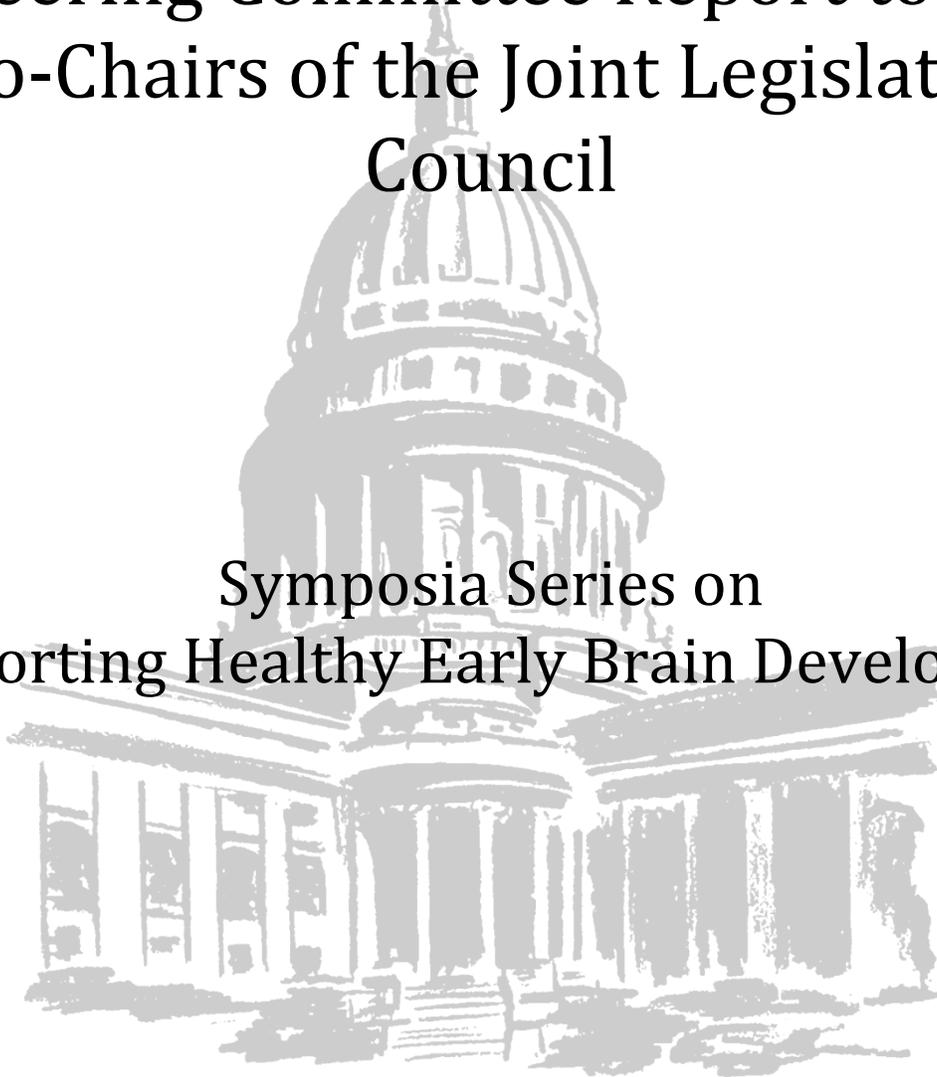


DRAFT

Steering Committee Report to the
Co-Chairs of the Joint Legislative
Council

Symposia Series on
Supporting Healthy Early Brain Development



December 5, 2014

Wisconsin Legislative Council
One East Main Street, Suite 401
Madison, WI 53703-3382
Phone: (608) 266-1304
Fax: (608) 266-3830

www.legis.wisconsin.gov/lc

DRAFT

SYMPOSIA SERIES ON SUPPORTING HEALTHY EARLY BRAIN DEVELOPMENT

Prepared by:
Rachel Letzing, Principal Attorney, and Jessica Ozalp, Staff Attorney
December 5, 2014

CONTENTS

PART I	3
STEERING COMMITTEE FORMATION AND ASSIGNMENT	3
PART II	5
COMMITTEE ACTIVITY	5
June 19, 2014	5
July 24, 2014	7
September 9, 2014.....	9
Office of Children’s Mental Health	9
Colorado Office of Early Childhood	10
Legislative Fiscal Bureau.....	11
DCF.....	12
October 23, 2014.....	14
Inventory and Data Sharing	14
Early Childhood Care and Education – Youngstar Quality Rating and Improvement System.....	15
Healthcare	15
Early Childhood Education Scholarship.....	16
Early Childhood Care and Education - Childcare and Preschool and Childcare Teachers and Staff.....	17
Early Childhood Care and Education – Wisconsin Shares Child Care Subsidy Program.....	17
December 15, 2014	17
PART III	19
RECOMMENDATIONS OF THE STEERING COMMITTEE	19

Recommendations 19
Information..... 19
APPENDIX 123
APPENDIX 225

DRAFT

PART I

STEERING COMMITTEE FORMATION AND ASSIGNMENT

In March 2014, Senator Luther Olsen and Representative Joan Ballweg, Co-Chairs of the Joint Legislative Council, created a steering committee to develop a symposia series on supporting healthy early brain development. Chaired by Representative Joan Ballweg and Vice-Chaired by Senator Alberta Darling, the committee was provided with the following assignment:

The steering committee is directed to conduct information symposia regarding: (a) research on the impact of early brain development on lifetime physical and mental health, educational achievement, and economic security and the factors that hinder or promote healthy early brain development; (b) policy initiatives implemented in other states that are intended to positively influence early brain development; and (c) relevant programs and initiatives currently in place in Wisconsin. The Steering Committee shall also develop policy recommendations designed to improve the early brain development of Wisconsin's infants and young children.

DRAFT

PART II

COMMITTEE ACTIVITY

JUNE 19, 2014

At its first meeting, the Steering Committee received invited testimony regarding the effects of adversity and toxic stress in early childhood, prevention of the negative effects of childhood adversity, research findings on the effects of childhood adversity on early brain development, state efforts to support healthy brain development and mental health in infants and young children, home visiting programs, and Wisconsin Head Start intervention services and school readiness programs.

Kevin Moore, Deputy Secretary, Department of Health Services (DHS), and member of the Child Abuse and Neglect Prevention Board, presented background information about the Adverse Childhood Experiences (ACE) Behavioral Risk Factor Study, and its findings on the long-term damaging consequences of ACEs. He noted that ACEs are the leading cause of health problems throughout the lifespan, and that DHS is working closely with the Wisconsin Children's Trust Fund (CTF) on prevention measures. He stated the original ACE study findings are supported by research on brain development and toxic stress, and that this research confirms a cause-effect relationship between ACEs and later health problems.

In response to questions from the committee, he described the six-month-old program "Care for Kids" in which the Department of Children and Families (DCF) is partnering with the children's hospital to combat ACEs and toxic stress in the lives of children by offering trauma-informed "wrap-around" care and services in southeast Wisconsin. Mr. Moore indicated that DHS is partnering with the Department of Public Instruction (DPI) and is working to garner federal resources, such as the Center for Medicare and Medicaid Services funds, for trauma-informed care and for obtaining further data on best practices.

Jennifer Jones, Interim Executive Director, Children's Trust Fund (CTF) and Chair of the Child Abuse and Neglect Prevention Board's Legislative Committee, described the work of CTF, the state's leading child abuse and neglect prevention agency. She presented the most recent data from Wisconsin on the effects of ACEs on long-term outcomes and achievement. She described findings that ACE scores vary by race and income, and that high ACE scores correlate with high rates of suicide, mental health concerns, poor academic performance, and substance abuse. She discussed certain protective factors that research shows can buffer the negative outcomes related to childhood adversity: resiliency; trauma-informed care; and the presence of at least one competent and caring adult in a child's life.

In response to questions from the committee, Ms. Jones also explained the ACE master training program currently being implemented, including safe schools initiatives and providing training on ACE and trauma for school districts. In response to a question, she stated that there is a

great deal more CTF could do towards child abuse and neglect prevention if the state invested more funds in this area.

Melissa Roberts, Legislative Liaison, Department of Corrections (DOC), discussed how ACE research has been integrated into four key priority efforts driving practices, policies, and prevention in Wisconsin. The four priority areas are to increase public awareness of ACE study findings, address co-occurrence of ACEs among children of incarcerated parents, expand the knowledge and use of ACE data within Medicaid/BadgerCare, and enhance ACE related data in Wisconsin. She also gave an overview of relevant research and policy across the Midwest and in certain other states.

Ms. Roberts presented policy recommendations designed to prevent the accumulation of multiple ACEs due to the cumulative negative effects of these adverse experiences. These recommendations included: investing more in prevention strategies, such as Project GAIN in Milwaukee, Wisconsin's Community Response Program, and the Positive Community Norms Statewide Initiative; making Medicaid policy changes, such as a benefits package specifically for individuals with ACEs and trauma, and reimbursement for evidence-based prevention initiatives; designing and piloting prevention and intervention strategies with children and parents involved in Corrections; and investing in research on resilience.

Dr. Seth Pollak, Professor of Psychology, Anthropology, Pediatrics and Public Affairs, University of Wisconsin-Madison, described his research on the effects of child abuse, neglect, stress, and poverty on early brain development in at-risk populations. He described the biomechanical effects of adverse experiences or poverty in childhood on cognitive functioning and on long-term negative health outcomes. He described the "how and why" of long-term biological changes caused to humans by toxic stress. He detailed recent discoveries about the epigenetic mechanisms by which early exposure to prolonged stress and adverse experiences affect the growth rate of the brain, interfere with the regulatory ability of the frontal lobe, delay the development of the orbitofrontal cortex, and impair the growth of the prefrontal cortex. He stated that the data indicates these neurological changes cause poor performance on executive function tasks, and raise the long-term risks of developing anxiety, depression, drug abuse, sexual behavior problems, and other health concerns. Dr. Pollak also explained his findings that chronic stress, such as that which results from experiencing neglect as a child, increases cortisol and decreases oxytocin in the bodies of children, and that these hormonal imbalances damage brain development and function.

Lana Nenide, Associate Director, Wisconsin Alliance for Infant Mental Health, spoke about programs and initiatives currently in place in the state that are intended to positively influence early brain development, and touched on relevant policy initiatives implemented in other states. She discussed the emphasis in the field of infant mental health on the importance of supportive early relationships to children's social and emotional development, including the emergence of self-regulation. She described the Pyramid Model, an evidence-based, cross-systems prevention and intervention framework providing a variety of training modules and home visit services. She explained initiatives in other states to achieve "continuity of care," or the policy of assigning a primary infant care teacher to an infant from the time the child enters child care until the child is three years old or leaves the program.

Ms. Nenide then discussed Early Childhood Mental Health Consultation, a problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with early childhood mental health expertise and one or more individuals with other areas of expertise. Ms. Nenide recommended that Wisconsin build, fund, and support a statewide network of qualified early childhood mental health consultants.

Leslie McAllister, Home Visiting Coordinator, and **Tom Hinds**, Home Visiting Performance Analyst, DCF, provided an overview of home visiting programs administered by DCF and DHS in Wisconsin. The Family Foundations Comprehensive Home Visiting Program funds 14 evidence-based home visiting programs operating in 15 counties and four tribal communities. Ms. McAllister described the typical visit activities conducted during weekly home visits by nurses, social workers, or paraprofessionals. She noted that screening and assessment is a recent emphasis when training home visit staff. She discussed the funding history of home visiting programs, including federal resources like TANF grant funds, and associated federal requirements and expectations with regard to use of proven evidence-based models for home visiting. She then explained how these requirements for evidence of effectiveness shape the program components of specific programs, such as Healthy Families America.

Mr. Hinds explained the federal benchmark plan, including measures of improved outcomes, required data collection, and reporting requirements. He discussed the coordination done by the agencies to track various statistics, including the numbers of children in these programs who experience abuse and neglect. In response to a question, he stated that the agencies are working on identifying efficiencies and providing supports for home visit staff to reduce the time spent on paperwork and data collection.

Lilly Irvin-Vitela, Executive Director, Wisconsin Head Start Association, explained the intervention services provided by her agency to families and children around the state. Early Head Start and Head Start programs support developmentally appropriate practices which promote child growth and school readiness with tools such as Early Childhood Environmental Rating Scales, Infant and Toddler Environmental Rating Scales, and the Classroom Assessment Scoring System. She discussed federal and local funding, infrastructure, participation rates and numbers of individuals served, and costs per child for these programs. She then summarized the data on improved outcomes for children and families involved in Head Start programs.

JULY 24, 2014

The Steering Committee heard testimony from invited speakers regarding the return on investment in early childhood education, the Minnesota Early Learning Foundation investment and initiatives in St. Paul, Minnesota, policy initiatives in other states that address early childhood education and development, and the evidence-based trauma sensitive interventions for children placed in out of home care implemented by Anu Family Services.

Art Rolnick, Former Senior Vice President and Director of Research, Federal Reserve Bank of Minneapolis, and Senior Fellow and Co-Director, Human Capital Research Collaborative, University of Minnesota, presented information on the research showing that investment in high quality early childhood education far exceeds the return on most public and private economic investments and

described his experience implementing research-based approaches to early childhood education in Minnesota. In particular, he described the research on the Perry Preschool Program in Ypsilanti, Michigan, and said that cost-benefit analyses showed that for every \$1 invested in the program during the early 1960s, over \$16 in benefits was returned to the program participants and society as a whole, and that the real (adjusted for inflation) internal rate of return for the program was 18%. He noted that neuroscience has also shown that high quality early childhood interventions can provide the types of support necessary to foster healthy brain growth. He then discussed the establishment of the Minnesota Early Learning Foundation, which invested \$20 million of private funding to pilot two research-based approaches for improving early childhood education - the Parent Aware quality rating and improvement system for early childhood program providers, and the Saint Paul Early Childhood Scholarship Program for low-income families – and the elements of each initiative as well as the positive outcomes shown in evaluations of each program. He explained that the administrative cost of bringing a scholarship program for high-quality care to scale is very small, but the primary issue is how to fund it.

In response to questions from the committee, Mr. Rolnick said that from a long-term economic perspective, instead of using economic development funding to subsidize private businesses, those dollars would create a larger economic and public return on investment if they were used to fund early childhood education, and that an early childhood education scholarship program needs leadership, either from private businesses or state or local governments, in order to be successful.

Robyn Lipkowitz, Program Director, National Conference of State Legislatures, provided an overview of other states' legislation regarding early childhood education and development. She explained that states are interested in this area for a number of reasons, including concerns about school readiness, the impact of poverty, and economic interest in the future workforce. According to Ms. Lipkowitz, several states have legislation that incorporates or recognizes early brain research concepts. She provided examples of other states' legislation, including legislation that:

- Requires incorporating executive function skills in state early learning standards, including executive function skill development in teacher and early childhood provider training programs;
- Creates a state consortium for high-quality infant and toddler care that partners state and private organizations;
- Allows low-income parents to continue receiving a child care subsidy for a short period even after they find a higher paying job;
- Creates scholarships to improve credentials among the early childhood workforce;
- Provides higher child care reimbursement rates for quality programs;
- Funds and implements evidence-based home visiting programs; and
- Creates two generation strategies designed to support parents while their children are receiving high-quality childcare.

In response to questions from the committee, Ms. Lipkowitz stated that she would provide additional information to the committee regarding states that provide training and professional development regarding trauma or toxic stress, and would provide copies of legislation from other states described in her presentation.

Amelia Franck Meyer, CEO, Anu Family Services, explained that Anu is a nonprofit child welfare organization that operates in Minnesota and Wisconsin. Ms. Franck Meyer presented information about the grief, loss, and trauma experienced by children who are removed from their homes, the current child welfare system's response to these children, and the evidence-based intensive trauma healing and permanence services Anu provides. Ms. Franck Meyer explained that the traditional child welfare system is structured and funded around ensuring a child's physical safety, relies on traditional therapy, behavior management, and pharmacological interventions, which do not acknowledge a child's losses or allow a child to grieve those losses, and re-traumatizes a child by changing their out-of-home placements when their behaviors do not respond to traditional interventions. She explained that a combination of intensive grief, loss, and trauma work in a safe, integrative therapy is essential before conducting a diligent, exhaustive search for permanence with a family member or someone who is important to the child. She stated that this focus on trauma effective care, which gets to the root causes of trauma using integrative healing interventions, ensures that children are healthy in all respects and are more ready to have successful transition to permanent homes.

In response to questions from the committee, Ms. Franck Meyer said that Medicaid does not pay for innovative healing techniques, but it may be possible to create a broader definition of therapies that may be funded by Medicaid under the state plan; Anu operates with various partners, including county governments, in 60 Wisconsin counties; that permanence for children should not be done on a prescribed timeline without involving the child and doing the trauma effective work with the child first; and that barriers to being foster parents are often the result of the system's reliance on physical safety, but that incentives to increase the numbers of foster parents would be helpful.

SEPTEMBER 9, 2014

The Steering Committee received invited testimony on the work of the Office of Children's Mental Health, the early childhood initiatives and Two Generation approach underway in Colorado, a comprehensive description of the funding directed to state agencies for programs that have a goal of reducing ACEs for children up to age three, the DCF Trauma Project, the Youngstar Childcare Quality Rating System, and the state's use of the Child and Adolescent Needs and Strengths (CANS) assessment tool.

Office of Children's Mental Health

Elizabeth Hudson, Director of the Office of Children's Mental Health (OCMH), presented information on OCMH's structure and work. She explained that OCMH is not part of DHS, but is a standalone office reporting directly to the Governor's office. It monitors, collaborates with, integrates, and connects other state agencies whose work touches on children's mental health

issues. She described the concept of trauma-informed care as a principle-based culture change process, applied not just to treatment, but to everything encountered in daily work with children. Trauma-informed care allows the focus to shift from diagnosing disorders to making sense of behaviors as adaptation resulting from the trauma experienced by a child. Ms. Hudson outlined how new scientific technologies, such as advanced brain imaging, have impacted assumptions regarding behaviors of children with trauma in their past. She stated that the prevalence of traumatic events among mental health patients makes a culture change necessary throughout the systems they encounter, because simply providing trauma-informed therapy is insufficient if these children are spending the rest of their time (outside therapy) in environments which are not trauma sensitive.

Ms. Hudson presented information about the percentage increases in a variety of health and safety risks attributable to traumatic childhood experiences. Reducing early adversity, she stated, has the potential to simultaneously decrease all of these public health concerns. She highlighted OCMH's strategic cross-systems coordination of trauma-informed care projects across the state, including grant programs and partnership with corrections agencies. She also stated efforts are underway to integrate the data from all agencies that children encounter, to better inform decisions by getting a fuller picture of what happens to each child in all interactions with state programs.

In response to questions from the committee, Ms. Hudson said that she is in regular contact with leadership of each state agency; that OCMH works with faith-based community organizations; and that OCMH also coordinates with programs working to reduce exposure to environmental toxins such as lead.

Colorado Office of Early Childhood

Mary Anne Snyder, Director of the Office of Early Childhood, Colorado Department of Health Services, provided an overview of Colorado's Two Generation Plan with **Keri Batchelder**, Two Generation Manager, Colorado Department of Human Services. Ms. Batchelder described how Colorado built its strategy around the emerging need to assess both the child and the parent at the same time, to better assist the family to find a way out of poverty and to best position the child to stay out of poverty. The two generation approach is not a program, but a new framework for utilizing resources. Ms. Batchelder explained that Colorado has implemented a dual approach to employment assistance, with programs to benefit both custodial and noncustodial parents. These programs include enhanced child support services, parenting skills courses, and intensive employment programs. Colorado's Temporary Assistance for Needy Families (TANF) program has been re-focused on pay and retention outcomes, emphasizing employment rather than cash assistance. Colorado has also implemented early learning, financial education, and college savings components in its two generation strategy.

Ms. Snyder described the Colorado legislation which established the Colorado Office of Early Childhood. She also explained that counties can now provide presumptive eligibility for childcare subsidies, and decouple childcare eligibility from the parent's work schedule. Colorado is also requiring quality ratings for all licensed childcare facilities, and focusing federal resources on facilities that accept subsidy participants. Colorado implemented a management system facilitating

confirmation of professional development qualifications for early childhood educators, and coordinated site visits to provide better quality control.

In response to questions from the committee, Ms. Snyder stated that Wisconsin already has some community and family support components of the Colorado system, but examples of Colorado components we may not yet have include a system of early childhood councils, an early intervention program for children under three years of age with a developmental delay, and a child maltreatment prevention unit.

Legislative Fiscal Bureau

Rob Reinhardt, Charlie Morgan, Christa Pugh, and John Gentry, Legislative Fiscal Bureau (LFB), explained the information presented in their “Early Childhood Care and Treatment Programs” memorandum dated September 5, 2014. The memorandum includes an inventory of funding directed to state agencies for programs that have a goal of reducing ACEs for children up to age three. It also contains information on three programs administered by DHS that provide care and treatment services to young children with certain health conditions.

Mr. Gentry stated that the Child Abuse and Neglect Prevention (CANP) Board administers most state-funded activities to prevent child abuse and neglect in Wisconsin. He then described three main expenditures going toward DCF-administered programs: direct childcare subsidies through Wisconsin Shares; state administration and licensing of childcare providers; and programs that enhance the quality of childcare in Wisconsin. He explained how child care providers participating in the Wisconsin Shares child care subsidy program are reimbursed based on the number of stars earned under the Youngstar rating system. He then described funding for stipends and scholarships for professional development of childcare providers through the Teacher Education and Compensation Helps (TEACH) program. Mr. Gentry described the funding sources for the Wisconsin Family Foundations Home Visiting Program (FFHV) and the services it provides.

Mr. Gentry described funding sources for family preservation and reunification services, and described the funding of post-adoption resource centers, foster care and case management, and child protection services.

Mr. Gentry outlined the funding Wisconsin receives under the federal Promoting Safe and Stable Families (PSSF), which provides funds to states, territories, and tribes to enable them to provide family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services. He then described the Wisconsin Trauma Project and the Wisconsin ACE survey. Ms. Pugh described the Head Start program administered by Wisconsin Department of Public Instruction. Mr. Morgan described programs administered by DHS, including the Children’s Long-Term Support Waiver and the Birth-to-3 program for infants and toddlers with disabilities.

In response to questions from the committee, Mr. Reinhart stated that there is a tiered aspect in childcare subsidies depending on the income of the eligible family, and that there is a cliff effect when a participant moves into an income bracket that makes them ineligible for the subsidy. He stated that details of the copayment schedule and reimbursement rates are available in an LFB

Informational Paper on Wisconsin Works and on the DCF website. Ms. Pugh stated that LFB will provide the committee with information about income eligibility for Wisconsin Head Start and Wisconsin Shares.

DCF

The following panel appeared on behalf of DCF: **Fredi Bove**, Administrator of the Division of Safety and Permanence; **Carrie Finkbiner**, Lead Staff for Development and Implementation of the DCF Trauma Project; and **Kim Eithun-Harshner**, formerly of the DCF Trauma Project, who helped develop and lead the project and has since moved to the OCMH.

Ms. Bove stated that research shows ACEs have a toxic effect on development and increase risks of negative long-term health and social outcomes. She noted that the Trauma Project is a cross-system, comprehensive approach to create a trauma-informed child welfare system, partnering with the juvenile justice system, mental health system, education system, law enforcement and court system. The Trauma Project implements a three tiered approach to train people interacting with children in evidence-based trauma screening, assessment and treatment. The three tiers of emphasis are the child, the family, and the system.

Ms. Bove outlined some of the strategies used at each tier to improve the screening, assessment and treatment of trauma. This includes such initiatives as provision of trauma-focused cognitive behavioral therapy (TF-CBT) for children; provision of a 16-hour trauma-informed parenting training course; and promoting cross-system trauma-informed work between the child welfare system and other systems that touch the same children and families. Ms. Bove described the Trauma Project's future plans to build capacity, pursue new grant opportunities, and develop a robust system to measure project outcomes.

In response to questions from the committee, Ms. Bove noted the Trauma Project takes about \$45,000 to start up in a county, with the state providing half the cost and the county providing the other half. She confirmed that in addition to parents, the program also works with foster parents and caregivers of children who are not reunified with their birth family.

The committee then heard from two county Trauma Project partners: **Mark Mertens**, Youth and Family Services Division Manager in the Outagamie County Health and Human Services Department; and **Karla Broten**, Youth and Family Program Manager in the Barron County Health and Human Services Department. Mr. Mertens discussed Outagamie County's experiences since joining the Project in 2012 to better integrate services between its juvenile justice and child welfare systems. He stated that the experience has been transformational for the county's system, and its ability to better respond to children entering the criminal justice system at an early age. He emphasized training mental health clinicians and noted that research now indicates that children should go through trauma screening before receiving diagnosis of mental health issues. In response to questions from the committee, Mr. Mertens indicated that both state funds and local county levy fund the county's Project initiatives.

Ms. Broten spoke about Barron County's experiences with the Trauma Project and the positive effects of implementing TF-CBT for children and families. She stated that Barron County is making significant progress with the goals of the Trauma Project on all three tiers. She presented information about the positive outcomes resulting from access to TF-CBT, stated that it empowers victims of trauma to heal from their experiences, and described some success stories from Barron County. In response to questions from the committee, she noted that there are children younger than five who participate in the program. She indicated that a child must have an open case with Barron County to get access to TF-CBT at this time, that the lack of state funding acts as a barrier to access for children who have not entered the county system, and that some of the professional services are billable to medical assistance but not all services are billable.

The next DCF presenter was **Judy Norman-Nunnery**, Administrator of the Division of Early Care and Education. Ms. Norman-Nunnery provided an overview of DCF quality initiatives. She presented statistics on the early formation of the achievement gap and the importance of quality in early childhood education. She explained the history of the quality framework Wisconsin has implemented since 2002 through the Governor's Early Childhood Advisory Council and the Race to the Top Early Learning Challenge Grant.

In response to questions from the committee, Ms. Norman-Nunnery stated that several years ago, Wisconsin Shares began reimbursing some childcare providers based on enrollment (mainly group centers) and others based on attendance (mainly family programs), in order to save costs. She stated that DCF will provide the committee with updates to the tiered reimbursement rate information on the DCF website, including any regional variation.

Kath McGurk, Director of the Bureau of Early Learning and Policy, explained how the Youngstar Tiered Quality Rating and Improvement System operates in Wisconsin since implementation in 2010. Ms. McGurk outlined the Youngstar method to assess, improve, and communicate levels of quality in early care and education settings. She explained participation requirements, quality indicators and rating standards, and rates of participation across the state. She described the tiered Wisconsin Shares reimbursement that childcare programs receive according to the Youngstar quality rating they are able to attain. She also informed the committee about the rise in numbers of programs attaining higher quality ratings in the state, as programs make use of Youngstar quality improvement resources and supports.

Debbie Drew, Director of the St. John's Lutheran Church Child Care Program of Portage, described her early education center's experience with Youngstar. The St. John's Lutheran Church Child Care program opened in 2001, and has transformed from a daycare to a child development center connected with the St. John's Elementary School. Ms. Drew explained that the center initially attained a four star quality rating when entering the Youngstar program in 2012. She stated that the center made a decision to lead, and avail itself of Youngstar tools to improve quality, train its educators, and attain a five-star rating. She told the committee that the center's improvements and all of the attendant benefits to the Portage community would not have been possible without Youngstar. In response to questions from the committee, Ms. Drew stated that the increased

Wisconsin Shares reimbursement rate it attained through receiving a five star rating has allowed the center to begin accepting a higher number of subsidy families through tuition assistance.

Finally, an explanation of the state's use of the CANS assessment was provided by Ms. Bove and by **Jonelle Brom**, Out-of-Home Care Section Chief, Bureau of Permanence and Out-of-Home Care. The CANS tool is an assessment strategy used in Wisconsin since 2001 to evaluate recipients of child welfare services for decision support, treatment planning, and outcomes management. Versions of this tool are used in 30 states to determine service needs, create meaningful goals for families, and match each child with an appropriate care environment for his or her level of need. Ms. Brom noted that Wisconsin was an early adopter of CANS and is part of a national consortium working with several prominent universities to determine best practices for using CANS effectively. In response to questions from the committee, Ms. Bove indicated that the Wisconsin system attempts to place children with relatives in a familiar setting when they must enter out-of-home care; and that all Wisconsin counties are now being trained in family finding techniques to identify relatives of children being placed, and assist them in attaining the necessary licensure.

OCTOBER 23, 2014

The Steering Committee discussed committee member suggestions included in Memo No. 1, *Policy Suggestions for Supporting Healthy Early Brain Development*, with representatives of the OCMH - Elizabeth Hudson and Kate McCoy; DCF - Sara Buschman, Judy Norman-Nunnery, and Kath McGurk; and DHS - Kevin Moore.

Inventory and Data Sharing

The steering committee began by discussing inventory and data sharing. First, staff from the OCMH explained their integrated data proposal for developing an integrated data system using data on children's social and emotional well-being collected from state agencies such as DCF, DHS, DPI, and DOC. The information collected from different agencies would then be integrated to provide a comprehensive view of how children receiving services are performing in different areas of their lives, such as school and treatment programs. The effectiveness of these services could then be assessed to inform investment in programs and systems serving children. Staff from OCMH and DCF explained that the OCMH integrated data system has a different focus and would be conducted on a smaller scale than the DCF Race to the Top Early Childhood Longitudinal Data System Project which DCF is developing.

Steering committee members expressed support for the OCMH integrated data proposal and encouraged OCMH to include the proposal in its 2015-17 biennial budget request. In addition, members suggested that OCHM and DCF work together to refine the proposal in order to ensure that it dovetails with, and does not duplicate, DCF's integrated data project. There was consensus among committee members that data collection and sharing is an important way to ensure that the state makes good policy choices.

Second, in response to suggestions provided by Representative Rodriguez regarding the development of a database for the early childcare system, DCF staff described the DCF Race to the

Top Early Childhood Longitudinal Data System Project in greater depth and explained that staff continually question and review data collected on early childcare programs. DCF staff estimate it will be two years before the project is completed. DCF staff noted that the Early Childhood Advisory Council's review of early childhood measures and outcomes could assist in the development of an integrated data system.

Third, in response to a suggestion offered by Representative Ballweg, OCMH staff explained that it is in the process of developing an inventory of state and county trauma informed care programs. The inventory will be completed within the next year and will be available to the public.

Early Childhood Care and Education – Youngstar Quality Rating and Improvement System

In response to suggestions made by Representative Rodriguez, DCF staff provided an overview of the marketing initiatives and website portal created in order to inform Wisconsin families about Youngstar. DCF staff then explained the types of incentives currently offered under Youngstar to assist providers in achieving higher star ratings, including microgrants, technical consultants, the TEACH scholarship and the REWARD stipend. DCF staff noted that there has been an increase in the number of children whose families receive the Wisconsin Shares subsidy that are attending three-, four-, and five-star programs. In an effort to help childcare providers attain higher education levels and thereby increase their employers' Youngstar ratings, DCF stated that it will contract with the Wisconsin Technical College System in order for technical colleges to offer additional credit-based programs for providers.

In response to questions from the committee, DCF staff explained that enrolling a child in a five-star rated program is not always the most expensive choice due to demographic and geographic differences across the state. In addition, DCF staff stated that educational requirements and business practices are impediments to many two-star providers who want to achieve a higher rating, but that offering more credit-based programs at technical colleges and offsetting those costs with the TEACH scholarship are ways to help providers attain higher education levels. The TEACH scholarship has been reduced to a 55% coverage, but the Race to the Top funding may be allocated until at least 2016.

Regarding Senator Lassa's suggestion to make continuity of care a factor in the rating system, DCF staff explained that although continuity of care (assigning a teacher to a child from the time a child enters care until the child leaves the program) is not part of the rating system, the federal government has encouraged states to pay attention to this issue. Requiring a teacher to move with a child would require the teacher to have greater experience and education in order to provide quality care to different age groups. DCF staff noted that retaining quality teachers is a way to earn points toward a higher rating.

Healthcare

Kevin Moore responded to questions from committee members regarding the creation of a universal application for public benefits and suggestions regarding changes to healthcare programs.

Mr. Moore stated that currently there is one application used to apply for both Medicaid and FoodShare. He said that building the technology in order to allow applications for programs with different eligibility criteria across different state agencies, as well as some programs with smaller populations of applicants, would be challenging and may require additional discussion about the cost-benefit analysis if the Legislature wishes to pursue the idea.

Regarding the healthcare suggestions in Memo No. 1 made by Senator Lassa and CTF, Mr. Moore explained that DHS and CTF have discussed creating a Medicaid benefits package for individuals who have been screened for ACEs and trauma, but have not determined how this benefit could be designed. Including ACEs and trauma informed care in a health maintenance organization (HMO) contract may be a way to pilot this idea and that Care4Kids could be used as a model. However, DHS offers ongoing education to healthcare providers and staff about trauma informed care.

In response to a suggestion from Representative Ballweg regarding public health nurse home visits, Mr. Moore stated that both DHS and DCF have home visiting programs that are targeted at specific populations and are funded in different ways.

In response to a suggestion from Representative Berceau requiring hospitals to present specified information to parents of newborns, Mr. Moore noted that hospitals are required to provide information to parents regarding shaken baby syndrome and that the Wisconsin Hospital Association would be in a better position to address her suggestion.

In response to Senator Lassa's suggestion regarding parent peer specialist certifications, Mr. Moore explained that the state is developing criteria for parent peer certification and may be able to use federal funding to develop the certification program. He described how peers are currently utilized in the statewide service teams and said that peers are recognized as part of the larger continuum of care in the state.

Early Childhood Education Scholarship

Responding to Representative Rodriguez' suggestion to create a public-private funding board, DCF staff explained that DCF is working on a public-private proposal which will involve local community stakeholders working with childcare programs in their areas to develop ways to better fund and support those programs. A statewide entity would be created with the input of an advisory council to provide direction, technical assistance, and funding to local efforts.

Regarding Representative Genrich's suggestions regarding an early learning scholarship program, DCF staff stated they were not familiar with the details of Minnesota's project to provide specific comments; however, DCF is considering whether to send the Wisconsin Shares subsidy payment directly to the parent instead of the provider so that the parent can determine how best to use the state payment.

Early Childhood Care and Education - Childcare and Preschool and Childcare Teachers and Staff

In response to a suggestion from Senator Lassa regarding executive functioning skills in early childhood programs and integrating the Pyramid model into childcare provider requirements, DCF staff explained that DCF contracts with Supporting Families Together to provide training in each Youngstar region for providers and staff. Pyramid training is currently a way in which providers may earn points toward additional stars.

Early Childhood Care and Education – Wisconsin Shares Child Care Subsidy Program

Responding to a suggestion from Senator Lassa regarding continuity of care regardless of changes in a parent's income, DCF staff explained that the agency has been reviewing that issue as part of what the federal block grant may require.

In response to a suggestion from Senator Miller regarding a pilot program for preschool nutrition, DCF stated that a nutrition plan meeting high nutrition standards is a requirement for achieving a higher star rating under Youngstar. DPI makes its nutrition program model available to childcare programs.

Regarding a suggestion from Senator Lassa relating to the creation of a two-tier income eligibility in order to reduce the likelihood of a child dropping in and out of care due to a parent's fluctuating income, DCF staff explained that the initial eligibility is 185% of the federal poverty level and that a family receiving Wisconsin Shares remains eligible as long as their gross income is at or below 200% of the federal poverty level. DCF staff stated that approximately 3% of families meet this threshold.

In response to Representative Wright's suggestion that reimbursement rates be increased, DCF stated that it has notified the Joint Committee on Finance that reimbursement rates will be increasing on November 9, 2014.

DECEMBER 15, 2014

DRAFT

PART III

RECOMMENDATIONS OF THE STEERING COMMITTEE

Recommendations

The Steering Committee recommends the following policies, initiatives and programs that impact and support the healthy early brain development of infants and young children in Wisconsin:

- The creation of a data system in the OCMH that integrates existing data from state agencies regarding mental health services provided to children in order to determine the types of services children are receiving, the coordination among services received and the effectiveness of those services in order to inform the state's investment in programs and systems serving children. To the extent possible, the OCMH should coordinate this data integration system with other data integration efforts in other state agencies, including the Race to the Top-Early Childhood Longitudinal Data System at DCF.

Information

The Steering Committee has gathered information about the following programs, services and initiatives in place in Wisconsin that positively affect healthy early brain development of infants and young children:

- The “Adverse Childhood Experiences (ACEs) in Wisconsin: Findings from the 2010 Behavioral Risk Factor Survey” produced by the CTF and the Child Abuse Prevention Fund of the Children’s Hospital of Wisconsin, which details the prevalence of ACEs in Wisconsin, identifies correlations between ACEs and the mental, physical, and social health outcomes of adults, and provides data that is used to design effective prevention and intervention practices and policies that increase the public awareness of the correlation between ACEs and poor health outcomes.
- The Wisconsin Alliance for Infant Mental Health, which promotes infant mental health through building awareness, developing professional capacity and fostering partnerships and policies that support infants and young children through training parents and caregivers using the Pyramid Model. The model is an evidence-based approach that supports healthy social and emotional development and reduces challenging behaviors.
- The Family Foundations Comprehensive Home Visiting Program, administered by DCF, which provides funding to 14 evidence-based home visiting programs in 15 counties and four tribal communities and offers voluntary home-visiting services, in order to promote

children's health, safety, and development and to prevent child abuse and neglect. These services include access to prenatal care, screenings and assessments, health education, connection to community resources and education for parents to support their child's development.

- Wisconsin Head Start and Early Head Start programs, which provide comprehensive early childhood education, health, nutrition, and parent involvement services to low-income children and their families.
- Trauma effective care, an evidence-based intensive approach used by Anu Family Services before permanent placement to address the trauma and grief experienced by children who are removed from their homes.
- The OCMH, which was created in 2013 Act 20 and directed to study, monitor, and coordinate initiatives to improve the integration across state agencies of the mental health services provided to children. In order inform future policy and funding choices, the OCMH has proposed creating an integrated data system to coordinate data from other state agencies to determine the effectiveness of the programs and services that affect children's mental health.
- Trauma informed care, a framework that service providers and caregivers utilize to recognize and respond to the effects of all types of trauma, emphasizes physical, psychological, and emotional safety for both patients and providers, and helps survivors rebuild a sense of control and empowerment. DCF has created the Trauma Project, which is partnering with 15 counties and two tribes through 2015, to train staff and implement trauma-informed systems of care. Other state agencies such as DHS, DOC, and DPI, also utilize trauma informed care.
- The Youngstar Child Care Quality Rating and Improvement System, administered by DCF, which rates child care providers on a star system and provides training and technical assistance, including microgrants, to providers to improve child care quality and help them achieve higher ratings.
- The Wisconsin Shares child care subsidy program, under which providers receive a tiered reimbursement depending upon the number of stars the provider has achieved, including the maximum and tiered reimbursement rates for participating providers and the method of determining those rates, required co-payment amounts, and income eligibility requirements. Childcare providers must have at least a 2 star rating under the YoungStar system in order to receive state reimbursement.
- State and federally funded programs administered by:
 - The Child Abuse and Neglect Prevention Board, including grants to support child maltreatment prevention programs and research;
 - DCF, including the TEACH scholarship program and the REACH stipend for teachers and child care providers, foster care training and case management, and Promoting Safe and Stable Families initiatives;

- DPI, which administers the Head Start program; and
- DHS, including the Children’s Long-Term Support Waiver and the Birth-to-3 program.
- The CANS assessment tool used in the child welfare system since 2001 to evaluate recipients of child welfare services to determine service needs, treatment planning, create meaningful goals for families, and match each child with an appropriate care environment.

The Steering Committee has received information about the following programs and initiatives in place in other states that positively affect healthy early brain development of infants and young children:

- The Minnesota Parent Aware childcare quality rating and improvement system and the Saint Paul Early Childhood Scholarship Program for low-income families, created by a \$20 million investment of private funding by the Minnesota Early Learning Foundation.
- Legislation and executive agency initiatives in other states including Washington, Hawaii, Minnesota, Vermont, Oregon, Florida, Missouri, Connecticut, California, Arkansas, Texas, and Louisiana regarding:
 - Incorporating executive function skill development into early learning standards and teacher training;
 - Creating a statewide consortium that partners state and private organizations to create high-quality infant and toddler care;
 - Modification of eligibility requirements for subsidized child care;
 - Establishing scholarships for child care providers;
 - Increasing child care reimbursement rates; and
 - Funding and implementing evidence-based home visiting programs.
 - The Colorado Two Generation Plan, which created a dual approach to employment for both parents to improve children’s economic well-being, increased pathways for children to realize college education and learn financial savings habits through matched college funds, and expanded access to high-quality child care for low income families.

DRAFT

Committee List

Steering Committee for Symposia Series on Supporting Early Healthy Brain Development	
<p>Chair Joan Ballweg, Representative 170 W. Summit St. Markesan, WI 53946</p> <p>Terese Berceau, Representative 4326 Somerset Lane Madison, WI 53711</p> <p>Eric Genrich, Representative 1089 Division St. Green Bay, WI 54303</p> <p>Mark Miller, Senator 4903 Roigan Terrace Monona, WI 53716</p> <p>Jessie Rodriguez, Representative 9312 S. 33rd St. Franklin, WI 53132</p>	<p>Vice Chair Alberta Darling, Senator 1325 West Dean Rd. River Hills, WI 53217</p> <p>Mark Born, Representative 121 Franklin St. Beaver Dam, WI 53916</p> <p>Julie Lassa, Senator Room 126 South, State Capitol Madison, WI 53707</p> <p>Luther Olsen, Senator 1023 Thomas St. Ripon, WI 54971</p> <p>Mandy Wright, Representative 2016 Ewing St. Wausau, WI 54403</p>

STUDY ASSIGNMENT: The Steering Committee is directed conduct information symposia regarding: (a) research on the impact of early brain development on lifetime physical and mental health, educational achievement, and economic security and the factors that hinder or promote healthy early brain development; (b) policy initiatives implemented in other states that are intended to positively influence early brain development; and (c) relevant programs and initiatives currently in place in Wisconsin. The Steering Committee shall also develop policy recommendations designed to improve the early brain development of Wisconsin’s infants and young children.

10 MEMBERS: 6 Representatives; and 4 Senators.

LEGISLATIVE COUNCIL STAFF: Rachel Letzing, Senior Staff Attorney; Jessica Ozalp, Staff Attorney; and Kelly Mautz, Support Staff.

DRAFT

Committee Materials List

[Copies of documents are available at www.legis.wisconsin.gov/lc/]

June 19, 2014 Meeting 10:30 a.m. 412 East [[Agenda](#)]

- [Presentation by Jennifer Jones, Interim Executive Director, Wisconsin Children's Trust Fund; Kevn Moore, Deputy Secretary, Department of Health Services; and Melissa Roberts, Legislative Liaison, Department of Corrections](#)
- [Handout, Family Foundations Comprehensive Home Visiting Program, distributed by Department of Children and Families](#)
- [Presentation by Leslie McAllister, Home Visiting Coordinator, and Tom Hinds, Home Visiting Performance Planner, Department of Children and Families](#)
- [Summary of the June 19, 2014 Meeting](#)
- [Presentation by Lana Nenide, Associate Director, WI Pyramid Model State Coordinator, WI Alliance for Infant Mental Health](#)
- [Presentation by Lilly Irvin-Vitela, Executive Director, Wisconsin Head Start Association](#)
- [Letter from Representative Mandy Wright](#)

July 24, 2014 Meeting 10:30 a.m. 412 East [[Agenda](#)]

- [Wisconsin Family Impact Seminars Issue Briefs distributed at the request of Representative Ballweg.](#)
- [Presentation by Robyn Lipkowitz, Program Director, National Conference of State Legislatures](#)
- [Summary of July 24, 2014 Meeting](#)
- [Presentation, Grief, Loss and Trauma for Children Living in Out-of-Home-Care, by Amelia Franck Meyer, Chief Executive Officer, Anu Family Services \(July 24, 2014\)](#)
- [Handouts distributed by Amelia Franck Meyer, Chief Executive Officer, Anu Family Services](#)

September 9, 2014 Meeting 10:15 a.m. 412 East [[Agenda](#) | [Audio a.m.](#) | [Audio p.m.](#)]

- [Summary of September 9, 2014 meeting](#)
- [Handouts distributed at the request of Karla Broten, Youth and Family Program Manager, Barron County Health and Human Services Department](#)
- [Presentation, Shift Your Perspective Trauma-Informed Care, Elizabeth Hudson, Director, Wisconsin Office of Children's Mental Health](#)
- [Handout distributed by Elizabeth Hudson, Director of the Office of Children's Mental Health, Wisconsin Department of Health Services](#)
- [Presentation by Department of Children and Families' Trauma Project](#)
- [Presentation, Youngstar, Wisconsin's Child Care Quality Rating and Improvement System, by Department of Children and Families.](#)

- [Presentation, Innovation in Colorado, by Mary Anne Synder, Director of the Office of Early Childhood, Colorado Department of Health Services, and Keri Batchelder, Two Generation Manager, Colorado Department of Human Services.](#)
- [Memorandum, Early Childhood Care and Treatment Programs, from John Gentry, Stephanie Mabrey, and Christa Pugh, Legislative Fiscal Bureau \(September 5, 2014\)](#)

October 23, 2014 Meeting 10:00 a.m. 300 Southeast [[Agenda](#) | [Audio](#)]

- [Memorandum, Policy Priorities for Supporting Healthy Early Brain Development, distributed by Jennifer Jones, Associate Director, Wisconsin's Children's Trust Fund \(October 23, 2014\)](#)
- [Memo No. 1, Policy Suggestions for Supporting Healthy Early Brain Development \(September 29, 2014\)](#)
- [Summary of the October 23, 2014 meeting of the Steering Committee](#)
- [Handout, A Brief Overview of Parent Peer Specialists, distributed at the request of Senator Lassa](#)
- [Memorandum, Policy Priorities for Supporting Healthy Early Brain Development, from Elizabeth Hudson, Director, Office of Children's Mental Health \(October 23, 2014\)](#)
- [Attachment 1 to Memorandum from Elizabeth Hudson, Director, Office of Children's Mental Health](#)
- [Attachment 2 to Memorandum from Elizabeth Hudson, Director, Office of Children's Mental Health](#)

DRAFT