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Findings from the Environmental Scan
Virginia Early Childhood Comprehensive Systems Project

I. Background

The Virginia Early Childhood Comprehensive Systems Project (VECCS) is a statewide, collaborative effort to strengthen Virginia's system of services for young children and families so all children enter school healthy and ready to learn. The VECCS state plan is a blueprint by which public and private partners can work together to coordinate and improve services across five components of early childhood: early care and education, medical home and health care, behavioral health and social-emotional development, parent education, and family support. The anticipated outcomes are: (1) improved access to quality early childhood services; (2) enhanced integration of services at the local and state level; and, (3) broad public awareness of and agreement about the importance of timely access to early childhood systems of care. VECCS partners include state organizations, community-based agencies, early care and education providers, health and mental health professionals, and parents of young children. VECCS is supported by the Maternal and Child Health Bureau as an Early Childhood Comprehensive Systems planning project with three years of funding for implementation of the state plan to begin 2006.

A requirement of the VECCS grant during the planning phase was to conduct an environmental scan. Findings from the environmental scan identified gaps and strengths in Virginia's early childhood system and were used as a roadmap to guide the development of the state plan. The results also served as an audit for the state plan to ensure that prioritized gaps and areas in need of improvement were addressed.

II. Data Collection

Data were incorporated from both qualitative and quantitative sources. Data were analyzed from existing needs assessments, including the Virginia Department of Health Title V Needs Assessment (completed May 2005), facilitated workgroup discussions in each of the five core component areas (medical home, behavioral health and social-emotional development, early care and education, parent education and family support), and from a survey developed by the VECCS project and distributed to state agencies, non-profit organizations and faith based organizations, advocacy groups and private organizations.

Workgroup Discussions

At the beginning of the strategic planning process, each workgroup conducted a gap analysis to identify gaps and needs specific to the core component on which they were focusing. Approximately 80 individuals were regularly involved in the workgroups, representing state agencies, advocacy groups, families and individuals, private organizations, faith-based organizations, and non-profit agencies. The diversity of individuals who participated in the workgroups gave a broad range of perspectives and expertise and was representative of the early childhood system as a whole. These discussions were facilitated by VECCS and other outside facilitators. As discussion continued during the strategic planning process, additional gaps were added to the gap analysis when needed. These gaps were used to inform the development of the plan and to audit the completed plan.

Survey

A survey was distributed during the May 2004 VECCS state planning meeting. The survey captured program specific information on: data collection and availability, services provided, degree of unmet need, program budget, and program weaknesses and gaps. The survey took approximately twenty minutes to complete. Survey responses were obtained from 37 programs. Key informant interviews were used to complete survey forms and gather additional information from key early childhood leaders who were unable to participate in workgroups. Copies of the survey are available upon request.

Completed VECCS surveys from the 37 programs included both state and private organizations. Eight (22%) of respondents represented local initiatives around Virginia. The remaining 29 (78%) represented programs implemented at the state level. Five (13%) of the respondents represented non-profit organizations, advocacy groups, or private agencies. The remaining 32 respondents (86%) represented state funded programs.

Internal and External Needs Assessments

Data were obtained from other resources in addition to the survey. The Virginia Department of Health, Virginia's Title V agency, conducted the required five year needs assessment for the 2006 Title V Block Grant. The needs assessment incorporated qualitative data for a multi-method approach. Information was collected through surveys, focus groups and the internet about health status, risk factors, and availability and accessibility of quality health services for the maternal and child health population.

Fifteen external needs assessments were also obtained and reviewed. These retrospective needs assessments evaluated specific early childhood areas, including: medical homes, social services programs, health issues, parenting skills, school readiness, economic security, crisis support, children with special health care needs, child care subsidies, and business involvement in child care. A complete list of all external data sources for the environmental scan is available upon request.

III. Results

The environmental scan was analyzed to examine resources and supports available in Virginia for parents and families to enhance their ability to support the healthy growth and development of their children. In 2004, in Virginia, there were 976,542 families, with 1,732,052 children. A number of challenges exist for parents and families in Virginia. These include:

- 31% percent of births in Virginia are to single mothers
- 17 of 1000 births are to a 15-17 year old mother
- Approximately 13% of children in Virginia live in poverty
- 28% (483,733) children live in low-income families
- 62% of children under age 6 live in a home where both parents are working
- About 330,000 of children birth to five have two parents in the workforce
- In Virginia, 68% of women (253,000) and 85% of men (241,000) with minor aged children are employed

- 65% of children ages 0-5 are in some form of out-of-home care: various forms of child care, Head Start, Virginia Preschool Initiative, Title I Preschool

Findings from the environmental scan were also qualitatively analyzed and displayed based on themes that emerged from the state strategic planning meetings. The themes were infrastructure, integrated systems of care, family and public engagement, and evaluation and finance. The Title V Needs Assessment, conducted concurrently to this report, found similar gap areas, including access to care, coordination, communication and community-based collaboration, and costs of health care. The Title V needs assessment focused solely on the gaps in maternal and child health, but the similar findings do offer further substantiation of their importance.

A. Infrastructure

A number of gaps were identified in relation to the state infrastructure that could prevent the availability of comprehensive, consumer oriented systems of information, support, prevention and intervention services. Three key areas emerged about infrastructure from analysis of the environmental scan. The challenges for Virginia in creating a successful infrastructure for early childhood are: 1. availability of behavioral health prevention and intervention services, 2. availability of home visitation and parent education programs, and 3. development of state policies that support an early childhood system.

Two components emerged from the five components of the grant with the fewest available resources. These were behavioral health and family support. Virginia specific data for behavioral health revealed significant problems with service delivery. The Title V Maternal and Child Health Needs Assessment cited that only 62% of children with emotional, developmental or behavioral problems requiring treatment and counseling received mental health services in the last year (National Survey of Children's Health)¹. Additionally, a 2004 internal audit of the Department of Mental Health, Mental Retardation, and Substance Abuse (DMHMRSAS) services found a lack of state supported services for severely emotionally disturbed and mentally retarded children, restrictive intake criteria and long waiting lists for services². A report by Voices for Virginia's Children corroborated the findings that several hundred children are currently on waiting lists for Community Service Board (CSB) services³. Adding to the strain on services for behavioral health is the increase in the number of children less than 5 years of age referred for services. The 2004 Mental Health Parent Satisfaction conducted by DMHMRSAS about CSB clients found that 0.7% of CSB clients were under the age of three years⁴.

Access to mental health services remains a constant challenge across agencies. In July 2003, the Administration on Children and Families (ACF) of the U.S. Department of Health and Human Services conducted a review of Virginia's Department of Social Services (VDSS). ACF identified access issues for mental health services for children in the child welfare system as an area of primary concern. In 2004, the Virginia Department of Social Services investigated 32,148 suspected incidences of child abuse and neglect, and determined that 6,876 children were victims of abuse or neglect and 8,597 were at high or moderate risk for abuse. Virginia's *Report of the State Executive Council Workgroup on The Relinquishment of Custody for the Purpose of Accessing Behavioral Health Treatment* (October 2004) stated that there were 8,702 children in

foster care as of June 1, 2004⁵. By using a conservative analysis of the identified conditions of removal, it was estimated that 2,008 children (23%) appeared to be in custody to obtain treatment. For another 328 children (4%), the condition of removal offered no indication of abuse, neglect, or parental problems that would have otherwise explained the child's being in social services custody.

Of the 8,993 founded cases of abuse and neglect in Virginia in FY 04, 38% of these occurred to children ages 5 and under. According to VDSS, 1,409 children ages 5 and under (18.2% of the total) were in foster care as of January 2003. The average time in care for children is 36.4 months, which has significant implications on mental health and socio-emotional development. Of the 31 children who died as a result of abuse and neglect in FY 01, all but three were ages 4 and under. A 1999 analysis found that while half of the cases studied (n = 55) had no identified characteristics, medical problems and premature births were most frequently cited characteristics of the child. Among households, violence in the home, mental health and substance abuse problems, and insufficient incomes were the most frequently cited. Increased family support services, development of state-level collaboration to promote family and child well-being, increased research to understand patterns of service utilization of families and service gaps, co-location of service providers, blended funding, and cross-training were recommended.

VDSS's 2004 *Performance Improvement Plan* (PIP) included, among other goals, strategies to collaborate with public and private agencies to increase mental health services availability and accessibility, to increase children and parent involvement in the case planning process, and to increase assessment of mental health needs; and to incorporate *Bright Futures Guidelines and Mental Health Practice Guide* into VDSS staff and foster parent training⁶.

Analysis of qualitative data supported quantitative findings. The Maternal Child Health Title V Needs Assessment 2005 survey reported that 70% of respondents identified behavioral health issues and child abuse and neglect as one of their top 5 health concerns⁷. The Early Childhood Development Council and the VECCS Behavioral Health Work group identified similar concerns⁸.

The second challenge identified under infrastructure was home visitation and parent support services. It is estimated that only 21% of eligible families receive home visiting services⁹. Home visitation in Virginia is primarily delivered through Healthy Families, Resource Mothers, and Children's Health Involving Parents (CHIP) of Virginia, though local initiatives conduct other home visiting activities. Additionally, these programs often only serve first time parent. Funding constraints and more complex cases limit the availability of services. Only 14% of Healthy Families sites provide services to parents with more than one child in the home¹⁰.

Another issue in home visiting programs is the differing eligibility requirements among programs. Parents may only be eligible to enroll prenatally or upon the child's birth, thus eliminating other families that could benefit for services at a later time. A United Way of Greater Richmond survey found that 638 out of a possible 3,000 eligible families were currently being served by home visiting programs. There were insufficient resources and services available to meet the demand.

One clear example of the lack of resources in the family support focus area is the lack of support services for families of domestic violence. In 2003-2004, Virginia's Domestic Violence and Sexual Assault Hotline received 30,645 calls related to family violence. More than 3,500 families with 3,205 children were housed in shelters, a 9% increase from 2002-2003. An additional 1,569 families were turned away because shelters were full, a 37% increase from 2002-2003¹¹.

Finally, key to the support of a system of integrated early childhood services is alignment with state policies. Two policy issues that emerged from the scan were related to benefits for children of both legal and illegal residents. In Virginia, there are no federal or state funded programs available for children of undocumented residents. Children of legal Virginia residents (non-US citizens) are not eligible for state and/or federal benefits, with the exception for Medicaid coverage for children, child care subsidies, and Section 8 Housing Vouchers¹². There are currently no estimates for the number of children in this population. In both cases, local communities attempt to piece together services for these fragile groups.

B. Integrated Systems of Care

The second theme to emerge from the overall analysis of the scan is integrated systems of care. Challenges relating to integrated systems of care are defined as those limiting the development of a coordinated method of delivering a full spectrum of easily accessible services needed by children and families in all communities and supported by state agencies. The primary gaps identified in integrated systems of care are: 1. barriers to accessing services (financial and non-financial) and 2. a knowledge deficit about the range of existing services by providers.

Challenges limiting access to services include financial, child care, transportation, geographic and cultural/language barriers. Quantitative data to demonstrate the burden of these barriers are not available, however there are data to support disparities between different racial, age and socio-economic groups. The National Center for Children in Poverty collected Virginia specific data that found several disparities, including¹³:

- Children whose parents have low educational attainment are more likely to be low-income (76% for parents with no high school degree; 45% for parents with a high school degree; 17% for parents with at least some college).
- Children in low-income families are more likely to live with a single parent (58% of children in low income families live with a single parent; 17% of children living in above low-income families)
- White children are less likely to live in low-income families (20% of white children; 48% of black children; 43% of Hispanic children)
- Young children are more likely to live in low-income families. (33% of children under 6 live in low-income families; 28% of children aged 6 or older)

The medical home concept is promoted by the American Academy of Pediatrics (AAP) as the gold standard of health care. The purpose of having a medical home is to create a centralized resource for children and parents to address all of a child's needs. Health insurance coverage, primary and preventive health services, and programs and services that detect and refer

developmental delays and health concerns are the best way to ensure that young children's needs are being met. However, implementation of the medical home concept has not been fully achieved. The National Survey of Children's Health found that only 47.6% of Virginia children were reported to have a personal doctor or nurse from whom they receive family-centered, accessible, comprehensive, culturally sensitive and coordinated health care¹⁴.

Two primary indicators of health status were further examined from the medical home data. It is estimated that in Virginia, 10.7% of eligible children remain uninsured despite the vigorous campaign by Sign Up Now and the AAP. Underinsurance of health care coverage, coupled with uninsured children contributes to the delivery of fragmented care. Other data examining health status came from a 2004 VDH immunization survey of child care sites and physician offices. Twenty-eight percent of the health records examined of 24 month old children in Virginia were not appropriately immunized based on their age¹⁵, though Virginia has made great strides in increasing this number through initiatives sponsored by Covering Kids and Families Coalition and Sign Up Now. The CDC/NIP study of childhood immunization delivery found that 79.8% of Virginia children 19-35 months had completed the 4:3:1:3:3:1 schedule of vaccines in 2003¹⁶.

Children with special health care needs (CSHCN) are particularly at-risk for not having adequate health insurance coverage and access to care. In Virginia, there are approximately 270,000 children under 17 with special needs. This number represents 15.3% of all children and adolescents¹⁷. According to the National Survey of Children with Special Health Care Needs, 29.2% of Virginia children with special needs do not have adequate health care coverage. More than a quarter (26.3%) of children with special needs did not receive all the services they needed (respite, genetic counseling, mental health services, etc.). In addition, 20.1% of CSHCN reported having difficulty getting a referral to specialty care¹⁸.

Other survey data reported concerns expressed by parents and teachers around early learning and behavior. The National Survey of Children's Health reported 36% of Virginia parents of children under 5 expressing concerns about their child's development, learning, or behavior. This survey also found that 24.5% of Virginia children aged 1-5 are at moderate or high risk for developmental delay¹⁹. A report from the Department of Education found that 20.3% of kindergarteners were identified as needing additional intervention, specifically in the area of reading readiness. These data points support the need for a comprehensive system of care that is able to address a multitude of issues and cater to the needs of individual children. There are evidence based programs that can be implemented to increase reading readiness in high risk populations, but these programs are not universally available to all families.

Quality child care options for families presents another barrier, particularly for working families. The National Child Care Information Center estimated that 62% of Virginia children under the age of 6 lived in a home where both parents worked²⁰. A random sample of 150 licensed child care providers found that only 5% provided child care after 6:30 pm or on weekends. Another challenge is state oversight and regulation of child care facilities. The lack of uniform state regulation leads to inconsistencies in child care provider qualifications, quality of early care programs, and health and safety concerns.

Service providers are often not knowledgeable about other services for which a child or family may be in need. A key informant interview with the statewide Part C coordinator found that Part C providers report paying for assistive technologies in Virginia because of the lack of knowledge about other payment sources. Part C is designed to be the payer of last resort, yet this pool of funds is often used without merit. Of the 37 respondents to the survey, 10 reported having difficulty making referrals. The most common reasons for the inability to make referrals were (respondents were asked to list as many as appropriate): services not existing in client's geographic area (9), referral program not accepting new clients (4), uncertainty of where to refer clients (2), availability of appropriate providers/Medicaid providers (2), transportation (1). From this information, the geographic distribution of providers and services poses the largest barrier to referrals. This is supported by data gathered from the Title V Maternal and Child Health Needs Assessment, which quantitatively mapped areas of highest need in the arenas of primary care, obstetrical services and dental care. There remains a significant number of communities lacking appropriate coverage in these areas.

Several other areas that emerged from the scan focused on the need for education for parents and providers about addressing concerns about a child's development, learning and behavior and in accessing and utilizing existing resources. Quality child care is another area that impacts family support. Economics have changed the structure of family life and the reality is that families need to work to care for their young children. High-quality early learning experiences help children start school ready to succeed.

In summary, the primary gaps identified in integrated systems of care are: 1. barriers to accessing services (financial and non-financial) and 2. a knowledge deficit about the range of existing services by providers. This complex area requires strong system building efforts discussed in an earlier section to begin to address the numerous barriers facing families and providers. The community is seen as critical in the system building effort.

C. Family and Public Engagement

Gaps relating to family and public engagement are defined as those that limit the ability of families and the public to understand and be directly involved in all levels of the early childhood system. The greatest opportunity for improvement in family and public engagement is increasing awareness and educating families and legislators about the importance of early childhood health issues. The long term benefits to families from involvement in an integrated system of care will be improved rates in family literacy activities, improved parenting skills and parental knowledge of child development, reduced rates of domestic violence, child abuse, and neglect, improved access to quality child care, increased parental involvement in child education, and higher family employment rates and financial strength.

The medical home concept is widely accepted as a model of care, creating a centralized resource for children and parents to address all a child's needs. However, the medical home concept is not as universal as is desired. As previously stated, it is estimated that less than 50% of Virginia children received care in a medical home²¹. Virginia is actively seeking parents to enroll their children in public insurance programs, but a significant percentage of children remain uninsured. According to the Title V Maternal and Child Health Needs Assessment, 64.5% of

uninsured parents had neither requested nor received information about public insurance programs, but 87.7% would be willing to enroll in public health insurance programs²². This indicates that increasing family awareness through a public education campaign may reach additional eligible families. Activities in the plan focus on expanding the medical home trainings currently underway by Medical Home Plus, Inc. and the AAP, as well as educating families about the concept of a medical home and what they should expect from a medical home provider.

Dental health is another area in which health education campaigns are needed to improve health outcomes. In 2003, when Virginia parents of children ages 1-17 were asked about the condition of their child's teeth, three-quarters (75.9%) affirmed they were in excellent or very good condition²³. This is in contrast to the health data regarding oral health, including:

- 50% of children had dental decay in their primary teeth
- 30% had caries on their permanent teeth
- 47% of children with caries had them filled
 - Approximately 75% of children receiving free lunches (income <130% federal poverty line) did not have caries filled
 - 42% of children not receiving free lunches did not have caries filled

Source: 1999 Statewide Dental Survey²⁴

The reason for the discrepancy is unclear and needs further investigation. What is clear is the need for educational information directed to parents regarding oral health is critical to changing attitudes about oral health care in early childhood health.

There are several parent advocacy groups in Virginia, including Voices for Virginia's Children, Parent to Parent of Virginia and Parent Education Advocacy Training Center (PEATC), however there is still a need to broaden involvement by parents across the state. These groups report difficulty in advocating for meaningful change without the support of the business community and other groups with political capital.

Involving legislators is an integral part of moving Virginia's early childhood plan forward. A limited number of legislative studies have been conducted about early childhood issues primarily because of the costs of conducting such large scale studies. These studies were targeted at child care concerns and uninsured families. Educational campaigns targeting legislators have been identified as an area of need to promote awareness of needed policy and legislative changes.

D. Evaluation and Finance

The gaps identified in evaluation and finance limit the ability of the early childhood system to be sustainable with flexible financing and resources, to be standards driven, and to use quality indicators to measure progress. The challenges for evaluation and finance are: 1. lack of comparable, quality data regarding programs and services system outcomes, and 2. insufficient funding of early childhood programs.

Data collection at the state level is adequate to study large-scale outcomes, but program specific data are difficult to access. When program specific data are available, it is often not

comparable to other programs and services. Clear examples of the lack of data include state agencies unable to break out data for the group 0-5 specifically, including funding data and lack of accessible data on agency and program websites. Virginia is in need of promoting data collection at all levels of government. Some state agencies allocate funding to localities and yet do not collect uniform outcome measures from each locality. Therefore only the most basic demographic data (such as number served) is collected and analyzed at the state level. For these programs, no outcome data is available for the program as a whole. This issue will be addressed as the Virginia Department of Health led data group begins to standardize data collection and outcome measures within and between agencies.

Funding is the primary challenge to implementing an ideal integrated early childhood system. For Medicaid eligible children, funding is insufficient to meet needs. According to the Virginia AAP, 23% of Virginia children are enrolled in Medicaid, yet Medicaid pays only 69% of what Medicare pays for the same services. Medicaid pays only 80% of cost to disproportionate share hospitals²⁵. As a result, many providers choose not to participate with Medicaid, thus limiting access to healthcare services. The child care subsidy fund is also under-funded, with only 7% of the eligible population receiving subsidies. Approximately 3,900 families are currently on the waiting list for subsidies, and an estimated 1100 additional families are eligible for subsidies. Only 60% of eligible children in Virginia receive food stamp subsidies. The Women, Infant's and Children program served 71% of the estimated eligible population in November 2005²⁶.

Virginia has approximately 500,000 children younger than five years, or 9.3% of the total state population^{27, 28}. It is estimated that only 0.2% of the total general fund expenditures are allocated for early learning. The annual per child investment of both state and federal dollars in Virginia is \$1,068 for children ages birth to five, as compared to \$7,654 for school aged children, and \$4,483 for college-age youth²⁹.

In summary, the challenges for evaluation and finance are: 1. lack of comparable, quality data regarding programs and services system outcomes, and 2. insufficient funding of early childhood programs. Efforts are underway to address the barriers for comparable data sources and evaluation. The challenges for funding require commitment through both the governor's office and within the business community. The current governor has expressed a strong interest in addressing issues of early childhood education and finance.

Summary

Although Virginia faces challenges in implementing a successful, comprehensive early childhood system, there is a strong commitment across state agencies and between early childhood partners to improve upon these challenges. The Virginia Early Childhood Comprehensive Systems initiative will continue to address these challenges in the state strategic plan for children 0-5, and will collaborate with other organizations working toward a comprehensive early childhood system.

End Notes

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- ⁴ Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services. Mental Health Parent Satisfaction Survey FY 2004.
<http://www.dmhmrsva.virginia.gov/documents/reports/OMH-yssf2004survey.pdf>
- ⁵ Virginia Department of Social Services. *Report of the State Executive Council Workgroup on The Relinquishment of Custody for the Purpose of Accessing Behavioral Health Treatment*. October 2004.
- ⁶ Virginia Department of Social Services. Child and Family Services Review Performance Improvement Plan. 2004.
- ⁷ Virginia Department of Health. Office of Family Health Services. Maternal and Child Health Needs Assessment Survey. May 2005.
- ⁸ Early Child Development Council, Findings from the Early Childhood Health Summit, November 10, 2004. Results from a one day summit where approximately 35 participants discussed the most pressing issues facing children 0-5 in the Richmond metropolitan area.
- ⁹ Birth Preparation and Parenting Skills Needs and Assets Assessment Report, United Way of Greater Richmond and Petersburg, 2003.
- ¹⁰ Healthy Families Virginia. FY 2000-2004. Executive Summary. Statewide Evaluation Report.
http://www.healthyfamiliesamerica.org/downloads/eval_hfva_2004.pdf
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- ¹⁷ Child and Adolescent Health Measurement Initiative, National Survey of Children with Special Health Care Needs: Virginia State Profile, Retrieved 6/12/05 from <http://cshcndata.org/DesktopDefault.aspx>.
- ¹⁸ Child and Adolescent Health Measurement Initiative, National Survey of Children with Special Health Care Needs: Virginia State Profile, Retrieved 6/12/05 from <http://cshcndata.org/DesktopDefault.aspx>.
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- ²⁰ National Child Care Information Center. State Profile: Virginia.
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- ²¹ National Survey of Children's Health. <http://www.cdc.gov/nchs/about/major/slaits/nsch.htm>
- ²² Virginia Department of Health, Office of Family Health Services. Virginia's Title V Needs Assessment 2005. September 2005.
- ²³ Virginia Department of Health, Office of Family Health Services. Virginia's Title V Needs Assessment 2005. September 2005.
- ²⁴ Division of Dental Health, Virginia Department of Health. *1999 Dental Needs Assessment of Virginia Schoolchildren*.
- ²⁵ American Academy of Pediatrics. 2004/05 Medicaid Reimbursement State Reports.

²⁶ Virginia Women, Infants and Children webpage. Data and Statistics.

http://www.vahealth.org/wic/Local_Agency_Participation_Report1105.pdf

²⁷ US Census: www.census.gov. Demographic and other data by state, locality.

²⁸ Virginia Center for Health Statistics. <http://www.vdh.state.va.us/HealthStats/stats.asp>

²⁸ Virginia Department of Social Services, Virginia Department of Social Services Licensing data, US Census Nonemployer Statistics, Virginia Department of Education

Additional Resources

Children's Defense Fund: www.childrensdefense.org. Virginia specific data related to measures of children's health

Annie E. Casey Foundation: www.aecf.org/kidscount/rightstart. KidsCount effort designed to track the status of children on a state by state basis.

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