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Office of Early Learning

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Prepared for the Early Childhood Advisory Council

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Minnesota Statutes Section § 3.197 requires the following:

The 2010 Legislature mandated the creation of a Task Force that would make recommendations on the creation of an Office of Early Learning.

The contractors facilitated Task Force discussions, conducted public comment meetings, gathered information, and prepared a report.

The following is an estimate of the cost incurred by the Departments of Education, Human Services and Health in preparation of this report:

Participation in task force meetings:	\$3,838
Participation in public comment meetings:	1,587
Report preparation:	<u>1,624</u>
TOTAL	\$7,049

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This report was prepared for the Early Childhood Advisory Council by the University of Minnesota's Children, Youth and Family Consortium in partnership with the National Conference of State Legislatures under a contract with the Minnesota Department of Education. The report was written and submitted by Karen Cadigan, Nara Topp, and Steffanie Clothier.

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Executive Summary

THE CHARGE: A Task Force of 19 members was charged by the Legislature to make recommendations on how to coordinate or co-locate early childhood programs in one Office of Early Learning (OEL) in order to reach the goal of all children ready for school by 2020.

THE PROCESS: This decision-making process began in the Early Childhood Advisory Council's (ECAC) Access and Finance Committee and continued into the current Task Force, which engaged citizens from throughout the state in a discussion about the Office of Early Learning. The Task Force recommendations are based on discussions with staff from three state agencies, community members, legislators, and public comment from over 600 Minnesota parents and early childhood professionals. Along the way there was tremendous, though not unanimous, agreement that a single entity at the cabinet level needs to have full authority over the current early learning programs and to be accountable for those programs, funding streams, and intended outcomes.

THE RECOMMENDATION: The Task Force and the Early Childhood Advisory Council recommends that Minnesota establish a free-standing Office of Early Learning headed by a cabinet level position with authority and responsibility for policy, fiscal, and rule making within the scope of programs currently housed in the Minnesota Department of Education, the Minnesota Department of Human Services and the Minnesota Department of Health as selected by the Task Force with direction from legislation.

With the incoming gubernatorial administration and new legislative leadership, the Task Force recommends that the Office be considered in stages. Proposed steps to accomplish this are included in the report.

Background

Historical and National Context

Policymakers are increasingly focusing on ways to support the healthy development of young children as they have deepened their understanding of the impact of early childhood care and education as an opportunity to strengthen individuals, families, communities, and economies.¹

The following changes have contributed to this understanding:

Changes in our scientific understanding: Research in neurobiological, behavioral, and educational sciences has led to a greater appreciation of: (1) the role of early life experiences on the development of the brain, and on subsequent skills and behaviors; (2) the central role of early relationships as the active ingredient in mediating the gene-environment interplay; (3) the tremendous competence of children in the earliest years of life; and, (4) the ability to change the odds for positive developmental outcomes through planned early interventions.²

Changes in the family economy: Families in the U.S. require more income now compared to 40 years ago in order to be part of the middle class. As a result, most families have two workers.³ The number of mothers in the work force has more than doubled in 40 years and is now around 70 percent.⁴ One caregiver staying home is not the reality for most families.

Changes in the global economy: The United States is in a global competition. For example, if China and India successfully train less than 10 percent of their population, their skilled work force would be nearly equal to the entire U.S. work force.⁵ Prominent business organizations have noted that the benefits of educating our work force begin during the early childhood years.⁶

¹ Lombardi, J. (2003). *Time to care: Redesigning child care to promote education, support families, and build communities*. Philadelphia, PA: Temple University Press.

² National Research Council and Institute of Medicine (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.

³ Stoney, L. (2008). Why should we have an early childhood system? How might it look? *FIS Briefing Report: Options for a Responsive and Accountable Early Childhood System in Minnesota*, 10-13. Children, Youth, and Family Consortium, University of Minnesota: Minneapolis, MN.

⁴ Folbre, N. (2008). *Valuing children: Rethinking the economics of the family*. Boston: Harvard University Press.

⁵ U.S. Chamber of Commerce

⁶ The Business Roundtable. (2009). *Why American needs high quality early care and education*. p. 1. Available at <http://www.businessroundtable.org/initiatives/education/prek-12>.

Changes in demographics: The U.S. population is increasing, getting older, and more diverse.⁷ At the same time, the younger age groups are increasing in racial diversity, such that by the year 2042, those who self-identify as White will be in the minority.⁸ Some minority groups – Blacks, Hispanics, and Native Americans especially – have lower educational and economic attainment than Whites. Early childhood education is one effective way to prevent those gaps and is a recommended strategy by the U.S. Department of Education, the National Association for the Advancement of Colored People and the National Center for Children in Poverty, among others.

Changes in public revenue and spending: After decades of growing public expenditures, the U.S. and many other countries are trending toward smaller government, with slowing or decreased public expenditures.⁹ Spending on quality early childhood services has been touted as *the* best investment a government can make and continues to gain attention as a method to save long term on public costs associated with crime, special education, health care, and welfare.^{10,11}

State-Level Roles and Responses

Since states have primary responsibility for education, many experts have suggested that states need to take the lead in developing and funding a coherent early childhood education system from the patchwork of programs and services that exist today.¹²

In addition to the states that are increasing funding to particular programs, states are also attending to infrastructure issues of governance, standards, data, accountability and alignment. For some time, states have used coordinating strategies such as children’s cabinets and management approaches including public-private partnerships. Some states are now creating new governance structures designed to reduce the fragmentation and improve services for young children and their families including changes in accountability and authority.

⁷ Congressional Research Service (2006). *The changing demographic profile of the United States*. Available at <http://www.fas.org/sgp/crs/misc/RL32701.pdf>

⁸ U.S. Census Bureau (2009). *United States population projections: 2020 – 2050*. Available at <http://www.census.gov/population/www/projections/analytical-document09.pdf>

⁹ E.g., Tanzi, V. & Schuknecht, L. (2000). *Public spending in the 20th century*. Cambridge: Cambridge University Press.

¹⁰ Rolnick, A. and Grunewald, R. (2003). *Early Childhood Development: Economic Development with a High Public Return*. Minneapolis, MN: Federal Reserve Bank of Minneapolis.

¹¹ Reynolds, A.J., Temple, J.A., Robertson, D.L., & Mann, E.A. (2002). Age 21 cost benefit analysis of the Title I Chicago Child-Parent Centers, *Educational Evaluation and Policy Analysis*, 24, (4); Yoshikawa, H. (1995). Long-term effects of early childhood programs on social outcomes and delinquency. *The Future of Children*, 5, (3), 51-75; Lally, J.R. Mangione, P.L., & Honig A.S. (1988). The Syracuse University Family Development Research Project: Long-range impact of an early intervention with low-income children and their families. In *Parent Education as Early Childhood Intervention: Emerging Directions in Theory, Research and Practice*. D.R. Powell, Ed. Norwood, NJ: Ablex.

¹² The Business Roundtable. (2009). *Why American needs high quality early care and education*. p. 1. Available at <http://www.businessroundtable.org/initiatives/education/prek-12>.

Across the country, states have built their early childhood governance structures and systems around their own unique history, politics, and assets. There is no “one size fits all” model for integrating both programs and infrastructure.

Recent federal efforts have also contributed to the focus on improved systems and high-quality programming including the Bush administration’s Good Start Grow Smart initiative, the Early Childhood Comprehensive Systems Grants, the Head Start Reauthorization Act requiring early childhood advisory councils, State Longitudinal Data Systems grants, and the new Maternal and Child Health Home Visiting program. These efforts suggest a federal focus on quality, evidence-based programming, and improved child outcomes.

Minnesota’s Context

The market: How many children make up the potential market for early care and education? Recent estimates by the U.S. Census Bureau indicate there are about 420,000 children under the age of six in Minnesota, growing to 480,000 by 2020.¹³ Children traditionally considered “at risk,” those living in low-income (175 percent of poverty) families, are projected to be around 25 percent of this population, or about 120,000 children under the age of six.¹⁴ That population of children is larger than the city of Rochester. Early care and education is not a small industry. For example, licensed child care in Minnesota is nearly a billion-dollar industry, supporting more than 28,000 full-time equivalent jobs, more jobs than in elementary school teaching.¹⁵

The money: How much money is spent on early childhood care and education? In 2005, the Itasca Project and Governor Pawlenty’s office commissioned a study of this question and found that \$1.5 billion is spent on early childhood care and education each year, and the great majority of this - \$1.2 billion - comes from parents’ pockets.¹⁶ The report explains that public child care funds have the primary aim of providing child supervision while parents work and are managed by the Department of Human Services, while early education dollars aim to get children ready for kindergarten and are administered by the Minnesota Department of Education.¹⁷ Additional programs provide support for families and early childhood development and are housed in state departments of education, human services and health.

Current structure: Both federal and state law charges Minnesota’s Early Childhood Advisory Council with coordination responsibilities. The Department of Human Services administers child

¹³ Ruggles, S., Sobek, M., Alexander, T., Fitch, C.A., Goeken, R., Hall, P.K., King, M., & Ronnander, C. (2004). *Integrated Public Use Microdata Series: Version 3.0* [Machine-readable database]. Minneapolis, MN: Minnesota Population Center. <http://usa.ipums.org/usa/>

¹⁴ Harrison, M. & Cadigan, K (2008). *Minnesota early childhood populations*. FIS Briefing Report: Options for a Responsive and Accountable Early Childhood System in Minnesota, 5 - 7. Children, Youth, and Family Consortium, University of Minnesota: Minneapolis, MN.

¹⁵ Minnesota School Readiness Business Advisory Council (2004). *Ready for school? Policy task force report*.

¹⁶ Itasca Project (2005). *The Economics of Early Childhood Care and Education in Minnesota: Report of the Itasca Project Task Force on Early Childhood Development*. Minneapolis: The McKinsey Group. Available at <http://www.theitascaproject.com/ECDReport.pdf>

¹⁷ Ibid.

care subsidies, child care quality, professional development, facilities, and consumer education; the Department of Education administers Early Childhood Family Education, early childhood health and development screening, early childhood special education, Head Start, School Readiness, and the Minnesota School Readiness Study; the Department of Health administers the federal early childhood comprehensive systems grant and home visiting programs.

Taken together, the numbers of children impacted, dollars that go into the market, and jobs created, the current level of coordination suggests room for improvement.

Recent history of structures: In 1995, the legislature approved Governor Arne Carlson’s proposal to replace the Department of Education with the Department of Children, Families and Learning (CFL). Early childhood programs including child care assistance then housed in the Department of Human Services were consolidated with the goal of increasing coordination. In 2001, the Department of Children Families and Learning released a “...plan for integrating Minnesota’s current early childhood education and care programs and services to create a system of early childhood care and education that can lead to school success.”¹⁸ In 2002, CFL began formally collecting school readiness data to inform a yearly Minnesota School Readiness Study: Developmental Assessment at Kindergarten Entrance (School Readiness Study). The School Readiness Study continues to date, and is now administered by the Minnesota Department of Education.

In 2003, the current Department of Education was established and child care programs were returned to the Department of Human Services while Head Start, School Readiness, early childhood health and development screening, and Early Childhood Family Education (ECFE) programs were retained by the Department of Education.

The current charge: All Children School Ready by 2020: In 2007, Representative Peterson first authored a bill to create an Office of Early Learning and continued to do so each year until 2010. In the Senate, Senators Michel, Clark, Saxhaug, Bonoff, and Robling authored a similar bill. In 2010, legislation passed establishing an Office of Early Learning Task Force (Sec. 5 Minnesota Statutes 2008, section 124D.141, subdivision 2 (2)). (See Appendix A)

Why Governance Matters

Governance structures, like the recommended Minnesota Office of Early Learning, hold authority and responsibility to make fiscal, policy, and program decisions over early childhood policy. A consolidated structure provides the vehicle to focus on how best to deliver services to children and families beyond the fragmented, individual program or funding stream approach. It allows for leveraging of multiple programs towards a clear set of goals for children’s development and

¹⁸ Minnesota Department of Children, Families and Learning (2001). *No Better Time: Starting Early for School Success*. Roseville: MN.

learning. Each program or infrastructure component (standards, data, and accountability) can work toward the same ends, allowing for a comprehensive identification and elimination barriers that stand in the way of delivering needed services. The governance entity would have oversight and accountability over the programs under its purview. Importantly, the Office of Early Learning in Minnesota would be accountable for the statewide goal of having all children school-ready by 2020 and would be responsible to identify barriers and address them along the way to meeting this goal.

Effective governance structures have important functions including the authority to set policy, regulate, budget and allocate funds, as well as collect and interpret data. These structures can be held accountable for their decisions. Importantly, strong governance entities have authority and responsibility over an appropriate scope plus links to relevant programs in other agencies or divisions to support school readiness goals. While governance structures are important, they are also subject to change with new administrations and new political leadership¹⁹. Those that are most successful at showing results are likely to remain in place.

In order to meet the ambitious goals for school readiness that Minnesota and other states have set, the expectations for what the state can achieve through a new governance structure are high. Attention to governance when coupled with focus on results, cross-program standards and accountability, and elimination of barriers is most likely to meet that high bar.

¹⁹ Brudvik, E., Butson, C., Jore, L., and Topp, N. (2008). *Solving the Puzzle: The Gap in Minnesota's Early Care and Education Finance and Governance Structures*. Minneapolis: University of Minnesota Hubert H. Humphrey Institute of Public Affairs. Available at http://www.melf.us/index.asp?Type=B_BASIC&SEC=%7B09CD0369-5EC6-4AAD-B61D-60CEC4038178%7D

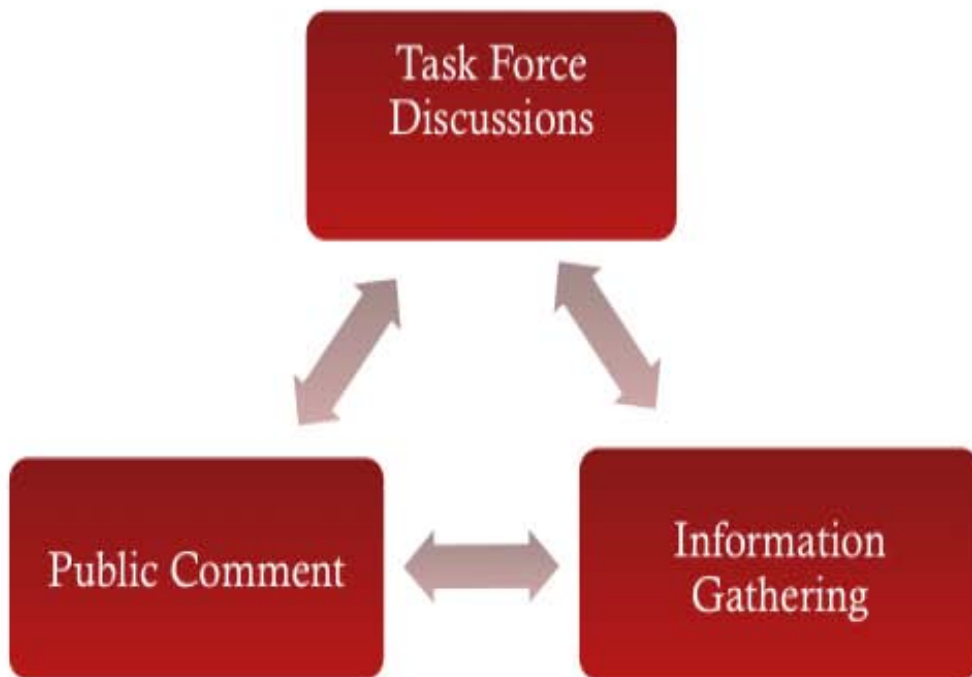
Coming to a Recommendation

Office of Early Learning Task Force

The Office of Early Learning Task Force was convened through legislation (Sec. 5 Minnesota Statutes 2008, section 124D.141, subdivision 2 (2)) (See Appendix A) The Task Force, comprised of 19 members, (See Appendix B) was charged with making *recommendations on how to coordinate or co-locate early childhood programs in one Office of Early Learning*. This charge supports the work of the Early Childhood Advisory Council that was established by Executive Order 8-14. The School Readiness Funders Network provided funds to the Minnesota Department of Education to hire a consultant to work with the task force. The University of Minnesota, in partnership with the National Conference of State Legislatures, was awarded the contract to work between October 15, 2010, and January 15, 2011, to facilitate the Task Force’s recommendation on an Office of Early Learning.

The Task Force process of coming to a recommendation included three activities that occurred somewhat consecutively as depicted in Figure 1.

Figure 1: Process of making a recommendation



Information Gathering

Minnesota information: In addition to consulting with the Office of Higher Education and Senate Counsel, several important and relevant documents from state agencies and the legislature were reviewed to identify issues for the coordination or co-location of early childhood programs including:

- *Early Learning Study: Move and Standards*, February 2010, required by Laws of Minnesota 2009, Chapter 96, Article 6, Section 10. Full text available at <http://edocs.dhs.state.mn.us/lfsrver/Public/DHS-6084-ENG>.
- *Inventory of Early Childhood Services* from MDE and DHS, January 2010. Full text available at: <http://education.state.mn.us/mdeprod/groups/Communications/documents/Report/016020.pdf>.
- MDH Program Capacity for Early Childhood Services, January 2010 (See Appendix C)
- Minnesota Statute, Chapter 15 on State Agencies
- 2010 Session Law 346, Article 1, Section 5, Subdivision 2 (2)
- Fiscal note from SF487, 2009 legislative session

Information from other states: To help inform the creation of the Minnesota model for early childhood governance, interviews were conducted with several leaders who were involved in the creation or early stages of implementation of early childhood governance structures in seven states: Georgia, Massachusetts, Maryland, Washington, Pennsylvania, Arkansas, and Virginia. (See interview protocol in Appendix D)

Interview questions focused on the purpose, authority, and accountability of the governance structures as well as advantages and disadvantages of different models, mechanisms used for coordination, and results of the early childhood governance reform. There were many commonalities in the responses of the interviews. Themes and lessons learned from other states indicate these stages are important for laying the conceptual framework for the OEL:

1. Organize around unifying goals that transcend current structures.
2. Articulate the reason for the change in structure and how it will support the goals.
3. Formalize relationships with leaders from across government. This will help facilitate effective state-level communication.
4. Create partnerships that are both formal (i.e., signed agreements and contracts) and informal (i.e., trusting each other and doing what makes sense for children).
5. Establish a unique context for the OEL in Minnesota. Each state had its own way of getting started, and state leaders expressed strong conviction that progress is being made.

Once the intellectual groundwork has been laid, planning for the Office can begin by determining which programs are to be included in the Office. Through the interview process and secondary research on early childhood governance, three governance structures were identified by the task force members for consideration.

1. Create a new department or office. This model brings together early care and education programs and functions from other agencies (e.g., Georgia, Massachusetts, and Washington). Note: In Minnesota, the distinction between an office and a department is a matter of size. An office is a smaller version of a department.
2. Consolidate programs into an existing department. This strategy moves most or all state early care and education programs and functions from various agencies into a single existing state agency (e.g., Arkansas, Maryland).
3. Create a new office within the organizational chart of two or more state agencies. With this hybrid structure programs and functions remain within their original agencies but are under the purview of a single director. The management structure then crosses state agencies to create unified policy and implementation (e.g., Pennsylvania and Virginia).

Public Comment

Meetings: Four meetings were held for public comment in early December 2010. Meetings were held in Virginia (December 2), Fergus Falls (December 6), Bloomington (December 7), and Windom (December 8). In total, over 70 people gave face-to-face feedback and 588 people replied to an online survey.

Online survey: An online survey for parents and professionals was live from December 2 – 17, 2010. In total, 588 people (399 professionals and 199 parents) responded. These numbers may be duplicative of people attending public comment meetings. Survey respondents answered several general questions about state government and young children, as well as specific questions about the role of an Office of Early Learning. There was geographic diversity in the sample with at least one response from 85 of Minnesota's 87 counties. However, there was little racial or ethnic diversity in the respondents, with over 95 percent of the total 588 respondents being White and English speaking. Therefore, survey results are not representative of the state of Minnesota and, like most surveys of this nature, are limited in their generalizability.

State priorities: current and future: Both parents and professionals responded to questions about their perceptions of the state's current priority for young children and their opinion of what the state's future priority should be. Responses between the two groups were nearly identical in terms of rank order and item percentages, so they are combined in the following two graphs. Equal numbers of Minnesotans surveyed believe that the state's priority is not clear or that the state's

priority is to get all children ready for school (34 percent of respondents ranked each of these as the state's current priority). When asked what the state's future priority should be, respondents ranked three things about equally: getting all children ready for school (28 percent), supporting children's healthy development (24 percent), and supporting parents (24 percent).

Figure 2: What do you think is the state's current priority for young children?

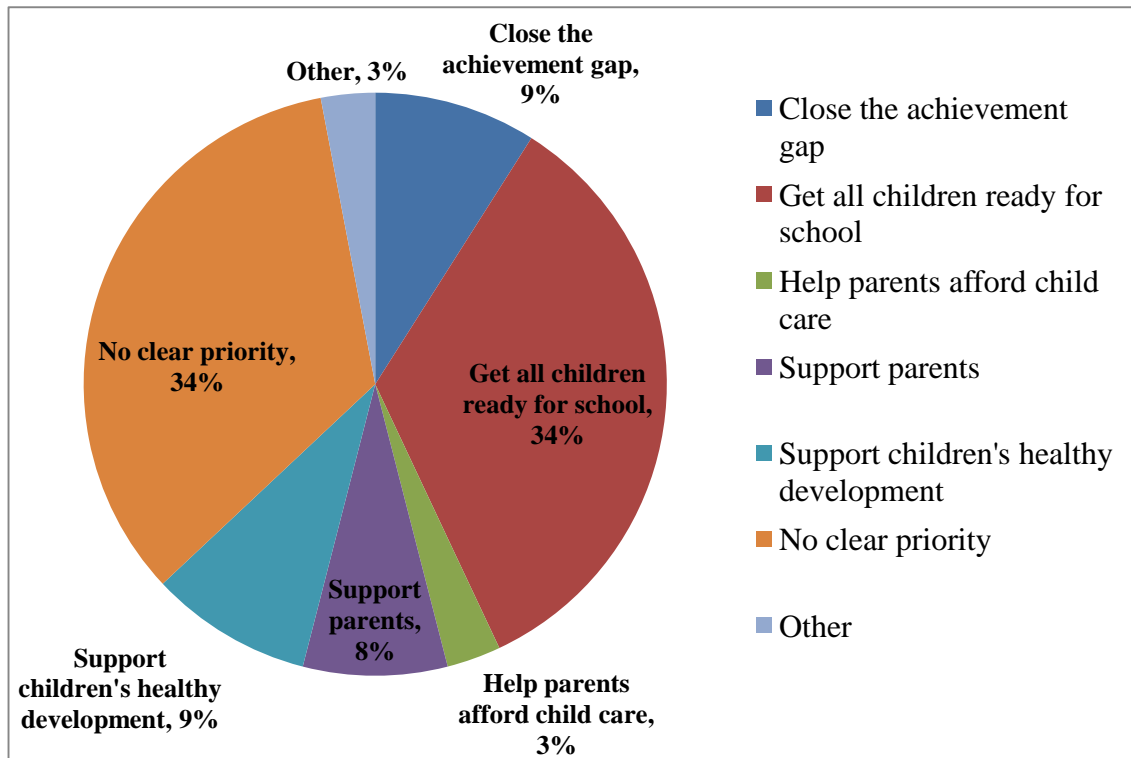
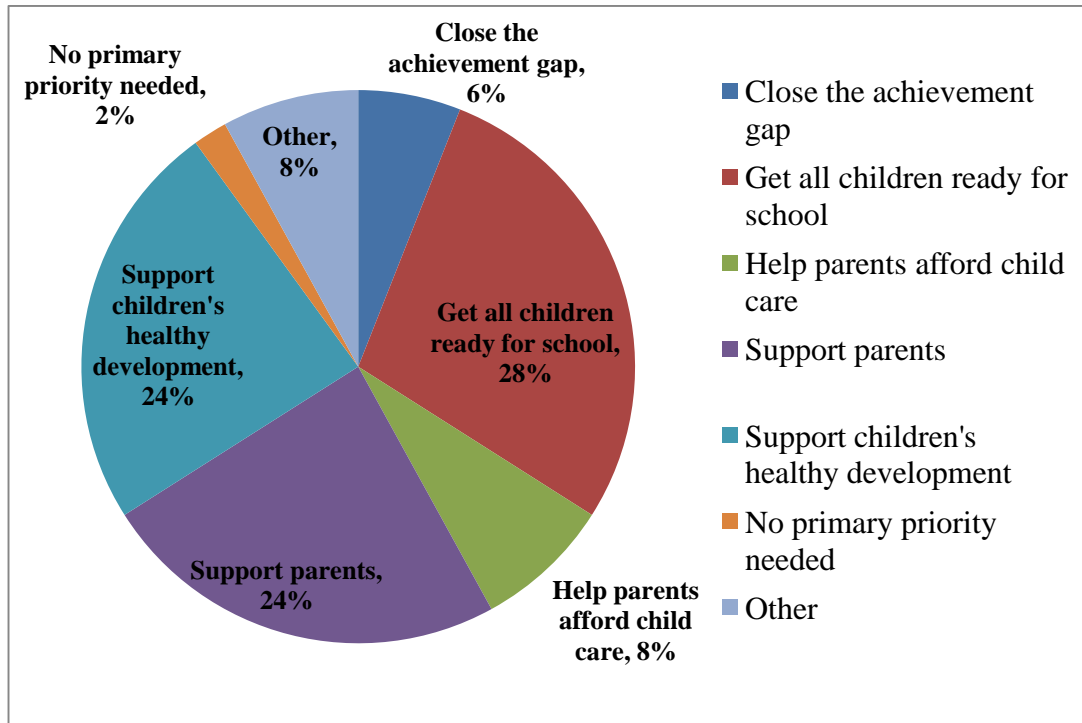
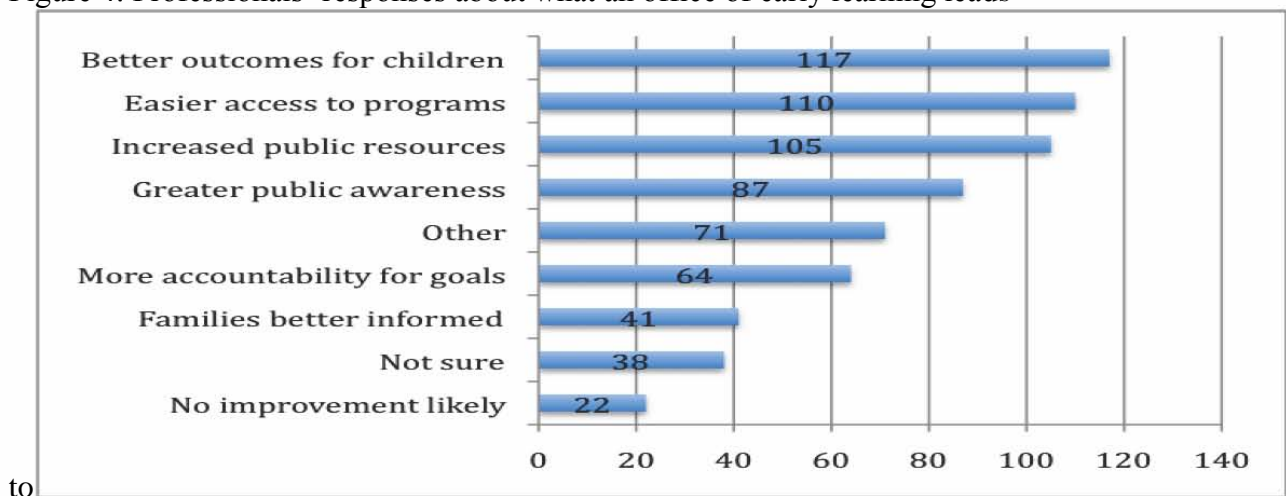


Figure 3: What do you think should be the state’s future priority for young children?



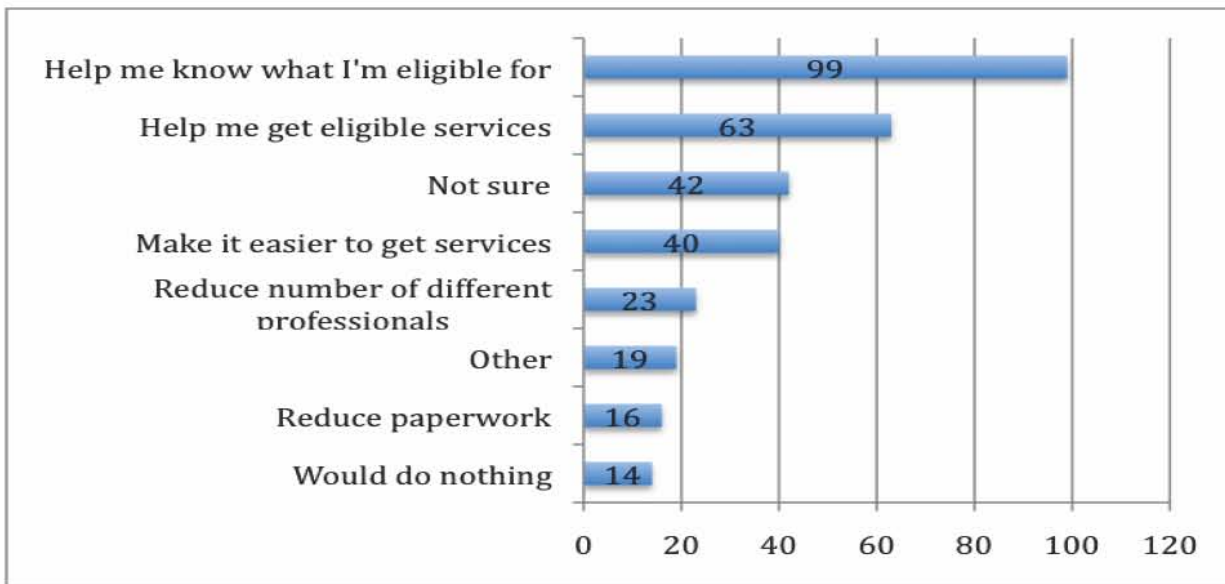
Professional respondents: Over 98 percent of 399 professionals who responded were White and English speaking. There was at least one response from professionals in 85 of Minnesota 87 counties. Professional respondents were from a variety of program backgrounds including child care (7 percent), Early Childhood Family Education (12 percent), early childhood screening (11 percent), early childhood special education (10 percent), Head Start (17 percent), School Readiness programs (8 percent), and home visiting programs (5 percent). The remainder of professionals identified themselves with other programs, including settings that are not exclusively or primarily early childhood settings (e.g., libraries, mental health settings, public school districts).

Figure 4: Professionals’ responses about what an office of early learning leads



Parent respondents: The 189 parent respondents were mostly mothers (86 percent), with 8 percent fathers, 5 percent grandparents and 2 percent other caregivers. The parent respondent groups was 95 percent English speaking and 89 percent White, 7 percent Asian, 1 percent each American Indian, Black, and Hispanic. There was also much less geographic diversity in the parent responses than in the professional group. Nearly half of parent respondents (47 percent) were from Ramsey County, with another 21 percent from Hennepin County, 7 percent from St. Louis County, and 4 percent each from Stearns and Dakota Counties. Most of the 87 counties had no parent respondents. Regarding the economic diversity of parent respondents, 76 percent had family incomes over \$50,000 per year, 19 percent had incomes between \$30,000 and \$50,000 per year and 4 percent had incomes under \$22,000 per year.

Figure 5: Parents’ opinion on what an Office of Early Learning could do for them



Major themes from all public comment: Combining public comment at meetings, several emails directly to the facilitation team, and survey responses, relevant themes from the public emerged in three general categories. These general categories were developed based on similarly grouped feedback from 20 or more respondents: 1) rural/greater Minnesota perspective; 2) the promise of what improved governance could do; 3) concerns about establishing a new Office as the preferred strategy. Sub-themes were developed based on specific comments that came from two or more respondents.

Greater Minnesota perspective: The single most frequent comment relating to the processes and membership of the OEL Task Force and the Early Childhood Advisory Council, and any governance structure new or old, was that the perspective and needs of rural Minnesota should be better considered.

“The OEL should recognize that there are greatly different characteristics of programs/services/funding in greater Minnesota. The OEL must recognize that the needs and delivery system in rural communities are different from metro areas. The integrity and legislative requirements of all programs/services must be recognized. To bring the distinct needs to the OEL perhaps a regional group of cohorts could be established. An example might be to hire very part-time people to be housed at the Regional [Education] Cooperative Service Units.”

“Don't forget rural is very different than urban, we don't have the numbers, but we have the problems. [Consider] some system that gives the same money to all in one category and money per student in another so as to even out the money, similar to two senators, and representatives based on population.”

The promise of improved governance: There were 20 or more comments specific to each of the following sub-themes, each a perceived outcome of better governance: 1) Focus more on whole child, not just academics; 2) Improve access to quality so that fewer families fall through cracks; 3) More collaboration could lead to more effective use of resources; 4) Higher profile office could increase public awareness of issues and funding.

“Having an Office of Early Learning could increase coordination between the two departments: Education and DHS around the needs of young children. Joint planning, shared resources, and shared information could result in more impact with state funds.”

“If all children should be ready, then we have to reach/educate all of their various caregivers: parents, home-based providers, center providers, Head Start, friends, neighbors. It must be coordinated.”

Issues about establishing a new office as the preferred strategy: The following issues were raised regarding the establishment of a new office: 1) Whether a new office is necessary or cost effective; 2) Whether a new office creates more bureaucracy; 3) Whether transitioning to a new office will be confusing for children, families and local providers.

“Our current Department of Education should already be responsible for coordinating this effort. Isn't this why we have an Education Department in the state of Minnesota?”

“Instead of a separate office, set up a collaborative management team from existing state departments and staff and charge them with integrating early childhood services by requiring local outcomes and providing technical assistance to accomplish those outcomes. Very concerned re: funding and this diverting funding from local services that are already struggling.”

Other public comment: Both the Minnesota Association of County Social Service Administrators and the Minnesota Licensed Family Child Care Association submitted formal letters about their concern around the scope of an Office for Early Learning. (See Appendices E and F) Other public comment comes from 57 stakeholder groups that each support the idea of an Office of Early Learning and/or a cabinet-level position as part of their common agenda known as Minnesota's Future. This group of 57 organizations includes Child Care WORKS, Minnesota Association for the Education of Young Children/Minnesota School Age Care Alliance, Minnesota Association for Family and Early Education, Minnesota Child Care Association, Minnesota Child Care Resource and Referral Network, Minnesota Coalition for Targeted Home Visiting, Minnesota Community Education Association, Minnesota Head Start Association, and Ready 4 K. (See Appendix G)

Task Force Decisions

The Office of Early Learning Task Force worked under a tight timeline with a clear goal. The Task Force met two initial times during the months of August and September facilitated by the ECAC Access and Finance committee co-chair and staff to become acquainted with the legislative charges and the foundational work done by the Access and Finance committee. They then met with a contracted consulting team five times over the course of 10 weeks from October 18 – December 20, 2010. In each meeting, key decisions were made by the majority. Where there was a minority or differing opinion from Task Force members, it is also noted here. Each decision built on the previous, leading to the recommendations.

Functions needed for improved governance: The first key action that the Task Force undertook was to identify the priority functions of a Minnesota model of early childhood governance. The functions were determined first as the foundation for deciding which governance structure would fit.²⁰ The legislation delineated 11 functions for the Office of Early Learning. (see Appendix A) The Task Force considered all 11 functions and identified these four as priority:

- Develop seamless delivery system with local points of entry for early care and education programs administered by local, state, and federal agencies.
- Consolidate and coordinate resources in public funding, and ensure the accountability and coordinated development of all early care and education services from birth to kindergarten entrance.
- Establish administrative framework for and promote the development of early care and education services so that these services, staffed by well-qualified professionals, are available in every community for all families that express a need for them.
- Develop and manage an effective data collection system to support the necessary functions

²⁰ Bruner, C. (2004) *Building and Early Learning System: The ABCs of Planning and Governance Structures*. Des Moines, IA: State Early Childhood Policy and Technical Assistance Network and the Build Initiative.

of a coordinated early care and education system, allowing for accurate evaluation of impact.

Goals of improved governance: Next, the Task Force detailed what the new governance structure could lead to and what goals it should have. These hoped-for improvements might be viewed as the indicators of success of an early childhood governance structure.

- Accountability for progress toward goal of all children ready for kindergarten by 2020.
- Heighten the early childhood profile and public awareness.
- Break down silos that currently exist in three departments.
- Strengthen ability of braiding/layering of funds to have most impact on goal.
- Strengthen the connection to and leverage of private resources (funds and leadership).
- One person who has authority over all decisions, or authority over most and influence over the rest.
- Single point of contact for legislators, other agency staff, public.
- Single point of contact to monitor and record what is happening, take proactive steps to ensure agreed-upon policies, take corrective action for going off course.

Scope of authority: The third key decision that the Task Force reached was the scope of programs or responsibilities to be transferred to a Minnesota model of early childhood governance. The directive to consider responsibilities for transfer was included in the legislative language with a list of programs to consider from the Departments of Health, Human Services and Education. In addition to the programs outlined in legislation, the Task Force also considered early childhood programs included in the *Inventory of Early Childhood Services*²¹ and the *Minnesota Department of Health Program Capacity for Early Childhood Services from the 2010 Minnesota Title V Needs Assessment*.²² The majority of the Task Force reached consensus on the scope of responsibilities for transfer to a Minnesota Office of Early Learning. All programs outlined for consideration in the legislation were included in the identified scope below, as well as three others not identified in legislation (marked with asterisks).

Programs Identified for Transfer to an Office of Early Learning:

Minnesota Department of Education (MDE)

- Early Childhood Family Education
- Early Childhood Health and Development Screening
- Early Childhood Special Education (Part C, Part B 619)*

²¹ Minnesota Department of Education and Minnesota Department of Human Services (2010). *Inventory of Early Childhood Services. Early Care and Education Programs Administered by the Departments of Education and Human Services*. St Paul: MN. Available at http://education.state.mn.us/mde/Learning_Support/Early_Learning_Services/Adv_Groups/Early_Child_Adv_Council/index.html

²² Minnesota Department of Health (2010) *Program Capacity for Early Childhood Services*. From the 2010 Minnesota Title V Needs Assessment. Saint Paul: MN.

- Head Start
- School Readiness
- Minnesota School Readiness Study: Developmental Assessment at Kindergarten Entrance

Minnesota Department of Human Services (DHS)

- Child Care Assistance Program
- Child Care Development Grants (Building Quality, Family Friend and Neighbor, Professional Development System, Information to Parents)
- Early Childhood Facilities Grants
- Migrant Child Care*
- School Readiness Connections
- Parent Aware/Quality Rating and Improvement System*

Minnesota Department of Health (MDH)

- Minnesota Early Childhood Comprehensive Systems (MECCS) Grant*
- Family Home Visiting

*Not identified in legislation for consideration in Office of Early Learning

While a majority of Task Force members voted to include the MDH Family Home Visiting Program and the MECCS grant within the scope of an OEL, Task Force members from the Minnesota Department of Health (MDH) and the local public health association prefer that the Family Home Visiting Program continues under the authority of MDH.

It is their opinion that an early care and education framework does not adequately encompass the comprehensive family health framework necessary to achieve its broader mandate, thus risking the program's other foci on promoting family self-sufficiency and improving pregnancy outcomes. An early care and education framework does not provide for the necessary expertise in comprehensive health systems nor the assurances needed for effective community-based health programs.

MDH supports the alignment of the OEL with the Minnesota Early Childhood Comprehensive Systems Grant (MECCS).

Governance structure that meets Minnesota's needs: The Task Force chose to recommend a structure that would meet Minnesota's needs in reaching its goal. Task Force members articulated the advantages and disadvantages of each governance model under consideration. (See Appendix H) In their deliberation, the Task Force identified three essential components of a structure:

- Single entity with accountability for goal of getting all Minnesota children school-ready by 2020.
- Highest level of statutory authority for fiscal, policy-making, rule-making, and program-level decisions.
- Cabinet-level leadership.

The following models were discussed but were not recommended by the Fask Force.

Office within an existing single department. The responsibility to administer early care and education programs, funding and policy is centralized within one state agency. For example, within the Maryland State Department of Education there are five divisions - one of which is the Division of Early Childhood Development. The Division is responsible for the state prekindergarten program, child care subsidy, child care licensing, professional development, curriculum, Head Start Collaboration, early childhood mental health, and child care resource and referral. The structure is designed to support Maryland's goals for school readiness.

Advantages of this model for Minnesota would be: all early childhood programs work in concert to achieve the 2020 school readiness goal; it can be enacted by a governor through transferring programs and funding streams; it is fiscally prudent; it maintains access to existing agency infrastructure such as communications, human resources, etc. Disadvantages discussed included: authority for programs is held within a larger entity with broader responsibilities and competing priorities; possible bias resulting from being housed in a department of education.

Office within multiple existing departments. In this model, early childhood programs remain in their original agencies. A high level (i.e., Assistant Commissioner) position, appointed by the governor, is responsible for the named early childhood programs and policy within the agencies. For example, the Pennsylvania Office of Child Development is an office in the organizational chart of both the Department of Education and the Department of Public Welfare. The integrated joint Office houses all of the early childhood programs including prekindergarten, kindergarten, child care, Head Start state funding and collaboration, early intervention for infants and toddlers and preschoolers, and family support programs.

Advantages of this model for Minnesota included: increased accountability for early childhood programs and leveraging the infrastructure of the existing agencies. Disadvantages discussed include: more complex decision-making since this involves two commissioners. The Task Force viewed this model as dependent on an outstanding leader. Virginia's Office of Early Childhood Development is another example of this model.

In addition, the Task Force considered *governor's office leadership* (e.g., a governor's policy advisor). While having staff in the governor's office is not a governance structure, it could be one

piece of an integrated early childhood system. A policy advisor devoted to early childhood issues would provide leadership at the state level to coordinate programs in existing agencies. This is advantageous because leadership from the governor's office is key in advancing early childhood systems integration and development. The primary disadvantage is the lack of state agency authority and the associated accountability for program policy, administration and funding. Before creating the Virginia Office of Early Education, early childhood policy and program coordination efforts were led by staff within the governor's office.

Recommendation

Task Force Recommendation

At the Task Force meeting on December 6, 2010, the group voted to **adopt the recommendation for an Office of Early Learning headed by a cabinet-level position with authority and responsibility for policy, fiscal, and rule making within the scope defined by the Task Force.** Legislation to create an Office of Early Learning and transfer programs and staff and interim steps to phase in implementation may be considered as part of the recommendation. In the quorum of 13 Task Force members, 10 voted in favor of this recommendation, 2 voted no, and 1 abstained from voting.

New, Free-standing Office or Department. A cabinet-level department co-locates and coordinates early childhood policy and programs and creates visible lines of accountability, responsibility and authority. Advantages include: promotes public/private partnerships; heightens the profile of early childhood education; and, integrates programs and creates systems linkages. Disadvantages discussed include: programs transferred from other state agencies areas become less connected to their original policy area; short-term start-up costs; initial time and energy necessary to create a structure; long-term cost of infrastructure needed to support a state-level department.

Important note: The issue of the extent to which the Office would include co-location of programs was not a part of this recommendation and was tabled for consideration in interim steps.

Approval by the Early Childhood Advisory Council

At the Early Childhood Advisory Council meeting on December 14, 2010 the ECAC unanimously voted to approve this recommendation reflecting the following discussion.

Spirit of the recommendation: The Task Force is interested in making a bold recommendation. Functional priorities of the Office may also be assessed by looking at broader system development.

Political viability and cost issues: The Task Force should be keenly aware of the political climate - trying to create a new office at a time of reduction in state government may be impractical. The transition can be framed as shifting resources rather than growing state government.

Co-location and cost issues: Physical co-location is a challenge, given the cost involved in moving staff and incurring new infrastructure costs but is eventually needed. There is concern that the creation of an Office should not take money from services for children and families.

This time of tight resources provides an opportunity for innovation, including using virtual methods of co-location. The Office of Early Learning should maintain close ties to original policy areas and link to experts in kindergarten–grade 3.

ECAC member Maureen Seiwert made a motion to adopt the recommendation for an Office of Early Learning headed by a cabinet-level position with authority and responsibility for policy, fiscal, and rule-making with the scope of programs defined by the Task Force. Legislation to create an OEL and transfer programs and staff as well as interim steps to phase in implementation will be identified as part of the recommendations. Sandy Simar seconded the motion and the motion passed unanimously.

It is expected that a strong relationship between the Office and ECAC will be developed. Details will be specified by Governor Dayton and the members he appoints.

Implementation and Next Steps

Extent of Co-location

The Task Force legislation specifically charges the group to consider co-location of the programs identified in the scope. No conclusive decision by the Task Force was made on this issue; rather the details of the discussion are noted here. Given the political and financial drivers for and ramifications about the co-location decision, this detail will need close consideration by the Governor and legislators.

Co-location means physically moving program staff from the programs identified to a common physical space with a mailing address. Co-location also likely involves creating an infrastructure. An implementation group of 13 staff from the three state agencies met on December 9, 2010, and identified the needed infrastructure.

While this small group discussion does not represent the Task Force stance on this matter, it should be noted that the staff of MDE and DHS agreed that for the Office to meet its potential promise for improved communication, collaboration, and culture-setting in order to maximize impact on young children, physical co-location is eventually needed.

Advantages

Better communication
Increased coordination, leading to better outcomes for children
Better potential for consolidation of data and data systems
Greater visibility for early childhood programs

Disadvantages

Start-up expense of moving and setting up an infrastructure
Ongoing expense of operations and infrastructure
Time required to create new culture
Programs disconnected from original agency

A fiscal note for a previous iteration of an office identified an ongoing cost for two new staff of \$216,000. (See Appendix I) Full text of the fiscal note on the Senate File 487-2E is available at http://www.mmb.state.mn.us/bis/fnts_leg/2009-10/S0487_2E.pdf

Infrastructure Needs

Infrastructure needs and the extent to which there is co-location are related conversations. Note that the *Early Learning Study: Move and Standards* has outlined in some detail the issues and considerations for transitioning the Basic Sliding Fee Child Care, the Minnesota Family Investment Program (MFIP) Child Care, and Child Care Development grants from DHS to MDE.²³ Specific considerations related to the statewide-automated computer system for child care were identified in the report.

The following infrastructure components were discussed by the state agency group on December 9, 2011.

- Contracts
- Financial operations/accounting
- Data systems
- Quality assurance and improvement
- Federal reporting
- Human resources
- Forecasting
- Communications
- Appeals
- Budgeting
- Fiscal note preparation
- Technology services

²³ Minnesota Department of Education and Minnesota Department of Human Services (2010) *Early Learning Study: Move and Standards*. Saint Paul: MN. Available <http://edocs.dhs.state.mn.us/lfsrver/Public/DHS-6o84-ENG>

- Management and facilities
- Organization of staff
- ELL supports/language lines/translation services

Next Steps

There is broad agreement from the Task Force, the ECAC, and the public who commented on this project that a cabinet-level position with highest possible authority over and responsibility for most early care and education programs across the Departments of Education, Health, and Human Services is needed in order to reach the goal of all children ready for school by 2020.

The Task Force recommends to the incoming gubernatorial administration and new legislative leadership that the Office of Early Learning be considered in stages. There is clear urgency to address the governance issue in order to move toward the goal of school readiness and to improve service delivery to children and families. Interim steps that allow for collaborations with the new leadership should be developed.

The following are steps that may be considered.

- 1) The Governor will develop a reorganization order that calls for the management of an Office of Early Learning. This would include both authority over and responsibility for programs to be administered through the OEL. During this transitional time, the OEL will not be housed in a physical space, but rather will be an innovative management structure within their existing agencies with responsibility for programs and improved outcomes for young children.
- 2) The Governor will appoint a director to head the Office of Early Learning. This director will have cabinet-level stature and should be someone with management and leadership skills, political influence, expertise in systems building, and knowledge about state government and early childhood research, practice and policy. In order to set an infrastructure for success, the Governor will convene commissioners to develop a common understanding of the importance of the Office in improving outcomes for children. Once the reorganization order has been established, the director will be responsible for the full scope of the Office and will work with the commissioners to determine a phase-in plan, including assessing infrastructure needs, expanding scope, and co-locating the office.

The director will be responsible for leading the work and answering these key questions and making recommendations in a report due to Governor and Legislature by February 15, 2012.

1. How will the Office achieve the goal of all children school-ready by 2020?
2. What are the existing barriers to meeting this goal? How will the Office eliminate those barriers?

3. Is the scope of the Office appropriate to accomplish the goal or does it make sense to consider additional programs or fewer programs (for example child care licensing and Child and Adult Care Food Program)?
4. Can the Office as a joint enterprise accomplish the goal or do additional changes need to be made, including co-location and the creation of a free-standing agency?

APPENDIX A

Office of Early Learning Task Force Statute

124D.141 STATE ADVISORY COUNCIL ON EARLY CHILDHOOD EDUCATION AND CARE

Subdivision 1

Membership; duties. Two members of the house of representatives, one appointed by the speaker and one appointed by the minority leader; and two members of the senate appointed by the Subcommittee on Committees of the Committee on Rules and Administration, including one member of the minority; the commissioner of health or the commissioner's designee; and two parents with a child under age six, shall be added to the membership of the State Advisory Council on Early Education and Care. The council must fulfill the duties required under the federal Improving Head Start for School Readiness Act of 2007 as provided in Public Law 110-134.

Subd. 2.

Additional duties. The following duties are added to those assigned to the council under federal law:

- (1) make recommendations on the most efficient and effective way to leverage state and federal funding streams for early childhood and child care programs;
- (2) make recommendations on how to coordinate or co-locate early childhood and child care programs in one state Office of Early Learning. The council shall establish a task force to develop these recommendations. The task force shall include two nonexecutive branch or nonlegislative branch representatives from the council; six representatives from the early childhood caucus; two representatives each from the Departments of Education, Human Services, and Health; one representative each from a local public health agency, a local county human services agency, and a school district; and two representatives from the private nonprofit organizations that support early childhood programs in Minnesota. In developing recommendations in coordination with existing efforts of the council, the task force shall consider how to:
 - (i) consolidate and coordinate resources and public funding streams for early childhood education and child care, and ensure the accountability and coordinated development of all early childhood education and child care services to children from birth to kindergarten entrance;
 - (ii) create a seamless transition from early childhood programs to kindergarten;
 - (iii) encourage family choice by ensuring a mixed system of high-quality public and private programs, with local points of entry, staffed by well-qualified professionals;

- (iv) ensure parents a decisive role in the planning, operation, and evaluation of programs that aid families in the care of children;
- (v) provide consumer education and accessibility to early childhood education and child care resources;
- (vi) advance the quality of early childhood education and child care programs in order to support the healthy development of children and preparation for their success in school;
- (vii) develop a seamless service delivery system with local points of entry for early childhood education and child care programs administered by local, state, and federal agencies;
- (viii) ensure effective collaboration between state and local child welfare programs and early childhood mental health programs and the Office of Early Learning;
- (ix) develop and manage an effective data collection system to support the necessary functions of a coordinated system of early childhood education and child care in order to enable accurate evaluation of its impact;
- (x) respect and be sensitive to family values and cultural heritage; and
- (xi) establish the administrative framework for and promote the development of early childhood education and child care services in order to provide that these services, staffed by well-qualified professionals, are available in every community for all families that express a need for them.

In addition, the task force must consider the following responsibilities for transfer to the Office of Early Learning:

- (A) responsibilities of the commissioner of education for early childhood education programs and financing under sections [119A.50](#) to [119A.535](#), [121A.16](#) to [121A.19](#), and [124D.129](#) to [124D.2211](#);
- (B) responsibilities of the commissioner of human services for child care assistance, child care development, and early childhood learning and child protection facilities programs and financing under chapter 119B and section [256E.37](#); and
- (C) responsibilities of the commissioner of health for family home visiting programs and financing under section [145A.17](#).

Any costs incurred by the council in making these recommendations must be paid from private funds. If no private funds are received, the council must not proceed in making these recommendations. The council must report its recommendations to the governor and the legislature by January 15, 2011;

- (3) review program evaluations regarding high-quality early childhood programs;

(4) make recommendations to the governor and legislature, including proposed legislation on how to most effectively create a high-quality early childhood system in Minnesota in order to improve the educational outcomes of children so that all children are school-ready by 2020;

(5) make recommendations to the governor and the legislature by March 1, 2011, on the creation and implementation of a statewide school readiness report card to monitor progress toward the goal of having all children ready for kindergarten by the year 2020. The recommendations shall include what should be measured including both children and system indicators, what benchmarks should be established to measure state progress toward the goal, and how frequently the report card should be published. In making their recommendations, the council shall consider the indicators and strategies for Minnesota's early childhood system report, the Minnesota School Readiness Study: developmental assessment at kindergarten entrance, and the work of the council's accountability committee. Any costs incurred by the council in making these recommendations must be paid from private funds. If no private funds are received, the council must not proceed in making these recommendations; and

(6) make recommendations to the governor and the legislature on how to screen earlier and comprehensively assess children for school readiness in order to provide increased early interventions and increase the number of children ready for kindergarten. In formulating their recommendations, the council shall consider (i) ways to interface with parents of children who are not participating in early childhood education or care programs, (ii) ways to interface with family child care providers, child care centers, and school-based early childhood and Head Start programs, (iii) if there are age-appropriate and culturally sensitive screening and assessment tools for three-, four-, and five-year-olds, (iv) the role of the medical community in screening, (v) incentives for parents to have children screened at an earlier age, (vi) incentives for early education and care providers to comprehensively assess children in order to improve instructional practice, (vii) how to phase in increases in screening and assessment over time, (viii) how the screening and assessment data will be collected and used and who will have access to the data, (ix) how to monitor progress toward the goal of having 50 percent of three-year-old children screened and 50 percent of entering kindergarteners assessed for school readiness by 2015 and 100 percent of three-year-old children screened and entering kindergarteners assessed for school readiness by 2020, and (x) costs to meet these benchmarks. The council shall consider the screening instruments and comprehensive assessment tools used in Minnesota early childhood education and care programs and kindergarten. The council may survey early childhood education and care programs in the state to determine the screening and assessment tools being used or rely on previously collected survey data, if available. For purposes of this subdivision, "school readiness" is defined as the child's skills, knowledge, and behaviors at kindergarten entrance in these areas of child development: social; self-regulation; cognitive, including language, literacy, and mathematical thinking; and physical. For purposes of this subdivision, "screening" is defined as the activities used to identify a child who may need further evaluation to determine delay in development or disability. For purposes of this subdivision, "assessment" is defined as the activities used to determine a child's level of performance in order to

promote the child's learning and development. Work on this duty will begin in fiscal year 2012. Any costs incurred by the council in making these recommendations must be paid from private funds. If no private funds are received, the council must not proceed in making these recommendations. The council must report its recommendations to the governor and legislature by January 15, 2013, with an interim report on February 15, 2011.

Subd. 3. **Administration.** An amount up to \$12,500 from federal child care and development fund administrative funds and up to \$12,500 from prekindergarten exploratory project funds appropriated under Laws 2007, chapter 147, article 19, section 3, may be used to reimburse the parents on the council and for technical assistance and administrative support of the State Advisory Council on Early Childhood Education and Care. This funding stream is for fiscal year 2009. The council may pursue additional funds from state, federal, and private sources. If additional operational funds are received, the council must reduce the amount of prekindergarten exploratory project funds used in an equal amount.

History: 2008 c 363 art 2 s 13; 2010 c 346 art 1 s 4,5

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APPENDIX B

Office of Early Learning Task Force Members

Required members of the Office of Early Learning Task Force	*Indicates also on the Early Childhood Advisory Council (ECAC)
two non-executive branch or non-legislative branch representatives from the council	*Tom Holton, Bloomington Community Education *Arthur Reynolds, University of Minnesota
six representatives from the early childhood caucus	*Senator Terri Bonoff, *Senator Geoff Michel Senator Patricia Torres Ray Representative Bud Nornes Representative Sandy Peterson *Representative Nora Slawik
two representatives each from the Departments of Education, Human Services, and Health	Department of Human Services: Mary Orr Elizabeth Roe Minnesota Department of Education: *Karen Carlson Eileen Nelson Minnesota Department of Health: Laurel Briske *Maggie Diebel
one representative from a local public health agency	Lowell Johnson, Washington County
one representative from a local county human services agency	Carol Miller, Hennepin County
one representative from a school district	*Maureen Seiwert, Minneapolis Public Schools
two representatives from the private nonprofit organizations that support early childhood programs in Minnesota	Skip Ferris, Arrowhead Economic Opportunity Agency Denise Mayotte, School Readiness Funders Coalition

Resource person: Karen Kingsley, Ready 4K

Staff from MDE: Debbie Hewitt
Nancy Kaczrowski

Contracted facilitation team (October 15 – January 15)

Karen Cadigan, University of Minnesota
Steffanie Clothier, National Conference of State Legislatures
Nara Topp, Topp Consulting

APPENDIX C



Minnesota Department of Health

Program Capacity for Early Childhood Services

From the 2010 Minnesota Title V Needs Assessment

Maternal and Child Health (MCH) Section: The MCH Section provides statewide leadership and public health information essential for promoting, improving or maintaining the health and well-being of women, children and families throughout Minnesota. The programs within the MCH Section (many described below) strive to improve the health status of children and youth, women and their families. The MCH Section provides administrative and program assistance to local health departments, tribal governments, schools, voluntary organizations, and private health care providers. In addition, MCH programs are involved in a number of collaborative activities to strengthen and enhance partnerships. The overall role of the MCH Section within Minnesota's health care delivery environment is to: assess the health needs of mothers, children, and their families; use that information to advocate effectively on their behalf in the development of policies concerning organizational and operational issues of health systems; and advocate for programs and funding streams which have the potential to improve their health. In addition, the MCH Section has focused on quality assurance of public sector health services, assurance of targeted outreach and service coordination for hard-to-reach and high-risk populations, and community health promotion.\

Minnesota Children and Youth with Special Health Needs (MCYSHN) Section: The MCYSHN section is the MDH program accountable for the successful performance of core public health functions on behalf of children and youth with special health needs, their families and communities. Connecting children and families with necessary services and resources is an essential public health service provided by MCYSHN. MCYSHN provides health information about many chronic illnesses and disabilities; follow-up with families whose infants have been diagnosed with metabolic or endocrine disorders, infants with confirmed hearing loss and infants identified with a birth defect through the Birth Defects Information System; and enhances community partnerships through the MCYSHN district consultants located throughout the state to provide specialized consultation and support to enhance positive outcomes for children/youth with special health needs and their families. The program works with the MCH Section, the public health laboratory, health care home, and epidemiology programs. The program also works with the Departments of Commerce, Education, Human Services, the Commission on the Deaf, Deaf-Blind and Hard of Hearing, the Minnesota State Council on Disabilities, the American Academy of Pediatricians-Minnesota Chapter, PACER, Family Voices, Hands and Voices and the University of Minnesota. The MCYSHN program manages a toll free information and assistance line that serves as a resource for parents to help them find and access services for their children. The information and assistance

line provides resources and ideas for varying approaches to enhance communication and partnership between families and providers.

Adolescent Health Activities: The MDH adolescent health coordinator provides leadership and support to promote healthy youth development and help meet the health needs of adolescents statewide. This work is done in partnership with the Departments of Education, Human Services and Public Safety and the MOAPPP. Primary activities include consultation, data analysis, capacity-building and support for best practices in adolescent health at the state and local levels.

Autism-Related Activities: The MDH provides consultation, data analysis and dissemination and policy development around autism and autism spectrum disorders. This includes the development of community collaborative teams to improve screening and evaluation systems. This work is done in partnership with the Departments of Education and Human Services, the University of Minnesota, the Minnesota Chapter of the American Academy of Pediatrics Autism Society Minnesota and community clinics. The MDH is also conducting an Autism and Developmental Disabilities Learning Collaborative. The collaborative offers learning sessions on autism and other developmental disabilities to improve linkages between families, physician practices and community resources. The purpose of the learning collaborative is to improve systems of care for children birth through eight years who have, or who are at risk for, autism and other developmental disabilities. This will be accomplished through improved collaboration and coordination of screening, evaluation, service referrals and resources at the community level.

Birth Defects Registry Information System: This system gathers data on 45 major birth defects in the two largest counties in Minnesota (Hennepin and Ramsey). Staff supporting this system provides assessment, referral, data analysis and surveillance. The work is done in collaboration with the MCYSHN program, local health departments and the March of Dimes to assure follow-up, education and outreach.

Child and Teen Check-Ups (C&TC): Over half of Minnesota's local health departments provide C&TC clinics. Children (newborn through the age of 20) enrolled in Minnesota Care or Medicaid are eligible for C&TC. The clinics offer comprehensive and periodic screening or well-child checkups. Periodic examinations or screenings are delivered according to a set schedule, the periodicity schedule, assuring that health problems are diagnosed and treated early, before they become more complex and treatment more costly. C&TC services are also available from primary care providers. Additionally, 99 percent of Minnesota's local health departments provide C&TC outreach. This involves assuring that families are aware of C&TC services and receive those services through the local health department or other local providers.

Under a contract with the Department of Human Services, staff provides technical assistance, consultation, education and training for public and private providers of the C&TC program. C&TC

is administered by the Department of Human Services. C&TC (EPSDT in Minnesota) is the well child exam program for children birth to 21 years who are eligible for Medicare/Medicaid. Staff also provide best practice well child screening recommendations to the Department of Human Services C&TC program. Minnesota Early Head Start and Head Start programs, administered by the Department of Education, also follow the federal EPSDT/C&TC guidelines and training. Training and consultation is provided to local health departments and tribal governments. Other partners in C&TC include Migrant Head Start Programs and other Head Start/Early Head Start programs and the Minnesota Chapter of the Academy of Pediatrics.

Early Childhood Screening: MDH staff provides technical assistance, consultation, education/training to those who perform early childhood screenings (ECS) and to the Minnesota Department of Education, Early Learning Services. ECS is the mandated preschool screening program administered by the Department of Education. MDH staff train on several of the required and optional components of ECS such as vision, oral/dental health, hearing, developmental and socio-emotional screening as well as physical growth (weight, height), immunization review and health history.

Interagency Developmental Screening Task Force: The Minnesota Interagency Developmental Screening Task Force was convened in spring 2004 to assure the quality and effectiveness of, and provide a standard of practice for, the developmental component of the screening of children birth to age five. Partners include the Minnesota Departments of Education and Human Services and the University of Minnesota Irving B. Harris Center for Infant and Toddler Development. Developmental and social-emotional screening instruments that meet evidence-based criteria for instrument purpose, developmental domains, reliability, validity and sensitivity/specificity are considered for recommendation.

The Eliminating Health Disparities Initiative (EHDI): In 2001, the Minnesota Legislature passed landmark legislation, the Eliminating Health Disparities Initiative (EHDI), to address persistent health disparities in populations of color and American Indians. The MDH has the statutory responsibility for awarding and administering approximately \$10 million biennially in competitive grants to local programs and statewide projects; challenging them to develop effective strategies and solutions for eliminating health disparities in seven health priority areas: breast and cervical cancer, cardiovascular disease, diabetes, HIV/AIDS and STI's, immunization, infant mortality and violence and unintentional injuries. In addition, federal TANF funds are directed to address disparities in the area of healthy youth development (teen pregnancy prevention) through the EHDI.

Family Home Visiting: The 2007 legislature amended the Family Home Visiting statute originally passed in 2001 (Minnesota Statutes, section 145A.17) and increased Temporary Assistance for Needy Families (TANF) funding to local health departments and tribal governments to support the services provided under the statute. The goal of Minnesota's Family Home Visiting Program is to foster healthy beginnings, improve pregnancy outcomes, promote school readiness, prevent child

abuse and neglect, reduce juvenile delinquency, promote positive parenting and resiliency in children, and promote family health and economic self-sufficiency for children and families.

- All local health departments provide some level of home visiting services.
- Minnesota currently has five Nurse-Family Partnership projects covering 17 of Minnesota's 87 counties.
- Fifteen percent of home visiting clients are prenatal clients. Local health departments promote the initiation of prenatal care in the first trimester. Some local health departments provide free pregnancy testing with referrals for appropriate services.
- Nearly half of the local health departments report using a tool to screen for maternal depression. Programs also provide education, support and referrals around maternal mental health issues.
- 95 percent all family home visiting programs use a tool for developmental screening, while 90 percent use a tool for social/emotional screening.
- A 2010 report on Minnesota's Family Home Visiting Program can be found at: www.health.state.mn.us/divs/fh/mch/fhv/documents/2010FHVlegreportweb.pdf

MDH staff provides technical assistance and support to local health departments and tribal governments regarding maternal child health and home visiting program planning, implementation and evaluation. This work is done in close collaboration with local partners (local health departments, tribal governments), MDH programs (C&TC, the Office of Minority and Multicultural Health, injury prevention, MCYSHN), multiple committees, and other state organizations including the Minnesota Association of Infant and Early Childhood Mental Health, Prevent Child Abuse-Minnesota, the National Alliance for Mental Illness-Minnesota, and the Minnesota Sudden Infant Death Center. Much of the work is guided by the Family Home Visiting Steering Committee, the Family Home Visiting Evaluation Work Group, and the Family Home Visiting Training Work Group.

Follow-Along Program (FAP): The FAP is a partnership between MDH and local health departments and tribal governments for the a population based, primary prevention tracking and monitoring system of children birth to three to assure that developmental/ health/social emotional issues are identified early and potentially eligible children are referred for health and early intervention services. It also provides anticipatory guidance to families on normal growth and development. MDH staff provides consultation and training to local health departments implementing the program.

Most local health departments (95 percent) provide periodic tracking and monitoring of the health, development, and social emotional development of children birth to three through the FAP. More than two-thirds of the local health departments provide universal tracking. This involves offering the service to all families, regardless of risk. The remainder provides tracking for children with risk factors. The FAP also provides anticipatory guidance and education to families about the

development of their child and information on healthy development including activities to do with their children to encourage typical development and healthy behaviors. The FAP is a cooperative arrangement between the MDH and local FAP managing agencies.

Health Care Home: A “medical home,” legislatively known as a “health care home” in Minnesota, is an approach to primary care in which primary care providers, families and patients work in partnership to improve health outcomes and quality of life for individuals with chronic health conditions and disabilities. The development of health care homes in Minnesota is part of the ground-breaking health reform legislation passed in May 2008. The legislation includes payment to primary care providers for partnering with patients and families to provide coordination of care. MDH staff is responsible for the development and implementation of rules and protocol for the certification of health care homes.

Help Me Grow (Part C): Part C of the Individuals with Disabilities Education Act (IDEA) is a federal entitlement program for infants and toddlers with developmental disabilities and their families. Minnesota’s Part C system, Help Me Grow, is a partnership between the Departments of Education, Health, and Human Services designed to provide, facilitate, and coordinate early intervention services. Families who have an eligible infant or toddler learn how to help their child grow and develop from local service providers and by accessing needed resources. The MCYSHN program has an interagency agreement with the Minnesota Department of Education for the child find or outreach activities pursuant to relevant provisions in Part C. Some of these responsibilities are carried out through the Follow-Along Program. At the local level, there are currently 95 local Interagency Early Intervention Committees that provide Help Me Grow services statewide. Each committee includes representatives from early childhood special education, county health and human services agencies, other early childhood organizations and parents of children with disabilities. The most recent child count states 4,579 infants and toddlers were being served under Part C.

Infant Mortality Reduction: The infant mortality reduction initiative provides resources, education, and technical assistance to local health departments, tribal governments, and community agencies to improve birth outcomes and reduce infant mortality with a particular focus on reducing racial and ethnic disparities in infant mortality and other poor birth outcomes. MDH also supports work to improve the health disparities around infant mortality that exists in the tribal communities in Minnesota. Partners in the program include the Office of Minority and Multicultural Health, the American Indian Community Action Team, the March of Dimes, the Department of Human Services, Twin Cities Healthy Start, Minnesota SID Center, Tribal nursing directors, urban American Indian programs, local health departments, and ACOG Minnesota.

MCH Advisory Task Force: The Maternal and Child Health (MCH) Advisory Task Force was created by the Minnesota Legislature in 1982 (see Minnesota Statute 145.881) to advise the

commissioner of health on the health care services/needs of maternal and child health populations in Minnesota, on the use of funds for maternal and child health and children with special health needs administered through MDH, and the priorities and goals for maternal and child health activities. Fifteen members, five each representing MCH professionals, MCH consumers (including parents of CYSHCN), and local health departments are appointed by the commissioner of health to four year terms. The members are both professionally and culturally diverse. A list of members can be found at: <http://www.health.state.mn.us/divs/fh/mchatf/members.html>. Due to the expansive scope of maternal and child health services and the need to assure representation from key partners with specific expertise, the Task Force also has a number of ex-officio task force members. Currently, the ex-officio members represent the Minnesota Department of Human Services, the Minnesota Department of Education, the University Of Minnesota School Of Public Health, the University Of Minnesota Department Of Pediatrics, Medica Health Plan, the Office of Minority and Multicultural Health Advisory Committee, the State Community Health Services Advisory Committee, and the Minnesota Chapter of the March of Dimes.

MAZE Trainings: One effort to support the adequate and appropriate use of insurance for children is the MDH MAZE training. MAZE stands for “Taking the Maze out of Funding.” The trainings, designed for parents and providers, address eligibility criteria and benefits coverage for Minnesota's publicly-funded health insurance programs. The content of these trainings is updated annually to include changes from each legislative session. Over the past five years (2004-2009) nearly 5,400 people have been trained in 240 trainings. Trainings conducted beginning late 2009 used a new format, with “family stories” representing a variety of family situations. These were done throughout the training so the audience could interact more with the materials and practice finding potential funding resources.

Minnesota Early Childhood Comprehensive System (MECCS): The purpose of MECCS is to build and implement statewide early childhood comprehensive systems that support families and communities in their development of children that are healthy and ready to learn at school entry. These systems should be multi-agency and comprising the key public and private agencies that provide services and resources to support families and communities in providing for the healthy physical, social, and emotional development of all young children. The overall goal of the MECCS program is to coordinate early childhood systems for children from birth to five years of age. The MDH, Title V is the lead agency for the project and the grant administrator.

Minnesota Immunization Information Connection (MIIC): MIIC is a statewide network of seven regional immunization registries and services involving health care providers, local health departments, health plans and schools working together to improve immunization levels. These regional services use a confidential, computerized information system that contains shared immunization records. MIIC provides clinics, schools and parents with secure, accurate and up-to-date immunization data. MIIC users can generate reminder cards when shots are coming due or are past due and can use the system to greatly simplify the work of schools in enforcing the school

immunization law. In Minnesota, all parents of newborns are notified of their enrollment in MIIC through Minnesota's birth record process.

Newborn Bloodspot and Hearing Screening and Follow-up: The Newborn Blood Spot Screening Program tests samples taken from newborns, notifies the primary physician of positive test results, tracks the results of confirmatory testing and diagnosis and links families with appropriate resources. This MDH program is operated as a partnership between the Public Health Laboratory Division and the MCYSHN program. Short-term tracking (prior to point of confirmatory diagnosis) is the responsibility of the public health lab with lab staff providing education and information to the provider community. The goal of the Newborn Screening Follow-Up program is to build the capacity of all systems (medical, education, parent to parent support, and other community service systems) that serve families and children with diagnosed conditions found through newborn screening so that they are connected to needed resources for the best possible child and family outcomes. MDH staff provides assessment and referral, consultation, technical assistance and policy development. The program works closely with the Public Health Laboratory Newborn Screening Program, primary care providers, local health departments, audiologists, and other specialty providers.

Pregnancy Risk Assessment Monitoring System (PRAMS): PRAMS is an ongoing, population-based surveillance system monitoring women's health. The purpose of PRAMS is to enhance understanding of maternal behaviors and their relationship with adverse pregnancy outcomes. PRAMS data can also be used to aid in the development and assessment of programs designed to identify high-risk pregnancy and reduce adverse pregnancy outcomes and to inform policy in Minnesota. PRAMS works with staff in several MDH programs, including newborn screening follow up, WIC, family home visiting, infant mortality, and adolescent health. A key partner is the Center for Health Statistics (vital records) for birth information. PRAMS also work closely with the March of Dimes, the Great Lakes Epidemiology Center Inter-Tribal Council and the University of Minnesota.

School Health: MDH has a school health consultant. This position provides education, consultation, and technical assistance throughout the state to school nurses, school administrators, school boards, teachers, parents, early childhood and child care. In addition to working with numerous MDH staff, the school health consultant partners with the Departments of Education and Human Services and the Minnesota Board of Nursing to share program information and enhance school health activities.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC): The WIC program is a nutrition program for pregnant, breastfeeding and postpartum women, infants and children up to age five. The purpose of the program is to improve the nutrition status of this population through nutrition assessment, nutrition education and a targeted food package. MDH provides support, consultation and technical assistance to local WIC programs and vendors. The

WIC program works closely with numerous state and local organizations, including the Minnesota Grocer's Association, Institute for Agriculture and Trade Policy, National WIC Association, University of Minnesota School of Public Health, Minnesota Breastfeeding Coalition, nearly all the tribes in Minnesota, and local health departments. The WIC program also has many successful partnerships within MDH, including connecting WIC and immunization activities at the local level, and working regularly with the MCH, MCYHSN programs.

Children's Mental Health/Suicide Prevention Program: The MDH Children's Mental Health/Suicide Prevention Program is primarily educational in nature and is part of the MDH public health approach to mental health. This program does not provide or oversee publicly funded mental health or substance abuse treatment. Additionally, MDH supports the suicide awareness grant program. This funding provides grants to local health departments, tribal governments and non-profit organizations for suicide awareness. This funding has allowed the MDH to provide information to the public and, periodically, grants to local communities for the implementation of proven effective prevention strategies. The current grantees work to increase public awareness about suicide and suicide prevention; educate family members, faith communities, service providers, employers, school staff, coaches, students and others on the warning signs of suicide and how to encourage help-seeking; and foster community collaboration to prevent suicide and promote access to suicide prevention services.

Educational Campaigns: MDH supports a number of educational campaigns that relate to early childhood activities. These include:

- The Minnesota's *Safe and Asleep in a Crib of Their Own* campaign was launched in July 2007, and continues as a partnership between the MDH and the Minnesota Sudden Infant Death Center of Children's Hospitals and Clinics. The goal of this campaign is to help parents understand that infants are safest when sleeping in a crib of their own.
- Minnesota legislation to reduce the incidence of abusive head trauma to infants (Shaken Baby Syndrome) requires birthing hospitals to educate parents of newborns on definitions and prevention strategies before the baby leaves the hospital. MDH staff developed materials and identified videos required for birthing hospitals to educate parents of newborns on the dangers of shaking an infant or young child.
- Postpartum depression education legislation, passed in 2005, requires that hospitals, physicians and other professionals providing prenatal care and/or delivery services provide new parents and other family members written information about postpartum depression. Materials, which include a brochure and fact sheet, continue to be available for download on the MDH web site.

Local Health Department Early Childhood Activities: In Minnesota, the public health responsibilities that are shared between state and local governments are specified in the Local Public Health Act (Chapter 145A). Fifty-three locally-governed Community Health Boards (CHB) oversee local health departments that work in tandem with MDH to fulfill public health

responsibilities. This interlocking, statewide system is critical to improving the health of Minnesotans, especially the MCH populations. Every part of Minnesota is served by one of 53 CHBs. Twenty-eight counties function as single-county CHBs, 57 counties cooperate in 21 multi-county or city-county CHBs, and four metropolitan cities have their own CHB.

Two-thirds of Title V block grant funds are distributed to local health departments through the Local Public Health Act. Minnesota's local health departments are required to report annually on their progress toward the achievement of a number of outcome measures. One of the measures asks local health departments to identify if they have a "program" to address specific issues (a program is defined as having objectives and a budget and/or dedicated staff hours). Following is a list of activities that represent those areas most closely related to the maternal and child health activities at the local level and the percentage of local health departments with a program:

- Infant, child and adolescent growth and development (96%)
- Pregnancy and birth (95%)
- Nutrition (excluding WIC) (63%)
- Unintended pregnancies (62%)
- Oral/dental health (62%)
- Injury (71%)
- Mental health (including suicide) (42%)

Local health departments also provide a number of additional services to assure access to health care services, either by providing those services directly or through contracts. These include:

- 100% provide family home visiting
- 99% provide C&TC outreach
- 99% provide immunization clinics
- 95% provide Follow-Along Program
- 95% provide WIC clinics
- 86% provide early intervention service coordination for children with special health needs
- 53% provide C&TC clinics
- 32% provide family planning clinics
- 29% provide dental care
- 15% provide medical care

APPENDIX D

Interview Protocol for Early Childhood Office/Department Leaders from Other States

Overview of Project:

In Minnesota, a Task Force has been convened to make recommendations Early Childhood governance reform to the Legislature. I am part of a consulting group working to facilitate this Task Force. This is part of the work of Minnesota's Early Learning Advisory Council, convened by Minnesota's Governor as part of the Head Start Reauthorization Act.

We are calling you because you have been identified as a person with unique experience and perspective as you have lead/are leading your state's (insert name/office of early learning, department of early learning etc.). The Task Force members are very eager to learn from your work.

Consent to record: We would like to record the call today to help us with taking notes. Do we have your consent to do so? We will integrate what we talk about today into themes across interviews. If we'd like to quote you directly, we will contact you for your permission.

Governance: Authority, Accountability, and Coordination

- 1) When were you in charge of (insert name of office department)
 - a) What was the driving vision (purpose) for the change in governance structure? Why did the state create the office/department?
 - b) What is the authorizing environment?
 - i) What programs does it have authority scope over?
 - ii) Where does that statutory authority come from?
 - iii) Did the governance structure have a cabinet-level position?
 - c) Do you have rulemaking authority? Do you have authority to set policy in other ways?
 - d) Do you have fiscal authority for the programs (is the funding appropriated to your office/department)
 - i) What outcomes is your office/department responsible for?
 - ii) How do you measure those outcomes?
 - iii) Is funding linked to outcomes?
 - e) Do you coordinate/collaborate with other agencies? Can you point to accomplishments from that coordination/collaboration?
 - f) While we have asked about transferring programs to a new entity, we also want to know about ways that agencies can collaborate/coordinate effectively. We are interested in ways that coordination and

collaboration can produce changes in policy and we are looking for good mechanisms (MOU or joint decision-making, or other vehicles) that go beyond each agency doing their own thing. For example, if there was an Office of Early Learning and the director wanted to work with the Department of Public Health on home visiting so that it aligned with the goals of the Office, how would that happen in your state? Do you have any recommendations that would provide more teeth to agency collaboration?

- 2) What are the pros and cons of the type of office/department that you worked under?

Design:

What did it take to get the (office/dept) off the ground?
What was the primary purpose of the office/department?
What was the process?
What was the cost of establishing the office/department?

- 1) What are the pluses/minuses of transferring programs from one department to another?
- 2) In your case can you describe what happened?
 - a) Do you have oversight of dollars or of staff move to your department?
 - b) How do you connect with other agencies – for example child care licensing that might be in another department? Or your state's Quality Rating Improvement System?
 - c) What was the role of data and IT? How did your office/department link to where the data function was housed?
- 3) What programs/entities does your office/department link to?
 - a) Where is Special Ed located in relation to the office/department?
 - b) Where is a public/private partnership located in relation to the office/department?
 - c) What is the role of advocacy groups and philanthropy?

Does the Governor's commitment to this office make a difference?

What process did you use for collecting public comment? If there are any survey questions for example (e.g., I think Washington did this) we'd love to see them.

Did they have a final report for the recommendations (could you send it to us or where could we find it)?

Did you employ outside to help redesign or critique the current governance entity?

Maintenance:

- 1) What mechanisms did you have in place to keep the work moving forward or keep the momentum going after reform happened (e.g., one work plan, one vision)?
- 2) What factors influence sustainability?
- 3) What factors influence stability? What did you put in place to ensure that the office/department was positioned to withstand political changes?

Results of Change:

- 1) Have outcomes for children been improved?
 - a) How did things change for parents and children as a result of the governance reform?
 - b) Did the governance change impact consumer confusion on the ground or with kindergarten transition?
 - c) How were local entities impacted by the governance reform?

- 2) Has duplication been eliminated and/or reduced? If so, how?
 - a) What efficiencies in funding and/or staffing have occurred?
 - b) How were system-wide planning practices impacted by the change?
 - c) How nimble is the office to responding to changes in best practice?

- 3) Has an evaluation been done on the impact of the governance reform?

Wrap-up questions:

- 1) In hindsight, what would you do differently?
- 2) What has been most surprising to you in your work with statewide Early Childhood governance reform?
- 3) What advice do you have to us in Minnesota as think about a possible new governance structure?
- 4) Is there anyone else that you think I should talk to?
- 5) Are there any questions we did not ask?

APPENDIX E

Comments from Minnesota Association of County Social Service Administrators (MACSSA) on creating an Office of Early Learning

Dr. Ruth Krueger
Chair of MACSSA Early Childhood Committee
652-554-5618 or Ruth.Krueger@co.dakota.mn.us
12/10/10

Counties are charged with operating the various Child Care Assistance Programs under the supervision of the Department of Human Services (DHS). These programs are integrated with an array of other public assistance programs also under the supervision of DHS. Counties are also responsible for the activities that lead to and maintain the licenses of Family Child Homes.

The purpose of creating a new Office of Early Learning is to better coordinate all of the programs related to early learning in order to more effectively and efficiently prepare all children for kindergarten. A cabinet-level Commissioner of Early Learning would be in a strong position to advocate for Early Learning programs.

The proposal would move all of the functions related to child care subsidy and improving child care quality to a new Office of Early Learning. Child Care Licensing responsibilities would be left with DHS who would need to work closely with the new office as licensing directly impact quality.

The current proposal is very similar to the one that moved child care programs to Children, Families and Learning (CFL) in 1997. County social service agencies recognize that a number of good things came out of that consolidation such as enhanced relationships between child care subsidy professionals and educators that resulted in more shared information and, where possible, better alignment of policy.

However, alignment with other DHS public assistance programs deteriorated and coordination became more difficult for counties. Most important from the county perspective, child care assistance needed an automated eligibility system that would talk to other public assistance automated systems. Children, Families and Learning tried to develop such a system but did not make much progress. The Child Care Assistance Program was returned to DHS in 2003. DHS basically had to start over with the development of an automated system. Child Care's sojourn in CFL delayed the implementation of an automated child care system, MEC2, about five years.

Creating a new department is a work intensive task that may divert resources away from operating work that is desperately needed. For example: Currently counties receive a Basic Sliding Fee allocation. Each county spends large amounts of administrative resources trying to ensure that they spend all of their allocation while not exceeding the allocation. Some counties have large waiting lists while others do not have sufficient eligible applicants to utilize all of their funding. For years the state and counties have tried, with limited success, to develop better allocation formulas. Counties concerned, that unspent child care assistance funds have been returned to the general fund, are asking DHS to come up with a way to manage the funds on a statewide basis.

Improving the school readiness of kindergarteners is a laudable goal. Creating a new department may create more advocacies for early childhood education. Clearly there is a need for better early childhood education. One way to get that is to improve the quality of developmental programs offered by childcare providers. What is not clear is if creating a higher level of visibility through an Office of Early Learning is the best way to reach that goal. In states where a separate office has been established, the child care people like being at the table but they don't yet have specific improved outcomes to report.

Also, timing is important and given the budget problems facing the next legislature, the unprecedented number of newly elected members in the legislature, and a change of the party in the majority, this probably isn't the time to move on a new office.

APPENDIX F

Letter from Minnesota Licensed Family Child Care Association



Minnesota Licensed Family Child Care Association
1821 University Ave. W, Suite 324-S
Saint Paul, MN 55104

651-636-1989 • 800-652-9704 • fax 651-636-9146
www.mlfcca.org

12/21/2010

I am writing in regard to the implementation of an Office of Early Learning. The idea of having one office that coordinates all programs related to early learning will benefit children in our state. However, not including child care licensing and the Child & Adult Care Food program (CACFP) in this office will severely limit the impact this change could have.

Today participating in quality enhancement programs is voluntary. The cost to the taxpayer for the number of children impacted is much too large. Family child care providers alone serve 187,000 children a year within approximately 12,000 licensed homes. By at least having child care licensing in the picture, perhaps the conversation about linking quality improvement programs with child care licensing can begin in earnest. Otherwise I fear we will remain with an extremely limited improvement of quality at a very high price.

I would like to know why the Child & Adult Care Food Program is not considered a program related to early learning. Research has shown that children served by child care providers participating in the CACFP not only are healthier, but are higher academic achievers. This program visits licensed child care homes at least three times a year and assures that some of the most basic required beginnings of quality are met. With better government collaboration, this program and its large home visiting infrastructure could be utilized to help start addressing the vast numbers of children and providers we need to serve. Please consider placing the Child & Adult Care Food Program as well as child care licensing within the Office of Early Learning.

I am available for questions. Thank you for your time.

Katy Chase
Executive Director

APPENDIX G

Minnesota's Future Agenda and Organizations

Minnesota's Future Endorsing Organizations support these proven investments for Minnesota's next governor:

- ✓ Offer home visits and parent education to every first-time parent to help get their children off to a great start.
- ✓ Double the number of at-risk children who participate in high quality early learning opportunities.
- ✓ Implement a statewide quality rating and improvement system for early learning programs.
- ✓ Create community partnerships to coordinate and leverage investments in children's and families' success.
- ✓ Appoint a cabinet-level position to lead a statewide system of child development and early learning services.

Arrowhead Head Start

Bagley Early Childhood Initiative

Beltrami Early Childhood Initiative

Bemidji Early Childhood Initiative

Blandin Foundation

Caring for Kids Initiative

Child Care WORKS

Children's Defense Fund-Minnesota

Children's Home Society & Family Services

Community Initiatives for Children

Division of Indian Work/Greater Minneapolis Council of Churches

Family Program Consultants

First Children's Finance

Grotto Foundation

Greater Twin Cities United Way

Jewish Family and Children's Services

KinderCare Learning Centers

LaCreche Early Childhood Centers, Inc.

La Petite Academies

Lifetrack Resources

McKnight Foundation

Milaca Public Schools

Minneapolis Foundation
Minnesota Association for Children's Mental Health
Minnesota Association for the Education of Young Children
Minnesota Association for Family and Early Education
Minnesota Association for Infant & Early Childhood Mental Health
Minnesota Child Care Association
Minnesota Child Care Resource and Referral Network
Minnesota Coalition for Targeted Home Visiting
Minnesota Community Education Association
Minnesota Elementary Principals Association
Minnesota Head Start Association
Minnesota Licensed Family Child Care Association
Minnesota Literacy Council
Minnesota School Age Care Alliance
National Center for Parents as Teachers - MN Regional Office
New Horizons Academy
Northland Foundation
Northwest Minnesota Foundation
Phyllis Wheatley Community Center
Ready 4 K
Reuben Lindh Family Services
Sheltering Arms Foundation
Siembra Early Childhood Education Program
Social Venture Partners
Southern Minnesota Initiative Foundation
Stevens County Early Childhood Initiative
St. Paul Jewish Community Center
Thief River Falls Early Childhood Initiative
Tutor Time
Wabasso Area Early Childhood Initiative
Way to Grow
West Central Initiative Foundation
Willmar Early Childhood Initiative
Women's Foundation of Minnesota
Working Family Resource Center
YWCA of Minneapolis

APPENDIX H

Pros and cons of governance structures

Office within an existing single department

Pros	Cons
More influence within agency due to size of budget.	Data sharing difficult to coordinate across MDE, DHS, and MDH.
One boss.	Repeating something we had before (CFL).
Easier to have one vision.	Not enough of a change from status quo.
Simple, streamlined.	Health might be left out.
One decision maker.	Disruptive to physically move staff.
Access to infrastructure of department. (e.g., IT and PR).	More politically difficult to implement.
Governor led-doable in political context.	Early childhood wouldn't be THE clear priority within the department.
	One focus.
	Difficult to implement? – taking money from one agency and giving it to another.

Office within multiple existing departments

Pros	Cons
Governor led-doable in political context.	two or three bosses.
Fiscally prudent.	three Departments (DHS, MDE, and MDH) might be too many such that status might be dissipated across agencies.
Elevate EC as issue.	Money not pooled if kept within current agency so might be harder to protect from cuts.
Cross-Agency Team could be part of broader governance reform.	Decision-making could be more difficult.
Maintains agency infrastructure of Departments.	Coordination could be difficult.
Symbolizes the view that health, family supports, and education all matter.	Dependent on an outstanding leader. Could be difficult if the right person is not found.
Could focus more broadly on goals and functions, not department.	May not change how programs are administered.
Allows more nimble partnership to exist with private/public entities.	Sustainability across political terms.
Could contain all kinds of authority.	Could be perceived as more bulky.

Part of a phase-in plan, eventually creating a separate office.	
Communication increased across agencies.	
Entrepreneurial.	

Free-standing Office

Pros	Cons
Cabinet level, at the table with the others.	Might not have same voice as other cabinet members.
Heightens EC Profile.	Not politically viable.
Maximize a strategic plan.	Hard to implement.
Break down silos.	Financial constraints.
Nimble with public/private.	No path to funding plan.
	More dependent on legislative direction.

Governor's Office Leadership

Pros	Cons
Governor is interested.	Only a position of influence.
One step of phased approach.	Very limited authority.
Could raise public awareness.	

APPENDIX I

Consolidated Fiscal Note – 2009-10 Session

Bill #: S0487-2E **Complete Date:** 03/30/10

Chief Author: MICHEL, GEOFF

Title: OFFICE OF EARLY LEARNING CREATION

Fiscal Impact	Yes	No
State	X	
Local		X
Fee/Departmental Earnings		X
Tax Revenue		X

Agencies: Education Department (03/30/10)
Health Dept (03/29/10)

Administration Dept (03/30/10)
Human Services Dept (03/26/10)

This table reflects fiscal impact to state government. Local government impact is reflected in the narrative only.

Dollars (in thousands)	FY09	FY10	FY11	FY12	FY13
Net Expenditures					
General Fund			333	637	476
Education Department			246	216	216
Human Services Dept			73		
Health Dept			14		
Administration Dept				421	260
Federal TANF Fund					
Health Dept					
Revenues					
General Fund			29		
Human Services Dept			29		
Net Cost <Savings>					
General Fund			304	637	476
Education Department			246	216	216
Human Services Dept			44		
Health Dept			14		
Administration Dept				421	260
Federal TANF Fund					
Health Dept					
Total Cost <Savings> to the State			304	637	476

Consolidated Fiscal Note
Bill #: S0487-2E **Complete**
Chief Author: MICHEL, GE
Title: OFFICE OF EARLY LI

Agencies: Educatio
Health D

This table reflects fiscal impact to
Dollar

Dollars	FY09	FY10	FY11	FY12	FY13
Net Expenditures					
General Fund			304	637	476
Education Department			246	216	216
Human Services Dept			44		
Health Dept			14		
Administration Dept				421	260
Federal TANF Fund					
Health Dept					
Revenues					
General Fund			29		
Human Services Dept			29		
Net Cost <Savings>					
General Fund			2.00	2.00	2.00
Education Department			2.00	2.00	2.00
Human Services Dept					
Health Dept					
Administration Dept					
Federal TANF Fund					
Health Dept					
Total Cost <Savings>			2.00	2.00	2.00

	FY09	FY10	FY11	FY12	FY13
Full Time Equivalents					
General Fund			2.00	2.00	2.00
Education Department			2.00	2.00	2.00
Health Dept					
Federal TANF Fund					
Health Dept					
Total FTE			2.00	2.00	2.00

Consolidated EBO Comments

The fiscal costs outlined in this fiscal note include:

- Transferring existing staff from Education, Health, and Human Services
- Salary & Benefits for the office Director and Office Admin
- Lease/Rent expenditures for 52 FTE's
- Planning costs for consolidating early learning programs into the new office

Potential costs highlighted in the narratives but not included in the table include:

- Hiring additional staff if the 50 FTE's transferred do not provide adequate coverage in areas such as accounting, budgeting, and IT support
- Developing new operating procedures and training staff
- Building data systems to collect data and allocate out payments or contract costs to continue using Education, Health, and Human Services data systems
- State agency indirect costs

Consolidated EBO Comments

The fiscal costs outlined in th

- Transferring
- Salary & Ben
- Lease/Rent
- Planning co

EBO Signature: KRISTY SWANSON
Date: 03/30/10 Phone: 651-201-8082

Potential costs highlighted in

- Hiring additi
- as accountin
- Developing new operating procedures and training staff
- Building data systems to collect data and allocate out payments or contract costs to continue using Education, Health, and Human Services data systems
- State agency indirect costs

S0487-2E

Fiscal Note – 2009-10 Session

Bill #: S0487-2E **Complete Date:** 03/30/10

Chief Author: MICHEL, GEOFF

Title: OFFICE OF EARLY LEARNING CREATION

Fiscal Impact	Yes	No
State	X	
Local		X
Fee/Departmental Earnings		X
Tax Revenue		X

Agency Name: Education Department

This table reflects fiscal impact to state government. Local government impact is reflected in the narrative only.

Dollars (in thousands)	FY09	FY10	FY11	FY12	FY13
Expenditures					
General Fund			246	216	216
Less Agency Can Absorb					
-- No Impact --					
Net Expenditures					
General Fund			246	216	216
Revenues					
-- No Impact --					
Net Cost <Savings>					
General Fund			246	216	216
Total Cost <Savings> to the State			246	216	216

Fiscal Note – 2009-10 Session

Bill #: S0487-2E **Complete Date:** 03/30/10

Chief Author: MICHEL, GEOFF

Title: OFFICE OF EARLY LEARNING CREATION

	FY09	FY10	FY11	FY12	FY13
Full Time Equivalents					
General Fund			2.00	2.00	2.00
Total FTE			2.00	2.00	2.00

Agency Name: Education Department

This table reflects fiscal impact to state government.

Dollars (in thousands)

Expenditures
General Fund
Less Agency Can Absorb
-- No Impact --
Net Expenditures
General Fund
Revenues
-- No Impact --
Net Cost <Savings>
General Fund
Total Cost <Savings>

Full Time Equivalents
General Fund

Bill Description

Section 1 establishes a new state office of early learning effective July 1, 2010. The governor must appoint, subject to the advice and consent of the senate, a director who is "a recognized expert in the field of early childhood care and education." The director is responsible for "prekindergarten and child care programs" transferred to the office from the departments of education, human services and health."

Section 2 transfers, under the authority of Minn. Stat. Section 15.039, responsibilities and positions from the departments of education, human services, and health to the new office effective July 1, 2010. Transfers from MDE include "all positions...related to early childhood education" and "responsibilities of the commissioner for early childhood education programs and financing under Minnesota Statutes, sections 119A.50 to 119A.535 [state Head Start program and aid], 121A.16 to 121A.19 [Early Childhood Health and Developmental Screening program and aid], and 124D.129 to 124D.2211 [Educate Parents Partnership; Early Childhood Family Education (ECFE) program and revenue; ECFE Home Visiting program and revenue; State Advisory Council on Early Childhood Education and Care; Quality Rating and Improvement System; Kindergarten Readiness Assessment; Community Education programs and revenue; School Age Care revenue; After-School Community Learning Programs]."

Bill Description

Section 1 establishes a new subject to the advice and consent of the senate, a director who is "a recognized expert in the field of early childhood care and education" transferred to the office from the departments of education, human services, and health to the new office effective July 1, 2010. Transfers from MDE include "all positions...related to early childhood education programs and financing under Minnesota Statutes, sections 119A.50 to 119A.535 [state Head Start program and aid], 121A.16 to 121A.19 [Early Childhood Health and Developmental Screening program and revenue; ECFE Home Visiting program and revenue; State Advisory Council on Early Childhood Education and Care; Quality Rating and Improvement System; Kindergarten Readiness Assessment; Community Education programs and revenue; School Age Care revenue; After-School Community Learning Programs]."

Section 2 transfers, under the authority of Minn. Stat. Section 15.039, responsibilities and positions from the departments of education, human services, and health to the new office effective July 1, 2010. Transfers from MDE include "all positions...related to early childhood education programs and financing under Minnesota Statutes, sections 119A.50 to 119A.535 [state Head Start program and aid], 121A.16 to 121A.19 [Early Childhood Health and Developmental Screening program and revenue; ECFE Home Visiting program and revenue; State Advisory Council on Early Childhood Education and Care; Quality Rating and Improvement System; Kindergarten Readiness Assessment; Community Education programs and revenue; School Age Care revenue; After-School Community Learning Programs]."

The Sections of education statutes cited above include the following, which are not early childhood education programs:

- Community Education, Minn. Stat. Sections 124D.19 to 124D.20;
- School-Age Care Revenue, Minn. Stat. Section 124D.22, is an optional local levy to fund additional costs of serving students with a disability or temporary family problem who attend school-age care programs for students in grades kindergarten through six;
- After-School Community Learning Programs, Minn. Stat. Section 124D.2211, is an inactive grant program that received one-time appropriations in FYs 2008-2009, but is not currently funded.

The Sections of education statutes cited above exclude the following services to children from birth to age five administered by MDE:

- Interagency Early Childhood Intervention System (Minn. Stat. Sections 125A.259-125A.48), federal Individuals with Disabilities Education Act (IDEA) Part C;
- State and federal special education services under IDEA Part B.

The Sections of education statutes cited above include the following, which are not early childhood education programs:

- Community Education, Minn. Stat. Sections 124D.19 to 124D.20;
- School-Age Care Revenue, Minn. Stat. Section 124D.22, is an optional local levy to fund additional costs of serving students with a disability or temporary family problem who attend school-age care programs for students in grades kindergarten through six;
- After-School Community Learning Programs, Minn. Stat. Section 124D.2211, is an inactive grant program that received one-time appropriations in FYs 2008-2009, but is not currently funded.

The Sections of education statutes cited above exclude the following services to children from birth to age five administered by MDE:

- Interagency Early Childhood Intervention System (Minn. Stat. Sections 125A.259-125A.48), federal Individuals with Disabilities Education Act (IDEA) Part C;
- State and federal special education services under IDEA Part B.

Assumptions

The governor appoints a director by, and the office of early learning (OEL) begins operations on July 1, 2010.

The transfer of positions and funding from MDE is effective July 1, 2011. The following appropriations would be transferred to OEL:

Dollars in Thousands

	FY2011	FY2012	FY2013
Head Start	20,100	20,100	20,100
Early Childhood Health and Developmental Screening	3,531	4,171	3,597
Educate Parents Partnership	49	50	50
Early Childhood Family Education (ECFE)	22,126	26,499	23,182
Kindergarten Readiness Assessment	281	287	287
Community Education	486	587	690
School Age Care	1	1	1
Total	46,574	51,695	47,907

Assumptions

The governor appoints a director by, and the office of early learning (OEL) begins operations on July 1, 2010.

The transfer of positions and funding from MDE is effective July 1, 2011. The following appropriations would be transferred to OEL:

Dollars in Thousands

Head Start			
Early Childhood Health and Developmental Screening	S0487-2E		
Educate Parents Partnership			
Early Childhood Family Education (ECFE)	22,126	26,499	23,182
Kindergarten Readiness Assessment	281	287	287
Community Education	486	587	690
School Age Care	1	1	1
Total	46,574	51,695	47,907

Office of Early Learning

56

January 2011

Department of Education

- Costs to relocate MDE staff transferred effective July 1, 2011, will be paid by OEL and will be incurred in FY2011. All special education and Interagency Early Childhood Intervention System staff and funding remains at MDE and is not transferred.
- MDE agency-wide student data and education finance systems that early education and other programs to be transferred use currently to collect, process, and report student data; calculate aids and levies; and make state aid payments to school districts and Head Start grantees will not be transferred to OEL. Some of these functions would not be practical for the OEL to replicate, for example, the MARSS student data system and the annual levy limitation and certification process, which is required for Community Education, School-Age Care, Early Childhood Family Education, and ECFE Home Visiting levy programs. The OEL could contract with MDE to provide essential administrative services.

Office of Early Learning

- Additional costs to establish the director's office in FY 2011 include: salary and benefits, office rent, supplies, and one-time office set-up costs for 1.0 FTE Director and 1.0 FTE Office and Admin. Specialist; and recurring travel costs for the director position. The OEL Director's compensation would be set according to Minn. Stat. Section 15A.0815, subdivision 2, Group I salary limits, and be comparable to Commissioner-Education Dept. Classification.

One-time relocation costs in FY 2011 for 15 FTE positions transferred from MDE, estimated at \$1,700 per FTE. This estimate is based upon the cost of \$1,500 per position to relocate staff of the department of children, families, and learning transferred in 2003 to the department of human services.

Beginning July 1, 2011, the OEL must have the capacity to collect required data from school districts, including the annual age birth through four census and early childhood screening individual student record data; calculate annual revenue for aid and levy programs; and process state aid payments to school districts and Head Start grantees. The office must either develop and operate its own IT systems or contract with MDE to fulfill these essential administrative functions, which are currently embedded in several MDE student and education finance systems that are not transferred to OEL. The number of additional staff and IT resources that may be required will depend upon implementation of the transfer of programs of three state agencies.

Aid payments by OEL to school districts for the Community Education, Early Childhood Family Education, Early Childhood Screening, and School Readiness programs will continue to be subject to the aid payment schedule in Minn. Stat. Section 127A.45. Note: the bill does not specify a payment schedule; the schedule affects the amount of annual appropriations required.

Department of Education

- Costs to relocate MDE staff transferred effective July 1, 2011. All special education and Interagency Early Childhood Intervention System staff and funding remains at MDE and is not transferred.
- MDE agency-wide student data and education finance systems that early education and other programs to be transferred use currently to collect, process, and report student data; calculate aids and levies; and make state aid payments to school districts and Head Start grantees will not be transferred to OEL. Some of these functions would not be practical for the OEL to replicate, for example, the MARSS student data system and the annual levy limitation and certification process, which is required for Community Education, School-Age Care, Early Childhood Family Education, and ECFE Home Visiting levy programs. The OEL could contract with MDE to provide essential administrative services.

Office of Early Learning

- Additional costs to establish the director's office in FY 2011 include: salary and benefits, office rent, supplies, and one-time office set-up costs for 1.0 FTE Director and 1.0 FTE Office and Admin. Specialist; and recurring travel costs for the director position. The OEL Director's compensation would be set according to Minn. Stat. Section 15A.0815, subdivision 2, Group I salary limits, and be comparable to Commissioner-Education Dept. Classification.

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- Beginning July 1, 2011, the OEL must have the capacity to collect required data from school districts, including the annual age birth through four census and early childhood screening individual student record data; calculate annual revenue for aid and levy programs; and process state aid payments to school districts and Head Start grantees. The office must either develop and operate its own IT systems or contract with MDE to fulfill these essential administrative functions, which are currently embedded in several MDE student and education finance systems that are not transferred to OEL. The number of additional staff and IT resources that may be required will depend upon implementation of the transfer of programs of three state agencies.

- Aid payments by OEL to school districts for the Community Education, Early Childhood Family Education, Early Childhood Screening, and School Readiness programs will continue to be subject to the aid payment schedule in Minn. Stat. Section 127A.45. Note: the bill does not specify a payment schedule; the schedule affects the amount of annual appropriations required.

Expenditure and/or Revenue Formula

Table 1. Dept. of Early Childhood Care and Education Costs	FY 2011	FY 2012	FY 2013
1.0 FTE Director: salary, benefits, office, travel costs	\$ 154,463	\$ 152,640	\$ 152,640
1.0 FTE Office & Admin Suppt: salary, benefits, office costs	\$ 65,111	\$ 63,288	\$ 63,288
Relocation Costs, 15 FTE x \$1,700 per FTE Transferred from MDE	\$ 25,500		\$ -
TOTAL	\$ 245,074	\$ 215,928	\$ 215,928

Expenditure and/or Revenue

Table 1. Dept. of Early Childhood Care and Education Costs

Long-Term Fiscal Considerations

1.0 FTE Director: salary, benefits, office, travel costs

S0487-2E

1.0 FTE Office & Admin Suppt: salary, benefits, office costs	\$ 65,111	\$ 63,288	\$ 63,288
Relocation Costs, 15 FTE x \$1,700 per FTE Transferred from MDE	\$ 25,500		\$ -
TOTAL	\$ 245,074	\$ 215,928	\$ 215,928

All costs shown in FY 2013 are recurring.

Local Government Costs

None.

Agency Contact Name: Lisa DeReme
FN Coord Signature: ANN MCLELLAN
Date: 03/30/10 Phone: 651-582-8550

EBO Comments

All costs shown in FY 2013 are recurring. I have reviewed this Fiscal Note for accuracy and content.

Local Government Costs

EBO Signature: KRISTY SWANSON
Date: 03/30/10 Phone: 651-201-8082

None.

Agency Contact Name: Lisa
FN Coord Signature: ANN M
Date: 03/30/10 Phone: 651-

EBO Comments

I have reviewed this Fiscal N

EBO Signature: KRISTY SW
Date: 03/30/10 Phone: 651-

Fiscal Note – 2009-10 Session

Bill #: S0487-2E **Complete Date:** 03/26/10

Chief Author: MICHEL, GEOFF

Title: OFFICE OF EARLY LEARNING CREATION

Fiscal Impact	Yes	No
State	X	
Local		X
Fee/Departmental Earnings		X
Tax Revenue		X

Agency Name: Human Services Dept

This table reflects fiscal impact to state government. Local government impact is reflected in the narrative only.

Dollars (in thousands)	FY09	FY10	FY11	FY12	FY13
Expenditures					
General Fund			73		
Less Agency Can Absorb					
-- No Impact --					
Net Expenditures					
General Fund			73		
Revenues					
General Fund			29		
Net Cost <Savings>					
General Fund			44		
Total Cost <Savings> to the State			44		

Fiscal Note – 2009-10 Session

Bill #: S0487-2E **Complete Date:** 03/26/10

Chief Author: MICHEL, GEOFF

Title: OFFICE OF EARLY LEARNING CREATION

Agency Name: Human Services Dept

This table reflects fiscal impact to state government. Local government impact is reflected in the narrative only.

Dollars (in thousands)	FY09	FY10	FY11	FY12	FY13
Full Time Equivalents					
-- No Impact --					
Total FTE					

Expenditures
General Fund
Less Agency Can Absorb
-- No Impact --
Net Expenditures
General Fund
Revenues
General Fund
Net Cost <Savings>
General Fund
Total Cost <Savings>

Full Time Equivalents
-- No Impact --

Bill Description

Section 1 of this bill establishes an Office of Early Learning, with a director appointed by the governor and confirmed by the senate, to coordinate a high-quality early childhood system in Minnesota to make these programs more effective and improve the educational outcomes of all children. This section is effective July 1, 2010.

Section 2 of the bill transfers all responsibilities, positions and financing related to early childhood education currently in the Department of Education (MDE), responsibilities, positions and financing under the commissioner of the Department of Health (MDH) for family home visiting programs, and all responsibilities, positions and financing for child care assistance, child care development and early childhood learning and child protection facilities programs and financing under 119B and 256E.37 under the Department of Human Services (DHS) to Office of Early Learning.

Assumptions

This fiscal note assumes that costs to fund the new director and costs related to the establishment of the Office of Early Learning are included in the Department of Education cost estimates as are costs to relocate MDE staff. Costs to transfer staff from MDH are assumed to be included in the Health Department estimate and are not included here.

It is assumed that while the new office must rely on existing appropriations and staff for carrying out its duties, there are one-time costs associated with the transfer and co-location of staff and preparation of a detailed plan that will need to occur to implement the provisions of the bill. These one-time costs are assumed to be funded outside existing appropriations.

It is assumed that the reference to Minnesota Statutes 15.039 in Section 2 of this bill indicates intent to physically co-locate staff in the Office of Early Learning.

Under this bill, responsibility for administration of federal Child Care and Development Funds (CCDF) would move to the new office. Funding totals vary each year as they are allocated to states based on a formula. In FFY 2010, this fund totaled \$79.2 million. In addition, \$93,000 in general fund dollars is currently appropriated for staff that work in the child care development area. It is assumed that these appropriations would transfer to the new department

Bill Description

Section 1 of this bill establish confirmed by the senate, to c programs more effective and 2010.

Section 2 of the bill transfers currently in the Department c of the Department of Health (financing for child care assist facilities programs and financ Office of Early Learning.

Assumptions

This fiscal note assumes that Early Learning are included i Costs to transfer staff from M included here.

It is assumed that while the n there are one-time costs ass that will need to occur to imp outside existing appropriator

It is assumed that the referer co-locate staff in the Office o

Under this bill, responsibility to the new office. Funding to this fund totaled \$79.2 millior work in the child care develo department

Section 2

Under this bill it is assumed t
1) Costs related to the c care and education p
2) Costs for the physica

It is also assumed that all fed met under the new office.

Development of Plan and T

It is estimated that the staff ti location and transfer of staff i approximately \$29,000. The duties and appropriations wo planning.

Section 2

Under this bill it is assumed that DHS would incur costs for the following:

- 1) Costs related to the development of a detailed plan and timeline for the co-location of early childhood care and education programs that would be needed to implement the transfer provisions of the bill, and
- 2) Costs for the physical move and co-location of staff to the new office

It is also assumed that all federal requirements related to the receipt and use of federal funding will continue to be met under the new office.

Development of Plan and Timeline

It is estimated that the staff time required to complete and write the detailed implementation timeline for the co-location and transfer of staff to the new office will take approximately 700 hours to complete, at a cost of approximately \$29,000. These costs will occur in fiscal year 2011, and it is assumed that the transfer of staff, duties and appropriations would be effective July 1, 2011, rather than July 1, 2010 in order to allow time for the planning.

Move/Co-location of staff

Costs reflected here are one-time relocation costs associated with the move of staff and work materials to a new location under the Office of Early Learning. It is assumed that the move would take place after the completion of

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Page 7 of 14

Cost \$29,000
FFP 40% 11,600
Net State Cost \$17,400

a detailed implementation plan to co-locate staff. This fiscal note therefore assumes that funds would need to be appropriated by the end of fiscal year 2011 and carried forward into 2012 to complete the co-location.

Costs not included in this fiscal estimate
It is assumed that there will be details identified in the co-location plan that might not be identified here.

Examples include:

The estimate included in this fiscal note does not include costs associated with transitioning responsibilities from the department to the office. For example, some duplication of functions related to transitioning federal reporting responsibilities from the department to the office will occur while the task is transferred to the office. This duplication or overlap would be temporary.

Costs included here do not include indirect support costs for centralized functions that would need to be transitioned to the new office and may result in increased costs related to hiring of additional staff. An example would be forecasting of the child care assistance program which could result in the need to hire additional staff to perform this function in the new office.

This estimate does not include indirect cost structures which may vary by agency, resulting in different ongoing administrative costs.

Examples include:
In addition, the plan would need to address how computer system support would be handled with the new office. Currently, system support for the child care assistance program is integrated with other income support programs at DHS.

Relocation Costs
It is estimated that 26 staff will need to be moved and co-located with the new office.

Costs included here do not include one-time relocation costs for 26 staff moving from DHS to a new office. Costs may be transitioned to the new office significantly higher if vacant space at a newly established location needs to be prepared and/or if equipment is not available at the new location. Costs for creating workstations in a vacant space may be as high as \$42,000 per workstation in the new office.

This estimate does not include administrative costs.

- One-time relocation of workstation contents after business hours or over weekend
- Disconnect and move personal computers
- Move existing chair
- Leave phone and workstation furnishings (including file cabinets) in place at DHS

\$1,700 x 26 FTEs = \$44,200 Total Cost
FFP 40% = \$17,680 (based on DHS admin reimbursement)
Net State Cost = \$26,520

Expenditure and/or Revenue Formula

\$1,700 per FTE based on v Long-Term Fiscal Considerations

- One-time relocation
- Disconnect
- Move existing
- Leave phone

References/Sources

\$1,700 x 26 FTEs =
FFP 40% =
Net State Cost =
Agency Contact Name: Jenny Ehrnst 431-3831
FN Coord Signature: JAYNE RANKIN
Date: 03/25/10 Phone: 651-431-3432

EBO Comments

Long-Term Fiscal Considerations
S0487-2E

Local Government Costs

References/Sources

Agency Contact Name: Jenny Ehrnst 431-3831
FN Coord Signature: JAYNE RANKIN
Date: 03/25/10 Phone: 651-431-3432

EBO Comments

I have reviewed this Fiscal Note for accuracy and content.

EBO Signature: EMILY ENGEL
Date: 03/26/10 Phone: 651-201-8029

I have reviewed this Fiscal N

EBO Signature: EMILY ENG
Date: 03/26/10 Phone: 651-

Fiscal Note – 2009-10 Session

Bill #: S0487-2E **Complete Date:** 03/29/10

Chief Author: MICHEL, GEOFF

Title: OFFICE OF EARLY LEARNING CREATION

Fiscal Impact	Yes	No
State	X	
Local		X
Fee/Departmental Earnings		X
Tax Revenue		X

Agency Name: Health Dept

This table reflects fiscal impact to state government. Local government impact is reflected in the narrative only.

Dollars (in thousands)	FY09	FY10	FY11	FY12	FY13
Expenditures					
General Fund			14		
Federal TANF Fund					
Less Agency Can Absorb					
-- No Impact --					
Net Expenditures					
General Fund			14		
Federal TANF Fund					
Revenues					
-- No Impact --					
Net Cost <Savings>					
General Fund			14		
Federal TANF Fund					
Total Cost <Savings> to the State			14		

Fiscal Note – 2009-10 Session

Bill #: S0487-2E **Complete Date:** 03/29/10

Chief Author: MICHEL, GEOFF

Title: OFFICE OF EARLY LEARNING CREATION

Agency Name: Health Dept

This table reflects fiscal impact to state government. Local government impact is reflected in the narrative only.

Dollars (in thousands)	FY09	FY10	FY11	FY12	FY13
Expenditures					
General Fund					
Federal TANF Fund					
Less Agency Can Absorb					
-- No Impact --					
Net Expenditures					
General Fund					
Federal TANF Fund					
Revenues					
-- No Impact --					
Net Cost <Savings>					
General Fund					
Federal TANF Fund					
Total Cost <Savings>					
Full Time Equivalent					
General Fund					
Federal TANF Fund					
Total FTE					

Bill Description

This bill creates a new Office of Early Learning to coordinate a high-quality early childhood system in Minnesota to make such programs more effective and to improve the educational outcomes of all children. This bill also transfers the responsibilities, the appropriations and the positions related to the family home visiting program under Minnesota Statutes 145A.17 from the Minnesota Department of Health to the Office of Early Learning.

Assumptions

All responsibilities for the Family Home Visiting Program, Minnesota Statute 145A.17, are transferred from the Department of Health (MDH) to a new Office of Early Learning.

This transfer includes \$7,827,300 in grant funding and \$1,039,200 in operations. Funding as outlined in 145A.17 and TANF rider language is for home visiting programs targeting families with: adolescent parents; a history of alcohol or other drug abuse; a history of child abuse, domestic abuse, or other types of violence; a history of domestic abuse, rape, or other forms of victimization, reduced cognitive functioning; a lack of knowledge of child growth and development stages; low resiliency to adversities and environmental stresses; insufficient financial resources to meet family needs; a history of homelessness; and a risk of long-term welfare dependence or family instability due to employment barriers and who are at or below 200 percent of federal poverty guidelines.

Bill Description

This bill creates a new Office to make such programs more effective and to improve the educational outcomes of all children. This bill also transfers the responsibilities, under Minnesota Statutes 145A.17 from the Minnesota Department of Health to the Office of Early Learning.

Assumptions

All responsibilities for the Family Home Visiting Program, Minnesota Statute 145A.17, are transferred from the Department of Health (MDH) to a new Office of Early Learning.

This transfer includes \$7,827,300 in grant funding and \$1,039,200 in operations. Funding as outlined in 145A.17 and TANF rider language is for home visiting programs targeting families with: adolescent parents; a history of alcohol or other drug abuse; a history of child abuse, domestic abuse, or other types of violence; a history of domestic abuse, rape, or other forms of victimization, reduced cognitive functioning; a lack of knowledge of child growth and development stages; low resiliency to adversities and environmental stresses; insufficient financial resources to meet family needs; a history of homelessness; and a risk of long-term welfare dependence or family instability due to employment barriers and who are at or below 200 percent of federal poverty guidelines.

Annual Allocations include:

- \$6,979,000 in grant (TANF) funds awarded through a formula distribution to local public health agencies for the Family Home Visiting Program.
- \$848,300 in grant (TANF) funds awarded through a formula distribution to tribal governments for the Family Home Visiting Program
- \$499,800 (TANF) is directed toward training as required under Minnesota Statutes, section 145A.17, subdivision 4.
- \$249,900 (TANF) is directed toward conducting ongoing evaluation activities as required under Minnesota Statutes, section 145A.17, subdivision 5.
- \$289,500 (general funds) provides grant management and oversight as well as technical assistance and consultation to local public health agencies and tribal governments.

Annual Allocations include:

- \$6,979,000 in grant (TANF) funds awarded through a formula distribution to local public health agencies for the Family Home Visiting Program.
 - \$848,300 in grant (TANF) funds awarded through a formula distribution to tribal governments for the Family Home Visiting Program
 - \$499,800 (TANF) is directed toward training as required under Minnesota Statutes, section 145A.17, subdivision 4.
 - \$249,900 (TANF) is directed toward conducting ongoing evaluation activities as required under Minnesota Statutes, section 145A.17, subdivision 5.
 - \$289,500 (general funds) provides grant management and oversight as well as technical assistance and consultation to local public health agencies and tribal governments.
- 8.2 positions would be transferred from the Department of Health to the new Department of Early Learning. These positions are as follows: 1.7 FTE Public Health Nursing positions; 1 FTE Planner position; 2 Epidemiologist positions; 3 Health Educator positions and 0.5 FTE Support Staff. One-time relocation costs for 8.2 FTEs is assumed at \$1700 per FTE (8.2 x 1700 = \$13,940)
- Costs associated with establishment of the new Office of Early Learning will be included in the fiscal note from the Department of Education.
- Supervisory oversight of staff will be covered by the new Office of Early Learning and as such are not included in this fiscal note.
- Costs associated with either contracting with MDH or developing a web based application for Family Home Visiting reporting will be covered by the new Office of Early Learning and as such are not included in this fiscal note. The current Family Home Visiting Program reporting mechanism is imbedded in an MDH data reporting system that is available to MDH and local public health agencies.

Expenditure and/or Revenue Formula

EXPENDITURES	SFY09	SFY10	SFY11	SFY12	SFY13
Salaries	0	0	637,592	637,592	637,592

Supervisory oversight of staff this fiscal note.

Costs associated with either Visiting reporting will be covered by the new Office of Early Learning and as such are not included in this fiscal note. The current Family Home Visiting Program reporting mechanism is imbedded in an MDH data reporting system that is available to MDH and local public health agencies.

S0487-2E

Expenditure and/or Revenue Formula

EXPENDITURES	SFY09	SFY10	SFY11	SFY12	SFY13
Salaries	0	0	637,592	637,592	637,592

Office of Early Learning

Other Operating Costs	0	0	401,608	401,608	401,608
Grants	0	0	7,827,300	7,827,300	7,827,300
Administrative Services	0	0	0	0	0
OR Indirect Cost	0	0	0	0	0
TOTAL EXPENSES			8,866,500	8,866,500	8,866,500

FUND	SFY09	SFY10	SFY11	SFY12	SFY13
General Fund	0	0	289,500	289,500	289,500
Federal TANF	0	0	8,577,000	8,577,000	8,577,000
TOTAL			8,866,500	8,866,500	8,866,500
General Fund FTEs	0	0	2.70	2.70	2.70
Federal TANF FTEs			5.50	5.50	5.50
TOTAL FTEs			8.20	8.20	8.20

Other Operating Costs
Grants
Administrative Services
OR Indirect Cost
TOTAL EXPENSES

Long-Term Fiscal Considerations

N/A

FUND
General Fund
Federal TANF
TOTAL
General Fund FTEs
Federal TANF FTEs
TOTAL FTEs

Local Government Costs

N/A

References/Sources

N/A

Long-Term Fiscal Considerations

N/A

Agency Contact Name: JANET OLSTAD (651) 201-3584
FN Coord Signature: BARB JUELICH
Date: 03/26/10 Phone: 651-201-3947

Local Government Costs

N/A

EBO Comments

I have reviewed this Fiscal Note for accuracy and content.

References/Sources

N/A

EBO Signature: EMILY ENGEL
Date: 03/29/10 Phone: 651-201-8029

Agency Contact Name: JANET OLSTAD (651) 201-3584
FN Coord Signature: BARB JUELICH
Date: 03/26/10 Phone: 651-201-3947

EBO Comments

I have reviewed this Fiscal Note for accuracy and content.

EBO Signature: EMILY ENGEL
Date: 03/29/10 Phone: 651-201-8029

Fiscal Note – 2009-10 Session

Bill #: S0487-2E **Complete Date:** 03/30/10

Chief Author: MICHEL, GEOFF

Title: OFFICE OF EARLY LEARNING CREATION

Fiscal Impact	Yes	No
State	X	
Local		X
Fee/Departmental Earnings		X
Tax Revenue		X

Agency Name: Administration Dept

This table reflects fiscal impact to state government. Local government impact is reflected in the narrative only.

Dollars (in thousands)	FY09	FY10	FY11	FY12	FY13
Expenditures					
General Fund				421	260
Less Agency Can Absorb					
-- No Impact --					
Net Expenditures					
General Fund				421	260
Revenues					
-- No Impact --					
Net Cost <Savings>					
General Fund				421	260
Total Cost <Savings> to the State				421	260

Fiscal Note – 2009-10 S

Bill #: S0487-2E **Comple**

Chief Author: MICHEL, GE

Title: OFFICE OF EARLY LE

Agency Name: Administi

This table reflects fiscal impact t
Dollar

	FY09	FY10	FY11	FY12	FY13
Full Time Equivalents					
-- No Impact --					
Total FTE					
Expenditures					
General Fund					
Less Agency Can Abso					
-- No Impact --					
Net Expenditures					
General Fund					
Revenues					
-- No Impact --					
Net Cost <Savings>					
General Fund					
Total Cost <Savings					

Full Time Equivalents
-- No Impact --

Bill Description

This bill creates a new Department to coordinate a high-quality early childhood system in Minnesota to make childhood care and education more effective and to improve the educational outcomes of children from birth to kindergarten entrance. This bill transfers responsibilities and positions from the Departments of Education, Human Services, and Health to the new Department.

Assumptions

The Department of Administration's (Admin) response is related to lease/rent costs.

Funds will be appropriated to the newly created agency for lease/rent expenses. For purposes of this fiscal note, funds are identified in Admin's expenditure information. The anticipated collocation date is July 1, 2011/FY 2012.

Relocation costs are included in the fiscal notes completed by the Departments of Education, Human Services, and Health.

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Office and workstation furniture and equipment currently used by the FTE will be transferred and reused at a collocation site except for the employees transferred from DHS as their phones/workstations/filing cabinets will not be available/transferred.

Office space for a total of 52 FTEs will be leased in a nonstate-owned facility:
1 – Commissioner/director (new position)
1 – Office and Administrative Specialist (new position)
15 – FTEs from the Department of Education
26 - FTEs from the Department of Human Services
9 – FTEs from the Department of Health

Expenditure and/or Revenue Formula
Rental Cost for Leased Space on a five year lease term
52 FTEs x 250 square feet per FTE – 13,000 square feet needed
13,000 square feet x \$20 per square foot - \$260,000/FY 2012 and forward

Workstations cost for 26 FTEs transferred from DHS
26 workstations x \$6,200 per workstation/phone/filing cabinet = \$161,200/FY 2012

Long-Term Fiscal Considerations
Lease/rent expenses will be ongoing costs in future fiscal years.

Local Government Costs

References/Sources

FN Coord Signature: LENORA MADIGAN
Date: 03/29/10 Phone: 651-201-2563

EBO Comments
I have reviewed this Fiscal Note for accuracy and content.

EBO Signature: KATHARINE BARONDEAU
Date: 03/30/10 Phone: 651-201-8026

Bill Description
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