

EARLY CHILDHOOD BLOCK GRANT

The Early Childhood Block Grant, funded by the Illinois State Board of Education (ISBE), supports high-quality, voluntary Preschool for All for 3- and 4-year-olds, prioritizing at-risk children. A portion of the block grant is set aside for evidence-based programs serving infants, toddlers and their families, including home visiting programs.



TOTAL EARLY CHILDHOOD
BLOCK GRANT FUNDING
\$393.7M
FY2017



PRESCHOOLERS
SERVED
75,154
FY2015



INFANTS AND
TODDLERS SERVED
14,852
FY2015

>>>> WHERE ARE WE NOW?

There are more than 325,000 preschool-age children in Illinois. At least 41% of those children—133,000—are likely to enter school without the basic skills and knowledge needed for success. Significant recent investments have restored previous losses to funding and brought the Early Childhood Block Grant to a new high level of funding for FY2017. **Despite this progress, there are still many at-risk children who can't yet access these services.** We know that some of these children need more intensive services than most block grant programs can provide. We need to continue to work toward the goal of making high-quality preschool a reality for all young children. In order to meet this goal, we must grow funding for these programs.

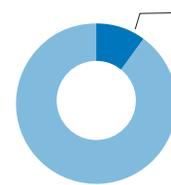
HOME VISITING PROGRAMS

In home visiting programs, mentors help parents create safe, stimulating home environments for their young children. Home visitors model nurturing relationships, coach parents on their child's development and connect families to medical and other supports. **Research proves that home visiting programs raise children's literacy and high school graduation rates, improve health outcomes for children and decrease rates of child abuse and neglect.** Intensive voluntary home visiting programs are funded through the Illinois Department of Human Services (IDHS) Parents Too Soon and Healthy Families budgets and the ISBE Early Childhood Block Grant.

CURRENT IDHS FUNDING
FOR HOME VISITING:
\$16.1M
IN STOPGAP (COVERS 18
MONTHS); PREVIOUSLY
\$16.9M ANNUALLY



FAMILIES SERVED
BY IDHS
HOME VISITING
4,637
FY2014



<10%
of at-risk young
children and
families will be
served by home
visiting services

>>>> WHERE ARE WE NOW?

State funding only reaches a small percentage of the children and families who could benefit from home visiting services. **Services provided in the IDHS-funded agencies were severely impacted by the FY2016 budget impasse, with agencies scaling back services and laying off staff.** Even with stopgap funding, those reductions may not be restored because of continued uncertainty about funding. In recent years, Illinois has received nearly \$50 million in federal grants to expand evidence-based home visiting programs. **This funding is also threatened by the ongoing budget impasse** due to federal maintenance-of-effort requirements; reductions in IDHS funding for home visiting programs would require repayment of federal funds already awarded and would jeopardize Illinois' ability to access future funds. Increased access to these services through increased funding and funding stability is necessary to ensure that Illinois is reaping the benefits of this proven, cost-effective intervention.

ILLINOIS' EARLY CHILDHOOD SYSTEM

CHILD CARE ASSISTANCE PROGRAM

The Child Care Assistance Program (CCAP) of the Illinois Department of Human Services provides low-income families with access to affordable child care and quality child development activities while parents work or go to school. Child care programs help families living in poverty to achieve self-sufficiency by enabling them to work or study while having consistent care for their children. Research shows that high-quality child care significantly improves the school readiness of young children.



MORE THAN
60%

of children in CCAP are under 5 years old

CCAP FUNDING

No General Revenue Funds for FY2016; being paid via court order/federal funds

CHILDREN SERVED MONTHLY BY CCAP:

120,835

FY2016



>>>> WHERE ARE WE NOW?

Child Care Assistance Program payments are being made under court order and with federal funds.

However, the program has yet to fully recover from damage done by the emergency rules in the summer of 2015. Enrollment still lags far below expected levels, and many families remain unable to access the program. Additionally, new rules from the federal government designed to improve quality will come with a cost to the state. Funding increases will continue to be necessary in order to ensure we are improving quality, consistency and access in the program.

EARLY INTERVENTION

Early Intervention (EI), or Part C, is the section of the Individuals with Disabilities Education Act (IDEA) that ensures that children from birth to age 3 with developmental delays or diagnosed medical conditions with a substantial likelihood of delay, have the best chance for healthy development. In EI, children receive a range of developmental and social-emotional services, including speech and language, occupational and physical therapies, and social work services. Families receive the coaching and support they need to further the gains their children make in therapy.

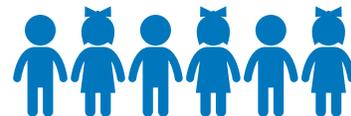


TOTAL EARLY INTERVENTION FUNDING:

No General Revenue Funds for FY2016; being paid via court order/federal funds

CHILDREN SERVED:

20,861
FY2015



>>>> WHERE ARE WE NOW?

Early Intervention serves children from all income levels and in every county in the state. **Currently, EI serves less than 4% of infants and toddlers in Illinois, well below the expected disability prevalence rate of 13%.**

Recent policy initiatives are helping to improve identification and referral of infants and toddlers to EI by promoting developmental screenings for infants and toddlers across early childhood settings, including child care, home visiting, and health care. These screenings ensure that we are finding and referring those children who can benefit from these early services that are proven to prevent the need for future, costlier interventions. Illinois currently maximizes additional funding for EI services, including federal IDEA funds, Medicaid match, private insurance and cost-sharing with families. Additional state investment in EI will be essential to meet the increased demand for EI services and the federal IDEA requirements.

