early childhood in general, but also because they feel that their communities are not competitive in attracting young college graduates who may be seeking to live in more urban areas.
- Opioid addiction—Opioid addiction is a problem in both urban and rural areas. However, the Centers for Disease Control has identified being low income and living in a rural area as factors that make individuals particularly vulnerable to prescription opioid abuse and overdose (Office of the New York State Comptroller June 2016). Children in families with addiction problems are particularly vulnerable to potential developmental delays.

# LESSONS FROM COMMUNITIES ACROSS THE COUNTRY

The importance of communities having a coordinated early childhood system is becoming increasingly clear. When done well, a coordinated system helps ensure children are prepared and ready for kindergarten and success in school. In a 2012 report, The National League of Cities identified key elements of an aligned early childhood system, and in 2014, the Build Initiative identified key elements of building early childhood systems through state and local efforts. This report pulls from those identified elements, and adds a focus on forming a collaborative early childhood system with a shared vision and goals through a collaborative early childhood strategic plan. Key aspects of a comprehensive early childhood system include:

- Collaborative bodies
- Strategic early childhood planning
- Engaged business community
- Access to children's healthcare services
- Coordinated intake systems
- Data sharing and communication
- Universal pre-K

Examples of these key elements and how they can be achieved to support child development, health, education, or caregiver or family supports for children from birth to kindergarten are described through community case studies. These communities have been chosen because of their effectiveness in service delivery, in coordinating these services, or in identifying the community need in one of the areas and then ensuring those that most need the service have access to it. While the communities we look at effectively demonstrate some of the best practices in early childhood systems, they may still be struggling in some other areas.

## COLLABORATIVE BODIES

Forming a collaborative body or bodies among community stakeholders is arguably the most important aspect of successful early childhood systems. Collaborative bodies are necessary to develop common definitions and goals as well as to take the joint actions needed to implement a high-quality, aligned system. The collaborative structure should include a diverse set of stakeholders, including local and state government entities, businesses, healthcare providers, philanthropic organizations, early childhood advocates, early childhood service organizations, parents of young children, and others as needed and defined by that community. A diverse stakeholder group with varied perspectives can lead to thinking about early childhood at all levels and through different lenses in the community. It creates a common way for members to think about early childhood and about how to best address the needs of young children and their families. Parent and family voices are essential as part of any decision making. Additionally, parents, caregivers, and families should be fully engaged and equal participants on any collaborative activities, especially on any early childhood boards or collaboratives.

Collaborative bodies can exist at many levels. They can be formed in a neighborhood to address the pressing issues of a small community, or they can

be formed to address a single pressing early childhood issue or goal. Alternatively, collaborative bodies can be regional and they can address a broader set of early childhood issues and goals.

A collaborative body must develop a vision and mission that incorporates or is focused on the community's early childhood needs around which the larger community can coalesce, develop funding priorities, and achieve buy-in from those that will be largely responsible for carrying out actions to accomplish the mission. After developing overarching goals either focused on early childhood or that significantly feature early childhood needs, the collaborative should develop a framework ensuring available programs meet community needs, and are not siloed away from the existing early childhood network. Data should be used to inform strategic plans and to help identify areas of need and concern. Any plan developed should acknowledge and appreciate the work that has happened already and is currently happening, especially by those in the collaborative. These tasks may be more easily accomplished when the city or local government and other child-serving agencies play a strong role in the framework or plan development and when they have significant buy-in to the needs of the early childhood system and its importance.

A collaborative should have strong and consistent leadership, potentially through a neutral backbone organization. A backbone organization will help ensure the collaborative body's progress by having an entity responsible, at a minimum, for scheduling meetings, documenting meeting conversations and plans, doing necessary research, and following up on items identified during meetings. Neutral leadership can encourage organizations to participate in the process without assuming the work will be done to only benefit a few select groups. Conversely, when efforts are led by the local government, there may be more opportunity to support the initiative with adequate funding. However, as new leadership in that government comes and goes, the commitment to the initiative may waiver.

Finally, it takes a long time to implement system-level changes and to make progress on goals and outcomes, such as increasing kindergarten readiness. A strong, well-funded backbone organization can help sustain efforts over the long term.

To summarize, early childhood collaboration can be facilitated by forming strong early childhood collaborative bodies. These groups should include a diverse set of stakeholders, including businesses, healthcare providers, philanthropic organizations, local and state government entities, early childhood advocates, early childhood service organizations, parents of young children, and others as needed and defined by the community. Varied perspectives can lead to better thinking about early childhood at all levels. An early childhood collaborative body can create a common way for members to think about early childhood issues and how to best address the needs of young children and their families in the community. Parent and family voices are an essential part of decision making. Parents, caregivers, and families should be fully engaged and equal participants to all others on any collaborative activities.

## **Minnesota**

Recognizing the importance of early childhood investment, six Minnesota foundations started the Minnesota Early Childhood Initiative (ECI) in 2003. These foundations have helped to form more than 90 early childhood coalitions that include more than 300 Greater Minnesota communities (Minnesota Initiative Foundations n.d.).

Since its creation, the ECI has helped to implement more than 500 evidence-based programs, adopting three core principles:

- To help every child, you need to reach every child—The ECI seeks input and partnership from everyone with a direct or indirect impact on young children.
- Isolation can undo good work and weaken the best intentions—The ECI works with communities and seeks to build on the work they are already doing. They believe in the power of community engagement and feel it is invaluable to long-term sustainability.
- No individual mind holds the answers to improve the well-being of Minnesota’s children—Work cannot be done in isolation, true collaboration is what is needed. The ECI works hard to pool funding, knowledge, and relationships so that it can make a lasting difference (Wilder Research 2010).

Key achievements of the ECI include:

- Increased partnerships and collaboration across programs serving young children
- Increased advocacy for early care and education from a broad range of sectors, including business
- Increased media coverage supporting early childhood issues
- Improved opportunities for training and networking among early childhood workers
- Increased awareness about and referrals for early childhood screening
- Increased awareness of the importance of reading to young children (Wilder Research 2010)

## STRATEGIC PLAN DEVELOPMENT

Several communities have developed comprehensive early childhood strategic plans. These plans, when well developed and executed, become the blueprints for reaching a community’s early goals for young children and their families. A clear plan with well-communicated shared goals can bring about coordinated improvements that build upon the existing early childhood system. Plans should be clear, community driven, and multi-partnered, bringing together national research, community needs assessments, broad community participation, realistic timelines, actionable objectives, and continued funding to keep the work going through administrative changes. A strategy developed by Cambridge Massachusetts is one example of a model plan document ((Lei-Anne Ellis, pers. comm.).



### Cambridge, Massachusetts

In 2014, the Early Childhood Task Force in Cambridge, appointed by the then city manager, developed a set of recommendations aimed at

improving the early childhood system for children birth to eight years old. The process they used was thoughtfully conceived and executed, and offers lessons learned.

### **Early Childhood Task Force Process**

The task force's work spanned 15 months and included two phases. First, there was an information gathering phase where the task force reviewed research to identify national best practices and completed a needs assessment to identify strengths and areas of need across Cambridge's early childhood programs and services. The needs assessment included surveys and focus groups to reach a broad population. Almost 80 different early education, child care, and service providers and organizations completed the surveys. Eleven focus groups were held with parents, teachers, community-based preschools, family child care providers, principals, and other early childhood advocates and stakeholders. The information gathering helped the task force formulate overarching priorities that guided their recommendations, including five overarching goals with specific objectives and strategies to meet those goals.

The resulting document lays out the evidence behind supporting early childhood; offers examples of communities that have made measurable gains in advancing their early childhood goals; describes their full process; and lays out their needs assessment findings, task force recommendations, and objectives and strategies needed to reach those goals. It includes a handful of next steps with a two-year timeline, beginning six months after the release of the plan, in which to begin plan implementation by hiring two new positions: a director of early childhood and an early childhood quality specialist. It also clearly states that the full implementation needed to reach the desired outcomes will be an ongoing, multiyear effort, as sustainable systems-based change does not happen quickly.

The plan was presented and approved by the city and school district, making way for joint city and school district funding starting at \$1.3 million in 2017 and \$2.3 million in 2018. These amounts are intended to increase every year as more of the plan is implemented.

### **Task Force Participation**

The planning process started with a 26-member task force with broad participation from across the community, including residents of Cambridge, the school district, child care providers, early childhood and health experts and advocates, parents, and the community foundation. Notably, instead of having one or two representatives from the city or school district, there were six or more representatives, each from a different part of their system. The city of Cambridge representatives included the city manager; deputy city manager; two assistant city managers, one from the Department of Human Services and the other from the Finance Department; as well as the budget director and others. School district representatives included the superintendent, deputy superintendent, chief financial officer, and others. Additionally, the representatives were in key leadership positions, so when decisions were made, including those related to funding, they would be more likely to be put into action. Having key decision makers who brought funding to the process increased the trust of those on the commission that the work would produce a set of recommendations to be put into action.

The inclusion of this diverse set of leaders in this specific process that amassed national and community-specific research ensured that everyone had the same background information and was "speaking the same language" about the issues, challenges, and proposed solutions. This created shared messages about early childhood, its importance, its local challenges, and recommendations to address it in the broader community.

Shortly after the plan was released, there was a city leadership change. However, this shift does not appear to have negatively impacted the implementation of the approved plan, possibly because of the strong investment, with shared language and understanding of its importance, across city and school district departments and across the broader community.

### **Lessons Learned**

In reflecting on the process, the Childcare and Family Support division head under the human service programs (now the early childhood director), shared that the process, which was well received over all and created a tremendous recommendation document, also had a few resulting lessons learned. One of these lessons was the need for greater transparency and a communications plan both about the process and the work. The task force received some pushback from some community members who felt decisions were made behind closed doors that could negatively impact them. In actuality, programmatic decisions were not being made at that time, but this was not clearly understood by area residents. Additionally, after the plan was released, it was presented to multiple community groups, but then very little was heard in the community about following actions and next steps. Although the work continued, without regular communication, people began to assume that little action was taking place, and they disengaged from the process. Some of these issues could have been mitigated through greater communication and transparency about the process, the work being done, and its next steps. Therefore, it is important to continue to communicate with key stakeholders even after initial planning is complete to keep them engaged and supportive of the work.

Another lesson learned related to structure of the task force and how its recommendations were implemented after they were released. The full task force met monthly, but a smaller subcommittee met between each of the larger task force meetings to complete any necessary work (e.g., gathering and analyzing information, creating agendas, etc.). After the plan was announced, two subcommittees formed to support the implementation. These subcommittees worked on the two issues of 1) determining which standard of quality to use—QRIS (Quality Rating and Improvement System) or NAYEC (National Association for the Education of Young Children)—and 2) developing year-one, -two, and -three indicators for the plan's identified goals. This small workgroup structure ensured the task force was on track to meet its goals and timeframe and that additional needed work continued after the plan's release.

## **ENGAGED BUSINESS COMMUNITY**

As the National League of Cities reports, "The development of human capital through high-quality early learning and K-12 education is becoming ever more critical to the long-term vibrancy of communities as economic trends continue to reward individuals with skills and education." Investment in child development and early childhood education, long term, leads to a better, more educated workforce. And, in the shorter term, parents of young children who live in communities with quality, affordable child care can more easily become part of the available labor pool. Businesses want successful, profitable companies, with highly qualified and reliable employees. Business are becoming increasingly aware of the role that the early childhood system plays in developing this human capital needed for their companies and communities to be successful. As a result, many communities are engaging business leaders in their early childhood collaboratives and strategic planning initiatives, and some communities have business leaders that are pushing forward initiatives that support this view of strategic economic development.



## West Michigan

Talent 2025 is a CEO-led collaborative that aims to make West Michigan one of the top regions in the United States for entrepreneurship. Talent 2025 was created by business leaders in 2010 and now includes over 100 businesses, covering a wide variety of industries, including manufacturing, engineering, educational institutions, nonprofits, healthcare, and others that collectively employ over 75,000 people in the region. Talent 2025 covers 13 counties across West Michigan that have a total population of 1.6 million people and an adult workforce of 860,000. The region also has 13 colleges and universities, with 70,000 students (Talent 2025 2017).

Talent 2025 recognizes that to have a capable workforce, human capital investment needs to happen early. It has 11 workgroups to support its focus areas, one of which is early childhood development. The workgroup identified strategies it is working on to improve early childhood education, such as allowing students in the state-sponsored preschool programs to enroll in whichever county works best for them, and implementing a kindergarten assessment tool statewide. Talent 2025's five data focus areas are early childhood development, K-12 education, postsecondary education, workforce development, and talent attraction and retention. Each of these five areas have identified measures, such as kindergarten readiness and third-grade English-language arts proficiency, and displayed them on an online dashboard to communicate how well the community is doing in these areas. Unfortunately, since there is no common metric for kindergarten readiness used across the region, it has been unable to get data for its early childhood measure.

## Grand Rapids, Michigan

The SOURCE, a nonprofit, member-based organization, was started and funded by manufacturing companies that saw how child care issues were affecting employee productivity and turnover. It is supported primarily through company membership fees (80 percent) and partially through grants (20 percent) (The SOURCE 2017). The companies that started the SOURCE saw that their employees were a critical part of the business's success, but because of factors and challenges outside of work, these employees had poor performance and high rates of absenteeism and turnover, which cost the companies money and hurt profitability. The SOURCE aims to reduce employee turnover and help employees advance by addressing the issues that lead to employees underperforming, quitting, or losing their job.

The SOURCE has health and human social service staff available onsite, as well as partnerships with 45 local nonprofits across West Michigan.

After addressing the identified issues, clients are offered job training and resources to help them advance their career. Additionally, it has an available computer lab, offers computer and financial literacy classes as well as free tax preparation services, and promotes available job openings at other member businesses.

The SOURCE shows that the benefits to companies that become members include increased employee productivity, increased staff retention, access to state and federal training funds, opportunities for business collaboration, and others. These benefits have translated into a reported strong return on investment for these member businesses between 2013 to 2015. The return on investment ranged from 186 percent in 2015 to 283 percent in 2014.



## HEALTHY CHILDREN

The patient-centered medical home (PCMH) is a model of delivering healthcare services to individuals. An individual's care is coordinated through their primary physician to ensure they receive the necessary care when they need it and in a way that they can understand (American College of Physicians 2017). PCMHs can lead to higher-quality care and lower costs, while also improving patients' and providers' experience of healthcare. Research shows that PCMHs are reducing costs through reducing hospital and emergency department visits, while mitigating health disparities and improving patient outcomes.

### **Kent County, Michigan**

Kent County, Michigan has made ensuring its children are healthy one of its community's strategic goals. It does this in part by connecting infants and children to PCMHs. Ensuring children are connected to a PCMH is a proven strategy to assist children in accessing needed healthcare and other community services.

Kent County's Great Start Collaborative (GSC) is a parent and professional collaborative body that helps coordinate and expand local early childhood infrastructure and programming to allow every child in the community to reach desired outcomes. First Steps Kent, in collaboration with the GSC, intermediate school district, and other major partners, developed Kent County's strategic community plan for early childhood, *Success Starts Early: 2015–2018*. This plan lays out the community's vision that every young child in Kent County will enter kindergarten healthy and ready to succeed in school and in life, which includes action steps to ensure children and families are connected with primary care providers.

First Steps Kent implemented the Children's Healthcare Access Program (CHAP) to help achieve this goal. As a demonstration project started in 2008, CHAP was based on the premise that children on Medicaid have less access to primary care than privately insured children, and that lack of access leads to poor health outcomes. CHAP was developed in collaboration with First Steps Kent, the local children's hospital, and its corresponding healthcare insurer (Priority Health). It has since expanded to include additional community partners to address broader issues that may affect the health of children on Medicaid.

The CHAP model is designed to improve access to care by connecting children with a PCMH, assisting families in making the best use of healthcare services, and helping families with young children maintain a relationship with a medical home. It works on three levels—the system, the provider, and the family—to achieve results for children. System-level strategies have included increasing access to primary care through enhanced reimbursement and physician incentives provided by Medicaid health plans. Provider-level strategies include technical assistance to improve office efficiency and enable practices to provide the components of a medical home. Provider level strategies in the First Steps Kent CHAP also included opportunities to participate in special projects such as FitKids360 (a childhood obesity program), an oral health coalition, and a behavioral health workgroup, to address specific health issues, and opportunities to learn and share information about best practices. Family-level strategies include parent education, home-based asthma education and case management, care coordination, patient navigation, referral to community resources, and interpretation and transportation services as needed (Klein and LaCoste 2012).

The CHAP team includes registered nurses, community health workers, social workers, behavioral health patient navigators, and others. As an example of the

types of services provided by CHAP, social workers do home visits to help children with asthma. Social workers work with family landlords to address mold, mildew, and pest control issues and refer parents to additional behavioral health services if they feel there is not adequate attention being paid to a child's health.

The outcomes of this work, described in its 2012 report (Klein and LaCoste), include significant reductions in emergency department visits, improvements for children with asthma, and a 53 percent return on investment. A few of the specific results included:

- Among clients who received at least one CHAP service, emergency department visits declined 43 percent for children ages one to five, and declined 35 percent for all children under 18 years of age.
- Of children receiving CHAP asthma services, 54 percent increased their scores on an asthma control test to an acceptable level, 78 percent had a reduction in the number of school days missed due to asthma, and half had a decreased home exposure to tobacco smoke.

With successful outcomes, and proven cost savings, this program was expanded in seven additional communities across Michigan.

## COORDINATED INTAKE SYSTEMS

A coordinated intake system, which may also be referred to as “no wrong door,” aims to connect families with the most appropriate programs or services within the early childhood system, regardless of where a family enters that system. A family could become connected to applicable high-quality early childhood programming through the court, social services, school district, or another child-serving agency or organization. A coordinated or shared referral or intake system can help reduce the siloes often seen between systems and encourages cross-system collaboration.

### Shelby County, Tennessee

The Early Success Coalition in Shelby County, Tennessee began in January 2009 with a five-year grant from the U.S. Department of Health and Human Services. It was initially focused on expanding evidence-based home visitation programs to prevent and reduce child abuse, but the scope of the coalition expanded through strategic planning to address a full range of services for children and families through over 180 community partners, many of which are still focused on supporting parents and caregivers.

The Early Success Coalition Network, an initiative of the Early Success Coalition, employs a no-wrong-door approach to refer pregnant mothers and families with young children, birth to age five, to relevant home visiting programs and other early childhood resources (Early Success Coalition 2009). It created, uses, and promotes a centralized referral system for human service providers to make referrals to these programs. The programs offered through the shared referral are focused on parent education and creating quality learning environments for their children. The referral does not include child care providers or Head Start for preschool-aged children.

To support the referral source and the parent or caregiver in choosing the most appropriate early childhood program to fit their specific needs, the coalition created a program guide that includes a quick reference of programs for which the family would be eligible. A small description of each of the programs is also included in the shared referral. After the parent or caregiver shares which two programs they would

be most interested in, the individual making the referral inputs the information into a centralized system, created by CoactionNet. The Early Success Coalition partnered with CoactionNet to create an electronic database to track clients and client outcomes, including the referrals. CoactionNet is a network of nonprofit, government, and health and human service organizations that work together using a centralized online data management system. The resulting centralized system appears very easy to use, and it builds connections and structure among providers to allow them to wrap their services around children and families.

### **San Francisco, California**

The Children's Council San Francisco's mission is to connect families to child care that meets their needs and to work with parents, providers, and community partners to make quality child care and early education a reality for all of San Francisco's children, regardless of the family's ability to pay. As a part of this goal, it operates the San Francisco Child Care Connection (SF3C), which is a Web-based application system for families who are eligible for subsidized child care (Children's Council San Francisco 2017). The SF3C includes child care programs for children from birth to age 13 and afterschool programs for school-aged children. Families can enroll at a single location and then have access to multiple child care programs, including Head Start. The family's eligibility is based on their monthly gross income and family size. SF3C uses the application process to determine who should be served first, depending on factors like their family size and income. It does not use a first-come, first-served system for enrolling eligible children.

In addition to income information, the four-page application requests the reason for needing child care, the type of care (i.e., center based, home based, license exempt), the schedule of care needed (e.g., part-time, evening), special needs of the child, and other relevant information. The family can request a specific provider, but they must also select up to three neighborhoods that would be acceptable or convenient locations for the child care. This application then goes into the system where the child is matched with the most appropriate program based on needs, family preferences, and availability.

## **DATA SHARING AND DATA COMMUNICATION**

An early childhood system can work more collaboratively together when there is a shared understanding of where the issues are in a community and where there are gaps in the system. Additionally, when a community works together on its shared goals, it needs to know if it is making progress on those goals. Identifying issues and measuring progress can be done more effectively through shared data that is communicated to all early childhood stakeholders, including the broader community.

### **San Antonio, Texas**

In 2010, at the behest of its then mayor, San Antonio went through a community visioning process called SA2020 that resulted in 11 community causes. One of these causes was to greatly improve the education system in San Antonio because "a better-educated community means a better community overall" (SA2020 2017). One of the indicators within this broader education cause was to increase kindergarten readiness. This initial focus on kindergarten readiness created a clear connection for the entire community on how important success in early childhood is to improving the city's entire educational system.

SA2020 established a benchmark of 30 percent of children considered “very ready” for kindergarten, meaning in the top 25th percentile of at least four of the development domains of physical health and wellbeing, social competence, emotional maturity, language and cognitive development, communication skills, and general knowledge.

It was not immediate, but SA2020 developed a data dashboard to communicate its progress toward each of its indicators, including kindergarten readiness starting in 2013. The kindergarten readiness indicator shows the percentage of children considered very ready, and how this has improved slightly over the last three years.

A commitment to data sharing and communication is also seen through geographically smaller neighborhood-level initiatives, one of which is the Eastside Promise Neighborhood (EPN). The EPN aims to build a cradle-to-career pipeline with a vision that families will grow, graduate, and stay in the area through leveraged assets and available supports. This initiative identified ten “promises” that the EPN needed to meet to be successful. One of these is that children enter kindergarten ready to succeed. The EPN also has a commitment to measure its progress on these promises through data collection, data sharing, and data communication. Although it took several years to get the data sharing agreements in place, the EPN’s five indicators related to kindergarten readiness are now tracked, including the number of kindergarteners who demonstrate age-appropriate functioning across the domains mentioned above and the number of children who have a medical home. The EPN captured baseline data and set targets for each of its indicators, making the information available through a report on its website. There is also an infographic on EPN’s progress available through the larger federal Promise Zone initiative’s website.



## UNIVERSAL PREKINDERGARTEN

One way to help children toward school readiness is through access to a quality preschool or prekindergarten (pre-K) program. In many communities, preschool is not widely available to low- and moderate-income families. Although not yet truly universal, New York State’s Universal Prekindergarten program (UPK) is working to provide statewide prekindergarten, including full-day offerings for many children. Currently, 49 percent of the state’s four-year-olds are enrolled in state-funded preschool programs, while additional children are covered by the federally funded Head Start program. We did not focus on UPK programs since New York already has this portion of an early childhood system in place.

# OPPORTUNITIES FOR SYSTEMS CHANGE

## OVERVIEW

Our research on best practices and conversations with stakeholders suggest several opportunities for system changes that could improve Western New York's early childhood system, and through this, improve outcomes for young children in the region. We have divided these opportunities into three pillars: building the system, increasing awareness, and increasing access. We discuss each of these pillars below.

## BUILDING THE SYSTEM

### Convening Stakeholders

High-performing early childhood systems have strong collaborative bodies. These collaborative bodies help to ensure stakeholders speak a common language, have a shared vision, and work collectively toward shared goals.



It may be important to have several collaborative bodies in Western New York. Liftoff is a good example of a collaborative body. However, some thought needs to be given to whether this body will lead early childhood efforts in the region and form the basis of a strong regional collaborative consisting of parents, providers, business leaders, and others, or if Liftoff will be represented on a larger collaborative body that includes all of these stakeholders. Having a separate, larger collaborative body would allow Liftoff to focus on early childhood issues specific to philanthropy.

The geography of the region also presents significant challenges. Western New York covers a large geographic area with a diverse set of issues. While a regional collaborative body can keep early childhood efforts aligned, it may also be necessary to have more local collaborative bodies in place as well. For example, while Erie and Allegany Counties share many common challenges, each community also has its own distinct set of assets and issues. It will be important for local stakeholders to feel that their voices are heard and to be able to coordinate locally to address the problems unique to individual communities. Significant thought must be given to how best to structure collaborative efforts so that both regional and more local challenges can be addressed.

### Backbone Organization

Collaborative efforts can be organized in many ways. Occasionally, they are efforts of a community's local government or the United Way or a group of United Ways. Regardless of how efforts are organized, it is helpful to have an organization identified as the backbone organization that is, at a minimum, responsible for scheduling the meetings, keeping the minutes, and other logistical tasks. Having a

backbone organization in place with primary responsibility for keeping collaborative efforts moving forward helps to ensure the efforts do not fall victim to competing priorities. The backbone organization can also provide important continuity during elected official and nonprofit staff turnover.

### **Strategic Planning**

Well-developed strategic plans can serve as the roadmap guiding a community's efforts toward meeting its early childhood goals. A clear plan with well-coordinated goals can bring about coordinated improvement. Developing the strategic plans is an important exercise since it is an opportunity to build buy-in among a broad set of stakeholders. Therefore, it is important that strategic plans be developed with broad community participation. It is also important that the plans be built around clear and actionable goals, have realistic timelines, and have measurable outcomes.

### **Engaging Business**

Business leaders are important partners in early childhood efforts. Their support often makes the difference in whether programs are funded. They also have valuable insights into the challenges facing a community and its workforce and potential solutions to these challenges. Engaging the business community effectively requires building their understanding that early childhood investment does not simply represent social welfare investment, but is also an investment in the future economic development potential of the community.

Helping increase school readiness can decrease the need for future public spending in a wide range of areas, including special education, education remediation, and corrections. As a result, increased spending now can lead to lower taxes later. In addition, today's young children represent the workforce of the future—strong early childhood systems can mean better child care for parents, reducing absenteeism and turnover. Business leaders need to be convinced to see early childhood investment as an investment in economic development.

Engaging business leaders can be challenging, as they often rightly want to see data supporting the return on investment. While there is strong research demonstrating the return on investment for some programs, data for other programs are not readily available. Enacting strong program evaluation that carefully measures the outcomes of significant program investments is one way to keep businesses engaged.

### **Metrics**

Strong metrics can help the early childhood system on several fronts. First, metrics can identify where the community's problems are, helping to focus efforts. Second, strong metrics help measure progress toward goals and can help illuminate which programs are working and which are not.

Developing and gathering early childhood metrics at the local level can be challenging. Stakeholders may find that metrics on key goals are not currently available. For example, having children arrive at kindergarten on track and ready to learn is often a goal of early childhood systems. However, measures of kindergarten readiness are often not widely available, and this is true in Western New York. Putting desired metrics in place can be expensive and time consuming.

Presenting metrics in a dashboard that is easy to read and access can be an effective means of communicating early childhood goals and progress toward those goals.

## Professional Development

Increasing the skills of the early childhood workforce is an important part of ensuring that children receive the best possible care. However, low wages for early childhood workers often means there is little economic incentive for workers to pursue additional training. The community can help to support training opportunities for early childhood workers through scholarships to attend conferences and training events or by sponsoring these events. The Western New York philanthropic community already supports important efforts on this front, such as the Niagara QIP.



## INCREASING AWARENESS

### Educating the Community

Educating the community about the importance of early childhood through mass media such as television, radio, billboards, and social media can serve several important goals. First, mass media is a powerful way to reach large numbers of parents. Parents can be educated on the importance of children's early years and can be encouraged to speak often to their children, engage in literacy activities, etc. Parents can also be provided with information on important developmental milestones, and programs and services for which their children may be eligible, such as Early Intervention, the child care subsidy, and UPK.

Mass media communication can also be an important means of building recognition of the importance of early childhood investment in the community at large. This can be a step toward engaging the business community, building support among elected leaders, and increasing the likelihood that community members will support nonprofit providers through donations of time and money.

### Increasing Parental Knowledge

Parent and caregiver knowledge of early childhood issues is especially important. Parents need to know about milestones in their child's development, they need to know how best to interact with their children, they need to know where to turn if they have questions or concerns, and they need to know about programs and services for which they might be eligible.

While mass media can be an important way to reach parents, other more targeted efforts might be valuable as well. Several stakeholders noted that pediatricians are trusted service providers and that these doctors and their offices represent good opportunities to reach parents on a variety of topics. Child care and preschool programs also represent good opportunities for reaching the parents and caregivers.

An early childhood collaborative and its partners can support the development and distribution of educational materials. They can also support education efforts aimed at these providers. For example, pediatricians and/or their staff can be educated about Early Intervention, food programs, the child care subsidy, and resource and referral services available in the community.

### Directory of Resources

Stakeholders noted that it can be difficult for parents and others to find information on early childhood services in their community. Some pointed to 211, a three-digit phone number that connects people to services, as a good resource. However, others felt that 211 was under resourced, which limited its effectiveness. An early childhood collaborative and its partners can support efforts to build stronger directories of available resources.



## Advocacy

Early childhood supporters can engage in advocacy to help support systems change. Advocacy should not be confused with lobbying. In general, lobbying involves trying to influence the passage of or make changes to a specific bill or resolution before a legislative body. Advocacy is much broader. It entails wider education efforts to develop support for particular causes or issue areas. Nonprofit organizations and business leaders can advocate for early childhood efforts, which means they can work to educate legislators on issues important to young children in the community. These efforts can be broad like educating elected officials on the powerful return to investing in young children, or they can be narrower, like encouraging legislators to strongly support subsidizing child care.

## INCREASING ACCESS

### Coordinating Intake Policies

Coordinated intake policies, also known as “no-wrong-door” policies can be effective tools at increasing family access to important early childhood programs. Under a no-wrong-door policy, a parent or caregiver who applied for services in one area could also be connected or referred to services in another area. For example, a caregiver applying for the child care subsidy could be connected to Medicaid by the same worker or by completing the same application form.

Coordinated intake policies require many different organizations to work together, including nonprofits, government agencies, healthcare providers, child care providers, schools, and others. This process is potentially more complicated in Western New York because programs and eligibility requirements often differ from one county to the next. While making progress in this area would be difficult, improving the coordination of intake policies could provide substantial benefits to young children.

### Make Services More Affordable

Many respondents stated that cost is a barrier and that making programs more affordable would increase access to services. Parents with incomes just above program eligibility thresholds often still find it difficult to access services. Some stakeholders felt that the programs were aimed at providing a safety net to families in poverty, but these programs were not designed to aid the working poor.

Philanthropy can support direct service provision in some communities for families that need services, but who are not eligible for publicly provided programs. Philanthropy, however, is not a substitute for government. Philanthropic support can help demonstrate the effectiveness of programs to help build the case for increased public funding for important services.

### Location

Many programs serve limited geographic areas. For example, the highly regarded Read to Succeed Program only serves children in Buffalo. The philanthropic community can help to expand the geographic reach of successful programs so that more children in the Western New York region can access them. It can do this by directly funding programs, but also by investigating and working to mitigate nonfinancial barriers that keep programs from serving all eligible children in a community.

The patchwork of program eligibility requirements across counties also creates challenges for families with young children. This is especially true for the child care

subsidy. An early childhood collaborative and its partners can support efforts to try to make program eligibility requirements more uniform throughout the region.

### **Transportation**

Numerous stakeholders cited transportation issues as a significant challenge for young children. Many low-income families do not have access to reliable transportation, and this makes it difficult for some children to access services. These challenges include children with special needs accessing programs, challenges for parents trying to bring their children to see doctors or other specialists, difficulty for parents using public transit to get to work and also get their children to child care, etc.

These problems are particularly acute in rural areas where public transit options can be extremely limited and where the geographic travel times are longer. Some parents noted frustration that some Head Start programs had stopped providing transportation. Other parents in rural areas noted that children with special needs had long bus rides.

Transportation challenges cannot be easily addressed, but an early childhood collaborative can work to develop potential solutions.



# CONCLUSION—A STATEMENT FROM LIFTOFF WESTERN NEW YORK EARLY CHILDHOOD FUNDERS FOR CHANGE

Together and individually, the members of the Lifftoff work to ensure children across all eight counties of Western New York, are, by age five, meeting critical milestones and are ready to learn and succeed to their fullest potential.

A successful early childhood strategy is also a successful economic and community development strategy. Today's children are tomorrow's neighbors, workers, voters, business owners, and civic leaders. Unfortunately, too many of our children are not ready for success when they arrive at the kindergarten door, representing a significant challenge for the region. Children's earliest years are the most important for development, and success in the early years helps our children to live rich and fulfilling lives. We believe that positive impacts and pivotal systems change achieved for young children today will reverberate throughout our communities for generations to come.

With this in mind, Lifftoff commissioned this study to assess Western New York's early childhood system, identify the region's assets and gaps, document what is working for our children and what is not, and present opportunities for systems change. This study includes demographic and outcome data, as well as data on spending on important early childhood programs. It includes an overview of the strategies used by high-performing early childhood systems from around the country. Finally, it includes input from interviews with early childhood experts, as well as conversations with parents, community leaders, early childhood providers, and other community members. More than 300 Western New Yorkers shared their personal experiences of what is working well for young children in Western New York, what is not working as well, and their thoughts on how we can do better.

We have reviewed the study's findings and listened to what parents, providers, and other experts have to say about where the region is and how it can improve. Based on our review and what we heard from participants, we have identified **five high-priority action areas** for Western New York's early childhood system. Together with partners from across the community, Lifftoff will attempt to advance these priorities. The five priorities are:

- **Developmental screenings for all children**—Early intervention makes a significant difference in preventing and addressing developmental delays. Many children miss the opportunity for the earliest possible intervention because they do not receive screenings on time. Some families miss the opportunity for early screening because they are unaware of the services already in place. Too often, children who do receive screenings, do not receive needed interventions because referral agencies and service providers are not in alignment. Putting in place universal screenings with a robust and coordinated referral system and better parent education on the importance of early screening and intervention will help ensure that children receive the right care and services at the right time.

- **Kindergarten readiness screening**—As a region, we share a commitment to ensuring that all children are meeting their physical, social, emotional, and cognitive developmental milestones and are ready to succeed and learn to their fullest potential when they arrive at kindergarten. Western New York, however, does not have a systemwide approach to measuring whether our children are meeting these goals. Without a readiness screening process in place, it is difficult to gauge the extent of the problem, to direct resources to where they are most needed, and to measure improvements from successful efforts.
- **Availability and Awareness of high-quality child care**—In communities across the region, families have difficulty accessing high-quality child care regardless of price. The lack of availability of high-quality child care was frequently cited as a concern by parents, providers, and other stakeholders. Participation in child care quality-rating and accreditation programs is low, and as a result, it is challenging for parents to identify quality offerings. There is also a growing concern that the overall availability of care is declining. High-quality child care provides a supportive development environment for children and helps their parents access the labor force confident that their children are being well cared for, making this action item essential to both child development and the overall economic prosperity of our region.
- **Affordability of high-quality child care**—For too many families in Western New York, high-quality child care is financially out of reach. High-quality child care needs to be affordable so that it can be accessed by our most vulnerable children and families. Western New York faces numerous challenges with child care affordability. Most significant are the issues with the state’s child care subsidy, including long waiting lists and eligibility requirements that differ by county. Child care providers also struggle with paying wages sufficient to attract high-quality staff without compromising program affordability.
- **Transportation**—Access to early childhood programs and services starts with access to reliable transportation. Community members reported that again and again transportation challenges make it hard for families to access needed services. Stakeholders noted that some programs, such as Head Start, have been eliminating transportation, leaving some families unserved. Families of children with special needs face especially significant transportation challenges, sometimes having to travel long distances to access needed services.

This report and its findings are only a beginning. It is now time to move from study to action. In the coming year, Liftoff will be working with partners across our region to address the five priorities identified here. Our efforts will be an important start, but it will take more. We will need committed partners as we move forward, and we hope that you will join us in this essential work. Improving opportunities and outcomes for our youngest community members will put children on the path to success and improve the lives of their families. It will improve our community, strengthen our economy, and ensure a prosperous future for our region.

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