

## **The Case for an Integrated Approach to Early Childhood Development**

**By Lynne Holt**

### **I. THE EARLY BRAIN- CHILD DEVELOPMENT CONNECTION**

Due to recent scientific advances we know more about the connection between brain development, the quantity and quality of experiences and learning opportunities during the first 5 years of life, early childhood development and learning, and the long-term effects of chronic or toxic stress on human health, disease, and productivity. The American Academy of Pediatrics provided a succinct explanation of the early brain and child development, making the case for sound parenting skills:

The Core Story of Early Brain and Child Development (EBCD)

- Child development is the foundation for community and economic development
- Brains are built over time – prenatally to young adulthood
- Brain architecture is built in a cumulative, bottom-up manner; a solid foundation is required for future skills
- A dynamic dance between genes and experience shapes the architecture of the developing brain
- Brain development is integrated; the areas underlying social, emotional and learning skills are inextricably connected and rely upon each other
- Toxic stress disrupts the developing brain and has lifelong effects on learning, behavior, and health
- Positive parenting and nurturing emerging social, emotional, and language skills buffer toxic stress and build resilience by promoting healthy, adaptive coping skills
- Creating the right conditions in early childhood is more effective and far less costly than addressing a multitude of problems later in life.<sup>1</sup>

We have evidence that the most significant brain development occurs from birth to age 3 and that before the child is 5 years old, his or her brain capacity will be 90% developed.<sup>2</sup> Responsive and nurturing interactions and experiences provided by stable caregivers cannot begin too soon in a child's life.

This paper explains, with a focus on Florida, why an integrative approach to early childhood matters, what we have learned from the research on early childhood development, which early childhood development programs are available in Florida, and what barriers still exist to realizing a more integrated system of care.

### **II. WHY AN INTEGRATED APPROACH TO CHILD DEVELOPMENT MATTERS**

Research findings from both the sciences and economics support early childhood interventions. Both types of findings are discussed briefly below:

#### **A. More on the Scientific Research**

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<sup>1</sup> American Academy of Pediatrics, "Overview: Early Brain and Child Development," 2017, <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/EBCD/Pages/Overview.aspx>.

<sup>2</sup> U.S. Department of Education, "Education Matters: Children's Brain Development," July 2013, <https://sites.ed.gov/fbnp/files/2013/07/Education-Matters-CFBNP-Childrens-Brain-Development.pdf>.

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In 2000 the National Research Council and the Institute of Medicine issued a seminal report, “From Neurons to Neighborhoods: The Science of Early Childhood Development.”<sup>3</sup> That report underscored the importance of early childhood learning as a foundation for readiness and later success in school and life. The report found that:

- human development is an ongoing interaction between biology and experience;
- the ability of young children to self-regulate (the ability to manage their attention, thinking, and emotions in learning experiences) is instrumental for early childhood development and affects all aspects of development;
- nurturing and responsive interactions are important for healthy development;
- given what we now know about early brain development, the focus in past interventions on birth through 3 years old begins too late and ends prematurely;
- what happens prenatally is very important and affects a child’s development after birth;
- social competency and emotional well-being are as important as language and math skills in preparing children for school;
- children who are disadvantaged socially and economically are particularly at risk in terms of healthy development, early learning, and later academic success;
- early childhood programs are characterized by fragmentation and lack of coordination; and
- a serious gap exists between what we know from the science of early childhood development and learning and the policies and programs that support young children and their families.

In 2015 the National Research Council and the Institute of Medicine released another report, “Transforming the Workforce for Children Birth through Age 8.” That report incorporated research findings from the 15 years since its “Neurons to Neighborhoods” report and organized knowledge and skills important for young children to master during the early childhood years under the following categories:

**Cognitive development:** Cognitive skills and concept knowledge shared across subjects;

**Socio-emotional development:** Emotional regulation; security acquired through relationships; capacity for empathy and relating to others; socio-emotional wellbeing; and mental health;

**Physical development and health:** Attributes including safety, nutrition, growth, sensory and motor development, and fitness; and

**General learning competencies:** Capacity for attention, memory, cognitive self-regulation, executive functioning skills, reasoning, and problem solving, as well as learning skills that involve taking initiative, developing curiosity, and being motivated, engaged, and persistent.

These four knowledge and skill categories have informed in many states the development of early learning guidelines or standards which provide guidance for the early childhood workforce about “what” young children should be taught.

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<sup>3</sup> The summary of findings of the two reports in this section was derived from Ross A. Thompson, “What More Has Been Learned? The Science of Early Childhood Development 15 Years after *Neurons to Neighborhoods*,” *Zero to Three*,” January 2016, 18-24. The 2000 report was also updated in a 2012 publication by the Institute of Medicine and the National Research Council titled “From Neurons to Neighborhoods: An Update: Workshop Summary.”

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One of the greatest challenges confronting the early childhood work force is that of protecting children from exposure to toxic stress. Stress is not always bad. In fact, positive stress is associated with learning new coping mechanisms such as dealing with frustration and new learning environments. Toxic stress, however, is another matter. The term “toxic stress” has been referred to as “strong, frequent, and/or prolonged activation of the body’s stress-response systems in the absence of the buffering protection of stable adult support.”<sup>4</sup> From a physiological perspective, toxic stress “disrupts brain architecture, adversely affects other organs, and leads to stress management systems that establish relatively low thresholds of responsiveness that persist throughout life, thereby increasing the risk of stress-related disease or disorder as well as cognitive impairment well into the adult years.”<sup>5</sup> Indeed, research between 2000 and 2015 found that the exposure of young children to toxic stress has those long-term biological consequences.

Poverty is a risk factor for stress which, without protective interventions, can become toxic. In 2015, 337,000 or 26% of Florida’s children from birth through 5 years old were growing up in poverty.<sup>6</sup> Stress also can be triggered by other causes. For example, mothers with untreated postpartum depression, even mothers who are affluent and well-educated, may also expose infants and young children to chronic stress which can negatively affect their cognitive and emotional development.<sup>7</sup> Stress can also arise in families experiencing unemployment, relocations, divorce, death, or other disruptive transitions. If this type of stress is buffered by supportive adults, the child will not experience the long-term impact of debilitating toxic stress.

Toxic stress on parents can result in child abuse and neglect. Research findings show that incidents of such neglect and abuse are significantly higher for: infants and children under 4 years old; infants who were born prematurely; young children in foster care and in the child welfare system; and infants and young children with learning, temperamental, and behavioral problems.<sup>8</sup> Protecting children from abuse and neglect is not only a legal obligation on the part of communities but also a moral obligation.<sup>9</sup>

Another research finding is related to the need for nurturing relational support systems. If infants and young children have some type of close social support, they will be better positioned to cope with stress

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<sup>4</sup> Jack P. Shonkoff, “Building a New Biodevelopmental Framework to Guide the Future of Early Childhood Policy,” *Child Development*, 81 (1), January/February 2010, 357- 367, [http://steinhardt.nyu.edu/scmsAdmin/media/users/eez206/srb\\_conference/Building\\_a\\_New\\_Biodevelopmental\\_Framework\\_-\\_J\\_Shonkoff.pdf](http://steinhardt.nyu.edu/scmsAdmin/media/users/eez206/srb_conference/Building_a_New_Biodevelopmental_Framework_-_J_Shonkoff.pdf).

<sup>5</sup> Ibid.

<sup>6</sup> Annie B. Casey, “Children in Poverty by Age Group,” Florida, Kids Count Data Center, <http://datacenter.kidscount.org/data/tables/5650-children-in-poverty-by-age-group?loc=11&loct=2#detailed/2/11/false/573,869,36,868,867/17,18,36/12263,12264>.

<sup>7</sup> Postpartum depression and increased anxiety affect 10-20% of all women.

<sup>8</sup> Gail L. Ensher and David A. Clark, “Social-Emotional Development, Families, and Mental Health Needs in the Earliest Years,” *Zero to Three*, March 2016, at 39.

<sup>9</sup> Jill Goldman Marsha K. Salus with Deborah Wolcott and Kristie Y. Kennedy, *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice*, U.S. Department of Health and Human Services, 2003, <https://www.childwelfare.gov/pubPDFs/foundation.pdf>. [The report noted: “Child abuse and neglect is a community concern. Each community has a legal and moral obligation to promote the safety, permanency, and well-being of children, which includes responding effectively to child maltreatment.” Ibid., 7.]

factors. Social support has been found to reduce physiological stress and trigger biological system responses that result in more effective bonding with others.<sup>10</sup>

Finally, the quality of social interactions between infants with their parents affects early brain development. Learning opportunities stem from an infant's exposure to verbal exchanges, social imitation, and gentle touches and such social interactions influence his or her brain development. As one study on exploring an infant's brain concluded: "There is a growing appreciation of how the infant social brain is biologically prepared for interaction, and how interpersonal exchanges in turn can influence brain development. Babies are born wired for learning, and the people in their social environment feed their hunger to learn."<sup>11</sup>

## **B. The Economic Return on Early Development Interventions**

The economic return on investment for interventions in early childhood development, particularly as it applies to young children who are disadvantaged, is well established. Nobel Laureate James J. Heckman, an expert on the economics of human development, is renowned for his research showing the positive returns on investment of the Perry Preschool Program, a program for children with low IQ scores who live in families with low incomes. He observed that:

The highest rate of return in early childhood development comes from investing as early as possible, from birth through age five, in disadvantaged families. Starting at age three or four is too little too late, as it fails to recognize that skills beget skills in a complementary and dynamic way. Efforts should focus on the first years for the greatest efficiency and effectiveness. The best investment is in quality early childhood development from birth to five for disadvantaged children and their families.<sup>12</sup>

Other research findings support Heckman's observation. Diane Schanzenbach, a Professor at Northwestern University, found "that individuals with access to food stamps before age five had measurably better health outcomes as adults."<sup>13</sup> Moreover, women who experienced access to food stamps as children were more likely to graduate from high school and become self-sufficient than adults who did not. Children from low-income families enrolled in model state prekindergarten programs experienced positive effects in both reading and math on the National Assessment of Education Progress test for fourth grade. The positive gains diminished in the 8<sup>th</sup> grade but a significant positive impact in math persisted.<sup>14</sup> Research conducted on individuals who had been enrolled in the Head Start program as children (ages 4-5) found a positive effect on education, earnings and criminal offenses.<sup>15</sup>

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<sup>10</sup> Ross A. Thompson, "What More Has Been Learned? The Science of early Childhood Development 15 Years after Neurons to Neighborhoods," at 23.

<sup>11</sup> Andrew N. Meltzoff and Patricia K. Kuhl, "Exploring the Infant Social Brain: What's Going on in There?" *Zero to Three*, 36 (3), January 2016, at 8.

<sup>12</sup> Quote from December 7, 2012. See the Heckman Equation, "Invest in Early Childhood Development: Reduce Deficits, Strengthen the Economy," May 27, 2014, <http://heckmanequation.org/content/resource/invest-early-childhood-development-reduce-deficits-strengthen-economy>.

<sup>13</sup> Diane Whitmore Schanzenbach, "Understanding the Effects of Early Investments in Children," *NBER Reporter* 2015, Number 2, Research Summary, <http://www.nber.org/reporter/2015number2/whitmore.html>.

<sup>14</sup> *Ibid.*

<sup>15</sup> Maya Rossin-Slater and Miriam Wuest, "What is the Added Value of Preschool? Long-term Impacts and Interactions with a Health Intervention," *NBER Working Paper* 22700, September 2016, at 7.

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Despite these promising findings, other research produced less favorable results suggesting that the issues surrounding prekindergarten attendance may be more complex than previously thought. A randomized control trial of Tennessee's Voluntary Pre-Kindergarten (Pre-K) program<sup>16</sup> was conducted with the intent of determining whether program participants realized greater academic and behavioral gains in areas that prepared them for future instruction than children with comparable profiles who were not enrolled in the program. Tennessee's Voluntary Pre-K program gives priority to children whose families are economically disadvantaged and to children with disabilities. Outcomes were measured in two ways: 1. achievement in the areas of literacy, language, and math, and 2. non-cognitive improvements. The findings, in a nutshell, pointed to better preparation for kindergarten work on the part of children enrolled in the Tennessee Pre-K compared to their similarly situated counterparts. That difference in improvements between the two groups – children who had been enrolled in Tennessee Pre-K and children who had not -- disappeared by the end of the third grade. Nonetheless, the finding was nuanced in terms of subgroup achievements. Children for whom English was a second language, regardless of whether they had attended the Tennessee Pre-K program, performed better academically on average by the end of the third grade than did the native English-speaking children.

In an interview with NPR, the Director of the National Institute of Early Education Research, Rutgers University, suggested that the findings may be attributed to quality erosion over time. As enrollment increased, Tennessee's Pre-K program had been underfunded to meet growing demand. Moreover, the program lacked a mechanism for quality control and for ensuring that teachers across the state follow best practices.<sup>17</sup>

A similar question regarding sustainable gains, in the context of Head Start, was posed in a study titled "Third Grade Follow-up to the Head Start Impact Study Final Report."<sup>18</sup> That study quantified the overall impact of the Head Start program separately for 3- and 4-year-old children as they progressed through grades 1-3 in four areas: 1. cognitive development; 2. social-emotional development; 3. health status and services, and 4. parenting practices. These impacts were measured based on the difference in outcomes between children assigned to the Head Start group and those assigned to the control group which included students who stayed home and those who attended other pre-schools or were enrolled in childcare. In short, while the study found initial positive impacts on children who accessed Head Start, it found that by the end of 3<sup>rd</sup> grade there were very few impacts on either cohort group in any of the four areas: cognitive, social-emotional, health and parenting practices. The few impacts that were identified did not show a clear pattern of favorable or unfavorable effects on children. Any benefits from Head Start enrollment had dissipated by the end of 3<sup>rd</sup> grade.

As with the Tennessee Pre-K study referenced above, the Head Start impact study showed more subtle differences in impacts among subgroups. At the end of 3<sup>rd</sup> grade, the most noticeable sustained findings were found for the 3-year old cohort in cognitive achievement of children from high risk households as

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<sup>16</sup> Mark W. Lipsey, Dale C. Farran, and Kerry G. Hofer, *A Randomized Control Trial of a Statewide Voluntary Prekindergarten Program on Children's Skills and Behaviors through Third Grade* (Research Report). Nashville: TN: Vanderbilt University, Peabody Research Institute, September 2015 (revised September 29), [http://peabody.vanderbilt.edu/research/pri/VPKthrough3rd\\_final\\_withcover.pdf](http://peabody.vanderbilt.edu/research/pri/VPKthrough3rd_final_withcover.pdf).

<sup>17</sup> Cory Turner, "The Tennessee Pre-K Debate: Spinach Vs. Easter Grass," NPR, September 29, 2015, <http://www.npr.org/sections/ed/2015/09/29/444217919/the-tennessee-pre-k-debate-spinach-vs-easter-grass>.

<sup>18</sup> Mike Puma, Stephen Bell, Ronna Cook, Camilla Heid, Pam Broene, Frank Jenkins, Andrew Mashburn, and Jason Downer, *Third Grade Follow-up to the Head Start Impact Study Final Report*, OPRE Report # 2012-45, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2012, [https://www.acf.hhs.gov/sites/default/files/opre/head\\_start\\_report.pdf](https://www.acf.hhs.gov/sites/default/files/opre/head_start_report.pdf).

well as of children whose parents reported no depressive symptoms. For the 4-year-old cohort, sustained benefits were realized by children of parents who reported mild depressive symptoms and severe depressive symptoms, and, with respect to socio-emotional behavior, by black children. In short, children from disadvantaged families who were enrolled in prekindergarten programs seem to perform better initially than children with comparable profiles who were not but sustainable gains are more questionable. More longitudinal research is needed to identify factors that improve and sustain achievement and skill acquisition gains and the effects of prekindergarten interventions on various demographic subgroups.

More research is also needed on the interactions between home visitation programs and prekindergarten interventions. There appears to be preliminary support from a Danish research paper that gains from access to a high quality preschool program are reduced for populations exposed to an earlier nurse home visitation program. This finding suggests that, if there are limited resources, children who were not exposed to nurse home visitation programs should be given priority access to high quality preschool programs.<sup>19</sup> The United States has a much more heterogeneous population than Denmark so it is unclear whether that finding would apply to this country. Nonetheless, the Danish study does point to the potentially complementary nature of both types of programs and the importance of integrating predominantly health-focused and education-focused early childhood interventions.

### C. The Bottom Line

More research is needed to refine our understanding of sustainable gains from various early childhood interventions. Yet, we do know that early childhood initiatives that buffer stress can benefit all children and their families regardless of their circumstances. Risk reduction practices can benefit children and families who are vulnerable. Intensive early interventions can help young children and families who experience toxic stress as well as families with young children who have developmental delays and disabilities. In general, children born to parents with multiple stress factors are at greatest risk for succumbing to behavioral and health problems. However, chronic stress can potentially affect *all* infants and children, regardless of the age, income, race, and ethnicity of their mothers and child abuse and neglect can occur in any family. Therefore, we need to find an approach that is *holistic* and *integrated* and that serves *all* infants and young children based on their needs and those of their families. Pregnancy is not too early and, in some cases, it may be defensible to provide an array of need-based parental support and education services for families with children up to age 8 years. It is far less expensive and much more effective and humane to provide those services at the beginning of a child's life than to provide remedial services, treat drug addictions, and pay for incarcerations of older children who had lacked such services and subsequently failed to thrive.

### III. FLORIDA'S EXISTING EARLY CHILDHOOD DEVELOPMENT PROGRAMS

Overall, initiatives targeting early childhood development and learning in Florida and across the nation as a whole have been sub-optimal at best. They are based on predominantly medical or educational models depending on program design and the agency having oversight and responsibility for the implementation of the program.

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<sup>19</sup> Maya Rossin-Slater and Miriam Wuest, "What is the Added Value of Preschool? Long-term Impacts and Interactions with a Health Intervention."

Florida has 67 counties and some programs are found in certain counties and not in others. Even if the same program is found in different counties, it may be administered differently. Indeed, there are federal, state, and local initiatives that serve different and sometimes the same age groups and offer different and sometimes overlapping services. These programs typically have different funding sources, partners, and eligibility criteria. They were established at different times and, to the extent it applies, have different legislative enabling authorization. In short, one might perhaps think of these programs as a patchwork quilt of sorts. Another way to characterize these programs is as silos; they may overlap in some way but then they may not.

Given that the highest return on investment in the context of child development is realized at the earliest age, it is most important for early childhood services to be provided seamlessly and effectively. Nonetheless, the silo approach is very evident with respect to programs that are targeted to early childhood development and learning. These programs, summarized briefly below, have different origins, funding sources, organizational structures, approaches, and objectives although there is some overlap. They also are categorized under either “prevention and health” or “early care and learning” although there are features of both in the programs.

## **A. Prevention and Health Programs**

### **1. Healthy Families and Florida Healthy Start**

Two programs, Healthy Families Florida<sup>20</sup> and Florida Healthy Start,<sup>21</sup> with related missions, originated from state legislation. Both Healthy Families and Florida Healthy Start are offered in every county in Florida although administrative oversight structures are different for each program. Participation in both programs is voluntary. Healthy Families focuses primarily on child abuse prevention and Florida Healthy Start on health.

Healthy Families Florida was first authorized by F.S. 409.153 in 1998, with oversight authority assigned to the Florida Department of Children and Families. The statutory mission of the Healthy Families Florida program is to identify, fund, support, and evaluate programs and community initiatives for the purpose of promoting the development and improving life outcomes of children and to preserve and strengthen families and positive parent-child relationships. Its primary emphasis is on child abuse prevention and its services are available to *all* pregnant mothers and new parents, regardless of income. Intensive home visits are among services offered to pregnant mothers and new parents in higher poverty areas of the state.

For its part, Florida Healthy Start also offers community-based services to *all* pregnant women and new parents (regardless of income and immigration status) including infants up to age 3, with oversight assigned to the Florida Department of Health. Since the program’s inception in 1991 (FS 383.216), its primary focus has been to “assure that all pregnant women and all infants in Florida have access to the health care and services necessary to reduce their risks for poor birth, health, and developmental

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<sup>20</sup> The Ounce of Prevention Fund of Florida, “Healthy Families Florida,” <http://www.healthyfamiliesfla.org>.

<sup>21</sup> Florida Department of Health, “Healthy Start Florida,” <http://www.floridahealth.gov/programs-and-services/childrens-health/healthy-start/>.

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outcomes.”<sup>22</sup> Through 32 Healthy Start coalitions and a county health department, the program provides services, including “outreach; care coordination to ensure access to needed services; childbirth education; parenting education and support; nutrition services and counseling; counseling; tobacco education and cessation assistance; breastfeeding education and support;” and education and counseling between pregnancies.<sup>23</sup> Florida Healthy Start is primarily funded by state general revenues, but does receive some federal block grant dollars.

Healthy Start also administers a prenatal assessment. Both Healthy Families and Healthy Start provide infant assessments but the assessment tools are not the same in terms of the risks evaluated and the weighting of risk factors used. The assessments are the means for determining risk factors that can inform referrals of mothers and their babies to other services on the child development continuum.

There is presently no shared intake for Healthy Families and Healthy Start. The challenges for both programs are that they inadvertently compete in some cases for the same clients. Moreover, there is no express funding or statutory authorization for making women aware of the programs. Many women do not know that regardless of their household income, they are entitled to a risk assessment under Healthy Start. Moreover, many women do not consider themselves to be at risk, nor do they want to be characterized as such.

These programs are also voluntary and require the mother’s express authorization before any follow-up services can be provided to them. Approximately 50% of the forms are never signed so even if the mother might otherwise be eligible for and benefit from such services, she cannot receive them without providing authorization. Finally, home visits are an important feature of these two programs and other programs but some politicians view home visitation as an infringement on privacy rights.

## **2. Florida Maternal Infant & Early Childhood Home Visiting Initiative**

Services from the Florida Maternal Infant & Early Childhood Home Visiting (MIECHV) Initiative<sup>24</sup> are provided in counties that are considered “high-risk” or low-income. MIECHV was authorized as part of the federal Affordable Care Act. Florida had received a grant from the U.S. Department of Health and Human Services amounting to \$11 million a year to provide home visitation programs in 21 counties. Additional funding was awarded to the Florida Association of Healthy Start Coalitions to expand MIECHV to other counties with high-risk populations as well as to counties that had received the original grants but demonstrated additional need for more MIECHV program services. Programs funded under MIECHV are implemented by local Healthy Start coalitions, hospitals, federally-qualified health centers, and other community-based organizations. MIECHV funds leverage public and private funding that supports a continuum of community programs, including Florida Healthy Start and Healthy Families Florida,

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<sup>22</sup> Karen Coon, “Healthy Start in Florida: The Basics & Beyond...,” Florida Department of Health, at 3, [http://www.floridahealth.gov/programs-and-services/childrens-health/newborn-screening/\\_documents/healthy-start-in-florida.pdf](http://www.floridahealth.gov/programs-and-services/childrens-health/newborn-screening/_documents/healthy-start-in-florida.pdf).

<sup>23</sup> Healthy Start, “Prenatal Provider Manual,” revised November 26, 2011, at <http://www.capitalareahealthystart.org/Prenatal%20Provider%20Manual%20revised%2011-26-12.pdf>.

<sup>24</sup> “Florida Maternal Infant & Early Childhood Home Visiting Initiative,” <http://flmiechv.com/>.

discussed above, as well as other programs using the evidence-based home visitation models of the Nurse-Family Partnership<sup>25</sup> and Parents as Teachers<sup>26</sup>.

The target ages for MIECHV are birth to 5 years old, although certain counties target children from birth to three years old. Home visitor services are directed at improving maternal and infant health; preventing child abuse, neglect, maltreatment, and reduced Emergency Department visits; making families aware of the impact of chronic stress for school readiness and developing coping mechanisms to reduce stress; providing resources and linkages to services to families afflicted by domestic violence; providing emotional support and guidance to families in their efforts to become more economically self-sufficient; and making families aware of other community resources and support measures.

### **3. Nurse-Family Partnership in Florida**

The Nurse-Family Partnership<sup>27</sup> is an evidence-based home visitation program that partners registered nurses with low-income women who are pregnant with their first child. These nurses visit women early in their pregnancies and continue visits through the child's second birthday. Goals include prenatal care from healthcare providers, improved nutrition, and the reduced use of cigarettes, alcohol, and drugs. Other goals relate to improving the child's health and early development and helping parents become more self-sufficient. The average age of clients was 20 years old, 90% were unmarried and 61% were enrolled in Medicaid. Funding for Florida's partnerships comes from various private and public local funds and the federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) referenced above, as well as the Early Childhood Home Visiting Program, and other state and community programs.<sup>28</sup> The Nurse-Family Partnership services are available in 11 counties. In most of these counties (Orange, Hillsborough, Gadsden, Duval, Collier, Hendy, and Lee) Healthy Start Coalitions administer these partnerships.

### **4. Early Steps**

Early Steps<sup>29</sup>, administered by the Children's Medical Services within the Florida Department of Health, is an early intervention program that provides services to eligible infants and toddlers up to 3 years old who have or are at risk for disabilities or significant development delays. If an infant or toddler has a verified qualifying disability (e.g., Down syndrome), the child (also the child's family) is eligible for the program.

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<sup>25</sup> See fn. 27 below for a brief explanation of the Nurse-Family Partnership.

<sup>26</sup> Parents as Teachers is an evidence-based model that includes four components: personal visits; group connections; resource network; and child screening. The objectives of this model are to expand parental knowledge of early childhood development and improve parents' interactions with their children; enable early detection of developmental delays and health issues; prevent child abuse and neglect; and increase children's school readiness and prospects for academic success. See Parents as Teachers, "Evidence-based Model," 2016, <http://parentsasteachers.org/evidence-based-model/>.

<sup>27</sup> The Nurse-Family Partnership is a national program which has been subject to 37 years of research from randomized, controlled trials. Registered nurse participation is a key component of the program. Not all early childhood home visitation programs in Florida meet the criteria that would comport with the Nurse-Family Partnership model. See Nurse-Family Partnership, "Overview," September 2014, [http://www.nursefamilypartnership.org/assets/PDF/Fact-sheets/NFP\\_Overview.aspx](http://www.nursefamilypartnership.org/assets/PDF/Fact-sheets/NFP_Overview.aspx).

<sup>28</sup> "Nurse-Family Partnership in Florida: State Profile," 2016, [http://www.nursefamilypartnership.org/communities/state-profiles/FL\\_State\\_Profile.aspx](http://www.nursefamilypartnership.org/communities/state-profiles/FL_State_Profile.aspx).

<sup>29</sup> "Early Steps," Children's Medical Services, Florida Department of Health, <http://www.floridahealth.gov/programs-and-services/childrens-health/early-steps/index.html>.

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For children without a verified qualifying disability, risk for disability or delay is determined by an eligibility determination process in which the child's physical, cognitive, gross and fine motor skills, communication, social and emotional attributes and adaptive development is evaluated.

Early Steps assembles a team of service providers to address and work with the specific needs of each child and family. Each eligible child and family receives an individualized family support plan which identifies child and family outcomes or goals and the services and supports available to the child and family to help them achieve their outcomes or goals.

Early Steps is funded with both federal and state funds to the tune of almost \$67 million.<sup>30</sup> The federal funding flows from the U.S. Department of Education. The program is administered throughout Florida in 15 geographic regions and through contracts with 14 organizations, which serve as local Early Steps programs.

## **B. Early Care and Learning**

### **1. Early Learning Coalitions**

The legislative origin of the Early Learning Coalitions (ELCs)<sup>31</sup> was the Florida School Readiness Act of 1999. This Act consolidated all the early childhood education and child care programs into one array of integrated services to be provided by school readiness coalitions. The school readiness coalitions were transformed into ELCs in 2005 when the Florida Voluntary Prekindergarten program was added to the service mix. Now authorized under F.S. 1002.83, 30 ELCs in Florida operate with different partners; they all have the common objective of preparing children for school with priority given to disadvantaged and at-risk children.<sup>32</sup> Services are provided by these ELCs under the auspices of the Florida Office of Early Learning in all 67 counties and the ELCs' school readiness programs are funded primarily by a federal Child Care and Development Fund (CCDF) Block Grant. The state of Florida received a funding allocation of almost \$295 million in CCDF moneys for FY 2016. Of that amount, \$7.6 million was designated specifically for activities related to improving the quality of infant and toddler care.<sup>33</sup> Approximately a quarter of the over half a million children who came from families with incomes below 150% of the Federal Poverty Level were enrolled in a school readiness program in 2014-2015.

A list of services provided by the ELC in Miami Dade, for example, includes: school readiness, Voluntary Prekindergarten, curriculum learning communities, developmental screening and assessment of children from birth to 5 years old, specialized curriculum for special needs children, incentives to providers to improve quality in learning programs, subsidized child care for children of refugees, early care and education programs for teenage parents enrolled in the County's public schools, and one-on-one

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<sup>30</sup> Early Steps, "2015 – 2016 Early Steps Program Annual Report," at 7, [http://www.floridahealth.gov/AlternateSites/CMS-Kids/providers/early\\_steps/reports/EarlyStepsAnnualReport-2015-2016.pdf](http://www.floridahealth.gov/AlternateSites/CMS-Kids/providers/early_steps/reports/EarlyStepsAnnualReport-2015-2016.pdf). The total includes \$43.2 million in recurring state funds and \$23.7 million in federal funds.

<sup>31</sup> Office of Early Learning, Florida Department of Education, "Coalitions," 2017, <http://www.floridaearlylearning.com/coalitions.aspx>.

<sup>32</sup> However, Florida's Voluntary Prekindergarten program does not have income eligibility requirements and is available to any 4-year-old in Florida.

<sup>33</sup> Office of Child Care, U.S. Department of Health and Human Services, "FY 2016 CCDF Allocations (including redistributed funds)," March 14, 2016, <https://www.acf.hhs.gov/occ/resource/fy-2016-ccdf-allocations-including-redistributed-funds>.

mentoring. Other ELCs may offer more limited or different services but developmental assessments, school readiness programs, and voluntary prekindergarten programs<sup>34</sup> are common ELC services. ELCs also disseminate to local communities information and referrals regarding early learning and child care programs.

## **2. Early Head Start and Head Start**

Early Head Start<sup>35</sup> provides comprehensive child development and family services to children, from birth to three years old, and their families from low-income households. Services include early learning, family engagement and support, and health, nutrition, dental, and mental health. The program also provides services to pregnant women. Early Head Start is found in every Florida county. A federally-funded program, it is administered by the Office of Head Start in the Administration of Children & Families, U.S. Department of Health and Human Services. Grants are awarded from the Office of Head Start on a competitive basis. While the Office does not have oversight responsibilities over grantees, it works to support them and promotes collaboration with other early childhood programs in Florida. Children enrolled in Early Head Start often transition to Head Start which provides services to children from low-income families, ages 4-5. The Head Start program promotes school readiness and works to involve parents in their child's development.

For both Early Head Start and Head Start, there are certain criteria for children with disabilities. Specifically, at least 10% of children enrolled in those programs should be children with disabilities and they do not need to meet the income requirements. In FY 2015, of the total number of enrollees in a Head Start programs nationwide, 12% were children with disabilities.

## **3. HIPPY**

The Home Instruction for Parents of Preschool Youngsters (HIPPY)<sup>36</sup> started in 1969 in Israel and spread to other countries including the United States in 1988, where a non-profit organization HIPPY USA was established. HIPPY provides a developmentally appropriate curriculum including role playing with the intent of helping parents with limited education or limited resources to more fully participate in their children's education. A professional coordinator recruits, trains and supervises parents who volunteer for home visits, organizes parent group meetings and develops enrichment activities for participants. The technical and training facility for Florida's HIPPY program resides at the University of South Florida. HIPPY programs are offered in 20 counties in Florida.<sup>37</sup>

### **C. Number of Children and Families Served**

Table 1 displays the most recent available information for the number of families and children serviced by seven early childhood programs in Florida referenced above. Because of the different time periods covered, the table is a bit like comparing apples with oranges but it gives an idea of the number of Floridians served. In some cases, children and families may be covered by more than one program.

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<sup>34</sup> Florida's Voluntary Prekindergarten program is available to all 4-year old children in the state regardless of family income.

<sup>35</sup> "Florida's Head Start State Collaboration Office," 2011, <http://www.floridaheadstart.org/program%20directory.html>.

<sup>36</sup> University of South Florida, "About Florida HIPPY," <http://floridahippy.fmhi.usf.edu/about.html>.

<sup>37</sup> "Florida Hippy," Winter 2017, <http://floridahippy.fmhi.usf.edu/hippypubs/Newsletters/2017-01HIPPYNews.pdf>.

**Table 1**

<b>PROGRAM</b>	<b>NUMBER OF FAMILIES/CHILDREN IN FLORIDA</b>	<b>YEAR of DATA</b>
Healthy Families	9,406 families and their 16,835 children through 35 community-based projects <sup>38</sup>	2015-2016
Florida Healthy Start	171,968 pregnant women screened 210,766 Infants screened 123,814 pregnant women served 85,629 Infants/children served <sup>39</sup>	2015-2016
MIECHV	1,364 families served <sup>40</sup>	October 2016-January 2017
Early Steps	31,091 children determined eligible for Early Steps and received an IFSP <sup>41</sup>	2015-2016
Early Learning Programs (School Readiness and VPK)	207,164 School Readiness 175,048 Voluntary Pre-K <sup>42</sup>	2015-2016
Head Start (including Early Head Start)	39,668 (federally funded) <sup>43</sup>	FFY 2015
HIPPY	Over 2,000 children, 14 programs at 22 sites	2014-2015

**D. Other Programs and Initiatives**

**1. Children’s Home Society**

The Children’s Home Society is an advocacy agency that provides financial support for counseling as well as support for Early Steps, Healthy Families and Early Head Start (although it is not always the lead agency for implementing those programs). Supported by private donations and the United Way, CHS provides these program services in certain counties throughout the state with a focus on child abuse prevention, adoption and foster care services. The CHS has 15 branches and nearly 100 locations in Florida with 2,000

<sup>38</sup> The Ounce of Prevention Fund of Florida, [http://www.healthyfamiliesfla.org/about\\_us.html](http://www.healthyfamiliesfla.org/about_us.html).

<sup>39</sup> Provided by Julie Moderie, Chief Operation Officer | Program Director, Healthy Start | WellFlorida Council, Gainesville, Florida.

<sup>40</sup> Florida Maternal Infant & Early Childhood Home Visiting Initiative, “Performance Dashboard,” January 2017, <http://flmiechv.com/what-we-do/measuring-results/performance-dashboard/>.

<sup>41</sup> Florida Health, Children’s Medical Services, “2015-2016 Early Steps Program Annual Report,” December 1, 2016, [http://www.floridahealth.gov/alternatesites/cms-kids/providers/early\\_steps/reports/EarlyStepsAnnualReport-2015-2016.pdf](http://www.floridahealth.gov/alternatesites/cms-kids/providers/early_steps/reports/EarlyStepsAnnualReport-2015-2016.pdf).

<sup>42</sup> Office of Early Learning, “2015-2016 Office of Early Learning Annual Report.” Partners for Progress, December 29, 2016. [http://www.floridaearlylearning.com/sites/www/Uploads/Annual%20Report2016\\_Final\\_ADA.pdf](http://www.floridaearlylearning.com/sites/www/Uploads/Annual%20Report2016_Final_ADA.pdf).

<sup>43</sup> Head Start, Office of Administration of Children & Families, U.S. Department of Health and Human Services, “Head Start Program Facts Fiscal Year 2015,” <https://eclkc.ohs.acf.hhs.gov/hslc/data/factsheets/docs/head-start-fact-sheet-fy-2015.pdf>.

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staff members. According to its most recent annual report (2015), the CHS helped 50,000 children and families across the state.<sup>44</sup>

## **2. Help Me Grow**

The Help Me Grow National Network “provides a comprehensive, statewide, coordinated system for early identification and referral of children at risk for developmental and behavioral problems.”<sup>45</sup> This program does not provide direct services but is designed to promote early detection and intervention, community outreach that promotes networking of professionals, a centralized telephone access point to connect children and families to needed services, and ongoing data analysis that identified barriers to access and gaps in the system. Florida is one of 25 affiliate states in the program. Florida’s programs are offered at 11 sites serving 27 counties and its outreach and networking efforts are funded with \$2.5 million in 2016-2017.<sup>46</sup>

## **3. Women, Infants, and Children (WIC) program**

The federal Women, Infants, and Children (WIC) program provides financial support to pregnant, breast feeding, and post-partum women with low-incomes to purchase supplemental foods, secure health care referrals, and receive nutrition education. WIC also provides food for infants and children up to age five who are found to be at nutritional risk. Program participants totaled 452,000 in December 2016.<sup>47</sup>

## **4. Early Intervention Program for Infants and Toddlers with Disabilities (Part C of IDEA)**

Part C of the federal Individuals with Disabilities Education Act (IDEA) provides grants to states for implementation of a comprehensive statewide program of early intervention services for infants and toddlers with disabilities, from birth through age 2 years, and their families. For FY 2015, the federal IDEA grant for infants and families in Florida totaled \$22.6 million.<sup>48</sup>

## **5. Comprehensive Addiction and Recovery Act of 2016 (Title V)**

This federal act reauthorized a grant program for residential treatment for pregnant and postpartum women who have an opioid use disorder as well as for their children. It creates a new pilot program to enhance the flexibility of the funds so states can more broadly support family-based services for pregnant and postpartum women and their children. The minimum requirements include prenatal and postpartum health care; referrals for necessary hospital services and for potentially affected children, pediatric health

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<sup>44</sup> Children’s Home Society of Florida, “2015 Annual Impact Report,” <https://www.chsfl.org/file/statewide-documents/CHS-2015-Annual-Report.pdf>.

<sup>45</sup> Help Me Grow National Center, “Help Me Grow System: History,” <http://helpmegrownational.org/pages/what-is-hmg/program-history.php>.

<sup>46</sup> Help Me Grow National Network, “Florida,” <http://www.helpmegrownational.org/includes/resource/FLORIDAwebsite.pdf>.

<sup>47</sup> Women, Infants, and Children (WIC), Food and Nutrition Service, U.S. Department of Agriculture, “WIC Program: Total Participation,” (initial December), Data as of March 10, 2017, <https://www.fns.usda.gov/sites/default/files/pd/27wilatest.pdf>.

<sup>48</sup> U.S. Department of Education, “Funds for State Formula-Allocated and Selected Student Aid Programs, U.S. Department of Education Funding,” December 14, 2016, <https://www2.ed.gov/about/overview/budget/statetables/17stbystate.pdf>.

care, screenings, and counseling, mental health services, and social services. This act also amends an earlier act to ensure the development of plans of safe care for infants born and identified as being affected by substance abuse or withdrawal symptoms once they are released from care by a health care provider and to ensure the state has monitoring and oversight systems for appropriate care of the mother and infant.

#### 6. **Children’s Initiative Communities in Florida**

The Children’s Initiative statutorily established a process to identify severely disadvantaged areas in the state and provide guidance for developing social service paradigms that systematically coordinate programs addressing the critical needs of children and their families. In addition, this initiative is intended to support efforts that would rebuild the basic infrastructure of the community. Part of the process requires the development of a community strategic plan. Early development and care of children is one of the components of such a plan.<sup>49</sup>

This initiative is modeled after the Harlem Children’s Zone and has five sites in Florida: the New Town Success Zone in Jacksonville, the Miami Children’s Initiative, Parramore Kidz Zone in Orlando, Sulphur Springs Neighborhood of Promise in Tampa, and Overtown Children and Youth Coalition in Miami. Funding comes from grants provided by the Ounce of Prevention Fund of Florida and matching support from participating communities which must demonstrate the capacity to continue funding upon termination of the grant.

#### 7. **Circle of Parents**

Circle of Parents is an evidence-based program that provides parents with mutual support and self-help with the intent of promoting positive parenting and reducing incidents of child abuse and neglect. The program’s support groups are led by a trained facilitator and parent group leader.<sup>50</sup>

#### 8. **Other Federal Programs**

Financial assistance through federal programs such as the Temporary Assistance for Needy Families, Low Income Home Energy Assistance Program, Children’s Health Insurance Program, Medicaid, Supplemental Nutrition Assistance Program, and the Child and Adult Care Food Program can contribute to the well-being and stability of young children and their families.

### IV. **AN IDEAL APPROACH**

As is evident from the discussion above, infants and young children and their families currently access services by means of a patch-work quilt or silo approach, largely due to the different legacies of Florida’s early childhood programs. Yet, if we had to design an ideal template from scratch, what would it look like?

An ideal early childhood development system might have the following attributes:

**A shared vision:** All early childhood development interventions operate under a shared vision of the basic services and opportunities available to pregnant women and families with children,

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<sup>49</sup> The Ounce of Prevention Fund of Florida, “Florida Children’s Initiative: Overview & Designation Process,” [https://www.ounce.org/children/childrens\\_initiative\\_designation.pdf](https://www.ounce.org/children/childrens_initiative_designation.pdf).

<sup>50</sup> The Ounce of Prevention Fund of Florida, “Circle of Parents FAQs,” [https://www.ounce.org/circle\\_faqs.html](https://www.ounce.org/circle_faqs.html).

promoting conditions to make them thrive. The vision should embrace comprehensive health services, early learning and development, and family leadership and support.<sup>51</sup> The vision should incorporate five characteristics associated with favorable outcomes over the past 50 years in programs and services as determined by program evaluation research. As outlined in the report “From Best Practices to Breakthrough Impacts,” these characteristics are: “building caregiver skills, matching interventions to sources of significant stress, supporting the nutrition and health of mothers before, during, and after pregnancy, improving the quality of the broader caregiver environment, and establishing clear goals and appropriate curricula (for young children.)”<sup>52</sup>

**Child and family centered:** The child and his or her parents (or soon-to-be parents) should be the center and the determinant of the types of services and care provided. Services should also provide support for the family because children need support and nurturing from others to thrive.

**Seamless, streamlined, coordinated, integrated, and easy to access services:** Services should be seamless, streamlined, coordinated, and integrated, to the extent possible, easy for parents (or soon-to-be parents) to access, and easy for providers to refer parents and their children to appropriate services.

**Parental awareness:** Parents (or soon-to-be parents) should know about the available services, how to access them, and how to pay for them, assuming a payment is required.

**A children’s needs assessment that informs state and county priorities and services:** To move toward the shared vision, Florida’s counties should conduct and routinely update a needs assessment for children, prenatal to 5 years old and then use the findings to set priorities for services and address gaps in services. For example, the WellFlorida Council developed such a needs assessment for Alachua County. That assessment was able to highlight the most vulnerable geographic areas of the county in terms of both the need for and access to services.

**Evidence-based, high quality services:** Services should be evidence-based to the extent possible. In other words, there should be robust research findings to show that programs really work. Outcomes should be measured to ensure that the quality of service is tracked and, if necessary, improved.

**Provider professionalism and access to records:** Providers should be professionally trained and providers should be able to access from shared databases the records of other providers if they are providing services to the same family.

**Flexibility:** Florida’s counties differ as to the types of issues and challenges children and their families face. So, counties will need to retain some flexibility in the design of an early childhood

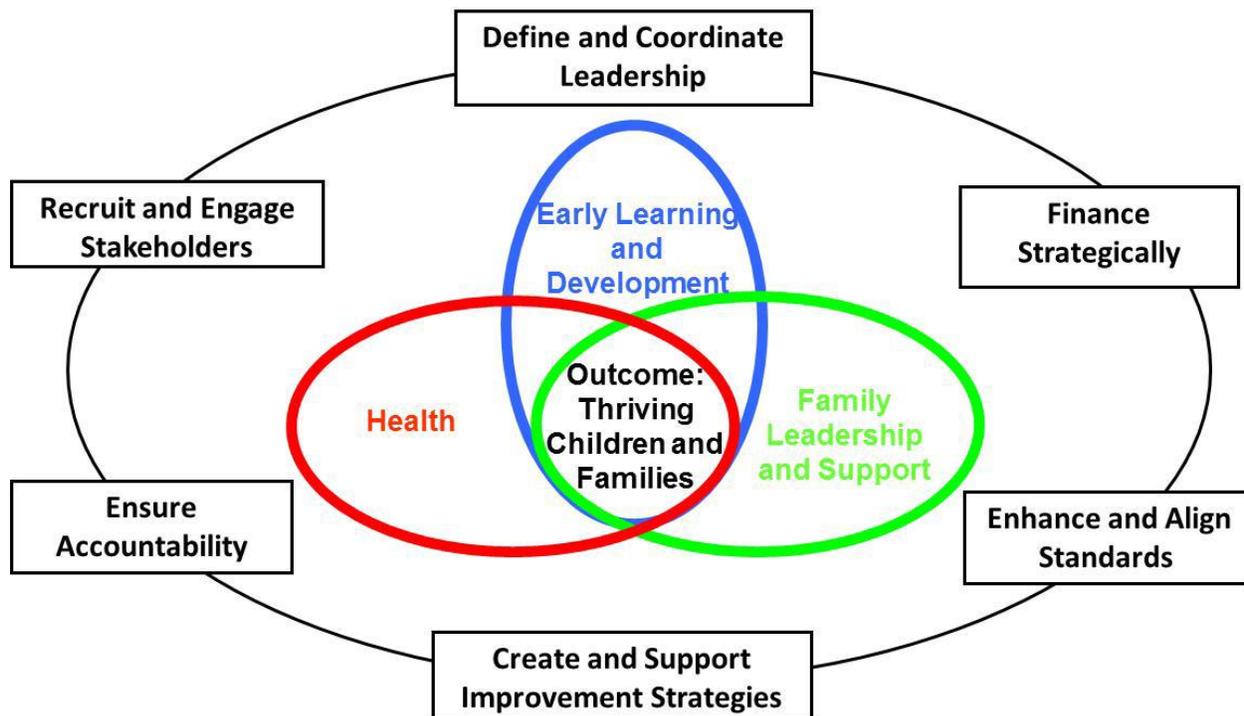
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<sup>51</sup> These components are found in the vision espoused by the Early Childhood Systems Working Group, a group of individuals from various national organizations who have met since 2006, to develop resources in early childhood development.

<sup>52</sup> Center on the Developing Child, Harvard University, “From Best Practices to Breakthrough Impacts: Key Findings from the Report,” May 2016, [http://46y5eh11fhgw3ve3ytpwxt9r.wpengine.netdna-cdn.com/wp-content/uploads/2016/05/Key\\_Findings\\_Breakthrough\\_Impacts.pdf](http://46y5eh11fhgw3ve3ytpwxt9r.wpengine.netdna-cdn.com/wp-content/uploads/2016/05/Key_Findings_Breakthrough_Impacts.pdf).

development system as they move toward incorporating features that can be applied across the board to most effectively meet children’s and families’ needs.

As Florida moves toward a more integrated service system with the desired outcome of thriving children and families, there are certain steps it might take. Sometimes a graph, such as one developed by the Early Childhood Systems Working Group (ECSWG) below,<sup>53</sup> can capture those steps more effectively. This system was conceived as ongoing and fluid and not as a set of static policies.



**Source:** The Early Childhood Systems Working Group, “Updating the ‘Ovals’: A Guide to Our Rationale,” May 2011.

## V. MOVING FORWARD

While there is no ideal early child development system anywhere in this country, there are certain initiatives that capture some of the streamlined, integrated ideal described above. As only one example, the Children’s Center of Carolina Health Centers, Greenwood, South Carolina, has an integrated plan for assigning children and their families to home visitation programs. Specifically, pregnant mothers are

<sup>53</sup> Among the Early Childhood Systems Working Group’s contributions is the development of and updates for a graphic of desired attributes and outcomes of an integrated vision of early childhood development. “Health” is defined as “Comprehensive services that promote children’s physical, developmental, and mental health.” “Early learning and development” is defined as “nurturing relationships, safe environments, and enriching experiences that foster learning and development.” “Family leadership and support” is defined as “resources, experiences, and relationships that strengthen families, engage them as leaders, and enhance their capacity to support children’s well-being.” See the Early Childhood Systems Working Group, “Updating the ‘Ovals’: A Guide to Our Rationale,” Paper prepared by Rachel Schumacher for the Build Initiative, May 2011, [http://www.buildinitiative.org/Portals/0/Uploads/Documents/Updating\\_the\\_Ovals\\_Guide\\_to\\_Rationale.pdf](http://www.buildinitiative.org/Portals/0/Uploads/Documents/Updating_the_Ovals_Guide_to_Rationale.pdf).

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enrolled in the Nurse-Family Partnership program if they meet certain qualifications. However, the Children's Center triages first time families not enrolled in the Nurse-Family Partnership into either Healthy Families or Healthy Steps and all families of newborns complete new patient questionnaires at initial weight check appointments. The Children's Center also coordinate home visitations with physician services after the initial screening. Instead of operating in silos, early childhood development programs are part of an integrated intake and assignment system. The challenge for most regions of the country with early childhood development programs that have different intake systems is that it is costly to merge databases and maintain them.<sup>54</sup>

As discussed above, early childhood development programs have different statutory authorization and funding sources which have contributed to the existing patch quilt/silo approach. Services are more likely to be coordinated if funding is predictable over time and at least part of the revenue base and oversight is shared. The following counties in Florida already have dedicated property tax sources for what are known as Children's Services Councils (CSCs) which are authorized under F.S. 125.901 and established under local ordinances: Palm Beach, Broward, Hillsborough, Martin, Miami-Dade, Okeechobee, Pinellas and St. Lucie. Duvall County (Jacksonville) is considered a "dependent" CSC in that it depends on funding from different sources, including county property tax revenues, to finance a continuum of children's programs and services.

Throughout the state, counties are moving forward to improve the coordination of available early childhood services. A Children's Services Advisory Board was appointed by the Alachua County Commission to make recommendations related to the potential establishment of a CSC. In yet another example, a five-year federal Early Comprehensive Childhood systems (ECCS) Impact grant was awarded to the Florida Association of Healthy Start Coalitions to bolster coordination of developmental screening in Miami and Jacksonville. The intent of the impact grants is to improve coordination between home visitation and early learning.<sup>55</sup>

The federal Maternal Infant & Early Childhood Home Visiting (MIECHV) Initiative actively promotes this sort of coordination and collaboration. For example, coordination between MIECHV and recipients of IDEA, Part C program funds is an explicit requirement in the context of IDEA's child find and referral process. The child find program finances activities that enable the identification and evaluation of children who may have a disability. Child Find activities can vary widely among school district. States cannot receive IDEA, Part C funds without having a comprehensive child find and referral process to identify infants and toddlers with disabilities. Moreover, a MIECHV grantee must be part of the find system. In summarizing the shared objectives of MIECHV and IDEA, Part C, a memorandum about the collaboration of the two initiatives stated:

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<sup>54</sup> Katy Sides with assistance from Sally Baggett, "Coordinating Comprehensive Healthcare with Home Visits for New Families: A Case Study of Home Visitation Integration with the Family-Centered Medical Home at Carolina Health Centers," *First Focus*, 2015, <https://firstfocus.org/wp-content/uploads/2015/03/Coordinating-Comprehensive-Healthcare.pdf>.

<sup>55</sup> Only 10 grants were ECCS Impact grants were awarded nationwide. Florida received over \$2.1 million for the 5-year period. See Florida Maternal Infant & Early Childhood Home Visiting Initiative, "ECCS Grant to strengthen Home Visiting, Early learning Coordination; Partnering with Miami Children's Initiative, New Town Success Zone," July 5, 2016, <http://flmiechv.com/eccs-grant-to-strengthen-home-visiting-early-learning-coordination-partnering-with-miami-childrens-initiative-new-town-success-zone/>.

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While the MIECHV and IDEA Part C Programs have different goals and support the delivery of distinct services, both programs support families within a system of comprehensive services, and implement evidence-based interventions and strategies to improve rates of developmental and behavioral screening and outcomes for children and families... Understanding the complementary activities of these two programs may enable providers to identify opportunities for coordination to better link families with appropriate services and supports.<sup>56</sup>

Programmatic collaborations and secure revenue streams would go a long way to ensure that every child is provided the best opportunity available to thrive and be successful in school and life. We know the ideal attributes of an early childhood development system of care but we need to better understand what can be realistically accomplished in the state as a whole, as well as in each of our 67 counties to progress toward that ideal. Some counties are ahead of others in securing dependable sources of funding and in designing services and supports that meet the diverse and comprehensive needs of children and their families. But every county can do better. Politics and fiscal constraints are not a good excuse when so much is at stake.

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<sup>56</sup> U.S. Department of Education U.S. Department of Health and Human Services, "Collaboration and Coordination of the Maternal, Infant, and Early Childhood Home Visiting Program and the Individuals with Disabilities Education Act Part C Programs," January 19, 2017, <https://www2.ed.gov/about/inits/ed/earlylearning/files/ed-hhs-miechv-partc-guidance.pdf>.