Department of Human Services

Funding Request for the FY 2022-23 Budget Cycle						
Request Title						
	DEC R-01 Regulating Illegal Care, Pror	noting Safe Care				
Dept. Approval By:			Supplemental FY 2021-22			
OSPB Approval By:			Budget Amendment FY 2022-23			
		<u>x</u>	Change Request FY 2022-23			

		FY 202	21-22	FY 20	22-23	FY 2023-24 Continuation	
Summary Information	Fund	Initial Appropriation	Supplemental Request	Base Request	Change Request		
	Total	\$11,783,871	\$0	\$11,946,757	\$345,980	\$348,474	
	FTE	70.2	0.0	70.7	7.3	7.6	
Total of All Line Items	GF	\$2,852,805	\$0	\$2,917,801	\$311,382	\$313,627	
Impacted by Change Request	CF	\$1,633,856	\$0	\$1,681,003	\$0	\$0	
noquoor	RF	\$0	\$0	\$0	\$0	\$C	
	FF	\$7,297,210	\$0	\$7,347,953	\$34,598	\$34,847	
	FY 2021-22		21-22	FY 2022-23		FY 2023-24	
Line Item Information	Fund	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation	
	Total	\$11,783,871	\$0	\$11,946,757	\$345,980	\$348,474	
06. Division of Early	FTE	70.2	0.0	70.7	7.3	7.6	
Childhood, (A) Division of Early Care and	GF	\$2,852,805	\$0	\$2,917,801	\$311,382	\$313,627	
Learning, (1) Division of	CF	\$1,633,856	\$0	\$1,681,003	\$0	\$0	
Early Care and Learning - Child Care Licensing	RF	\$0	\$0	\$0	\$0	\$C	
and Administration							

		Auxiliary Data	
Requires Legislation?	NO		
Type of Request?	Human Services Prioritized Request	Interagency Approval or Related Schedule 13s:	No Other Agency Impact

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Children Chi

FY 2022-23 Funding Request

November 1, 2021



Michelle Barnes Executive Director

Department Priority: DEC R-01 Request Detail: Regulating Illegal Care, Promoting Safe Care

Summary of Funding Change for FY 2022-23						
	Incremental Change					
	FY 2021-22 Appropriation	FY 2022-23 Request	FY 2023-24 Request			
Total Funds	\$11,783,871	\$345,980	\$348,475			
FTE	70.2	3.8	4.0			
General Fund	\$2,852,805	\$311,382	\$313,627			
Cash Funds	\$1,633,856	\$0	\$0			
Federal Funds	\$7,297,210	\$34,598	\$34,847			

Summary of Request

The Department of Human Services (CDHS or department) requests \$345,980 total funds including \$311,382 General Fund and \$34,598 federal Child Care and Development Fund (CCDF) and 3.8 FTE in FY 2022-23 and \$348,475 total funds including \$313,627 General Fund and \$34,847 federal CCDF and 4.0 FTE in FY 2023-24 and all future years for investigation into and regulation of illegal, unsafe child care across the state as well as a public awareness campaign on the benefits of licensed child care. In 2017, the department began issuing safe sleep letters to families after safe sleep violations in licensed care and, as a result, no child has died while in licensed care. Unfortunately, four children under the age of two have passed away while in unlicensed, unsafe child care since 2019. The additional General Funds will allow the department to better investigate unlicensed, unsafe care as well as to inform parents of the benefits of high-quality, licensed care, and reduce the number of children at risk of harm.

Current Program

The department, per Section 26-6-103, C.R.S., currently relies on community notification about illegal child care through a complaint process. When illegal child care is occurring and has been reported to the department, cease and desist letters are the first step in informing an individual that they are in violation of the law. CDHS, as an executive agency, does not have the authority to enforce a cease and desist letter, however. The Office of Early Childhood (OEC) issues cease and desist letters to put an individual on notice that they are unlicensed and need to either stop providing care or become licensed.

If ongoing care that requires a license continues after the cease and desist letter is delivered, the department will pursue an injunction, per Section 26-6-112, C.R.S. which is enforceable. OEC takes the information it has about illegal unlicensed child care and provides it to the Attorney General's Office. The Attorney General's Office then submits a case in court seeking an injunction.

S.B.21-201, Stricter Transparency & Enforcement In Child Care, modified the authority that CDHS has over individuals operating illegal childcare. The legislation requires OEC to take a more pronounced role in investigating and regulating individuals who may be and are operating child care illegally. First, OEC must publicly post the name and location of individuals that it has issued cease and desist orders against, and parents must be able to easily search this information on the internet. Second, the law requires the department to apply for a court injunction against an individual who is deemed to be operating child care illegally. Third, the legislation revises the civil penalties for continuing to operate an illegal child care operation (Section 26-6-114, C.R.S.).

Current funding allows the department to respond and react to complaints arising from the community but not to seek out and stop unsafe care from happening. As such, the department is able, in conjunction with our licensing complaint process, to investigate instances of suspected illegal, unsafe care when notified. But CDHS is unable to take proactive steps to address unsafe care autonomously. Shifting from a reactive to a proactive approach will likely require legislative and rule changes in addition to additional funding.

Problem or Opportunity

Since 2019, four young children in Colorado have passed away while under the care of illegal, unsafe child care providers, and while CDHS primarily oversees and regulates licensed care, there is increased interest in expanding the scope of the OEC to more actively investigate and impose sanctions on unsafe, non-exempt, illegal care. There have been no fatalities in licensed child care since 2017. That lack of fatalities coincides with the state's safe sleep letters provided to child care providers and families. The department proposes addressing the problem of child deaths in unsafe,

illegal care through legislative and budgetary proposals as yet to be determined by a Safe Child Care Task Force, which is already formed and is being led by H&K Law, LLC. The task force will recommend necessary reforms in child care settings to keep children safe, to inform parents and care providers about licensed and unlicensed care, and to inform OEC's practices regarding unlicensed and illegal child care.

OEC has traditionally focused on guiding and regulating licensed child care practices and with the support outlined in this request, will be able to investigate and take action against illegal care occurring throughout the state. DHS has no independent regulatory authority over unlicensed providers. Not all unlicensed child care is illegal. State law allows for "exempt" child care, which allows someone to regularly watch four or fewer children who are not related to the caregiver, with no more than two children under the age of two. Other exemptions include occasional care with no apparent pattern, or providing care for related children and one additional unrelated family. For those who do not follow the exempt care law and who do not obtain a license, the department's only enforceable action is filing for a court injunction. Since 2018, the department has pursued, and the courts have granted, nine temporary or permanent injunctions against providers operating illegally who are not exempt. The current process of issuing cease and desist letters followed by court proceedings if needed, has at times proven insufficient to the task of keeping children safe.

In reaction to the recent deaths of children in illegal care, S.B. 21-201 was signed into law on June 16, 2021. The bill increases penalties for unsafe, illegal care and for parents who actively search for it, and requires the department to provide information about individual child care providers who have been served with a cease and desist letter.

The department has always sought and supported policies that expand access to high-quality, licensed child care. Those policies will remain central to addressing deaths of children in illegal care, the easier it is for families to access quality, licensed care, the less likely it is that a child will be placed in an unsafe situation. Despite these policies, individuals continuing to provide illegal care must be held accountable. The Safe Child Care Task Force worked over several months to investigate established and innovative methods to not only better shape existing law surrounding illegal child care regulation but to propose new approaches to make Colorado's children safer. The Safe Child Care Task force will make final recommendations based on this work by winter 2021.

Proposed Solution

OEC requests \$345,980 total funds and 3.8 FTE in FY 2022-23 and all future years to establish a standalone unit in the Division of Early Care and Learning, within OEC. This unit will investigate alleged illegal care as well as work with the community to provide information on the benefits of licensed care. Knowing that different communities of the

State require different approaches, the staff will help implement the task force's policies in different regions of the State. It is likely this unit will be transferred to the Department of Early Childhood on July 1, 2022.

The task force, however, will review the larger system, —including child care licensing, but also law enforcement, public health, how families interact with the system and make additional recommendations for future consideration, which will be incorporated into this proposal. The task force will engage numerous stakeholders including parents, care providers, local public health agencies, law enforcement, media, early childhood councils, and many others. The task force concluded its work in late summer of 2021.Recommendations with a fiscal impact will be evaluated as part of the annual budget process.

The Compliance Specialist IV (1.0 FTE) position will be responsible for:

- determining the best option for both immediate and long-term compliance with applicable child care licensing statutes and Department of Early Childhood policies related to the regulation of unlicensed child care;
- determining whether statutes related to the investigations and inspections of unlicensed care have been appropriately applied;

The Compliance Specialist III (3 FTE) unit staff will need to:

- Review and evaluate unlicensed complaints received by the Department to determine the severity of the allegations and assess the imminent danger or risk to children;
- Coordinate a response, including determining when to involve other community members, stakeholders, agency partners, or law enforcement;
- Appropriately apply statutes related to the investigation of a program's operation to determine if they are in compliance with one of the numerous statutory exemptions or providing illegal care during the investigation;
- Complete records and reports necessary to document the investigation of complaints and ensure the facility's compliance with laws and regulations;
- Disseminate information to individuals on the licensing processes as well as resources for assisting in becoming a licensed program; and
- Provide technical assistance to child care providers engaging in the licensing process.

Theory of Change	Increase public awareness of why licensed care is the safest choice and more intensely regulate illegal child care operations.
Program Objective	Increase usage and knowledge of licensed child care by families; reduce the number of deaths of young children who are being cared for by illegal operations.
Outputs being measured	Number of cease-and-desist letters issued; number of potential illegal child care operators investigated/observed; number of court injunction requests made; number of child deaths

Table 1. Evidence Continuum

	while under illegal child care; number and amount of fines issued against those deemed to be operating illegal child care.					
Outcomes being measured	Number of illegal child care operations discovered and against whom action was initiated; public awareness of why licensed child care is the safest option.					
Cost/Benefit ratio	NA	NA				
Evaluations	Pre-Post	Quasi-Experimental Design	Randomized Control Trial			
Results of Evaluation	NA NA NA					
Continuum Level	Level1					

This budget request is a meaningful step towards intentionally and proactively addressing illegal, unsafe care. The department needs to ensure that the community understands the differences between licensed, unlicensed, illegal, and unlicensed exempt care and what those distinctions mean. In addition to this approach, the department also needs to further promote safe care as well.

Anticipated Outcomes

The department will increase the safety of children placed in unlicensed child care settings. Currently CDHS will continue to monitor and post information as required by S.B. 21-201. Additionally, the department will work to educate and raise awareness for families so they become even better informed about what safe, and unsafe, child care looks like and the options they have. Unlicensed providers will also become better informed, and if interested, provided with technical assistance and resources to become licensed and regulated. The department will also develop closer partnerships with law enforcement and public health. And finally, CDHS will actively seek to identify and stop instances of unsafe, illegal care. All of these actions should ultimately result in saving the lives of young infants and toddlers who are placed, or who would have otherwise been placed, in an unsafe situation.

Assumptions and Calculations

The department's estimate assumes that the activities to promote high-quality care will constitute 10 percent of the overall workload for the 4.0 positions. This portion of the work is eligible to be funded by federal Child Care Development Funds.

Table	2.	FTF	Details
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Expenditure Detail		FY 20	022-23	FY 2	2023-24
Personal Services:					
Classification Title	Biweekly Salary	FTE		FTE	
COMPLIANCE SPECIALIST III	\$ 2,017	2.9	\$151,263	3.0	\$157,320
PERA			\$16,488		\$17,148
AED			\$7,563		\$7,866
SAED			\$7,563		\$7,866
Medicare			\$2,193		\$2,281
STD			\$242		\$252
Health-Life-Dental			\$42,258		\$42,258
Subtotal Position 1, #.# FTE		2.9	\$227,570	3.0	\$234,991
Classification Title	Biweekly Salary	FTE		FTE	
COMPLIANCE SPECIALIST IV	\$2,505	1.0	\$62,628	1.0	\$65,136
PERA			\$6,826		\$7,100
AED			\$3,131		\$3,257
SAED			\$3,131		\$3,257
Medicare			\$908		\$944
STD			\$100		\$104
Health-Life-Dental			\$14,086		\$14,086
Subtotal Position 2, #.# FTE		1.0	\$90,810	1.0	\$93,884
Subtotal Personal Services		3.8	\$318,380	4.0	6449.975
		5.6	\$510,500		\$328,875
Operating Expenses:		5.0	\$510,500		\$328,875
Operating Expenses:		FTE	0010,000	FTE	\$328,875
Operating Expenses: Regular FTE Operating	\$500	FTE 4.0	\$2,000	FTE 4.0	\$2,000
<i>Operating Expenses:</i> Regular FTE Operating Telephone Expenses	\$500 \$450	FTE	\$2,000 \$1,800	FTE	
<i>Operating Expenses:</i> Regular FTE Operating Telephone Expenses PC, One-Time	\$450 \$2,000	FTE 4.0	\$2,000	FTE 4.0	\$2,000 \$1,800 \$0
Operating Expenses: Regular FTE Operating Telephone Expenses PC, One-Time Office Furniture, One-Time	\$450	FTE 4.0 4.0	\$2,000 \$1,800	FTE 4.0	\$2,000 \$1,800 \$0 \$0
<i>Operating Expenses:</i> Regular FTE Operating Telephone Expenses PC, One-Time Office Furniture, One-Time Indirect Costs, if applicable	\$450 \$2,000 \$5,000	FTE 4.0 4.0	\$2,000 \$1,800 \$8,000	FTE 4.0	\$2,000 \$1,800 \$0 \$0 \$0
Operating Expenses: Regular FTE Operating Telephone Expenses PC, One-Time Office Furniture, One-Time Indirect Costs, if applicable Leased Space, if applicable	\$450 \$2,000	FTE 4.0 4.0 4.0	\$2,000 \$1,800 \$8,000 \$0 \$0 \$0	FTE 4.0	\$2,000 \$1,800 \$0 \$0 \$0 \$0
Operating Expenses: Regular FTE Operating Telephone Expenses PC, One-Time Office Furniture, One-Time Indirect Costs, if applicable Leased Space, if applicable Other: Travel	\$450 \$2,000 \$5,000	FTE 4.0 4.0 4.0	\$2,000 \$1,800 \$8,000 \$0 \$0	FTE 4.0	\$2,000 \$1,800 \$0 \$0 \$0
Operating Expenses: Regular FTE Operating Telephone Expenses PC, One-Time Office Furniture, One-Time Indirect Costs, if applicable Leased Space, if applicable	\$450 \$2,000 \$5,000	FTE 4.0 4.0 4.0	\$2,000 \$1,800 \$8,000 \$0 \$0 \$0	FTE 4.0	\$2,000 \$1,800 \$0 \$0 \$0 \$0
Operating Expenses: Regular FTE Operating Telephone Expenses PC, One-Time Office Furniture, One-Time Indirect Costs, if applicable Leased Space, if applicable Other: Travel	\$450 \$2,000 \$5,000	FTE 4.0 4.0 4.0	\$2,000 \$1,800 \$8,000 \$0 \$0 \$0	FTE 4.0	\$2,000 \$1,800 \$0 \$0 \$0 \$0
Operating Expenses: Regular FTE Operating Telephone Expenses PC, One-Time Office Furniture, One-Time Indirect Costs, if applicable Leased Space, if applicable Other: Travel Other	\$450 \$2,000 \$5,000	FTE 4.0 4.0 4.0	\$2,000 \$1,800 \$8,000 \$0 \$0 \$0 \$15,800	FTE 4.0	\$2,000 \$1,800 \$0 \$0 \$0 \$0 \$15,800
Operating Expenses: Regular FTE Operating Telephone Expenses PC, One-Time Office Furniture, One-Time Indirect Costs, if applicable Leased Space, if applicable Other: Travel Other Subtotal Operating Expenses	\$450 \$2,000 \$5,000	FTE 4.0 4.0 4.0 0.0 4.0	\$2,000 \$1,800 \$8,000 \$0 \$0 \$15,800 \$27,600	FTE 4.0 4.0 - -	\$2,000 \$1,800 \$0 \$0 \$0 \$15,800 \$19,600
Operating Expenses: Regular FTE Operating Telephone Expenses PC, One-Time Office Furniture, One-Time Indirect Costs, if applicable Leased Space, if applicable Other: Travel Other Subtotal Operating Expenses	\$450 \$2,000 \$5,000 \$6,600	FTE 4.0 4.0 4.0 0.0 4.0	\$2,000 \$1,800 \$8,000 \$0 \$0 \$15,800 \$15,800 \$27,600 \$345,980	FTE 4.0 4.0 - -	\$2,000 \$1,800 \$0 \$0 \$15,800 \$15,800 \$19,600 \$348,475
Operating Expenses: Regular FTE Operating Telephone Expenses PC, One-Time Office Furniture, One-Time Indirect Costs, if applicable Leased Space, if applicable Other: Travel Other Subtotal Operating Expenses TOTAL REQUEST	\$450 \$2,000 \$5,000 \$6,600 General Fund:	FTE 4.0 4.0 4.0 0.0 4.0	\$2,000 \$1,800 \$8,000 \$0 \$0 \$15,800 \$15,800 \$27,600 \$345,980	FTE 4.0 4.0 - -	\$2,000 \$1,800 \$0 \$0 \$15,800 \$15,800 \$19,600 \$348,475

Supplemental, 1331 Supplemental or Budget Amendment Criteria

Department of Human Services

Funding Request for the FY 2022-23 Budget Cycle						
Request Title						
DEC R-02 Early Intervention Ear	Start Program					
Dept. Approval By:	Supplemental FY 2021-22					
OSPB Approval By:	Budget Amendment FY 2022-23					
	X Change Request FY 2022-23					

		FY 2021-22		FY 20	FY 2022-23		
Summary Information	Fund	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation	
	Total	\$0	\$0	\$0	\$1,003,685	\$3,789,281	
	FTE	0.0	0.0	0.0	1.0	2.0	
Total of All Line Items	GF	\$0	\$0	\$0	\$1,003,685	\$3,789,281	
Impacted by Change Request	CF	\$0	\$0	\$0	\$0	\$0	
Request	RF	\$0	\$0	\$0	\$0	\$0	
	FF	\$0	\$0	\$0	\$0	\$0	
		FY 2021-22		FY 2022-23		FY 2023-24	
Line Item Information	Fund _	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation	
	Total	\$0	\$0	\$0	\$1,003,685	\$3,789,281	
06. Division of Early	FTE	0.0	0.0	0.0	1.0	2.0	
Childhood, (B) Division of Community and	GF	\$0	\$0	\$0	\$1,003,685	\$3,789,281	
Family Support, (1) Division of Community	CF	\$0	\$0	\$0	\$0	\$0	
and Family Support -	RF	\$0	\$0	\$0	\$0	\$0	
Early Intervention Early Start Program	FF	\$0	\$0	\$0	\$0	\$0	

		Auxiliary Data	
Requires Legislation?	NO		
Type of Request?	Human Services Prioritized Request	Interagency Approval or Related Schedule 13s:	No Other Agency Impact

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Michelle Barnes Executive Director

Department Priority: DEC R-02 Request Detail: Early Intervention Early Start Program

Summary of Funding Change for FY 2022-23					
		Increment	al Change		
	FY 2021-22 Appropriation	FY 2022-23 Request	FY 2023-24 Request		
Total Funds	\$62,747,158	\$1,003,685	\$3,789,281		
FTE	7.5	1.0	2.0		
General Fund	\$36,918,733	\$1,003,685	\$3,789,281		
Cash Funds	\$10,509,980	\$0	\$0		
Reappropriated Funds	\$7,698,022	\$0	\$0		
Federal Funds	\$7,350,423	\$0	\$0		

Summary of Request

The Department of Human Services (DHS or department), Office of Early Childhood (OEC or office) requests \$1.0 million General Fund and 1.0 FTE in FY 2022-23, to be supplemented by \$5.2 million in private philanthropic funds currently being raised to launch the Early Intervention (EI) Early Start program. This request requires statutory change. The request for FY 2023-24 is \$3.8 million General Fund and 2.0 FTE with a \$2.4 million supplement through private funds. The request for FY 2024-25 and all future years is \$6.2 million General Fund and 2.0 FTE. This request will provide targeted care navigation and supports for the 2,200 children who no longer qualify for EI services in the wake of the July 2020 eligibility restriction, and it will serve an additional 1,800 children with an identified risk factor. EI Early Start is a first-in-the-nation state program model that will cost about 54 percent less per child than enrolling children in the full federal EI program. Research has proven that intervening and supporting children thrive individually and that society is saved from increased costs in the future.¹

¹ For more, see Center on the Developing Child, Harvard University, <u>https://developingchild.harvard.edu/</u>, and the research of James Heckman, <u>https://heckmanequation.org/</u>.

Current Program

El Part C provides services for children from birth through two years of age (ending on the third birthday) who have developmental delays or disabilities and their families under the federal Individuals with Disabilities Education Act (IDEA), Part C. El Part C prepares children to be successful in their current learning environment before transitioning successfully to Part B preschool special education, community preschool, or other supports. These learning environments include any place infants and toddlers spend their day, including at home, at child care, or with extended family. On average, approximately 9,500 infants and toddlers are served each month with a total served each year of over 15,000 children and families.

The EI Part C program effectively identifies developmental delays in infants and toddlers to proactively address these delays and mitigate the impact they have on a child's growth so that the child will have as many skills as possible when they enter preschool. The five developmental areas, also known as domains, that EI services assess and target are adaptive skills, cognitive skills, communication skills, motor skills, and social and emotional skills. Data collected for Colorado's EI Part C program have demonstrated positive outcomes for children served through the program:

- 49 percent of children enrolled in EI Part C do not go on to need Part B Preschool Special Education services.
- 99 percent of children show at least some progress in development.
- 60 percent of children show significant progress toward reaching development closer to their same-age peers.

El Part C is a preventative, cost-saving program that contributes to young children's school readiness and reduces the need for additional costs incurred when a child is found eligible for preschool special education services.

In response to the fiscal constraints caused by the COVID-19 public health emergency, EI Part C program eligibility standards became more strict as part of budget balancing. This prompted a rule change that narrowed the pool of children eligible for EI services and a FY 2021-22 \$5,187,000 General Fund reduction. The rule change narrowed the definition of developmental delay, tightening it from a 25 percent delay in one or more of the five developmental domains to a 33 percent delay in one or more domains. As a result of this change, approximately 2,200 children who would have qualified for EI Part C services before the eligibility change were left without any EI services. That circumstance resulted in work by the OEC, the EI Rule Task Force, and other stakeholders, including philanthropy, to address the resultant service gap.

The work of this group resulted in the creation of the Early Start in EI rule to gain access for those children and their families who do not meet the new heightened eligibility requirements for the EI Part C program, but who would greatly benefit from some level of services. The original plan created by this group was to identify state and

private funding to stand up the new program. EI Early Start was devised in a basic form, subject to available funding, and sanctioned by the State Board of Human Services in rule in the fall of 2020. With the regulatory foundation in place, the OEC and its stakeholders are now fully developing the EI Early Start program model, utilizing one-time Preschool Development Grant funding. The final report with recommendations for the development of the EI Early Start program was submitted to the OEC on July 31, 2021.

The aim for EI Early Start is to provide services to two groups of children. First, the program will serve the 2,200 children who no longer meet the narrowed eligibility criteria for the EI Part C program. For these children and their families under EI Early Start, there will be greater options for flexibility of service delivery that are not available under Part C of the federal Individuals with Disabilities Education Act (IDEA). This greater flexibility will result in a better-targeting of services, which should result in about a 54 percent lower cost than the full, traditional EI Part C program. Of the 2,200 children now ineligible for EI Part C and expected to be served by this program, it is estimated 1,000 are Medicaid eligible and will be able to receive basic services through Medicaid. The remaining 1,200 do not have access to services without this request.

This level of savings cannot be applied to every child in need of EI services. When funded with federal Part C dollars, the State is required to offer the full suite of EI services to every child who qualifies under the EI Part C program eligibility criteria. EI Early Start, as a program funded only with General Fund and separate from Part C, can instead offer and focus on the services that a specific child and family needs to make sure the child thrives through a varied menu of EI Early Start services. The 2,200 children who no longer qualify for the full EI Part C program are children who are experiencing a certain level of developmental delay and can still greatly benefit from some EI services. Most children who now qualify for the full EI Part C eligible children is greater than the cost to serve children who will be eligible for EI Early Start.

The new program will serve children with a defined risk factor for developmental delay, which expands the ability of the program to engage families in a holistic approach to address the family's specific needs as well as the child's developmental monitoring. This targeted preventative approach allows for greater cost-effectiveness for many families, which could expand the EI Early Start program's reach by approximately 1,800 children and families. Families with children who meet criteria for certain risk factors will be intentionally connected and provided with a "warm hand-off" to already established programs and community resources such as family resource centers, home visiting programs, and Early Head Start, among others. Additional services could be created to address gaps in available supports, especially in rural communities.

Problem or Opportunity

With the changes in EI eligibility due to the budget constraints created by the pandemic, 2,200 children are estimated to have been left out of the federally regulated EI Part C program. These are children who would have previously qualified for full EI services.

This request creates a public-private partnership to support these 2,200 children and an up to an additional 1,800 children with risk factors who can be proactively served that would have never been provided services in the EI Part C program. In combination with the transfer of the EI evaluations through S.B. 21-275, a more centralized referral and intake process will be created. Highly trained care navigators will assess families holistically and determine the most appropriate support program or services that meet each family's needs. Building in ongoing developmental screening assures children will receive developmentally appropriate services as needed, rather than always receiving the full suite of EI Part C services, which often include components that may have been excessive based on the child's level of delay. EI Early Start is a more family-centered approach and provides opportunities for flexible less costly supports.

Proposed Solution

CDHS requests \$1,003,685 General Fund and 1.0 FTE in FY 2022-23, to be supplemented by \$5.2 million in private philanthropic funds currently being raised. In FY 2023-24 the department requests \$3.8 million General Fund and 2.0 FTE and \$6.2 million General Fund and 2.0 FTE in FY 2024-25 and all future years. This request will enable the full operationalization of the EI Early Start program. This request requires statutory changes to allow the EI Early Start program to accept and expend private gifts, grants, and donations and provide for continuous appropriation of the General Fund to avoid a lapse in services.

The request requires raising private dollars in the first two years to stand up the program, and nonprofit organizations expressed interest in contributing funds during the initial stakeholding and planning of the EI Early Start program concept. Based on initial conversations with philanthropic partners, there is sufficient interest from these partners to provide a reasonable expectation that this funding approach for the program will be successful. If the full amount of philanthropic funding is not raised, the Department would prioritize service provision based on the criteria established in rule: 1) 25 percent delay in 2 or more domains, 2) 25 percent delay in one domain, and then 3) other risk factors.

Without this additional funding, the Department estimates 4,000 children and families will not obtain needed support which means the state will bear increased social and financial costs later as these children enter school. While the Department's request only proposes to directly fund services for approximately 3,000 of these children and families, it is unlikely that the remaining 1,000 children who are Medicaid-eligible would consistently be referred to services without the identification and public awareness that will be part of the El Early Start program. With the implementation of

the new EI Early Start program, the department will be a leader in the nation by implementing this novel approach at serving infants and toddlers and their families.

The EI Early Start program will provide flexible, targeted services for children and families in need of some level of EI services. Moreover, given that this new approach will be more cost-effective when serving this group of children, the program can be expanded to serve 1,800 more children who do not qualify for federal EI Part C, yet are identified with certain risk factors. These risk factors include, but are not limited to, a substantiated case of abuse or neglect, neonatal abstinence syndrome, fetal alcohol spectrum disorders, lead poisoning, global developmental delays, and perinatal mood and anxiety disorders.

All children in the program will be provided with care navigation and specific, individualized support based on the family's unique needs, which includes developmental monitoring of the child. Care navigators will be responsible for connecting families directly to other already existing services, including infant and toddler playgroups with a parent-education component; parent-child interactive playgroups; early childhood mental health support; and direct service support for children with mild developmental delays, along with parent education and access to resources. These "warm handoffs" will ensure that families are introduced to the support services they will benefit from and not just provided a phone number to call. Connections to these services are likely to be especially beneficial for rural areas of the state.

This request takes into consideration additional long-term funding available through Medicaid, private insurance, and other already funded program services available through community resources.²

The function of the new EI Early Start program is not to create services which would replace or supplant already existing, evidence-based programs and services. Outcomes for families will be realized by the services or community programs to which the family is referred. The EI Early Start program will be the "front door" responsible for the outreach, screening, care navigation, and referral to appropriate services targeted to the individual child and family's needs. The outcomes from building that infrastructure would be outputs related to the number of families contacted, engaged, and connected to services. The outcome data would result from those existing programs and service providers who already have systems in place to collect and report successful program outcomes.

Along with care navigation and "warm hand-offs" to other already existing programs and services, the EI Early Start program will have the ability to refer children and

 $^{^2}$ Medicaid funds for direct services are fee-for -service and billed directly by the provider, unless the Department chooses to act as a billing agent for providers, which would require more FTE. The reappropriated funds in the EI line are for targeted case management (TCM) which cannot be billed unless the child is eligible for EI.

families to services where there are gaps, particularly in rural areas of the state. Examples of these services include: infant and toddler playgroups with a parent-education component; parent-child interactive playgroups; early childhood mental health support; and direct service support for children with mild developmental delays, along with parent education and access to resources.

By implementing the new EI Early Start program, Colorado will lead the nation by creating this novel approach for serving infants and toddlers and their families.

Table 1. Evidence	Table 1. Evidence Continuum					
Theory of Change	will receive individualize	d, targeted, developmenta	m then up to 4,000 children and families lly appropriate support resulting in a ed to be successful when entering school.			
Program Objective	services and community	programs for children who	g, and connection with already existing have a developmental delay and do not ave an identified risk factor.			
Outputs being measured	The number of children a services.	The number of children and families who were reached, engaged and connected to needed services.				
Outcomes being measured			tablished mechanisms for outcome /ice providers and community programs.			
Cost/Benefit ratio	previously qualified for E	EI Early Start will cost up to 54% less per child for the 2,200 children who would have previously qualified for EI Part C, which enables the EI program to expand its reach to serve an additional 1,800 children and families with identified risk factors.				
Evaluations	Pre-Post	Quasi-Experimental Design	Randomized Control Trial			
Results of Evaluation	N/A	N/A	N/A			
Continuum Level	Step 2					

Anticipated Outcomes

The intended outcome for the EI Early Start program is to ensure that children who do not qualify for EI Part C services under the new eligibility definition will receive necessary developmental supports and targeted services. This flexibility will lead to the provision of services at up to a cost of 54 percent less per child. This cost savings will allow the provision of services to children who have identified risk factors and their families who have previously never had an opportunity to receive referrals to care navigation and support to ensure they are connected with services that address the family's specific needs. The anticipated outcome for the EI Early Start program is to broaden the scope and reach of the EI program beyond Part C and act as a conduit to existing support services. The EI Early Start program will be able to provide more flexible services than in the EI Part C program, which results in extending the reach of the EI program to include children with identified risk factors which may mitigate future developmental delays which may impact a child's ability to reach their full potential in school.

With this request, Colorado will be the first in the nation to implement this specific program design for serving families in need of EI services. This supplements the state's work to continue on the upward trajectory as a leader in early childhood, while also enacting a fiscally smart policy. It is widely understood that preventative services reduce long-term costs and help ensure that individuals reach their full potential.

Because EI Early Start is designed to be a connector for children and families to appropriate services, and not a stand-alone program, long term outcomes for children connected with Early Start will result from the services they receive. Individual direct service providers as well as existing support programs have built in mechanisms for tracking a child's (and family's) progress.

An additional outcome that will impact the system as a whole will be the identification of gaps in service availability and the possibility of filling these gaps, especially in rural communities.

The EI Early Start program will enable the provision of services to the 2,200 children who are deemed ineligible for EI Part C services because of the revised eligibility criteria for EI Part C. Additionally, due to the reduced cost of serving these children and families outside of EI Part C, services will be able to reach an additional 1,800 children resulting in 4,000 children who will receive support to develop to their full potential and be more prepared for success in school. Proactive, preventative supports provided as early as possible in a child's developmental trajectory cost less and reduce the long-term impacts.

Assumptions and Calculations

The average cost per child served in EI Part C in FY 2019-20 Part C was \$7,340 and includes intake, arrangement for initial Individualized Family Service Plan (IFSP), monthly contact with the family, periodic review of the IFSP and assessment of the child every six months and annually, and the transition into Part B preschool special education when applicable (for children as they age out of EI Part C). The average cost for EI Part C comprehensive service coordination is \$2,140.

Based on FY 2019-20 report on EI Part C expenditures, the following table summarizes the average cost to service the full EI Part C population, the cost to service those children who are no longer eligible due to eligibility restrictions, and the estimate cost

to service one child with one risk factor through the EI Early Start Program. Overall, there will be up to a 54 percent service cost savings with the EI Early Start Program.

	Assumptions	FY 2022-23	FY 2023-24	FY 2024-25
Children with Delay Served	Estimate of 2,200 children with between 25% and 33% delay, 45% of these children would be covered by Medicaid or other insurance	1,210	1,210	1,210
Estimated Cost per Child with Delay	Avg. cost of Care Navigation - \$536 Avg. cost of Direct Services (based on 2 services/month) - \$2,400	\$747.87 (Only Care Navigation and limited services unless private funds raised to cover full cost)	\$2,936	\$2,936
Children with Risk Factor Served	Estimate of 1,800 children with associated risk factors	0 (Unless private funds raised to cover cost)	32 (Unless private funds raised to cover cost)	1,832
Estimated Cost Per Child with Risk Factor	Avg. cost of Care Navigation - \$536 Avg. cost of Direct Services - \$824	\$0	\$1,360	\$1,360
Total Direct Services Cost		\$904,925	\$3,595,686	\$6,044,532
FTE Requested	Administrator IV to manage the program, oversee contracts and outreach to the community In FY 2023-34 and FY 2024-25, an additional FTE will be necessary to support the service expansion	1.0	2.0	2.0
FTE Cost		\$98,760	\$193,595	\$196,669
Total Request		\$1,003,685	\$3,789,281	\$6,241,201

Table 2 outlines the services that will be provided with State funding through this request. As previously mentioned, private foundations have expressed interest in supporting the development of the Early Start program. If these funds are successfully raised, they would be used to support the program as follows:

- In FY 2022-23, an additional \$1 million to \$2.5 million in private funds would fully fund care navigation and services for the 2,200 children who no longer meet eligibility requirements. Alternatively, \$5.2 million in total private funds would fully fund care navigation and services for both the 2,200 children who no longer meet eligibility requirements as well as 1,800 additional children with an identified risk factor. If \$5.2 million is raised, the program would require an additional FTE in the first year because it would immediately begin serving both populations of children.
- In FY 2023-24, an additional \$2.4 million in private funds would ensure the Department could fully fund care navigation and connection with existing services for the 1,800 children with an identified risk factor.
- No private foundation funding would be necessary to support the program in FY 2024-25 and beyond.

Table 3: FTE Calculations

Expenditure Detail		FY 20)22-23	FY 2	2023-24
Personal Services:					
Classification Title	Biweekly Salary	FTE		FTE	
ADMINISTRATOR IV	\$ 2,505	1.0	\$62,628	2.0	\$127,764
PERA			\$6,826		\$13,926
AED			\$3,131		\$6,388
SAED			\$3,131		\$6,388
Medicare			\$908		\$1,853
STD			\$100		\$204
Health-Life-Dental			\$14,086		\$28,172
Subtotal Position 1, #.# FTE	2	1.0	\$90,810	2.0	\$184,695
Classification Title	Biweekly Salary	FTE		FTE	
			\$0		\$0
PERA			\$0		\$0
AED			\$0		\$0
SAED			\$0		\$0
Medicare			\$0		\$0
STD			\$0		\$0
Health-Life-Dental			\$0		\$0
Subtotal Position 2, #.# FTE	2		\$0		\$0
Subtotal Personal Services		1.0	\$90,810	2.0	\$184,695
Operating Expenses:					
		FTE		FTE	
Regular FTE Operating	\$500	1.0	\$500	2.0	\$1,000
Telephone Expenses	\$450	1.0	\$450	2.0	\$900
PC, One-Time	¢0.000				
-	\$2,000	1.0	\$2,000	1.0	\$2,000
Office Furniture, One-Time	\$2,000 \$5,000	1.0 1.0	\$2,000 \$5,000	1.0 1.0	
Office Furniture, One-Time Indirect Costs, if applicable			\$5,000 \$0		\$5,000 \$0
Office Furniture, One-Time			\$5,000 \$0 \$0		\$5,000 \$0 \$0
Office Furniture, One-Time Indirect Costs, if applicable Leased Space, if applicable	\$5,000		\$5,000 \$0		\$2,000 \$5,000 \$0 \$0 \$0
Office Furniture, One-Time Indirect Costs, if applicable Leased Space, if applicable Other	\$5,000		\$5,000 \$0 \$0 \$0		\$5,000 \$0 \$0 \$0
Office Furniture, One-Time Indirect Costs, if applicable Leased Space, if applicable Other Subtotal Operating Expenses	\$5,000	1.0	\$5,000 \$0 \$0 \$0 \$0 \$0	1.0	\$5,000 \$0 \$0 \$0 \$8,900
Office Furniture, One-Time Indirect Costs, if applicable Leased Space, if applicable Other	\$5,000 \$6,600		\$5,000 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0		\$5,000 \$0 \$0 \$8,900 <u>\$193,595</u>
Office Furniture, One-Time Indirect Costs, if applicable Leased Space, if applicable Other Subtotal Operating Expenses	\$5,000 \$6,600 General Fund:	1.0	\$5,000 \$0 \$0 \$0 \$0 \$0	1.0	\$5,000 \$0 \$0 \$8,900 <u>\$193,595</u>
Office Furniture, One-Time Indirect Costs, if applicable Leased Space, if applicable Other Subtotal Operating Expenses TOTAL REQUEST	\$5,000 \$6,600 General Fund: Cash funds:	1.0	\$5,000 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	1.0	\$5,000 \$0 \$0 \$8,900 <u>\$193,595</u>
Office Furniture, One-Time Indirect Costs, if applicable Leased Space, if applicable Other Subtotal Operating Expenses TOTAL REQUEST	\$5,000 \$6,600 General Fund:	1.0	\$5,000 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	1.0	\$5,000 \$0 \$0

Supplemental, 1331 Supplemental or Budget Amendment Criteria

Department of Human Services

	Funding Request for the FY 2022-23 Budget Cycle				
Request Title					
DE	C R-03 Refinance Child Care Assist	ance Program			
Dept. Approval By:			Supplemental FY 2021-22		
OSPB Approval By:			Budget Amendment FY 2022-23		
		<u>×</u>	Change Request FY 2022-23		

		FY 202	21-22	FY 202	22-23	FY 2023-24
Summary Information	Fund	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$135,323,468	\$0	\$135,323,468	\$0	\$0
	FTE	0.0	0.0	0.0	0.0	0.0
Total of All Line Items	GF	\$29,998,226	\$0	\$29,998,226	(\$1,807,730)	(\$1,807,730)
Impacted by Change Request	CF	\$14,768,652	\$0	\$14,768,652	\$0	\$0
itequeet	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$90,556,590	\$0	\$90,556,590	\$1,807,730	\$1,807,730
		FY 202	21-22	FY 202	22-23	FY 2023-24
Line Item Information	Fund	Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$135,323,468	\$0	\$135,323,468	\$0	\$0
06. Division of Early	FTE	0.0	0.0	0.0	0.0	0.0
Childhood, (A) Division of Early Care and	GF	\$29,998,226	\$0	\$29,998,226	(\$1,807,730)	(\$1,807,730)
Learning, (1) Division of Early Care and Learning	CF	\$14,768,652	\$0	\$14,768,652	\$0	\$0
- Child Care Assistance	RF	\$0	\$0	\$0	\$0	\$C

		Auxiliary Data	
Requires Legislation?	NO		
Type of Request?	Human Services Prioritized Request	Interagency Approval or Related Schedule 13s:	No Other Agency Impact

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Children Chi



Michelle Barnes Executive Director

Department Priority: DEC R-03 Request Detail: Refinance Child Care Assistance Program

Summary of Funding Change for FY 2022-23						
	Incremental Change					
	FY 2021-22 Appropriation	FY 2022-23 Request	FY 2023-24 Request			
Total Funds	\$135,323,468	\$0	\$0			
FTE	0.0	0.0	0.0			
General Fund	\$29,998,226	(\$1,807,730)	(\$1,807,730)			
Cash Funds	\$14,768,652	\$0	\$0			
Federal Funds	\$90,556,590	\$1,807,730	\$1,807,730			

Summary of Request

The Department of Human Services (department or DHS) requests a net zero adjustment including a reduction of \$1,807,730 General Fund and an increase of \$1,807,730 in federal Child Care and Development Funds (CCDF) in FY 2022-23 and FY 2023-24. This net neutral budget request refinances dollar-for-dollar General Fund with federal funds for the Colorado Child Care Assistance Program (CCCAP). There is no impact to the delivery of CCCAP as a result of the proposed refinancing. Due to recent changes to federal grant award amounts, this request seeks to rebalance the federal and General Fund appropriated to the program so as to place the program in a better position to meet federal spending targets required by the CCDF grant.

Current Program

The federal Child Care and Development Fund plays an integral role in funding the CCCAP, Child Care Licensing, Child Care Quality Improvement (CCQI), and Early Childhood Mental Health (ECMH) programs. CCDF has very specific requirements of the funding including: child development and safety standards, annual health and safety inspections, equal-access provisions related to reimbursement rates to ensure families receiving a subsidy have equal access to quality child care, and minimum expenditures or investment levels in infant or toddler care and child care quality.

The purpose of CCCAP is to provide eligible households with access to high-quality, affordable child care that supports healthy child development and school readiness, while promoting household self-sufficiency and informed child care choices. DHS, as the official CCDF Lead Agency, retains overall responsibility for the administration of CCCAP. The program is locally administered, however, by county departments of human and social services.

CCCAP provides child care assistance to low-income families who are working, searching for employment, or are in training or secondary-education programs. Funding through CCCAP is intended to support low-income families attending work or school while providing quality, safe early learning opportunities for children 0-13 years of age in a variety of early childhood settings such as licensed child care centers, preschools, child care homes, and before and after school programs.

In FY 2019-20, the program served 17,982 families and 29,210 children with child care services

Problem or Opportunity

The state is required to spend at least 9.0 percent of total federal funds on quality, an additional 3.0 percent on infant and toddler expenditures, and approximately 70.0 percent on direct services (i.e. the Colorado Child Care Assistance Program, or CCCAP). The state must also expend General Fund in these areas as the required match for the CCDF funds.

The state has received a recent infusion of stimulus funding to CCDF through the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act, the Coronavirus Relief and Recovery Supplemental Appropriations (CRRSA) Act, and the American Rescue Plan Act (ARPA). While most of the stimulus funding for CCDF has waived the targeted spending requirements, approximately \$8.8 million per year of CCDF funds authorized through the ARPA will require the state to meet these targets. This would increase the state's required spending as follows: approximately \$792,000 increase to quality expenditures, \$264,000 increase to infant and toddler expenditures, and \$6,160,000 increase to direct services expenditures. The state's current spending on both the quality and infant and toddler expenditures components is sufficient to meet the additional federal spend requirements.

But the current appropriation for CCCAP (as a direct service) would only just meet the increased direct services requirement. Therefore, any fluctuations in spending would put the state at risk of missing the required spending target and facing federal penalties. In order to prevent this from occurring, the state would need to either increase total spending on direct services, or reduce state CCDF matching funds to offset the direct services requirement.

The state is currently exceeding the CCDF matching requirements with State and local funds, and has adequate federal funds due to recent grant increases to absorb additional program costs. As a result, the department has the opportunity to refinance General Fund with federal CCDF and allow these state funds to be used for other priorities. It has the added benefit of also reducing the risk of not meeting the targeted spending obligations in the future.

Proposed Solution

The department proposes refinancing a total of \$1,807,730 General Fund in CCCAP with \$1,807,730 federal funds from the CCDF grant to reduce General Fund burden and ensure the appropriation has the appropriate mix of funding sources necessary to meet federal spending requirements for the CCDF grant. This allows the state to redirect the General Fund for other state priorities. Statutory changes are not necessary to implement this refinancing.

The evidence continuum is not applicable to this request, given that the refinancing creates no change to the delivery of CCCAP and does not increase or decrease the population being served. The request's purpose is only to create an appropriate balance between General Fund and federal CCDF funds in light of recent changes to award amounts, and to place the program on better footing to meet federal spending targets.

Theory of Change	Not on the continuum - N/A					
Program Objective	Not on the continuum	ו - N/A				
Outputs being measured	Not on the continuum - N/A					
Outcomes being measured	Not on the continuum	Not on the continuum - N/A				
Cost/Benefit ratio	N/A					
Evaluations	Pre-Post	Quasi-Experimental Design	Randomized Control Trial			

Results of Evaluation	N/A	N/A	N/A
Continuum Level	N/A		

Anticipated Outcomes

This refinance will reduce the risk that the state will fall short of the CCDF grant targeted spending requirement for direct services, while maintaining the same level of service.

Assumptions and Calculations

The federal Administration for Children and Families (ACF) issued guidance regarding the non-supplantation requirements associated with CRRSA and ARPA, which prohibits states from reducing funding from federal, state, or local funds expended to provide child care services for eligible individuals below the amount that would have been spent under state law and policies in place on the date of enactment of CRRSA (December 27, 2020) and ARPA (March 11, 2021). As a result of this guidance, the Department must maintain the levels of funding appropriated to CCCAP for FY 2020-21. Table 1 below shows the State's CCCAP appropriations for FY 2020-21 and FY 2021-22, which reveals the maximum amount available to refinance.

Table 1: CCCAP Appropriations				
CCCAP FY 2020-21 GF Appropriation	\$28,190,496			
CCCAP FY 2021-22 GF Appropriation	\$29,998,226			
Maximum Amount Available to Refinance	\$1,807,730			

The Department has included the ARPA-authorized increase to the CCDF matching award of \$8,790,535 in the CCDF Sustainability Projection. This projection estimates the availability of federal funds in future years based on current grant award amounts and the expected levels of appropriated CCDF funding. Based on the projection, there is expected to be sufficient CCDF funding to maintain existing services and support the increased cost of this proposed refinance through at least FY 2024-25. The department projects sustainability conservatively, and does not estimate underspending of federal funds or increases to grant awards (including redistributed federal matching funds that are historically received annually) in the request years of this table. As a result, the sustainability table reveals the medium to long term viability of this proposal.

Table 2: CCDF Sustainability Projection Updated October 15, 2021						
	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	
Federal CCDF Funds	Actual	Estimate	Request	Request	Request	
CCDF Carryforward (Unspent Balance)	\$49,567,689	\$55,277,291	\$51,318,187	\$37,436,482	\$23,554,908	
New Annual CCDF Award	\$112,505,383	\$121,826,989	\$114,698,403	\$114,698,403	\$114,698,403	
Total Funds Available	\$162,073,072	\$177,104,281	\$ 166,016,590	\$152,134,885	\$138,253,311	
Base (Long Bill) Expenditures	\$106,795,781	\$121,586,094	\$121,586,094	\$121,586,094	\$121,586,094	
SB 236 Grant Programs (Teacher Salary/ECE Recruitment)	N/A	\$4,200,000	\$4,200,000	\$4,200,000	\$4,200,000	
DEC R-01 Regulating Illegal Care, Promoting Safe Care	N/A	N/A	\$34,598	\$34,847	\$34,847	
DEC R-03 Refinance Child Care Assistance Program	N/A	N/A	\$1,807,730	\$1,807,730		
R-05 Community Provider Rate Increase (1%)	N/A	N/A	\$953,266	\$953,266	\$953,266	
Total Expenditures	\$106,795,781	\$125,786,094	\$128,581,688	\$128,581,937	\$126,774,207	
Roll Forward Balance	\$55,277,291	\$51,318,187	\$37,434,901	\$23,551,367	\$11,475,563	

Supplemental, 1331 Supplemental or Budget Amendment Criteria

N/A