Alaska Early Childhood Environmental Scan

& Baseline Report on the Condition of Young Children

ALL ALASKA PEDIATRIC PARTNERSHIP

a2p2.org June 2020

Acknowledgements

This report would not have been possible without the assistance of dedicated staff within the State of Alaska Department of Health and Social Services and Department of Education and Early Development, the University of Alaska system, as well as other organizations serving young children throughout the state, who have provided program records, answered questions and reviewed sections of this report to ensure it accurately represents their program history, funding and services. Thank you for your assistance.

FUNDERS

Thank you to those who provided financial support for this project.

- **Alaska Mental Health Trust Authority**
- **Rasmuson Foundation**
- **Perigee Fund**
- **US Department of Health & Human Services, Administration for Children & Families, Preschool Development Grant Birth through Five***
- **Fairbanks Memorial Hospital**
- **The Children's Hospital at Providence**
- **Southcentral Foundation**
- **Mat-Su Health Foundation**

** "The project described was supported by the Preschool Development Grant Birth through Five Initiative (PDG B-5), Grant Number 90TP0012, from the Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Child Care, the Administration for Children and Families, or the U.S. Department of Health and Human Services."*

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Welcome

ALL ALASKA PEDIATRIC PARTNERSHIP

For the last 25 years, the All Alaska Pediatric Partnership (AAPP) has advanced the goal of healthy and thriving children. Through our work advocating for programs and policies that would create better systems of care and support for families and children, AAPP has been fortunate to work with a legion of dedicated private and public agency leaders, community-based service providers, medical providers, parent advocates and early childhood educators throughout Alaska's early childhood system.

In 2018, during a two-day joint hearing on early childhood hosted by the Alaska Legislature's Education and Health & Social Services committees in Juneau, the committee unsuccessfully attempted to map Alaska's early childhood system, its funding, and the impact it had on Alaska's families. That hearing, in which AAPP took part, revealed that Alaska's early childhood system was complex and poorly understood. Following the hearing, AAPP continued to encounter requests for information and data on Alaska's youngest children from hospital foundation board members, policymakers, and others who wanted not just baseline information on children's wellbeing and health but also data about the systems and environments in which children live. Those requests led to the commission of this report.

Although Alaska's early childhood system is relatively small, it is also siloed, as is evidenced in the funding map found in this report. Adding to the complexity is the reality that early childhood programs often fall squarely between health and education, and support both children and their parents or caregivers.

With this report, our goal is to inform the identification and adoption of statewide priorities through a coordinated and thoughtful process. We hope stakeholders, funders, state and municipal governments, regional corporations, and businesses will find this report useful in their own efforts to effectively support young children and their families.

The importance of children to Alaska's future cannot be overstated, just as we cannot overstate the importance of the first years of a child's life to their overall wellbeing and ability to flourish and contribute to society. We are grateful to everyone who recognized the value in this project and supported it through generous financial contributions or through dedication of time and expertise. And we are grateful to the many of you who will use this report as a resource in your own efforts to affect positive change for Alaska's children, families, and communities.

Sincerely,

Tamar Ben-Yosef

Tamar Ben- Yosef

Executive Director
All Alaska Pediatric Partnership

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Overview

Alaska Early Childhood Environmental Scan

ALL ALASKA PEDIATRIC PARTNERSHIP

Early childhood is a period of incredible growth and development. Early life experiences influence children's cognitive, emotional, social and physical development and directly influence the adults they will become. Positive experiences that young children have early in life help set them on the path for success in school and into adulthood. Negative or adverse experiences have the opposite effect, resulting in deficits in skills and abilities and impacting health into adulthood, driving down productivity and increasing social costs.

National research across disciplines has established that investments in the early years are an efficient and effective use of resources and there are many committed individuals, initiatives and organizations across Alaska that are focused on improving early experiences for young children and their families.

Unfortunately, their potential to improve the health, safety and educational opportunities of Alaska children has been limited because Alaska lacks a comprehensive early childhood system that is effective at leveraging and targeting resources to where they are needed most.

Policy makers, funders, nonprofit leaders and program administrators in Alaska lack the information needed to guide effective policy decisions, align services and programs, ensure accountability and focus limited resources on the greatest needs. The current approach is uncoordinated and fragmented, with some parts better understood than others. For high quality, evidence-based programs, necessary linkages and infrastructure aren't always in place to support and scale these programs across the state.

The All Alaska Pediatric Partnership (AAPP) commissioned this report as a first step towards identifying and prioritizing statewide needs that will enable stakeholders to better coordinate, align and integrate the services, supports and resources needed to build a stronger, more comprehensive early childhood system.

AAPP's interest in creating a more focused approach to improving early childhood outcomes is grounded in several realities:

- Healthy and supported young children are essential for Alaska's future
- Children in Alaska are falling behind their peers nationally in health and education outcomes
- The roots of the achievement gap start well before children ever enter school
- Early interventions work, including family supports and early childhood education opportunities
- Investments in early childhood are cost-effective and produce large benefits to children, parents and society
- Many children and families aren't receiving the services and supports they need

This report is the first of its kind in Alaska. It contains a comprehensive look at what is currently known about the status of young children in Alaska and the infrastructure in place to coordinate, monitor and improve the policies and services that exist for young children and families.

While Alaska recovers from the COVID-19 pandemic, it will be even more important to understand how the services that families depend on have been affected, and the impact on children and family's health, mental health and economic well-being. For example, some early childhood education facilities have closed, while many parents remain essential workers. Whether or not all facilities will reopen has yet to be determined. Schooling has been interrupted. Many parents have lost their jobs, access to the specialized services that their children need, and social supports which are critical for reducing stress. Communities that depend on itinerant providers for health care and early intervention services have seen those services reduced or shifted to tele-medicine. Visits to primary care providers for essential services such as well-child visits and vaccinations have declined. Family violence is expected to rise. It will be important to collect data, monitor the changes, identify disparities that occur, and have a system-level response to support families through this difficult time and the recovery period that follows.

This report provides important baseline data that will help us understand the impacts to young children and families, and the early childhood system's response. For the purposes of this report young children refers to children birth to age eight, the period used most often by researchers and early childhood professionals.

The report is divided into four sections:

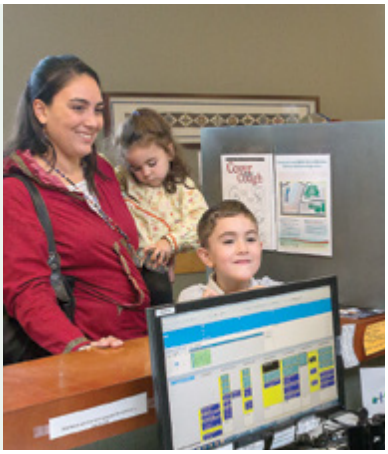
SECTION I: History of Early Childhood Programs & Initiatives

Identifies significant milestones in early childhood initiatives, policy changes and program developments over time in Alaska and at the federal level.

SECTION II: Alaska's Early Childhood System in Alaska

Defines the elements of a high functioning early childhood system and discusses the status of each element in Alaska:

- **Governance & Leadership**
- **Funding**
- **Data Systems**
- **Quality Standards**
- **Family Engagement & Outreach**
- **Workforce & Professional Development**



SECTION III: Status of Young Children & Families in Alaska

Identifies and reports on a set of research-based indicators that could be used to measure population-level changes over time in four areas:

- **Demographics:** number of young children, race/ethnicity, poverty and birth rates.
- **Health & Development:** prenatal and postpartum experiences, infant mortality, maternal mental health, health care including developmental screenings and well-child visits, mental health services, and food security.
- **Child Safety & Family Supports:** child mortality, child maltreatment, adverse childhood experiences (ACEs) and protective factors.
- **School Readiness & Success:** early childhood education, early intervention services, kindergarten readiness and third grade proficiency in English/Language Arts (ELA) and Mathematics.

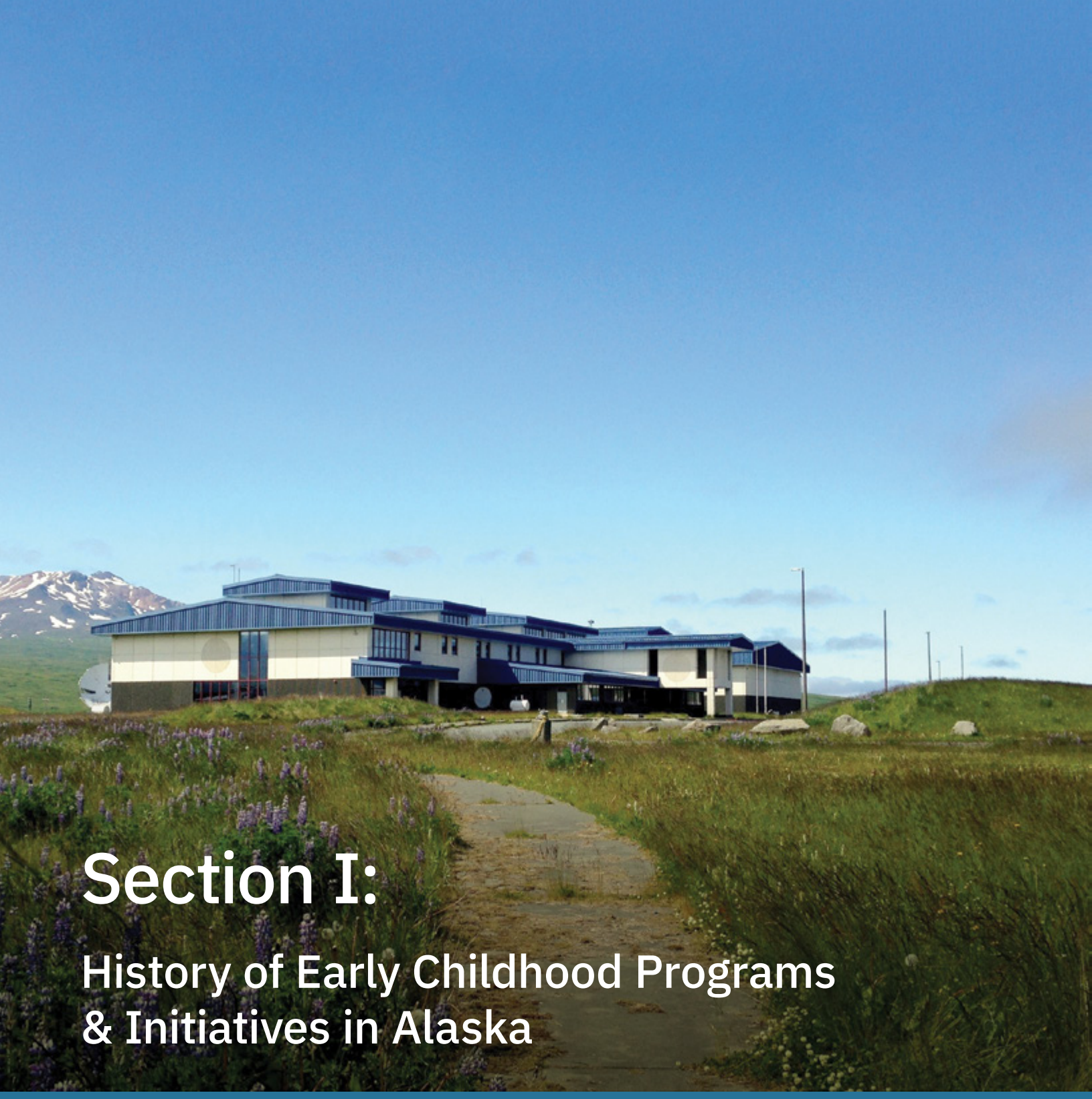
Wherever possible differences between geographic regions are shown.

SECTION IV: Regional Profiles

Shows select indicators for each of the seven public health regions in Alaska. This includes demographics, prenatal care, birth rates, child abuse and neglect, child mortality, and maternal depression, as well as kindergarten readiness and third grade ELA and Mathematics proficiency rates. Additional information about the availability of licensed child care centers, child care need, and use of early intervention, early childhood education programs and public assistance programs is also included.

How To Use This Report

This report is a resource for policy makers, program managers, service providers and anyone who cares about Alaska's young children and families. It is not intended to define the system as it should be, but to start a conversation about how to achieve a shared vision of healthy, thriving young children and families in Alaska.



Section I:

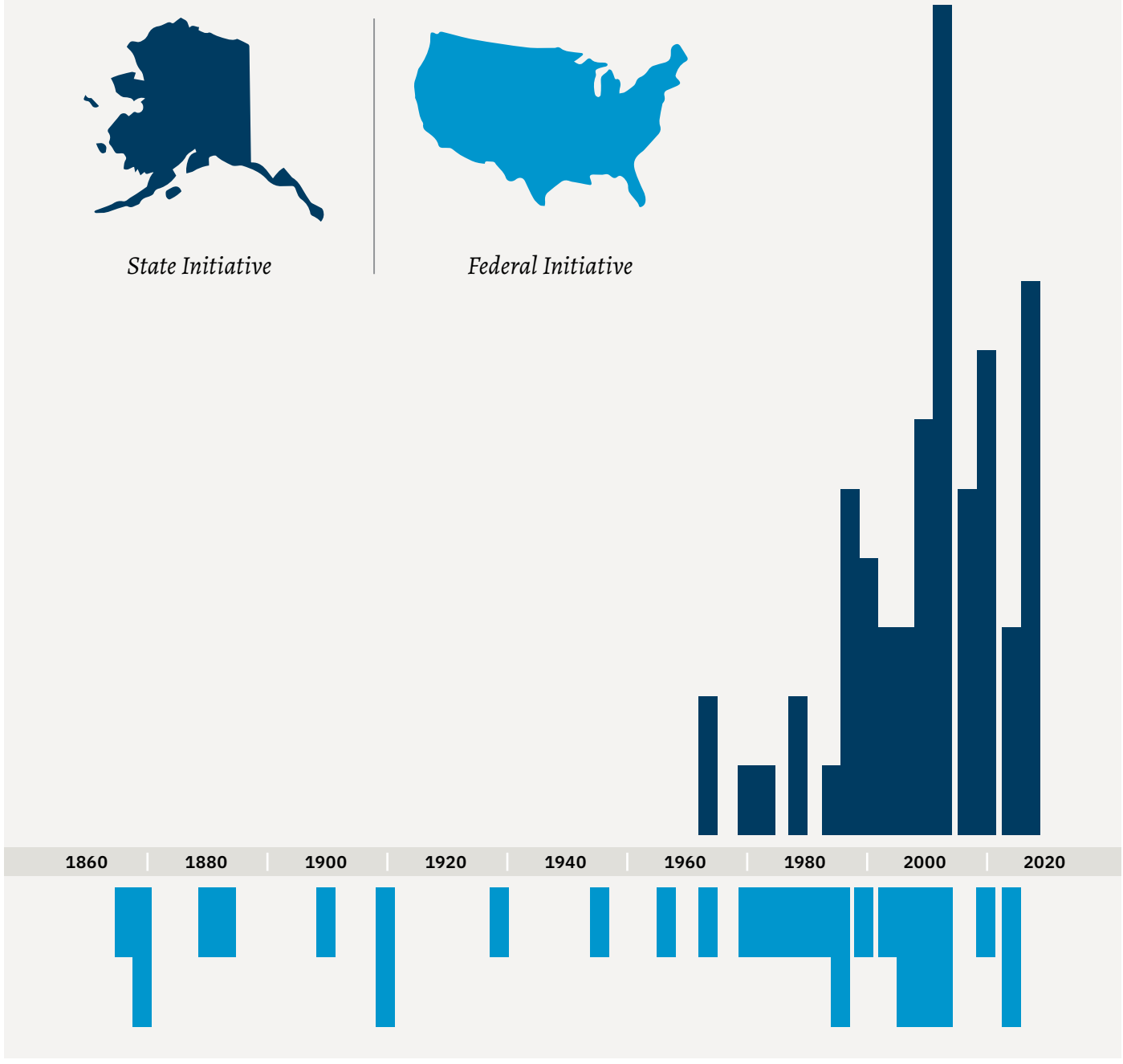
History of Early Childhood Programs & Initiatives in Alaska

The health and education challenges facing Alaskan children today have their legacy in education policies set even before Alaska was a U.S. territory.

Over the last 20+ years, as research has shown the importance of early childhood for future success in school and life, there has been a steady expansion of programming aimed at young children and families and a focus on health and development, as well as early education experiences.

Federal requirements and opportunities have seeded many of Alaska's initiatives to improve early childhood programs and services.

FIGURE 1: Timeline of early childhood programs & initiatives



State Initiative

Federal Initiative

1860

1867 | Alaska purchased from Russia

1869 | The first public school is opened in Alaska under the American flag in Sitka

1869

President Grant signs the Peace Policy, marking the beginning of sending Alaska Native children to boarding schools

1880

1880's | Federal government establishes day schools in Alaska

1884 | Organic Act gives Sec. of Interior responsibility for providing schooling in Alaska

1900

1905

Nelson Act is passed allowing establishment of schools outside of towns, creating a dual system of education for Alaska Native and non-Native children

1912 | President Taft creates the Children's Bureau to improve lives of children and families

1912 | Alaska becomes a territory

1920

1929

National Association for Nursery Education - now the National Association for the Education of Young Children (NAEYC) - is established and sets minimum standards for nursery schools

1940

1946 | National School Lunch Program is established to provide nutritional free & reduced cost lunches to children in schools

1959 | Alaska becomes the 49th state

1960

1964 | The University of Alaska Fairbanks (UAF) offers Child Development courses in the home economics degree program

1965

RurAL CAP opens first Head Start program in rural Alaska

1965 | Federal Head Start Act passes establishing Head Start as an 8-week summer program

1970

1971

UAF begins offering an Associate of Arts degree in Early Childhood Development

1972 | Women, Infants, & Children (WIC) Program starts as a pilot project to prevent malnutrition in pregnant women and young children

1974 | The Tanana Valley Community College begins offering a certificate in Child Care Occupations

1974 | The Child Abuse Prevention & Treatment Act (CAPTA) is passed treating child abuse as a preventable issue

1975 | Education of Handicapped Children Act is passed (renamed IDEA in 1990) to provide children with disabilities a public education in a least restrictive environment

1978 | The Indian Child Welfare Act is passed by Congress to end separation of Alaska Native and American Indian children from their families to non-native homes

1978 | The Governor's Council on Disabilities & Special Education is established

1978 | The Infant Learning Program (IDEA Part C) is established as a home-based educational, health and training program for parents and children

1980

1981 | Maternal Child Health Block Grant Program is established, providing funds to states to promote & improve health and well-being of mothers, children and families, including children with special needs

1984 | The Behavioral Risk Factor Surveillance System (BRFSS) is first conducted by the CDC in 15 states

1985 | thread is launched under the name Child Care Connection

1986 | Early Intervention services for children birth to age two are included in reauthorization of IDEA, now Part C

1987

Governor Cowper creates a Governor's Interim Commission on Children & Youth with AO 97. Tasks include developing plan for a first class child care system, addressing infant mortality and child abuse and neglect

1987 | CDC develops the Pregnancy Risk Monitoring Assessment System (PRAMS)

1988 | Alaska Children's Trust is created to prevent child abuse and neglect

1989 | AO 108 extends the Governor's Interim Commission on Children & Youth until 1989

1989 | Governor Cowper creates the Governor's Task Force on Youth with AO 114

1989 | Alaska Head Start Association is formed

1990

1990 | Alaska sends out its first PRAMS survey

1990 | Child Care and Development Block Grant is created to provide child care assistance to low-income families

1992 | Alaska 2000 (AK2K) reform initiative begins, recommendations includes developing student academic standards

1992 | The University of Alaska Anchorage (UAA) begins offering an Associates of Applied Science in Early Childhood Education

1993 | Medicaid waiver program for children with complex medical conditions and/or intellectual/ developmental disabilities starts

1994 | Head Start Reauthorization Act includes Early Head Start for children 0-2

1995

Governor Knowles creates a Children's Cabinet

1995 | The All Alaska Pediatric Partnership is founded

1996 | Quality Schools Initiative (QSI) begins, focused in part on developing standards and assessments

1997 | Children's Health Insurance Program (CHIP) enacted to expand Medicaid eligibility for low-income children

1998 | Adverse Childhood Experiences (ACES) study is published by CDC & Kaiser Permanente

1998 | Alaska Native Tribal Health Consortium incorporates & takes over Indian Health Service functions, providing self-governance for Alaska Native healthcare

1998 | SB 36 passes as part of the QSI, requiring a kindergarten assessment, and other standards-based assessments for the first time in Alaska

1999 | Denali Kid Care (CHIP) established, providing Medicaid coverage for low-income children

2000

2000 | First standards-based assessment given to 3rd, 6th, 8th graders

2000 | Landmark report 'From Neurons to Neighborhoods' is published on the science of early childhood development

2001 | The Alaska System for Early Education and Development (SEED) is created to help meet Head Start professional development standards

2001 | State Board of Education adopts resolutions calling for voluntary PreK for all 3 and 4 year olds, as well as supporting Pilot PreK in certain school districts

2001 | The University of Alaska Southeast (UAS) offers a Bachelor in Elementary Education for the first time

2002 | Hearts for Kids child care assessment program, a Quality Rating System (QRS) initiative, is piloted in Fairbanks North Star Borough

2002 | No Child Left Behind Act enacted, includes 'Good Start, Grow Smart' initiative for states to create early learning guidelines

2003 | Early Childhood Comprehensive Systems program is launched to help implement Maternal Child Health Board priorities at state level

2004 | BRFSS is conducted in Alaska for the first time

2004 | Bring the Kids Home Initiative forms to reverse increase in children being sent out-of-state for mental health treatment

2004 | UAF begins to offer a Bachelor degree in Child Development and Family Studies

2005 | Alaska selected as Strengthening Families Initiative pilot site

2005 | Statewide Longitudinal Data Systems (SLDS) Grant Program makes first grants to help states better manage, analyze and use education data to make decisions

2006

Alaska Early Learning Guidelines endorsed by the State Board of Education & Early Development

2006 | First Early Childhood Comprehensive Systems Plan developed

2006 | Childhood Understanding Behaviors Survey (CUBS) is sent out as follow-up to PRAMS for the first time

2006 | Ready to Read, Ready to Learn Task Force (RTR) releases report calling for increased access to early literacy programs, quality early care and education, and family engagement

2006 | Best Beginnings is formed to carry out RTR recommendations

2006 | First Imagination Library program is started in Nome

2006 | The Alaska Infant and Early Childhood Mental Health Institute is held for the first time

2007 | Head Start Reauthorization Act includes requirement for State Advisory Councils on early childhood education and care for children birth to school entry

2007 | Interdepartmental Early Childhood Coordinating Council (IECCC) is formed to meet federal Head Start requirements

2008 | Best Beginnings begins expanding access to Imagination Library across Alaska

2008 | Alaska SEED comes under the management of thread in Anchorage

2009 | The Alaska Alliance for Infant Mental Health is formed

 | **2009**

Alaska Pilot Pre-K Program (AP3) is started in six school districts

2010

2010 | UAA begins offering a graduate certificate in Children's Mental Health

2010 | ALCANLink project is initiated with the aim to understand the incidence and factors that increase risk of child maltreatment in Alaska

 | **2010**

Governor Parnell issues a Declaration of Authority remaking IECCC into the Alaska Early Childhood Coordinating Council (AECCC)

2010 | UAF begins web-based course delivery for Early Childhood Education

2010 | Patient Protection & Affordable Care Act offers states the opportunity to expand Medicaid eligibility

2011 | The Alaska Pre-K Program becomes permanent

2011 | State of Alaska purchases Competency Guidelines for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health™, including the foundation for an occupational endorsement

2012 | Moore vs State of Alaska settlement provides state funded PreK in the 40 lowest performing school districts, along with targeted grants for other improvements

2014 | UAA offers a Minor in Children's Mental Health for the first time

2014 | Child Care Development Block Grant is reauthorized, adding requirements for quality, safety, and access

2015 | Medicaid expansion takes effect in Alaska

2015 | The McKinney-Vento Homeless Assistance Act, Subtitle VII-B is authorized, outlining requirements for states to provide homeless youth with the free, public education that their peers receive, including preschool age

2016 | Learn & Grow, Alaska's Quality Rating Improvement System (QRIS), is launched by thread to encourage and measure child care program quality

2018 | Help Me Grow Alaska, a system to connect families to needed services, launches in Alaska

2018 | Alaska is one of 46 states awarded a one-year Preschool Development Grant to improve the early childhood system

2018 | Governor Walker creates a Children's Cabinet

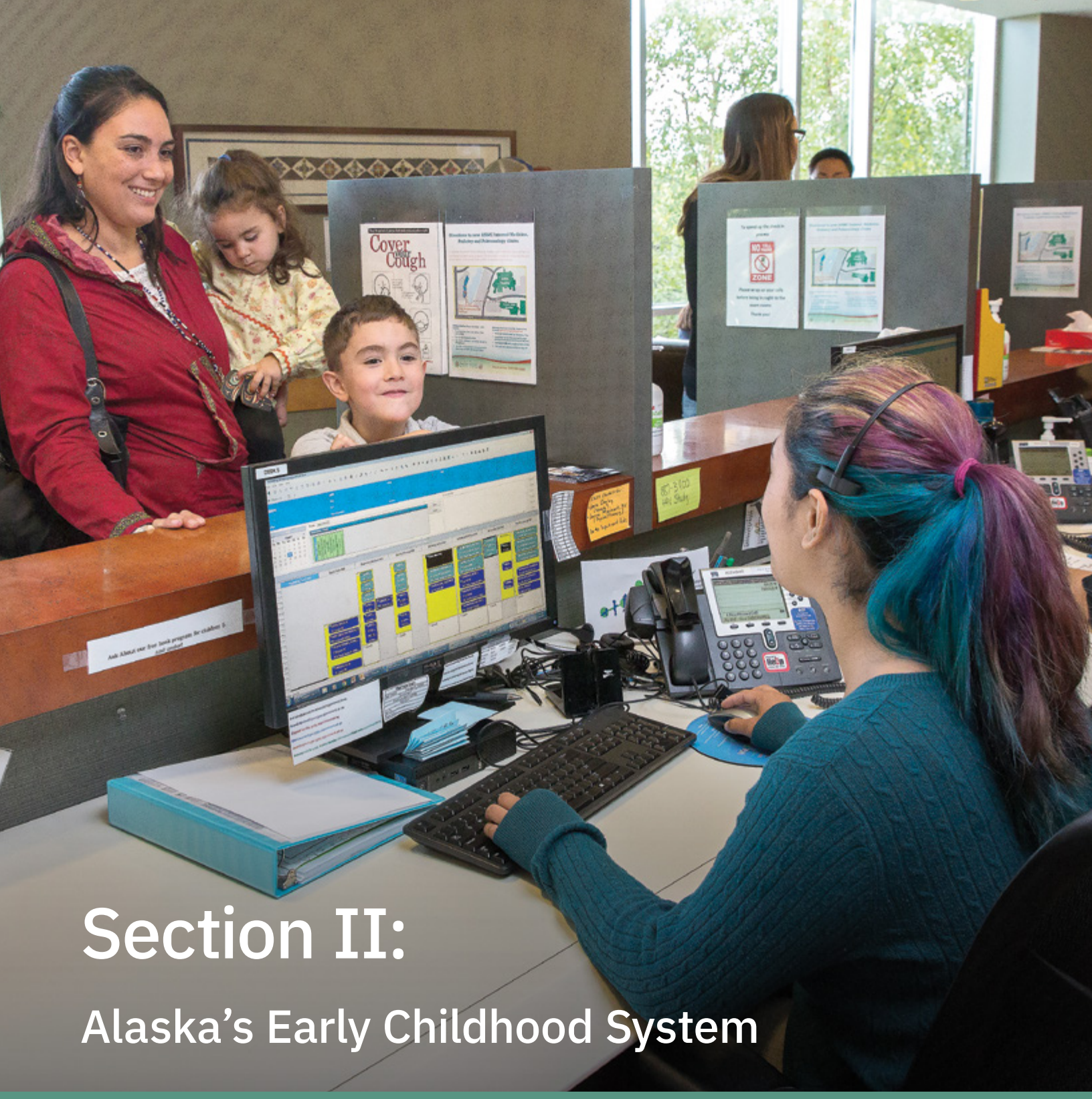
2018 | The UAA Early Childhood Associates program receives national accreditation

 | **2018**

UAA loses accreditation for initial teacher licensure programs

2019 | UAF Early Childhood Education Associate of Arts program seeks national accreditation

2019 | The Alaska Mental Health Trust Authority and Alaska Department of Health and Social Services adopt the Integrated Mental Health Program Plan, including early childhood goals and strategies for the first time



Section II:

Alaska's Early Childhood System

Alaska Early Childhood
Environmental Scan

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Introduction

> *Early childhood systems are complex and require coordination of resources and information across early care and education, healthcare, social services, and the higher education, workforce, and professional development sectors in order to encourage efficiency and innovation in the delivery of quality services and supports for young children and their families.*

Early childhood systems are dynamic, cross-sector collaborations between organizations with a shared mission to help children and families thrive. System components are not independent programs or services. They are linked, overlapping and mutually reinforcing pieces. State leaders play a key role in building and sustaining an integrated system across sectors by providing the leadership, vision, and governance that brings programs and services together.

According to the BUILD Initiative, which helps state and national early childhood leaders improve early childhood systems and pilot new projects, an effective early childhood system should:

- Reach all children and families, as early as possible, with needed services and supports
- Genuinely include and effectively accommodate children with special needs
- Reflect and respect the strengths, needs, values, languages, cultures and communities of children and families
- Ensure stability and continuity of services along a continuum, from prenatal to school entry, and beyond
- Ease access for families and transitions for children
- Value parents as decision makers and leaders
- Catalyze and maximize investment and foster innovation

This section explores the different components of Alaska's early childhood system to identify what is already in place, and where the system has challenges.

Governance & Leadership

Who has a role in overseeing programs that support early childhood? What state plans or priorities already exist that relate to early childhood? Is there coordination among groups working in early childhood? Who sets vision and policy priorities for the early childhood system?

Funding

What federal and state funding supports young children in Alaska? What are the primary sources of funding? Where does the funding go? Is there coordination of funding?

Data Systems

Is there cross-sector data or an integrated data system for early childhood data in Alaska? What data infrastructure currently exists? How is the data being utilized to serve the early childhood system?

Quality Standards

What quality standards exist that set expectations for programs and professionals in early childhood across the state? Are there identified gaps in quality standards in Alaska? How are quality standards enforced?

Family Engagement & Outreach

How are families and communities engaged in setting priorities? How do families, providers and the public access information about services and supports to promote the healthy development of children and families? What advocacy, marketing or communications efforts exist that are focused on healthy development for young children?

Workforce & Professional Development

Who is in the early childhood workforce? Are there known gaps or challenges to having a high-quality early childhood workforce in Alaska? What programs are in place to develop and maintain an early childhood workforce and promote training and professional development?

Governance & Leadership

Within Alaska, multiple agencies have authority and responsibility for early childhood programs and services, with various boards, councils, commissions, and planning entities contributing to the administration, oversight and planning of specific programs. Good governance is a strategy to help reduce fragmentation, increase coordination, foster accountability and transparency, and provide leadership on policy, financing and planning for a more sustainable early childhood system.

The BUILD Initiative has identified three common approaches to state-level early childhood governance that most states use:[1]

- Coordinated governance: multiple agencies coordinate and collaborate with each other, sometimes through formal interagency agreements and may or may not include a state-level task force, committee or other leadership body.
- Consolidated governance: placing authority for all early childhood programing within one existing agency.
- Creation of a new agency: the establishment of a single executive branch agency or office within an agency that has authority and accountability for the early childhood system.

Some states also have a local or regional council structure that informs or participates in state-level governance. States with strong local or regional councils include Arizona, Colorado, Iowa, Kentucky, Maryland, Oregon, and Vermont.[2,3,4]

The state of Alaska uses a coordinated model of governance. Early childhood programs and services are housed primarily within two state departments: Department of Health and Social Services (DHSS) and Department of Education and Early Development (DEED). The Alaska Early Childhood Coordinating Council (AECCC) is tasked with meeting the state's federal obligations to provide leadership and direction for five federal grants:

1. Child Care and Development Block Grant
2. Head Start Collaboration Grant
3. Maternal Infant Early Childhood Home Visiting (MIECHV) Program
4. Early Childhood Comprehensive Systems (ECCS) Grant
5. Preschool Development Grant (PDG)

MIECHV, ECCS and PDG are all competitively awarded grants. However, the AECCC does not have oversight of all early childhood programs. The Individuals with Disabilities Education Act (IDEA) Part C Infant Learning Program has its oversight committee through the Governor's Council on Disabilities and Special Education, and state-funded preschool programs are overseen by the State Board of Education and Early Development. Several other state boards and commissions also have responsibility for goals and/or plans relevant to the state's early childhood system.

History of Early Childhood Governance

There has been intermittent focus on early childhood throughout Alaska's history. Some Governors have focused on issues that affect children of all ages, and early childhood needs have sometimes been a part of these agendas.

In 1987, Governor Steve Cowper established a Governor's Interim Commission on Children and Youth through Administrative Order (AO) 97, and tasked it with developing a comprehensive plan to provide a first class child-care system and address other problems facing children and youth, including infant mortality and child abuse and neglect.[5] AO 108 extended the life of the interim commission to 1989.[6] In 1989, Governor Cowper created the Governor's Task Force on Youth with AO 114 within DEED and charged it with publishing the interim commission's report, among other duties.[7] The Task Force on Youth sunset in 1990.

In 1995, Governor Tony Knowles created a Children's Cabinet in Alaska without an executive order or legislative action.[8] His Children's Cabinet was made up of five state commissioners, the attorney general and the Lieutenant Governor. Its mission was, "In partnership with families, ensure children have opportunities for happy, healthy and productive lives." Governor Knowles highlighted children's issues in his annual State of the Child Address and championed state investment in an endowment for the Alaska Children's Trust,[9] as well as the expansion of the Medicaid Children's Health Insurance Program (CHIP) in Alaska,[10] as part of his policy goals on children's issues. Governor Bill Walker also established an internal Children and Youth Cabinet in 2018, without an executive order or legislative action. The cabinet had a goal of measurably improving the wellbeing of children and families and was to provide an annual report and recommendations on how to improve children's outcomes.[11] These cabinets did not last into new Governor's administrations.

With the passage of the Head Start Act in 2007, which required the establishment of State Advisory Councils, the Administration for Children and Families (ACF) made $100 million in grant funds available to states to support their creation.[12] To receive grant funding for a three year-period, states were required to apply and focus on the seven legislative priorities outlined in the original federal Head Start language. Alaska was one of five states that chose not to apply for these funds. However, it did establish the required coordinating council.

Historical documents refer to an Interdepartmental Early Childhood Coordinating Council established in 2007 that was later renamed the Alaska Early Childhood Coordination Council (AECCC) in a 2010 Delegation of Authority issued by Governor Sean Parnell.[13] The actions in 2010 established the AECCC in its current form, co-chaired by the Commissioners of DEED and DHSS, with 25 members, representing a mixture of public agencies and private stakeholder groups with seats allocated in part to meet the requirements of the federal programs it was tasked with overseeing. The AECCC has developed a mission and bylaws, and even set priorities, but it has more limited authority when compared to other boards and commissions with roles in early childhood.

Boards & Commissions in the Early Childhood System

Including the AECCC, there are at least seven convening bodies that provide leadership and direction to different components of the early childhood system in Alaska. Each body has different authority and focus, and some are more directly involved in early childhood efforts, while others have a peripheral role. In addition to the AECCC, the six other bodies are:

1. Alaska Children's Trust (ACT)

The ACT's mission is to improve the status of children in Alaska by generating funds and awareness to end child abuse and neglect. ACT has several advocacy goals related to early childhood. The ACT has a seat on the AECCC.

2. Alaska Mental Health Board (AMHB)

The AMHB advocates for programs and services that promote healthy, independent, productive Alaskans. It recently adopted the Comprehensive Integrated Mental Health Plan which has several early childhood related goals and strategies. The AMHB has a seat on the AECCC.

3. Alaska Mental Health Trust Authority (The Trust)

One of The Trust's guiding principles is a commitment to the inclusion of early intervention and prevention components. The Trust also adopted the Comprehensive Integrated Mental Health Plan which has several early childhood related goals and strategies. The Trust does not have a seat on the AECCC.

4. Alaska Workforce Investment Board (AWIB)

The mission of the AWIB is to develop and implement an efficient, effective and integrated state workforce investment system. In 2018, the AWIB passed resolution 18-01 in support of early childhood. It also endorsed the 2010 Healthcare Workforce Plan, which has several high-need occupations for early childhood. The AWIB does not have a designated seat on the AECCC, but the Commissioner of the Department of Labor and Workforce Development, who is also an AWIB member, does.

5. Governor's Council on Disabilities and Special Education (GCDSE)

The mission of the GCDSE is to create change that improves the lives of Alaska residents with disabilities. The GCDSE is responsible for oversight of the IDEA Part C Early Intervention Programs and has an Early Intervention Committee. Its most recent strategic plan has goals related to early intervention, health care and education. The GCDSE does not have a seat on the AECCC.

6. State Board of Education and Early Development

The mission of the State Board of Education and Early Development is excellent education for every student every day and it has oversight of the state's students starting in preschool. The State Board of Education and Early Development does not have a seat on the AECCC, but the Commissioner of DEED is the co-chair.

As the table below shows, the AECCC's resources, role and authority is more limited than these other advisory bodies.

TABLE 1: Advisory body authorities and roles

	Paid staff	Statutory Authority	Members appointed by the Governor	Advisory role for Leg/Gov / State	Advisory role for federal programs	Advocacy role (statutory or non)
Alaska Early Childhood Coordinating Council					√	
Alaska Children's Trust	√	√	√	√		√
Alaska Mental Health Board	√	√	√	√		√ (statutory)
Alaska Mental Health Trust Authority	√	√	√	√		√
Alaska Workforce Investment Board	√	√	√	√	√	
Governor's Council on Disabilities and Special Education	√	√	√	√	√	√ (statutory)
State Board of Education and Early Development	√	√	√	√		

Governance & Leadership Challenges

Within Alaska's early childhood system there is a lack of clear leadership and authority, resulting in a lack of unifying vision and the needed coordination to set priorities and accomplish them. While many interested parties look to the AECCC to provide leadership, in its current structure the AECCC has significantly less resources and authority than other leadership bodies that have overlapping priorities related to early childhood.

The AECCC has no dedicated staff, and no written mandate to produce an annual report or issue recommendations to the Governor or Legislature. It has no budget for member travel, meetings, projects or staffing, so all coordination duties are absorbed by existing staff within DEED and DHSS who have other full-time responsibilities. Most of the members have not turned over since the council was established. There are no term limits, and the method for nominating new representatives to fill vacancies for seats that do not represent a specific organization is not clear. As a result, at least one seat has been unfilled for years, with no clear mechanism for filling it. With few resources, and state staff and political appointees holding a large number of positions, the AECCC is limited in its ability to respond to policy and budgetary decisions that affect early childhood and there is uncertainty about what actions the AECCC can or should take.

Additionally, there is a need and opportunity for more local coordination with Tribal organizations, who fund many early childhood initiatives, as well as local early childhood councils that have started to form throughout the state. As a result of the PDG, a governance workgroup has formed to begin answering those questions about how to create a more inclusive and effective governing body for Alaska.

Funding

Financing for early childhood systems is complex and differs significantly from state to state. Financing can come from a variety of federal, state and local investments, including Tribal funding as well as philanthropic initiatives. Many funding sources have complex and distinct requirements for how the funds can be used, although there can be significant overlap in the purpose and goals of each funding stream.

High-functioning early childhood systems can be creative in how they leverage, blend, and braid existing funds for strategic purposes and advocate for new funding sources to expand affordability or access, or otherwise improve services. Braided funding combines separate funding streams toward one objective, separately tracking each source of funding and progress towards performance metrics required for each, while blended funding combines funding streams without continuing to track individual sources. Being able to strategically finance an early childhood system first requires understanding the sources of funding, and how much of this funding is restricted. It also helps to understand whether the restrictions are state or federal, and if there is an ability to change them through written policy, regulation or statute.

It is important to note that families also spend their personal resources throughout the early childhood system. For example, unlike a public Kindergarten-12th grade (K-12) education, which is available to all children for no fee, the care and education of children under age five, along with after-school care, is typically the responsibility of families unless they qualify for a fully subsidized program.

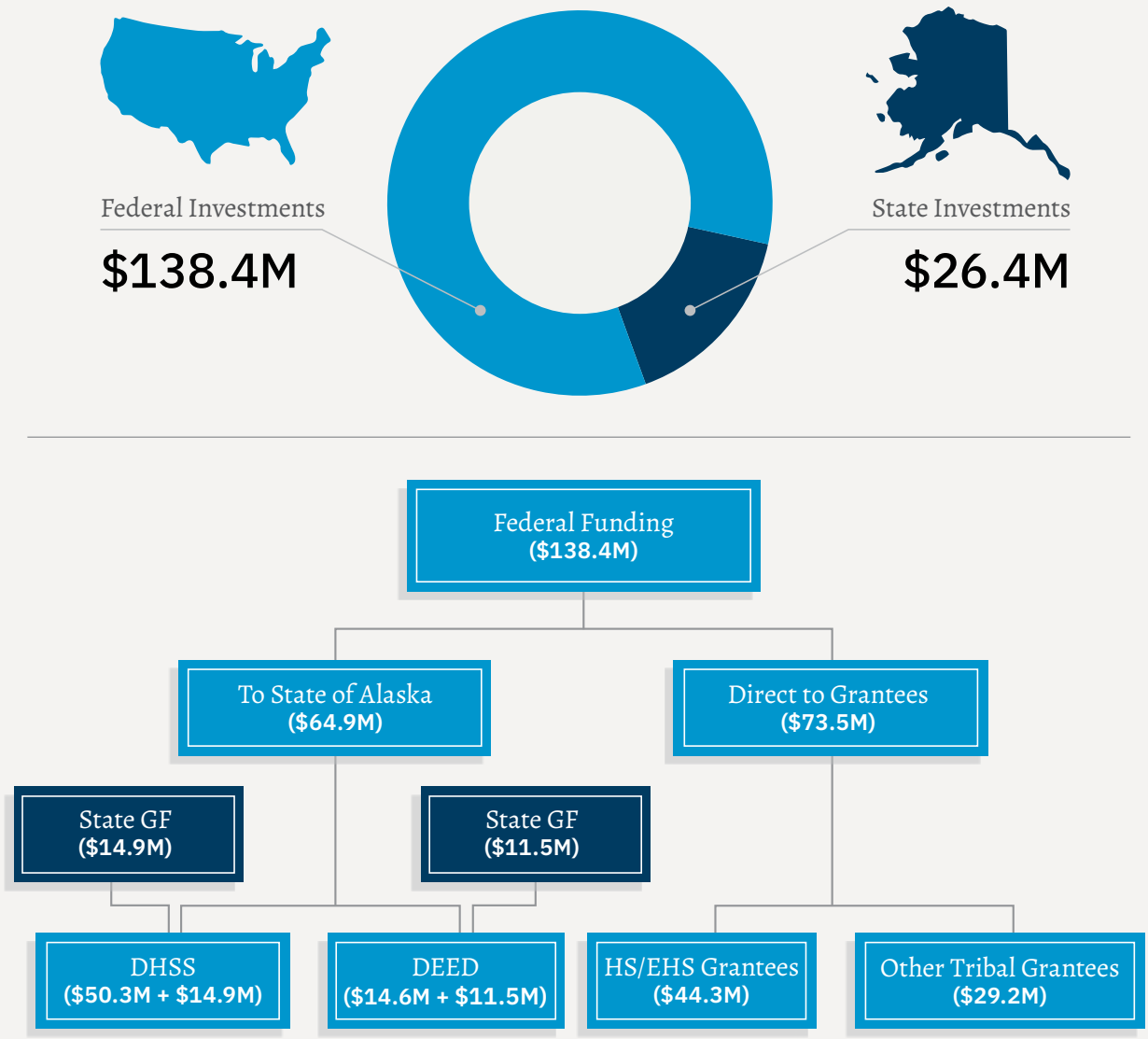
This analysis presents a preliminary look at state and federal funding within the state of Alaska. It does not account for many sources of federal and state funds that may benefit young children and families but are not exclusively targeted to them alone. This includes the Kindergarten-3rd grade (K-3) school funding, National School Lunch Program, the Maternal-Child Health Block Grant, Community Mental Health Services Block Grant, and Individual with Developmental Delays (IDD) waivers, for example, although information on Medicaid spending for pregnant/postpartum women and children age zero to eight is included separately. The analysis also does not include one-time federal investments, such as the Preschool Development Grant (PDG) and Early Childhood Comprehensive Systems Grant (ECCS).

State & Federal Funding for Early Childhood in Alaska

In FFY 2018, Alaska received $138.4 million in federal investments and $26.4 million in state investments for early childhood programs; 16% of all investments in the Alaska early childhood system comes from the state. Federal investments come from the U.S. Department of Health and Human Services (US DHHS), the U.S. Department of Agriculture (USDA), and U.S. Department of Education (USDOE). A glossary explaining the restrictions and eligibility for these funding streams is included in Appendix A.

Not all federal funding goes directly to the State of Alaska. The federal funding for the early childhood system that goes directly to the State of Alaska ($64.9 million) flows through two departments: Department of Health and Social Services (DHSS) and Department of Education and Early Development (DEED). The remaining funding goes directly to grantees. Less than 1% of Alaska's general funds are directed to early childhood programs.

FIGURE 2: Early childhood funding in Alaska, FY18



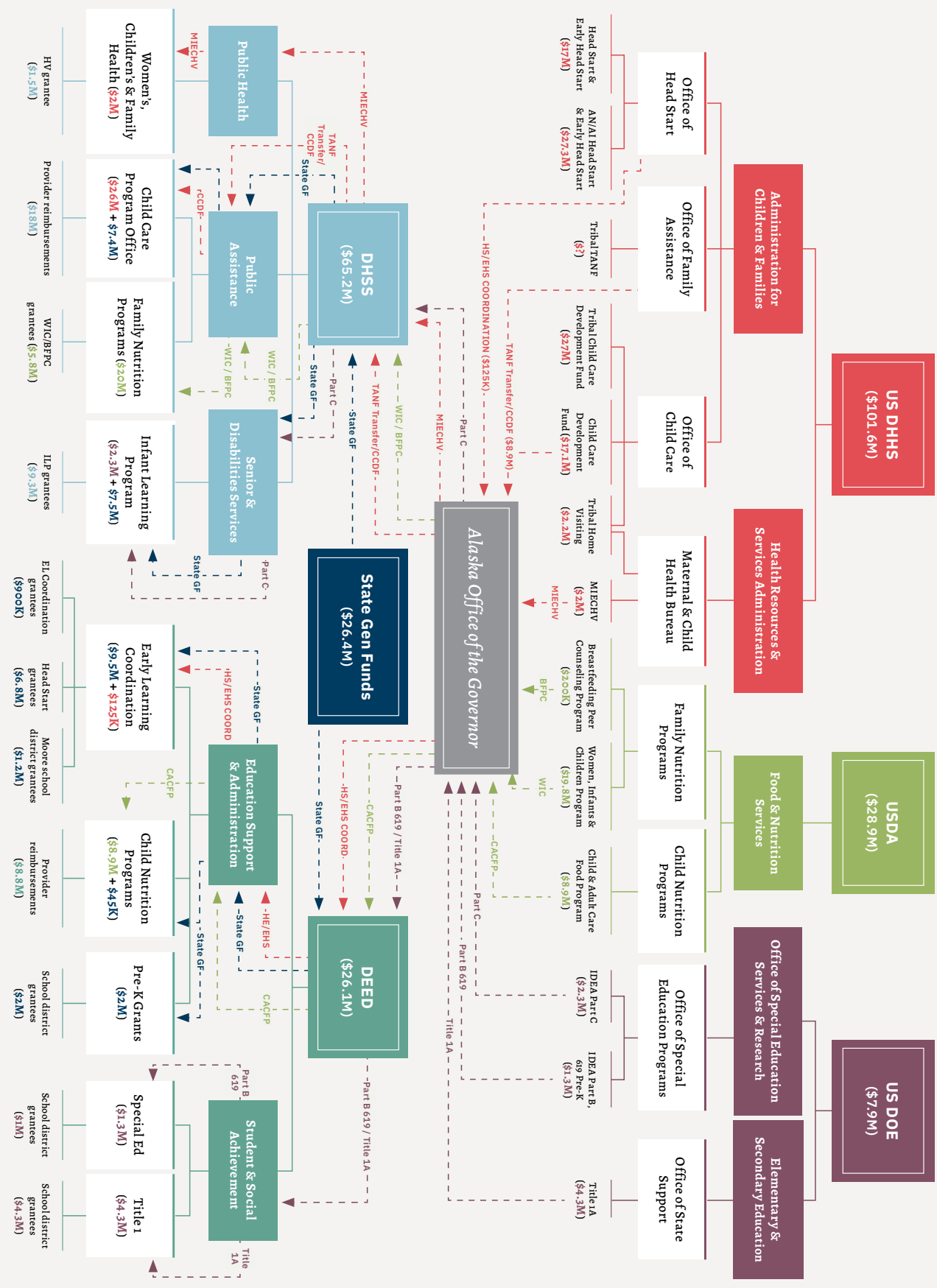
Alaska spends < 1% of its General Fund directly on early childhood investments.

This analysis does not include ALL funding streams that benefit young children and their families in Alaska. It focuses on recurring state and federal investments that target pregnant/postpartum women and young children. State or federal funding for programs/services with broader eligibility, one-time grants, and Tribal, nonprofit or other local government investments are not included.

More than half (53%) of all federal funds that come into Alaska go directly to grantees, bypassing the Office of the Governor and state departments. Funding for Head Start and Early Head Start, Tribal programs including Tribal Temporary Aid to Needy Families (TANF), Tribal Child Care Development Fund, and Tribal Home Visiting Programs is provided directly to grantees.

At the local level, blending and braiding may already be occurring to sustain programs. For example, Anchorage and the Mat-Su Borough school districts fund their preschool programs, at least in part, through a mixture of federal and state funds by using IDEA Part B 619 funds for Pre-K Special Education and Title 1A School Performance Funds combined with state Pre-K grants. In Anchorage, some of the school-based preschools are also in partnership with Head Start.

FIGURE 3: State of Alaska early childhood funding analysis, FY 18



Other Spending

Many other sources of funding benefit young children and families but are not specifically targeted to them. For example, a high percentage of SNAP and TANF recipients (31% and 52% respectively) are young children under the age of 12.[14] The Maternal-Child Health and Behavioral Health Block Grants also fund some services for this population, such as newborn screening and home visiting programs. Child Abuse Prevention and Treatment Act (CAPTA) funds may be used for programs that benefit families with young children. Within DEED, K-3 education, school nutrition and after school programs through the 21st Century Community Learning Centers (21st CCLC) program all provide additional resources for young children in their first few years of school. Funding for Alaska's 21st CCLC program is provided by federal funds from Every Student Succeeds Act (ESSA), Title IV, Part B.

Medicaid also accounts for a significant portion of the state and federal spending on young children and pregnant/postpartum women. Some information about Medicaid spending in Alaska on young children is included below, but is not included in the fiscal analysis, because Medicaid, like SNAP and TANF, serves a broader audience. In 2018, more than half (59%) of all young children in Alaska were covered by Medicaid. In Alaska, almost 40% of mothers paid for their childbirth with Medicaid in 2017, and a similar number were likely to pay with private insurance.[15] Other forms of payment include Indian Health Service, CHAMPUS or TRICARE, other government assistance (federal, state or local level), or other forms of financial assistance.[16]

TABLE 2: Medicaid spending and number served in FY 18

SFY 2018 Medicaid Spending					Unduplicated Number of Individuals Served
Funding Entity	*Program*	*Age Served*	*Federal*	*State*	*Recipient Count*
Social Security - Title XIX	Medicaid	0-8	$191,502,095	$86,248,232	48,793
Social Security - Title XXI	CHIP	0-8	$13,802,533	$1,371,167	6,586
Social Security - Title XIX	Medicaid	Pregnant/ Postpartum Women	$54,373,902	$20,689,113	11,375
TOTAL			**$259,678,531**	**$108,308,512**	**55,379 children 0-8 11,375 pregnant/ postpartum women**

Alaska Department of Health and Social Services, Medicaid Allocation and Audit Services, FY 2018

How the state administers its Medicaid policies can also directly affect the quality of care that children and families receive and serve to maximize prevention and early intervention efforts, when they are the most cost-effective to deliver. Medicaid policy is also a driver to strengthen access to comprehensive care, and an important consideration in workforce development initiatives. For example, the Medicaid 1115 Waiver approved in 2019 includes identifying at-risk populations using social determinants of health and data on Adverse Childhood Experiences as part of healthcare services within the Medicaid community. This waiver allows for Medicaid funding to be used for training professionals, para-professionals, families, and communities on infant and early childhood mental health approaches and practices, thus reducing dependence and spending on treatment services that would otherwise be required later down the line.[17,18]

One-time grants for early childhood that the state has received, or the one-time grants that go directly to grantees, such as Alaska Native Education Program, Native Language and Community Coordination Projects, Indigenous Project Launch and Project Launch, are also excluded from this analysis. Philanthropic contributions from funders in the state or outside are also excluded, as are local community and private individual's donations. Corporate and government subsidies for early childhood education centers were not included, nor the amount that parents/caregivers privately pay for early childhood education, a significant part of the spending on early childhood in Alaska.

Funding Challenges

The state does not make significant investments in early childhood services or programs. Recent budgets have threatened to eliminate the limited discretionary funds that are spent on early childhood investments. How programs at the local level are blending and braiding funds is poorly understood, and while coordination does happen between individual programs at the state, Tribal and community level, there is no oversight body helping to identify opportunities or support coordination of funding. More robust discussions about how the state could use current funding streams differently is also needed.

Many of the challenges seen elsewhere in Alaska's early childhood system will require significant investments to solve. For example, it is well-known that high quality teachers matter in early childhood education environments, as well as K-12 classrooms. However, early childhood education programs do not have the same funding as K-12 classrooms do, and parents often shoulder most of the bill. Requiring all early childhood education programs to have highly qualified staff might result in care being unaffordable for families who need it. In some communities, there is unequal access to early childhood education programs and health care services.

The system is not currently set up to identify gaps and prioritize funding that leads to more equitable distribution of resources or to reward programs that are more effective or efficient with their resources. The system also lacks the leadership necessary to identify and prioritize among the competing needs within the early childhood system, and coordinate messaging to policy makers and the public about the importance of these investments in the early years.

Data Systems

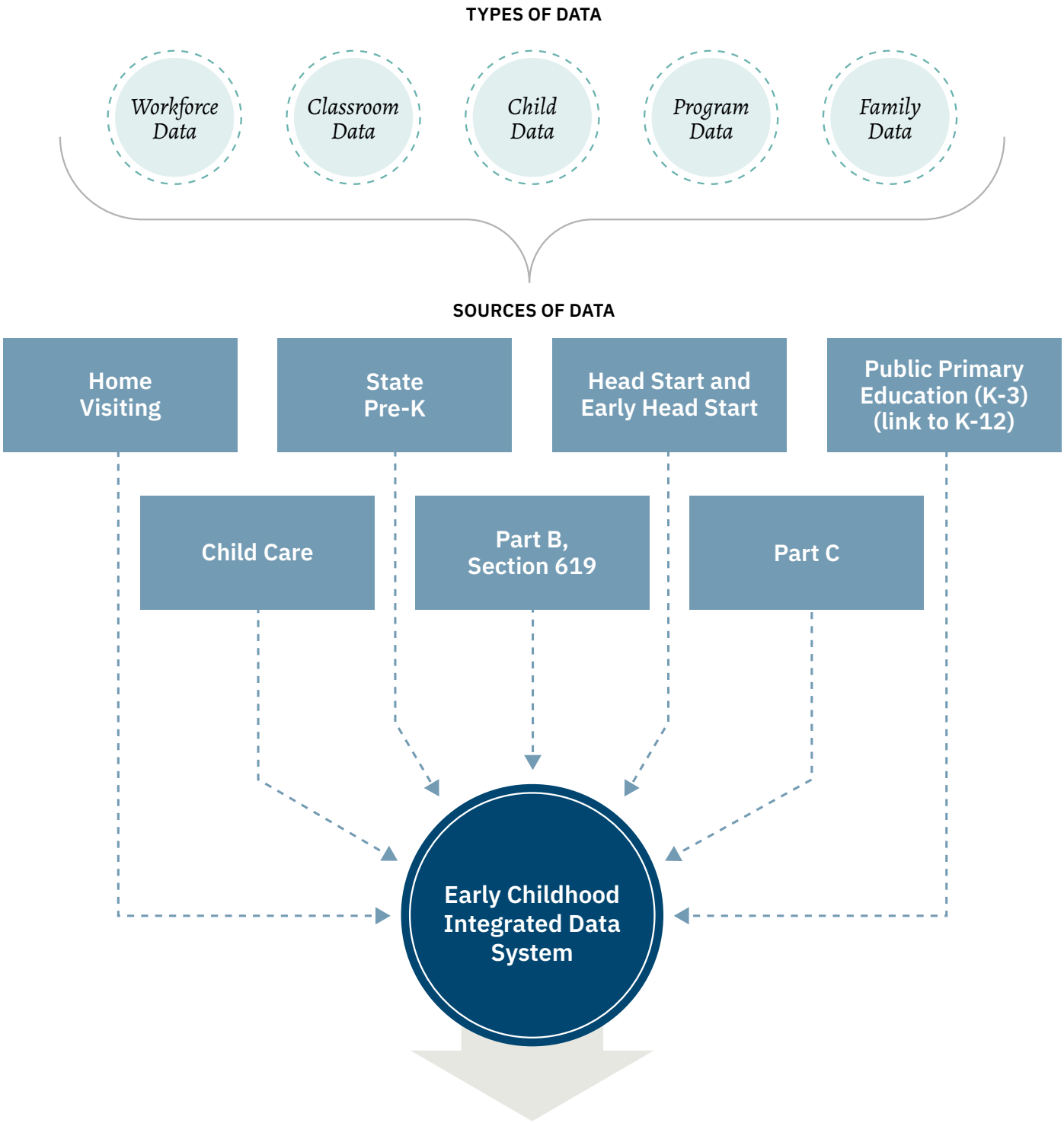
> *Good data should be used to inform policy and practice, assess program effectiveness, ensure investments are targeted to what is working, and to develop continuous quality improvement practices and accountability within the early childhood system. Cross-agency or integrated data is particularly useful for understanding the reach and impact of all the programs and services that children and families may use.*

Nationwide, there is a trend towards expecting more robust data, and federal funding streams are continuing to place an emphasis on integrating early childhood program data to better capture the services and supports that young children receive, as well as building other data systems that house information on program quality and workforce development. With integrated data, program and policy questions can be answered such as:

- Do low-income children who attend high quality early childhood education programs enter school more "ready" than their peers who do not?
- Are there differences in third grade reading proficiency scores for children who attend high quality early childhood education programs versus programs of unknown quality?
- How many services are children receiving? How are those services geographically distributed? Do children in some areas receive more/less services?
- What policies and investments lead to a skilled and stable early childhood education workforce?

In 2018, the Early Childhood Data Collaborative surveyed all fifty states for more information about how early childhood program data is being captured and shared. Nationwide, twenty-two states reported that they are able to link at least some child-level data, primarily from early childhood education programs.[19] Alaska is not one of the states that links early childhood data at this time.[20]

However, there is some interest in linking early childhood data. Currently the Early Childhood Comprehensive Systems (ECCS) grant has a goal of building infrastructure for an Early Childhood Integrated Data System (ECIDS). The ECCS goal focuses on developing an early childhood data system to collect, store, report and analyze process indicators for measuring state-level early childhood system successes.



Questions that Connot be Answered with Any One Program Data System

Source: 2017 Statewide Longitudinal Data Systems Grant Program, What is an Early Childhood Integrated Data System?

Data Sharing Infrastructure

In many states, ECIDS are housed within the same agency that hosts the state's Statewide Longitudinal Data System (SLDS) because the infrastructure to guarantee data privacy and security, as well as governance protocols are often quite similar as is the technical and analytical capacity to code, analyze and report on findings with the data. Both ECIDS and SLDS frequently require legislative and administrative action to enable participation.

Alaska implemented some data sharing infrastructure during the development of its SLDS. Governor Sean Parnell signed AO 261 in 2011 to establish an education data sharing policy for K-12, postsecondary and workforce data, and designate the Alaska Post-Secondary Commission as the home for the data.[21] This administrative order was to operationalize Senate Bill (SB) 221, passed in 2010, to establish the SLDS system with a mandate of reporting to the Legislature on outcomes of Alaska's educational systems. Planning for this system began in 2006, when Alaska received a $3.5 million federal SLDS grant. Alaska received another $4 million SLDS grant in 2012 to build the data infrastructure. The SLDS system, known as the Alaska Navigator Statewide Workforce and Education-Related Statistics (ANSWERS), struggled to find sustainable funding, and in 2019 it was decommissioned as a result of budget cuts.

Housed within the DHSS, the Alaska Longitudinal Child Abuse and Neglect Link (ALCANLink) project is another integrated data project in the state. The ALCANLink project started in 2010 with the aim of understanding the factors that increase risk of child maltreatment in Alaska through linking the state's Pregnancy Risk Assessment Monitoring System (PRAMS) data to Office of Children's Services (OCS) data. Two proof-of-concept papers have been published in 2011 and 2016, validating the methodology.[22,23] Initial reports provided important information about the cumulative risk of child abuse and neglect in the state. Since then, additional data sets have been linked, and education data is currently being integrated into the cohort to answer additional questions. While ALCANLink findings are generalizable to the entire population, unlike in an ECIDS, it does not have all children's records.

There is also interest in creating the infrastructure to better understand the reach and impact of state and community partners' developmental screening initiatives. The state hosts a Universal Screening Taskforce with the purpose of increasing the number of children who receive an age-appropriate developmental screening.[24] The current system, which has developed over time, results in siloed and fragmented data, and has left the state unable to tell how many unique children are being screened. Better data is needed to help understand the success of these initiatives, and to better serve children and families who may be over-screened or under-screened. Help Me Grow Alaska is currently exploring how to centralize developmental screening data within the state.

Creating a Unique Identifier

A unique identifier is needed for an ECIDS, because each agency has a different way of identifying children who are enrolled in its programs or services. Creating a unique identifier allows for records to be linked across programs, without using sensitive information such as a social security number. So far only about ten states have been successful in getting agreements necessary to create a unique identifier, typically using birth records.

The recent Preschool Development Grant (PDG) was supposed to assess how a system could be developed to provide a unique identifier for children that would be used to match an individual's records with K-12 education data. However, Alaska's PDG grant was not renewed for 2020.

The Permanent Fund Dividend is another data source that has been identified as a potential unique identifier, since nearly all residents apply for and receive it.

Within DEED, the state is using My Teaching Strategies (MTS) to identify duplicate records for children accessing state-funded preschool and Head Start services and assign unique identifiers to track their participation across public early childhood education programs. This feature may allow for an unduplicated child count, which is an important reporting requirement to determine allocation of funds for many grant programs and is necessary to understanding the distribution of services in a population.

Data System Challenges

There is significant interest in having better data for decision-making, but integrated data systems require significant investment to build and maintain. Such systems use personally identifiable information about individuals, and therefore a high level of data security is critical. This requires an infrastructure designed to maintain the privacy and security of the data, and to govern access and use of data. It is not surprising that the PDG was not successful in developing a unique identifier, when the governance and security infrastructure is not in place, nor the relationships and trust between key stakeholders.

Resources are also needed to ensure the data is of high quality, and that acceptable policies and procedures are developed and in place to link data across systems. The state's ongoing budget challenges make investments in an ECIDS unlikely at this time, despite the desire for better data to inform decision-making. As the SLDS system investments showed, the infrastructure can be expensive to build and maintain, and all partners must maintain their commitment to the system to ensure the investment is worthwhile and sustainable. Champions are also critical to building and maintaining an integrated data system.

Even without an ECIDS to answer more complex questions, Alaska has no mechanism in place to monitor and report to the public, the Governor, or the Legislature on how young children and families in Alaska are doing, and what the outcomes of the various initiatives and programs are. Substantial data and reporting does exist for individual programs and projects, but there is no state-level report that rolls all of this information up and can be used by policy makers and other stakeholders to monitor progress in achieving goals. However, many other state's early childhood leadership bodies do report annually on indicators tied to their goals and strategies.

Traditional reporting metrics can perpetuate harm for underrepresented groups, so it is important to develop an inclusive reporting structure that is respectful of cultural differences and deepens understanding of the underlying factors that lead to better outcomes for young children and families across the state.

Quality Standards

> *Standards for quality in an early childhood system help define expectations and provide a system by which to measure the services of early childhood education programs, early intervention services, and school-based education. Quality care is also known to improve children's outcomes.[25,26] Children who receive quality care in both early childhood education and health care settings are more likely to receive consistent and responsive care that supports optimal development in all areas of their life.[27]*

Having quality standards is important to help guide investments to what works, as well as to identify where improvements are needed to reach common goals for children and families. Standards should be clear, widely known and well-aligned between different services and professions.

For example, a kindergarten entry assessment should be aligned to the early childhood education standards. A high-quality early childhood education program should be expected to align their curriculum and activities to the state's early childhood education standards, and early childhood professionals should receive professional development that reinforces their knowledge of how to apply those standards in their classrooms.

A well-functioning system provides oversight and support to ensure that standards exist, are aligned, and in use to promote best practices throughout the system. Standards can also support parent education and engagement. Financial incentives are often required to encourage the adoption of high-quality standards or practices. For example, the System for Early Education Development (SEED) registry wage incentive program described on page 43 is one example of providing financial incentives to encourage early childhood professionals to participate in professional development which also then increases a program's ability to meet quality standards.

Quality Standards in Alaska

While quality standards may seem focused on early childhood education programs and professional development, they are equally important in health care services where quality standards or measures may influence the screenings that are done and the types of services covered.

Details on four of the quality standards used in Alaska are included:

- Learn & Grow
- Early and Periodic Screening, Diagnostic and Treatment Program
- Early Care Licensing
- Early Learning Guidelines

Learn & Grow

The state's Quality Recognition and Improvement System (QRIS), known as Learn & Grow, was launched in 2016. Learn & Grow helps licensed early childhood education programs improve their quality of care by providing resources and training opportunities focused on high-quality activities such as promoting positive teacher-child interactions, using age-appropriate curriculum and activities, developing teacher skills, and creating nurturing learning environments.[28]

The Learn & Grow system in the state defines quality along four components:[29]

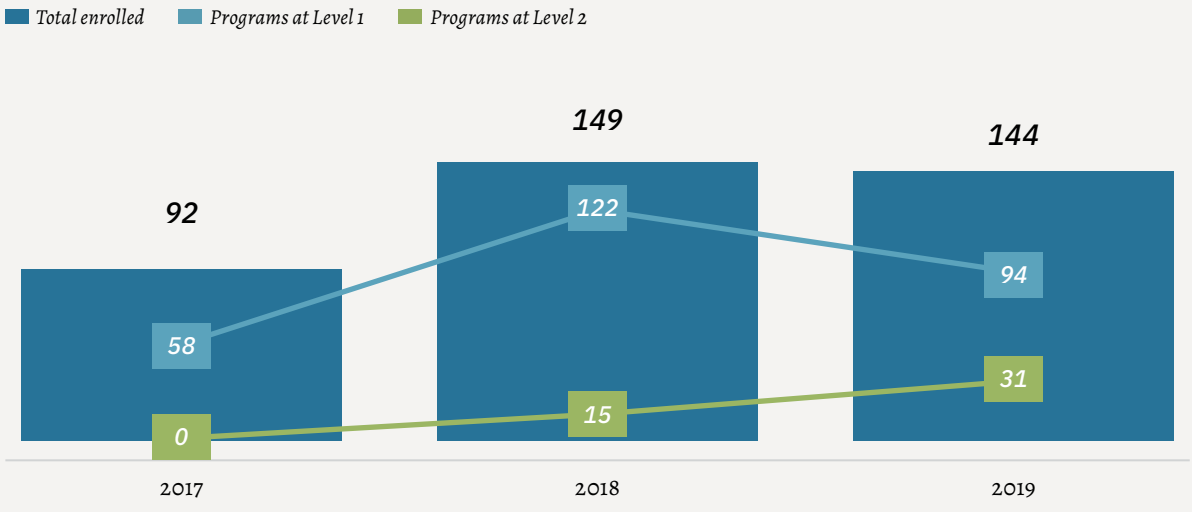
1. Administration and leadership: Early childhood education administrators have access to resources and supports designed to improve quality in their program including specialized training, financial support, and technical assistance.
2. Staff qualifications and professional development: Staff have formalized education and training beyond job experience to offer quality care services.
3. Relationships and learning environments: Providers nurture children's relationships with family, other children, and teachers/staff to foster social-emotional learning and skill development.
4. Family engagement: The early childhood education program provides a place for families to connect with one another and to community resources. The Strengthening Families framework is utilized to create quality family engagement.

As of 2019, there are 144 licensed early childhood education programs in the state enrolled in Learn & Grow.[30] This accounts for 28% of all licensed programs in the state. A total of 365 educators improved their skills through the Learn & Grow system between 2017 and 2018.[31]

Although the QRIS system incorporates five levels of quality, the system is very new to the state and only the first two levels are currently available to Alaska's child care programs. These are Level 1: Learning About Higher Quality and Level 2: Moving Into Higher Quality. As of 2019, 92 programs have achieved Level 1 and 31 programs have achieved Level 2. There are also an additional 19 programs enrolled in the Learn & Grow system that are still working towards Level 1 status.

There was a substantial increase of 62% in the number of programs enrolled in the Learn & Grow system between 2017 and 2018. Enrolled programs show progress in improving their quality, as there are increase in the number of programs at both levels during this time period. The continued increase in the number of programs at Level 2 in 2019 also shows the progress participating programs are making. As shown in the regional profiles in Section IV, program participation is not evenly distributed around the state. There are no enrolled programs in the Northern and Southwest regions of the state, while all Level 2 programs are located in Anchorage, the Gulf Coast, Interior and Southeast regions.[32]

FIGURE 4: 144 programs are enrolled in Learn & Grow and the number at Level 2 is increasing



Learn & Grow Participating Programs, 2017-2019

Early and Periodic Screening, Diagnostic and Treatment Program

The purpose of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program is to ensure that children covered by Medicaid receive early detection and care, through regular well-child check-ups, as well as hearing, dental and vision screenings in order to diagnose and treat health issues as early as possible.[33]

States are required to make available a variety of providers who are qualified and willing to treat children on Medicaid, and must take advantage of all resources available to ensure that there is a broad base of providers who treat children.[34] Services must be provided in a timely manner, and facilities cannot limit their definition of medical necessity to be more restrictive than the state's definition. However, young children in Alaska receive EPSTD screenings at a rate well below the national average, as shown on page 60. This may be due to provider shortages in some areas, however regional data is not available to explore this.

Alaska also currently has no Medicaid policy in place for maternal depression screening at well-child checkups in the state. Alaska is one of only 14 states that have no such policies in place.[35] Policies may include allowing, recommending, or requiring such screening to take place during well-child visits. Currently, whether a maternal depression screening is conducted or not is up to the discretion of the provider, which leads to inconsistent screening.

Early Care Licensing

Alaska DHSS Child Care Program Office (CCPO) is the lead agency for the Child Care Development Block Grant (CCDBG). CCPO monitors, regulates, and licenses child care facilities across the state and enforces state regulations to ensure staff qualifications and the health and safety of facilities. As of 2019, there are 496 child care facilities licensed by the State of Alaska or Municipality of Anchorage.[36]

The CCPO defines a quality child care facility as one that is licensed.[37] All child care facility administrators must complete a Child Care Licensing Orientation prior to being licensed, and facilities are required to provide orientation training, specific health and safety training, and annual professional development training to administrators, child care associates, and caregivers based on their position, education qualifications, and facility type.[38]

Through the CCDBG, the CCPO provides child care assistance, known in Alaska as Parents Achieving Self Sufficiency (PASS). The PASS program is another opportunity for the state to directly impact the quality of early care facilities. PASS participants are required to select a care provider who meets or exceeds all state requirements, this includes those providers who are approved, such as Approved Relative Child Care Providers, Tribal Approved Providers, and In-Home Care Providers, and legally exempt providers like military and Head Start, who are not required to be licensed. Federal regulations require that nine percent of the FY 2020 CCDBG budget be spent on quality improvement activities, including improving the quality of care, or expanding parents options for, and/or access to high quality child care.[39]

In recent years, the number of approved providers has declined significantly with the implementation of more stringent health and safety standards. The number of children approved for PASS benefits has also declined, however the exact reason for the decline is not known. There has not been a significant decline in active/open licensed facilities due to the CCDBG and federal regulatory changes.[40]

TABLE 3: Changes in approved child care provider types and PASS recipients from 2013 to 2019

	June-2013	June-2019	Difference from 2013 to 2019
Approved Relative	419	19	-400
Approved Non-Relative	73	repealed	-73
PASS I In-Home	76	2	-74
PASS II/III In-Home	118	2	-116
TOTAL	**686**	**23**	**-663**
TOTAL Children Approved for PASS	**5,393**	**3,437**	**-1,956**

Source: Alaska Child Care Program Office, 2019

Early Learning Guidelines

The State of Alaska Early Learning Guidelines were adopted by the State Board of Education and Early Development in 2006. The purpose of the Early Learning Guidelines is to provide broad definitions and expectations for child development to support the growth and development of children from birth to kindergarten.

The Early Learning Guidelines also aim to reduce inequalities in achievement and provide a basis for the development of curriculum and professional development. The Early Learning Guidelines cover five domains of early childhood education and development:[41]

1. Physical well-being, health, and motor development
2. Social and emotional development
3. Approaches to learning
4. Cognition and general knowledge
5. Communication, language, and literacy

The Early Learning Guidelines outline developmental expectations at four critical stages of development: 18 months, 36 months, 60 months, and upon entry into kindergarten. The Alaska Developmental Profile (ADP), Alaska's kindergarten entry assessment, is aligned to the Early Learning Guidelines. In November 2019 the Early Learning Guidelines were updated with support from the Preschool Development Grant.

Quality Standards Challenges

Alaska has been able to implement some of the most common quality standards in early childhood programs. However, a central challenge that remains is the determination of who is to be responsible for monitoring the investments in and impacts of these standards on children's health and development and to ensure that they are aligned with workforce and professional development goals as well. Quality standards exist to drive better outcomes for children and youth. As changes are made, those outcomes should be monitored, and any trade-offs understood.

While the AECCC has three priorities that focus on quality standards, it lacks infrastructure and resources to monitor the impacts. For example, while the AECCC is the oversight body for the CCDBG, it is not actively monitoring the number of children accessing child care assistance, or studying how changes in provider licensing is affecting access in some parts of the state.

The state is also investing resources in the development and implementation of quality standards. While the individual programs making investments in quality do report on them to their federal funders, there is no statewide monitoring or coordination of the investments made in improving quality in early childhood programs.

Family Outreach & Engagement

An early childhood system should be responsive to the needs of stakeholders and value families as partners, advocates and leaders in determining needs and priorities for the early childhood system. Ideally, the system values parents as children's first teachers, and recognizes that every family has different needs for health care, specialized services, family supports and early childhood education for their children. While one family may need early interventions and access to child care services for a child with a disability, another may simply want a list of developmentally appropriate activities they can do at home with their child, or the social connections that come from a local toddler time event. Other parents will need priority access to substance misuse treatment services or food assistance programs to care for their families.

Throughout the state, family engagement and outreach is often a part of many local and statewide programs that serve young children. For example, within early childhood education programs family engagement is often a sign of quality, or even a requirement to be considered a quality program.[42] Family engagement and outreach is also a strategy to ease transitions for children and their care givers. Common transitions are the transition to parenthood, transition to early childhood education, and transition to kindergarten.

Family engagement and outreach can take many forms:

- Social marketing campaigns to raise awareness or promote a desired behavior change. DHSS has had social marketing campaigns for Safe Sleep and the Infant Learning Program.
- Building social connections or knowledge of parenting and child development through events and activities. Best Beginnings, thread, local Head Starts, local elementary schools, Help Me Grow Alaska, and local early childhood coalitions have all hosted family engagement events focused on child development, parenting and family resources.
- Promoting healthy beginnings through home visits and other informal and formal programs for new parents.
- The Family ECHO (Extension for Community Healthcare Outcomes) for Challenging Behaviors program is a virtual learning network for family members and those supporting individuals with disabilities who also need higher support and care levels for challenging behaviors.[43] While other ECHO programs are targeted to medical professionals, the Family ECHO program being piloted at UAA Center for Human Development uses a family engagement strategy.

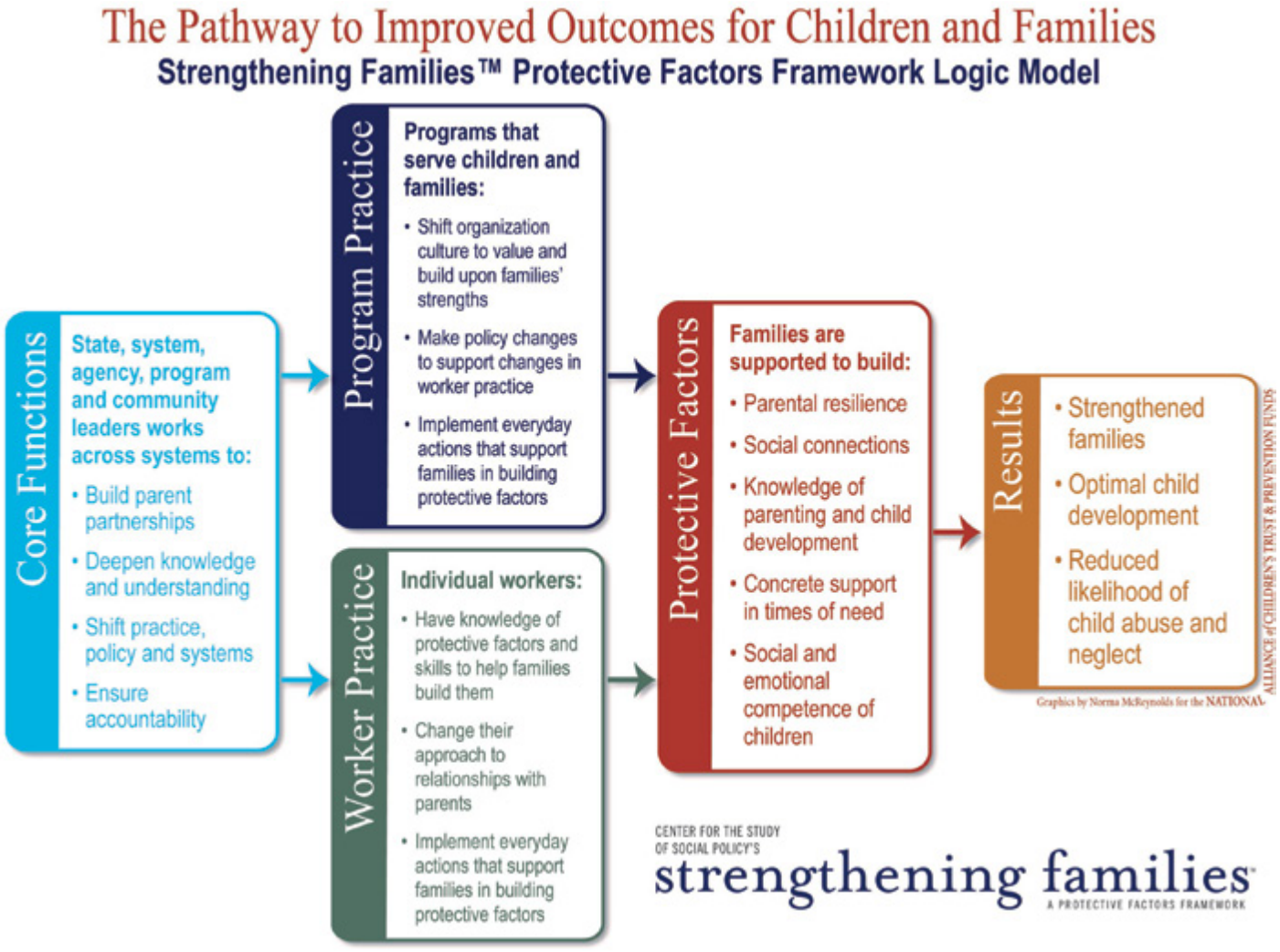
Parents are powerful advocates, and an early childhood system that truly values parents as partners will help build parents' ability to advocate for their family's needs. It will also provide leadership and coordinate messages to other stakeholders, including families, providers, and policy makers about what children need for optimal health and development, and build the political will necessary to improve quality, access, and availability of programs and services.

Strengthening Families

Alaska's most widespread family engagement initiative is Strengthening Families. Strengthening Families is a nationally recognized framework for increasing quality family engagement that has been adopted throughout Alaska in health care, social services and early childhood education settings. Thousands of professionals and direct service providers throughout Alaska have received training through UAA's Child Welfare Academy. This research-based framework is centered on promotion of five family protective factors:[44]

1. Parental resilience
2. Social connections
3. Concrete supports
4. Knowledge of parenting and child development
5. Social and emotional competence of children

Strengthening Families provides a common framework and language in Alaska for working with families. The All Alaska Pediatric Partnership has developed a handbook for health care providers to embed Strengthening Families within their practices, and thread has long offered a community of practice for early childhood educators who want to improve their use of the protective factors. A statewide Strengthening Families leadership team also guides the work at the Child Welfare Academy.



Family Engagement Challenges

Valuing parents as leaders and partners means including them, as professionals, at the table. This can mean providing stipends to parents who participate in early childhood initiatives and offering child care, transportation or other incentives to make participation easier and more accessible. Many public and private agencies and initiatives struggle with how to do this in a meaningful way, without reverting to token representation. Even the AECCC only has one parent member out of 25 total members.

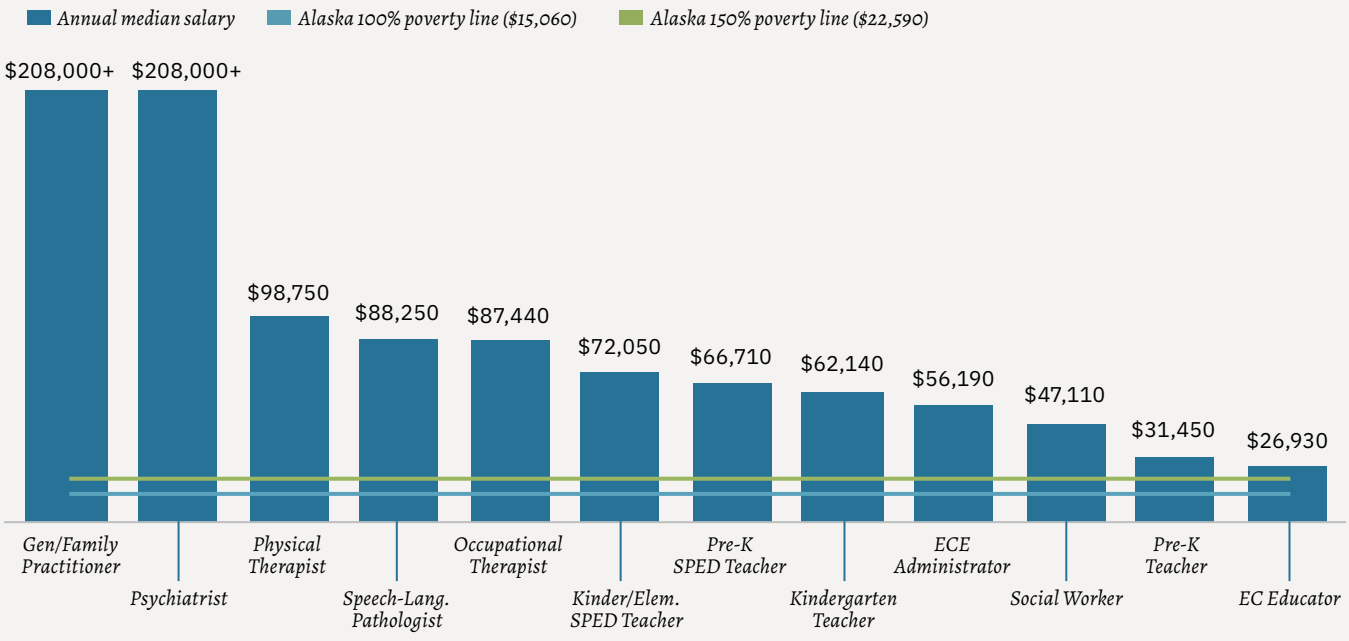
To have coordinated messages to stakeholders, including families, requires a shared vision and leadership for what is important to communicate and advocate for. The state has yet to determine how it wants to mobilize support for early childhood goals.

Workforce & Professional Development

There are many individuals dedicated to serving the needs of Alaska's young children and families through careers such as health care professionals, mental health specialists, occupational therapists, social workers, home visitors, as well as early childhood educators, early elementary and special education teachers. To effectively serve young children and families, a diverse, high-quality early childhood workforce must be available throughout Alaska.

However, known shortages exist across the early childhood system that impact young children and families' ability to access needed services, from health care to early childhood education. Among these challenges are low wages for early childhood education professionals, limited in-state degree programs, and a lack of a coordinated strategy to attract, retain and support a strong and diverse early childhood workforce. Many state agencies and organizations have had to develop separate initiatives to address their specific workforce development challenges. In Alaska, many of the initiatives have had greater focus on the higher paying health care professions than lower-wage early childhood education professions.

FIGURE 5: Median wages among workers in Alaska's early childhood system



U.S. Bureau of Labor Statistics Occupational Employment Statistics Query System, 2018

In Alaska and in other states, early childhood workforce and professional development initiatives often focus on these outcomes:

- Recruiting and retaining qualified professionals in health and education fields
- Ensuring the early childhood workforce is diverse and reflective of the population as a whole
- Maintaining or building infrastructure for training and degree programs in high demand careers through career pathways, apprenticeships and university degree programs
- Addressing issues that influence the workforce shortages such as wage gaps or lack of benefits
- Providing ongoing training and professional development opportunities

Workforce and professional development can have unanticipated benefits. For example, suspension and expulsion rates in early childhood education settings in Alaska are linked to teacher stress levels and the quality of the workforce.[45]

Some state programs, such as the Child Care and Development Block Grant (CCDBG) and Infant Learning Program (ILP) are required to address workforce development in their annual plans, and to devote resources to them, either as a part of broader quality initiatives or as stand-alone actions.[46,47] The Alaska Tribal Health System also plays an important role in recruiting health care providers.

Key professions in the early childhood workforce are explored below in two sections:

Health & Social Services Workforce

Early Childhood Education Workforce

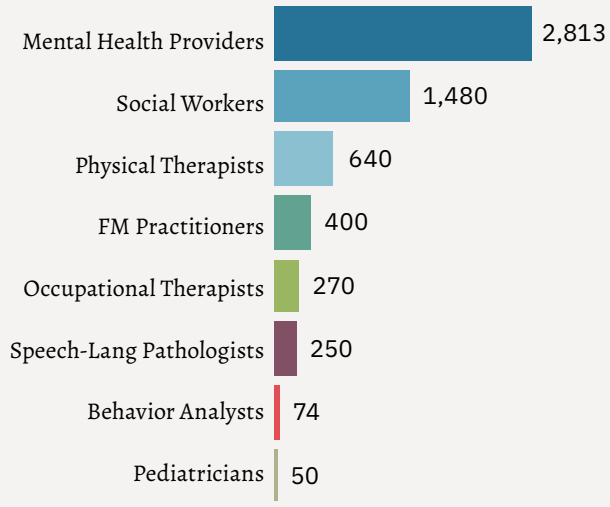
Health & Social Services Workforce

Access to quality health care and social services is important for maintaining a child's health, preventing and managing disease, reducing disability and premature death, and achieving health equity. However, Alaska, like many states, has shortages of most provider types.

Health Provider Shortage Areas (HPSAs) can refer to geographic areas, population groups including Alaska Native People, or specific facilities. HPSAs cover 96% of the Alaska land mass and 39% of the population.[48] Medically Underserved Areas/Populations (MUAs/MUPs) are designated by the U.S. Health Resources and Services Administration (HRSA) as areas that have too few primary care physicians, a high infant mortality, high poverty or high elderly population, and 95% of the state is a MUA and 78% is a MUP.[49] One benefit of these designations is that they can open up specific scholarships and loan forgiveness programs to incentivize providers to come to Alaska.

A snapshot of selected key professions (listed alphabetically) in health and social services is below, although not all provider types, other than pediatricians, work exclusively with young children and young children may also be seen by other advanced practice providers such as physician assistants and family nurse practitioners, as well as community health aides. Getting an accurate picture of those providers who work specifically with young children or have received training or endorsements specific to early childhood, is difficult.

FIGURE 6: Number of Health and Social Service Providers in Alaska



U.S. Bureau of Labor Statistics Occupational Employment Statistics Query System, 2018; Alaska Mental Health Providers, County Health Rankings and Roadmaps, 2018

To increase the supply of healthcare professionals in specialties of importance to early childhood development, such as pediatrics and occupational therapy, Alaska employers must recruit from outside the state, or Alaska residents have to study out-of-state.

Behavior Analysts

Behavior Analysts work with children and adults to improve conditions through behavior change.[50] They can work with children in a variety of settings and capacities. For example, within the state some certified behavior analysts are special education teachers.[51] Many behavior analysts work with children with autism, particularly those in private practice.[52]

In Alaska there are 65 Board Certified Behavior Analysts (BCBAs) and nine assistant behavior analysts. Assistant behavior analysts can do the same tasks as a BCBA, although the position requires they meet with a supervisor on a monthly basis.[53] The majority of the workforce are located in Anchorage and Mat-Su regions; none are in the Northern and Southwest regions.[54] Due to the variety of settings that behavior analysts work in, and the small number of the workforce, median annual income is not available.

Behavior analysts can bill Medicaid for services for children under the age of 21 with an autism diagnosis including group and individual treatment, as well as family guidance.[55]

In order to become a BCBA an individual must graduate from a Master degree program with specific course sequence centered around behavioral science and interventions, complete 1,500-2,000 supervised field hours, and pass a national exam.[56] The Master degree course sequence is currently not offered within Alaska, and behavior analyst students enroll in online programs or take courses outside the state. Supervised field hours are offered free of charge through the Capacity Building for Autism Interventions Program at the University of Alaska Anchorage (UAA) Center for Human Development.[57]

Mental Health Providers

Mental health providers include psychiatrists, therapists, substance abuse, behavioral disorder, and mental health counselors, and other licensed mental health professionals. The U.S. Bureau of Labor Statistics (BLS) does not classify mental health care providers under one occupational title, or break out these occupations by the ages of clients served, so median wages for providers, or the labor force estimates for those specializing in early childhood, are not available. However, BLS does list the psychiatry workforce median annual salary as $208,000 or more, which provides some context to the income of mental health providers with advanced degrees.[58]

There are 2,813 licensed mental health professionals in Alaska as of 2018.[59] The licensed mental health provider ratio to total population in Alaska is 260:1 as of 2018, an improvement from previous years of 280:1 in 2017 and 300:1 in 2016.[60] Within individual census areas, however, there is a wide range in provider-population ratios, from 870:0 in Bristol Bay to 50:1 Bethel.[61] From 2016 to 2018 there were 324 new mental health providers serving residents in the state.[62] This increase was represented in all regions of the state, the largest increases being in Anchorage and the Southwest.

Licensed mental health providers are able to bill Medicaid for several types of patient services including behavioral health assessments, pharmacological management services, psychological testing, psychotherapy (including individual and family therapy), short-term crisis intervention services, and telemedicine.[63,64]

There are several mental health-related degree programs at UAA and the University of Alaska Fairbanks (UAF), including an Occupational Endorsement Certificate in Children's Behavioral Health and a Graduate Certificate in Children's Mental Health at UAA.

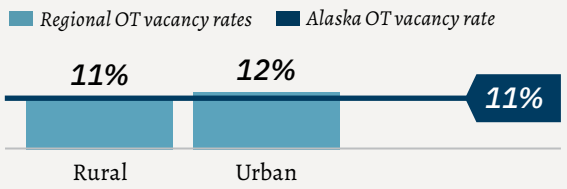
Occupational Therapists

Occupational therapy is a supportive service intended to help young children and students with disabilities or delays. The median salary for occupational therapists in Alaska was $87,440 in 2018, compared to the national median of $84,270.[65] This slight wage differential is likely insufficient to attract out-of-state professionals evaluating Alaska's higher cost of living as one of the factors in their career planning.

There are approximately 270 occupational therapists working in Alaska.[66] The Alaska Center for Rural Health found an 11% vacancy rate for occupational therapist positions statewide in 2012 (12% urban, 11% rural).[67] Within Alaska, Medicaid covers occupational therapy services when provided by an enrolled occupational therapist or occupational therapy assistant.[68]

Training in occupational therapy is available in-state through UAA's distance-learning doctoral degree partnership with Creighton University. The full-time graduate program in occupational therapy enrolls up to 12 students a year in the Alaska pathway, with the curriculum delivered through a hybrid model of online and on-campus courses in Anchorage.[69]

FIGURE 7: Occupational therapist vacancy rates are similar between rural and urban communities in Alaska



Alaska's Health Workforce Vacancy Study: 2012 Findings Report. Alaska Center for Rural Health, University of Alaska Anchorage.

Pediatricians and Family Medicine Physicians

Pediatricians are classified by BLS as physicians who diagnose, treat, and help prevent children's diseases and injuries.[70] Median annual wage was not reported for pediatricians in Alaska, likely due to the small number in the workforce.[71] However, family medicine physicians in the state, who provide services to individuals and families across the lifespan, make a median annual wage that is equal to or greater than $208,000.[72]

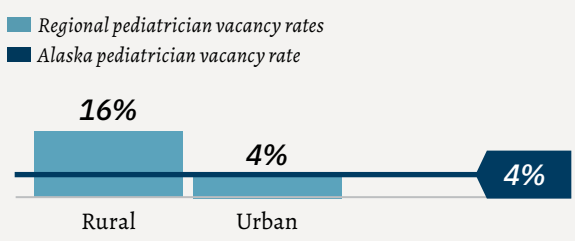
There are approximately 50 pediatricians working in Alaska.[73] Alaska has only three-quarters of the number of pediatricians in the state's labor pool compared to their numbers in the U.S. labor market. In 2016, 28% of all pediatricians in the state were non-resident workers.[74]

A 2012 study by the Alaska Center for Rural Health at UAA reported an employment vacancy rate of 6% for pediatrician positions statewide, with significant differences between rural and urban communities (4% vacancy for urban locations, 16% for rural).[75]

Pediatricians and family medicine physicians can bill Medicaid for Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services for physical, mental, and dental health from birth through age 21 and transportation assistance to EPSDT appointments and necessary follow-up, as well as Human Growth Hormone treatment for children diagnosed by a pediatric endocrinologist, oral health evaluation, infant formula and medical foods not covered by WIC, laboratory services, initial and monthly/bi-monthly visits to children in long-term care facilities, outpatient imaging services, prescription medications, surgical services, and telemedicine.[76]

There is no in-state medical program for pediatrics. However, there is an Alaska Pediatric Residency Track in partnership with Seattle Children's Hospital, which brings residents to do rotations in Alaska, some of whom stay to work in the state.[77] Between 2015 and 2019, 20 Pediatric Residents have participated in five cohorts. Twelve stayed in Alaska to practice after their residency, and eight currently remain in practice in Alaska communities.[78] The WWAMI Medical Program also offers medical students the opportunity to study in state through a partnership between UAA and University of Washington School of Medicine. It is described in more detail on page 44.

FIGURE 8: The pediatrician vacancy rate is four times higher in rural Alaska communities



Alaska's Health Workforce Vacancy Study: 2012 Findings Report. Alaska Center for Rural Health, University of Alaska Anchorage.

Physical Therapists

Physical therapists provide assessment and rehabilitative services to patients that improve mobility, relieve pain, increase strength, and improve or correct disabling conditions resulting from disease or injury.[79] Physical therapists may work in a variety of settings including schools, hospitals, out-patient clinics, homes, and other community settings. Physical therapists can be part of an early intervention team for children with developmental delays or disabilities to help children develop their ability to participate in age-appropriate activities.[80]

In Alaska there are 640 physical therapists that work with patients of all ages.[81] The median annual income for a physical therapist in the state is $98,750, compared to the national income of $89,440.[82]

Physical therapists can bill Medicaid for evaluations, massage and manipulation, therapeutic exercise, hydrotherapy, physical agents, and treatments to rehabilitate and restore normal bodily functions after an illness or injury.[83]

Currently, there are no university programs within the state for physical therapy. However, UAA is exploring a potential collaboration with another university in order to provide a Physical Therapy degree in Anchorage, likely a Doctoral program that would qualify graduates to sit for licensure exams.[84]

Social Workers

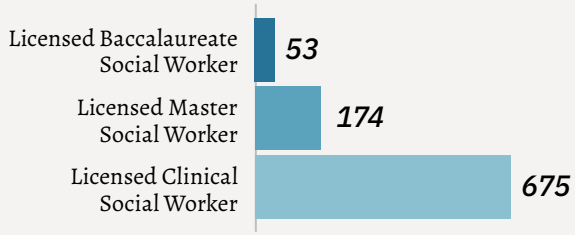
Child, family, and school social workers are categorized by BLS as professionals who provide social services and assistance to improve the social and psychological functioning of children and their families and to maximize the family well-being and the academic functioning of children.[85] In Alaska, there were approximately 1,480 child, family, and school social workers earning a median wage of $47,110 in 2018.[86]

Social workers in Alaska can be professionally licensed within one of three levels:[87]

1. Licensed Baccalaureate Social Worker (LBSW): holds a Bachelor of Social Work, has passed the licensing exam, and has met other requirements for licensure
2. Licensed Master Social Worker (LMSW): holds a Master or Doctorate of Social Work from an approved college or university, has passed the licensing exam, and met all other requirements
3. Licensed Clinical Social Worker (LCSW): holds a Master or Doctorate of Social Work from an approved college or university, has two years post-Master of supervised experienced, has passed the licensing exam, and met all other requirements

Within Alaska, 902 individuals have professional licenses for social work. The majority are Licensed Clinical Social Workers; 20% (177 licensees) list an out-of-state address.

FIGURE 9: Licensed Clinical Social Workers make up three-quarters of licensed social workers in Alaska



Alaska Department of Commerce, Community, and Economic Development, Professional License Database, 2019

Licensed Clinical Social Workers are able to bill Medicaid for services such as psychological testing, psychotherapy, and crisis intervention.[88]

For social workers, there is a Bachelor of Social Work degree available through UAA and UAF. UAA has the only Master of Social Work program in the state.

Speech Language Pathologists

A Speech Language Pathologist (SLP) is a professional who assesses and treats people with speech, language, voice, and fluency disorders.[89] SLPs can work with young children to provide early interventions for children who have speech-language delays or disorders.

In Alaska there are 250 SLPs, who make an annual median wage of $88,250 - slightly higher than the national median wage of $79,120.[90] In order to work as an SLP, an individual must have a Certificate of Clinical Competence from the American Speech-Language-Hearing Association, or its equivalent.[91] In order to receive the certification, they must have graduated from a degree program that is accredited through the Council on Academic Accreditation in Audiology and Speech-Language Pathology.

SLPs can bill Medicaid for speech-language evaluation, therapy, and device services if a child has been prescribed by a physician, advanced nurse practitioner or physician assistant.[92]

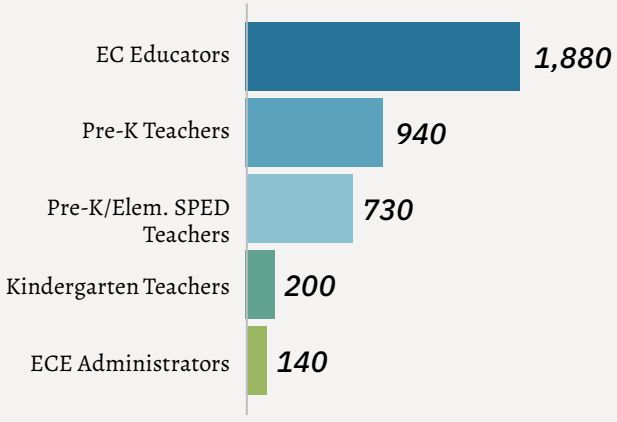
UAA offers several programs in SLP including a Speech-Language Pathology post-baccalaureate certificate program, a minor in Speech-Language Pathology, and a distance education Master of Science in Communication Sciences and Disorders through East Carolina University.[93] The Master program was created by UAA to address the severe shortage of SLPs in the state by providing opportunities for students to become fully qualified for the profession.[94]

Alaska's Early Childhood Education Workforce

High quality early childhood education opportunities are critical to children's development not only in academic achievement, but social-emotional learning and self-regulation. However, many early childhood education positions have low wages, few opportunities for growth and have a high number of openings due to turnover.[95]

A snapshot of selected key professions in early childhood education (listed alphabetically) is below, although many other people are employed in the field too, including early elementary teachers, after school providers, support staff such as cooks and administrative staff, and those providing care in informal arrangements.

FIGURE 10: Number of early childhood education professionals in Alaska



U.S. Bureau of Labor Statistics Occupational Employment Statistics Query System, 2018

Early Childhood Educators

The BLS categorizes early childhood educators (the preferred term in the early childhood sector) as child care workers.[96] Child care workers job duties are officially defined as attending to children at schools, businesses, private households, and child care institutions they perform a variety of tasks such as dressing, feeding, bathing, and overseeing play.[97] There were approximately 1,880 child care workers working for Alaska employers in 2018.[98] This does not include those who provide child care in informal arrangements.

In the U.S. job market, workers are typically incentivized to obtain training and education to qualify for better paying jobs. But despite an increase in required or recommended credentials, wages for early childhood educators remain low compared to other occupations and turnover for this occupation is high. With median annual wages of approximately $26,930, Alaska's early childhood educators made only 56% of the median wage for all occupations in Alaska in 2018.[99] The median wage for early childhood educators is above 150% of Alaska's 2019 adjusted federal poverty guideline by $4,340 for a single person household.[100]

thread offers support and continuing education opportunities for early childhood educators who wish to get a Child Development Associate (CDA) credential, or simply need ongoing continuing education opportunities. In 2017, 1,402 early childhood educators were served by thread.[101]

Early Childhood Education Administrators

Early childhood education administrators are defined by BLS as those who plan, direct, or coordinate academic or nonacademic activities of preschools or childcare centers and programs including before- and after-school care.[102] In 2018 there were 140 early childhood education administrators in Alaska, with a median average salary of $56,190, compared to $47,940 nationally.[103]

thread offers an Alaska Early Childhood Administrator Credential through a series of trainings and assistance by a Professional Development Specialist.[104] This credential is also a requirement of the state's quality rating and improvement system, Learn & Grow.[105]

Kindergarten Teachers

Kindergarten teachers educate kindergarten students and promote children's physical, mental, and social development.[106] There are approximately 200 kindergarten teachers working in Alaska.[107] The proportion of the Alaska labor pool represented by kindergarten teachers is much lower than the national rate, only about 69% of the proportion found in the U.S. labor pool.[108] The median annual wage was approximately $62,140 in Alaska, and $55,470 nationally.[109]

DEED requires all teachers in the state of Alaska to have a minimum of a Bachelor degree before completing teacher certification programs.[110] Following the loss of accreditation for the UAA School of Education, Bachelor degrees in Elementary Education and Special Education are only available through UAS and UAF, including online courses.

Preschool Teachers

Preschool teachers instruct children under age five, following curricula or lesson plans, in activities designed to promote social, physical, and intellectual growth needed for primary school in a preschool, day care center, or other child development facility.[111] Unlike early childhood educators, preschool teachers are required at the federal level to have at least an Associate degree, and in many states must have a Bachelor degree in a related field.[112] Within public school preschool programs in Alaska, teachers must have at least Bachelor degree and are required to earn continuing education credits to maintain their license.[113,114]

There are approximately 940 preschool teachers working in Alaska.[115] The proportion of the Alaska labor pool represented by preschool teachers is the same as the national rate, despite the higher percentage of children in the Alaska population (7.4% of Alaska's population is under age five, compared to 6.1% of the U.S. population), suggesting a shortage of workers in the state.[116] The median annual wage of preschool teachers is approximately $31,450 in Alaska, and $29,780 nationally.[117]

The University of Alaska system offers an Associate of Applied Science in Early Childhood Development. An Associate degree only qualifies graduates to work as administrators, teachers in licensed child care centers, or as aides in elementary schools.[118]

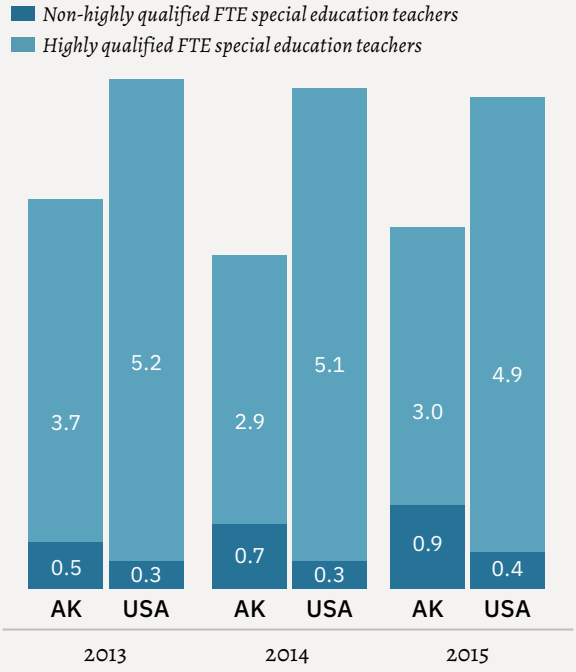
Special Education Teachers

Special education teachers in the preschool setting teach school subjects to students under age five with developmental and physical disabilities or delays.[119] There are approximately 730 special education teachers working in Alaska (90 preschool and 640 kindergarten and elementary school special education teachers).[120] Their median annual wages were approximately $66,710 for preschool special education teachers, and $72,050 for those teaching kindergarten and elementary school children (national median wages were $55,840 and $59,390, respectively).[121]

There is a lower rate of full time equivalent (FTE) special education teachers per 100 children age three to five years old served in IDEA Part B within Alaska than nationally.[122] There has been an overall decrease in this rate in the state; however, there has been an increase in recent years in the rate of non-highly qualified teachers providing services to children enrolled in IDEA Part B.

One of the core Infant Learning Program (ILP) workforce development programs was the Master in Early Childhood Special Education at UAA, which is also no longer accredited for initial teacher preparation. This was the only program which included the birth to three age group within their teacher preparation.

FIGURE 11: FTE special education teachers are less likely to be high-quality in Alaska than nationally (per 100 children age 3-5)



U.S. Department of Education Annual Report on Individuals with Disabilities Education Act

Early Childhood Workforce Development Initiatives in Alaska

There are several initiatives in Alaska to address the labor shortages in careers important to early childhood, including health care, mental and behavioral health professionals, and those employed in early childhood education.

Details on seven initiatives are described:

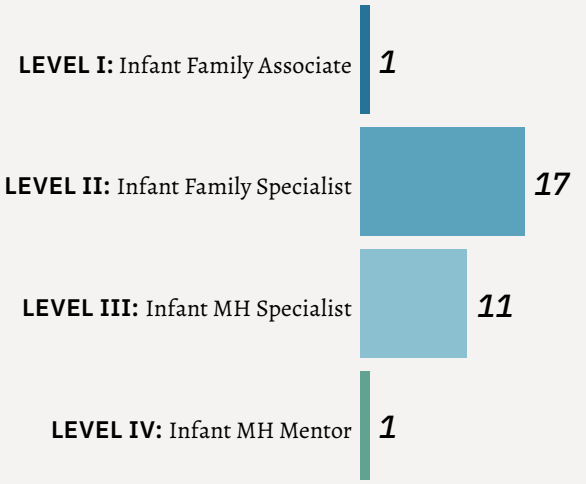
- Alaska Association for Infant and Early Childhood Mental Health Training Hub
- Alaska Healthcare Workforce Coalition
- Child Care Program Office Scholarships
- Infant Learning Program Workforce Development Projects
- System for Early Education Development (SEED) Wage Incentives
- Supporting Healthcare Access through Loan Repayment (SHARP) Program
- WWAMI Medical Program

Alaska Association for Infant and Early Childhood Mental Health Training Hub

During the development of Alaska's 1115 Medicaid Waiver application, it was demonstrated that there were few mental health services available for infants and very young children and their families. The 1115 Waiver includes new home and community-based services that are focused on prevention and early intervention. To meet the need for the content expertise and skills, the Alaska Mental Health Trust Authority has provided funding to the Alaska Association for Infant and Early Childhood Mental Health (AK-AIMH) for a Training Hub project, in partnership with UAA's Center for Human Development and the Alaska Area Health Education Centers.[123] The goal of the training hub is to provide education and training on infant and early childhood mental health approaches and practices, particularly for the workforce delivering services under the 1115 Waiver using the Competency Guidelines for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health.

Alaska mental health providers can register for an endorsement through the training hub and engage in professional development to work through four levels: Infant Family Associate, Infant Family Specialist, Infant Mental Health Specialist, and Infant Mental Health Mentor.[124] Of the 2,813 mental health providers in Alaska[125], 30 providers (1%) have received an endorsement through this program.

FIGURE 12: 30 Alaska mental health providers have infant mental health endorsements



Alaska Association for Infant and Early Childhood Mental Health, Professional Endorsement Registry, March 2020

AK-AIMH also hosts an Infant and Early Childhood Mental Health Institute on an annual basis and hosts Infant Mental Health training opportunities for providers in the state.[126]

Alaska Health Workforce Coalition

Alaska DHSS and Department of Labor and Workforce Development (DOLWD) have made addressing the healthcare workforce shortage a statewide workforce development priority for more than a decade. As part of the 2018 Workforce Innovation and Opportunity Act (WIOA) plan, DOLWD reported that health care workers will be in especially high-demand over the coming years, but noted that Alaska lacks professional training programs in medical specializations (pediatrics among them) that will require the state to take a strategic approach to helping healthcare employers meet demand.[127]

The state's budget shortfall has also impacted a key program targeting the recruitment of healthcare professionals, as well as the administration of the Alaska Health Workforce Coalition, a cross-sector healthcare workforce coalition started in 2010.[128,129] Behavioral health is one of the occupational priorities identified in the Alaska Health Workforce Coalition 2017-2021 Action Agenda, and also led to the expansion of the Supporting Healthcare Access through Loan Repayment (SHARP) program, described below, to include funding for behavioral healthcare professionals.

Child Care Program Office Scholarships

The Child Care Program Office (CCPO) uses funds from the Child Care Development Fund (CCDF) to partner with the University of Alaska system to support the workforce in receiving higher education in Early Childhood. Through a Reimbursable Service Agreement (RSA) with UAF, the CCPO provides scholarship funds for students that are working within the early childhood field in a licensed child care facility within the state of Alaska.

Infant Learning Program Workforce Development Projects

Alaska Department of Health and Social Services Infant Learning Program (ILP) office is involved in several state-led workforce and professional development activities, as well as activities at the local grantee level. The state ILP office works closely with the ILP Professional Development Committee to identify workforce development priorities based on federal and state requirements, feedback from local ILP coordinators and their staff, and statewide shortages identified by DOLWD. Priorities are identified in the State ILP Strategic Plan and State Systemic Improvement Plan.

The state ILP program has established a tuition scholarship program administered by UAA's Child Welfare Academy for employees of local ILP agencies. The primary ILP Tuition Scholarship program covers 100% of tuition costs (excluding books or fees) with a service obligation to ILP upon graduation. Approved degree programs are determined by program priorities, regional needs and workforce shortages. There are six approved scholarship recipients across the state this fiscal year.

Local ILP agencies have also developed loan repayment options at their agencies to support recruitment and retention of qualified personnel. ILP program staff may also be eligible for the SHARP program, due to a recent expansion in the list of eligible disciplines.

SEED Wage Incentives

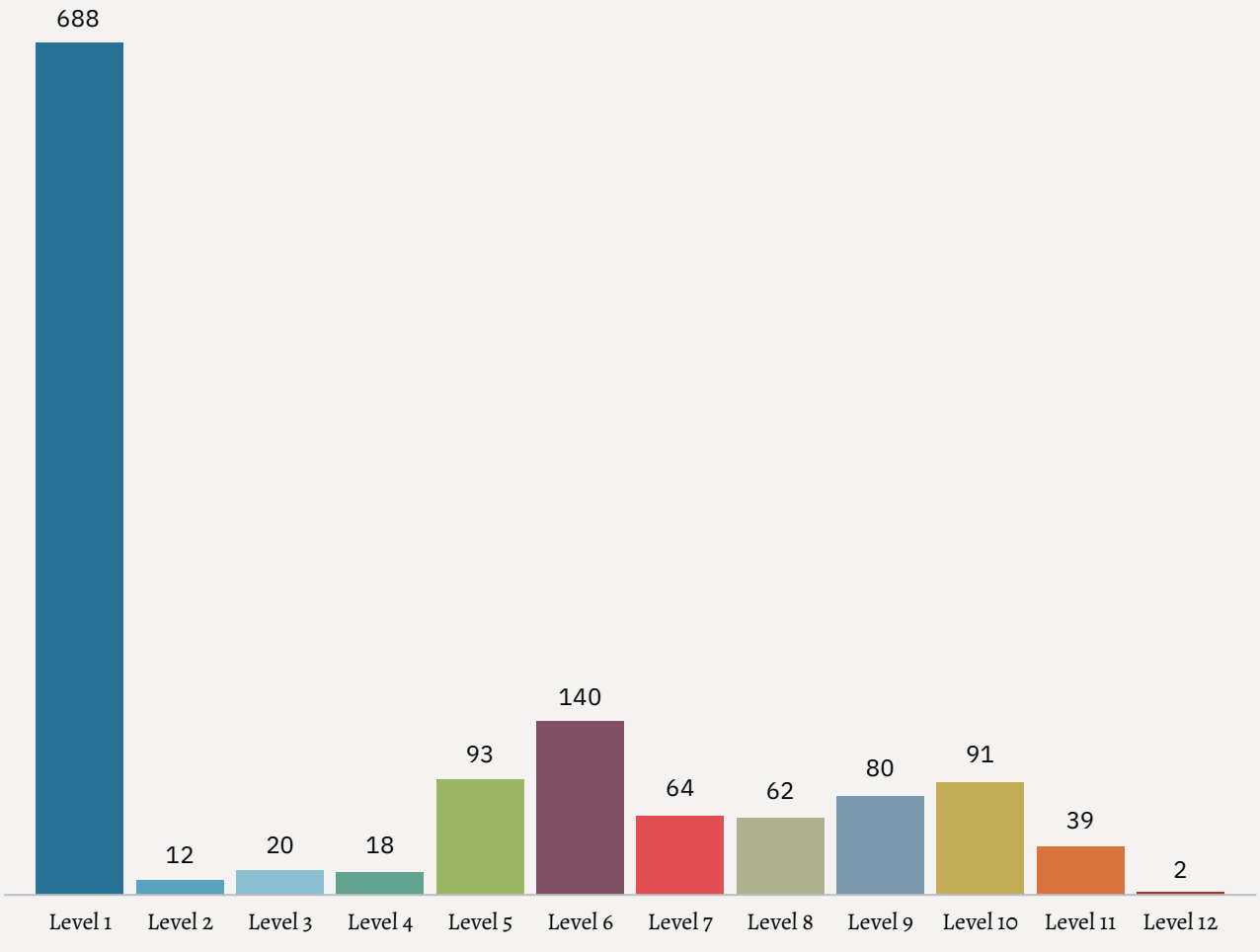
The System for Early Education Development (SEED) serves as the early childhood and school-age professional development system in Alaska. SEED includes a registry of early care and school-age education professionals, and ILP professionals. This registry ranks each professional on a 'career ladder' indicating their professional attainment from Level 1 (working or learning in the field) to Level 12 (Doctorate level degree in the field). There is also an ILP track on the SEED career ladder which articulates advancement in early childhood education specific to early intervention services.[130]

As a professional obtains more training and/or field credits in early childhood, they move up the levels of the ladder. Of the 1,309 professionals ranked in the SEED registry, 53% are at Level 1, meaning they work in the field of early childhood and/or school age education profession, but have less than 24 hours of SEED-approved training. On the other end of the ladder, there are two individuals who have reached Level 12, meaning they have a Doctorate degree in early childhood or a related field, or they have a Doctorate in an unrelated field, with 30 SEED early childhood field credits.

One of the six focus areas of the SEED registry's three-year Professional Development Plan is to "identify and develop wage incentive programs to lower teacher turnover."[131] In 2017, a five-year wage incentive program in the Municipality of Anchorage granted educators over $790,000 in wage incentives.[132]

Individuals working in licensed child care and registered in the SEED registry have access to professional development reimbursements, including travel reimbursement, for higher education/training directly related to early childhood and/or school age education. Originally housed at UAS, SEED is now managed by thread.[133]

FIGURE 13: More than half of all SEED-registered professionals are at Level 1



Alaska SEED Registry, 2019

Supporting Healthcare Access through Loan Repayment (SHARP) Program

In response to the state's shortage of healthcare professionals, DHSS created SHARP loan forgiveness and direct cash incentive program. The SHARP program is targeted on the recruitment and retention of healthcare professionals in federally designated HPSAs. Initial funding for the program came from federal grants, the Alaska Mental Health Trust Authority, and employer contributions. The list of professional disciplines eligible for Alaska's SHARP III program was recently expanded to include additional professions including board certified behavior analysts. However, state funding has been eliminated due to the budget shortfall, and the program will now be entirely employer-funded.[134] Since 2010, 254 providers have been awarded SHARP service contracts.[135]

WWAMI Medical Program

The WWAMI Medical Program allows students at universities in five northwestern states: Washington, Wyoming, Alaska, Montana, and Idaho to train for all four years of medical school in their home state through a dual enrollment at their home university, UAA in Alaska, and the University of Washington School of Medicine. Students take the first two years of coursework at their home university and then have the option to complete their clinical assignments in any of the five states.[136] Each site uses a standardized curriculum to integrate basic and clinical sciences, including rural health care. The purpose is on educating physicians for primary care practice, and encouraging practice in underserved, rural areas.

The WWAMI Medical Program has provided Alaska residents with access to a high-quality regional medical school since 1971 and plays an important role in providing Alaska residents an opportunity to obtain a medical degree without having to leave the state. However, the program funding was nearly eliminated in 2019.[137]

Workforce & Professional Development Challenges

Every state needs strategies to attract, retain and support a highly qualified and diverse early childhood workforce to deliver the services and supports young children need. While the state is addressing some of the health care and educator shortages with state-level plans, specialized fields within early childhood are not necessarily prioritized or addressed within these plans.

Gaps and challenges already identified include the limited educational programs in place to develop an early childhood workforce, exacerbated by UAA's loss of accreditation in its teacher preparation program, and limited opportunities for continued training and professional development in the state. Another significant challenge is the pay disparity for early childhood workers who face increasing educational expectations but few financial incentives.

At this time, most of Alaska's workforce development initiatives that might impact early childhood focus on increasing the number of professionals who work in high demand, high wage fields. However, early childhood educators are also in high demand, and the field has comparatively low wages, leading to low-retention and high turnover, with little incentive among the workforce to participate in professional development opportunities. thread recently released a study conducted by John Hopkins that offered several policy solutions for addressing the wage gap in Alaska, but each required significant investment.[138]

These are nationwide challenges that demand local, state and national policy solutions and require coordinated leadership in order to be addressed. It is also directly tied to quality standards, because of the direct correlation between education and training for early childhood education staff and children's outcomes.

Diversity in the workforce is also not being addressed in a coordinated fashion, but like with broader initiatives in teacher preparation programs, it is critical to have an early childhood workforce that is as culturally, racially and ethnically diverse as the population that it serves.

Section III:

Status of Young Children & Families in Alaska

Introduction

Section III of this report identifies research-based indicators that provide detailed information on the status of Alaska's young children and their families from the prenatal period to age eight. The indicators can be used to measure trends over time, determine progress on statewide goals and priorities, identify and reduce disparities, and target resources to areas of highest need. Indicators were selected based on nationally recognized measures of child health, well-being, and development, as well as availability of data.

Key indicators for young children are grouped into four topics:

Demographics

Demographics help to understand how children and their families are doing and determine levels of need. Demographics in this section look at young child population distribution by geography and race/ethnicity, fertility and teen birth rates, and poverty rates of young children and their families.

Health & Development

The health and development of a child has impacts on their overall well-being and success throughout life. Indicators include prenatal and postpartum experiences of mothers, birth status of babies, infant and child death rates, health care for children, and food security.

Child Safety & Family Supports

Safety and support to meet basic needs is critical to the development, well-being, and overall success of a child. Safety and support indicators include child mortality in Alaska, child maltreatment, and Adverse Childhood Experiences, as well as family strengths and supports through the lens of the Strengthening Families five protective factors.

School Readiness & Success

Babies are born learning, and a child's early childhood education plays a major part in later academic achievement, and success throughout life. School readiness and success indicators include early childhood education in Alaska, as well as early intervention services and special education, kindergarten readiness, and third grade proficiency in English Language Arts and Mathematics.

Wherever possible, national data has been included for comparison with state-level data. Data on disparities by geography or income status have also been included to provide further insight. Whenever possible, this report specifically discusses the status of children birth to age eight, or families of children in this age group, but at times data sources report on different age ranges and data specific to birth to age eight is not available. These are noted throughout and more information about the data sources is available in the methods section in Appendix B.

In some cases, data that would be useful is not available and therefore cannot be included in this report. For example, there is a lot of data about services and outcomes, but less data about protective factors and other experiences that lead to positive outcomes. This points to a need to invest in more comprehensive research and data systems. This report is a starting point for further discussion about what is important to measure in Alaska. More specific information about young children in each region of the state is also available in the regional profiles in Section IV.

Demographics

The circumstances in which children live and grow up influence their future health and well-being. Understanding the changing demographics of children and their families in Alaska is critical for shaping public policy and helps communities, businesses and policy makers determine what investments are needed to ensure that young children and their parents/caregivers thrive in school, work and life.

Demographic information can be used to determine how young children and families are doing, and if their condition is improving or worsening over time. It is also used to target many federal assistance programs and to project future needs for K-12 education, early childhood education, health care, and other specialized services.

Population

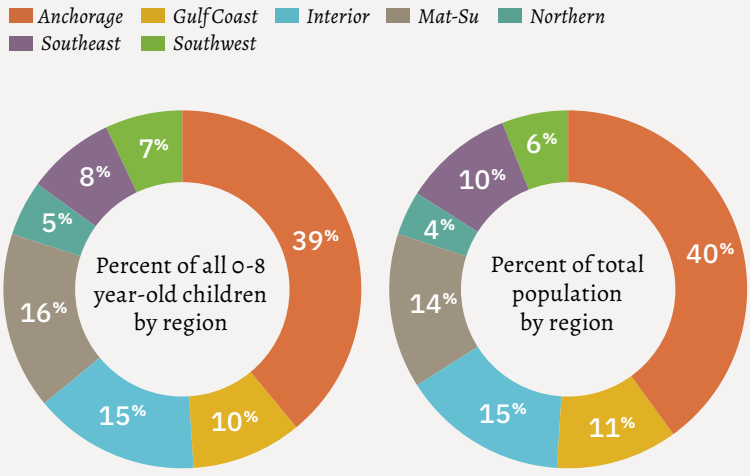
As of 2018 there were 94,036 children age birth to eight years living in Alaska. Young children in this age range make up nearly 13% of the state's population.[139] More than half of all young children live in Southcentral Alaska, in the Anchorage and Mat-Su regions.

The total number of young children has declined over the last few years at a rate higher than that of the total population. In 2016 there were there were 96,750 children in this age group, a decline of 2.8% by 2018.[140] During this time period, the total state population declined by just 0.46%.[141]

In 2018, Alaska mothers gave birth to 10,092 babies

Alaska Vital Statistics 2018 Annual Report

FIGURE 14: Young children relative to the general population



Alaska Department of Labor and Workforce Development Population Estimates, 2018

While the young child population is declining at the state level, some communities have a higher proportion of young children in their population due to higher birth rates. Although the overall number of children in rural areas may be less than in urban areas, ensuring that communities with higher concentrations of young children have adequate resources to support them is important.

Young children make up a slightly higher percent of the population in the Northern and Southwest regions, while the Southeast region has the lowest proportion of young children.

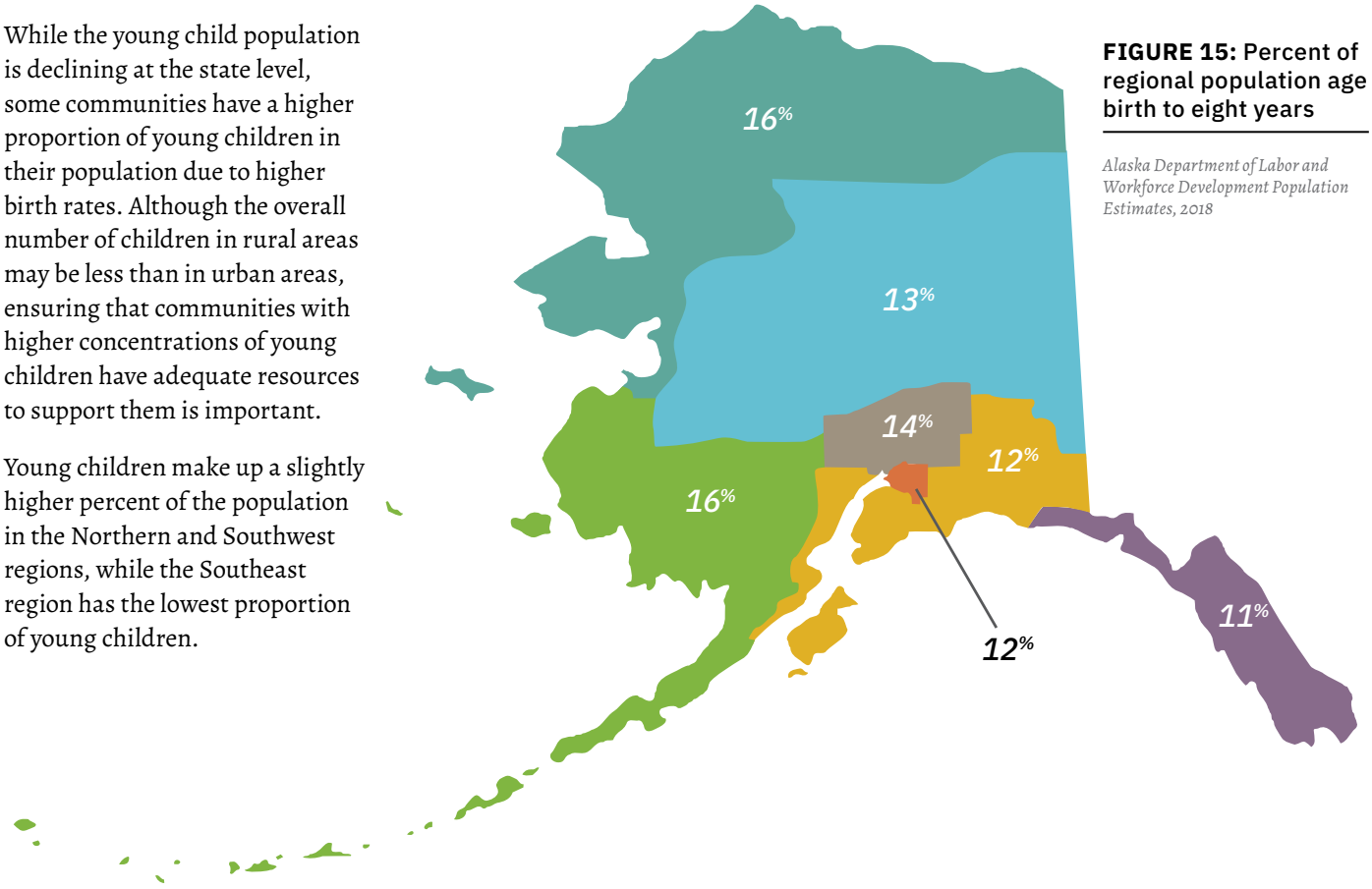


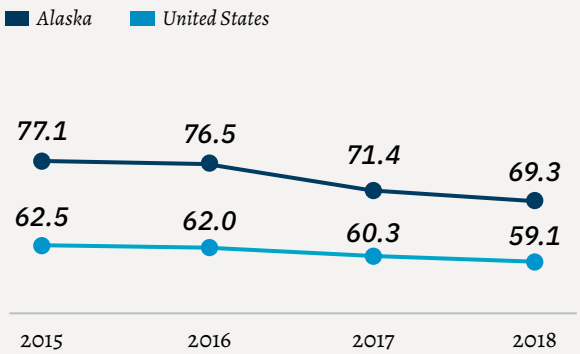
FIGURE 15: Percent of regional population age birth to eight years

Alaska Department of Labor and Workforce Development Population Estimates, 2018

Fertility Rate

Alaska's fertility rate has been declining, from a high of 80.6 (per 1,000 women age 15-44) in 2008 to a low of 69.3 in 2018.[142,143] This decline mirrors the national trend. However, Alaska's fertility rate is still well above the national average. In 2018, Alaska had the 3rd highest fertility rate of all states.[144]

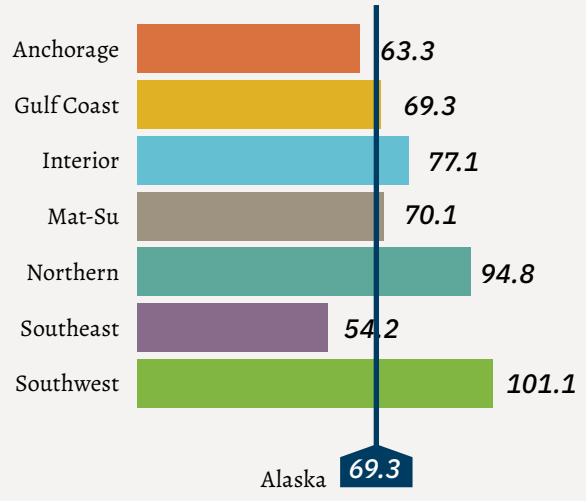
FIGURE 16: Fertility rates in Alaska are declining, but still above the national average



Alaska Vital Statistics 2018 Annual Report; National Vital Statistics Reports: Births: Final Data for 2018

The fertility rate varies across regions.

FIGURE 17: The highest fertility rates are in the Northern and Southwest regions



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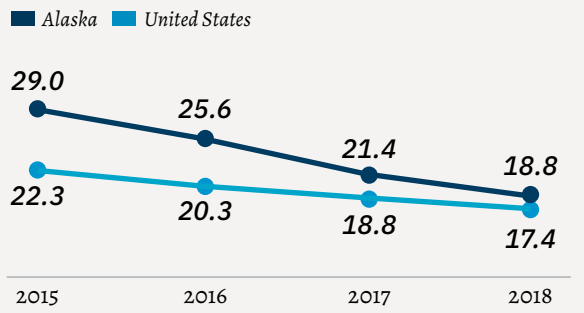
Teen Birth Rate

Children born to teen mothers are more at risk for physical health problems, such as low birth weight and preterm birth, and are more likely to be born into a family with limited educational and economic resources.[145] Furthermore, these children are more likely to become teen parents themselves.[146]

Between 2015-2017 the teen birth rate (per 1,000 women ages 15-19) in Alaska declined, similar to the total fertility rate in the state. The gap between the national and state teen birth rates has narrowed during this time period.

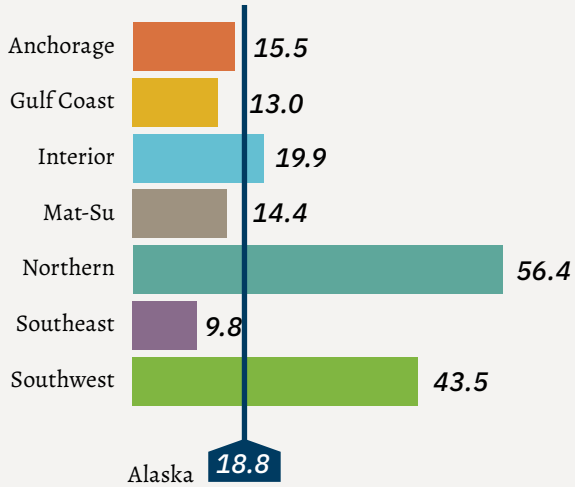
FIGURE 18: Alaska's teen birth rate is declining



Alaska Vital Statistics 2018 Annual Report; National Center for Health Statistics: Births in the United States, 2018

There are regional variations in teen birth rates as well. The regions with the highest and lowest fertility rates follow the same trend with their teen birth rates.

FIGURE 19: Teen birth rates vary by region and are highest in the Northern and Southwest regions



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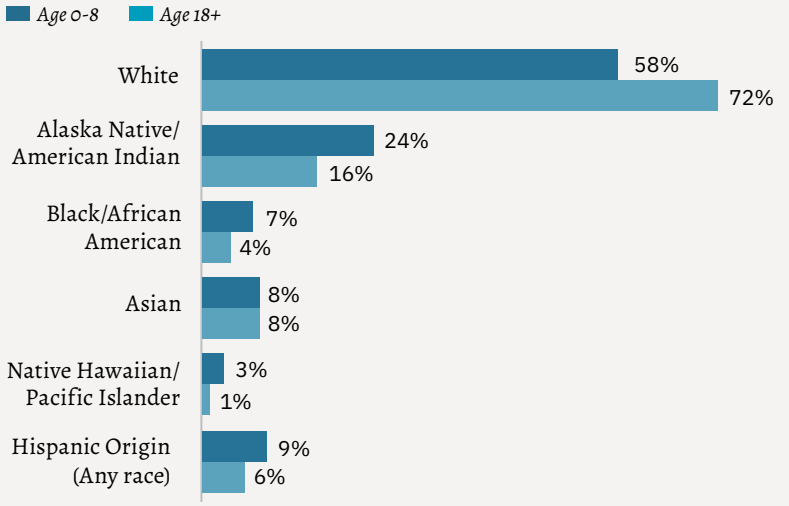
Race/Ethnicity

Young children are more diverse than the Alaska population as a whole. More than half (51%) of young children identify with a race/ethnicity other than white, compared to 35% of the adult population over the age of 18.

The growing diversity of young children in Alaska is an important factor in assessing the health and wellbeing of children in the state and the systems that serve them. Additionally, growing diversity makes it important to align services with the needs of specific populations, and to ensure services are culturally appropriate.

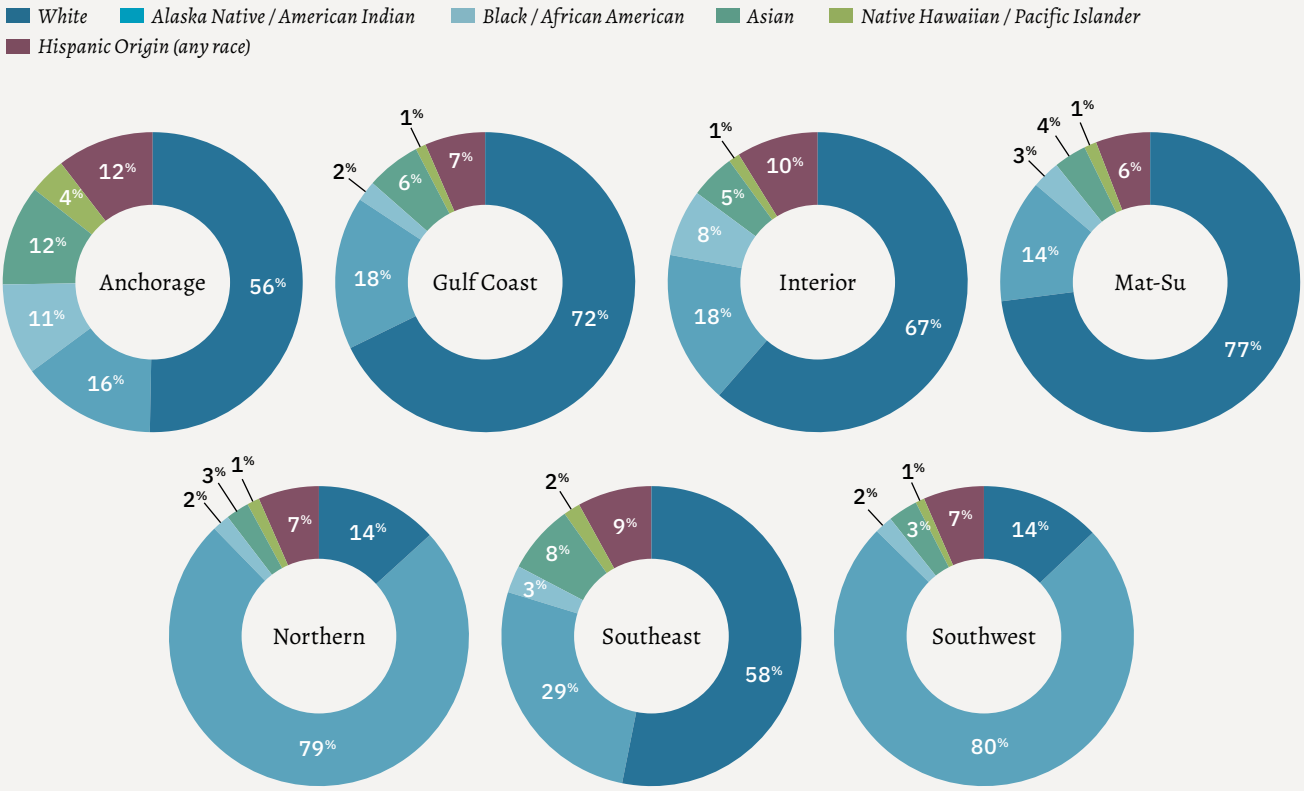
Regionally, young children who live in Anchorage have the highest diversity, while those in the Southwest and Northern regions have the lowest diversity.

FIGURE 20: Young children are more diverse than adults in Alaska



Alaska Department of Labor and Workforce Development Population Estimates, 2018
**Categories not mutually exclusive. Multi-racial individuals captured in each category they identify with.*

FIGURE 21: The race/ethnic diversity of young children varies by region

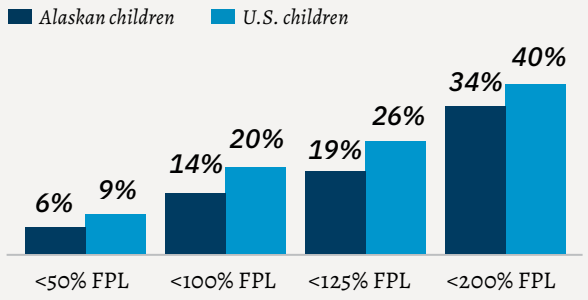


Alaska Department of Labor and Workforce Development Population Estimates, 2018
**Categories not mutually exclusive. Multi-racial individuals captured in each category they identify with.*

Poverty

Research has shown poverty to be the single greatest threat to a child's well-being.[147] U.S. Census and American Community Survey estimates for poverty rates in Alaska do not take into account the adjusted federal poverty level for Alaska when completing national rankings or calculating poverty levels in Alaska. Therefore, U.S. Census poverty estimates for Alaska are underestimated. In Alaska, the adjusted poverty guideline equals 125% of FPL.[148] A family of two that earns less than $21,550 annually, or a family of four that earns less than $32,750 annually, is considered to be below the Alaska poverty line.[149] To put this in perspective, child care workers in the state earned a mean annual salary of $27,900 in 2018.[150]

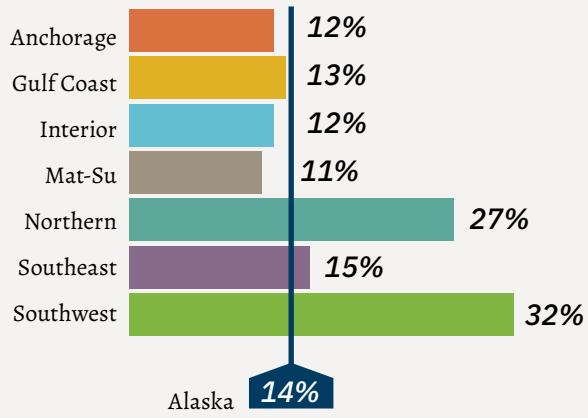
FIGURE 22: Alaska children (age 0-17) are less likely to be in poverty than children nationally, but this does not account for Alaska's adjusted FPL



2013-2017 American Community Survey 5-Year Estimates, 2017 accessed December 2019; Annie E. Casey KIDS COUNT Data Center, 2017

Poverty rates among children under 18 vary greatly across the regions in the state. While Anchorage, Gulf Coast, Interior, and Mat-Su regions just over one in 10 children live in poverty, in the Northern and Southwest regions around three in 10 children do, a disparity ratio of 2.5 and 2.9, respectively.

FIGURE 23: Children (age 0-17) are much more likely to live in poverty in the Northern and Southwest regions

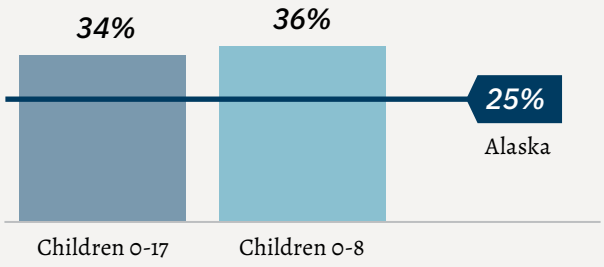


2013-2017 American Community Survey 5-Year Estimates, 2017 accessed December 2019

Disparities in Alaska are also exacerbated by the differences in availability and accessibility of services for children and their families in the regions of the state. The Northern and Southwest regions have the highest rates of poverty and the most limited resources for early childhood education, health care services, and other common services and amenities to meet the needs of families. Children who grow up in communities with limited services and resources are more at risk for developmental, educational, and health-related impediments.[151]

The average family in Alaska needs an income of at least 200% above the Federal Poverty Level (FPL) in order to meet their most basic needs.[152] Families and individuals who are living at 200% or below of the FPL are considered to be low-income. Children in Alaska are more likely to be low-income than the general population, and young children are the most likely to be in low-income households.

FIGURE 24: Young children are more likely to live in low income families than other age groups in Alaska



2013-2017 American Community Survey 5-Year Estimates, 2017 accessed December 2019; Annie E. Casey KIDS COUNT Data Center, 2017

Health & Development

> *The first eight years of a child's life build the foundation for future health, learning, and success in life.[153] Even before birth, a child is developing both physically and cognitively. Many factors influence this development such as prenatal care received by the mother, birth status of the child, access to quality health care and specialized services to meet basic needs, as well as other factors such as educational opportunities. The health and development of a child influences their overall well-being and their ability to succeed in school and throughout adulthood.[154]*

This section explores the health and well-being of mothers and children through four sets of indicators:

INDICATOR 1

Prenatal & Postpartum Experiences

INDICATOR 2

Health of Babies

INDICATOR 3

Children's Health Care

INDICATOR 4

Food Security

INDICATOR 1

Prenatal & Postpartum Experiences

This indicator contains data on:

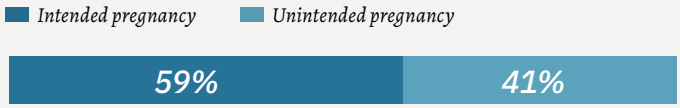
- Pregnancy Intention
- Prenatal Care
- Maternal Mental Health
- Prenatal Substance Misuse

The health and well-being of a mother when she is pregnant and postpartum has a direct impact on her child. During pregnancy many factors influence a baby's development, such as the foods a mother eats, her daily exercise and sleep patterns, as well as the quality and frequency of her prenatal health care visits.[155] After a child is born, a mother's postpartum health influences her ability to care for her child and foster their development.[156]

Pregnancy Intention

Unintended pregnancy increases the risk of health problems for both mothers and babies.[157] For example, women with unintended pregnancies may consume alcohol or tobacco during early weeks of gestation when still unaware of being pregnant, may not take important vitamins such as folic acid, and are more likely to have delays in receiving prenatal care.[158] In 2018, 59% of all mothers who gave birth in Alaska reported that their pregnancy was intended.

FIGURE 25: Six in ten births were a result of an intended pregnancy



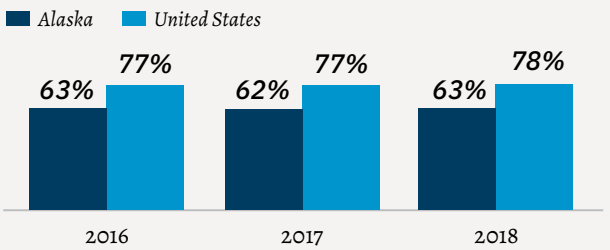
Centers for Disease Control Selected Maternal and Child Health Indicators for Alaska Pregnancy Risk Assessment Monitoring System, 2017

Prenatal Care

Adequate prenatal care can reduce pregnancy-related complications by identifying and treating health issues early on.[159] Adequacy of care is measured by the time when prenatal care was initiated and the number of prenatal visits from the initiation of care until delivery.

Alaska mothers are 15% less likely to have adequate prenatal care than the national average. Nationally, teen mothers are less likely to receive adequate prenatal than adult mothers.[160]

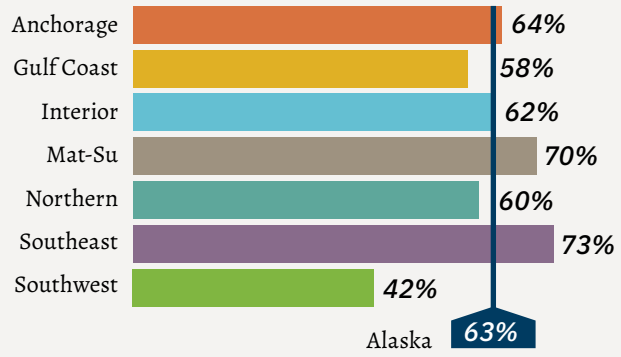
FIGURE 26: Mothers in Alaska are less likely to have adequate prenatal care than mothers nationally



Alaska Vital Statistics 2018 Annual Report; Alaska Vital Statistics 2018 Annual Report; National Vital Statistics Reports, Births: Final Data for 2017 / Births: Final Data for 2018

In most regions, the percent of mothers who receive adequate prenatal care is similar to the state-level rate. However, mothers in the Southwest region have a much lower rate, with about four out of 10 receiving these services. The Southwest also has the second highest teen birth rate.

FIGURE 27: In most regions, a mother's likelihood of receiving adequate prenatal care is similar to the state rate



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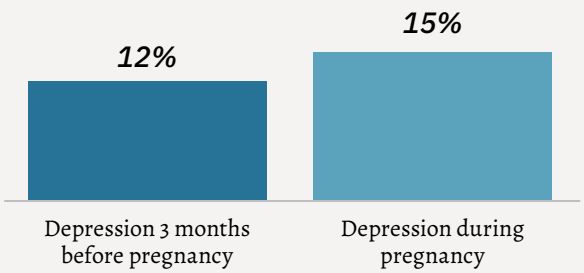
Maternal Mental Health

Nationally, around 10% of women suffer from depression during the postpartum period, but it is estimated that fewer than half of the cases are recognized.[161] A mother experiencing depression is less able to sufficiently respond to a young child's need during the period when foundations of attachment are developing. This disrupts brain development in the child, impacting their ability to learn as well as their physical and mental health later in life.[162]

Twelve percent of Alaska mothers who gave birth in 2018 reported experiencing maternal depression three months before their pregnancy, while 15% reported that they experienced depression during their pregnancy. Mothers in the Southeast and Interior regions are more likely to report depression during pregnancy (19% each) than mothers in any other regions.[163]

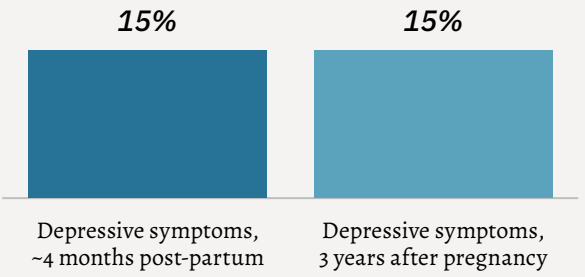
FIGURE 28: Depression during pregnancy is slightly more common than depression prior to pregnancy for Alaska mothers



Alaska Pregnancy Risk Assessment Monitoring System, 2018

In 2018 an equal percentage of mothers reported that they experienced depressive symptoms four months after pregnancy as those who reported depressive symptoms three years after pregnancy. The rate of depressive symptoms among mothers of three-year-olds has almost doubled since 2016.[164]

FIGURE 29: Depressive symptoms are reported at the same rate at four months or three years post-partum for Alaska mothers



Alaska Pregnancy Risk Assessment Monitoring System, 2018; Alaska Childhood Understanding Behaviors Survey, 2018

Mothers in the Southeast and Northern regions have higher rates of reported depressive symptoms four months after pregnancy than mothers in other regions (21% and 22%, respectively) while mothers in the Mat-Su have the lowest rate (8%).[165] Among mothers of three-year-olds, depressive symptoms are reported at the highest rates in the Interior (15%) and Southwest (16%) regions, and lowest in the Southeast region (8%).[166]

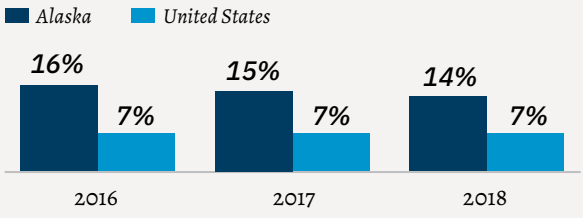
Nine out of ten (91%) mothers who gave birth in 2018 report that a health care worker asked them if they were feeling down or depressed during their prenatal care visit[167], while slightly less (84%) reported that a health care worker asked them if they were feeling down or depressed during their post partum check-up.[168]

Tobacco

Tobacco use during pregnancy increases the risk of health problems in a developing baby including preterm birth, low birth weight, and birth defects of the mouth and lips; smoking both during and after pregnancy also increases the risk of Sudden Infant Death Syndrome.[169] E-cigarettes and other tobacco products with nicotine can damage a baby's brain and lungs.[170]

Tobacco is the most commonly used substance among pregnant women in Alaska. Alaska's rate of tobacco use among pregnant women has declined by 2% since 2016 but has remained at more than double the national rate.

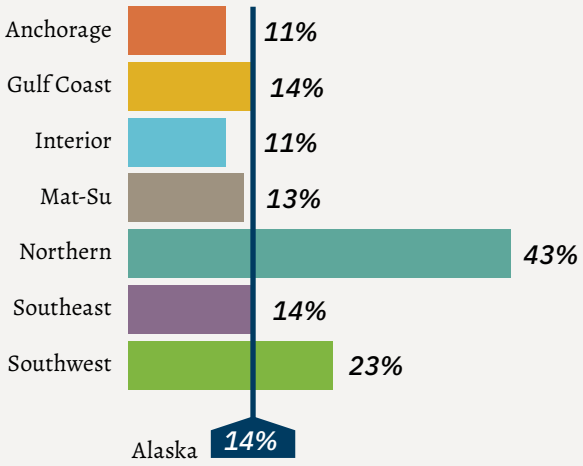
FIGURE 30: Prenatal tobacco use in Alaska is double the national rate



Alaska Vital Statistics 2018 Annual Report; National Vital Statistics Reports, Births: Final Data for 2017 / Births: Final Data for 2018

Rates of prenatal tobacco use in all regions are above the national rates and highest in the Northern region, where over four out of every 10 mothers use tobacco during pregnancy, and in the Southwest where almost one-quarter do.

FIGURE 31: Regional rates of prenatal tobacco use are all above the national rate



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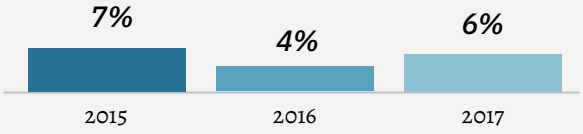
Alcohol

Fetal Alcohol Spectrum Disorder (FASD) is the result of prenatal alcohol use that can result in a range of disabilities that have physical, cognitive, and neurobehavioral symptoms that vary in severity.[171] One category of FASD is Fetal Alcohol Syndrome (FAS) which includes specific facial features, small growth, and differences in brain functionality.

In Alaska, 6% of mothers report using alcohol in the last three months of their pregnancy. This rate fluctuated slightly from 2015 to 2017, from a high of 7% to a low of 4%.

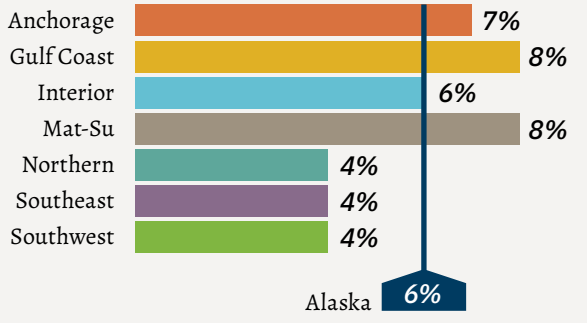
FIGURE 32: Alaska mothers' alcohol consumption in last three months of pregnancy last three months of pregnancy has fluctuated in recent years



Alaska Pregnancy Risk Assessment Monitoring System Queryable Dataset, 2015-2017, Alaska Department of Health and Social Services, Division of Public Health, http://ibis.dhss.alaska.gov/, accessed December 2019

In most regions, the rate of mothers who report alcohol consumption during their last three months of pregnancy is below the statewide average. Rates are highest in the Gulf Coast and Mat-Su regions, double that of the Northern, Southeast and Southwest regions.

FIGURE 33: Prenatal alcohol consumption is highest in the Mat-Su and Gulf Coast

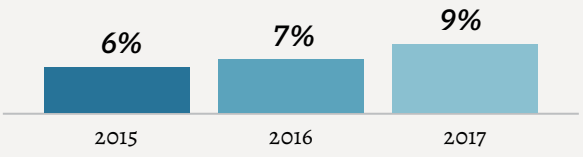


Alaska Pregnancy Risk Assessment Monitoring System Queryable Dataset, 2013-2017, Alaska Department of Health and Social Services, Division of Public Health, http://ibis.dhss.alaska.gov/, accessed December 2019

Marijuana

In comparison to alcohol use during pregnancy, marijuana use is more prevalent. Almost one in ten mothers who gave birth in Alaska in 2017 (9%) reported using marijuana or hash in any form during their pregnancy, a rate that increased by 3% from 2015 to 2017.

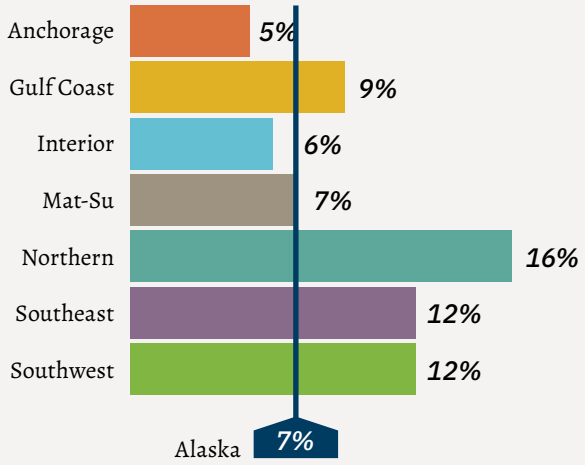
FIGURE 34: Prenatal use of marijuana/ hash is increasing among Alaska mothers



Alaska Pregnancy Risk Assessment Monitoring System Queryable Dataset, 2015-2017, Alaska Department of Health and Social Services, Division of Public Health, http://ibis.dhss.alaska.gov/, accessed December 2019

Mothers in the Northern region are nearly twice as likely to report marijuana/hash consumption during pregnancy than the statewide average, while mothers in Anchorage are the least likely to report this behavior.

FIGURE 35: Prenatal marijuana/hash use is highest in the Northern, Southeast and Southwest regions



Alaska Pregnancy Risk Assessment Monitoring System Queryable Dataset, 2015-2017, combined Alaska Department of Health and Social Services, Division of Public Health, http://ibis.dhss.alaska.gov/, accessed December 2019

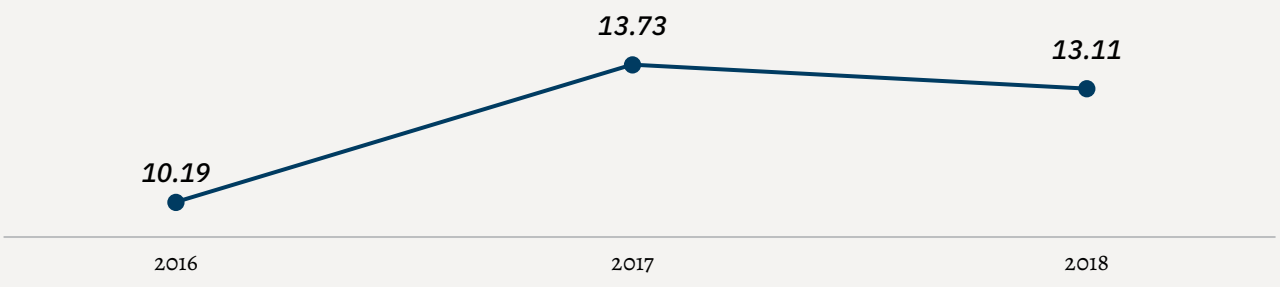
Opioids

Neonatal Abstinence Syndrome (NAS) is a group of conditions caused when a baby withdraws from drugs they are exposed to in the womb before birth. This is most often caused when a woman takes opioids during pregnancy.

When a newborn experiences NAS, they are at greater risk of low birthweight, jaundice, seizures, and Sudden Infant Death Syndrome.[172] The long-term effects of NAS are still not fully known. However, it is likely that the child will have a greater chance of development delay, problems with motor skills, behaviors, speech, learning, sleep, and vision.[173] Prenatal visits are an opportunity for health care professionals to screen mothers for opioid use and provide any appropriate services to reduce the potentiality and severity of NAS for the baby.[174]

Between 2016 and 2018 there was a statewide increase in the rate of neonate inpatient discharges (per 1,000 NICU discharges) that were attributed to NAS.

FIGURE 36: Neonatal Abstinence Syndrome rates in Alaska have increased since 2016 (per 1,000 NICU discharges)



Alaska Department of Health and Social Services, Office of Substance Misuse and Addiction Prevention

INDICATOR 2

Health of Babies

This indicator contains data on:

- Preterm Births
- Infant Mortality

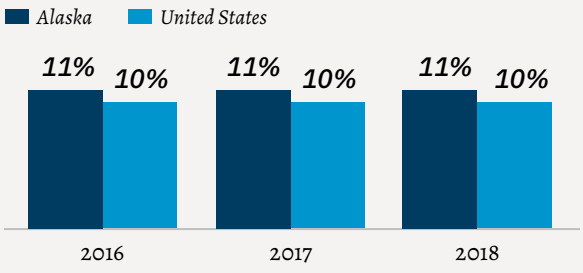
The first year of a child's life is a critical time when a baby is rapidly developing.[175] Understanding the health and well-being of infants can provide insight into the quality and accessibility of medical systems in the state, and also help identify disparities across population groups.[176]

Preterm Births

For a child's health and development, full-term gestation is important. The final weeks of pregnancy is when vital organs such as the brain, lungs, and liver fully develop.[177] Preterm births are any births before 37 weeks gestation. There are higher rates of death and disability among premature infants.[178] Like other birth status data, this rate reflects the general health status of newborns in the state, which can be used to predict the level of need for services.

At both the state and national level, the rate of preterm births has remained consistent over the past three years.

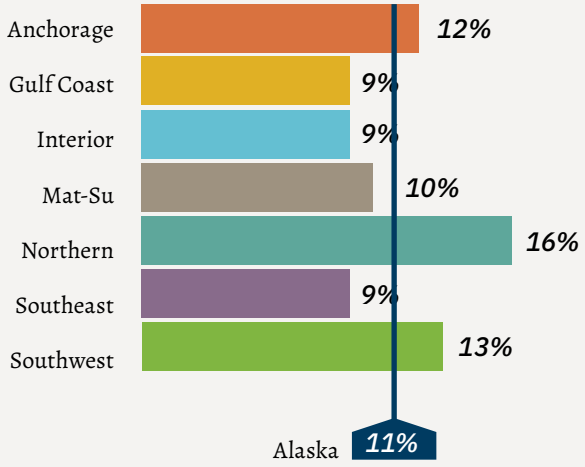
FIGURE 37: Preterm birth rates have remained consistent in Alaska and nationally



Alaska Vital Statistics 2018 Annual Report; National Vital Statistics Reports, Births: Final Data for 2017 / Births: Final Data for 2018

Regionally, babies living in the Northern region are most at risk for being born preterm, followed by babies born in the Southwest and in Anchorage. Prenatal tobacco use is one risk factor for preterm births and prenatal tobacco use is highest in the Northern region.

FIGURE 38: Preterm birth rates are highest in the Northern region



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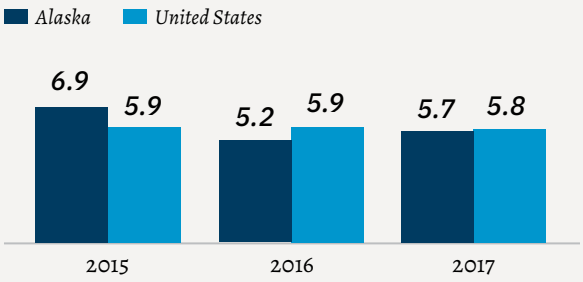
Infant Mortality

Infant mortality is an indicator of maternal and child health, a society's overall health, and the quality of health care before, during, and after delivery of a newborn.[179,180] Infant mortality tracks deaths that occur between birth and 364 days of life. In comparison to other states, Alaska had the 18th lowest state-level infant mortality rate in 2017.[181]

FIGURE 39: The infant death rate declined in Alaska from 2015 to 2017 (per 1,000 births)



Centers for Disease Control and Prevention WONDER, Infant Death Records 2007-2017 accessed December 2019

In 2017 the three leading causes of infant death were: [182,183]

Alaska

1. Birth defects
2. Sudden Infant Death Syndrome
3. Maternal pregnancy compromise

United States

1. Birth defects
2. Preterm birth
3. Maternal pregnancy compromise

INDICATOR 3

Children's Health Care

This indicator contains data on:

- Medicaid Well-Child Visits
- Access to Medical Homes
- Developmental Screening
- Children with Special Health Care Needs
- Mental Health Services

Preventive health care includes check-ups, screenings, and patient counseling that prevents illness, disease, and other health problems from occurring, or may detect illness at an early start when treatment is most effective. Preventive health care is important for good health and well-being.[184]

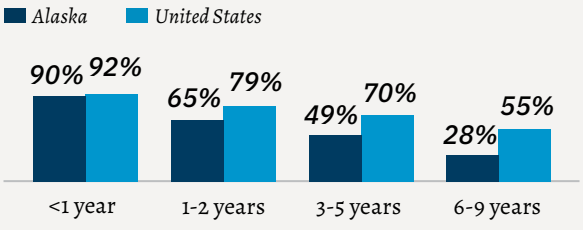
Medicaid Well-Child Visits

The Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program provides comprehensive and preventive health care services for children under the age of 21 who are enrolled in Medicaid. EPSDT ensures that enrolled children receive appropriate preventive, dental, mental health, developmental, and specialty needs services.

Through this program, children receive screenings, also known as well-child check-ups, which include a comprehensive health and development history, a physical exam, age-appropriate immunizations, hearing and vision tests, dental exams, laboratory tests, and health education.[185] Regular check-ups are important to identify and treat special health needs early, receive appropriate immunizations, screen for child abuse and neglect, and track the growth and development of a child.[186,187]

In fiscal year 2018, there were 58,936 children under the age of 10 in Alaska that were eligible to receive ESPDT services, and 92% were eligible for at least one medical screening (i.e. check-up) of some sort through the ESPDT program. As children get older, they are less likely to receive a check-up, and in Alaska fewer children receive check-ups than at the national level.

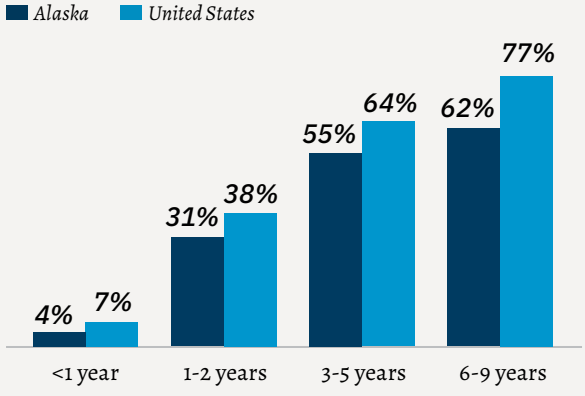
FIGURE 40: Alaska children covered by Medicaid are less likely to receive a well-child check-up than children nationally as they age



Medicaid EPSDT Annual Participation Report, 2018

Children who have Medicaid health insurance are also eligible for dental services through the EPSDT program.[188] Medicaid EPSDT dental services provides maintenance of dental health, relief of pain and infections, and restoration of teeth. As children grow older, the rate of receiving dental care services through Medicaid EPSDT increases, although Alaska children are still less likely to receive a dental check-up than children nationally.

FIGURE 41: Alaska children covered by Medicaid are less likely to receive dental services than children nationally



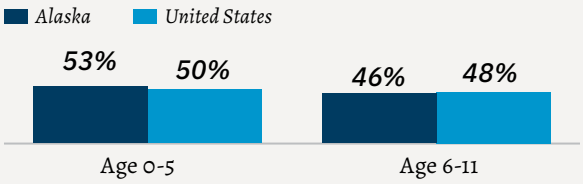
Medicaid EPSDT Annual Participation Report, 2018

In general, Alaska children of all ages are receiving medical and dental services through the EPSTD program at lower rates than the national average. While the exact reasons are unknown, provider availability may be a factor. Lack of preventive care can lead to more expensive care being needed later to treat more advanced conditions.

Access to Medical Homes

Ideally, children receive preventive health care and have a medical home where they receive screenings and check-ups to monitor their health and receive interventions and/or referrals to specialists when needed. Medical homes are a model of primary care that provides patient-centered, comprehensive care that facilitates partnerships between patients, clinicians, medical staff, and families.[189] In the state, 53% of children birth to age five have a medical home, which drops to 46% for children age six to eleven. These rates are similar to the national level.

FIGURE 42: About half of all children receive care in a medical home, in Alaska and nationally



National Survey of Children's Health, 2017-2018 combined

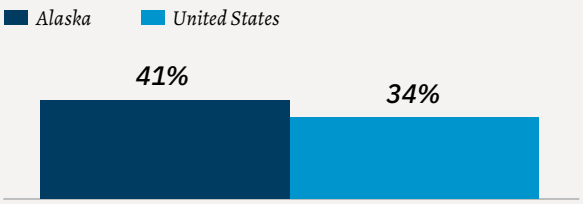
Developmental Screening

There are many factors that can influence a child's development even before birth. A child's development is influenced by their environment, the activities and experiences they are exposed to, as well as their predisposition. Developmental screening provides an opportunity to identify delays early on and find interventions during early development.[190] Developmental screenings are done in a variety of settings, and while they should occur during well-child visits, they are also done in community settings such as at family outreach events, early childhood education settings, through home visiting or early intervention service providers, or through Help Me Grow Alaska and Child Find activities.

Although there are multiple sources of data on developmental screening in the state, Alaska lacks a coordinated system to identify the children screened. For more information on the data systems for developmental screening in the state, please refer to page 24 of this report.

According to the National Survey of Children's Health, four out of every 10 children between 9-35 months in Alaska received a developmental screening through a parent-completed screening tool in the past 12 months. This is above the national average by 7%.

FIGURE 43: Alaska children (age 9-35 months) are more likely to have received a developmental screening than children nationally



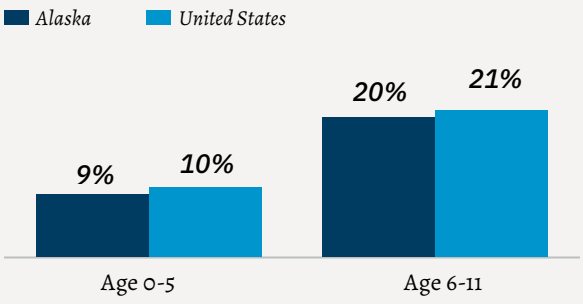
National Survey of Children's Health, 2017-2018 combined

Children with Special Health Care Needs

A child with special health care needs is defined by the U.S. Maternal and Child Health Bureau as "those who have or are at increased risk for a chronic, physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."[191]

The prevalence of surveyed families in Alaska reporting that they have a child with special health care needs, based on the Child with Special Health Care Needs Screener, closely mirrors the national rate. Children of surveyed parents are more likely to be identified as having special health care needs between the ages of six and eleven than prior to age six, possibly because they enter school at this age.

FIGURE 44: Alaska children have special health care needs at a rate similar to the national average



National Survey of Children's Health, 2017-2018 combined

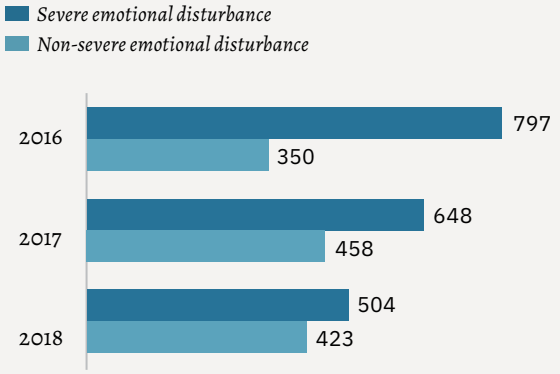
Mental Health Services

The earlier a child receives treatment for a mental health concern, the more effective it is at preventing more severe, long-lasting problems in adulthood.[192] For children who have mental health issues or disorders, there are some treatment options available in both community-based and residential facilities.

Through the Alaska Department of Health and Social Services, Division of Behavioral Health, mental health services are provided through grants, Medicaid, insurance, and other revenue sources. Since 2016, fewer young children have been treated for severe emotional disturbance, but more are being treated for non-severe emotional disturbance.

A severe emotional disturbance refers to children and youth who have had a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.[193]

FIGURE 45: The number of young children reported to be receiving mental health treatment in Alaska is decreasing



Alaska's Automated Information Management System, May 2019

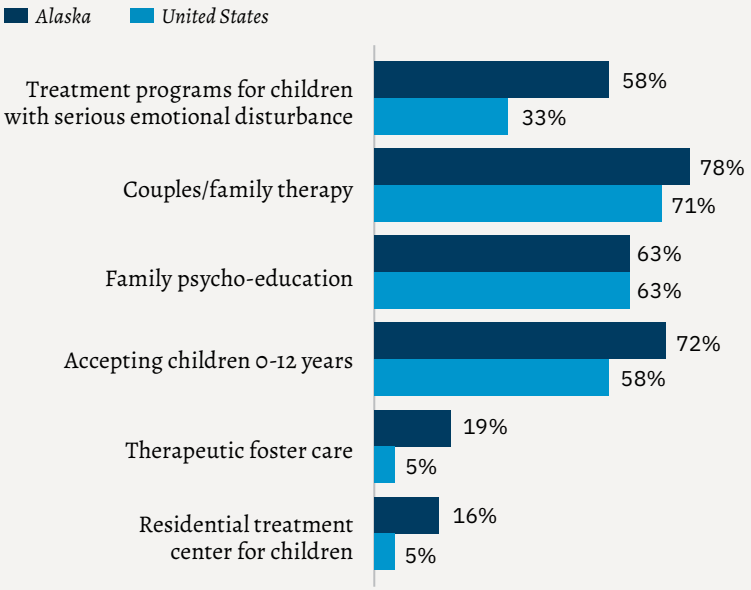
In 2018, 927 young children received mental health treatment. This is a decrease of 19% from the 1,147 who received services in 2016. Fewer children are receiving treatment for severe emotional disturbance, although non-severe emotional disturbance treatment has risen. However, according to Division of Behavioral Health staff, this count includes some, but not all, Medicaid-enrolled children who were treated, in addition to children whose treatment was covered by other sources (noted above). Therefore, the actual counts may be slightly higher.

Access to Mental Health Care

The National Mental Health Services Survey (N-MHSS), conducted by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA), is an annual census of all known mental health treatment facilities in the country.

Of the 100 facilities in Alaska included in the SAMHSA online directory, 86 were surveyed in the 2017 N-MHSS.[194] Of those surveyed, many offer programs and services for young children and families. While facilities were more likely to report offering services for children and adults than at the national level, there is still a lower ratio of mental health providers to residents in Alaska. More information on the mental health workforce availability can be found on page 35.

FIGURE 46: Mental health facilities in Alaska are more likely to serve children and families than nationally



National Mental Health Services Survey, 2017

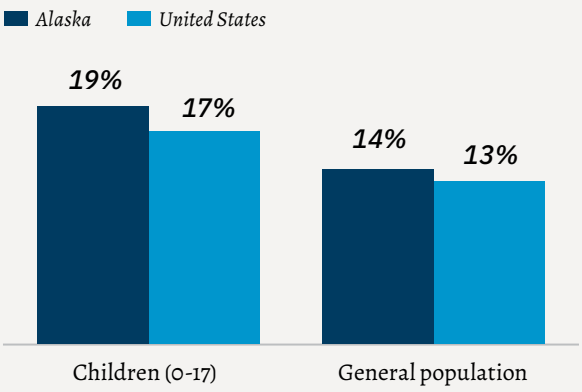
INDICATOR 4 Food Security

Access to sufficient food is a basic need, and vital to the health, well-being, and growth of a child. While many children have access to sufficient food with adequate nutrition, some families must utilize support services such as federal programs, shop at food banks, or eat meals at congregate feeding sites in order to meet this need.

Food Insecurity

Children who struggle with hunger are at risk for impaired cognitive development, long term emotional and health problems, lower educational attainment, and lower productivity than their peers.[195] Food insecurity is defined by the USDA as lack of access, at times, to enough food for an active, healthy life.[196] The food insecurity rate of children under 18 in Alaska is very close to the national average.

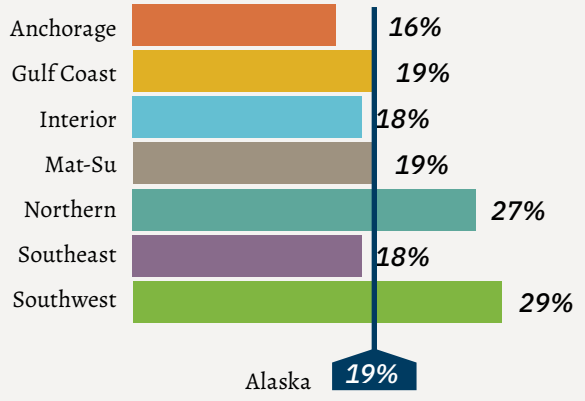
FIGURE 47: Alaskans are slightly more likely to be food insecure than the national average



Map the Meal Gap, Feeding America, 2017

Food insecurity varies greatly throughout the regions of the state. Children in the Southwest and Northern regions are most likely to be food insecure, with a disparity ratio of 1.8 and 1.7, respectively, while those in Anchorage are the least likely. Poverty is also highest in the most food insecure regions of the state.

FIGURE 48: Food insecurity for children (age 0-17) is highest in the Southwest and Northern regions



Map the Meal Gap, Feeding America, 2017

Child Safety & Family Supports

The overall safety and well-being of a child and their family plays a major role in the development of a child and their ability to succeed in school and career as an adult. Protective factors can help families and children succeed despite adversity.

This section is explored through two sets of indicators:

INDICATOR 5

Child Safety

INDICATOR 6

Protective Factors

INDICATOR 5 Child Safety

This indicator contains data on:

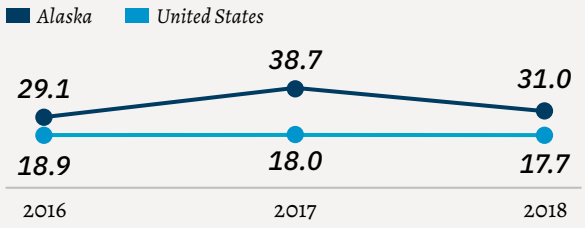
- Child Mortality
- Child Maltreatment
- Adverse Childhood Experiences

Safety is a basic need, and all children need a safe and supportive environment in order to flourish. Parents and caregivers hold much of the responsibility of creating a safe environment for their child and eliminating risks, whether it be maintaining good physical health of their child to reduce risk of disease and illness or watching out for potential hazards that might cause injury.[197]

Child Mortality

In 2017, Alaska had the highest rate of child mortality of any state in the country.[198] Between 2015-2018 there were 116 deaths of children between one to eight years of age.[199] The rate (per 100,000 population in this age group) has fluctuated throughout these three years but remained well above the national rate.

FIGURE 49: Child mortality (age 1-8) in Alaska is nearly double the national rate (per 100,000)



Centers for Disease Control and Prevention WONDER, Detailed Mortality; Alaska Department of Health and Social Services Health Analytics and Vital Records, 2019

In 2017, the top three leading causes of death for children between one to eight years of age were: [200]

Alaska

1. Unintentional injury
2. Influenza & Pneumonia
3. Birth defects

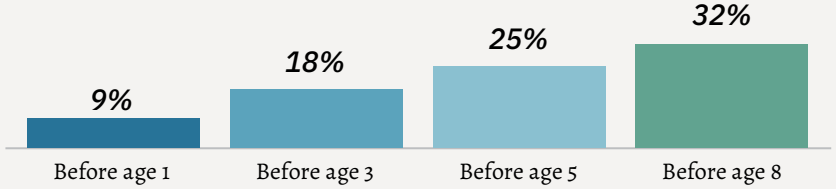
United States

1. Unintentional injury
2. Malignant Neoplasms
3. Birth defects

Child Maltreatment

Family relationships that are abusive, threatening, neglectful, or otherwise psychologically harmful are high risk factors for the development of mental health problems for the child.[201] In Alaska, just under one-third of all children have a report to the Office of Children's Services (OCS) before the age of eight, and 10% have a substantiated case by this age.[202]

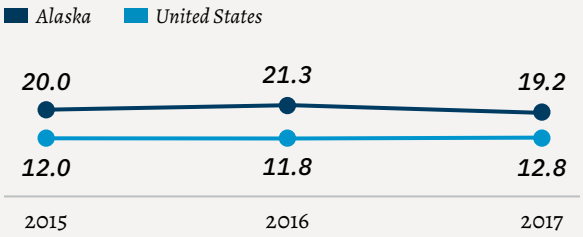
FIGURE 50: One-third of Alaska children have an OCS report before age 8



Alaska Longitudinal Child Abuse and Neglect Linkage Project, 2018

Alaska has the highest rate of child maltreatment in the nation.[203]

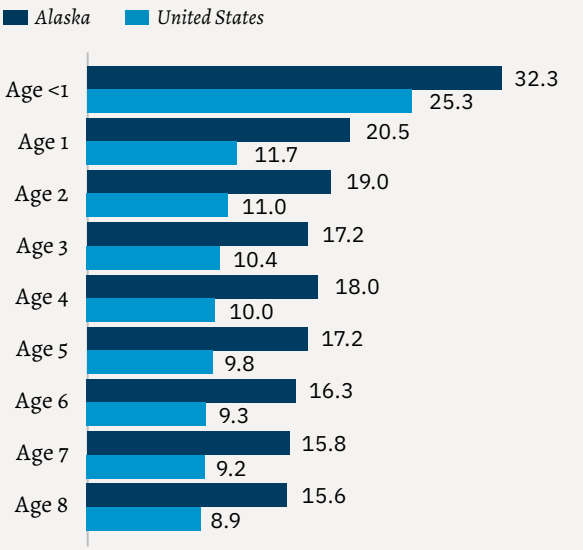
FIGURE 51: Substantiated child maltreatment reports are higher in Alaska than nationally for young children (per 1,000)



U.S. Department of Health and Human Services Child Maltreatment Report, 2017

The rate of maltreatment in Alaska is higher than the national rate for all age groups.

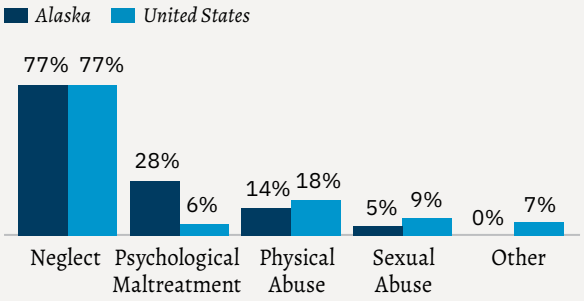
FIGURE 52: Child maltreatment is highest for children under age 1, but Alaska's rate is well above the national average for all ages (per 1,000)



U.S. Department of Health and Human Services Child Maltreatment Report, 2017

Neglect is the most common form of maltreatment experienced by children (age 0-17) who have a substantiated report of harm, both in Alaska and nationally. Children in Alaska are less likely to have a report of physical or sexual abuse but have a much higher likelihood of having a report of psychological maltreatment. Psychological maltreatment includes acts or omissions that caused or could have caused cognitive, affective, or other behavioral or mental disorders.[204] This type of maltreatment frequently occurs as verbal abuse or excessive demands on a child's performance. Children who grow up in impoverished families are more likely to experience maltreatment, neglect in particular, than their peers that do not live in poverty.[205]

FIGURE 53: Neglect is the most common form of child maltreatment in Alaska and nationally

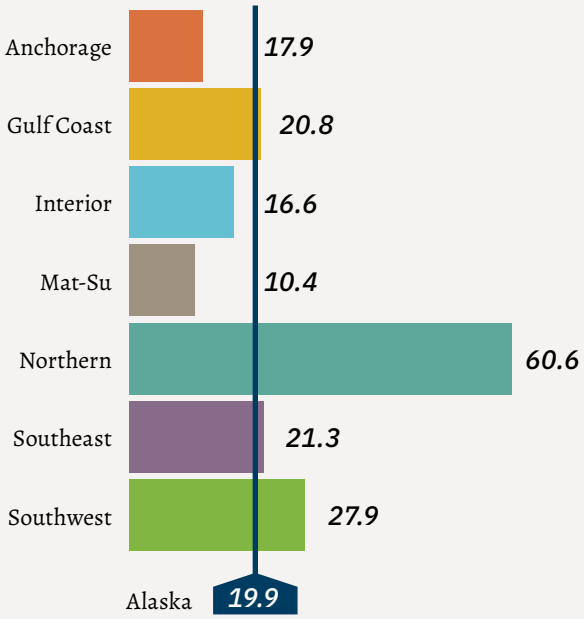


U.S. Department of Health and Human Services Child Maltreatment Report, 2017
Note: some children experience multiple types of maltreatment, therefore totals are greater than 100%

For all young children in Alaska, the rate of child maltreatment in FY 2019 was 19.9 per 1,000 children. Young children account for almost two-thirds (65%) of all substantiated reports of maltreatment in the state.[206]

The regional disparities in child maltreatment rates are consistent with regional disparities in child poverty rates discussed on page 52, illustrating the socio-economic impact on child maltreatment. Children in the Northern region have the highest prevalence of substantiated reports of maltreatment, with a rate three times above the statewide average and a disparity ratio of 5.8. The Mat-Su region has the lowest prevalence.

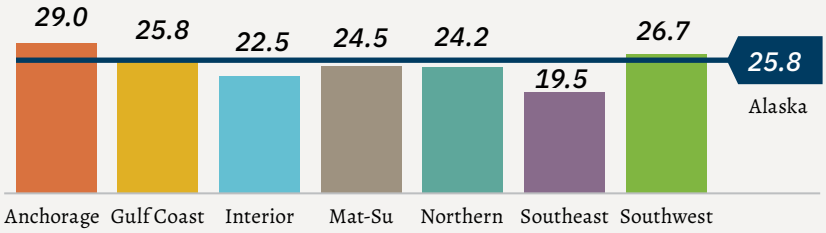
FIGURE 54: Substantiated reports of maltreatment were highest in the Northern region (per 1,000)



Alaska Department of Health and Social Services, Office of Children's Services, FY 2019

During FY 2019, the statewide rate of out-of-home placement by OCS among young children was 25.8 per 1,000 children. Young children account for 57% of all out-of-home placements in the state.[207] Most regions have an out-of-home placement rate of young children that is close to the statewide average, although it is lowest in the Southeast. Anchorage has the highest rate of children in this age group in out-of-home placement.

FIGURE 55: Out-of-home placement rates for young children are highest in Anchorage (per 1,000)



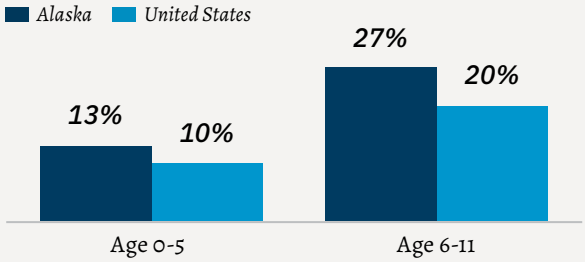
Alaska Department of Health and Social Services, Office of Children's Services, FY 2019

Adverse Childhood Experiences

During early childhood, a child's brain is growing rapidly, and they are more vulnerable to the impacts of adverse experiences.[208] The experience of toxic stress due to adversity for a young child puts them at higher risk for serious physical and mental health conditions into adulthood, as well as risky behaviors such as substance use and unsafe sex.[209,210] Adverse Childhood Experiences (ACEs) is a term developed by the Centers for Disease Control and Prevention (CDC) to describe potentially traumatic experiences for children including, but not limited to, parental divorce or separation, death of a parent, difficulty covering basic needs, witnessing violence (domestic or otherwise), living with individuals with mental illness or substance use issues, and/or experiencing abuse.[211]

Alaska children are more likely to have experienced two or more ACEs by the time they turn 12 than children nationally.

FIGURE 56: More than a quarter of Alaska children have two or more ACEs before age 12



National Survey of Children's Health, 2017-2018 combined

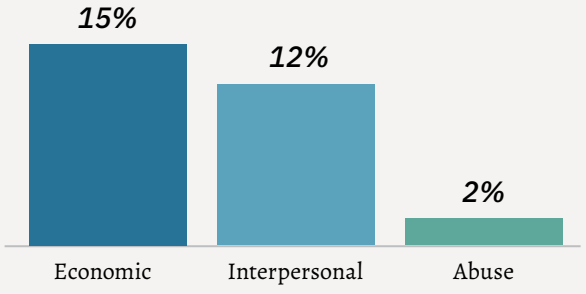
Economic stress is a relatively common adverse experience for families with young children, with 15% of Alaska mothers of three-year-olds reporting more than one economic stressor. This can include: inability to pay the bills, a cut in work hours or pay, loss of job or their partner's job, and/or homelessness.

Interpersonal stressors from friends, family, or a parent's partner are also potential source of ACEs for young children. These include: someone close having a mental illness, someone close having a drinking or substance use problem, and/or the mother or their partner going to jail. Twelve percent of Alaska mothers of three-year-olds report more than one interpersonal stressor.

Abuse includes both physical abuse such as being pushed, hit, slapped, kicked, choked, or otherwise physically hurt by their husband or partner, as well as emotional abuse which includes being threatened, having activities limited against one's will, or being made to feel unsafe in any way by their husband or partner. Two percent of Alaska mothers of three-year-olds reported both physical and emotional abuse.

Mothers are most likely to experience multiple economic stressors during their child's first three years of life versus multiple interpersonal stressors or abuse. However, the majority of mothers did not report that they had experienced two or more stressors in any category.

FIGURE 57: 85% of mothers of 3-year-old children report no or limited stressors



Childhood Understanding Behaviors Survey, 2017

INDICATOR 6

Protective Factors

This indicator contains data on:

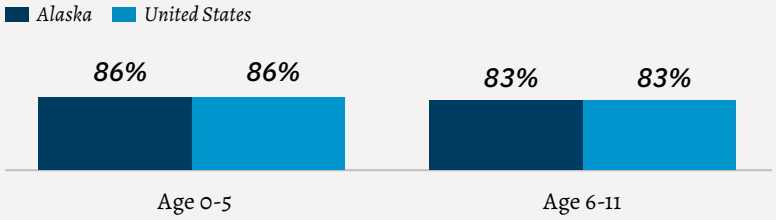
- Parental Resilience
- Social Connections
- Child Social-Emotional Health
- Knowledge of Parenting & Child Development
- Concrete Supports in Times of Need

Families are children's first teachers. They keep them healthy and safe, equip them with skills and resources, and transmit basic cultural values. Adults caring for children need knowledge and resources to be successful. The Strengthening Families framework outlines five research-based protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social-emotional competence of children that are proven to reduce the likelihood of child abuse and neglect.[212] The Strengthening Families framework was piloted in Alaska in 2005, and continues to be widely used in the state by programs that serve young children and their families.[213]

Parental Resilience

Parental resilience is the ability of a parent to recover from difficult experiences and use those experiences to grow and become stronger. A high percentage of Alaska families with young children demonstrate resiliency all or most of the time as measured by four factors: they talk together about what to do, work together to solve the problem, know they have strengths to draw on, and stay hopeful even in difficult times. The rates of parental resiliency in the state mirror the nationwide average.

FIGURE 58: Alaska families report the same levels of resiliency as national rates

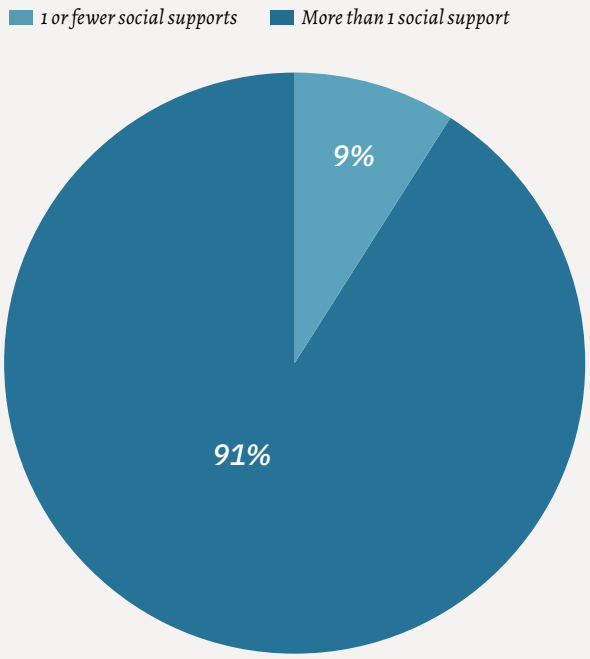


National Survey of Children's Health, 2017-2018 combined

Social connections also play an important part in a family's functioning and their ability to get through difficult times. Social connections provide parents with emotional, informational, instrumental, and spiritual support, providing a sense of security and empowerment. This has a demonstrated association with positive parental mood, positive perceptions of and responsiveness to one's children, parental satisfaction and sense of competence, and lower levels of anger, anxiety, and depression.[214]

Among Alaska mothers of three-year-olds in 2017, 91% reported having two or more social supports in their lives. These include: someone to talk to, someone to take them to the clinic when needed, someone to help them when they're sick, and someone to loan them money.

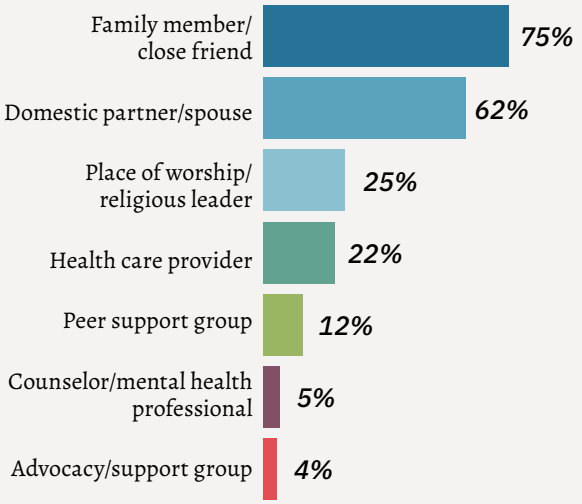
FIGURE 59: Most mothers of 3-year-old children report they have two or more social supports



Childhood Understanding Behaviors Survey, 2017

Parents of young children can receive emotional support from many different people in their lives. Among parents of children under the age of six, three-quarters report they receive emotional support from family members and/or close friends, while just over 60% say they receive emotional support from their spouse/domestic partner. More than four times as many parents report that they receive emotional support from their health care provider than from a mental health professional.

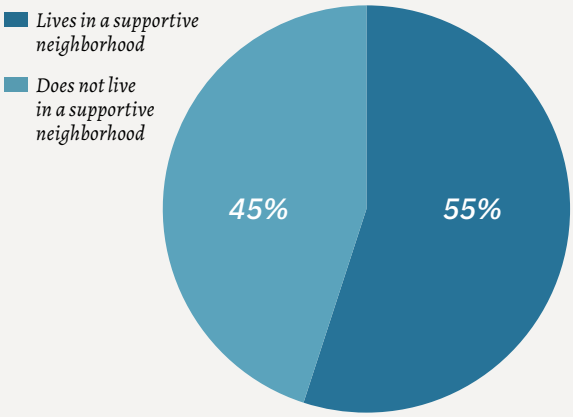
FIGURE 60: Parents of children under age 6 are most likely to receive emotional support from family members and/or close friends



National Survey of Children's Health, 2017-2018 combined

The supportive environment of the community that a family lives in – or lack thereof – also plays a role in a parent's sense of social support. Among parents of children under the age of six, just over half reported that they live in a supportive neighborhood. This is defined as a neighborhood in which people help each other out, watch out for each other's children, and know where to go for help in the community when they encounter difficulties.[215]

FIGURE 61: More than half of Alaska parents of children under age 6 live in supportive communities



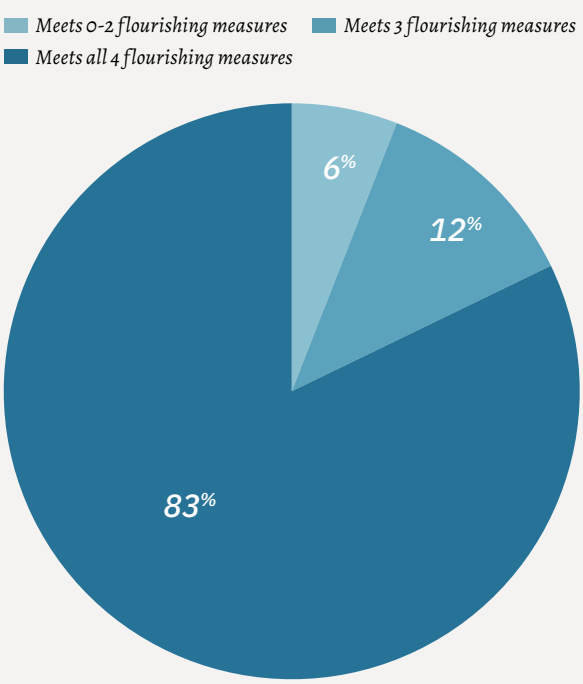
National Survey of Children's Health, 2017-2018 combined

Child Social-Emotional Health Development

Recent research has demonstrated a strong linkage between a young child's social-emotional competence, and their cognitive development, language skills, mental health, and school success.[216]

In Alaska, 83% of all children between six months and five years of age are flourishing. Flourishing is an indicator developed by the National Survey of Children's Health that is based on four measures: how often the child (1) is affectionate and tender, (2) bounces back quickly when things do not go their way, (3) shows interest and curiosity in learning new things, and (4) smiles and laughs.[217] Children who display these behaviors always or most of the time are considered to be flourishing.

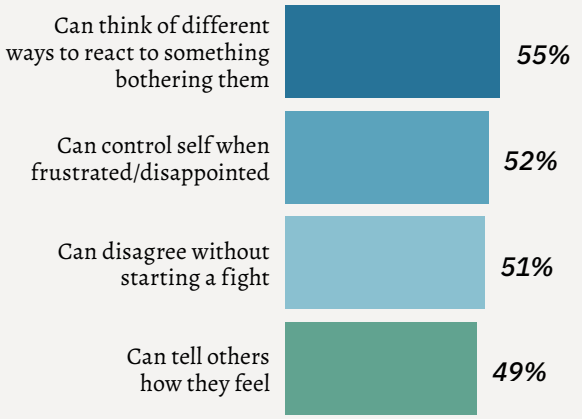
FIGURE 62: Most Alaska children under age 5 are flourishing



National Survey of Children's Health, 2018
**total in graph greater than 100% due to rounding*

One sign of social and emotional competence is a child's ability to express their emotions to others. About half of third grade students in the state report that they are able to handle difficult emotions and interactions in positive ways.

FIGURE 63: About half of Alaska 3rd graders report social-emotional skills



School Climate and Connectedness Survey, 2019

Knowledge of Parenting & Child Development

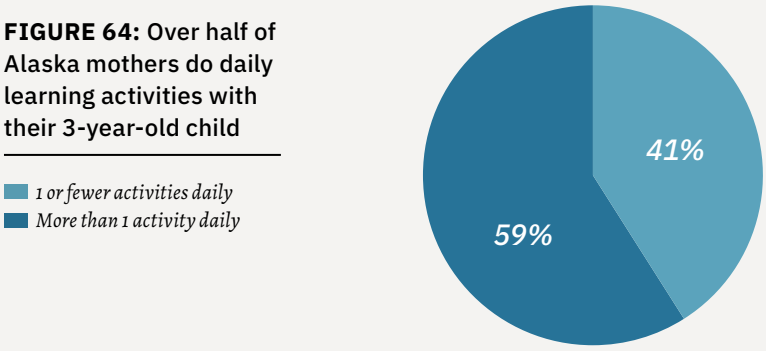
A parent's understanding of child development and parenting methods that support positive development is an important part of raising a healthy and successful child.

In Alaska, there are several home visiting programs aimed at improving parents' knowledge of child development and parenting practices. Home visiting programs are typically directed towards at-risk families in order to increase parent understanding and reduce risk factors. Developmental screenings are another tool to teach parents and caregivers about child development.

Early Childhood Education Activities

Early childhood education activities contribute to how ready a child is when they enter kindergarten and continue through the school system. In 2017, over half (59%) of Alaska mothers of three-year-olds reported engaging in more than one early childhood education activity with their child on a daily basis. These activities include: singing/saying rhymes, reading a book with their child, counting/number games, and building or making things with their child.

FIGURE 64: Over half of Alaska mothers do daily learning activities with their 3-year-old child



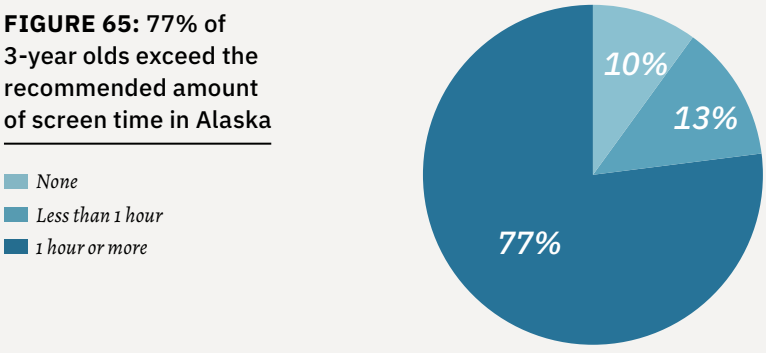
Childhood Understanding Behaviors Survey, 2017

Screen Time

According to American Association of Pediatrics' (AAP) policy statement, children birth to age five should be limited in their digital media use to no more than one hour per day.[218] This includes television shows, videos, movies, and video games. According to the policy statement, risks of too much screen time include obesity, poor sleep, and cognitive, language, and social-emotional delays.

In Alaska, over three-quarters of mothers of three-year-olds reported in 2017 that their child has one hour or more of screen time in a given day.

FIGURE 65: 77% of 3-year olds exceed the recommended amount of screen time in Alaska



Childhood Understanding Behaviors Survey Queryable Dataset, 2017, Alaska Department of Health and Social Services, Division of Public Health, http://ibis.dhss.alaska.gov/, accessed December 2019

Concrete Support in Times of Need

Access to concrete support and services helps a family address their needs and minimize stress caused by challenges. This includes being resourceful, knowing about relevant services available, understanding one's rights in accessing services, navigating through service systems, and having financial security to cover basic needs and unexpected costs.[219]

Several federal programs provide benefits to low-income children, adults and families. These include Temporary Assistance for Needy Families (TANF) which provides cash assistance, the Child Care Assistance Program (CCAP) which provides reimbursement for qualified child care expenses, Supplemental Nutrition Assistance Program (SNAP) which provides benefits to purchase food, and Women, Infants and Children (WIC) which provides specific foods for pregnant women and children under five. The caseloads reported below can be an individuals, siblings or other family units. This does not include Tribal TANF or Tribal CCDF.

TABLE 4: Assistance program average monthly caseloads and benefits

Assistance Program	Avg. Monthly Caseload	Avg. Monthly Benefits	Percent of Avg. Monthly Recipients Under Age 5
TANF	2,518	$1,643,861	23%
CCAP	1,925	$1,506,224	60%
SNAP	35,694	$14,620,799	12%
WIC	11,988	$1,068,872	--

Alaska Division of Public Assistance Summary Reports, FY 19

SNAP is the most highly utilized federal assistance program in the state, with more than twice the average monthly caseloads of all other programs combined. It also has slightly increased in average monthly caseloads since FY 2015 by 2%. However, it has dropped by 15% between FY 2018 and FY 2019.

TANF and CCAP caseloads have both declined since FY 2015. CCAP is the least-utilized program, which may in part be due to the limited number of licensed child care facilities in some regions of the state, particularly in the Northern and Southwest regions. Nationally, CCAP is underutilized, and it is estimated that only 8% of eligible Alaskan families use the benefit.[220] The CCAP average monthly caseload has dropped by 28% since 2015, which may be due to regulatory changes in approved providers, although the exact reasons are unknown. For TANF, reasons for the 21% decline since FY 2015 are unknown. Both SNAP and TANF have national caseload trends that have also declined in recent years.[221,222]

FIGURE 66: SNAP average monthly caseloads in Alaska have increased by 2% since 2015

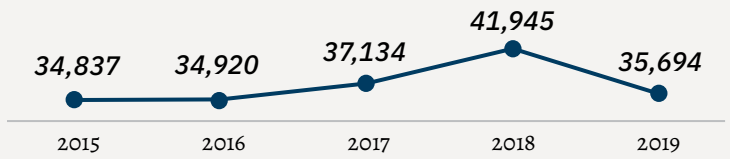


FIGURE 67: TANF average monthly caseloads in Alaska have declined 21% since 2015

FIGURE 68: CCAP average monthly caseloads in Alaska have declined 28% since 2015

Alaska Division of Public Assistance Summary Reports, FY 19

Medicaid also provides access to needed health care for families and children. In FY 2018, 55,379 young children were covered by Medicaid insurance in the state, accounting for 59% of children in this age group. In addition, over 11,000 pregnant and postpartum women were also covered by Medicaid. Medicaid spending for these groups totaled $368 million during this time period.

TABLE 5: Medicaid spending and number served in FY 18

Medicaid Program	Number Served	Total Spending
Medicaid CHIP: Children 0-8	6,586	$15,173,700
Medicaid Title XIX: Children 0-8	48,793	$277,750,328
Medicaid Title XIX: Pregnant & Postpartum women	11,375	$75,063,015

Alaska Department of Health and Social Services, Medicaid Allocation and Audit Services, FY 2018

School Readiness & Success

> *Babies are born learning. A child's academic success in school is based on strong foundations in literacy, language, thinking, communications, and social-emotional development that starts at birth. The care that children receive, whether from family, neighbors, or early childhood education professionals, impacts their basic development of biological processes that support emotional regulation, sleeping patterns, attention, and psychosocial functioning.*[223]

This section explores the school readiness and academic success of Alaska children from birth to third grade. School readiness and success is explored through sets of indicators:

INDICATOR 7

Early Childhood Education

INDICATOR 8

Early Intervention

INDICATOR 9

Kindergarten Readiness

INDICATOR 10

Third Grade English Language Arts and Mathematics Proficiency

INDICATOR 7

Early Childhood Education

This indicator contains data on:

Early Childhood Education Enrollment | Barriers to Early Care

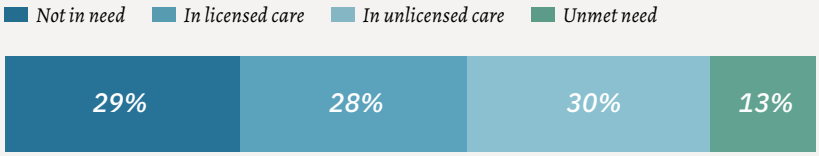
Early childhood education plays an important role in a child's development as well as their academic achievement and success later in life. Further, early childhood education programs and services can support a family's economic stability by allowing parents to work rather than stay home with their child.[224]

Alaska has a mixed delivery system of early childhood education for children, which includes public preschool, Head Start, Early Head Start, and center-based care. Public preschool is available in many districts but is not universally available in the state. Whether a child attends early childhood education programs can be influenced by many factors including availability and affordability of care, as well as personal circumstance and preference.

Early Childhood Education Enrollment

The need for child care is met for the majority of young children in the state, although more than one in 10 children still have an unmet need. This rate varies greatly across regions in the state, as explored in Section IV.

FIGURE 69: Less than 30% of Alaska children (age 0-5) are in licensed child care



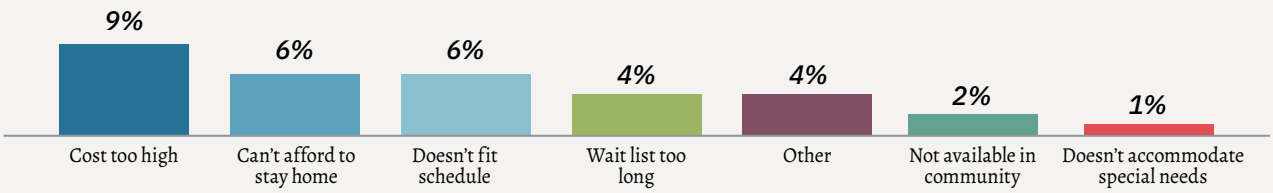
Alaska's Early Care and Learning Data Dashboard

Barriers to Early Care

Within Alaska, there are several barriers that keep families from using their preferred form of early care. Among mothers of three-year-old children, 18% reported between 2015 and 2017 that they would prefer a different form of child care.[225] **The most commonly experienced barrier to preferred care is high cost of the service.**

At the regional level, between 2015 and 2017 the high cost of preferred care was the most commonly reported barrier among mothers in Anchorage (13%), Gulf Coast (5%), Interior (9%), and Mat-Su (8%) regions. In Southeast the most common barrier reported was inability to afford staying home (13%), followed closely by the high cost of care (10%). In the Northern and Southwest regions, a lack of availability of care in their community was the most common barrier, reported by 11% and 8% of mothers, respectively.

FIGURE 70: The most commonly reported child care barriers are economical



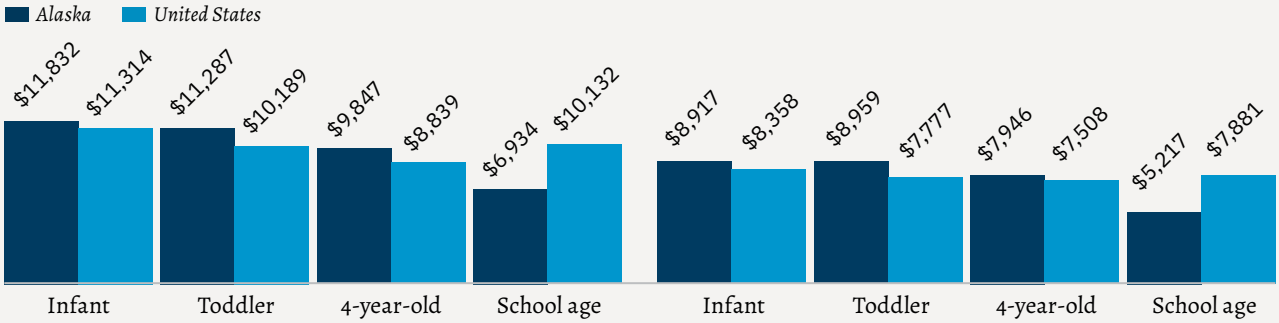
Childhood Understanding Behaviors Survey Queryable Dataset, 2015-2017 combined, Alaska Department of Health and Social Services, Division of Public Health, http://ibis.dhss.alaska.gov/, accessed December 2019

Cost of Care

At the national level, the high cost of early childhood education programs makes services inaccessible.[226] In 2018, the average annual cost of care for a child under the age of five was $11,832 for center-based care and $8,917 for home-based care.[227] The cost was higher in Alaska than the nation as a whole for all age groups except school-age children, both in licensed centers and home-based care settings.

Nationally the average married-couple family pays 11% of their income for child care every year and single-female household families pay 37% of their annual income.[228] In Alaska, married-couple families pay 9%-12% of their income in care, while single parent families pay 27%-34% of their income.[229]

FIGURE 71: Child care is more expensive in Alaska than nationally for all age groups except school-age children



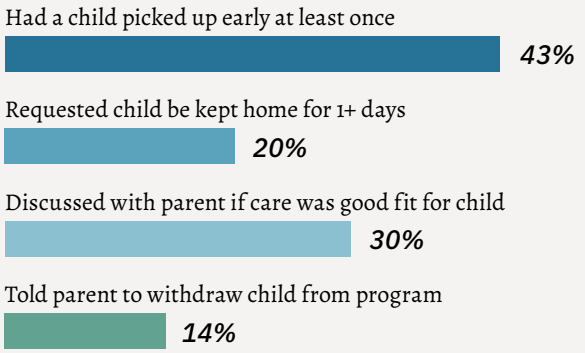
Childcare Aware of America, The U.S. and High Cost of Child Care Report, 2018

Early Care Expulsions

Expulsion from early childhood education settings have major impacts on children and their families. Parents are more likely to take time off from work to find new care alternatives, and children are ten times more likely to experience academic failure, be held back a grade, hold a negative attitude about school, drop out of high school and face incarceration.[230]

According to a recent study completed by thread, more than four out of ten teachers in early childhood education programs had suspended a child from care for the day in the past year at least once due to difficult behavior, and two out of ten had requested to the parents that a child stay home for at least one day. Suspensions include isolating a child from their peers or removal from the classroom, as well as short-term time restrictions on child's attendance, or short-term removal from the program. Expulsions, including permanent removal of a child from the program, or encouraging a family to withdraw their child voluntarily, were less common. However, just under one-third of teachers reported that they had discussed with a child's parents whether the program was a good fit for their child due to difficult behavior, and 14% had expelled a child from the program due to behavior.

FIGURE 72: More than four in ten early childhood professionals have suspended a child at least once, and more than one in ten has had a child expelled



Suspension and Expulsion in Early Learning Programs in Alaska, thread, 2018

A recent study on expulsion and suspension of children in early childhood education programs in Alaska found that higher rates of expulsion and suspension were related to higher rates of teacher stress and inability to fully meet the needs of children. Training early childhood professionals on how to deal with children with difficult behavior can help reduce teacher stress and thus reduce the rate of suspension and expulsion of children in early childhood education programs. For more information about Alaska's early childhood system workforce and professional development, please refer to page 33 of this report.

INDICATOR 8

Early Intervention

This indicator contains data on:

- IDEA Part C: Early Intervention Services
- IDEA Part B: Special Education

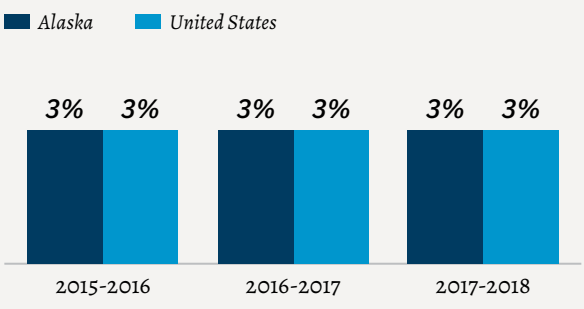
In the U.S. about one in every six children has a developmental disability.[231] Through developmental screening and monitoring of children, parents and care providers can identify delays and disabilities early on and provide children with the services and supports they need to function at their highest potential. The federal government mandates that all states must have policies and procedures in effect to identify, locate, and evaluate children with disabilities in order to provide appropriate services.[232] This mandate is referred to as Child Find. Through the Individuals with Disabilities Education Act (IDEA), enacted in 1986, children are provided with free public education to enhance brain development and minimize potential developmental delay. IDEA helps to improve child development outcomes that are critical to educational success, and therefore overall success in adulthood.[233]

IDEA Part C: Early Intervention Services

Through IDEA Part C, children birth to age two can receive early intervention services. Once a child turns three, they can be served through IDEA Part B if services are still warranted. IDEA Part C early intervention services are provided in Alaska through the Infant Learning Program (ILP) partner agencies.

Statewide, there are 19 ILP agencies that serve 335 provider locations.[234] In 2019, 3,291 children birth to age two were served in 155 communities throughout the state.[235] Not all children who are served will end up enrolled in an ILP program. Many children and families who are referred receive an evaluation, an assessment or other assistance from program staff. In many locations, there is not an office location for families to visit, but rather an itinerant service provider who visits the communities to meet with families and provide services.

FIGURE 73: Alaska children enroll in IDEA Part C at the same rate as children nationally



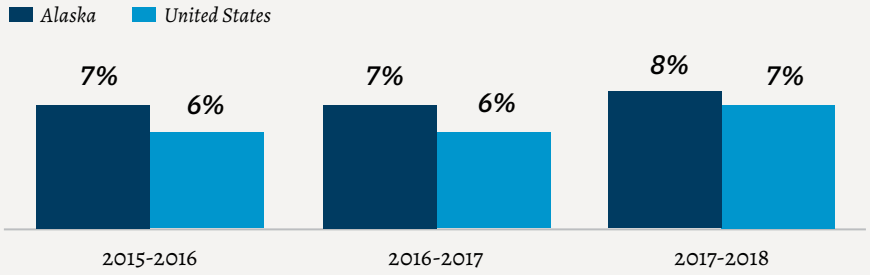
U.S. Department of Education 39th/40th/41st Annual Report on Individuals with Disabilities Education Act

Three percent of all Alaska children birth to age two are enrolled in early intervention services, equal to the national rate.

IDEA Part B: Special Education

IDEA Part B provides special education and related services to children from three years of age to 21, including preschool for three-to-five-year-old children, prior to school entry. Eight percent of three-to-five-year-old children in Alaska were enrolled in IDEA Part B special education services in the 2017-2018 school year. This rate has changed little in recent years and is just 1% higher than the national rate.

FIGURE 74: Alaska children enroll in IDEA Part B (age 3-5) at a rate similar to children nationally



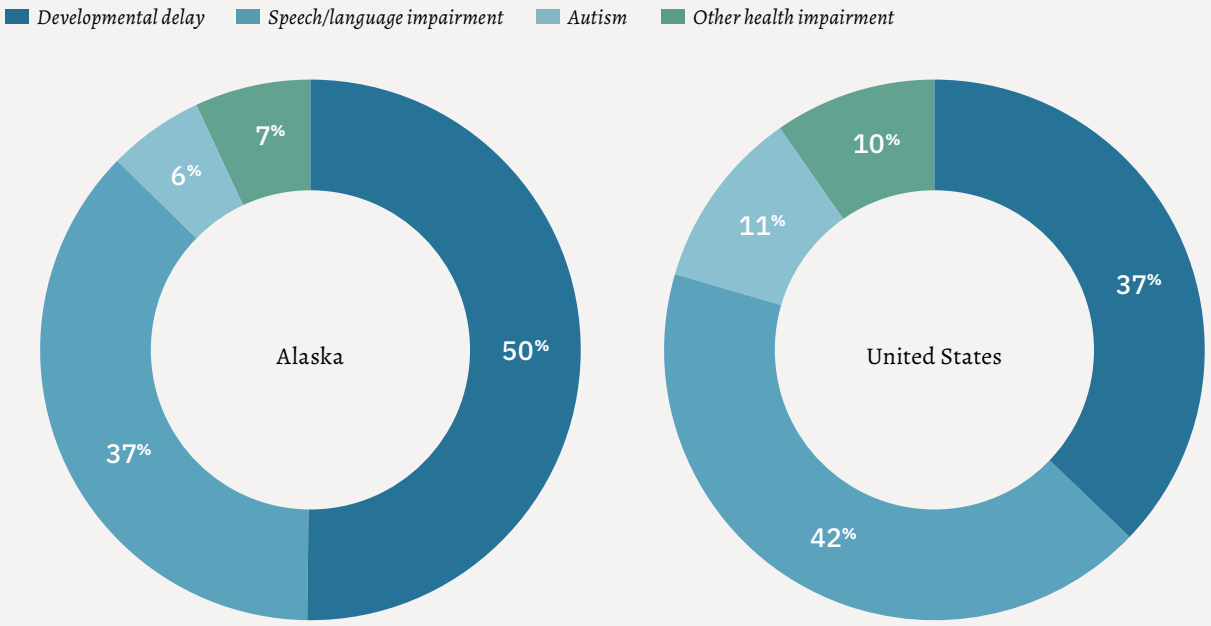
U.S. Department of Education 39th/40th/41st Annual Report on Individuals with Disabilities Education Act

Type of Disability

Children can be enrolled in IDEA Part B special education for a variety of disabilities, including both cognitive and physical impairments. Half of all children who receive IDEA Part B services in Alaska have a developmental delay, 13% higher than the national level.

"Other health impairment" includes disabilities that were reported for 1% or less of all children served in IDEA Part B. These include: hearing, orthopedic, cognitive, or visual impairment, specific learning disability, multiple disabilities, emotional disturbance, deaf/blindness, traumatic brain injury, and other impairments not otherwise specified.

FIGURE 75: IDEA Part B enrollment patterns for young children (age 3-5) in Alaska differ from national



U.S. Department of Education 41st Annual Report on Individuals with Disabilities Education Act ; Alaska Department of Education and Early Development Special Education Child Count by Disability and Age, 2018-2019

INDICATOR 9 Kindergarten Readiness

This indicator contains data on:

- Kindergarten Transitions
- Kindergarten Readiness

The academic success of children throughout their life is highly impacted by their readiness for kindergarten when they start school.[236] Kindergarten readiness involves not only academic preparation but emotional and social preparedness as well, such as regulating emotions and behaviors, concentrating on one's work and using logical thinking, and getting along with peers.[237]

Kindergarten Transitions

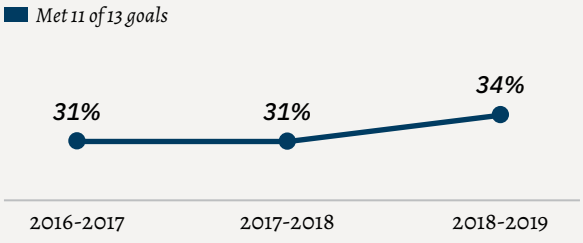
The transition to kindergarten is a big shift for young children and their families; they are introduced to a new environment with new expectations and patterns. This transition time can be difficult for some families, especially underserved and vulnerable families, putting the children at a disadvantage when they begin school.

The state currently has no formal requirements or systems in place to support this transition period, except for children who are enrolled in IDEA Part C services and eligible to receive IDEA Part B services.[238] A major barrier to supportive transitions in the state is the lack of availability of substitute teachers, and a lack of funding for these positions to manage classrooms in order for teachers to meet, make plans, and coordinate actions.[239]

Kindergarten Readiness

Alaska uses the Alaska Developmental Profile (ADP) to measures kindergarten readiness. The ADP is an observational assessment used by kindergarten teachers within the first six weeks of school to assess children across thirteen indicators and five domains of the Early Learning Guidelines.[240] A child with a score of "2" on 11 of 13 indicators is considered ready for kindergarten.[241]

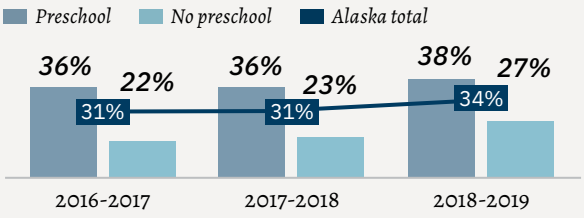
FIGURE 76: Only one-third of Alaska students are starting kindergarten "ready"



Alaska Department of Education and Early Development, Developmental Profile 2016-2017 / 2017-2018 / 2018-2019

Preschool attendance impacts a child's kindergarten readiness; those who attend preschool are around 10% more likely to be kindergarten ready than those who do not. This is a parent's report of preschool attendance and is not an indication of dosage or quality of their preschool experience.

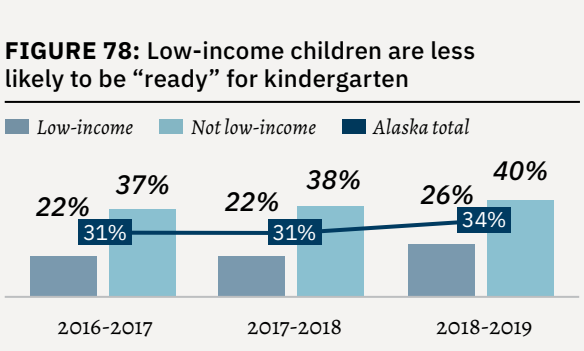
FIGURE 77: Children who attend any preschool are more likely to be "ready" for kindergarten



Alaska Department of Education and Early Development, Developmental Profile 2016-2017 / 2017-2018 / 2018-2019

Low-income status also impacts a child's kindergarten readiness. Children who are from low-income families are 14% less likely to be ready for kindergarten than those who are not.

FIGURE 78: Low-income children are less likely to be "ready" for kindergarten



Alaska Department of Education and Early Development, Developmental Profile 2016-2017 / 2017-2018 / 2018-2019

INDICATOR 10

Third Grade English Language Arts and Mathematics proficiency

This indicator contains data on:

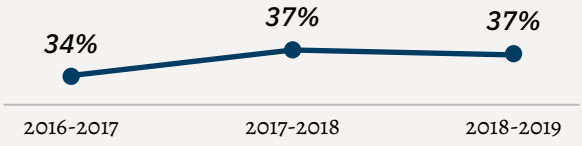
English Language Arts Proficiency | Mathematics Proficiency

In the third grade, students are administered their first Performance Evaluation for Alaska's Schools (PEAKS) exam in English Language Arts (ELA) and Mathematics. Achieving literacy by third grade is correlated with high graduation rates and post-secondary success.[242] Achievement in mathematics builds foundational competencies for children and is a strong indicator of later success not only in math, but in reading and language skills as well.[243]

English Language Arts Proficiency

In Alaska, just under 40% of third grade students are advanced or proficient in English Language Arts. In 2019 DEED was awarded a federal grant of $20 million to improve third grade literacy in order to support the department's goal of having all students reading at grade level by third grade, as outlined in their strategic plan.[244]

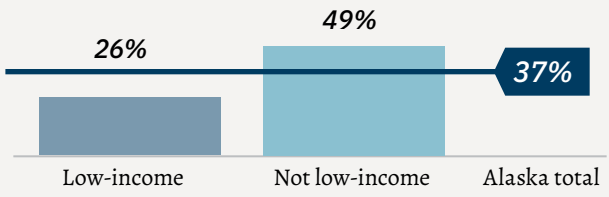
FIGURE 79: Just over one-third of Alaska 3rd graders are proficient on the ELA assessment



Alaska Department of Education and Early Development Performance Evaluation for Alaska Schools 2016-2017 / 2017-2018 / 2018-2019

The economic status of a student has a strong impact on their third grade ELA proficiency. Students who are from low-income families are half as likely to be proficient as their peers who are not.

FIGURE 80: Alaska 3rd grade students' ELA proficiency is strongly impacted by their economic status

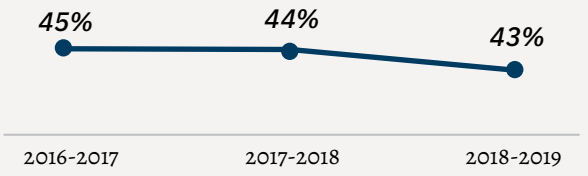


Alaska Department of Education and Early Development, Performance Evaluation for Alaska's Schools, 2018-2019

Mathematics Proficiency

Alaska third graders score slightly higher in Mathematics proficiency than in ELA proficiency. Roughly four in ten children are advanced or proficient in this subject.

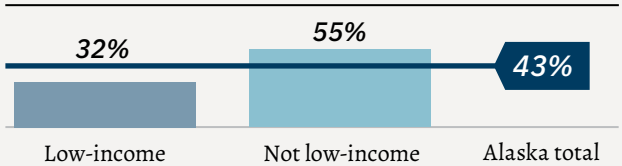
FIGURE 81: Just over four in ten Alaska 3rd graders are proficient on the Mathematics assessment



Alaska Department of Education and Early Development Performance Evaluation for Alaska Schools 2016-2017 / 2017-2018 / 2018-2019

Similar to ELA proficiency, Alaska third grade students' proficiency in Mathematics is strongly impacted by their economic status. While one-third of low-income students were proficient in Mathematics, over half of their non-low-income peers were proficient.

FIGURE 82: Alaska 3rd grade students' Mathematics proficiency is strongly impacted by their income status



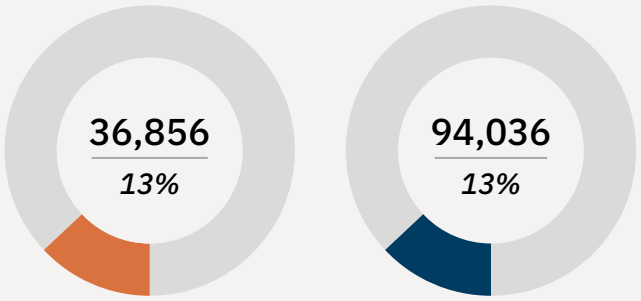
Alaska Department of Education and Early Development, Performance Evaluation for Alaska's Schools, 2018-2019

SECTION IV: Regional Profiles

Early Childhood Regional Profile: ANCHORAGE

The Municipality of Anchorage covers 1,700 square miles and has the highest population of any region in the state of Alaska, with 294,488 residents. The Anchorage area includes the communities of Anchorage, Chugiak, Eagle River, Eklutna, Indian and Girdwood The area is home to the Dena'ina Athabascan people and one federally recognized Alaska Native tribe. Just under 40% of all young children in Alaska live in the Anchorage area.

POPULATION (AGE 0-8)



Anchorage | Alaska

Alaska Department of Labor, Population Estimates, 2018

POVERTY RATE

Anchorage *Alaska*

	Population Age 0-17	All Residents
Anchorage	12%	8%
Alaska	14%	10%

U.S. Census American Community Survey 2017

Residents in the Anchorage area have a lower poverty rate than the state, although children in the region are slightly above the state rate. **The Anchorage area has greater racial and ethnic diversity among children age 0-8 than at the state level, and is the most diverse of any region.**

RACE/ETHNICITY OF CHILDREN (0-8)*

Anchorage *Alaska*

	Anchorage	Alaska
White	56%	58%
Alaska Native/ American Indian	16%	24%
Asian	12%	8%
Hispanic (any race)	12%	9%
Black	11%	7%
Native Hawaiian/Pacific Islander	4%	3%

*Alaska Department of Labor 2018 Population Estimates *Categories not mutually exclusive*

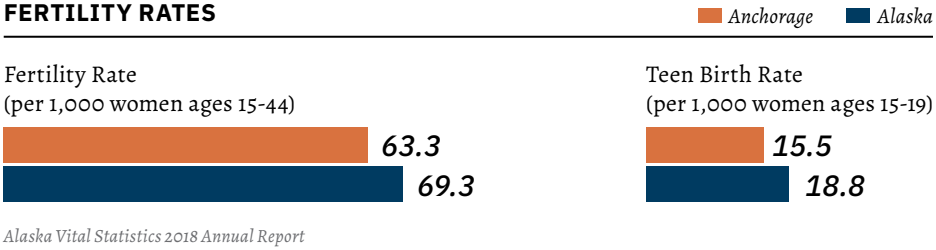
BABIES

The Anchorage area has a birth rate and teen birth rate slightly below the state average, and both rates have decreased slightly in recent years, mirroring state and national trends. A mother's likelihood of receiving adequate prenatal care, and of having pre-term and low birth weight babies in the region is similar to statewide averages.

In 2018, mothers in Anchorage gave birth to 4,110 babies

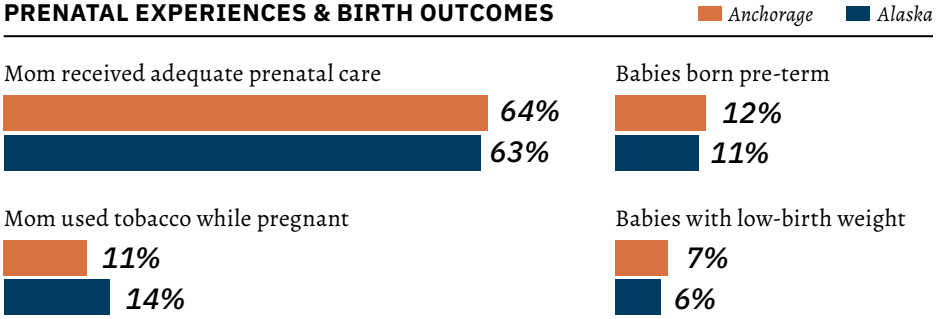
Alaska Vital Statistics 2018 Annual Report

FERTILITY RATES



Alaska Vital Statistics 2018 Annual Report

PRENATAL EXPERIENCES & BIRTH OUTCOMES

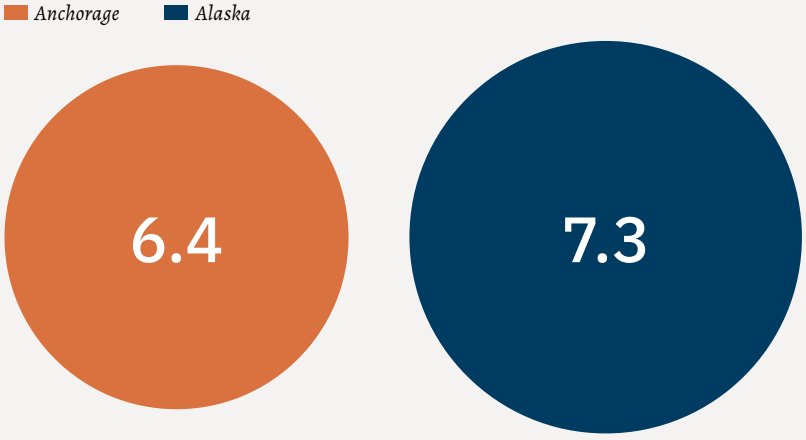


Alaska Vital Statistics 2018 Annual Report

CHILD SAFETY & CHILD MALTREATMENT

The Anchorage area has the second lowest rate of substantiated reports of maltreatment for young children in the state, and is below the state rate. The rate of out-of-home placement of children by the Office of Children's Services in the region is just above the state rate. **Young children (ages 0-8) account for 66% of all children in the region with a substantiated report of maltreatment, and 61% of all children in out-of-home placement.** The mortality rate for young children age 0-4 is also below the statewide rate.

UNDER AGE 5 CHILD DEATH RATE PER 1,000 LIVE BIRTHS, 2016-2018



Alaska Vital Statistics 2018 Annual Report

	Number of children (0-8)	Prevalence (per 1,000 children ages 0-8)	Alaska Prevalence (per 1,000 children ages 0-8)
Substantiated Reports of Harm	655	17.8	19.9
Out-of-home placement	1,067	29.0	25.8

Alaska Department of Health and Social Services, Office of Children's Services, FY 2019

MEDICAID COVERAGE

Over half (56%) of all young children ages 0-8 (20,578) in the Anchorage region are covered by Medicaid health insurance. During state fiscal year 2018, over 4,000 pregnant and postpartum women in Anchorage were covered by Medicaid Title XIX. Medicaid spending on Anchorage residents was $135.8 million, accounting for 37% of total spending in the state during this time period.

Medicaid Program	Number Served	% of 0-8 Population Served	Total Funding (State & Federal)	Percent of Total Funding in Alaska
Medicaid CHIP: children 0-8 population	2,516	7%	$6,020,004	40%
Medicaid Title XIX: children 0-8	18,062	49%	$103,170,654	37%
Medicaid Title XIX : Pregnant & Postpartum	4,023	--	$26,585,436	35%

Alaska Department of Health and Social Services, Medicaid Allocation and Audit Services, FY 2018

FAMILY SUPPORTS

Several federal programs provide benefits to low-income children, adults and families. These include Temporary Assistance for Needy Families (TANF) which provides cash assistance, the Child Care Assistance Program (CCAP) which provides reimbursement for qualified child care expenses, Supplemental Nutrition Assistance Program (SNAP) which provides food benefits and Women, Infants and Children (WIC) which provides specific foods for pregnant women and children under five.

TANF, CCAP, and SNAP provide people in the Anchorage Municipality with a monthly average of $5.7 million in benefits, accounting for 30% of all spending for the programs in the state. **Nearly two-thirds of all CCAP spending is in the Anchorage area.** The caseloads reported below can be an individual, siblings or other family unit. This does not include Tribal TANF or Tribal CCDF spending.

Assistance Program	Avg. Monthly Regional Caseload (All Ages)	Avg. Monthly Regional Benefits (All Ages)	Percent of Avg. Monthly Caseloads in Alaska
TANF	1,208	$763,238	48%
CCAP	1,231	$740,205	64%
SNAP	13,430	$4,175,960	38%
WIC	3,589	--	30%

Alaska Department of Public Assistance Summary Reports, State Fiscal Year 2019

EARLY INTERVENTION SERVICES

The Infant Learning Program (ILP) provides additional early intervention services for children age 0-2 who are experiencing a delay. Two agencies provide services in the Anchorage region: Family Outreach Center for Understanding Special Needs and Programs for Infants and Children.

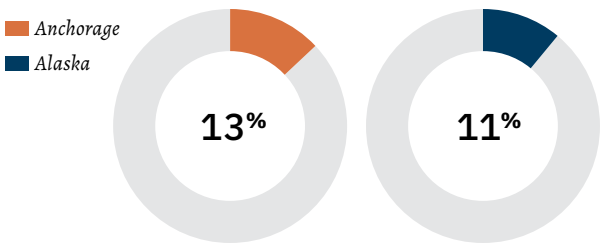
INFANT LEARNING PROGRAM *Anchorage Region*

Number children (age 0-2) served	1,229
% of statewide total	37%

Alaska Department of Health and Social Services, Infant Learning Program Report on Communities Served, FY 18

MATERNAL DEPRESSION

The prevalence of maternal depression in the Anchorage area is greater than the statewide average by 2%. Thirty-three percent of mothers in Anchorage reported a health care professional discussing depression or how they are feeling with them.



Alaska Childhood Understanding Behaviors Survey, 2017-2018

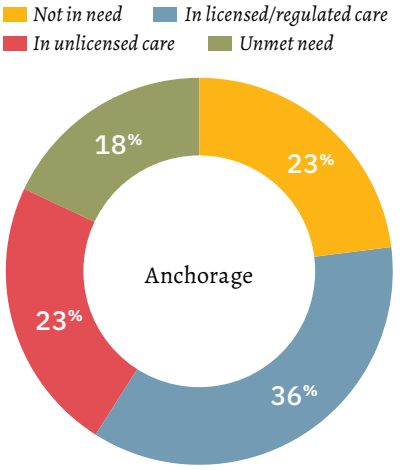
EARLY CHILDHOOD EDUCATION OPPORTUNITIES

The Anchorage area has the most child care capacity in the state. Of the 252 licensed early care facilities within the Anchorage Municipality, 222 (88%) accept CCAP vouchers. **Eighty-four licensed facilities in the region participate in Learn & Grow, the state's Quality Rating & Improvement System for early care.** Head Start/Early Head Start (EHS) and School District Pre-K programs provide additional early learning opportunities, although not all children are served in a classroom setting. thread estimates 23% of children age 0-5 are in unlicensed care, which can include family, friends, and neighbors, and 18% still have an unmet need for care.

Census Area	Licensed Child Care		Head Start /EHS		School District Pre-K	
	No. of Sites	*Capacity*	*No. of Sites*	*No. Served*	*No. of Schools with Pre-K*	*No. Served*
Anchorage Region	252	9,756	13	691	44	923
Alaska	496	17,931	121	3,288	246	3,754
% of Statewide	51%	54%	11%	21%	18%	25%

Alaska Department of Health and Social Services, Child Care Facilities Database, 2019; Alaska Head Start Association Center Locator, 2019; Alaska Department of Education and Early Development, Early Learning Programs, SFY 2018; OASIS Enrollment 2018-19; Head Start counts per site provided by Alaska Department of Education and Early Development using Head SFY 2018, Quarter 4 Reports

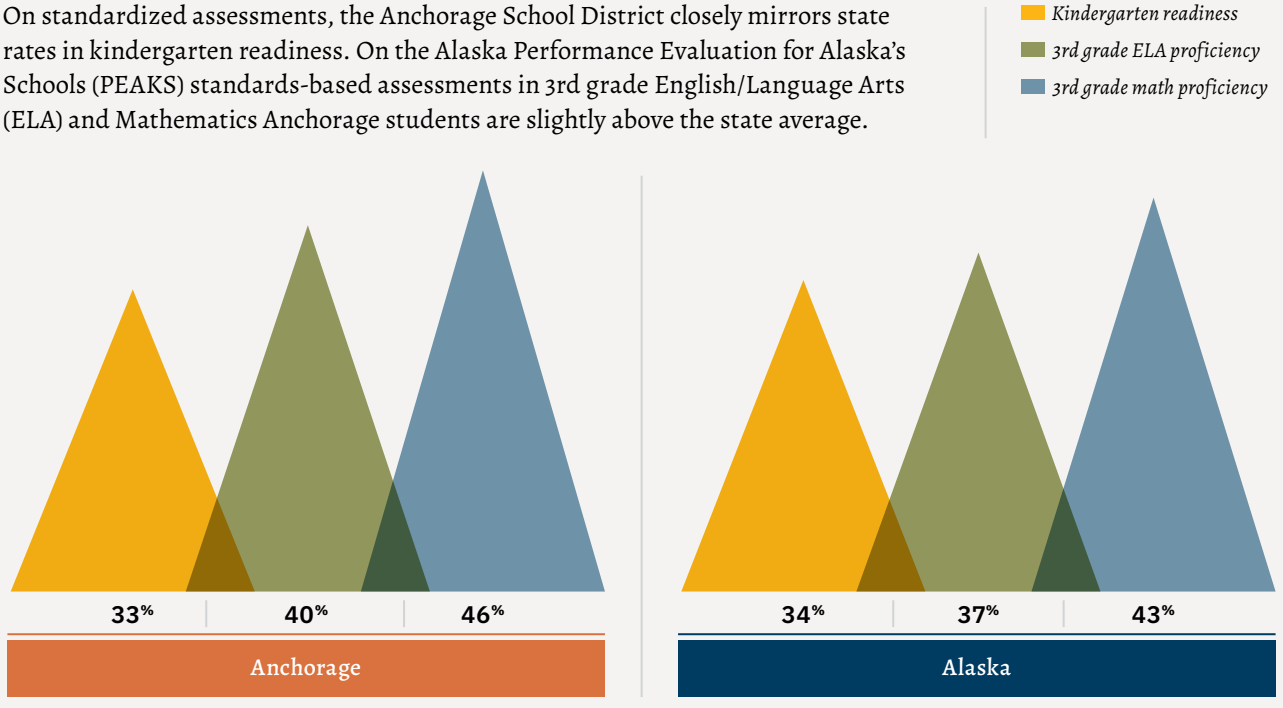
EARLY CARE NEEDS AMONG CHILDREN (0-5)



thread, Alaska Early Care and Learning Dashboard

SCHOOL READINESS & SUCCESS

On standardized assessments, the Anchorage School District closely mirrors state rates in kindergarten readiness. On the Alaska Performance Evaluation for Alaska's Schools (PEAKS) standards-based assessments in 3rd grade English/Language Arts (ELA) and Mathematics Anchorage students are slightly above the state average.



Alaska Department of Education and Early Development, Developmental Profile Assessment, 2018-19 and Performance Evaluation for Alaska's Schools, 2019.

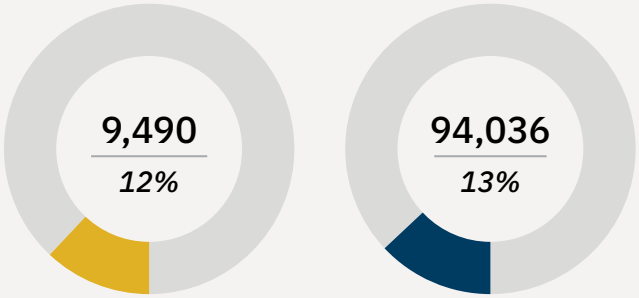
Photo Credit: Department of Commerce, Community and Economic Development; Division of Community and Regional Affairs' Community Photo Library.

Early Childhood Regional Profile:

GULF COAST

The Gulf Coast region of Alaska is made up of the Kenai Peninsula and Kodiak Island Boroughs, and the Valdez-Cordova Census Area, covering 68,687 square miles with a population of 80,806 people. The region is home to the Athabascan, Eyak and Alutiiq people and 25 federally recognized Alaska Native tribes. Ten percent of all young children (ages 0-8) in Alaska live in the Gulf Coast region.

POPULATION (AGE 0-8)



Gulf Coast Region | Alaska

Alaska Department of Labor, Population Estimates, 2018

POVERTY RATE

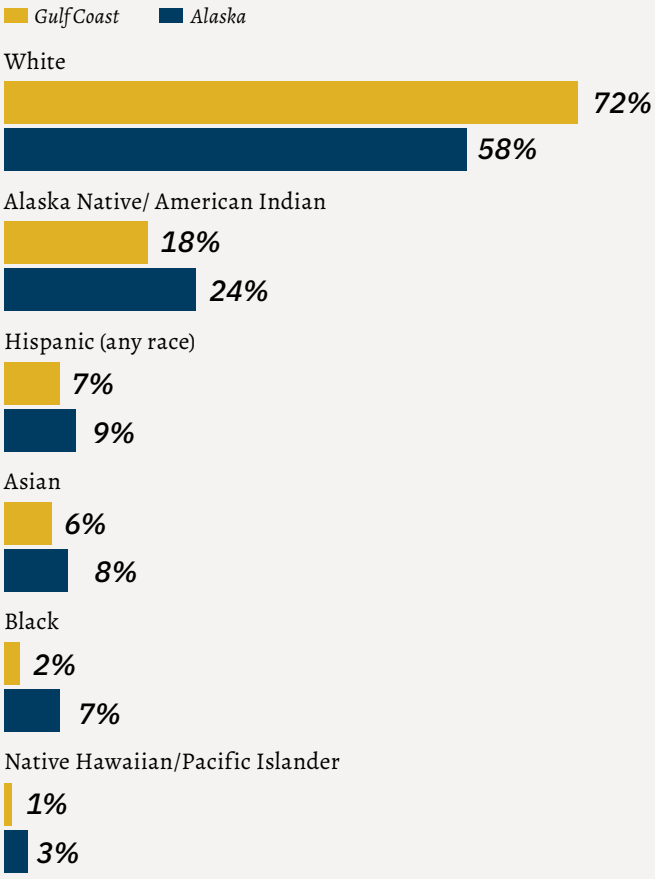
Gulf Coast *Alaska*

	Population Age 0-17	All Residents
Gulf Coast	13%	10%
Alaska	14%	10%

U.S. Census American Community Survey 2017

Residents of the Gulf Coast are equally as likely to live below the poverty level as Alaskan residents in general. Children in this region are more likely to identify as white than at the state level, and less likely to identify with other races/ethnicities.

RACE/ETHNICITY OF CHILDREN (0-8)*



Alaska Department of Labor, Population Estimates, 2018
**Categories are not mutually exclusive*

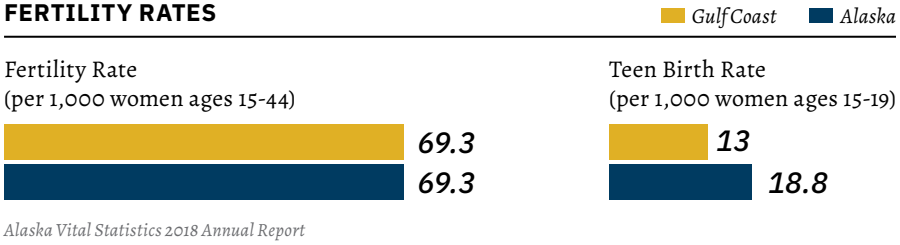
BABIES

The birth rate in the Gulf Coast mirrors the statewide rate, while the teen birth rate is below the state rate. Both rates have declined in recent years, following national and statewide trends. **Mothers in this region are slightly less likely to receive adequate prenatal care that the statewide average but are also less likely to have pre-term or low birth weight babies.**

In 2018, mothers in the Gulf Coast region gave birth to 984 babies

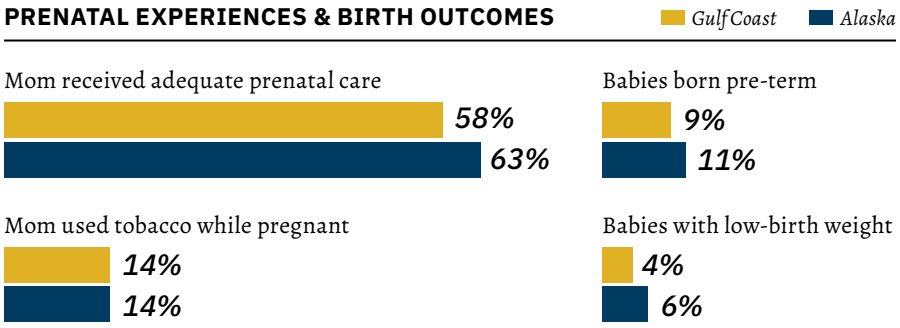
Alaska Vital Statistics 2018 Annual Report

FERTILITY RATES



Alaska Vital Statistics 2018 Annual Report

PRENATAL EXPERIENCES & BIRTH OUTCOMES

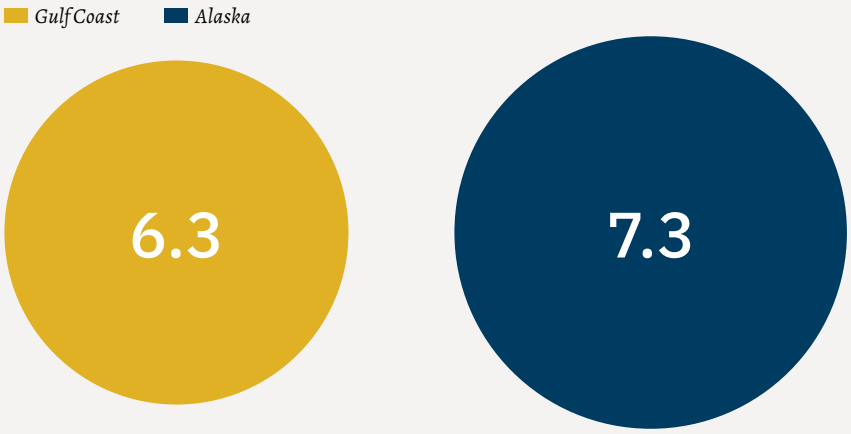


Alaska Vital Statistics 2018 Annual Report

CHILD SAFETY & CHILD MALTREATMENT

The Gulf Coast region has a slightly higher rate of substantiated reports of maltreatment for young children (0-8) than the statewide rate, and a rate of out-of-home placement of children by the Office of Children's Services that mirrors the state rate. **Young children (ages 0-8) account for 67% of all children in the region with a substantiated report of maltreatment, and 61% of all children in out-of-home placement.**

UNDER AGE 5 CHILD DEATH RATE PER 1,000* LIVE BIRTHS, 2016-2018



Alaska Vital Statistics 2018 Annual Report
**Gulf Coast rate based on fewer than 20 events and should be interpreted with caution.*

	Number of children (0-8)	Prevalence (per 1,000 children ages 0-8)	Alaska Prevalence (per 1,000 children ages 0-8)
Substantiated Reports of Harm	197	20.8	19.9
Out-of-home placement	245	25.8	25.8

Alaska Department of Health and Social Services, Office of Children's Services, FY 2019

MEDICAID COVERAGE

More than half (56%) of young children ages 0-8 (5,304) in the Gulf Coast are covered by Medicaid health insurance. During State Fiscal Year 2018, over 1,000 pregnant and postpartum women in the region were covered by Medicaid Title XIX. Medicaid spending for Gulf Coast recipients was $33.4 million, accounting for 9% of total spending in the state during this time period.

Medicaid Program	Number Served	% of 0-8 Population Served	Total Funding (State & Federal)	Percent of Total Funding in Alaska
Medicaid CHIP: children 0-8 population	786	8%	$1,963,543	13%
Medicaid Title XIX: children 0-8	4,518	48%	$24,551,653	9%
Medicaid Title XIX : Pregnant & Postpartum	1,109	--	$6,919,414	9%

Alaska Department of Health and Social Services, Medicaid Allocation and Audit Services, FY 2018

FAMILY SUPPORTS

Several federal programs provide benefits to low-income children, adults and families. These include Temporary Assistance for Needy Families (TANF) which provides cash assistance, the Child Care Assistance Program (CCAP) which provides reimbursement for qualified child care expenses, Supplemental Nutrition Assistance Program (SNAP) which provides food benefits and Women, Infants and Children (WIC) which provides specific foods for pregnant women and children under five.

TANF, CAAP, and SNAP provide people in the Gulf Coast region with a monthly average of $1.4 million in benefits, accounting for 8% of all spending for these programs in the state. The caseloads reported below can be an individual, siblings or other family unit. This does not include Tribal TANF or Tribal CCDF spending.

Assistance Program	Avg. Monthly Regional Caseload (All Ages)	Avg. Monthly Regional Benefits (All Ages)	Percent of Avg. Monthly Caseloads in Alaska
TANF	282	$175,693	11%
CCAP	222	$163,643	12%
SNAP	3,585	$1,076,024	22%
WIC	1,071	--	9%

Alaska Department of Public Assistance Summary Reports, FY 19

EARLY INTERVENTION SERVICES

The Infant Learning Program (ILP) provides additional early intervention services for children age 0-2 who are experiencing a delay. Five agencies provide services in the Gulf Coast Region: Family Outreach Center for Understanding Special Needs, Frontier Community Services, Kodiak Area Native Association, Programs for Infants and Children, SeaView Community Services, and Sprout Family Services.

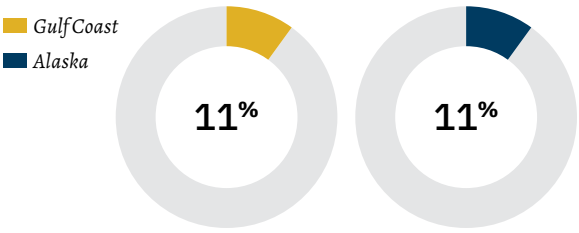
INFANT LEARNING PROGRAM *Gulf Coast Region*

Number children (age 0-2) served	381
% of statewide total	12%

Alaska Department of Health and Social Services, Infant Learning Program Report on Communities Served, FY 18

MATERNAL DEPRESSION

The prevalence of maternal depression in the Gulf Coast is equal to the state rate. Only 17% of mothers reported a health care provider talking to them about depression, or how they are feeling.



Alaska Childhood Understanding Behaviors Survey, 2017-2018

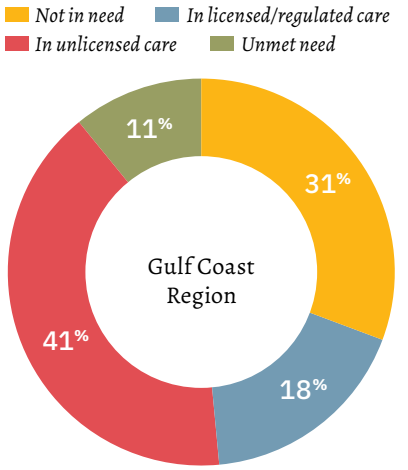
EARLY CHILDHOOD EDUCATION OPPORTUNITIES

There are 53 licensed care facilities in the Gulf Coast and 43 (81%) accept CCAP vouchers. Eight licensed facilities in the region participate in Learn & Grow, the state's Quality Rating & Improvement System for early care. Head Start/ Early Head Start (EHS) and School District Pre-K programs provide additional early learning opportunities, although not all children are served in a classroom setting. **thread estimates 33% of children age zero to five are in unlicensed care, which might include family, friends, and neighbors to care for children.**

Census Area	Licensed Child Care		Head Start /EHS		School District Pre-K	
	No. of Sites	*Capacity*	*No. of Sites*	*No. Served*	*No. of Schools with Pre-K*	*No. Served*
Kenai Peninsula Borough	34	765	6	132	18	289
Kodiak Island Borough	15	370	1	38	2	80
Valdez-Cordova	4	117	1	0	5	56
Gulf Coast Region	53	1,252	8	170	25	425
Alaska	496	17,193	121	3,288	246	3,754
% of Statewide	11%	7%	7%	5%	10%	11%

Alaska Department of Health and Social Services, Child Care Facilities Database, 2019; Alaska Head Start Association Center Locator, 2019; Alaska Department of Education and Early Development, Early Learning Programs, SFY 2018; OASIS Enrollment 2018-19; Head Start counts per site provided by Alaska Department of Education and Early Development using Head SFY 2018, Quarter 4 Reports

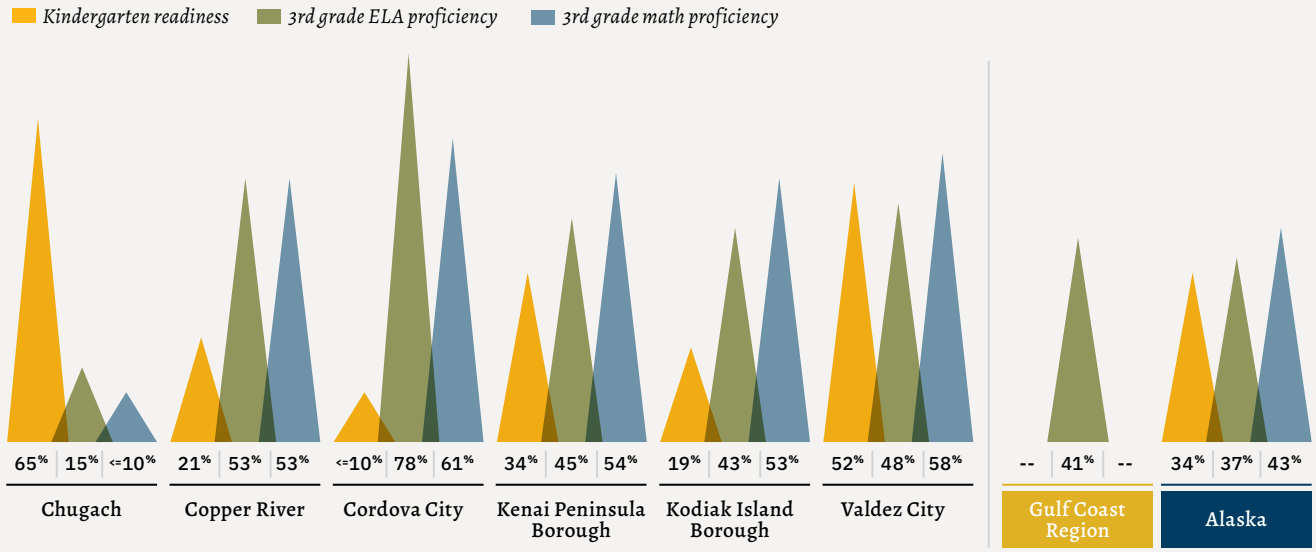
EARLY CARE NEEDS AMONG CHILDREN (0-5)



thread, Alaska Early Care and Learning Dashboard

SCHOOL READINESS & SUCCESS

On standardized assessments, there is a high level of variation across school districts in the Gulf Coast in student's rate of kindergarten readiness, as well as the Alaska Performance Evaluation for Alaska's Schools (PEAKS) standards-based assessments in 3rd grade English/Language Arts (ELA) and Mathematics. Students in the Chugach district do well on kindergarten readiness but lag behind on 3rd grade ELA assessments. **However, students in most school districts in the Gulf Coast region have a higher rate of proficiency in ELA and math than at the state level.**



Alaska Department of Education and Early Development, Developmental Profile Assessment, 2018-19 and Performance Evaluation for Alaska's Schools, 2019. Data is suppressed or reported using modified protocols to protect student privacy when only a small number of students are tested.

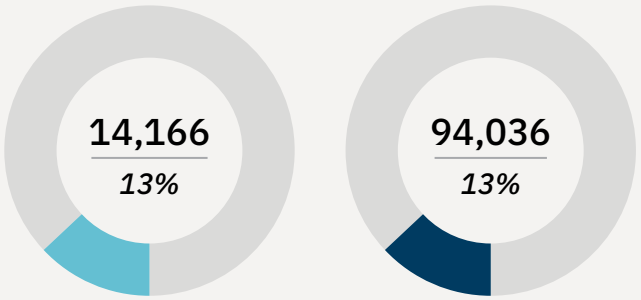
Photo Credit: Department of Commerce, Community and Economic Development; Division of Community and Regional Affairs' Community Photo Library.

Early Childhood Regional Profile:

INTERIOR

The Interior region of Alaska is made up of the Denali Borough, Fairbanks North Star Borough, Southeast Fairbanks Census Area, and the Yukon-Koyukuk Census Area, covering 193,085 square miles with a population of 110,904 people. The Interior region is home to the Athabascan people and 40 federally recognized Alaska Native tribes. Fifteen percent of Alaska's young children live in the Interior region.

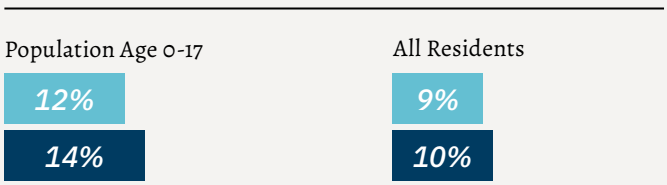
POPULATION (AGE 0-8)



Interior Region | Alaska

Alaska Department of Labor, Population Estimates, 2018

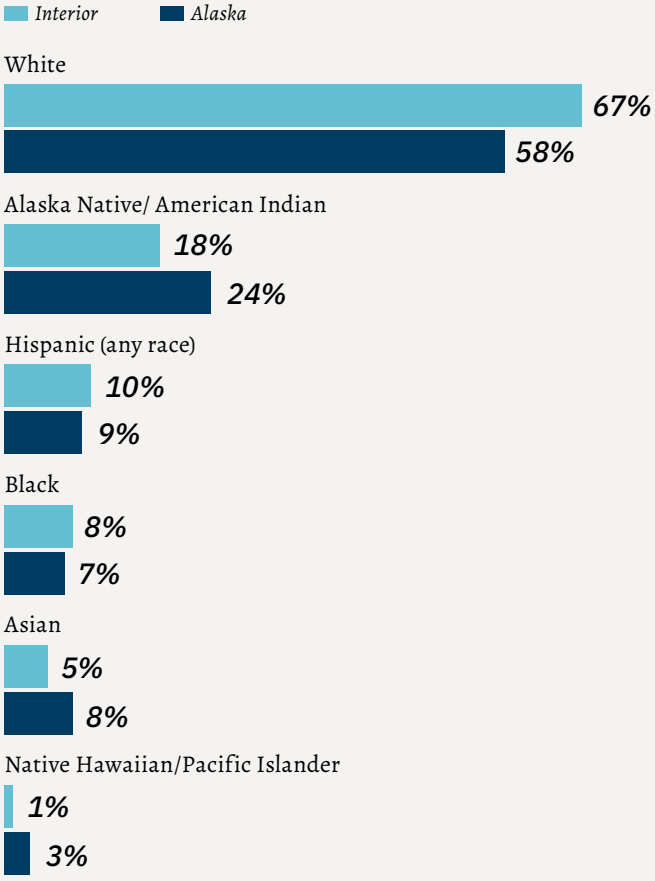
POVERTY RATE



U.S. Census American Community Survey 2017

Children in the Interior region are slightly less likely to be below the poverty level than children statewide. There is a higher percentage of young children (age 0-8) in the Interior region who identify as white than at the state level, and a lower percentage of children who identify as Alaska Native/ American Indian.

RACE/ETHNICITY OF CHILDREN (0-8)*



Alaska Department of Labor, Population Estimates, 2018
**Categories are not mutually exclusive*

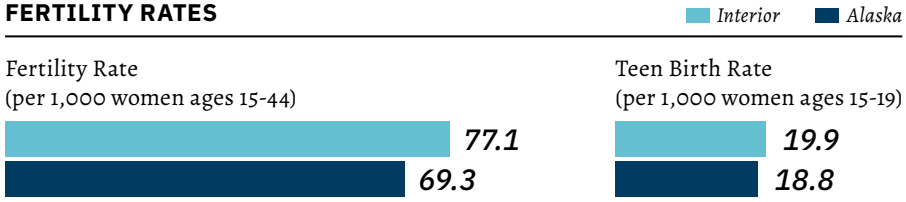
BABIES

The birth rate in the Interior region is slightly higher than the state rate, while the teen birth rate closely mirrors the state. However, both rates have declined in recent years, following national and state-wide trends. **Mothers in the Interior region are equally as likely to receive adequate prenatal care as the state average, and less likely to have pre-term or low birth weight babies.**

In 2018, mothers in the Interior region gave birth to 1,786 babies

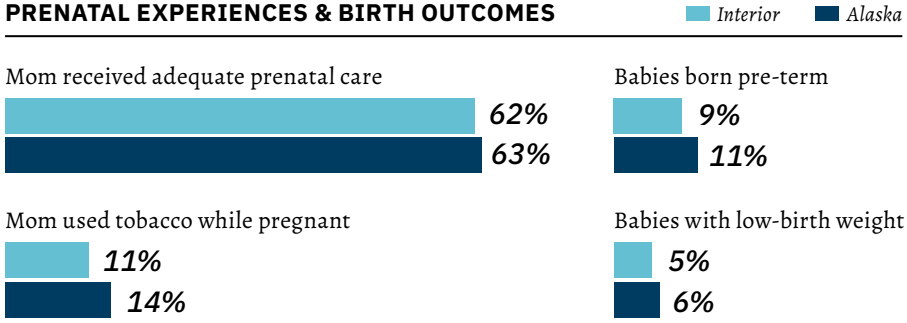
Alaska Vital Statistics 2018 Annual Report

FERTILITY RATES



Alaska Vital Statistics 2018 Annual Report

PRENATAL EXPERIENCES & BIRTH OUTCOMES

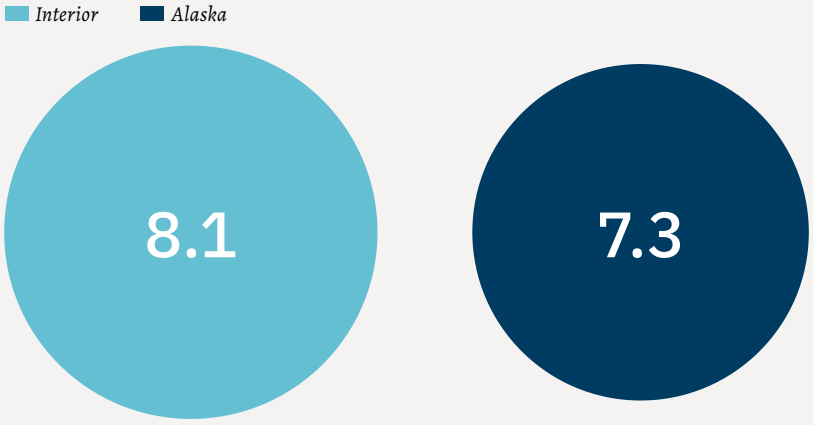


Alaska Vital Statistics 2018 Annual Report

CHILD SAFETY & CHILD MALTREATMENT

The Interior region has a lower rate of substantiated reports of maltreatment and out-of-home placement for young children (0-8) than the statewide rate. Young children (ages 0-8) account for 65% of all children in the region with a substantiated report of maltreatment, and 53% of all children in out-of-home placement.

UNDER AGE 5 CHILD DEATH RATE PER 1,000 LIVE BIRTHS, 2016-2018



Alaska Vital Statistics 2018 Annual Report

	Number of children (0-8)	Prevalence (per 1,000 children ages 0-8)	Alaska Prevalence (per 1,000 children ages 0-8)
Substantiated Reports of Harm	235	16.6	19.9
Out-of-home placement	319	22.5	25.8

Alaska Department of Health and Social Services, Office of Children's Services, FY 2019

MEDICAID COVERAGE

Four out of 10 young children ages 0-8 (5,813) in the Interior are covered by Medicaid. During State Fiscal Year 2018, over 1,300 pregnant and postpartum women in the region were covered by Medicaid Title XIX. Medicaid spending in the Interior region was $32.9 million, accounting for 9% of total spending in the state during this time period.

Medicaid Program	Number Served	% of 0-8 Population Served	Total Funding (State & Federal)	Percent of Total Funding in Alaska
Medicaid CHIP: children 0-8 population	668	5%	$1,243,648	8%
Medicaid Title XIX: children 0-8	5,145	36%	$23,239,222	8%
Medicaid Title XIX : Pregnant & Postpartum	1,364	--	$8,403,162	11%

Alaska Department of Health and Social Services, Medicaid Allocation and Audit Services, FY 2018

FAMILY SUPPORTS

Several federal programs provide benefits to low-income children, adults and families. These include Temporary Assistance for Needy Families (TANF) which provides cash assistance, the Child Care Assistance Program (CCAP) which provides reimbursement for qualified child care expenses, Supplemental Nutrition Assistance Program (SNAP) which provides food benefits and Women, Infants and Children (WIC) which provides specific foods for pregnant women and children under five.

TANF, CCAP, and SNAP provide people in the Interior region with a monthly average of $1.8 million in benefits, accounting for 10% of all spending on these programs in the state. The caseloads reported below can be an individual, siblings or other family unit. This does not include Tribal TANF or Tribal CCDF spending.

Assistance Program	Avg. Monthly Regional Caseload (All Ages)	Avg. Monthly Regional Benefits (All Ages)	Percent of Avg. Monthly Caseloads in Alaska
TANF	196-202	$130,759	8%
CCAP	212-218	$175,004	11%
SNAP	4,252	$1,486,580	12%
WIC	1,962	--	16%

Alaska Department of Public Assistance Summary Reports, FY 19

EARLY INTERVENTION SERVICES

The Infant Learning Program (ILP) provides additional early intervention services for children age 0-2 who are experiencing a delay. Two agencies provide services in the Interior region: Alaska Center for Children and Adults and Tanana Chiefs Conference.

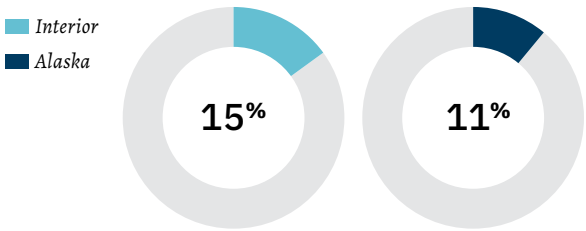
INFANT LEARNING PROGRAM *Interior Region*

Number children (age 0-2) served	546
% of statewide total	17%

Alaska Department of Health and Social Services, Infant Learning Program Report on Communities Served, FY 18

MATERNAL DEPRESSION

The prevalence of maternal depression in the Interior is above the statewide rate by 4%. Thirty-three percent of mothers reported a health care provider asked them about depression, or how they are feeling, just above the statewide rate (31%).



Alaska Childhood Understanding Behaviors Survey, 2017-2018

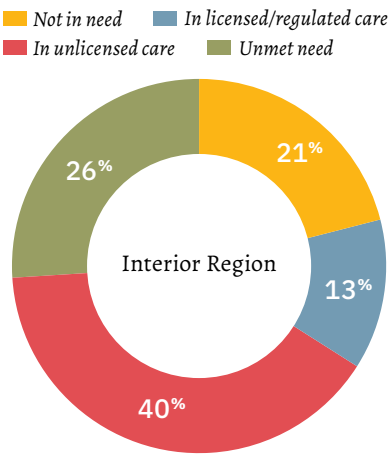
EARLY CHILDHOOD EDUCATION OPPORTUNITIES

The majority of licensed child care, 98% of capacity, is located in Fairbanks-North Star Borough. Of the 73 licensed care facilities in the region, 70 accept CCAP vouchers (96%). Twenty licensed facilities in the region participate in Learn & Grow, the state's Quality Rating & Improvement System for early care. Head Start/Early Head Start (EHS) and School District Pre-K programs provide additional early learning opportunities, although not all children are served in a classroom setting. **thread estimates 26% of children age 0-5 have an unmet need for early care, and 40% are in unlicensed care, which might include using family, friends, and neighbors to care for children.**

Census Area	Licensed Child Care		Head Start /EHS		School District Pre-K	
	No. of Sites	*Capacity*	*No. of Sites*	*No. Served*	*No. of Schools with Pre-K*	*No. Served*
Denali	1	32	0	0	2	47
Fairbanks North Star	71	2,018	6	315	18	235
SE Fairbanks	1	8	4	41	7	35
Yukon-Koyukuk	0	0	17	192	17	369
Interior region	73	2,058	27	548	44	686
Alaska	496	17,931	121	3,288	246	3,754
% of Statewide	15%	12%	23%	17%	18%	18%

Alaska Department of Health and Social Services, Child Care Facilities Database, 2019; Alaska Head Start Association Center Locator, 2019; Alaska Department of Education and Early Development, Early Learning Programs, SFY 2018; OASIS Enrollment 2018-19; Head Start counts per site provided by Alaska Department of Education and Early Development using Head SFY 2018, Quarter 4 Reports

EARLY CARE NEEDS AMONG CHILDREN (0-5)

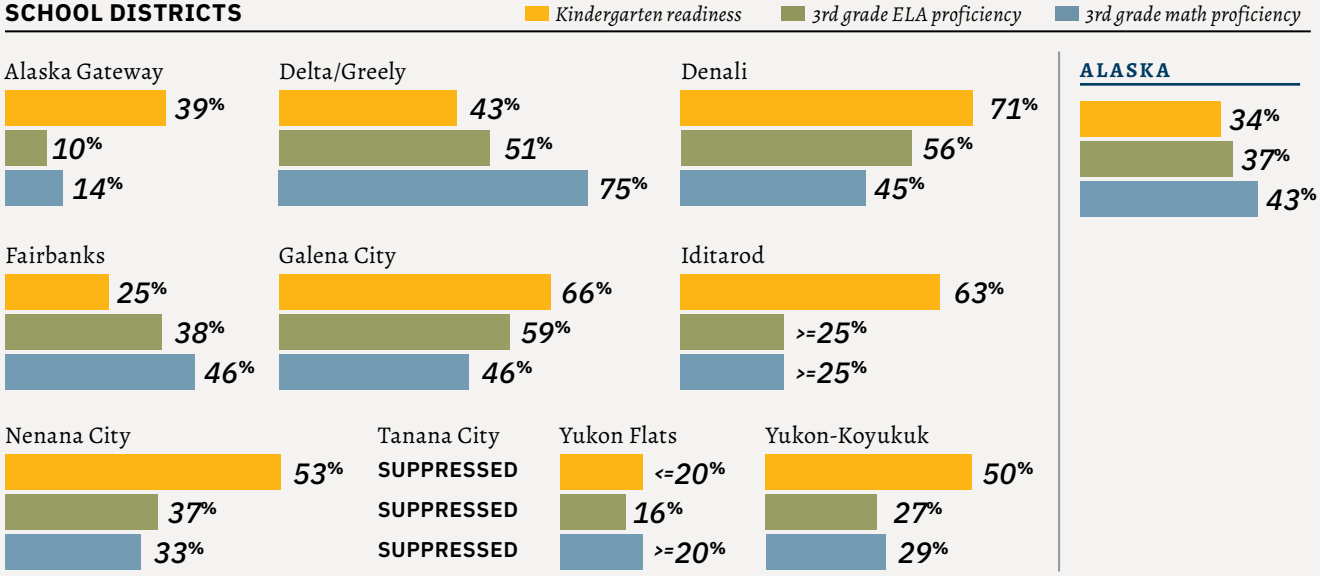


thread, Alaska Early Care and Learning Dashboard

SCHOOL READINESS & SUCCESS

On standardized assessments, most school districts in the Interior have a rate of kindergarten readiness above the state average. In addition, many school districts in the region are above the state average for the Alaska Performance Evaluation for Alaska's Schools (PEAKS) standards-based assessments in 3rd grade English/Language Arts (ELA) and hover around the state average in 3rd grade Mathematics scores.

SCHOOL DISTRICTS



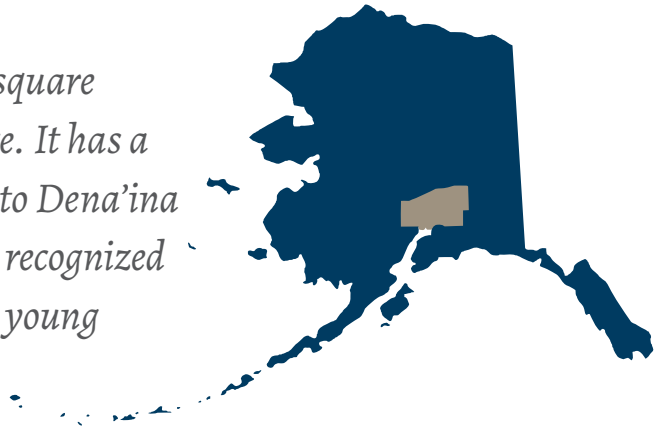
Alaska Department of Education and Early Development, Developmental Profile Assessment, 2018-19 and Performance Evaluation for Alaska's Schools, 2019. Data is suppressed or reported using modified protocols to protect student privacy when only a small number of students are tested.

Photo Credit: Department of Commerce, Community and Economic Development; Division of Community and Regional Affairs' Community Photo Library.

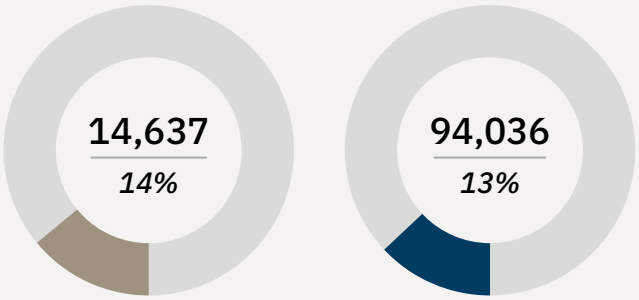
Early Childhood Regional Profile:

MAT-SU

The Matanuska-Susitna Borough covers 25,258 square miles and is the fastest growing region of the state. It has a population of 105,414 people. The region is home to Dena'ina and Ahtna Athabascan people and three federally recognized Alaska Native tribes. Sixteen percent of Alaska's young children live in the Mat-Su.

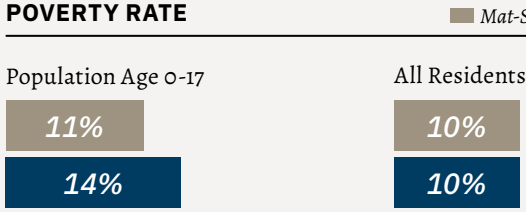


POPULATION (AGE 0-8)



Alaska Department of Labor, Population Estimates, 2018

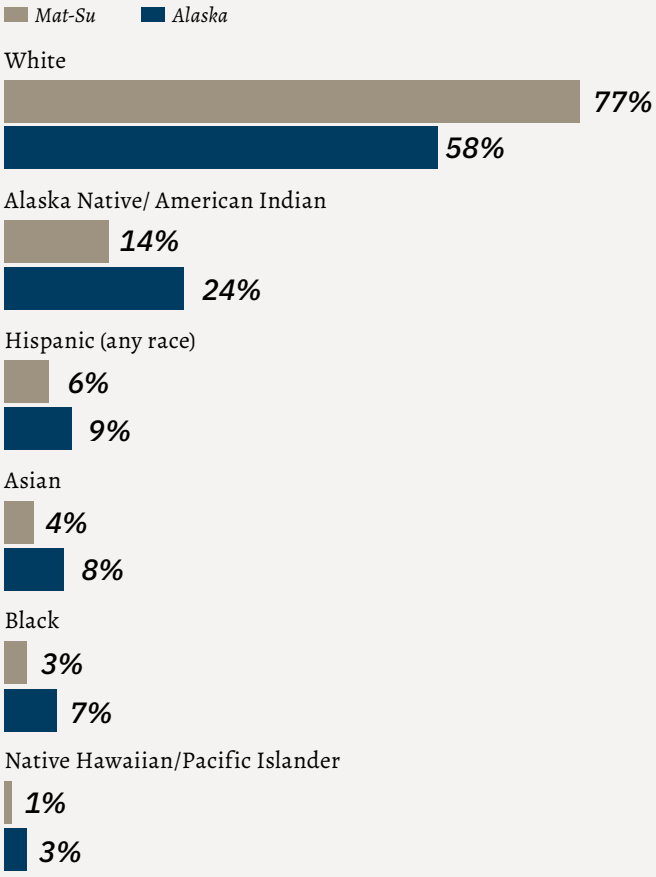
POVERTY RATE



U.S. Census American Community Survey 2017

Children in the Mat-Su are less likely to be in poverty than children statewide. The region also has a less diverse young child (0-8) population, with 19% more children identifying as white, and fewer children identifying with other races/ethnicities than the statewide average.

RACE/ETHNICITY OF CHILDREN (0-8)*



Alaska Department of Labor, Population Estimates, 2018
**Categories are not mutually exclusive*

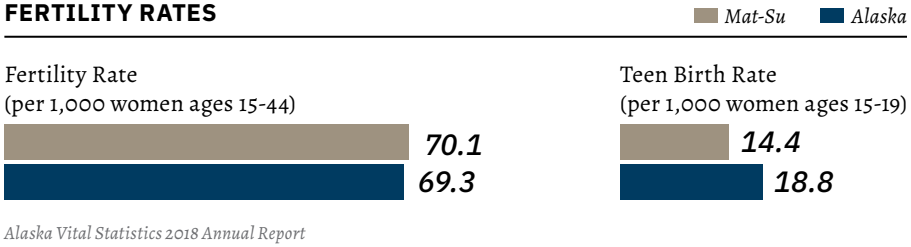
BABIES

The Mat-Su region has a birth rate similar to the state rate, and teen birth rate slightly below the state average; both rates have decreased slightly in recent years, mirroring state and national trends. **Mothers in the Mat-Su are more likely to receive adequate prenatal care, however rates of pre-term births and low birth weight babies are similar to state rates.**

In 2018, mothers in the Mat-Su region gave birth to 1,442 babies

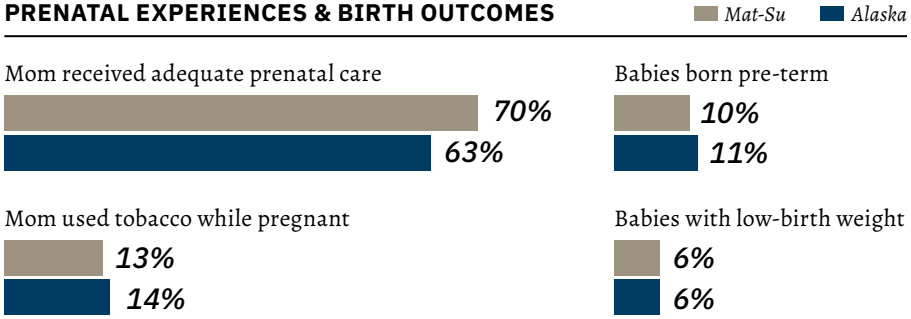
Alaska Vital Statistics 2018 Annual Report

FERTILITY RATES



Alaska Vital Statistics 2018 Annual Report

PRENATAL EXPERIENCES & BIRTH OUTCOMES



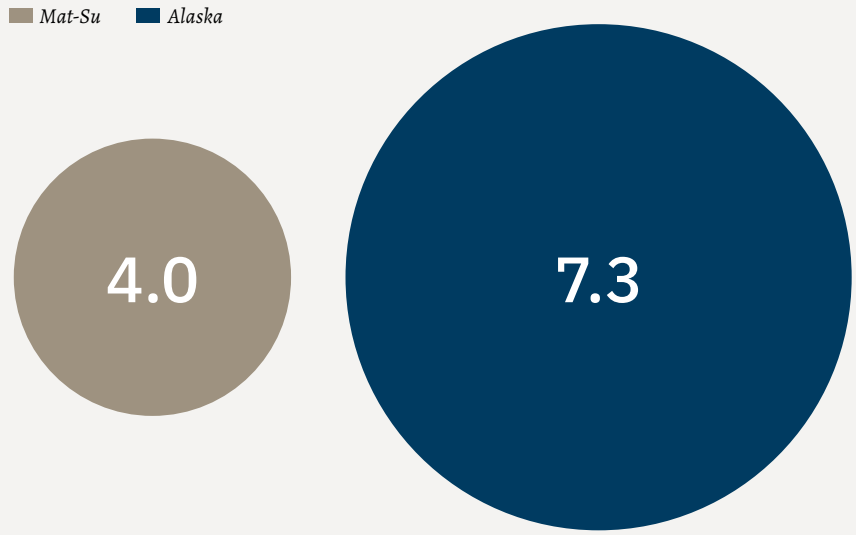
Alaska Vital Statistics 2018 Annual Report

CHILD SAFETY & CHILD MALTREATMENT

The Mat-Su region has the lowest rate of substantiated reports of maltreatment for young children in the state, and is almost half the state rate. The rate of out-of-home placement of children by the Office of Children's Services is just below state rate. Young children (ages 0-8) account for 61% of all children in the region with a substantiated report of maltreatment, and 57% of all children in out-of-home placement.

The young child death rate is the lowest in the state.

UNDER AGE 5 CHILD DEATH RATE PER 1,000* LIVE BIRTHS, 2016-2018



Alaska Vital Statistics 2018 Annual Report
** Mat-Su rate based on fewer than 20 events and should be interpreted with caution.*

	Number of children (0-8)	Prevalence (per 1,000 children ages 0-8)	Alaska Prevalence (per 1,000 children ages 0-8)
Substantiated Reports of Harm	153	10.4	19.9
Out-of-home placement	359	24.5	25.8

Alaska Department of Health and Social Services, Office of Children's Services, FY 2019

MEDICAID COVERAGE

Half (49%) of all young children ages 0-8 (7,175) in the Mat-Su region are covered by Medicaid health insurance. During state fiscal year 2018, just over 1,400 pregnant and postpartum women in the Mat-Su region were covered by Medicaid Title XIX. Medicaid spending in the Mat-Su region was $35.5 million, accounting for 10% of total spending in the state during this time period.

Medicaid Program	Number Served	% of 0-8 Population Served	Total Funding (State & Federal)	Percent of Total Funding in Alaska
Medicaid CHIP: children 0-8 population	1,045	7%	$1,925,361	13%
Medicaid Title XIX: children 0-8	6,130	42%	$26,505,256	10%
Medicaid Title XIX : Pregnant & Postpartum	1,409	--	$7,111,798	9%

Alaska Department of Health and Social Services, Medicaid Allocation and Audit Services, FY 2018

FAMILY SUPPORTS

Several federal programs provide benefits to low-income children, adults and families. These include Temporary Assistance for Needy Families (TANF) which provides cash assistance, the Child Care Assistance Program (CCAP) which provides reimbursement for qualified child care expenses, Supplemental Nutrition Assistance Program (SNAP) which provides food benefits and Women, Infants and Children (WIC) which provides specific foods for pregnant women and children under five.

TANF, CCAP, and SNAP provide people in the Mat-Su with a monthly average of $2.2 million in benefits, accounting for 12% of all spending on these programs in the state. The caseloads reported below can be an individual, siblings or other family unit. This does not include Tribal TANF or Tribal CCDF spending.

Assistance Program	Avg. Monthly Regional Caseload (All Ages)	Avg. Monthly Regional Benefits (All Ages)	Percent of Avg. Monthly Caseloads in Alaska
TANF	449	$292,772	18%
CCAP	417	$333,795	22%
SNAP	5,068	$1,602,559	14%
WIC	1,325	--	11%

Alaska Department of Public Assistance Summary Reports, FY 19

EARLY INTERVENTION SERVICES

The Infant Learning Program (ILP) provides additional early intervention services for children age 0-2 who are experiencing a delay. One agency provides services in the Mat-Su region: Mat-Su Services for Children and Adults.

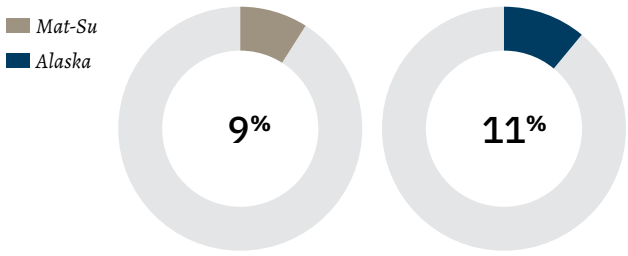
INFANT LEARNING PROGRAM *Mat-Su Region*

Number children (age 0-2) served	478
% of statewide total	15%

Alaska Department of Health and Social Services, Infant Learning Program Report on Communities Served, FY 18

MATERNAL DEPRESSION

The prevalence of maternal depression in the Mat-Su is lower than the statewide average by 2%. Thirty-eight percent of mothers report a health care provider talking to them about depression, or how they are feeling.



Alaska Childhood Understanding Behaviors Survey, 2017-2018

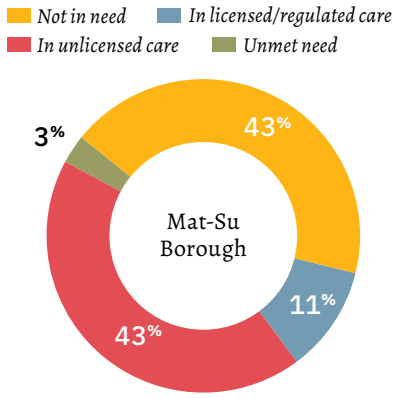
EARLY CHILDHOOD EDUCATION OPPORTUNITIES

Of the 54 licensed child care facilities within the Mat-Su, 45 (83%) accept CCAP vouchers. Ten licensed facilities in the region participate in Learn & Grow, the state's Quality Rating & Improvement System for early care. Head Start/ Early Head Start (EHS) and School District Pre-K programs provide additional early learning opportunities, although not all children are served in a classroom setting. **thread estimates that 43% of children age 0-5 in the region are in unlicensed care, which might include using family, friends, and neighbors to care for children.**

Census Area	Licensed Child Care		Head Start /EHS		School District Pre-K	
	No. of Sites	*Capacity*	*No. of Sites*	*No. Served*	*No. of Schools with Pre-K*	*No. Served*
Mat-Su Borough	54	2,134	6	455	16	230
Alaska	496	17,193	121	3,288	246	3,754
% of Statewide	11%	12%	5%	14%	7%	6%

Alaska Department of Health and Social Services, Child Care Facilities Database, 2019; Alaska Head Start Association Center Locator, 2019; Alaska Department of Education and Early Development, Early Learning Programs, SFY 2018; OASIS Enrollment 2018-19; Head Start counts per site provided by Alaska Department of Education and Early Development using Head SFY 2018, Quarter 4 Reports

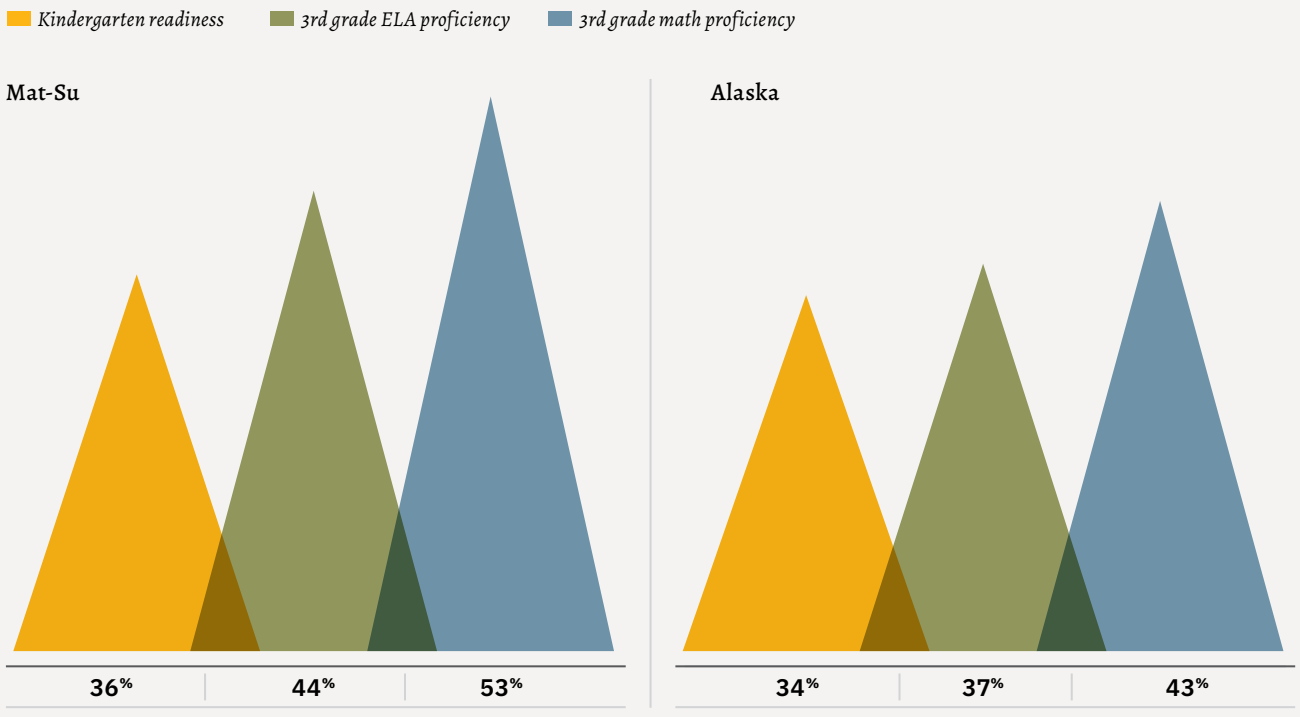
EARLY CARE NEEDS AMONG CHILDREN (0-5)



thread, Alaska Early Care and Learning Dashboard

SCHOOL READINESS & SUCCESS

On standardized assessments, the Mat-Su Borough school district is above the state average in kindergarten readiness as well as Alaska Performance Evaluation for Alaska's Schools (PEAKS) standards-based assessments in 3rd grade English/Language Arts (ELA) and Mathematics.



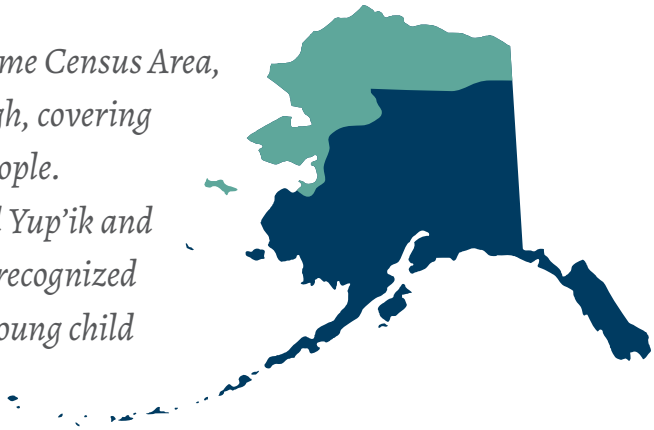
Alaska Department of Education and Early Development, Developmental Profile Assessment, 2018-19 and Performance Evaluation for Alaska's Schools, 2019.

Photo Credit: Department of Commerce, Community and Economic Development; Division of Community and Regional Affairs' Community Photo Library.

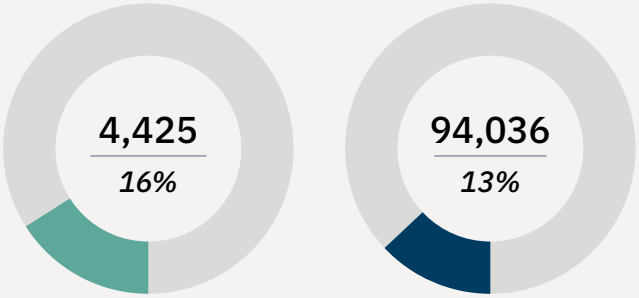
Early Childhood Regional Profile:

NORTHERN

The Northern region of Alaska is made up of the Nome Census Area, North Slope Borough, and Northwest Arctic Borough, covering 163,040 square miles with a population of 27,627 people. The Northern region is home to the Inupiaq, central Yup'ik and St. Lawrence Island Yup'ik people and 38 federally recognized Alaska Native tribes. Less than five percent of the young child population is in the Northern Region.



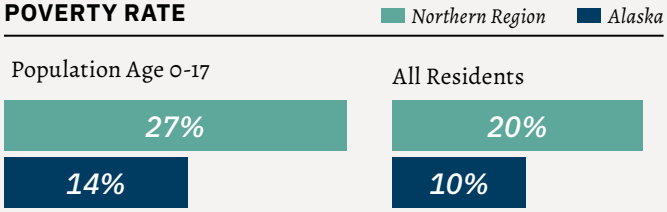
POPULATION (AGE 0-8)



Northern Region | Alaska

Alaska Department of Labor, Population Estimates, 2018

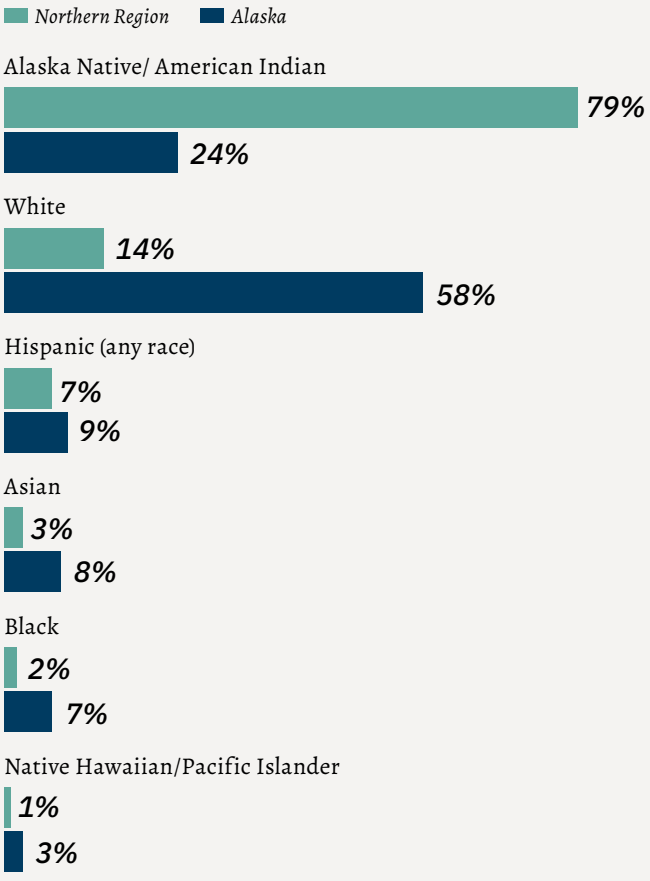
POVERTY RATE



U.S. Census American Community Survey 2017

Residents of the Northern region are twice as likely to live in poverty compared to all Alaskans, and children are even more likely than adult residents to live below the poverty level. Children age 0-8 in the region are three times more likely to be Alaska Native/American Indian that at the state level, and less likely to be of any other race/ethnicity.

RACE/ETHNICITY OF CHILDREN (0-8)*



*Alaska Department of Labor 2018 Population Estimates *Categories not mutually exclusive*

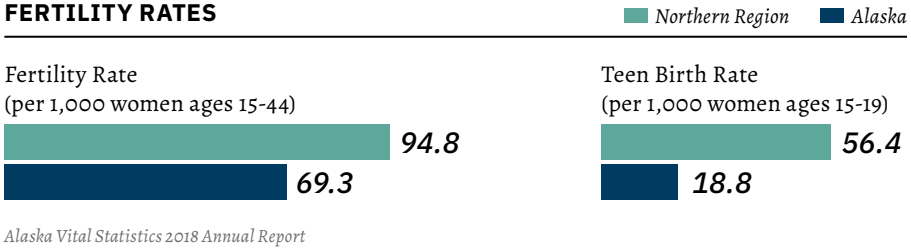
BABIES

The Northern region has the second highest birth rate and highest teen birth rate of any region in the state. However, both rates have declined in recent years, following national and state-wide trends.

In 2018, mothers in the Northern region gave birth to 550 babies

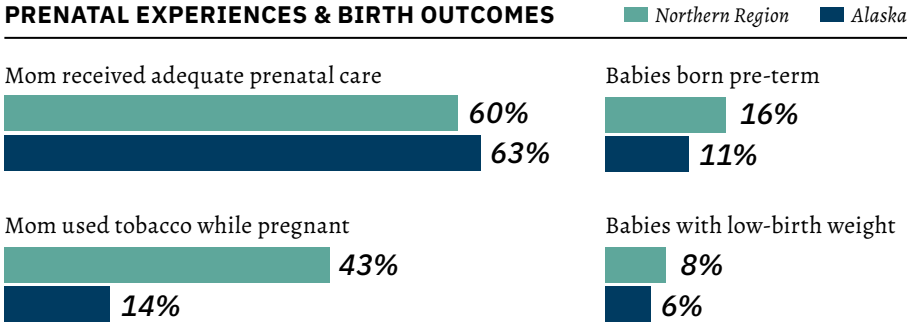
Alaska Vital Statistics 2018 Annual Report

FERTILITY RATES



Alaska Vital Statistics 2018 Annual Report

PRENATAL EXPERIENCES & BIRTH OUTCOMES

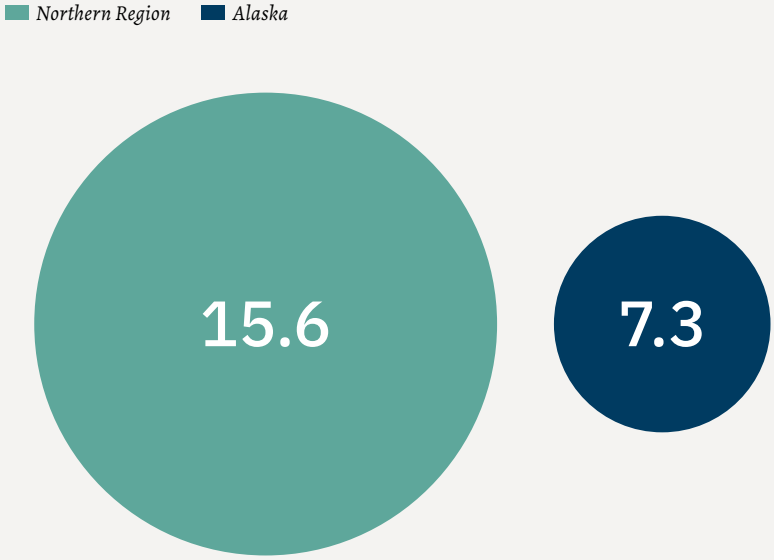


Alaska Vital Statistics 2018 Annual Report

CHILD SAFETY & CHILD MALTREATMENT

The Northern region has the highest rate of substantiated reports of maltreatment for young children (0-8) in the state, and is three times higher than the statewide rate. The rate of out-of-home placement of children by the Office of Children's Services is just below the state rate. Young children (ages 0-8) account for 62% of all children in the region with a substantiated report of maltreatment, and 50% of all children in out-of-home placement. **Young children 0-4 also have a mortality rate that is more than double the state average.**

UNDER AGE 5 CHILD DEATH RATE PER 1,000 LIVE BIRTHS, 2016-2018



Alaska Vital Statistics 2018 Annual Report

	Number of children (0-8)	Prevalence (per 1,000 children ages 0-8)	State Prevalence (Per 1,000 Children age 0-8)
Substantiated Reports of Harm	268	60.6	19.9
Out-of-home placement	107	24.2	25.8

Alaska Department of Health and Social Services, Office of Children's Services, FY 2019

MEDICAID COVERAGE

Almost nine out of 10 young children age 0-8 (3,901) in the Northern region are covered by Medicaid health insurance. Medicaid spending on children age 0-8 and pregnant/ postpartum women in the Northern region was $32.5 million, accounting for 9% of total spending in the state during this time period.

Medicaid Program	Number Served	% of 0-8 Population Served	Total Funding (State & Federal)	Percent of Total Funding in Alaska
Medicaid CHIP: children 0-8 population	348	8%	$1,066,981	7%
Medicaid Title XIX: children 0-8	3,553	80%	$24,121,194	9%
Medicaid Title XIX : Pregnant & Postpartum	893	--	$7,301,631	10%

Alaska Department of Health and Social Services, Medicaid Allocation and Audit Services, FY 2018

FAMILY SUPPORTS

Several federal programs provide benefits to low-income children, adults and families. These include Temporary Assistance for Needy Families (TANF) which provides cash assistance, the Child Care Assistance Program (CCAP) which provides reimbursement for qualified child care expenses, Supplemental Nutrition Assistance Program (SNAP) which provides benefits to purchase food and Women, Infants and Children (WIC) which provides specific foods for pregnant women and children under five. These programs are available to children and their families who meet specific criteria.

TANF, CCAP and SNAP provide people in the Northern region with a monthly average of $1.7 million in benefits, accounting for 8% of all spending for these programs in the state. The caseloads reported below can be an individual, siblings or other family unit. These benefits do not include Tribal TANF or Tribal CCDF spending, which may provide additional benefits.

Assistance Program	Avg. Monthly Regional Caseload (All Ages)	Avg. Monthly Regional Benefits (All Ages)	Percent of Avg. Monthly Caseloads in Alaska
TANF	163 - 167	$108,173	6% - 7%
CCAP	9	$5,348	<1%
SNAP	1,940	$1,614,631	5%
WIC	1,069	--	9%

Alaska Department of Public Assistance Summary Reports, FY 19

EARLY INTERVENTION SERVICES

The Infant Learning Program (ILP) provides additional early intervention services for children age 0-2 who are experiencing a delay. Three agencies provide services in the Northern Region: Northwest Arctic Borough School District, Norton Sound Health Corporation and the Alaska Center for Children and Adults.

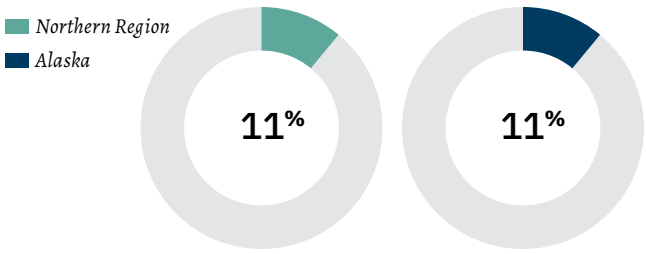
INFANT LEARNING PROGRAM *Northern Region*

Number children (age 0-2) served	131
% of statewide total	4%

Alaska Department of Health and Social Services, Infant Learning Program Report on Communities Served, FY 18

MATERNAL DEPRESSION

The prevalence of maternal depression in the Northern region is the same as the statewide average. Only 22% of mothers report a health care provider discussing depression, or how they are feeling with them, less than the statewide average of 31%.



Alaska Childhood Understanding Behaviors Survey, 2017-18

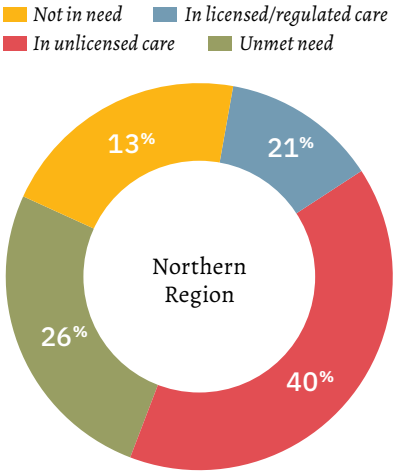
EARLY CHILDHOOD EDUCATION OPPORTUNITIES

There are only five licensed care facilities in the region; two accept CCAP vouchers, both of which are located in Nome Census Area. CCAP can only be used at licensed facilities or with exempt providers. None of the licensed facilities in the region participate in Learn & Grow, the state's Quality Rating & Improvement System for early care. Head Start/ Early Head Start (EHS) and School District Pre-K programs provide the majority of early learning opportunities, although not all children are served in a classroom setting. **thread estimates 40% of children 0-5 are in unlicensed care, which might include using family, friends or neighbors to care for children.**

Census Area	Licensed Child Care		Head Start /EHS		School District Pre-K	
	No. of Sites	*Capacity*	*No. of Sites*	*No. Served*	*No. of Schools with Pre-K*	*No. Served*
Nome	3	100	16	244	15	212
North Slope Borough	1	20	0	0	8	278
NW Arctic Borough	1	20	0	0	11	147
Northern Region	5	140	16	244	34	637
Alaska	496	17,193	121	3,288	246	3,754
% of Statewide	<1%	1%	13%	7%	14%	17%

Alaska Department of Health and Social Services, Child Care Facilities Database, 2019; Alaska Head Start Association Center Locator, 2019; Alaska Department of Education and Early Development, Early Learning Programs, SFY 2018; OASIS Enrollment 2018-19; Head Start counts per site provided by Alaska Department of Education and Early Development using Head SFY 2018, Quarter 4 Reports

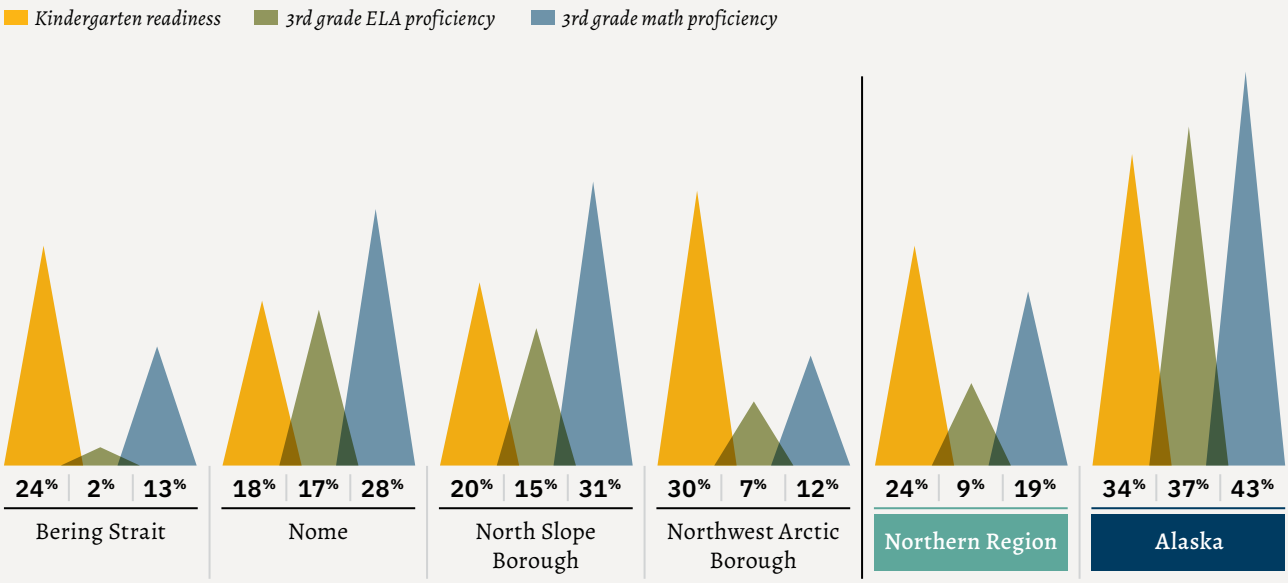
EARLY CARE NEEDS AMONG CHILDREN (0-5)



thread, Alaska Early Care and Learning Dashboard

SCHOOL READINESS & SUCCESS

On standardized assessments, children in the Northern region lag behind in kindergarten readiness, as well as the Alaska Performance Evaluation for Alaska's Schools (PEAKS) standards-based assessments in 3rd grade English/ Language Arts (ELA) and Mathematics.



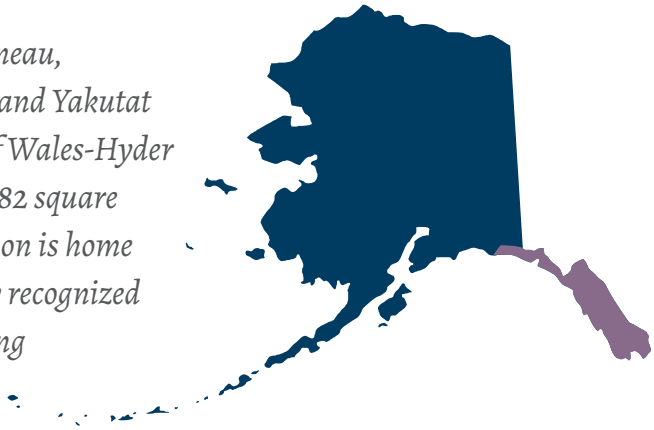
Alaska Department of Education and Early Development, Developmental Profile Assessment, 2018-19 and Performance Evaluation for Alaska's Schools, 2019

Photo Credit: Department of Commerce, Community and Economic Development; Division of Community and Regional Affairs' Community Photo Library.

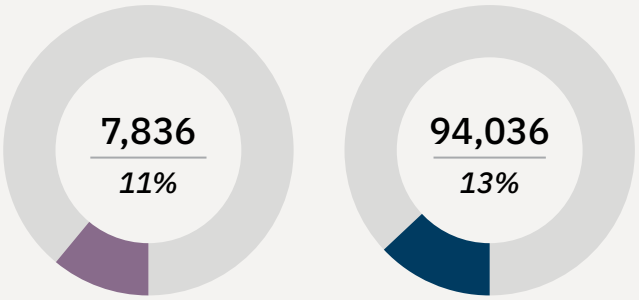
Early Childhood Regional Profile:

SOUTHEAST

The Southeast region of Alaska is made up of the Haines, Juneau, Ketchikan Gateway, Sitka City, Petersburg, Wrangell City, and Yakutat City Boroughs, as well as the Hoonah-Angoon and Prince of Wales-Hyder Census Areas, and the Skagway Municipality covering 49,782 square miles with a population of 72,657 people. The Southeast region is home to the Tlingit, Haida, and Tsimshian people and 19 federally recognized Alaska Native tribes. Just over eight percent of Alaska's young children live in Southeast Alaska.



POPULATION (AGE 0-8)



Southeast Region | Alaska

Alaska Department of Labor, Population Estimates, 2018

POVERTY RATE

Southeast *Alaska*

	Southeast	Alaska
Population Age 0-17	15%	14%
All Residents	9%	10%

U.S. Census American Community Survey 2017

Young children are a smaller part of the overall population in Southeast. The poverty rate of children in the Southeast region of Alaska is close to the statewide rate. Similarly, the racial and ethnic makeup of children in this region closely mirrors the state level.

RACE/ETHNICITY OF CHILDREN (0-8)*

Southeast *Alaska*

	Southeast	Alaska
White	58%	58%
Alaska Native/ American Indian	29%	24%
Hispanic (any race)	9%	9%
Asian	8%	8%
Black	3%	7%
Native Hawaiian/Pacific Islander	2%	3%

Alaska Department of Labor, Population Estimates, 2018
**Categories are not mutually exclusive*

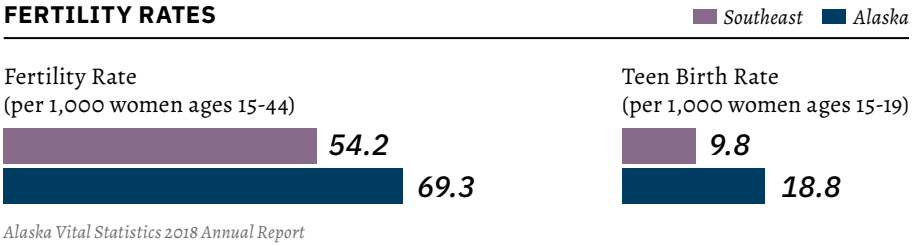
BABIES

The Southeast region has the lowest birth rate and teen birth rate of any region in the state, and both rates have followed a declining trend in recent years, following state and national trends. **Mothers are also more likely to have adequate prenatal care than the statewide average, and less likely to have pre-term or low birth weight babies.**

In 2018, mothers in the Southeast region gave birth to 753 babies

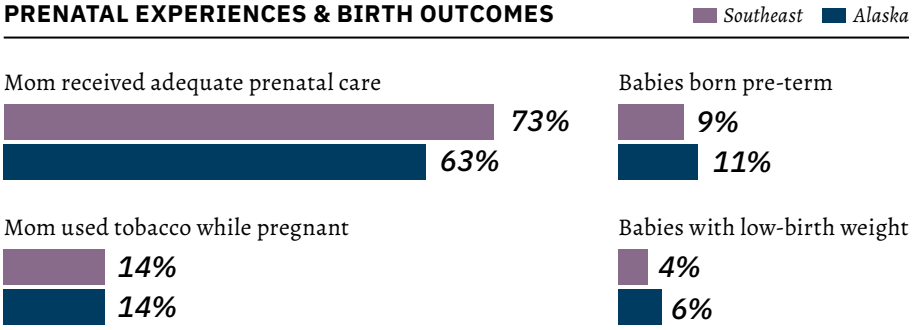
Alaska Vital Statistics 2018 Annual Report

FERTILITY RATES



Alaska Vital Statistics 2018 Annual Report

PRENATAL EXPERIENCES & BIRTH OUTCOMES

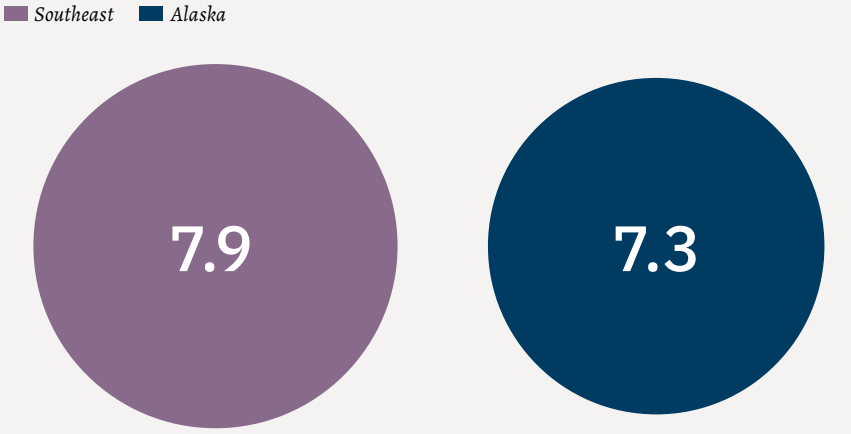


Alaska Vital Statistics 2018 Annual Report

CHILD SAFETY & CHILD MALTREATMENT

The Southeast region has a rate of substantiated reports of maltreatment for young children (0-8) that is just above the statewide rate. The rate of out-of-home placement of children by the Office of Children's Services is below the state rate. **Young children (ages 0-8) account for 65% of all children in the region with a substantiated report of maltreatment, and 55% of all children in out-of-home placement.**

UNDER AGE 5 CHILD DEATH RATE PER 1,000* LIVE BIRTHS, 2016-2018



Alaska Vital Statistics 2018 Annual Report
** Southeast rate based on fewer than 20 events and should be interpreted with caution.*

	Number of children (0-8)	Prevalence (per 1,000 children ages 0-8)	Alaska Prevalence (per 1,000 children ages 0-8)
Substantiated Reports of Harm	166	21.3	19.9
Out-of-home placement	152	19.5	25.8

Alaska Department of Health and Social Services, Office of Children's Services, FY 2019

MEDICAID COVERAGE

Almost six out of every 10 young children ages 0-8 (4,606) in the Southeast region are covered by Medicaid. During FY 18, just over 900 pregnant and postpartum women in the Southeast region were covered by Medicaid Title XIX. Medicaid spending in the Southeast region was $33.1 million, accounting for 9% of total spending in the state during this time period.

Medicaid Program	Number Served	% of 0-8 Population Served	Total Funding (State & Federal)	Percent of Total Funding in Alaska
Medicaid CHIP: children 0-8 population	594	8%	$1,571,768	10%
Medicaid Title XIX: children 0-8	4,012	51%	$25,641,234	9%
Medicaid Title XIX : Pregnant & Postpartum	916	--	$5,861,773	8%

Alaska Department of Health and Social Services, Medicaid Allocation and Audit Services, FY 2018

FAMILY SUPPORTS

Several federal programs provide benefits to low-income children, adults and families. These include Temporary Assistance for Needy Families (TANF) which provides cash assistance, the Child Care Assistance Program (CCAP) which provides reimbursement for qualified child care expenses, Supplemental Nutrition Assistance Program (SNAP) which provides food benefits and Women, Infants and Children (WIC) which provides specific foods for pregnant women and children under five.

TANF, CCAP, and SNAP provide people in the Southeast region with a monthly average of $1.3 million in benefits, accounting for 7% of all spending for these programs in the state. The caseloads reported below can be an individual, siblings or other family unit. This does not include Tribal TANF or Tribal CCDF spending.

Assistance Program	Avg. Monthly Regional Caseload (All Ages)	Avg. Monthly Regional Benefits (All Ages)	Percent of Avg. Monthly Caseloads in Alaska
TANF	195-211	$124,014	8%
CCAP	125-145	$88,079	6% - 8%
SNAP	3,807	$1,134,162	11%
WIC	791	--	7%

Alaska Department of Public Assistance Summary Reports, FY 19

EARLY INTERVENTION SERVICES

The Infant Learning Program (ILP) provides additional early intervention services for children age 0-2 who are experiencing a delay. Three agencies provide services in the Southeast region: Center for Community, Community Connections Ketchikan, and REACH, Inc.

INFANT LEARNING PROGRAM *Southeast Region*

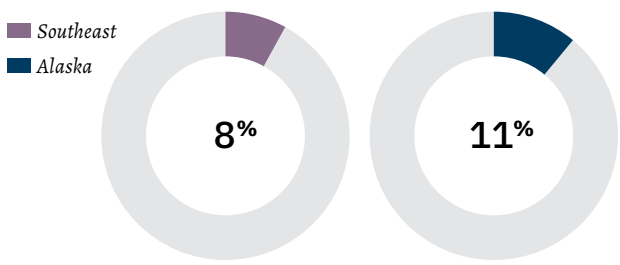
Number children (age 0-2) served	335
% of statewide total	10%

Alaska Department of Health and Social Services, Infant Learning Program Report on Communities Served, FY 18

MATERNAL DEPRESSION

The prevalence of maternal depression in Southeast is the lowest in the state. More women in Southeast Alaska also report that a health care provider has talked to them about depression, or how they are feeling (44% vs 31%).

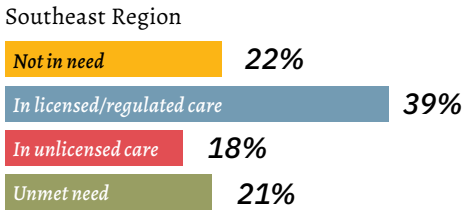
Alaska Childhood Understanding Behaviors Survey, 2017-2018



EARLY CHILDHOOD EDUCATION OPPORTUNITIES

Southeast Alaska has more childcare availability than many regions. Of the 56 licensed care facilities in the region, 49 (88%) accept CCAP vouchers, almost half (48%) of which are located in Juneau City & Borough. Twenty licensed facilities in the region participate in Learn & Grow, the state's Quality Rating & Improvement System for early care. Head Start/Early Head Start (EHS) and School District Pre-K programs provide additional early learning opportunities, although not all children are served in a classroom setting. **thread estimates 21% of families with children 0-5 still have an unmet need for care.**

EARLY CARE NEEDS *Children (0-5)*



thread, Alaska Early Care and Learning Dashboard

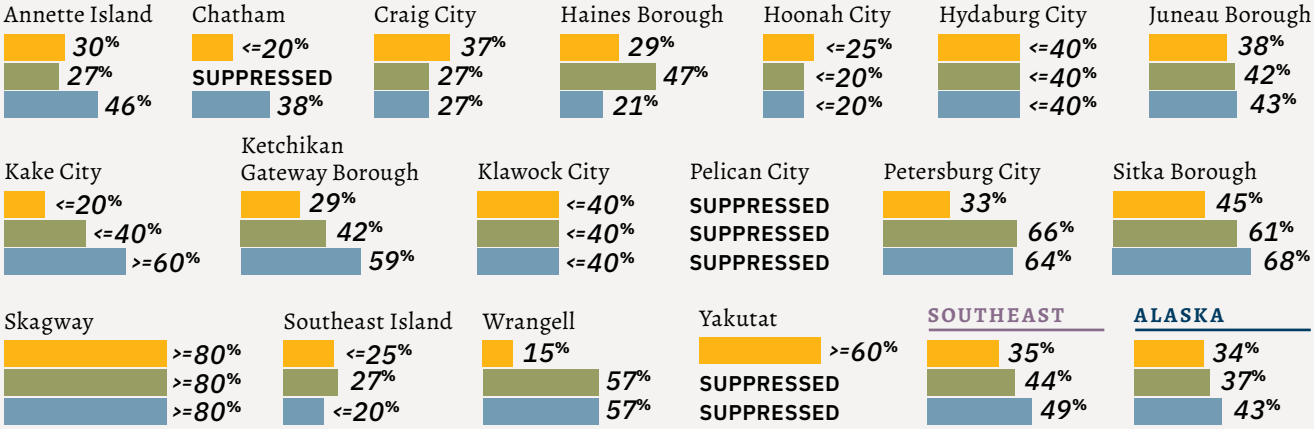
Census Area	Licensed Child Care		Head Start /EHS		School District Pre-K	
	No. of Sites	*Capacity*	*No. of Sites*	*No. Served*	*No. of Schools with Pre-K*	*No. Served*
Haines Borough	2	32	1	16	1	2
Hoonah-Angoon	1	13	2	29	2	6
Juneau City & Borough	27	883	4	112	7	209
Ketchikan Gateway	10	216	2	60	4	113
Petersburg Borough	4	142	1	21	1	5
Prince of Wales-Hyder	1	64	5	118	9	32
Sitka City & Borough	6	274	1	34	1	18
Skagway Municipality	4	64	0	0	1	13
Wrangell City & Borough	1	8	1	20	1	1
Yakutat City & Borough	0	0	1	16	1	2
Southeast region	56	1,696	18	426	28	401
Alaska	496	17,931	121	3,288	246	3,754
% of Statewide	11%	10%	15%	13%	11%	11%

Alaska Department of Health and Social Services, Child Care Facilities Database, 2019; Alaska Head Start Association Center Locator, 2019; Alaska Department of Education and Early Development, Early Learning Programs, SFY 2018; OASIS Enrollment 2018-19; Head Start counts per site provided by Alaska Department of Education and Early Development using Head SFY 2018, Quarter 4 Reports

SCHOOL READINESS & SUCCESS

On standardized assessments for kindergarten readiness, as well as the Alaska Performance Evaluation for Alaska's Schools (PEAKS) standards-based assessments in 3rd grade English/Language Arts (ELA) and Mathematics, children in Southeast Alaska have varied outcomes. However, **many districts are relatively close to or above statewide rates.**

SCHOOL DISTRICTS *Kindergarten readiness* *3rd grade ELA proficiency* *3rd grade math proficiency*



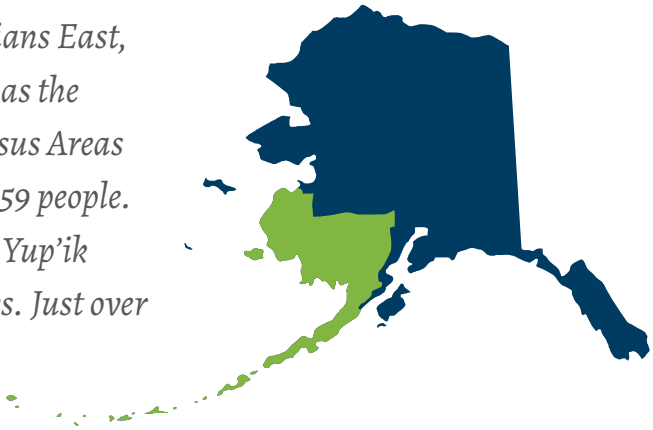
Alaska Department of Education and Early Development, Developmental Profile Assessment, 2018-19 and Performance Evaluation for Alaska's Schools, 2019. Data is suppressed or reported using modified protocols to protect student privacy when only a small number of students are tested.

Photo Credit: Department of Commerce, Community and Economic Development; Division of Community and Regional Affairs' Community Photo Library.

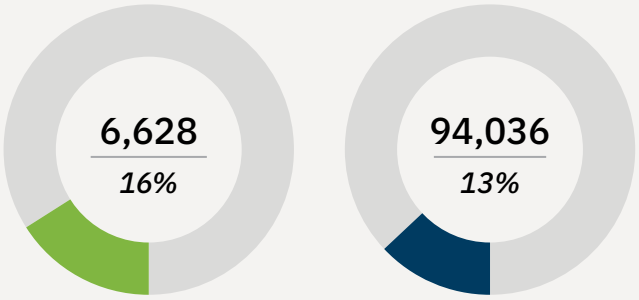
Early Childhood Regional Profile:

SOUTHWEST

The Southwest region of Alaska is made up of the Aleutians East, Bristol Bay, and Lake and Peninsula Boroughs, as well as the Aleutians West, Bethel, Dillingham, and Kusilvak Census Areas covering 126,740 square miles with a population of 42,159 people. The Southwest region is home to the Aleut, Alutiiq, and Yup'ik people and 103 federally recognized Alaska Native tribes. Just over 7% of Alaska's young children live in Southwest Alaska.



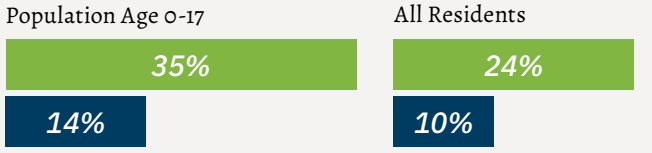
POPULATION (AGE 0-8)



Southwest Region | Alaska

Alaska Department of Labor, Population Estimates, 2018

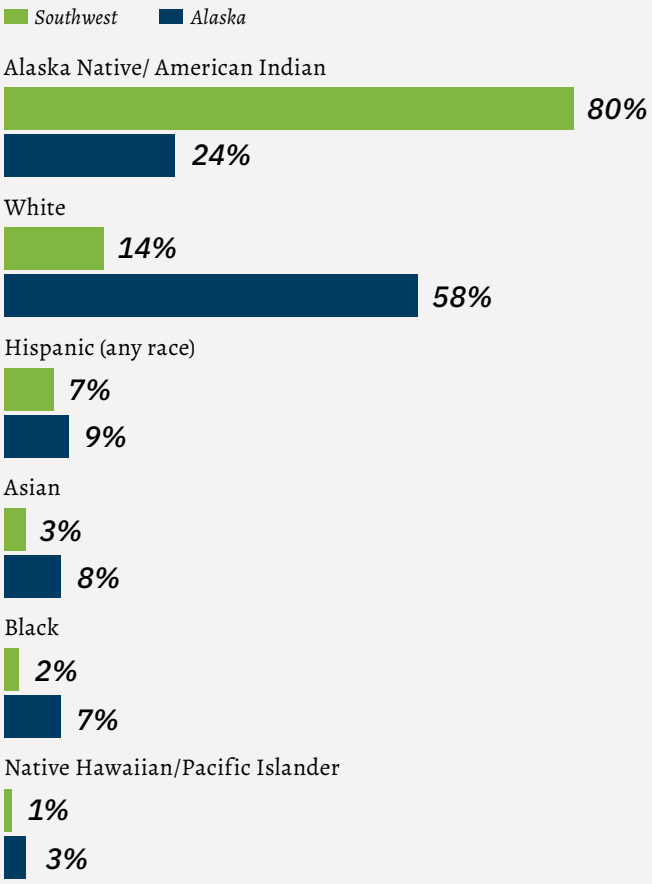
POVERTY RATE



U.S. Census American Community Survey 2017

Young children are a larger part of the population in Southwest, and children have the highest poverty rate of any region in the state; it is more than double the statewide rate. In the region, the percentage of children age 0-8 that identify as Alaska Native/American Indian is more than three times the state average.

RACE/ETHNICITY OF CHILDREN (0-8)*



Alaska Department of Labor, Population Estimates, 2018
**Categories are not mutually exclusive*

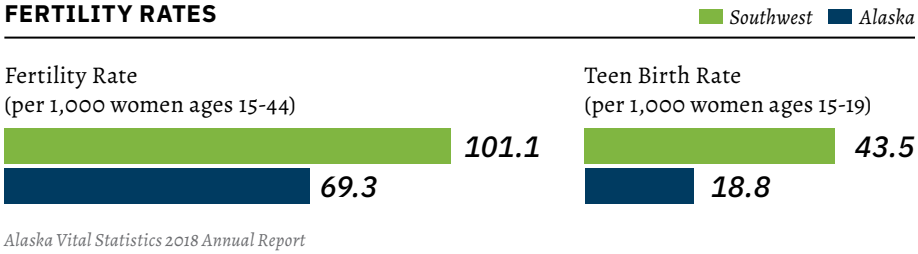
BABIES

The Southwest region has the highest birth rate and second highest teen birth rate of any region in the state. Both rates have declined in recent years, following state and national trends. **Mothers in the Southwest region are 20% less likely to have adequate prenatal care and are almost 10% more likely to have used tobacco while pregnant,** although only slightly more likely to have a baby born pre-term.

In 2018, mothers in the Southwest region gave birth to 883 babies

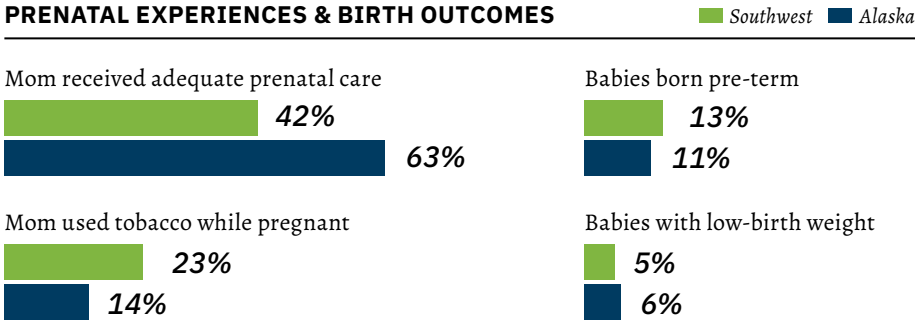
Alaska Vital Statistics 2018 Annual Report

FERTILITY RATES



Alaska Vital Statistics 2018 Annual Report

PRENATAL EXPERIENCES & BIRTH OUTCOMES

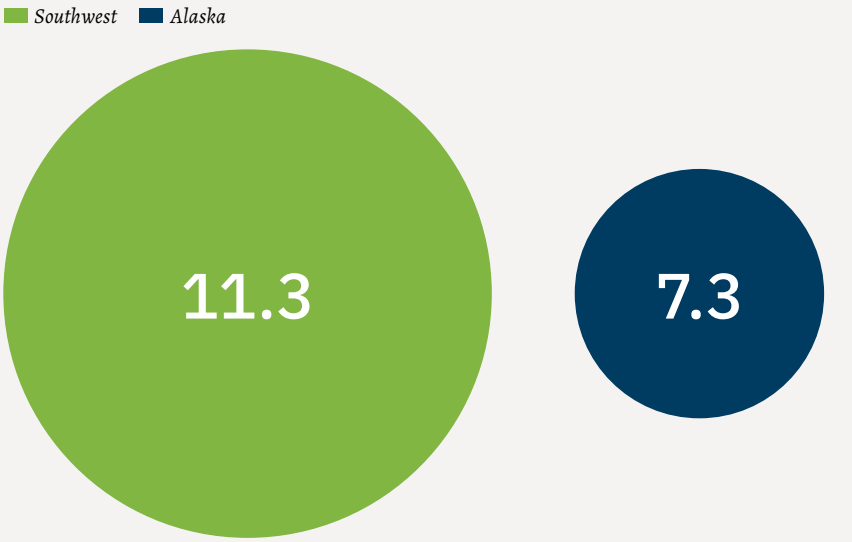


Alaska Vital Statistics 2018 Annual Report

CHILD SAFETY & CHILD MALTREATMENT

Southwest Alaska has a rate of substantiated reports of maltreatment for young children (0-8) well above the statewide rate. The rate of out-of-home placement of children by the Office of Children's Services is just above the state rate. Young children (ages 0-8) account for 66% of all children in the region with a substantiated report of maltreatment, and 50% of all children in out-of-home placement. **The death rate for young children under age five is the second highest of all regions in the state.**

UNDER AGE 5 CHILD DEATH RATE PER 1,000 LIVE BIRTHS, 2016-2018



Alaska Vital Statistics 2018 Annual Report

	Number of children (0-8)	Prevalence (per 1,000 children ages 0-8)	Alaska Prevalence (per 1,000 children ages 0-8)
Substantiated Reports of Harm	185	27.9	19.9
Out-of-home placement	177	26.7	25.8

Alaska Department of Health and Social Services, Office of Children's Services, FY 2019

MEDICAID COVERAGE

During state fiscal year 2018, just over 1,500 pregnant and postpartum women in the Southwest region were covered by Medicaid Title XIX. The number of children who received Medicaid exceeds the population estimate for the regions; the reason for this discrepancy is unknown. They had Medicaid spending for residents of Southwest Alaska was $61.9 million, accounting for 17% of total spending in the state during this time period.

Medicaid Program	Number Served	% of 0-8 Population Served	Total Funding (State & Federal)	Percent of Total Funding in Alaska
Medicaid CHIP: children 0-8 population	583	9%	$1,326,239	9%
Medicaid Title XIX: children 0-8	6,804	103%	$48,318,002	17%
Medicaid Title XIX : Pregnant & Postpartum	1,522	--	$12,265,812	16%

Alaska Department of Health and Social Services, Medicaid Allocation and Audit Services, FY 2018

FAMILY SUPPORTS

Several federal programs provide benefits to low-income children, adults and families. These include including Temporary Assistance for Needy Families (TANF) which provides cash assistance, the Child Care Assistance Program (CCAP) which provides reimbursement for qualified child care expenses, Supplemental Nutrition Assistance Program (SNAP) which provides benefits to purchase food and Women, Infants and Children (WIC) which provides specific foods for pregnant women and children under five.

TANF, CCAP, and SNAP provide people in the Southwest region with a monthly average of $3.5 million in benefits, accounting for 19% of all spending for these programs in the state, likely due to the high rate of poverty among people in Southwest Alaska. The caseloads reported below can be an individual, siblings or other family unit. This does not include Tribal TANF or Tribal CCDF.

Assistance Program	Avg. Monthly Regional Caseload (All Ages)	Avg. Monthly Regional Benefits (All Ages)	Percent of Avg. Monthly Caseloads in Alaska
TANF	6-24	$5,055	<1% - 1%
CCAP	1-4	$150	<1%
SNAP	3,613	$3,530,717	10%
WIC	1,886	--	16%

Alaska Department of Public Assistance Summary Reports, FY 19

EARLY INTERVENTION SERVICES

The Infant Learning Program (ILP) provides additional early intervention services for children age 0-2 who are experiencing a delay. Four agencies provide services in the Southwest Region: Bristol Bay Area Health Corporation, Programs for Infants and Children, Sprout Family Services, and Yukon Kuskokwim Health Corporation.

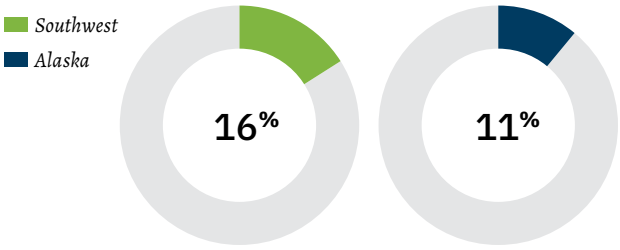
INFANT LEARNING PROGRAM *Southwest Region*

Number children (age 0-2) served	190
% of statewide total	6%

Alaska Department of Health and Social Services, Infant Learning Program Report on Communities Served, FY 18

MATERNAL DEPRESSION

The prevalence of maternal depression in the Southwest region is greater than the statewide average by 5%. Only 26% of mothers report a health care provider talking to them about depression, or how they feel, less than the statewide rate of 31%.



Alaska Childhood Understanding Behaviors Survey, 2017-2018

EARLY CHILDHOOD EDUCATION OPPORTUNITIES

There are only three licensed care facilities in the region. They all accept CCAP vouchers. None of the child care facilities participate in Learn & Grow, the state's Quality Rating & Improvement System for early care. Head Start/Early Head Start (EHS) and School District Pre-K programs provide the majority of early learning opportunities, although not all children are served in a classroom setting. **thread estimates 29% of children ages zero to five are in unlicensed care, which might include using family, friends or neighbors to care for children.**

Census Area	Licensed Child Care		Head Start /EHS		School District Pre-K	
	No. of Sites	*Capacity*	*No. of Sites*	*No. Served*	*No. of Schools with Pre-K*	*No. Served*
Aleutians East Borough	0	0	2	20	4	21
Aleutians West	0	0	1	16	1	10
Bethel	1	87	13	317	30	299
Bristol Bay Borough	1	15	0	0	0	0
Dillingham	1	55	4	80	1	4
Kusilvak	0	0	13	309	8	64
Lake & Peninsula Borough	0	0	1	12	11	54
Southwest region	3	157	33	754	55	452
Alaska	496	17,193	121	3,288	246	3,754
% of Statewide	1%	1%	39%	23%	22%	12%

Alaska Department of Health and Social Services, Child Care Facilities Database, 2019; Alaska Head Start Association Center Locator, 2019; Alaska Department of Education and Early Development, Early Learning Programs, SFY 2018; OASIS Enrollment 2018-19; Head Start counts per site provided by Alaska Department of Education and Early Development using Head SFY 2018, Quarter 4 Reports

EARLY CARE NEEDS AMONG CHILDREN (0-5)

Not in need · *In licensed/regulated care* · *In unlicensed care* · *Unmet need*

Southwest Region

thread, Alaska Early Care and Learning Dashboard

SCHOOL READINESS & SUCCESS

On standardized assessments for kindergarten readiness, as well as the Alaska Performance Evaluation for Alaska's Schools (PEAKS) standards-based assessments in 3rd grade English/Language Arts (ELA) and Mathematics, children in the Southwest have varied outcomes.

Children in Bristol Bay, Kuspuk, Lake and Peninsula, and Unalaska school districts all did better than the statewide average on the measure of kindergarten readiness. Only three districts exceeded the state average in 3rd grade ELA proficiency.

SCHOOL DISTRICTS

Kindergarten readiness · *3rd grade ELA proficiency* · *3rd grade math proficiency*

Aleutian Region	Aleutians East	Bristol Bay	Dillingham	Kashunamiut
SUPPRESSED	27%	>=60%	<=20%	19%
SUPPRESSED	30%	<=40%	31%	<=10%
SUPPRESSED	35%	<=25%	34%	<=10%

Kuspuk	Lake & Peninsula	Lower Kuskokwim	Lower Yukon	Pribilof
56%	42%	16%	16%	<=40%
13%	27%	7%	<=5%	<=40%
29%	33%	11%	2%	<=40%

Southwest Region	St. Mary's	Unalaska	Yupiit	SOUTHWEST	ALASKA
11%	<=20%	70%	14%	20%	34%
8%	<=20%	56%	<=5%	10%	37%
17%	35%	50%	<=10%	14%	43%

Alaska Department of Education and Early Development, Developmental Profile Assessment, 2018-19 and Performance Evaluation for Alaska's Schools, 2019. Data is suppressed or reported using modified protocols to protect student privacy when only a small number of students are tested.

Photo Credit: Department of Commerce, Community and Economic Development; Division of Community and Regional Affairs' Community Photo Library.

APPENDIX A: Funding Glossary

EARLY CHILDHOOD FUNDING MAP GLOSSARY OF FEDERAL FUNDING SOURCES

US DHSS FUNDING

Child Care and Development Fund (CCDF) & Tribal Child Care Development Fund (CCDF) & Temporary Assistance for Needy Families (TANF) Transfer

CCDF is a block grant that provides funding for the Child Care Assistance Program (CCAP) for low-income families who meet certain eligibility requirements, as well as childcare licensing, quality improvement and workforce development. Alaska also elects to add some of its TANF funds to the CCAP. Qualified childcare providers are reimbursed directly by the State for childcare expenses from qualified families. Tribal organizations are eligible for a separate CCDF funding stream and Tribal TANF transfer. Matching funds are required from the state.

Head Start and Early Head Start (HS/ES) & Alaska Native/ American Indian (AN/AI) Head Start/Early Head Start (AN/AI HS/EHS)

HS/EHS promotes the comprehensive development and school readiness of young children age birth to five from low-income families. Grants are made directly to local agencies, who are required to provide up to 20% matching funds. Tribal organizations are eligible to receive AN/AI HS/EHS grants to serve AN/AI children through a separate funding stream. The state is required to provide coordination and receives a small grant to do so. The state provides additional grants to HS/EHS and AN/AI HS/EHS providers to assist with the federal match.

Maternal Infant Early Childhood Home Visiting (MIECHV) Program & Tribal Home Visiting (Tribal HV)

The MIECHV program connects expectant mothers and parents with children under two with a support person to learn about necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn. The program serves families who are at-risk or live in at-risk communities. The State awards a grant to a local agency to provide home visiting services. Tribal organizations are eligible for a separate funding stream to specifically target AN/IA expectant parents and families with young children. Matching funds are not required.

USDA FUNDING

Women, Infants, and Children (WIC) & Breastfeeding Peer Counseling Program (BFPC)

WIC provides nutrition and breastfeeding education, nutritious foods, and referrals to pregnant women, breastfeeding mothers and children under age five who have a nutritional need and are <185% FPL. The State awards grants to local agencies to provide WIC services. WIC providers are also eligible for BFPC grants to provide peer counseling to WIC mothers. Matching funds are not required.

Child and Adult Care Food Program (CACFP)

CACFP provides funding for healthy meals and snacks to children and adults at qualified locations. The State provides reimbursements to childcare centers, after school programs, family day care providers, homeless shelters, and adult day programs. Reimbursement rates vary by participant eligibility. Matching funds are not required, but a small Maintenance of Effort contribution is.

US DOE FUNDING

IDEA Part C

IDEA Part C provides early intervention services to children birth to age two with developmental delays or a condition with a high probability of a resulting delay or disability. Any child experiencing a 50% delay is eligible for services in Alaska. The State awards grants to local agencies to provide IDEA Part C. Matching funds are required from the State.

IDEA Part B, Section 619, Preschool Grants

IDEA Part B, Section 619 provides additional formula funding grants for preschool services for children ages three to five with development delays or disabilities. Local Education Authorities (LEAs) apply to the State to access 619 funds. Matching funds are not required.

Title 1, Part A Preschool Programs

Title 1A provides supplemental formula funding specifically for improvements at schools with large concentrations of low-income students. The state distributes Title 1A funds to qualified LEAs. LEAs may elect to use a portion of their Title 1A funds for preschool programming and must disclose this in their State plans. Matching funds are not required.

APPENDIX B: Methods & Data Sources

The Alaska Early Childhood Environmental Scan was completed using data from a variety of primary and secondary data sources, including specific data requests to programs. Citations are included throughout the report, and some additional notes are below.

SECTION I: History of Early Childhood Programs & Initiatives in Alaska

Information was gathered from a variety of sources including program websites, published papers and reports, resolutions and meeting minutes. For some University of Alaska programs dates information was provided by individuals within the University system, course catalogues were used to validate dates provided when possible, but in some cases external documentation was not possible. A complete list of sources for each of the timeline entries is available by contacting The Stellar Group.

SECTION II: Alaska's Early Childhood System

The Early Childhood System Analysis was compiled through a review of websites, published reports, regulations, and statutes. Program staff provided additional information about programs and services.

For the governance analysis Alaska Early Childhood Coordinating Council (AECCC) bylaws and meeting minutes were used, along with review of statutes and program websites. Additional information was shared by program staff. For the funding analysis, a mixture of state and federal sources were used including FY18, FY19 and FY20 Component Detail Budgets for the State of Alaska as well as federal program websites and state plans submitted for review. Public databases used included: Alaska Department of Education and Early Development Grants Electronic Management System, Tracking Accountability in Government Grants System, and Head Start Program Information Reports. When award information was not in a public database or report, state program staff provided additional information including lists of grantees and grant amounts, as well as actual figures and details about how the funds were used.

Due to a discrepancy in Medicaid data received, the total count of young children receiving Medicaid in the Southwest region exceeds the total regional population for this age group. For this reason, the percent of young children served by Medicaid Title XIX in the Southwest regional report is above 100%. Program staff were not able to explain the discrepancy.

SECTION III: Status of Young Children & Families in Alaska

Geographic regions were defined using the Alaska Department of Health and Social Services' six Public Health Regions: Anchorage, Gulf Coast, Interior, Mat-Su, Northern, Southeast, and Southwest.

The Alaska Department of Labor and Workforce Development population estimates are divided in age groups of five-year intervals. For each census area, the five-to-nine age group population totals were divided by five then multiplied by four to find the population count for the five-to-eight age group. This number was then added to the zero-to-four population count for each census area to determine the zero to eight totals. This calculation methodology was also used for determining racial and ethnic population totals for children ages zero to eight.

For the Alaska Division of Public Assistance Summary Reports, the WIC average monthly caseloads level for the fiscal year were only available for 11 of 12 months at both the census level. Therefore, averages for regional profiles are based on 11 months.

Disparity ratios were calculated by dividing the rate for a population by the best rate for a selected indicator. What was considered the best rate depended on the indicator being examined. Disparity ratios provide insight into how much more likely an identified population is to experience a particular event compared to another population.

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3 "Commonwealth of Kentucky Governor's Office of Early Childhood." Community Resources. Kentucky Governor's Office of Early Childhood, n.d. https://kidsnow.ky.gov/communities/Pages/default.aspx.

4 "Regional Councils." Building Bright Futures. https://buildingbrightfutures.org/what-we-do/regional-councils/.

5 "Administrative Order No. 97." State of Alaska Office of the Governor, June 11, 1987. https://gov.alaska.gov/admin-orders/administrative-order-no-97/.

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11 Alaska Early Childhood Coordinating Council, July 25th, 2018 Meeting Minutes

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20 Ibid.

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22 Parrish, Jared, Margaret Young, Katherine Perham-Hester, and Bradford Gessner. "Identifying Risk Factors for Child Maltreatment in Alaska A Population-Based Approach." *American Journal of Preventive Medicine* 40, no. 6 (June 1, 2011). https://doi.org/https://doi.org/10.1016/j.amepre.2011.02.022.

23 Parrish, Jared W., Paul Lanier, Abigail Newby-Kew, Joshua Arvidson, and Meghan Shanahan. "Maternal Intimate Partner Violence Victimization Before and During Pregnancy and Postbirth Child Welfare Contact." *Child Maltreatment* 21, no. 1 (December 2015): 26–36. https://doi.org/10.1177/1077559515616704.

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