



PHOTOCOPY
PRESERVATION

**Office of the Assistant Secretary for Legislation
U.S. Department of Health and Human Services
200 Independence Avenue, S.W., Room 416-G
Washington, D.C. 20201
(202) 245-7627**

**PHOTOCOPY
PRESERVATION**

OREGON BENCHMARKS

AND

THE OREGON OPTION

**Background Information
for Ceremony to
Sign Memorandum of Understanding on
The Oregon Option
December 5, 1994**

Oregon Benchmarks:

What Are They?

History

The Oregon Option:

Summary of Proposal

Memorandum of Understanding

Project Status Report

Benchmarks to Initiate Project. by Cluster and with Targets

Federal Interagency Action Team -- List of Participants

OREGON BENCHMARKS

History

Strategic Planning Process, 1989. Oregon Benchmarks began in 1988 with "Oregon Shines," a strategic planning exercise started by then-governor Neil Goldschmidt. "Oregon Shines" is a 20-year strategic vision focused on three main strategies: (1) creating a diversified, high-wage economy; (2) protecting and enhancing Oregon's quality of life; and (3) investing in the capability of Oregonians.

Strategic Plan Translated into Measurable Goals: The Oregon Legislature created the Progress Board, directing it to translate the strategies in Oregon Shines into measurable goals for Oregon and make sure the process stays alive and on target. The board is headed by the governor and designed to be bipartisan. 1989.

Citizen Input: Hundreds of Oregonians -- from business, labor, education, environmental groups, state and local government, the health care system and grass-roots organizations -- developed the benchmarks for the State. 1990 and continuous.

Legislature Adopts Benchmarks: The Legislature unanimously enacted Oregon Benchmarks into law, after review by 18 state legislative committees. 1991.

Public Report Card: Every two years, the Progress Board has to update the benchmarks and report publicly on progress toward each benchmark goal. 1991 and on-going.

Use of Benchmarks to Govern: In 1992, Governor Roberts directed agencies to give priority to critical near-term benchmarks in the budget process, and directed all agencies to develop performance measures consistent with benchmarks. In 1993, Roberts, faced with a 17 percent budget shortfall because of a voter initiative, cut all state agencies' budgets even deeper -- 20 percent. Then she offered a 3 percent rebate to agencies able to shape their programs to achieve benchmark goals. The Legislature ratified almost all of Roberts' benchmark-targeted budget measures. Planning, budgeting and compensation systems are being directed towards the benchmarking goals. The three gubernatorial candidates have all endorsed use of Oregon benchmarks.

Benchmarks and Communities: State and local government agencies, nonprofits, business interests, and citizen groups are increasingly tying their efforts to Oregon Benchmarks. The Progress Board assists local government and other institutions in adopting their own benchmarks and creating programs that support the achievement of Oregon Benchmarks. For example, Multnomah County and Portland have inaugurated a joint benchmarking process that incorporates the state benchmarks as well as additional benchmarks of most interest to local citizens. Rural Baker and Deschutes, and other, counties are also pioneering local benchmarking efforts.

OREGON BENCHMARKS

What Are They?

National Leader: Oregon is recognized nationally as the state furthest along in using outcomes to establish a long-range vision, set public priorities, allocate resources, design services, and measure results.

Serve as Report Card: Oregon Benchmarks serve as critical indicators about the economy, the quality of life, and the citizens of Oregon. The Benchmarks track where the state (or county) stands and how it measures up to its target goals over a specified number of years (e.g. 1995, 2000, 2010). Benchmarks oblige Oregon and its localities to measure what they do by hard numbers, by agreed-upon standards.

Measure Outcomes, Not Inputs. Benchmarks measure results, not effort. Some examples from Oregon:

- o Whether air and water are getting cleaner, not whether environmental regulations are in place.
- o Teen pregnancy (rate per 1,000 females aged 10-17 for each of the target years), not number of clients served.
- o Crime rates, not prison beds (e.g., measures social harmony by hate crimes per 100,000 Oregonians per year).
- o Urban mobility by the percentage of Oregonians who commute to and from work by some means other than a single occupancy vehicle.
- o Literacy and other learning standards, not school and teacher expenditures.

Citizen and Legislative Input: Goals are developed through broad popular participation (e.g., electronic voting at community meetings), then ratified by action of the legislature and governor.

272 Total Benchmarks:

- **Urgent Benchmarks** - addressed in the next few years (e.g., teen pregnancy); will impact many other benchmarks one or two decades out.
- **Core Benchmarks** - are longer-term measures of Oregon's vitality and health (e.g., the base of the state's economy).

THE OREGON OPTION

An Intergovernmental Partnership for Results

Summary of Proposal

Proposal: In July 1994, Oregon's governor and county and city government officials proposed a special partnership and long-range project with the federal government to test fundamental redesign of the intergovernmental service delivery system to achieve results.

Purpose: to encourage cooperation among federal, state and local entities to redesign and test an outcomes-based approach to intergovernmental service delivery.

Why Oregon? Using its pioneering efforts in benchmarking as a base, Oregon is uniquely suited for an experimental demonstration to develop an outcome-based approach to intergovernmental services. The State and local governments have several years experience using an outcomes model for establishing long-range vision, setting public priorities, allocating resources, designing services, and measuring results. The Oregon Legislature has adopted the "Oregon Benchmarks." Nonprofit organizations, businesses, and civic groups in Oregon are aligned to a benchmark process with State, county and local jurisdictions.

Demonstration: Can serve as a platform to demonstrate principles and practices which may lead to national improvements in the intergovernmental service delivery system.

Principles to Guide Partnership. Oregon's proposal is based on principles advanced by the National Performance Review:

- o Focuses on outcomes as the criteria by which to measure success
- o Intergovernmental and interagency -- brings together the community, local, state and federal levels to agree on desired results and work together to achieve them (i.e., shared accountability)
- o Oriented to customer needs and satisfaction, especially through integration of services
- o Biased toward prevention rather than remediation of problems
- o Systemic, sustainable change at all levels of the service delivery system to reduce red tape and micro-management
- o Delegation of responsibilities for service design and delivery to front-line, local-level providers
- o NOT about more money, but about re-directing funds to better achieve agreed-upon results.

Initial Focus of demonstration is on Oregon's human investment benchmarks:

- Healthy children
- Stable families
- A developed (highly educated and prepared) workforce

MEMORANDUM OF UNDERSTANDING REGARDING "THE OREGON OPTION"

I. Purpose

The purpose of this Memorandum of Understanding is to encourage and facilitate cooperation among Federal, State and local entities to redesign and test an outcomes oriented approach to intergovernmental service delivery. This special partnership and long-range commitment will serve as demonstration of principles and practices which may serve as a model for improvements nationwide.

II. Background

In July 1994, Oregon proposed a multi-year demonstration with the Federal Government to redesign intergovernmental service delivery, structured and operated to achieve measurable results that will improve the lives of Oregonians.

Oregon is uniquely suited for an experimental demonstration to develop an outcomes oriented approach to intergovernmental services. The State and many local governments have begun using an outcomes model for establishing long-range vision, setting public priorities, allocating resources, designing services, and measuring results. The Oregon Legislature has endorsed the Oregon "Benchmarks." Further, many nonprofit organizations, businesses, and civic groups in Oregon are aligned to a benchmark process with State, county and local jurisdictions.

III. Principles to guide cooperation

The following principles should guide the parties cooperation in this undertaking:

A re-designed system would be:

- Structured, managed, and evaluated on the basis of results (i.e., progress in achieving benchmarks).
- Oriented to customer needs and satisfaction, especially through integration of services.
- Biased toward prevention rather than remediation of problems.
- Simplified and integrated as much as possible, delegating responsibilities for service design, delivery, and results to front-line, local-level providers, whether they are local agencies or local offices of state agencies.

IV. Responsibilities of the parties

The parties to this memorandum will work together as partners to (1) identify benchmarks, strategies, and measures that provide a framework for improved intergovernmental service delivery and (2) undertake efforts to identify and eliminate barriers to achieving program results.

V. Authorities

The principles and responsibilities covered in this memorandum are intended to improve the coordinated delivery of intergovernmental programs. This memorandum does not commit any of the parties to a particular level of resources; nor is it intended to create any right or benefit or diminish any existing right or benefit, substantive or procedural, enforceable at law by a party against the United States, State of Oregon, any state or federal agency, any state or federal official, any party of this agreement, or any person. While significant changes to the intergovernmental service delivery system are anticipated as result of this effort, this is not a legally binding or enforceable agreement. Nothing in this memorandum alters the responsibilities or statutory authorities of the Federal agencies, or State or local governments.

THE OREGON OPTION

Project Status Report

12-5-94

Start-Up:

The Alliance for Redesigning Government held forum on Oregon Benchmarks among Governor Barbara Roberts, Multnomah County Chair Bev Stein, Portland Mayor Vera Katz, the Alliance Board members, and federal officials from the National Performance Review, the Office of Management and Budget, and the Department of Health and Human Services. Denver. May, 1994.

Secretary Shalala and the National Performance Review convened a large federal interagency audience to hear and discuss proposal on the Oregon Option by Governor Roberts, Chairperson Stein, and Mayor Katz. Audience included White House, OMB, and Secretaries, and Deputy/Assistant Secretaries from seven federal agencies. Washington, D.C. July 25, 1994.

Congressional Consultation: Governor Roberts and other Oregon representatives briefed Oregon delegation. July, 1994.

Federal Interagency Action Team organized under the guidance of the National Performance Review to partner with Oregon to further develop the Oregon Option.

- o Representatives from Domestic Policy Council, Office of Management and Budget, and seven agencies (Health and Human Services, Labor, Education, Justice, Commerce, Agriculture, Housing and Urban Development).
- o Meets weekly, with conference call participation by federal staff in Seattle and Oregon, and many Oregon representatives.

Internal Federal Agency Work Teams being formed to involve array of policy, program, field, data, financial, grants administration, evaluation, auditing, and legal expertise, insight, and advice within each agency. Seven agencies at different levels on this.

Working Visit to Oregon for partners to further develop the Oregon Option. Portland. September 18-21, 1994.

- o Attended by over 40 federal staff from Washington and regional/state offices; and over 60 Oregon state, local and community representatives.
- o Visited local service sites, discussed principles of partnership and Oregon Option. further developed memorandum of understanding, further defined benchmark and workgroup clusters, discussed benchmarks for initial focus, and began mapping specific strategies and changes needed to achieve benchmarks.

Intergovernmental/Interagency Sub-Teams have formed around specific benchmarks and cross-cutting issues to further develop strategies and changes needed to achieve specific benchmarks:

- o Healthy children team
- o Stable families team
- o Developed (highly educated and prepared) workforce team

- o Data collection and analysis team
- o Financial/grants administration team
- o Memorandum of understanding workgroup

Internal Oregon Teams: Oregon developing process to involve additional, broad representatives from state, local, private, and community based organizations in development of the Oregon Option. Using the National Performance Review Model of providing space where staff comes together in teams, temporarily from their home organizations, to accomplish different pieces of the Oregon Option to achieve results.

Foundation Support:

- o Ford Foundation announced Oregon Benchmarks as one of its ten coveted State and Local Innovation Award winners. September 29, 1994.
- o Annie Casey Foundation asked Oregon and the Alliance for Redesigning Government to apply for funds for facilitation and capacity building to support the Oregon Option. September 30, 1994.

Strategy Development to Achieve Outcomes: Sub-teams in various stages of developing strategies and identifying changes needed. Where authority to make changes already exists, we are NOT ASKING PERMISSION but just moving ahead. Where permission is needed, more details will be forthcoming. Some examples:

- o Healthy children cluster, with particular focus on increasing immunization rate of two year olds and prenatal care in the first trimester of pregnancy
- o Stable families cluster, with particular focus on increasing number of welfare recipients placed in jobs
- o Interagency data analysis team already forging ahead to provide technical assistance to Oregon to fill data needs (e.g., modeling race data from the 1992 Oregon Survey back to the 1990 survey in which such data were not collected; providing information on additional data sources where Oregon currently has data gaps; exploring Oregon's request to pay for additional sample size in Oregon in ongoing national surveys such as Current Population Survey and the Survey of Income and Program Participation).
- o Federal and state financial staff examining indirect and direct cost accounting to create incentives for reduction in overhead so funds can be reinvested in community service delivery.

Memorandum of Understanding to formalize and set forth principles of partnership. Signing ceremony with the Vice President, many Cabinet Officials, Governor, Senator Hatfield, Congressmen, and many state and local officials joined via satellite. Washington, D.C. and Portland. December 5, 1994.

Further Congressional Involvement Planned : The Institute for Educational Leadership organizing an early 1995 site visit to Oregon to provide senior staff in both the Congress and the Executive Branch with a hands-on view of the state and local effects of the laws they pass and administer. The site visit will focus on cross-cutting initiatives for children and families and explore how Oregon is using measurable outcomes (benchmarks) to reach the state's long-range human investment goals. The site visit will build on work already underway on the Oregon Option.

THREE INITIAL CLUSTERS OF HUMAN INVESTMENT BENCHMARKS

The following benchmarks illustrate the kind of results that Oregon seeks to improve the lives of its people. Workgroups were organized around these three clusters as initial areas of focus.

	HISTORIC					TARGET		
Stable Families	1980	1990	1991	1992	1993	1995	2000	2010
1. Pregnancy rate per 1,000 females ages 10-17	24	19.7	19.3	17.9		9.8	8	8
2. Percentage of children living above 100% of the federal poverty level	88%	84%		84%		88%	92%	100%
3. Number of children abused or neglected per 1,000 persons under 18		11.3	10.5	11.3	10.8	9.0	6.0	2.0
4. Spousal abuse: domestic violence calls per 1,000 households		46.1	45.3	45.7	56.9	35.0	30.0	20.0
5. Percentage of children who are homeless at some time in the past year			1.8%		2.0%	0.9%	0%	0%
6. Of children born outside of marriage, the percentage who have legal paternity established in a given year	33%		31%		49%	50%	80%	90%
7. Percentage of current court ordered child support paid to single parent families	44%		50%		54%	85%	95%	99%

Performance Measures

- ✓ Percentage of AFDC clients entering employment
- ✓ Percentage of AFDC clients with child support established
- ✓ Percentage of AFDC recipients within the total population
- ✓ Average length of time a family is on welfare
- ✓ Percentage of AFDC households headed by a teen parent
- ✓ Basic skill levels of participants in job preparation activities

	HISTORIC					TARGET		
Healthy Children	1980	1990	1991	1992	1993	1995	2000	2010
1. Percentage of healthy birthweight babies	95%	95%	95%	95%		96%	97%	98%
2. Pregnancy rate per 1,000 females ages 10-17	24.0	19.7	19.3	17.9		9.8	8.0	8.0
a. African-Americans		54.4						8.0
b. American Indians		21.9						8.0
c. Asians		12.7						8.0
d. Hispanic		33.2						8.0
e. Whites		19.2						8.0
3. Number of identified child care slots available for every 100 children under age 13		14		15		16	20	25
4. Number of children abused or neglected per 1,000 persons under 18		10.9	11.5	11.6	11.5	9.0	6.0	2.0
5. Percentage of babies whose mothers received adequate prenatal care (beginning in the first trimester)	77%	76%	77%	79%		100%	100%	100%
6. Infant mortality rate per 1,000	12.1	8.3	7.2	7.1		7.5	6.0	4.0
a. African-American (3-year average)			20.4	19.2		11	8.0	4.0
b. American Indian (3-year average)			15.2	14.3		10	7.0	4.0
c. Asians (3-year average)			8.3	6.5		6	5.0	4.0
d. Hispanic (3-year average)			8.7	7.4		6	5.0	4.0
e. Whites			7.2	6.9		6	5.0	4.0
7. Percentage of two-year-olds who are adequately immunized				47%	50%	80%	100%	100%
8.* Percentage of children entering kindergarten meeting specific developmental standards for their age								
a. Language and literacy development								
b. Physical well being								

* Data expected in October 1994

	HISTORIC					TARGET		
Well Trained Workforce	1980	1990	1991	1992	1993	1995	2000	2010
1. Student Skills: Percentage of eleventh grade students who achieve established skill levels								
a. Reading		83%	82%	83%		88%		99%
b. Math		67%	70%	65%		78%		99%
c. Writing—Ideas		83%		88%		88%		99%
d. Writing—Organization		80%		84%		85%		99%
e. Writing—Conventions		81%		86%		85%		99%
2. High school graduation rate		72%	76%	74%		83%	93%	95%
3. Percentage of high school students with significant involvement in professional-technical education and entrepreneurial programs		9%	8%	8%		18%	35%	55%
4. Percentage of high school students enrolled in structured work experience programs		3%	3%	3%		18%	35%	55%
5. Percentage of students free of involvement with alcohol in the previous month								
a. Eighth grade			74%			92%		99%
b. Eleventh grade			63%			75%		90%
6. Percentage of students free of involvement with illicit drugs in the previous month								
a. Eighth grade			90%			95%		99%
b. Eleventh grade			81%			85%		99%
7. Percentage of students free of involvement with tobacco in the previous month								
a. Eighth grade			85%			95%		99%
b. Eleventh grade			81%			85%		99%
8. Juvenile arrests per 1,000 juvenile Oregonians per year	32	38	39	42	44	35	20	10
9. Real per capita income as a percentage of U.S. real per capita income	99%	92%	92%	93%	93%	95%	100%	100%
10. Percentage of Oregonians with incomes above 100% of the Federal poverty level	89%	88%		91%			100%	100%
11. Percentage of adults with intermediate proficiency at								
a. Prose Literacy		41%						55%
b. Document Literacy		36%						55%
c. Quantitative Literacy		39%						55%
12. Percentage of Oregon adults who completed an associate degree in professional-technical education								

13. Percentage of displaced re-employed within 24 months and earning at least 90% of previous income								
a. All workers								
b. Lumber and wood products workers				36%		60%	70%	75%
14. Average rate of reincarceration of paroled offenders within three years of initial release				41%	41%	35%	20%	15%
15. Welfare to work (See Family Stability)								

f:\user\opb\oh95\oroption\cluster.tbl

Immunization - Performance Partnership Grant

Performance Partnerships are agreements between HHS and States to work towards achieving specific health status improvements over a multi-year period. Performance Partnership Grants will establish a new basis for grant relationships by providing States with increased control over setting their priorities for expenditure of grant funds and management of their grant programs.

Performance Partnership goals include:

- o Improve the Nation's health,
- o Redefine government roles
 - reduce administrative requirements
 - increase program flexibility, and
- o Increase accountability for health outcomes.

The Immunization Performance Partnership Grant will streamline 6 elements of the current immunization program which are now awarded on a competitive basis to all States and 5 cities. The total amount of the Grant will be \$177 million. The 6 elements are

- o State Operations - \$24 million,
- o Parent Patient Notification - \$3 million,
- o Surveillance and Response - \$5 million,
- o Infrastructure - \$108 million,
- o Program-based Incentives - \$33 million, and
- o National and State Assessment - \$4 million.

A small portion of these funds will be held in reserve for specific purposes. For example, CDC would reserve funds for outbreaks of infectious disease that require rapid national response and exceptional resource commitments, such as outbreaks of measles requiring purchase of additional vaccine and associated outbreak control measures. Similarly, funds could be reserved, as an incentive, to reward recipients that make exceptional progress towards pre-set objectives, developed in conjunction with States, territories, and cities.

Recipients will develop plans for expenditure of funds based on pre-selected objectives and report annually to CDC on their progress towards those objectives. Potential performance agreements may include items such as:

- o Increase the proportion of 2-year-old children who obtain the complete series of vaccines to 90 percent by the year 2000,
- o Increase the proportion of pre-school children in licensed day care centers who have received all vaccines to 95 percent by the year 2000, and
- o Increase the proportion of non-institutionalized people over age 65 who have been immunized against influenza to 72 percent by the year 2001.

IMMUNIZATION

"To guarantee that our children's faith in us is justified, we must renew our commitment to protect them from deadly infectious diseases."
President Clinton, April 20, 1994

Vaccines are the most powerful and cost-effective ways to prevent nine infectious diseases in children. Cases of measles, polio, and other diseases have decreased by over 99 percent since introduction of vaccines. The benefit-cost ratio of vaccines is over 21 to 1 for measles/mumps/rubella vaccine and is over 29 to 1 for diphtheria/tetanus/pertussis vaccine.

Despite the existence of effective vaccines, millions of our nation's children are still at risk of disease. Although over 95 percent of children are fully vaccinated by kindergarten, and although immunization levels are the highest levels ever recorded for children under age two, about one-third of these children are still inadequately protected against these childhood diseases.

The Childhood Immunization Initiative (CII) is a comprehensive plan that is moving the nation significantly forward on this major preventive-health issue. The CII is the pathway to secure-once and for all--immunization coverage for our nation's youngest citizens. The CII is designed to marshall efforts of the public and private sectors, health care professionals and volunteer organizations to:

- ◆ reduce most vaccine-preventable diseases to zero;
- ◆ increase vaccination levels for 2 year-olds to at least 90 percent for the initial and most critical doses by 1996, and
- ◆ establish a sustainable system to ensure that at least 90 percent of all 2 year-olds receive the full series of vaccines by the year 2000.

The CII specifically is designed to:

- ◆ Improve the quality and quantity of vaccination delivery services:
- ◆ Reduce vaccine costs for parents:
- ◆ Increase community participation, education and partnerships:
- ◆ Improve systems to monitor diseases and vaccinations:
- ◆ Improve vaccines and vaccine use:

One component of the CII is the Vaccines for Children (VFC) Program. The VFC Program began only 8 months ago. We have made significant progress.

- o VFC is operating in all States.
- o Vaccine purchase contracts were signed with the manufacturers to provide vaccines for eligible children at discounted CDC contract prices.
- o State Health Departments are rapidly enrolling public and private providers into the program. As of March, over 8,100 public sites and over 21,000 private provider sites, many with multiple physicians per site, have enrolled so far.

- o The vaccine ordering system is working well. Almost 2,000 bulk orders have been processed, totaling over \$150 million in vaccine.
- o Since October, about 13 million doses of children's vaccines have been shipped through the VFC program.

HHS FACT SHEET

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

April, 1995

Contact: CDC Press Office
(404) 639-3286

THE CHILDHOOD IMMUNIZATION INITIATIVE

Childhood immunization was one of the earliest priorities of the Clinton Administration. In response to disturbing gaps in the immunization rates for young children in America, the Administration designed a comprehensive Childhood Immunization Initiative. This national initiative addresses five areas:

- 1) Improving immunization services for needy families, especially in public health clinics
- 2) Reducing vaccine costs for lower-income and uninsured families, especially for vaccines provided in private physician offices
- 3) Building community networks to reach out to families and ensure that young children are vaccinated as needed
- 4) Improving systems for monitoring diseases and vaccinations
- 5) Improving vaccines and vaccine use.

At the same time, the Administration and Congress committed substantial new resources for immunization, including significant budget increases for service delivery improvements and for purchase of vaccine to be made available to needy children.

PROBLEM:

Today, more than a million children under age 2 are not fully vaccinated against disease. Some of the reasons:

- There are not enough public clinics; clinic hours and locations are often inconvenient for parents; clinics are short-staffed.
- Vaccines are expensive. The cost of the full series has increased ten-fold from \$27 in 1983 to \$265 today.
- Many parents are unaware of the need to immunize by age 2. In addition, vaccine schedules can be confusing -- and there's no standardized system for monitoring vaccinations or notifying parents when vaccinations are due.

GOALS:

The Childhood Immunization Initiative will build a comprehensive vaccination delivery system. It will integrate efforts of the public and private sectors, health care professionals and volunteer organizations. The goals:

- By 1996, to increase vaccination levels for 2-year-olds to at least 90 percent for the initial and most critical doses, and to reduce most diseases preventable by childhood vaccination to zero.
- By 2000, to have in place a system that will ensure at least 90 percent of all 2-year-olds receive the full series of vaccines.

BUDGET:

The Centers for Disease Control and Prevention manages the National Childhood Immunization Initiative. The President's FY 1996 budget proposal includes a total of \$843 million for child immunization and purchase of vaccine.

- In all, funding for child immunization has doubled since President Clinton's inauguration.

THE INITIATIVE:

The Childhood Immunization Initiative will focus on five areas:

1) **Improve the quality and quantity of vaccination delivery services --**

- CDC will provide funds and assistance to open new public health clinics, extend clinic hours and hire new staff.
- CDC will provide its primary support through state and local Immunization Action Plans, which coordinate local efforts and tailor activities to specific state and local needs. Performance-based funding will reward those IAPs which meet or exceed immunization targets.
- The President's FY 1996 budget request includes \$177 million to continue service delivery improvements thru new Immunization Performance Partnership grants. This represents a four-fold increase for state Immunization Action Plans compared with \$45 million in FY 1993.

2) Reduce vaccine costs for parents --

- A new Vaccines for Children program is designed to provide free vaccine to about 60 percent of the nation's children, starting in October, 1994. Eligible children include those without insurance coverage, those who are eligible for Medicaid, and American Indians and Alaska Natives.
- The President's FY 1996 budget request includes \$493 million for vaccine purchase, approximately the same level as in FY 1995 -- however, this represents a 15 percent increase in amount of vaccine purchased, due to a proposed reduction in excise tax. Vaccine purchase funding this year is 37 percent higher than the amount expended in FY 1994.
- States have the ability to buy vaccines at reduced federal contract prices. About half the states plan to supply vaccine for all their children at the lower federal price.
- CDC will continue to provide immunization grant funds to help states obtain vaccine for children who are not eligible for the new VFC program, but who still need access to free vaccine.

3) Increase community participation, education and partnerships --

- The initiative will increase awareness of proper immunization, coordinate local resources, and enlist national organizations. A national outreach program will be launched, with outreach coordinators placed in each HHS region. Regional meetings are also being convened to draw organizations together.
- New public service announcements have been produced for TV, radio and print media.
- Toll-free information services refer callers to local immunization providers and provide prerecorded information in English and Spanish. Toll-free number: 1-800-232-2522.
- Outreach to health care professionals will ensure they don't miss opportunities to vaccinate infants and pre-schoolers.

4) Improve systems to monitor diseases and vaccinations --

- An improved system for monitoring vaccine-preventable diseases will help spot problems early and enable action to prevent a few cases from escalating into epidemics.
- CDC will support investigation of each case of vaccine-preventable disease targeted for elimination.

5) Improve vaccines and vaccine use --

- The initiative will support efforts to develop a single childhood immunization schedule. It will also support research into new vaccines and vaccine combinations to reduce the number of shots children must get, and to ensure safe and effective vaccines.

OTHER BACKGROUND:

- Childhood vaccines prevent nine infectious diseases: polio, measles, diphtheria, mumps, pertussis (whooping cough), rubella (German measles), tetanus, spinal meningitis, and hepatitis-B.
- Between 11-15 vaccine doses are due by age 2, requiring about five visits to health care providers. This is about 80 percent of all vaccine doses recommended for children.
- Children are required to be immunized in order to enter school, and more than 96 percent of American children are adequately vaccinated by kindergarten. Yet among pre-school children, the United States has a poor vaccination record. This means millions of young children are not adequately protected against illness and possible death.
- With increasing numbers of children more readily exposed to infectious disease in day-care settings, complete immunization by age 2 is critical.
- Failure to immunize can lead to new outbreaks of disease. In 1989-91, a measles epidemic resulted in more than 55,000 reported cases, 11,000 hospitalizations, and more 130 deaths. Half of the deaths were infants.
- Vaccines are cost-effective. More than \$21 are saved for every \$1 spent on measles/mumps/rubella vaccine; more than \$30 are saved for every \$1 spent on diphtheria/tetanus/pertussis vaccine; and more than \$6 are saved for every \$1 spent on polio vaccine.

###

HIGHLIGHTS FROM THE FAMILY PRESERVATION AND SUPPORT SERVICES PROGRAM INSTRUCTION

- o Family Preservation and Support Services is part of the Omnibus Budget Reconciliation Act of 1993. It is a new subpart 2 of title IV-B -- the Child and Family Services program of the Social Security Act.
- o New Federal funds are provided to State child welfare agencies for preventive services (family support services) and services to families at risk or in crisis (family preservation services).
- o Family support services are primarily community-based preventive activities designed to alleviate stress and promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children; enable families to use other resources and opportunities available in the community; and create supportive networks to enhance child-rearing abilities of parents and help compensate for the increased social isolation and vulnerability of families.

Examples of community-based family support services and activities include respite care for parents and other caregivers; early developmental screening of children to assess the needs of these children and assistance in obtaining specific services to meet their needs; mentoring, tutoring, and health education for youth; and a range of center-based activities (informal interactions in drop-in centers, parent support groups) and home visiting programs.

- o Family preservation services typically are services designed to help families alleviate crises that might lead to out of home placement of children; maintain the safety of children in their own homes; support families preparing to reunify or adopt; and assist families in obtaining services and other supports necessary to address their multiple needs in a culturally sensitive manner. (If a child cannot be protected from harm without placement or the family does not have adequate strengths on which to build, family preservation services are not appropriate.)
- o In addition to providing funds for expanding services, this legislation offers States an extraordinary opportunity to assess and make changes in State and local service delivery in child welfare, broadly defined. The purpose of these changes is to achieve improved well-being for vulnerable children and their families.

- o Because the multiple needs of children and families cannot be addressed adequately through categorical programs and fragmented service delivery systems, we encourage States to use this new funding as a catalyst for establishing a continuum of coordinated and integrated, culturally relevant, family-focused services for children and families.
- o The legislation requires States to engage in a comprehensive planning process for the development of a meaningful and responsive family support and family preservation strategy. To take full advantage of the opportunity for comprehensive planning, the scope of planning should go beyond child welfare to include housing, mental health, primary health, education, juvenile justice, community-based programs providing family support and family preservation services, and other social programs that serve children and their families in the State and its communities. Consumers, practitioners, researchers, foundations, mayors, and legislators are some of the stakeholders who should be active in the planning process. Federal regional staff will also serve as partners in planning.
- o FY 1994 funds are available following the submittal and approval of a State application. Guidance for this application is included in the Program Instruction. It is expected that States will spend their FY 1994 allotment up to \$1 million for planning and development of the five year State plan for FY 1995-1999. States may also spend some of their FY 1994 allotment for services.

FY 1995 funds are available following the submittal and approval of a comprehensive five year State plan. The attached Program Instruction offers preliminary guidance for the five year plan. Formal instructions for completing the plan will be provided in regulations to be published in 1994 (summer/fall).

- o We recognize that the Federal government can facilitate coordination of programs and the development of a continuum of care at the State and local level. As a first step, we have reached an agreement with the Maternal and Child Health Bureau and the Center for Mental Health Services so that States and communities who include programs operating under the public health service agency and the mental health agency in their planning for family support and family preservation may qualify for additional discretionary funding from these two programs. In addition, we plan to develop a combined State plan for Title IV-B Subpart 1, Title IV-B Subpart 2, and the Independent Living Program. Other suggestions for ways in which the Federal government can facilitate coordination at the State and local level are welcome.
- o For additional information, please contact (1) your State child welfare agency; (2) your Federal regional office (contact information included at Attachment F); or (3) the Administration on Children, Youth, and Families (202/205-8347).

HHS FACT SHEET

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

December 1994

Contact: ACF Press Office
(202) 401-9215

THE HEAD START PROGRAM: BUILDING ON SUCCESS

Overview: The Clinton administration is committed to both expanding and improving the Head Start program. The FY 1995 budget for Head Start is \$3.5 billion, a 27 percent increase since 1993.

HHS Secretary Donna E. Shalala identified Head Start as an early priority. She formed a special advisory committee to make recommendations for a renewed Head Start program -- one that responds to the new needs of children, families and communities.

Following the committee's report, bipartisan legislation was introduced in Congress to reauthorize Head Start and create an improved program. The legislation was signed by President Clinton May 18.

At its best, Head Start has been one of this nation's most successful programs for disadvantaged children.

- o Since the program began in 1965, 14.6 million children have been served by Head Start.
- o Head Start has a positive impact on school readiness.
- o Studies of Head Start programs indicate positive effects on children's cognitive skills, self-esteem, achievement motivation and social behavior.
- o Head Start has a positive impact on the training and employment of parents, and more than one-third of Head Start staff are current or former Head Start parents.

Yet the world of Head Start today is dramatically different than in 1965.

- o Today the needs of families and children who live in poverty are more complicated and urgent than ever before. Since Head Start began, the face of poverty has changed to include more single parents as well as increasing numbers of working parents.
- o One in four infants and toddlers under the age of three (nearly 3 million children) live in families with incomes below the poverty level.
- o Children are increasingly likely to live with just one parent, usually the mother; in 1960, fewer than 10 percent of all children under the age of eighteen lived with one parent; by 1992, almost 27 percent of all children lived with one-parent.
- o In 1960, only 5 percent of all births in the United States were to unmarried mothers; by 1990, the proportion had risen to 28 percent. About every minute, an American adolescent has a baby; every year, about 1 million adolescents become pregnant.
- o More than 5 million children under the age of three are in the care of other adults while their parents work.
- o Today, we also have new knowledge about the services and supports that are most effective in changing long-term outcomes for young children, as well as new knowledge about the importance of the first three years of life.

Responding to the changing needs of America's children and families, HHS Secretary Donna E. Shalala in June 1993 established an Advisory Committee on Head Start Quality and Expansion.

- o The charge of the bipartisan committee was to review the Head Start program and make recommendations for both expansion and improvements.
- o On Jan. 12, 1994, Secretary Shalala received the advisory committee report recommendations. To create a 21st century Head Start, the advisory committee set forth a set of recommendations that implement three broad principles:
 - 1. QUALITY -- Ensure that every Head Start program can deliver on Head Start's vision, by striving for excellence in serving both children and families.

2. **EXPANSION** -- Expand the number of children served and the scope of services provided in a way that is more responsive to the needs of families.
 3. **COMMUNITY PARTNERSHIPS** -- Encourage Head Start to forge partnerships with key community and state institutions, and ensure that these partnerships are constantly renewed and recrafted to fit changes in families, communities, and state and national policies.
- o Key recommendations in the report called for improved staff training and career development, including better salaries for Head Start workers; improving management of local Head Start centers; reengineering federal oversight; and providing for better facilities.

Within a month of issuance of the report, bipartisan legislation was introduced to reauthorize and strengthen the Head Start program. Legislation moved through Congress quickly, and was signed by President Clinton on May 18.

- o The reauthorization bill reflects the Administration's commitment to strengthening the quality of all Head Start programs. It includes tough new provisions to ensure that no Head Start grantee will be funded if it falls below a minimum quality level and fails to correct deficiencies promptly.
- o To ensure that all Head Start programs will provide high quality services to children and families, the bill requires promulgation of performance measures; strengthens performance standards; establishes a minimum standard of accomplishment for all grantees; and strengthens current authority regarding staff qualifications and development.
- o Under this bill, Head Start grantees also have the flexibility to expand the scope of services, as well as the number of children served. For instance, based on the community needs assessment, local Head Start programs have the option to provide full day/full year services to meet the needs of families who work or are in training.
- o The bill includes new provisions to help meet the needs of families with infants and toddlers. Head Start programs will begin serving children aged 0-3, with 3 percent of total Head Start appropriations to be available for this purpose in fiscal year 1995, growing to 5 percent in FY 1998.

- o The bill also provides for an improved continuum of services for young children, including improved coordination between Head Start programs and local educational agencies and schools. The bill also encourages ongoing parent involvement once Head Start children enter schools.

The Clinton Administration has already provided strong support for Head Start, including substantial new investment and a new vision for an improved program.

- o Funding for Head Start has increased substantially. The budget for FY 1995 is \$3.5 billion for Head Start, an increase of \$210 million over FY 1994 and a 27 percent increase since FY 1993.
- o Head Start served 740,000 children and their families in 1994, up from 621,000 in 1992.
- o The administration's long-term vision for Head Start includes:
 - high quality, comprehensive services, with trained and qualified staff
 - a program serving every eligible child whose family wants to enroll the child
 - responsiveness to community needs, including full-day, full-year services for children of families who are employed or in job training
 - a program which is fully integrated into the community and working collaboratively with other community providers.

###

**National Infant Immunization Week**

April 22-29, 1995

THE SEVEN DAYS OF IMMUNIZATION**"At Least Eleven Shots by Two: How Sure are You?"**

The immunization rates for children under two years of age are far too low, and all members of our communities can play a role in making sure that all of our youngest children are properly immunized. Thousands of lives are jeopardized by preventable diseases, and hundreds of thousands of dollars have been spent on the care of stricken children whose illnesses could have been avoided. National Infant Immunization Week (NIIW) offers an opportunity to reach audiences who can help make certain that our nation's children are fully immunized by the age of two.

The slogan for NIIW 1995 is "At Least Eleven Shots by Two: How Sure Are You?", supported by the theme: "We need **you** to get all our babies shots by two." This theme reinforces the need to get all members of our communities involved in appropriately immunizing our children. The "Seven Days of Immunization" provides a guideline for community activities during NIIW. Each of the seven days focuses on a particular sector of the community and helps to demonstrate that everyone can play a role in making certain that all of our children are protected against vaccine-preventable diseases.

April 22 and 23 - Religious Leaders Lead the Way

Religious leaders play an important role in the community and reach a loyal audience every week. By incorporating immunization messages into their weekly service, religious leaders can potentially affect a large audience.

April 24 - Elected Officials Voice Their Support

Elected officials, such as governors, mayors, members of Congress, state legislators, and city council members, have the ability to reach and mobilize broad cross-sections of the population. On this day, elected officials could highlight the importance of disease prevention and identify childhood immunization goals for their respective state, district or city. Their participation can illustrate the entire community's commitment to our youngest children, and reinforce the message that disease prevention can be measured in both economic terms and health benefits.

April 25 - Community Partnerships: A Key Element

Public-private partnerships, including health care providers, community-based organizations, businesses, civic and service groups, the media and numerous others, play crucial roles in state and community-based immunization efforts. This day of the week provides an opportunity to

highlight some of these pre-existing partnerships. Through the attention focused on the partnership activities, it is hoped that new partners will be encouraged to join these efforts.

April 26 - Disease Prevention: The Children's Perspective

For this day of the week, we are suggesting use of a school setting to focus on children's understanding of disease prevention. Teachers and children can provide a direct link to parents and younger siblings. The days' activities present an opportunity for teachers and children to educate parents and peers. As a long-term benefit, schools may incorporate disease prevention education as an ongoing part of their curriculum.

April 27 - Provider Spotlight: Innovative Strategies

Health care providers play the central role in immunizing children. In addition to administering vaccine, many health care providers participate in community-based partnerships and undertake innovative efforts to increase immunization coverage rates. These efforts include extending office hours to accommodate working parents, making reminder phone calls, and auditing their own patient records to check the immunization status of all children under their care. This day of the week provides an opportunity to acknowledge these activities and encourage others to adopt similar efforts.

April 28 - Childhood Immunization Across the Nation

One barrier to raising childhood immunization rates is the public's lack of awareness that the problem is so serious and wide-spread. Friday's activities are designed to demonstrate that under-immunization is a national issue that affects all of us. In addition, this day's activities provides an opportunity to highlight the different strategies used by states and communities to address the under-immunization problem.

April 29 - Community Mobilization: Reaching out for Children

Having built up momentum throughout the week, the final day of NIIW will focus on bringing together existing partners for a "grand finale" event -- highlighting the fact that everyone has a role to play in raising immunization rates. One suggested activity includes volunteers, community groups and health care providers combining forces to organize phone banks or canvassing efforts to reach as many parents as possible to discuss the importance and specific timing of the necessary immunizations. Reminding parents of the specific timing for needed immunization has proven to be an effective method for raising infant immunization rates. The community mobilization activities provide a vehicle to recognize existing efforts, recruit more volunteers to these pre-existing efforts, increase public awareness, highlight effective ways to raise immunization rates, and possibly make the reminder/recall effort an ongoing activity in the community.

What Are Performance Partnerships?

Performance partnerships are agreements between HHS and a State to work towards achieving specific health status improvements over a multi-year period.

Performance Partnership Goals

- **Improve nation's health status**

- **Redefine government roles**
 - Reduce administrative requirements
 - Increase program flexibility

- **Increase accountability for health outcomes**

State of Orion: Illustrative Performance Partnership Agreements

FY 1997-2001

HIV/STD/TB Performance Objectives

- **Reduce proportion of adolescents who have engaged in sexual intercourse** to 15% (age 15) and 40% (age 17) by year 2001

FY 1996 State baseline: 40% (age 15) and 66% (age 17)

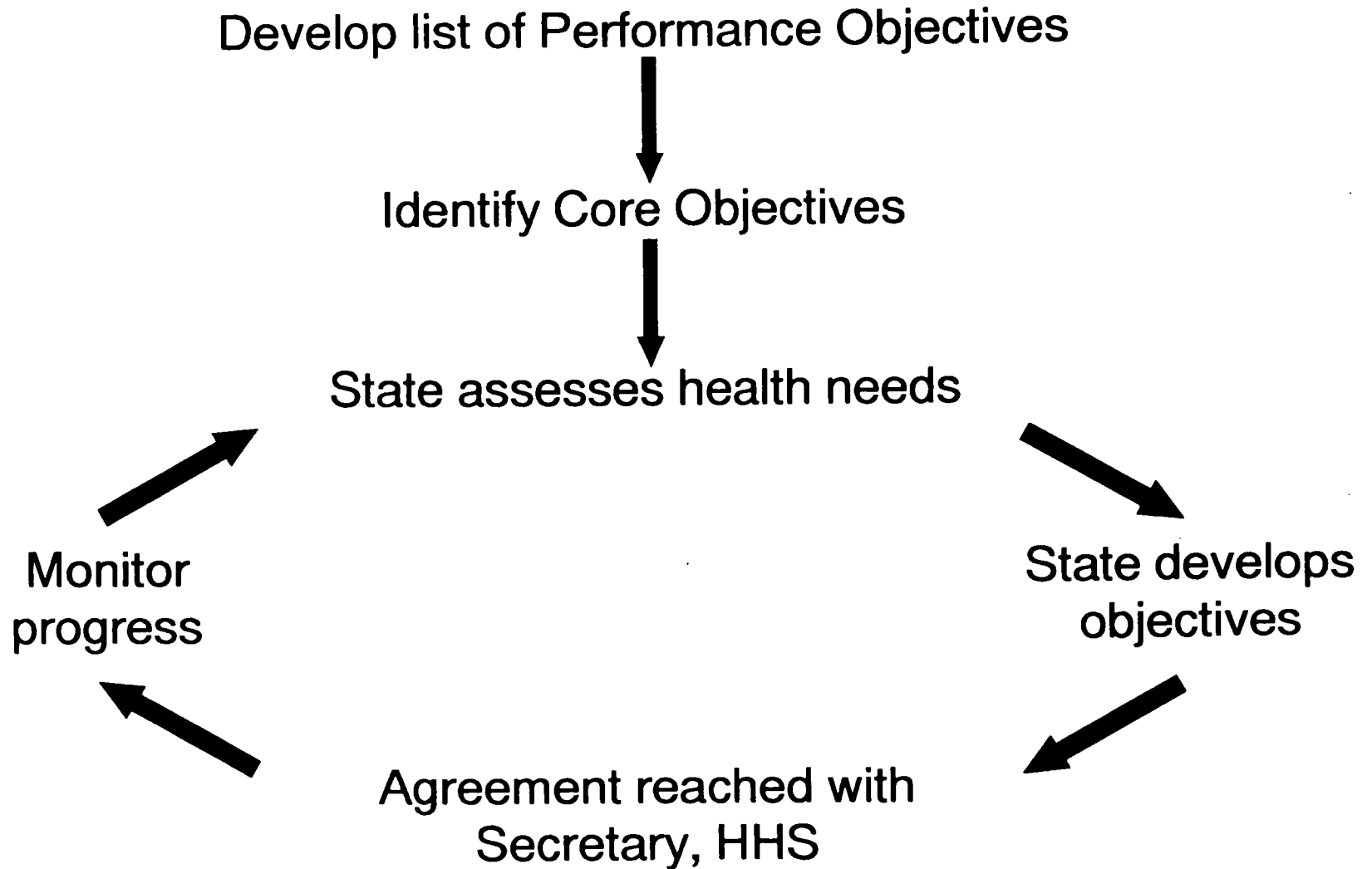
- **Increase proportion of patients with TB who complete appropriate therapy** within twelve months to 85% by year 2001

FY 1996 State baseline: 75%

- **Reduce incidence of gonorrhea** to 153 cases per 100,000 population by year 2001

FY 1996 State baseline: 170 cases per 100,000 population

Performance Partnership Development



Performance Partnership Negotiations

State

- Provides detailed knowledge and understanding of unique problems and priorities of the state and localities
- Identifies health objectives for State's Partnership agreement
- Determines how to achieve results
- Gathers and reports data on objectives

HHS Secretary

- Maintains data base on State and national health status
- Monitors the State's progress
- Ensures that problems of national significance are addressed
- Provides leadership, technical assistance, training, and support

How Will Objectives Be Established?

- Build on Healthy People 2000
- Secretary consults with State and Local partners
- Following consultation, Secretary publishes Partnership Objectives and designates subset of “core objectives”

Guiding Principles for Selecting Performance Partnership Objectives

- Draw on Healthy People 2000 objectives
- Progress can be measured over period of the grant
- Results oriented
- Specify what is being measured, to whom, by when, and to what degree
- Data to track objectives should be:
 - available for all grantees
 - comparable
 - good quality
 - timely

Performance Partnership Objectives Consultation

April-May 1995

- Introduce PPG concept

June-November 1995

- Consultation with:
 - Summer 1995: Intergovernmental meetings, including NGA, NCSL, NACO, USCM, NLC
 - Summer/Fall 1995: HHS Regional Meetings, American Public Health Association meeting, and other key groups and professional associations

December 1995

- Publish public review draft of Performance Objectives in *Federal Register*

February 1996

- Release consensus set of PPG Performance Objectives

Spring-Summer 1996

- States prepare draft PPG agreements
- Negotiate final agreement

October 1996 (FY 1997)

- Implementation of new PPG agreement



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

MAY 24 1995

The Honorable Bob Packwood
Chairman
Senate Finance Committee
United States Senate
Washington, D.C. 20510

Dear Mr. Chairman:

This letter expresses the Administration's views on the Chairman's mark for welfare reform legislation under consideration by the Senate Committee on Finance.

Welfare reform is a top priority for this Administration and for all Americans, without regard to party. In the last two years, this Administration has put the country on the road to real welfare reform that emphasizes work, parental responsibility, state flexibility and the protection of children. In 1993, Congress passed the Administration's economic plan, cutting taxes for 15 million working Americans and rewarding work over welfare. In 1994 we collected a record level of child support--\$10 billion. In the past two years, the Administration has granted waivers to 29 states, so that over half the country is now carrying out significant welfare reform demonstrations that promote work and responsibility.

Last year, the President submitted a bold welfare reform bill, the Work and Responsibility Act of 1994. It included serious work requirements made real by opportunities for job placement, education, training, child care and supports to working people. It included a stringent set of provisions to ensure parental responsibility and reduce teen pregnancy. It maintained a basic structure of protections for children. It increased state flexibility without sacrificing either federal or state responsibility for performance.

The Administration has sought to make welfare reform a bipartisan issue. We still believe that it can and must be. The Chairman's mark rightly includes important child support enforcement measures the Administration fought for in the House that would more than double child support collections over the next five years. It wisely abandons some mean-spirited provisions the Administration opposed in the House passed bill, such as the illegitimacy bonus and the denial of benefits to children of young unwed mothers. The Senate bill moves in the right direction on reform of the Supplemental Security Income (SSI) program for children. The Senate bill also wisely omits harmful changes in child protection programs from its welfare reform. It is wrong to punish children for their parent's mistakes, and the Senate should resist any effort to do so.

Although the Chairman's mark moves in the right direction, it still falls short of the kind of real welfare reform that Americans in both parties expect. It does not provide states the resources or incentives necessary to move recipients from welfare to work. In many respects it is still tough on children. It shifts costs to the States and undermines our obligation to hold State welfare bureaucracies accountable for results.

Real Work Requirements

The central goal of welfare reform must be moving people from welfare to work. Work has always been at the heart of the President's approach to welfare reform over the last fifteen years. Work was at the core of the Family Support Act. Work has been at the core of the welfare reform waivers this Administration has granted, including innovative welfare-to-work programs in Oregon, Iowa, and more than two dozen other states. To be successful, welfare reform must reward, demand, and encourage work.

The Administration believes that anyone who can work should go to work as quickly as possible. We should build toward a system that requires people coming on to welfare from the first day to participate in job search, job placement, education or training needed to move off welfare and into a job quickly. The Administration also believes that those who are not willing to work should be removed from the rolls. Those who are willing to work should have the opportunities and the supports they need to work.

Real welfare reform is first and foremost about work -- and the system must provide work-based incentives for states, caseworkers, and welfare recipients themselves. States must have the necessary resources for child care, training, and work in order to get the job done. State welfare bureaucracies should be rewarded for getting people to work or prepare for work -- not for cutting people from the rolls. Recipients must sign personal responsibility agreements, and move toward work and self-sufficiency from the very first day. Time limits must make clear to welfare recipients and caseworkers that welfare is a transitional system, not a way of life.

The Chairman's mark undercuts the ability of the states to move recipients from welfare to work by reducing the funding available for work programs and for child care. It provides nothing to reward States for success in movement to work. Real welfare reform means giving states the incentives and resources to move people from welfare to work.

Despite the critical link between child care and work, the Senate bill would repeal three federal programs that provide direct child care assistance for more than 640,000 children. It would dramatically cut the child care available for low income working families who, without such assistance, risk falling onto welfare, and for families making the transition from welfare to work. It cuts the child care people on welfare need to go to work, and working people need to stay off welfare in the first place. It defies common sense to take away child care and keep people from going to work.

Parental Responsibility

The Administration believes that welfare reform should recognize the responsibility and encourage the involvement of both parents in their children's lives. The Administration considers child support enforcement to be an integral part of welfare reform, particularly because it sends a strong message to young people about the responsibility of both parents to support their children.

If we are going to demand responsibility of mothers, we should demand responsibility of fathers too. That means welfare reform should include measures designed to identify the father and establish support orders in every case; find delinquent parents who move from job to job or state to state to avoid paying child support; speed up payments; and invoke tough penalties, like drivers license revocation, for nonpayment. We are pleased that the Senate bill includes the major child support enforcement provisions the President introduced last year.

Protection of Children

True reform should make it easier for poor children to grow into productive adults - not harder. Teenage parents should be eligible for cash assistance; help, however, should be conditioned on their staying at school, living at home, and identifying their child's father. Basic protection for children should not be an accident of geography. School lunches, Food Stamps, and assistance to abused, disabled and neglected children should not be slashed under the guise of "welfare reform."

The Administration is concerned that the proposed legislation puts many children at risk of serious hardship through its deep funding reductions for programs assisting low-income families, including a deeply troubling combination of an arbitrary benefit cutoff after five years of welfare receipt, incentives for states to cut benefits, deny eligibility and curtail services, and cuts in SSI benefits for children.

True State Flexibility and Responsibility

The Administration applauds the creativity and responsiveness of states, and has encouraged state welfare reforms tailored to unique circumstances and needs. National welfare reform should expand opportunities for state flexibility. True welfare reform requires establishing a national framework and providing resources and incentives to states to improve their performance. We will not achieve real welfare reform or true state flexibility if Congress simply gives the states more burdens and less money, and fails to make work and responsibility the law of the land.

The Administration is concerned that the fixed block grant in the proposed legislation makes inadequate allowances for potential growth in the need for cash assistance because of economic downturn, population growth or unpredictable emergencies. By failing to provide for the changing needs of states, it poses a danger that many growing or economically distressed states will not be able to meet the needs of their people, and will be unable to provide the child care and other supports necessary to move recipients into work. The critical role that the current structure plays in providing economic stability will be lost.

The Administration is also very concerned that the proposed legislation contains no requirements or incentives for the states to maintain their own funding for cash assistance, child care and supports for work. There is a serious danger that states will "race to the bottom" in an attempt to save state dollars or to deter migrants from other states, by cutting eligibility, benefits, and assistance to working families. It is much cheaper to simply cut people off than to move them to work. Welfare reform is a joint responsibility of the federal government and the states. We owe it to our children to ensure that welfare reform provides opportunities and protects children in all the states.

In short, while the Chairman's mark espouses goals for the reform of welfare--work, parental responsibility, true state flexibility and the protection of children--that the Administration and the American people share, the specific legislation still falls short in fundamental ways. Real welfare reform should include:

- o Incentives and resources to reward states for moving people from welfare to work, not cut them off;
- o Work requirements for recipients and the child care people need to go to work and stay off welfare;

- o Protections for states in the event of population growth, disaster, or economic downturn;
- o Requirements and incentives for states to maintain their stake in welfare reform; and
- o The toughest possible child support enforcement.

There are alternative approaches to reform that achieve our mutual goals in more constructive and accountable ways. The Administration reiterates its commitment to serious welfare reform and its desire to work cooperatively with Congress to achieve it.

The Office of Management and Budget advises that there is no objection to transmittal of this report to Congress.

A similar letter was sent to Senator Daniel Patrick Moynihan.

Sincerely,

A handwritten signature in cursive script, appearing to read "Donna E. Shalala".

Donna E. Shalala

SUMMARY IMPACT ANALYSIS OF SENATE FINANCE MARK

our preliminary analysis

PROGRAMMATIC IMPACTS

- ▶ The welfare bill proposed by the Senate Finance Committee will result in federal savings of approximately \$32 billion between fiscal years 1996 and 2000 as funding for many federal programs is capped. The overall cuts in this bill for those programs in the jurisdiction of the Finance Committee are roughly comparable to those in H.R. 4 in most areas.
- ▶ The preliminary five year estimates of budget authority savings for each title are shown below:

Loss to States by Title

5 Year Federal Savings

▶	Titles I and II	Temporary Family Assistance Block Grant	-\$12.7 billion
▶	Title III	SSI Restrictions on Immigrants	-\$12.7 billion
▶		Supplemental Security Income Reforms	-\$10.2 billion
▶	Title IV	Child Support Enforcement	-\$1.0 billion
▶		[Food Stamp Offsets From Other Titles]	\$5.2 billion
	<u>GRAND TOTAL</u>		<u>-\$31.5 billion</u>

CHILDREN AFFECTED

Cash Assistance

- ▶ When this bill is fully implemented, states will not be able to use federal funds to support 4 million children because they were in families that received AFDC for longer than five years. This analysis takes into account that 10 percent of the entire caseload can be exempt from a five-year time limit.
- ▶ When fully implemented, States would have the option of denying cash assistance to approximately 300,000 children because they are immigrants.

Child Care

- ▶ In order to meet the JOBS requirements described below, states need to provide child care for AFDC recipients who are required to participate in JOBS. This could lead to states having to reduce their commitment to families who leave the welfare rolls to work or are at risk of becoming dependent on welfare. This would result in fewer children of poor working families who are not on welfare receiving federal child care assistance.
- ▶ School-aged children of AFDC recipients who must participate in work or JOBS activities and children of families who leave the AFDC rolls to work would lose the guarantee they have under current law to child care services. In addition, it is unclear if infants and preschool children whose parents are participating in JOBS activities are guaranteed child care services past the first two years that this proposed bill would be in effect.

SSI

- ▶ Of the estimated 888,470 children with disabilities who were on the SSI rolls in 1994, had the Senate Finance Mark been in effect, approximately 157,000 would have been denied SSI cash and Medicaid, roughly 18 percent of the current caseload.
- ▶ For future applicants, approximately 21 percent who would have been eligible under current law would be ineligible under the Senate Finance Mark.

IMPACT ON STATES

Cash Assistance - Child Care

- ▶ The cash assistance block grant contains no adjustments for changes in population or the impacts of a recession on a state's economy.
- ▶ If the Senate Finance Mark cash assistance block grant had been enacted in FY 1990, an historical analysis reveals that states would have received approximately 30 percent less funding in FY 1994 than they received under current law. Some states would have experienced losses exceeding twice the average, while three states would have received slight gains in funding. The variation in the reduction percentages shows the inability of this block grant to adjust for differential impacts of recessions, changing demographics, or increases in child poverty within states.
- ▶ Because there are no state match or maintenance of effort requirements in the block grant, states are likely to reduce significantly their AFDC funding, which is currently 45 percent of total national spending for this program.
 - ▶ First, states are likely to reduce benefits and/or create harsh time limits to discourage immigration from other states, encouraging a "race to the bottom" movement.
 - ▶ Second, as states implement the participation requirements, costs of the program including child care will reduce the funding available in the block grant for benefits.
 - ▶ Third, because of the interaction between AFDC and Food Stamps, if they adjust AFDC benefits for inflation, states will actually bring less federal money into the state.
 - ▶ The combined, strong disincentives for state funding of AFDC argue that the funding losses to families estimated to result from the Temporary Family Assistance Grant program, as shown in these federal estimates, are conservative.

IMPACT ON IMMIGRANTS

- ▶ The Senate Finance Mark will eliminate eligibility for benefits and services for over 500,000 legal immigrants.

IMPACT ON WORK

- ▶ The Senate Finance Mark would require states to spend a significant proportion of their block grant allocation to meet the participation requirements. As the block grant must provide income support to poor families, cover the operating costs of a JOBS program, and provide child care, states may have to cut cash assistance payments to meet the participation requirements in the Mark.

- ▶ The table below shows that in FY2000, states would be required to spend \$9.6 billion more for JOBS services and child care but would receive \$4 billion less in funding from the Temporary Family Assistance Block Grant. Over the five year period, states would be required to spend \$22.8 billion on JOBS services and child care but would receive \$12.7 billion less in funding from the Temporary Family Assistance Block Grant.
- ▶ By FY2000, the participation rate of 45 percent implies that states must serve over 2 million participants in JOBS, an increase over current law of approximately 1.5 million people, yet federal funding will be cut.
- ▶ The table shows that if states maintain their current level of spending on cash assistance payments, they would not have sufficient resources to meet the participation requirements.
 - ▶ The estimates below do not reflect that the Mark requires all recipients to participate in a work activity after receiving assistance for 24 months. If states were to comply with this provision, the costs of the JOBS program would be much greater.
 - ▶ These estimates also do not assume that states cut people off the rolls before five years, which would reduce the number of people they would have to put into JOBS.

**Expenditures Required To Meet Work Requirements for Welfare Recipients
in the Senate Finance Mark**

All Dollars in Billions	FY1996	FY1997	FY1998	FY1999	FY2000	5 YEAR TOTAL
Total JOBS Costs	\$1.4	\$1.5	\$4.6	\$5.6	\$6.7	\$19.8
Total Child Care Costs	\$1.3	\$1.3	\$4.0	\$4.9	\$6.0	\$17.5
Total Gross Costs	\$2.7	\$2.8	\$8.6	\$10.5	\$12.7	\$37.3
Baseline Expenditures for JOBS and Child Care for AFDC Recipients	\$2.7	\$2.8	\$2.9	\$3.0	\$3.1	\$14.5
Additional Costs for JOBS and Child Care	\$0*	\$0*	\$5.7	\$7.5	\$9.6	\$22.8
Reduction in Funding in the Temporary Family Assistance Block Grant	-\$1.1	-\$1.9	-\$2.5	-\$3.2	-\$4.0	-\$12.7

- * JOBS participation standards are similar to current law in FY1996 and FY1997. These estimates assume that states in aggregate do not increase or alter JOBS participation above current law in these years.

IMPACT ON CHILD SUPPORT ENFORCEMENT

- ▶ The Senate Finance Mark adopted the major child support enforcement provisions proposed in the President's Work and Responsibility Act of 1994. However, the Senate Finance Mark eliminates the \$50 pass-through, reducing income to poor families by \$650 million over 5 years.

COMPARISON TO H.R. 4

- ▶ The table below compares the Senate Finance Mark savings with those from with the provisions of H.R.4 that are under the Finance Committee's jurisdiction. The Senate Finance Mark saves \$31.5 billion over five years and H.R. 4 saves \$38.8 billion.
- ▶ When comparing the reductions in spending in this mark with those in H.R. 4 (the bill passed by the House of Representatives), the relevant portions of H.R. 4 to examine are the ones that are also in the jurisdiction of the Senate Finance Committee. Since Food Stamps and Child Nutrition programs are within the jurisdiction of other committees, the treatment of these programs is not known at the present time.
- ▶ In this comparison we assumed that Food Stamps would remain an entitlement and that benefits would increase as funding for other programs was reduced.

Comparison Between Senate Finance Mark and H.R. 4

	Senate Finance Mark	H.R. 4
In Senate Finance Committee's Jurisdiction		
Temporary Family Assistance Block Grant	-\$12.7	-\$13.0
Child Protection Block Grant	\$0.0	-\$3.5
SSI Restrictions on Immigrants	-\$12.7	-\$13.8
SSI Reforms	-\$10.2	-\$13.4
Child Support Enforcement	-\$1.0	-\$1.0
Food Stamp Offsets from Other Provisions	\$5.2	\$5.9
FINANCE SUBTOTAL	-\$31.5	-\$38.8
Not in Senate Finance Committee's Jurisdiction		
Food Stamps	NA	-\$23.2
Child Nutrition	NA	-\$6.6

TABLE 4

Five Year State Losses Under the Senate Finance Mark

Budget Authority (Millions of Dollars)

State	Title I	Title II	Title III	Total Five Year Reductions
	AFDC Block Grant	Immigrant Provisions	SSI Provisions	
Alabama	(\$81)	(\$12)	(\$243)	(\$336)
Alaska	(\$50)	(\$14)	(\$6)	(\$70)
Arizona	(\$175)	(\$125)	(\$66)	(\$366)
Arkansas	(\$46)	(\$6)	(\$278)	(\$330)
California	(\$2,803)	(\$5,410)	(\$304)	(\$8,517)
Colorado	(\$99)	(\$68)	(\$38)	(\$206)
Connecticut	(\$188)	(\$81)	(\$38)	(\$307)
Delaware	(\$23)	(\$7)	(\$10)	(\$41)
Dist. of Col.	(\$73)	(\$18)	(\$16)	(\$107)
Florida	(\$443)	(\$1,172)	(\$282)	(\$1,896)
Georgia	(\$273)	(\$63)	(\$126)	(\$463)
Guam	(\$8)	NA	\$0	(\$8)
Hawaii	(\$72)	(\$89)	(\$2)	(\$164)
Idaho	(\$26)	(\$6)	(\$49)	(\$81)
Illinois	(\$444)	(\$394)	(\$495)	(\$1,332)
Indiana	(\$173)	(\$17)	(\$192)	(\$382)
Iowa	(\$102)	(\$15)	(\$61)	(\$178)
Kansas	(\$85)	(\$23)	(\$83)	(\$191)
Kentucky	(\$143)	(\$9)	(\$263)	(\$415)
Louisiana	(\$125)	(\$51)	(\$558)	(\$734)
Maine	(\$58)	(\$9)	(\$9)	(\$76)
Maryland	(\$188)	(\$143)	(\$90)	(\$421)
Massachusetts	(\$371)	(\$371)	(\$113)	(\$855)
Michigan	(\$613)	(\$144)	(\$417)	(\$1,175)
Minnesota	(\$218)	(\$76)	(\$94)	(\$389)
Mississippi	(\$66)	(\$7)	(\$288)	(\$361)
Missouri	(\$177)	(\$22)	(\$193)	(\$392)
Montana	(\$34)	(\$2)	(\$12)	(\$48)
Nebraska	(\$46)	(\$8)	(\$29)	(\$82)

(Cont.) TABLE 4

Five Year State Losses Under the Senate Finance Mark

Budget Authority (Millions of Dollars)

State	Title I	Title II	Title III	Total Five Year Reductions
	AFDC Block Grant	Immigrant Provisions	SSI Provisions	
Nevada	(\$27)	(\$40)	(\$10)	(\$77)
New Hampshire	(\$32)	(\$5)	(\$4)	(\$41)
New Jersey	(\$317)	(\$462)	(\$161)	(\$941)
New Mexico	(\$99)	(\$56)	(\$43)	(\$198)
New York	(\$1,756)	(\$1,927)	(\$843)	(\$4,526)
North Carolina	(\$265)	(\$34)	(\$333)	(\$631)
North Dakota	(\$20)	(\$1)	(\$6)	(\$26)
Ohio	(\$585)	(\$73)	(\$347)	(\$1,006)
Oklahoma	(\$126)	(\$20)	(\$54)	(\$200)
Oregon	(\$139)	(\$55)	(\$30)	(\$225)
Pennsylvania	(\$501)	(\$148)	(\$399)	(\$1,048)
Puerto Rico	(\$53)	NA	\$0	(\$53)
Rhode Island	(\$70)	(\$60)	(\$19)	(\$149)
South Carolina	(\$79)	(\$14)	(\$117)	(\$209)
South Dakota	(\$18)	(\$2)	(\$20)	(\$39)
Tennessee	(\$157)	(\$15)	(\$139)	(\$311)
Texas	(\$386)	(\$1,051)	(\$425)	(\$1,862)
Utah	(\$64)	(\$19)	(\$34)	(\$117)
Vermont	(\$38)	(\$3)	(\$3)	(\$44)
Virgin Islands	(\$3)	\$0	\$0	(\$3)
Virginia	(\$133)	(\$121)	(\$241)	(\$496)
Washington	(\$329)	(\$166)	(\$94)	(\$589)
West Virginia	(\$91)	(\$3)	(\$73)	(\$167)
Wisconsin	(\$255)	(\$59)	(\$235)	(\$548)
Wyoming	(\$18)	(\$1)	(\$14)	(\$32)
Other Territories	NA	NA	(\$3)	(\$3)
Tribes	**	**	**	**
Totals	(\$12,761)	(\$12,700)	(\$8,000)	(\$33,461)
Unallocated	\$50	\$0	(\$2,240)	(\$2,190)
Food Stamp Offsets	\$3,840	\$0	\$1,290	\$5,130
Child Support				(\$994)
Grand Totals	(\$8,871)	(\$12,700)	(\$8,950)	(\$31,515)

NA - Estimates are not available

* State or Territory has no program

** No funding specifically designated for tribal organizations are included in the Senate Finance mark.

Number in columns and rows may not add perfectly due to rounding

These are unofficial estimates which have not been reviewed by OMB.

SUMMARY IMPACT ANALYSIS OF H.R. 4

PROGRAMMATIC IMPACTS

- ▶ The House-passed welfare bill, the Personal Responsibility Act, will result in federal savings of approximately \$69 billion between fiscal years 1996 and 2000 as funding for many federal programs is capped. The preliminary five year estimates of budget authority savings for each title are shown below:

Loss to States by Title

5 Year Federal Savings

▶	Title I	Cash Assistance Block Grant (Does not include child care repeals)	-\$11.4 billion
▶	Title II	Child Protection Block Grant	-\$3.5 billion
▶	Title III	Child Care and Child Nutrition Block Grant	-\$8.2 billion
		▶ Child Care Block Grant (Includes child care repeals)	-1.6 billion
		▶ Child Nutrition Block Grant	-6.6 billion
▶	Title IV	Restricting Welfare For Immigrants (Food Stamp restrictions are included in the Food Stamp estimate)	-\$13.8 billion
▶	Title V	Food Stamp Program Changes	-\$23.2 billion
▶		[Food Stamp Offsets From Other Titles]	\$5.9 billion
▶	Title VI	Supplemental Security Income Reform	-\$13.4 billion
▶	Title VII	Child Support Enforcement	-\$1.0 billion
		<u>GRAND TOTAL</u>	<u>-\$68.6 billion</u>

CHILDREN AFFECTED

Cash Assistance

- ▶ When this bill is fully implemented, states will not be able to use federal funds to support 5.6 million **children** because they were born to a young mother, born to current AFDC recipients, were in a family that received AFDC for longer than five years, or were immigrants. This analysis takes into account that 10 percent of the entire caseload can be exempt from a five-year time limit, as well as the interactions of these provisions.
- ▶ The numbers of children affected at full implementation by the primary provisions in which states are required to deny eligibility if the caseload had identical characteristics to the current caseload are shown below. These numbers are independent effects and cannot be added to get the combined effects since some children would be affected by multiple provisions.
 - ▶ Cash benefits denied to children born to unmarried mothers still under 18 80,000 children
 - ▶ Cash benefits denied to children born to current AFDC recipients 2.2 million children
 - ▶ Benefits denied to families who have received AFDC for five years or longer . . . 4.8 million children

The following table shows both the independent and combined effects of these provisions by year. The Combined Effects totals do not equal the sum of the effects of the various provisions because some children would lose eligibility as a result of more than one provision of the Personal Responsibility Act. In addition, the effects of the immigrant provisions and their interactions with the family cap are reflected in the Combined Effects totals below.

PROVISION	YEAR 1	YEAR 5	FULL IMPLEMENTATION
Minor Moms	20,000	60,000	80,000
Family Cap	NO IMPACT	1,000,000	2,200,000
Five Year Time Limit	NO IMPACT	NO IMPACT	4,800,000
COMBINED EFFECTS	20,000	1,500,000	5,600,000

- States are also required to reduce benefits for children without paternity established until the state establishes paternity. This provision will affect **3.3 million children** if applied to the current caseload.
- The number of children who are denied AFDC benefits or have their benefits reduced is based on the 1993 AFDC caseload using the 1993 AFDC Quality Control Data. The research on the relationship between AFDC benefits and either having children or marrying is inconclusive. Therefore the projected impacts for minor mothers and the family cap provisions do not assume changes in behaviors such as decisions to have children and teenage marriage. The impacts do incorporate an increase in paternity establishment due to the 1994 OBRA amendments regarding in-hospital paternity establishment and an assumption that a pregnant woman without prior AFDC receipt who would be subjected to the family cap provision will delay application until after the child's birth.

Child Protection

- Under the Personal Responsibility Act, significantly fewer abused and neglected children will be served by federal child protection funds. Low-income children in foster care and special needs children in adoptive homes will no longer be guaranteed support. Current, federally enforced protections for children in foster care will be eliminated by this bill.

Child Care

- Under the block grant in the Personal Responsibility Act, federal funding for child care will be cut by **13 percent** over five years. In FY 2000, the House welfare bill will result in a **19 percent** cut in funding (\$501 million) which would mean that **over 320,000 children** would lose federal child care assistance.
- This bill will result in a reduction in requirements for health and safety standards that protect children in care and the elimination of the set-aside that provides resources for states to increase child care quality and supply.

Child Nutrition

- The guarantee of free nutritious lunches and breakfasts for low-income children will be eliminated along with all federal nutrition-based meal standards.

Food Stamps

- ▶ The Personal Responsibility Act reduces the purchasing power of more than 25 million low-income people, including nearly 14 million children.

SSI

- ▶ Of an estimated 888,470 children with disabilities who were on the SSI rolls in 1994, had the Personal Responsibility Act been in effect, 701,891 children would not have received cash benefits. It is estimated that over 150,000 of these children would not have been eligible to receive Medicaid and some services under the block grant.
- ▶ Based on an historical analysis, approximately 18 percent of all SSI children would have received no benefits if the House bill had been in effect starting in 1991. 61 percent would have been denied cash benefits, but would have been eligible for block grant services, and only 21 percent would have received cash benefits and block grant services.

IMPACT ON STATES

Preliminary estimates of the funding reductions by program in FY 2000 are shown below:

▶ Cash Assistance Block Grant	-20%
▶ Child Protection Block Grant	-15%
▶ Child Care Block Grant	-19%
▶ Child Nutrition Block Grants	-11%
▶ Food Stamps	-20%
▶ SSI Reforms	-13%

Cash Assistance

- ▶ The cash assistance block grant contains virtually no adjustments for changes in population or the impacts of a recession on a state's economy.
- ▶ If the Personal Responsibility Act cash assistance block grant had been enacted in FY 1990, an historical analysis reveals that states would have received approximately 32 percent less funding in FY 1994 than they received under current law. Some states would have experienced losses exceeding twice the average, while other states would have received slight gains in funding. The variation in the reduction percentages shows the inability of this block grant to adjust for differential impacts of recessions, changing demographics, or increases in child poverty within states.
- ▶ The lack of a state match or any state maintenance of effort requirements creates an incentive for states to lower benefits relative to current law. Under current law if a state lowers what it spends for AFDC, it loses federal matching dollars. Under H.R. 4, there are no federal matching funds, so states lose nothing by cutting back on benefits.
- ▶ States may compete to lower benefits in an effort to encourage people to move to other states and prevent the state from becoming a "welfare magnet." The changed incentives facing states is likely to heighten this "race to the bottom" of benefit levels.

Child Protection

- ▶ The child protection block grant cannot adjust for changes in population, the impact of a recession, or unpredictable crises like the crack epidemic. Unpredictable events like the AIDS and crack epidemics contributed to recent increases abuse and neglect and foster care.
- ▶ If the Personal Responsibility Act child protection block grant had been enacted in FY 1990 using FY 1988 levels of funding, states would have received **49 percent** less funding in FY 1994 than they would have received under current law in FY 1994. This sharp loss shows the inability of this block grant to adjust for unpredictable surges in foster care caseloads. As with cash assistance, there would have been wide variation among states.

Child Care

- ▶ Under the block grant, states will receive a **13 percent** cut in budget authority (\$1.6 billion) for child care over five years. States will be unable to adjust for increasing child care needs for both families on welfare and for the working poor.

Child Nutrition

- ▶ Overall child nutrition funding will be cut by **10 percent** over 5 years. States with higher proportions of low-income children will experience greater reductions.

SSI

- ▶ States will receive block grants; the amount of each state's block grant will be the product of the number of children who meet the listings but not the criteria to receive cash, times 75 percent of the average SSI payment to a child in that state. States will have to offer every eligible child the opportunity to apply for block grant services. The bill also repeals the maintenance of effort requirements applicable to optional state programs for supplementation of SSI benefits.

IMPACT ON IMMIGRANTS

- ▶ The Personal Responsibility Act will eliminate eligibility for benefits and services for approximately **2 million** legal immigrants.

IMPACT ON WORK

- ▶ Under current law in FY 1993, 17 percent of the AFDC caseload is already working or participating in JOBS. Under the House bill, 10 percent of the caseload would be required to "work" in FY 1996 and 27 percent are required to "work" in FY 2000, although caseload reductions may be counted toward "work."

IMPACT ON CHILD SUPPORT ENFORCEMENT

- ▶ The Personal Responsibility Act adopted the major child support enforcement provisions proposed in the President's Work and Responsibility Act of 1994. However, the House bill eliminates the \$50 pass-through, reducing income to poor families by **\$650 million** over 5 years.

IMPACT ON FOOD STAMPS

- ▶ The bill sets a spending cap on food stamp expenditures that would be based on CBO estimates of the programmatic cuts. However, if CBO has made an estimating error, fewer food stamps would be available to families in need. For example, states may not increase AFDC benefits as rapidly as under current law (see Methodology section). Or, more immigrants may naturalize at a faster rate than estimated. Both of these scenarios are quite plausible and would cause the food stamp cap to be exceeded, forcing food stamp benefits to be cut. No margin for error is provided if unemployment exceeds the CBO forecast or if a recession occurs. If the economy experiences an unforeseen recession, low-income and working poor families would actually receive fewer food stamp benefits in order to compensate for the increased caseload.
- ▶ The Personal Responsibility Act reduces the food purchasing power of food stamps, with reductions becoming increasingly larger over time. Instead of keeping pace with food prices, as current law provides, benefits would rise just two percent per year regardless of the increase in food costs. The bill would cut food stamps 8 percent below levels provided under current law in fiscal year 1996. By fiscal year 2000, the cut would be 20 percent.
- ▶ The House bill terminates benefits after 90 days for non-disabled, childless individuals between the ages of 18 and 50 unless they are working at least half-time or are in a workfare or other employment or training program. However, states would be provided only \$75 million a year for the establishment and operation of workfare positions. As a result, USDA estimates that 1.1 million people, many of whom are willing to work, comply with all work requirements, and willing to engage in workfare would be denied food stamps because they could not find employment in the private sector, and no workfare or training slot was made available to them.
- ▶ By allowing an optional nutrition program for AFDC recipients, the national uniform nature of the Food Stamp Program is changed significantly.

Table 6 - Five-Year State Losses Under H.R. 4

- ▶ This table illustrates the funding loss that would occur to each state under the various titles of H.R. 4. The losses under the cash assistance, the child protection, the child care, and the child nutrition and food stamp programs are based upon a simple methodology that assumes each state's losses are in proportion to overall spending levels in that state. The percentage loss for each state is roughly equivalent to the percentages shown in Table 2. In actual fact, states who experience greater population growth or a recession over the next five years will lose substantially more than these estimates would indicate.
- ▶ The funding loss for restricting eligibility for legal immigrants is distributed upon the basis of legal immigrants currently receiving Medicaid and SSI assistance. This loss is most heavily concentrated in four states--California, Texas, Florida, and New York. These four states have over 76 percent of the total loss in federal funding and are most at risk of having this loss translate into an increased need at the local level, or be reflected into more charity care at institutions like public hospitals, for example.
- ▶ The loss in SSI funding is also not evenly distributed among states. The percentage of lost funding for SSI children, for example, varies greatly among states. This occurs because the majority of child SSI savings result from eliminating the Individualized Functional Assessment (IFA) as a means of eligibility. Since states have widely different numbers of child SSI recipients who became eligible via an IFA, the losses in SSI funding across states vary dramatically.

TABLE 6

Preliminary Analysis
Estimated Five Year State Losses Under H.R. 4

Budget Authority (Millions of Dollars)

State	Title I	Title II	Title III	Title IV	Title V	Title VI	Food Stamp Offsets	Total Five Year Reductions
	AFDC Block Grant+	Child Protection Block Grant	Child Care Block Grant+ +	Nutrition Block Grant	Immigrant Provisions	Food Stamps Provisions	SSI Provisions	
Alabama	(\$82)	(\$42)	(\$35)	(\$120)	(\$11)	(\$353)	(\$359)	\$96 (\$905)
Alaska	(\$48)	(\$5)	(\$5)	(\$40)	(\$15)	(\$37)	(\$13)	\$14 (\$147)
Arizona	(\$176)	(\$53)	(\$31)	(\$133)	(\$129)	(\$387)	(\$91)	\$63 (\$937)
Arkansas	(\$29)	(\$38)	(\$14)	(\$74)	(\$6)	(\$162)	(\$481)	\$109 (\$694)
California	(\$3,477)	(\$705)	(\$166)	(\$1,099)	(\$6,124)	(\$2,650)	(\$901)	\$1,046 (\$14,077)
Colorado	(\$141)	(\$39)	(\$19)	(\$87)	(\$68)	(\$217)	(\$31)	\$41 (\$562)
Connecticut	(\$145)	(\$44)	(\$21)	(\$40)	(\$86)	(\$180)	(\$55)	\$47 (\$523)
Delaware	(\$20)	(\$8)	(\$6)	(\$22)	(\$8)	(\$42)	(\$10)	\$7 (\$109)
Dist. of Col.	(\$3)	(\$20)	(\$5)	(\$20)	(\$19)	(\$79)	(\$20)	\$5 (\$161)
Florida	(\$416)	(\$143)	(\$79)	(\$388)	(\$1,110)	(\$1,355)	(\$273)	\$160 (\$3,603)
Georgia	(\$198)	(\$26)	(\$65)	(\$131)	(\$64)	(\$532)	(\$115)	\$73 (\$1,058)
Guam	(\$39)	(\$1)	\$12	(\$5)	NA	NA	\$5	\$9 (\$20)
Hawaii	(\$69)	(\$20)	(\$6)	(\$41)	(\$90)	(\$113)	(\$4)	\$18 (\$325)
Idaho	(\$16)	(\$5)	(\$7)	(\$17)	(\$6)	(\$55)	(\$83)	\$22 (\$168)
Illinois	(\$470)	(\$204)	(\$68)	(\$198)	(\$368)	(\$1,112)	(\$1,093)	\$348 (\$3,165)
Indiana	(\$174)	(\$61)	(\$38)	(\$75)	(\$16)	(\$349)	(\$315)	\$110 (\$918)
Iowa	(\$126)	(\$27)	(\$15)	(\$34)	(\$16)	(\$132)	(\$89)	\$50 (\$390)
Kansas	(\$58)	(\$28)	(\$20)	(\$100)	(\$22)	(\$160)	(\$126)	\$41 (\$471)
Kentucky	(\$98)	(\$64)	(\$32)	(\$81)	(\$9)	(\$356)	(\$466)	\$123 (\$984)
Louisiana	(\$77)	(\$91)	(\$35)	(\$207)	(\$49)	(\$502)	(\$938)	\$219 (\$1,680)
Maine	(\$55)	(\$19)	(\$6)	(\$37)	(\$10)	(\$105)	(\$11)	\$16 (\$227)
Maryland	(\$201)	(\$66)	(\$34)	(\$118)	(\$135)	(\$376)	(\$136)	\$78 (\$988)
Massachusetts	(\$308)	(\$99)	(\$50)	(\$108)	(\$432)	(\$379)	(\$196)	\$117 (\$1,454)
Michigan	(\$365)	(\$174)	(\$46)	(\$159)	(\$164)	(\$833)	(\$851)	\$271 (\$2,321)
Minnesota	(\$226)	(\$52)	(\$34)	(\$153)	(\$95)	(\$253)	(\$191)	\$96 (\$908)
Mississippi	(\$47)	(\$39)	(\$20)	(\$123)	(\$7)	(\$316)	(\$468)	\$111 (\$909)
Missouri	(\$191)	(\$14)	(\$37)	(\$113)	(\$25)	(\$444)	(\$301)	\$111 (\$1,013)
Montana	(\$30)	(\$7)	(\$6)	(\$30)	(\$3)	(\$47)	(\$20)	\$12 (\$131)
Nebraska	(\$21)	(\$15)	(\$15)	(\$66)	(\$8)	(\$64)	(\$38)	\$13 (\$213)

TABLE 6

Preliminary Analysis
Estimated Five Year State Losses Under H.R. 4

Budget Authority (Millions of Dollars)

State	Title I	Title II	Title III	Title IV	Title V	Title VI	Food Stamp Offsets	Total Five Year Reductions
	AFDC Block Grant +	Child Protection Block Grant	Child Care Block Grant + +	Nutrition Block Grant	Immigrant Provisions	Food Stamps Provisions	SSI Provisions	
Nevada	(\$7)	(\$7)	(\$6)	(\$27)	(\$37)	(\$89)	(\$13)	\$4 (\$182)
New Hampshire	(\$32)	(\$8)	(\$6)	(\$10)	(\$6)	(\$51)	\$1	\$8 (\$105)
New Jersey	(\$262)	(\$73)	(\$35)	(\$79)	(\$469)	(\$511)	(\$220)	\$111 (\$1,538)
New Mexico	(\$120)	(\$19)	(\$16)	(\$112)	(\$57)	(\$180)	(\$55)	\$41 (\$519)
New York	(\$2,171)	(\$420)	(\$113)	(\$373)	(\$2,243)	(\$2,723)	(\$1,389)	\$829 (\$8,603)
North Carolina	(\$215)	(\$46)	(\$84)	(\$170)	(\$33)	(\$378)	(\$553)	\$171 (\$1,309)
North Dakota	(\$15)	(\$8)	(\$4)	(\$31)	(\$1)	(\$29)	(\$6)	\$5 (\$90)
Ohio	(\$563)	(\$192)	(\$88)	(\$171)	(\$73)	(\$1,126)	(\$495)	\$244 (\$2,465)
Oklahoma	(\$86)	(\$27)	(\$35)	(\$105)	(\$19)	(\$254)	(\$48)	\$31 (\$542)
Oregon	(\$121)	(\$31)	(\$27)	(\$88)	(\$60)	(\$341)	(\$42)	\$39 (\$673)
Pennsylvania	(\$212)	(\$221)	(\$74)	(\$121)	(\$156)	(\$1,050)	(\$643)	\$189 (\$2,288)
Puerto Rico	(\$28)	(\$17)	(\$23)	(\$129)	NA	\$0	\$90	\$0 (\$106)
Rhode Island	(\$54)	(\$15)	(\$8)	(\$15)	(\$72)	(\$112)	(\$27)	\$19 (\$285)
South Carolina	(\$73)	(\$23)	(\$24)	(\$96)	(\$12)	(\$222)	(\$148)	\$49 (\$550)
South Dakota	(\$15)	(\$5)	(\$5)	(\$20)	(\$2)	(\$33)	(\$30)	\$10 (\$99)
Tennessee	(\$77)	(\$15)	(\$51)	(\$116)	(\$15)	(\$568)	(\$212)	\$64 (\$989)
Texas	(\$330)	(\$227)	(\$136)	(\$690)	(\$1,018)	(\$2,379)	(\$583)	\$205 (\$5,158)
Utah	(\$25)	(\$11)	(\$21)	(\$80)	(\$18)	(\$95)	(\$47)	\$16 (\$281)
Vermont	(\$30)	(\$10)	(\$5)	(\$13)	(\$5)	(\$38)	(\$0)	\$8 (\$94)
Virgin Islands	(\$5)	(\$1)	\$8	(\$77)	\$0	NA	\$2	\$1 (\$72)
Virginia	(\$95)	(\$35)	(\$34)	(\$9)	(\$113)	(\$426)	(\$398)	\$108 (\$1,002)
Washington	(\$273)	(\$31)	(\$50)	(\$142)	(\$173)	(\$551)	(\$188)	\$107 (\$1,301)
West Virginia	(\$94)	(\$21)	(\$14)	(\$48)	(\$3)	(\$175)	(\$123)	\$49 (\$428)
Wisconsin	(\$225)	(\$61)	(\$31)	(\$27)	(\$78)	(\$215)	(\$433)	\$147 (\$923)
Wyoming	(\$10)	(\$5)	(\$4)	(\$16)	(\$1)	(\$22)	(\$24)	\$8 (\$75)
Other Territories	*	(\$1)	\$7	\$1	NA	(\$17)	NA	\$0 (\$10)
Tribes	**	(\$18)	\$160	(\$39)	**	**	*	\$0 \$103
Totals	(\$12,444)	(\$3,657)	(\$1,622)	(\$6,622)	(\$13,760)	(\$23,175)	(\$13,253)	\$5,890 (\$68,643)
Unallocated	\$1,050	\$115	\$0	(\$2)	\$0	(\$20)	\$0	\$1,143
Other provisions								(\$1,110)
Grand Totals	(\$11,394)	(\$3,542)	(\$1,622)	(\$6,624)	(\$13,760)	(\$23,195)	(\$13,253)	\$5,890 (\$68,610)

NA - Estimates are not available

+ Title One does not include the child care repealers

+ + Title Three child care estimates include all child care repealers

* State or Territory has no program

** HR4 contains no funding specifically designated for tribal organizations

Child care funding for Tribes may be overstated, since state IVA funds currently received by tribal members are not included in estimates.

Number in columns and rows may not add perfectly due to rounding

These are unofficial estimates which have not been reviewed by OMB.

**Table 9 - FY2000 Reduction in Federal Child Care Funding and
the Number of Children who Receive Federal Child Care Assistance Due to H. R. 4**

This table shows FY 2000 losses in funding and in numbers of children receiving federal assistance under the new child care block grant.

FUNDING LOSS

- ▶ The funding loss is the difference between the FY 2000 block grant distribution and the expected FY 2000 funding level under current law. In the bill as originally submitted, this loss would have been \$651 million in FY2000; as amended by the Johnson amendment, the loss would be \$501 million.

REDUCTION IN CHILDREN RECEIVING FEDERAL CHILD CARE ASSISTANCE

- ▶ The reduction in children receiving federal assistance is derived from the State's funding loss and the national average federal child care funds per child.
- ▶ Average funding per child was calculated by dividing the total federal child care funding (for AFDC/JOBS, TCC, At-Risk Child Care, and CCDBG) in FY 1993 by the total number of children served through those federal child care programs in that year, which yields an FY1993 federal funding of approximately \$1250 per child. This number is not a full-time equivalent cost, and it does not contain state, local, or parent contributions to the cost of care.
- ▶ This FY1993 funding per child figure was then inflated to FY2000 dollars using the Administration CPI-U index. The FY2000 federal funding figure is \$1549 per child.

TABLE 9

**FY2000 REDUCTION BY STATE IN FEDERAL CHILD CARE FUNDING
AND THE NUMBER OF CHILDREN WHO RECEIVE FEDERAL CHILD CARE ASSISTANCE DUE TO H.R. 4**

STATE	LOSS IN FEDERAL CHILD CARE ASSISTANCE FROM BLOCK GRANT (in millions)	REDUCTION IN CHILDREN RECEIVING FEDERAL CHILD CARE ASSISTANCE IN FY2000
ALABAMA	-\$10.3	-6,620
ALASKA	-\$1.3	-860
ARIZONA	-\$9.3	-6,010
ARKANSAS	-\$4.2	-2,710
CALIFORNIA	-\$49.3	-31,850
COLORADO	-\$5.7	-3,700
CONNECTICUT	-\$6.3	-4,080
DELAWARE	-\$1.7	-1,120
DISTRICT OF COLUMBIA	-\$1.6	-1,020
FLORIDA	-\$23.3	-15,040
GEORGIA	-\$19.2	-12,420
HAWAII	-\$1.8	-1,140
IDAHO	-\$2.1	-1,390
ILLINOIS	-\$20.0	-12,930
INDIANA	-\$11.2	-7,200
IOWA	-\$4.4	-2,810
KANSAS	-\$5.8	-3,750
KENTUCKY	-\$9.6	-6,210
LOUISIANA	-\$10.3	-6,620
MAINE	-\$1.8	-1,160
MARYLAND	-\$10.0	-6,480
MASSACHUSETTS	-\$14.7	-9,510
MICHIGAN	-\$13.7	-8,870
MINNESOTA	-\$10.0	-6,470
MISSISSIPPI	-\$6.0	-3,840
MISSOURI	-\$10.9	-7,010
MONTANA	-\$1.7	-1,130
NEBRASKA	-\$4.6	-2,950
NEVADA	-\$1.7	-1,090
NEW HAMPSHIRE	-\$1.9	-1,230
NEW JERSEY	-\$10.3	-6,640
NEW MEXICO	-\$4.8	-3,110
NEW YORK	-\$33.5	-21,600
NORTH CAROLINA	-\$25.0	-16,170
NORTH DAKOTA	-\$1.3	-860
OHIO	-\$26.1	-16,860
OKLAHOMA	-\$10.2	-6,610
OREGON	-\$8.0	-5,140
PENNSYLVANIA	-\$21.9	-14,150
PUERTO RICO	-\$7.0	-4,490
RHODE ISLAND	-\$2.4	-1,570
SOUTH CAROLINA	-\$7.2	-4,630
SOUTH DAKOTA	-\$1.4	-900
TENNESSEE	-\$15.2	-9,790
TEXAS	-\$40.2	-25,940
UTAH	-\$6.1	-3,960
VERMONT	-\$1.6	-1,030
VIRGINIA	-\$10.2	-6,580
WASHINGTON	-\$14.8	-9,590
WEST VIRGINIA	-\$4.1	-2,640
WISCONSIN	-\$9.2	-5,910
WYOMING	-\$1.2	-800
TRIBES	\$30.2	19,470
TERRITORIES	\$5.0	3,240
TOTAL	-\$501.0	-323,480
Percentage Reduction	19%	

Notes:

1. The proposed block grant is set at \$2.093 billion for each Fiscal Year 1996-2000.
2. Funds are allocated according to preliminary FY1994 budget authority and expenditure data.
3. Reduction in children receiving federal assistance was determined by calculating an average FY 1993 federal expenditure per child and adjusting for inflation. The estimated amount in FY 2000 is \$1549. This is not a full-time equivalent cost and represents only federal share of expenditures.
4. This table may overestimate the increase in child care funds for tribes since it does not take into account any funds currently received by tribal members from state Title IV-A programs.
5. Numbers may not add due to rounding.
6. These are unofficial estimates which have not been reviewed by OMB.

**Table 12 - Preliminary estimate of the Number of Children Denied AFDC Cash Assistance
by Specific Provisions of H. R. 4 by State**

- ▶ The number of children who are denied AFDC benefits or have their benefits reduced is based on the 1993 AFDC caseload using the 1993 AFDC Quality Control Data. The research on the relationship between AFDC benefits and fertility and marriage is inconclusive. Therefore the projected impacts for minor mothers and the family cap provisions do not assume changes in behaviors such as fertility and teenage marriage. The impacts do incorporate an increase in paternity establishment due to the 1993 OBRA amendments regarding in-hospital paternity establishment and an assumption that a pregnant woman without prior AFDC receipt who would be subjected to the family cap provision will delay application until after the child's birth.
- ▶ 80,000 children would be denied benefits due to the provision to deny benefits to the children of minor mothers until the mother turns 18.
- ▶ 2.2 million children would be denied benefits due to the family cap.
- ▶ 4.8 million children would be denied benefits due to the 60 month time limit on AFDC receipt. This analysis takes into account that 10% of the entire caseload can be exempt from a five year time limit.
- ▶ An estimated 5.6 million children would have their benefits denied due the above provisions combined. The combined effects do not equal the sum of the independent effects since some children would be affected by more than one provision.
- ▶ This combined effect does not represent all of the choices states could make regarding benefits for children and families. A state may decide to take the option of implementing a two year time limit. Thus, additional children would be denied cash assistance. On the other hand, a state may decide to continue providing benefits to children and families with state dollars which would reduce the number of children without cash assistance.

TABLE 12

**Preliminary Estimate of the Number of Children Denied from AFDC
and by Specific Provisions of the House Bill (H.R. 4) by State
INDEPENDENT AND COMBINED EFFECTS - Steady State (no behavioral effects)**

State	Projected Number of Children on AFDC in 2005	Denial of AFDC to Children Born to Unmarried Mothers Until the Mother Turns 18 (1)	Denial of AFDC to Additional Children Born to Current Recipients of AFDC (2)	Denial of AFDC to Children Because the Family Received AFDC for more than 60 months (3)	Combined Effects of Provisions (1,2,3)	Number of Children who have their benefits Reduced Because Paternity is Not Established
ALABAMA	122,000	1,910	21,000	46,000	53,000	39,000
ALASKA	30,000	130	4,000	10,000	12,000	6,000
ARIZONA	170,000	1,430	24,000	57,000	67,000	51,000
ARKANSAS	63,000	200	12,000	24,000	29,000	16,000
CALIFORNIA	2,241,000	13,770	433,000	994,000	1,158,000	588,000
COLORADO	101,000	590	16,000	34,000	41,000	28,000
CONNECTICUT	136,000	1,220	25,000	50,000	59,000	34,000
DELAWARE	28,000	250	5,000	10,000	12,000	6,000
DIST OF COLUMBIA	56,000	640	12,000	26,000	30,000	26,000
FLORIDA	605,000	6,370	93,000	192,000	233,000	193,000
GEORGIA	348,000	2,680	64,000	142,000	166,000	50,000
HAWAII	48,000	10	8,000	18,000	21,000	12,000
IDAHO	17,000	160	2,000	5,000	6,000	4,000
ILLINOIS	598,000	5,070	138,000	250,000	295,000	227,000
INDIANA	177,000	1,190	33,000	69,000	81,000	47,000
IOWA	82,000	510	15,000	31,000	36,000	19,000
KANSAS	73,000	370	13,000	27,000	33,000	19,000
KENTUCKY	187,000	1,790	33,000	72,000	82,000	47,000
LOUISIANA	235,000	680	46,000	100,000	114,000	89,000
MAINE	55,000	490	10,000	24,000	27,000	11,000
MARYLAND	185,000	1,090	34,000	73,000	84,000	50,000
MASSACHUSETTS	256,000	2,200	44,000	101,000	120,000	66,000
MICHIGAN	553,000	2,400	126,000	267,000	302,000	139,000
MINNESOTA	155,000	580	27,000	62,000	73,000	36,000
MISSISSIPPI	153,000	1,140	31,000	66,000	75,000	53,000
MISSOURI	218,000	1,960	43,000	90,000	105,000	54,000
MONTANA	28,000	50	4,000	9,000	10,000	6,000
NEBRASKA	39,000	240	8,000	15,000	19,000	12,000
NEVADA	30,000	210	5,000	11,000	13,000	10,000
NEW HAMPSHIRE	24,000	130	4,000	9,000	10,000	5,000
NEW JERSEY	302,000	1,940	57,000	123,000	142,000	87,000
NEW MEXICO	72,000	330	10,000	23,000	27,000	19,000
NEW YORK	917,000	4,810	154,000	373,000	438,000	216,000
NORTH CAROLINA	281,000	2,190	50,000	108,000	126,000	81,000
NORTH DAKOTA	15,000	160	2,000	6,000	7,000	3,000
OHIO	597,000	2,910	114,000	211,000	253,000	180,000
OKLAHOMA	111,000	520	19,000	46,000	52,000	33,000

TABLE 12

OREGON	97,000	1,040	16,000	38,000	44,000	22,000
PENNSYLVANIA	517,000	2,840	110,000	239,000	269,000	146,000
RHODE ISLAND	52,000	140	10,000	20,000	25,000	14,000
SOUTH CAROLINA	135,000	1,470	24,000	46,000	55,000	41,000
SOUTH DAKOTA	18,000	70	3,000	7,000	8,000	5,000
TENNESSEE	246,000	2,420	40,000	92,000	106,000	69,000
TEXAS	670,000	5,460	102,000	228,000	273,000	222,000
UTAH	45,000	140	6,000	15,000	18,000	10,000
VERMONT	22,000	40	4,000	9,000	10,000	4,000
VIRGINIA	166,000	830	29,000	61,000	71,000	52,000
WASHINGTON	237,000	1,050	38,000	92,000	107,000	51,000
WEST VIRGINIA	93,000	370	17,000	41,000	45,000	21,000
WISCONSIN	205,000	1,360	37,000	75,000	89,000	50,000
WYOMING	14,000	150	2,000	5,000	6,000	3,000
TERRITORIES	173,000	360	24,000	58,000	64,000	25,000
TOTAL	12,000,000	80,000	2,200,000	4,800,000	5,600,000	3,300,000

The sum of the states may not add to the total due to rounding.

Individual provision effects do not add up to the combined effects because some children may be affected by more than one provision.

"Discussion DRAFT: Not for distribution or quotation."

**MAPPING AND TRACKING STATE INITIATIVES TO
MEET THE NEEDS OF YOUNG CHILDREN AND FAMILIES:
A STATE-BY-STATE OVERVIEW**

**DISCUSSION DRAFT PREPARED FOR THE NATIONAL GOVERNORS' ASSOCIATION
SUMMIT ON CHILDREN**

**JUNE 6-7, 1995
WASHINGTON, DC**



NATIONAL CENTER FOR CHILDREN IN POVERTY
Columbia University School of Public Health
154 Haven Ave., New York, NY 10032 • Tel:(212)927-8793 Fax:(212)927-9162

J. Lawrence Aber, Director

**National Center for Children in Poverty
Columbia University School of Public Health**

**MAPPING AND TRACKING STATE INITIATIVES TO
MEET THE NEEDS OF YOUNG CHILDREN AND FAMILIES:
A STATE-BY-STATE OVERVIEW
Preliminary Findings**

Contents

I. Overview

- Introduction
- Framework for Map and Track
- Highlights of the Findings
- Implications

II. Findings about State Special Initiatives

- Map 1. States with Special Initiatives for Children and Families
- Map 2. States with Separate Governance and Program Initiatives for Children and Families
- Chart: State Special Initiatives for Children and Families
- Summaries of State Governance and Program Initiatives for Children and Families

III. Maps of State Indicators

- Indicators of Children's Well-Being
 1. Young Child Poverty (0-6)
 2. Low Birthweight
 3. Low Female Education
 4. Male Unemployment
 5. Overcrowded Housing
- Indicators of State Investment in Children
 1. Child Health
 2. Child Care Quality
 3. Early Childhood Care and Education

IV. Appendices: Charts of State Indicators

- Indicators of Children's Well-Being
 1. Young Child Poverty (0-6)
 2. Low Birthweight
 3. Low Female Education
 4. Male Unemployment
 5. Overcrowded Housing
- Indicators of State Investment in Children
 1. Child Health
 2. Child Care Quality
 3. Early Childhood Care and Education

I. OVERVIEW

MAPPING AND TRACKING STATE INITIATIVES TO MEET THE NEEDS OF YOUNG CHILDREN AND FAMILIES: A STATE BY STATE OVERVIEW

Preliminary Findings
prepared by
National Center for Children in Poverty

INTRODUCTION

The earliest years from birth to six are a time of great need and great opportunity. Investments in the healthy development of young children and their families are therefore essential to building strong families and communities. Recognizing the pay off of investing in young children, states and communities are undertaking a variety of special initiatives on their behalf. This draft report provides an overview of those special initiatives. Our hope is that it will facilitate state by state sharing of this information and serve as a catalyst to greater public debate about what communities want for their youngest citizens and how they can mobilize energy and resources to achieve those goals.

The report represents the first phase of a larger project that has two purposes: to provide technical assistance to states and communities seeking to develop or enhance initiatives on behalf of young children, and to "map and track" comprehensive state and community efforts on behalf of young children and families. The larger project is being carried out collaboratively by the National Center for Children in Poverty and the Families and Work Institute. Funding has been provided by the Danforth Foundation and the Carnegie Corporation.

Map and Track focuses on three types of special state initiatives: governance initiatives (planning and administrative efforts to create more comprehensive and flexible funding and decision making processes); program initiatives; and initiatives that link program and governance strategies. In addition, for each state, in order to help identify the state context, we have developed "marker" indicators. One set, child well-being indicators, highlights risk factors affecting young children and families; the other highlights indicators of state levels of investment in young children.

Because state activity is so varied, we have sought to capture the richness of how states are responding to the needs of young children and families through maps, brief descriptions of state activities, and state-by-state charts (in the appendices). *However, it is important to reiterate that our data are preliminary and drawn largely from secondary sources. This discussion draft will be updated for the forthcoming National Governors' Association summer meeting and officially released at that time. In the meantime, we welcome any comments, further information or corrections from the participants in the Summit on Children of the National Governors' Association.*

THE FRAMEWORK FOR MAP AND TRACK

Special Initiatives

Governance Initiatives Efforts to improve decision making about the ways in which public and private dollars are used on behalf of children and families have spawned "system reform" efforts in many states. These are generally marked by significant gubernatorial vision and leadership. They involve procedures for decision making across agencies, often public private partnerships at both the state and community levels, and,

increasingly, the designation of accountability indicators. Typically, these types of activities are referred to as "governance" strategies. In our framework, we have highlighted three types of governance activities:

- Cross-system collaborations. Many governance initiatives involve a cluster of cross-system state or state- and local-level activities, such as collaborative planning, multi-system collaborations, and the identification of target goals, often called benchmarks. *(These governance initiatives are indicated by G on Map 2 and by C on the chart.)*

- Local planning processes. Other governance initiatives center around local planning processes. Many governance strategies focus on state level activities. But in some instances, local planning processes are central to the initiative, either linked to state efforts, or, in some states, encouraged by the state, but not linked to state-level processes. *(These governance initiatives are indicated by G on Map 2 and L on the chart.)*

- Early childhood care and education linkages. Some governance initiatives build bridges across different parts of the early childhood care and education community. We have highlighted administrative efforts that seek to link Head Start, child care and prekindergarten programs through regulatory or fiscal mechanisms, or through shared standards and training, because they represent critical steps in designing effective early childhood systems. *(These governance initiatives are indicated by G on Map 2 and by E in the chart.)*

In addition, we have indicated those states that have developed multi-system governance initiatives focused on preventing the inappropriate out-of-home placement of children. While these do not focus explicitly on young children, they do include young children, and the expertise that is developed in flexible service delivery and funding has implications for governance strategies directed toward younger children and families not at risk of out-of-home placement. *(These are indicated by G on Map 2 and by O on the chart.)*

Program Initiatives Two decades of experience suggest that programs designed to meet multiple, rather than single, needs of families with young children have the greatest impact and are most satisfying to families. Experience also suggests that helping families raise healthy children able to succeed in school can be done in different ways: by creating "one stop" programs, such as family resource centers, by enriching parent education programs with a referral capacity, or by using family advocates/case managers. In our framework we have focused on programs most likely to have a positive impact on young children and families. While we recognize that successful programs frequently share common goals and strategies, the program types we identified are:

- Home visiting programs. These are often targeted to the very youngest children and their families, have a health component, and aim to build child development knowledge and parent skills as well as links to health care. Sometimes they also target families whose children are deemed to be at risk of abuse or neglect. *(These program initiatives are indicated by P on Map 2 and by HV on the chart.)*

- Family support programs. Family support programs use a wide range of strategies. Some are linked to schools; others may be in housing projects. Some serve all families; others focus on families with very young children, and/or target especially vulnerable groups, such as teen parents. All seek to build on the strengths of families and help families nurture their children more effectively. Typical strategies include: providing information and drop-in child care, helping with access to services, and hosting family activities. *(These program initiatives are indicated by P on Map 2 and by FS on the chart.)*

- **Multiple strategies.** We have used the term multiple strategies for those program initiatives in which communities are given the option of choosing which services "fit" their situation best. In the most comprehensive initiatives, particularly those which combine governance and program strategies, the term "multiple strategies" also indicates opportunities to add programs over time under the larger umbrella of the comprehensive initiative. *(These program initiatives are indicated by P on Map 2 and by M on the chart.)*

- **Comprehensive pre-kindergarten programs.** These are programs that have especially rigorous quality standards and comprehensive service requirements and that make an effort to meet the needs of working parents. *(These program initiatives are indicated by P on Map 2 and by PK+ on the chart.)*

Linkage Between Governance and Program In some states there are parallel, but unrelated initiatives-- one focused on governance and community planning, another on program enhancement and expansion. These may or may not involve the same communities, policy makers, service providers, and families. The accompanying chart highlights those states that have formally linked governance and program strategies. We recognize, however, that some states have both governance and program initiatives that, while not formally linked, have informal connections. *(States with linked program and governance initiatives are white on Maps 1 & 2 and indicated by an * on the chart).*

Age Focus Because focused attention by states and communities on young children and their families is so important, we have indicated which governance strategies are exclusively targeted to children from 0 to six by showing a parent and child in those states on Maps 1 & 2. There is no counterpart age-related information for the program initiatives on the maps. However, the accompanying chart does indicate the ages of the children involved in the program initiatives.

Baseline Indicators

Additional maps and charts provide state by state information on two sets of baseline indicators -- those related to children's well-being and those related to the level of state investment in young children and families. Taken together, they enrich the context for examining the special initiatives.

Indicators of Children's Well-Being We have chosen five measures as "markers" of children's well-being in each state. For each of the indicators, there is a large body of empirical data indicating its significance for the development of young children, the essence of which is highlighted below. Taken together, the indicators provide a framework for capturing quickly child-related, family-related and environmental variables that affect children's well-being. The five indicators are:

- **The percentage of low birthweight babies.** Low birthweight infants include those born prematurely as well as those whose intrauterine growth has been retarded. Low birthweight is generally recognized as a major risk factor for children, with low birthweight children likely to experience long-term consequences, including a higher proportion of developmental disabilities, learning difficulties, behavior problems, and other risk factors that affect school performance and social skills.

- **The percentage of young children whose families live in poverty.** Child poverty -- particularly young child poverty -- is a risk factor for children that affects their health and emotional development. Nationally, approximately one-fourth of young children live in

poverty.¹ Variations from state to state, and even community to community, make this a particularly sensitive indicator of the future well-being of children.

- The percentage of women who have not finished high school. The level of maternal education is closely related to outcomes for children. Children of mothers with less education in general fare more poorly over time than children whose mothers have at least completed high school.

- The percentage of unemployed men. The contributions that fathers make to supporting their children have a critical influence on the level of income available to families to support children. While there are no data specifically on the unemployment levels of fathers, we have used male unemployment levels as a proxy.

- The percentage of children living in overcrowded housing. Few measures capture the environmental complexity that young children face, but overcrowded housing appears to be a significant indicator, with some research suggesting a relationship between this measure and levels of stress and school readiness.

The accompanying maps provide the sources of data and more detailed definitions for each of these measures. In selecting the indicators, we have used only national data and have grouped the states according to whether they fall above, below, or in the middle range on each of the indicators. This is a more conservative strategy than ranking the states. We have chosen it because of the sampling limitations for many of the indicators. (The attached appendices include the actual numbers for each state.)

Indicators of State Investments in Young Children We have chosen three measures as "markers" of states' investments young children and families. They reflect states' levels of effort related to child health, efforts to ensure the quality of child care, and state expenditures for subsidized early childhood care and education. We recognize that these marker indicators do not capture fully the level of state investment in young children. In particular, the child care quality indicators we have chosen represent an important but incomplete picture. But they do represent critical domains in which states have had opportunities for flexibility and initiative and for which there are data across the states.

- Child health. State recognition of the importance of ensuring young children access to health care is an important indicator of state investments in children. To measure child health investments we have highlighted each state's Medicaid eligibility requirements for young children as well as whether or not the state has established a supplemental child health insurance program.

- Child care quality. Parental choice and research data combine to suggest the importance of quality child care for the development of young children, especially low-income children. As the proxy for state attention to quality of care we have examined pre- and in-service training requirements for staff in both child care centers and family day care homes. In general, training correlates with other important child care regulations, such as child/staff ratios and group size requirements. We have included family child care training requirements since so many children are in such care, including the majority of infants and toddlers.

- Subsidies for early childhood care and education. State recognition of the importance of child care and education for young children, and of subsidized child care for low-income families, can be reflected in different ways. We have selected two indicators to serve as a

¹ Li, J. & Bennett, N. (1994). *Young children in poverty: A statistical update*. New York: National Center for Children in Poverty, Columbia University School of Public Health.

proxy for the level of state effort regarding early childhood care and education subsidies: the availability of a state-funded prekindergarten program, and the level of a state's contribution to the federal Title IV-A At-Risk Child Care Program. (Current information about states' fiscal investments in their own subsidized child care programs is not available.)

HIGHLIGHTS OF THE FINDINGS

Special Initiatives

- Four states -- Colorado, North Carolina, Ohio and West Virginia -- have developed comprehensive cross-system initiatives focused explicitly on children from birth to six that integrate both governance and program strategies. One other state, Georgia, has developed a comprehensive initiative that encompasses all children and families.

- An additional 19 states have developed governance initiatives on behalf of children and families. Of these, six focus their efforts explicitly on young children and families. 17 of the 19 states also have separate program initiatives. In four states, the governance initiatives are focused on preventing the inappropriate out-of-home placement of children.

- 12 states have included an explicit local component to their initiatives, three of them independent of a formal state effort.

- Seven states have developed formal state and/or community planning efforts to bring together funding and training resources for Head Start, child care, and prekindergarten programs. A few states include such efforts in their comprehensive cross-system governance initiatives.

- 35 states have developed program initiatives that are particularly responsive to the needs of young children and families. Many of these are targeted to particular age groups within the birth to six population (for example, birth to one). Further, some are designed to serve all children; others target particular groups of children, such as low-income children, or children at special risk.

- 14 states have not developed any explicit statewide governance or program strategies.

State Investments in Young Children

- Three states -- Vermont, Rhode Island, and Minnesota -- were high on all three marker indicators of state investment in young children. Two of these have also created a supplemental child health insurance program. Six additional states -- Florida, Maryland, Massachusetts, New Jersey, New Mexico, and New York -- were high on both child care indicators and had created supplemental child health insurance programs.

IMPLICATIONS

Map and Track is intended to be a tool to facilitate state to state sharing of information. It can also serve as a benchmark, reflecting the overall level of commitment of states to young children and families. And, it carries several different and encouraging messages.

- States with very different profiles in terms of indicators of children's well-being and of state investments in young children have developed special initiatives to address the needs of young children and families better.

- Although only five states have formally integrated governance and program strategies (four targeted to young children and families), the fact that an additional 17 states have both program and governance initiatives suggests that there are many more opportunities to build such linkages. Similarly, there are also opportunities among the states with governance initiatives that focus on all children and families to ensure that the particular needs of young children and families are addressed.

- There seems to be growing interest and potential in building community consensus and planning capacity around the needs of young children and families. This emerging interest in state and local governance mechanisms for services for young children and families may be increasingly important in the context of federal block grants to the states.

- There is widespread recognition among the states of the potential importance of holistic, comprehensive program strategies for young children and families. These initiatives therefore might be the starting point for ensuring that there is the capacity to meet the needs of all age groups within the birth to six population, by expanding the program strategy, refocusing or creating a governance strategy, or both.

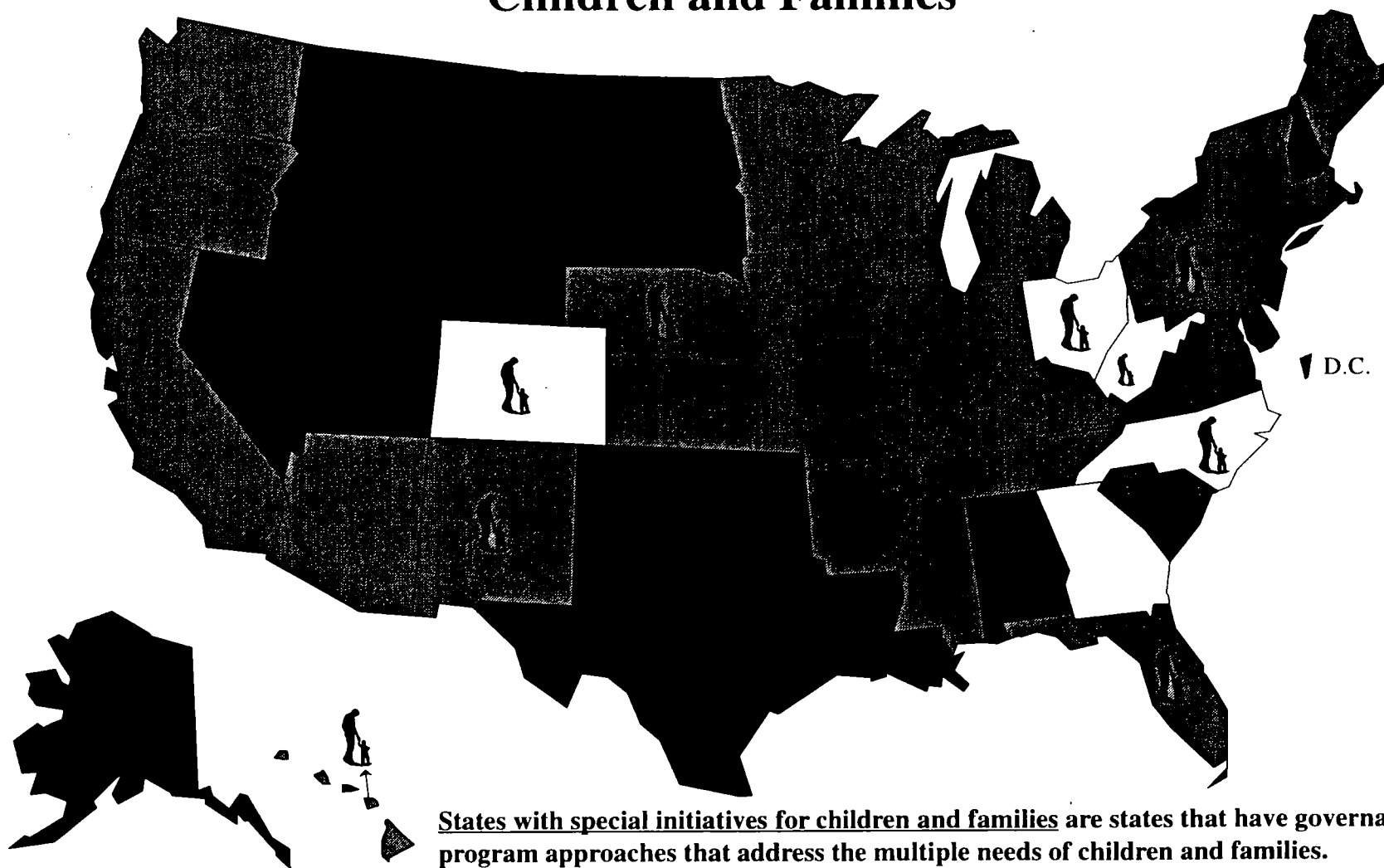
- The large number of states with program initiatives for young children and families suggests that states are becoming more expert in using federal and state funding creatively and holistically to enhance outcomes for young children. Similarly, the extent to which there are governance initiatives suggests substantial recognition of the importance of a collaborative, community voice in decision making about children and families. The challenge will be sustaining and enhancing these efforts in the face of what appears likely to be increased flexibility at the state level, coupled with more limited resources.

The data presented in this report, as noted, are preliminary. Our intent is to release a revised version during the summer. We then plan to update "map and track" periodically and to refine it so it is most useful to those who must make decisions about our youngest citizens and their families. We hope it will help foster sustained, creative dialogue about young children and families in and across all the states.

For further information about this project or the National Center for Children in Poverty, contact J. Lawrence Aber, Director, or Jane Knitzer, Deputy Director, Columbia School of Public Health 154 Haven Ave. New York, New York, 10032; 212-927-8793.

II. FINDINGS ABOUT STATE SPECIAL INITIATIVES

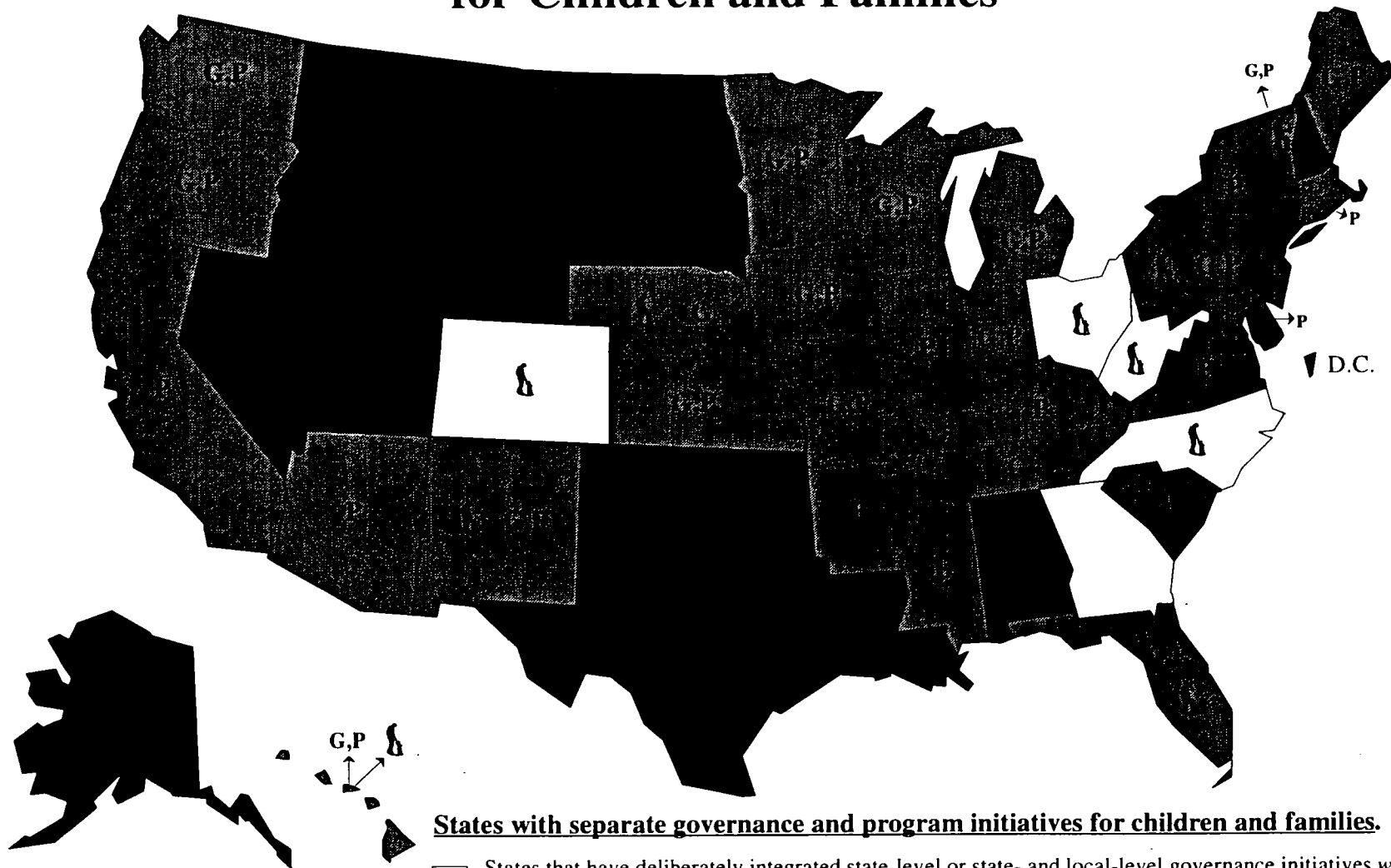
1. States with Special Initiatives for Children and Families



States with special initiatives for children and families are states that have governance and/or program approaches that address the multiple needs of children and families.

- ☐ States that have deliberately integrated state-level or state- and local-level governance initiatives *with* explicit program strategies on behalf of children and families
 - ☒ States with separate governance initiatives *and/or* explicit program strategies for children and families (see map of States with Separate Governance and Program Initiatives for details)
 - ☒ States without identified initiatives
-  States with governance strategies focused explicitly on young children 0-6 and their families; states without this symbol may focus on children of all ages or other subgroups, such as school-age children and families

2. States with Separate Governance and Program Initiatives for Children and Families



States with separate governance and program initiatives for children and families.

States that have deliberately integrated state-level or state- and local-level governance initiatives *with* explicit program strategies on behalf of children and families (see map of States with Special Initiatives for Children and Families for details)

States with separate governance initiatives *and/or* explicit program strategies for children and families ("G"=only governance initiatives; "P" =only program initiatives; "G,P"=both program and governance initiatives that are unlinked)

States without identified initiatives



States with governance strategies focused explicitly on young children 0-6 and their families; states without this symbol may focus on children of all ages or other subgroups, such as school-age children and families

STATE SPECIAL INITIATIVES FOR CHILDREN AND FAMILIES

STATE	Governance Initiatives for Young Children and Families	Age Focus of Governance Initiatives	Explicit Program Strategies for Young Children and Families	Age Focus of Program Strategies
-------	---	---	--	---------------------------------------

States That Have Deliberately Integrated State- or Local-Level Governance Initiatives With Explicit Program Strategies

COLORADO	C*	0-6	M*	0-6
GEORGIA	C-L*	all	M*, PK +	all
NORTH CAROLINA	C-L*	0-6	M*	0-6
OHIO	C-L*	0-6	M*	0-6
WEST VIRGINIA	C*	all (0-6)	FS*, HV	all, 0-1

NOTES

* States with governance initiatives directly linked to a statewide comprehensive program strategy

States With Separate Governance Initiatives and/or Explicit Program Strategies

ARIZONA			HV, FS	0-3, 3-4
ARKANSAS			FS	4-5
CALIFORNIA			FS, PK +	all
CONNECTICUT			FS	all
DELAWARE			FS	all
FLORIDA	C, E	0-6	HV, FS	0-1, 0-4
HAWAII	E	0-6	HV, FS	0-6
ILLINOIS			FS	0-3
INDIANA	C-L	0-13	HV	0-6
IOWA	O	all	FS, PK +	all
KANSAS	C-L	all	FS	0-3
KENTUCKY			FS	all
MAINE	E	4-5	FS	4-5
MARYLAND	O	all	FS	0-3
MASSACHUSETTS	E	3-5	FS	0-4
MICHIGAN	O	all	HV	0-1
MINNESOTA	C-L	all	FS	0-6
MISSOURI	C	all	FS	all, 0-6
MISSISSIPPI			HV	0-1
NEBRASKA	L	0-6		
NEW JERSEY			PK +	
NEW MEXICO	L	0-6	FS	children of teens
NEW YORK			PK +	3-5
OREGON	C-L, E	all	PK +	4-5
PENNSYLVANIA	C-L	all (0-6)	FS	all
RHODE ISLAND			HV	0 - 6 mos.
SOUTH CAROLINA			FS	0-6
TENNESSEE	O	all		
VERMONT	E, L	0-6	FS	0-3
VIRGINIA			FS	0-6
WASHINGTON	C-L, E	all	FS, PK +	3-8
WISCONSIN	C	all	FS	0-3

Governance Initiatives Legend

C = Cross-system state initiative for planning and/or administration
L = Local planning for service delivery and integration
E = Early Childhood Care and education planning to coordinate child care, prekindergarten, and Head Start
O = Out-of-home placement and prevention planning to coordinate juvenile justice, child welfare, and mental health programs

Program Strategies Legend

FS = Family Support/Parent Education
HV = Home Visiting
M = Multiple program strategies linked together
PK + = Comprehensive Pre-k with enhanced features (e.g. full day)
(N.B.: Family Preservation programs not included).

Age Focus Legend

all (0-6) = Within a generic initiative for children of all ages, the ages 0-6 are targeted as one of several service clusters.

States Without Identified Initiatives

ALABAMA
ALASKA
DISTRICT OF COLUMBIA
IDAHO
LOUISIANA
MONTANA
NEVADA
NEW HAMPSHIRE
NORTH DAKOTA
OKLAHOMA
SOUTH DAKOTA
TEXAS
UTAH
WYOMING

Source: Preliminary data gathered by NCCP staff, largely from secondary sources.

Summaries of State Governance and Program Initiatives for Children and Families¹

STATES THAT HAVE DELIBERATELY INTEGRATED GOVERNANCE INITIATIVES WITH EXPLICIT PROGRAM STRATEGIES

COLORADO

Cross-system State Governance Linked to Multiple Program Strategies (0-6): *First Impressions*, created by the governor in 1987, is an early childhood initiative to create more integrated and comprehensive services for young children and their families. First Impressions is both an incubator of new initiatives and a means of restructuring and improving ongoing services. Cross-system efforts under First Impressions to improve governance and administration include the *State Efforts in Early Childhood Management Team (SEEC)*, a coordinating team composed of senior level managers from the departments of health and social services, which coordinates and plans strategically around programs and services for young children.

In addition, the State Department of Education has adopted a set of quality standards for all early childhood programs funded by the department and is working to integrate early childhood funding streams (including Chapter One, the Child Care and Development Block Grant, Head Start and others) at the community level to provide all children with comprehensive full-day services. The Department's *Early Childhood Management Team* coordinates early childhood care and education services funded by the state Preschool Program with those funded by federal child care programs. The state's *prekindergarten program* also requires local advisory committees to include all members of the early childhood community -- the Head Start grantee, private child care providers, parents, public school teachers, business people, health professionals, and others.

First Impressions' program strategies also include *Family Centers*, which are designed to be single points of entry for comprehensive, intensive, integrated and community-based services to families at risk. A \$9 million prevention package passed by the legislature this year doubled funding for the state preschool program. In addition, it doubled the number of neighborhood family centers, provided money for home visitation programs, and established a youth crime prevention and intervention grants program.

GEORGIA

Cross-system State Governance with Local Planning Linked to Multiple Program Strategies: The state's new *Policy Council for Children and Families Act* creates a formal way for the agencies and initiatives that focus on children and families to work together at the state and community levels. It creates public-private community planning partnerships to integrate services and programs through, for example, common intake/eligibility forms. Georgia's *Initiative for Children and Families* coordinates state programs serving children and families into a comprehensive system. The initiative includes programs such as Family Connection; Partnership

¹Based on preliminary data gathered by NCCP staff, largely from secondary sources. Comments welcome.

for Excellence in Education; Georgia 2000; Cities in Schools; and the state's Voluntary Prekindergarten Program (see below). The initiative aims to create a more holistic system using family centers in or near elementary schools as "hubs" that link health and social services to all families in the community. The goals of the effort are to improve health, improve child development, reduce barriers to academic achievement and improve family functioning. Five pilot communities have completed needs assessments, reconfigured and streamlined services, and implemented refinances techniques to maximize available funding. The initiative is funded by the Pew Charitable Trust.

Comprehensive Prekindergarten: The *Voluntary Prekindergarten Program*, initiated in 1993, is available to all four-year-old children, with first priority given to those who are deemed "at-risk." Programs are governed by local community councils representing stakeholders in the early childhood community, and may be center-based, home-based, or group home-based. All programs must employ family service coordinators to provide case management services. At a minimum, all children must receive basic health and dental screenings and nutritious meals. Programs must conduct home visits, provide parent-focused services such as literacy or job training, and provide families with access to mental health, drug treatment or crisis intervention programs if needed. Programs must also work to meet the needs of families with working parents.

NORTH CAROLINA

Cross-system State Governance with Local Planning Linked to Multiple Program Strategies (0-6): The *Smart Start* initiative features a public-private corporation at the state level that sets statewide benchmarks for young children and families, and makes grants to local partnerships of service providers, parents, and community representatives in pilot counties. The community partnerships decide how to meet the state goals, assess local needs and capacities, and create local plans to integrate health, mental health, social services, and early childhood care and education programs in ways that address the specific needs of young children and families. County initiatives include establishing or expanding one-stop family resource centers, providing family support services, establishing health check-ups and mobile health vans, and providing transportation to help families gain access to services.

Other statewide components of Smart Start include: a child immunization campaign; lowering child care staff ratios for infants and toddlers; increasing the number of state staff who monitor and assist child care providers; increasing the child care tax credit on a sliding scale for families earning less than \$40,000; scholarships for child care teacher training at community colleges; and a comprehensive community leadership development program for early childhood professionals.

OHIO

Cross-system State Governance with Local Planning Linked to Multiple Program Strategies (0-6): The *Families and Children First* initiative is managed by a Cabinet Council (chaired by the Governor) and a team of mid-level managers drawn from the state agencies represented on the Council. The Council has made planning grants to pilot counties that have developed county Families and Children First commissions to plan the integration of health, social services, and early childhood care and education systems at the local level. Many other counties have developed

Families and Children First commissions and are working on their own to integrate services. The Council has developed specific outcomes that counties must achieve.

Program strategies of the initiative include: family resource centers; comprehensive prekindergarten (through substantial contributions of state funds to the federal Head Start program, in addition to the state's Public Preschool program); "Early Start," which extends Part H family support services to children ages zero to three at-risk of abuse, neglect, or future developmental delays; unifying child care inspection and licensing procedures across the state, county, and city levels; and "Help Me Grow," a health promotion and outreach effort to encourage prenatal and well-baby health care.

The state is also *linking child care programs, Head Start, and the public schools* through several strategies. These include the development of: a tiered system of health and safety, staff, and program quality standards; a collaboration between Head Start and the JOBS program to increase the availability of full-day/full-year programs for low-income and working families; a coordinated system of professional development; consolidated funding streams for early childhood care and education; and a common data-collection system for child care, Head Start, and public school prekindergarten programs. These efforts receive technical assistance from the national "Forging the Link" project of the Child Care Action Campaign and the Council of Chief State School Officers.

WEST VIRGINIA

Cross-system State Governance Linked to Family Support Program Strategy (0-6): The *Cabinet on Children and Families*, established by the legislature, is working to establish a flexible administrative system to help local consortia of service providers and community representatives establish *Family Resource Networks* to coordinate the delivery of services to children and families. The Cabinet makes start-up funding available to some communities' family resource networks; additional funding comes from refinancing and reinvestment efforts.

Home Visiting Program: *Right from the Start* provides home visits to pregnant women and infants up to age one who are eligible for Medicaid, in order to reduce infant mortality and morbidity, increase infant birth weights, and improve parenting skills.

STATES WITH GOVERNANCE INITIATIVES AND/OR EXPLICIT PROGRAM STRATEGIES

ARIZONA

Home Visiting Programs: The *Healthy Families Pilot Program* is a home visiting program designed to prevent child abuse and neglect, and to promote development and wellness in young children. The *Healthy Start* program offers home visits that provide prenatal health care, counseling, and education to pregnant women in high-risk neighborhoods, as well as immunizations and other preventive care for young children up to age four.

Family Support Program: The *Family Literacy Program* is targeted to children ages three and four and their parents to support the development of reading and learning skills. Community partnerships are required for implementation.

The legislature enacted all of these programs in 1995 as part of the Children and Families Stability Act.

ARKANSAS

Family Support Program: The *Home Instruction Program for Preschool Youngsters (HIPPY) Program* uses the HIPPY curriculum to provide parent education to parents and preschoolers for two years for 15 to 20 minutes a day. The program targets families with children ages 4 and 5 who are low income, born to teen parents, or exhibit other factors that put them at risk.

CALIFORNIA

Family Support Programs: *Healthy Start*, initiated by the state legislature in 1991, is a school-based planning initiative designed to improve children's health and development through local efforts to integrate education, health, mental health and social services. Schools that qualify for Healthy Start funding have at least 50 percent of their enrolled students eligible for free meals and either with limited English proficiency or receiving Aid to Families with Dependent Children. Approximately 12 percent of Healthy Start families have preschool children. The *School-Age Parent and Infant Development Program* is a drop-out prevention effort for adolescent parents that provides parent education and parent-child activities, on-site child care, counseling and health services. The *Adolescent and Family Life Program* provides group education, home visits and case management to pregnant and parenting adolescents.

Comprehensive Prekindergarten Program: The *State Preschool Program* provides half-day early childhood care and education services to low-income three- and four-year-old children. Local programs must meet state quality requirements, and provide nutritious meals, a parent involvement component, and referrals to social and health services. California also funds one of the most extensive systems of subsidized child care of any state in the country.

CONNECTICUT

Family Support Program: The *Parent Education and Support Centers* seek to improve parenting and enhance family functioning. The centers are targeted to all parents with children under age 17, with priority given to parents who are teens, single, low-income, minority, or otherwise at-risk. Services include parent education, family literacy, preschool and school-age child care, family support, and referrals to other services. The Centers also provide technical assistance, consultation, and training for local providers of early childhood care and education services.

DELAWARE

Family Support Programs: Delaware's *Family Service Centers* provide "one-stop shopping" for entitlements, including approximately 140 services such as AFDC, WIC, and food stamps, and

access to child immunizations available to participating families. *Child, Inc. Parent Education Centers* offer community-based parent education and home visiting services, targeted especially to low-income families and families with special needs children.

FLORIDA

Cross System State Governance with Local Planning (0-6): Created in 1989 by the legislature, the *State Coordinating Council for Early Childhood Services* works to transform Florida's early childhood service system to make it family-centered, community-based, and locally planned and coordinated. The Council consists of 30 members representing key stakeholders in the fields of early childhood care and education, health, and teen pregnancy prevention. Among its many activities, the Council has developed a joint strategic plan for the state Departments of Education and of Health and Rehabilitative Services.

Early Childhood Care and Education Planning: The state Department of Education makes a total of \$3 million in *Early Childhood Collaboration Grants* available to communities. To get a grant, communities must secure the participation of the local child care resource and referral agency, the local Head Start grantee, the local office of subsidized child care, and the local school district's prekindergarten program. The grants help communities develop common intake approaches and referral systems across all early childhood care and education programs; some communities are beginning to develop shared waiting lists across different types of programs. The state *prekindergarten* programs are also linked to existing community resources through a local coordinating mechanism. Every school district is required to establish a local interagency council with representatives from subsidized and private child care, Head Start, public school K-3, programs for children with disabilities, and mental and physical health programs. These councils are designed to eliminate duplication of effort through the networking of existing services.

Home Visiting Program: *Heathy Start*, created by the legislature in 1992, ensures access to prenatal and infant care for pregnant or parenting women with infants up to age 1 who are at risk of medical or psychosocial problems. Program components include parent education, case management, home visits, health and developmental assessments, and referrals.

Family Support Programs: The *First Start* program, created by the legislature in 1989 to provide parent education and support to parents with at-risk children up to age four. First Start includes parent education, child development, parent-child interactions, health and developmental screenings. In addition, Florida has a *Full Service Schools* initiative, a school-based service integration program for school-age children and their families.

HAWAII

Early Childhood Care and Education Planning (0-6): The *Early Childhood Education and Care Coordinating Committee*, housed in the Governor's Office on Children and Youth, conducts planning efforts to coordinate various early childhood care and education programs, including Head Start, subsidized child care, and the state's Open Doors prekindergarten program.

Family Support Program: *Family Centers* link community networks of family-serving agencies together to create a single point of entry and to coordinate the delivery of family-centered services by many provider agencies to address families' education, health, parenting, and social needs. The Centers are open to all families.

Home Visiting Program: *Healthy Start/Family Support Services* is a home-based intervention program to enhance parent functioning, promote healthy child development, and prevent child abuse and neglect. Services are targeted to pregnant women and mothers of young children at-risk for child abuse, and continue until children are five years old.

ILLINOIS

Family Support Program: *Family Focus* centers provide parents of children from birth to age three with support, information, and skills to enhance the development of their children.

INDIANA

Cross-system State Governance with Local Planning: The *Step Ahead* initiative restructures state services and fosters community planning to create collaborative, comprehensive, county-designed service systems for children 0-13. County planning efforts must include local providers of services for children and families. Planning grants, oversight, and technical assistance (including assistance with state and federal regulatory obstacles through the Indiana Collaboration Project) are provided by the state Step Ahead Panel. Its members come from the private sector and from state agencies and are appointed by the governor and the superintendent of public instruction. The state Cabinet Council guides implementation of the county plans. Examples of counties' program strategies include establishing family resource centers, linking Head Start with child care programs and connecting both to employment and training programs, and establishing family support and/or family preservation programs.

IOWA

Out-of-home Placement Governance: The *Child Welfare Decategorization Project*, originally enacted by the legislature in 1987, consolidates state funding streams for mental health, juvenile justice, foster care, in-home service, institutional care, and direct service workers in six counties to make possible preventive, family-centered, community-based services for children and families. County human services agencies, boards of supervisors, and juvenile courts jointly develop local decategorized budgets, with technical assistance from state agencies.

Family Support Program: The *Family Development and Self-sufficiency Program* provides comprehensive family support and referrals to other services to families on AFDC to help them leave welfare for work. The program centers around home visits to help parents assess their own needs and develop appropriate service plans for themselves and their children.

Comprehensive Prekindergarten Program: The *At-risk Child Development Program* provides early childhood care and education to children 3-5 who are at risk of academic failure because their families have low incomes or manifest other risk factors. Local programs must meet detailed

state curriculum and quality standards, and provide a range of comprehensive services, including nutrition, dental, medical, social services, and a parent involvement component.

KANSAS

Cross-system State Governance with Local Planning: The *Corporation for Change* is a state-level non-profit corporation that has developed a vision and principles to guide reform of the state's service system for children and families to make it more comprehensive and coordinated. Its statewide strategic plan includes a rolling refinancing component, gives local planning councils flexibility to design local service systems according to their needs and priorities, and tracks the outcomes of their efforts. The Corporation provides technical assistance to local planning councils.

Family Support Programs: The *Kansas Parenting Program* provides home visits, group meetings, health and developmental screenings, and referrals to other services to all parents from pregnancy until their children's third birthdays. The majority of participants are low-income with infants under age one. The program is modeled on Missouri's Parents As Teachers. *Healthy Start* provides home visiting services for all pregnant or parenting women with an infant less than one year old to promote prenatal and well-baby care. Priority is given to high-risk families.

KENTUCKY

Family Support Program: The *Family Resource/Youth Service Centers* are school-based integrated service centers funded by a state budget allocation. Local public schools can apply for grants if more than 20 per cent of their students qualify for free school meals. Each center defines its own goals based on local needs assessments; goals range from integrating services and helping families gain access to them, to being the service provider of last resort. The local centers target young children through the *Parent and Child Education* program, which provides a high-quality preschool program for three- and four-year-olds, along with literacy tutoring, adult basic education, and support groups for their parents. State project staff help sites identify funding for services, and provide technical assistance and regulatory relief where necessary.

MAINE

Early Childhood Care and Education Planning: Maine puts state funds into Head Start, and has a state Office of Head Start in addition to a state Office of Child Care, and these offices coordinate programs and integrate comprehensive services for both Head Start and child care programs. For example, through the state's Head Start-State Collaboration Project, *Family Development Centers* are being developed to provide a comprehensive, integrated service delivery system that combines resources for education, training, employment, and support services for Head Start and other low-income families.

Family Support: *Project Advance* provides home visits to strengthen the literacy and educational skills of parents so they can help their children prepare for school.

MARYLAND

Out-of-home Placement Governance: The state *Subcabinet for Children, Youth and Families* has developed interagency plans to fund and deliver services to children who are in or at imminent risk of an out-of-home placement and their families. With technical assistance and support from the state Office of Children, Youth and Families, county-level interagency planning entities plan, implement, and monitor services to these children and families in order to meet goals and objectives developed by the state Subcabinet. The state also offers joint training for child welfare, juvenile justice, and child mental health staff.

Family Support Program: *Family Support Centers* provide drop-in, comprehensive, preventive family support services to all families with children 0-3 in neighborhoods with high concentrations of teen pregnancy, poverty, low-birthweight, school dropouts, child abuse, and unemployment. Services are targeted especially to pregnant and parenting teens.

MASSACHUSETTS

Early Childhood Care and Education Planning: The *Community Partnerships* initiative, developed by the legislature, makes grants to enable selected communities to implement early childhood care and education plans developed jointly by local providers of child care, Head Start, and prekindergarten programs. Most communities target services for three- and four-year-olds, and seek to provide comprehensive services, training for providers, and other collaborative services that cut across the boundaries among child care, Head Start, and prekindergarten. The legislature recently revised the initiative to focus explicitly on the needs of working parents.

Family Support Program: The *Pregnant and Parenting Support Program* provides health assessments and interventions, case management and advocacy, parent education and support, developmental screening, and other services through home visits to at-risk pregnant and parenting women, including teens. The program is intended for women during pregnancy and children up to age four.

MICHIGAN

Out-of-home Placement Governance: *Families First* provides intensive social work services to all families at imminent risk of having a child removed from the home. Protective services, foster care, delinquency, community mental health, or probate courts refer families. A demonstration project extends services to families served by public health, mental health, substance abuse, and the courts in pilot counties.

Home Visiting Program: *Maternal and Infant Support Services* provide home visits and parent education to pregnant women and young mothers up until their children are one year old, to reduce infant mortality and child abuse and neglect. Families eligible for Medicaid can receive the services. Families are referred to the program in cases of substance abuse, teen mothers without family support, histories of child abuse and neglect, low birthweight, low-functioning mothers, dangerous living situations, or homelessness.

MINNESOTA

Cross-system State Governance with Local Planning: *Minnesota Milestones* is the state's benchmarking initiative, in which citizens' meetings identify measurable outcomes for the state to achieve in different areas of public policy. The *Children's Cabinet* has developed specific strategies to meet those benchmarks related to children, and has awarded family services collaborative grants to communities to plan and implement changes in local service delivery systems to serve children and families better.

Family Support Program: The *Early Childhood and Family Education Program* provides parent education to all families with children 0-6 in all local school districts, to improve children's school readiness and achievement.

MISSISSIPPI

Home Visiting Program: The *Perinatal High Risk Management/Infant Services System* provides intensive case management for health care and social services to high-risk pregnant women and infants up to age one who are eligible for Medicaid.

MISSOURI

Cross-system State Governance: The *Family Investment Trust*, a state public-private partnership created by Executive Order, involves four state agencies and four private foundations. Its goal is to help communities build collaborative governance structures to design and implement effective cross-cutting services strategies (such as school-based integrated services, as in the Caring Communities project in St. Louis) to strengthen families and keep children -- especially young children -- safe, healthy, and successful. The state partnership is also identifying financing strategies and accountability measures.

Family Support Program: *Parents as Teachers* seeks to strengthen the foundations of later learning in all children ages birth to kindergarten through parent education, developmental screenings, and referrals to other services. The program is active in every school district in the state.

NEBRASKA

Local Planning (0-6): *Good Beginnings* is a new state initiative to support communities' efforts to develop collaborative programs and funding to improve the way health, education, and social services are delivered to children and families in order to promote child health, enhance parenting skills, improve children's readiness for school, and reduce child abuse and neglect. The state offers planning grants and technical assistance to community planning efforts; communities will identify and implement program strategies that are most useful to them, such as family resource centers, home visiting programs, and other integrated service strategies. The state undertook the initiative at the recommendation of the Governor's Commission for the Protection of Children; the First Lady is the Honorary Chair.

NEW JERSEY

Comprehensive Prekindergarten Program: The *Urban Preschool Program* provides early childhood education, health and nutritional services, extended-day child care, parent education and involvement, and social services to children ages three and four who live in urban areas and are at-risk. "At-risk" means their families have low incomes and that the children meet one or more of several criteria, such as low family academic achievement, lack of proficiency in English, having a disability, and being abused or neglected. Program funds are targeted to urban school districts with underserved preschoolers, high poverty indexes, and high numbers of children lacking basic skills by third grade.

NEW MEXICO

Local Planning (0-6): To implement the state's Children's Agenda, *Local Children and Family Councils* will develop local strategies to meet priority problems, develop and promote innovative community service approaches, coordinate fiscal strategies, and assess and monitor outcomes. The Children's Agenda is an initiative of the consolidated Department of Children, Youth and Families, which the Governor created in 1992 to develop a continuum of services for children, youth and families. These services will be delivered through new community service systems that are locally governed, integrated, and comprehensive.

Family Support Program: Comprehensive family support, parent education, and child development services are available to teen parents and their children through the Preventive Services Division of the state's Children, Youth and Families Department. The programs also have components that assure child care quality and support career development for child care providers.

NEW YORK

Comprehensive Prekindergarten Program: The state *Prekindergarten Program* for low-income four-year-old children (and a few three year olds) provides early childhood care and education; comprehensive social, health, and nutrition services; and parent involvement and support. Local programs must meet detailed quality regulations that the state monitors closely.

OREGON

Cross-system State Governance with Local Planning: *Oregon Benchmarks* are specific standards for measuring state progress and government performance developed with citizen input by a nine-member Progress Board chaired and appointed by the Governor. The Benchmarks include specific outcomes for children and families, and provide goals for state agencies that influence planning, budgeting, and compensation systems. The state *Commission on Children and Families* was created by recent legislation to set statewide policies for services to children and families, to establish outcomes for these services and incorporate them into the Benchmarks, and to coordinate all state and federal funding for these services. *Local Commissions on Children and Families* will develop comprehensive plans for delivering a continuum of preventive, integrated, and accessible services to help achieve the Benchmarks.

Early Childhood Care and Education Planning: Representatives from the state Departments of Education, Employment, and Health are working together to establish *consistent regulatory, quality, and training standards*, as well as common expectations about appropriate best practices with children, for all early childhood care and education programs in the state (including family child care homes, child care centers, summer camps, school-based child care programs, prekindergarten programs, and other programs). They receive technical assistance from the national "Forging the Link" project of the Child Care Action Campaign and the Council of Chief State School Officers. Oregon's *Head Start-State Collaboration Project* is conducting pilot projects of full-day/full-year programs using multiple funding streams to combine Head Start services with other early childhood care and education services. It has also established a Child Care/Head Start Work Group that is developing common quality standards and regulations for children ages 0-8.

Comprehensive Prekindergarten Program: The state prekindergarten program provides early childhood care and education and comprehensive services modeled on those of Head Start to low-income children ages three and four and their families.

PENNSYLVANIA

Cross-system State Governance (0-6): The *Children's Cabinet*, created by Executive Order in 1992, develops new effective ways to help children and families by inducing state and local agencies to collaborate to integrate the delivery of education, health, and human services. The Cabinet developed a blueprint for action that identifies outcomes for children and families, clusters of services (including early childhood services and supports for families with children 0-6), and local collaborative management structures of community leaders from human services, health, and the schools.

Family Support Program: *Family Resource Centers* integrate services for children and families such as parent education and support, child health and developmental screenings, and referrals to other services. The idea for the centers came from the Cabinet Council; they have been developed through community planning efforts.

RHODE ISLAND

Home Visiting: The *Family Outreach Program* provides parent education to families with infants up to six months of age who are at-risk of poor health or child abuse.

SOUTH CAROLINA

Family Support Program: The *Target 2000 Parent Education Program* provides comprehensive educational and support services for all families with children ages zero to five, including parenting education, developmental screening for children, and helping parents achieve a high school diploma or equivalent. The state recently passed the Early Childhood Academic Assistance Act, which expands Target 2000 statewide and requires school districts to develop transition plans linking various early childhood care and education programs with the schools. Through the Caring for Tomorrow's Children Program, the state also offers a coupon book for free and discounted

goods and services to encourage pregnant women and young mothers to seek prenatal and well-baby care.

TENNESSEE

Out-of-home Placement Governance: The *Children's Plan*, initiated by the Governor in 1991, makes the service delivery system for children and families more family-focused and community-based, in order to reduce the number of children in state care. Pooled funding for child and family services from five state agencies goes through one office in the state Finance and Administration Department, which allocates the funds according to strategic goals developed by representatives from the five participating departments.

VERMONT

Local Planning (0-6): Under the state's *Success by Six* initiative, schools and human service districts are developing comprehensive community visions and service plans for young children and families. The Governor has proposed block granting state and federal funds to communities. The communities would develop plans to allocate them across various education, health, and social services for children under six, in order to meet goals set by the state in coordination with the communities. Communities may currently apply to the state for flexible funds to support their service plans, the design and implementation of which are facilitated by the state-level program coordination work of the Early Childhood Work Group (see below). Local program strategies vary widely from one community to the next, from scattered reading programs for a few families to universal home visiting for all pregnant women and families with young children.

Early Childhood Care and Education Planning: The *State Early Childhood Work Group* includes staff from state agencies, early childhood advocates, services providers, and parents. It works to create a unified system of child development and family support services for all families by, for example, streamlining intake and eligibility regulations, funding approaches, and reporting requirements across different programs and departments that serve children and families. Its activities include collaborative training sessions for early education, early childhood special education, child care, Head Start, and Parent-Child Center staff, as well as efforts to integrate state child care and Head Start resources for families.

Family Support Program: *Parent-Child Centers* provide parent education and support to all families to prevent child abuse and neglect, with a focus on families with children pre-birth to age three.

VIRGINIA

Family Support Program: The *Comprehensive Health Investment Project* provides case management, developmental screenings, home visiting, health services, parent education, referrals, and other services to low-income families with children 0-6 to improve children's health and to help families move toward self-sufficiency.

WASHINGTON

Cross-system State Governance with Local Planning: The state *Family Policy Initiative* is a collaborative effort of five state agencies to improve services to at-risk children and families by adopting a common set of principles and a shared vision developed with citizen input. It encourages communities to design their own models for integrated service delivery, by offering "Readiness to Learn" grants and/or decategorized state funds to help them address pressing local issues for children and families.

Early Childhood Care and Education Planning: The *Early Childhood Services System Planning Project* brings together child care and other early childhood services through local planning in pilot communities.

Family Support Programs: The state's *Even Start* program enhances the basic literacy and parenting skills of parents of disadvantaged children enrolled in preschool through third grade. The *Pregnant and Parenting Teen Program* provides parent education to prevent pregnant and parenting teens between the ages of 12 and 21 from dropping out of school.

Comprehensive Prekindergarten Program: The *Early Childhood Education and Assistance Program* provides early childhood care and education to children from low-income families. Local programs must meet state quality requirements, and must include extensive health and parent involvement components.

WISCONSIN

Cross-system State Governance: The *Family Policy Initiative* establishes a state Family Policy Council that conducts strategic planning across five state agencies, and facilitates local strategic planning for and implementation of integrated service strategies by community networks.

Family Support Program: *Family Resource Centers* provide parent education and family support to families with children ages 0-3 in order to prevent child abuse and neglect. At least half the families served have low incomes.

STATES WITHOUT IDENTIFIED INITIATIVES

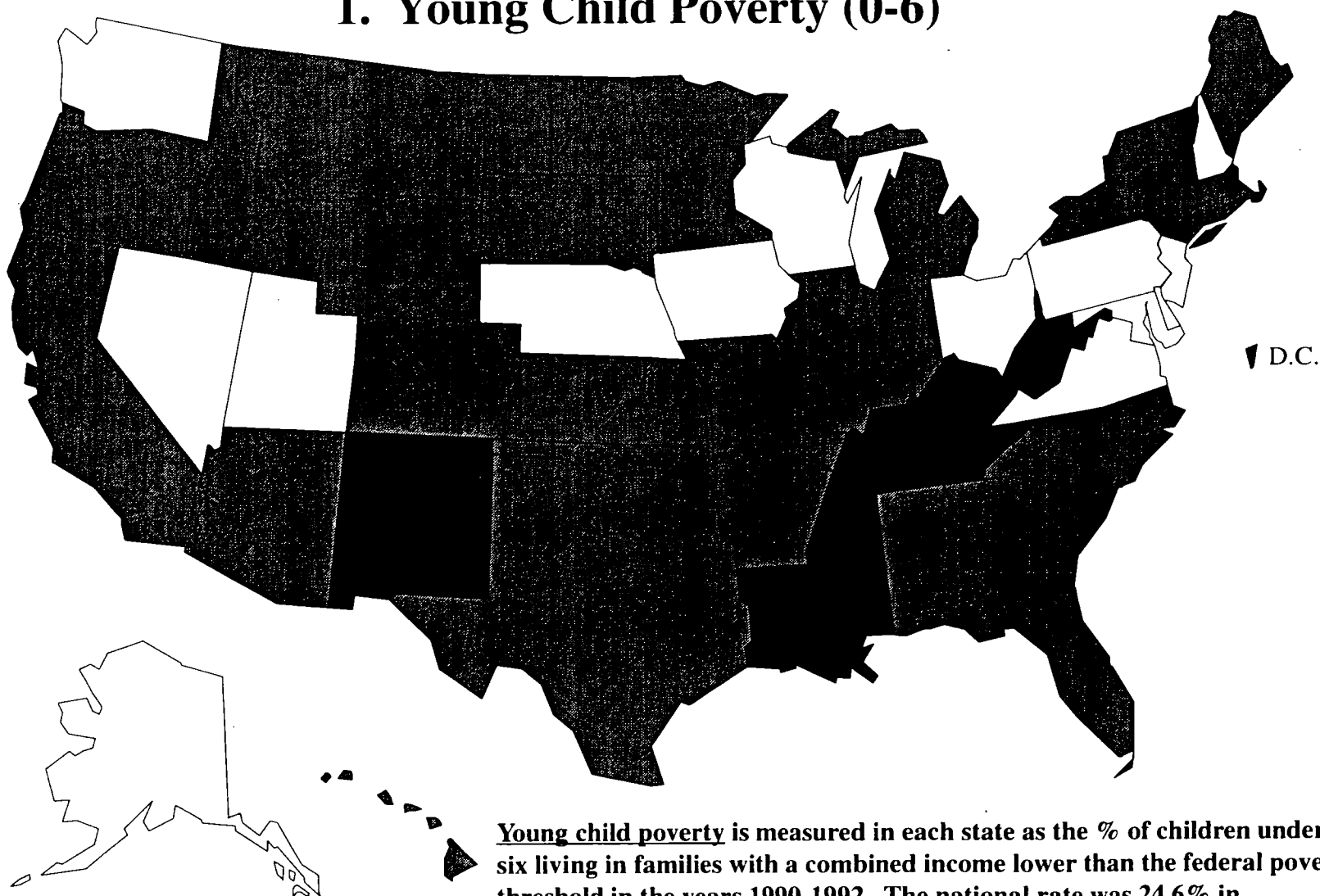
ALABAMA; ALASKA; DISTRICT OF COLUMBIA; IDAHO; LOUISIANA; MONTANA; NEVADA; NEW HAMPSHIRE; NORTH DAKOTA; OKLAHOMA; SOUTH DAKOTA; TEXAS; UTAH; WYOMING.

III. MAPS OF STATE INDICATORS

Indicators of Children's Well-Being

Indicators of Children's Well-Being

1. Young Child Poverty (0-6)



Young child poverty is measured in each state as the % of children under six living in families with a combined income lower than the federal poverty threshold in the years 1990-1992. The national rate was 24.6% in 1990-1992.

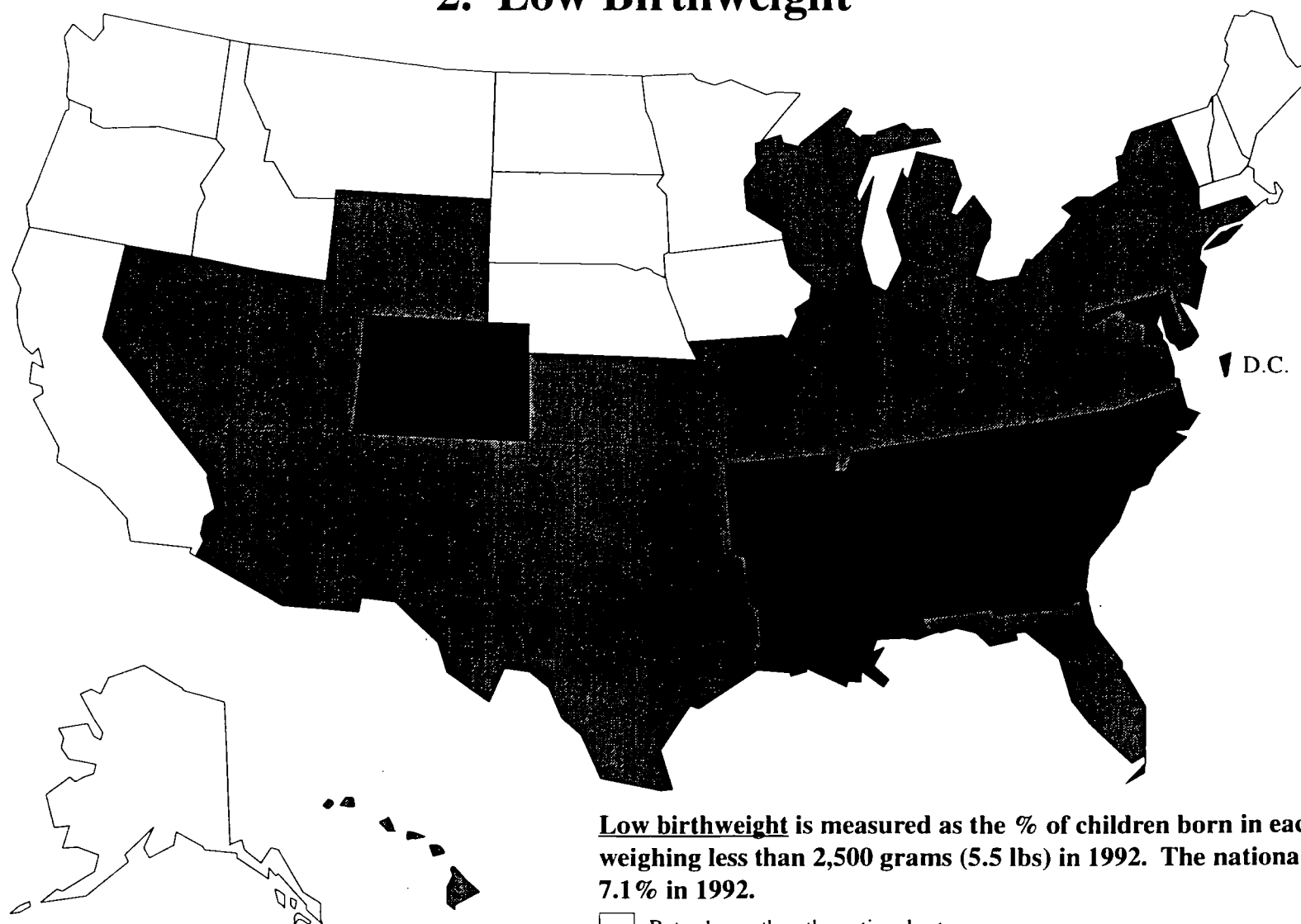
□ Rates lower than the national rate

■ Rates that are statistically indistinguishable from the national rate

▨ Rates higher than the national rate

Indicators of Children's Well-Being

2. Low Birthweight



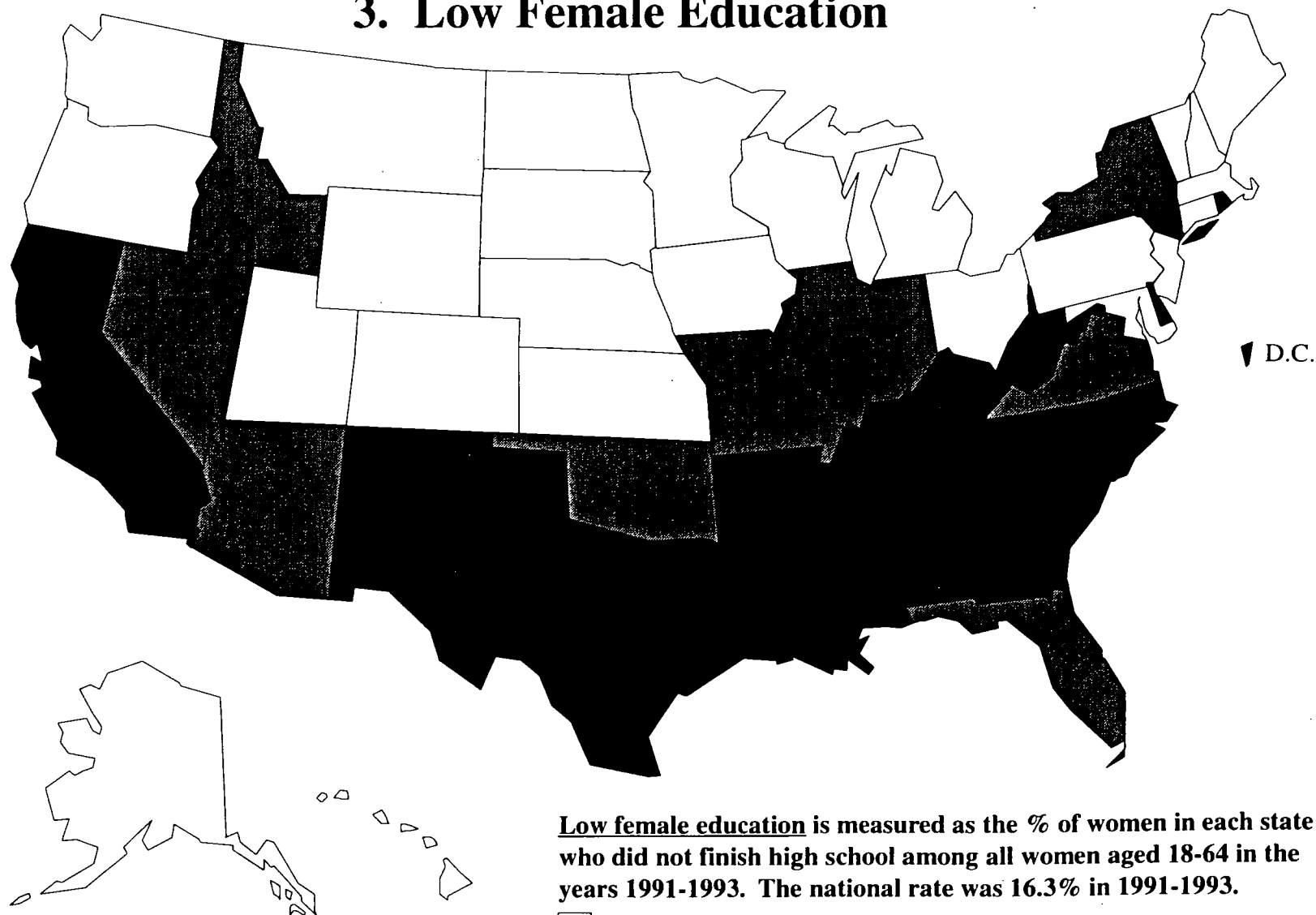
Low birthweight is measured as the % of children born in each state weighing less than 2,500 grams (5.5 lbs) in 1992. The national rate was 7.1 % in 1992.

-  Rates lower than the national rate
-  Rates similar to the national rate
-  Rates higher than the national rate

Source: S.J. Ventura et al. *Advance Report of Final Natality Statistics, 1992. Monthly Vital Statistics Report; Vol. 43, No. 5, Suppl.*, Hyattsville, Maryland: National Center for Health Statistics, 1994.

Indicators of Children's Well-Being

3. Low Female Education

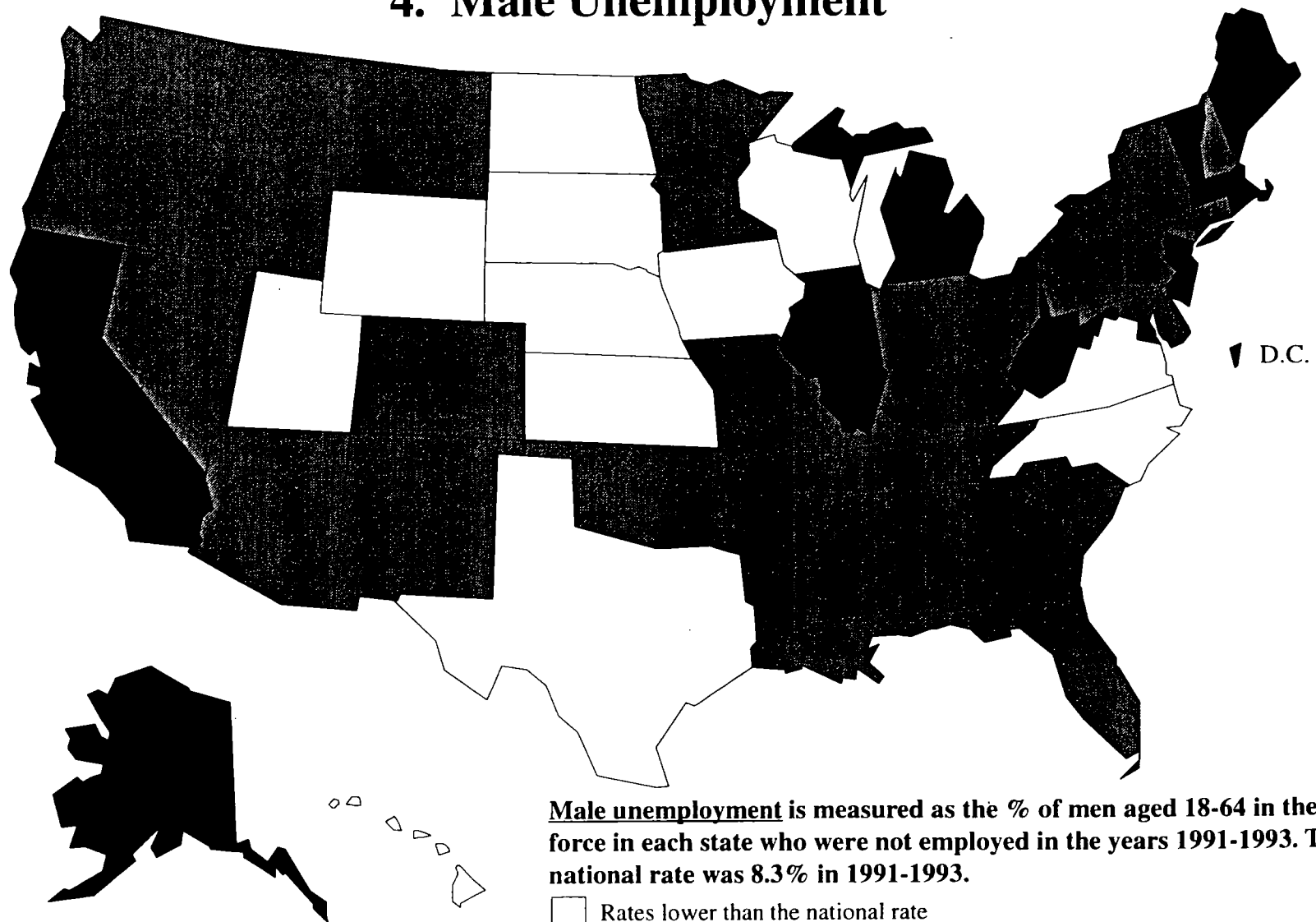


Low female education is measured as the % of women in each state who did not finish high school among all women aged 18-64 in the years 1991-1993. The national rate was 16.3% in 1991-1993.

- ☐ Rates lower than the national rate
- ☒ Rates that are statistically indistinguishable from the national rate
- ☐ Rates higher than the national rate

Source: March Supplement of Current Population Surveys, 1991-1993, U.S. Bureau of the Census.

4. Male Unemployment



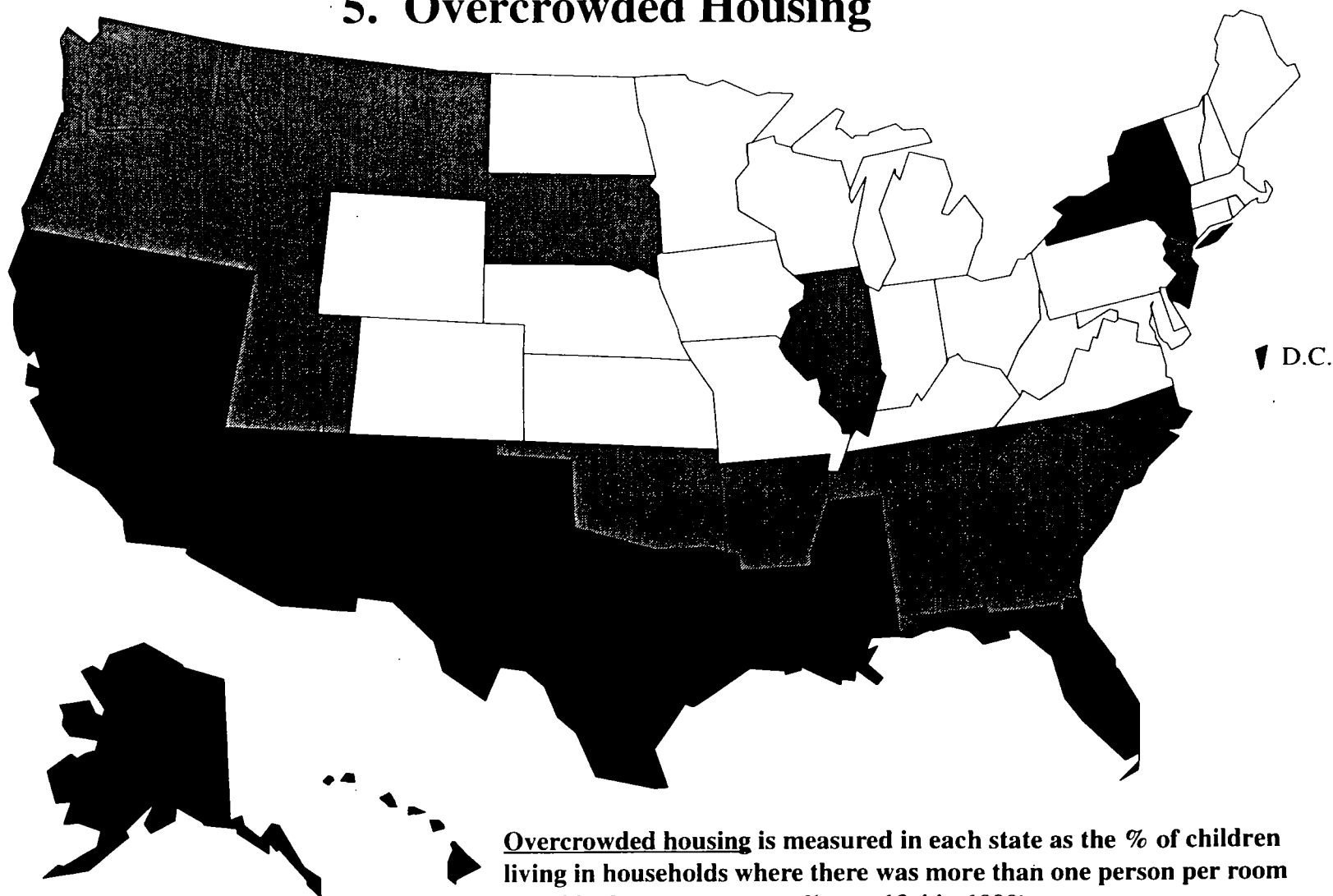
Male unemployment is measured as the % of men aged 18-64 in the labor force in each state who were not employed in the years 1991-1993. The national rate was 8.3% in 1991-1993.

-  Rates lower than the national rate
 Rates that are statistically indistinguishable from the the national rate
 Rates higher than the national rate

Source: March Supplement of Current Population Surveys, 1991-1993, U.S. Bureau of the Census.

Indicators of Children's Well-Being

5. Overcrowded Housing



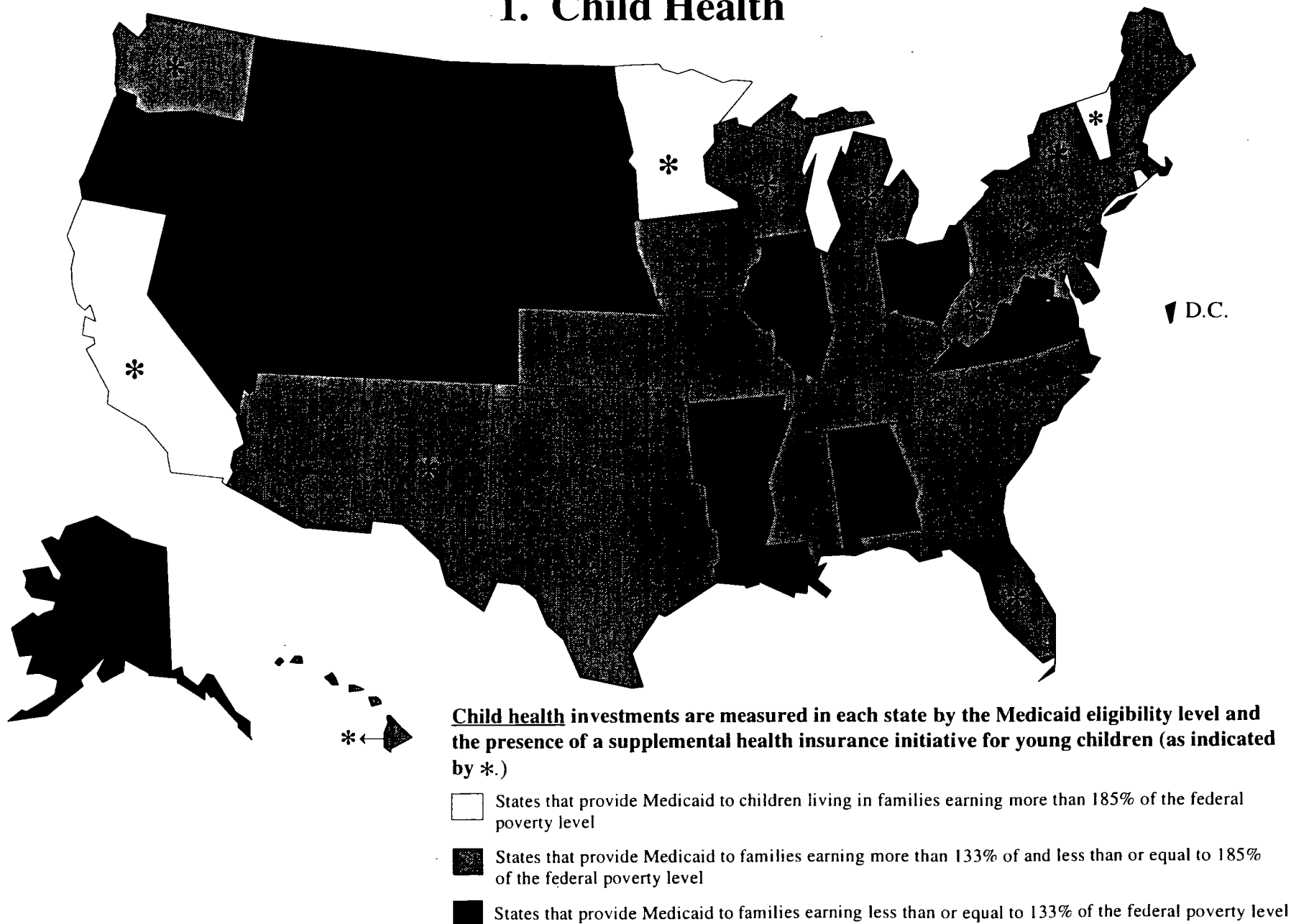
Overcrowded housing is measured in each state as the % of children living in households where there was more than one person per room in 1990 (the average state % was 13.4 in 1990).

- ☐ Rates lower than the state's average
- ☒ Rates similar to the state's average
- ☒ Rates higher than the state's average

Source: Annie E. Casey Foundation, Kids Count Data Source Book, 1994 (Kids Count used data from the Center for Urban and Economic Research at the University of Louisville, analysis of U.S. Bureau of the Census, Census of Population and Housing 1990, Five Percent Public Use Microdata Sample).

Indicators of State Investment in Young Children

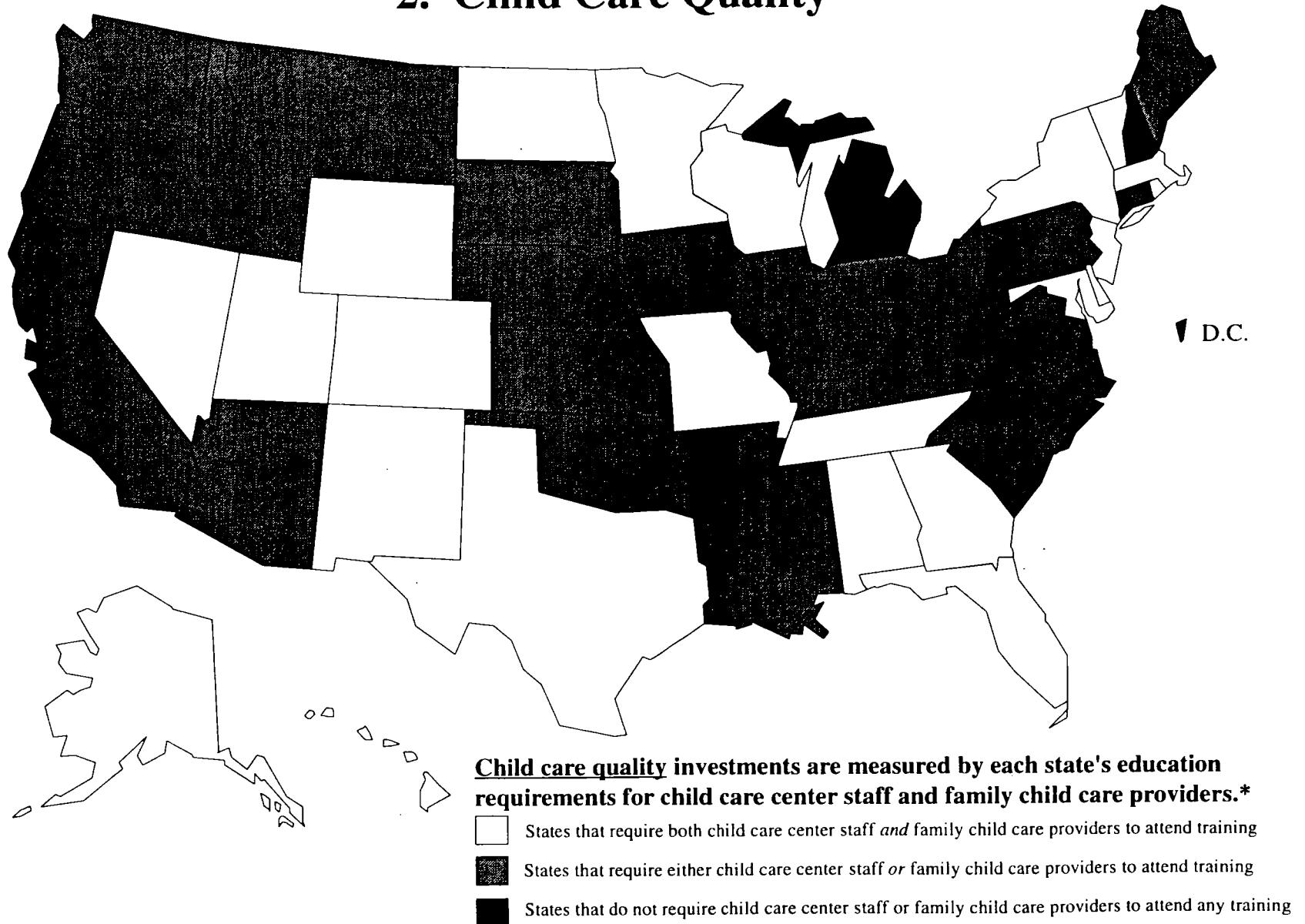
1. Child Health



Source: National Governors' Association Maternal and Child Health Updates & a telephone survey conducted by the Center on Budget and Policy Priorities in March, 1995.

Indicators of State Investment in Young Children

2. Child Care Quality



Child care quality investments are measured by each state's education requirements for child care center staff and family child care providers.*

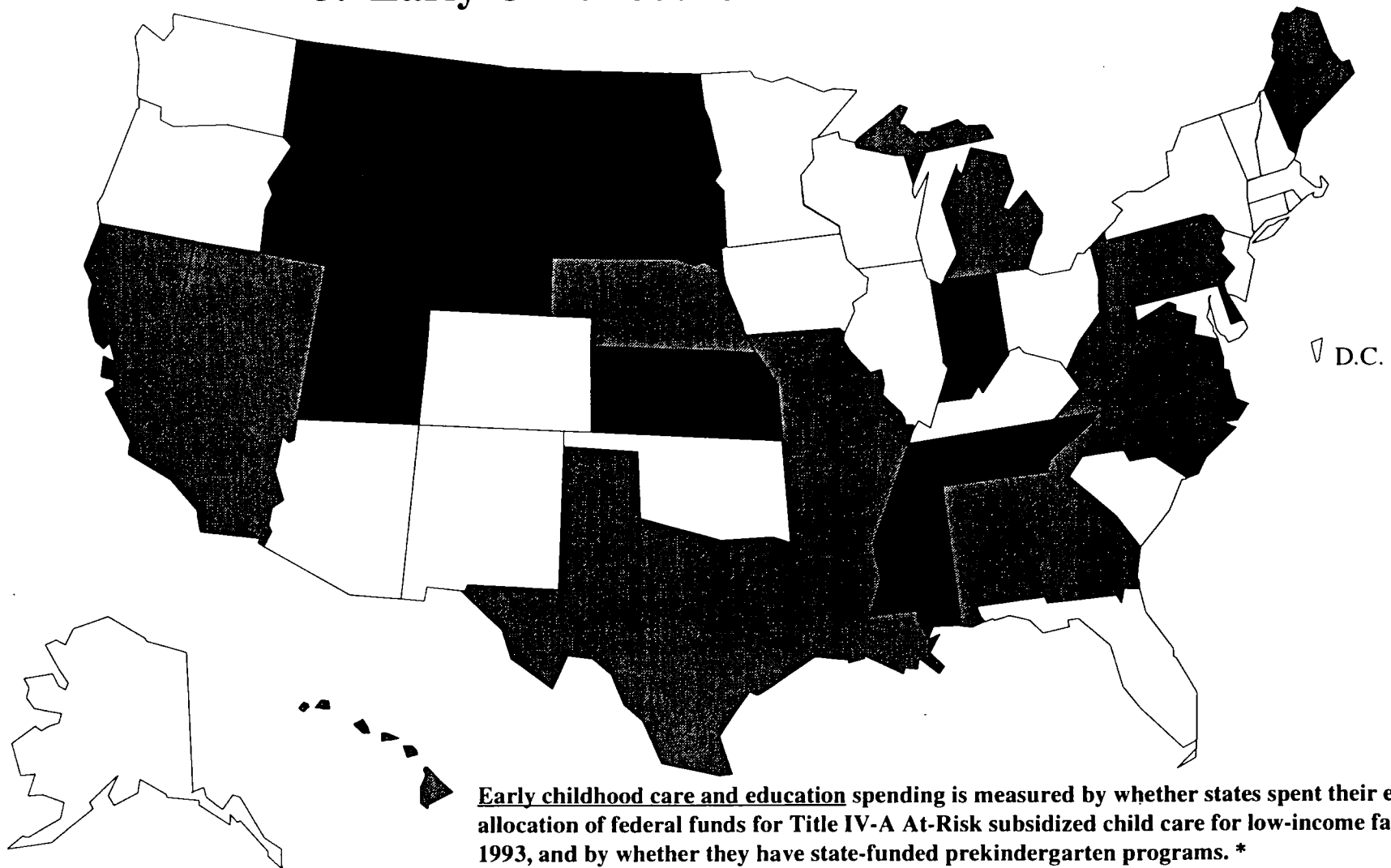
- States that require both child care center staff *and* family child care providers to attend training
- States that require either child care center staff *or* family child care providers to attend training
- States that do not require child care center staff or family child care providers to attend any training

* The amount of training that different states require of child care center staff and family child care providers varies widely, but these variations are not reflected in this map.

Source: Qualifications in Licensing: A comparison of 1991 and 1994 Data, The Center for Career Development in Early Childhood Education, University of California, Berkeley

Indicators of State Investment in Young Children

3. Early Childhood Care and Education



Early childhood care and education spending is measured by whether states spent their entire allocation of federal funds for Title IV-A At-Risk subsidized child care for low-income families in 1993, and by whether they have state-funded prekindergarten programs. *

- ☐ States that both drew down all Title IV-A At-Risk matching funds *and* have state-funded pre-k programs
- ☒ States that either drew down all Title IV-A At Risk matching funds *or* have state-funded pre-k programs
- ☐ States that failed to draw down all Title IV-A At-Risk matching funds and also have no state-funded pre-k programs

* The amount states spend on their prekindergarten programs vary widely, even when differences in population and poverty rates are examined, but these variations are not reflected in this map.

Source: Administration for Children and Families, U.S. Dept. of Health and Human Services, 1993 & G. Adams and J. Sandfort *First Steps, Promising Futures: State Prekindergarten Initiatives in the Early 1990s*. Washington, Children's Defense Fund, 1994.

IV. APPENDICES: CHARTS OF STATE INDICATORS

Indicators of Children's Well-Being: 1. Young Child Poverty (0-6), 1990-1992, by State

STATE	Poverty rate (%)	Number of children under six		Sample size	Standard error	Confidence interval (90%)	
		Poor	All			Lower	Upper
NATIONAL RATE	24.6	5,720,049	23,217,265	44695	0.6	23.7	25.6
States with poverty rates lower than the national rate							
ALASKA	17.1	10,659	62,480	804	3.4	11.5	22.6
DELAWARE	10.1	6,023	59,838	348	3.6	4.2	16.0
IOWA	18.4	43,039	262,301	540	3.9	10.0	22.8
MARYLAND	15.9	77,660	488,341	479	3.9	9.5	22.3
NEBRASKA	17.0	25,961	153,046	574	3.8	10.7	23.2
NEVADA	17.7	21,115	119,078	506	4.1	11.0	24.5
NEW HAMPSHIRE	11.2	10,389	93,062	305	4.1	4.4	17.9
NEW JERSEY	17.3	120,420	695,110	1792	2.2	13.7	20.9
OHIO	19.8	195,108	987,253	1761	2.3	16.0	23.5
PENNSYLVANIA	19.6	197,331	1,006,789	1663	2.3	15.8	23.4
UTAH	13.6	29,124	213,447	688	3.2	8.4	18.8
VIRGINIA	15.8	87,960	558,057	584	3.5	9.9	21.6
WASHINGTON	16.5	74,255	451,355	469	4.0	9.9	23.0
WISCONSIN	15.8	67,698	429,298	550	3.8	9.5	22.1
States with poverty rates similar to the national rate							
ALABAMA	27.3	106,230	389,048	518	4.8	19.5	35.1
ARIZONA	21.5	72,528	337,904	522	4.5	14.0	28.9
ARKANSAS	29.9	64,338	215,188	517	5.0	21.7	38.1
CALIFORNIA	25.6	815,687	3,187,761	5087	1.7	22.8	28.4
COLORADO	24.0	79,718	332,552	528	4.7	16.2	31.7
CONNECTICUT	20.1	65,064	323,702	421	4.7	12.3	27.9
FLORIDA	27.4	311,160	1,134,283	1917	2.5	23.3	31.5
GEORGIA	25.2	147,078	582,571	495	4.7	17.5	33.0
HAWAII	19.0	21,180	111,222	469	4.3	12.0	26.0
IDAHO	20.6	20,693	100,574	602	4.1	13.9	27.2
ILLINOIS	26.7	302,032	1,130,898	1961	2.5	22.6	30.8
INDIANA	27.2	137,305	504,632	465	5.1	18.9	35.5
KANSAS	19.2	48,619	253,842	586	3.9	12.7	25.6
MAINE	28.3	28,248	99,745	363	5.5	19.3	37.3
MASSACHUSETTS	20.4	96,534	472,468	1462	2.5	16.2	24.6
MICHIGAN	27.1	229,515	848,443	1730	2.6	22.8	31.3
MINNESOTA	26.3	99,428	378,513	444	5.1	17.9	34.6
MISSOURI	26.8	123,099	458,731	455	5.1	18.4	35.2
MONTANA	28.7	22,123	77,169	538	4.8	20.8	36.5
NEW YORK	27.3	447,658	1,640,000	3360	1.9	24.1	30.5
NORTH CAROLINA	23.9	138,154	577,891	1625	2.4	19.9	27.9
NORTH DAKOTA	19.0	9,084	47,792	450	4.5	11.7	26.4
OKLAHOMA	28.0	84,181	300,808	537	4.7	20.2	35.7
OREGON	22.8	56,697	248,371	426	5.1	14.5	31.2
RHODE ISLAND	21.6	17,657	81,723	347	5.3	12.9	30.3
SOUTH CAROLINA	29.8	92,971	311,662	571	4.6	22.3	37.4
SOUTH DAKOTA	20.2	12,747	63,039	605	3.9	13.7	26.7
TEXAS	27.6	457,332	1,659,160	2541	2.4	23.6	31.5
VERMONT	18.0	9,654	53,573	343	4.7	10.2	25.8
WYOMING	19.8	7,584	38,380	346	5.4	10.9	28.7
States with poverty rates higher than the national rate							
DISTRICT OF COLUMBIA	35.8	18,437	51,433	333	6.3	25.5	46.2
KENTUCKY	39.5	112,150	283,885	418	5.9	29.8	49.2
LOUISIANA	39.3	156,891	399,004	453	5.4	30.4	48.3
MISSISSIPPI	39.0	105,217	269,908	640	4.7	31.2	46.7
NEW MEXICO	33.1	47,655	144,005	655	4.9	25.0	41.2
TENNESSEE	35.5	135,799	382,181	463	5.5	26.4	44.6
WEST VIRGINIA	36.3	52,861	145,754	439	5.6	27.1	45.5

Source: March Supplement of Current Population Surveys, 1991-1993, U.S. Bureau of the Census.

Indicators of Children's Well-Being: 2. Low Birthweight, 1992, By State

STATES	% of Babies Born Weighing Less Than 5.5 Lbs.
National Rate	7.1
States With Rates of Low Birthweight Lower Than the National Rate	
ALASKA	4.7
CALIFORNIA	5.8
IDAHO	5.8
IOWA	5.7
MAINE	5.4
MASSACHUSETTS	5.9
MINNESOTA	5.3
MONTANA	5.6
NEBRASKA	5.6
NEW HAMPSHIRE	4.9
NORTH DAKOTA	4.8
OREGON	4.9
SOUTH DAKOTA	5.4
VERMONT	5.7
WASHINGTON	5.1
States With Rates of Low Birthweight Similar to the National Rate	
ARIZONA	6.4
CONNECTICUT	6.9
DELAWARE	7.9
FLORIDA	7.4
HAWAII	6.8
ILLINOIS	7.8
INDIANA	6.7
KANSAS	6.2
KENTUCKY	7.2
MICHIGAN	7.8
MISSOURI	7.5
NEVADA	7.2
NEW JERSEY	7.4
NEW MEXICO	7.1
NEW YORK	7.9
OHIO	7.5
OKLAHOMA	6.6
PENNSYLVANIA	7.3
RHODE ISLAND	6
TEXAS	7.1
UTAH	6
VIRGINIA	7.2
WEST VIRGINIA	6.8
WISCONSIN	6.1
WYOMING	7
States With Rates of Low Birthweight Higher Than the National Rate	
ALABAMA	
ARKANSAS	8.7
COLORADO	8.2
DISTRICT OF COLUMBIA	8.2
GEORGIA	15.4
LOUISIANA	8.6
MARYLAND	9.4
MISSISSIPPI	8.1
NORTH CAROLINA	9.7
SOUTH CAROLINA	8.4
TENNESSEE	9.2
	8.8

Indicators of Children's Well-Being: 3. Low Female Education, 1991-1993, By State

STATE	With less than high school education (%)	Number of women aged 18-64		sample size	Standard error	Confidence interval (90%)	
		Less than high school education	Total			Lower	Upper
NATIONAL RATE	16.3	12,825,518	78,666,667	146,491	0.2	16.1	16.6
States with low education rates lower than the national rate							
ALASKA	10.7	17,498	164,043	2,094	1.0	9.0	12.3
COLORADO	9.7	99,180	1,021,309	1,653	1.1	7.9	11.5
CONNECTICUT	10.8	109,490	1,031,740	1,349	1.2	8.6	12.6
HAWAII	9.9	34,920	352,908	1,333	1.1	8.1	11.7
IOWA	10.9	92,441	848,350	1,794	1.1	9.1	12.7
KANSAS	8.9	67,465	757,852	1,742	1.0	7.3	10.5
MAINE	12.2	47,982	392,086	1,424	1.2	10.3	14.1
MARYLAND	13.2	206,657	1,564,830	1,486	1.2	11.2	15.2
MASSACHUSETTS	11.9	224,389	1,892,114	5,501	0.6	10.9	12.8
MICHIGAN	14.6	420,473	2,886,967	5,916	0.6	13.5	15.6
MINNESOTA	7.2	99,513	1,391,169	1,544	0.9	5.7	8.6
MONTANA	12.3	30,145	244,760	1,748	1.1	10.5	14.2
NEBRASKA	6.8	34,244	501,715	1,861	0.8	5.5	8.2
NEW HAMPSHIRE	9.8	35,726	365,028	1,136	1.1	7.9	11.7
NEW JERSEY	13.9	342,324	2,459,305	6,244	0.6	12.9	14.9
NORTH DAKOTA	11.7	22,382	190,930	1,810	1.1	10.0	13.5
OHIO	14.3	489,495	3,432,549	6,296	0.6	13.2	15.3
OREGON	13.5	120,979	898,222	1,481	1.3	11.4	15.6
PENNSYLVANIA	13.0	491,049	3,764,983	6,127	0.6	12.1	14.0
SOUTH DAKOTA	11.2	21,915	196,096	1,804	1.0	9.5	12.9
UTAH	8.9	42,817	481,195	1,602	1.0	7.2	10.5
VERMONT	11.7	21,834	186,154	1,154	1.2	9.7	13.7
WASHINGTON	10.8	170,446	1,578,704	1,633	1.1	9.1	12.5
WISCONSIN	10.8	156,634	1,456,306	1,927	1.0	9.0	12.5
WYOMING	11.1	15,242	137,690	1,223	1.3	8.9	13.2
States with low education rates similar to the national rate							
ARIZONA	14.9	168,850	1,119,552	1,591	1.3	12.8	17.0
DISTRICT OF COLUMBIA	18.1	33,644	185,622	1,290	1.5	15.8	20.7
DELAWARE	14.4	32,442	224,686	1,267	1.3	12.3	16.6
FLORIDA	16.3	669,148	4,104,429	6,878	0.6	15.3	17.3
IDAHO	15.8	48,432	305,896	1,745	1.2	13.8	17.8
ILLINOIS	15.5	572,774	3,703,537	5,981	0.7	14.4	16.5
INDIANA	16.8	303,125	1,807,700	1,617	1.3	14.6	18.9
MISSOURI	14.6	244,454	1,671,699	1,621	1.2	12.6	16.7
NEVADA	15.2	59,476	391,162	1,671	1.3	13.1	17.3
NEW YORK	16.8	971,240	5,792,144	11,034	0.5	15.9	17.6
OKLAHOMA	16.7	164,103	981,214	1,725	1.3	14.6	18.8
RHODE ISLAND	16.7	51,934	310,316	1,204	1.4	14.4	19.1
VIRGINIA	16.4	331,184	2,013,377	2,141	1.1	14.6	18.3
States with low education rates higher than the national rate							
ALABAMA	21.7	282,245	1,300,125	1,818	1.4	19.4	24.0
ARKANSAS	18.8	134,734	716,342	1,801	1.4	16.6	21.0
CALIFORNIA	20.4	1,916,308	9,389,079	13,500	0.5	19.5	21.3
GEORGIA	20.8	437,844	2,109,244	1,620	1.3	18.5	23.0
KENTUCKY	20.8	242,275	1,162,648	1,687	1.4	18.5	23.1
LOUISIANA	20.3	270,961	1,337,288	1,471	1.4	17.9	22.6
MISSISSIPPI	21.5	169,895	790,807	1,891	1.4	19.2	23.7
NEW MEXICO	19.0	88,653	467,314	1,989	1.3	16.8	21.2
NORTH CAROLINA	18.9	403,520	2,131,275	5,798	0.7	17.8	20.1
SOUTH CAROLINA	21.6	242,605	1,124,381	1,922	1.3	19.5	23.7
TENNESSEE	21.6	345,802	1,603,977	1,835	1.3	19.4	23.7
TEXAS	20.6	1,099,657	5,342,638	7,861	0.7	19.4	21.8
WEST VIRGINIA	23.1	126,976	549,665	1,651	1.5	20.7	25.5

Source: March Supplement of Current Population Surveys, 1991-1993, U.S. Bureau of the Census.

Indicators of Children's Well-Being: 4. Male Unemployment, 1991-1993, By State

STATE	Unemployment rate (%)	Number of men aged 18-64 in labor force		sample size	Standard error	Confidence Interval (90%)	
		Unemployed	Total			Lower	Upper
NATIONAL RATE	8.3	5,389,214	64,981,951	117,080	0.1	8.1	8.5
States with unemployment rates lower than the national rate							
HAWAII	3.2	9,274	287,831	1,061	0.7	2.1	4.4
IOWA	5.9	44,993	766,084	1,575	0.8	4.5	7.3
KANSAS	4.6	30,372	660,423	1,493	0.7	3.4	5.8
NEBRASKA	2.7	10,775	403,052	1,478	0.6	1.7	3.6
NORTH CAROLINA	6.2	105,918	1,697,579	4,490	0.5	5.5	7.0
NORTH DAKOTA	6.3	9,783	155,230	1,432	0.9	4.9	7.7
SOUTH DAKOTA	4.3	7,480	175,198	1,573	0.7	3.2	5.4
TEXAS	7.2	322,955	4,504,458	6,331	0.5	6.4	8.0
UTAH	4.9	20,204	414,141	1,341	0.8	3.5	6.2
VIRGINIA	6.9	119,384	1,726,538	1,754	0.8	5.6	8.2
WISCONSIN	6.8	89,286	1,309,660	1,680	0.9	5.4	8.2
WYOMING	6.5	8,018	122,581	1,058	1.1	4.8	8.3
States with unemployment rates similar to the national rate							
ALABAMA	8.7	87,921	1,007,197	1,350	1.1	7.0	10.5
ARIZONA	7.0	62,026	881,806	1,214	1.0	5.4	8.7
ARKANSAS	7.3	43,537	593,605	1,456	1.0	5.7	8.9
COLORADO	6.9	62,984	913,323	1,437	1.0	5.3	8.5
CONNECTICUT	8.4	75,307	896,463	1,103	1.1	6.5	10.3
DISTRICT OF COLUMBIA	10.5	14,115	134,845	878	1.4	8.1	12.8
DELAWARE	7.9	15,197	191,493	1,024	1.1	6.2	9.7
FLORIDA	7.8	249,540	3,285,357	5,336	0.5	6.8	8.4
GEORGIA	8.4	135,508	1,609,447	1,182	1.0	6.7	10.1
IDAHO	7.8	20,195	260,545	1,483	1.0	6.2	9.3
INDIANA	6.9	98,754	1,429,965	1,289	1.0	5.3	8.5
KENTUCKY	7.2	63,727	890,671	1,245	1.0	5.5	8.8
LOUISIANA	6.9	68,209	985,260	1,052	1.0	5.2	8.6
MARYLAND	7.5	100,203	1,333,675	1,188	1.0	5.9	9.2
MINNESOTA	7.3	88,495	1,210,292	1,310	1.0	5.7	8.9
MISSISSIPPI	6.9	42,161	607,148	1,382	0.9	5.4	8.5
MISSOURI	7.5	99,653	1,337,555	1,263	1.0	5.8	9.1
MONTANA	9.2	18,780	203,415	1,428	1.1	7.5	11.0
NEVADA	7.1	24,552	347,035	1,445	0.9	5.6	8.6
NEW HAMPSHIRE	10.0	33,331	333,100	1,009	1.2	8.1	12.0
NEW MEXICO	8.5	31,708	372,171	1,551	1.0	6.8	10.2
NEW YORK	8.5	370,594	4,341,667	7,859	0.4	7.8	9.2
OHIO	8.3	234,539	2,815,636	5,007	0.5	7.5	9.2
OKLAHOMA	7.0	54,980	788,418	1,372	1.0	5.4	8.5
OREGON	8.1	63,457	785,184	1,263	1.1	6.3	9.8
PENNSYLVANIA	8.9	269,856	3,027,382	4,777	0.6	8.0	9.8
SOUTH CAROLINA	8.7	79,834	916,999	1,495	0.9	7.2	10.2
TENNESSEE	8.0	96,867	1,204,521	1,353	1.0	6.4	9.7
WASHINGTON	9.7	127,159	1,313,864	1,318	1.1	7.9	11.4
States with unemployment rates higher than the national rate							
ALASKA	10.1	13,643	134,828	1,640	1.1	8.4	11.8
CALIFORNIA	9.5	773,441	8,154,751	11,415	0.4	8.8	10.2
ILLINOIS	9.3	288,557	3,118,054	4,913	0.6	8.3	10.2
MAINE	11.3	37,185	328,189	1,157	1.2	9.4	13.3
MASSACHUSETTS	11.4	182,290	1,605,550	4,464	0.6	10.3	12.4
MICHIGAN	10.7	259,072	2,419,917	4,793	0.6	9.7	11.7
NEW JERSEY	9.3	198,762	2,132,373	5,204	0.5	8.4	10.2
RHODE ISLAND	10.9	28,710	264,381	993	1.3	8.8	13.0
VERMONT	10.4	16,137	155,120	921	1.2	8.4	12.4
WEST VIRGINIA	14.0	59,786	427,977	1,245	1.4	11.7	16.2

Source: March Supplement of Current Population Surveys, 1991-1993, U.S. Bureau of the Census.

**Indicators of Children's Well-Being:
5. Overcrowded Housing, 1990, by State**

STATES	% of Children Living in Households With More Than One Person Per Room
State Average	13.4
States With Rates of Overcrowding Lower Than the State Average	
COLORADO	9.1
CONNECTICUT	9.1
DELAWARE	8.1
INDIANA	8.8
IOWA	5.8
KANSAS	9
KENTUCKY	9.5
MAINE	5.9
MARYLAND	9.1
MASSACHUSETTS	8.3
MICHIGAN	9.3
MINNESOTA	7.1
MISSOURI	9.2
NEBRASKA	6
NEW HAMPSHIRE	6.2
NORTH DAKOTA	7.4
OHIO	6.8
PENNSYLVANIA	7.2
RHODE ISLAND	9.4
VERMONT	5.5
VIRGINIA	9
WEST VIRGINIA	7.6
WISCONSIN	8.2
WYOMING	8.4
States With Rates of Overcrowding Similar to the State Average	
ALABAMA	13.4
ARKANSAS	16.1
GEORGIA	13.7
IDAHO	12.7
ILLINOIS	13.8
MONTANA	10.2
NEW JERSEY	12.2
NORTH CAROLINA	11.1
OKLAHOMA	15.6
OREGON	11.9
SOUTH CAROLINA	14.9
SOUTH DAKOTA	11.6
TENNESSEE	10.8
UTAH	13.8
WASHINGTON	12.4
States With Rates of Overcrowding Higher than the State Average	
ALASKA	19.9
ARIZONA	25.3
CALIFORNIA	34.5
DISTRICT OF COLUMBIA	31.1
FLORIDA	19.8
HAWAII	37.2
LOUISIANA	19.6
MISSISSIPPI	20.9
NEVADA	20.3
NEW MEXICO	24
NEW YORK	19.4
TEXAS	24.8

Indicators of State Investment In Young Children: 1. Child Health, 1995, By State

STATES	Medicaid Eligibility Levels for Children
	Under Six
States That Provide Medicaid to Children Living in Families Earning More Than 185% of the Federal Poverty Level	
CALIFORNIA	250% *
MINNESOTA	275% *
RHODE ISLAND	250%
VERMONT	200%, 225% *
States That Provide Medicaid to Children Living in Families Earning more than 133% and less than or equal to 185% of the Federal Poverty level	
ARIZONA	140%
CONNECTICUT	185% *
DELAWARE	185%
DISTRICT OF COLUMBIA	185%
FLORIDA	185% *
GEORGIA	185%
HAWAII	185% *
INDIANA	150%
IOWA	185%
KANSAS	150%
KENTUCKY	185%
MAINE	185%
MARYLAND	185% *
MASSACHUSETTS	185% *
MICHIGAN	185% *
MISSISSIPPI	185%
MISSOURI	185%
NEW HAMPSHIRE	185% *
NEW JERSEY	185% *
NEW MEXICO	185% *
NEW YORK	185% *
NORTH CAROLINA	185%
OKLAHOMA	150%
PENNSYLVANIA	185% *
SOUTH CAROLINA	185%
TENNESSEE	185% *
TEXAS	185%
WASHINGTON	185% *
WEST VIRGINIA	150% *
WISCONSIN	155% *
States That Provide Medicaid to Children Living in Families Earning Less Than or Equal to 133% of the Federal Poverty Level	
ALABAMA	133%
ALASKA	133%
ARKANSAS	133%
COLORADO	133% *
IDAHO	133%
ILLINOIS	133%
LOUISIANA	133%
MONTANA	133%
NEBRASKA	133%
NEVADA	133%
NORTH DAKOTA	133%
OHIO	133%
OREGON	133%
SOUTH DAKOTA	133%
UTAH	133%
VIRGINIA	133%
WYOMING	133%

* States that offer supplemental health insurance for young children.

Indicators of State Investment in Young Children: 2. Child Care Quality, 1994, By State

STATE CHILD CARE TRAINING REQUIREMENTS

STATE	Child Care Center Staff	Family Providers
States That Require Both Child Care Center Staff and Family Child Care Providers To Attend Training		
ALABAMA	no pre-service, 4 hours annual	no preservice, 2 hrs. annual
ALASKA	no pre-service, 12 hours annual	5 hrs. training + F pre-service, 5 hrs. annual
COLORADO	combo. of educ. + exper. pre-service, U annual	6 hrs. training pre-service, no annual
DELAWARE	.S. vocat'l diploma + 6 mo. exper. pre-service, 15 hrs. annual	6 hrs. training pre-service, no annual
FLORIDA	20 hrs. of training pre-service, 8 hours annual	3 hrs. training pre-service, no annual
GEORGIA	no pre-service, 10 hours annual	no pre-service, 10 hrs. annual
HAWAII	BA + 12 ECE cred. + 6 mo. exper. pre-service, no annual	no pre-service, G
MARYLAND	90 classroom hrs. + 1 yr. exper. pre-service, 3 hrs. annual	no pre-service, 3 hrs. annual
MASSACHUSETTS	2-yr. H.S. ECE vocat'l program pre-service, 20 hrs. annual	no pre-service, 5 hrs. annual
MINNESOTA	ECE credits + 4160 hrs. exper. pre-service, 36.4 hrs. annual	no pre-service, 6 hrs. annual
MISSOURI	no pre-service, 12 hours annual	no pre-service, 12 hrs. annual
NEVADA	no pre-service, 3 hours annual	no pre-service, 3 hrs. annual
NEW JERSEY	college credits, 6 in ECE + 1 yr. exper. pre-service, U annual	not regulated by state
NEW MEXICO	no pre-service, 24 hours annual	no pre-service, 6 hrs. annual
NEW YORK	no pre-service, U annual	no pre-service, 15 hrs. annual
NORTH DAKOTA	no pre-service, 10 hours annual	no pre-service, 5 hrs. annual
RHODE ISLAND	CDA + 15 ECE credits + 3 mo. exper. pre-service, 20 hrs. ann	no pre-service, 5 hrs. annual
TENNESSEE	no pre-service, 6 hours annual	no pre-service, 2 hrs. annual
TEXAS	no pre-service, 15 hours annual	no pre-service, 20 hrs. annual
UTAH	no pre-service, 20 hours annual	no pre-service, 12 hrs. annual
VERMONT	1 ECE course + 1 yr. exper. pre-service, 6 hours annual	no pre-service, 6 hrs. annual
WISCONSIN	80 hrs. training + 80 days exper. pre-service, 39 hrs. annual	40 hrs. training pre-service, 15 hrs. annual
WYOMING	no pre-service, 8 hours annual	no pre-service, 8 hrs. annual
States That Require Either Child Care Center Staff or Family Child Care Providers To Attend Training		
ARIZONA	no pre-service, 12 hours annual	not regulated by state
ARKANSAS	no pre-service, 10 hours annual	not regulated by state
CALIFORNIA	12 ECE hrs. + 6 mo. exper. pre-service, no annual	no pre-service, no annual
CONNECTICUT	no pre-service, 18.2 hours annual	no pre-service, no annual
DISTRICT OF COLUMBIA	9 ECE credits + 3 yrs. exper. pre-service, no annual	no pre-service, no annual
IDAHO	no pre-service, 4 hours annual	not regulated by state
ILLINOIS	1 yr. college + 6 ECE hrs. + 1 yr. exper. pre-service, 15 hrs. a	no pre-service, no annual
INDIANA	no pre-service, 12 hours annual	not regulated by state
IOWA	no pre-service, 6 hours annual	not regulated by state
KANSAS	12 hrs. ch. dev./related + 6 mo. exper. pre-service, 10 hrs. ann	no pre-service, no annual
KENTUCKY	no pre-service, 12 hours annual	not regulated by state
LOUISIANA	no pre-service, 12 hours annual	not regulated by state
MAINE	no pre-service, 24 hours annual	not regulated by state
MISSISSIPPI	no pre-service, 15 hours annual	not regulated by state
MONTANA	no pre-service, 8 hours annual	no pre-service, no annual
NEBRASKA	no pre-service, 12 hours annual	no pre-service, no annual
NORTH CAROLINA	no pre-service, 20 hours annual	no pre-service, no annual
OHIO	no pre-service, 15 hours annual	not regulated by state
OKLAHOMA	no pre-service, 6 hours annual	no pre-service, no annual
OREGON	no pre-service, 15 hours annual	not regulated by state
PENNSYLVANIA	no pre-service, 6 hours annual	no pre-service, no annual
SOUTH CAROLINA	no pre-service, 10 hours annual	no pre-service, no annual
SOUTH DAKOTA	no pre-service, 20 hours annual	not regulated by state
VIRGINIA	no pre-service, 8 hours annual	not regulated by state
WASHINGTON	no pre-service, U annual	no pre-service, no annual except F
WEST VIRGINIA	no pre-service, U annual	no pre-service, no annual
States That Do Not Require Child Care Center Staff or Family Child Care Providers To Attend Any Training		
MICHIGAN	no pre-service, no annual	no pre-service, no annual except F
NEW HAMPSHIRE	no pre-service, no annual	no pre-service, no annual

Notes: U = Unspecified # of hours; F = First Aid and CPR; G = Growth in 12 topic areas

Indicators of State Investment in Young Children: 3. Early Childhood Care and Education, 1991-2,1993, By State

PRE-K SPENDING (1991-1992)

SPENDING ON TITLE IV-A AT-RISK CHILD CARE (FY 1993)

STATE		Expenditure as % of Allocation	Total Allocation	State Expenditures	Notes
States That Both Draw Down All Title IV-A At-Risk Matching Funds and Have State-Funded Pre-K Programs					
ALASKA	\$5,592,200	94%	\$847,233	\$798,432	"Total allocations" are all federal monies available to a state to spend, including any funds carried over from the previous year.
ARIZONA	\$2,000,000	100%	\$4,623,799	\$4,623,799	
COLORADO	\$8,900,000	99%	\$4,320,051	\$4,279,147	
CONNECTICUT	\$400,000	100%	\$3,485,244	\$3,485,244	Total allocations may differ from state expenditures if states did not spend all monies allocated to them.
DISTRICT OF COLUMBIA	\$13,040,091	103%	\$647,894	\$666,192	
FLORIDA	\$78,064,540	100%	\$13,632,228	\$13,632,228	
ILLINOIS	\$72,000,000	104%	\$16,006,882	\$16,573,505	Pre-K spending figures are from <i>First Steps, Promising Futures</i> , Gina Adams and Jodi Sandfort, Children's Defense Fund, 1994.
IOWA	\$4,958,315	100%	\$3,225,815	\$3,226,248	
KENTUCKY	\$30,595,270	100%	\$4,551,079	\$4,551,002	
MARYLAND	\$8,948,914	100%	\$5,539,284	\$5,539,284	Title IV-A At-Risk Child Care figures are from the Administration for Children and Families, U.S. Dept. of Health and Human Services, 1993.
MASSACHUSETTS	\$13,500,000	100%	\$6,287,443	\$6,287,443	
MINNESOTA	\$6,500,000	100%	\$5,426,536	\$5,426,536	
NEW HAMPSHIRE	\$201,000	100%	\$1,290,444	\$1,290,445	* In 1993, Georgia initiated its first statewide prekindergarten program. It spent \$80 million on the program in FY1995, and expects to spend \$140 million in FY1996 to make it universally available to four-year-olds.
NEW JERSEY	\$133,000,000	168%	\$8,299,429	\$13,956,552	
NEW MEXICO	\$145,106	102%	\$2,580,343	\$2,634,645	
NEW YORK	\$52,170,000	100%	\$19,699,196	\$19,699,196	
OHIO	\$33,264,795	134%	\$12,598,496	\$16,901,185	
OKLAHOMA	\$2,132,120	100%	\$3,762,289	\$3,762,289	
OREGON	\$8,200,000	100%	\$3,353,505	\$3,353,505	
RHODE ISLAND	\$2,158,558	100%	\$1,046,000	\$1,046,000	
UTH CAROLINA	\$15,163,447	100%	\$4,174,411	\$4,174,411	
VERMONT	\$1,414,000	133%	\$658,187	\$877,419	
WASHINGTON	\$19,430,783	100%	\$5,997,425	\$6,003,552	
WISCONSIN	\$2,250,000	100%	\$5,891,993	\$5,891,993	
States That Either Draw Down All Title IV-A At-Risk Matching Funds or Have State-Funded Pre-K Programs					
ALABAMA	no program	100%	\$4,691,783	\$4,691,783	
ARKANSAS	\$5,000,000	35%	\$5,157,938	\$1,820,416	
CALIFORNIA	\$83,335,000	56%	\$37,895,518	\$21,177,448	
DELAWARE	\$0	100%	\$770,155	\$770,001	
GEORGIA	*	62%	\$7,985,700	\$4,954,659	
HAWAII	\$529,700	81%	\$1,786,635	\$1,085,665	
LOUISIANA	\$3,501,500	0%	\$11,423,408	\$0	
MAINE	\$2,557,393	71%	\$2,516,715	\$1,791,291	
MICHIGAN	\$32,917,700	34%	\$22,139,520	\$7,449,338	
MISSOURI	no program	100%	\$6,021,795	\$6,021,795	
NEBRASKA	no program	100%	\$1,957,640	\$1,957,640	
ADA	no program	99%	\$1,898,492	\$1,871,183	
NORTH CAROLINA	no program	100%	\$9,681,297	\$9,681,297	
PENNSYLVANIA	no program	100%	\$12,681,287	\$12,681,287	
TEXAS	\$144,000,000	84%	\$30,058,603	\$25,256,656	
VIRGINIA	no program	97%	\$6,963,039	\$6,785,125	
WEST VIRGINIA	\$1,035,006	53%	\$3,839,123	\$2,038,313	
States That Failed to Draw Down All Title IV-A At-Risk Matching Funds and Also Have No State-Funded Pre-K Programs					
IDAHO	no program	53%	\$2,524,452	\$1,347,574	
INDIANA	no program	24%	\$12,690,447	\$3,015,853	
KANSAS	no program	29%	\$3,051,511	\$888,148	
MISSOURI	no program	0%	\$6,750,042	\$0	
MONTANA	no program	10%	\$1,993,872	\$202,295	
NORTH DAKOTA	no program	59%	\$1,615,894	\$956,387	
SOUTH DAKOTA	no program	22%	\$1,642,086	\$368,824	
TENNESSEE	no program	0%	\$11,022,204	\$44,269	
UTAH	no program	66%	\$5,209,242	\$3,450,656	
WYOMING	no program	60%	\$798,280	\$475,627	

Source: Admin. for Children and Families, U.S. Dept. of HHS, 1993; G. Adams and J. Sandfort, *First Steps, Promising Futures*, Children's Defense Fund, 1994.