

2024

UTAH EARLY CHILDHOOD

Needs Assessment



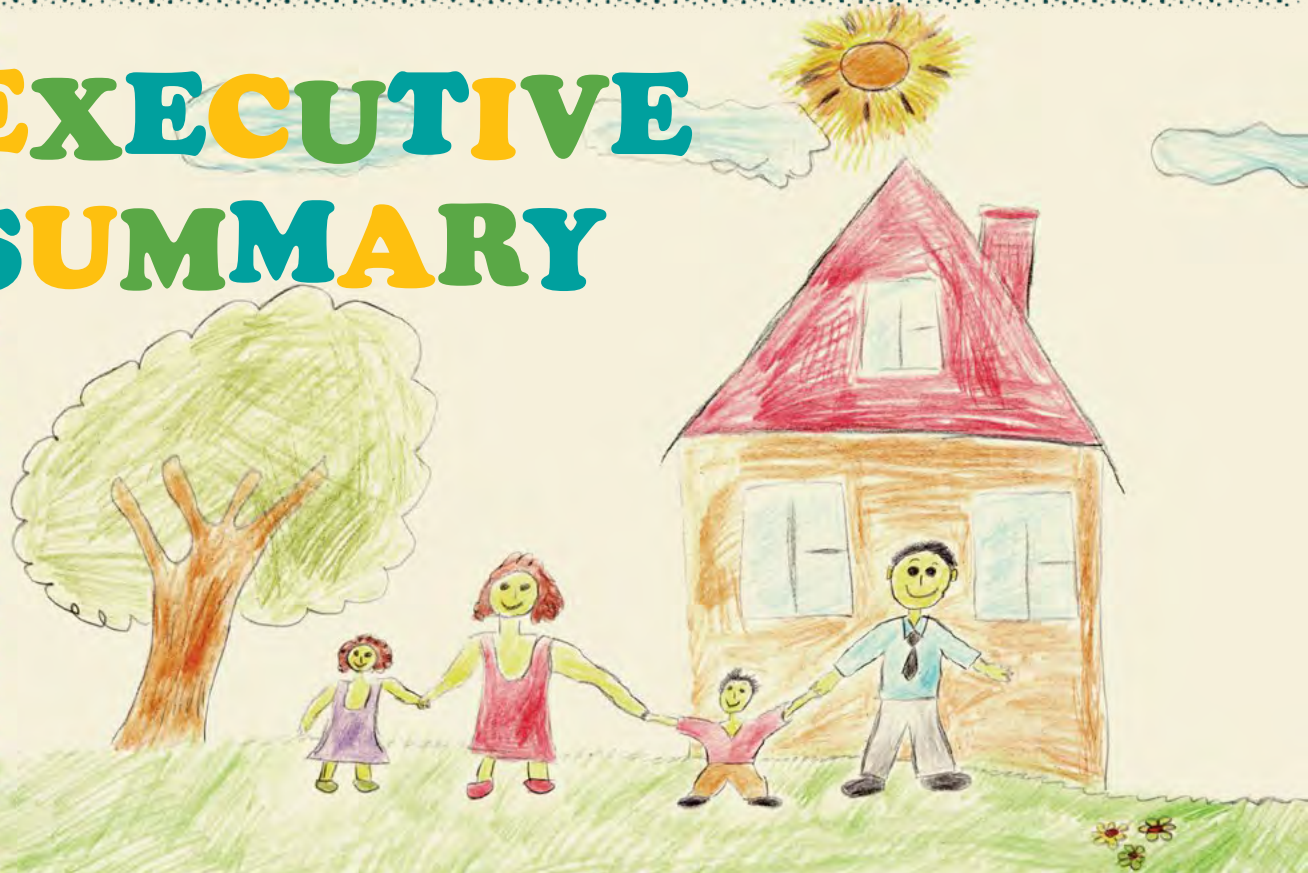
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This report was developed by the Sorenson Impact Institute at the University of Utah’s David Eccles School of Business. Sorenson Impact works with public, nonprofit, and private sector stakeholders to develop, structure, and mobilize capital for innovative and data-driven approaches to difficult social and public health challenges. This report was authored by Dr. Tiana Rogers, Dr. Heather Bomsta, Brooke Heaton, Annie Kaufman, Danika Borcik, Timothy Schoof, Hannah James, and Andrew Garrett.

The Kem C. Gardner Policy Institute, also at the University of Utah’s David Eccles School of Business, completed a series of roundtable discussions, individual interviews, and deliberative group discussions to contribute to the needs assessment. This qualitative report is attached as Appendix C to this report. This work benefited from the partnership of multiple Utah state agencies, including the Department of Health and Human Services, the Department of Workforce Services, and the State Board of Education. In addition, numerous private service providers, Head Start entities, early childhood advocacy leaders, and members of the Early Childhood Utah Advisory Council contributed valuable insight and assistance.

EXECUTIVE SUMMARY



Utah's 2024 Preschool Development Grant (PDG B-5) Needs Assessment (NA) was conducted by the Sorenson Impact Institute and the Kem C. Gardner Policy Institute (both at the University of Utah). Quantitative and qualitative research methods were used to update previous assessments of Utah's early childhood (EC) care and education system, henceforth referred to as the EC system, specifically covering the period from 2019 through 2023.

Despite the turbulence of the COVID-19 pandemic, Utah's EC system has made significant progress since the first PDG B-5 NA was completed in 2019. Key achievements include the realignment of some state governance structures, the rapid implementation of optional full-day kindergarten (OFDK), and effective pandemic responses benefiting families and young children. While COVID-19 posed challenges, it also led to notable successes, such as the statewide pandemic response of the Utah State Board of Education's (USBE) Child Nutrition Programs (CNP) and the adoption of teleservices, which continued post-pandemic, enhancing accessibility and communication.

Utah EC System Successes:

- The Utah Department of Health (DOH) and the Department of Human Services (DHS) merged to become the Department of Health and Human Services (DHHS), in an effort to develop an integrated EC system to better support families.
- Optional full-day kindergarten was rolled out in fall 2023, and parents of 77% of preschoolers in public school programs chose to enroll in the longer-day program, rather than more part-time options.
- Utah's child care system capacity expanded by 31% due to federal COVID-19 funding.
- The expansion of state and federal food assistance programs during the pandemic reduced child hunger across Utah—with child food insecurity rates falling from 14.7% in 2017 to 9.8% in 2021.¹

¹ 2021 is the most recent year for which data was available at the time this report was written. Data is only provided in aggregate age groups (all ages, children under 18, older adults and seniors). Source: Feeding America. (2022). *Food Insecurity Among Child Population (<18) in Utah*. <https://map.feedingamerica.org/county/2021/child/utah>



- The introduction and expansion of teleservices reduced barriers for Utahns to access health care and other services.

No system is ever 'complete.' Systems are dynamic and rapidly changing in response to societal and environmental conditions. Future focus areas for Utah's EC system include children's health insurance coverage, access to care, early intervention, and maintaining food security gains. Additionally, there's a need to stabilize the child care sector and to foster a more coordinated and collaborative approach across the EC system.

Areas Where Needs Were Identified:

- *American Indian/Alaska Native (AI/AN) Children.* Utah has eight federally-recognized tribal nations and is home to many AI/AN families living in and outside these nations. AI/AN children in Utah are all too-frequently at the bottom on health and wellness measures. Interviews with EC stakeholders indicated confusion over how to navigate federal, state and tribal jurisdictional issues, resulting in a tendency to see this population as not within their sphere of responsibility.
- *Hispanic/Latinx Children.* People of Hispanic/Latinx heritage are Utah's largest racial/ethnic population and the state's fastest growing child population, yet Hispanic/Latinx children score low on health and well-being measures. Qualitative conversations captured concerns from many stakeholders, parents, and caregivers in this community regarding the difficulty of finding information on state websites regarding programs' public charge implications. Parents/caregivers who were more comfortable in their primary language struggled to find translations for some webpages and paperwork, and said there were not enough translation services available. These issues resulted in fear and frustration.
- *Uninsured Children.* Utah has one of the highest rates of uninsured children in the country. Medicaid/CHIP coverage for children surged during the pandemic due to federal provisions banning disenrollment. As those protections ended, Utah began to recertify eligibility. Significant numbers of children in Utah are expected to lose their health coverage.
- *Medicaid Provider Shortages.* The Gardner Institute's 2023 deliberative sessions highlighted parent frustrations finding healthcare providers who accepted Medicaid. Session participants said these issues were even more serious in rural areas and if a family wanted a provider who spoke their primary language.
- *General Provider Shortages.* Even parents with non-Medicaid insurance expressed frustration over finding providers in

rural areas, particularly when seeking providers trained in early childhood specialty areas, and especially in the area of early childhood mental health and diagnoses.

- *Child Hunger.* Child food security improved during the pandemic due to expanded federal aid and the responsive work of USBE’s CNP. As pandemic funding sunsets, there were concerns that more Utahn children could return to being hungry again. Lack of access to healthy and nutritious food in early childhood can stunt growth and development, with lifelong consequences.
- *Child Care.* Utah’s child care capacity did not meet demand pre-pandemic or even after a federal pandemic-fueled capacity expansion during the pandemic. Many worried that the end of federal pandemic funding would cause providers to close, reducing system capacity further. When parents cannot find or afford safe care for their children often one parent is forced to reduce work hours or leave the workforce. The resulting reductions to family finances and workforce participation would impact Utah’s economy. In 2022, experts estimated the child care gap cost the state \$1.36B annually in lost tax revenue.²
- *System Thinking.* Recent organizational mergers have brought more focus and coordination among the state’s EC entities, but mindsets need to expand to create a more inclusive, collaborative system for all EC stakeholders, state *and* non-state. Making progress on many complex EC issues will require collaboration across entities and at multiple levels.

Overall, Utah has made strides in enhancing its EC system, but continued investment, innovation, and collaboration are necessary to ensure the well-being of its youngest citizens.

Commonly-Used Acronyms

These terms appear frequently throughout this document. For a full list of acronyms, please see Appendix A.

Acronym	Definition
AI/AN	American Indian/Alaska Native
DHHS	Department of Health and Human Services
DWS	Department of Workforce Services
DWS-OCC	Department of Workforce Services, Office of Child Care
EC	Early Childhood
ECU	Early Childhood Utah Advisory Council
FPL	Federal Poverty Level
IGP	Intergenerational Poverty
K-3	Kindergarten through third grade; approximately covers the school grades of children in the PDG target population (through eight years old)
MBDDs	Mental, Behavioral, or Developmental Disorders
OEC	Office of Early Childhood, Utah Department of Health and Human Services
SY	School Year
USBE	Utah State Board of Education

² US Chamber of Commerce Foundation (2022) *Untapped Potential in Utah: How childcare impacts Utah’s workforce productivity and the state economy.* https://uw.org/wp-content/uploads/UntappedPotential_UTAH_011223_DIGITAL.pdf.

INTRODUCTION



Importance of Early Childhood

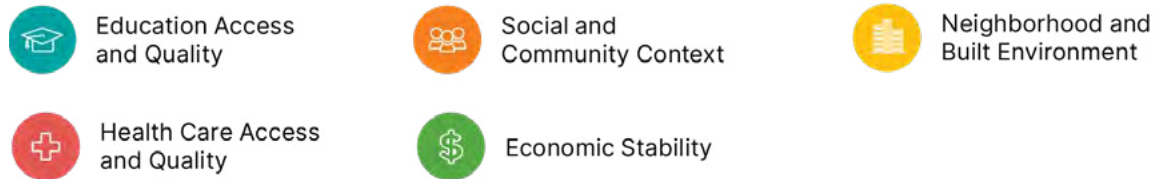
EC is a critical time because positive childhood experiences can result in increased individual and family health in adulthood, while negative childhood experiences can diminish lifelong health.³ For example, brain development in a child's earliest years sets the foundation for future learning, behavior, and health. Infants' brains form one million neural connections every second.⁴ Responsive caregiving supports this rapid and compounding brain development, as neural connections are built and strengthened through responses aligned with the child's communication and social cues. When parents and caregivers receive support to provide responsive caregiving early in a child's life, the potential to capture and strengthen billions of neural connections in the first years of life grows.⁵

In addition to the importance of brain development, conditions in a child's life that are beyond their control, referred to as social determinants of health (SDOH), can impact other physical and physiological functions of the body. Adverse conditions at home can result in chronic stress, which causes the release of excessive amounts of stress hormones and can lead to prolonged inflammation in the body.⁶ These physical responses are detrimental to children's healthy development, and are

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- 3 Daines, C. L., Hansen, D., Novilla, M. L. B., & Crandall, A. (2021). Effects of Positive and Negative Childhood Experiences on Adult Family Health. *BMC Public Health*, 21(1). <https://doi.org/10.1186/s12889-021-10732-w>
 - 4 Center on the Developing Child, Harvard University. (2019, August 20). *Brain Architecture*. <https://developingchild.harvard.edu/science/key-concepts/brain-architecture/>
 - 5 *Serve and Return*. (2020, January 27). Center on the Developing Child, Harvard University. <https://developingchild.harvard.edu/science/key-concepts/serve-and-return/>
 - 6 Shonkoff, J. P., Garner, A. S., Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, & Section on Developmental and Behavioral Pediatrics. (2012). The Lifelong Effects of Early Childhood Adversity and Toxic Stress. *Pediatrics*, 129(1), e232–e246. <https://doi.org/10.1542/peds.2011-2663>

linked to an increased risk of health issues in adulthood.⁷ To enable children to develop into healthy adults, they need to be surrounded by systems that support their overall health and well-being during critical early years.

Social Determinants of Health



Source: Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Early investment in young children results in increasing economic returns for communities. In 2017, Dr. James Heckman, a Nobel Prize-winning economist at the University of Chicago, found that investing in high-quality programs to support infants and toddlers resulted in a 13% return on investment per year. Children who attended high-quality care and education programs had better outcomes in educational attainment, health care, social development, and economic advancement, which can decrease the need for more costly interventions later in life.⁸

Previous Early Childhood Studies and Reports

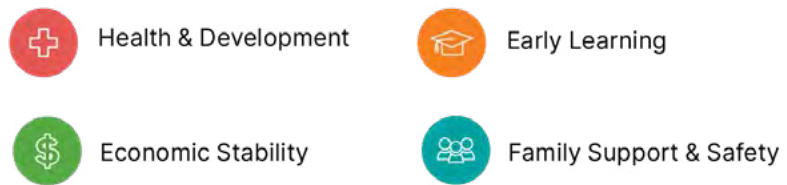
In December 2017, the Utah Department of Workforce Services, Office of Child Care (DWS–OCC) and the Utah Education Policy Center completed an Early Childhood Services Study. This study established a framework of four EC domains (see Figure 1), evaluated EC programs and resources, and identified essential elements of a well-functioning EC system.⁹

- 7 Luby, J. L., Constantino, J. N., & Barch, D. M. (2022). Poverty and Developing Brain. *Cerebrum: The Dana forum on brain science*, 2022, cer-04-22. <https://pubmed.ncbi.nlm.nih.gov/35813304/>
- 8 García, J. L., Heckman, J. J., Leaf, D. E., and Prados, M. J. (2019). *Quantifying the Life-cycle Benefits of a Prototypical Early Childhood Program*. NBER Working Paper No. 23479. JEL No. C93,I28,J13. <https://heckmanequation.org/wp-content/uploads/2017/01/w23479.pdf>
- 9 Utah Education Policy Center. (2017). *Early Childhood Services Study*. <https://jobs.utah.gov/occ/EarlyChildhoodServicesStudy.pdf>





Figure 1. Utah’s Early Childhood Domains



In December 2018, the DWS–OCC was awarded federal PDG B-5 funding to analyze Utah’s EC system, including its systems and programs. The Sorenson Impact Institute¹⁰ and the Kem C. Gardner Policy Institute, both at the University of Utah, conducted research and community engagement sessions to assess the developing EC system in the state. The resulting needs assessment¹¹ and strategic plan¹² outlined the status of Utah’s EC system and provided a roadmap to strengthen programs and system processes.

The 2023/24 PDG B-5 Needs Assessment and Strategic Plan

The purpose of Utah’s 2024 PDG B-5 Needs Assessment was to evaluate changes in Utah, its birth through eight population, and the EC system from 2019 through 2023. A key component of this work is qualitative data collected by the Gardner Policy Institute from EC program managers and leaders, service providers, and parents/caregivers across Utah. These findings are integrated into this document, and also appear in full in Appendix C. In accordance with federal PDG B-5 guidelines, the needs identified in this document inform a statewide PDG B-5 strategic plan that outlines goals and actions designed to increase EC system responsiveness to Utah’s families and children.

The DHHS Office of Early Childhood (OEC) mandated three significant changes to the 2023/24 NA process. OEC chose to expand the PDG B-5 age range from birth through five to birth through eight, in alignment with updated EC definitions.¹³ They also asked for an increased focus on differences in child outcomes and children from underserved populations. Finally, this assessment had to cover the effects of COVID-19 on children, their families, and Utah’s EC system.

10 The Sorenson Impact Center became the Sorenson Impact Institute in mid 2023.
 11 Sorenson Impact Center. (2019). *B-5 Needs Assessment*. Office of Child Care - Department of Workforce Services. <https://jobs.utah.gov/occ/need-sassessment.pdf>
 12 Sorenson Impact Center. (2019). *Preschool Development Grant B-5 Strategic Plan*. Office of Child Care - Department of Workforce Services. <https://jobs.utah.gov/occ/pdgb5.pdf>
 13 Whyte, K. L., Coburn, C. E. (2022, December). Understanding Kindergarten Readiness. *University of Chicago Press Journals*. <https://www.journals.uchicago.edu/doi/10.1086/721773>

The COVID-19 Pandemic and its Impact on Utah Children

All Utah schools were mandated to close from March 2020 through the remainder of the school year in response to coronavirus disease (COVID-19).¹⁴ At the beginning of the following academic year (2020-2021), most schools in Utah were open for in-person instruction.¹⁵

Though COVID-19 largely spared children, there were 1,665 school-aged children (ages five through 17) in Utah hospitalized through October 2023 due to the virus. For children from birth up to age one, there were fewer than five deaths associated with COVID-19 in Utah; among children aged one through 14 there were 11 deaths.¹⁶ COVID-19 vaccination rates for children between six months and four years old in Utah in 2021 were very low, with only four percent¹⁷ having completed the primary COVID-19 vaccination series. For children ages five to 11 and 12-18, that rate was 32% and 64%, respectively.¹⁸ More information about the impacts of COVID-19 on children in Utah will be covered throughout the remaining sections of this document.

The NA contains three primary sections:



Section 1

Presents a snapshot of children in Utah, focusing special attention on underserved child populations



Section 2

Discusses systems that impact and focus on EC issues in Utah



Section 3

Outlines programmatic elements and support services for Utah's families with children from birth through age eight

14 Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus.

15 Burbio. (2020). *School Opening Tracker*. <https://about.burbio.com/school-opening-tracker>

16 The Office of the Governor of the State of Utah. (2023). *Case counts: Coronavirus*. [Coronavirus.utah.gov](https://coronavirus.utah.gov/case-counts/). <https://coronavirus.utah.gov/case-counts/>

17 Unless necessary to provide detailed comparison, all percentages will be rounded to the nearest whole number.

18 The Office of the Governor of the State of Utah. (2021, June 17). *COVID-19 vaccine information*. [Coronavirus.utah.gov](https://coronavirus.utah.gov/vaccine). <https://coronavirus.utah.gov/vaccine>



UTAH'S CHILDREN

Birth Through Eight



Common Acronyms in Section 1

Acronym	Definition
ACEs	Adverse Childhood Experiences
AI/AN	American Indian/Alaska Native
FC	Foster Care
FPL	Federal Poverty Level
IGP	Intergenerational Poverty
MBDDs	Mental, Behavioral, or Developmental Disorders
NESS	Necessarily Existent Small Schools
PCEs	Positive Childhood Experiences
POC	People of Color
PPD	Postpartum Depression
SDOH	Social Determinants of Health

For a full list of acronyms, please refer to Appendix A.

Demographics

Key Takeaways

- In 2023, children from birth through eight represented 13% of Utah's population.
- Despite falling fertility rates, Utah still had one of the youngest populations in the nation in 2023.
- Population predictions by the Kem C. Gardner Policy Institute based on U.S. Census data for Utah show the racial/ethnic makeup of Utah's child population is shifting. By 2060, children of color could represent nearly half of the Utah birth through eight population.

Children from birth through eight make up more than 10% of the US population, but in Utah this group of children represents almost 13% of the state's population (see Table 1). Utah's disproportionately large number of young children has statewide funding and policy implications.

Utah once had the highest fertility rate in the country, but in 2023 was ranked number five.¹⁹ From 2010 to 2023, the state's fertility rate dropped by almost 22%.²⁰ Despite falling fertility rates, Utah still had one of the youngest populations in 2023 compared to national averages (see Median Age in Table 1).²¹ In 2022, there were 437,328 children from birth through eight in the state (see Table 2).²²

19 States with higher fertility rates are Alaska, Nebraska, North Dakota, and South Dakota. Source: The Center for Disease Control and Prevention. (2023, February 10). *Fertility Rates by State*. https://www.cdc.gov/nchs/pressroom/sosmap/fertility_rate/fertility_rates.html

20 Mullen, H. (2023, August 20). *Why aren't Utahns having kids and more kids?* The Salt Lake Tribune. <https://www.sltrib.com/news/2023/08/20/why-arent-utahns-having-kids-more/>

21 Osterman, M. J. K., Hamilton, B.E., Martin, J. A., Driscoll, A. K., & Valenzuela, C. P. (2023). Births: Final data for 2021. *National Vital Statistics Reports* 72(1). <https://doi.org/10.15620/cdc:122047>

22 US Census Bureau. (2023, June 20). *State Population by Characteristics: 2020-2022*. <https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-detail.html>

Historically, Utah population growth has been driven by children being born in Utah but an increasing share of the population growth among children in 2023 was driven by children moving to Utah, rather than being born in the state.²³

Table 1. Select Demographics, Utah and National, 2022

	Total Population	Number of Children Under 8 years	Population Growth Rate	Median Age (in years)	Average Household Size
Utah	3,380,800	437,328	1.2%	31.9	3.08
National	333,287,557	34,529,619	0.4%	38.9	2.50

Source for national data: US Census Bureau. (2023a, June 20). *National Population by Characteristics: 2020-2022*. <https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html>

Source for Utah data: US Census Bureau. (2023b, June 20). *State Population by Characteristics: 2020-2022*. <https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-detail.html>

Table 2. Utah Single-Year Age Population Estimates, Ages Birth Through Eight, 2022

Age	Population
Under 1	46,679
1	45,123
2	46,928
3	46,864
4	47,480
5	49,183
6	51,203
7	51,874
8	51,994
Total Birth Through Eight	437,328

Source: US Census Bureau. (2023, June 20). *State Population by Characteristics: 2020-2022*. <https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-detail.html>

Race/Ethnicity

As Utah's population continues to grow, the state's racial and ethnic composition continues to change. Demographers project that by 2065, 35% of Utah's population will be made up of people who identify as People of Color (POC).²⁴ This shift will be more dramatic among younger age groups. In 2010, only one in five (20%) Utahns from birth through five²⁵ identified as POC; by 2065, 75% of children under age five will identify as POC.²⁶ Currently, the majority of Utah's young children are non-Hispanic white, with Hispanic/Latinx children making up the second largest group (see Figure 2). In 2022, more than

23 Kem C. Gardner Policy Institute. (2023). *Utah State and County-Level Estimates. State and County-Level Estimates*. <https://gardner.utah.edu/demographics/state-and-county-level-population-estimates/> <https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-detail.html>

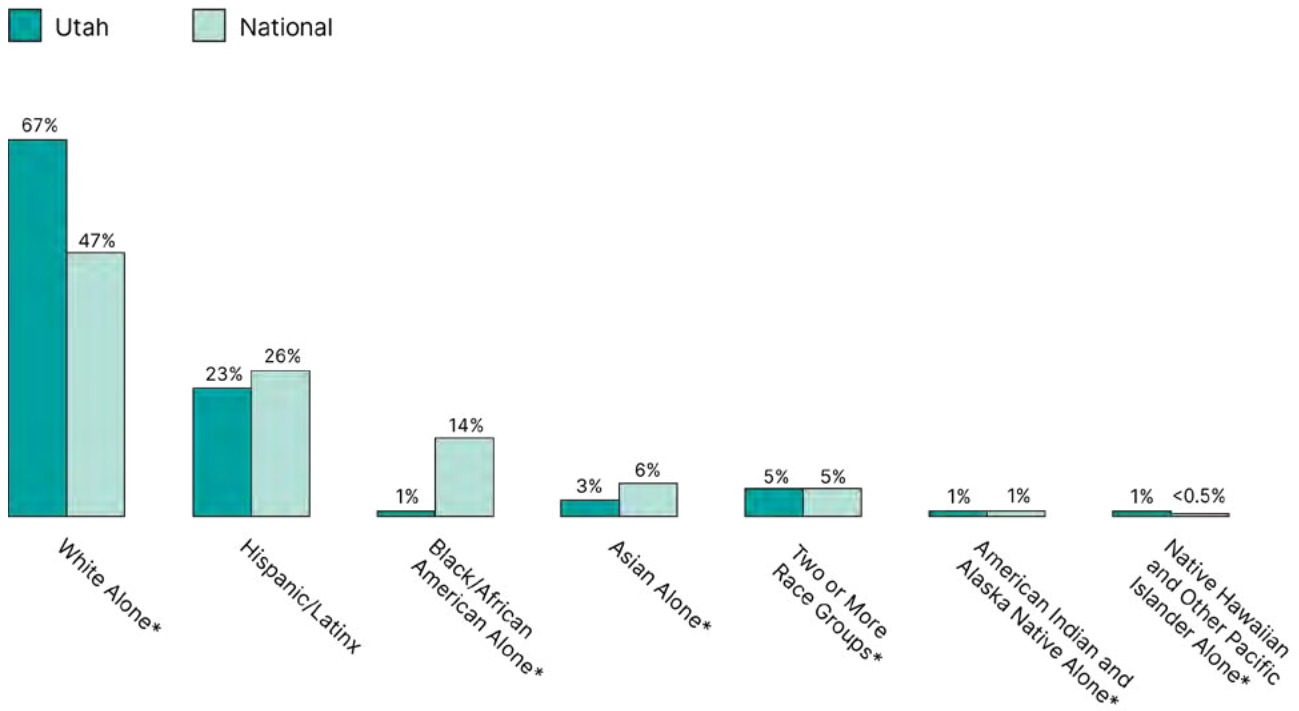
24 Hollingshaus, M., Harris, E., & S. Perlich, P. (2019). *Utah's Increasing Diversity: Population projections by race/ethnicity*. The University of Utah. <https://gardner.utah.edu/wp-content/uploads/Utah-Projections-Race-Ethnicity-2019.pdf>

25 Available data existed for only this age group and was not available for children birth through eight.

26 Hollingshaus, M., Harris, E., & S. Perlich, P. (2019). *Utah's Increasing Diversity: Population projections by race/ethnicity*. The University of Utah. <https://gardner.utah.edu/wp-content/uploads/Utah-Projections-Race-Ethnicity-2019.pdf>.

41% of Utah children from birth through eight identified as having Hispanic origins, making the needs of this child population and their families highly significant.^{27, 28}

Figure 2. Child Population Under Four Years Old by Race and Ethnicity, Utah and US, 2022



*Non-Hispanic

Source: KIDS COUNT Data Center. (2023, July). *Selected Indicators for Utah*. Annie E. Casey Foundation. <https://datacenter.aecf.org/data/customreports/46/8446>

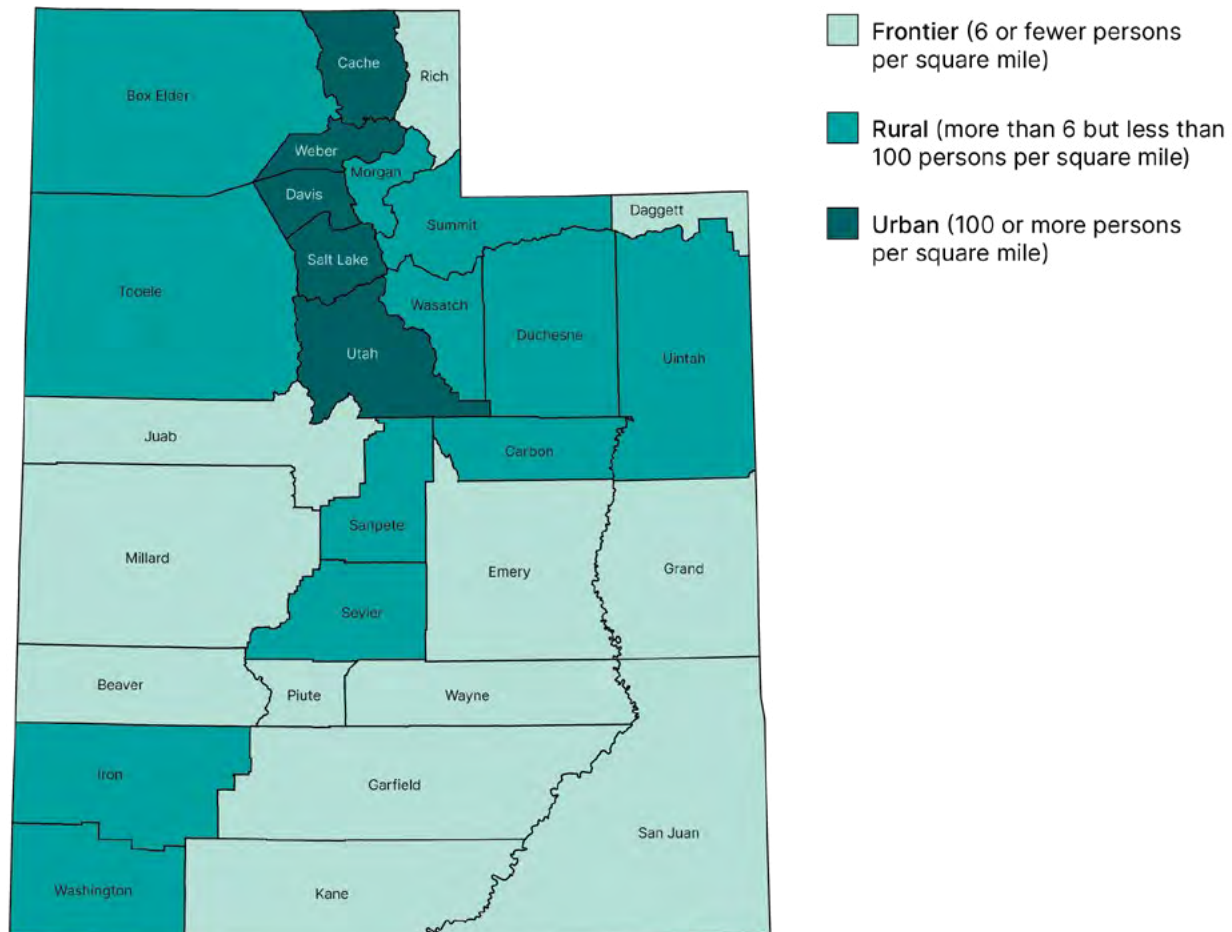
27 US Census Bureau. (2023, June 20). *State Population by Characteristics: 2020-2022*. <https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-detail.html>

28 It is important to note that the most recent US Census separated ethnic origin from race, allowing people to identify as being of Hispanic origin while also belonging to one or more racial groups. Source: US Census Bureau. (2021). *Measuring Racial and Ethnic Diversity for the 2020 Census*. <https://www.census.gov/newsroom/blogs/random-samplings/2021/08/measuring-racial-ethnic-diversity-2020-census.html>

Population Distribution

Utah is classified as an urban state because 90% of its population resides in urban areas, making it the eighth most urbanized state in the US.²⁹ However, more than three-quarters (77%) of Utah's geography is classified as rural.³⁰ The US defines areas as urban if they have at least two thousand housing units, or five thousand people.³¹ Salt Lake, Utah, Davis, Cache, and Weber counties are urban counties.³² Though there is no one definition of "rural" at the state level, there is strong consensus that the remainder of Utah counties be classified as rural; further identified "frontier" counties are areas with fewer than six people per square mile (see Figure 3).³³

Figure 3. Counties of Utah by Population Classification, 2023



29 Bateman, M. (2023, January 3). *New 2020 Census Urban Areas Released*. Kem C. Gardner Policy Institute. <https://gardner.utah.edu/blog-new-2020-census-urban-areas-released/>

30 Kem C. Gardner Policy Institute. (2017). *Utah Legislative Policy Summit 2017*. <https://gardner.utah.edu/wp-content/uploads/RuralUtahSheet.pdf?x71849#:~:text=%E2%88%8E%20While%20the%20rural%20region,to%2012%25%20of%20the%20population>

31 The definition of urban includes an "urban core" with 425 houses per square mile, and the boundaries end at the point where there are fewer than 200 houses per square mile. Source: US Census Bureau. (2022). *Census Urban Areas FAQ*. https://www2.census.gov/geo/pdfs/reference/ua/Census_UA_2020FAQs.pdf

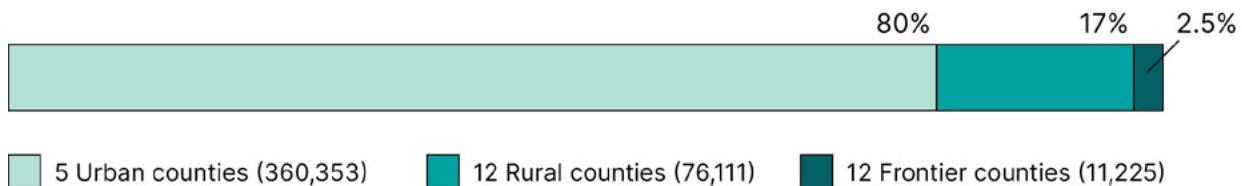
32 Utah Department of Health. (2021, June 28). *County Classifications in Utah*. <https://ibis.health.utah.gov/ibisph-view/pdf/resource/CountyClassificationsInfo.pdf>

33 Unless otherwise specified, in this report the term "rural" includes both rural and frontier counties.

Rural counties in Utah differ greatly from each other. Both Washington and Daggett counties are classified as rural but in the 2021-2022 school year, Washington County had 53 schools with 36,255 students while Daggett County had only three schools with 187 students.^{34, 35} Similarly, Summit and Juab counties are both defined as rural, but are very distinct. Summit County includes Park City, where the median income is more than \$40K more than the statewide median income.^{36, 37, 38} The west two-thirds of Juab County has 112 residents with more than 40% identifying as AI/AN and a median income roughly \$30K below the state median income.³⁹ This report mindfully seeks to highlight both highs and lows within the rural categorization, while also keeping in mind the differences between counties in this category.

In 2019, Salt Lake County had the largest population of children from birth through eight with an estimated 154,540 children. Daggett County had the smallest estimated population of young children with 85 children age birth through eight.⁴⁰ Among Utah children birth through eight, 80% lived in urban counties in 2020, while 17% lived in rural counties and nearly three percent lived in frontier counties (see Figure 4).

Figure 4. Population Distribution of Children Birth Through Eight by County Geographic Type, 2020



Source: Utah Department of Health and Human Services. (2021, September 24). *Utah's Public Health Data Resource*. IBIS Health Utah. <https://ibis.health.utah.gov/ibisph-view/query/result/pop/PopMain/Count.html>

Although Utah remained the youngest state in the nation in 2023,⁴¹ it followed trends seen in every state in the US, with Utah fertility rates decreasing from 2010 to 2020. During this time, Utah's fertility rate decreased by 22% as its ranking fell from the most fertile state to the fifth most fertile state.^{42, 43}

34 Utah State Board of Education. (2022). *Washington County Profile*. <https://reportcard.schools.utah.gov/District/Profile?DistrictID=1002&schoolyear=2022>

35 Utah State Board of Education. (2022). *Daggett County Profile*. <https://reportcard.schools.utah.gov/District/Profile?DistrictID=300&schoolyear=2022>

36 United States Census Bureau. (2021). *Park City Quick Facts*. <https://www.census.gov/quickfacts/fact/table/parkcity-cityutah/PST045222>

37 United States Census Bureau. (2021). *Utah Quick Facts*. <https://www.census.gov/quickfacts/fact/table/UT/PST045222>

38 The US Census Bureau reported the Utah median income from 2017-2021 was \$79,133. Source: United States Census Bureau. (2022). *Utah Quick Facts*. <https://www.census.gov/quickfacts/fact/table/UT/PST045222>

39 United States Census Bureau. (2021). *American Community Survey 5-year Estimates*. Census Reporter Profile page for West Juab CCD, Juab County, UT. <http://censusreporter.org/profiles/06000US4902393913-west-juab-ccd-juab-county-ut/>

40 Kem C. Gardner Policy Institute. (2022, June). *Utah State and County Annual Population Estimates by Single Year of Age and Sex: 2010-2019*. <https://gardner.utah.edu/demographics/state-and-county-level-population-estimates/state-county-pop-estimates-age-and-sex-2010-2019/>

41 Williams, C. (2023, June 23). Census Data: These two Utah counties have the lowest median ages in the nation. *KSL*. <https://www.ksl.com/article/50672023/census-data-these-2-utah-counties-have-the-lowest-median-ages-in-the-nation>

42 Harris, E. (2022, July). *A Decade of Declining Fertility in Utah, the Intermountain West, and the Nation: 2010-2020*. Kem. C. Gardner Policy Institute. <https://gardner.utah.edu/wp-content/uploads/Fertility-RB-Jul2022.pdf?x71849>

43 The Center for Disease Control and Prevention. (2023, February 10). *Fertility Rates by State*. https://www.cdc.gov/nchs/pressroom/sosmap/fertility_rate/fertility_rates.html

Child Poverty

Key Takeaways

- Poverty⁴⁴ negatively impacts healthy growth and development in children which has lifelong implications.
- The effect of living in poverty as a child is cumulative; the longer a child grows up in poverty the higher their likelihood of remaining in poverty throughout their lives.
- The US child poverty rate, as measured by the Supplemental Poverty Measure, dropped significantly in 2020 and 2021 due to federal COVID-19 relief funding, but rose again in 2022 after most pandemic-era funding programs expired and inflation rose.
- Utah has the second lowest rate of child poverty, but followed a similar trend with a decrease in child poverty during the pandemic-aid period, followed by an increase in child poverty in 2022.
- Similar to national trends, child poverty rates in Utah are higher for infants and children.

Cognitive and Physical Impacts of Child Poverty

Children who are exposed to poverty at earlier points in life and for longer durations face greater risks of poor health during and beyond childhood.⁴⁵ Brains of children who experience poverty display below-average development of gray and white brain matter when compared to children who do not live in poverty.^{46, 47, 48} Such development patterns remain through adulthood, causing a lifetime of reduced employment potentials.

Additionally, living in poverty causes children to experience detrimental rates of chronic stress and exposure to harmful environments. Prolonged exposure to high levels of stress hormones can change gene expression in ways that damage the brain.⁴⁹ Frequent exposure to harmful environments such as toxins⁵⁰ and reduced access to adequate nutrition, green space, and health care, can impact children's healthy physical development.⁵¹ Such early life experiences dictate the development of children's minds for years to come, adversely impacting Utah's ability to build healthy communities.

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- 44 "Poverty status is determined by comparing annual income to a set of dollar values (called poverty thresholds) that vary by family size, number of children, and the age of the householder. If a family's before-tax money income is less than the dollar value of their threshold, then that family and every individual in it are considered to be in poverty." Source: Benson, C. (2022, October). *Poverty: 2019 and 2021*. US Census Bureau. <https://www.census.gov/content/dam/Census/library/publications/2022/acs/acsbr22-014.pdf>
- 45 Chaudry, A., & Wimer, C. (2016). Poverty is Not Just an Indicator: The relationship between income, poverty, and child well-being. *Academic Pediatrics*, 16(3 Suppl), S23–S29. <https://doi.org/10.1016/j.acap.2015.12.010>
- 46 Hair, N. L., Hanson, J. L., Wolfe, B. L., & Pollak, S. D. (2015). Association of Child Poverty, Brain Development, and Academic Achievement. *JAMA pediatrics*, 169(9), 822–829. <https://doi.org/10.1001/jamapediatrics.2015.1475>
- 47 Dufford, A. J., Evans, G. W., Dmitrieva, J., Swain, J. E., Liberzon, I., & Kim, P. (2020). Prospective associations, longitudinal patterns of childhood socioeconomic status, and white matter organization in adulthood. *Human Brain Mapping*, 41(13), 3580–3593. <https://doi.org/10.1002/hbm.25031>
- 48 Together, gray and white matter enable brain functionality. Source: Filley, C. M., & Fields, R. D. (2016). White Matter and Cognition: Making the connection. *Journal of Neurophysiology*, 116(5), 2093–2104. <https://doi.org/10.1152/jn.00221.2016>
- 49 Luby, J. L., Constantino, J. N., & Barch, D. M. (2022). Poverty and Developing Brain. *Cerebrum: the Dana Forum on brain science*, 2022, cer-04-22.
- 50 Such as lead in water or housing materials which can lead to brain damage in children. Centers for Disease Control and Prevention. (2021). *Populations at Higher Risk*. <https://www.cdc.gov/nceh/lead/prevention/populations.htm>
- 51 Luby, J. L., Constantino, J. N., & Barch, D. M. (2022). Poverty and Developing Brain. *Cerebrum: The Dana forum on brain science*, 2022, cer-04-22.

It is estimated that developmental differences in the brain's frontal and temporal lobes may account for as much as 15% to 20% of academic achievement gaps of children from low-income households.⁵² Children experiencing poverty are more likely to score lower on standardized tests, have lower grades, repeat grades, and drop out of high school than children not living in poverty.⁵³ Research suggests that lack of educational achievement in childhood may limit employment options in adulthood, perpetuating the cycle of poverty if adults cannot earn enough to adequately support themselves or their families.⁵⁴

Defining and Measuring Poverty

Defining and measuring poverty is complex. It is equally important because of the extraordinarily high costs of poverty to children and families. Measuring poverty provides information about the overall economy and the effects of poverty on government, communities, and families.⁵⁵ Two measures of poverty are most commonly used in the US today: the Official Poverty Measure and the Supplemental Poverty Measure.⁵⁶

The Official Poverty Measure, created in the 1960s, defines poverty by comparing pretax money income to a national poverty threshold adjusted by family composition and has been used as a benchmark of economic well-being since its adoption. The Supplemental Poverty Measure was released in 2011 and extends the Official Poverty Measure by accounting for several government programs that are designed to assist low-income families.⁵⁷ It includes factors like SNAP benefits, tax credits, expenses related to medical care, and it also accounts for variation in the cost of living across the country.⁵⁸

Child Poverty in the US and Utah

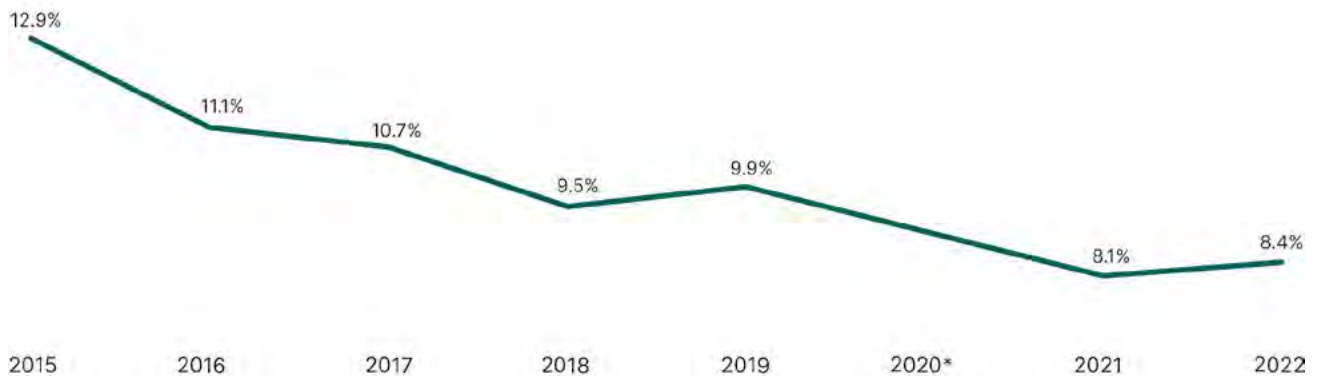
In the US, children generally experience poverty at higher rates than adults; in 2022 the national poverty rate was nearly 12%, while the child poverty rate was higher, at 15%.^{59, 60} Child poverty in the US, as measured by the Supplemental Poverty Measure, dropped significantly in 2020 and 2021, which the US Census Bureau tied to federal COVID-19 relief funding and temporary child tax credits,⁶¹ but rose again in 2022 more than seven percent after most of these measures expired.^{62, 63} The child

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- 52 Hair, N. L., Hanson, J. L., Wolfe, B. L., & Pollak, S. D. (2015). Association of Child Poverty, Brain Development, and Academic Achievement. *JAMA pediatrics*, 169(9), 822–829. <https://doi.org/10.1001/jamapediatrics.2015.1475>
- 53 Chaudry, A., & Wimer, C. (2016). Poverty is Not Just an Indicator: The relationship between income, poverty, and child well-being. *Academic Pediatrics*, 16(3 Suppl), S23–S29. <https://doi.org/10.1016/j.acap.2015.12.010>
- 54 Metzler, M., Merrick, M. T., Klevens, J., Ports, K. A., & Ford, D. C. (2017). Adverse childhood experiences and life opportunities: Shifting the narrative. *Children and Youth Services Review*, 72, 141–149. <https://doi.org/10.1016/j.childyouth.2016.10.021>
- 55 Dutta-Gupta, I. (2020, February 5). Measuring Poverty: Why it matters, and what should and should not be done about it. Center on Poverty and Inequality Georgetown Law. <https://docs.house.gov/meetings/GO/GO24/20200205/110451/HHRG-116-GO24-Wstate-Guptal-20200205.pdf>
- 56 Shrider, E. A. & Creamer, J. (2023). Poverty in the United States: 2022. US Census Bureau. <https://www.census.gov/content/dam/Census/library/publications/2023/demo/p60-280.pdf>
- 57 Ibid
- 58 Kilduff, L. (2022, January 31). How Poverty in the United States is Measured and Why it Matters. Population Reference Bureau. <https://www.prb.org/resources/how-poverty-in-the-united-states-is-measured-and-why-it-matters/>
- 59 Unless otherwise stated, all poverty rate measures in this document are Official Poverty Measures, rather than Supplemental Poverty Measures.
- 60 The Center for American Progress. (2022). *Data on poverty in the United States*. <https://www.americanprogress.org/data-view/poverty-data/>
- 61 Poverty in the United States: 2022. <https://www.census.gov/content/dam/Census/newsroom/press-kits/2023/ip-hi/20230912-iph-slides-poverty.pdf>
- 62 Casselman, B., & Depillis, L. (2023, September 12). Poverty rate soared in 2022 as aid ended and Prices Rose. *The New York Times*. https://www.nytimes.com/2023/09/12/business/economy/income-poverty-health-insurance.html?campaign_id=60&emc=edit_na_20230912&instance_id=0&nl=breaking-news&ref=cta®i_id=209009599&segment_id=144531&user_id=936f1c2ea45a293e5823685b06495aa2
- 63 See “Employment and Financial Assistance” section for more information.

poverty rate in Utah had been slowly decreasing since 2015 (see Figure 5), but rose slightly in 2022 to more than eight percent, the second lowest rate of child poverty in the nation (see Figure 6).⁶⁴ In 2021, 31% of Utah children lived in families earning between zero percent and 200% of the Federal Poverty Level (FPL).^{65, 66} However, similar to national trends, the youngest Utah children (zero to five) experienced a higher rate of poverty (more than 10%) in 2022 than any other age group (see Figure 7).⁶⁷ While children in Utah face poverty at lower rates compared to the national average, poverty continues to disproportionately affect Utah's youngest children.

Figure 5. Percentage of Utah Children Living in Poverty, 2015-2022*

Utah Children Under 18 Living Below the FPL



*2020 data not available due to COVID-19.

Sources:

Source for 2015 through 2022: US Census Bureau. (n.d.). *American Community Survey 1-Year Estimates*, Table S1701. <https://data.census.gov/table?q=child+poverty+in+utah+&tid=ACSST1Y2015.S1701>

Source for 2022: U.S. Census, American Community Survey, 2022. *Utah: Poverty Status Past 12 Months*. <https://data.census.gov/table/ACSST1Y2022.S1701?q=child%20poverty%20in%20utah>

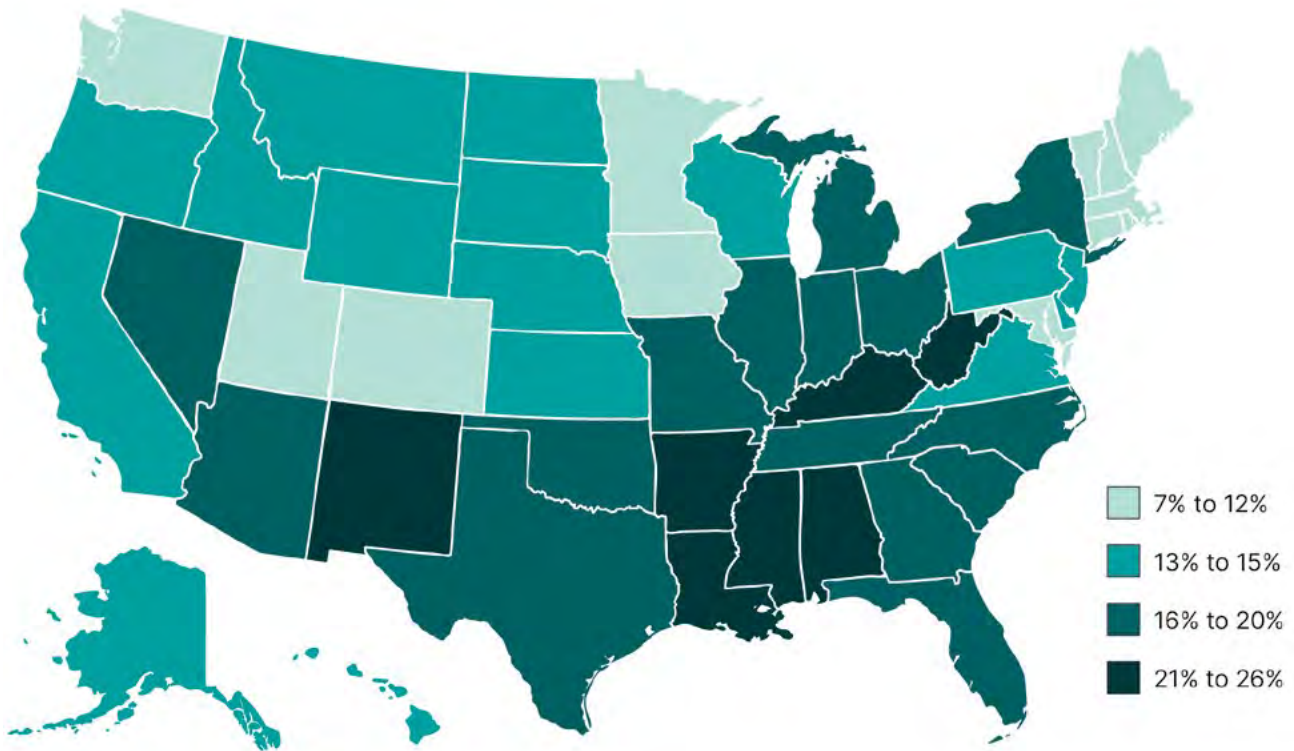
64 The Center for American Progress. (2022). *Poverty in the United States: Compare the States*. https://www.american-progress.org/data-view/poverty-data/poverty-data-compare-tool/?stateFilters=ut%2Cid%2Cwy%2Cnv&indicatorFilters=child_pov%2Cno_health_ins&yearFilter=2022

65 The Annie Casey Foundation. (2022, November). *Children Ages Birth To 8 Below 200% Poverty In The United States*. <https://datacenter.aecf.org/data/tables/7867-children-ages-birth-to-8-below-200-poverty?loc=1&loct=2#ranking/2/any/true/2048/any/15174>

66 In 2023, 200% of the FPL was \$49,720 for a family of three and \$60K for a family of four. Source: HealthCare.gov. (2023). *Federal Poverty Level*. <https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>

67 US Census Bureau. (n.d.). *American Community Survey 1-Year Estimates*, Table S1701. <https://data.census.gov/table?q=child+poverty+in+utah+&tid=ACSST1Y2015.S1701>

Figure 6. Child Poverty Rate by State, 2022



Source: KIDS COUNT Data Center. (2022). *Children in Poverty in the United States*. Annie E. Casey Foundation. <https://data-center.aecf.org/data/map/43-children-in-poverty?loc=1&loct=2#2/any/false/false/1095/any/322/Orange/>

Figure 7. Percentage of Utahns Living in Poverty by Age, 2022



Source: U.S. Census, American Community Survey, 2022. *Utah: Poverty Status Past 12 Months*. <https://data.census.gov/table/ACSST1Y2022.S1701?q=child%20poverty%20in%20utah>

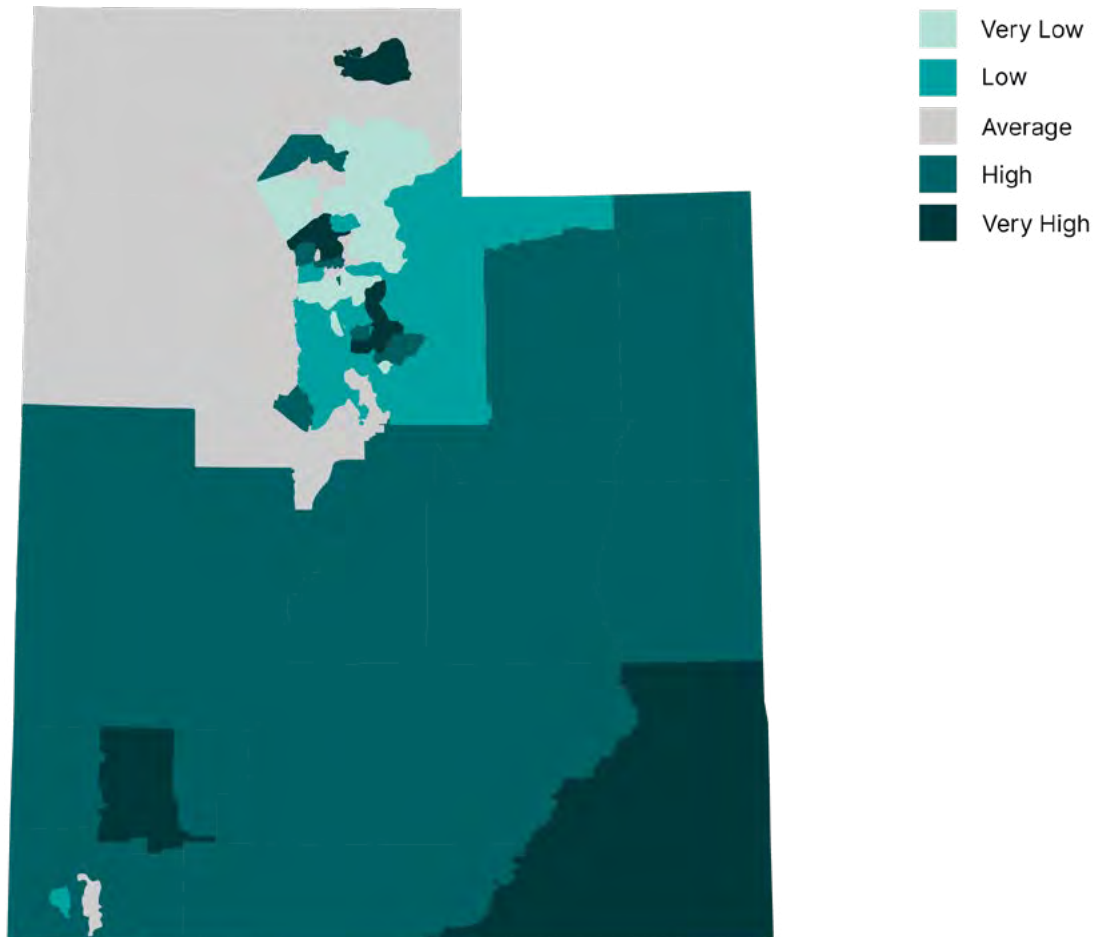
Geographic Disparities in Child Poverty

A child's geographic location is a SDOH, and can impact their physical health as much or more than their genetics.⁶⁸ Poverty in Utah, as is true in much of the US, is associated with zip code. Utah's

68 Centers for Disease Control and Prevention. (2022, December 8). *Social Determinants of Health at CDC*. <https://www.cdc.gov/about/sdoh/index.html>

Health Improvement Index (HII; see Figure 8)⁶⁹ measures factors related to SDOH using demographics and economic indicators to rate geographic areas on a scale from “very low deprivation” to “very high deprivation.”⁷⁰ The HII illustrates how, in the absence of effective intervention, location often impacts children’s future educational and economic opportunities. For example, Utah children residing in the highest deprivation areas are the least prepared to enter kindergarten, compared with peers from less deprived areas. Lack of kindergarten readiness has been linked to higher rates of chronic absenteeism and a lower likelihood of pursuing postsecondary education.⁷¹

Figure 8. Utah Health Improvement Index* Map, 2022



*The higher the score, the deeper the degree of deprivation people in that area experience.

Source: Public Health Indicator Based Information System. (2022). Health Indicator Report of Utah Health Improvement Index. Utah Department of Health and Human Services. <https://ibis.health.utah.gov/ibisph-view/indicator/view/HII.html>

69 For more information visit the Primary Care and Rural Health Website. Source: Utah Department of Health and Human Services. (n.d.). *Health Improvement Index (HII)*. Utah Office of Primary Care and Rural Health. <https://ruralhealth.health.utah.gov/2019/03/13/health-improvement-index-hii/>

70 Indicators in the HII are: Percent of population 25 or older with fewer than nine years of education, percent of population 25 or older with at least a high school diploma, median family income, income disparity, home-ownership rate, unemployment rate, percent of families below the poverty level, percent of population below 150% of the poverty threshold, and percent of single-parent households with children aged <18 years. Source: Utah Department of Health and Human Services. (n.d.). *Health Improvement Index (HII)*. <https://ruralhealth.health.utah.gov/uncategorized/health-improvement-index-hii/>

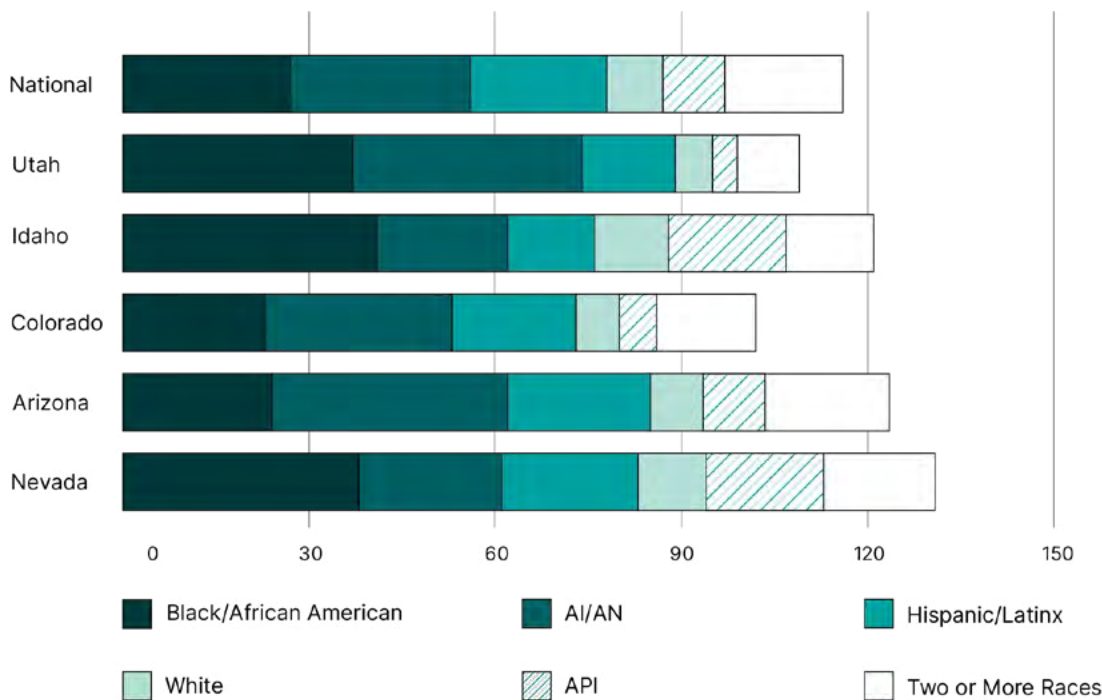
71 Fehn, A. (2021, October). *Area Deprivation and the P20W Pipeline*. Utah Data Research Center. https://udrc.ushe.edu/research/RA8_StudentDepriv/documents/RA8.pdf

Rurality is also associated with geographic child poverty differences in Utah (see Figure 8). The Utah Healthy Places Index (HPI) uses data mapping to delineate SDOH, encompassing factors such as education, air quality, and other indicators known to exhibit a positive correlation with life expectancy at birth. In Utah, the counties with the lowest scores (indicating significant demographic and socioeconomic challenges that impact health) are all rural counties (Rich, Weber, Duchesne, Uintah, Piute, Kane, and San Juan). In these lowest-scoring counties, other indicators related to poverty and well-being also lag state averages, such as per capita income, health insurance coverage, and preschool enrollment rates.⁷²

Racial/Ethnic Disparities in Child Poverty

Child poverty rates in Utah differ across racial and ethnic groups (see Figure 9). In 2021, while one percent of Utah children were Black/African American, 38% of children who lived in poverty were Black/African American. Similarly, while one percent of Utah children were AI/AN, 37% of children who lived in poverty were AI/AN, compared to only the six percent of children who lived in poverty identifying as non-Hispanic white, despite representing 73% of the youth population.⁷³ While Hispanic/Latinx,⁷⁴ non-Hispanic white, Asian/Pacific Islander (API), and children of two or more races fared better in Utah compared to national averages, poverty rates for AI/AN⁷⁵ and Black/African American children in Utah are higher than national rates.⁷⁶

Figure 9. Child Poverty Rates by Race and Ethnicity, US and Selected States, 2021



Source: Children's Defense Fund. (2023). *The State of America's Children*. <https://www.childrensdefense.org/wp-content/uploads/2023/05/SOAC-2023-Tables.pdf>

72 Utah Department of Health and Human Services. (2022). *Utah Healthy Places Index*. <https://map.utah.healthyplacesindex.org/>

73 Children's Defense Fund. (2023). *The State of America's Children*. <https://www.childrensdefense.org/wp-content/uploads/2023/05/SOAC-2023-Tables.pdf>

74 See "Hispanic/Latinx Children" section for more information.

75 See "American Indian/Alaska Native Children" section for more information.

76 Children's Defense Fund. (2023). *The State of America's Children*. <https://www.childrensdefense.org/wp-content/uploads/2023/05/SOAC-2023-Tables.pdf>

Household Composition Impacts Child Poverty

Similar to national statistics, single mothers (who lead 13% of Utah families) and their children in Utah were disproportionately susceptible to poverty in 2021; more than one-quarter of these households lived below the FPL.⁷⁷ Race and ethnicity intersect with marital status and result in higher poverty rates for single mothers of color, with Black/African American (42%), AI/AN (35%), and Hispanic/Latinx (22%) single mothers heading households below the FPL, compared to much lower poverty rates among non-Hispanic white (17%) and Asian (nearly eight percent) single mothers in Utah. While the US Consumer Price Index increased more than 40% between 2010 and 2020,⁷⁸ the median income among Utah single mothers increased by just under 15% in the same time period (from \$33,100 in 2010 to \$37,900 in 2020).⁷⁹

Maternal Warmth as a Protective Factor for Children Exposed to Poverty

Researchers believe that maternal warmth⁸⁰ can mitigate some of the adverse effects of poverty on a child's development, and thus be a protective factor for children living in poverty. Receiving high-quality nurturing stimulates the release of chemicals throughout the body that can diminish the detrimental effects of chronic low-level stress in a child's environment.⁸¹ However, children living in poverty often experience less parental nurturance, likely due to parents experiencing intense stress of their own from both past and current trauma.⁸² Research shows that chronic exposure to poverty-associated stress during childhood can be linked in adults with decreased warmth toward their own children, limited understanding of child development and needs, high incidents of neglect, and other negative behaviors that can be transmitted intergenerationally.⁸³ This means that poverty can have a compounding negative impact on children, not only affecting their lives in a myriad of ways in the short term but also potentially leading to intergenerational poverty.

The Importance of Interrupting Child Poverty Cycles

The more time a child spends in poverty, the more likely it is that they will continue to live in poverty in their adult years.⁸⁴ Therefore, disrupting the cycle of poverty for young Utahns should be a priority. Child Tax Credits (CTCs) and other cash transfer programs have been shown to lift children and families out of poverty and increase health long-term.⁸⁵ Universal basic income programs, in which cash payments are distributed to individuals unconditionally and periodically, have been conducted in

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- 77 This percentage increased with the number of children in the household, with nearly 49% of single mother households with five or more children living below the poverty level.
- 78 Utah Department of Workforce Services. (2023). *Consumer Price Index*. <https://jobs.utah.gov/wi/data/library/macro/cpi.html>
- 79 Hodson, K., Darowski, E. S. (2023, August 3). *Utah Women Stats Research Snapshot: Single women in Utah*. Utah Women and Leadership Project. <https://www.usu.edu/uwlp/files/snapshot/50.pdf>
- 80 As mothers are often the primary caregivers, most research has centered on maternal warmth only; a smaller number of studies include nurturing by any and all caregivers (parental nurturance). Maternal warmth is measured by looking at the level of care and protection a mother provides to a child and other factors relating to the closeness of the mother-child bond. Source: Parker, G., Tupling, H., & Brown, L. B. (1979). A Parental Bonding Instrument. *British Journal of Medical Psychology*, 52(1), 1–10. <https://doi.org/10.1111/j.2044-8341.1979.tb02487.x>
- 81 Chen, E., Miller, G. E., Kobor, M. S., & Cole, S. W. (2011). Maternal Warmth Buffers the Effects of Low Early-life Socioeconomic Status on Pro-inflammatory Signaling in Adulthood. *Molecular Psychiatry*, 16, 729–737. <https://doi.org/10.1038/mp.2010.53>
- 82 Hair, N. L., Hanson, J. L., Wolfe, B. L., & Pollak, S. D. (2015). Association of Child Poverty, Brain Development, and Academic Achievement. *JAMA Pediatrics*, 169(9), 822–829. <https://doi.org/10.1001/jamapediatrics.2015.1475>
- 83 Collins, K., Connors, K., Davis, S., Donohue, A., Gardner, S., Goldblatt, E., Hayward, A., Kiser, L., Strieder, F. Thompson, E. (2010). *Understanding the Impact of Trauma and Urban Poverty on Family Systems: Risks, resilience, and interventions*. Baltimore, MD: Family Informed Trauma Treatment Center. https://www.nctsn.org/sites/default/files/resources/resource-guide/understanding_impact_trauma_urban_poverty_family_systems.pdf
- 84 Urban Institute, Ratcliffe, C., & Cancian Kalish, E. (2017, May 18). *Escaping Poverty*. The US Partnership on Mobility From Poverty. <https://www.mobilitypartnership.org/publications/escaping-poverty>
- 85 See "Employment and Financial Assistance" section for more information.

over half the states in the US, though none had occurred in Utah as of 2023.⁸⁶ These programs have been shown to minimize some of the health risks associated with poverty by alleviating economic stress, increasing mobility into healthier, more advantageous communities, and providing greater access to quality health care services.⁸⁷ Research has also shown that providing supplemental cash to low-income families can result in positive effects on birth weight by providing expectant parents with greater access to proper prenatal care, nutrition, and education.⁸⁸ Effective interventions, intentionally and systematically implemented, can interrupt poverty in the early stages of Utah children's lives with lifelong benefits for the state.

Intergenerational Poverty

Key Takeaways

- When multiple generations of a family experience poverty it is referred to as intergenerational poverty (IGP). Utah studies IGP, tracking various measures to assess the well-being of children experiencing IGP, including education, health, and family economic stability.
- Children who received public benefits for more than 12 months were collectively labeled as “at-risk” of remaining in poverty as adults. In 2021, almost one in four Utah children (22%) were classified as “at-risk.”
- The longer children spend living in poverty the greater their lifetime risks for poor health and lower educational achievement.
- Data showed IGP disproportionately affects certain races and ethnicities, with notably higher percentages among AI/AN children in Utah.
- Utah's approach to addressing IGP used a ‘two-generation approach,’ providing resources to both children and their caregivers. This is based on the idea that improving the economic circumstances of caregivers is crucial for lifting children out of poverty.

Children who grow up living at or below the FPL have a much higher likelihood of remaining in poverty throughout their lives, and this is especially true for Black/African American children.⁸⁹ In 2012, the Utah Legislature mandated data collection around public benefit usage as a mechanism to identify children most “at-risk” of remaining in poverty as adults, in order to work toward policies aimed at breaking the cycle of poverty.⁹⁰ Utah's “at-risk” child population is made up of two categories—children experiencing IGP and children labeled as non-IGP.

86 Stanford Basic Income Lab. (2023). *Global Map of Basic Income Experiments [map]*. <https://basicincome.stanford.edu/research/basic-income-experiments/>

87 Hasdell, R., Bidadanure, J., & Berger Gonzalez, S. (2021, January). *Healthy Communities and Universal Basic Income: A Conceptual Framework and Evidence Review*. Stanford Basic Income Lab. https://basicincome.stanford.edu/uploads/healthy-communities_ubi-paper_final.pdf

88 Neighly, M., Heneghan, M., & Childs, E. (2022, November). An Examination of Cash Transfers in the US and Canada. *Economic Security Project*. https://economicsecurityproject.org/wp-content/uploads/GICP-Feasibility-Study_Lit-Review.pdf

89 Wagmiller, R. L., & Adelman, R. M. (2009). *Childhood and Intergenerational Poverty: The long-term consequences of growing up poor*. National Center for Children in Poverty. <https://www.nccp.org/publication/childhood-and-intergenerational-poverty/>

90 Intergenerational Welfare Reform Commission. (2022, September 30). *Intergenerational Poverty: Welfare dependency and public assistance use, 2022* (Vol. 11). Utah Department of Workforce Services. <https://jobs.utah.gov/edo/intergenerational/igp22.pdf>

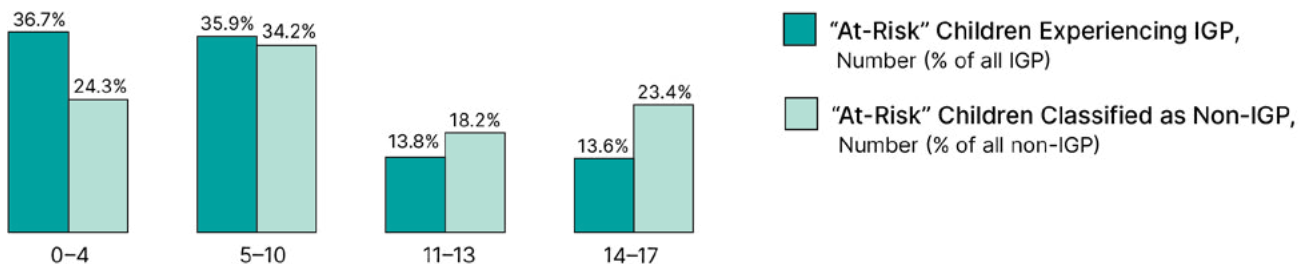
Utah defines a child as experiencing IGP if they have received public assistance for one month or more during a given year⁹¹ and they are the child of a parent who received public assistance benefits for longer than 12 months as a child.⁹² In 2021, more than six percent (62,002) of Utah children were classified as experiencing IGP; this percentage has stayed relatively unchanged since 2020.⁹³

In Utah, children receiving 12 months or more of public benefits in a given year whose parent(s) did not receive more than 12 months of public benefits as children are labeled “non-IGP.” Utah considers these children “at-risk” for IGP because if these children grow up to become parents, their children would already meet half the criteria for IGP (having a parent who received public assistance for 12 months or more). In 2021, nearly 15% (150,453) of Utah children fell into the “non-IGP” category. As of 2021, these “at-risk” children (IGP and non-IGP) made up 22% (212,455) of all Utah children.⁹⁴ As these early years build the foundation for health in later life, living in deprived or stressful circumstances has been tied to higher risks of developing depression, heart conditions, asthma, diabetes, obesity, cancer, and dementia.⁹⁵

Utah's “At-Risk” Children by Age

The majority (nearly 63% or 132,909) of these “at-risk” children are age 10 or younger, with 37% age zero through four (see Figure 10).⁹⁶

Figure 10. “At-Risk” Children in Utah by Age, 2021



Source: Intergenerational Welfare Reform Commission. (2022, September 30). *Intergenerational Poverty: Welfare dependency and public assistance use, 2022* (Vol. 11). Utah Department of Workforce Services. <https://jobs.utah.gov/edo/intergenerational/igp22.pdf>

91 In determining “at-risk” status, Utah includes receipt of Supplemental Food Assistance Program, Medicaid and financial assistance; Temporary Assistance for Needy Families). From 2011 through 2017, receipt of childcare subsidies and participation in Children’s Health Insurance Program were also included, but receipt of these public benefits was found to include families with incomes over the federal poverty guidelines. From 2018 onward, receipt of Children’s Health Insurance Program and childcare subsidies were dropped as eligibility criteria for determining a child’s “at-risk” status.

92 IGP status is determined annually, so the child of a parent who received more than 12 months of public benefits would meet IGP guidelines in a given year if they received public services for more than a month in that year. If they receive no public benefits the next year, then they would not be categorized as IGP by Utah’s definition. Similarly, non-IGP status is determined annually and includes all children who received public benefits for 12 months in that calendar year, but did not have a parent who received public assistance for 12 months as a child.

93 Intergenerational Welfare Reform Commission. (2022, September 30). *Intergenerational Poverty: Welfare dependency and public assistance use, 2022* (Vol. 11). Utah Department of Workforce Services. <https://jobs.utah.gov/edo/intergenerational/igp22.pdf>

94 Ibid

95 National Scientific Council on the Developing Child. (2020). *Connecting the Brain to the Rest of the Body: Early childhood development and lifelong health are deeply intertwined: Working Paper No. 15*. https://harvardcenter.wpenginpowered.com/wp-content/uploads/2020/06/wp15_health_FINALv2.pdf

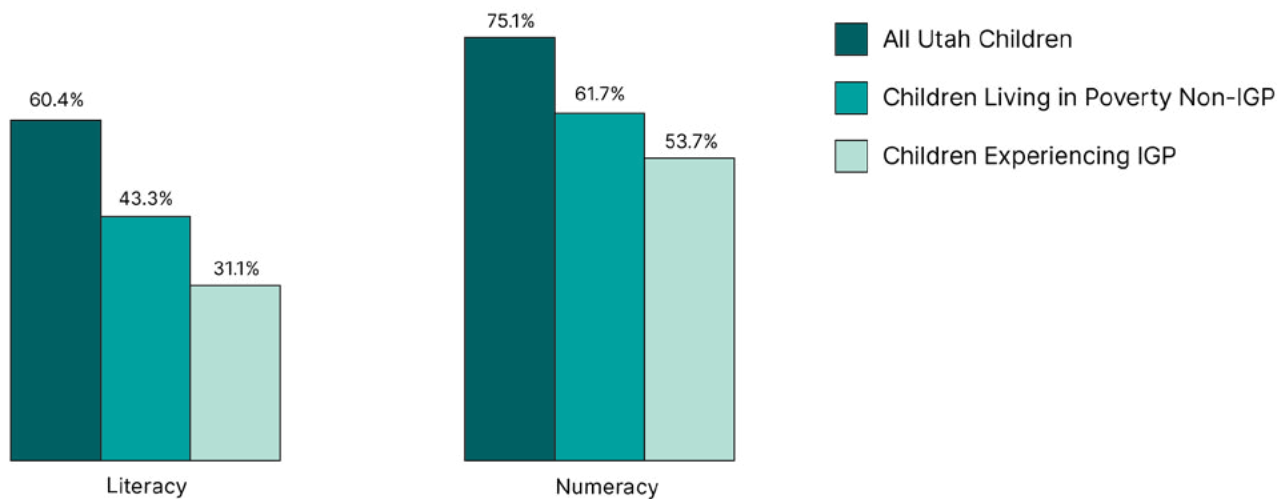
96 Intergenerational Welfare Reform Commission. (2022, September 30). *Intergenerational Poverty: Welfare dependency and public assistance use, 2022* (Vol. 11). Utah Department of Workforce Services. <https://jobs.utah.gov/edo/intergenerational/igp22.pdf>

The most common public benefits that children experiencing IGP receive include Medicaid/Children's Health Insurance Program (CHIP; federal health insurance programs run by states to provide health coverage to individuals and families living below at or near the FPL), Supplemental Nutrition Assistance Program (SNAP; a federal program providing assistance to supplement food budgets for qualifying individuals and families), childcare subsidies and financial assistance programs such as Temporary Assistance for Needy Families (TANF).⁹⁷

"At-Risk" Children and Kindergarten Readiness Scores

Lifelong differences exist between people who lived in poverty as children compared to their counterparts who grew up in families with incomes exceeding the FPL. Educational achievement gaps are solidly in place by high school and often translate to lower college attainment and graduation rates, in turn impacting lifetime earnings. These gaps can be traced back to a lack of early education investment.⁹⁸ In Utah, the seeds of these future achievement gaps can already be seen in differences in kindergarten readiness between children experiencing IGP, children not experiencing IGP, and statewide norms (see Figure 11).

Figure 11. Percentages of Utah Kindergarteners Meeting Kindergarten Readiness Standards: Statewide Averages vs. Those of Children Living in Poverty, 2021



Source: Intergenerational Welfare Reform Commission. (2022, September 30). *Intergenerational Poverty: Welfare dependency and public assistance use, 2022* (Vol. 11). Utah Department of Workforce Services. <https://jobs.utah.gov/edo/intergenerational/igp22.pdf>

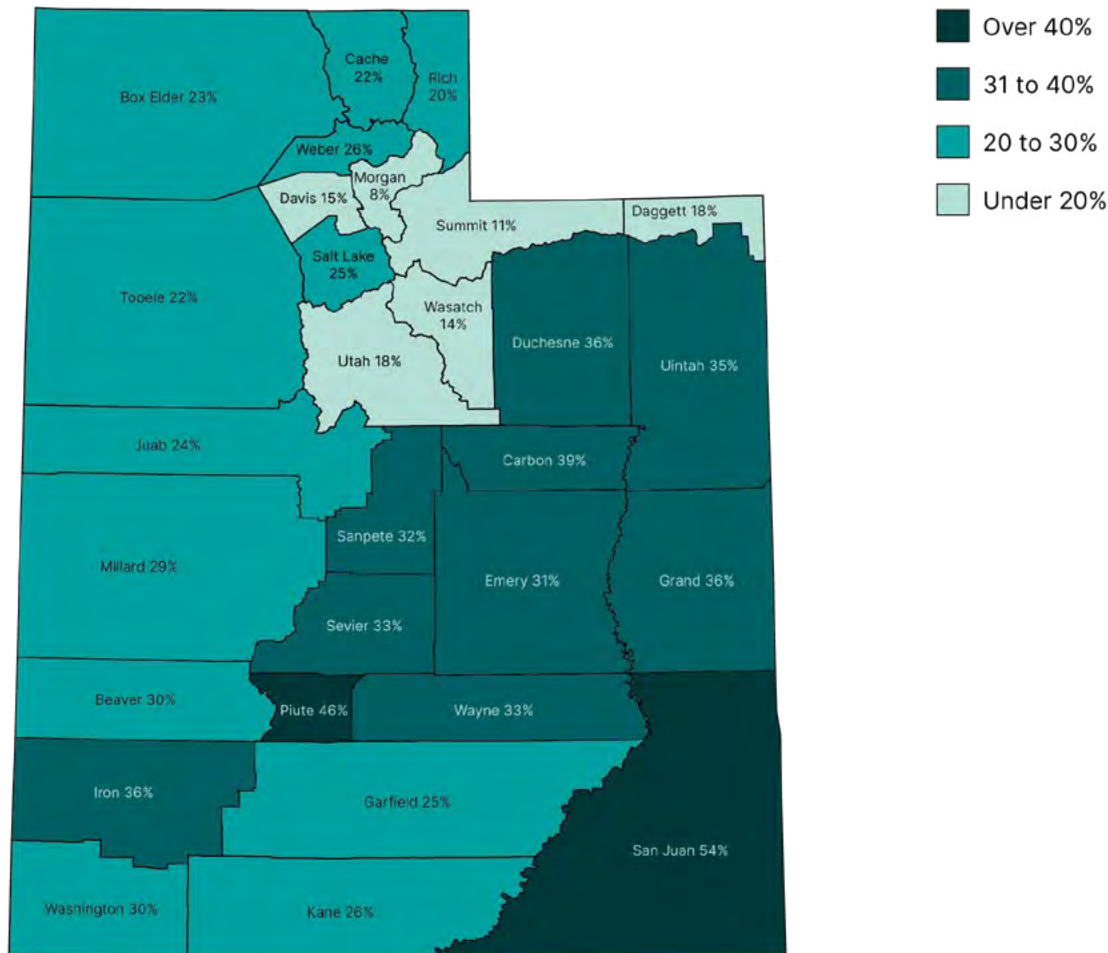
⁹⁷ Intergenerational Welfare Reform Commission. (2022, September 30). *Intergenerational Poverty: Welfare dependency and public assistance use, 2022* (Vol. 11). Utah Department of Workforce Services. <https://jobs.utah.gov/edo/intergenerational/igp22.pdf>

⁹⁸ Yang, J., & Qiu, M. (2016). *The Impact of Education on Income Inequality and Intergenerational Mobility*. *China Economic Review*, 37, 110-125. <https://doi.org/10.1016/j.chieco.2015.12.009>

Intergenerational Poverty by Race/Ethnicity

The burden of IGP is disproportionately high among some races and ethnicities. In Utah, 29% of all AI/AN children met requirements for IGP in 2021, with children in Utah's San Juan County (which encompasses part of the Navajo Nation) experiencing the highest rates of IGP (54%; see Figure 12).⁹⁹

Figure 12. Percentage of Utah Children “At-Risk” of Remaining in Poverty as Adults, by County, 2021



Source: Intergenerational Welfare Reform Commission. (2022, September 30). *Intergenerational Poverty: Welfare dependency and public assistance use, 2022* (Vol. 11). Utah Department of Workforce Services. <https://jobs.utah.gov/edo/intergenerational/igp22.pdf>

Tracking Well-Being Among Utah's Children Experiencing Intergenerational Poverty

Utah tracks four categories of measures on child well-being for children experiencing IGP: EC development, education, health, and family economic stability. The five indicators for EC well-being (kindergarten literacy and numeracy, receipt of prenatal care by expectant mothers experiencing IGP, preschool participation, and abuse/neglect rates) remained relatively unchanged from 2020 to 2021. In education, one of the EC indicators for children birth through eight is the percentage of children experiencing IGP who are participating in full-day kindergarten; this percentage fell from 47% in 2020 to 40% in 2021.¹⁰⁰

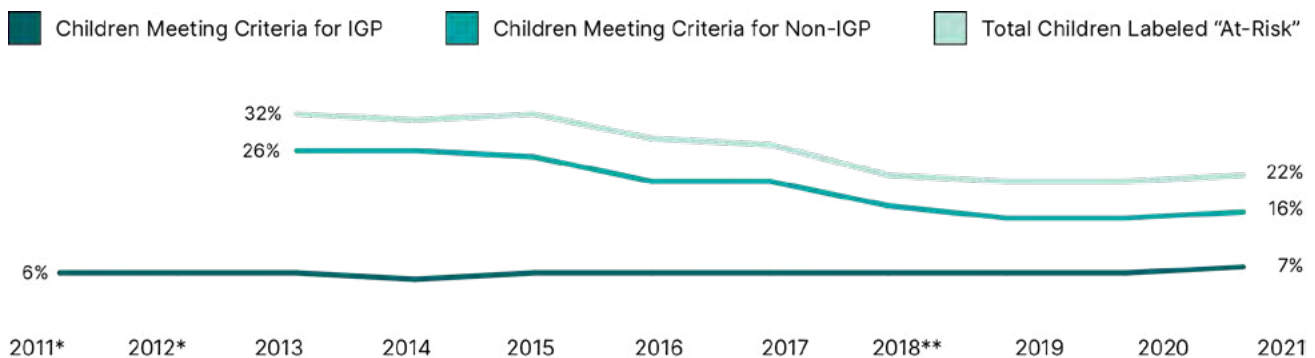
99 Intergenerational Welfare Reform Commission. (2022, September 30). *Intergenerational Poverty: Welfare dependency and public assistance use, 2022* (Vol. 11). Utah Department of Workforce Services. <https://jobs.utah.gov/edo/intergenerational/igp22.pdf>

100 Ibid

Two of the three indicators for health among children experiencing IGP from birth through eight (receipt of preventive health care, and having health care coverage) were unchanged from 2020 to 2021, while the percentage of these children receiving annual dental care rose slightly from 45% to 47%. For adults experiencing IGP (who may be caring for children experiencing IGP) the percentage receiving Medicaid coverage rose from 86% in 2020 to 92% in 2021,¹⁰¹ when pandemic-era disenrollment bans¹⁰² were in effect (those bans expired in early 2023). All adults and children receiving Medicaid had to recertify their eligibility for the program, with many potentially losing coverage due to status changes, or procedural/administrative issues.

Among family economic stability indicators, the percentage of adults experiencing IGP with year-round employment increased from 27% in 2020 to 30% in 2021, but indicators regarding the percentage receiving public assistance, expending more than 30% of income on housing, utilizing homeless services, and moving at least once in the prior 12 months were unchanged from 2020.¹⁰³ The overall number of “at-risk” children has fallen since the state began tracking such data (see Figure 13). However, the rate of children meeting criteria for IGP has remained consistent since 2011.

Figure 13. Rates of Utah Children “At-Risk” of Lifelong Poverty, 2011-2021 (% of total Utah Children Under 17)



*Utah did not start measuring non-IGP public assistance receipt among children until 2013.

**In 2018, the state dropped receipt of CHIP and childcare subsidies from the list of programs that qualified a child as “at-risk.”¹⁰⁴

Sources:

Child IGP numbers from annual reports of Utah’s Intergenerational Welfare Reform Commission, 2012-2022. <https://jobs.utah.gov/edo/intergenerational/>

Total Utah child population figures from Kem C. Gardner Institute, *Utah State and County Annual Population Estimates by Single Year of Age and Sex: 2010-2019* <https://gardner.utah.edu/demographics/state-and-county-level-population-estimates/state-county-pop-estimates-age-and-sex-2010-2019/>

Total Utah child population figures for 2020 and 2021 from US Census, *Annual Estimates of the Resident Population by Single Year of Age and Sex: April 1, 2020 to July 1, 2021* (SC-EST2021-SYASEX) <https://www.census.gov/data/datasets/time-series/demo/popest/2020s-state-detail.html>

101 Intergenerational Welfare Reform Commission. (2022, September 30). *Intergenerational Poverty: Welfare dependency and public assistance use, 2022* (Vol. 11). Utah Department of Workforce Services. <https://jobs.utah.gov/edo/intergenerational/igp22.pdf>

102 See “Uninsured Children” section for more information.

103 Intergenerational Welfare Reform Commission. (2022, September 30). *Intergenerational Poverty: Welfare dependency and public assistance use, 2022* (Vol. 11). Utah Department of Workforce Services. <https://jobs.utah.gov/edo/intergenerational/igp22.pdf>

104 Utah Intergenerational Welfare Reform Commission. (2019). *Utah’s Eighth Annual Report on Intergenerational Poverty, Welfare Dependency and the Use of Public Assistance*. Department of Workforce Services. <https://jobs.utah.gov/edo/intergenerational/igp19.pdf>

Impacting Intergenerational Poverty For Utah's Children

The effects on children living in poverty are cumulative; the longer a child spends in poverty during their childhood, the higher their risks of remaining in poverty.¹⁰⁵ There are a number of strategies used at the federal and state level to disrupt the cycle of poverty. One common strategy is called a 'two-generation approach' which seeks to provide resources to both parent(s)/caregiver(s) and children, as children are more likely to exit poverty permanently if their caregiver's economic circumstances improve.

Expectant Parent and Caregiver Health and its Impact on Children

Key Takeaways

- Perinatal/caregiver mental health impacts infant/child development prenatally and during the postpartum period.¹⁰⁶
- Not all caregivers are parents. In Utah, nearly three percent of all children under 18 are being raised by either a grandparent alone, or a grandparent with another caregiver.¹⁰⁷
- Programs that support perinatal/caregiver health can impact child outcomes. In 2023, Utah passed a limited extension of Medicaid benefits to cover eligible women for up to one year postpartum.¹⁰⁸

Children's well-being is inextricably linked to the physical and mental health of their expectant parent during pregnancy and of caregivers¹⁰⁹ in the postpartum time period. In Utah in 2020, more than a third of expectant parents reported anxiety and almost a quarter said they had been depressed during their pregnancy.¹¹⁰ In 2022, Utah was ranked 48th among US states for higher prevalence of adult mental illness and lower access to care.¹¹¹ These factors indicate that perinatal/caregiver mental and physical health in Utah is a concern.

Physical Health of Expectant Parents and its Impact on Utah Births

Many health conditions in expectant parents can impact developing fetuses, such as hypertension, diabetes, infections, and hemorrhages. These conditions increase the risk of preterm births¹¹² and low

105 Wagmiller, R. L., & Adelman, R. M. (2009). *Childhood and Intergenerational Poverty: The long-term consequences of growing up poor*. National Center for Children in Poverty. <https://www.nccp.org/publication/childhood-and-intergenerational-poverty/>

106 Zhang, S., Dang, R., Yang, N., Bai, Y., Wang, L., Abbey, C., & Rozelle, S. (2018, October 23). Effect of Caregiver's Mental Health on Early Childhood Development Across Different Rural Communities in China. MDPI. <https://www.mdpi.com/1660-4601/15/11/2341>

107 US Census Bureau. (2021, November 22). *America's Families and Living Arrangements: 2020*. <https://www.census.gov/data/tables/2020/demo/families/cps-2020.html>

108 Utah State Legislature. (2023). *S.B. 133 Modifications to Medicaid Coverage*. <https://le.utah.gov/~2023/bills/static/SB0133.html>

109 Caregivers are defined as parents, or non-parental adults (foster parents, other family members, etc.) who are responsible for or contribute to the care of a child.

110 Valcarce K., Myrer R., and Garces J. (2022). Comparison of Anxiety and Depression among Women Who Gave Birth in Utah 2016-2020 Using the Pregnancy Risk Assessment Monitory System (PRAMS). *Utah Women's Health Review*. doi: 10.26054/0d-46dz-sr1a

111 Mental Health America. (2022). *Ranking the States - 2022*. <https://mhanational.org/issues/2022/ranking-states>

112 Defined as babies born prior to 37 weeks of gestation. Source: Centers for Disease Control and Prevention. (2021). *Percentage of Births Born Preterm by State*. https://www.cdc.gov/nchs/pressroom/sosmap/preterm_births/preterm.htm

birth weight,^{113,114} which are leading causes of infant mortality. As of 2021, Utah rates of preterm and low birth weight babies were lower than the national average (see Table 3). Similarly, Utah's infant and expectant parent mortality rates were also below the national average. Utah's infant mortality rate in 2021 was 4.6 infant deaths per one thousand live births,¹¹⁵ compared to the national average of 5.4.¹¹⁶ The Utah expectant parent mortality rate was 16.1 deaths,¹¹⁷ compared to the national average of 32.9 deaths per 100K live births.¹¹⁸

Table 3. Utah and National Birth Statistics, Percentage of Infants, 2021

	Utah	National Average
Preterm Births	9.9% ¹¹⁹	10.5% ¹²⁰
Low Birth Weight	7.4% ¹²¹	8.5% ¹²²

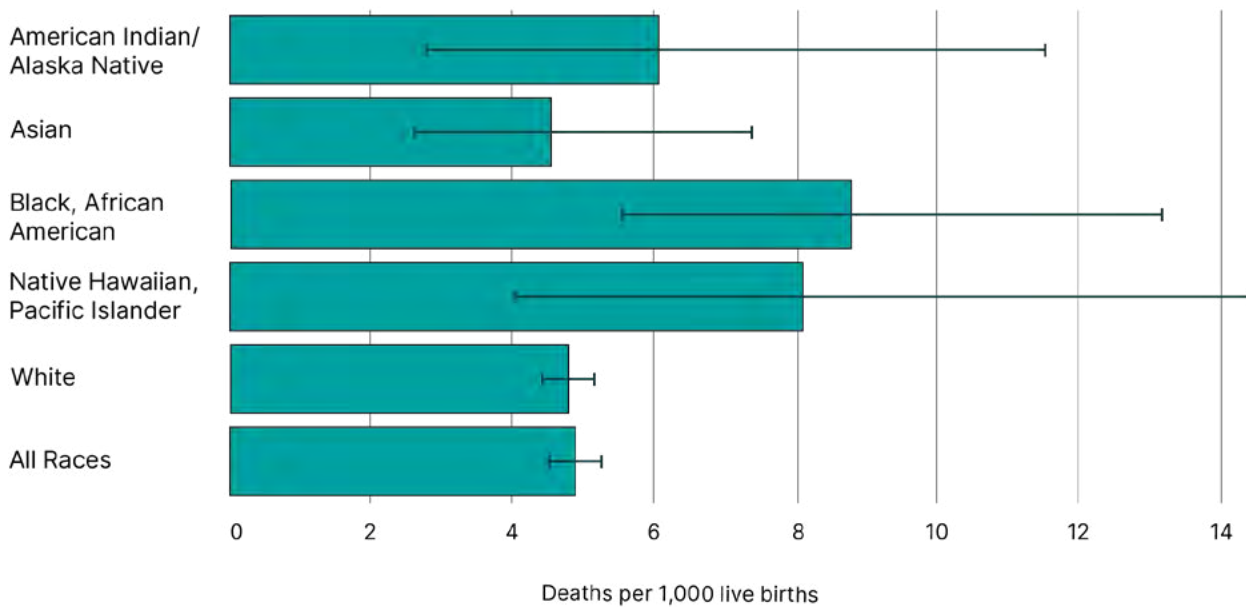
Source: Centers for Disease Control and Prevention. (2021). *Infant Mortality*. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.html>

“Identifying the causes of maternal mortality and morbidity is complex, and coverage is only one factor, but research strongly indicates that access to health care throughout a woman’s reproductive years, is essential for prevention, early detection, and treatment of some of the conditions that place women at higher risk for pregnancy-related complications, including cardiovascular disease, diabetes, and chronic hypertension.”

Source: Usha Ranji, I. G., Salganicoff, A., & Ranji, U. (2021, March 9). *Expanding Postpartum Medicaid Coverage*. Kaiser Family Foundation. <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>

Though Utah ranks above the national average on many birth-related metrics, it is important to note that rates of infant and expectant parent mortality differ across socioeconomic and racial/ethnic populations (see Figure 14).

- 113 Low birth weight is defined as babies born weighing less than 2,500 grams or 5 lbs. 8oz. Source: Centers for Disease Control and Prevention. (2021). *Percentage of Babies Born Low Birthweight By State*. https://www.cdc.gov/nchs/pressroom/sosmap/lbw_births/lbw.htm
- 114 Yurkiw, K., Alshaikh, B., Hasan, S. U., Louis, D., Emberley, J., Claveau, M., Beltempo, M., & Yusuf, K. (2022). Neonatal Outcomes of Twins <29 Weeks Gestation of Mothers with Hypertensive Disorders of Pregnancy. *Pediatric Research*, 92(3), 748–753. <https://doi.org/10.1038/s41390-022-02044-5>
- 115 Centers for Disease Control and Prevention. (2022, February 25). *Stats of the States*. https://www.cdc.gov/nchs/pressroom/sosmap/infant_mortality_rates/infant_mortality.htm
- 116 Centers for Disease Control and Prevention. (2021). *Infant Mortality*. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>
- 117 Kaiser Family Foundation. (2023, July 7). *Maternal Deaths and Mortality Rates per 100,000 Live Births*. <https://www.kff.org/other/state-indicator/maternal-deaths-and-mortality-rates-per-100000-live-births/?currentTimeframe=0&sortModel=%7B%22colId%22%3A%22Location%22%2C%22sort%22%3A%22asc%22%7D>
- 118 Hoyert, D. (2023, March 16). *Maternal Mortality Rates in the United States, 2021*. <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm>
- 119 Centers for Disease Control and Prevention. (2022, February 25). *Stats of the States - Preterm Births*. https://www.cdc.gov/nchs/pressroom/sosmap/preterm_births/preterm.htm
- 120 Center for Disease Control and Prevention. (November 1, 2022). *Preterm Birth*. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm>
- 121 Centers for Disease Control and Prevention. (2022, February 25). *Stats of the States - Low Birth Weight*. https://www.cdc.gov/nchs/pressroom/sosmap/lbw_births/lbw.htm
- 122 Centers for Disease Control and Prevention. (2023, April 24). *Birthweight and Gestation*. <https://www.cdc.gov/nchs/fastats/birthweight.htm>

Figure 14. Infant Mortality Rates by Maternal Race/Ethnicity: Utah, 2019-2021 Average

Source: Public Health Indicator Based Information System. (2021). *Health Indicator Report of Infant Mortality*. Utah Department of Health and Human Services. <https://ibis.health.utah.gov/ibisph-view/indicator/view/InfMort.Race.html>

Mental Health of Expectant Parents and its Impact on Developing Fetuses

The mental health of a pregnant person can also impact fetal development. Stress during pregnancy has been linked to potential developmental delays in infants as early as six and 12 months of age.^{123, 124} Similarly, depression in an expectant parent also correlates to a number of adverse birth outcomes, including small size for gestational age,¹²⁵ behavioral issues, slower cognitive development, decreased emotional regulation,¹²⁶ and a higher risk of depression.¹²⁷ Prenatal anxiety has been shown to increase an infant's risk of lower birth weight and height, and delays in speech development.^{128, 129} Extreme anxiety and depression during pregnancy are tied to increased risk of

- 123 Shi, Y., Zhang, Y., Qian, W., Ma, X., Zhang, Y., & Shi, H. (2022). Longitudinal Association Between Maternal Psychological Stress During Pregnancy and Infant Neurodevelopment: The moderating effects of responsive caregiving. *Frontiers in Pediatrics*, 10. <https://doi.org/10.3389/fped.2022.1007507>
- 124 Karamoozian, M., & Askarizadeh, G. (2015). Impact of Prenatal Cognitive-Behavioral Stress Management Intervention on Maternal Anxiety and Depression and Newborns' APGAR Scores. *Iranian Journal of Neonatology IJN*, 6(2), 14-23. <https://doi.org/10.22038/ijn.2015.4485>
- 125 Grote, V., Vik, T., Kries, R. von, Luque, V., Socha, J., Verduci, E., Carlier, C., & Koletzko, B. (2010, March 12). Maternal Postnatal Depression and Child Growth: A European cohort study. *BMC Pediatrics*. SpringerLink. <https://link.springer.com/article/10.1186/1471-2431-10-14>
- 126 Talge, N., Neal, C., & Glover, V. (2007, March 7). Antenatal Maternal Stress and Long-term Effects on Child Neurodevelopment: How and why? *Journal of Child Psychology and Psychiatry*, 48: 245-261. <https://doi.org/10.1111/j.1469-7610.2006.01714.x>
- 127 Pearson, R., Evans, J., Kounali, D., Lewis, G., Heron, J., Ramchandani, P., O'Connor, T., & Stein, A. (2013). Maternal Depression During Pregnancy and the Postnatal Period. *JAMA Psychiatry*, 70(12), 1312. <https://doi.org/10.1001/jamapsychiatry.2013.2163>
- 128 Sandonis, M., Temprado, J., Hernández-Fleury, A., Parramón-Puig, G., Dip, M. E., Ramos-Quiroga, J. A., Maíz, N., Carreiras, E., & Brik, M. (2023). Impact of the Trait Anxiety During Pregnancy on Birth Weight: An observational cohort study. *Journal of Psychosomatic Obstetrics & Gynecology*, 44(1). <https://doi.org/10.1080/0167482x.2023.2241631>
- 129 Van Den Heuvel, M. I., Johannes, M., Henrichs, J., & Van Den Bergh, B. (2015). Maternal Mindfulness During Pregnancy and Infant Socio-emotional Development and Temperament: The mediating role of maternal anxiety. *Early Human Development*, 91(2), 103-108. <https://doi.org/10.1016/j.earlhumdev.2014.12.003>

child mental disorders.^{130, 131, 132} In 2023 community discussions, some parents mentioned that many mental health services seemingly disappeared during COVID-19, further impacting mental health of parents and caregivers.¹³³

Caregiver Well-Being Postpartum and its Impact on Children

Children's brains are most neuroplastic during their first five years, and are heavily influenced by the physical and mental state of their caregivers.¹³⁴ Postpartum depression (PPD) has been linked to child emotional problems, even in children up to 11-12 years old.¹³⁵ Studies have also demonstrated the relationship between PPD during the first year of a child's life and impaired child growth, emphasizing the interplay between parent mental health and child nutrition.^{136, 137} Rates of PPD in Utah (15%) are higher than the national average (13%).¹³⁸

In some cases, caregivers are not parents. In the US, nearly four percent of children under 18 are being raised by either a grandparent alone, or jointly with another caregiver.¹³⁹ In Utah, 24K (or nearly three percent) children under 18 are being raised by a grandparent.¹⁴⁰

Measures to Support Caregiver's Health Positively Impact Children

Recognizing the vital role parents/caregivers play in healthy child development, a majority of states (36) have expanded Medicaid coverage for expectant parents for 12 months postpartum. In 2023, Utah passed a bill directing the DHHS Medicaid program to seek formal permission from Medicaid to provide family planning services to eligible low-income women and extend Medicaid coverage for one year postpartum for eligible women.¹⁴¹

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- 130 O'Donnell, K. J., Glover, V., Barker, E. D., & O'Connor, T. G. (2014). The Persisting Effect of Maternal Mood in Pregnancy on Childhood Psychopathology. *Development and Psychopathology*, 26(2), 393–403. <https://doi.org/10.1017/S0954579414000029>
- 131 Shahhosseini, Z., Poursaghar, M., Khalilian, A., & Salehi, F. (2015). A Review of the Effects of Anxiety During Pregnancy on Children's Health. *Materia Socio-medica*, 27(3), 200. <https://doi.org/10.5455/msm.2015.27.200-202>
- 132 Huizink, A. C., Mulder, E. J., & Buitelaar, J. K. (2004). Prenatal Stress and Risk for Psychopathology: Specific Effects or Induction of General Susceptibility? *Psychological Bulletin*, 130(1), 115–142. <https://doi.org/10.1037/0033-2909.130.1.115>
- 133 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.
- 134 Center on the Developing Child, Harvard University. (2019, August 20). *Brain Architecture*. <https://developingchild.harvard.edu/science/key-concepts/brain-architecture/>
- 135 Walker, A. L., Peters, P. H., De Rooij, S. R., Henrichs, J., Witteveen, A. B., Verhoeven, C., Vrijkotte, T. G. M., & De Jonge, A. (2020). The Long-Term Impact of Maternal Anxiety and Depression postpartum and in Early Childhood on child and Paternal Mental Health at 11–12 Years Follow-Up. *Frontiers in Psychiatry*, 11. <https://doi.org/10.3389/fpsy.2020.562237>
- 136 Rahman, A., Patel, V., Maselko, J. and Kirkwood, B. (2008). The Neglected 'm' in MCH Programmes: Why mental health of mothers is important for child nutrition. *Tropical Medicine & International Health*, 13: 579–583. <https://doi.org/10.1111/j.1365-3156.2008.02036.x>
- 137 Stewart, R.C. (2007), Maternal Depression and Infant Growth: A review of recent evidence. *Maternal & Child Nutrition*, 3: 94–107. <https://doi.org/10.1111/j.1740-8709.2007.00088.x>
- 138 Public Health Indicator Based Information System. (2023, February 1). *Complete Health Indicator Report of Postpartum Depression*. Department of Health. https://ibis.health.utah.gov/ibisph-view/indicator/complete_profile/PPD.html#:~:text=The%20latest%20comparative%20data%20for,among%20the%2046%20states%20reporting
- 139 US Census Bureau. (2021, November 22). *America's Families and Living Arrangements: 2020*. <https://www.census.gov/data/tables/2020/demo/families/cps-2020.html>
- 140 The primary reason for grandparents raising their grandchildren in Utah is parental drug abuse. Source: Children's Service Society of Utah. (2022, February 17). *Grandfamilies & Kinship Care*. <https://cssutah.org/services/kinship-care/#:~:text=There%20are%204%20children%20in,a%20grandparent%20as%20primary%20caregiver>
- 141 Kaiser Family Foundation. (2023, July 28). *Medicaid Postpartum Coverage Extension Tracker*. <https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/>

Early Childhood Mental Health and Well-Being

Key Takeaways

- All childhood mental health issues are collectively labeled as mental, behavioral or developmental disorders.
- Researchers estimate 10–20% (44,605 to 89,210) of Utah's 446,052 children from birth through eight are at risk of experiencing mental, emotional, developmental, or behavioral challenges.¹⁴²
- Nationally and in Utah, children of color often face a disproportionate likelihood of experiencing mental health issues.¹⁴³

Mental health is a critical aspect of EC development, and symptoms of mental health issues, such as anxiety, are known to occur as early as the first years of a child's life.¹⁴⁴ Some mental health challenges in children arise due to their involuntary exposure to negative circumstances, which can happen prenatally, or after the child is born. Some children are born with innate mental or cognitive processing differences. Autism and Attention-Deficit/Hyperactivity Disorder (ADHD) are both examples of diagnoses that are innate or existing from birth. In some cases, children experience both conditions: they are born with innate differences and exposed to circumstances that impact their ability to grow and develop in a healthy way. All childhood mental health issues are collectively labeled as mental, behavioral, or developmental disorders (MBDDs).

Because MBDDs are intertwined in complex ways, this report will outline multiple aspects of MBDDs in the following order: first, discussing the populations affected by MBDDs generally; next, explaining how Adverse Childhood Experiences (ACEs) can expose children to experiences and stress that can result in an increased risk for MB disorders; third, delineating developmental disorders (the "DD" in MBDDs, which include both physical and mental disabilities) among Utah's children; finally, describing how MB disorders and DD disorders often co-occur, and examining how children with MBDDs, and their families, were impacted during COVID-19.

Demographics and Common Childhood Mental Health Issues

Compared to other states, Utah has a high prevalence of MBDDs in youth ages six to 17 and is among states with the highest prevalence of untreated youth mental health needs.¹⁴⁵ Researchers estimate 10–20% (44,605 to 89,210) of Utah's 446,052 children from birth through eight are at risk of experiencing mental, emotional, developmental, or behavioral challenges.¹⁴⁶ Nationally, more than 17% of children had a diagnosed MBDD in 2016 (see Figure 15), while more recent studies estimate a percentage between 13% to 20%.^{147, 148}

142 Ball, S., & Summers, L. (2020, December). *Early Childhood Mental Health in Utah*. Kem C. Gardner Policy Institute. <https://gardner.utah.edu/wp-content/uploads/Child-Ment-Health-Dec2020.pdf>

143 Ibid

144 Center on the Developing Child. (2017, February 14). *Early Childhood Mental Health*. <https://developingchild.harvard.edu/science/deep-dives/mental-health/>

145 The disaggregated numbers for birth through eight on this metric were not available

146 Ball, S., & Summers, L. (2020, December). *Early Childhood Mental Health in Utah*. Kem C. Gardner Policy Institute. <https://gardner.utah.edu/wp-content/uploads/Child-Ment-Health-Dec2020.pdf>

147 This includes children aged two through eight. Source: Centers for Disease Control and Prevention. (2022, June 3). *Data and Statistics on Children's Mental Health*. <https://www.cdc.gov/childrensmentalhealth/data.html>

148 This includes children aged 12 through 17. Source: Ghandour, R. M., Sherman, L. J., Vladutiu, C. J., Ali, M. M., Lynch, S., Bitsko, R. H., & Blumberg, S. J. (2019). Prevalence and treatment of depression, anxiety, and conduct problems in US children. *The Journal of Pediatrics*, 206, 256–267.e3. <https://doi.org/10.1016/j.jpeds.2018.09.021>

“Twenty percent of all children have an identified mental health condition annually while 40% of all children will meet criteria by age 18. ...[CDC] findings show that children living in poverty and minoritized children fare worse than their peers in access to care, identifiable risk factors, and prevalence of certain mental health conditions. Despite high rates of mental health conditions, the [CDC] documents low rates of treatment (about 11.4% annually for White, 9.8% for Black, and 8.7% for Latinx children).”

Source: Shim, R., Szilagyi, M., Perrin, J. (May, 2022). Epidemic Rates of Child and Adolescent Mental Health Disorders Require an Urgent Response. *Pediatrics*; 149 (5): e2022056611. 10.1542/peds.2022-056611 <https://publications.aap.org/pediatrics/article/149/5/e2022056611/184904/Epidemic-Rates-of-Child-and-Adolescent-Mental?autologincheck=redirected>

Nationally and in Utah, children of color often face a disproportionate likelihood of experiencing mental health issues: a challenge that is compounded by a lack of resources and services.¹⁴⁹ Children who face discrimination based on race or ethnicity have a higher percentage of experiencing one or more MBDDs than the overall child population (29% vs. 17%) nationally.¹⁵⁰ Studies show that immigrant children are also at an increased risk of experiencing mental health struggles, due to the intense adjustments and changes they experience.¹⁵¹ Children facing poverty are also at an increased risk. Nationally, more than 26% of children living below 100% of the FPL have an MBDD (see Figure 15).¹⁵²

Figure 15. Estimated Percent of Children with MBDDs, 2016



Source: Cree R. A., Bitsko R. H., Robinson L. R., Holbrook J. R., Danielson M.L., Smith D.S., Kaminski J.W., Kenney M.K., & Peacock G. (2018). Health Care, Family, and Community Factors Associated with Mental, Behavioral, and Developmental Disorders and Poverty Among Children Aged 2–8 Years — United States. *MMWR*, 67(5):1377-1383.

Among children aged three to 17 across the country, ADHD, depression, behavioral problems, and anxiety were the most commonly diagnosed issues.¹⁵³ One in roughly 11 US children had ADHD and a similar proportion of children were diagnosed with anxiety.¹⁵⁴ Between 2016 and 2019, an estimated nine percent of children three through 17 had behavioral problems and more than four percent were diagnosed with depression.¹⁵⁵ While these clinical diagnoses may arise without explanation, many MBDDs arise as a result of adverse experiences and trauma.

- 149 Ball, S., & Summers, L. (2020, December). *Early Childhood Mental Health in Utah*. Kem C. Gardner Policy Institute. <https://gardner.utah.edu/wp-content/uploads/Child-Ment-Health-Dec2020.pdf>
- 150 Centers for Disease Control and Prevention. (2022, June 3). *Data and Statistics on Children's Mental Health*. <https://www.cdc.gov/childrensmentalhealth/data.html>
- 151 Voices for Utah Children. (2019, September). *Immigrant Families in Utah: Addressing immigrant children's mental health*. https://utahchildren.org/images/Addressing_Immigrant_Childrens_Mental_Health_Final.pdf
- 152 Cree RA, Bitsko RH, Robinson LR, Holbrook JR, Danielson ML, Smith DS, Kaminski JW, Kenney MK, Peacock G. Health Care, Family, and Community Factors Associated with Mental, Behavioral, and Developmental Disorders and Poverty Among Children Aged 2–8 Years — United States, 2016. *MMWR*, 2018;67(5):1377-1383
- 153 Centers for Disease Control and Prevention. (2022, June 3). *Data and Statistics on Children's Mental Health*. <https://www.cdc.gov/childrensmentalhealth/data.html>
- 154 Bitsko R. H., Claussen A. H., Lichstein J., Black, L. I., Jones, S. E., Danielson, M. L., Hoenig, J. M., Davis Jack, S. P., Brody, D. J., Gyawali, S., Maenner, M. J., Warner, M., Holland, K. M., Perou, R., Crosby, A. E., Blumberg, S. J., Avenevoli, S., Kaminski, J. W., & Ghandour, R. M. (2022). Mental Health Surveillance Among Children — United States, 2013–2019. *MMWR Suppl* 71(Suppl-2):1–42. <http://dx.doi.org/10.15585/mmwr.su7102a1>
- 155 Centers for Disease Control and Prevention. (2022, June 3). *Data and Statistics on Children's Mental Health*. <https://www.cdc.gov/childrensmentalhealth/data.html>

Adverse Childhood Experiences and Toxic Stress

Key Takeaways

- ACEs are especially a threat to toddlers and infants, since they have been shown to affect these younger children's brain development, immune systems, and stress-response systems in a way that has lasting impacts on their attention, learning, and decision-making abilities.¹⁵⁶
- Certain ACEs such as household mental illness, emotional abuse, physical abuse, and sexual abuse are more prevalent in Utah than in the US.¹⁵⁷
- Individuals with disabilities experience ACEs at a higher rate than individuals without disabilities.¹⁵⁸
- Toxic stress can be passed down intergenerationally from parents who experienced ACEs. Since parenting behaviors are rooted in a parent's own childhood experiences, it is essential that parents are equipped to manage lingering stress and trauma, so as to prevent its transmission to their children.¹⁵⁹

Children are vulnerable; they are unable to control their environment, choose their caregivers, or defend themselves. There are a number of risk factors that expose children to toxic stress which can increase a child's likelihood of developing MBDDs after birth.

While stress is normal and necessary for healthy development, research shows that "healthy development can be derailed by excessive or prolonged activation of stress response systems in the body and brain, and can have damaging effects on learning, behavior, and health across the lifespan."¹⁶⁰ This prolonged stress, known as toxic stress, results from exposure to ACEs, which include traumatic experiences and events like abuse, neglect, and additional household challenges such as parental divorce.^{161, 162}

Certain ACEs, such as household mental illness, emotional abuse, physical abuse, and sexual abuse, are more prevalent in Utah than in the US (see Figure 16).¹⁶³

156 Centers for Disease Control and Prevention. (2022, April 6). *Fast facts: Preventing adverse childhood experiences*. <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

157 Public Health Indicator Based Information System. (2022, November 10). *Complete Health Indicator Report of Adverse Childhood Experiences ACEs*. Utah Department of Health and Human Services. https://ibis.health.utah.gov/ibisph-view/indicator/complete_profile/ACEs.html

158 Ibid

159 Narayan, A. J., Lieberman, A. F., & Masten, A. S. (2021). Intergenerational Transmission and Prevention of Adverse Childhood Experiences (ACEs). *Clinical Psychology Review*, 85, 101997. <https://doi.org/10.1016/j.cpr.2021.101997>

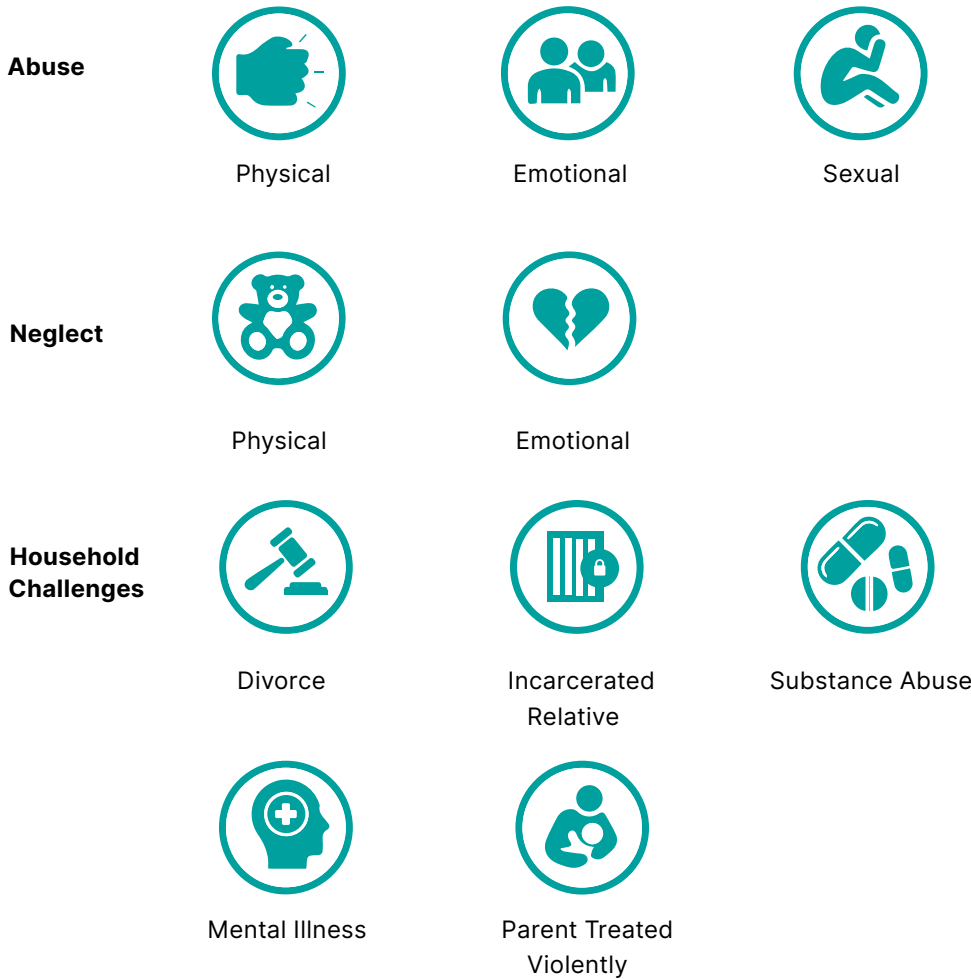
160 Center on the Developing Child at Harvard University. (2020). *Toxic Stress*. <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

161 Centers for Disease Control and Prevention. (2022, April 6). *Fast facts: Preventing adverse childhood experiences*. <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

162 ACEs in adults are assessed through retrospective surveys given to adults, asking whether they experienced specific adverse events during childhood. ACEs in children are assessed by having a caregiver (parent, doctor, teacher, foster carer, etc.) or, in some cases, the child themselves fill out a survey asking whether they have been exposed to specific events. Source: Bethell, C. D., Carle, A., Hudziak, J., Gombojav, N., Powers, K., Wade, R., & Braveman, P. (2017). Methods to Assess Adverse Childhood Experiences of Children and Families: Toward Approaches to Promote Child Well-being in Policy and practice. *Academic Pediatrics*, 17(7), S51–S69. <https://doi.org/10.1016/j.acap.2017.04.161>

163 Public Health Indicator Based Information System. (2022, November 10). *Complete Health Indicator Report of Adverse Childhood Experiences ACEs*. Utah Department of Health and Human Services. https://ibis.health.utah.gov/ibisph-view/indicator/complete_profile/ACEs.html

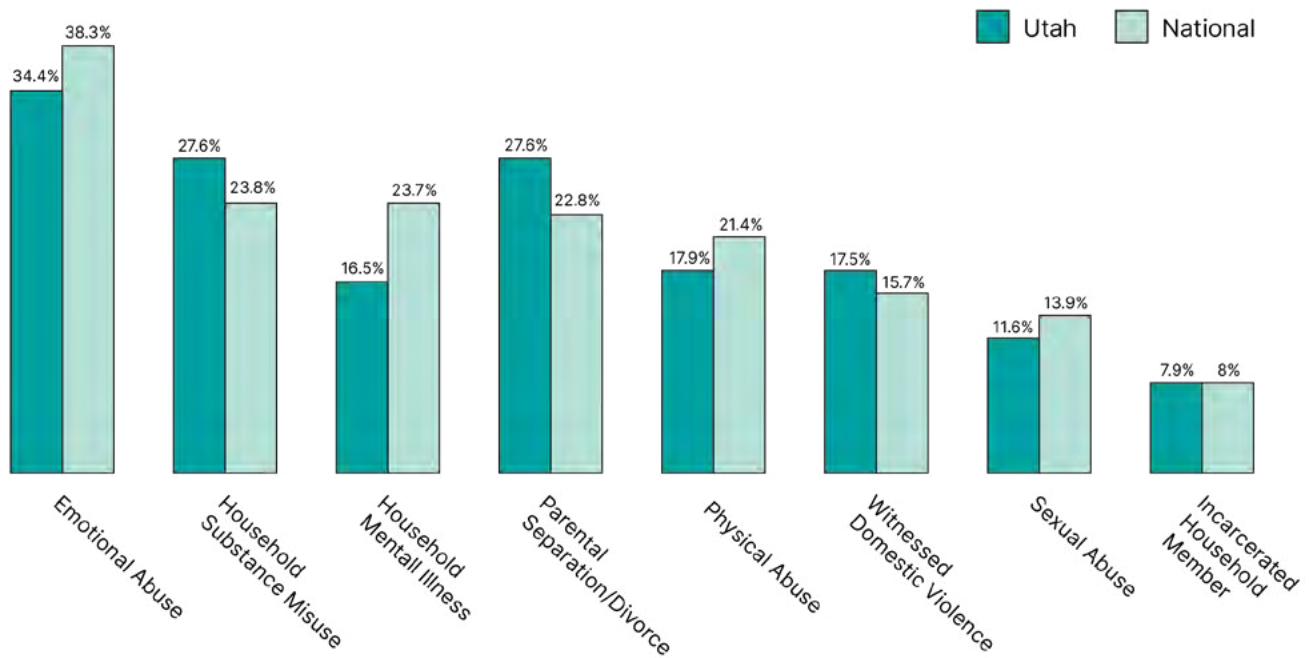
Adverse Childhood Experiences (ACEs)



ACEs are especially a threat to toddlers and infants, since they have been shown to affect brain development, and the immune and stress-response systems in younger children in a way that has lifelong impacts on their attention, learning, and decision-making abilities.¹⁶⁴ A study conducted at Washington State University showed that increased exposure to ACEs among elementary school students led to behavioral issues, lower school attendance, and lower grades in math, reading, and writing.¹⁶⁵

164 Centers for Disease Control and Prevention. (2022, April 6). *Fast Facts: Preventing adverse childhood experiences*. <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

165 Blodgett, C., & Lanigan, J. D. (2018). The Association Between Adverse Childhood Experience (ACE) and School Success in Elementary School Children. *School Psychology Quarterly*, 33(1), 137–146. <https://doi.org/10.1037/spq000025>

Figure 16. Percent of Population Experiencing ACEs by Type, Nationally and in Utah, 2013 - 2020

Source: Public Health Indicator Based Information System. (2022, November 10). *Complete Health Indicator Report of Adverse Childhood Experiences ACEs*. Utah Department of Health and Human Services. https://ibis.health.utah.gov/ibisph-view/indicator/complete_profile/ACEs.html

Exposure to Multiple ACEs

A child's risks of poor outcomes in childhood and beyond increases when they are exposed to ACEs. These poor outcomes include chronic health issues, mental illness, and substance abuse in adulthood. A higher prevalence of ACEs may also negatively impact an individual's education and job opportunities.¹⁶⁶

The compounding risks of ACEs is also evident in the associated annual costs,¹⁶⁷ primarily cases of cardiovascular disease attributed to exposure to ACEs. In North America, the cost of ACEs was estimated at \$748B annually, and in the United States alone, the annual cost is in the hundreds of billions of dollars.^{168, 169} More than 75% of these costs can be attributed to persons exposed to two or more ACEs.¹⁷⁰ There has been a consistent decrease in the number of children who experience more than two ACEs at both the national and state-level between 2016 to 2021 (see Figure 17).¹⁷¹

166 Centers for Disease Control and Prevention. (2023, June 29). *Fast Facts: Preventing adverse childhood experiences*. <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

167 These are medical expenses for treatment of negative health consequences due to ACEs.

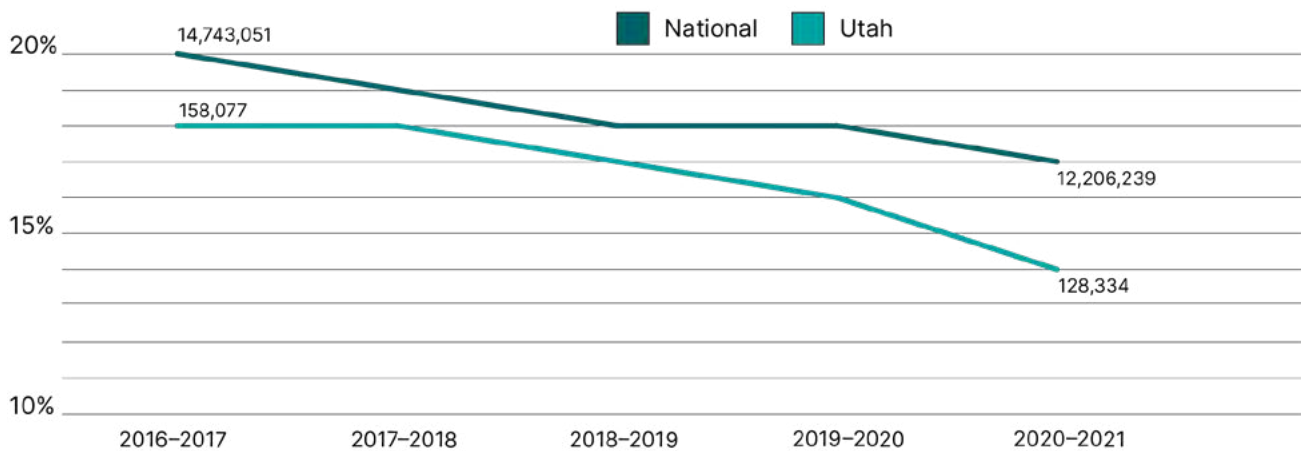
168 Bellis, M. A., Hughes, K., Ford, K., Rodriguez, G., Sethi, D., & Passmore, J. (2019). Life Course Health Consequences and Associated Annual Costs of Adverse Childhood Experiences Across Europe and North America: A systematic review and meta-analysis. *The Lancet Public Health*, 4(10), e517–e528. [https://doi.org/10.1016/s2468-2667\(19\)30145-8](https://doi.org/10.1016/s2468-2667(19)30145-8)

169 Centers for Disease Control and Prevention. (2023, June 29). *Fast Facts: Preventing Adverse Childhood Experiences*. Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

170 Bellis, M. A., Hughes, K., Ford, K., Rodriguez, G., Sethi, D., & Passmore, J. (2019). Life Course Health Consequences and Associated Annual Costs of Adverse Childhood Experiences Across Europe and North America: A systematic review and meta-analysis. *The Lancet Public Health*, 4(10), e517–e528. [https://doi.org/10.1016/s2468-2667\(19\)30145-8](https://doi.org/10.1016/s2468-2667(19)30145-8)

171 KIDS COUNT Data Center. (2023, May). *Children Who Have Experienced Two or More Adverse Experiences In Utah*. The Annie E. Casey Foundation. <https://datacenter.aecf.org/data/tables/9709-children-who-have-experienced-two-or-more-adverse-experiences?loc=46&loct=2#detailed/2/46/true/2043,1769,1696,1648,1603/any/18961,18962>

Figure 17. Percentage of Children Zero to 18 Who Have Experienced More Than Two ACEs, Nationally and in Utah, 2016-2021



Source: KIDS COUNT Data Center. (2023, May). *Children Who Have Experienced Two or More Adverse Experiences In Utah*. The Annie E. Casey Foundation. <https://datacenter.aecf.org/data/tables/9709-children-who-have-experienced-two-or-more-adverse-experiences?loc=46&loct=2#detailed/2/46/true/2043,1769,1696,1648,1603/any/18961,18962>

Exposure to More Than Four Adverse Childhood Experiences

Experiencing ACEs is not uncommon. In one national study, 64% of adults surveyed experienced at least one type of ACE before the age of 18.¹⁷² While the experience of ACEs is widespread, people experiencing poverty, women, LGBTQ+¹⁷³ persons, and most POC are at a higher risk of experiencing four or more ACEs.^{174, 175} Nationally, one in six people surveyed had experienced more than four ACEs, which studies have correlated with detrimental consequences to an individual's health and well-being.¹⁷⁶

One study found children exposed to four or more ACEs have an increased risk for obesity, as well as learning and behavior problems.¹⁷⁷ Such learning and behavioral difficulties have been linked to the development of depression, anxiety, and suicidal ideations in youth.¹⁷⁸ Another study analyzed the responses of 86,968 respondents across nine states and found participants who reported exposure to four or more ACEs faced two to four times the risk for chronic conditions as adults (such as: cardiovascular disease, cancer, depression, and diabetes) compared to respondents who reported no ACEs.¹⁷⁹

172 Centers for Disease Control and Prevention. (2023, June 29). *Fast Facts: Preventing adverse childhood experiences*. <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

173 LGBTQ+ is an initialism that stands for lesbian, gay, bisexual, transgender, queer or questioning, and more. These terms are used to describe a person's sexual orientation or gender identity.

174 Merrick, M. T., Ford, D. C., Ports, K. A., & Guinn, A. S. (2018). Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States. *JAMA Pediatrics*, 172(11), 1038-1044. <https://doi.org/10.1001/jamapediatrics.2018.2537>

175 National Conference of State Legislatures (NCSL). (2020, December 17). *State Strategies to Address Adverse Childhood Experiences*. https://documents.ncsl.org/wwwncsl/Health/1-ACEs-Webinar_final.pdf

176 Centers for Disease Control and Prevention. (2023, June 29). *Fast Facts: Preventing adverse childhood experiences*. Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

177 Learning problems were measured by low grades, and behavior problems were identified by assessing each child's history of violent behavior. Source: Burke, N. J., Hellman, J. L., Scott, B. G., Weems, C. F., & Carrion, V. G. (2011). The Impact of Adverse Childhood Experiences on An Urban Pediatric Population. *Child Abuse & Neglect*, 35(6), 408-413. <https://doi.org/10.1016/j.chiabu.2011.02.006>

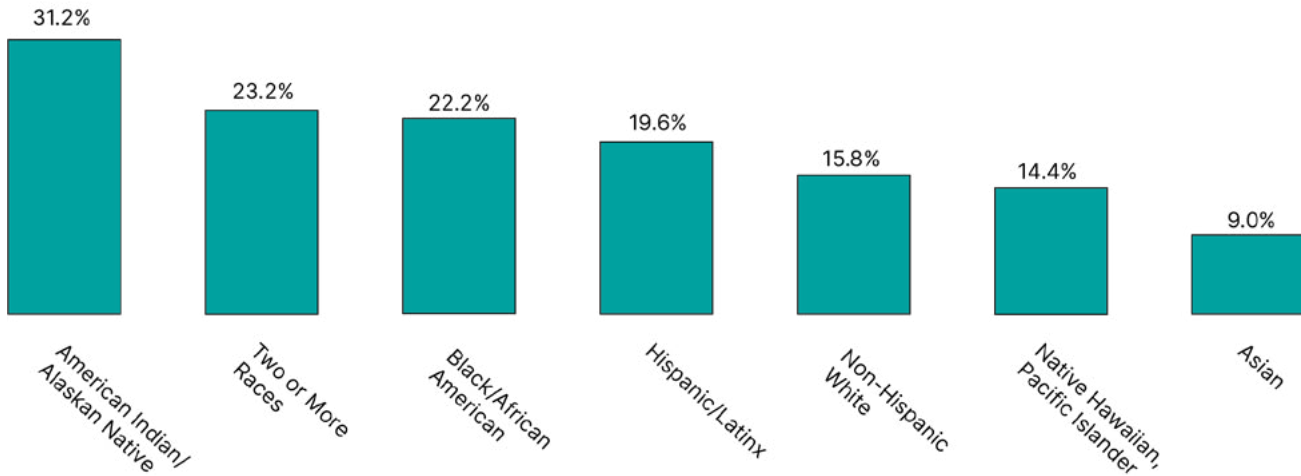
178 Burke, N. J., Hellman, J. L., Scott, B. G., Weems, C. F., & Carrion, V. G. (2011). The Impact of Adverse Childhood Experiences on An Urban Pediatric Population. *Child Abuse & Neglect*, 35(6), 408-413. <https://doi.org/10.1016/j.chiabu.2011.02.006>

179 Sonu, S., Post, S., & Feinglass, J. (2019). Adverse Childhood Experiences and the Onset of Chronic Disease in Young Adulthood. *Preventive Medicine*, 123, 163-170. <https://doi.org/10.1016/j.ypmed.2019.03.032>

Disparities in ACEs Exposure by Population

In Utah, certain racial and ethnic groups experience four or more ACEs at higher than average rates (see Figure 18). For example, more than 31% of AI/AN individuals experienced four or more ACEs, which is drastically higher than the average among all racial groups (17%).¹⁸⁰

Figure 18. Prevalence of Four or More ACEs by Race/Ethnicity in Utah, 2013-2020



Source: Utah Department of Health and Human Services. (2022, November 10). *Complete Health Indicator Report of Adverse Childhood Experiences ACEs*. Public Health Indicator Based Information System (IBIS). https://ibis.health.utah.gov/ibisph-view/indicator/complete_profile/ACEs.html

People living in poverty also have a higher risk of experiencing ACEs. Nearly 25% of individuals earning less than \$25K annually in Utah experienced four or more ACEs. The risk of experiencing four or more ACEs significantly decreases as income increases (see Figure 19).¹⁸¹

Figure 19. Prevalence of Four or More ACEs by Income Group in Utah, 2013-2020



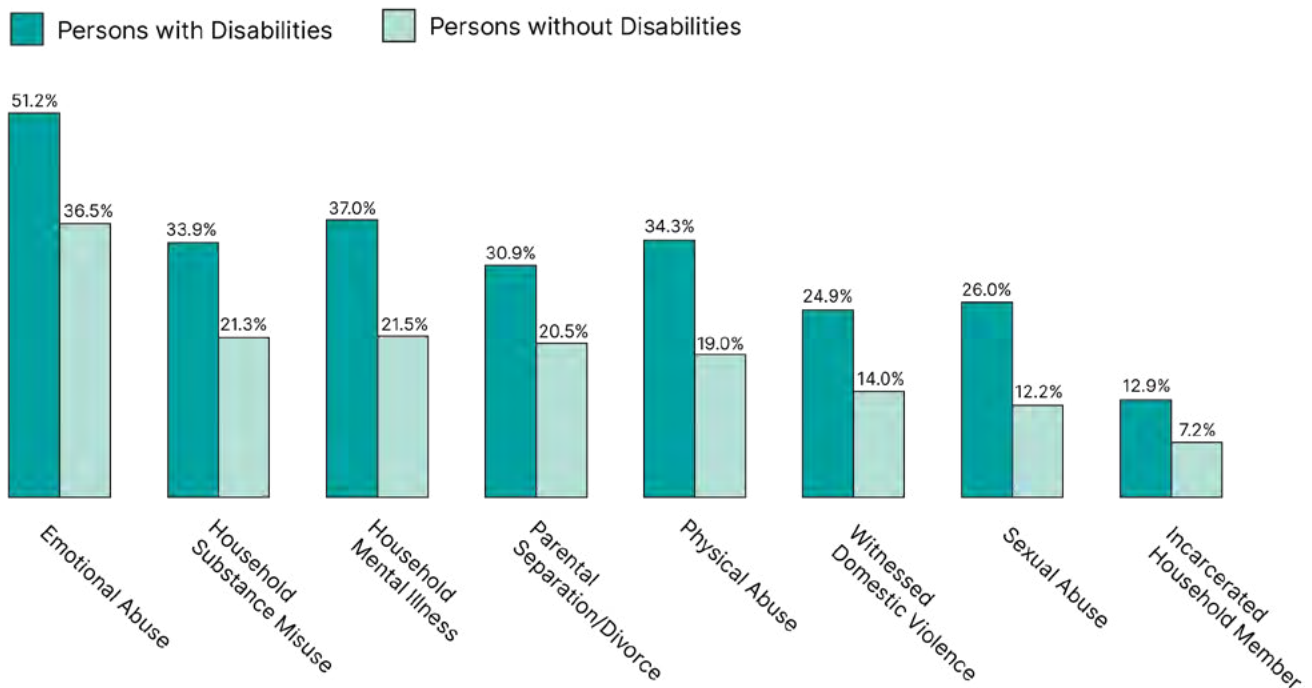
Source: Utah Department of Health and Human Services. (2022, November 10). *Complete Health Indicator Report of Adverse Childhood Experiences ACEs*. Public Health Indicator Based Information System (IBIS). https://ibis.health.utah.gov/ibisph-view/indicator/complete_profile/ACEs.html

¹⁸⁰ Utah Department of Health and Human Services. (2022, November 10). *Complete Health Indicator Report of Adverse Childhood Experiences ACEs*. Public Health Indicator Based Information System (IBIS). https://ibis.health.utah.gov/ibisph-view/indicator/complete_profile/ACEs.html

¹⁸¹ Utah Department of Health and Human Services. (2022, November 10). *Complete Health Indicator Report of Adverse Childhood Experiences ACEs*. Public Health Indicator Based Information System (IBIS). https://ibis.health.utah.gov/ibisph-view/indicator/complete_profile/ACEs.html

Individuals who have disabilities experience all ACEs at a higher rate than individuals without disabilities. For example, 51% of individuals who have disabilities in Utah experienced emotional abuse before the age of 18, compared to fewer than 37% of those without a disability (see Figure 20).¹⁸²

Figure 20. ACE Prevalence in Utah Among People With and Without Disabilities, 2013-2020



Source: Utah Department of Health and Human Services. (2022, November 10). *Complete Health Indicator Report of Adverse Childhood Experiences ACEs*. Public Health Indicator Based Information System (IBIS). https://ibis.health.utah.gov/ibisph-view/indicator/complete_profile/ACEs.html

Intergenerational Impacts of Adverse Childhood Experiences

In recent years, researchers have begun to study the intergenerational impacts of ACEs.¹⁸³ Studies show that adults who experience ACEs face a higher risk of neglecting or abusing their children, though it is important to note that many people who experience ACEs do not neglect or abuse their children. Parenting behaviors including how parents care for, protect, teach, and relate to their children are rooted in an individual's own childhood experiences; therefore, it is essential that parents are equipped to manage lingering stress and trauma, to prevent its transmission to their children.¹⁸⁴

One of the primary negative exposures young children face is trauma within the household. Caregivers¹⁸⁵ are a child's anchor; they help children understand the world around them, cushion them (when possible) from issues they are not yet equipped to understand, and provide comfort in stressful situations. Caregiver substance use and intimate partner violence are two of the most

182 Utah Department of Health and Human Services. (2022, November 10). *Complete Health Indicator Report of Adverse Childhood Experiences ACEs*. Public Health Indicator Based Information System (IBIS). https://ibis.health.utah.gov/ibisph-view/indicator/complete_profile/ACEs.html

183 Narayan, A. J., Lieberman, A. F., & Masten, A. S. (2021). Intergenerational Transmission and Prevention of Adverse Childhood Experiences (ACEs). *Clinical Psychology Review*, Volume 85, 101997, ISSN 0272-7358. <https://doi.org/10.1016/j.cpr.2021.101997>

184 Ibid

185 Including parents, extended family and/or foster caregivers.

commonly recorded traumas experienced by young children.¹⁸⁶ Research has shown repeatedly that child health and well-being is inextricably linked to the mental health and well-being of their caregivers. If caregivers, of any gender, report poor mental health, the children in their care are more likely to be in poor general health and have MBDD.¹⁸⁷ According to experts at The Children's Center of Utah, if children do not have an adult in their life as a primary caregiver with the capacity to provide consistent nurturing, then "no matter what services you provide that child, we are probably only going to make a dent in the surface."^{188, 189}

Prevention of Adverse Childhood Experiences

The most effective element of ACE prevention efforts has been the recent increase in research on predictive factors of ACEs. Examples of risk and predictive factors of ACEs include families facing high parenting and/or economic stress, communities with high rates of crime and/or violence, and communities with unstable housing.¹⁹⁰ The National Library of Medicine notes that "research is critical to understanding the causes, characteristics, and consequences of ACEs as well as the effectiveness of strategies to inform the primary prevention of ACEs."¹⁹¹

Due to the intergenerational transmissibility of ACEs, an essential element of preventing ACEs in children is assessing parents' history of ACEs and teaching them resilience in the face of stressors. Additionally, experiencing positive childhood experiences (PCEs) has been shown to mitigate the effects of ACEs on individuals' health and promote healthy and successful development. PCEs include "a sense of connectedness with others, participating in community traditions, feeling a sense of belonging, and feeling safe and protected at home."¹⁹²

"Parents need interventions that help them to manage clinical symptoms and reactions to their own histories of poor attachments and trauma, to protect children from adversity and trauma as best they can."

Source: Angela J. Narayan, Alicia F. Lieberman, Ann S. Masten, Intergenerational transmission and prevention of adverse childhood experiences (ACEs), *Clinical Psychology Review*, Volume 85, 2021, 101997, ISSN 0272-7358, <https://doi.org/10.1016/j.cpr.2021.101997>. <https://www.sciencedirect.com/science/article/pii/S0272735821000404>

186 Interview with Rebecca Dutson, President and CEO, and Jennifer Mitchell, Vice President. The Children's Center Utah. August 8, 2023.

187 Wolicki, S. B., Bitsko, R. H., Cree, R. A., Danielson, M. L., Ko, J. Y., Warner, L., & Robinson, L. R. (2021). Mental Health of Parents and Primary Caregivers by Sex and Associated Child Health Indicators. *Adversity and Resilience Science*, 2(2), 125-139. <https://doi.org/10.1007/s42844-021-00037-7>

188 Interview with Rebecca Dutson, President and CEO, and Jennifer Mitchell, Vice President. The Children's Center of Utah. August 8, 2023

189 The Children's Center, founded in 1962, provides comprehensive mental health care to enhance the emotional well-being of infants, toddlers, preschoolers, and their families. Their services include therapeutic preschool, outpatient services, and training consultation and research

190 Centers for Disease Control and Prevention. (2023, June 29). *Risk and Protective Factors*. <https://www.cdc.gov/violenceprevention/aces/riskprotectivefactors.html>

191 Matjasko, J. L., Herbst, J. H., & Estefan, L. F. (2022). Preventing Adverse Childhood Experiences: The Role of Etiological, Evaluation, and Implementation Research. *American Journal of Preventive Medicine*, 62(6). <https://doi.org/10.1016/j.amepre.2021.10.024>

192 Ibid

Children with Developmental Disorders/Disabilities

Key Takeaways

- The lack of awareness of mental health challenges faced by children who have disabilities is a barrier to providing families with impactful services.
- COVID-19 brought about many changes in service delivery for children who have disabilities, including the development of a virtual model of home visiting, and increased many behavioral and emotional challenges for children with disabilities.
- Spreading awareness of risk and predictive factors is a critical element of early intervention for children who have disabilities, as parents need to be conscious of the particular delays their child may be experiencing, and be supported as they seek intervention.

Some children are born with innate neurological differences.¹⁹³ Many of these conditions are medically labeled as “disorders,” but if they are diagnosed and a child receives appropriate support and treatment they may function very normally. It is important to note that having a “disorder” does not mean a child isn’t mentally healthy; many children with MBDD diagnoses are happy and well-adjusted when they receive the proper care and treatment.¹⁹⁴

Demographics and Definitions

Nationally, learning disabilities are the most common type of disability experienced by individuals aged three through 21.¹⁹⁵ An estimated 75,829 Utah children from birth through eight had a developmental disability in 2022, comprising 17% of Utah’s total birth through eight population.¹⁹⁶ Among children ages three to five served by district preschool programs in 2022, 45% (16,425) had a disability and were enrolled in special education.¹⁹⁷ In 2023 community discussions, parents cited school staffing shortages related to the COVID-19 pandemic and reported a lack of aides to assist their children with disabilities.¹⁹⁸ Children living with any type of disability face unique challenges in their daily lives, but with the right support and early interventions, can be empowered to reach their full potential, especially in their education.¹⁹⁹

193 One example of this is children diagnosed with ADHD. They are born with brains that differ and develop in slight, but important ways from ‘neurotypical’ brains. ADHD can have features such as hyperactivity that can be problematic when these children do not receive the support and treatment they need to function well in environments designed to accommodate neurotypical children. Autism is another mental health condition that is innate.

194 Bitsko R. H., Claussen A. H., Lichstein J., Black, L. I., Jones, S. E., Danielson, M. L., Hoenig, J. M., Davis Jack, S. P., Brody, D. J., Gyawali, S., Maenner, M. J., Warner, M., Holland, K. M., Perou, R., Crosby, A. E., Blumberg, S. J., Avenevoli, S., Kaminski, J. W., & Ghandour, R. M. (2022). Mental Health Surveillance Among Children — United States, 2013–2019. *MMWR Suppl* 71(Suppl-2):1–42. <http://dx.doi.org/10.15585/mmwr.su7102a1>

195 National Center for Education Statistics. (2023). *Students With Disabilities*. U.S. Department of Education, Institute of Education Sciences. <https://nces.ed.gov/programs/coe/indicator/cgg/students-with-disabilities>

196 Calculated using Utah population estimates and CDC national percentage of children with developmental disabilities. There are an estimated 446,052 Utah children birth through eight, and the CDC estimates that 17% of children have a developmental disability - equating to 75,829 Utah children. Source: Centers for Disease Control and Prevention. (2022, May 16). *CDC’s Work on Developmental Disabilities*. <https://www.cdc.gov/ncbddd/developmentaldisabilities/about.html> and https://docs.google.com/spreadsheets/d/1fqoDq0LaoST2NRiDxUqu7AV_F7ME4X4q/edit#gid=1306975564

197 Utah Department of Health and Human Services. (2023). *Early Childhood Utah Advisory Council: Annual report 2023*. https://earlychildhoodutah.utah.gov/pdf/ECU_Annual_Report.pdf

198 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

199 US Department of Education Office of Special Education and Rehabilitative Services. (2022, July 19). *Positive, Proactive Approaches to Supporting Children with Disabilities: A guide for stakeholders*. <https://sites.ed.gov/idea/files/guide-positive-proactive-approaches-to-supporting-children-with-disabilities.pdf>

Unique and Compounded Challenges²⁰⁰

Children who have disabilities often experience unique challenges, or challenges that are common but compounded by their disability. For example:

- Between 40% and 50% of people with intellectual or developmental disabilities also have a mental illness.²⁰¹
- Children living with disabilities are also more likely to have experienced neglect and abuse, and less likely to be reunified with their families if they enter the foster care system.²⁰²
- Nationally, students experiencing homelessness are more than four times as likely as their peers to have a developmental disability, and twice as likely to have a learning disability. These MBDDs are then compounded by other challenges that homeless students face, such as high levels of school absenteeism and transfers.^{203, 204}
- Studies have also shown that children growing up in poverty live with disabilities at a disproportionately high rate.²⁰⁵

Some Utah parents reported a need for hospitals and pediatricians to have a greater awareness of programs for children who have disabilities and to refer children earlier.²⁰⁶ The importance of infant and EC mental health has received more attention within the medical field since the onset of COVID-19; however, the topic is still not widely or well-understood, which heightens these challenges.

Impact of COVID-19 on Early Childhood Mental Health

Key Takeaways

- During COVID-19 children experienced intense depression, anxiety, trauma, loneliness, and suicidality “that will have lasting impacts on them, their families, and their communities.”²⁰⁷
- As child mental health concerns multiplied, national children’s medical authorities declared the issue a national emergency.

In 2021, the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry (AACAP), and Children’s Hospital Association released a joint declaration of a national emergency in child mental health. During COVID-19, existing early mental health concerns multiplied, resulting in “an exacerbation of trends that were already present.”²⁰⁸ This declaration noted “soaring” rates of MBDDs among children during COVID-19 with disproportionate effects on POC. Visits to hospital emergency

200 See “Access to Mental and Physical Health Services” section for more information.

201 Utah Parent Center. (2022, October). *Supporting the Dually-Diagnosed Through COVID-19*. <https://utahparentcenter.org/wp-content/uploads/2022/10/Dual-Diagnosis-and-COVID-Toolbox-PDF-2.pdf>

202 See “Maltreatment, Neglect, and Abuse” section for more information

203 See “Homelessness Among Utah Children Birth Through Eight” section for more information.

204 Institute for Children, Poverty & Homelessness. (2023). *Homeless Students in Special Education*. <https://www.icphusa.org/specialized/#:~:text=Homeless%20students%20are%20more%20than,students%20at%20an%20academic%20disadvantage>

205 National Academies of Sciences, Engineering, and Medicine. (2022). *Supporting Children with Disabilities: Lessons from the pandemic - proceedings of a workshop*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/26702>

206 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

207 American Academy of Pediatrics. (2021, October 19). *AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health*. <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>

208 Interview with Rebecca Dutson, President and CEO, and Jennifer Mitchell, Vice President. The Children’s Center Utah. August 8, 2023

departments for all mental health emergencies, but especially suspected suicide attempts, increased dramatically across the country.²⁰⁹ Several indicators of child mental health and wellbeing in Utah similarly indicated reasons for concern.²¹⁰

As well as impacting children's mental health, COVID-19 sparked challenges for services targeting the birth to three population with developmental disabilities as well.²¹¹ For example, the lockdown inhibited face-to-face appointments and home visits, preventing providers from serving potentially eligible children across the state. Shifting from face-to-face services to virtual formats was not without challenges, as some families lacked technology or internet access, and providers had to bridge this gap by offering internet hot-spots and laptop loans. However, the virtual format had some benefits in early intervention, and continued to be used in many programs in 2023. Virtual formats can help busy and/or working parents, and remove transportation and distance barriers. Virtual services also challenge parents to take more responsibility and empower them to work with their child on a daily basis, thereby positioning parents to play a bigger role in their children's development.²¹²

The COVID-19 Pandemic's Continuing Impact on Children

The strain on families caused by COVID-19 also heightened mental health issues in children, specifically in preschool children. According to a 2021 study, "maintaining a structured, predictable home environment by adherence to family routines appears to mitigate these adverse effects, providing an empirical basis for public health recommendations."²¹³ Due to the strain on parents, children did not always receive the necessary nurturing during COVID-19.²¹⁴ Besides not receiving adequate nurturing, over 140K children in the US lost a caregiver altogether, with POC, especially youth, impacted disproportionately.²¹⁵ Many early education professionals warn that the effects of COVID-19 may persist for several generations.²¹⁶ For example, COVID-19 increased intergenerational tensions and increased young people's worries and anxieties about the future.^{217, 218} Parents who faced significant adversity and/or trauma during this time need support and intervention, so they can more successfully parent their children. People who face adversity and receive the proper support afterward often experience positive growth, known as post-traumatic growth; therefore, it is critical that both parents and children facing the consequences of COVID-19 receive proper support as they navigate its lasting effects on their mental health.²¹⁹

209 American Academy of Pediatrics. (2021, October 19). *AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health*. <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>

210 Per Utah's Public Health Indicator Based Information System (IBIS) "In 2022, suicide was the leading cause of death for Utahns ages 10 to 17 and 18-24." Similarly, the state's 2023 Prevention Needs Assessment data showed, "27% of Utah students in grades 8, 10, and 12 reported experiencing serious mental illness" and "7.3% reported having attempted suicide in the past year and 18.9% reported having seriously considered attempting suicide in the past year." Source: <https://ibis.health.utah.gov/ibisph-view/indicator/view/SuicDth.MethSex.html>

211 See "Health Care Access" section for more information.

212 Interview with Lisa Davenport, Part C Coordinator, and Gregg Reed, Baby Watch Data Manager. Utah Department of Health and Safety Services. July 7, 2023.

213 Glynn, L. M., Davis, E. P., Luby, J. L., Baram, T. Z., & Sandman, C. A. (2021). A Predictable Home Environment May Protect Child Mental Health During the COVID-19 Pandemic. *Neurobiology of Stress*, 14, 100291. <https://doi.org/10.1016/j.ynstr.2020.100291>

214 Interview with Rebecca Dutson, President and CEO, and Jennifer Mitchell, Vice President. The Children's Center Utah. August 8, 2023.

215 American Academy of Pediatrics. (2021, October 19). *AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health*. <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>

216 Interview with Rebecca Dutson, President and CEO, and Jennifer Mitchell, Vice President. The Children's Center Utah. August 8, 2023

217 Meisner, B.A. (2021) Are you OK, Boomer? Intensification of ageism and intergenerational tensions on social media amid COVID-19. *Leisure Sciences*, 43(1-2), 56-61. 10.1080/01490400.2020.1773983

218 Swift, H.J. & Chasteen, A.L. (2021) Ageism in the time of COVID-19. *Group Processes & Intergroup Relations*, 24, 246-252. 10.1177/1368430220983452

219 Collier, L. (2016, November 1). Growth After Trauma. *Monitor on Psychology*, 47(10). <https://www.apa.org/monitor/2016/11/growth-trauma>

“We are caring for young people with soaring rates of depression, anxiety, trauma, loneliness, and suicidality that will have lasting impacts on them, their families, and their communities. We must identify strategies to meet these challenges through innovation and action, using state, local and national approaches to improve the access to and quality of care across the continuum of mental health promotion, prevention, and treatment.”

Source: AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health, 2021. https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/?_ga=2.117060102.1033150.1685998366-297955879.1685998365

Many educators throughout Utah observed an increase in mental health issues in the classroom. Although little data is available on MBDDs in young children since COVID-19, experts have observed that young people experienced intense depression, anxiety, trauma, loneliness, and suicidality “that will have lasting impacts on them, their families, and their communities.”²²⁰ Some children were extremely socially isolated during COVID-19, resulting in fewer kindergarten-age children being kindergarten-ready, since many had not received EC screening and services.²²¹ These mental health issues, especially anxiety, often present themselves as “big emotions” in the school setting, where children struggled to regulate their emotions during COVID-19. These big emotions have continued to affect students’ academic performance and social interactions in the classroom since COVID-19, which is a consistent challenge for educators.²²²

Underserved Child Populations

In the 2023-24 round of PDG B-5 funding, Utah chose to increase focus on underserved child populations. Specific sections will examine the common threads among and unique needs of the following child populations: AI/AN, Hispanic/Latinx, rural, uninsured, those experiencing homelessness, and those experiencing maltreatment, neglect, and abuse.

American Indian/Alaska Native Children

Key Takeaways

- AI/AN children frequently fall significantly below other child populations and statewide averages on measures of child health, wellbeing and educational achievement. These contrasts are long-standing and not due to innate factors.
- The rural geography and lack of infrastructure in and near tribal lands are a barrier to improving outcomes for children, as they complicate access to healthy food and health care services.
- COVID-19 has disproportionately affected AI/AN communities in Utah, especially children, who were unable to complete online schoolwork and lost many primary caretakers.

220 Collier, L. (2016, November 1). Growth After Trauma. *Monitor on Psychology*, 47(10). <https://www.apa.org/monitor/2016/11/growth-trauma>

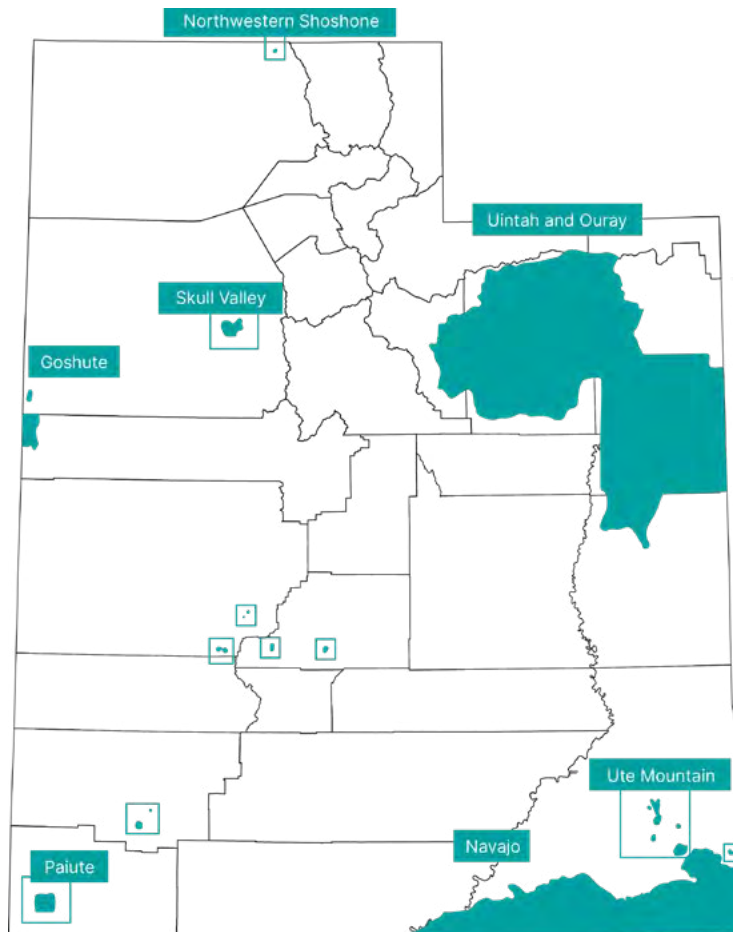
221 Summers, L., & Thomas Brandley, A. (2021, September). *Preparing for the Future: The potential long-term impacts of COVID-19 on Utah's child and youth mental health*. Kem C. Gardner Policy Institute. <https://gardner.utah.edu/wp-content/uploads/COVID-19-and-Child-and-Youth-Mental-Health.pdf?x71849>

222 Interview with Jared Lisonbee, Preschool Specialist, and Chelsea Oaks, Preschool Specialist. Utah State Board of Education. June 27, 2023.

In 2021, approximately 60K AI/AN people lived in Utah. Within this population, nearly eight percent were under the age of five, and 24% were between the ages five and 17.²²³ AI/AN children have some of the lowest health, educational, and well-being outcomes of any birth through eight population in Utah. There are no innate differences in this child population that account for the discrepancies in health, education and wellbeing outcomes.

Utah's AI/AN children belong to many different tribal groups and nations, eight of which are located within Utah's borders and are federally recognized (see Figure 21).²²⁴ In 2023, 71% of the AI/AN population in the United States lived in urban areas rather than on tribal lands due to educational opportunities, employment, and health care needs.²²⁵ According to interviews, by 2023, the percentage of Utah's AI/AN population living in urban areas had overtaken the percentage still living on tribal lands.²²⁶

Figure 21. Map of Tribal Groups/Nations, 2023



Source: Visit Utah. Native Nations in Utah. *Utah Office of Tourism*. <https://www.visitutah.com/things-to-do/History-Culture/tribal-cultures>

223 American Community Survey. (2021) *1-Year Estimates*. US Census Bureau. <https://data.census.gov/table?q=S0201&t=001:002:006:009:01A&g=040XX00US49&y=2021>

224 Visit Utah. *Native Nations in Utah*. (n.d.). Utah Office of Tourism. <https://www.visitutah.com/things-to-do/History-Culture/tribal-cultures>

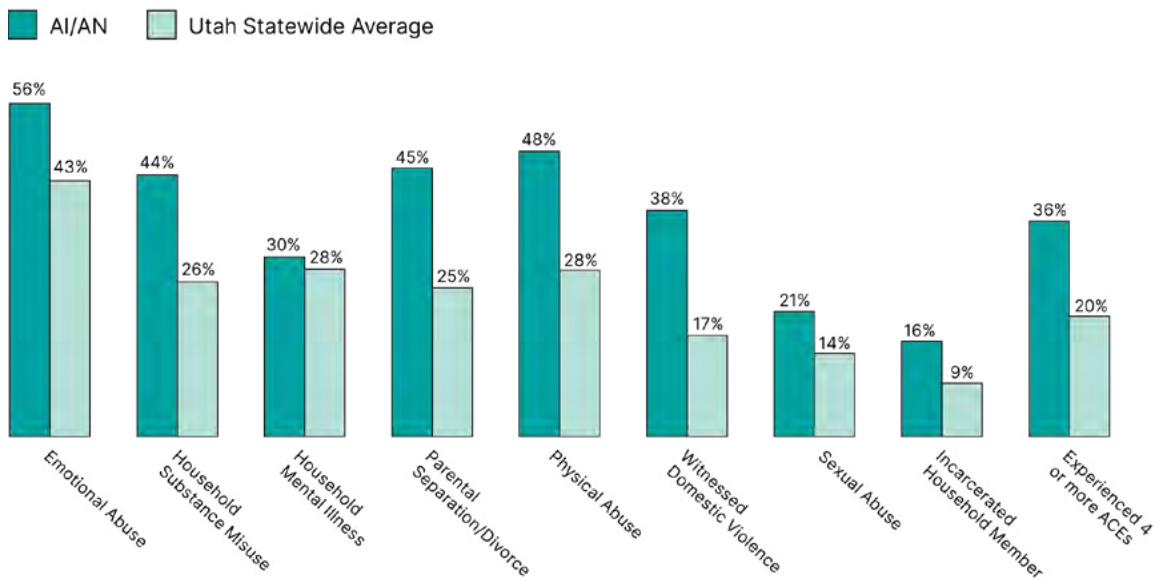
225 Urban Indian Health Institute. (2021). *Strengthening the Health of Future Generations: A community health profile of urban American Indian and Alaska Native infants, children, and adolescents*. Seattle Indian Health Board. <https://www.uihi.org/urban-indian-health/urban-indian-health-organization-profiles/>

226 Interview with Jeremy Taylor, Tribal Health Liaison, and Ozzy Escarate, Director, Utah DHHS, Office of AI/AN Health & Family Services. May 15, 2023.

Indicators Where Utah's American Indian/Alaska Native Children's Health and Wellness Are Below Statewide Averages

Preterm birth rates are high among AI/AN people in Utah, with more than 12% of infants born preterm in 2021, compared to the Utah average of nearly 10% across all racial groups.²²⁷ In 2021, an average of nearly 82% of expectant parents in Utah received prenatal care during the first trimester, while only 68% of AI/AN expectant parents did.²²⁸ According to 2021 Census data, more than five percent of children age three or older in Utah were in preschool or nursery school, compared to less than three percent of AI/AN children.²²⁹ AI/AN individuals also consistently experience ACEs at a higher rate than the statewide average (see Figure 22).²³⁰ Poorer health outcomes in early childhood are linked to poorer health throughout the lifespan, and therefore of significant concern for the healthy development of AI/AN children.

Figure 22. Percentage of AI/AN Population Who Has Experienced ACEs Compared to the Utah Average, 2022



Source: Office of American Indian/Alaska Native Health & Family Services. (2022). *American Indian and Alaska Native Health Status Report 2022*. Utah Department of Health and Human Services. https://healthequity.utah.gov/wp-content/uploads/Twenty_Years_AIAN.pdf

227 Children born preterm are more likely to have long-term health issues than those born at full-term. Source: Public Health Indicator Based Information System. (2022). *Health Indicator Report of Utah Health Improvement Index*. Utah Department of Health and Human Services. https://ibis.health.utah.gov/ibisph-view/indicator/complete_profile/PreBir.html

228 Urban Indian Health Institute, Seattle Indian Health Board (2021). *Strengthening the Health of Future Generations: A Community Health Profile of Urban American Indian and Alaska Native Infants, Children, and Adolescents*. Seattle, WA: Urban Indian Health Institute.

229 US Census Bureau. (2021). *2021 American Community Survey 1-Year Estimates*. <https://data.census.gov/table?q=S0201&t=001:002:006:009:01A&g=040XX00US49&y=2021>

230 Office of American Indian/Alaska Native Health & Family Services. (2022). *American Indian and Alaska Native Health Status Report 2022*. Utah Department of Health and Human Services. https://healthequity.utah.gov/wp-content/uploads/Twenty_Years_AIAN.pdf

“Urban AI/AN children living at or below the FPL are more likely to experience barriers to receiving basic necessities such as nutritious food and safe housing, difficulty accessing necessary medical and mental health care, low academic achievement, and increased behavioral problems and developmental difficulties. These outcomes can contribute to poverty status in adulthood through education, employment, and disability, thus perpetuating a cycle of poverty.”

Source: Urban Indian Health Institute, Seattle Indian Health Board (2021). *Strengthening the Health of Future Generations: A Community Health Profile of Urban American Indian and Alaska Native Infants, Children, and Adolescents*. Seattle, WA: Urban Indian Health Institute.

Factors Impacting AI/AN B-8 Health and Wellness

- In 2023, more than 30% of the Navajo population did not have access to clean water. The US Supreme Court recently ruled that the US government was not required to take steps to secure water access to the Navajo Nation. A lawyer representing the tribal nation stated that most individuals living in the Navajo Nation get by on two or three gallons of water per day, while the average American uses 88 gallons per day.²³¹
- Tribal nations face a persistent scarcity of electricity. In 2022, the Westwater Community, part of the Navajo Nation, had electricity installed after a 30-year effort.²³²
- Internet access has also been scarce and unreliable. In 2020, 18% of people living on tribal lands nationally couldn't access broadband service, compared to four percent of people in non-tribal areas.²³³ This lack of internet access was a significant challenge for Utah AI/AN children attempting to complete online schooling during COVID-19.²³⁴ Once access issues were solved, Utah test scores for AI/AN children returned to pre-pandemic levels, indicating that lack of internet access was a key factor in dropping test scores earlier in COVID-19.²³⁵
- The lack of digital access that affects AI/AN Utahns also hinders their access to telephone services. About 60% of households in 2023 in the Navajo Nation did not have landline telephone services, despite the severe lack of wireless signals.²³⁶ As a result, the 911 system often could not track emergency call locations.²³⁷
- Many Utah AI/AN nations are located in rural areas and lack transportation infrastructure. This is a major barrier to change and advancement in outcomes for AI/AN children, as the lack of transportation and drivable roads can prevent services from reaching tribal areas. Another challenge of the rural geography is that many of Utah's tribal nations lacked access to affordable, healthy foods. The resulting shortage of fresh foods exacerbated many health issues such as diabetes and obesity in tribal nations.²³⁸

231 Frazin, R. (2023, June 25). Navajo Nation Struggles with Water Access. The Supreme Court Just Dealt it a Blow on Water Rights. *The Hill*. <https://thehill.com/policy/energy-environment/4065389-navajo-nation-struggles-with-water-access-the-supreme-court-just-dealt-it-a-blow-on-water-rights/>

232 Boyle, D. (2022, September 21). Electricity Arrives in Westwater Community. *San Juan Record*. <https://sjrnews.com/native-american-issues-san-juan-county-blanding/electricity-arrives-westwater-community>

233 US Government Accountability Office. (n.d.). *Tribal and Native American Issues*. <https://www.gao.gov/tribal-and-native-american-issues>

234 Interview with Jeremy Taylor, Tribal Health Liaison, and Ozzy Escarate, Director, Utah DHHS, Office of AI/AN Health & Family Services. June 15, 2023.

235 Interview with Dr. Harold Foster, Education Specialist for Title Six Programs, Utah State Board of Education. May 17, 2023

236 National Telecommunications and Information Administration. (n.d.). *Narrowing the digital divide in the Navajo Nation*. US Department of Commerce. <https://www.ntia.gov/blog/narrowing-digital-divide-navajo-nation>.

237 Ibid

238 Interview with Jeremy Taylor, Tribal Health Liaison, and Ozzy Escarate, Director, Utah DHHS, Office of AI/AN Health & Family Services. July 12, 2023.

Poverty

In 2022, Utah's poverty rate for children below the age of 18 was more than eight percent, but among AI/AN children the rate was almost five times higher at 37% (see Figure 23).^{239, 240} The median family income for Utah was \$92,192 in 2021, while the median family income for Utah's AI/AN population was \$68,033. Statewide, just five percent of Utah families were using financial assistance/SNAP benefits in 2021, while almost three times that amount (14%) of the AI/AN population was enrolled in these programs.²⁴¹

Figure 23. Poverty Rate of Utah AI/AN Children and All Utah Children Zero to 18, 2021



Sources:

The Center for American Progress. (2022). *Poverty in the United States: Compare the States*. https://www.americanprogress.org/data-view/poverty-data/poverty-data-compare-tool/?stateFilters=ut%2Cid%2Cwy%2Cnv&indicatorFilters=child_pov%2Cno_health_ins&yearFilter=2022
 Children's Defense Fund. (2023). *The State of America's Children*. <https://www.childrensdefense.org/wp-content/uploads/2023/05/SOAC-2023-Tables.pdf>

AI/AN children in Utah were also more likely to live in areas of concentrated poverty than other groups.²⁴² In 2017, the national rate of children living in concentrated poverty was 12% among all children, while the rate for AI/AN children was 28%.²⁴³ San Juan County, where a slice of the Navajo Nation is located, is the only county in Utah that was on the 2015 US Census' list of persistent poverty counties (defined as having a poverty rate of greater than 20% for 30 years or more).²⁴⁴

COVID-19's Impact on American Indian/Alaska Native Communities and Their Children

COVID-19 was one of the top causes of death among the AI/AN population in Utah in 2020. Utah's statewide COVID-19 mortality rate was 48 per 100K individuals, but the AI/AN population suffered a mortality rate almost seven times higher (330 per 100K individuals). High rates of diabetes, obesity, and hypertension among AI/AN individuals made this population more susceptible to COVID-19. The higher death rate meant more children lost family members and, in some cases, their primary caregivers. Elderly women were more susceptible to hospitalization and fatality due to COVID-19, and in many AI/AN cultures grandmothers may be involved in and/or responsible for raising children.²⁴⁵

239 The Center for American Progress. (2022). *Poverty in the United States: Compare the States*. https://www.americanprogress.org/data-view/poverty-data/poverty-data-compare-tool/?stateFilters=ut%2Cid%2Cwy%2Cnv&indicatorFilters=child_pov%2Cno_health_ins&yearFilter=2022

240 Children's Defense Fund. (2023). *The State of America's Children*. <https://www.childrensdefense.org/wp-content/uploads/2023/05/SOAC-2023-Tables.pdf>

241 US Census Bureau. (2021). *2021 American Community Survey 1-Year Estimates*. <https://data.census.gov/table?q=S0201&t=001:002:006:009:01A&g=040XX00US49&y=2021>

242 An area of concentrated poverty is defined as a neighborhood where 30% or more of the population in that area lives in poverty.

243 Compared to a nationwide average of 12%. Source: Annie E. Casey Foundation. (2019). *Children Living in High Poverty, Low-opportunity Neighborhoods*. <https://assets.aecf.org/m/resourcedoc/aecf-childrenlivinginhighpoverty-2019.pdf>

244 US Department of the Treasury. (2015). *Persistent Poverty Counties*. <https://home.treasury.gov/system/files/136/Persistent-Poverty-Counties-and-County-Equivalents.xlsx>

245 Office of American Indian/Alaska Native Health & Family Services. (2022). *American Indian and Alaska Native Health Status Report 2022*. Utah Department of Health and Human Services. https://healthequity.utah.gov/wp-content/uploads/Twenty_Years_AIAN.pdf

Utah's AI/AN population also had one of the highest COVID-19 vaccination rates of all racial/ethnic groups.²⁴⁶ The Utah state government gave vaccines to tribal authorities and allowed them to distribute the vaccines. Tribal nations chose to vaccinate whole families, rather than vaccinate in waves by age group; this method recognized the many intergenerational households and interactions more common in AI/AN cultures. The resulting vaccination rates show the impact of fostering a government-to-government relationship with the tribal nations, and allowing tribal governments to design interventions that meet the needs of their unique communities.²⁴⁷

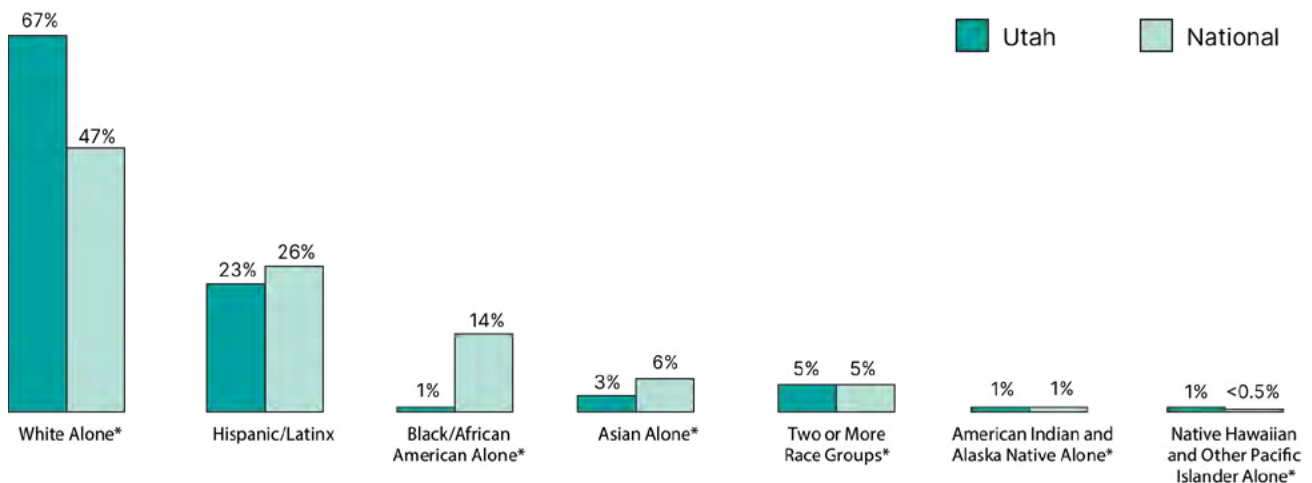
Hispanic/Latinx Children²⁴⁸

Key Takeaways

- The Hispanic/Latinx population is Utah's fastest growing racial/ethnic group and the state's second largest population after non-Hispanic whites.
- Among other gaps, Hispanic/Latinx children have poorer reading and mathematics proficiency levels by fourth grade than their non-Hispanic white counterparts.

Utah's child population was more racially and ethnically varied than Utah's adult population. In 2022, the total Hispanic/Latinx population was Utah's second largest racial/ethnic group after non-Hispanic white. This population was the fastest growing population segment, and accounted for more than 40% of Utah's population growth and 66% of POC growth between 2021 and 2022.²⁴⁹

Figure 24. Child Population Under Four Years Old by Race and Ethnicity in Utah, 2022



*Non-Hispanic

Source: KIDS COUNT Data Center. (2023, July). *Selected Indicators for Utah*. Annie E. Casey Foundation. <https://datacenter.aecf.org/data/customreports/46/8446>

246 Office of Health Equity. (2022, September). *COVID-19 Health Disparities in Utah 2020–2021 Race/Ethnicity Profile*. Utah Department of Health and Human Services. <https://healthequity.utah.gov/wp-content/uploads/Race-ethnicity-profile.pdf>

247 Interview with Jeremy Taylor, Tribal Health Liaison, and Ozzy Escarate, Director, Utah DHHS, Office of AI/AN Health & Family Services. July 12, 2023.

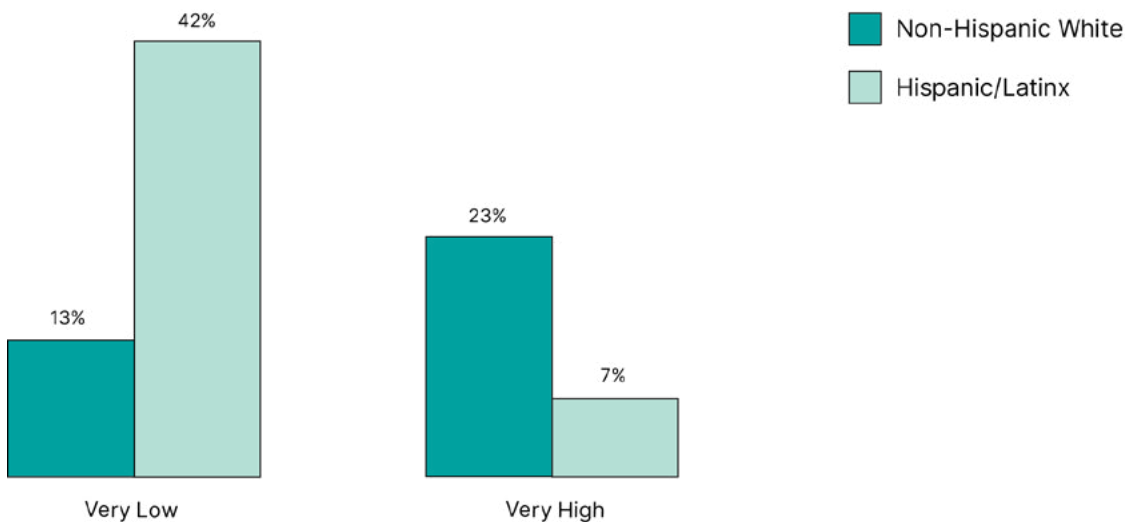
248 Latinx refers to a person who was born in or has ancestors from Latin America in the United States. Source: Tikkanen, A. (2022, July 12). *Latinx*. Encyclopedia Britannica. <https://www.britannica.com/topic/Latinx>

249 Harris, E. (2023). *US Census Bureau Estimates for Race and Hispanic Origin, Vintage 2022*. Kem C. Gardner Policy Institute. <https://gardner.utah.edu/wp-content/uploads/RaceHispanicOrig-FS-Jun2023.pdf?x71849><https://gardner.utah.edu/wp-content/uploads/RaceHispanicOrig-FS-Jun2023.pdf?x71849>

In 2022, among all Utahns under the age of five, nearly 23% identified as Hispanic or Latinx (see Figure 24 above). Comparatively, only nearly 14% of Utahns over 18 years old identified as Hispanic or Latinx. Further, children birth through four made up more than 10% of the Hispanic/Latinx population while children birth through four made up only six percent of the non-Hispanic white population.^{250, 251}

Where a child lives plays an important role in their development as it affects educational opportunities, health, and economic mobility as an adult.²⁵² The majority of Utah's Hispanic/Latinx population was concentrated in Salt Lake, Utah, and Weber Counties. In 2022, Salt Lake County had the highest Hispanic/Latinx population, which accounted for nearly 20% (or 233,780) of the total population.²⁵³ Hispanic/Latinx children in Utah scored lower on the Child Opportunity Index,²⁵⁴ (see Figure 25) which rates neighborhood elements known to be crucial for childrens' healthy development and well-being.²⁵⁵

Figure 25. Child Opportunity Index Scores for Utah's Non-Hispanic White and Hispanic/Latinx Children, 2015



Source: Diversitydatakids. (2023). *Child Opportunity Index 2.0 database*. Institute for Child, Youth and Family Policy. <https://www.diversitydatakids.org/maps/#/explorer/tracts/0/15/10,15//xc/s/1.0.14/39.545/-111.547/6.39/>

250 The ethnicity classifications used by the US Census Bureau adhere to the October 30,1997, Federal Register notice entitled, "Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity" issued by the Office of Management and Budget (OMB). These OMB standards govern the definitions and categories used to collect and present federal data on ethnicity and race. OMB requires two minimum categories on ethnicity (Hispanic or Latino and Not Hispanic or Latino). OMB considers race and Hispanic origin to be two separate and distinct concepts. Hispanics and Latinos may be of any race. Source: US Census Bureau. (n.d.). *Hispanic or Latino Origin*. <https://www.census.gov/quickfacts/fact/note/US/RHI725222>

251 Overall, people who identify as Hispanic or Latinx made up 15.1% (512,087) of all Utah residents in 2022. Source: Harris, E. (2023). *US Census Bureau Estimates for Race and Hispanic Origin, Vintage 2022*. Kem C. Gardner Policy Institute. <https://gardner.utah.edu/wp-content/uploads/RaceHispOrig-FS-Jun2023.pdf?x71849>

252 Acevedo-Garcia, D., Noelke, C., & McArdle, N. (2020). *The Geography of Child Opportunity: Why neighborhoods matter for equity*. Brandeis University, The Heller School for Social Policy and Management. https://www.diversitydatakids.org/sites/default/files/file/ddk_the-geography-of-child-opportunity_2020v2_0.pdf

253 Harris, E. (2023). *US Census Bureau Estimates for Race and Hispanic Origin, Vintage 2022*. Kem C. Gardner Policy Institute. <https://gardner.utah.edu/wp-content/uploads/RaceHispOrig-FS-Jun2023.pdf?x71849>

254 The Child Opportunity Index was developed in 2014 in collaboration with the Kirwan Institute for the Study of Race and Ethnicity at Ohio State University.

255 The Child Opportunity Index includes 29 indicators in three domains: education, health and environment, and social and economic. Source: Diversitydatakids. (2020). *Child Opportunity Index 2.0 Technical Documentation*. Institute for Child, Youth and Family Policy. https://www.diversitydatakids.org/sites/default/files/2020-02/ddk_coi2.0_technical_documentation_20200212.pdf.

Utah's Hispanic/Latinx Children Are More Likely to Experience Poverty and Have Poorer Educational Outcomes

Hispanic/Latinx children in Utah are more likely to face economic challenges than other children. In 2022, 62% of all of Utah's K-3 Hispanic/Latinx children were classified as low-income,²⁵⁶ reflecting wage differences for Hispanic/Latinx employees who, on average, were paid \$1,438 less per month than their non-Hispanic/Latinx counterparts.²⁵⁷

Among the Mountain states,²⁵⁸ Utah has the largest difference in childhood poverty between Hispanic/Latinx children and the general population.²⁵⁹ The poverty rate for Hispanic/Latinx children in Utah was 15% in 2021, nearly twice as high as the statewide rate of eight percent.^{260, 261} Additionally, Hispanic/Latinx children in Utah were three times as likely to live in concentrated poverty than non-Hispanic/Latinx children (six percent compared to two percent in 2017).²⁶²

Studies have shown that poverty has an effect on a child's development and educational outcomes.²⁶³ In 2022, 15% of Utah's Hispanic/Latinx fourth graders were proficient in reading, compared to 31% of non-Hispanic white fourth graders.²⁶⁴ In math, only 14% of Utah's Hispanic/Latinx fourth graders achieved proficient scores, compared to 38% among their non-Hispanic white counterparts (see Table 4).²⁶⁵

Table 4. National Assessment of Educational Progress (NAEP) Reading and Mathematics Scale Scores for Utah's Non-Hispanic White and Hispanic/Latinx Children, 2022

Race/Ethnicity	Below Basic	Basic	Proficient	Advanced
Reading				
Non-Hispanic White	26%	31%	31%	12%
Hispanic	56%	26%	15%	3%
Mathematics				
Non-Hispanic White	14%	36%	38%	12%
Hispanic	43%	41%	14%	2%

Reading and mathematics assessments are scored out of 500. Source: National Center for Education Statistics. (2022). *National Assessment of Educational Progress 2022 Reading and Mathematics Assessment*. US Department of Education. [Data sets]. <https://www.nationsreportcard.gov/ndecore/xplore/NDE>

256 Communication with Utah State Board of Education. (2022, August 4).

257 Hispanic/Latinx employees earned an average of \$4,199 a month while non-Hispanic/Latinx workers earned an average of \$5,637 per month. Source: US Census Bureau. (2022). *Quarterly Workforce Indicators (1990-2022)*. [data set]. <https://qwexplorer.ces.census.gov/#x=0&g=0>

258 Mountain States include Montana, Idaho, Utah, New Mexico, Nevada, Arizona, Colorado, and Wyoming.

259 Tiegen, S. (2021, February 4). El Estado de los Latinos en Utah: A look at Utah's Hispanic/Latino population. Utah Foundation. <https://www.utahfoundation.org/reports/elestadodeloslatinos/>

260 The Center for American Progress. (2022). *Poverty in the United States: Compare the States*. https://www.americanprogress.org/data-view/poverty-data/poverty-data-compare-tool/?stateFilters=ut%2Cid%2Cwy%2Cnv&indicatorFilters=child_pov%2Cno_health_ins&yearFilter=2022

261 Children's Defense Fund. (2023). *The State of America's Children*. <https://www.childrensdefense.org/wp-content/uploads/2023/05/SOAC-2023-Tables.pdf>

262 Tiegen, S. (2021, February 4). El Estado de los Latinos en Utah: A look at Utah's Hispanic/Latino population. Utah Foundation. <https://www.utahfoundation.org/reports/elestadodeloslatinos/>

263 Engle, P. L., & Black, M. M. (2008). *The Effect of Poverty on Child Development and Educational Outcomes*. *Annals of the New York Academy of Sciences*, 1136(1), 243–256. <https://doi.org/10.1196/annals.1425.023>

264 Institute of Education Sciences. (2022). *The Nation's Report Card: 2022 reading snapshot report*. <https://nces.ed.gov/nationsreportcard/subject/publications/stt2022/pdf/2023010UT4.pdf>

265 Ibid

Immigrant and Refugee Children

Key Takeaways

- Immigrant and refugee children in Utah and their caregivers experience uncertainty and confusion about program eligibility requirements.
- Multiple studies linked misconceptions about public charge rules to declines in child Medicaid enrollment for immigrant children. These findings led the federal government to change public charge rules in 2022, largely to avoid harm to this child population.
- Utah faces critical healthcare access challenges, with a notably high rate of uninsured infants and toddlers, exacerbated by high procedural terminations and declining Medicaid and CHIP enrollment, highlighting the need for solutions tailored to the state's vulnerable populations, including its significant immigrant and refugee community.
- Utah can ensure the visibility of immigrant and refugee families by collaborating with relevant organizations to gather specific early childhood data and advocating for further research on this under-studied population.

Utah's growing population, particularly among children under eight, includes a significant immigrant and refugee population. Estimates from 2019²⁶⁶ placed the number of Utah children born outside the US at about 128,100, with roughly 39% originating from Mexico. This estimate included green card holders, temporary visa holders, refugees, asylees, and undocumented immigrants, but did not separate out these subgroups.²⁶⁷ In general, research on this population is limited and during the pandemic was sharply curtailed.

The high rate of uninsured infants and toddlers in Utah, which is twice the national average,²⁶⁸ highlights the broader issue of the difficulty surrounding accessing and obtaining healthcare coverage in the state. This general lack of insurance is particularly concerning given Utah's significant immigrant and refugee population, which already faces numerous challenges. In 2023, Utah had the highest rate of procedural terminations of Medicaid coverage in the nation.²⁶⁹ Procedural termination, which refers to the administrative cancellation of Medicaid coverage due to procedural issues, such as income documentation, rather than changes in family eligibility, have been noted to further exacerbate the problem. This statistic is indicative of the complexities and challenges families face when enrolling in programs like Medicaid and CHIP, which has seen a consistent decline in enrollment since 2016, with the exception of a slight uptick amid the coronavirus pandemic.²⁷⁰ These factors collectively underscore the need for more accessible healthcare solutions that address the unique needs of Utah's most vulnerable populations.

266 The most recent year for which population estimates were available. COVID-19 limited or simply prevented many types of research; it is likely that in-person population counts were canceled.

267 American Immigration Council. (2022). *New Americans in Utah*. https://www.americanimmigrationcouncil.org/sites/default/files/research/new_americans_in_utah.pdf

268 Center for Children & Families. (2022). *Children's Health Care Report Card: Utah Analysis of the U.S. Census Bureau 2022 American Community Survey (ACS), Table S2701: Selected Characteristics of Health Insurance Coverage in the United States*. Georgetown University McCourt School of Public Policy. <https://kidshealthcarereport.ccf.georgetown.edu/states/utah/>

269 Kaiser Family Foundation. (2023). *Medicaid Enrollment and Unwinding Tracker*. <https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-national-federal-unwinding-and-enrollment-data/>

270 Corallo, B. & Moreno, S. (2023, April 4). *Analysis of National Trends in Medicaid and CHIP Enrollment During the COVID-19 Pandemic*. Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/>

While data specific to this group in Utah is limited, challenges related to access and enrollment in critical support programs like Medicaid, SNAP, and WIC also emerged from larger national studies and the community discussions of the current Needs Assessment.^{271, 272} In 2023 deliberative community discussion groups, many parents reported confusion regarding program eligibility for their children and which programs were included in public charge rules. One parent reported a lawyer advised them not to use services because it would negatively affect the documentation process. Another parent shared that their three-year-old child, who was born outside the United States, had not received any services at all since arriving, “Not dental or physical, or anything.” A third parent noted that, “I would hate to be in a situation where I was terrified to take advantage of an opportunity and lose my country. It’s important to have that information.”²⁷³ These concerns, echoed by immigrant and refugee parents, highlight the potential for under-enrollment in programs like Medicaid, SNAP, and WIC.

Despite the absence of perfect data, excluding this population entirely could perpetuate their invisibility. To address this issue, it is suggested that collaboration with organizations serving immigrant and refugee families be initiated to gather more specific data on early childhood needs. Additionally, advocating for further research on this under-studied population in Utah is crucial to ensure their inclusion and support in comprehensive policy and program development.

Rural Children

Key Takeaways

- In 2021, the average percentage of children living in poverty in rural Utah counties was nearly 17%, compared to an average across urban counties of 10%.²⁷⁴
- In 2022, Utah’s rural children had a higher likelihood of being uninsured, and un/under-vaccinated.

Rural child populations differ somewhat from their urban counterparts in both age and racial/ethnic composition. Rural county populations skewed older in 2019, with children zero through five²⁷⁵ making up a slightly smaller percentage of the population in rural areas (nearly nine percent), compared to the urban areas of Utah (nearly 10%).²⁷⁶ Across the US child populations are typically composed of a higher percentage of underserved racial/ethnic identities than adult or total populations, and this holds true for Utah across urban and rural areas. A slightly higher percentage of the rural child population was non-Hispanic white (76%) compared to Utah’s urban child population (68%), but both child populations had higher percentages of children belonging to underserved racial/ethnic groups compared to all-ages data (see Figure 26).²⁷⁷

271 Haley, J., Kenney, G. M., Bernstein, H., & Gonzalez, D. (2020, June 18). *One in Five Adults in Immigrant Families with Children Reported Chilling Effects on Public Benefit Receipt in 2019*. Urban Institute. <https://www.urban.org/research/publication/one-five-adults-immigrant-families-children-reported-chilling-effects-public-benefit-receipt-2019>

272 The sample for this study included data on 29% of US children, including the entire state of Texas where 10% of US children lived. Source: Barofsky, J., Vargas, A., Rodriguez, D., & Barrows, A. (2020). Spreading Fear: The announcement of the public charge rule reduced enrollment in child safety-net programs. *Health Affairs*, 39(10), 1752–1761. <https://doi.org/10.1377/hlthaff.2020.00763>

273 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

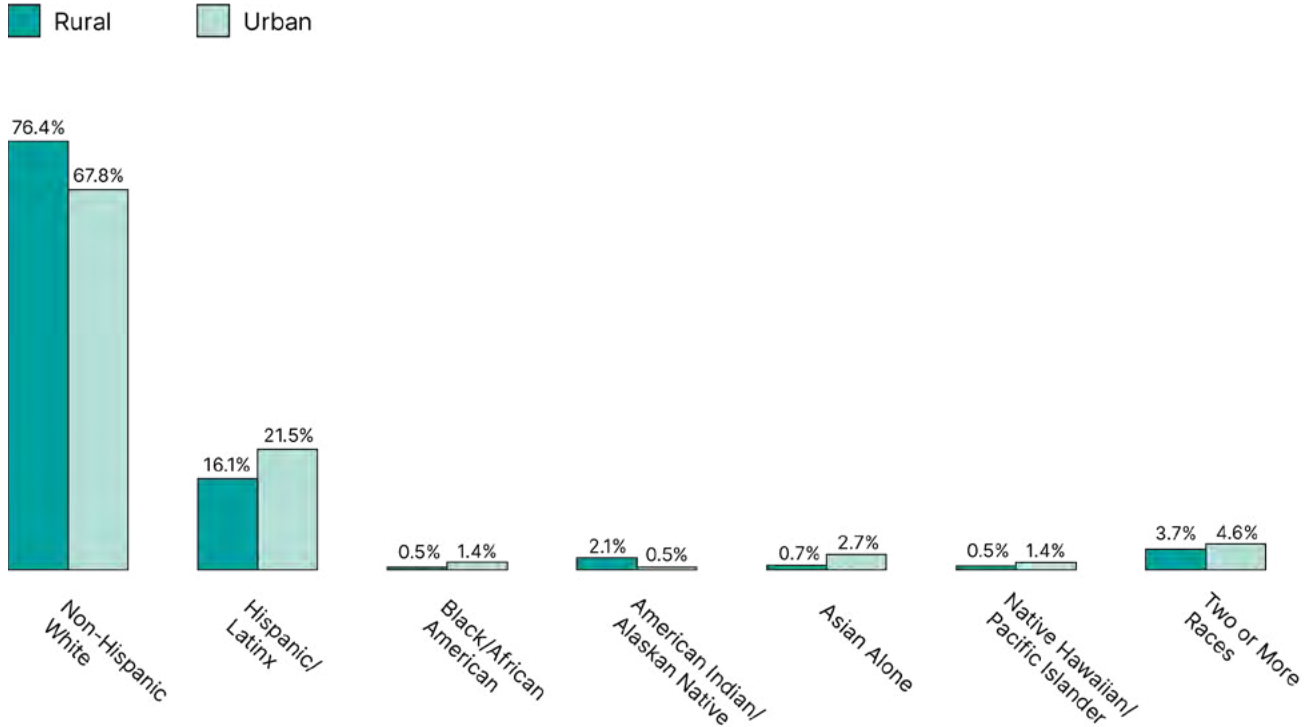
274 Children defined as ages zero to 17. Source: US Department of Agriculture, Economic Research Service. (2021). *Poverty*. USDA ERS - Data Products. <https://data.ers.usda.gov/reports.aspx?ID=17826>

275 At the time of this report, US Census data by single-year-of-age at the county level was not yet available, only grouped age data had been released.

276 Harris, E. (2019, December). *State and County Population Estimates for Utah: 2019*. Kem C. Gardner Policy Institute. <https://gardner.utah.edu/wp-content/uploads/StateCountyPopEst-Dec2019.pdf>

277 US Census Bureau. (2022). *Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: April 1, 2020 to July 1, 2022*. <https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-detail.html>

Figure 26. Utah Urban and Rural Populations by Race/Ethnicity - All Age Groups and Children 18 and Under, by Percent, 2022



Source: US Census Bureau. (2022). *Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: April 1, 2020 to July 1, 2022*. <https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-detail.html>

There were also rural and frontier counties with pockets of greater racial/ethnic variation. In San Juan County, people of AI/AN heritage represented nearly 50% of the county's population; similarly, there were other AI/AN populations in Uintah, Duchesne, and Grand counties.²⁷⁸ The Hispanic community also represented a significant demographic in some rural communities, with nine rural counties²⁷⁹ reporting a Hispanic/Latinx population that made up more than 10% of the county population.²⁸⁰

Poverty Rates for Utah's Rural Children

In 2021, the average percentage of children living in poverty in rural Utah counties was nearly 17%, compared to an average across urban counties of 10%.²⁸¹ In 2021, an average of 28% of the child population living in rural counties were classified as "at-risk" for IGP, compared to an average of 21% of children living in Utah's five urban counties.²⁸² In 2021, none of Utah's five urban counties had food insecurity rates of more than 11%, while 15 rural counties had food insecurity rates from 12% to more than 19%.²⁸³

278 Utah Department of Health. (2020, October 19). *Annual Report - Native American Legislative Liaison Committee*. <https://le.utah.gov/interim/2020/pdf/00004170.pdf>

279 These counties are: Beaver, Carbon, Grand, Millard, Sanpete, Summit, Tooele, Wasatch, and Washington.

280 Harris, E. (2021, August). *First Insights - 2020 Census Race and Hispanic or Latino Origin in Utah*. Kem C. Gardner Policy Institute. <https://gardner.utah.edu/wp-content/uploads/C2020-RceEth-FS-Aug2021.pdf?x71849>

281 Children defined as ages zero to 17. Source: US Department of Agriculture, Economic Research Service. (2021). *Poverty*. USDA ERS - Data Products. <https://data.ers.usda.gov/reports.aspx?ID=17826>

282 Intergenerational Welfare Reform Commission. (2022, September 30). *Intergenerational Poverty: Welfare dependency and public assistance use, 2022* (Vol. 11). Utah Department of Workforce Services. <https://jobs.utah.gov/edo/intergenerational/igp22.pdf>

283 Feeding America. (2021). *Food Insecurity Among Child Population in Utah*. <https://map.feedingamerica.org/county/2021/child/utah>

Factors in Rural Children's Health

Children in rural areas were also subject to a range of gaps in health services. In 2022, rural children in Utah had a higher likelihood of being uninsured (nearly nine percent), compared to children in Utah's urban counties (nearly six percent). In 2022, more than 17% of children 19 and under in Wayne County were uninsured.²⁸⁴ Nationally, rural children also had slightly lower general vaccination rates, and lower COVID-19 vaccination rates (59% rural vs 75% urban).^{285, 286}

Although rural counties in 2019 tended to have more mental health programs per one thousand children than Utah's urban counties, accessibility barriers remained, often resulting in a lack of access to mental health services and licensed mental health providers who were capable of serving young children.²⁸⁷ In 2023 community discussions, some parents in rural areas mentioned a lack of access to pediatricians, mental health providers, and specialists. They said they often had to travel long distances to get their children to necessary health care providers. This was especially difficult for low-income families.²⁸⁸ Overall, rural counties in Utah typically scored lower in the state's annual County Health Rankings, which took into account expected lifespan, health behaviors, and quality of life.²⁸⁹

Educational Challenges in Rural Areas

Rural schools face some unique challenges that can result in lower educational outcomes for rural children. In 2021, rural children completed kindergarten with identical or greater literacy and math proficiency scores as nonrural students.²⁹⁰ However, the range of scores in rural areas included the bottom three districts in literacy, and the bottom four districts in math proficiency.²⁹¹ One factor in these district discrepancies may be hiring and retaining qualified teachers. Hiring was challenging in some rural districts, with Uintah, Tooele, and San Juan counties among Utah counties that reported higher teacher vacancy rates at the start of the school year.²⁹² In 2021, the districts with the highest (Tintic at nearly 21%) and lowest (North Summit at three percent) teacher turnover rates in the state were both rural,²⁹³ compared to a nearly 11% average across the state.^{294, 295}

284 Munoz, M. (2023). *2022 KIDS COUNT Utah: A data book on the measures of child well-being in Utah*. Voices for Utah Children. https://utahchildren.org/images/Reports/Final_Kids_Count_2022_2-28-23.pdf

285 Hill, H. A., Yankey, D., Elam-Evans, L. D., Singleton, J. A., Pingali, S. C., & Santibanez, T. A. (2020). Vaccination Coverage by Age 24 Months Among Children Born in 2016 and 2017 - National Immunization Survey-Child, United States, 2017-2019. *Morbidity and Mortality Weekly Report*, 69(42), 1505-1511. <https://doi.org/10.15585/mmwr.mm6942a1>

286 Saelee, R., Zell, E., Murthy, B., Castro-Roman, P., Fast, H., Meng, L., Shaw, L., Gibbs-Scharf, L., Chorba, T., Harris, L., & Murthy, N. (2022, March 4). *Disparities in COVID-19 Vaccination Coverage Between Urban and Rural Counties - United States, December 14, 2020-January 31, 2022*. *MMWR Morb Mortal Wkly Rep* 2022;71:335-340. <https://www.cdc.gov/mmwr/volumes/71/wr/mm7109a2.html>

287 This lack of access was due to distances traveled, limited numbers of providers who accept Medicaid, and waiting lists. Sources: Ball, S., & Summers, L. (2020, December). *Early Childhood Mental Health in Utah*. Kem C. Gardner Policy Institute. <https://gardner.utah.edu/wp-content/uploads/Child-Ment-Health-Dec2020.pdf> and Interview with Keri Allred, Director of Rural Utah Child Development Head Start. August 1, 2023.

288 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

289 County Health Rankings. (2023). *State of Utah*. <https://www.countyhealthrankings.org/app/utah/2018/overview>

290 Utah State Board of Education. (2021). *Utah's 2021-2022 KEEP Report*. <https://www.schools.utah.gov/file/6d41a09b-4426-4f5e-a119-c49020faf6bb>

291 The bottom districts in literacy were: San Juan, Tintic, and Daggett. The bottom districts in math were San Juan, Tintic, Daggett, and South Sanpete.

292 Utah Legislative Auditor General's Office. (2022, December). *Teacher Turnover, Shortage, and Vacancy Maps*. <https://public.tableau.com/app/profile/utah.legislative.auditor.general.s.office/viz/TeacherTurnoverShortageandVacancyMaps/DashboardAll>

293 Ibid

294 Aerts, L., Hoffelmeyer, K. (2021, December 14) *Utah Teacher Retention Lower Than Average, 42% Leave in First Five Years*. KSL News Radio. <https://kslnewsradio.com/1961078/teacher-retention-in-utah-42-percent-leave-in-first-five-years/#:~:text=But%20the%20overall%20retention%20rate,a%209.2%20percent%20turnover%20rate.%E2%80%9D>

295 The Utah Office of the Legislative Auditor General suggests this may not be a rural-specific problem, but a more localized issue. To tackle some of these issues, the Utah State Board of Education has a set of educator incentive programs. See "Workforce" section for more information.

Declining child populations in rural areas continued to present challenges to the state's school system. Schools have been closed and combined as child populations have shrunk, but in some cases the next school is too far away to bus children. To continue to provide education in these remote regions, the Utah State Board of Education (USBE) has had a program called Necessarily Existent Small Schools (NESS). These schools received additional per-child funding, which amounted to more than \$44.3M in 2022.²⁹⁶

Uninsured Children

Key Takeaways

- Childhood is a critical time of development and lack of health care can mean missed diagnoses, and lack of proper support/treatment for childhood illnesses (including mental health issues).
- Children who lack health insurance are generally in poorer health and may miss out on essential health and wellness care.

Children who are uninsured have lower rates of vaccination which increases their risk of serious preventable illnesses and the likelihood of transmitting these illnesses in the community.²⁹⁷ Uninsured children are less likely to have a stable primary care source and less likely to see a doctor than children with coverage - meaning they miss out on regular well visits and screenings.²⁹⁸ Beyond the risks to children's healthy growth and development, leaving children uninsured also costs families and states. Families lacking health care coverage for children may face large unexpected medical bills if a child becomes seriously ill or injured during a period without coverage.²⁹⁹ Hospitals, doctors, and health systems are often uncompensated for the treatment of uninsured children, instead turning to other publicly-funded mechanisms to recoup their costs. In 2018, it was estimated that state and local governments in Utah could save up to \$8.8M if all the uninsured children in Utah were covered.³⁰⁰

Utah's Uninsured Children

Utah ranks 46th out of 51 states for the percentage of children under 19 who do not have health insurance.³⁰¹ Nationally in 2021, five percent of those under 19 (about 3.9M) were uninsured,³⁰² but in Utah nearly eight percent of children were uninsured (see Figure 27). By age group, seven percent of Utah's children under six years old and eight percent of Utah children six through 18 years old are uninsured.³⁰³

296 Utah State Board of Education. (2022). *Annual Report 2022*. <https://schools.utah.gov/file/ee81e9d0-3b59-437c-b656-d57d3bfd0bb4>

297 Hill, H. A., Yankey, D., Elam-Evans, L. D., Singleton, J. A., & Sterrett, N. (2021). Vaccination Coverage by Age 24 Months Among Children Born in 2017 and 2018 - National Immunization Survey-Child, United States, 2018-2020. *MMWR. Morbidity and mortality weekly report*, 70(41), 1435-1440. <https://doi.org/10.15585/mmwr.mm7041a1>

298 Osorio, A., & Alker, J. (2021, November 22). Gaps in Coverage: A look at child health insurance trends. *Georgetown University McCourt School of Public Policy Center for Children and Families*. <https://ccf.georgetown.edu/2021/11/22/gaps-in-coverage-a-look-at-child-health-insurance-trends/>

299 Alker, J., & Brooks, T. (2022, February). Millions of Children May Lose Medicaid: What can be done to help prevent them from becoming uninsured? *Georgetown University McCourt School of Public Policy Center for Children and Families*. <https://thewellnews.com/wp-content/uploads/2022/02/Kids-PHE-FINAL-2-17.pdf>

300 Ramirez-Arrazola, M., Weinstein, M., Alvarez Valle, C., & Mandle, J. (2021, September). *Smart Money: Covering Utah's uninsured kids will save us more than \$9 million dollars*. <https://drive.google.com/file/d/1u20Jge1jMqnnuGLW66-qyJw-66g8KJq3z/view>

301 Georgetown University Center for Children and Families. (2023, January 24). *Children's Health Care Report Card - Utah*. <https://kidshealthcarereport.ccf.georgetown.edu/states/utah/>

302 Mykyta, L., Keisler-Starkey, K., & Bunch, L. (2022, September 13). *More Children Were Covered by Medicaid and CHIP in 2021*. US Census Bureau. <https://www.census.gov/library/stories/2022/09/uninsured-rate-of-children-declines.html>

303 Georgetown University Center for Children and Families. (2023, January 24). *Children's Health Care Report Card - Utah*. <https://kidshealthcarereport.ccf.georgetown.edu/states/utah/>

Figure 27. Percentage of Uninsured Children Under 19 in Utah and US, 2021

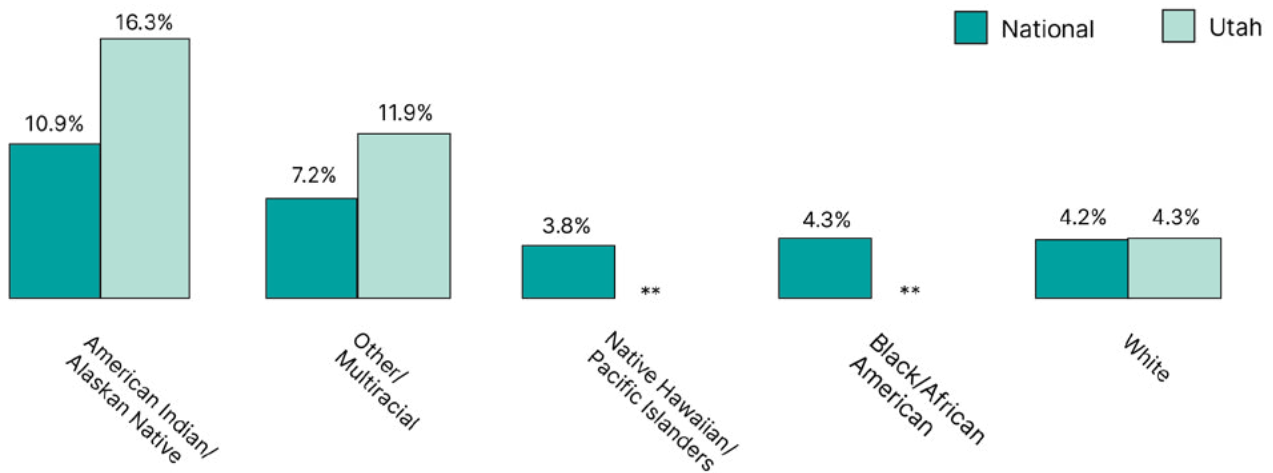


Source: Center for Children & Families (CCF), Georgetown University. (2023, January 24). Children's Health Coverage in Utah. Georgetown CCF Data. <https://kidshealthcarereport.ccf.georgetown.edu/states/utah/>

Differences in Children's Health Insurance Coverage by Race/Ethnicity and Income Levels

Because public insurance programs for children are often tied to income, they reflect general trends in SDOH, meaning some groups of children are more likely to be covered under public health insurance programs or be uninsured. In 2021 for example, nationally, more than 13% of AI/AN and nearly nine percent of Hispanic/Latinx children under 19 were uninsured, compared to only four percent of non-Hispanic white children under 19.³⁰⁴ Trends are similar in Utah, with more than 22% of AI/AN and nearly 17% of Hispanic/Latinx children having no health insurance (see Figures 28 & 29). Additionally, children of color were also more likely to experience gaps in health care coverage. In 2019, 14% of Hispanic children and 12% of Black/African American children experienced a gap in coverage, compared to seven percent of non-Hispanic white children nationally.³⁰⁵

Figure 28. Percentage of Children Without Health Insurance Coverage by Race, 2022



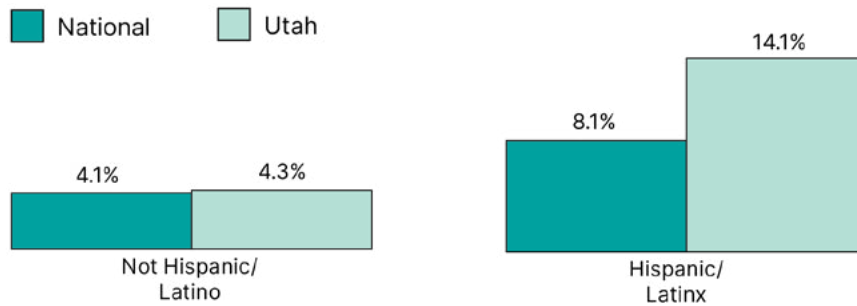
*Race/ethnicity labels are defined by the US Census Bureau and these numbers reflect only children identifying as a single race; children who identify with more than one race are grouped in the Multiracial category.

Source: Alker, J., & Osorio, A. (2023, November 15). Medicaid's Pandemic-Era Continuous Coverage Protections Helped Reduce Number of Uninsured Children. *Georgetown University McCourt School of Public Policy Center for Children and Families*. <https://ccf.georgetown.edu/2023/11/15/medicaids-pandemic-era-continuous-coverage-protections-helped-reduce-number-of-uninsured-children/>

**Insufficient sample size (US Census Bureau) and/or too high coefficient of variation (Georgetown Child & Family Center) Source: Georgetown University Center for Children and Families. (2023, January 24). Children's Health Care Report Card - Utah. <https://kidshealthcarereport.ccf.georgetown.edu/states/utah>

304 Branch, B., & Conway, D. (2022, November). *Health Insurance Coverage by Race and Hispanic Origin: 2021*. US Census Bureau. <https://www.census.gov/content/dam/Census/library/publications/2022/acs/acsbr-012.pdf>

305 Osorio, A., & Alker, J. (2021, November 22). Gaps in Coverage: A look at child health insurance trends. *Georgetown University McCourt School of Public Policy Center for Children and Families*. <https://ccf.georgetown.edu/2021/11/22/gaps-in-coverage-a-look-at-child-health-insurance-trends/>

Figure 29. Percentage of Children Without Health Insurance Coverage by Ethnicity, 2022

Source: Alker, J., & Osorio, A. (2023, November 15). Medicaid's Pandemic-Era Continuous Coverage Protections Helped Reduce Number of Uninsured Children. *Georgetown University McCourt School of Public Policy Center for Children and Families*. <https://ccf.georgetown.edu/2023/11/15/medicaids-pandemic-era-continuous-coverage-protections-helped-reduce-number-of-uninsured-children/><https://ccf.georgetown.edu/2021/11/22/gaps-in-coverage-a-look-at-child-health-insurance-trends/>

Georgetown University Center for Children and Families. (2023, January 24). Children's Health Care Report Card - Utah. <https://kidshealthcarereport.ccf.georgetown.edu/states/utah/>

In 2021, rates of uninsured children also differed by income status, with more than 14% of Utah children (zero to 18) living below 200% of the FPL lacking health care coverage, compared to seven percent for this group nationally.³⁰⁶

Homelessness Among Utah Children

Key Takeaways

- Children experiencing homelessness have an increased risk of serious health concerns, such as asthma and respiratory problems.
- Children who have disabilities, younger children, and children of color experience homelessness at disproportionate rates.
- Children and families facing a lack of permanent and/or stable housing experience higher rates of physical and emotional abuse, domestic violence, and sex trafficking.

Homelessness has significant effects on childrens' physical and mental health, educational success, and well-being.³⁰⁷ National data indicates that an individual is most likely to become homeless within their first year of life, and over half of children in homeless families are under age six.^{308, 309} These are crucial years for child development, making child homelessness a critical issue to address.

306 Kaiser Family Foundation. (2022, October 28). *Health Insurance Coverage of Low Income Children 0-18 (under 200% FPL)*. <https://www.kff.org/other/state-indicator/health-insurance-coverage-of-low-income-children-0-18-under-200-fpl-cps/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

307 Crossroads Urban Center. (2023, February 22). *2023 Report on Child Homelessness in Utah*. <https://www.crossroadsurbancenter.org/uploads/5/2/3/8/52385067/utahchildhomelessnessreport2023.pdf>

308 Gubits, D., Shinn, M., Bell, S., Wood, M., Dastrup, S., Solari, C. D., Brown, S. R., Brown, S., Dunton, L., Lin, W., McInnis, D., Rodriguez, J., Savidge, G., & Spellman, B. (2015). *Family options study: Short-term impacts of housing and services interventions for homeless families*. US Department of Housing and Urban Development, Office of Policy Development and Research. https://www.huduser.gov/portal/portal/sites/default/files/pdf/familyoptionsstudy_final.pdf

309 Ibid

How Homelessness Impacts Children's Health, Education, and Well-Being

The stress of experiencing prenatal and postnatal homelessness has been linked to adverse health consequences in infants. For example, prenatal homelessness has been shown to contribute to developmental delays in children.³¹⁰ Additionally, pregnant persons experiencing homelessness are more likely to deliver preterm and low birthweight babies than those with stable housing.³¹¹ The adverse effects of homelessness on child health is also evident in health care spending. From birth through six, health care spending for children born into homelessness is significantly higher than spending for children born into stable housing.³¹² Additionally, a 2019 multi year study showed that, on average, infants born into homelessness experience more emergency room visits, longer neonatal intensive care unit stays, and more asthma diagnoses than infants born into stable housing. The study also showed infants experiencing homelessness had higher rates of respiratory problems, fever, and other common conditions, compared to infants with stable housing, indicating that homelessness has serious impacts on child well-being and health.³¹³

Homelessness also has significant educational consequences for young children, compounding challenges that may hinder a student's educational success. Children experiencing homelessness are up to nine times more likely to be held back in school, indicating that they face greater academic challenges, and therefore require additional support.³¹⁴ Additionally, while COVID-19 disrupted education for all children, children experiencing homelessness without stable internet access faced greater challenges.³¹⁵

ACEs are linked to poorer health, well-being, and educational outcomes in individuals.³¹⁶ While three to five percent of the global population experiences four or more ACEs, an estimated 54% of individuals experiencing homelessness have experienced four or more ACEs. Children and families facing a lack of permanent and/or stable housing experience higher rates of physical and emotional abuse, domestic violence, and sex trafficking.^{317, 318} Additionally, more than 12% of children experiencing homelessness have caregivers battling substance abuse, and even more have caregivers with untreated mental illness (which is associated with a higher risk of child neglect).³¹⁹ Unfortunately, mental health treatment programs for homeless parents with infants are severely limited.³²⁰ These statistics show the drastic effects that homelessness has on a child's well-being and development.

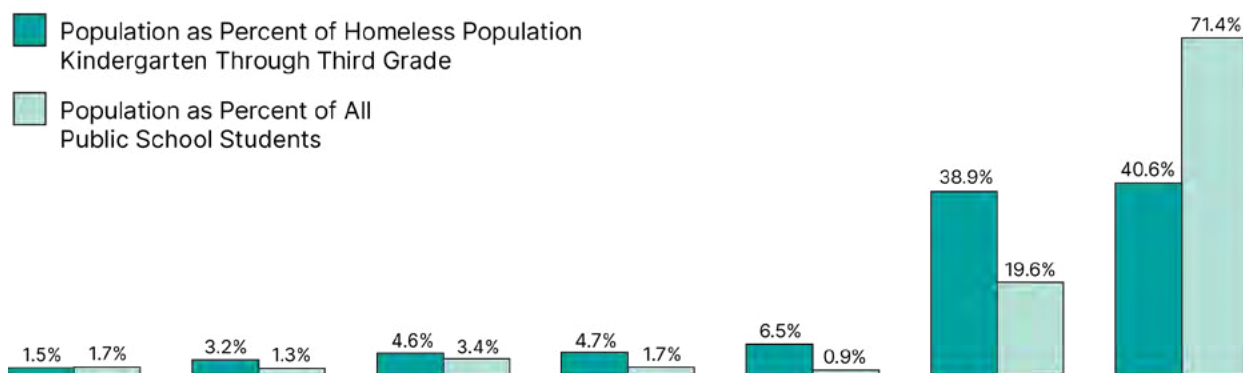
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- 310 Sandel, M., Sheward, R., Ettinger de Cuba, S., Coleman, S., Heeren, T., Black, M. M., Casey, P. H., Chilton, M., Cook, J., Cutts, D. B., Rose-Jacobs, R., & Frank, D. A. (2018). Timing and Duration of Pre- and Postnatal Homelessness and the Health of Young Children. *Pediatrics*, 142(4), e20174254. <https://doi.org/10.1542/peds.2017-4254>
- 311 Cutts, D.B., Coleman, S., Black, M. M., Chilton, M. M., Cook, J. T., Ettinger de Cuba, S., Heeren, T. C., Meyers, A., Sandel, M., Casey, P. H., & Frank, D. A. (2015). Homelessness During Pregnancy: A unique, time-dependent risk factor of birth outcomes. *Maternal and Child Health Journal* 19, 1276–1283. <https://doi.org/10.1007/s10995-014-1633-6>
- 312 Clark, R. E., Weinreb, L., Flahive, J. M., & Seifert, R. W. (2019). Infants Exposed to Homelessness: Health, health care use, and health spending from birth to age six. *Health Affairs*, 38(5), 721–728. <https://doi.org/10.1377/hlthaff.2019.00090>
- 313 Clark, R. E., Weinreb, L., Flahive, J. M., & Seifert, R. W. (2019). Infants Exposed to Homelessness: Health, health care use, and health spending from birth to age six. *Health Affairs*, 38(5), 721–728. <https://doi.org/10.1377/hlthaff.2019.00090>
- 314 "Ending Family Homelessness, Improving Outcomes for Children" US Interagency Council on Homelessness, 2016.
- 315 Stevens, T. (2020, September 26). *Groups Call for Long-term Efforts to Stabilize Utah's Unsheltered Families During Pandemic*. The Salt Lake Tribune. <https://www.sltrib.com/news/2020/09/26/groups-call-long-term/>
- 316 See "Adverse Childhood Experiences" section for more information.
- 317 Koh, K. A., & Montgomery, A. E. (2021). Adverse Childhood Experiences and Homelessness: Advances and aspirations. *The Lancet Public Health*, 6(11) E787-E788. [https://doi.org/10.1016/s2468-2667\(21\)00210-3](https://doi.org/10.1016/s2468-2667(21)00210-3)
- 318 Stevens, T. (2020, September 26). *Groups Call for Long-term Efforts to Stabilize Utah's Unsheltered Families During Pandemic*. The Salt Lake Tribune. <https://www.sltrib.com/news/2020/09/26/groups-call-long-term/>
- 319 Casey, E. C., Shlafer, R. J., & Masten, A. S. (2015). Parental Incarceration as a Risk Factor for Children in Homeless Families. *Family Relations*, 64(4), 490–504. <https://doi.org/10.1111/fare.12155>
- 320 Hare, M. M., Landis, T. D., Hernandez, M., & Graziano, P. A. (2023). Mental Health Prevention and Treatment Programs for Infants Experiencing Homelessness: A systematic review. *Evidence-Based Practice in Child and Adolescent Mental Health*, 1–11. <https://doi.org/10.1080/23794925.2023.2169971>

Homelessness Among Children in Utah

Certain populations experience homelessness at disproportionate levels. Younger children are more likely to experience homelessness than older youth. In October 2023, nearly two percent of Utah public school students (9,951 students) were experiencing homelessness, with 32% (3,155 students) of those students being in kindergarten through third grade.³²¹ Although the percentage of Utah public student students experiencing homelessness is lower than the national average of nearly three percent,³²² homelessness for Utah families with children increased by 30% in 2022, and 65% of these families had never experienced homelessness previously.³²³

Certain groups also experience homelessness at disproportionate levels. Individuals who have disabilities are more likely to experience homelessness; nearly 25% of persons experiencing homelessness nationally have a physical, intellectual, or developmental disability.³²⁴ Certain racial groups also experience homelessness at a higher rate. In 2023, Black/African Americans made up less than 14% of the nation's population, but comprised 40% of the US population experiencing homelessness.^{325, 326} Similarly, both Black/African American and Hispanic/Latinx children between kindergarten and third grade made up a higher percentage of children experiencing homelessness than they represented in Utah's school-age population. Hispanic/Latinx students represented nearly 20% of all public school students between kindergarten and third grade but made up nearly 39% of those same children experiencing homelessness (see Figure 30).

Figure 30. Utah Homeless and General Populations by Race and Ethnicity, 2023



Sources:

Analysis provided by Utah State Board of Education Data and Statistics Department on August 4, 2023, based on October 2022 enrollment data.

Utah State Board of Education. (2023). *Fall Enrollment by Grade Level and Demographics, October 1, School Year 2022-2023*. <https://www.schools.utah.gov/data/reports?mid=1424&tid=4>

321 The Utah State Board of Education measures student homelessness using the McKinney-Vento Act definition of homelessness. Source: State Board of Education. (2023). *Fall Enrollment by Grade Level and Demographics, October 1, School Year 2022-2023*. <https://www.schools.utah.gov/data/reports?mid=1424&tid=4>

322 United Health Foundation. (2023). *Students Experiencing Homelessness in the United States*. America's Health Rankings. https://www.americashealthrankings.org/explore/measures/homeless_students

323 Crossroads Urban Center. (2023, February 22). *2023 Report on Child Homelessness in Utah*. <https://www.crossroadsurbancenter.org/uploads/5/2/3/8/52385067/utahchildhomelessnessreport2023.pdf>

324 Thomas, E. V. & Vercruyssen, C. (2019, June 14). *Homelessness Among Individuals with Disabilities: Influential factors and scalable solutions*. NACCHO Voice. <https://www.naccho.org/blog/articles/homelessness-among-individuals-with-disabilities-influential-factors-and-scalable-solutions>

325 Henry, M., Watt, R., Mahathey, A., Ouellette, J., & Sitler, A. (2020, January). *The 2019 Annual Homeless Assessment Report to Congress Part 1: Point-in-time estimates of homelessness*. US Department of Housing and Urban Development Office of Community Planning and Development. <https://www.huduser.gov/portal/sites/default/files/pdf/2019-AHAR-Part-1.pdf>

326 US Census Bureau. (2022). *Quick Facts United States*. <https://www.census.gov/quickfacts/fact/table/US/IPE120218>

Causes of Child Homelessness in Utah

Housing, especially affordable housing for low-income families, is a crucial element of security and stability. Utah has a shortage of available rental homes affordable to extremely low-income households,³²⁷ 73% of which spend more than half their income on housing. Such severely cost-burdened households are more likely to sacrifice basic necessities, such as health care, to pay rent and are more likely to face unstable housing situations.³²⁸ Resources for housing insecure families are limited in Utah. The Department of Housing and Community Development focuses on affordable housing for moderate-income families, while the Office of Homeless Services serves those in immediate danger of homelessness. Low-income housing services do not distinctly fall under the jurisdiction of either office, but remain a critical need to support healthy development of low-income children.³²⁹

COVID-19 worsened conditions for renters through long-term unemployment. Loss of income and lack of affordable housing forced many families and friends to live together under the same roof, limiting social distancing and exposing these individuals to higher risk of COVID-19.³³⁰ The fear of contracting COVID-19 also kept families experiencing homelessness from using shelters, especially in the early phases before treatment options improved and vaccinations became available.³³¹

Familial, Health, and Circumstantial Causes of Homelessness

Homelessness, especially for children, is typically the result of traumatic events,³³² like the death of a family member or domestic violence. Incarceration of a caregiver may also lead to child homelessness; nationally 33% of children experiencing homelessness have an incarcerated parent.³³³

Poor health and job instability also spark episodes of homelessness. Injuries and illnesses can result in loss of employment, especially from physically demanding jobs such as construction.³³⁴ This loss of employment negatively impacts income and may limit access to health care, preventing a return to work. This cycle often spirals into homelessness.

Addressing Child Homelessness

Efforts to impactfully reduce child homelessness will require a series of interventions that address homelessness from a variety of angles. In response to Utah's housing shortage, organizations such as Crossroads Urban Center push for state and local governments to fund affordable housing options for low-income families.³³⁵ These efforts to expand access to housing will be most effective

327 Extremely low-income status is determined by a scale depending on the number of individuals in the household. An income at or below \$18,350 is considered extremely low for a one-member household. This amount increases incrementally up to around \$35K, depending on the county, for a household of eight. Source: Utah Department of Workforce Services. (2023, June 15). *Appendix C - Income Limits*. United States Department of Housing and Urban Development. <https://jobs.utah.gov/housing/community/cdbg/documents/hudincomelimits.pdf>

328 National Low Income Housing Coalition. (2023). *2023 Utah Housing Profile*. https://nlihc.org/sites/default/files/SHP_UT.pdf

329 Interview with Christina Oliver, Director, Utah Department of Workforce Services, Department of Housing and Community Development. June 15, 2023.

330 Semerad, T. (2020, July 14). *Utah's Housing Shortage is Getting Worse Because of the Coronavirus Pandemic*. The Salt Lake Tribune. <https://www.sltrib.com/news/2020/07/14/utahs-housing-shortage-is/>

331 Crossroads Urban Center. (2020, September 25). *Child Homelessness in Utah 2020 Report*. <https://le.utah.gov/interim/2020/pdf/00004074.pdf>

332 Stevens, T. (2020, September 26). *Groups Call for Long-term Efforts to Stabilize Utah's Unsheltered Families During Pandemic*. The Salt Lake Tribune. <https://www.sltrib.com/news/2020/09/26/groups-call-long-term/>

333 Wildeman, C. (2014). Parental Incarceration, Child Homelessness, and the Invisible Consequences of Mass Imprisonment. *The ANNALS of the American Academy of Political and Social Science*, 651(1), 74-96. <https://doi.org/10.1177/0002716213502921>

334 National Health Care for the Homeless Council. (2019, February). *Homelessness & Health: What's the connection?* <https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>

335 Stevens, T. (2020, September 26). *Groups Call for Long-term Efforts to Stabilize Utah's Unsheltered Families During Pandemic*. The Salt Lake Tribune. <https://www.sltrib.com/news/2020/09/26/groups-call-long-term/>

if supplemented by additional interventions and cross-systems partnerships to support families threatened by homelessness. Providing increased funding for programs that help domestic violence survivors access stable housing has been shown to help reduce the number of women and children experiencing homelessness. Increasing employment opportunities for parents is also crucial.³³⁶ While each of these programs are necessary in and of themselves, reducing child homelessness will require many state and non-governmental organizations to work together to impactfully coordinate their services.

Maltreatment, Neglect, and Abuse

Key Takeaways

- Children of color are disproportionately represented within the Utah foster system, mirroring the national statistics.
- Asian, Black/African American, AI/AN, and Pacific Islander children are more likely to be moved between multiple placements.
- COVID-19 led to an increase in unreported cases of maltreatment, caused a decrease in family reunifications, and prevented routine visits between children in foster care and their biological parents. The lockdown spurred by COVID-19 limited children's access to therapy and mental health services and prevented foster care families from utilizing daycare.

Maltreatment (often referred to as child neglect or abuse) is defined by the World Health Organization as, "all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health, development or dignity."³³⁷

Young children are at a higher risk of experiencing maltreatment. In 2020, the majority of child maltreatment victims were between the ages of zero and 10 at both the national (72%) and state (62%) level.³³⁸ Children between zero and five generally face even higher rates of maltreatment. In 2022, 34% of Utah's 9,695 confirmed child-victims of abuse and neglect were between the ages of zero and five years old.³³⁹

The COVID-19 Pandemic's Impact on Child Maltreatment

According to the National Library of Medicine, "isolation, unemployment and financial stress are risk factors for family violence, all of which have seen significant increases during the pandemic...COVID-19 related stressors may contribute to increases in family and parental discord and harmful parenting."³⁴⁰ During COVID-19, the number of child maltreatment reports dropped in some states, but most experts believe this was due to fewer people interacting with children and reporting the abuse, rather than an actual drop in child maltreatment. In Utah, the number of reported child maltreatment cases also decreased.³⁴¹

336 Crossroads Urban Center. (2023, February 22). *2023 Report on Child Homelessness in Utah*. <https://www.crossroadsurbancenter.org/uploads/5/2/3/8/52385067/utahchildhomelessnessreport2023.pdf>

337 Gonzalez, D., Bethencourt Mirabal, A., & McCall, J. D. (2023). *Child Abuse and Neglect*. StatPearls. StatPearls Publishing. <https://pubmed.ncbi.nlm.nih.gov/29083602/>

338 Annie E. Casey Foundation. (2023, May). *Children who are Confirmed by Child Protective Services as Victims of Maltreatment by Age Group*. <https://datacenter.aecf.org/data/tables/9904-children-who-are-confirmed-by-child-protective-services-as-victims-of-maltreatment-by-age-group>

339 Utah Department of Health and Human Services. (2023). *Division of Child and Family Services Annual Report FY2023*. <https://dcfs.utah.gov/wp-content/uploads/FY23-annual-report-DCFS-Final-5.pdf>

340 Whitt-Woosley, A., Sprang, G., & Eslinger, J. (2021). Foster Care During the COVID-19 Pandemic: A qualitative analysis of caregiver and professional experiences. *Child abuse & neglect*, 124, 105444. <https://doi.org/10.1016/j.chiabu.2021.105444>

341 Tanner, C., Jacobs, B., & Harkins, P. (2020, June 21). *Reports of Child Abuse in Utah Are Down. Experts Say it's Because Schools Closed Early with Covid-19*. The Salt Lake Tribune. <https://www.sltrib.com/news/education/2020/06/21/reports-child-abuse-utah/>

Children in Foster Care

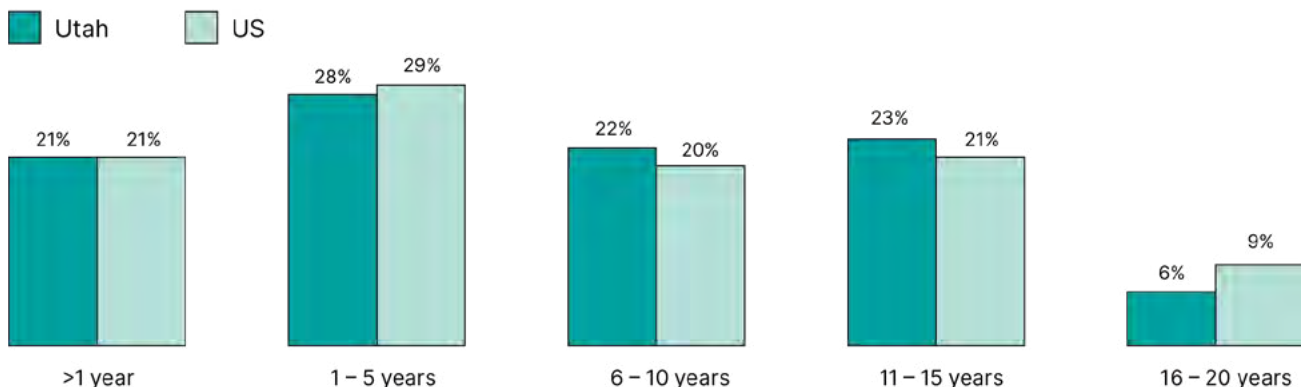
Utah's foster care (FC) system serves thousands of children each year from all populations. These children enter FC having experienced a wide range of adverse and traumatic experiences. The rate at which children enter Utah's FC system has remained consistent since 2017, with two out of every one thousand children (in 2022 this equated to 1,483 children) entering yearly.³⁴² This is lower than the national rate of three to four children per one thousand.³⁴³ Utah did not see an increase in the number of children entering FC during COVID-19, in contrast to some cities nationally that reported a sharp increase in FC numbers.³⁴⁴

Although FC intake numbers have remained consistent, fluctuations and differences in kinship placements, stability, adoption and reunification rates, and maintained family connections across various demographic groups have significant implications for the long-term impact of FC in Utah. Additionally, maltreatment rates within Utah's FC system were higher (nearly 14%) than the national average, which was nearly 10% in February of 2022.³⁴⁵

Demographics and Differing Experiences Between Child Populations in Utah's Foster Care System

In 2022, a total of 3,620 children were served in Utah's FC, including 1,522 children who entered the system that year.³⁴⁶ Almost half of the children (49%) entering the FC system were under the age of six (see Figure 31).³⁴⁷ Especially during these early years of life, when the brain is growing and developing rapidly, it is critical that the effects of abuse and neglect on these children are addressed, and that FC is a positive and healing experience.³⁴⁸

Figure 31. Percentage of Children Entering Foster Care by Age Group, Utah and US, 2021



Source: Annie E. Casey Foundation. (2023, April). *Children Entering Foster Care by Age Group in Utah*. <https://datacenter.aecf.org/data/bar/6270-children-entering-foster-care-by-age-group?loc=1&loct=2#2/46/true/2048/1889,2616,2617,2618,2619/13038>

342 Annie E. Casey Foundation. (2023, April). *Children Ages Birth to 17 Entering Foster Care*. <https://datacenter.aecf.org/data/tables/6268-children-ages-birth-to-17-entering-foster-care?loc=1&loct=2#detailed/2/46/true/2048/any/13034,15620>

343 Ibid

344 Barber, C. (2021, June 27). *How the Pandemic Roiled the Foster Care System*. Scientific American. <https://www.scientificamerican.com/article/how-the-pandemic-roiled-the-foster-care-system/#:~:text=Financial%2C%20emotional%2C%20educational%2C%20social,to%20calls%20or%20Zoom%20meetings.>

345 Utah Division of Child and Family Services. (2022, June 30). *Annual Progress and Service Report*. <https://dcfs.utah.gov/wp-content/uploads/Utah-APSR-FFY-2023.pdf>

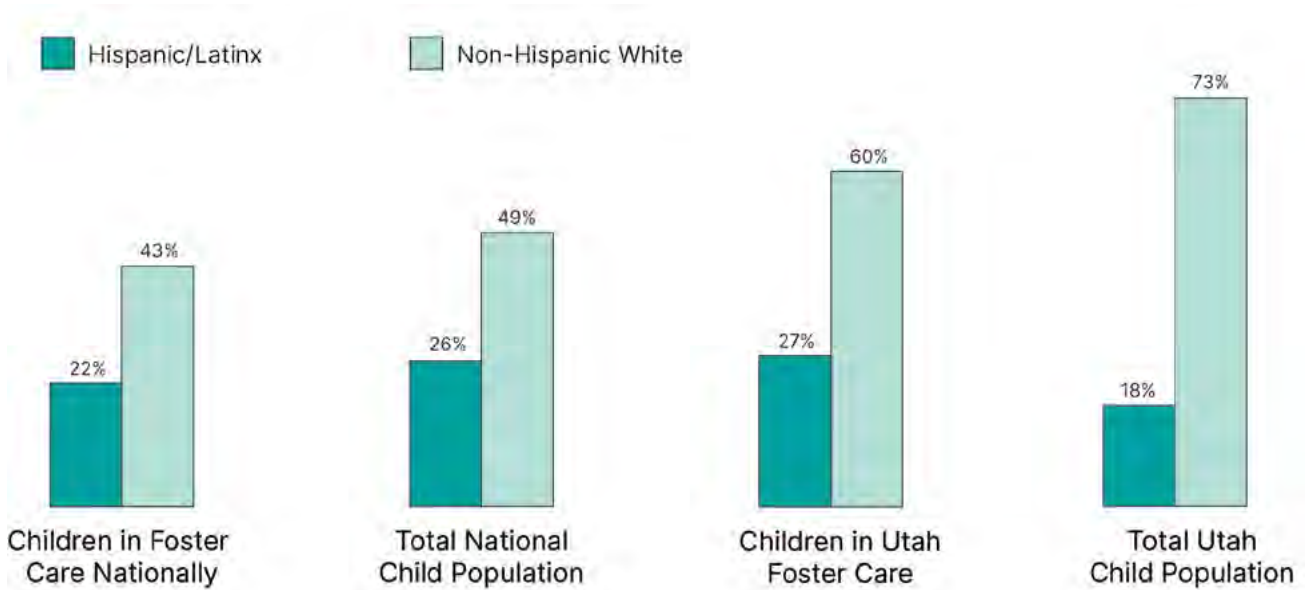
346 Annie E. Casey Foundation. (2023, April). *Children Entering Foster Care by Age Group in Utah*. <https://datacenter.aecf.org/data/bar/6270-children-entering-foster-care-by-age-group?loc=1&loct=2#2/46/true/2048/1889,2616,2617,2618,2619/13038>

347 Ibid

348 American Academy of Pediatrics. Committee on Early Childhood and Adoption and Dependent Care. *Developmental issues for young children in foster care*. (2000). *Pediatrics*, 106(5), 1145–1150. <https://pubmed.ncbi.nlm.nih.gov/11061791/>

Children in Utah's FC system come from all races and ethnicities, but several groups are disproportionately represented in this population. In 2021, non-Hispanic white children made up 73% (687,961) of the entire child population in Utah and 60% (1,264) of Utah's entire FC population.^{349, 350} In contrast, both Black/African American and Hispanic/Latinx youth made up less of the child population, but represented a greater portion of children in the FC system. For example, Hispanic/Latinx youth made up 18% (174,756) of Utah's child population,³⁵¹ but represented 27% (574) of children in the FC system (see Figure 32).³⁵²

Figure 32. Hispanic/Latinx and Non-Hispanic White Children Birth Through 18 in Foster Care Nationally and in Utah, 2021



Sources:

Annie E. Casey Foundation. (2023, July). *Child Population by Race and Ethnicity in United States*. <https://datacenter.aecf.org/data/tables/103-child-population-by-race-and-ethnicity>

Annie E. Casey Foundation. (2023, April). *Children in Foster Care by Race and Hispanic Origin in Utah*. <https://datacenter.aecf.org/data/tables/6246-children-in-foster-care-by-race-and-hispanic-origin?loc=1&loct=2#detailed/2/46/false/2048/2638,2601,2600,2598,2603,2597/12992,12993>

349 Annie E. Casey Foundation. (2023, July). *Child Population by Race and Ethnicity in United States*. <https://datacenter.aecf.org/data/tables/103-child-population-by-race-and-ethnicity>

350 Annie E. Casey Foundation. (2023, April). *Children in Foster Care by Race and Hispanic Origin in Utah*. <https://datacenter.aecf.org/data/tables/6246-children-in-foster-care-by-race-and-hispanic-origin?loc=1&loct=2#detailed/2/46/false/2048/2638,2601,2600,2598,2603,2597/12992,12993>

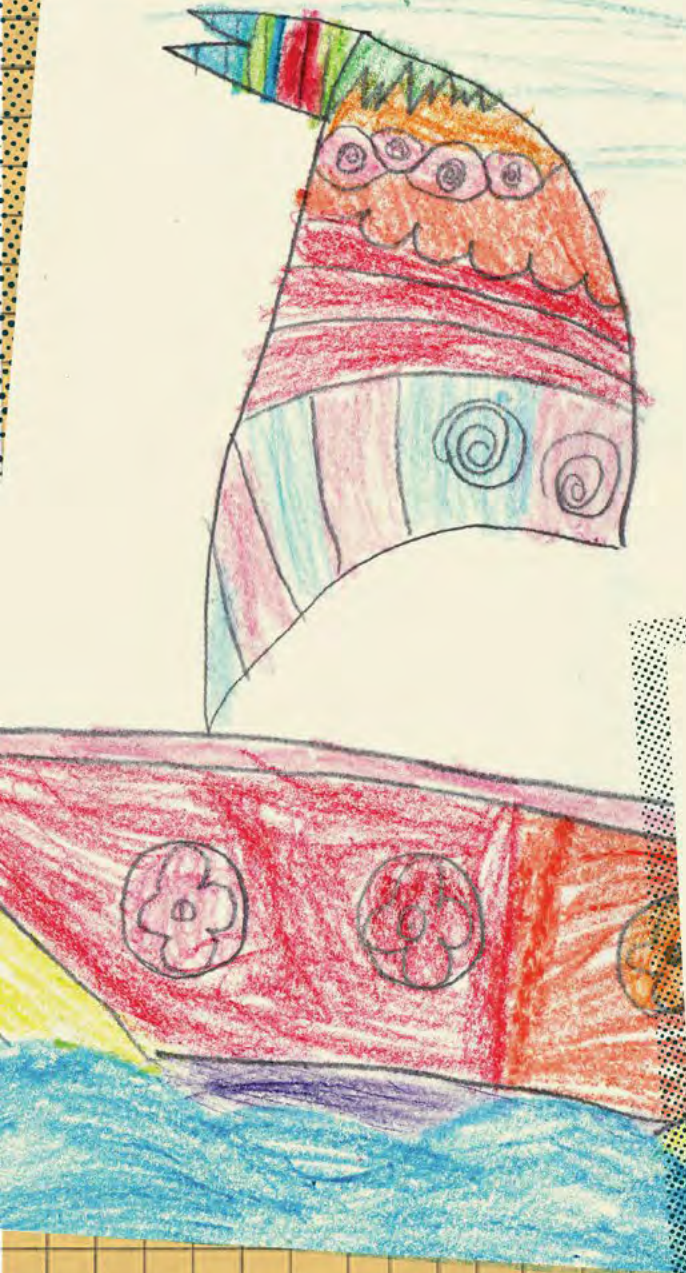
351 Annie E. Casey Foundation. (2023, July). *Child Population by Race and Ethnicity in United States*. <https://datacenter.aecf.org/data/tables/103-child-population-by-race-and-ethnicity>

352 Annie E. Casey Foundation. (2023, April). *Children in Foster Care by Race and Hispanic Origin in Utah*. <https://datacenter.aecf.org/data/tables/6246-children-in-foster-care-by-race-and-hispanic-origin?loc=1&loct=2#detailed/2/46/false/2048/2638,2601,2600,2598,2603,2597/12992,12993>

Building a Coordinated and Aligned

EARLY CHILDHOOD SYSTEM

In Utah



Common Acronyms in Section 2

Acronym	Definition
CCQS	Child Care Quality System
CDA	Childhood Development Associate
ECIDS	Early Childhood Integrated Data System
ECU	Early Childhood Utah Advisory Council
ELL	English Language Learner
IDEA	Individuals with Disabilities Education Act
LEA	Local Educational Agency
UDRC	Utah Data Research Center
UELS	Utah Early Learning Standards
URPD	Utah Registry for Professional Development

For a full list of acronyms, please refer to Appendix A.

As Utah seeks to increase its understanding of the importance of EC development and its relationship to long-term outcomes, it is necessary to continuously evaluate the systems that provide EC services. An array of state and nonstate stakeholders (including state agencies, local government entities, and private nongovernmental organizations) administer Utah's EC programs, resources, and services. This fragmentation of services often impacts families' ability to effectively address the needs of their young children.

While community-level service and program coordination is best handled at the community level, state stakeholders need to align and coordinate system-level components such as policies, standards, quality assurance, evaluation, licensing, regulation, planning, and financing. Stakeholders in Utah commonly expressed the desire to collaborate, coordinate, and align approaches, practices, and efforts in working with children and families.³⁵³ This high-level map can serve several purposes, including the following:

- Illustrating the complexities of the system, even at the state level, acknowledging to all stakeholders that there are many involved parties;
- Providing a common definition of which entities compose the system;
- Functioning as a tool to more effectively and efficiently plan strategies to coordinate and align;
- Encouraging a broader, systems-level view to allow stakeholders to see who they are currently coordinating with, and assess possibilities to coordinate further.

A first step in understanding how a statewide EC system can better coordinate is to understand the entities within that system. The following State-Level Early Childhood System Stakeholders Map (ECSS Map) identifies primary state agencies involved with core EC programs, resources, and services. The ECSS Map illustrates that there are many stakeholders involved in this system, but it should not be interpreted to mean that the system is functioning with complete synergy. There are examples of coordination and alignment in certain applications, but Utah continues to work toward building a more comprehensive and fully-aligned EC support system.

³⁵³ Interviews with stakeholders from various state departments and nongovernmental organizations.

Identifying and inventorying every individual resource, service, or program that could be included in Utah's EC system may prove to have limited utility to families. To be most useful, inventories of resources and services should be prioritized by their impact and organized by geographic areas as families trying to access resources are quite often limited by geographic proximity to those resources. The ECSS Map can assist service providers and program managers in identifying the stakeholders who develop important policies, standards, funding allocations, and planning that affect all system stakeholders. Local communities can build off of this foundation and create community-specific system maps for families and children in their local areas. Local leaders can then engage local government agencies, private (nonprofit and for-profit) service providers, advocacy organizations, faith-based organizations, libraries, doctors, tribal entities, and others involved in the important work of supporting families with young children.

State-Level Early Childhood System Stakeholders Map



Health & Development



Early Learning



Economic Stability



Family Support & Safety



Cross Sector

Cultural and Community Engagement

- Multicultural Commission

Utah System of Higher Education

- Utah Education and Telehealth
- Utah Data Research Center

Small Sampling of External Groups

- The Children's Center Utah
- AI/AN Urban Indian Health Center
- Joint Legislative Committee of Utah School Board Association and Utah Superintendents Association
- Utah Head Start Association
- Rural Utah Child Development Head Start
- Utah Private Child Care
- Private Family Care Association
- United Way of Salt Lake
- Voices for Utah Children
- Utah Parent Center
- United Way of Northern Utah

Utah State Board of Education

- State Superintendent of Public Instruction
- Professional Practice Advisory Commission
- Utah Schools for the Deaf and Blind
- Educational Equity
- Educator Licensing
- Special Education Services
Individuals with Disabilities Education Act (IDEA)
Part B
- Teaching and Learning
Kindergarten
Preschool
- Prevention and Student Services
- Policy, Law, and Professional Practices
- Child Nutrition Programs
- Data and Statistics
- Financial Operations
- Safe and Healthy Schools
- Elementary and Secondary Education Act (ESEA) and Related State Initiatives



Health & Development



Early Learning



Economic Stability



Family Support & Safety



Cross Sector

Department of Health and Human Services

- Health Equity
- Primary Care and Rural Health
- Correctional Health Services
- Integrated Healthcare
- Services for People with Disabilities
- Family Health
 - Office of Early Childhood
 - Early Childhood Utah Advisory Council
 - Special Supplemental Nutrition Program for Women, Infants, and Children
 - IDEA Part C
- Recovery Services
- Population Health
- Utah Developmental Disabilities Council
- Licensing and Background Checks
 - Child Care Licensing
- Child and Family Services
 - Foster Care
- Juvenile Justice and Youth Services
- American Indian/Alaska Native Health & Family Services
- Finance and Administration
- Data Systems and Evaluation
 - Early Childhood Integrated Data System
- Public Affairs and Education

Attorney General's Office

- Children's Justice Centers
- Child and Family Support
- Child Protection

Executive Branch (Governor's Office)

- UPSTART (pre-K educational program)
- Center for Rural Development
- Office of Families

Department of Workforce Services

- Childcare Care Quality Improvement
- Head Start State Collaboration Office
- Office of Homeless Services
- Community Development Block Grant Program
- Permanent Community Impact Fund
- State Community Services Office
- Olene Walker Housing Loan Fund
- Uintah Basin Revitalization Fund
- Navajo Revitalization Fund
- Community Services Block Grant
- Emergency Food Assistance
- Home Energy Assistance
- Weatherization Assistance Program
- Earned Income Tax Credit
- Supplemental Nutrition Assistance Program
- Child Care Eligibility Services
- Financial Eligibility Services
- Medical Eligibility Services
- Refugee Services
- Employment Advisory Council
- Workforce Development Division
- Workforce Research and Analysis
- Employment Programs and Services
- Utah Office of Rehabilitation
- Office of Child Care
 - Child Care Subsidies
 - Care About Childcare
 - Child Care Assistance
 - Ages & Stages Questionnaire Screening
- Office of Faith Based and Community Incentives

System Elements in Utah’s Mixed Delivery System

A well-functioning system has essential elements and infrastructure in place to enable the best outcomes for those it serves. The following sections of this report examine the needs and gaps in essential system elements, which include Governance, Data Quality and Linkages, Funding, Common Standards and Policies, Workforce, and Transitions. Improving these elements of the system will increase efficiency, improve experiences, and positively impact outcomes for children and families in Utah. Figure 33 illustrates these essential system elements and their binding function within the system to coordinate and align programs, resources, and services to serve Utah’s children and families. For each essential system element, Utah is at various stages of progress.

Figure 33. Utah’s Early Childhood Domains



Table 5. Summary of System Elements

System Element	Best Practices for a Coordinated and Aligned System
Governance Structure or Model	Connects pieces of the system and reflects its comprehensive nature; provides coherence for system-wide tasks such as data integration, accountability, and efficient funding; sustainable through political and administrative changes.
Data Quality and Linkages	Includes a governing body that sets research and planning agendas, identifies how data can improve practice and accountability; facilitates aligning data standards and data sharing, including data privacy policies and practices.
Funding	Coordinates administration and oversight of funding, streamlining requirements and assistance to grantees; ensures adequate, consistent, and ongoing funding for services.
Common Standards, Policies	Includes aligned and adopted common standards and definitions that are uniformly applied to all EC programs and help programs guide their delivery of services.
Workforce	Offers professional development system and career pathways; promotes data-driven policies and programs; bolsters state certification and higher education scholarship programs; rewards degree completion with wage supplements or tax credits.
Transitions	Both sending and receiving programs within the system collaborate on creating consistent and aligned experiences for children; state-level plans outline a framework and processes for facilitating transitions to kindergarten.

Sources:

Regenstein, E., & Lipper, K. (2013). *A Framework for Choosing a State-level Early Childhood Governance System*. Boston, MA: *The BUILD Initiative*. <https://buildinitiative.org/wp-content/uploads/2021/08/Early-Childhood-Governance-for-Web.pdf>

King, C., & Perkins, V. (2019, September). *How Policymakers can Support Early Childhood Data Governance*. Early Childhood Data Collaborative. https://cms.childtrends.org/wp-content/uploads/2019/09/ECDCGovernanceBrief_September2019.pdf

Ullrich, R., Hamm, K., & Schochet, L. (2017, February 6). *Six Policies to Support the Early Childhood Workforce*. Center for American Progress. <https://www.americanprogress.org/issues/early-childhood/reports/2017/02/06/298085/6-policies-to-support-the-early-childhood-workforce/>

Governance Structures for Coordination and Alignment

Key Takeaways

- The Early Childhood Utah Advisory Council (ECU) is the coordinating body within Utah's EC system.
- The ECU requires additional staff support to enable the state to continue to develop its coordination-based EC system.
- Local and community-level governance is critical to effectively serve families in their local communities.
- Utah needs to strengthen its government-to-government relationships with Utah's AI/AN Nations.

Governance is “the means by which a governmental entity allocates decision-making authority and ensures accountability across the public and private sectors.”³⁵⁴ It is meant to ensure coordination among fragmented programs for children and families, hopefully leading to improvements in quality, accessibility for all, and sustainability of programs and services.³⁵⁵ In addition, strong governance can provide a foundation for facilitating data sharing and integration.

Robust and effective governance requires financial resources to be effective. Without proper resources, the mere existence of a governance structure will not fix broken programs, increase state capacity, crystalize leadership processes, or increase efficiency by improving results. Additionally, changing the governance structure does not inherently reduce gaps in access to quality services or improve collaboration and coordination across disparate programs.³⁵⁶ However, thoughtful EC governance will often catalyze progress on complex, multi-level, multi-party EC issues.

“Creating such an early childhood governance strategy should not become a reshuffling of chairs, but rather a way to improve outcomes for children and their families through a high-quality, comprehensive educational continuum of programs and services.”³⁵⁷

Governance Models

Nationwide, states use a variety of governance models in their EC systems. The three primary governance models are: coordinated governance, consolidated governance, and the creation of a new agency.³⁵⁸ Each model has strengths and areas of potential weaknesses.

The consolidation model and the new agency model are similar in that they both employ an agency that has authority and accountability for the entire EC system. However, the consolidation model

354 Dichter, H., Connors-Tadros, L., & Horen, N. (2021). *Early Childhood Governance: A Toolkit of Curated Resources to Assist State Leaders*. SRI International

355 Ponder, K., & Ames, G. (2021). *The Nuts and Bolts of Building Early Childhood Systems through State/Local Initiatives*. https://buildinitiative.org/wp-content/uploads/2021/06/NutsandBolts2021_final1.pdf

356 Regenstein, E. (2019). *Early Childhood Governance Strategy Conversations: What the field is saying*. [Unpublished draft]. Los Altos, CA: Heising-Simons Foundation.

357 Atchinson, B., & Diffey, L. (2018, December). *Governance in Early Childhood Education*. Education Commission of the States. <https://www.ecs.org/wp-content/uploads/Governance-in-Early-Childhood-Education.pdf>

358 Regenstein, E., & Lipper, K. (2013). *A framework for choosing a state-level early childhood governance system*. Boston, MA: The BUILD Initiative. <https://buildinitiative.org/wp-content/uploads/2021/08/Early-Childhood-Governance-for-Web.pdf>

places all EC programs and services under an existing state agency, while the new agency model creates an entirely new agency.³⁵⁹ Consolidation can be disruptive for existing programs and leaders, and lead to system disengagement and fragmentation, while the new agency model often takes considerable time to build and significant strategic thought, capacity, buy-in, and funding.³⁶⁰ Both models often provide a unified vision and increase the visibility of EC, provide greater alignment and operational efficiency, and may provide children and families with a single entry point for EC services. However, these models can decrease visibility of EC if they lack strong leadership.

A coordinated system places authority and accountability for EC programs across multiple governmental agencies and focuses on coordination and collaboration among existing agencies.³⁶¹ Coordinated models often increase visibility for EC and promote conversations about the EC system across agencies. However, coordinated models often lack authority or funding to influence agencies with EC programs, thus having limited impact, and are often not sustainable.³⁶²

State-Level Governance in Utah

Utah's EC system utilizes a coordination model, and has had a coordinating body since 2011, the ECU.³⁶³ The ECU is made up of various EC state program representatives, external stakeholders, and parents, and it reports to the heads of state agencies (DHHS, DWS, and USBE).^{364, 365} The Governor's Early Childhood Commission (GECC), created in 2019 from HB 47, consisted of the lieutenant governor and four state agency directors³⁶⁶ and, while it was repealed in 2023, it represented a significant step forward in formally engaging Utah's leaders to address the fragmented system. When the GECC was repealed, the responsibilities of the GECC were transferred to ECU within statute (see Figure 34).

Figure 34. List of ECU Responsibilities

ECU's duties include (not all inclusive):

- Preparing an annual assessment on the availability of high-quality preschool
- Improving coordination and collaboration among state agencies, programs, and services
- Evaluating program participation
- Recommending enhancements for the EC workforce
- Recommending improvements to statewide early learning standards

Source: US Department of Health and Human Services & US Department of Education. (2016). *Guidance to State Advisory Councils on Early Childhood Education and Care*. <https://www2.ed.gov/about/inits/ed/earlylearning/files/sac-joint-statement-9-21-2016.pdf>

359 Regenstein, E., & Lipper, K. (2013). *A framework for choosing a state-level early childhood governance system*. Boston, MA: The BUILD Initiative. <https://buildinitiative.org/wp-content/uploads/2021/08/Early-Childhood-Governance-for-Web.pdf>

360 Howard, E., Garcia-Arena P. (2020). Recommendations for Selecting and Implementing an Early Childhood Care and Education State Governance Structure. *American Institutes for Research*. <https://www.air.org/sites/default/files/IL-PDG-ECCE-Governance-Brief-Dec-2020rev.pdf>

361 Regenstein, E., & Lipper, K. (2013). *A framework for choosing a state-level early childhood governance system*. Boston, MA: The BUILD Initiative. <https://buildinitiative.org/wp-content/uploads/2021/08/Early-Childhood-Governance-for-Web.pdf>

362 Howard, E., Garcia-Arena P. (2020). Recommendations for Selecting and Implementing an Early Childhood Care and Education State Governance Structure. *American Institutes for Research*. <https://www.air.org/sites/default/files/IL-PDG-ECCE-Governance-Brief-Dec-2020rev.pdf>

363 In 2023 the ECU was staffed and run by the Office of Early Childhood within DHHS.

364 Department of Health and Human Services. (2022). Utah Early Childhood Comprehensive Systems State Team and State Advisory Council on Early Care & Education Bylaws. https://earlychildhoodutah.utah.gov/pdf/ECU_Bylaws.pdf

365 Interview with Jennifer Floyd, Early Childhood Utah Program Manager, DHHS and Mandi Mendenhall Health Program Grant Coordinator, DHHS. August 29, 2023.

366 Directors from the following agencies were included: State Superintendent of Public Instruction, Department of Workforce Services, Department of Health, and Department of Human Services.

Staff Support for Governance Entities

Coordination and alignment work takes significant time and concerted effort. Having dedicated staff whose job it is each day to ensure coordination and work on aligning EC services is an important factor in ensuring systems-level work is accelerated. In a 2017 survey of state-level child and youth coordinating bodies, researchers found a strong correlation between the success of a coordinating body and the stability of its staff support. From the survey, 23% of child and youth coordinating bodies had fewer than one full-time employee dedicated exclusively to the coordinating body and 28% had one full-time employee. Having at least one full-time staff member dedicated to the coordinating body strongly correlated with its longevity and having six or more full-time staff members allowed coordinating bodies to support a broader scope of work than just policy alignment and coordination.³⁶⁷ In 2023, Utah's ECU had one full-time employee who had responsibilities for other work streams in addition to the ECU work.³⁶⁸

Multiple Governance Bodies and Coordination Efforts

In addition to the ECU, there are other partnerships, collaboratives, or initiatives working to build a better system of collaboration and alignment in Utah. The efforts of these external bodies and stakeholders often intersect with the state governing bodies mentioned previously, and build on their work in meaningful ways to improve the system as a whole. The School Readiness Board and Governor's Education Excellence Commission (GEEC) are both engaged in improving EC policies and services statewide. An active private sector-led group focused on EC is the United Way of Salt Lake's Promise Partnership Regional Council. Its work aligns with several of these committees and involves many of the same stakeholders, but relies on a model of collective impact and setting aggressive goals to ensure accountability in its volunteer members.

Local and Community-Level Governance

While state-level system-building activities are critical, effectively serving Utah's families and children requires both state-level and local governance. Systems developed and maintained at the community level are often best equipped to address the unique needs of the families living in their communities. For example, rural Head Start (HS) programs reported increased coordination in some counties/communities during COVID-19 among programs and external partners. This coordination increased the capacity and performance of their staff, leading to a servant-leadership approach which provided better services to families and children by "individualizing, and not systemizing certain levels of care."³⁶⁹ With families accessing services and programs in their local communities, it is critical for coordination and alignment to occur at the local level as well.³⁷⁰

Intergovernmental Relations Between Utah and the Tribal Nations

The tribal nations and Utah state government have been working to maintain and continue to build a government-to-government relationship, as each nation is a legally recognized government representing their communities and people.³⁷¹ Establishing good government-to-government relationships requires an investment of time needed to build trust.

367 Gaines, E., Allen, O., Patel, N., Logan, N. (2017). *State Policy Survey: Child and Youth Policy Coordinating Bodies in the US*. Washington, D.C. The Forum for Youth Investment.

368 Written communication with DHHS. August 7, 2023.

369 Interview with Keri Allred, Director of Rural Utah Child Development Head Start. August 1, 2023.

370 Ponder, K., & Ames, G. (2021). *The Nuts and Bolts of Building Early Childhood Systems through State/Local Initiatives*. https://buildinitiative.org/wp-content/uploads/2021/06/NutsandBolts2021_final1.pdf

371 Interview with Jeremy Taylor, Tribal Health Liaison, and Ozzy Escarate, Director, Utah DHHS, Office of AI/AN Health & Family Services. June 15, 2023.

In an interview with a tribal health liaison, it was expressed that several realities hinder the relationship between tribal and state governments. These included turnover within state departments, the large volume of requests tribal nations receive from state departments, and the lack of direct funding allocated to the tribal nations. The tribal nations want to work alongside people with whom they have built trust, but turnover often means starting over in developing these relationships. Additionally, tribal nations are often strained by department requests for data and/or collaboration. Some departments, such as DHHS, have created liaison positions through which to approach tribal nations in a more respectful manner.³⁷² Finally, funding streams hinder a trust-based relationship. Few state funds are allocated directly to the tribal nations. Instead, funding is distributed to local health authorities. While the department encourages and supports local health authorities in working with tribal nations, the nature of that collaborative partnership can vary across local health authorities and regions.³⁷³

“Part of the complexity of these relationships is there are eight federally recognized tribes—each with their own structures and practices.”

Tribal Health Liaison, June 2023

An understanding of each tribal nation’s unique identity is another imperative element of developing lasting relationships with each of them. As the Navajo Nation has the largest population, some tend to focus on that culture, and generalize across all AI/AN nations in Utah. In reality, each nation in Utah is culturally distinct and has its own governance structures. For example, many tribal nations in the western part of the state have resources and capacities that differ greatly from the Navajo nation,³⁷⁴ and the Paiute tribe stretches across five counties,³⁷⁵ creating complications in implementing programs across these diverse nations. If Utah’s EC stakeholders want to establish productive working relationships that can positively impact AI/AN children, who are among the most underserved in Utah, they should invest time into understanding and respecting these differences and requirements of the tribal nations.

Moving Toward Meaningful Alignment and Coordination

Alignment and coordination in systems helps create focus toward a common goal and shared accountability for population-level metrics that center on the needs of families and children. A strong, responsive EC system should consist of, “people acting like they are part of one organization, even though they are technically part of hundreds.”³⁷⁶ Utah has made progress on many coordination goals, but the EC system does not yet share a common goal, measure common metrics, or coordinate across all EC stakeholders (including parents and non-governmental organizations). Taking these next steps would continue Utah’s journey toward a more coordinated EC system.

372 Centers for Medicare & Medicaid Services. (2006). *Utah Department of Health Federally Recognized Tribes of Utah Consultation Policy*. <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Downloads/Utah-Department-of-Health-Federally-Recognized-Tribes-of-Utah-Consultation-Policy.pdf>

373 Interview with Jeremy Taylor, Tribal Health Liaison, and Ozzy Escarate, Director, Utah DHHS, Office of AI/AN Health & Family Services. June 15, 2023.

374 Ibid

375 Paiute Tribe of Utah. (2023). Paiute Indian Tribe of Utah. <https://pitu.gov/>

376 Interview with Amy Terpstra, Chief Impact Officer of United Way of Salt Lake. August 22, 2023.

Data Quality and Linkages

Key Takeaways

- Individual programs across the EC system collect and maintain program data, but the state lacks robust data coordination and integration.
- The Early Childhood Integrated Data System (ECIDS) is Utah's EC database.
- Lack of funding for ECIDS limits opportunities to build and maintain high-quality data systems with the potential to increase the health and wellness of Utah's children.
- The creation of a task force on state agency collaboration and data sharing in early 2023 may indicate greater prioritization of data integration to enable data-informed decision and policy making.
- Despite the measures taken to ensure data privacy across the state, some citizens, organizations, and agencies maintain a deep mistrust for best-practice data sharing.

Need for Integrated Data

State-level integrated data is necessary to measure EC outcomes and make data-informed decisions which can lead to improvements in the health of children, families, and economies.³⁷⁷ Washington State saved \$10M through an integrated data project that targeted Medicaid recipients with complex medical needs and worked to reduce duplicative and fragmented interventions.³⁷⁸ Massachusetts combined 10 datasets on the opioid crisis from five agencies, and then shared the integrated findings with 29 cross-sector partners; this project resulted in a decline in opioid-related deaths in the state for the first time in seven years.^{379, 380, 381} State-level integrated data is a crucial factor in targeting EC efforts where they can make the most difference for Utah's children and families.

Although Utah engages in data-informed policy making, its EC system lacks robust data coordination across programs and systems. Individually, programs serving young children are investing in gathering and maintaining program data, and there are modest investments in one-time data sharing across programs. However, EC data currently resides in several agencies and departments. For example, Medicaid is currently housed in DHHS, Ages & Stages Questionnaire (ASQ) screening data is in four different systems (DWS, DHHS, Help me Grow Utah, and the Head Start Association)^{382, 383} and preschool data resides in USBE. Data can only be shared/aggregated through one-time data sharing agreements. This lack of comprehensive data hampers the state's ability to make data-informed policy and resource decisions.³⁸⁴

377 Landers, G. M., Minyard, K. J., Lanford, D., & Heishman, H. (2020). A Theory of Change for Aligning Health Care, Public Health, and Social Services in the Time of COVID-19. *American Journal of Public Health*, 110(S2), S178–S180. <https://doi.org/10.2105/AJPH.2020.305821>

378 Annie E. Casey Foundation. (2017). Using Integrated Data Systems to Improve Case Management and Develop Predictive Modeling Tools. <https://assets.aecf.org/m/resourcedoc/aecf-usingIDStoimprovecasemanagement-2017.pdf#page=7>

379 Massachusetts Department of Public Health. (2018). *Data Brief: Opioid-Related Overdose Deaths Among Massachusetts Residents*. <https://www.mass.gov/files/documents/2018/05/22/Opioid-related%20Overdose%20Deaths%20among%20MA%20Residents%20-%20May%202018.pdf>

380 Massachusetts Department of Public Health. (2017). *An Assessment of Fatal and Nonfatal Opioid Overdoses in Massachusetts*. <https://www.mass.gov/doc/legislative-report-chapter-55-opioid-overdose-study-august-2017/download>

381 Dunn, N., Jenkins, D. (2018). States Leading on Data Use and Integration See Significant Results. *Results for America*. <https://results4america.org/tools/states-leading-data-use-integration-see-significant-results/>

382 ASQ data information from Jennifer Floyd, Early Childhood Utah Program Manager, Utah DHHS, Office of Early Childhood, written communication January 11, 2024.

383 The Ages and Stages Questionnaire is a screening tool that can be used to screen infants and young children for delays during the crucial first five years of life. It includes questions about children's communication, gross motor, fine motor, problem solving, and personal social skills.

384 University of California, Berkeley. (2022, April 15). *Supporting the Infant-toddler Workforce*. Center for the Study of Child Care Employment. <https://cscce.berkeley.edu/blog/supporting-the-infant-toddler-workforce/>

Utah's Early Childhood Integrated Data System and Other Databases

Utah has multiple databases across state departments, but only one that exclusively focuses on EC: ECIDS, which covers children from birth through age five. Created in 2011 and housed within DHHS, ECIDS is a data system which integrates EC data from participating agencies and programs providing services to young children and their families (see Figure 35).³⁸⁵

Figure 35. List of Programs Providing Data to ECIDS, 2023

ECIDS currently integrates data from the following programs through interoperability.³⁸⁶

- Ages and Stages Questionnaire
- Baby Watch Early Intervention Program
- Child Care Subsidy
- Head Start - Centro de la Familia de Utah
- Home Visiting - legacy and current system (Penelope)
- Vital Statistics Birth Registry & Death Registry
- Women Infants and Children

ECIDS anticipates the following programs will be added:

- Help Me Grow Utah
- Head Start - DDI Vantage
- Head Start - Bear River
- Head Start - Davis School District
- Head Start - Kids On The Move
- Head Start - Mountainland
- Head Start - Ogden Weber Community Action Program
- Head Start - Root For Kids
- Head Start - Southern Utah University
- Head Start - Utah Community Action Program
- Head Start - Ute Tribe

Source: ECIDS. (2023). Utah Department of Health and Human Services. <https://ecids.utah.gov/Home/About>

Another state database that collects longitudinal data, but does not have a focus on EC, is housed in the Utah Data Research Center (UDRC).³⁸⁷ UDRC is Utah's longitudinal data system. They receive data from state partners through annual data sharing, match it, de-identify it, and make it available to researchers and data partners to help decision-makers find meaningful and impactful solutions.³⁸⁸
³⁸⁹ While UDRC has done projects using EC data, it is not their mission or area of focus.

385 ECIDS. (2023). Utah Department of Health and Human Services. <https://ecids.utah.gov/Home/About>

386 Department of Health and Human Services. (2023). ECIDS Program Data Availability. <https://ecids.utah.gov/Standard-Report/DataAvailability>

387 Utah State Legislature. (2023). *S.B. 194 Utah Data Research Center Act*. <https://le.utah.gov/~2017/bills/static/SB0194.html>

388 Partners include: Utah Department of Commerce, Utah Department of Health & Human Services, Utah Department of Workforce Services, Utah System of Higher Education, and Utah State Board of Education. Source: Utah Data Research Center. (2022). *About Us*. <https://udrc.ushe.edu/about.html>

389 Utah Data Research Center. (2022). *About Us*. <https://udrc.ushe.edu/about.html>

Early Childhood Data Issues

Although Utah has a foundation for an EC data system in its ECIDS program, EC data is scattered; coordination, funding, and quality of data are issues which hinder more effective data use. Additionally, data security and privacy is of significant importance to children and families, program directors, and state agencies.

Coordination

Data integration and coordination across various state departments remains complex and difficult. For example, to produce the annual Intergenerational Poverty Report, separate Memorandums of Understanding (MOUs) must be created between DHHS, DWS, USBE, and USHE every year, requiring additional staffing capacity and resources.³⁹⁰ This integrated data project captures important findings, but because the data is only exchanged once a year, its use for real-time decision-making the rest of the year is limited.

Constant shifting of priorities, movement of decision-makers into and out of roles, and politics will ultimately determine how or if data coordination occurs in Utah. One example of the complexity of data coordination in the state is the ongoing effort to link USBE and ECIDS data. Recent progress has been made within USBE, as they updated and streamlined data sharing processes by adding privacy officers and a data sharing team, creating structures and systems for data sharing requests. These structures and systems allowed USBE and ECIDS to work together throughout 2023 to create a data sharing agreement for individual, matched outcome data³⁹¹ to be provided to ECIDS for program evaluation purposes.³⁹² Although federal student privacy regulations allow this type of data sharing to occur, the coordination was delayed because all data sharing agreements must be formally approved by a majority of the USBE members, who elected to discuss future data sharing at a meeting in fall of 2023.

By matching child records from all EC programs, ECIDS could help Utah build a better understanding of which programs, or combination of programs, are most effective for children in certain circumstances and at certain ages. This should include program data from other programs such as Medicaid, DWS-SNAP, TANF, and data from USBE. These data linkages could be added by linking the DHHS Master Person Index to ECIDS.³⁹³ These models could then be used to suggest programs and combinations of interventions that have the highest potential for positive outcomes for individual children at different ages. Expanding the program data in ECIDS would make it a more powerful tool for program evaluation and decision-making, leading to better outcomes for children across the state.

Funding and Staffing

Though steps are being taken, a lack of ongoing funding remains a major obstacle in system coordination. Funding for data integration programs often comes in bursts from federal sources and then dries up without a state-level source to support ongoing costs. This was the case for the Community Assessment Tool (created in 2019) that allowed users to generate specific community-level reports on needs and existing EC services.³⁹⁴ After the initial federal funding expired, there were no state sources to support data and system updates, leading to the project being discontinued and

390 Interview with Department of Workforce Services, Office of Workforce, Research, and Analysis, Chris Williams, Director, and Dave Fogerty, Assistant Director. July 27, 2023

391 Including K-3 attendance, PEEP, KEEP, and 3rd grade assessment testing.

392 Interview with Department of Health and Human Services, Office of Informatics and Data Systems, Stephen Matherly, Health Program Coordinator. August 10, 2023.

393 The Index provides ongoing linkage of multiple public health information systems for both operational and research purposes, adding to the 10 EC programs currently connected to ECIDS. Source: Department of Health and Human Services. (n.d). Utah DHHS Master Person Index. <https://www.utah.gov/pmn/files/925425.pdf>

394 Taxin, N., Finkbiner, C., Matherly, S., Division of Family Health and Preparedness, Bureau of Children with Special Health Care Needs, & Early Childhood Utah. (2018, December 6). UDOH - USBE: ECIDS & CAT enhancement - funding proposal for the Utah State Board of Education. <https://www.utah.gov/pmn/files/448463.pdf>

removed from public access. Lack of funding for ongoing systems management limits opportunities to build and maintain high-quality data systems with the potential to increase the health and wellness of Utah's children.

Another data limitation is funding for staff to analyze data and partner with decision-makers. ECIDS currently provides reports on ASQ screenings. However, due to lack of staffing capacity and funding, these reports are usually a year behind, making the data less actionable.³⁹⁵ Additional funding could speed analysis and reporting, producing more timely, actionable reports and increasing data-driven decision-making in EC programs and at a statewide level.

Quality

Although centralizing data is important, data quality is also key. Data elements must be aligned with decision-makers' aims, collected with fidelity across programs, and updated at appropriate intervals, or it cannot enable high-quality data-driven solutions. In many cases, local control and hesitancy to mandate at the state level meant data quality was uneven in 2023; one example of this was vacancy rates at licensed child care programs which were self-reported and unaudited.³⁹⁶ These challenges and limitations will not be overcome through centralizing EC data, but will require systemic commitment to data quality and cooperation across state and non-state EC stakeholders.

Sensitivity Around Data

Data privacy has been an increasingly important priority in recent years and Utah led the nation in creating legislation directing how the state government uses citizen's information.³⁹⁷ In 2021, the Utah Legislature created the Personal Privacy Oversight Commission to develop guidelines for data privacy, security, and management across state entities.^{398, 399} In 2023, an updated bill passed, allowing the Executive Director of the Department of Government Operations to create future rules to outline standards around data collection, data retention, identification, and deletion timelines.⁴⁰⁰ Despite the measures taken to ensure data privacy across the state, some citizens, organizations, and agencies maintain a deep mistrust for best-practice data sharing. In some cases, reluctance to have data in state systems played a part in parental decisions to homeschool children.⁴⁰¹

395 Ongoing funding is not provided for this reporting and new funding has not been identified or allocated. Current American Rescue Plan Act funding will expire September 2024. Source: Interview with Department of Health and Human Services, Office of Informatics and Data Systems, Stephen Matherly, Health Program Coordinator. August 10, 2023.

396 Interview with Division of Workforce Services, Office of Child Care, Rebecca Banner, Director and Heather Thomas, Assistant Division Director on July 10, 2023.

397 Bree, J. (2023). *State audit finds Utahns' data privacy at risk with state's government agencies*. FOX 13 News Utah (KSTU). <https://www.fox13now.com/news/politics/state-audit-finds-utahns-data-privacy-at-risk-with-states-government-agencies>

398 Utah State Legislature. (2021). *H.B. 243 Privacy Protection Amendments*. <https://le.utah.gov/~2021/bills/static/HB0243.html>

399 Utah State Legislature. (2021, May 5). *Personal Privacy Oversight Commission*. <https://le.utah.gov/xcode/Title63C/Chapter24/63C-24-S201.html>

400 Utah State Legislature. (2023). *H.B. 343 Government Records Modifications*. <https://le.utah.gov/~2023/bills/static/HB0343.html>

401 Interview with Aaron Brough, Director of Data and Statistics, Utah State Board of Education. July 18, 2023

Improving Early Childhood Data & Systems

Early in 2023, Utah Governor Spencer Cox issued an Executive Order, creating a task force on state agency collaboration and data sharing.⁴⁰² Although in its early stages, many hope this will send a signal on the priority of data coordination in Utah, setting the stage for increased data-informed decision and policy making. More comprehensive data is needed across all EC programs statewide to increase effectiveness of the analysis of database systems to aid decision-makers.^{403, 404} Adding data sources will require additional one-time set-up funding and increased maintenance funding.

Nationally, the majority of states have planned activities and goals for their equivalent of an ECIDS system.⁴⁰⁵ Minnesota is a leader in this space with their Early Childhood Longitudinal Data System (ECLDS), which combines data from the state departments of Education, Human Services, and Health into one online, interactive database.⁴⁰⁶ Financially, this comprehensive database has saved Minnesota more than \$1.2M annually by streamlining production of annual department studies and eliminating staff time for community assessments.⁴⁰⁷ ECLDS has also improved the health and well-being of children by connecting them early with the resources and programs they need based on their situation. Through the ECLDS, many families who participate in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) who were not yet in school district systems were connected with their districts, and 89% of those families ended up participating in an EC program.⁴⁰⁸ Improving EC data systems in Utah can lead to similar positive outcomes for children, families, and the state as a whole.

Funding and Financing

Key Takeaways

- In FY 2022, the Early Learning domain of Utah’s EC system received the most funding while the Family Support and Safety domain received the least funding.
- Some EC programs experienced major shifts in funding due to COVID-19 relief funds. The Economic Stability domain experienced the largest increase.
- Consistent decreases in state taxes led to a lack of investment into many EC areas. Utah ranked 44th among US states in preschool spending and 50th in per pupil spending for public K-12 education in 2021 and has held that rank for at least a decade, since 2011.

An integral piece in understanding an EC system is building a comprehensive picture of its fiscal landscape through a mapping process. The way in which funding is allocated reveals a state’s funding priorities. Utah’s EC system is financed by federal, state, and local government revenues,

402 State of Utah. (2023). *Governor Cox Issues Executive Order to Ensure Data Sharing Between State Agencies*. <https://governor.utah.gov/2023/02/01/gov-cox-issues-executive-order-to-ensure-data-sharing-between-state-agencies/>

403 Interview with Department of Health and Human Services, Office of Informatics and Data Systems, Stephen Matherly, Health Program Coordinator. August 3, 2023.

404 Interview with Utah State Department of Higher Education, Utah Data Research Center, Jeremias Solari, Senior Assistant Commissioner of Research and Data Systems. August 25, 2023.

405 Hackett, S.E., & King, C. (2023). States’ Preschool Development Grant applications reveal priorities for stronger data integration. *Child Trends*. <https://doi.org/10.56417/4224m6501x>

406 The State of Minnesota. (2021). *About the Early Childhood Longitudinal Data System*. <https://eclds.mn.gov/#about>

407 Whiteman, A., Verbrugge, J. (2019). *Economic Analysis Study: Minnesota’s Early Childhood Longitudinal Data System*. Minnesota Department of Education.

408 Minnesota Children’s Defense Fund. (2017). Evaluating Early Childhood Program Access: An Analysis of Participation Data for Lower Income Children, Children of Color and American Indian Children from the Minnesota Early Childhood Longitudinal Data System. <https://cdf-mn.org/wp-content/uploads/sites/5/2018/07/evaluating-early-childhood.pdf>

as well as private and philanthropic sources and, although it is not included in this report, inclusion of private and philanthropic sources and an analysis at a local or community level could provide additional insights.

Findings from the Fiscal Mapping Process

The fiscal mapping process identifies major EC programs and services and which state agency administers the funds. It also includes the amount of funding from state and federal sources, plus children beyond birth through eight. In each of these cases, allocation methodologies for what portion of the funds served children birth through eight were developed. For a full review of these methodologies, see Appendix B.

According to the fiscal map, \$3,355,959,710 of state and federal resources in 2022⁴⁰⁹ were expended through Utah's EC system for children from birth through eight and their families.

Table 6. Estimated Funding Allocations for Utah EC Programs and Services, Ages Birth Through Eight, FY 2022⁴¹⁰

The icons below correspond with Utah's four early childhood domains.



Health & Development



Early Learning



Economic Stability















Family Support & Safety

Early Childhood Program or Service	State Fiscal Agent	Utah Funds	Federal Funds	Total	Domain
Baby Watch Early Intervention Program (IDEA Part C)	DHHS	\$17,491,600	\$6,055,900	\$23,547,500	
Maternal & Infant Health Program	DHHS	\$473,000	\$662,800	\$1,135,800	
*Medicaid	DHHS	\$249,058,685	\$678,876,168	\$927,934,853	
*CHIP	DHHS	\$1,704,264	\$7,372,479	\$9,076,743	
Top Star Nutrition	DHHS	n/a	\$70,476	\$70,476	
High-Quality School Readiness Grants and Supports	DWS & USBE	\$6,322,126	\$4,974,890	\$11,297,016	
Special Education Preschool (IDEA Part B)	USBE	\$42,999,000	\$11,927,695	\$54,926,695	
Special Education K-3	USBE	\$117,138,102	\$48,702,702	\$165,840,804	
Early Intervention Kindergarten Programs (OEK & KSEP)	USBE	\$24,217,800	n/a	\$24,217,800	
Kindergarten	USBE	\$222,366,314	\$14,600,269	\$236,966,583	
Grades 1-3	USBE	\$1,073,623,477	\$45,483,143	\$1,119,106,620	

409 FY 2022 was used because it was the most current year with complete financial data for each program or service.

410 Numbers from the Fiscal Map were from either the Federal FY 2022 (October 1, 2021 - September 30, 2022), the State Fiscal Year 2022 (July 1, 2021 - June 30, 2022), or the 2021/2022 school year. For more detail, see Appendix B.

Early Childhood Program or Service	State Fiscal Agent	Utah Funds	Federal Funds	Total	Domain
UPSTART (Utah Preparing Students Today for a Rewarding Tomorrow) computer-based preschool	Governor's Office of Economic Opportunity	\$23,999,463	n/a	\$23,999,463	
Head Start & Early Head Start	Local entitites	n/a	\$74,286,011	\$74,286,011	
Utah Schools for the Deaf and the Blind	USBE	\$27,152,683	\$669,026	\$27,821,709	
COVID-Related Educational Federal Funding	USBE	n/a	\$188,915,519	\$188,915,519	
*Child and Adult Care Food Program (CACFP)	USBE	n/a	\$28,756,696	\$28,756,696	
*Supplemental Nutrition Program for Women, Infants and children (WIC)	DHHS	n/a	\$46,490,000	\$46,490,000	
*Child Care Subsidies (CCDF & TANF)	DWS	n/a	\$86,983,117	\$86,983,117	
*Family Employment Program	DWS	n/a	\$5,562,238	\$5,562,238	
*Supplemental Nutrition Assistance Program (SNAP)	DWS	n/a	\$229,981,790	\$229,981,790	
Home Visiting (MIECHV)	DHHS	\$565,600	\$3,313,300	\$3,878,900	
*Child Care Licensing	DHHS	\$699,200	\$2,223,200	\$2,922,400	
*Child Welfare (Child Protective Services)	DHHS	\$39,819,192	\$22,421,784	\$62,240,976	
Total		\$1,847,630,506	\$1,508,329,203	\$3,355,959,710	

*These programs serve older children in addition to those ages 0–8. This number is an estimate of the total funding that is expended toward the birth through eight population.

Source: Sorenson Impact Institute analysis in collaboration with USBE, DWS, and DHHS.⁴¹¹

411 Unless otherwise noted, tables and figures in this section (Funding and Financing) are Sorenson Impact Institute analysis in collaboration with USBE, DWS and DHHS.

Federal and State Funds

Of Utah’s EC fiscal support, 45% comes from federal sources (see Figure 36).

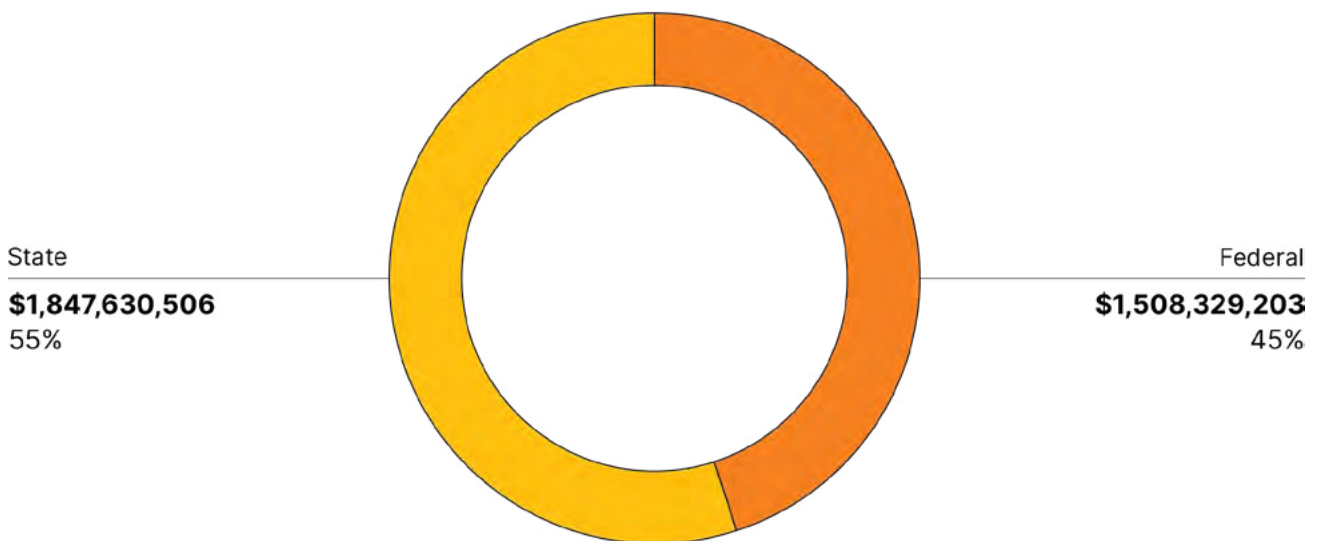
Major Federal Funding Programs For EC

- Child Care and Development Block Grant (CCDBG)
- Head Start (HS)
- Temporary Assistance to Needy Families (TANF)
- Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)
- Title V Maternal and Child Health Block Grant
- Title IV-B and Title IV-E of the Social Security Act
- Medicaid
- Children’s Health Insurance Program (CHIP)
- Individuals with Disabilities Education Act (IDEA) Parts B and C,
- Supplemental Nutrition Assistance Program (SNAP)
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Child and Adult Care Food Program (CACFP)

Largest Utah State Expenditures for EC

- State portion of Medicaid
- Kindergarten and Grades 1-3
- Special Education Preschool and K-3
- Child Welfare

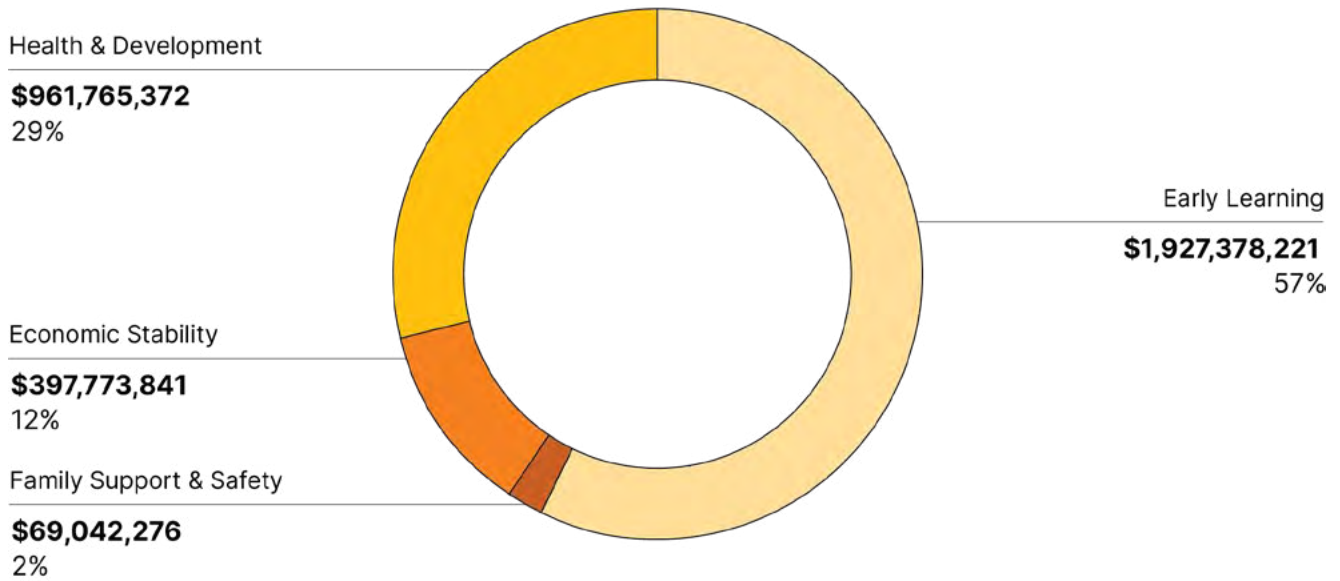
Figure 36. Proportion of State and Federal Funds Allocated to EC Resources in Utah, 2022



Funding by Early Childhood Domain

The fiscal map separates funding into four EC domains; Family Support & Safety, Health & Development, Early Learning, and Economic Stability. The Early Learning domain of Utah’s EC system received the most funding in FY 2022 (see Figure 37), while the Family Support and Safety domain received the least funding.

Figure 37. Funding by EC Domain, 2022



Funding Stability and the Impact of COVID-19 Funding

Some EC programs experienced major shifts in funding due to COVID-19 relief funds. As COVID-19 funding expires, future fiscal maps will reveal whether funding in these domains returns to pre-pandemic levels, or remains at or closer to post-pandemic levels.

Table 7. Percent Changes in Funding Allocations for Utah EC Programs and Services, 2018 vs. 2022

Domain	2018 Total	2022 Total	% Change
Economic Stability	\$157,599,887	\$397,773,841	152.39%
Health & Development	\$675,080,897	\$961,765,372	42.47%
Family Support & Safety	\$65,694,163	\$69,042,276	5.10%

The Early Learning domain is excluded from the analysis above as the expanded age range from birth through five to birth through eight made the methodologies from 2018 and 2022 unsuitable for comparison. Source: Sorenson Impact Center. (2019). B-5 Needs Assessment. Office of Child Care - Department of Workforce Services. <https://jobs.utah.gov/occ/needsassessment.pdf>

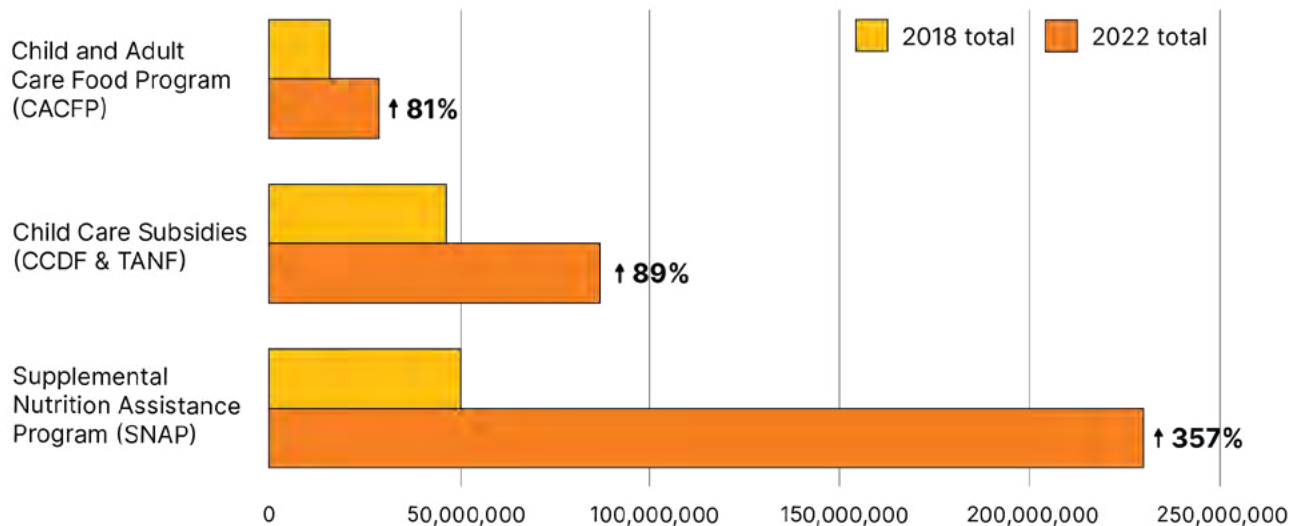
The Economic Stability domain experienced the largest increase, more than 152%, or \$240,173,954 in nominal dollars, not adjusted for inflation, from 2018 to 2022 (see Table 7). Within the Economic Stability domain, the program with the largest increase was SNAP (see Figure 38), with a 357% increase in funding from 2018 to 2022, in part because of a new COVID-19 program, SNAP Pandemic EBT.

The Health & Development domain experienced a 42% increase, or \$286,684,475 in nominal dollars, not adjusted for inflation, from 2018 to 2022 (see Table 7). Within the Health & Development domain,

Medicaid funding increased 60% while CHIP funding decreased 32%. This could be partly caused by the freeze on disenrollment in Medicaid during COVID-19, causing more people to remain in the program, rather than being disenrolled and enrolling in CHIP if their eligibility changed.

The Family Support & Safety domain experienced the smallest percent increase (five percent) in funding compared to the other three domains, with a growth of \$3,348,113 from 2018 to 2022 (see Table 7).

Figure 38. Significant Funding Changes in Utah's Economic Stability Domain, 2018 vs. 2022



Funding to Support System Infrastructure

Stable funding is key to ensuring an efficient and sustainable EC system. Funding instability may lead to loss of confidence in the system or a decrease in utilization of the system by families. System infrastructure requires investment, increasing efficiency. Some EC programs report funding as a limiting factor. For example, ECIDS, a data system which integrates EC data from participating agencies and programs providing services to young children and their families, has experienced a lack of stable and sufficient funding, resulting in decreased potential for lasting impact.⁴¹²

Unmet Needs

State taxes in Utah have decreased since 1985, resulting in an average of \$100M of new tax breaks each year. This steady decrease in tax revenue was equivalent in 2022 to an annual \$4B that Utah couldn't invest into critical areas, such as EC.⁴¹³ This decreased investment had sweeping impacts. For example, state income tax, allocated 100% to public education since 1948, has steadily decreased, reducing the resources available for the K-12 education system (see Figure 39).^{414, 415}

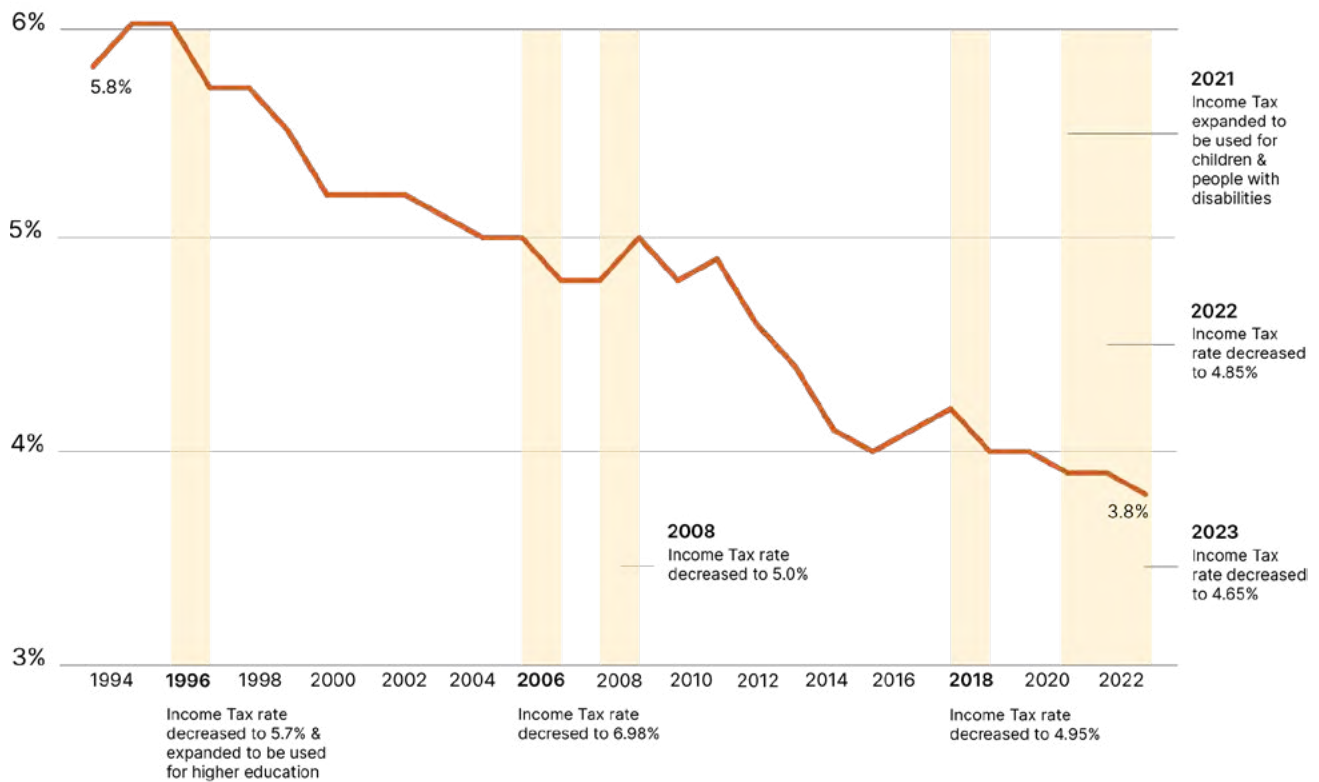
412 2023 interviews with state and non-state stakeholders.

413 Invest in Utah's Future Coalition. (2022). *About Us*. https://www.investinutahsfuture.org/home_1

414 Voices for Utah Children. (2023). *2023 Children's Budget Databook*. https://utahchildren.org/images/Reports/2023_Children's_Budget_Databook_Ver_2.pdf

415 In 1996, state income tax was expanded to include higher education and was expanded again in 2021 to include non-education services for children and people with a disability.

Figure 39. Utah Education Funding Effort as a Percent of Personal Income, 2022

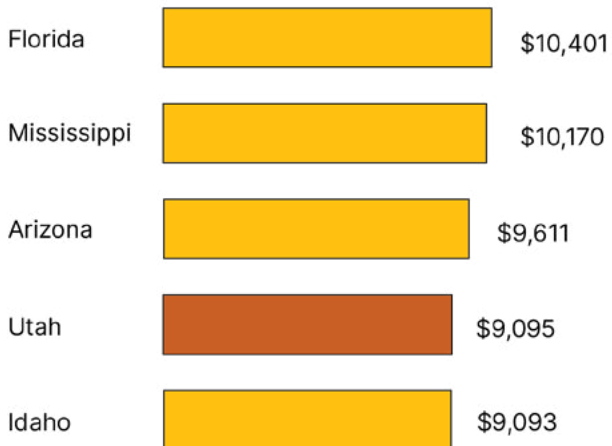


Source: Voices for Utah Children. (2023). *2023 Children’s Budget Databook*. https://utahchildren.org/images/Reports/2023_Childrens_Budget_Databook_Ver_2.pdf

Utah ranked 44th among other states in preschool spending⁴¹⁶ and 50th in per pupil spending for public K-12 education in 2021 (\$9,095 per pupil; see Figure 40) and has held that rank for at least a decade, since 2011.⁴¹⁷

416 Friedman-Krauss, A. H., Barnett, W. S., Hodges, K. S., Garver, K. A., Weisenfeld, G. G., Gardiner, B. A., & Jost, T. M. (2023). *The State of Preschool 2022*. The National Institute for Early Education Research. https://nieer.org/wp-content/uploads/2023/09/YB2022_FullReport.pdf

417 US Census Bureau. (2022). *States Ranked According to Per Pupil Public Elementary-Secondary School System Finance Amounts: US and State: 2012 - 2021*. <https://data.census.gov/table/GOVSTIMESERIES.GS00SS08?q=per+pupil+spending+utah>

Figure 40. Top Five and Bottom Five States Ranked in K-12 Per-Pupil Spending, 2021.**Top Five****Bottom Five**

Source: U.S. Census Bureau. (2022). States Ranked According to Per Pupil Public Elementary-Secondary School System Finance Amounts: US and State: 2012 - 2021. Public Sector, PUB Public Sector Annual Surveys and Census of Governments, Table GS00SS08.

The Invest in Utah's Future Coalition highlighted other unmet needs in 2023 that the state was not able to address due to chronic revenue shortages. The coalition listed a number of unfunded priorities and an estimated cost; some of these needs related to areas that could benefit Utah's birth through eight population (see Table 8).⁴¹⁸

418 Invest in Utah's Future Coalition. (2023). Utah's Unmet Needs. <https://www.investinutahsfuture.org/utahs-unmet-needs>

Table 8. Utah's Future Coalition Priorities and Associated Costs

Target	Estimated Cost
Improve student-teacher ratio of 29:1 to optimum level of 15:1	\$612M for K-6
Reduce teacher attrition and shortages	\$500M
Ensure affordable housing statewide for people earning less than 50% average median income	\$346M
Expand presence of paraeducators to all elementary classrooms	\$312M
Stabilize child care through retention incentives for EC educators, coverage of licensing-related fees, and regional outreach grants for child care deserts	\$236M
Increase school counselor-student ratio from 1:648 to national standard of 1:250	\$130M
Increase number of school nurses in public schools	\$78.5M
Economic development in rural Utah	\$20M
Extend medicaid coverage for new parents from 60 days to one year and to pregnant women with household incomes up to 200% poverty level	\$10M
Expand Medicaid and CHIP coverage to cover all children zero through 18 who are in Utah with ineligible immigration statuses	\$5M
Place air purifiers in every classroom in Utah, reducing risk from COVID and air pollution	\$5M
Provide after school programs for the 99K children who are unsupervised every day after school	\$3.6M

Source: Invest in Utah's Future Coalition. (2023). Utah's Unmet Needs. <https://www.investinutahsfuture.org/utahs-unmet-needs>

Future Options to Increase Early Childhood Funding

Many states and localities supplement federal EC funding sources with state tax revenues and other special revenue sources. These less traditional sources may include lotteries, local taxes dedicated to EC services or children's funds, individual or business tax credits, private investments directed to innovative financing structures, or even in-kind use of facilities.⁴¹⁹ In some cases, states 'blend' two or more funding streams to fund one project/service. In other cases, entities may 'braid' funds, using detailed accounting processes to allocate and track funds from two or more funding streams. Blending or braiding of funds requires a well-coordinated system, particularly when funding use is restricted and/or requires increased coordination across agencies.

419 National Academies of Sciences, Engineering, and Medicine. (2018). Transforming the Financing of Early Care and Education. Washington, DC: *The National Academies Press*. <https://doi.org/10.17226/24984>.

Common Standards, Policies, and Definitions of Quality

Key Takeaways

- Well-coordinated and aligned systems include high-quality early care and education programs as part of the larger educational continuum that leads into kindergarten and continues through the early grades.
- Definitions, standards, and measurements of quality are not uniformly applied or enforced for all EC programs, limiting the ability to understand the full picture of quality across the system.
- Utah's EC system does not have a universal messaging campaign with information on the EC system and how families can connect with additional resources, but a 'one-stop' website listing links to services and providers was being developed.

Common Quality Standards and Definitions

Common quality standards and definitions across EC environments can help stakeholders speak the same language and agree on standards that set the stage for high-quality early learning and care. Standards and accreditations correlate with children's school readiness, increased educational attainment rates, and overall healthier lifestyles.⁴²⁰ Because of this, there are several national accreditation groups that measure the quality of child care centers, most notably, the National Association for the Education of Young Children (NAEYC). Nationally in 2016, only 11 percent of child care providers were accredited by NAEYC with a range of one percent in South Dakota and a high of 46% in Connecticut and 56% Washington, DC.⁴²¹ In Utah in 2022, just two percent (29 of 1,294) of the child care providers were accredited by NAEYC.^{422, 423}

Early learning programs in most states such as preschool and child care are administered by multiple governing bodies. Governing bodies may include local education agencies, HS agencies, community child care facilities, or private schools. Coordination and alignment between these groups is essential to building shared understanding and definitions of quality.

Utah Standards and Quality Measurements

EC standards and definitions are typically set by agencies that are part of the state-level EC governance structure, often with participation by parents and providers. In Utah many EC standards are guidelines, rather than enforced requirements.

One example of an opt-in standard is the Child Care Quality System (CCQS), launched in October 2019 and run by the DWS–OCC. This rating system evaluates providers over five domains of quality, assesses minimum standards, and awards quality points for additional enrichment and high-quality activities.⁴²⁴ These ratings are a resource to parents as they select a program for their children to attend and are available on the Care About Childcare website. Unlike many states, Utah did not require providers to participate in the CCQS to receive grant monies, but instead chose to offer

420 NAEYC. (2023). *Benefits of Accreditation*. <https://www.naeyc.org/accreditation/early-learning/benefits>

421 Schulte, B., Durana, A. (2016). *The New America Care Report*. New America. <https://www.newamerica.org/better-life-lab/policy-papers/new-america-care-report/>

422 Department of Health and Human Services. (2022). Public Health Indicator Based Information System: Utah's Public Health Data Resource. <https://ibis.health.utah.gov/ibisph-view/indicator/view/ChiCarFacCap.html>

423 NAEYC Accreditation. (2023). Search NAEYC Accredited Programs: Utah. https://ais.naeyc.org/search_programs/results/0/UT/0/10/0/0/us/0

424 Utah Department of Workforce Services. (2023, April 14). *Utah's Child Care Quality System*. <https://jobs.utah.gov/occ/provider/ccqs/ccqsfactsheet.pdf>

providers who elect to participate an enhanced payment on top of the initial base grant.⁴²⁵ The enhanced payment, depending on whether it is center or family-based, is between \$100 and \$200 per month per child receiving subsidy payments.^{426, 427}

While circumstances around the launch of CCQS in late 2019, a pause during the COVID-19, and the relative newness of the program may have impacted participation, the optional nature of the program likely also contributed to low levels of participation. In July 2023, only 31% of child care centers (119 of 384) and 9% of family child care programs (75 of 871) participated.⁴²⁸ As a result of the patchwork of participating programs and the optional and limited application of common standards to programs across agencies, Utah does not have a comprehensive understanding of the number of high-quality early learning programs.⁴²⁹

Other examples of optional quality standards in Utah include the Utah Early Learning Standards (UELS) and EC Core Competencies for EC educators.^{430, 431} Though UELS are not mandated or enforced, preschools, parents and other educators, may refer to these standards to inform and guide decisions regarding curriculum that will prepare children for kindergarten.⁴³² EC Core Competencies for EC educators, created in 2008, are not required in licensing or for career advancement. A 2023 DWS survey of 412 people in Utah's EC system showed 49% of these educators had either never or rarely used the core competencies.⁴³³ Additionally, 47% of providers reported not knowing the core competencies existed.⁴³⁴ Although conversations in 2023 included discussion of combining several of these optional EC standards into one document to facilitate greater awareness among EC educators, there were no moves toward making these competencies required.

Kindergarten Readiness

When common measurements are in place, parents and EC educators can more effectively work to get children ready for success in kindergarten. A 2016 study of state education agencies found kindergarten readiness definitions served to “inform classroom instruction, curriculum planning, and professional development needs; identify students in need of specialized supports or interventions; and provide a statewide snapshot of what children know when they enter kindergarten, monitor changes over subsequent kindergarten cohorts, and inform public policy and public investments in EC.”⁴³⁵ States often take these federal concepts around kindergarten or school readiness and further define them at the state level to align to the state's EC framework. While more than twenty-six states have adopted official, statewide kindergarten readiness definitions, Utah has not done so yet.

425 Interview with Rebecca Banner, Director of the Office of Child Care, DWS and Heather Thomas, Assistant Director of the Office of Child Care, DWS, July 25, 2023.

426 Department of Workforce Services. (2019). *Child Care Quality System: Enhanced Subsidy Grants for Family Child Care*. <https://jobs.utah.gov/occ/provider/ccqs/enhancedfam.pdf>

427 Ibid

428 Interview with Rebecca Banner, Director of the Office of Child Care, DWS and Heather Thomas, Assistant Director of the Office of Child Care, DWS, July 25, 2023.

429 See “Family Support and Safety” section for more information.

430 Child Care Professional Development Institute. (2008). *Utah Core Competencies*. <https://jobs.utah.gov/occ/provider/UtahCoreCompetencies.pdf>

431 Utah State Board of Education. (2020, May). *Utah Core State Standards for Early Learning for Ages 3 to 5*. <https://www.schools.utah.gov/file/2f5c23cd-43cc-4ab1-b5d7-ef1f918362e9>

432 Suddreth, D., Norman, P. (2018, September). *Core Standards for Utah Public Schools*. Utah State Board of Education. <https://files.eric.ed.gov/fulltext/ED621972.pdf>

433 Additional responses included 12% of educators reporting annual use, 10% of educators reporting quarterly use, and 15% of educators reporting monthly or more frequent use.

434 Email correspondence with Division of Workforce Services, Office of Child Care, Heather Thomas Assistant Division Director. August 1, 2023.

435 Pierson, A. (2018, January 29). *Exploring State-by-state Definitions of Kindergarten Readiness to Support Informed Policymaking* | REL Northwest. <https://ies.ed.gov/ncee/edlabs/regions/northwest/blog/kindergarten-readiness.asp>

Despite not having an official state definition, Utah still measures kindergarten readiness, and provides resources to families. Preschool and kindergarten entry and exit assessments are used to measure student capabilities at the start of school years and track progress made by the end of these early education years.⁴³⁶ The preschool assessment is only required in programs (public or private) that participate in the Becoming High Quality grant program, so the data only measures kindergarten readiness in a fraction of Utah children. USBE and DWS-OCC have also developed several resources for families, including a kindergarten readiness pamphlet called “Kindergarten, Here We Come!” that outlines capabilities a child should ideally have before entering kindergarten.⁴³⁷

Example of Formal Local Government and State Alignment

The Early Childhood Colorado Framework offers an example of a coordinated and aligned state EC system. This framework is part of a larger state EC initiative, including an online hub to encourage connection and partnering among EC agencies, policymakers, and researchers in an effort to improve outcomes for children and families in Colorado. The framework enables EC parties to see their role and impact on the larger system, and also provides a basis for agencies to develop aligned strategic action plans to incorporate the Framework into their daily work.

Sources: “Early Childhood,” Colorado Department of Human Services, <https://www.colorado.gov/pacific/cdhs/early-childhood>. “Frame,” Early Childhood Colorado Framework, <http://earlychildhoodframework.org/frame/>

Common Communication Strategy

Focus groups showed parents/caregivers often gather information on early care and learning programs through interactions with family and friends.⁴³⁸ This can make it challenging for state entities to find a way into those conversations with clear, fact-based messages. Some parent groups have additional barriers to receiving/finding information about EC programs, such as a lack of access to internet and phone service, and language barriers.⁴³⁹

Building trust with caregivers requires consistent messaging and comprehensive, up-to-date information. In 2023, Utah did not have a single comprehensive website about kindergarten readiness designed to meet the needs of caregivers, although resources were available on USBE’s kindergarten readiness page and Utah Education Network’s parent and caregiver resources page.^{440, 441} Many parents in 2023 reported the most common way they learned about EC services was through word of mouth and suggested that a state website be created with eligibility and application information that informed families what services are available and what they qualify for.⁴⁴² A one-stop resource and education website for all stakeholders (parents, providers, etc.) in Utah’s EC sector was under development⁴⁴³ and projected to be operational in January of 2025.⁴⁴⁴

436 Preschoolers are tested using the PEEP, and kindergarteners take the KEEP. See “Early Learning” section for more information.

437 Utah State Board of Education and Department of Workforce Services Office of Child Care. (2022). Kindergarten here we come! - schools.utah.gov. <https://schools.utah.gov/file/a070ea66-f903-473e-a8c0-c6f18e03f28c>

438 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

439 Kem C. Gardner Policy Institute’s Community Deliberative Discussions were conducted in partnership with programs that serve parents/caregivers from a variety of races/ethnicities, including Spanish-speaking communities and AI/AN communities. For a full list of sessions and locations see Appendix C.

440 Utah State Board of Education. (2023). *Kindergarten Readiness*. <https://www.schools.utah.gov/curr/kindergarten?mid=1179&tid=0>

441 Utah Education Network. (2023). *Parent and Caregiver Resources*. <https://www.uen.org/parents/>

442 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

443 This work has been funded as part of the current round of PDG B-5 grants. Plans for the content of this website included program information and eligibility requirements, information for parents to understand important developmental and behavioral milestones, and resources to address gaps in those milestones. Source: Utah PDG B-5 application, 2022.

444 Written communication from Dakota Matherly, Director, Office of Early Childhood, DHHS. February 12, 2024.

Workforce Development

Key Takeaways

- A high-quality EC workforce has been shown to help improve the developmental trajectory of all children, and especially those who have experienced poverty, and other early traumas.⁴⁴⁵
- The total number of EC educators in Utah decreased 35% from 2019 to 2022, placing it in the bottom quartile nationally, adjusting for population. Demand for EC educators is growing at a time when the supply of people entering the field is falling.
- EC educators are poorly compensated. In Utah, the median hourly wage for child care workers was \$13.10 per hour, less than animal caretakers and retail workers.
- Compared to K-12 educators, EC educators had poorer mental health, increased chronic disease, less job satisfaction, increased workload, and less access to health insurance.

High-Quality Early Childhood Workforce

EC is a time of rapid growth and development. It is also a time when differences in opportunities and individual family circumstances can begin to shape children's future educational outcomes. For example, low maternal education level, below average family income, cognitive, motor, and language skills at age two are all significant predictors of IQ at age four.⁴⁴⁶ In 2022 by fourth grade, just over 20% of students from low-income families met or exceeded the reading proficiency threshold in the National Assessment of Education Progress test, compared to more than 50% of students from families who live above the low-income threshold. These gaps do not suddenly appear in fourth grade; they are rooted in EC experiences and opportunities.⁴⁴⁷

A high-quality EC workforce has been shown to help improve the developmental trajectory of all children, and especially those who have experienced poverty, and other early traumas.^{448, 449} For example, participation in preschool is associated with a 25% increase in average annual income at age 34 and preschool graduates are more likely to be in the top income quartile.⁴⁵⁰ Education and achievement gaps, which often appear before kindergarten and become harder to bridge as children age, can be reduced through high-quality care and education to all children.⁴⁵¹ Further, research has shown that a high-quality EC system can bring up to a \$14 return on investment for every dollar invested. High-quality programs led to increased school and career achievement and decreased reliance on social and health interventions later in life. Investing in high-quality EC systems is a solution

445 *Serve and Return*. (2020, January 27). Center on the Developing Child, Harvard University. <https://developingchild.harvard.edu/science/key-concepts/serve-and-return/>

446 Kenyhercz, F., Kósa, K., & Nagy, B. E. (2022). Perinatal, Neonatal, Developmental and Demographic Predictors of Intelligence at 4 Years of Age Among Low Birth Weight Children: A panel study with a 2-year follow-up. *BMC Pediatrics*, 22(1), 88. <https://doi.org/10.1186/s12887-022-03156-x>

447 Temple, J. A., Ou, S.-R., & Reynolds, A. J. (2022). Closing Achievement Gaps Through Preschool-to-Third-Grade Programs. *Frontiers in Education*, 7, 871973. <https://doi.org/10.3389/educ.2022.871973>

448 *Serve and Return*. (2020, January 27). Center on the Developing Child, Harvard University. <https://developingchild.harvard.edu/science/key-concepts/serve-and-return/>

449 Kenyhercz, F., Kósa, K., & Nagy, B. E. (2022). Perinatal, Neonatal, Developmental and Demographic Predictors of Intelligence at 4 Years of Age Among Low Birth Weight Children: A panel study with a 2-year follow-up. *BMC Pediatrics*, 22(1), 88. <https://doi.org/10.1186/s12887-022-03156-x>

450 Reynolds, A. J., Ou, S.-R., Mondri, C. F., & Giovanelli, A. (2019). Reducing Poverty and Inequality Through Preschool-to-third-grade Prevention Services. *American Psychologist*, 74(6), 653–672. <https://doi.org/10.1037/amp0000537>

451 Executive Office of the President of the United States. (2015). *The Economics of Early Childhood Investments*. https://obamawhitehouse.archives.gov/sites/default/files/docs/early_childhood_report_update_final_non-embargo.pdf

that creates upward mobility by ensuring all children have the opportunity to build foundations for long-term success in life.⁴⁵²

Utah's Early Childhood Workforce

The quality of EC programs is, in large part, determined by the quality of the EC workforce. Nationally, 94% of EC educators are women, and disproportionately women of color.^{453, 454} Unfortunately, Utah-specific data about the EC workforce did not exist at the time of this writing.⁴⁵⁵ National data shows underserved populations are overrepresented in the EC field with low pay and benefits, which exacerbates already poor outcomes for these groups in the broader society.^{456, 457}

Stress and Health Issues in the Early Childhood Workforce

The EC workforce is tasked with promoting early physical, social, cognitive, language, and literacy development. Research has shown that children who are taught by educators who feel valued and supported in their role have better learning outcomes, including language development.^{458, 459} Often, the EC workforce does not receive the support and resources they need to provide meaningful education to young children.

Unfortunately, EC staff across the US report higher levels of depression, perceived stress, and workload compared to the overall national workforce. Poor mental well-being and chronic diseases such as asthma, hypertension, and migraines also affect EC educators at higher than average rates.⁴⁶⁰ In addition, 25–30% of the EC workforce lacks health insurance, which can lead to further financial difficulties when medical costs or emergencies arise.^{461, 462} These issues can further dissuade people from entering the profession, leading to a weaker overall workforce.⁴⁶³

EC staff often reported less access to key job resources that contribute to overall job satisfaction such as role clarity, respect, and positive management relationships. Nationally, only 49% of EC staff

452 Garcia, J. L., Bennhoff, F. H., Leaf, D. E., Heckman, J. J. (2021, June 30). *The Dynastic Benefits of Early Childhood Education*. Becker Friedman Institute for Economics at UChicago. https://bfi.uchicago.edu/wp-content/uploads/2021/06/BFI_WP_2021-77.pdf

453 US Bureau of Labor Statistics. (2022). *Employed persons by detailed occupation, sex, race, and Hispanic or Latino ethnicity*. US Bureau of Labor Statistics. <https://www.bls.gov/cps/cpsaat11.htm>

454 US Department of the Treasury. (2021). *The Economics of Child Care Supply in the United States*. <https://home.treasury.gov/system/files/136/The-Economics-of-Childcare-Supply-09-14-final.pdf>

455 Data was published shortly after this writing about the Utah EC workforce. For more information, see: Utah Department of Workforce Services. *Unveiling the Landscape of Utah's Child Care Workforce: Working conditions, wages, and motivations from the child care workforce bonus program survey*. <https://jobs.utah.gov/occ/23bonussurvey.pdf>

456 US Bureau of Labor Statistics. (2022). *Employed persons by detailed occupation, sex, race, and Hispanic or Latino ethnicity*. US Bureau of Labor Statistics. <https://www.bls.gov/cps/cpsaat11.htm>

457 US Department of the Treasury. (2021). *The Economics of Child Care Supply in the United States*. <https://home.treasury.gov/system/files/136/The-Economics-of-Childcare-Supply-09-14-final.pdf>

458 Bendini, M., & Devercelli, A. E. (2022). *Quality Early Learning: Nurturing Children's Potential*. Washington, DC: World Bank. <https://doi.org/10.1596/978-1-4648-1795-3>

459 Austin, L. J. E. (2018, July 11). *Supporting the Infant-Toddler Workforce—Center for the Study of Child Care Employment*. <https://cscce.berkeley.edu/blog/supporting-the-infant-toddler-workforce/>

460 Otten, J. J., Bradford, V. A., Stover, B., Hill, H. D., Osborne, C., Getts, K., & Seixas, N. (2019). *The Culture Of Health In Early Care And Education: Workers' Wages, Health, And Job Characteristics*. *Health Affairs (Project Hope)*, 38(5), 709–720. <https://doi.org/10.1377/hlthaff.2018.05493>

461 Tovar, A., Vaughn, A. E., Grummon, A., Burney, R., Erinosh, T., Østbye, T. & Ward, D. S. (2017). Family Child Care Home Providers as Role Models for Children: Cause for concern? *Preventive Medicine Reports*, Volume 5, Pages 308-313, ISSN 2211-3355, <https://doi.org/10.1016/j.pmedr.2016.11.010>.

462 Linnan, L., Arandia, G., Bateman, L. A., Vaughn, A., Smith, N., & Ward, D. (2017). The Health and Working Conditions of Women Employed in Child Care. *International journal of environmental research and public health*, 14(3), 283. <https://doi.org/10.3390/ijerph14030283>

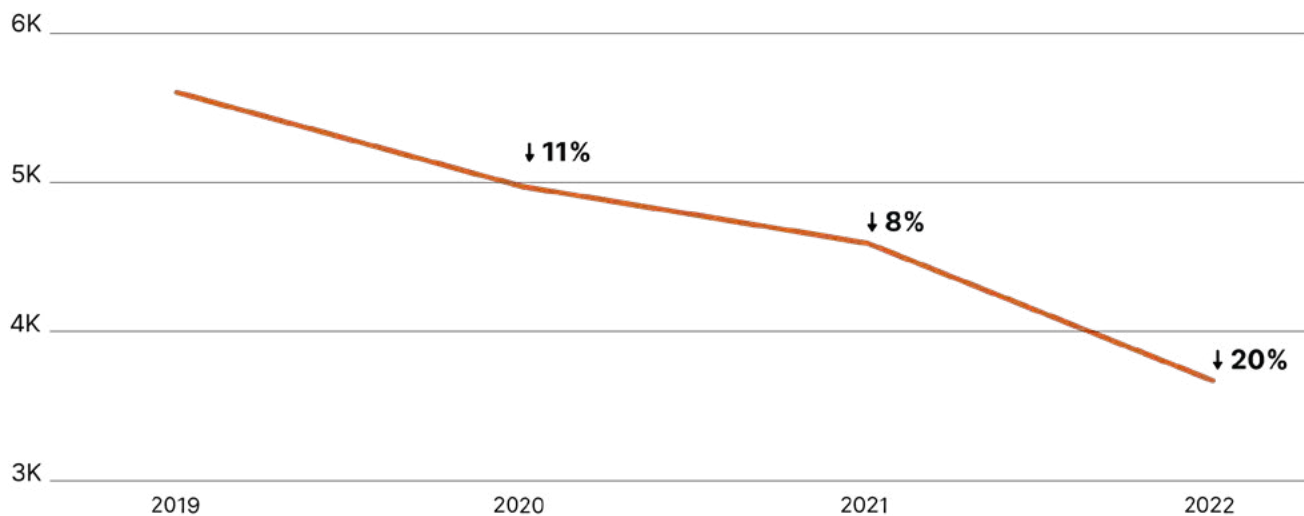
463 Farewell, C. V., Quinlan, J., Melnick, E., Powers, J., & Puma, J. (2022). Job Demands and Resources Experienced by the Early Childhood Education Workforce Serving High-Need Populations. *Early Childhood Education Journal*, 50(2), 197–206. <https://doi.org/10.1007/s10643-020-01143-4>

reported being very satisfied with their work.⁴⁶⁴ These factors, highlighted during the COVID-19 crisis, have led to a shortage of EC educators nationally and across the state.

Early Childhood Labor Shortages and the Impact on Child Care in Utah

During COVID-19, national employment in EC fell dramatically. From January to April 2020, the total number of EC educators dropped from 1.1M to 600K, a 47% reduction compared to 15% in all occupations over the same period. In January 2021, EC employment was still 21% lower than January 2020, compared to five percent for all occupations.⁴⁶⁵ In Utah in 2022, there were 3,670 EC educators in the state, ranking it in the bottom quartile nationally, adjusting for population. The total number of EC educators in Utah decreased 35% from 2019 to 2022 (see Figure 41).⁴⁶⁶

Figure 41. Percent Change in Total Childhood Educators, 2019-2022



Source: US Bureau of Labor Statistics. (2022). *Childcare Workers*. US Bureau of Labor Statistics. [https://www.bls.gov/oes/current/oes399011.htm#\(1\)](https://www.bls.gov/oes/current/oes399011.htm#(1))

Demand for EC educators is growing at a time when the supply of people entering the field is falling due to low pay and benefits, high stress, and negative workplace experiences. In Utah in 2019, there were 98,750 children whose families needed child care but could not reasonably access it; this represents a child care gap of 64%.⁴⁶⁷ This supply and demand imbalance in EC educators is likely to continue without a significant change to draw more people into this field and retain them in the profession.⁴⁶⁸

464 Farewell, C. V., Quinlan, J., Melnick, E., Powers, J., & Puma, J. (2022). Job Demands and Resources Experienced by the Early Childhood Education Workforce Serving High-Need Populations. *Early Childhood Education Journal*, 50(2), 197–206. <https://doi.org/10.1007/s10643-020-01143-4>

465 Boesch, T., Lim, K., & Nunn, R. (2021, April 14). *COVID-19's disruptions disproportionately hit child care workers* | Federal Reserve Bank of Minneapolis. <https://www.minneapolisfed.org/article/2021/covid-19s-disruptions-disproportionately-hit-child-care-workers>

466 US Bureau of Labor Statistics. (2022). *Childcare Workers*. US Bureau of Labor Statistics. [https://www.bls.gov/oes/current/oes399011.htm#\(1\)](https://www.bls.gov/oes/current/oes399011.htm#(1))

467 Bipartisan Policy Center. (2019). *The Supply of, Potential Need for, and Economic Impact of the Gaps in Child Care in Utah in 2019*. <https://childcaregap.org/assets/onePagers/Utah.pdf>

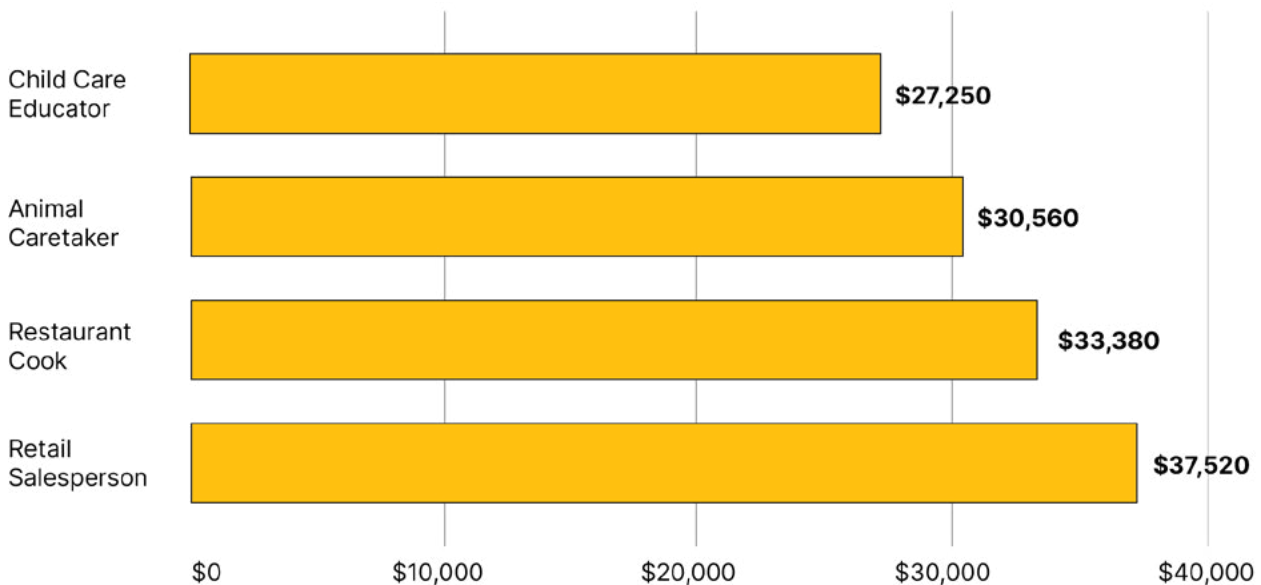
468 US Bureau of Labor Statistics. (2022, October 4). *Preschool teachers : Occupational outlook handbook*. US Bureau of Labor Statistics. <https://www.bls.gov/ooh/education-training-and-library/preschool-teachers.htm>

Compensation and Benefits

A bachelor's degree in EC education has the lowest projected lifetime earnings of any college major, which discourages talented people who care about young children from joining the profession, contributing to the shortage of high-quality early educators.⁴⁶⁹

In 2022, the national median hourly wage for EC educators was \$14.22 per hour. In Utah, the median hourly wage for child care workers was \$13.10 per hour, which translates to a full-time EC worker earning \$27,250 annually. That is \$51K less annually than Utah's median household income.^{470, 471} In 2022, Utah child care educators made less than animal caretakers and retail workers (see Figure 42).⁴⁷² The poverty rate for early educators in Utah is 23%, compared to nine percent for all Utah workers.⁴⁷³ Poverty, due to low wages, often results in these workers needing to access public benefits to support themselves and their families. Nationally, 53% of EC educators used public assistance and 31% reported experiencing food insecurity.^{474, 475}

Figure 42. Utah Child Care Provider Salaries Compared to Other Occupations, 2022



Source: US Bureau of Labor and Statistics. (2022). *State Occupational Employment and Wage Estimates: Utah*. https://www.bls.gov/oes/current/oes_ut.htm#00-0000

469 Broady, K., & Hershbein, B. (2020). *Major Decisions: What Graduates Earn Over Their Lifetimes*. The Hamilton Project. <https://www.hamiltonproject.org/publication/post/major-decisions-what-graduates-earn-over-their-lifetimes/>

470 US Bureau of Labor Statistics. (2022). *Childcare workers*. US Bureau of Labor Statistics. [https://www.bls.gov/oes/current/oes399011.htm#\(1\)](https://www.bls.gov/oes/current/oes399011.htm#(1))

471 US Census Bureau QuickFacts: Utah. (2021). <https://www.census.gov/quickfacts/fact/table/UT/INC110221#INC110221>

472 US Bureau of Labor and Statistics. (2022). *State Occupational Employment and Wage Estimates: Utah*. https://www.bls.gov/oes/current/oes_ut.htm#00-0000.

473 Gould, E., Whitebook, M., Mokhiber, Z., & Austin, L. (2020). *Financing Early Educator Quality: A ValuesBased Budget for Every State*. A series of state-by-state reports produced by the Economic Policy Institute and University of California Berkeley's Center for the Study of Child Care Employment. <https://cscce.berkeley.edu/workforce-index-2020/the-early-educator-workforce/early-educator-pay-economic-insecurity-across-the-states/>

474 Whitebook, M., McLean, C., Austin, L.J.E., & Edwards, B. (2018). *Early Childhood Workforce Index – 2018*. Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley. <http://cscce.berkeley.edu/topic/early-childhood-workforce-index/2018/>

475 Dynia, J. M., Koury, A. J., Bates, R. A., & Page McGinnis, C. (2021). *Food insecurity in a nationally representative sample of child care workers [White paper]*. The Center for Early Childhood Innovation at South Side Early Learning. <https://drive.google.com/file/d/1TUlsKYpJFkftAnuUXykfje67ThldaPEK/view>

Although wages and benefits are an issue for many EC educators, some types of EC educators receive lower wages and benefits than others. Educators who work with children from birth through four are paid less than those who work with children just one year older (see Table 9). Utah early educators teaching and caring for children from birth through four with a bachelor's degree are paid 29% less than their colleagues with the same qualifications in the K-8 system and experience 8.3 times higher poverty rates.⁴⁷⁶ EC educators who work with children from birth through four do not receive state-funded, paid time to pursue professional development and no state-mandated compensation standard exists. Each EC center determines wages for its employees with no requirements other than they must pay above minimum wage.^{477, 478}

Table 9. Hourly Median Wage by Occupation for Utah, 2020

Occupation	Median Wage
Child care professional	\$10.47
Preschool teacher	\$13.24
Center director	\$17.26
Kindergarten teacher	\$32.01
All US occupations	\$18.23

*Note: This range has fallen 11% since 2017.

Source: University of California, Berkeley. (2020). Early Childhood Workforce Index - Utah. Center for the Study of Childcare Employment. <https://cscce.berkeley.edu/workforce-index-2020/states/utah/>

The EC system has “long relied on educators’ passion for the work to make up for low wages.”⁴⁷⁹ But in the current economy, and after years of COVID-19 stress, workers’ good will is in short supply and competition from nearly every other sector exists, leading to challenges with retention.⁴⁸⁰ Nationally, low compensation among EC educators is a leading cause of high turnover rates in the field of EC.^{481, 482, 483}

Turnover and Retention

Issues with retention in the sector result in poorer learning environments for children and prevent program improvement, making it increasingly difficult to attract high-quality EC educators. Before

476 Gould, E., Whitebook, M., Mokhiber, Z., & Austin, L. (2020). Financing Early Educator Quality: A ValuesBased Budget for Every State. A series of state-by-state reports produced by the Economic Policy Institute and University of California Berkeley’s Center for the Study of Child Care Employment. <https://cscce.berkeley.edu/workforce-index-2020/the-early-educator-workforce/early-educator-pay-economic-insecurity-across-the-states/>

477 The minimum wage in Utah is \$7.25 per hour.

478 Center for the Study of Child Care Employment. (2020). *Early Child Care Workforce Index - State Profile Utah*. <https://cscce.berkeley.edu/workforce-index-2020/states/utah/>

479 Goldstein, D. (2022). Why you can’t find child care: 100,000 workers are missing. *The New York Times*. <https://www.nytimes.com/2022/10/13/us/child-care-worker-shortage.html>

480 Ibid

481 Whitebook, M., McLean, C., Austin, L.J.E., & Edwards, B. (2018). *Early Childhood Workforce Index – 2018*. Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley. <http://cscce.berkeley.edu/topic/early-childhood-workforce-index/2018/>.

482 Examining Teacher Turnover in Early Care and Education. Federal Reserve Bank of Minneapolis. (2021). <https://www.minneapolisfed.org/article/2022/examining-teacher-turnover-in-early-care-and-education>

483 Regional Educational Laboratory Northeast & Islands. (2021). Center- and program-level factors associated with turnover in the early childhood education workforce. <https://files.eric.ed.gov/fulltext/ED611677.pdf>

COVID-19, turnover rates in EC settings were already between seven and 26%.^{484, 485} Since COVID-19, these rates have increased, leading to 80-95% of centers reporting finding staff as a significant challenge.^{486, 487} Across all centers, higher wages are associated with lower levels of turnover.^{488, 489} Among centers with average wages below \$10 per hour, more than 23% of educators leave over the course of a year. Contrastingly, centers who provide wages at or above \$25 per hour have an average educator turnover rate of only 8%.⁴⁹⁰ The only factor that influenced turnover rates was wages.⁴⁹¹

Early Childhood Professional Development - Licensing and Professional Standards in Utah

Producing a high-quality EC system begins with valuing educators. A consistent undervaluation of EC educators has led to a weaker EC workforce nationally and potentially contributed to the EC educator shortage in Utah.⁴⁹² Lack of access to high-quality care and education can impact the educational achievement of Utah's children and the productivity of their families.

Although the EC field generally recognizes the value of educators having specialized training, few early educators nationally participate in formal, specialized education before they start working in the field.^{493, 494, 495} Nationally, 24 states require a minimum of a bachelor's degree for lead preschool teachers across all settings and across all programs. In 2023, Utah required directors to either have 12 college credits of child development related education, a degree and 60 hours of child development related education, or a Child Development Associate (CDA: the nationally transferable foundational credential in EC education), but did not require directors to have a bachelor's degree.⁴⁹⁶

484 Whitebook, M., McLean, C., Austin, L.J.E., & Edwards, B. (2018). *Early Childhood Workforce Index – 2018*. Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley. <http://cscce.berkeley.edu/topic/early-childhood-workforce-index/2018/>

485 Roberts, A., Gallagher K., Sarver S., Daro A. (2018). *Early Childhood Teacher Turnover in Nebraska*. Bufett Early Childhood Institute, December 2018. <https://buffettinstitute.nebraska.edu/-/media/beci/docs/early-childhood-staff-turnover-in-nebraska-brief-final.pdf?la=en>

486 Kim, Y., Montoya, E., Austin, L., Powell, A., & Muruvi, W. (2022). *Early Care and Education Programs During COVID-19: Persistent Inequities and Emerging Challenges*. <https://cscce.berkeley.edu/wp-content/uploads/2022/05/CSCCE-Early-Care-and-Education-Programs-During-COVID-19.pdf>

487 American Center for Progress. (2022). *The Child Care Sector Will Continue To Struggle Hiring Staff Unless It Creates Good Jobs*. <https://www.americanprogress.org/article/the-child-care-sector-will-continue-to-struggle-hiring-staff-unless-it-creates-good-jobs/>

488 Examining Teacher Turnover in Early Care and Education. Federal Reserve Bank of Minneapolis. (2021). <https://www.minneapolisfed.org/article/2022/examining-teacher-turnover-in-early-care-and-education>

489 Regional Educational Laboratory Northeast & Islands. (2021). Center- and program-level factors associated with turnover in the early childhood education workforce. <https://files.eric.ed.gov/fulltext/ED611677.pdf>

490 Examining Teacher Turnover in Early Care and Education. Federal Reserve Bank of Minneapolis. (2021). <https://www.minneapolisfed.org/article/2022/examining-teacher-turnover-in-early-care-and-education>

491 Regional Educational Laboratory Northeast & Islands. (2021). Center- and program-level factors associated with turnover in the early childhood education workforce. <https://files.eric.ed.gov/fulltext/ED611677.pdf>

492 Gould, E., Whitebook, M., Mokhiber, Z., & Austin, L. (2020). *Financing Early Educator Quality: A ValuesBased Budget for Every State*. A series of state-by-state reports produced by the Economic Policy Institute and University of California Berkeley's Center for the Study of Child Care Employment. <https://cscce.berkeley.edu/workforce-index-2020/the-early-educator-workforce/early-educator-pay-economic-insecurity-across-the-states/>

493 Gardner, M., Melnick, H., Meloy, B., & Barajas, J. (2019). *Promising models for preparing a diverse, high-quality early childhood workforce*. Palo Alto, CA: Learning Policy Institute. <https://learningpolicyinstitute.org/product/preparing-diverse-high-quality-early-childhood-workforce-report>

494 O'Reggio, M. (2022, October 19). *Quality 101: Identifying the Core Components of a High-Quality Early Childhood Program*. *Center for American Progress*. <https://www.americanprogress.org/article/quality-101-identifying-the-core-components-of-a-high-quality-early-childhood-program/>

495 Institute of Medicine and National Research Council. 2015. *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/19401>.

496 Email correspondence with Department of Workforce Services, Child Care Licensing, Kimberly Rice, Centers Team Manager. August 9, 2023

Likewise, although all EC educators are required to have at least 2.5 hours of pre-service training, the state did not require either lead teachers or assistant teachers to have a CDA.^{497, 498}

Early Childhood Education Programs and Financial Incentives

EC educators need appropriate, high quality career development opportunities that are flexible and responsive to their needs.⁴⁹⁹ Beginning around 2016, the Utah State Legislature passed several bills and resolutions to establish a foundation for an EC system. As part of these efforts, programs have been created to mitigate turnover rates, support professional development, and offer financial incentives to help people advance in the EC workforce. While these programs are a start, larger issues around salary and benefits have not yet been addressed.

Currently, Utah has some entities and opportunities for professional development, including the Utah Registry for Professional Development (URPD). As a voluntary program, URPD only captures the professional development, educational attainment levels, or career ladder progress of those who choose to participate in the program.⁵⁰⁰

The URPD houses Utah's Career Ladder System (CLS) which provides a method for providers who work at least 20 hours per week in a fully licensed child care program to track professional accomplishments and academic achievement in EC.^{501, 502} The goal of the system is to improve the professionalism and quality of the workforce.⁵⁰³ Utah's CLS provides coursework, a registry to track professional accomplishments and a system of recognition for EC professionals across the state.⁵⁰⁴ The CLS has 12 levels which may be earned by taking approved face-to-face or online classes, earning Continuing Education Units (CEUs), completing a demonstrated competency or earning EC-related college credits and degrees.⁵⁰⁵ URPD also administers a professional incentive program that provides eligible participants with a small financial incentive upon completion of each level on the career ladder, ranging from \$100 for Level 1 and \$2K for Level 12.^{506, 507}

497 Email Correspondence with Department of Workforce Services, Child Care Licensing, Kimberly Rice, Centers Team Manager. August 9, 2023.

498 Center for the Study of Child Care Employment. (2020). *Early Child Care Workforce Index - State Profile Utah*. <https://cscce.berkeley.edu/workforce-index-2020/states/utah/>

499 Bendini, M., & Devercelli, A. E. (2022). *Quality Early Learning: Nurturing Children's Potential*. Washington, DC: World Bank. <https://doi.org/10.1596/978-1-4648-1795-3>

500 Division of Workforce Services. (2023). *Utah Registry for Professional Development*. <https://jobs.utah.gov/occ/urpd/index.html>

501 The DWS-OCC and Utah State University oversee the Utah Registry of Professional Development (URPD) career ladder program.

502 Funding for URPD is provided by the Child Care and Development Fund through the Utah Department of Workforce Services, Office of Child Care and Utah State University, College of Education & Human Services, Department of Human Development and Family Studies.

503 Department of Workforce Services. (n.d.). *Utah's Career Ladder System*. <https://jobs.utah.gov/occ/urpd/careerladder/index.html>

504 Division of Workforce Services. (2022). *Professional Development Opportunities For Utah's Youth and Early Learning Professionals*. <https://jobs.utah.gov/occ/urpd/profdevbrochure.pdf>

505 Ibid

506 Division of Workforce Services. (n.d.). *Utah's Career Ladder System*. <https://jobs.utah.gov/occ/urpd/careerladder/ladder-levels.pdf>

507 Division of Workforce Services. (2023). *Professional Development Incentive*. <https://jobs.utah.gov/occ/urpd/profdevincentive.pdf>

Table 10. Education Program and Financial Incentives for EC Educators

Program	Requirements	Financial Award	Ongoing/ COVID-19
Early Education Payback Program ⁵⁰⁸	Student enrolled in HEI majoring in EC	\$3,500 per semester	COVID-19
College Course Scholarship ⁵⁰⁹	Employed by licensed child care center	\$750 per 'Career Ladder-approved course' for up to 12 credit hours per semester	COVID-19
Conference Registration Scholarship ⁵¹⁰	Attended one eligible conference	\$500 per fiscal year	COVID-19
Professional Development Incentive ⁵¹¹	Achieved professional development milestone	\$250 COVID-19 Relief Bonus	COVID-19
Youth and Early Care Workforce Bonus ^{512, 513}	Continued employment in the field	\$2K	COVID-19
Quorum eLearning Membership ⁵¹⁴ (provides courses, including CDA)	Employed by licensed child care center	Year-long membership	Ongoing
Early EdU Online College Courses ⁵¹⁵	Employed by licensed child care center	Courses for less than \$75	Ongoing
Teacher Education and Compensation Helps (T.E.A.C.H.) scholarship ⁵¹⁶	Employed by licensed child care center	90% tuition reduction	Ongoing

Note: Some of these scholarships were funded through COVID-19 stimulus packages to reimburse EC educators for expenses related to EC credentials and education and have or will expire (see last column "Ongoing/COVID-19" for list of expiring COVID-19 programs).

Source: Division of Workforce Services. (n.d.). *Scholarships and Financial Support*. <https://jobs.utah.gov/occ/urpd/scholarships.html>

While these scholarships provide opportunities for EC educators to receive education and offer small incentives, EC educators who are dealing with the effects of poverty, working a second job, or caring for their own families, may not have the capacity to participate. Without mandatory licensing requirements and a sustainably compensated career path, participation in these programs has been less than anticipated by the Utah DWS-OCC.⁵¹⁷

508 Division of Workforce Services. (n.d.). *Early Education Payback Program*. <https://jobs.utah.gov/occ/urpd/scholarshipappguide.pdf>

509 Division of Workforce Services. (n.d.). *College Course Scholarships*. <https://jobs.utah.gov/occ/urpd/careerladdercollege.pdf>

510 Division of Workforce Services. (n.d.). *Early Childhood Conference Registration Scholarship*. <https://jobs.utah.gov/occ/urpd/earlyconreg.pdf>

511 Division of Workforce Services. (n.d.). *Professional Development Incentive*. <https://jobs.utah.gov/occ/urpd/profdevincentive.pdf>

512 Funded by the federal government, and dispensed by the Utah DWS-OCC.

513 Voices for Utah Children. (2023). *How Much Will Each Utah County Soon Lose in Child Care Funding?* <https://utahchildren.org/newsroom/speaking-of-kids-blog/item/1185-child-care-county-funding>

514 Division of Workforce Services. (n.d.). *Scholarships and Financial Support*. <https://jobs.utah.gov/occ/urpd/scholarships.html>

515 Division of Workforce Services. (n.d.). *Higher Education Opportunities*. <https://jobs.utah.gov/occ/urpd/highered.html>

516 Utah Association for the Education of Young Children. (n.d.). *What is the T.E.A.C.H. Early Childhood Utah Scholarship?* <https://uaeyc.org/t-e-a-c-h>

517 Interview with Division of Workforce Services, Office of Child Care, Rebecca Banner, Director and Heather Thomas, Assistant Division Director. July 10, 2023.

Paths to Strengthening the Early Childhood Workforce

Some initiatives to strengthen the EC workforce have proven effective and could act as a model to follow. In 2019, New York City, through extensive campaign mobilization from EC providers and members of the city council, established agreements to fund starting salary parity for all certified teachers in community-based EC settings and to provide raises for all other staff by 2021, increasing pay for certified teachers by 30-40%.⁵¹⁸ Due to disruptions and delays from COVID-19, it is still too early to see quantifiable impacts from this change, but it could provide a blueprint to successfully producing a strong EC workforce for the rest of the country.

Transitions

Key Takeaways

- Healthy transitions necessitate collaboration between families and educators, as well as between the “sending” school/care center and “receiving” school side of the transition.
- Unique strategies are needed to improve transitions for underserved child populations, such as those with MBDDs, who are English Language Learners (ELLs), and those living in poverty, or in rural areas.
- Participants in 2023 community engagement sessions cited a need for more translation services for families whose primary language is not English.

Transitions are any change in events and experiences that occur when a child moves from a well-known setting to one with new roles and expectations, including moves from daycare to kindergarten or moving up to a new grade. Such changes can be challenging for children, and research has shown that supportive transition strategies and procedures have been linked to higher academic achievement, stronger behavioral competence, and fewer behavioral issues in children.^{519, 520} Schools that implement more transition strategies have also shown higher achievement scores on end-of-year assessments at the kindergarten level.^{521, 522}

Transitions for Vulnerable Child Populations

Transitions challenge all children, but such changes can be especially difficult for some groups including children living in rural areas, children living in poverty and/or experiencing housing insecurity, ELLs, and children who have disabilities and/or special needs.⁵²³ Since transitions differ for each of these groups, it is important that systems involved in transitions develop strategies specific to unique needs associated with each group.

518 Parrott, J.A. (2020). *The Road to and from Salary Parity in New York City: Nonprofits and Collective Bargaining in Early Childhood Education*. New York, NY: Center for New York City Affairs, The New School. https://static1.squarespace.com/static/53ee4f0be4b015b9c3690d84/t/5e222c2ab457e7527ddc6450/1579297836053/SalaryParity_Parrott_Jan2020_Jan17.pdf

519 Supporting School Transitions for Young Learners: Considerations in the Era of COVID-19 and Beyond. (2021, April). Institute of Education Sciences (IES). https://ies.ed.gov/ncee/edlabs/regions/midatlantic/app/Docs/Infographics/REL_MA_ET_FactSheet_052021_508.pdf

520 Annarilla Ahtola, Gintautas Silinskas, Pirjo-Liisa Poikonen, Marita Kontoniemi, Pekka Niemi, Jari-Erik Nurmi, *Transition to Formal Schooling: Do Transition Practices Matter for Academic Performance?* Early Childhood Research Quarterly, Volume 26, Issue 3, 2011, Pages 295-302, ISSN 0885-2006, <https://doi.org/10.1016/j.ecresq.2010.12.002>.

521 Schulting, A. B., Malone, P. S., & Dodge, K. A. (2005). The Effect of School-based Kindergarten Transition Policies and Practices on Child Academic Outcomes. *Developmental psychology*, 41(6), 860.

522 This section will focus on the childhood transition of moving from preschool to kindergarten; however, many themes evident in this transition are relevant to other key grade-level transitions as well.

523 Interview communication with directors and specialists at DHHS and USBE.

Transitions in Rural Areas

Children living in rural areas face unique challenges such as scarcity of services, distance and/or transportation issues, housing insecurity or homelessness, and health care complications. Families in rural areas often had limited accessibility to EC mental health services and behavioral screening and may face difficulty finding practitioners who accept Medicaid.⁵²⁴ This could result in delayed diagnoses; accurate diagnoses can be critical in helping everyone involved in the child's care make appropriate plans and decisions to navigate significant transitions. An Aneth⁵²⁵ resident commented that, "Everything we need is [at least] 45 minutes away."⁵²⁶ In addition to daily outings requiring great distances of travel, some Aneth community members lack access to transportation.⁵²⁷ Some of Utah's rural areas had housing shortages and high rates of homelessness,^{528, 529} which could add to a child's stress during transitions. As Utah's rural counties have unique challenges, cultures, and needs, programming needs to be responsive to local conditions.

Transitions for Children Experiencing Poverty and/or Housing Insecurity

Since children experiencing poverty are more likely to begin preschool with emotional and behavioral challenges, additional support may be necessary as they transition to kindergarten.⁵³⁰ Nationally, schools in high-poverty districts implemented fewer transition supports, although these children have been shown to benefit most from such supports.⁵³¹ In Utah, HS programs offered education and family services to ease the transition to kindergarten, but they only served a fraction of eligible children statewide. USBE had funding through the McKinney-Vento Act to help students experiencing homelessness, but each district developed its own approach. Some districts hired social workers to help the families of students experiencing homelessness, while others offered less active help, such as referrals to other state services.⁵³² This illustrates the lack of centralized transition coordination in Utah; with each district making its own decisions, there is no guarantee that best practices will be implemented universally and children will receive the support they need.

English Language Learners

ELLs face many challenges in the classroom, as they acquire a new language in addition to learning grade-level content. A major transition for ELL students is the transition from ESL classes to English-only instruction. Utah established supports, such as implementing the English Language Acquisition (ELA) program, to guide both students and educators through this process.⁵³³ The number of ELL students in Utah increased dramatically since 2014 (see Figure 43). If the ELL population continues to grow, access to tailored academic support and services should continue to be a focus. These increased supports are also necessary for parents, as schools often fail to communicate with parents who do not speak English, which is especially a concern during transitions from one grade to the next or one school to another. The USBE has made efforts to create resources that are more accessible

524 Interview with Keri Allred, Executive Director, Rural Utah Child Development. August 1, 2023.

525 Aneth is a census-designated place in San Juan County.

526 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

527 Ibid

528 Rural homelessness more often involves families living with relatives or "couch surfing" (rather than staying in shelters or sleeping rough), and so is sometimes not recognized by local governments or addressed. Source: Interview with Tricia Davis. Office of Homeless Services, Department of Workforce Services. July 31, 2023.

529 Interview with Keri Allred, Executive Director, Rural Utah Child Development. August 1, 2023.

530 Donaldson, C., Moore, G. & Hawkins, J. A Systematic Review of School Transition Interventions to Improve Mental Health and Wellbeing Outcomes in Children and Young People. *School Mental Health* 15, 19–35 (2023). <https://doi.org/10.1007/s12310-022-09539-w>

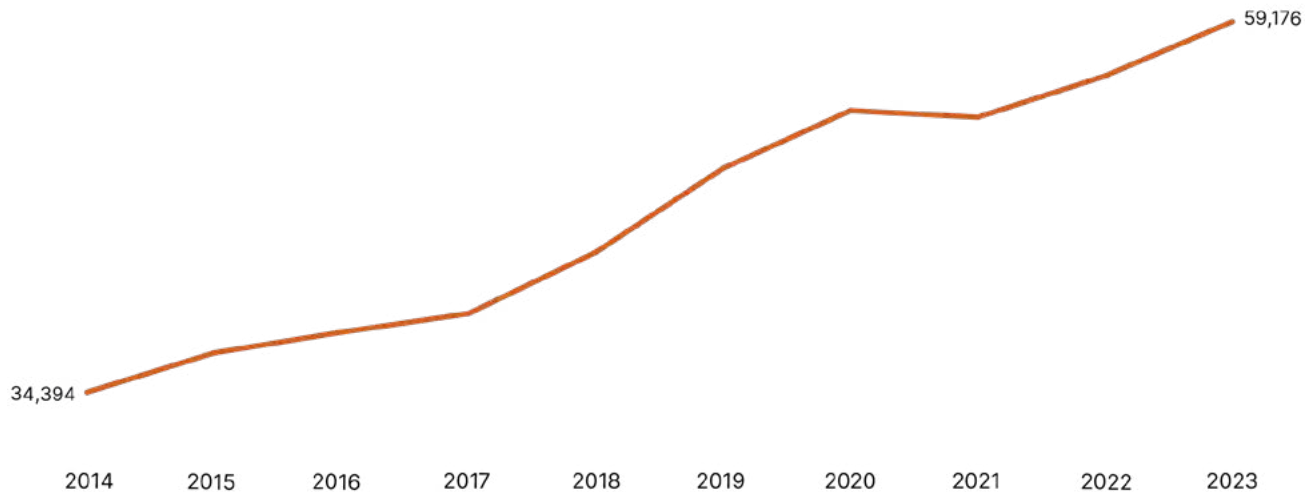
531 Cooper, C. E., & Crosnoe, R. (2007). The Engagement in Schooling of Economically Disadvantaged Parents 5 and Children. *Youth & Society*, 38, 372–291. DOI: 10.1177/0044118X06289999

532 Interview with Christine Elegante, Education Specialist, Kindergarten to 3rd Grade Literacy. Utah State Board of Education. June 20, 2023.

533 Ibid

to Spanish-speaking families. For example, the “Kindergarten Here We Come!” brochure is available in both English and Spanish; however parents expressed that finding and navigating such online resources is a challenge.⁵³⁴ Additionally, USBE can improve their parent engagement efforts by making such resources available in more languages.

Figure 43. Total ELL Students in Utah, 2014-2023



Source: Utah State Board of Education. Fall Enrollment by Grade Level and Demographics, October 1, School Year 2022-2023. <https://www.schools.utah.gov/data/reports?mid=1424&tid=4>

Transitions for Children with Mental, Behavioral, or Developmental Disorders

“For children with disabilities and their caregivers, the transition to kindergarten can be especially difficult due to changes in environment, supports, and services that occur as part of the transition.”⁵³⁵

Children with MBDDs face unique obstacles that can heighten transition challenges including behavioral or emotional difficulties adjusting to new or unpredictable environments, such as a new classroom.⁵³⁶ Parents and educators expressed that this can be especially challenging for students with Individualized Education Plans (IEPs), who “adjust to constant change and minimal stability” as they miss their attachment to their IEP teachers. Families with IEPs face many logistical challenges during transitions as well. Getting tested for and creating an IEP is already a difficult process, and ensuring the plan transfers between school years and districts is an even more trying process. In some instances, Centro de la Familia helped foster this transition more seamlessly for families.⁵³⁷

534 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

535 Sands, M. M., & Hedda, M. (2021). A Successful Kindergarten Transition for Children with Disabilities: Collaboration Throughout the Process. *Early Childhood Education Journal*, <https://doi.org/10.1007/s10643-021-01246-6>

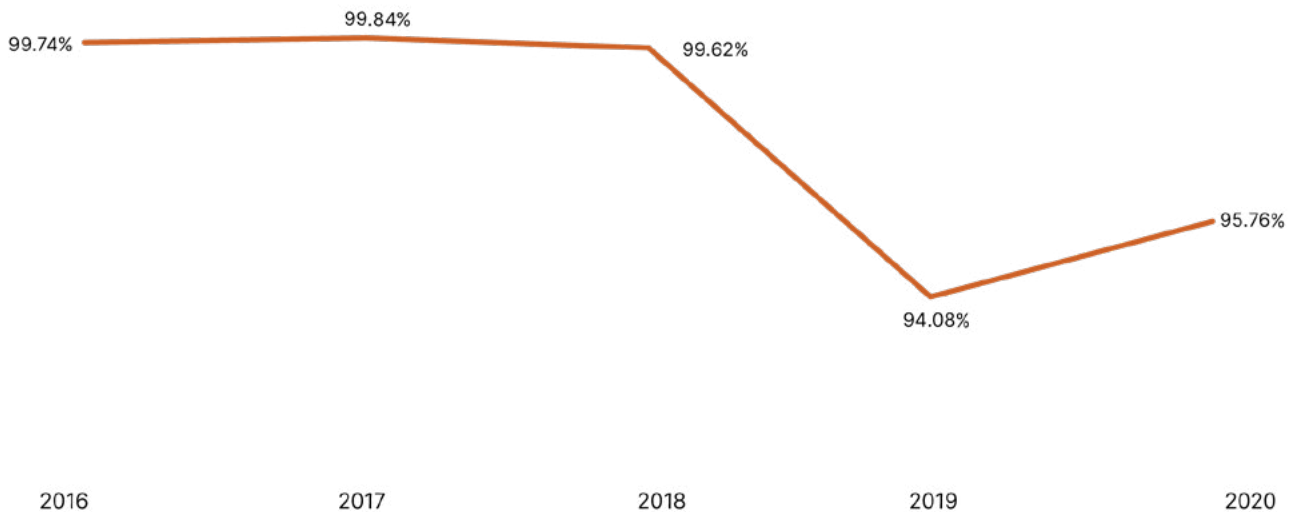
536 Jellinek, E. R., Keller-Margulis, M. A., Mire, S. S., & Fan, W. (2022). Pre-service Teachers’ Perspectives on Transition to Kindergarten Practices for Autistic Children. *Early Childhood Education Journal*, 51(7), 1205–1214. <https://doi.org/10.1007/s10643-022-01367-6>

537 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

Families of children who have disabilities also face the challenge of transitioning from Early Intervention services (provided through the Individuals with Disabilities Education Act (IDEA) Part C) to Special Education services (under IDEA Part B), which happens at age three and involves a significant shift in services and providers. Utah has developed a number of resources and strategies to facilitate this transition. Utah's IDEA Parts C and B utilize shared platforms to collect data with parent consent, which allows local education agencies to access pertinent information about children moving from Part C services to Part B services.⁵³⁸ Part B also coordinates monthly meetings with parents leading up to the transition into Special Education services.⁵³⁹ The Utah Parent Center (UPC) offered online training videos and handbooks to guide families of children with disabilities through the transitions from Early Intervention to preschool, preschool to kindergarten, and elementary school to junior high.⁵⁴⁰ Despite this focus, the percentage of children referred by Early Intervention to Special Education before age three fell significantly during COVID-19 (see Figure 44).

Figure 44. Timeliness of Transitions from Part C to Part B Services, 2016-2020

Percent of children referred to Special Education (IDEA Part B) by Part C prior to age three, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthday.



Utah was among 42 states reporting percentages between 90 and 100% on this indicator.⁵⁴¹

Source: Voorhies, L. (2023, April 26). State Performance Plan/ Annual Performance Report: Part B. US Department of Education.

“Successfully supporting children with disabilities as they transition is an ongoing process that requires collaboration and support.”⁵⁴²

538 Interview with Leah Voorhies, State Director of Special Education, and Teresa Judd, Preschool Specialist. Utah State Board of Education. July 7, 2023.

539 Ibid

540 Utah Parent Center. (2023). *Transition Planning: Birth through Adulthood*. <https://utahparentcenter.org/transition-planning/>

541 2020 was the most recent year for which data was available at the time this report was written. Source: *44th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2022*. (2023, April). US Department of Education. <https://sites.ed.gov/idea/files/44th-arc-for-idea.pdf>

542 Sands, M.M., Meadan, H. A Successful Kindergarten Transition for Children with Disabilities: Collaboration Throughout the Process. *Early Childhood Educ J* 50, 1133–1141 (2022). <https://doi.org/10.1007/s10643-021-01246-6>

Effect of COVID-19 on Transitions

COVID-19 complicated transitions to kindergarten by causing delays in critical activities, shifting state priorities, increasing staffing turnover/shortages, and forcing an adaptation to virtual environments. It further limited educators' capacity to collaborate through workgroups, advisory councils, and meetings across grade levels to coordinate smooth transitions.⁵⁴³ Upon returning to the classrooms after COVID-19, many students struggled with heightened emotions and behavioral issues, especially when undergoing the changes associated with transitioning to a new grade level. In some cases, stress for educators and students during transitions was exacerbated by attempts to make up for lost time in the classroom by teaching curriculum more quickly.⁵⁴⁴

Despite these challenges, several innovations were developed during COVID-19 that improved transitions. Avoiding in-person parent meetings during lockdown led to the creation of more online resources for parents, and a significant amount of paperwork was transferred to a digital format which made transition paperwork more streamlined and efficient.⁵⁴⁵

Transition Partnerships

Strong leadership and collaboration between the sending and receiving sides of transitions creates the best outcomes and involves sending information home about kindergarten, hosting live information sessions for parents, and conducting bidirectional student and teacher visits prior to starting kindergarten.^{546, 547, 548} In 2023, the School Readiness Grant Initiative Act worked to improve kindergarten readiness and academic performance through training resources, reporting systems, standards benchmarking, and funding seats for economically marginalized and ELL students in high quality preschool programs.^{549, 550, 551, 552} Though Utah has worked to address several components of successful transitions, further steps would be required to have consistent and coordinated transitions across the state.

Training Resources

Utah has two training resources, "Kindergarten, Here We Come!" and The Kindergarten Transition Toolkit. "Kindergarten, Here We Come!" is a guide written for families with information on skills children should learn prior to entering kindergarten.⁵⁵³ The Kindergarten Transition Toolkit provides information to educators and administrators to facilitate preschool to kindergarten transitions. These resources and others are distributed at in-person transition information sessions geared toward teachers and parents.⁵⁵⁴

543 McCarthy, L. & Morrison, H. (2021). Adaptations to COVID-19. How PDG B-5 grant recipients adapted their transition activities. SRI International.

544 Interview with Jared Lisonbee and Chelsea Oaks, USBE Preschool Coordinators. Utah State Board of Education. June 27, 2023.

545 McCarthy, L. & Morrison, H. (2021). Adaptations to COVID-19. How PDG B-5 grant recipients adapted their transition activities. SRI International.

546 Bidirectional student and teacher visits entail kindergarten teachers visiting preschool environments and preschool children visiting kindergarten classrooms and teachers.

547 Mashburn, A. J., LoCasale-Crouch, J., & Pears, K. C. (2018). Kindergarten Transition and Readiness. *Cham: Springer International Publishing*. <https://doi.org/10.1007/978-3-319-90200-5>

548 Kauerz, ED.D, K., & Schaper, PH.D, A. (2021, June). *Transition to Kindergarten: Findings From Recent Research*. National P-3 Center. https://nationalp-3center.org/wp-content/uploads/2021/06/Transition-to-K_Recent-Research_2021.pdf

549 Created by USBE, Utah Office of Childcare, and the Utah Head Start Association Source: Department of Workforce Services, Child Care. (2023). *School Readiness Grant Initiative Act*. <https://jobs.utah.gov/occ/provider/schoolready.html>

550 Department of Workforce Services, Office of Child Care. (2022). *Child Care and Development Fund (CCDF) Plan For Utah FFY 2022-2024*. <https://jobs.utah.gov/occ/ccdfplan.pdf>

551 Utah State Board of Education. (2022). *Utah Core State Standards For Early Learning For Ages 3 To 5*. <https://www.schools.utah.gov/file/2f5c23cd-43cc-4ab1-b5d7-ef1f918362e9>

552 See "Early Learning" section for more information.

553 This resource is also available in Spanish (KÍNDER, ¡Allí Vamos!) Source: Department of Workforce Services, Child Care. (2023). *School Readiness Grant Initiative Act*. <https://jobs.utah.gov/occ/provider/schoolready.html>

554 Department of Workforce Services, Child Care. (2023). *School Readiness Grant Initiative Act*. <https://jobs.utah.gov/occ/provider/schoolready.html>

Transition Reporting Systems

Reporting systems are tools that enable an organization to track, measure, manage and communicate performance and progress in relation to a goal. In 2021, the Early Childhood Consolidation Workgroup (ECCW) was formed. Co-chaired by members of DWS and DHHS, the workgroup reviewed EC governance with the aim of providing better service access for parents.⁵⁵⁵ The workgroup built off existing reporting systems and standards and focused on alignment, measurement, and coordination.^{556, 557, 558, 559, 560, 561} During the six months the workgroup was in place, the ECCW explored ways to bolster reporting and communication efforts.

Utah's Pre-Kindergarten Entry and Exit Profile (PEEP) and Kindergarten Entry and Exit Profile (KEEP), overseen by the USBE, are additional transition reporting systems within the state. These systems assess children's school readiness before and during the transition from preschool to kindergarten,^{562, 563} allowing administrators and teachers to plan content more strategically. While PEEP and KEEP provide an important snapshot of transition related pre-kindergarten and kindergarten student performance, it is unclear how local education agencies (LEAs) used the information to support and improve transitions.

Transitions within Utah's Early Learning Standards

In addition to the consolidation workgroup, the USBE, OCC, and HS formed the Early Learning Standards Collaboration Workgroup. This group was established to focus on consistent and well-supported implementation of UELS across the state through training and communication. Transitions are within the purview of the workgroup and Early Learning Standards. As of 2021, one self-identified barrier to success was inadequate data collection and information sharing, which hampered coordination between the sending and receiving side of transitions.⁵⁶⁴

"Kindergarten builds a strong foundation necessary for success in future grade levels."

Interview with Christine Elegante, USBE Education Specialist - Kindergarten-Grade 3 Literacy. Utah State Board of Education. June 20, 2023.

555 Banner, R., Woolsey, S. (2021, July 15). *Early Childhood Consolidation Workgroup Stakeholder Feedback Session*. <https://www.utah.gov/pmn/files/741997.pdf>

556 Utah early childhood reporting systems and standards: Utah Core Standards (Age 3-5), Utah's Preschool Development Grant Strategic Plan (2019-2020), Informed Decisions' Early Childhood Mental Health in Utah (2020), Utah's Early Childhood and Youth Workforce Registry, PEEP, and KEEP.

557 Utah State Board of Education. (2022). *Utah Core State Standards For Early Learning For Ages 3 To 5*. <https://www.schools.utah.gov/file/2f5c23cd-43cc-4ab1-b5d7-ef1f918362e9>

558 Department of Workforce Services, Child Care. (2023). *Utah Registry for Professional Development*. <https://jobs.utah.gov/occ/urpd/index.html>

559 Ball, S. and Summers, L. (2020) *Early Childhood Mental Health in Utah*. <https://gardner.utah.edu/wp-content/uploads/Child-Ment-Health-Dec2020.pdf>

560 Utah's cross agency EC education data systems: Utah's Early Childhood Integrated Data System (ECIDS), Utah Data Research Center (UDRC), Ages and Stages Questionnaire (ASQ) databases, Utah Registry for Professional Development (URPD), and the Utah State Board of Education (USBE) Data System.

561 Banner, R., & Woolsey, S. (2021, July 15). *Early Childhood Consolidation Workgroup Stakeholder Feedback Session*. <https://www.utah.gov/pmn/files/741997.pdf>

562 Utah State Board of Education (2023). *PEEP School Year 2022-2023*. <https://www.schools.utah.gov/File/ba398f81-ac59-4bb9-83be-678d622b690c>

563 Utah State Board of Education (2023a). *KEEP School Year 2022-2023*. <https://schools.utah.gov/File/cb506e3e-9c04-40d0-9040-998917cd5716>

564 Utah Government (2021). *Early Childhood Utah 2021 Annual Report*. <https://www.utah.gov/pmn/files/744469.pdf>

Lack of Consistency and Cohesion Across the System

In 2023, a report found Utah HS preschool programs needed improved continuity of care, assessment tools, and curricular and professional development alignment for educators supporting pre-kindergarten to kindergarten transitions. To improve transitions, the report cited a need for increased communication and better alignment between preschool programs and those who make decisions within the kindergarten environment (principals, superintendents, and the USBE).⁵⁶⁵ It is likely that transitions from privately-run, home-based and LEA-run preschool/child care programs have a similar lack of coordination, but none of them are currently evaluated on or required to report information on transitions.⁵⁶⁶

In 2023, Utah continued to work toward a more coordinated and integrated preschool-to-third-grade system⁵⁶⁷ to establish a firm foundation for EC transitions. By 2023, USBE had created recommended transition guidelines and preschool curricula to support kindergarten readiness, but both were only guidelines as the USBE's mandate did not extend to the preschool years. Though developed by educational experts, transition recommendations were tools that districts could choose to implement or not.⁵⁶⁸ Similarly, though the USBE and several organizations (including UPC and HS) created and distributed handbooks and informational brochures to guide parents and educators through transitions, LEAs were not required to distribute this information.^{569, 570} This varied implementation around the preschool or kindergarten transition resulted in a patchwork approach to transitions across Utah's LEAs and other preschool and child care programs. Children with MBDDs, ELLs and children experiencing poverty and other traumas were the most likely to be impacted by these less-coordinated transitions.⁵⁷¹

Lack of Parental Involvement

Parent involvement is another critical element of healthy transitions and increased parent involvement in early learning transitions has been linked to children who have higher self-confidence, overall happiness, and higher grades.^{572, 573} Utah parents need clear communication and ways to partner with EC educators and schools to play an effective role in their child's transitions, but are hampered by a number of issues such as:

- The lack of a consistent, statewide transition process, which means parental involvement and engagement in transitions varies by district.
- The lack of a single information hub with links to evidence-based information on transitions for families of young or underserved children.

565 Utah Head Start Collaboration Office (2023). *2023 Needs Assessment*. The Utah Department of Workforce Development. <https://jobs.utah.gov/occ/uhsconeedsassessment.pdf>

566 Interview communication with directors at USBE.

567 Interview with Jared Lisonbee and Chelsea Oaks, USBE Preschool Coordinators. Utah State Board of Education. June 27, 2023.

568 Only preschool and kindergarten programs that received grants from the USBE were required to comply with these standards.

569 Such as the Kindergarten Transition Toolkit Source: Department of Workforce Services, Child Care. (2023). *School Readiness Grant Initiative Act*. <https://jobs.utah.gov/occ/provider/schoolready.html>

570 Interview with Christine Elegante, Education Specialist, Kindergarten to 3rd Grade Literacy. Utah State Board of Education. June 20, 2023.

571 See above subsections on these population groups

572 Family Engagement in Transitions: Transition to Kindergarten. (2013). Early Childhood National Centers. <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/rtp-transition-to-kindergarten.pdf>

573 Barnard, W. M. (2004). Parent involvement in elementary school and educational attainment. *Children and Youth Services Review*, 26(1), 39–62. <https://doi.org/10.1016/j.childyouth.2003.11.002>

Transition Recommendations

As Utah works toward improving transitions, strategies should focus on increased coordination between preschool providers and school districts, as well as stronger collaboration with parents, especially for underserved child populations. Parental engagement, as well as consistency across diverse care and education settings, must be made a central piece of transitions, especially early transitions. When working to align and coordinate systems, parents must be included as key stakeholders in any successful transition system. Several parents of children with special needs in St. George recommended spreading the word about available services through parent mentorship programs and supportive social media groups so that families can get their kids services sooner.⁵⁷⁴ These recommendations are applicable across EC services.

574 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

PROGRAMMATIC ELEMENTS

In Utah's Early Childhood System



Common Acronyms in Section 3

Acronym	Definition
BWEIP	Baby Watch Early Intervention Program
CCDF	Child Care and Development Fund
CNP	Child Nutrition Programs, Utah State Board of Education
DCFS	Division of Child and Family Services
EBT	Electronic Benefit Transfer
HS, EHS	Head Start, Early Head Start
ESAG	Expanded Student Access Grant
FEP	Family Employment Program
HV	Home Visiting
MIECHV	Maternal Infant Early Childhood Home Visiting
NFP	Nurse Family Partnership
OFDK	Optional Full-Day Kindergarten
PAT	Parents as Teachers
RRH	Rapid Re-Housing

For a full list of acronyms, please refer to Appendix A.

Family Support and Safety

Child Care

Key Takeaways

- In 2023, more than half (53%) of Utah families had all parents in the household participating in the workforce. However, the state only had enough child care slots to accommodate 36% of children of working parents who would potentially need out-of-home care.
- During COVID-19 Utah received nearly \$600M in federal funding to protect and expand child care capacity.
- In fall 2023, many were concerned that sunseting pandemic-era funding could result in a reduction of Utah's child care capacity, causing ripple effects for families and the state's economy.

Child care is much more than providing a safe space for children, it includes critical education in their most formative years and influences their developmental trajectory.⁵⁷⁵ Child care availability is a key factor in any state's economy, yet Utah's child care system did not meet the needs of families before or after

575 García, J. L., Bennhoff, F. H., Leaf, D. E., Heckman, J. J. (2021, June 30). *The Dynastic Benefits of Early Childhood Education*. https://bfi.uchicago.edu/wp-content/uploads/2021/06/BFI_WP_2021-77.pdf

COVID-19. Parents who can find safe, affordable child care that meets their needs are able to join the workforce, contribute to household income, pay taxes and generally be part of driving a state's overall economic prosperity. In 2023, more than half (53%) of Utah families with children under six had all parents in the household in the workforce, and thus a potential need for child care.^{576, 577} A 2022 study estimated Utah's child care gap resulted in an annual loss of \$1.36B for the state's economy, including \$258M in lost tax revenue and \$1.1B attributed to absences and turnover linked to inadequate child care services.⁵⁷⁸

In 2020, prior to COVID-19, Utah's child care system had capacity⁵⁷⁹ to serve just 27% of the demand (42K slots for 154K children with all parents in the household working).^{580, 581} During COVID-19 federal funding flowed into Utah, expanding the child care system capacity by 31%. Despite this significant gain, the system still met only 36% of demand in 2023.⁵⁸² There were deep concerns that the end of pandemic-era child care funding might cause a loss of some or all of the state's expanded child care capacity and that rising costs might cause further capacity loss, resulting in a sharp reduction in child care availability across Utah. In 2023, many in Utah referred to this expected loss in child care capacity as a child care "cliff." This section provides an overview of the child care system during and post-pandemic, highlighting issues expected to contribute to the anticipated child care shortage.

Defining Child Care Capacity

Many types of child care and education exist. Defining child care capacity across a state is a difficult and complex issue. Differing perspectives and approaches are not uncommon.

The Utah Department of Workforce Services Office of Child Care included all types of child care including licensed centers; commercial preschool; licensed family care; family, friend, and neighbor care; after school programs; approved and exempt centers; and other exempt programs.

Another group, Voices for Utah Children (VFUC), did not include many of these programs in their capacity calculations citing, "Not all of these programs are able to be used by working families for reliable child care on a regular basis."⁵⁸³ Some of these programs included commercial preschool (defined as four hours or less per day and can be offered as few as two days per week); friend, family, and neighbor care; out-of-school or after-hours programs; drop-in care for fitness/health club members; and hourly care that can be used only on a short-term or emergency basis.

576 Voices for Utah Children considers children in need of child care when they are younger than six years old and have all available parents in the workforce. Source: Thomas, A., & Williams, J. (2023, October 23). *Mapping Care for Kids: A county-level look at Utah's crisis in licensed child care*. <https://utahchildren.org/newsroom/speaking-of-kids-blog/item/1216-utahchildcareaccess>

577 The percent of Utah families with all parents in the workforce has been consistently above 52% since 2012. Annie E. Casey Foundation. (2022) Children Under Six With All Available Parents in the Labor Force in the United States. <https://datacenter.aecf.org/data/tables/5057-children-under-age-6-with-all-available-parents-in-the-labor-force?loc=1&loct=2#detailed/2/2-53/false/1095,2048,1729,37,871,870,573,869,36,868/any/11472,11473>

578 US Chamber of Commerce Foundation (2022) *Untapped Potential in Utah: How childcare impacts Utah's workforce productivity and the state economy*. https://uw.org/wp-content/uploads/UntappedPotential_UTAH_011223_DIGITAL.pdf.

579 See "Defining Child Care Capacity" subsection for differences in perspective on this issue.

580 Thomas, A., & Williams, J. (2023, October 23). *Mapping Care for Kids: A county-level look at Utah's crisis in licensed child care*. <https://utahchildren.org/newsroom/speaking-of-kids-blog/item/1216-utahchildcareaccess>

581 In November 2023, Utah DHHS reported a total capacity of 112,619 slots across all types of child care. Source: Utah Department of Health and Human Services. (2023, November). *Total Facilities and Capacity Report*. <https://childcarelicensing.utah.gov/wp-content/uploads/Total-Facilities-and-Capacity-Report.pdf>

582 Thomas, A., & Williams, J. (2023, October 23). *Mapping Care for Kids: A county-level look at Utah's crisis in licensed child care*. <https://utahchildren.org/newsroom/speaking-of-kids-blog/item/1216-utahchildcareaccess>

583 Ibid

This report presents capacity estimates from both DWS-OCC and VFUC, but will use VFUC estimates in calculating the child care shortfall. We recognize that there are many types of child care, and that families may utilize multiple child care formats to piece together child care that works for them. However, we also recognize that quality child care, backed by solid child development science, has a deep and lasting impact on children. We also feel that some types of child care, such as drop-in care at fitness centers, is not an option many parents could or would want to rely on. We feel that working parents need reliable care and children do best in care situations where they can build stable relationships with carers.

Regardless of how capacity is measured, Utah has a shortage (see Table 11) between the number of children with all parents in the household in the workforce and the amount of available child care. This meant that while Utah had an existing child care shortage, other factors had the potential to further decrease capacity (end of COVID-19 funding, rising costs, workforce issues, etc.).

Table 11. Capacity Comparison Utah DWS-OCC and VFUC, 2023

Type of Child Care/Education Facility	DWS-OCC	VFUC
Licensed Center	✓	✓
Licensed Hourly Center	✓	x
Licensed Out of School Time Program	✓	x
Commercial Preschool	✓	x
Licensed Family	✓	✓
Residential Certificate	✓	✓
Family Friend and Neighbor	✓	x
DWS Approved, Exempt Center	✓	x
DWS Approved License Exempt After School Program	✓	x
Other License Exempt Programs	✓	x
Total Capacity Estimate	112,619	54,804
Percent of Child Care Need Not Met	27%	64%

Children under six years potentially in need of care = 154,229

Source for DWS-OCC data: Utah Department of Health and Human Services. (2023, November). *Total Facilities and Capacity Report*. <https://childcarelicensing.utah.gov/wp-content/uploads/Total-Facilities-and-Capacity-Report.pdf>

Source for Voices for Utah Children data: Thomas, A., & Williams, J. (2023, October 23). *Mapping Care for Kids: A county-level look at Utah's crisis in licensed child care*. <https://utahchildren.org/newsroom/speaking-of-kids-blog/item/1216-utahchildcareaccess>

Utah's Child Care System During COVID-19

COVID-19 brought significant disruptions to the already fragile child care system both nationwide and in Utah. Nationwide surveys found 42% of child care providers took on personal debt to stay open during COVID-19, and 91% of providers faced additional costs for staff, cleaning supplies, and personal protection equipment.⁵⁸⁴ By April 2020, 38% of licensed child care centers and 18% of licensed family programs in Utah had temporarily shut down as a result of the healthcare crisis.⁵⁸⁵

The federal government responded to the nationwide child care crisis, and Utah received nearly \$600M in child care stabilization funds beginning in 2021.⁵⁸⁶ Child Care Stabilization Grants expanded the number of child care slots in Utah, and provided care to more than 85.2K children between the spring of 2020 and the end of 2022. DWS-OCC released \$261.4M to eligible Utah providers to help cover costs related to operating child care facilities. Child care centers were granted an average of \$207K while home-based providers received an average of \$29K in awards.⁵⁸⁷ Existing providers also received wage supplementation, support for new program startups, and a one-time bonus of \$2K per registered child care professional. This supportive funding resulted in an increase in child care capacity, making Utah one of the only states in the nation to increase child care capacity during COVID-19.⁵⁸⁸

Utah's Child Care System in 2023, After COVID-19

Despite the influx of federal funds, Utah's expanded child care capacity still did not meet demand. Federal funds to this sector decreased by 75% in October 2023 and would cease in June 2024, eliminating a significant source of support for child care.⁵⁸⁹ The end of federal COVID-19 funds left the sector facing daunting workforce and cost issues.

Insufficient Capacity

In 2023, Utah faced a significant deficit in licensed child care. Regulated child care programs in the state served just 36% of the demand for children aged six and under, leaving a sizable 64% gap. With only 54,804 available spots against the needs of 154,229 children, an additional 99,425 child care spots were required to bridge this gap and meet demand.⁵⁹⁰

In every county in Utah, licensed child care fell short, with varying degrees of unmet need across different locations. Counties with the highest capacities were Summit (54%), Carbon, (48%), Sevier (45%), Grand (45%), Salt Lake (45%), and Iron (41%). The majority of the remaining counties only had enough licensed providers to meet less than 40% of the demand for child care. The rural counties of Rich, Daggett, Piute, and Wayne had no licensed child care slots available for the 225 children under six in need of care in those locations.⁵⁹¹ Capacity challenges were more pressing in some rural parts of the state, though no county came close to sufficiently meeting demand.

584 National Association for the Education of Young Children (2022, December). *State Data: Child care providers are sacrificing to stay open and waiting for relief*. https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/naeyc_state_data.policy_crisis_coronavirus_december_survey.pdf

585 US Chamber of Commerce Foundation. (2022). *Untapped Potential in Utah: How childcare impacts Utah's workforce productivity and the state economy*. https://uw.org/wp-content/uploads/UntappedPotential_UTAH_011223_DIGITAL.pdf

586 Voices for Utah Children (2022, October 6). *Utah's Child Care Crisis is About to Hit a Whole New Level*. <https://utahchildren.org/newsroom/speaking-of-kids-blog/item/1176-child-care-funding>

587 Administration for Children and Families (2022, December 31). *Utah ARP Child Care Stabilization Fact Sheet*. https://www.acf.hhs.gov/sites/default/files/documents/occ/Utah_ARP_Child_Care_Stabilization_FactSheet.pdf

588 Voices for Utah Children (2023, October 10). *It's Official: Access to Licensed Child Care Statewide is Really Bad (and Getting Worse)*. <https://utahchildren.org/newsroom/speaking-of-kids-blog/item/1218-utahchildcareaccess>

589 Voices for Utah Children (2023). *Higher Child Care Costs and More Stress for Families Coming This Fall*. <https://utahchildren.org/newsroom/speaking-of-kids-blog/item/1210-child-care-funding-cliff-july-2023>

590 Thomas, A., & Williams, J. (2023, October 23). *Mapping Care for Kids: A county-level look at Utah's crisis in licensed child care*. <https://utahchildren.org/newsroom/speaking-of-kids-blog/item/1216-utahchildcareaccess>

591 Ibid

Workforce Issues

The child care crisis was expected to also impact wages for child care staff. Nationally, it was estimated 232K early child care jobs could be lost after COVID-19 federal funding ended.⁵⁹² One survey found 37% of Utah child care providers anticipated being unable to maintain current wages and might cut wages, leading to potential staff turnover and disruptions to reliable care.⁵⁹³ Potential wage cuts for child care staff were expected to lead to volatility in the EC workforce and contribute to the looming child care crisis.

Rising Costs of Child Care

The sunset of federal COVID-19 funding left programs with financial gaps to fill. According to a 2022 survey, 68% of providers in Utah planned tuition increases to offset funding gaps, with some announcing rises of up to \$1K per child per month.^{594, 595} US DHHS definition of affordable child care—costing no more than seven percent of a family's income⁵⁹⁶ contrasted sharply with the reality in Utah. In 2021, average child care costs at the 75th percentile in licensed centers were \$999 monthly for infants/toddlers and \$754 monthly for preschool-aged children. For a family with one infant/toddler and one preschool-aged child in care, the combined monthly expense reached \$1,753.⁵⁹⁷ This expenditure constituted 27% (\$21,036) of the state's annual median household income of \$79,133.⁵⁹⁸ High-quality care cost families even more; in 2023 average per-child costs at the highest quality-rated providers were up to 48% higher than those with only a basic quality rating.⁵⁹⁹ The escalating financial burden of child care costs, coupled with the anticipated reduction in capacity following the end of COVID-19 funding, caused immense pressure on parents balancing work commitments with caregiving responsibilities.

Affordable child care should cost no more than 7% of a family's monthly income. For the average Utah family, child care took up 27% of their budget.

While child care costs were prohibitive for an average family, some populations in Utah faced more challenges, including parents with infants/toddlers, families with multiple children, and single-parent households. Care for young children and infants was more expensive for providers due to heightened safety and care requirements, and those costs were passed on to parents.⁶⁰⁰ Infant/toddler care was the most costly at 13% of the average Utah household income for center-based care and 11% for

592 Kashen, J., Valle Gutierrez, Laura, et al. (2023). *Child Care Cliff: 3.2 million children likely to lose spots with end of federal funds*. <https://tcf.org/content/report/child-care-cliff/>

593 National Association for the Education of Young Children (2022, December). *Uncertainty Ahead Means Instability Now: Why families, children, educators, businesses, and states need congress to fund child care*. https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/utah_naeyc_2022_fall_survey.pdf

594 Ibid

595 Voices for Utah Children (2023). *Higher Child Care Costs and More Stress for Families Coming This Fall*. <https://utahchildren.org/newsroom/speaking-of-kids-blog/item/1210-child-care-funding-cliff-july-2023>

596 US Department of Health and Human Services Administration for Children and Families, "Child Care and Development Fund (CCDF) Program" Source: Assistant Secretary for Public Affairs (ASPA) (2023) *New Rule Proposed to Improve Child Care Access, Affordability, and Stability*. <https://www.hhs.gov/about/news/2023/07/11/new-rule-proposed-improve-child-care-access-affordability-stability.html>

597 Ruetschlin, PhD, C., Genc, MA, Y. and The University of Utah Economic Evaluation Unit. (2021, May). *Utah 2021 Child Care Market Rate Study*. <https://jobs.utah.gov/occ/occmrkt.pdf>

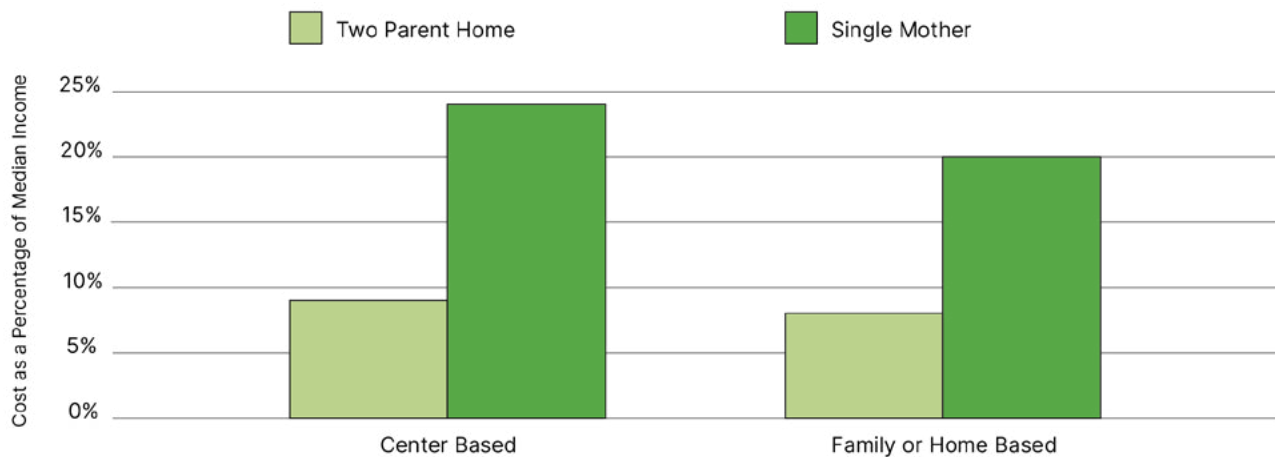
598 US Census Bureau (2022). *US Census Bureau Quickfacts: Utah; United States*. <https://www.census.gov/quickfacts/fact/table/UT,US/PST045222>

599 Ruetschlin, PhD, C., and The University of Utah Economic Evaluation Unit (2023, April). *Utah Childcare Cost Estimation Model*. <https://jobs.utah.gov/occ/costmodel.pdf>

600 Utah Department of Health and Human Services (2022). *R381-100. Rule Interpretation Manual: Ratios and group size*. <https://childcarelicensing.utah.gov/wp-content/uploads/2022-Center-IM-Section-10.pdf>

home-based care (see Figure 45).⁶⁰¹ As the number of children in a family grew, so did the child care cost burden for each child in need of care; important to note as Utah had the fourth highest fertility rate in the nation in 2022.⁶⁰² For single-parent households, and particularly for single mothers, the percentage of household income dedicated to child care was notably higher than for two-parent households. For example, in 2021 the average cost for center-based toddler care in Utah was about \$9K a year or approximately 24% of the average Utah single mother's income, while the same cost represented only nine percent of income for the average two-parent Utah household.⁶⁰³ The dissimilar impact of child care costs among various household types in Utah underscored the need for solutions to alleviate the impact of child care costs on Utah families, with a strong focus on families with the greatest magnitude of need.

Figure 45. National Comparison of Child Care Costs by Median Income, Care Type and Household Composition, 2021



Source: Annie E. Casey Foundation. (2023). *2023 KIDS COUNT Data Book: State trends in child well-being*. <https://assets.aecf.org/m/resourcedoc/aecf-2023kidscountdatabook-2023.pdf>

Utah's Child Care Cliff

The child care cliff, or the steep and alarming drop in the already-low amount of accessible and affordable child care options, was of critical concern for families nationwide and in Utah. In 2023, the Century Foundation estimated more than three million US children could lose access to child care when federal COVID-19 funding ended. Utah was one of five states in which the number of licensed programs was anticipated to be cut by half or more, with 663 child care programs projected to close leaving up to 35,614 children without access to care.⁶⁰⁴

As Utah approached the fall of 2023, the child care sector faced a looming crisis driven by inflation, workforce issues, and the end of federal COVID-19 funds. Urgent attention and action were called for to mitigate the severity of the child care crisis, ensuring that the structural problems within the system were promptly addressed. During the 2023 legislative session, VFUC collaborated with

601 US Department of Labor (2023). *Childcare Prices as a Share of Median Family Income by Age of Children and Care Setting*. <https://www.dol.gov/agencies/wb/topics/childcare/median-family-income-by-age-care-setting>

602 The University of Utah Kem C. Gardner Policy Institute (2022, August). *Utah's Fertility Rate Continues to Drop, Now Fourth Highest in the Nation*. <https://gardner.utah.edu/utahs-fertility-rate-continues-to-drop-now-fourth-highest-in-the-nation/>

603 The Annie E. Casey Foundation. (2023). *2023 KIDS COUNT Data Book: State trends in child well-being*. <https://assets.aecf.org/m/resourcedoc/aecf-2023kidscountdatabook-2023.pdf>

604 Kashen, J., Valle Gutierrez, Laura, et al. (2023). *Child Care Cliff: 3.2 million children likely to lose spots with end of federal funds*. <https://tcf.org/content/report/child-care-cliff/>

parents and child care stakeholders to request over \$260M to support Utah's child care system and help mitigate the effects of the child care cliff. Despite these efforts, only \$150K was allocated for strategic planning through the Governor's Office of Economic Opportunity's Women in the Economy Subcommittee, falling short of the proposed initiatives.⁶⁰⁵ The child care crisis demanded comprehensive and immediate solutions to safeguard the well-being of Utah's families and children, but those solutions were, unfortunately, not realized in 2023.

Child Welfare

Key Takeaways

- Utah's rate of kinship placements (placing children with relatives) has risen 10% over the last decade.⁶⁰⁶
- Utah family reunification rates were slightly lower in 2021 than in 2017.
- Reunification rates for children with diagnosed disabilities rose, but were still lower than rates for children without disabilities.

Safety from abuse and neglect is a basic prerequisite of a healthy childhood. Exposure to abuse and neglect during the EC years can lead to brain damage, substance use, and attachment disorders, among other grave consequences.⁶⁰⁷ Utah's child welfare system is administered across five regions by the Utah Department of Health and Human Services Division of Child and Family Services (DCFS), and offers a comprehensive range of services to address child abuse and neglect prevention, intervention, as well as support for youth transitioning out of foster care.⁶⁰⁸ Many of Utah's Community-Based Child Abuse Prevention (CBCAP) grants also fund parent education programming as part of local community prevention efforts, to align with the federal Child Abuse Prevention and Treatment Act agenda.⁶⁰⁹ Considering that our youngest children are the most vulnerable to maltreatment, a coordinated and aligned system is essential to facilitate a multisectoral approach that supports parents in increasing child safety and overall well-being.

Utah's 2020-2024 Child and Family Services Plan (CFSP) and Child Abuse Prevention and Treatment Act Plan identify specific, measurable outcomes that have been observed from the years 2018 to 2021.⁶¹⁰ Outcomes were developed based on DCFS's goals of safety, permanency, stability, and well-being for Utah's children. Additionally, Utah has been intentionally creating resources to empower families to support children with intense trauma in their past.

605 Voices for Utah Children. (2023, March 27). *What Happened with Child Care During the Legislative Session?* <https://utah-children.org/newsroom/speaking-of-kids-blog/item/1190-child-care-legislation-2023>

606 The Annie E. Casey Foundation (2023, April) *KIDS COUNT Data Center: Children in foster care by placement type*. <https://datacenter.aecf.org/data/line/6247-children-in-foster-care-by-placement-type?loc=1&loct=1>

607 Child Welfare Information Gateway (2019, April). *Long-Term Consequences of Child Abuse and Neglect*. https://www.childwelfare.gov/pubpdfs/long_term_consequences.pdf

608 Utah Education Policy Center & Department of Workforce Services Office of Child Care. (2017). *Early Childhood Services Study*. <https://le.utah.gov/interim/2017/pdf/00004736.pdf>

609 Child Abuse Prevention and Treatment Act. *Administration of Children and Families*. August 1, 2023. <https://www.acf.hhs.gov/sites/default/files/documents/cb/capta.pdf>

610 For a comprehensive report on progress data, see the Utah Division of Child and Family Annual Progress and Service Report. Source: Utah Division of Child and Family Services. (2022, June 30). *Annual Progress and Service Report*. https://dcfs.utah.gov/wp-content/uploads/DHHS_DCFS-Annual-Report_2022.pdf

Prioritizing In-Home Solutions

DCFS prioritizes in-home services for addressing child abuse/neglect in instances where child safety can be ensured in the home and such services are deemed appropriate. Such in-home services include mental health treatment, substance use disorder treatment, and child safety plan development meetings. Of the 2,432 in-home service cases in Utah in 2022, 91% were successfully resolved and did not have any subsequent report of abuse/neglect in the year after services ended, validating the use of these in-home programs to eliminate abuse/neglect while keeping families intact.⁶¹¹

Kinship and Family Connections

Exposure to abuse and neglect during the EC years can lead to brain damage, substance abuse, and attachment disorders, among other grave consequences.⁶¹² When in-home services are not safe nor viable due to exposure to such risks, a stable and positive FC experience is essential to healthy growth and development for young minds. Utah DCFS prioritizes placing children with relatives, since such placements (also known as kinship care, kinship placement, or relative placement) maintain a child's identity and connection to their culture, community, and family ties.⁶¹³ In the first quarter of 2023, the majority (70%) of children entering kinship care in Utah were ages birth through nine.⁶¹⁴ Mirroring the upward trend nationally, kinship placements in Utah have become more common, increasing from 21% in 2012 to 31% of placements in 2020 (see Table 12).⁶¹⁵ DCFS continues to develop strategies to intentionally support kinship placements.⁶¹⁶

Table 12. Kinship Placements as a Percent of all Foster Care Placements, 2012-2021

Year	US	Utah
2012	27%	21%
2013	28%	19%
2014	29%	22%
2015	30%	23%
2016	32%	27%
2017	32%	28%
2018	32%	29%
2019	31%	30%
2020	34%	31%
2021	35%	31%

Source: The Annie E. Casey Foundation (2023, April). *KIDS COUNT Data Center: Children in foster care by placement type*. <https://datacenter.aecf.org/data/line/6247-children-in-foster-care-by-placement-type?loc=1&loct=1>

611 Utah Division of Child and Family Services. (2022, June 30). Annual Progress and Service Report. https://dcfs.utah.gov/wp-content/uploads/DHHS_DCFS-Annual-Report_2022.pdf

612 Child Welfare Information Gateway (2019, April). *Long-Term Consequences of Child Abuse and Neglect*. https://www.childwelfare.gov/pubpdfs/long_term_consequences.pdf

613 Utah Department of Health and Human Services. (2023). *Division of Child and Family Services Annual Report FY2023*. <https://dcfs.utah.gov/wp-content/uploads/FY23-annual-report-DCFS-Final-5.pdf>

614 Utah Department of Child and Family Services. (2023). Quarterly Report. <https://dcfs.utah.gov/wp-content/uploads/Quarterly-Report-FY23-QT1.pdf>

615 The Annie E. Casey Foundation (2023, April) *KIDS COUNT Data Center: Children in foster care by placement type*. <https://datacenter.aecf.org/data/line/6247-children-in-foster-care-by-placement-type?loc=1&loct=1>

616 In order to do so, kin locator technology and processes are being improved, efforts are being made to support kin to better care for children, and more efficient background checks and screening processes are being implemented to expedite placements with kin. Additionally, caseworkers, before making an alternative placement, must first prove that they have devoted considerable effort to first exploring options to place a child with kin. Source: Utah Division of Child and Family Services. (2022, June 30). *Foster and Adoptive Parent Diligent Recruitment Plan*. <https://dcfs.utah.gov/wp-content/uploads/Attachment-B.-Foster-and-Adoptive-Parent-Diligent-Recruitment-Plan.pdf>

Maintaining family relationships reduces trauma for children in foster care, which is especially critical for children birth through eight as experiencing trauma can strongly impact their growth and development.⁶¹⁷ Unfortunately, indicators show that the maintenance of these familial connections in Utah's FC system have been declining, potentially increasing the trauma experienced by children in FC. For example, one such indicator of maintained familial relationships is FC placement with a sibling. In 2018, 100% of children were placed with siblings, but in 2021, this percentage decreased to 89%. Visits with parents and siblings while in FC is another indicator that declined slightly, from 80% in 2018 to 69% in 2019, then rising to 76% in 2021.⁶¹⁸

Placement Stability

Placement stability enables children to maintain supportive relationships and is positively correlated with emotional well-being, educational success, and better health outcomes for children in FC.⁶¹⁹ As with maintained familial relationships, placement stability is crucial to children birth through eight as it enables them to form healthy attachments with their caregivers.⁶²⁰ In general, children are more likely to be moved between FC placements during their first year in the system, and the risk of being moved more than once in the first year of FC rises as children get older.⁶²¹

Stability can also be measured by the number of placement shifts that occur over the course of a year. Consistently from the years 2012 to 2021, 34% to 35% of children in FC nationally experienced more than two placements in 365 days. In Utah, this percentage dropped steadily from 44% to 39% from 2012 to 2021.⁶²² Placement stability differs across racial and ethnic groups, with API, Black/African American, and AI/AN children averaging 4.1 to 4.6 placement shifts per one thousand days, while placement stability for non-Hispanic white and Hispanic/Latinx children hovered at 3.3 to 3.4 changes per one thousand days from 2018 to 2020.⁶²³

Adoption and Reunification

Since the ultimate goal of FC is to find children safe, stable, lifelong homes, children primarily exit the system through adoption or reunification with their families.⁶²⁴ At the national level, the percentage of children who exited FC through adoption rose from 21% to 25% from 2012 to 2021, and from 25% to 30% in Utah (see Table 13).⁶²⁵ Over half of adoptions at both the state and national level were of children between ages one and five, as a child's chance of adoption decreases as they age.⁶²⁶

617 Committee on Early Childhood, Adoption and Dependent Care. (2000). *Developmental Issues for Young Children in Foster Care*. American Academy of Pediatrics, 106(5), 1145–1150. <https://doi.org/10.1542/peds.106.5.1145>

618 Utah Division of Child and Family Services. (2022, June 30). Annual Progress and Service Report. https://dcfs.utah.gov/wp-content/uploads/DHHS_DCFS-Annual-Report_2022.pdf

619 Rubin, D. M., O'Reilly, A. L. R., Luan, X., & Localio, A. R. (2007). The Impact of Placement Stability on Behavioral Well-being for Children in Foster Care. *Pediatrics*, 119(2), 336–344. <https://doi.org/10.1542/peds.2006-1995>

620 Committee on Early Childhood, Adoption and Dependent Care. (2000). *Developmental Issues for Young Children in Foster Care*. American Academy of Pediatrics, 106(5), 1145–1150. <https://doi.org/10.1542/peds.106.5.1145>

621 Utah Department of Health and Human Services. (2022, July). *Foster Care and Placement Stability*. <https://dcfs.utah.gov/wp-content/uploads/Foster-Care-and-Placement-Stability-Utah-Department-of-Health-and-Human-Services.pdf>

622 The Annie E. Casey Foundation. (2023, April). *KIDS COUNT Data Center: Children in foster care with more than two placements*. <https://datacenter.aecf.org/data/tables/8822-children-in-foster-care-with-more-than-two-placements?loc=1&loct=2#ranking/2/any/true/2048/any/17681>

623 Utah Department of Health and Human Services. (2022, July). *Foster Care and Placement Stability*. <https://dcfs.utah.gov/wp-content/uploads/Foster-Care-and-Placement-Stability-Utah-Department-of-Health-and-Human-Services.pdf>

624 The Annie E. Casey Foundation. (2022, May 20). *Foster Care Explained: What it is, how it works, and how it can be improved*. <https://www.aecf.org/blog/what-is-foster-care>

625 The Annie E. Casey Foundation (2023, April) *KIDS COUNT Data Center: Children in foster care by placement type*. <https://datacenter.aecf.org/data/line/6247-children-in-foster-care-by-placement-type?loc=1&loct=1>

626 The Annie E. Casey Foundation. (2023, April). *KIDS COUNT Data Center: Children in child welfare system who have been adopted by age Group* <https://datacenter.aecf.org/data/bar/6676-children-in-child-welfare-system-who-have-been-adopted-by-age-group?loc=1&loct=1#2/46/false/2048/1889,2616,2617,2618,2619/13728>

Table 13. Children Exiting Foster Care by Exit Reason, 2021

Exit Reason	US Percent	US Number	Utah Percent	Utah Number
Reunified with Parent or Primary Caretaker	47%	99,875	41%	725
Adoption	25%	53,343	30%	531
Guardianship	12%	24,906	12%	210
Emancipation (Aging-out)	9%	19,237	7%	115
Living with Other Relatives	6%	12,488	7%	123
Transfer to Another Agency	1%	2,290	2%	28
Runaway	<0.5%	555	1%	10
Death of Child	<0.5%	368	<0.5%	6

Source: The Annie E. Casey Foundation (2023, April). *KIDS COUNT Data Center: Children exiting foster care by exit reason*. <https://datacenter.aecf.org/data/tables/6277-children-exiting-foster-care-by-exit-reason?loc=1&loct=2#detailed/2/46/false/2048,574,1729,37,871,870,573,869,36,868/2631,2636,2632,2633,2630,2629,2635,2634/13051>

Nationally, reunification remained steady, but fell gradually from 51% to 47% from 2012 to 2021. In Utah, reunification with families remained steady at 42% to 43% from 2012 to 2019, when it rose to 46% in 2020, then showed a significant drop to 41% in 2021.⁶²⁷ In many states, the COVID-19 lockdown prevented visits with biological family members, drastically slowing the reunification process, which is reflected in the drop in rates between 2019 to 2021.⁶²⁸

Reunification for Utah children with a diagnosed disability was dramatically lower than average and fluctuated significantly between 2017 and 2021 (see Table 14). Adoption rates for Utah children with disabilities are also lower than the average adoption rates, but have increased from 15% in 2017 to 30% in 2021.⁶²⁹

627 The Annie E. Casey Foundation. (2023, April). *KIDS COUNT Data Center: Children exiting foster care by exit reason*. <https://datacenter.aecf.org/data/tables/6277-children-exiting-foster-care-by-exit-reason?loc=1&loct=2#detailed/2/46/false/2048,574,1729,37,871,870,573,869,36,868/2631,2636,2632,2633,2630,2629,2635,2634/13051>

628 Whitt-Woosley, A., Sprang, G., & Eslinger, J. (2022). Foster care during the COVID-19 pandemic: A qualitative analysis of caregiver and professional experiences. *Child Abuse & Neglect*, 124, 105444. <https://doi.org/10.1016/j.chiabu.2021.105444>

629 Utah. US Department of Health and Human Services. (n.d.). *Utah Context Data* <https://cwoutcomes.acf.hhs.gov/cwodat-aside/pdf/utah.html>

Table 14. Percent of Children Exiting Foster Care by Family Reunification, US and Utah, 2017-2021

Year	US	Utah	Utah Children with Disabilities
2017	49%	42%	23%
2018	49%	42%	25%
2019	47%	46%	44%
2020	48%	46%	39%
2021	47%	41%	36%

Sources:

The Annie E. Casey Foundation. (2023, April). *KIDS COUNT Data Center: Children exiting foster care by exit reason*.

<https://datacenter.aecf.org/data/tables/6277-children-exiting-foster-care-by-exit-reason?loc=1&loct=2#detailed/2/46/false/2048,574,1729,37,871,870,573,869,36,868/2631,2636,2632,2633,2630,2629,2635,2634/13051>

Utah. US Department of Health and Human Services. (n.d.) *Utah Context Data*. <https://cwoutcomes.acf.hhs.gov/cwodatasite/pdf/utah.html>

Recruitment of Parents from Backgrounds Reflective of Foster Children

Utah has intentionally worked to recruit foster and adoptive parents who reflect the racial and ethnic diversity of the children in Utah's foster care system, so these children can maintain ties with their own cultures and ethnicities. A Native American specialist, Spanish-speaking recruitment and diversity specialist, and American Sign Language interpreter were also hired to accommodate the unique needs of foster families and children. Utah's FC system has also developed more training for families and staff to ensure they are equipped to serve children from different backgrounds.

COVID-19 Impact

The global COVID-19 pandemic had significant, widespread impacts on US FC systems. Lockdowns prevented many children's routine visits with biological parents, made arranging daycare difficult for foster parents,⁶³⁰ and limited children's access to therapy and mental health services. Utah DCFS's goal of a continued relationship between children in care and their parents was similarly impacted by COVID-19 restrictions, which limited parents' ability to attend school meetings, medical appointments, and other activities in their child's life. However, parent involvement indicators hovered consistently between 44% and 47% between 2017 and 2021.⁶³¹

"The goal of in-home services is to keep children safely at home while addressing abuse or neglect through family-driven, solution-focused interventions...Placement with family best reduces trauma and preserves a child's connection to their culture, biology, ancestry, and community."⁶³²

Utah Division of Child and Family Services, Annual Progress and Service Report, 2022.

630 Whitt-Woosley, A., Sprang, G., & Eslinger, J. (2021, December 14). *Foster Care During the COVID-19 Pandemic: A qualitative analysis of caregiver and professional experiences*. National Library of Medicine/Child Abuse Neglect, 124, 105444. <https://doi.org/10.1016/j.chiabu.2021.105444>

631 Barber, C. (2021, June 27). *How the Pandemic Roiled the Foster Care System*. Scientific American. <https://www.scientificamerican.com/article/how-the-pandemic-roiled-the-foster-care-system/#:~:text=Financial%2C%20emotional%2C%20>

632 Utah Division of Child and Family Services. (2022, June 30). Annual Progress and Service Report. https://dcfs.utah.gov/wp-content/uploads/DHHS_DCFS-Annual-Report_2022.pdf

Home Visiting

Key Takeaways

- Strides have been made to improve data-driven decision-making for home visiting programs. However, further work and collaboration is needed in order to accurately represent the larger landscape of home visiting services in Utah, which could improve decision-making at the state and provider level.
- The COVID-19 pandemic forced home visiting to move to a virtual format, with advantages and disadvantages for families and children.⁶³³ In some areas, home visiting staff were pulled away to respond to pandemic-related emergency needs and programs were unable to meet home visiting targets.
- In 2023, the state legislature approved a one-time pilot project of \$15M to look for ways to expand home visiting programs in Utah.

Home visiting (HV) models are evidence-based prevention strategies that improve the health of young children by providing them and their families support and services in the comfort of their own homes.⁶³⁴ HV programs have significant upfront costs, but can result in long-term cost savings for the state. A 2022 national report found the average cost of serving a family through the Nurse Family Partnership (NFP) was \$5,351; while serving a family with Parents as Teachers (PAT) cost an average of \$2,568.⁶³⁵ Generally, these HV models have been shown to reduce child abuse, while increasing child and maternal health, child development and school readiness, family economic self-sufficiency, and positive parenting practices.^{636, 637, 638, 639} Research estimates that for every dollar invested a state could save up to \$5.70 in later costs when targeting higher-risk populations.⁶⁴⁰

633 Hadley, A., Hayes, J., Pai-Samant, S., & Stern, F. (2023). *Virtual Home Visiting During the COVID-19 Pandemic: Lessons Learned for Research, Practice, and Policy*. US Department of Health and Human Services Office of Planning, Research, and Evaluation. https://www.acf.hhs.gov/sites/default/files/documents/opre/virtual_home_visiting_during-covid_lessons_learned_jan2022.pdf

634 "To be eligible for implementation as an evidence-based model with MIECHV funding, a model must both meet HHS criteria for evidence of effectiveness (as determined by HomVEE) and meet all other statutory requirements for model eligibility (as required by HRSA)." Source: *Models Eligible for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding | Home Visiting Evidence of Effectiveness*. (n.d.). <https://homvee.acf.hhs.gov/HRSA-Models-Eligible-MIECHV-Grantees>

635 Costs of Evidence-Based Early Childhood Home Visiting. (2022). *In Administration for Children and Families*. https://www.acf.hhs.gov/sites/default/files/documents/opre/MiHOPE%20Cost%20Report%20Final_508v2.pdf

636 Are Home Visiting Programs Effective in Reducing Child Maltreatment? (2022). *In Casey Family Programs*. https://www.casey.org/media/22.07-QFF-SC-Home-visiting-programs_fnl.pdf

637 Olds DL, Eckenrode J, Henderson CR Jr, Kitzman H, Powers J, Cole R, Sidora K, Morris P, Pettitt LM, Luckey D. Long-term effects of home visitation on maternal life course and child abuse and neglect. Fifteen-year follow-up of a randomized trial. *JAMA*. 1997 Aug 27;278(8):637-43.

638 Lowell, D.I., Carter, A.S., Godoy, L., Paulicin, B., and Briggs-Gowan, M.J. A randomized controlled trial of Child FIRST: a comprehensive home-based intervention translating research into early childhood practice. *Child Dev*. 2011 Jan-Feb;82(1):193-208.

639 Drotar D, Robinson J, Jeavons L, Lester Kirchner H. A randomized, controlled evaluation of early intervention: the Born to Learn curriculum. *Child Care Health Dev*. 2009 Sep;35(5):643-9. doi: 10.1111/j.1365-2214.2008.00915.x. PMID: 19689569

640 Higher-risk populations mean children with developmental or cognitive delays. Source: Karoly, L. A., Kilburn, M. R., & Cannon, J. S. (2005). *Early Childhood Interventions: Proven results, future promise (1st ed.)*. RAND Corporation. <http://www.jstor.org/stable/10.7249/mg341pnc>

Home Visiting Models and Structure in Utah

In 2023, there were two HV models supported by federal and/or state funding in Utah: NFP and PAT. NFP focused on first-time, low-income mothers and their children. NFP employed nurses to visit these families and provide the intervention through the nursing process, clinical assessment, and personalized goal-setting.⁶⁴¹ The PAT program focused on families with high-needs characteristics,⁶⁴² and included personal home visits, group connections, a resource network, and health, hearing, vision, and developmental screenings for children.⁶⁴³

In 2022, Utah's PAT performed better than the national Maternal Infant Early Childhood Home Visiting (MIECHV) PAT average in most metrics. Particularly, 99.5% of caregivers were screened for depression within three months of entering the program. Utah PAT programs also outperformed national averages on parent-child interaction and early language and literacy. However, although Utah's PAT programs screened 94% of caregivers for intimate partner violence (IPV), the programs fell far below national averages for IPV referrals (20% in Utah vs. 48% nationally).⁶⁴⁴

Family and Child Education Through the Bureau of Indian Affairs

A culturally-specific variation of PAT served some of Utah's AI/AN families. The Family and Child Education program (FACE) has a goal to "support and celebrate the unique cultural and linguistic diversity of each American Indian community served by the program." FACE provides home-based services from pregnancy through age five often using staff who are parents, as well as trained/certified PAT educators. FACE also offers center-based services for children from age three to five and preschool children enrolled in the program showed significant increases in early literacy skills and standardized test scores.⁶⁴⁵

Home Visiting During COVID-19

The COVID-19 pandemic forced HV programs to shift from in-person to virtual service delivery as stay-at-home orders, social distancing guidelines, and masking policies made in-person visitation inadvisable.⁶⁴⁶ In 2020, Utah recorded 4,533 virtual home visits, and then more than doubled that number in 2021 with 11,066 virtual visits.^{647, 648}

Although the number of virtual home visits grew during COVID-19, in some rural and tribal areas HV staff were pulled away to cover more urgent health-related needs. Among the four Utah health departments with HV programs funded by MIECHV, two were unable to sustain their full caseloads during COVID-19. The Central Utah Public Health Department delivered PAT services to two rural counties in 2019-2020 but met only 84% of their expected caseload, while the Utah Navajo Health Systems (UNHS) only achieved 24% of their anticipated caseload. UNHS temporarily stopped home

641 *Home Visiting Evidence of Effectiveness*. (2019a). [https://homvee.acf.hhs.gov/implementation/Nurse-Family%20Partnership%20\(NFP\)%C2%AE/Model%20Overview](https://homvee.acf.hhs.gov/implementation/Nurse-Family%20Partnership%20(NFP)%C2%AE/Model%20Overview)

642 "Eligibility criteria might include children with special needs, families at risk for child abuse, low-income families, teen parents, first-time parents, immigrant families, low-literate families, parents with mental health or substance use issues, or families experiencing homelessness or unstable housing." Source: *Home Visiting Evidence of Effectiveness*. (2019b). [https://homvee.acf.hhs.gov/implementation/Parents%20as%20Teachers%20\(PAT\)%C2%AE/Model%20Overview](https://homvee.acf.hhs.gov/implementation/Parents%20as%20Teachers%20(PAT)%C2%AE/Model%20Overview)

643 *Home Visiting Evidence of Effectiveness*. (2019b). [https://homvee.acf.hhs.gov/implementation/Parents%20as%20Teachers%20\(PAT\)%C2%AE/Model%20Overview](https://homvee.acf.hhs.gov/implementation/Parents%20as%20Teachers%20(PAT)%C2%AE/Model%20Overview)

644 *Utah MIECHV Program FY 2022*. (2023). Health Resources and Services Administration: Maternal and Child Health. <https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/home-visiting/ut.pdf>

645 Research & Training Associates, Inc. (2019). *Executive Summary - BIE Family And Child Education (FACE) Program, 2019 Report*. https://www.bie.edu/sites/default/files/inline-files/FACE%20Eval%20Exec%20Summary%202019%20%282%29_0.pdf

646 2021 Annual Report Nurse Home Visiting Pay-for-Success Program. (2021). *In Utah Department of Health*. Utah Department of Health. https://health.utah.gov/wp-content/uploads/DOH_Utah-Home-Visiting-State-Legislative-Report_2021.pdf

647 *Utah 2020 - National Home Visiting Resource Center*. (2021). National Home Visiting Resource Center. https://nhvrc.org/state_profile/utah-2021/

648 *Utah 2021 - National Home Visiting Resource Center*. (2022). National Home Visiting Resource Center. https://nhvrc.org/state_profile/utah-2022/

visits at the end of 2021 due to staff diversion to urgent COVID response activities.⁶⁴⁹ Though virtual visits had advantages for some clients, such as eliminating transportation barriers, HV staff reported some dissatisfaction with virtual work, cited an increased workload, and often found it more challenging to establish rapport with families through virtual sessions.⁶⁵⁰

Data Issues Around Utah Home Visiting

The Utah Home Visiting Program (UHVP) manages all MIECHV HV programs, but not all HV programs in the state of Utah, and it did not require outside HV programs to report their program data.⁶⁵¹ The National Home Visiting Resource Center (NHVRC) estimated half of Utah's home visits were provided by non-federally-funded HV programs (see Table 15).⁶⁵² While the NHVRC collected data from some primary HV models, their data only accounted for MIECHV and HV models they deemed as emerging.⁶⁵³ Because neither UHVP nor the NHVRC collected comprehensive data on all HV models and programs, there is not a source of comprehensive data on the HV models or programs operating in Utah. This lack of comprehensive data severely limits the state's ability to evaluate HV programs and their impact on Utah families.

Table 15. Number of Utah Home Visits by Year, 2018-2021

Year	Home Visits		Children Served	
	Non-MIECHV	MIECHV	Non-MIECHV	MIECHV
2018	7,123	6,797	1,017	531
2019	7,513	7,578	1,088	568
2020*	9,285	6,231	1,186	482
2021*	8,554	7,442	1,077	591

*The total number of virtual visits include both MIECHV, DHHS, and other HV programming data.

Source: *Utah 2021 - National Home Visiting Resource Center*. (2022). National Home Visiting Resource Center. https://nhvrc.org/state_profile/utah-2022/

649 2021 Annual Report Nurse Home Visiting Pay-for-Success Program. (2021). In Utah Department of Health. Utah Department of Health. https://health.utah.gov/wp-content/uploads/DOH_Utah-Home-Visiting-State-Legislative-Report_2021.pdf

650 Office of Planning, Research and Evaluation (OPRE). (2023). *Virtual Home Visiting During the COVID-19 Pandemic: Lessons Learned for Research, Practice, and Policy* (OPRE Report # 2023-005).

651 Early Childhood Utah Advisory Council: Annual Report 2023. (2023). In *Early Childhood Utah*. https://earlychildhoodutah.utah.gov/pdf/ECU_Annual_Report.pdf

652 *Utah 2021 - National Home Visiting Resource Center*. (2022). National Home Visiting Resource Center. https://nhvrc.org/state_profile/utah-2022/

653 The NHVRC collected this data by contacting HV models and requesting their data. While this national HV group provides a summary of the received model data, the full data set is not available for public download. Source: *Methodology - National Home Visiting Resource Center*. (2022, September 9). National Home Visiting Resource Center. <https://nhvrc.org/yearbook/2022-yearbook/methodology/>

Home Visiting Funding in Utah

Funding for HV in Utah is supported primarily by federal funds from the MIECHV grant,⁶⁵⁴ and in 2022 Utah received \$3.1M from this program and \$389K from American Rescue Plan (ARP) funds to expand access to HV during COVID-19 (see Table 16).^{655, 656, 657}

Table 16. MIECHV and ARP Funding in Utah, 2018-2023

	ARP	MIECHV
2018	N/A	\$3,423,566
2019	N/A	\$3,223,566
2020	N/A	\$3,162,182
2021	\$389,523	\$3,162,182
2022	\$789,045	\$3,129,808
2023	\$0	\$4,441,483

Source: *Maternal, Infant and Early Childhood Home Visiting Grant*. (n.d.). Tracking Accountability in Government Grants System. https://taggs.hhs.gov/Detail/CFDADetail?arg_CFDA_NUM=93870

In 2018, the Utah legislature approved a pay-for-success HV program.⁶⁵⁸ The program was awarded \$500K for a feasibility study, but after budget restrictions and time limitations prevented the study, the legislature in 2019 unrestricted the \$520K to pay for evidence-based nurse HV services.⁶⁵⁹ In 2023, Utah DHHS proposed and won approval for an ongoing HV annual budget of just under \$1M, and a one-time \$15M pilot project to gather proposals and trial ways to expand home visiting in Utah.^{660, 661}

More Utah Families Could Benefit from Home Visiting

In 2021, Utah's HV programs were not reaching all children and families who could benefit from the program. Utah HV programs were "required to enroll families who are at or below 185% of the federal poverty level, [and] have a child under 24 months of age or a pregnant person (or both)."⁶⁶²

654 Some additional federal monies from ARP were also given to MIECHV grant recipients for COVID-related services. Source: US Health Resources and Services Administration. (2023). Utah MIECHV Program - FY 2022. <https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/home-visiting/ut.pdf>

655 *MIECHV American Rescue Plan Awards*. (2022, September 1). Health Resources and Services Administration: Maternal and Child Health. <https://mchb.hrsa.gov/programs-impact/programs/home-visiting/maternal-infant-early-childhood-home-visiting-miechv-program/miechv-american-rescue-plan-awards>

656 This funding allowed for greater flexibility in allocating funds to meet the urgent and long-term needs of expecting parents and families with young children, with an emphasis on sustaining current home visiting program participants and reacting to the COVID-19 pandemic's problems. Source: *American Rescue Plan (ARP) Act Awards Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Frequently Asked Questions (FAQs)*. (2021, October 1). Health Resources and Services Administration: Maternal and Child Health. <https://mchb.hrsa.gov/programs-impact/programs/american-rescue-plan-arp-act-awards-maternal-infant-early-childhood-home>

657 *Utah MIECHV Program FY 2022*. (n.d.). Health Resources and Services Administration: Maternal and Child Health. <https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/home-visiting/ut.pdf>

658 In a pay-for-success model private investors are responsible for providing the initial funding for program expansion with the state government reimbursing them after the program achieves the necessary measurable goals. Source: *What is Pay for Success?* (n.d.). In *US Department of Labor*. https://www.doleta.gov/workforce_innovation/pdf/whatispfs.pdf

659 2021 Annual Report Nurse Home Visiting Pay-for-Success Program. (2021). In *Utah Department of Health*. Utah Department of Health. https://health.utah.gov/wp-content/uploads/DOH_Utah-Home-Visiting-State-Legislative-Report_2021.pdf

660 At the time of writing the report this budget had yet to be approved. Source: Newton, A. W., & Taxin, N. (2023). *Office of Early Childhood Home Visiting Program*. <https://le.utah.gov/interim/2023/pdf/00000535.pdf>

661 Interview with Noel Taxin, Division Director, Division of Family Health, Utah Department of Health and Human Services

662 2021 Annual Report Nurse Home Visiting Pay-for-Success Program. (2021). In *Utah Department of Health*. Utah Department of Health. https://health.utah.gov/wp-content/uploads/DOH_Utah-Home-Visiting-State-Legislative-Report_2021.pdf

Considering just a segment of families living “at or below 185% of the FPL,” there were 22,873 children under the age of five living in poverty in Utah in 2021⁶⁶³—all eligible for HV—but the total recorded number of children served through the state’s MIECHV programs was 591, indicating this an area with significant unmet need. HV in Utah has grown, but very slowly, with the number of Utah children receiving HV services rising by just under 8% between 2018 and 2021. The \$15M pilot project aimed at identifying new methodologies to administer and expand reach of HV in Utah. This will hopefully help the state move toward bridging the gap between the supply of HV services and the demand among young Utahns and their families.⁶⁶⁴

In 2021, the Office of Home Visiting and the DCFS began exploring different strategies to combine various funding opportunities (“braided funding”) to support HV. This included working with the CBCAP and Family First Prevention Services Act (FFPSA) programs.⁶⁶⁵ However, no collaborative funding had been approved as of 2023. HV funding could also be expanded by finding ways to use Medicaid to increase HV access for qualified, priority populations.⁶⁶⁶ States have used Medicaid funds to support HV, or aspects of it, since the early 1990s,⁶⁶⁷ and in 2021 a reported 20 states were using Medicaid funds to expand home visiting.⁶⁶⁸

Additionally, several factors limit the efficiency of Utah’s HV program, such as fragmented data collection, the absence of a comprehensive statewide HV initiative, and insufficient funding. More coordination across all HV entities in Utah and comprehensive data collection would improve program evaluation and increase data-driven decision-making. State data could be much strengthened through greater collaboration and/or greater resources.

Parenting Support

Key Takeaways

- Parents are not born knowing how to parent; parenting support programs can provide education on EC milestones and family-based learning activities.
- 5B45, Help Me Grow Utah, and the Utah Parent Center all focused on providing resources to parents, but there was no coordination with or by the state to eliminate overlap and avoid gaps.

Parents and parental figures play a vital role in the lives of their children, especially in EC with its many developmental milestones. In the US, 83% of parents agree that good parenting skills can be learned.⁶⁶⁹ In order to be at their best, parents need support, including education on child development, parenting skills, and access to resources in times of need.

663 *Small Area Income and Poverty Estimates (SAIPE)*. (2021). US Census Bureau. <https://www.census.gov/data-tools/demo/saipe/>

664 *Utah 2021 - National Home Visiting Resource Center*. (2022). National Home Visiting Resource Center. https://nhvrc.org/state_profile/utah-2022/

665 Ibid

666 Priority populations were defined as “mothers of young children, adolescents, and parents of CSHCN in both rural and urban areas.” Source: Maternal and Child Health Services Title V Block Grant - Utah. (2020). *In Utah Department of Health and Human Services*. <https://health.utah.gov/mch/documents/Utah%20Title%20V%20Block%20Grant/FY%202021/2021%20Utah%20Title%20V%20Block%20Grant%20Application.pdf>

667 Johnson, K. (2019). Medicaid Financing for Home Visiting: The State of the States’ Approaches. Johnson Consulting Group, Inc. <https://ccf.georgetown.edu/wp-content/uploads/2019/01/Medicaid-and-Home-Visiting.pdf>

668 Fernandez, E. (Oct. 8, 2021). State Medicaid Financing of Home Visiting Services in Seven States. *National Academy for State Health Policy*. <https://nashp.org/state-medicaid-financing-of-home-visiting-services-in-seven-states/>

669 Indicator background: Parent education reduces the risk of child abuse and neglect by encouraging positive parenting practices that promote safety, well-being, and permanency for children and families. The Child Abuse Prevention and Treatment Act, as reauthorized in 2010, identifies parent education as a core prevention service. Many of the Children’s Bureau’s CBCAP grants fund parent education programming as part of local community prevention efforts. Source: National Parent Survey Overview and Key Insights. ZERO TO THREE. (2016, June 6). <https://www.zerotothree.org/resource/national-parent-survey-overview-and-key-insights>.

Utah Parent/Caregiver Session Findings

Parents from various areas, such as St. George, Kearns, Honeyville, and Vernal, shared their positive experiences with different support programs. In St. George, parents praised Root for Kids for its comprehensive assistance, including speech therapy, potty training resources, and referrals for motor skills developmental delays. Kearns parents expressed gratitude for the HV family advocate from HS, especially appreciating their attention to speech delays and proactive support in addressing behavioral challenges. Adoptive parents highlighted the transformative impact of early intervention on their children's speech development and behavioral issues. The Utah Community Action (UCA) program in Kearns was commended for providing mental health connections and accommodating parents' preferences in therapy approaches. Newcomers seeking asylum found support at UCA, with translators available at monthly meetings. Centro de la Familia in Honeyville served as an essential information hub, offering assistance with appointments and providing thorough support for a child with behavioral issues. South Franklin Community Center was praised for fostering a sense of community and serving as a valuable resource for child-related information. Vernal Head Start parents appreciated the program's communication on developmental milestones, support for working parents, and found Utah Families First program valuable for parenting education with effective follow-up. Overall, these diverse programs received positive feedback for their varied and essential contributions to parental support and child development.

"People invite each other in. South Franklin is a great place to receive information in general and especially information about and for children ... Participating in South Franklin allows you to learn so much, it is like a family. A lot of us are lacking information, so this place is great to learn about things for our children."

Provo parent

In every community, parents, especially those recently relocated from another country, stated that they commonly acquired information about EC services through word-of-mouth, relying on connections with family members, neighbors, or friends. Parents indicated a preference for receiving information in person rather than online, especially if English was not their primary language or they did not have reliable access to the internet or devices to get online. Other sources of information included health clinics, Facebook groups, schools, libraries, community support centers, and state support agencies.⁶⁷⁰ This collaborative network of information-sharing highlights the vital role community connections play in guiding parents toward valuable resources and support for their children's development.

"There was not enough information in Spanish for parents. Navigation is hard for those who don't know how to use the program ... Also, when they tell you to fill this form, but you are not from here and don't know how to fill it out, they don't have someone to tell us. [They] ask if you are from here, and if you are not ... people get scared and don't fill it out. Sometimes, they just need more information about the form."

Honeyville parent

670 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

Parents' awareness of basic developmental milestones for their children varied, with some feeling well-informed while others did not. Those who felt uninformed often cited their health care provider's lack of helpfulness in educating them about developmental expectations. Speech development emerged as the most frequently-mentioned milestone, with many parents identifying delayed speech in their children and accessing services accordingly. Various resources, including FACE, HS, Centro de la Familia, Root for Kids, Kearns UCA, and South Franklin Community Center, played crucial roles in supporting parents whose children were not meeting expected developmental milestones. For instance, a parent noted that while she had received handouts on milestones during a pediatrician visit, the assessments provided by FACE were more personalized and effective in identifying potential delays and solutions.⁶⁷¹

Several parents acknowledged a recent increase in behavioral challenges faced by their children and expressed a need for a resource that could provide guidance on age-appropriate behavior. Some recognized Head Start as an effective intervention for addressing these issues. However, although teachers can recommend assessments for students, they cannot assess or diagnose children in their care as they are not trained medical professionals.⁶⁷²

Utah Parent Support Programs

A limited number of government parenting support programs exist at the federal and state-level, such as:

- WIC, in addition to providing access to nutrition for underserved families,⁶⁷³ also provides nutrition education and breastfeeding support to mothers. WIC participation has decreased in Utah in recent years, from 48,989 enrolled in 2018 to 37,457 enrolled in 2022.⁶⁷⁴
- Baby Your Baby, an initiative by the Utah DHHS, Intermountain Health, and KUTV News, is an online hub for parents and caretakers to learn about pregnancy planning, car seat safety, infant nutrition, immunizations, and other important parenting topics.⁶⁷⁵
- Head Start and Early Head Start (EHS) are federal EC development programs that support families with parenting, nutrition, health, and other goals.⁶⁷⁶



Love



Talk



Read



Count



Play

In addition to federal and state parenting programs, there are also nongovernmental agencies working to increase EC parent education and skills. United Way of Salt Lake and several other organizations coordinated an EC educational campaign, "5B45."⁶⁷⁷ The campaign highlighted interventions that parents could incorporate into everyday interactions to foster healthy brain development in children under five. The tips centered around five areas: love, talk, read, count, and play.⁶⁷⁸ Another area of focus for the organization is working to provide translated materials for parents whose first language is not English to increase the reach of the program.⁶⁷⁹ If widely implemented, these initiatives have the potential to help more parents in Utah understand and enhance their children's early development.

671 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

672 Ibid

673 See "Food Security" section for more information.

674 US Department of Agriculture. (2023, November 9). *WIC Program: Total Participation*. <https://fns-prod.azureedge.us/sites/default/files/resource-files/26wifypart-11.pdf>

675 As of the time of writing, Baby Your Baby did not publish participation or outcomes data for their services

676 See "Early Learning" section for more information.

677 5B45. (2023). *About 5B45*. <https://5b45kids.com/about/>

678 5B45. (2023). *Brains Grow the Most Before Kindergarten*. <https://5b45kids.com/>

679 5B45. (2023). *El máximo desarrollo del cerebro se da antes del jardín de infantes*. <https://5b45kids.com/homepage-espanol/>

Some organizations publicly report outcomes data, such as:

- Help Me Grow Utah (HMGU) is an information and referral hotline serving parents, health care professionals, and community collaborators, with a focus on families with children birth through eight. HMGU provided services to 2,889 families in 2021, mostly within Utah County and Salt Lake County.⁶⁸⁰
- The Utah Parent Center, which supports parents of children with disabilities, provided services to 8,570 individuals by phone, in person, or through email in 2022, according to their annual report.⁶⁸¹
- In 2022, Centro de la Familia, a provider of Early Head Start/Head Start programs and a resource/education hub for parents, served 957 families and 1,195 children across Utah, Colorado, and Nevada.⁶⁸²

Nonprofit organizations such as these do much to help families throughout the state, but their funding and reach is limited. Systemic and cultural shifts in how parents access services would ideally be led and coordinated at the state level.

Health and Development

Preventive and Primary Care

Key Takeaways

- Preventive care is often underutilized, especially in low-income and rural populations. As many of these services are free, underutilization may be due to transportation/time barriers and limited awareness of recommended preventive services.
- In 2021, Utah was ranked eighth in the nation for percentage of children with a medical home and a majority of Utah children from birth through 11 received comprehensive primary care. However, children experiencing poverty had lower rates of primary care.

There are three main types of health care services: preventive, primary, and specialist care.⁶⁸³ Preventive care focuses on maintaining health and preventing diseases; primary care provides continuous and comprehensive general care; and specialist care addresses specific medical needs that require medical expertise. These health services together provide comprehensive care that is essential for maintaining good health.

Preventive Care

Preventive care services for children from birth to five include annual check-ups (well-child checks), screenings, and immunizations.⁶⁸⁴ Utah newborns and children under five received newborn hearing and blood screening and immunizations at high rates, but developmental screenings, such as the ASQ-3 and ASQ: SE-2, were underutilized. Newborn hearing tests were administered to 97.2% of

680 Help Me Grow Utah. (2021). *Policies & Reports*. <https://helpmegrowutah.org/policies/>

681 Utah Parent Center. (2022). *Utah Parent Center Annual Report 2022*. <https://utahparentcenter.org/wp-content/uploads/2023/01/Annual-Report-2021-22-1.pdf>

682 Annual Report, *Centro de la Familia de Utah*. (2022). https://cdf.org/images/pdfs-doc/2022_Annual_Report.pdf

683 Torrey, T. (2022, October 3). *Differences Between Primary, Secondary, Tertiary, and Quaternary Care*. Verywell Health. <https://www.verywellhealth.com/primary-secondary-tertiary-and-quaternary-care-2615354>

684 University of Utah Health. (2023). *What to Know About Preventive Care*. <https://healthcare.utah.edu/primary-care/what-to-know-about-preventive-care>

Utah newborns in 2021; and 99.6% of newborns received a heel stick screening in 2019.⁶⁸⁵ However, developmental screening rates lagged. Utah selected the ASQ as its developmental screening tool, but only 10% of the birth through five population in 2022 received this service.⁶⁸⁶

Utah children from birth to age nine who were covered by Medicaid in 2021 were less likely to receive preventive care, such as screenings. Just over half of children from age three to five covered by Medicaid received expected initial or periodic screenings (see Table 17).⁶⁸⁷ As Utah children covered by Medicaid age, the number receiving preventive care decreased. For example, while 81% of children under a year old received preventive screening, only 36% aged six to nine received this care, indicating that prevention services are increasingly underutilized as children age.

Table 17. Screenings in Utah for Children Covered by Medicaid From Birth Through Nine, 2021

	Under 1	Age 1-2	Age 3-5	Age 6-9	Total
Received at least one initial or periodic screen	81.7%	69.7%	52.3%	36.2%	53.2%

Source: *Early and Periodic Screening, Diagnostic, and Treatment*. (2023). Medicaid.gov. <https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html>

Child immunization rates in Utah have decreased since 2020, but remained higher than the national average overall. From 2020 to 2021, vaccination rates among children aged 24 months decreased by four percent.(see Figure 46).⁶⁸⁸ This decrease may have been impacted by Utah stay-at-home orders, general vaccine hesitancy, pandemic-related disruptions in care, and already existing barriers to accessing health care. A lack of childhood vaccinations is detrimental to the overall health of the state as vaccine coverage is needed to avoid community outbreaks.⁶⁸⁹

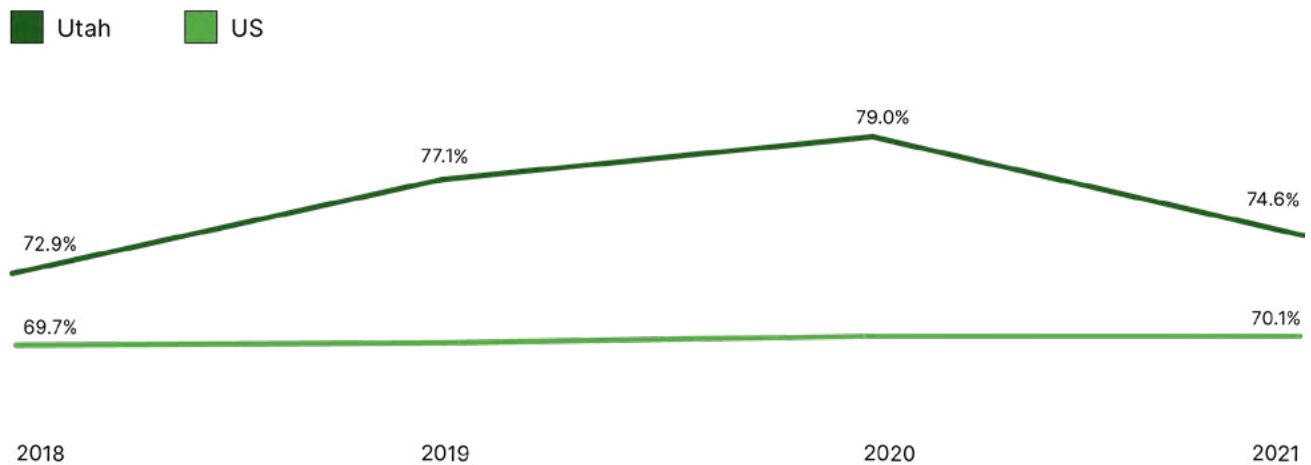
685 At the time this report was written 2019 was the last year for which data was available. Source: Department of Health. (2020.). *IBIS-PH Health Indicator Report - Newborn Heel Stick Screening*. <https://ibis.health.utah.gov/ibisph-view/indicator/view/NewHeelScr.Year.html>

686 See "Early Intervention" section for more information.. Source: *Early Childhood Utah Advisory Council Annual Report 2023*. (2023). Utah Department of Health and Human Services. https://earlychildhoodutah.utah.gov/pdf/ECU_Annual_Report.pdf

687 "The Early and Periodic Screening, Diagnostic and Treatment benefit provides comprehensive and preventive health care services for children under age who are enrolled in Medicaid." Source: *Early and Periodic Screening, Diagnostic, and Treatment*. (2023). Medicaid.gov. <https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html>

688 The four vaccines recommended for children within their first two years are: 4 DTaP, 3 Polio, 1 MMR, 3 Hep B, Hib full series, 1 Varicella, and 4 PCV.

689 Rosenthal, J. (2023, July 6). *Reversing the Decline in Routine Childhood Immunization Rates Is Good Health, Equity, and Economic Policy*. Center for American Progress. <https://www.americanprogress.org/article/reversing-the-decline-in-routine-childhood-immunization-rates-is-good-health-equity-and-economic-policy/>

Figure 46. Estimated Vaccination Coverage Among Children Aged 24 Months, 2018-2021

Source: Utah Department of Health and Human Services. (2021). *Public Health Indicator Based Information System (IBIS)*. Utah.gov. https://ibis.health.utah.gov/ibisph-view/indicator/view/Imm4313314.UT_USNew.html

Children experiencing IGP also did not receive the same level of preventive care despite being covered by public health insurance. Fewer than half of these children received preventive health care in 2021 (see Table 18).⁶⁹⁰

Table 18. Indicators of Health for Utah Children Experiencing Intergenerational Poverty, from Birth to 17, 2019-2021

	2019	2020	2021
Covered by Public Health Insurance	95%	94%	95%
Received Preventive Health Care	45%	45%	46%

Source: Utah Department of Workforce Services. (2022a, September 30). *Intergenerational Poverty: Welfare Dependency and Public Assistance Use, 2022*. <https://jobs.utah.gov/edo/intergenerational/igp22.pdf>

As many preventive health care services are provided for free or at a low cost by public health insurance, this may be indicative of accessibility barriers that go beyond affordability. Utah is not unique in this; nationally, prevention services are underutilized. A 2019 CDC study noted that preventive care is often not emphasized enough by some providers.⁶⁹¹ Additional barriers included cost, lack of a primary care provider, geographical distance from health care providers, and limited awareness of recommended preventive services.^{692, 693} The gaps in screenings for children impacted by poverty suggest that other strategies may be required to reach this population.

690 See "Child Poverty" and "Intergenerational Poverty" sections for more information.

691 Levine, S., Malone, E., Lekachvili, A., & Briss, P. A. (2019). Health care industry insights: Why the use of preventive services is still low. *Preventing Chronic Disease*, 16. <https://doi.org/10.5888/pcd16.180625>

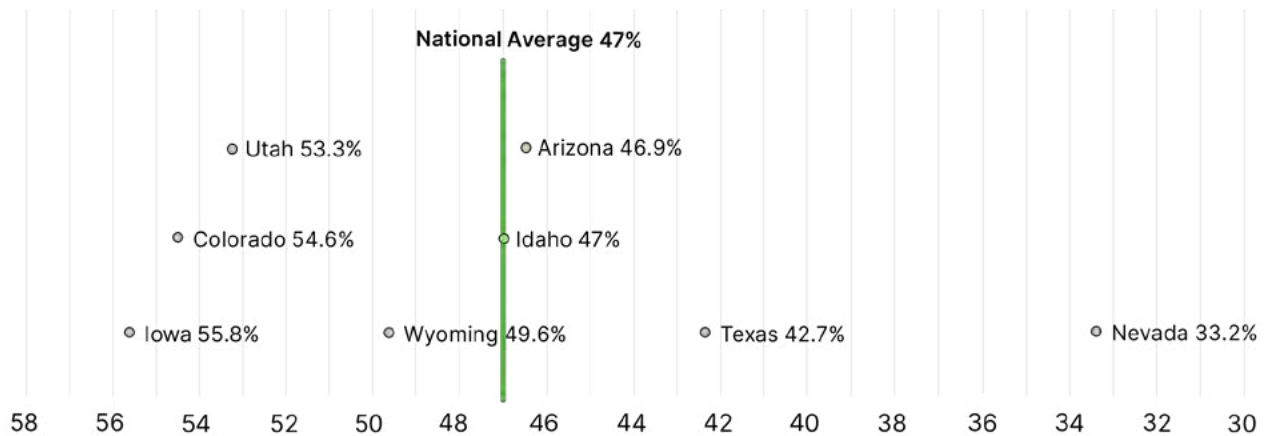
692 Allen, E. M., Call, K. T., Beebe, T. J., McAlpine, D. D., & Johnson, P. J. (2017). Barriers to Care and Health Care Utilization Among the Publicly Insured. *Medical care*, 55(3), 207–214. <https://doi.org/10.1097/MLR.0000000000000644>

693 Syed, S. T., Gerber, B. S., & Sharp, L. K. (2013). Traveling towards disease: transportation barriers to health care access. *Journal of community health*, 38(5), 976–993. <https://doi.org/10.1007/s10900-013-9681-1>

Primary Care

Primary care services for children from birth through eight include well-child exams, dental services, chronic condition treatment/management, and doctor visits.⁶⁹⁴ One of the best practices in child primary care is a model called a “medical home.” This is not necessarily a place, but rather the way care is provided; generally the same medical professionals follow a child throughout their childhood and develop close and collaborative relationships with other providers and the family. There is also an emphasis on health care professionals working collaboratively to ensure children and their families get the education and resources they need to maximize the child’s health and wellness.⁶⁹⁵ Research suggests that children with a medical home have fewer hospitalizations, emergency room visits, out-of-pocket spending from families, and lower monthly costs.⁶⁹⁶ In 2021, Utah was ranked eighth in the nation for the percentage of children with a medical home (see Figure 47).⁶⁹⁷

Figure 47. Percentage of Children from Birth Through 17 with a Medical Home, Various Locations, 2021



Source: Kaiser Family Foundation (2021). *Percent of Children with a Medical Home*. <https://www.kff.org/other/state-indicator/children-with-a-medical-home/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

A slight majority of Utah children from birth through 11 received comprehensive primary care in 2021 (see Figure 48), but there was room for improvement. Comprehensive primary care is vital for a child’s overall health.

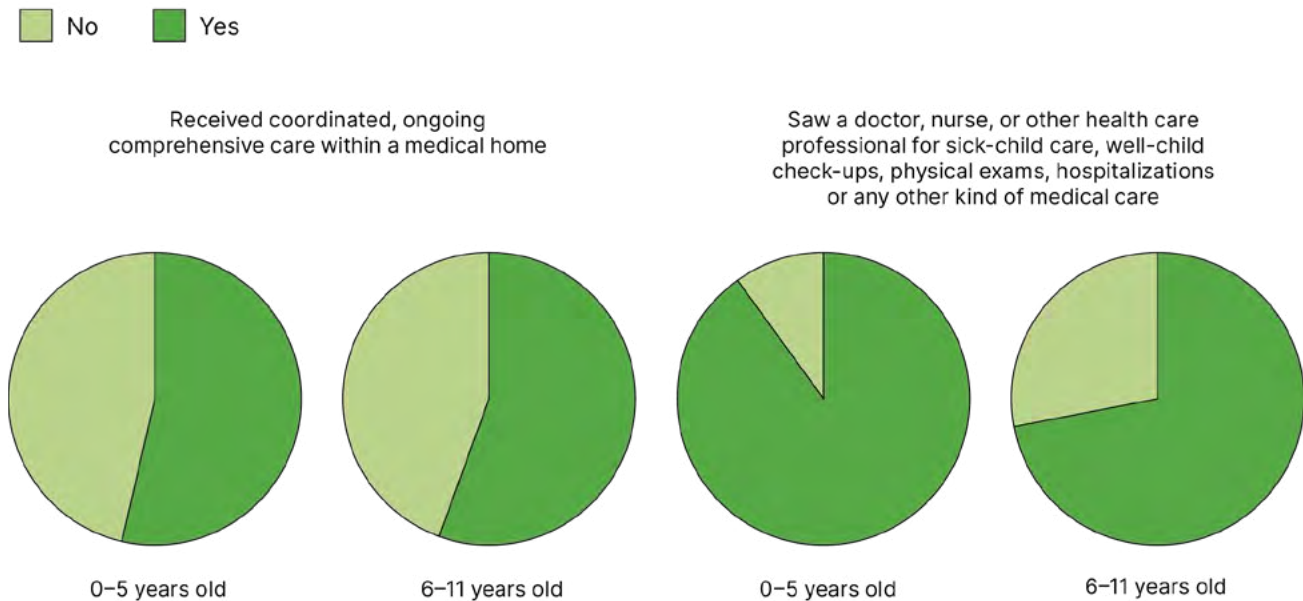
694 University of Utah Health. (2023a). *Primary Care*. <https://healthcare.utah.edu/primary-care>

695 American Academy of Pediatrics. (2022, May 23). *What is Medical Home?* <https://www.aap.org/en/practice-management/medical-home/medical-home-overview/what-is-medical-home/>

696 American Academy of Pediatrics. (2022, May 23). *Why is Medical Home Important?* <https://www.aap.org/en/practice-management/medical-home/medical-home-overview/why-is-medical-home-important/#:~:text=Access%20to%20a%20pediatric%20medical,with%20special%20health%20care%20needs>

697 Kaiser Family Foundation. (2021). *Percent of Children with a Medical Home*. <https://www.kff.org/other/state-indicator/children-with-a-medical-home/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Mean%22,%22sort%22:%22desc%22%7D>

Figure 48. Children's Health Care Access In Utah by Age Group, 2021



Source: Data Resource Center for Child and Adolescent Health. (2021). *National Survey of Children's Health (2016 - present)*. <https://www.childhealthdata.org/browse/survey?s=2&y=44&r=46&t=2965>

However, children ages birth through 17 from lower income households did not receive the same level of primary care as other children (see Table 19). In 2021, while 85% of children from households earning more than 400% of the federal poverty level had access to medical care visits, only 75% of children from households earning zero to 199% of the federal poverty level had such access. Additional barriers, such as transportation, medical coverage and copays, parent ability to take time off work to take children to appointments, may help explain the difference in medical care visits; such issues must also be addressed to increase medical access for children from low-income families.

Table 19. Child (Birth Through 17) Medical Care Visit by Household Income Level in Utah, 2021

Federal Poverty Level	Yes	No
0-199% FPL	74.8%	25.2%
200-299% FPL	81.9%	18.1%
300-399% FPL	79.6%	20.4%
400% FPL or greater	85.1%	14.9%

Source: Data Resource Center for Child and Adolescent Health. (2021). *National Survey of Children's Health (2016 - present)*. <https://www.childhealthdata.org/browse/survey?s=2&y=44&r=46&t=2965>

Additionally, in 2020 fewer children experiencing IGP received dental care (see Table 20). This was most likely due to parents' reluctance to send their children to dentists during COVID-19.⁶⁹⁸ While the percentage of children who received dental care annually almost returned to pre-pandemic levels

698 Intergenerational Welfare Reform Commission. (2022, September 30). *Intergenerational Poverty: Welfare dependency and public assistance use, 2022* (Vol. 11). Utah Department of Workforce Services. <https://jobs.utah.gov/edo/intergenerational/igp22.pdf>

in 2021, there were still a significant portion of children experiencing IGP who did not. A 2018 study showed that if dental care was expensive, lower-income households were more inclined to put off dental care visits, implying that cost is a barrier for these families.⁶⁹⁹

Table 20. Dental Indicator for Health in IGP Children 0-17, 2019-2021

Indicators for Individuals	2019	2020	2021
Received Annual Dental Care	48%	45%	47%

Source: Intergenerational Welfare Reform Commission. (2022, September 30). *Intergenerational Poverty: Welfare dependency and public assistance use, 2022* (Vol. 11). Utah Department of Workforce Services. <https://jobs.utah.gov/edo/intergenerational/igp22.pdf>

Research has shown that cost plays a large part in whether a person goes for a check up. In one national study, 54% of Americans received a medical bill for a cost they thought was covered by their health insurance and 53% received a medical bill saying the amount they owed was higher than they expected. Other factors in medical accessibility may include being able to take time off of work, previous poor experiences with care, and distrust of medical providers.⁷⁰⁰ These factors are potential barriers that may prevent children from lower income families from accessing the care children require to support healthy growth and development.

Health Care Access

Health care access, defined as “the timely use of personal health services to achieve the best health outcomes”⁷⁰¹ is an important factor in child health and well-being. Studies have shown that children, parents, and caregivers who have access to health services have healthier parent-child relationships and fewer incidents of child abuse and neglect.⁷⁰² Two major factors determine access to health care, insurance and availability/sufficiency of care, and this report will address each in turn. Having insurance helps families afford often expensive health care, and lack of insurance impacts lifelong health. Availability and sufficiency of care refer to whether there are sufficient providers that people can access within a reasonable timeframe and without excessive travel.

699 NORC at the University of Chicago. (2018). *Americans' Views of Healthcare Costs, Coverage, and Policy*. <https://www.norc.org/content/dam/norc-org/pdfs/WHI%20Healthcare%20Costs%20Coverage%20and%20Policy%20Issue%20Brief.pdf>

700 NORC at the University of Chicago. (2018). *Americans' Views of Healthcare Costs, Coverage, and Policy*. <https://www.norc.org/content/dam/norc-org/pdfs/WHI%20Healthcare%20Costs%20Coverage%20and%20Policy%20Issue%20Brief.pdf>

701 Tod, A.M. & Hurst, J. (Eds.) (2014). *Health and Inequality: Applying public health research to policy and practice*. New York, NY: Routledge

702 Chen, E., Brody, G. H., & Miller, G. E. (2017). Childhood close family relationships and health. *American Psychologist*, 72(6), 555–566. <https://doi.org/10.1037/amp0000067>

Health Care Access - Insurance

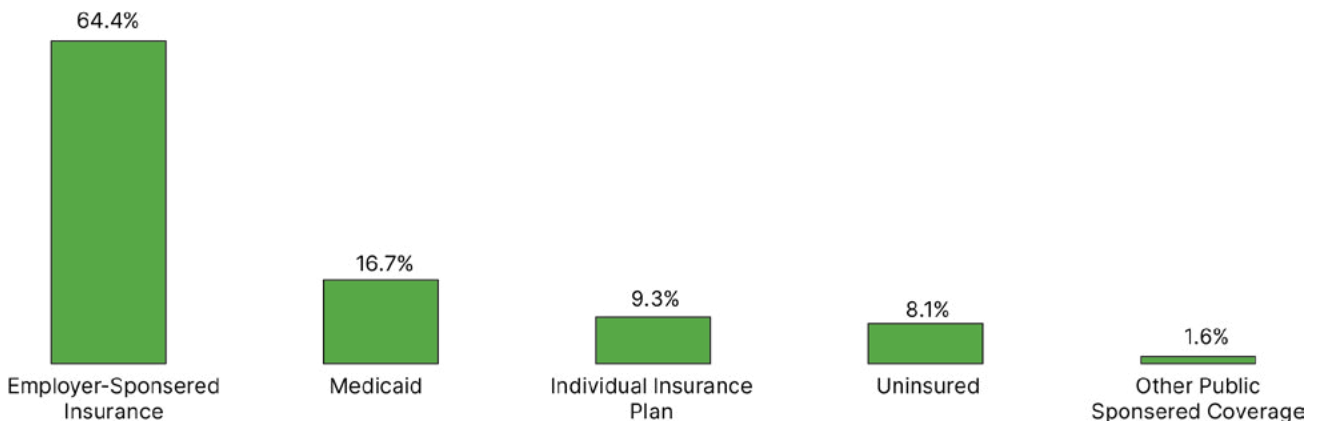
Key Takeaways

- The impact of not having health insurance as a child is lifelong. Uninsured children grow into adults with poorer health, including higher risks for premature death, cancer, heart disease, and other illnesses.
- The federal freeze on Medicaid and CHIP disenrollment ended March 31, 2023, and between 12,500 to 40,900 (one to four percent) of Utah's children may be disenrolled from Medicaid and CHIP.
- Medicaid expansion (covering parents/caregivers) and continuous coverage policies (reducing gaps in children's coverage) have the potential to improve children's health.⁷⁰³
- Expansion of coverage to pregnant people during and for the post-natal year could also improve maternal and infant health in Utah.

Often Americans access health care using some form of insurance, and research has shown that insured children have a lower risk of mortality.⁷⁰⁴ However, health insurance is often expensive, and health insurance premiums and contributions toward medical care costs were shown to have raised the child poverty rate by two percent in the US in 2022.⁷⁰⁵

Medical insurance can be private (either bought by an individual or family, or provided wholly or in part by an employer) or public. In 2021 in Utah, 64% of children from birth through 18 were covered by employer-sponsored health insurance, while nine percent were covered by non-group insurance (private or individual insurance policies rather than employer-sponsored/group policies; see Figure 49).⁷⁰⁶

Figure 49. Utah's Child Health Coverage by Type, 2021



Source: Kaiser Family Foundation (2021). *Health Insurance Coverage of Children 0-18*. R<https://www.kff.org/other/state-indicator/children-0-18/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>

703 Schubel, J. (2020). *Expanding Medicaid for Parents Improves Coverage and Health for Both Parents and Children*. Center on Budget and Policy Priorities. <http://www.jstor.org/stable/resrep26385>

704 Woolhandler, S., & Himmelstein, D. U. (2017). The Relationship of Health Insurance and Mortality: Is lack of insurance deadly? *Annals of Internal Medicine*, 167(6), 424. <https://doi.org/10.7326/m17-1403>

705 Shrider, E. A., & Creamer, J. (September 2023). US Census Bureau, Current Population Reports, P60-280, *Poverty in the United States: 2022*, US Government Publishing Office, Washington, DC. <https://www.census.gov/content/dam/Census/library/publications/2023/demo/p60-280.pdf>

706 Kaiser Family Foundation (2021). *Health Insurance Coverage of Children 0-18*. R<https://www.kff.org/other/state-indicator/children-0-18/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>

Public insurance programs, such as Medicaid and CHIP, are often available for children whose families cannot afford private insurance. However, there are eligibility requirements and enrollment procedures for these programs.^{707, 708} In Utah, 14% of uninsured children live in families living under the FPL or up to 138% of FPL, and may meet eligibility criteria for Medicaid or CHIP.⁷⁰⁹

Health Benefits of Public Health Insurance Programs for Children

Multiple studies have examined the health of adults covered under public health insurance programs as children and found they are healthier throughout adulthood and have lower rates of disability and mortality than adults who were covered by these programs for a shorter duration or were uninsured as children.^{710, 711, 712} White adults also had higher employment rates, though their incomes were unchanged compared to adult who experienced less health coverage as children; the income source of POC covered as children shifted from public assistance to employer wages. POC adults covered as children experienced no positive economic changes as adults, but the positive health impacts of childhood health insurance were still compelling—with lower rates of cancer, suicide and other major mortality causes for POC and whites. Andrew Goodman-Bacon, an economist at the Federal Reserve Bank of Minneapolis, estimates that child coverage resulted in 345K fewer deaths in covered cohorts between 1980 and 1999; 54K among whites and 291K POC.⁷¹³

Goodman-Bacon found that coverage under the age of 10 had the highest impact on adult health. He estimates that overall the government earns a “discounted annual return of between two and seven percent on the original cost of childhood coverage,” the majority of which comes from lower government benefits paid to these children as adults.⁷¹⁴ Another study found children who were covered by Medicaid in the 1980s and 90s had paid more in taxes by age 28 and collected fewer Earned Income Tax Credits than uninsured age-mates.⁷¹⁵

Medicaid coverage for adults can also positively impact the health of their children.⁷¹⁶ Parents covered by Medicaid are more likely to take their children for a yearly medical exam than those without insurance, and the effect was especially strong for low-income children. States that elected to expand Medicaid income eligibility guidelines also saw a reduction in medical debt. Similarly, eviction rates of low-income renters fell by up to 20% compared to states that did not expand Medicaid coverage; thus increasing the housing stability of low-income families reduces their children’s exposure to homelessness and its negative effects on children’s health and well-being.⁷¹⁷

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- 707 For detailed information on eligibility for Medicaid in Utah see: <https://medicaid.utah.gov/apply-medicaid/>
- 708 For detailed information on eligibility for Utah CHIP see: <https://chip.health.utah.gov/>
- 709 Center for Children & Families (CCF), Georgetown University. (2023, January 24). *Children's Health Coverage in Utah*. Georgetown CCF Data. <https://kidshealthcarereport.ccf.georgetown.edu/states/utah/>
- 710 Goodman-Bacon. (2021). The Long-Run Effects of Childhood Insurance Coverage: Medicaid implementation, adult health, and labor market outcomes. *The American Economic Review*, 111(8), 2550–2593. <https://doi.org/10.1257/aer.20171671>. pp. 15-16.
- 711 Thompson, O. (2017). The Long-term Health Impacts of Medicaid and CHIP. *Journal of Health Economics*, 51, 26-40. <https://pubmed.ncbi.nlm.nih.gov/28040620/>
- 712 Goodman-Bacon. (2021). The Long-Run Effects of Childhood Insurance Coverage: Medicaid implementation, adult health, and labor market outcomes. *The American Economic Review*, 111(8), 2550–2593. <https://doi.org/10.1257/aer.20171671>
- 713 Ibid
- 714 Ibid
- 715 Brown, D. W., Kowalski, A. E., & Lurie, I. Z. (2015). Medicaid as an Investment in Children: What is the long-term impact on tax receipts? (No. w20835). *National Bureau of Economic Research*.
- 716 Anthes, L. (2021, January 29). *Return on investment: Medicaid's impact on kids*. The Center for Community Solutions. <https://www.communitysolutions.com/return-investment-medicoids-impact-kids/>
- 717 Center on Budget and Policy Priorities. (2020, October). *The Far-reaching Benefits of the Affordable Care Act's Medicaid Expansion*. <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicoid-expansion>

Medicaid in Utah

Medicaid was historically limited to individuals and families living below the FPL but was recently expanded in some states. In 2019, Utah expanded its Medicaid program to cover adults and their families who have a yearly income of 138% of the FPL.⁷¹⁸ However, only 79% of eligible Utah children participate in Medicaid,⁷¹⁹ the second lowest rate of eligible child participation in the nation.⁷²⁰

In 2019, 55% of Utah's Medicaid recipients were children, differing substantially from national numbers, where only 40% of Medicaid beneficiaries were children.⁷²¹ In 2023 discussion groups, many parents expressed frustration about Medicaid, citing waiting lists, limited providers who spoke languages other than English, difficulty understanding eligibility rules, cumbersome applications, and unrealistic income limits that resulted in frequent loss of coverage for children. A Honeyville parent explained that receiving modest raises to keep up with inflation can affect their eligibility for services, they said:

"We are frustrated because we are having a hard time. We work every day, especially during the winter when we need it. But when you pass a dollar for two weeks and your pay stub shows that you have \$100 more than last month, you don't qualify to get those services."⁷²²

Honeyville parent

Many parents felt that Medicaid benefits had shrunk since COVID-19 and were harder to qualify for, with even small differences in income resulting in children losing Medicaid coverage for months. A Richfield parent expressed:

"...we get kicked off every review and we have to reapply. This happens all the time with food and with Medicaid. We get kicked off on every review and then I call them, and they go over it and they're like, 'Oh, we have it all in wrong.' But it just can be a few months before it gets figured out again."⁷²³

Richfield parent

Parents whose primary language is not English in particular expressed confusion over whether or when their American citizen and non-citizen children would qualify for Medicaid, and this theme was repeated across several discussion groups. These parents also cited difficulty receiving assistance with Medicaid questions in their language. Finally, multiple Spanish-speaking parents shared that

718 Roughly \$19,392 for an individual or \$39,900 for a family of four. Source: Utah Department of Health and Human Services. (2023, March 28). *Medicaid Expansion*. <https://medicaid.utah.gov/expansion/>

719 Center for Children & Families (CCF), Georgetown University. (2023, January 24). Children's Health Coverage in Utah. Georgetown CCF Data. <https://kidshealthcarereport.ccf.georgetown.edu/states/utah/>

720 Only Wyoming has a lower rate of child participation in Medicaid/CHIP, with 79% of eligible children participating. Source: Georgetown University, Center for Children and Families. (2022, December 7). *The Children's Health Care Report Card*. Georgetown CCF Data. <https://kidshealthcarereport.ccf.georgetown.edu/>

721 Kaiser Family Foundation. (2021, December 3). *Medicaid Enrollees by Enrollment Group*. KFF. <https://www.kff.org/medicaid/state-indicator/distribution-of-medicaid-enrollees-by-enrollment-group/?dataView=1&Timeframe=0&sortModel=%7B%22collid%22%3A%22Location%22%2C%22sort%22%3A%22asc%22%7D>

722 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

723 Ibid

there might only be one doctor in an area who could speak their language, and if that doctor was not well-regarded there were few other options under Medicaid.⁷²⁴ Shortages of medical personnel able to speak additional languages are likely to be exacerbated for parents/caregivers who speak languages other than English or Spanish.

Children's Health Insurance Program

CHIP is a federal program designed to cover children under 19 whose family incomes exceed Medicaid limits, but who still cannot afford private medical insurance for their children.⁷²⁵ An additional 10% of uninsured children live in families making 138-249% of the FPL, and 6% of uninsured children live in families making 250% of FPL or more and may or may not qualify for insurance under CHIP (see Table 21).⁷²⁶

Table 21. Utah Children without Insurance by Poverty Level, 2021

Family Income as Percentage of FPL	Percentage of Uninsured Children in Utah
0-137.99%	13.9%
138-249.99%	9.8%
250% or above	5.6%

Source: Center for Children & Families (CCF), Georgetown University. (2023, January 24). *Children's Health Coverage in Utah*. Georgetown CCF Data. <https://kidshealthcarereport.ccf.georgetown.edu/states/utah/>

Barriers to Public Insurance Coverage

Medicaid and CHIP are crucial programs for children's health, and as of January 2023, 46% of US children were enrolled in Medicaid or CHIP, making these programs an important component in children's access to health care. In May 2023, more than a quarter (229,268) of Utah children from birth through 18 were covered by Medicaid or CHIP.⁷²⁷ These programs covered children who might also face additional stressors linked to living in poverty, potentially increasing their need for access to good health care. However, there were also factors that limited children's access to and usage of these programs.

Children's Health Insurance Program vs. Separately-Administered Programs

States can choose to house CHIP within their Medicaid programs or administer the programs separately. As of 2022, Utah's Medicaid and CHIP programs were separate. For states with combined programs, children whose family income rises above Medicaid eligibility levels can automatically be switched to the CHIP program with no loss of coverage. With Utah's separate programs, children who lose Medicaid coverage are disenrolled, and their caregivers must make a separate application for coverage under CHIP, risking a gap in coverage.⁷²⁸

724 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

725 Utah Department of Health and Human Services. (2023). *Children's Health Insurance Program*. FAQs – State of Utah CHIP. <https://chip.health.utah.gov/faqs/>

726 Center for Children & Families (CCF), Georgetown University. (2023, January 24). *Children's Health Coverage in Utah*. Georgetown CCF Data. <https://kidshealthcarereport.ccf.georgetown.edu/states/utah/>

727 Medicaid.gov. (2023, January). *January 2023 Medicaid & Chip Enrollment Data Highlights*. <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>. Combined with Census Bureau population estimates for Utah children under 19.

728 Alker, J., & Brooks, T. (2022, February). *Millions of Children May Lose Medicaid*. Georgetown University Center for Families and Children. <https://thewellnews.com/wp-content/uploads/2022/02/Kids-PHE-FINAL-2-17.pdf>

Eligibility Issues

In 2023 discussion sessions with parents and caregivers around Utah, many parents said small changes in income can cause their children to lose Medicaid coverage. They also mentioned that the program's income limits are not tied to inflation—so when income rises just to keep up with food costs, families risk losing their children's Medicaid coverage.⁷²⁹

“Raising the [Medicaid income eligibility] limit would be life changing.”

St. George parent.

“She is really struggling with her family and her kid's medical care. Her husband made \$50 over the amount for qualifying so they couldn't get it. They went to the ER, and it was like \$700. They allowed her family to have [Medicaid] during COVID, but then took it away. She could not qualify for the other options either. [Medicaid hasn't] factored how much rent and other expenses have gone up.”

Translator relaying the story of a St. George parent

Families did not mention CHIP, so they may be unaware their children may qualify for coverage under this program when their income rises. An automatic shift from Medicaid to CHIP, without needing to manually apply, could eliminate this coverage/awareness gap as it has in other states.

Medicaid Eligibility Call Wait Times

Medicaid policy is managed by DHHS, and they contract with DWS for eligibility and helpline services. Parents from several different discussion groups mentioned that getting assistance with Medicaid applications and services was extremely difficult.⁷³⁰

- “[Callers can] spend hours on the phone with Medicaid and they never answer. They will spend five hours on hold.” – Providence parent
- “She spent three hours and 45 minutes on the phone with Medicaid and the only thing they asked for was her number and that they would call her back. She waited on them to call back. Others would just hang up on her.” – Translator relating a Spanish-speaking parent's story
- “When you call Medicaid, they never give you a solution. It is a waste of time.” – St. George parent

Source: Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

Churn vs. Continuous Coverage

To be eligible for Medicaid, families must fall below income eligibility limits each month. In the past, if family income rose above the monthly limit (due to overtime opportunities, seasonal work, or other factors), the family and their children were no longer eligible and lost their coverage (often referred to as ‘churn’ out of and into coverage). If family income subsequently fell below the eligibility limit,

729 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

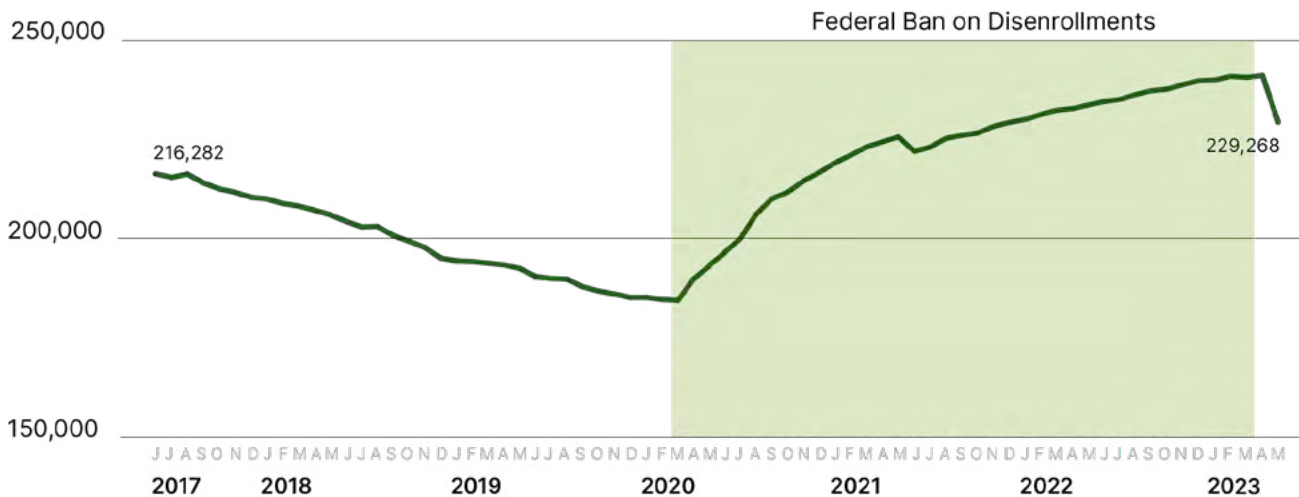
730 This issue was raised by Spanish-speaking parents in several different community discussions. Wait times for Parents/caregivers who speak languages other than English and Spanish should also be assessed, as they may also experience long wait times and difficulties obtaining Medicaid assistance.

caregivers had to reapply for their children's coverage.⁷³¹ As incomes for these families often change month-to-month, many children go in and out of coverage frequently, causing disruptions in their access to health care and often resulting in uninsured periods of time.

In 1997, to avoid this constant 'churn' of children in and out of coverage, the federal government gave states the option to provide 'continuous coverage' for 12 months for Medicaid and/or CHIP, meaning once a child qualifies for either program they would receive 12 months of uninterrupted coverage before having to requalify. Continuous coverage for children has been found to increase their coverage rates, reduce coverage gaps, and lower their risk of poor health outcomes.⁷³²

Utah did not adopt continuous coverage for children. However, in 2020, as part of the federal response to COVID-19, states were offered additional Medicaid fund matching from March 18, 2020, in return for a freeze on disenrollments until the public health emergency was lifted. In Utah, the number of children covered by Medicaid and CHIP increased by 51,632 between February of 2020 and August of 2022, an increase of 28%, resulting in Utah ranking as the seventh highest state for growth in children's Medicaid/CHIP during that time period (see Figure 50).⁷³³

Figure 50. Utah Child Medicaid and CHIP Enrollment, 2017-2023



*All enrollment figures are reported on the first day of each month. May 2023 was the most recent estimate available and was labeled 'preliminary.'

Source: Data.Medicaid.gov. (2023). *State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data*. Medicaid. https://data.medicare.gov/dataset/6165f45b-ca93-5bb5-9d06-db29c692a360/data?conditions%5B0%5D%5B-property%5D=state_abbreviation&conditions%5B0%5D%5Bvalue%5D=UT&conditions%5B0%5D%5Boperator%5D=%3D

731 Alker, J., & Osorio, A. (2023, February). *Child Uninsured Rate Could Rise Sharply if States Don't Proceed with Caution*. Georgetown University Center for Families and Children. <https://ccf.georgetown.edu/wp-content/uploads/2023/04/child-uninsured-rate-4-11-fix.pdf>

732 Brantley, E., & Ku, L. (2022). Continuous Eligibility for Medicaid Associated with Improved Child Health Outcomes. *Medical Care Research and Review*, 79(3), 404-413.

733 Alker, J., & Osorio, A. (2023, February). *Child Uninsured Rate Could Rise Sharply if States Don't Proceed with Caution*. Georgetown University Center for Families and Children. <https://ccf.georgetown.edu/2023/02/01/child-uninsured-rate-could-rise-sharply-if-states-dont-take-care/>

The freeze on disenrollments was ended by the federal government on March 31, 2023, and was projected to impact millions of low-income Americans⁷³⁴ including millions of children.⁷³⁵ One study estimated up to five million children nationally could be disenrolled from Medicaid/CHIP.⁷³⁶ But what happens to children who lose coverage? A pre-pandemic study that used data from 2016-2019 (prior to the pandemic-triggered rule freezing disenrollments) found that 65% of people disenrolled prior to COVID-19 had a gap in coverage. For 17% of the sample, the gap in coverage lasted a full year.⁷³⁷

Though the impact of disenrollments resuming was largely unknown when this report was being written, a recent restart of disenrollment from Utah's CHIP program may serve as an example. In 2020, Utah received permission from the federal government to extend the 12-month continuous coverage to their separate CHIP program. However, in late 2020 this decision was reversed and Utah was forced to lift its CHIP continuous coverage. This required the state to recertify all children covered under the CHIP program to ensure their program eligibility. Though Utah tried to reach caregivers for the recertification, they were unable to contact many families and more than 41% of the children enrolled in CHIP were disenrolled. There was no information on how many of these children were able to find alternate coverage or became uninsured.⁷³⁸

Nationally, the Congressional Budget Office estimates that 40% of those disenrolled as part of lifting the Medicaid COVID-19 disenrollment freeze will become uninsured.⁷³⁹ In 2023, children made up 46% of all Medicaid and CHIP participants nationally,⁷⁴⁰ and in Utah, 50% of Medicaid recipients in 2022 were children.⁷⁴¹ The Kaiser Family Foundation estimated that between 12,500 (best-case scenario; more than one percent of Utah children) and 40,900 (worst-case scenario; more than four percent of Utah children) could be disenrolled from Medicaid/CHIP between March 2023 and May 2024.⁷⁴² Utah Medicaid and CHIP enrollment numbers for children fell from a high of 241,060 in April, 2023, to 229,268 by May, 2023.⁷⁴³ This means 11,792 children were disenrolled from Medicaid and CHIP in the first month of the state's unwinding process, a nearly five percent drop in Utah's child Medicaid and

734 Tolbert, J., and Ammula, M. (2023, April 18). *10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision*. Kaiser Family Foundation. <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicaid-continuous-enrollment-provision/>

735 Alker, J., & Osorio, A. (2023, February). *Child Uninsured Rate Could Rise Sharply if States Don't Proceed with Caution*. Georgetown University Center for Families and Children.

736 Kaiser Family Foundation. (2023, May 3). *Eight to 24 Million Could Lose Medicaid Coverage by May 2024 Due to the End of Pandemic-era Enrollment Protections*. <https://www.kff.org/medicaid/press-release/eight-to-24-million-could-lose-medicaid-coverage-by-may-2024-due-to-the-end-of-pandemic-era-enrollment-protections/>

737 Burns, A., Corrallo, B., Claxton, G., & Tolbert, J. (2023, February 6). *What Happens After People Lose Medicaid Coverage?* Kaiser Family Foundation. <https://www.kff.org/medicaid/issue-brief/what-happens-after-people-lose-medicaid-coverage/>

738 Alker, J., & Brooks, T. (2022, February). *Millions of Children May Lose Medicaid*. Georgetown University Center for Families and Children. <https://thewellnews.com/wp-content/uploads/2022/02/Kids-PHE-FINAL-2-17.pdf>

739 Park, E. (2023, June 1). *New CBO Estimates of the Impact of Unwinding on Medicaid Enrollment, Uninsured*. Georgetown University Health Policy Institute.

740 Medicaid.gov. (2023). *February 2023 Medicaid & Chip Enrollment Data Highlights*. Medicaid. <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>

741 Utah DHHS, Medicaid. (2022). *Utah Medicaid and Chip Annual Report*. <https://medicaid.utah.gov/Documents/pdfs/annual%20reports/medicaid%20annual%20reports/Annual%20Report%20Data%202020.html>

742 Burns, A., Williams, E., Corallo, B., & Rudowitz, R. (2023, May 4). *How Many People Might Lose Medicaid When States Unwind Continuous Enrollment?* Kaiser Family Foundation.. <https://www.kff.org/medicaid/issue-brief/how-many-people-might-lose-medicaid-when-states-unwind-continuous-enrollment/>

743 May 2023 numbers were preliminary estimates reported by the state of Utah. Source: Data.Medicaid.gov. (2023). *State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data*. Medicaid. https://data.medicaid.gov/dataset/6165f45b-ca93-5bb5-9d06-db29c692a360/data?conditions%5B0%5D%5Bproperty%5D=state_abbreviation&conditions%5B0%5D%5Bvalue%5D=UT&conditions%5B0%5D%5Boperator%5D=%3D

CHIP enrollment.⁷⁴⁴ There was no information at the time of writing on how many of these children were able to find alternate coverage or became uninsured.

Recognizing the health benefits of consistent access to health care and the cost savings, the federal government will mandate state implementation of 12-month continuous coverage for children from birth through 18 beginning in January 2024.⁷⁴⁵ Research has shown that states with 12-month continuous coverage have fewer uninsured children, fewer children who experience insurance gaps, and fewer coverage gaps due to administrative/applications issues.⁷⁴⁶ Implementing continuous coverage in Utah could help to reduce coverage gaps for low-income children and increase access to health care.

New State CHIP Program

Utah approved a new program to provide CHIP coverage to non-citizen children, beginning in January 2024. This new program will extend coverage for children who cannot qualify for Medicaid or the traditional CHIP program, but cannot afford other medical insurance. Utah's goal with the program is "to reduce confusion and fear that may keep the children of immigrant families from accessing critical medical, dental, and mental health services." Participation in the program does not count against parents or children under public charge rules, and the program "will not report immigration status or undocumented individuals to the US Immigration and Customs Enforcement (ICE)."⁷⁴⁷

Lowering Rates of Uninsured Children

Programs designed to educate caregivers on eligibility, streamline enrollment, and make re-enrolling (or moving between programs as family income levels impact eligibility) have been shown to lower rates of uninsured children.

Health Care Access - Availability/Sufficiency of Health Care

Key Takeaways

- There were not enough primary care, dental health, and mental health care providers and facilities to meet the demands of families in Utah in 2023.
- Accessibility to providers who accepted Medicaid, provided speciality care for children, or child mental health services was widely reported to be insufficient.

744 May 2023 data were the last available figures at the time this report was written. Source: Data.Medicaid.gov. (2023). *State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data*. Medicaid. https://data.medicaid.gov/dataset/6165f45b-ca93-5bb5-9d06-db29c692a360/data?conditions%5B0%5D%5Bproperty%5D=state_abbreviation&conditions%5B0%5D%5Bvalue%5D=UT&conditions%5B0%5D%5Boperator%5D=%3D

745 All states will be required to adopt a 12-month continuous coverage model for Medicaid and CHIP for children under age 19 as of 1/1/24. Source: Alker, J., & Osorio, A. (2023). *Child Uninsured Rate Could Rise Sharply If States Don't Proceed with Caution*. Georgetown University Health Policy Institute.

746 Brantley, E., & Ku, L. (2022). Continuous Eligibility for Medicaid Associated with Improved Child Health Outcomes. *Medical Care Research and Review*, 79(3), 404-413.

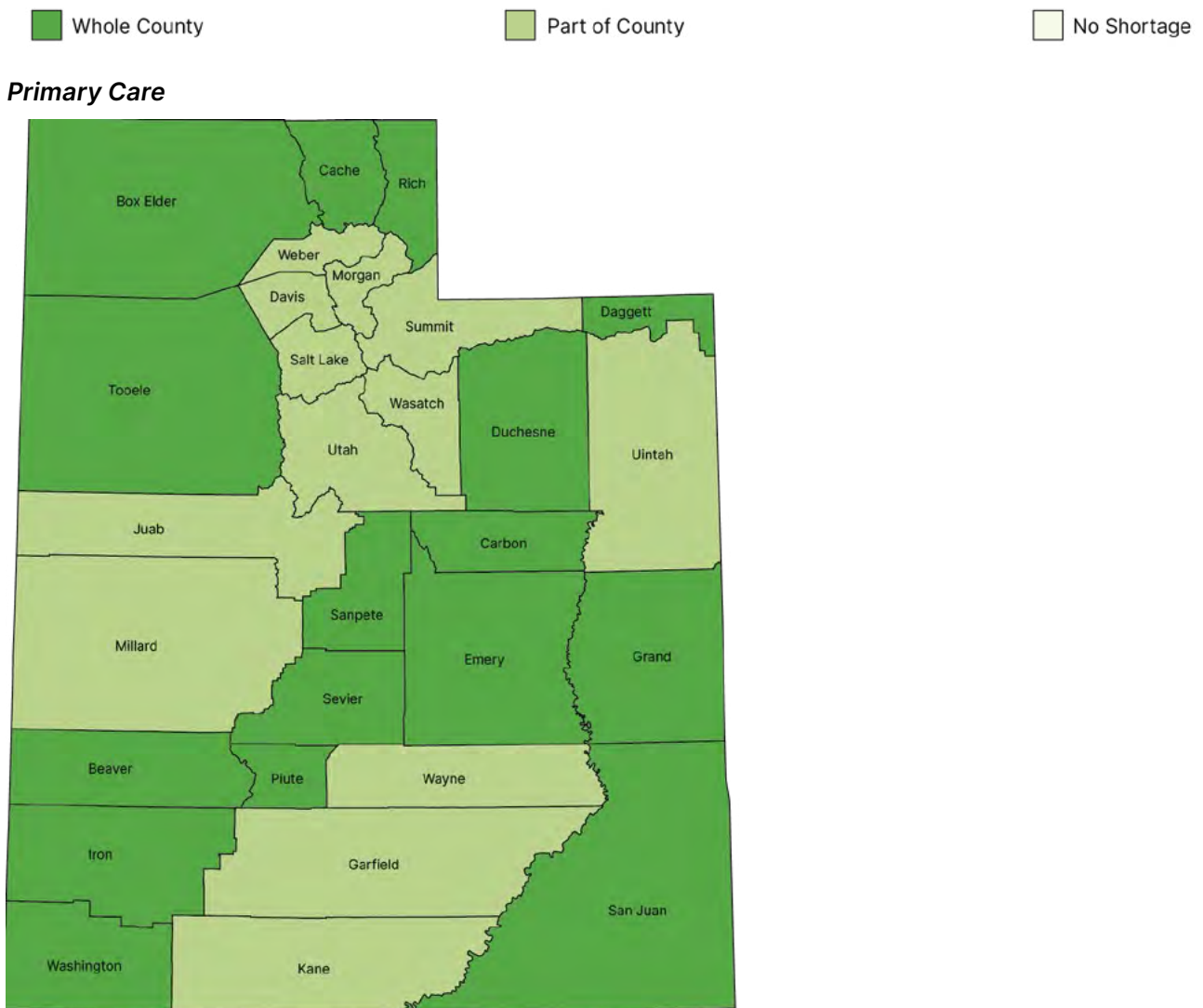
747 Utah Department of Health and Human Services. (2023). *State CHIP*. <https://chip.utah.gov/state-chip/>

Having the ability to pay for health care services is important, but other factors also impact access to health care such as number of providers, number of specialists in an area, distance to providers, and knowledge of appropriate care. Parents/caregivers in the community discussion sessions shared several instances of long waitlists or inability to access assessment, diagnosis, and treatment for common EC issues.⁷⁴⁸ These factors can be barriers to improving children’s health.

Health Care Provider Shortage Areas

In 2023, all of Utah’s counties were classified as Health Professional Shortage Areas (HPSA) to some degree (partial or full) with insufficient numbers of primary care, dental, and mental health professionals (see Figure 51).⁷⁴⁹ HPSA’s were particularly prevalent in rural counties, where health centers and providers often provided more limited services, or were sparsely located.

Figure 51. Utah Counties Classified as Having a Shortage of Health Care Providers, 2023



748 See Appendix C for specific quotes from the Kem C. Gardner report.

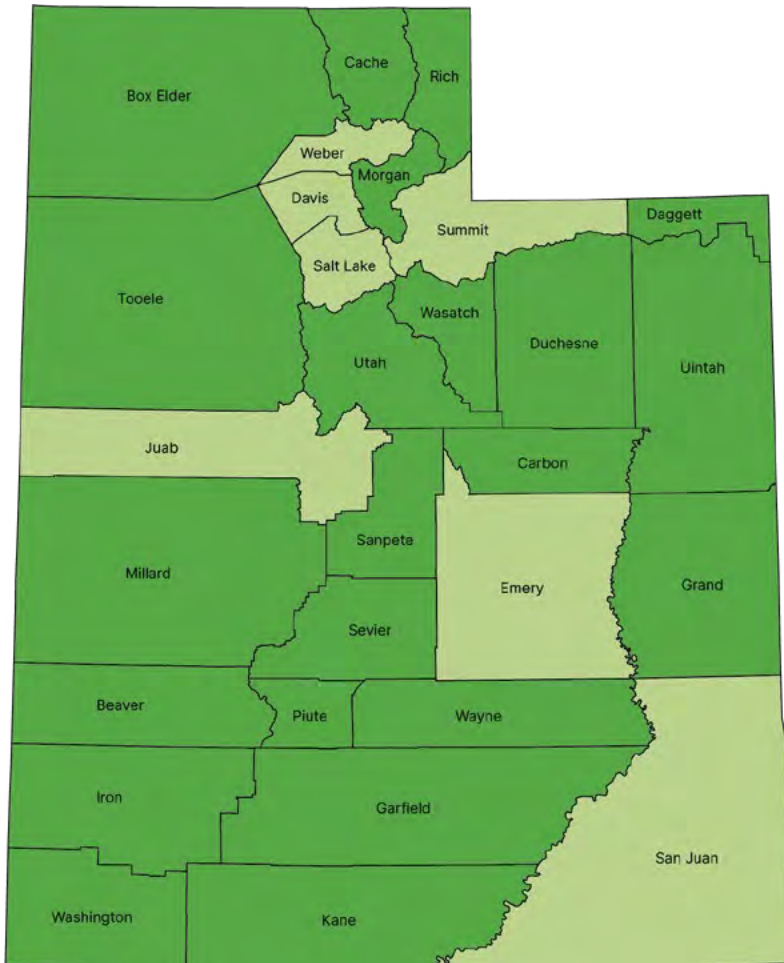
749 Rural Data Explorer. (2023). Rural Health Information Hub. <https://www.ruralhealthinfo.org/data-explorer?id=210&state=UT>. Data provided by US Health Resources & Services Administration <https://data.hrsa.gov/data/download#SHORT>


Whole County


Part of County


No Shortage

Dental Care

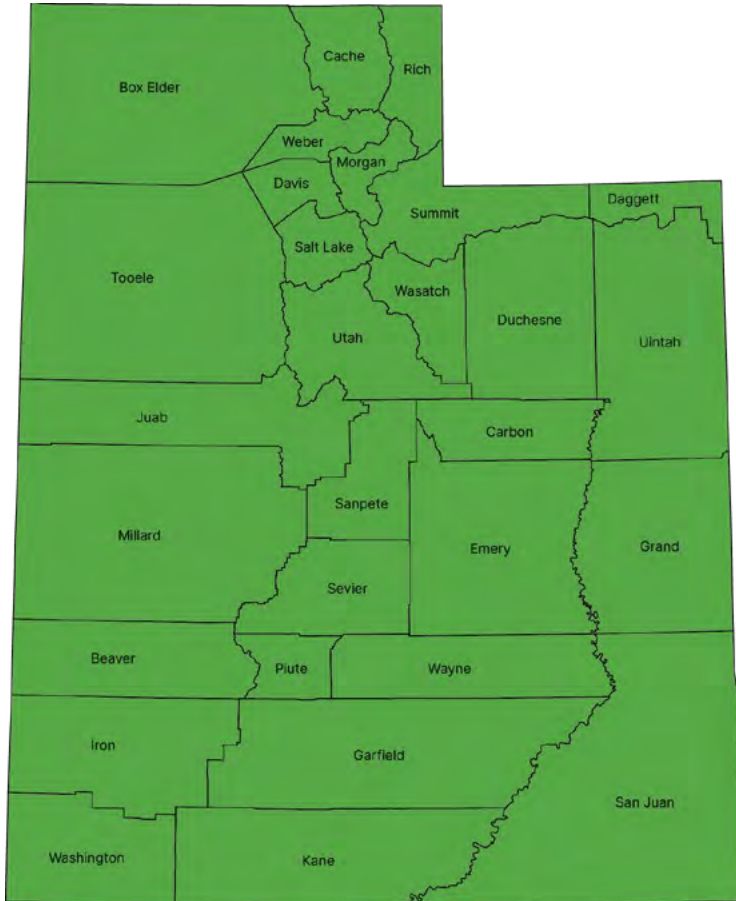


 Whole County

 Part of County

 No Shortage

Mental Health Care



Source: Rural Data Explorer. (2023). Rural Health Information Hub. <https://www.ruralhealthinfo.org/data-explorer?id=210&state=UT>. Data provided by US Health Resources & Services Administration <https://data.hrsa.gov/data/download#SHORT>

Additionally, where providers did exist, some did not accept Medicaid. Each state had requirements to ensure there were adequate numbers of providers to serve Medicaid recipients, but state standards and enforcement around accessibility differed significantly.⁷⁵⁰ Further, research indicated that the majority of Medicaid care was provided by a minority of Medicaid providers, indicating that defining accessibility by number of providers may not provide a full picture of care accessibility.⁷⁵¹ Accessibility to providers was an issue nationally and the federal government in 2023 proposed the establishment of Medicaid wait time standards and requirements for states to do annual participant satisfaction surveys.⁷⁵²

750 Corlette S, Schneider A, Kona M, Corcoran A, Schwab R, Houston M. (March, 2022). Access to Services in Medicaid and the Marketplaces. Robert Wood Johnson Foundation. <https://www.rwjf.org/en/insights/our-research/2022/03/assessing-federal-and-state-network-adequacy-standards-for-medicaid-and-the-marketplace.html>

751 Ludomirsky, A., Schpero, W., Wallace, J., Lollo, A., Bernheim, S. Ross, J., and Ndumele, C. (May, 2022). In Medicaid Managed Care Networks, Care Is Highly Concentrated Among A Small Percentage Of Physicians. *Health Affairs* 2022 41:5, 760-768. <https://doi.org/10.1377/hlthaff.2021.01747>

752 Hinton, E., & Raphael, J. (2023, June 15). *Medicaid Managed Care Network Adequacy & Access: Current Standards and Proposed Changes*. Kaiser Family Foundation. <https://jobs.utah.gov/edo/intergenerational/igp22.pdf>

The majority of Medicaid care in Utah was provided through organizations the state contracted with. A 2022 external assessment of accountable care organizations (ACOs) found that though many of them met many of the state's requirements in regards to accessibility, they all reported "challenges in meeting the time/distance standards⁷⁵³ for rural counties" and "meeting the time/distance standards for the pediatric specialty categories."⁷⁵⁴

"Our waiting lists are kind of unbelievable. Dentists, mental health providers, it's a big deal... especially for lower-income families with Medicaid. I'm talking months."

Vernal parent

Mental Health Care Shortages

A 2020 study concluded that children in Utah, especially from birth to age four, do not have access to adequate mental health professionals.^{755, 756} One example that illustrated this came from the AACAP, which classified Utah as a state with a severe shortage of licensed child and adolescent psychiatrists (CAPs). In 2023, AACAP reported a national average of 14 CAPs for every 100K children,⁷⁵⁷ while Utah, despite being one of the youngest states in the nation, had eight CAPs for every 100K children.⁷⁵⁸

"Utah Behavioral Services is local here in town and they have an office ... there's only one psychiatrist that goes around all of the state of Utah and there's a waitlist. And they say you can get in and try to sign up but you're looking at 3-6 months before you can even get somebody to come in and diagnose. Or even have that evaluation."

Utah parent

The 2020 study highlighted a variety of systemic barriers to accessing child mental health care, including a shortage of mental health professionals, lengthy waitlists, an uneven distribution of EC mental health services through Utah counties, distance/cost/difficulty of travel to providers (especially for children in rural areas), few mental health programs for children under four, and a lack of bilingual and multicultural health care professionals.⁷⁵⁹

753 A measure of accessibility that measures how much time and/or how far Medicaid participants have to travel to reach health care providers who accept Medicaid.

754 Health Services Advisory Group. (June, 2022). *State of Utah Division of Medicaid and Health Financing Bureau of Managed Health Care - Annual External Quality Review Report of Results*. P. 1-17. https://medicaid.utah.gov/Documents/pdfs/UT2022_EQR_TechRpt_F2.pdf

755 Ball, S., & Summers, L. (2020, December). *Early Childhood Mental Health in Utah*. Kem C. Gardner Policy Institute. <https://gardner.utah.edu/wp-content/uploads/Child-Ment-Health-Dec2020.pdf>

756 The Utah Behavioral Health Assessment and Master Plan was released in January, 2024, after this report was written. It can be accessed at: <https://d36oiwf74r1rap.cloudfront.net/wp-content/uploads/2024/01/BehaviorHealth-Plan-Jan2024-Final.pdf>

757 https://www.aacap.org/App_Themes/AACAP/docs/Advocacy/AACAP_HELP_RFI_3.20.23.pdf

758 Workforce Maps by State. (n.d.). American Academy of Child and Adolescent Psychiatry. https://www.aacap.org/AACAP/Advocate/Policy_Resources/State_Workforce_Maps/AACAP/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx?hkey=56cd4ca3-d496-4e93-82a9-ff19376b5ac9

759 Ball, S., & Summers, L. (2020, December). *Early Childhood Mental Health in Utah*. Kem C. Gardner Policy Institute. <https://gardner.utah.edu/wp-content/uploads/Child-Ment-Health-Dec2020.pdf>

"... unless you have been a victim of a crime or something like that, you won't be able to get any mental health [services] for your kids."

Richfield parent

A comprehensive early intervention system is crucial in effectively addressing EC MBDDs.⁷⁶⁰ The state of Utah has developed a System of Care that assists families across the state in finding appropriate services and resources for their children by "helping them navigate human service delivery systems related to child welfare and juvenile justice."⁷⁶¹ Within this System of Care, the Pyramid Model Statewide Implementation project is "an evidence-based model that was designed to improve service continuity across the EC system for families transitioning between or receiving services from multiple service programs."⁷⁶² These frameworks enable Utah families to more effectively and consistently connect with resources and services that help children navigate and thrive amidst mental health challenges.

"We go to Primary Children's at least once a month because there are no services down here. And so, they miss school, not to mention the gas prices, hotels, and the fighting on the drive there..."

Richfield parent

Addressing the Gaps

To encourage equal access to care for all children, it is crucial to address the complex inequities in child physical and behavioral health. Identified gaps include: high cost of medical care, complexity of finding and keeping insurance coverage for children, lack of providers who speak languages other than English, uneven distribution of service provider locations, and a lack of qualified mental health care providers for children under five.

Early Intervention

Key Takeaways

- Early screening and intervention supports children during critical years of development, allowing them to later thrive academically and socially.
- Utah's early intervention system is composed of a number of DHHS departments and nonprofit organizations such as the UPC, HMG, and the United Way of Salt Lake.
- Baby Watch Early Intervention Program (BWEIP) would benefit from additional funding as this could potentially allow for more frequent service visits, a wider variety of service options as well as increase bandwidth for child find activities. However, all children referred and determined eligible in 2020 and 2021 were provided with services.

760 See "Access to Physical and Behavioral Health Services" section for more information.

761 Ball, S., & Summers, L. (2020, December). *Early Childhood Mental Health in Utah*. Kem C. Gardner Policy Institute. <https://gardner.utah.edu/wp-content/uploads/Child-Ment-Health-Dec2020.pdf>

762 *Empowering Utah Families Through a Coordinated Early Childhood B-5 System*. (n.d.). Utah Department of Health and Human Services.

Intervention Services and Programs

Utah's statewide early intervention system consisted of services, tools, and resources to support children with developmental delays or disabilities (and their families) from birth to three years old. These are years of critical physical and psychological development, especially for children with MBDDs. Children born with a qualifying medical diagnosis (including Down syndrome, autism spectrum disorder, failure to thrive, significant hearing/vision impairment, etc.) were automatically eligible for early intervention services, and infants or toddlers with physical, cognitive or social-emotional delays or disabilities might also have been eligible.⁷⁶³

Baby Watch Early Intervention Program

BWEIP focused on improving parent and caregiver capacity to help their child achieve developmental outcomes. BWEIP provided a wide array of services, such as multidisciplinary evaluations, education, and family coaching, as well as audiology and hearing services, speech-language services, medical, nursing, nutrition, and vision services, and psychology and social work. In 2021, Utah's BWEIP served 15,800 children from birth to age three (see Table 22).⁷⁶⁴ About 38% of these children came from low-income households, and 56% of their families paid no fee to participate in early intervention services.⁷⁶⁵

BWEIP is evaluated in Utah's annual performance reports on their implementation of IDEA. The following are several outcomes from the 2022 and 2023 performance reports:

- 70% of participant children demonstrated an increase in acquisition and use of knowledge and skills.⁷⁶⁶ Utah fell in the middle of states on this nationally-established indicator, along with 17 other states reporting between 70 and 80% of children demonstrating an increase in knowledge and skills. Only three states reported above 90%.⁷⁶⁷
- Utah experienced a steep drop in the percentage of children demonstrating improved positive emotional skills in 2020, likely due to COVID-19 (see Figure 52).⁷⁶⁸ In 2019, Utah was among 12 states reporting between 50 and 59% of children demonstrating improved positive emotional skills, while 35 states reported higher percentages.⁷⁶⁹

763 Eligible population for Part C services does not include "at-risk children" Source: Davenport, L. (2022, April 25). State Performance Plan/ Annual Performance Report: Part C. US Department of Education.

764 *Early Childhood Utah Advisory Council Annual Report 2023*. (n.d.). Utah Department of Health and Human Services. https://earlychildhoodutah.utah.gov/pdf/ECU_Annual_Report.pdf

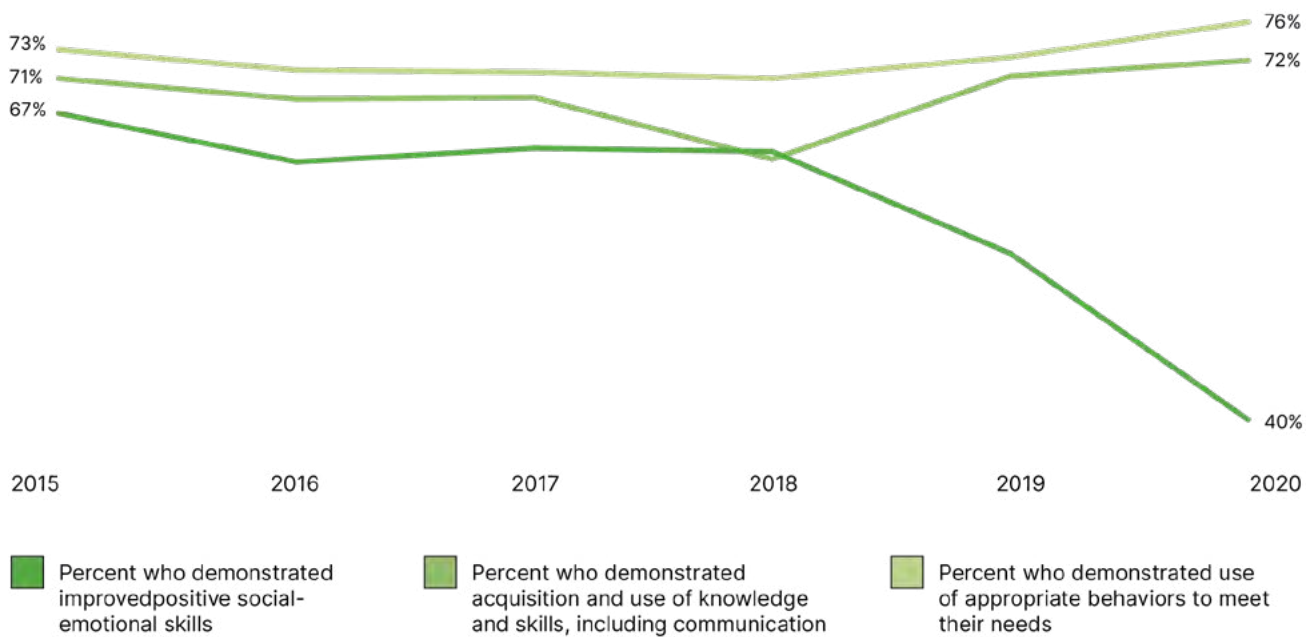
765 BWEIP operates on a sliding scale fee basis, with families that meet income guidelines receiving services for free. Source: *Early Childhood Utah Advisory Council Annual Report 2023*. (n.d.). Utah Department of Health and Human Services. https://earlychildhoodutah.utah.gov/pdf/ECU_Annual_Report.pdf

766 US Department of Education. (2022, April 25). State Performance Plan/Annual Performance Report: Part C for State Formula Grant Programs under the Individuals with Disabilities Education Act FY 2020 Utah.

767 Office of Special Education and Rehabilitative Services. (2023, April). *44th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2022*. US Department of Education. <https://sites.ed.gov/idea/files/44th-arc-for-idea.pdf>

768 Interview with Leah Voorhies, State Director of Special Education, and Teresa Judd, Preschool Specialist. Utah State Board of Education. July 7, 2023.

769 Office of Special Education and Rehabilitative Services. (2023, April). *44th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2022*. US Department of Education. <https://sites.ed.gov/idea/files/44th-arc-for-idea.pdf>

Figure 52. Outcomes for Utah Children With an Individualized Family Service Plan, 2015-2020⁷⁷⁰**Sources:**

US Department of Education. (2022, April 25). State Performance Plan/Annual Performance Report: Part C for State Formula Grant Programs under the Individuals with Disabilities Education Act FY 2020 Utah.

US Department of Education. (2022, April 25). State Performance Plan/Annual Performance Report: Part C for State Formula Grant Programs under the Individuals with Disabilities Education Act FY 2020 Utah.

Help Me Grow Utah

The United Way of Utah's early intervention resource, HMGU, is a free information and referral helpline for parents/caregivers and providers. HMGU supported prenatal parents and families with children ages birth through eight, offering services in both English and Spanish. Services provided by HMGU included personalized parent support, screenings to track a child's development, age-specific activities to strengthen child development and the parent-child bond, connection to community resources (such as BWEIP and home visiting programs), and support.⁷⁷¹ For health care and service providers, HMGU provided support via screening tools, and also educated providers on its services so they could pass information to their patients. HMGU served 6,480 families in 2022, including 2,977 newly enrolled families. This was approximately a 44% increase in families served since 2021.⁷⁷²

Utah Parent Center

Founded in 1983 by parents of children with disabilities to help other parents facing similar challenges, the UPC is a training and information center.⁷⁷³ UPC utilized a proven parent-to-parent model, and in 2022 they grew the number of parents reached through personalized services by 49% from 2021, and more than doubled the number of people served through workshops and presentations (see Figure 53).⁷⁷⁴ UPC has built collaborative networks with other professional

⁷⁷⁰ This is the most recent data available.

⁷⁷¹ Help Me Grow Utah. *Who We Are*. (2023). <https://helpmegrowutah.org/>

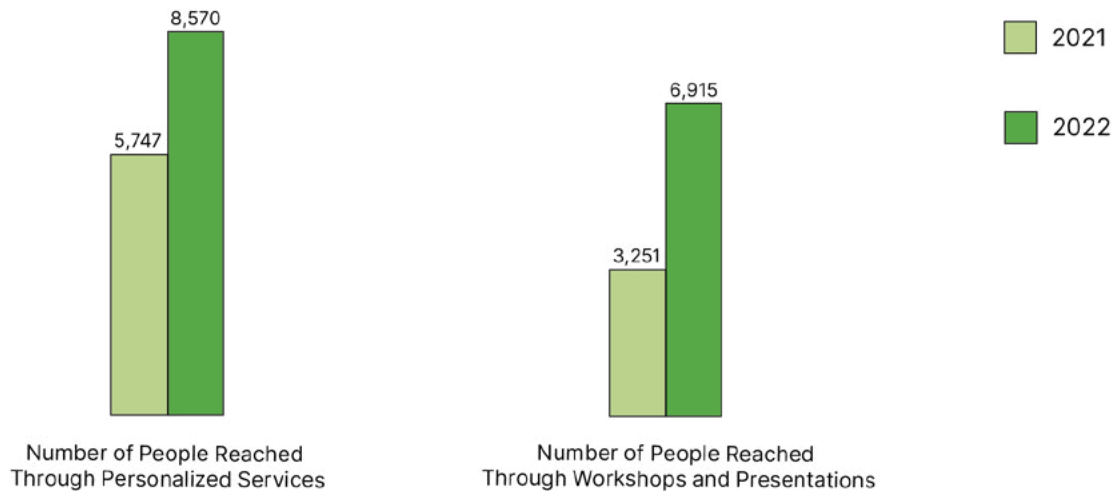
⁷⁷² *Early Childhood Utah Advisory Council Annual Report 2023*. (n.d.). Utah Department of Health and Human Services. https://earlychildhoodutah.utah.gov/pdf/ECU_Annual_Report.pdf

⁷⁷³ Utah Parent Center. (2023, October 1). *Homepage - Utah Parent Center*. <https://utahparentcenter.org/>

⁷⁷⁴ *Utah Parent Center Annual Report 2022*. (2022). Utah Parent Center. <https://utahparentcenter.org/wp-content/uploads/2023/01/Annual-Report-2021-22-1.pdf>

education and health organizations to support families as they navigate EC systems. Through the UPC's website, families can also learn more about and connect to BWEIP and other birth through eight services appropriate to their needs.

Figure 53. Number of Individuals Reached by UPC Services, 2021-2022



Source: *Utah Parent Center Annual Report 2022*. Utah Parent Center. <https://utahparentcenter.org/wp-content/uploads/2023/01/Annual-Report-2021-22-1.pdf>

Other Early Intervention Programs

Other entities involved in early intervention programming include local health departments (LHDs), the Interagency Coordinating Council (ICC), and FACE. LHD early childhood services—offered in select counties across Utah—were largely community-based home visiting programs. However, these home visiting programs were not funded by the DHHS. The ICC was an advisory board made up of parents, early childhood entities, EI providers, agencies, and representatives from the community which met quarterly.⁷⁷⁵ Its mission was to serve as an independent advisory board assisting in the implementation of Part C, Early Intervention, BWEIP services.⁷⁷⁶ FACE is a family literacy program for AI/AN families that, during enrollment, screens children for developmental issues and concerns. During these screenings, FACE can identify whether a child may need an IEP or Individualized Family Service Plan (IFSP). In 2019, 91% of FACE children received developmental screening, and 12% of these screened children were referred to early intervention services.⁷⁷⁷

Early Intervention Screening

The ASQ can help determine whether a child would benefit from early intervention services. Ensuring access to early screening is often the first step to identifying opportunities for early intervention for children with MBDDs. Utah Early Childhood Utah Program along with the advisory committee chose to recommend the ASQ to standardize screening and focus training and awareness efforts to increase the

⁷⁷⁵ Utah Department of Health. (2024). Baby Watch Early Intervention Program. <https://familyhealth.utah.gov/oec/baby-watch-early-intervention/>

⁷⁷⁶ Interview with Lisa Davenport, Part C Coordinator, and Gregg Reed, Baby Watch Data Manager. Utah Department of Health and Safety Services. July 7, 2023.

⁷⁷⁷ Research & Training Associates, Inc. (n.d.). *BIE FAMILY AND CHILD EDUCATION (FACE) PROGRAM 2019 Report*. US Department of The Interior Bureau of Indian Education. https://www.bie.edu/sites/default/files/inline-files/FACE%20Eval%20Exec%20Summary%202019%20%28%29_0.pdf

number of screenings conducted across the state. ASQ screenings were free and available through health care providers, BWEIP, HV programs, HMGU, Head Start Programs, and other early learning programs.⁷⁷⁸

Opportunities in Early Intervention Services

Outcomes for children with developmental disabilities can be greatly improved with early identification and intervention. However, Utah's Part C Early Intervention programs are not able to screen all children to identify them for further assessment. This fact highlights the importance of child find activities, effective partnerships, and continuing to establish referral sources in order to serve as many children with disabilities as possible. Gaps within the early intervention space include shortages of medical and educational professionals qualified to work with EC populations, a shortage of EC screenings, and insufficient funding which limited the ability of existing services to reach more at-risk Utah children.

Shortages of medical and educational professionals qualified in EC, and difficulties in accessing services created barriers that prevented underserved children, especially in the birth through age one range, from getting high-quality intervention services at the right time.⁷⁷⁹ Identifying qualified medical and educational professionals to work with infants with MBDDs was challenging in urban areas, and more so in rural and frontier areas.^{780, 781}

The national Centers for Disease Control and Prevention (CDC) estimates that 17% of US children are at risk for developmental disabilities.⁷⁸² Though efforts to increase ASQ screenings in Utah were underway in 2023, only 7,833 children birth through eight were screened using the ASQ-3, a fraction of the estimated 75K Utah children aged birth through eight more likely to have a developmental disability.^{783, 784}

Table 22. Utah Children Served by Baby Watch Early Intervention Program, 2020-2021

Year	Estimated Number of Children Birth to Three with Developmental Disabilities ⁷⁸⁵	Actual Number of Children Birth to Three Served by BWEIP
2020	32,492	15,039
2021	31,894	15,800

Sources:

Utah Department of Health and Human Services. (2021). *2021 Baby Watch Early Intervention Program Summary*. <https://health.utah.gov/cshcn/pdf/BabyWatch/2021%20Baby%20Watch%20Program%20Summary.pdf>

Utah Department of Health and Human Services. (2023). *Early Childhood Utah Advisory Council Annual Report 2023*. https://earlychildhoodutah.utah.gov/pdf/ECU_Annual_Report.pdf

778 Two different forms of the screening tool were in use: the ASQ-3 and the ASQ:SE-2. The ASQ-3 surveys overall development in areas such as communication, gross and fine motor skills, problem solving, and personal/social interaction, while the ASQ:SE-2 focuses solely on child health and well-being.

779 Interview with Leah Voorhies, State Director of Special Education, and Teresa Judd, Preschool Specialist. Utah State Board of Education. July 7, 2023.

780 Interview with Lisa Davenport, Part C Coordinator, and Gregg Reed, Baby Watch Data Manager. Utah Department of Health and Safety Services. July 7, 2023.

781 Interview with Leah Voorhies, State Director of Special Education, and Teresa Judd, Preschool Specialist. Utah State Board of Education. July 7, 2023.

782 *Data and Statistics on Children's Mental Health* | CDC. (2022, June 3). Centers for Disease Control and Prevention. <https://www.cdc.gov/childrensmentalhealth/data.html>

783 Estimated number of Utah children with DD = Utah's birth-through-eight child population (from single-year-of-age Census data) multiplied by the CDC's estimate for percent of children affected by developmental disabilities (6.5%). Sources: US Census Bureau. (2023a, June 20). *State population by characteristics: 2020-2022*. Census.gov. <https://www.census.gov/data/tables/time-series/demo/pepstat/2020s-state-detail.html>; and *CDC's Work on Developmental Disabilities*. (2022, May 16). Centers for Disease Control and Prevention. <https://www.cdc.gov/ncbddd/developmentaldisabilities/about.html>

784 *Early Childhood Utah Advisory Council Annual Report 2023*. (n.d.). Utah Department of Health and Human Services. https://earlychildhoodutah.utah.gov/pdf/ECU_Annual_Report.pdf

785 Estimated number of Utah children with DD = Utah's birth-through-eight child population (from single-year-of-age Census data) multiplied by the CDC's estimate for percent of children affected by developmental disabilities (17%).

Additionally, funding for Utah's BWEIP has remained the same since 2017. BWEIP would benefit from an increase in funding to further support child find activities and reach more children who have disabilities or delays and would benefit from Part C early intervention services. A gap existed between the number of children served by BWEIP and the many children at risk of developmental disabilities who could benefit from such services if awareness and referrals increased. In 2020 the Center for Persons with Disabilities at Utah State University found funding issues have "prevented (BWEIP) from maximizing their total impact."⁷⁸⁶ Although BWEIP continues to assess children within 45 days of referral, families and EC providers reported in 2023 community discussions that children may then wait several months before appointments with specialty providers (external to BWEIP) and related services begin.⁷⁸⁷

"Early intervention works. When kids come to school ready to learn it makes life better for everyone. Better for teachers, better for students, better for families and communities. It's an investment worth making."⁷⁸⁸

Leah Voorhies, State Director of Special Education, and Teresa Judd, Preschool Specialist. Utah State Board of Education, interview, July 2023

Early Learning

Early Childhood Literacy

Key Takeaways

- In 2021, Utah had a higher percentage of children from birth to five who were read to daily, compared to the national average.
- Though numerous literacy resources existed, Utah lacked coordination among the numerous stakeholders working in this area and had no way to assess how many children or families used these services.

States often work to build strong systems to support early learning, knowing that these early investments can improve later educational outcomes and lead to better-educated adults and more competitive workforces. Children are learners from birth onward and what they learn in the first few years is crucial to their development and shapes their lifelong learning and language skills.⁷⁸⁹ As infants and toddlers take in the world around them, they learn through their relationships, helping develop their own relationship and emotional foundations.⁷⁹⁰ Parents are often a child's first teachers, and literacy and numeracy development takes place within and beyond the home environment, through both structured and informal means.

786 Center for Persons with Disabilities. (2020, January). *Investing in Early Intervention for Infants and Toddlers with Disabilities and their Families Yields Big Dividends*. Utah State University. <https://idrpp.usu.edu/files/policy/investing-in-early-intervention.pdf>

787 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

788 Interview with Leah Voorhies, State Director of Special Education, and Teresa Judd, Preschool Specialist. Utah State Board of Education. July 7, 2023.

789 National Institute of Child Health and Human Development. (2021, July 8). *About Early Learning*. <https://www.nichd.nih.gov/health/topics/early-learning/conditioninfo>

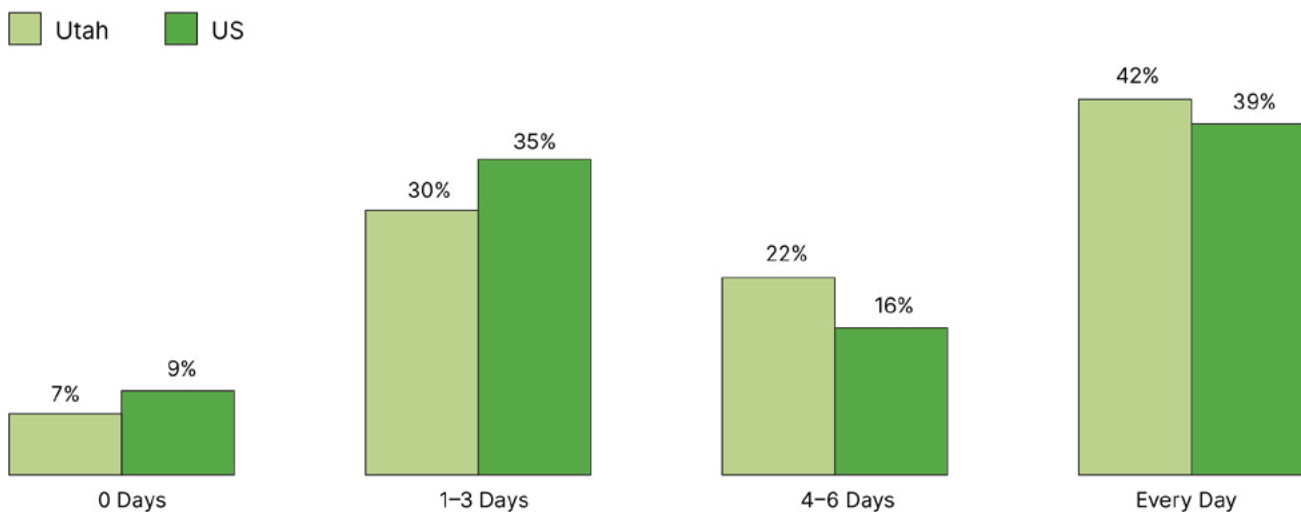
790 National Association for the Education of Young Children. (2020). *Principles of Child Development and Learning and Implications that Inform Practice*. <https://www.naeyc.org/resources/position-statements/dap/principles>

The concept of “early learning” involves young children’s process of learning to become independent, and learning how to regulate their emotions and behaviors. During these early years, children learn language, simple math skills, baseline skills for reading, and skills for lifelong learning. They also begin forming relationships and develop foundational social skills.

Source: National Institute of Child Health and Human Development. (2021, July 8). *About Early Learning*. <https://www.nichd.nih.gov/health/topics/early-learning/conditioninfo>

Literacy activities including reading to children from infancy is a critical part of language and cognitive development. It builds vocabulary and pre-reading skills which contribute to school readiness. Children who are read to daily hear more than 290K more words by kindergarten than children who are not regularly read to.⁷⁹¹ In 2021, Utah had a higher percentage of children from birth to five who were read to daily, compared to the national average (see Figure 54). This was a significant change from 2018 when only 33% of Utah parents reported someone read to their children daily.⁷⁹²

Figure 54. Percentage Of Parent Responses When Asked How Many Days They Or Another Family Member Read To Their 0–5-Year-Old Child Within The Past Week, Utah and National, 2021



Source: Child and Adolescent Health Measurement Initiative. (2021). *National Survey of Children's Health Data Query* [Interactive Data Tool]. www.childhealthdata.org

In 2023, several resources existed in Utah to develop early literacy skills. Parents and caregivers had access to a variety of online resources and could engage in local and national programs (see Table 23). However, Utah lacked an early literacy program to coordinate the numerous stakeholders working in this area and had no way to assess how many children or families used these services.

791 Sheldon-Dean, H. (2023). *Why Is It Important to Read to Your Child?* Child Mind Institute. <https://childmind.org/article/why-is-it-important-to-read-to-your-child>

792 Child and Adolescent Health Measurement Initiative. (2021). *National Survey of Children's Health Data Query* [Interactive Data Tool]. www.childhealthdata.org

Family and Child Education (FACE) is a family literacy program designed to address achievement gaps for AI/AN children, especially those living in rural areas. The program offered in-home services for families with toddlers and center-based services for preschool-aged children.⁷⁹³ In 2023 discussion groups, several parents mentioned that the FACE program helped their child adjust to school.⁷⁹⁴

Enhanced coordination and collaborative systems efforts have the potential to optimize resources and foster a more cohesive early learning community in Utah. By coordinating efforts, stakeholders can ensure the availability of resources for the general population and develop tailored resources for underserved communities.

Table 23. Selection of Utah Early Literacy Programs, 2023

Program	Provider	Description	URL
Ready to Read	State Agency - Utah State Library Division	Provides Utah librarians and community partners resources to increase the frequency and intention of parents and caregivers talking to their children, sharing books with their children, and bringing their children to libraries.	http://utahkidsreadytoread.org/
UEN Pre-school Path	Higher Education - Utah Education Network	Utah's Early Learning Online Library, a collection of educational resources including interactive learning games, curriculum ideas, parent and caregiver support materials, and other vetted resources from PBS, national, and local providers.	http://preschool.uen.org/parent/tips.shtml
Reach Out and Read	Nonprofit/Community	Reach Out and Read seeks to incorporate books into pediatric care and encourage families to read aloud together.	http://www.reachoutandread.org/resource-center/find-a-program/
Envision Utah	Nonprofit	Educates parents on the importance of early interactions and provides tips, resources and links to helpful programs.	https://envisionutah.org/early-learning
FACE	State agency - US Department of the Interior Bureau of Indian Education	A family literacy program offering in-home and center-based services designed to address achievement gaps for AI/AN children, especially those living in rural areas.	https://www.bie.edu/topic-page/early-childhood-education

793 Bureau of Indian Education. (n.d.). *Early Childhood Education*. <https://www.bie.edu/topic-page/early-childhood-education>

794 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

Early Head Start/Head Start

Key Takeaways

- Investments in EHS and HS produced a \$7 return for every \$1 spent by raising children's high school completion rates and improving health outcomes.⁷⁹⁵
- Only one-third of Utah's children in poverty, HS target population, were enrolled in HS programs.
- EHS and HS enrollment decreased as funding shrank and staff turnover increased.

EHS and HS are federally funded programs aimed at promoting school readiness for children birth through five.⁷⁹⁶ Children from families with low income, children in FC, children experiencing homelessness, and children receiving public assistance through TANF are all eligible.⁷⁹⁷ HS emphasizes the parent's role as a child's first educator and provides a learning environment that fosters social, emotional, language, and literacy development. Parents observed that Centro de la Familia, a HS program serving several counties in Utah, was an especially impactful learning environment for their children. They explained how Centro played a critical role in addressing their children's behavioral needs, and Spanish-speaking parents mentioned Centro was one of the only places they could consistently rely on Spanish-speaking early childcare professionals. Parents of children enrolled in EHS and HS in 2023 noted that the program enabled their children to develop social skills that prepared them to successfully transition from home into a school environment.⁷⁹⁸

Utah EHS programs served 722 infants and toddlers in 2022. Of these children, 95% were from families with low incomes, and 18% were children who were diagnosed with a disability.⁷⁹⁹ Utah's EHS also served 126 pregnant women in the 2020-2021 school year.⁸⁰⁰

Investments in EHS and HS have proven to produce a \$7 return on investment for every \$1 spent by increasing high school completion rates and improving health outcomes.^{801, 802} Despite this high rate of return, funding for HS has dwindled over the past several years. Funding decreased by almost \$3M from the 2019-20 to 2020-21 school year, and HS teachers were paid on average \$27K less than the median salary of Utah kindergarten teachers.^{803, 804} In 2021, Utah received more than \$74M

795 Schanzenbach, D.W., & Bauer, L. (2016). *The Long-term Impact of the Head Start Program*. Brookings. <https://www.brookings.edu/articles/the-long-term-impact-of-the-head-start-program/>

796 Unlike other federally funded programs, funds for EHS and HS do not pass through a state agency, but instead are routed directly to local entities.

797 Benefits.gov. (n.d.) *Utah Head Start*. U.S. Department of Labor. <https://www.benefits.gov/benefit/1942>

798 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

799 Utah Department of Health and Human Services. (2023). *Early Childhood Utah Advisory Council Annual Report 2023*. https://earlychildhoodutah.utah.gov/pdf/ECU_Annual_Report.pdf

800 National Institute for Early Education Research. (2022). *State Profile: 2020-2021 Utah*. https://nieer.org/wp-content/uploads/2022/12/HS_Utah.pdf

801 National Head Start Association. (2022). *The Head Start Advantage*. <https://nhsa.org/wp-content/uploads/2022/03/Invest-Now-Spend-Later.pdf>

802 Schanzenbach, D.W., & Bauer, L. (2016). *The Long-term Impact of the Head Start Program*. Brookings. <https://www.brookings.edu/articles/the-long-term-impact-of-the-head-start-program/>

803 National Institute for Early Education Research. (2021). *State Profile: 2020-2021 Utah*. https://nieer.org/wp-content/uploads/2022/12/HS_Utah.pdf

804 Department of Workforce Services. (n.d.). *Occupation Information Data Viewer: Kindergarten Teachers, Except Special Education* [Interactive Data Tool]. <https://jobs.utah.gov/jsp/utalmis/#/occupation/25-2012.00/report>

in federal HS funding,⁸⁰⁵ an increase of 21% since 2018 (\$61.6M).⁸⁰⁶ Although the amount of funding increased, it translated to 170 fewer funded enrollment slots.^{807, 808, 809, 810}

HS enrollment also dropped substantially between 2019 and 2023 as a result of decreased recruitment efforts and halted transportation assistance. In the 2021-22 school year, there were 7,066 children enrolled in EHS and HS in Utah (see Figure 55), down by 10% since the 2019-20 school year.⁸¹¹ During COVID-19, HS recruitment efforts paused in many cases, as staff focused on keeping programs open and the federal government waived rules requiring HS programs to fill a minimum of 97% of their enrollment slots or risk losing funding. After the federal enrollment waivers ended after COVID-19, some HS programs struggled to reach 97% enrollment. This was not because of a lack of need in communities, but because much of recruiting/enrollment pre-pandemic relied on word-of-mouth and younger siblings automatically joining the programs.^{812, 813} As a result, the number of Utah children enrolled in HS and EHS decreased by 755 children between 2019 and 2021. Many parents also expressed that when HS stopped providing transportation, they were unable to consistently drive their children to and from the program. This lack of transportation assistance greatly hindered participation in the program in some areas.⁸¹⁴

Transportation may have been another hindrance to enrollment. Rural Utah Child Development Head Start stopped offering transportation after COVID-19, although many parents could not drive their own children to school. One parent expressed that her work schedule made it difficult to consistently drop off and pick up her children in a timely manner. She stated many other children likely miss out on educational opportunities because their parents face similar challenges.⁸¹⁵

805 Head Start. (2021). *Head Start Program Facts: Fiscal Year 2021*. US Department of Health and Human Services. <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/hs-program-fact-sheet-2021.pdf>

806 Head Start. (2018). *Head Start Program Facts Fiscal Year 2018*. US Department of Health and Human Services. <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/no-search/hs-program-fact-sheet-2018.pdf>

807 In 2018, funding provided 5,671 enrollment slots and only 5,501 in 2021, a decrease of 170 enrollment slots. "Enrollment slots" are the number of children and pregnant people who are supported by HS funds at any time during the program year.

808 US Department of Health and Human Services. (2022). *Head Start Program Annual Fact Sheets*. <https://eclkc.ohs.acf.hhs.gov/browse/series/head-start-program-annual-fact-sheets>

809 US Department of Health and Human Services. (2021). *Head Start Program Facts: Fiscal Year 2021*. <https://eclkc.ohs.acf.hhs.gov/about-us/article/head-start-program-facts-fiscal-year-2021>

810 US Department of Health and Human Services. (2022). *Head Start Program Facts: Fiscal Year 2022*. <https://eclkc.ohs.acf.hhs.gov/about-us/article/head-start-program-facts-fiscal-year-2018>

811 Annie E. Casey Foundation. (2022). *Head Start Enrollment by Age Group [Interactive Data Tool]*. <https://datacenter.aecf.org/data/tables/9786-head-start-enrollment-by-age-group#detailed/2/46/false/2048,1729,37,871,870,573,869,36,868,867/1830,558,559,1831,122/19059>

812 Interview with Keri Allred, Rural Head Start Director. August 1, 2023

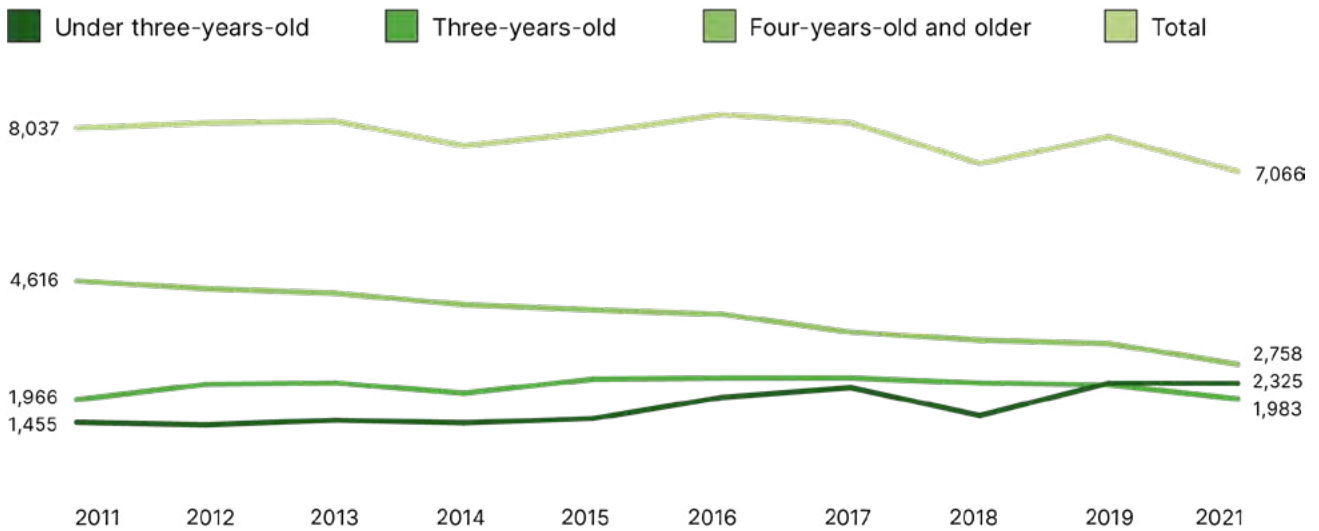
813 National Institute for Early Education Research. (2021). *State Profile: 2020-2021 Utah*. https://nieer.org/wp-content/uploads/2022/12/HS_Utah.pdf

814 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

815 Ibid

HS programs eventually recovered and once again reached full enrollment after COVID-19, but as funding decreased, so did the number of slots available to children. In the 2021-22 school year, 100% of HS programs surveyed by USBE had a waitlist.⁸¹⁶ One parent explained that her daughter was on a waitlist for EHS for almost two years.⁸¹⁷ The benefits of EHS and HS are only reaching a small number of Utah's eligible children, especially in the years following COVID-19. Of all children living in poverty in Utah, only 36% of children ages three and four and 11% of children under three were enrolled in EHS and HS programs in 2021.⁸¹⁸

Figure 55. Head Start Enrollment by Age Group in Utah, 2011-2021



Source: Annie E. Casey Foundation. (2022). *Head Start Enrollment by Age Group* [Interactive Data Tool]. <https://datacenter.aecf.org/data/tables/9786-head-start-enrollment-by-age-group#detailed/2/46/false/2048,1729,37,871,870,573,869,36,868,867/1830,558,559,1831,122/19059>

816 Utah State Board of Education. (2023, March). *Preschool Data: 2021-2022 School Year Survey Results*. <https://www.schools.utah.gov/File/8356d8b5-97f7-4f88-89ab-c3edcff7f316>

817 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

818 Annie E. Casey Foundation. (2022). *Head Start Enrollment by Age Group* [Interactive Data Tool]. <https://datacenter.aecf.org/data/tables/9786-head-start-enrollment-by-age-group#detailed/2/46/false/2048,1729,37,871,870,573,869,36,868,867/1830,558,559,1831,122/19059>

State And Local Preschool

Key Takeaways

- Utah lacked comprehensive data on how many children attended a preschool program that met the state's early learning standards and was therefore aligned to Utah's K-12 curriculum.
- Funding to help existing preschool programs to become "high quality" (able to meet the state's early learning guidelines) served fewer students in 2022 than in 2020, though the number of historically underserved or ELL students able to attend an existing high quality preschool program grew 25% between 2019 and 2022.
- Major barriers to providing high quality preschool programs included funding, facilities, transportation, and staff retention.
- Evaluations showed that most children who graduate from Utah's online preschool program met kindergarten readiness standards in literacy and numeracy. However, children who did not graduate from the program were more likely to come from historically underserved populations, and more research is needed to determine which preschool programs have the best outcomes for these populations.
- For children with disabilities, learning in classrooms with children their own age is critical to their health, well-being, and development.

Preschool Defined and Administered Across Multiple Entities

"Preschool is an early childhood program in which children combine learning with play in a program run by professionally trained adults. Children are most commonly enrolled in preschool between the ages of three and five, though those as young as two can attend some schools. Preschools are different from traditional day care in that their emphasis is learning and development rather than enabling parents to work or pursue other activities."

Source: <http://www.healthofchildren.com/P/Preschool.html>

Despite growth in programs and enrollment, Utah does not have a comprehensive statewide preschool program with uniform data collection.⁸¹⁹ Many entities, along with local education agencies, provide preschool options such as HS, private child care, and the state-funded, home-based technology school readiness software, Utah Preparing Students Today for a Rewarding Tomorrow (UPSTART). In the 2022-2023 school year, 16,425 children ages three through five years participated in a public preschool run by an LEA, an increase of three percent (500 children) from the previous year.^{820, 821} However, due to a lack of standardized administration and data gathering, Utah did not have a reliable count of how many children attend a preschool program that met the state's EC education standards in 2023. This is evident in Table 24, which shows that over 77% of Utah's preschool-aged population are not identified as being enrolled in a specific preschool program.⁸²²

819 These statements (made in this 2017 report) were confirmed through interviews and were still accurate at the time of this report. Source: The Utah Education Policy Center. (2017, December 31). *Early Childhood Services Study*. Office of Child Care. <https://jobs.utah.gov/occ/EarlyChildhoodServicesStudy.pdf>

820 Mitchell, J., & Lisonbee, J. (Directors). (2023). *Early Childhood Utah Advisory Council: Annual Report 2023*. Utah Department of Health and Human Services. https://earlychildhoodutah.utah.gov/pdf/ECU_Annual_Report.pdf

821 Because multiple entities, described further in this section, provide options for preschool, it is difficult to determine an accurate count of children in any preschool program. For this reason, only numbers for LEA-run preschool programs are listed here.

822 Utah State Board of Education. (2023, March). *Preschool Data: 2021-2022 School Year Survey Results*. <https://www.schools.utah.gov/File/8356d8b5-97f7-4f88-89ab-c3edc7f7316>

Table 24. Utah's Preschool Population by Program, 2021-2022 Academic Year

	District + Charter Preschool Programs	Federal Head Start Preschool Programs	Unaccounted For (Private Preschools, Homeschool, Child Care, etc.)	Total
Children	15,926	6,753	77,534	100,213
Percentage of Population	15.9%	6.7%	77.4%	100%

Source: Utah State Board of Education. (2023, March). Preschool Data: 2021-2022 School Year Survey Results. <https://www.schools.utah.gov/File/8356d8b5-97f7-4f88-89ab-c3edc7f316>

“Mainstreaming began as a result of IDEA’s requirement that children be placed in the least restrictive environment for their education. This mainstreaming model encourages understanding, respect, and meaningful relationships between disabled and nondisabled peers. Results of mainstreaming include higher academic achievement, higher self-esteem, and better social skills among disabled students.”

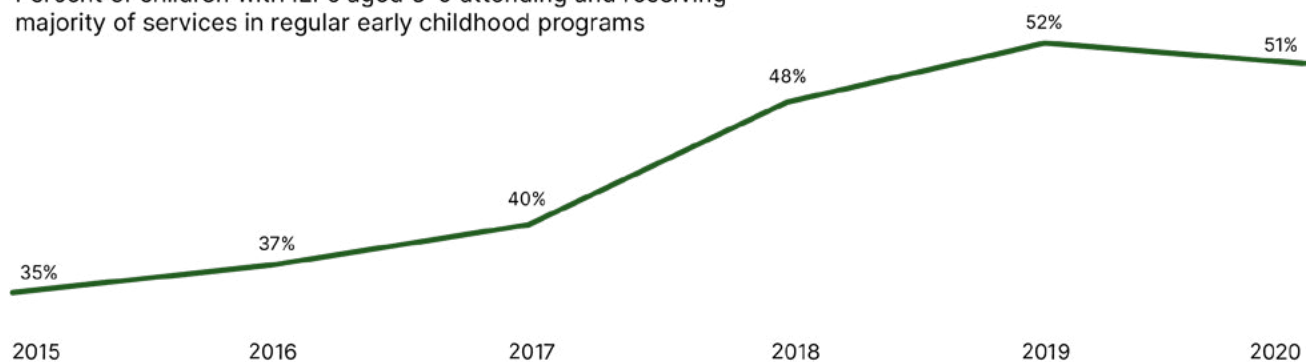
Source: California State University, Mainstreaming. <https://www.calstatela.edu/academic/ccoe/programs/cats/mainstreaming#:~:text=Mainstreaming%20is%20the%20practice%20of,in%20the%20least%20restrictive%20environment>

Preschool Classrooms Serving All Students

For children with disabilities, learning in classrooms with children their own age is critical to their health, well-being, and development.⁸²³ The percentage of children with IEPs receiving services in a regular classroom for most of the day steadily increased from 37% in 2016 to 51% in 2020.⁸²⁴ This was higher than the national 2020 average, which was 35% of students aged three to five receiving services in the regular classroom for most of the day.⁸²⁵

Figure 56. Preschool Environments for Children with Disabilities in Utah, 2015-2020

Percent of children with IEPs aged 3–5 attending and receiving majority of services in regular early childhood programs



Source: Voorhies, L. (2023, April 26). State Performance Plan/Annual Performance Report: Part B. US Department of Education.

823 The concept of inclusive classrooms is also referred to as “mainstreaming.” *Mainstreaming*. Cal State LA. (n.d.). <https://www.calstatela.edu/academic/ccoe/programs/cats/mainstreaming>

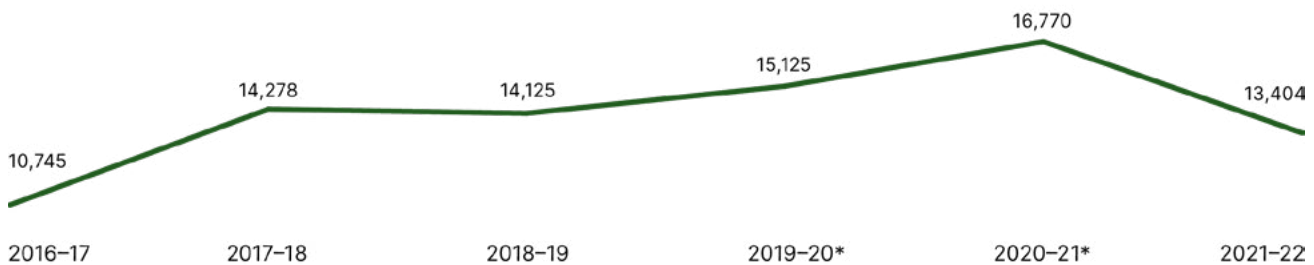
824 Voorhies, L. (2023, April 26). State Performance Plan/ Annual Performance Report: Part B. US Department of Education.

825 Office of Special Education and Rehabilitative Services. (2023, April). *44th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2022*. US Department of Education. <https://sites.ed.gov/idea/files/44th-arc-for-idea.pdf>

Utah Preparing Students Today for a Rewarding Tomorrow

UPSTART was an online program for four-year-olds designed to teach literacy and numeracy skills to increase kindergarten readiness.⁸²⁶ The program has been administered by Utah-based Waterford.org,⁸²⁷ since the program was launched in 2010. The program was originally tasked to have at least 30% of their preschool students come from low-income families, who typically enter kindergarten less prepared than children not experiencing poverty.⁸²⁸ In 2022, UPSTART reported 20,332 four-year-olds were 'volunteered' for the program,⁸²⁹ but only 13,404 enrolled (roughly 28%⁸³⁰ of Utah four-year-olds; for enrollment trends (see Figure 57). An independent evaluation found children in the 2022 cohort used the program for an average of 36 hours.⁸³¹

Figure 57. Number of Utah Children Enrolled in UPSTART, SY 2016-17 through SY 2021-22⁸³²



*Program enrollment may have benefitted from COVID-19 periods when parents sought educational activities for young children during lockdowns and periods of isolation.

Source: Wu, K., Kellis, Q., Throndsen, J., & Nielsen, D. (October, 2022). The Utah State Board Of Education Report To The Education Interim Committee: Utah Preparing Students Today For A Rewarding Tomorrow (UPSTART) Report.

The 2021 UPSTART cohort had an 80% graduation rate from the program (see Figure 58), but this rate fell to 73% (approximately 9,785) in 2022. Graduation requires children to spend a minimum of 25 hours on the program and/or pass a kindergarten readiness test. Enrolled children who did not graduate from the program “were more likely to have parents with lower levels of education, be members of an underrepresented racial or minority group and have parents who were not married compared to children who graduated from the program.”⁸³³

826 Children must spend 75 minutes a week to meet program requirements, or at least 15 minutes a day for at least five days in any given week. The program focuses on literacy skills first; only once children have fulfilled literacy usage requirements, can then access numeracy and science content. In 2022, eight of 10 users engaged to some extent with the numeracy and science content. Source: USBE 2023 Annual Report. (2023). <https://www.schools.utah.gov/file/a9495530-d031-4b1f-84a5-709c58dde60d>

827 A legal subsidiary of the Waterford Institute, Inc. <https://s3.amazonaws.com/www.waterford.org-uploads/wp-content/uploads/2020/02/06173427/FY2019-Waterford.org-Financials.pdf>

828 From Utah State Auditor, Report on a Limited Review of Contractor's Use of UPSTART Funds and Findings and Recommendations For the Year Ended June 30, 2018. Report No. 18-37. Searchable here: <https://reporting.auditor.utah.gov/searchreports/s/>

829 Children are 'volunteered' by having a parent, caregiver, or EC program sign them up. Not all children who are 'volunteered' end up enrolling/participating in the program.

830 US Census data estimated there were 47,947 three-year-olds in Utah in 2021 (most recent year for which estimates are available). We used this number as an approximate estimate of the four-year-old population in 2022. Source: US Census Bureau, Population Division. (June, 2022). *Annual Estimates of the Resident Population by Single Year of Age and Sex for Utah: April 1, 2020 to July 1, 2021* (SC-EST2021-SYASEX-49)

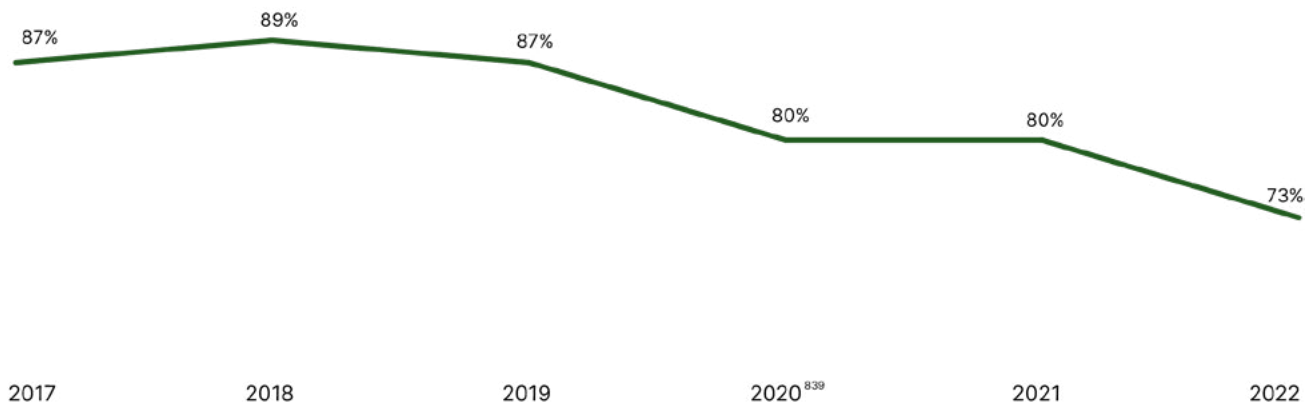
831 The program runs for 38 weeks, from September through May. Source: Wu, K., Kellis, Q., Throndsen, J., & Nielsen, D. (October, 2022). The Utah State Board Of Education Report To The Education Interim Committee: Utah Preparing Students Today For A Rewarding Tomorrow (UPSTART) Report.

832 Numbers here differ from USBE annual reports which show the number of children 'volunteered' for the program. Figure 57 above is the number of children who actually have some usage record with the program and thus were defined as 'enrolled.'

833 Wu, K., Kellis, Q., Throndsen, J., & Nielsen, D. (October, 2022). The Utah State Board Of Education Report To The Education Interim Committee: Utah Preparing Students Today For A Rewarding Tomorrow (UPSTART) Report.

Figure 58. UPSTART “Graduation” Rates by Percent, 2017-2022⁸³⁴

Percent of children “graduating” from UPSTART by year



Source: USBE Annual Report. (2022). UPSTART reports 2017-18 through 2021-2022. <https://www.schools.utah.gov/file/ee81e9d0-3b59-437c-b656-d57d3bfd0bb4>

The majority of the 2022 cohort reporting race/ethnicity data were white (81%), with 10% identifying as Hispanic, four percent as API, one percent as Black/African American and one percent as AI/AN and the remainder as ‘other.’⁸³⁵ Though the program is meant to target low-income children, the evaluation was unable to assess the degree to which UPSTART was reaching low-income preschoolers as there was no income or poverty data for 81% of the 13,404 enrolled students, resulting in insufficient data to draw reliable conclusions.⁸³⁶

During the 2023 legislative session the program was moved from USBE to the Governor’s Office of Economic Opportunity. The bill also required Utah LEAs to make the program available to schools that wish to participate and required DWS to “identify families for the program” and inform the targeted families about UPSTART. The bill also committed the state to finding families to participate in the program “through a public information campaign, outreach programs, and referrals from local school districts and participating preschool providers.”⁸³⁷

The legislature also expanded UPSTART’s focus to all preschool-age children, seeming to de-emphasize the program’s original focus on having at least 30% of students in each class be low-income students who often start kindergarten less prepared than other children.⁸³⁸ The focus on increasing the kindergarten readiness of historically under-resourced child populations should not be left unaddressed.

834 Graduation requirements were changed in 2019-20, with children required to spend a total of 25 hours using the program vs. the previous requirement of 16.67 hours. Source: Hernandez, J., Call, T., Thronsdon, J., & Nielsen, D. (November, 2020). *Utah Preparing Students Today for a Rewarding Tomorrow (UPSTART) Report*. Utah State Board of Education.

835 Data was missing on 16% of the sample of 13,404 (or roughly 2,145 enrollees). Source: Wu, K., Kellis, Q., Thronsdon, J., & Nielsen, D. (October, 2022). *The Utah State Board Of Education Report To The Education Interim Committee: Utah Preparing Students Today For A Rewarding Tomorrow (UPSTART) Report*.

836 This lack of data was also an issue in 2018 when the program was reviewed by the Utah State Auditor’s office. To review the Auditor’s reports on UPSTART visit: <https://reporting.auditor.utah.gov/searchreports/s/> and use keyword “UPSTART”

837 Utah State Legislature. (2023). S.B. 258 *Upstart Program Amendments*. <https://le.utah.gov/~2023/bills/static/SB0258.html>

838 Cortez, M. (2019, June 30). Legislative audit: Is Upstart’s focus on low-income students slipping? *Deseret News*. <https://www.deseret.com/2018/7/24/20649660/legislative-audit-is-upstart-s-focus-on-low-income-students-slipping>

Table 25. UPSTART Legislative Appropriations and Approximate Cost Per Enrolled Student, 2018-2022⁸³⁹

	2018	2019	2020	2021	2022
Legislative Appropriations	\$7,763,900	\$9,763,900	\$15,075,100	\$19,009,900	\$24,300,400
Approximate Cost per Enrolled Student ⁸⁴⁰	\$544	\$691	\$997	\$1,134	\$1,813

Sources:

USBE 2020 Annual Report. <https://www.schools.utah.gov/file/f0b9b91e-1f56-419e-a0c3-e78b9b80dd15>USBE 2023 Annual Report. <https://www.schools.utah.gov/file/a9495530-d031-4b1f-84a5-709c58dde60d>

While the number of enrolled four-year-olds increased almost 25% between 2016-17 and 2021-22, the funding for UPSTART during that time more than doubled, indicating the cost of the program per student rose substantially (see Table 25).

The state's Expanded Student Access Grant (ESAG) funded in-person preschool slots available to qualifying three and four year-olds from low-income families, or who are ELLs. Utah's in-person preschool programs have demonstrated impact on kindergarten readiness, specifically through literacy and numeracy scores, among children from low-income families.⁸⁴¹ The number of qualifying children served through Utah's ESAG program fell by 800 slots between SY 2021-22 and SY 2022-23 due to increased costs and stagnant funding. Without increased funding, the number of students served was predicted to fall further going forward.⁸⁴² Evaluations have shown that "most" children who graduate from UPSTART met kindergarten readiness standards in literacy and numeracy.⁸⁴³ However, children who enroll but do not graduate are more likely to come from historically underserved populations. Further research is needed to understand which child populations thrive with an online program, and which get more benefit from being in-person. If the state is committed to addressing education achievement gaps, investment decisions in preschool programs are one of the earliest ways to change outcomes by ensuring all Utah children have access to the programs that give them the best chance to thrive. Preschool investment decisions should be data-driven, using evidence-based best practices; more and higher quality data is needed to enable the state to assess preschool program efficacy for different child populations.

School Readiness Program Participation

Utah has two school readiness grants designed to help improve public and private preschool programs by requiring the use of the USBE's preschool guidelines, which include alignment with the state's kindergarten curriculum, use of state assessments, and increased data collection across all recipient programs.⁸⁴⁴ These programs are the Becoming High Quality grant (Becoming HQ) and the ESAG.

839 Legislative appropriations for UPSTART have tended to be fairly close to actual expenditures. The 2022 expenditures were \$23,999,463.04. Of this, \$334,445.04 was attributed to administrative costs, while \$23,665,018 was disbursed for program costs. Source: Email correspondence with Deborah Jacobson, Assistant Superintendent of Operations, USBE, on October 17, 2023.

840 Calculated by dividing annual appropriation by number of enrolled students.

841 For more on USBE preschool grants and their student outcomes see Early Childhood Utah Advisory Council Annual Report (https://earlychildhoodutah.utah.gov/pdf/ECU_Annual_Report.pdf) or the November, 2021 USBE Report to the Education Interim Committee Preschool: Grants for High Quality School Readiness Programs (<https://files.eric.ed.gov/fulltext/ED621958.pdf>)

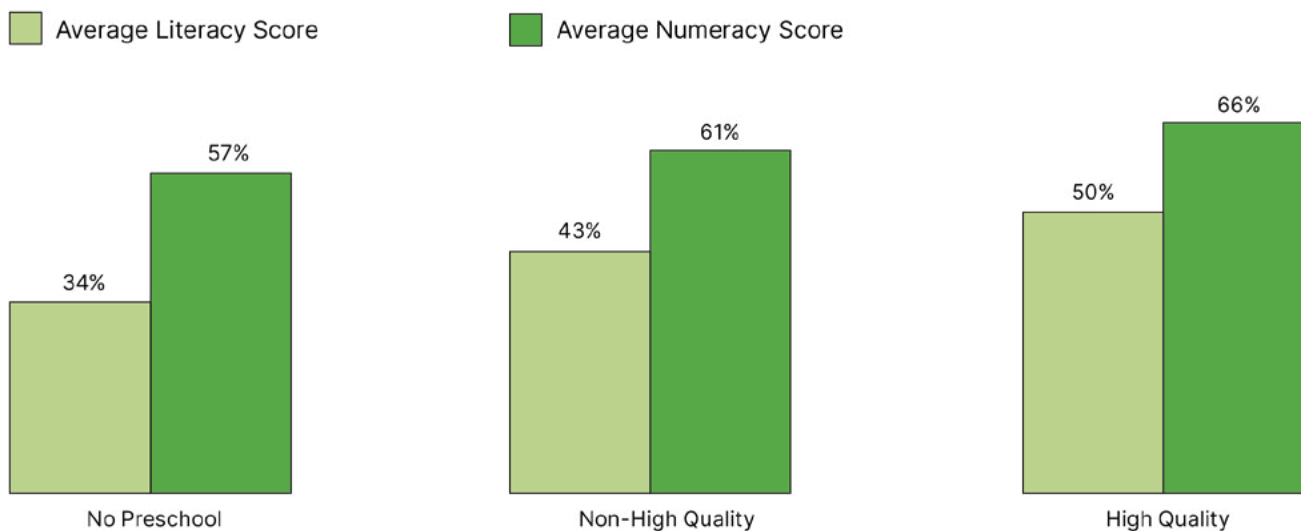
842 *2023 Early Childhood Utah Advisory Council Annual Report*. (2023). Utah.gov. https://earlychildhoodutah.utah.gov/pdf/ECU_Annual_Report.pdf

843 Wu, K., Kellis, Q., Throndsen, J., & Nielsen, D. (October, 2022). The Utah State Board Of Education Report To The Education Interim Committee: Utah Preparing Students Today For A Rewarding Tomorrow (UPSTART) Report.

844 *Preschool: Grants for High Quality School Readiness Programs*. (2021, November). The Utah State Board of Education. <https://files.eric.ed.gov/fulltext/ED621958.pdf>

The Becoming HQ program provides existing preschool programs with resources, including coaching and curriculum, to increase the quality of the programs, ensuring they meet the state's early learning standards.⁸⁴⁵ Assessments show that Utah students entering kindergarten from high-quality preschool programs score better on literacy and numeracy than students from programs not participating in the CCQS program, especially among low-income students (see Figure 59).⁸⁴⁶ Similar patterns exist for ELLs. On average, ELLs in a high quality program scored five percentage points higher in numeracy than children not in high quality programs, and 17 percentage points higher than children not attending preschool.⁸⁴⁷ Despite increased student scores, funding for Becoming HQ has not increased at the same rate as rising costs. Inflation, increases in educator salaries, and limited funding resulted in fewer preschool programs receiving funds to improve program quality (see Table 26). In the last grant-making cycle, USBE had 18 programs apply and qualify for the grant, but were only able to fund two programs due to limited funds.⁸⁴⁸

Figure 59. Fall 2022 Kindergarten Readiness Scores Among Low-Income Children, SY 2022-23



Source: 2023 Annual Report. (2023). Utah State Board of Education. <https://www.schools.utah.gov/file/a9495530-d031-4b1f-84a5-709c58dde60d>

845 Annual Report 2022. (2022, February 17). Utah State Board of Education. <https://schools.utah.gov/file/ee81e9d0-3b59-437c-b656-d57d3bfd0bb4>

846 Preschool: Grants for High Quality School Readiness Programs. (2021, November). The Utah State Board of Education. <https://files.eric.ed.gov/fulltext/ED621958.pdf>

847 2023 Annual Report. (2023). Utah State Board of Education. <https://www.schools.utah.gov/file/a9495530-d031-4b1f-84a5-709c58dde60d>

848 USBE Interview.

Table 26. Total Student Enrollment in Becoming HQ in Utah, 2019-2022

	Becoming High Quality Grant	Percent Change from Previous Year
2019-20	576	
2020-21	497	-13.7%
2021-22	193	-61.2%

Sources:

Preschool: Grants for High Quality School Readiness Programs. (2021, November). The Utah State Board of Education. <https://files.eric.ed.gov/fulltext/ED621958.pdf>

Preschool Data: 2020-2021 Survey Results. (2022, June). Utah State Board of Education. <https://www.schools.utah.gov/file/1f1c26e9-b682-4b8b-b72b-82bd51b60c2c>

Preschool Data: 2021-2022 School Year Survey Results. (2023, March). Utah State Board of Education. <https://www.schools.utah.gov/File/8356d8b5-97f7-4f88-89ab-c3edcff7f316>

The ESAG funded slots for low-income students and ELLs to participate in high quality preschool programs.⁸⁴⁹ In the 2020-21 school year, the program served 22 preschool programs in which 23% (10,913 children) of students were funded through the ESAG. The number of students served under the ESAG rose from 2019 to 2022 (see Table 27).⁸⁵⁰

Table 27. Total Student Enrollment in Expanded Student Access in Utah, 2019-2022

	Expanded Student Access Grant	Percent Change from Previous Year
2019-20	8,700	
2020-21	9,591	10.2%
2021-22	10,913	13.8%

Sources:

Preschool: Grants for High Quality School Readiness Programs. (2021, November). The Utah State Board of Education <https://files.eric.ed.gov/fulltext/ED621958.pdf>

Preschool Data: 2020-2021 Survey Results. (2022, June). Utah State Board of Education. <https://www.schools.utah.gov/file/1f1c26e9-b682-4b8b-b72b-82bd51b60c2c>

Preschool Data: 2021-2022 School Year Survey Results. (2023, March). Utah State Board of Education. <https://www.schools.utah.gov/File/8356d8b5-97f7-4f88-89ab-c3edcff7f316>

Issues Limiting Growth of High-Quality Preschool Options for Utah Children

Funding, facility constraints, transportation, and educator retention present challenges to increasing the availability of high quality preschool programs in Utah. While the cost of providing Becoming HQ programs has increased, funding has not increased proportionally.⁸⁵¹ Utah's state and federal funding totalled \$9M for both the ESAG and Becoming HQ Grant in 2018 and just over \$11.2M in 2022.^{852, 853} From 2018 to 2022, funding did not increase proportionally to the needs of the program, failing to bring more of Utah's preschool programs in line with the state's early learning standards. Currently,

849 *Annual Report 2022.* (2022, February 17). Utah State Board of Education. <https://schools.utah.gov/file/ee81e9d0-3b59-437c-b656-d57d3bfd0bb4>

850 *Preschool: Grants for High Quality School Readiness Programs.* (2021, November). The Utah State Board of Education. <https://files.eric.ed.gov/fulltext/ED621958.pdf>

851 National Institute for Early Education Research. (2022). *Utah.* https://nieer.org/wp-content/uploads/2023/05/Utah_YB2022.pdf

852 Utah State Board of Education. (2021, November). *Preschool: Grants for High Quality School Readiness Programs.* <https://files.eric.ed.gov/fulltext/ED621958.pdf>

853 Communication with Kim Beck, Finance Director, DWS. 2023.

Utah does not report how many preschool-age children are attending programs using evidence-based curriculum aligned with what they will need to know as they enter Utah's K-12 system. Children who did not attend high-quality preschool programs are less ready for kindergarten, and this hinders Utah's goal of improving state literacy and numeracy scores and student outcomes.

Kindergarten

Key Takeaways

- Optional Full-day Kindergarten (OFDK) is providing students with the opportunity to reach proficiency in literacy and numeracy, and expanding the program statewide will benefit all of Utah's children and families.
- Some districts were expected to face challenges in implementing OFDK due to a lack of facilities and funding.

"Kindergarten builds a strong foundation necessary for success in future grade levels."⁸⁵⁴

Christine Elegante, Education Specialist, Kindergarten to Third Grade Literacy. Utah State Board of Education.

Optional Full-Day Kindergarten

Historically, some Utah schools offered half-day kindergarten, but after years of discussion, planning, and advocacy, the Utah state legislature approved statewide OFDK in early 2023.⁸⁵⁵ By October 2023, 77% of kindergarten-age students in Utah local education agencies were enrolled in full-day programs.⁸⁵⁶ Some districts may need several more years to fully implement OFDK due to facility constraints and funding issues.⁸⁵⁷

OFDK benefits all children, evidenced by the 2022-23 KEEP data (see Figures 60 & 61).⁸⁵⁸ Although students in OFDK and extended-day kindergarten (EDK) programs showed lower rates of proficiency at kindergarten exit than students in half-day programs, a higher percentage of OFDK or EDK students who entered with low scores became proficient within the year.⁸⁵⁹ This increase in proficiency was especially evident among under-resourced students.⁸⁶⁰ Utah's proficiency rates, especially among students in high-quality programs, are significantly higher than the national rates.

854 Interview with Christine Elegante, Education Specialist, Kindergarten to Third Grade Literacy. Utah State Board of Education. June 20, 2023.

855 The full bill, "H.B. 193 Full Day Kindergarten," can be read at <https://le.utah.gov/~2022/bills/static/HB0193.html>.

856 October 1, 2023 - *Kindergarten Counts*. USBE. November 1, 2023.

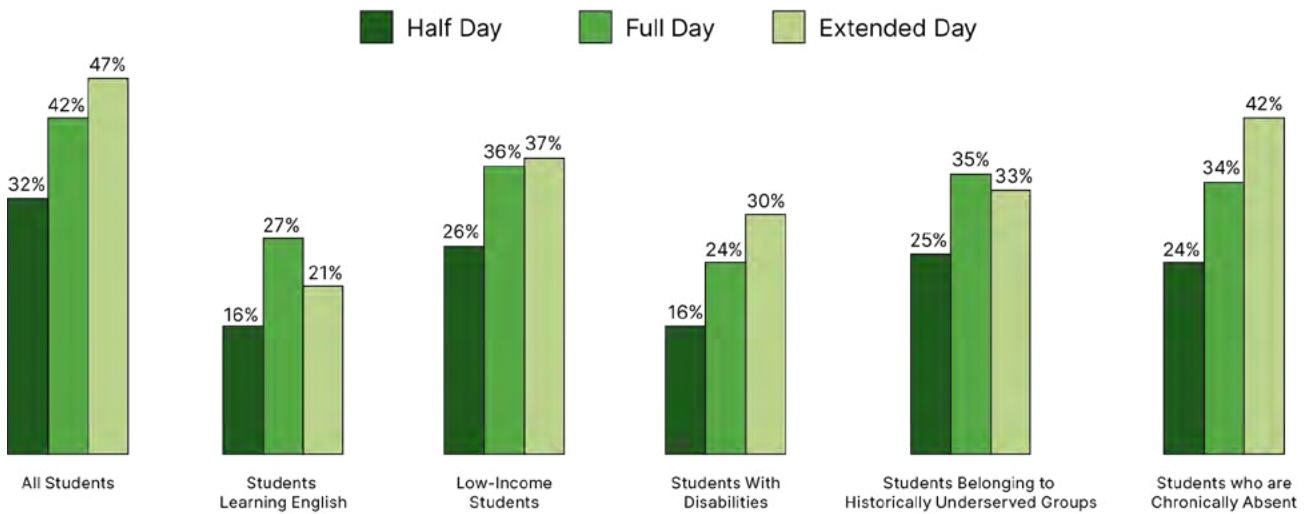
857 Interview with Christine Elegante, Education Specialist, Kindergarten to 3rd Grade Literacy. Utah State Board of Education. June 20, 2023

858 KEEP School Year 2022-2023. (14 September 2023). Utah State Board of Education. <https://www.schools.utah.gov/File/cb506e3e-9c04-40d0-9040-998917cd5716>

859 An extended-day program offers hours past the typical half-day model but does not last a full day. Utah's 2021-2022 KEEP Report. (2022). Utah State Board of Education. <https://www.schools.utah.gov/file/47a9e740-8dc6-4ff1-a216-62e242345473>

860 *Utah's 2021-2022 KEEP Report*. (2022). Utah State Board of Education. <https://www.schools.utah.gov/file/47a9e740-8dc6-4ff1-a216-62e242345473>

Figure 60. Percent of Students who Became Proficient in Literacy, 2022-2023



Note: KEEP is administered in all Utah kindergarten programs at the beginning and end of the school year to track kindergarten readiness on entry and student progression by exit. In the 2022-23 school year, 46,383 kindergarten students took the assessment. KEEP will be replaced by an Acadience assessment in the 2024-25 school year.

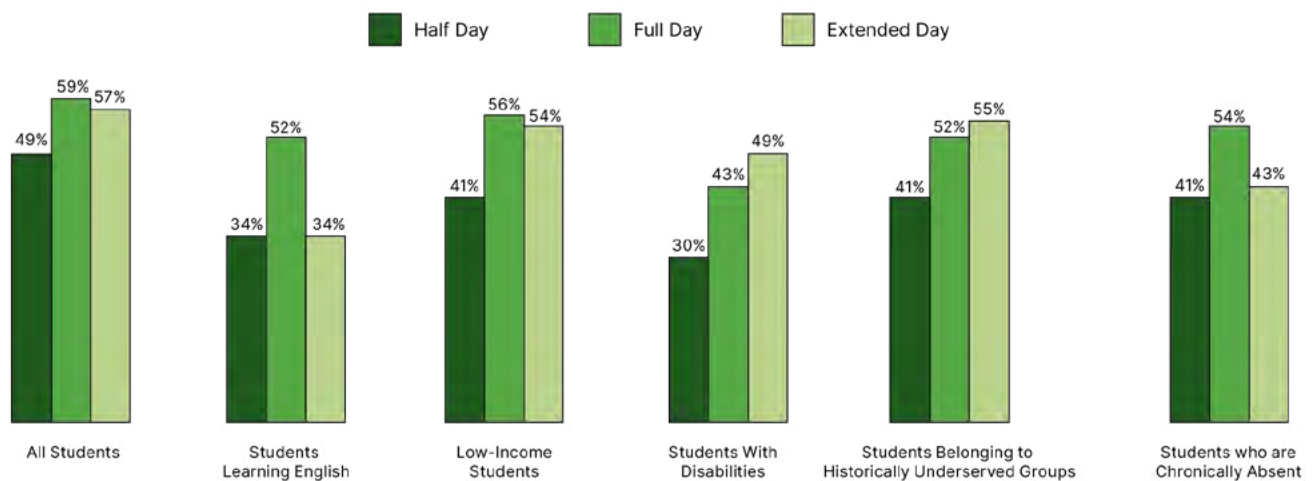
Source: KEEP School Year 2022-2023. (14 September 2023). Utah State Board of Education. <https://www.schools.utah.gov/File/cb506e3e-9c04-40d0-9040-998917cd5716>

Utah's 2020-2021 KEEP Report. (2021). Utah State Board of Education. <https://www.schools.utah.gov/file/6d41a09b-4426-4f5e-a119-c49020faf6bb>

Utah's 2022-23 KEEP Report. (2023). Utah State Board of Education. <https://www.schools.utah.gov/File/cb506e3e-9c04-40d0-9040-998917cd5716>

Interview with Laurie Naefsky, Coordinator, Fine Arts & Beverley Taylor Sorenson Arts Learning Program, USBE. November 7, 2023.

Figure 61. Percentage of Students who Became Proficient in Numeracy, 2022-2023



Note: KEEP is administered in all Utah kindergarten programs at the beginning and end of the school year to track kindergarten readiness on entry and student progression by exit. In the 2022-23 school year, 46,383 kindergarten students took the assessment.

Source: KEEP School Year 2022-2023. (14 September, 2023). Utah State Board of Education. <https://www.schools.utah.gov/File/cb506e3e-9c04-40d0-9040-998917cd5716>

Utah's 2020-2021 KEEP Report. (2021). Utah State Board of Education. <https://www.schools.utah.gov/file/6d41a09b-4426-4f5e-a119-c49020faf6bb>

Utah's 2022-23 KEEP Report. (2023). Utah State Board of Education. <https://www.schools.utah.gov/File/cb506e3e-9c04-40d0-9040-998917cd5716>

Barriers to Implementing Optional Full-Day Kindergarten

Despite the legislature's approval of OFDK, several barriers remain that may cause implementation delays. Facility scarcity is a major concern, as some schools do not have sufficient space for added OFDK classrooms. Some districts may move other classes to portable classrooms, and several districts were considering building separate early learning centers for preschool and kindergarten. Lack of facilities and funding may disproportionately affect rural and frontier areas, which have smaller tax bases and may have fewer funding options for capital projects.⁸⁶¹

Effects of COVID-19 on Preschool and Kindergarten

COVID-19 exacerbated several preschool/kindergarten issues, such as funding and staffing. In preschool programs especially, both issues affected the quality of the program, since during COVID-19, Utah replaced half of its preschool funding with federal Child Care and Development Fund (CCDF) funds,⁸⁶² which had strict regulations. CCDF training for educators required extra time and funding, and some administrators felt the regulations drove up costs without increasing program quality. Though the shift to CCDF funds was initially a COVID-19 measure, it has remained in place post-pandemic.⁸⁶³

Utah schools closed during the initial COVID-19 lockdown, and reopened in the fall of 2021. This disruption had significant, lasting effects on child mental health and behavior. Social interaction with peers lessened, levels of child anxiety rose, and many children did not gain the foundational skills (such as oral language skills) necessary for kindergarten.⁸⁶⁴ Upon return to school, administrators, parents, and teachers observed "big emotions" and challenging behaviors from children transitioning back to classrooms and group settings.^{865, 866} These behaviors created many challenges for classroom management, at a time when numerous teachers were feeling pressure to make up for lost time in academics. Both factors resulted in increased stress among students and teachers in preschool and kindergarten classrooms.⁸⁶⁷

Changes in the educational environment disproportionately affect specific student groups such as children with disabilities. These children experienced decreased focus and increased anxiety, especially with changes in special education staff. Many paraprofessional educators quit during COVID-19, often due to the availability of better paying jobs outside the educational field. In the 2022-23 school year, in one of Utah's largest districts, two-thirds of paraeducator positions were still vacant.⁸⁶⁸

Despite these challenges, several lessons for early learning emerged from COVID-19. Both administrators and parents realized the importance of in-person instruction, and the necessity of communication between parents and educators. One reported benefit, according to USBE Preschool Specialists, was an increased use of virtual and online communication with parents, especially in rural districts in which the community is spread out. Separately, both an increased availability of online training for educators and an increased willingness of educators to participate in the training occurred.⁸⁶⁹

861 Interview with Christine Elegante, Education Specialist, Kindergarten to 3rd Grade Literacy. Utah State Board of Education. June 20, 2023.

862 Diverting the state funds to other COVID-19 pandemic needs.

863 Interview with Jared Lisonbee, Preschool Specialist, and Chelsea Oaks, Preschool Specialist. Utah State Board of Education. June 27, 2023.

864 Interview with Christine Elegante, Education Specialist, Kindergarten to 3rd Grade Literacy. Utah State Board of Education. June 20, 2023.

865 Interview with Jared Lisonbee, Preschool Specialist, and Chelsea Oaks, Preschool Specialist. Utah State Board of Education. June 27, 2023.

866 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

867 Interview with Jared Lisonbee, Preschool Specialist, and Chelsea Oaks, Preschool Specialist. Utah State Board of Education. June 27, 2023.

868 Ibid

869 Ibid

From these lessons, steps have been taken to meet children's needs during the aftermath of COVID-19. For example, formal mental health services and supports are being made available at the LEA level in some districts. Registered behavior technicians and counselors are now more often present on school campuses, and efforts are being made to get more paraprofessional staff in the classrooms with children. Additionally, new techniques to support children's emotional and social growth are being implemented in the classroom including oral language development as children interact with one another and practice communication skills.⁸⁷⁰

Economic Stability

Food Security

Key Takeaways

- In 2021, one in ten Utah households experienced food insecurity.
- Increased food assistance funding during the COVID-19 pandemic decreased food insecurity among children in Utah, but reductions to pandemic-era food assistance benefits led to significant challenges for Utah households post-pandemic.
- Utah families accumulated approximately \$2M in school meal debt during the 2022-23 academic year due to changes in nutrition program policies after the COVID-19 pandemic.

Being hungry or constantly worrying about when and where the next meal is coming from is a powerful stressor associated with poor cognitive, language, and social-emotional development in young children.⁸⁷¹ In 2021, one in ten Utah households experienced food insecurity, and more than 102K Utah families did not have the resources to buy enough food.⁸⁷² Federal programs, such as SNAP and WIC, help individuals and families in need access food. Additional programs by the US Department of Agriculture (USDA) are operated and monitored at the state level. These food assistance programs impacted Utah children and families during COVID-19 and post-pandemic.

Food Assistance Programs

SNAP is a federal government assistance program aimed at combating hunger and improving the nutritional well-being of low-income individuals and families. In 2023, SNAP provided eligible participants with electronic benefit transfer (EBT) cards, which could be used to purchase a variety of essential food items at authorized retailers like grocery stores. In fiscal year 2022, the federal government spent \$119.4B on SNAP and other related food assistance programs, of which \$427M was allocated to Utah.⁸⁷³ Around 156,300 Utah residents (five percent of the state population)

870 Interview with Christine Elegante, Education Specialist, Kindergarten to 3rd Grade Literacy. Utah State Board of Education. June 20, 2023.

871 de Oliveira, K. H., de Almeida, G. M., Gubert, M. B., Moura, A. S., Spaniol, A. M., Hernandez, D. C., Pérez-Escamilla, R., & Buccini, G. (2020). Household Food Insecurity and Early Childhood Development: Systematic Review and meta-analysis. *Maternal & Child Nutrition*, 16(3). <https://doi.org/10.1111/mcn.12967>

872 Division of Archives and Record Services; Utah State Government, Division of Archives and Record Services. (2021). <https://www.utah.gov/pmn/files/775519.pdf>

873 Center on Budget and Policy Priorities. (2022, June 9). Policy Basics: The Supplemental Nutrition Assistance Program (SNAP). <https://www.cbpp.org/research/policy-basics-the-supplemental-nutrition-assistance-program-snap>

received SNAP support, the lowest rate of SNAP use in the nation.^{874, 875} The average Utah household participating in SNAP received \$2,732 in benefits to supplement food costs during 2022.⁸⁷⁶ This program played a pivotal role in reducing food insecurity across the nation and in Utah.

WIC is another federal assistance program that specifically serves low-income pregnant women, new mothers, infants, and young children up to the age of five, to help provide proper nourishment during crucial developmental stages. WIC provides eligible participants with food benefits, nutrition education, and support services. In July 2023, 41,167 Utahns participated in the program, receiving an average of \$58.65 worth of food per person per month. WIC enrollment grew almost seven percent between January and July 2023,⁸⁷⁷ likely driven by rising food prices. The WIC focus on expectant parents and EC aims to combat childhood malnutrition and its lifelong negative consequences.

Utah WIC Participation, July 2023



The USBE's Child Nutrition Programs (CNP) administer 14 federal food programs designed to provide children (and some adults) access to safe and healthy meals (See Figure 62).⁸⁷⁸ During 2022, CNP programs in Utah provided millions of meals to Utah children (See Figures 63, 64 and 65); for example, more than 353K Utah students participated and participating schools were reimbursed more than \$238M for the school lunch program.^{879, 880} In the summer, up to 4,500 students per day received a school lunch and participating schools received cash payments totaling just over \$572K.^{881, 882}

874 Center on Budget and Policy Priorities. (2023, February 13). Utah, Supplemental Nutrition Assistance Program. https://www.cbpp.org/sites/default/files/atoms/files/snap_factsheet_utah.pdf

875 Desilver, D. (2023, July 19). What the data says about food stamps in the U.S. Pew Research Center. <https://www.pewresearch.org/short-reads/2023/07/19/what-the-data-says-about-food-stamps-in-the-u-s/#:~:text=In%20fiscal%202022%2C%20the%20government,to%20administrative%20and%20other%20expenses>

876 Utah Department of Workforce Services. (2023). Income and Resources. Department of Workforce Services. <https://jobs.utah.gov/customereducation/services/foodstamps/deductions.html>

877 USDA Food and Nutrition Service. (2023, October 13). WIC Data Tables. <https://www.fns.usda.gov/pd/wic-program>

878 Child Nutrition Programs. Utah State Board of Education. Utah State Board of Education Child Nutrition Program 2022 Annual Report. (2022). <https://www.schools.utah.gov/file/2f969e2f-b912-457a-b9ae-e717d7ddada4>

879 USDA Food and Nutrition Service. (2023, October 13). National School Lunch Program: Total population by state and year. United States of America; <https://fns-prod.azureedge.us/sites/default/files/resource-files/01slypart-10.pdf>

880 USDA Food and Nutrition Service. (2023, October 13). National School Lunch Program: Cash payments by state and year. United States of America; <https://fns-prod.azureedge.us/sites/default/files/resource-files/06slcash-10.pdf>

881 USDA Food and Nutrition Service. (2023, October 13). Summer Food Service Program: Average daily attendance by state and year. United States of America; <https://fns-prod.azureedge.us/sites/default/files/resource-files/04sffypart-10.pdf>

882 USDA Food and Nutrition Service. (2023, October 13). Summer Food Service Program: Cash payments by state and year. United States of America; <https://fns-prod.azureedge.us/sites/default/files/resource-files/02sfcash-10.pdf>

Figure 62. Federal Child Nutrition Programs in Which USBE Participates, 2022

School Nutrition Programs

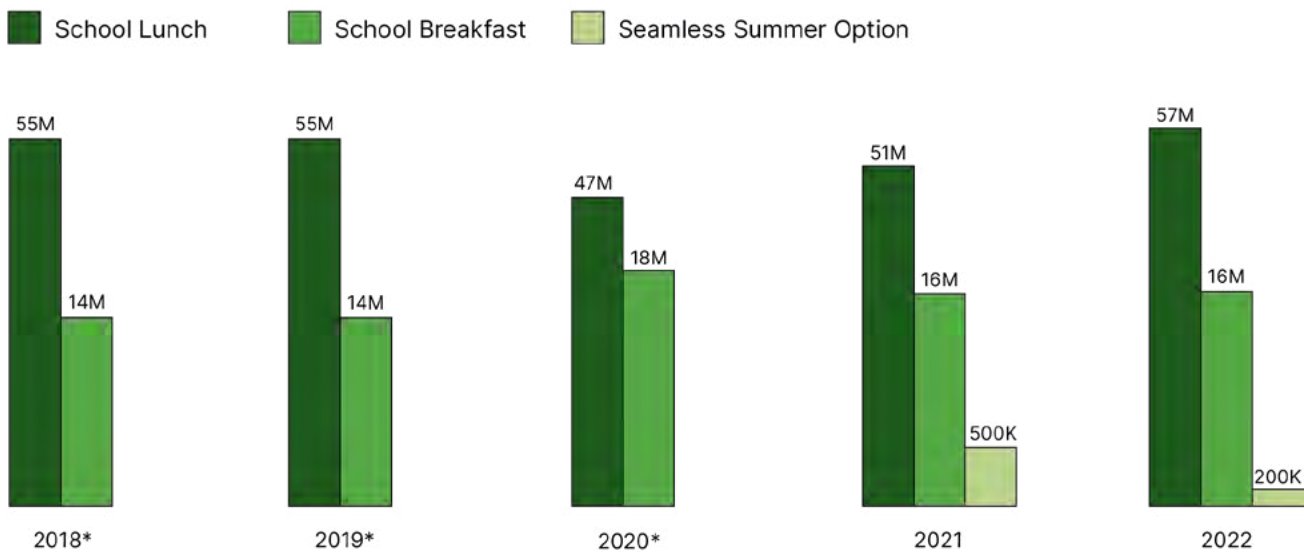
- Afterschool Snack Program
- Food Distribution Programs
- Fresh Fruit and Vegetable Program
- National School Breakfast Program
- National School Lunch Program
- Seamless Summer Option
- Special Milk Program
- The Emergency Food Assistance Program

Community Programs

- Adult Day Care Centers
- At-risk Afterschool Meal Programs
- Child and Adult Care Food Program
- Child Care Centers, Head Starts, and Emergency Shelters
- Family Day Care Homes Program
- Summer Food Service Program

Source: Utah State Board of Education. (2022). *Child Nutrition Programs 2022 Annual Report*. <https://www.schools.utah.gov/file/2f969e2f-b912-457a-b9ae-e717d7ddada4>

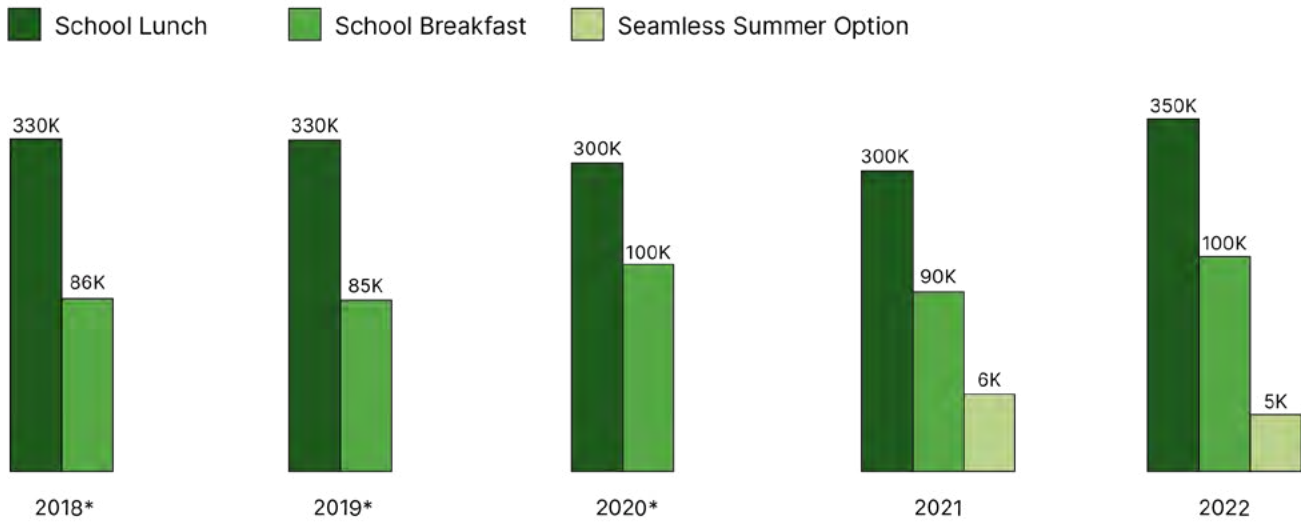
Figure 63. Number of Meals Provided in Utah Through Federally-Funded Child Nutrition Programs, FY 2018-2022



*A COVID-19 waiver allowed schools to serve meals through the Seamless Summer Option during school year (SY) 2020-21 and included those meals in the lunch and breakfast reporting; separate reporting for the Seamless Summer Option started in SY 2021-22.

Source: Utah State Board of Education. (2022). *Child Nutrition Programs 2022 Annual Report*. <https://www.schools.utah.gov/file/2f969e2f-b912-457a-b9ae-e717d7ddada4>

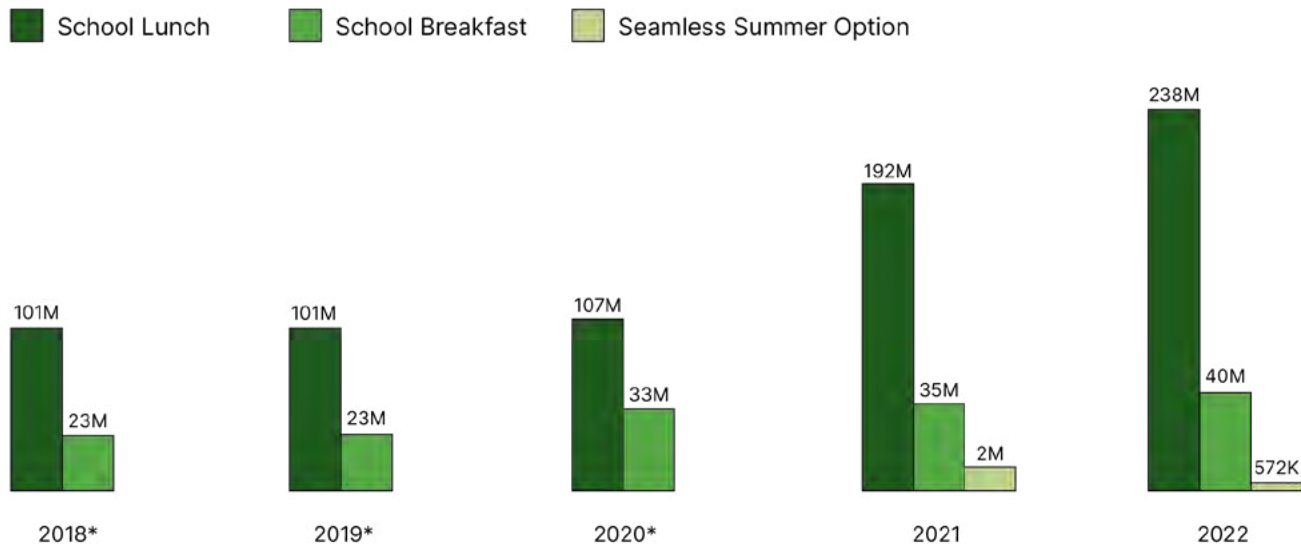
Figure 64. Number of Utah Children Participating⁸⁸³ in Child Nutrition Programs, FY 2018-2022



*A COVID-19 waiver allowed schools to serve meals through the Seamless Summer Option during SY 2020-21 and included those meals in the lunch and breakfast reporting; separate reporting for the Seamless Summer Option started in SY 2021-22.

Source: Utah State Board of Education. (2022). *Child Nutrition Programs 2022 Annual Report*. <https://www.schools.utah.gov/file/2f969e2f-b912-457a-b9ae-e717d7ddada4>

Figure 65. Amount of Federal Reimbursement for Meals Served in Utah Through Child Nutrition Programs, FY 2018-2022



*A COVID-19 waiver allowed schools to serve meals through the Seamless Summer Option during SY 2020-21 and included those meals in the lunch and breakfast reporting; separate reporting for the Seamless Summer Option started in SY 2021-22.

Source: Utah State Board of Education. (2022). *Child Nutrition Programs 2022 Annual Report*. <https://www.schools.utah.gov/file/2f969e2f-b912-457a-b9ae-e717d7ddada4>

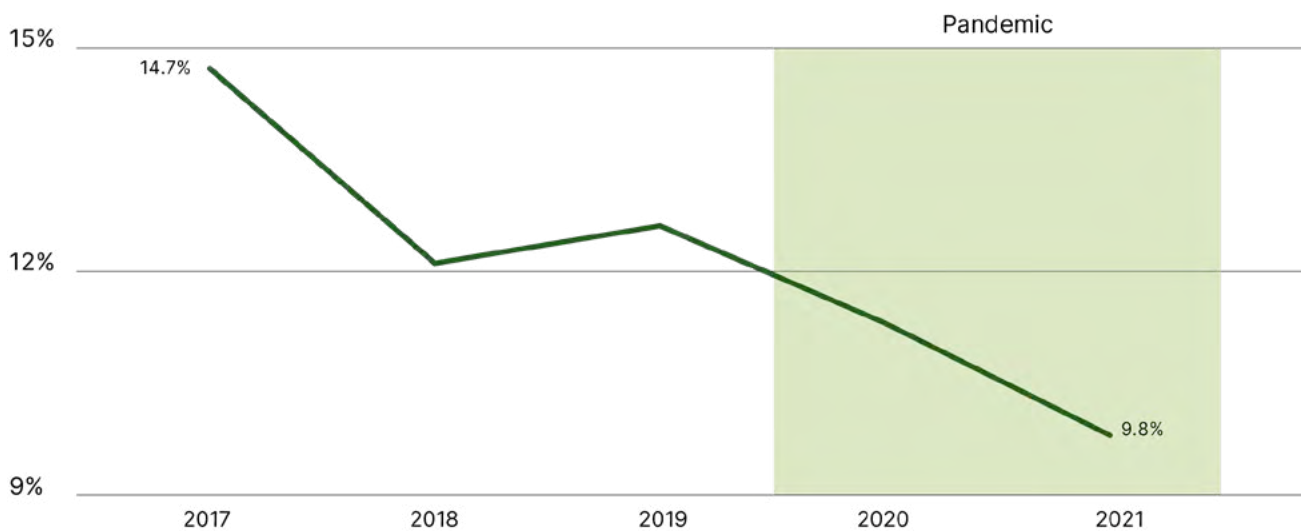
883 Participation data are nine-month averages; summer months (June-August) are excluded. Participation is based on average daily meals divided by an attendance factor of 0.927

In addition to these large-scale food programs, Utah has regional and local food programs run by nonprofit and religious organizations that provide another critical piece of the food security safety net for families.

Changes in Food Programs During the COVID-19 Pandemic

Efforts by the federal government to modify and increase food program benefits during COVID-19 reduced food insecurity in Utah compared to pre-pandemic levels (see Figure 66).⁸⁸⁴ The pandemic-fueled changes had a substantial impact on child hunger in Utah; food insecurity among children decreased 13% statewide between 2020 and 2021 and between four to 46% in the counties. The counties where child food insecurity decreased the most were Summit and Wasatch, with a 46% and 35% decrease, respectively; child food insecurity declined the least in Emery (four percent) and Carbon (six percent; see Figure 67).⁸⁸⁵

Figure 66. Percentage of Food Insecure Utahns Under Age 18, 2017-2021



Source: Feeding America. (2022). *Food Insecurity Among Child Population (<18) in Utah*. <https://map.feedingamerica.org/county/2021/child/utah>

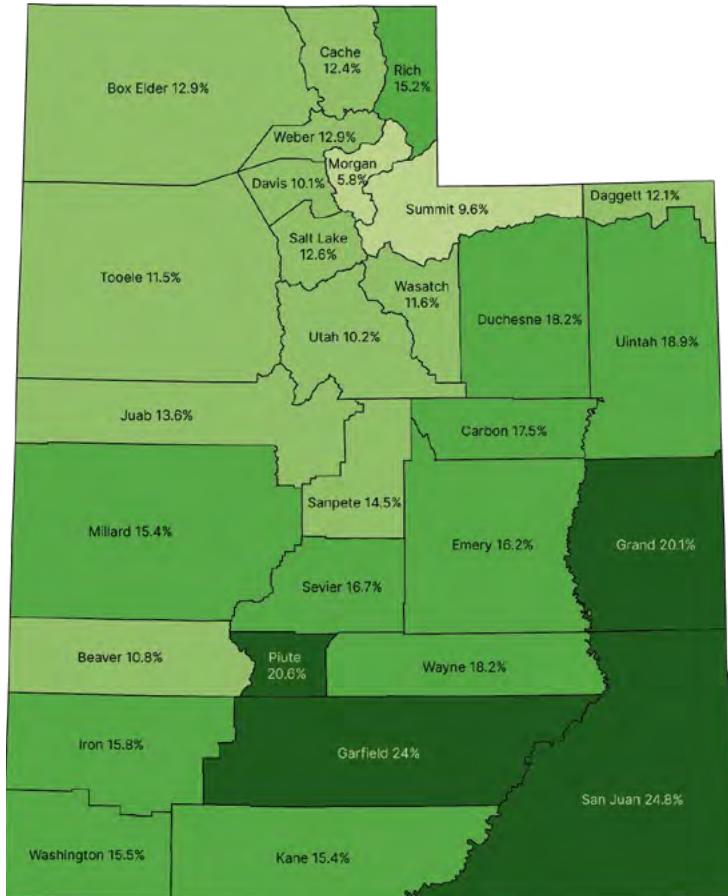
⁸⁸⁴ Feeding America. (2022). *Food Insecurity Among Overall (all ages) Population in Utah*. <https://map.feedingamerica.org/county/2021/overall/utah>

⁸⁸⁵ Banta, M. (2023, July 10). Hundreds of Thousands of Utahns Are at Risk of Going Hungry: Why food insecurity is on the rise in Utah, and how you can help. *The Salt Lake Tribune*. <https://www.sltrib.com/news/2023/07/06/why-hunger-is-rise-utah-how-you/>

Figure 67. Percent Change in Child Food Insecurity by County in Utah, 2020-2021

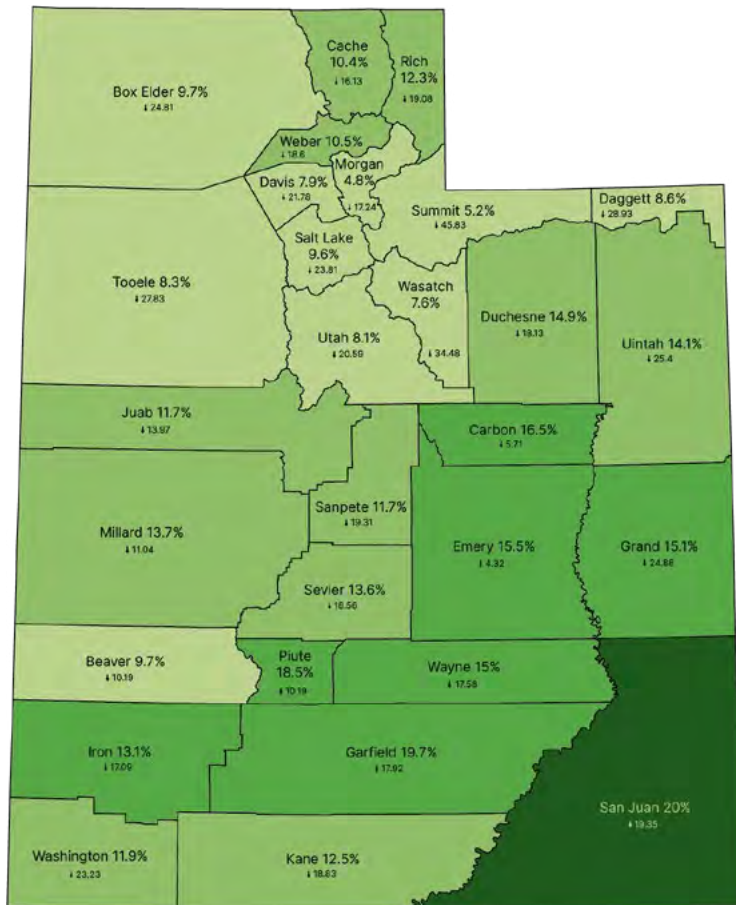


2020 Food Insecurity Rate





2021 Food Insecurity Rate Percent Change



Source: Feeding America. (2022). *Food Insecurity Among Child (<18 years) Population in Utah*. <https://map.feedingamerica.org/county/2021/overall/utah>

COVID-19 Pandemic Changes to WIC

Some Utah parents perceived that accessing WIC had become more challenging during COVID-19 due to increased demand and frequent changes in benefits and qualifications.⁸⁸⁶ Still, several adjustments to the WIC program were made to accommodate the health and safety of children and families accessing benefits. Before COVID-19, WIC participants were required to attend in-person appointments to receive their benefits. During COVID-19, federal waivers allowed participants to instead check-in virtually or over the phone. Once programs reverted back to their pre-pandemic operations, participants were once again required to make in-person appointments to receive their benefits. This presented a challenge for many because of transportation costs, child care logistics, time away from work, and other barriers.⁸⁸⁷

COVID-19 also coincided with a modernization of WIC program operations in Utah; gradually moving from use of physical benefit cards to an e-card benefit system. By federal mandate, the e-card program was set to be in place by June 2020, but because of delays caused by COVID-19,

886 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

887 Interview with Chris Furner, Utah WIC Director, and Rachel Bowman, Utah WIC Nutrition Coordinator, Utah Department of Health and Human Services. August 17, 2023.

implementation occurred in late 2020. This new system allowed participants to access their benefits virtually, but they still had to come in person to a clinic to load the benefits onto their e-cards. The program planned to transition completely to an online “eWIC” system where benefits would be stored in the cloud by July 2024 to provide more flexibility for WIC participants. Utah is one of approximately 13 states that moved to an e-card system during COVID-19.⁸⁸⁸

“Every child deserves a healthy meal—A healthy breakfast to start their day, a healthy lunch to get them through the day, and if they’re there long enough, an afterschool snack.”

Kathleen Britton, Director of Child Nutrition Programs, USBE

COVID-19 Pandemic Changes to Child Nutrition Programs

The federal government increased and added many programs to help avoid a child hunger crisis during COVID-19. Utah students enrolled in LEAs participating in CNP, like many across the US, received free breakfasts and lunches from March 2020 to June 2022, regardless of income.⁸⁸⁹ In addition in 2021, the federal government authorized the Pandemic Electronic Benefit Transfer program (P-EBT) which provided electronic food assistance benefits to families with school-age children who qualified for free or reduced-price meals. P-EBT plans also operated during the summer (when kids do not have access to free/reduced school lunches/breakfast) and for children in child care. The federal government also extended the Summer Food Service Program and the Seamless Summer Option (SSO) waivers for the 2021-22 school year, which allowed schools to offer free meals to all children, even outside of regular meal hours.

COVID-19 Pandemic Changes to the Supplemental Nutrition Assistance Program

Federal SNAP spending in Utah increased sharply during COVID-19, rising by 82% between 2019 and 2022 (See Figure 68).⁸⁹⁰ In February 2023, an estimated 77,322 Utah households received federally-funded Emergency Allotment (EA) benefits, totalling almost \$14M per month.⁸⁹¹

Figure 68. Change in Amounts of SNAP Funding Received by Utahns, 2019-2022



Source: Center on Budget and Policy Priorities. (February 13, 2023). *Utah Supplemental Nutrition Assistance Program Factsheet*. https://www.cbpp.org/sites/default/files/atoms/files/snap_factsheet_utah.pdf

888 Interview with Chris Furner, Utah WIC Director, and Rachel Bowman, Utah WIC Nutrition Coordinator, Utah DHHS. August 17, 2023.

889 Britton, Kathleen (2022, May 10). Utah State Board of Education. News Release. https://www.schools.utah.gov/file/22a9136c-7bff-4d79-90c2-9264a267e7fa?TSPD_101_R0=08a7ed7a88ab20006194edd835683eb20282d-8d58cf4d9aae8862c301da3c40620cfe5093f16821f087588673d14300093bd99eb6c6c60f54f74c484fe875dc-9cf85512aefbd47e697c08ddd63403adf2256b0570ebbe5488b14379a12ce17ca

890 Center on Budget and Policy Priorities. (2023, February 13). Utah, Supplemental Nutrition Assistance Program. https://www.cbpp.org/sites/default/files/atoms/files/snap_factsheet_utah.pdf

891 Shahin, J. (2021, April 1). Supplemental Nutrition Assistance Program (SNAP) – Emergency Allotments. USDA Food and Nutrition Service. <https://fns-prod.azureedge.us/sites/default/files/resource-files/UT-SNAP-COVID-EA-Extension-February-2023-Acknowledged.pdf>

Supplemental Nutrition Assistance Program Post-Pandemic

When the SNAP EAs ended in March of 2023,⁸⁹² almost 80K Utah households returned to pre-pandemic benefit levels receiving approximately \$14M less each month in collective food benefits.

This meant that low-income Utah households received an average of \$175 to \$200 less each month to buy food.⁸⁹³ This occurred in an inflationary climate with rising food prices.

Several parents commented that SNAP benefits were more generous during COVID-19, but were notably more difficult to access post-pandemic.⁸⁹⁴ Advocacy groups like the Utah Food Bank and Utahns Against Hunger reported spikes in demand after the additional COVID-19 benefits phased out, and expressed concern that food insecurity could continue to rise. Some of the Utah Food Bank's partner pantries saw demand increase by 50%-60% in April and May of 2023.⁸⁹⁵ The Utah Food Bank reported the month before public schools went on summer break (April 2023) as one of their busiest distribution months in recent years.⁸⁹⁶ Unfortunately, many Utah children remained vulnerable to hunger, especially during school breaks, and some families also faced new challenges like school lunch debt.

Child Nutrition Programs Post-Pandemic

When CACFP COVID-19 relief funding ended in September of 2022,⁸⁹⁷ Utah families were again responsible for covering the costs of their children's school meals or applying for free/reduced meals. The percentage of Utah students eligible for free/reduced-fee meals remained relatively unchanged from pre-pandemic levels (32% in 2019 vs. 31% in 2022).⁸⁹⁸ However, after almost three years of free meals and not needing to apply, some families continued to access school meals without realizing they were incurring debt.^{899, 900} Utah families had accumulated nearly \$2M in unpaid meal bills during the 2022-23 school year.⁹⁰¹ Refugee parents interviewed by the Gardner Policy Institute cited language barriers as prohibitive to accessing school information on free lunch programs, leading to unexpected bills for meals their children accessed without program approval.⁹⁰² As school meal debt is required by statute to be resolved by LEAs at the end of each fiscal year, the issue represented

892 USDA Food and Nutrition Service (2023). Changes to SNAP Benefit Amounts - 2023, USDA Food and Nutrition Service. <https://www.fns.usda.gov/snap/changes-2023-benefit-amounts#:~:text=The%20Consolidated%20Appropriations%20Act%2C%202023,amounts%2C%20without%20the%20added%20supplement>

893 Egan, L. (2023). 'Pandemic-era food and rent assistance programs ending soon in Utah', KLS.com. <https://www.ksl.com/article/50552691/pandemic-era-food-and-rent-assistance-programs-ending-soon-in-utah#:~:text=The%20emergency%20monthly%20increase%20for,households%20that%20receive%20SNAP%20benefits>

894 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

895 Banta, M. (2023, July 10). Hundreds of thousands of Utahns are at risk of going hungry: why food insecurity is on the rise in Utah, and how you can help. The Salt Lake Tribune. <https://www.sltrib.com/news/2023/07/06/why-hunger-is-rise-utah-how-you/>.

896 Egan, L. (2023). 'Stamp Out Hunger food drive comes at a critical time for Utah families in need', KLS.com. <https://ksltv.com/549630/stamp-out-hunger-food-drive-comes-at-a-critical-time-for-utah-families-in-need/>

897 Winfrey, I. and Daley, J. (2022). 'End of Nationwide Federal Free Lunch Program Has Some States Scrambling', NPR. <https://www.npr.org/2022/10/26/1129939058/end-of-nationwide-federal-free-lunch-program-has-some-states-scrambling>

898 Utah State Board of Education (2023). Data and Statistics, Child Nutrition Program (CNP)/National School Lunch Program (NSLP), Utah State Board of Education. <https://www.schools.utah.gov/data/reports?mid=1424&tid=2>

899 Cortez, M. (2022). 'Why Free School Lunch For All Is Coming To An End', Deseret News, 9 May. <https://www.deseret.com/utah/2022/5/9/23063889/why-free-school-lunch-for-all-coming-to-end-usda-covid-pandemic-relief-utah>

900 Franchi, J. (2023, August 30). *Lawmakers want to step in to solve school lunch debt for Utah students*. fox13now.com. <https://www.fox13now.com/news/politics/lawmakers-want-to-step-in-to-solve-school-lunch-debt-for-utah-students#:~:text=SALT%20LAKE%20CITY%20E2%80%94%20Lawmakers%20are,the%202022%2D2023%20school%20year>

901 Franchi, J. (2023, April 17). *Utah students plagued with over \$1.7 million in school lunch debt*. fox13now.com. <https://www.fox13now.com/news/local-news/utah-students-plagued-with-over-1-7-million-in-school-lunch-debt>

902 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

a serious burden for families who had come to rely on schools as a large part of their child(ren)'s food security.⁹⁰³ Additionally, unpaid lunch debt can accumulate through a student's K-12 career and, depending on the school district, prevent students from participating in certain extracurricular activities or graduating.⁹⁰⁴

"We decided that if there was a way that we could help them to ease that burden a little bit to get them through the rest of the year, we would find a way to eliminate the cost of meals for the rest of the year."

Ken Crawford, Director of Support Services and Athletics, Ogden School District, which decided to pay for student meals in SY 2022-23 after pandemic benefits ended.

Franchi, J. (2023, April 17). *Utah students plagued with over \$1.7 million in school lunch debt*. fox13now.com. <https://www.fox13now.com/news/local-news/utah-students-plagued-with-over-1-7-million-in-school-lunch-debt>

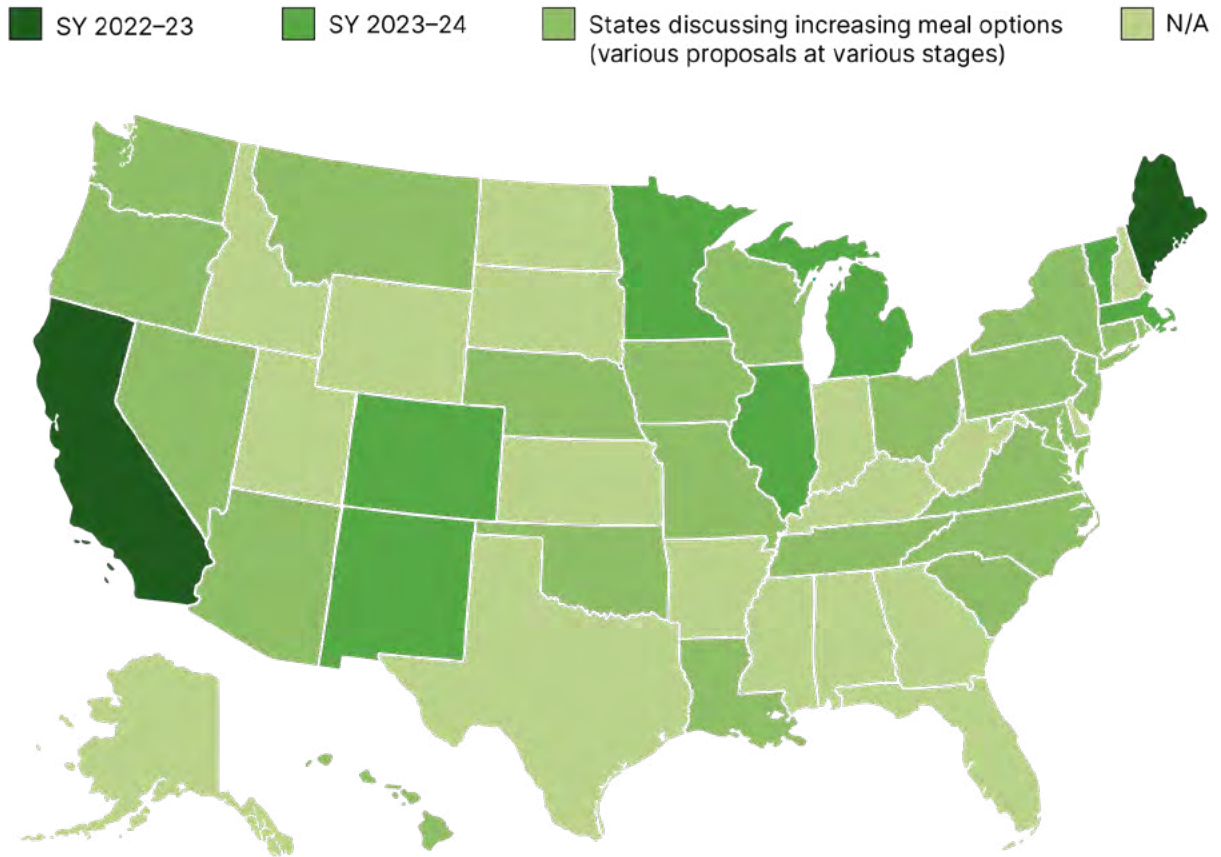
Weber School District's lunch debt increased from \$23K in spring of 2019 to \$83K in 2023, an increase of almost 261%. Granite School District reported the highest negative lunch balance at more than \$397K. In contrast, in the 2022-23 school year the Ogden City School District (OCSD) reported no lunch debt as it utilized \$450K to cover school meal costs for students who did not qualify for free or reduced meals, spending approximately \$49.5K on meals for preschool through third grade students.⁹⁰⁵ Utah parents expressed concern about food insecurity in the community and suggested that offering complimentary school lunches and breakfasts could ease the financial burden on families.⁹⁰⁶ Solutions like using district or other funds to recoup debts or providing universal free school meals can be a critical part of food security for school-age children. OCSD's decision follows a national trend of states implementing universal free school meal programs (see Figure 69).

903 Interview with Kathleen Britton, Director of Child Nutrition Programs, Utah State Board of Education. July 31, 2023.

904 Franchi, J. (2023, April 17). *Utah students plagued with over \$1.7 million in school lunch debt*. fox13now.com. <https://www.fox13now.com/news/local-news/utah-students-plagued-with-over-1-7-million-in-school-lunch-debt>

905 OCSD spent \$450K to provide free meals for all preschool through grade 12 students from November 2022 through the end of the 2022-23 school year. Preschool through third grade students represent 11% of district students, meaning the cost to the district to feed these students was \$49.5K. Source: Email communication with Zane Woolstenhulme, Business Administrator, Ogden City School District. November 2, 2023.

906 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

Figure 69. States with Universal Free School Meal Programs, 2023

Source: Butz, L. (August 23, 2023). States that Have Passed Universal Free School Meals (So Far). <https://www.nycfoodpolicy.org/states-that-have-passed-universal-free-school-meals/>

The Summer Electronic Benefit Transfer (S-EBT), approved by Congress in December 2022 and slated to begin in summer 2024, was projected to provide approximately \$40 a month per eligible child on a new or existing EBT card for meals during summer break. S-EBT was positioned as a supplement to the Summer Nutrition Programs, and families were encouraged to take advantage of both to ensure children received adequate nutrition.⁹⁰⁷

In SY 2023-24, LEAs chose which CNP programs they wanted to opt in to, meaning food benefits differ from district to district (see Table 26). The school districts with the highest and lowest participation in food programs, respectively, are Davis School District and North Summit School District. Notably, the majority of school districts with the highest participation in food programs are nonrural, while districts with lowest participation were rural.⁹⁰⁸

907 Food Research & Action Center. (2023). *The Importance of Summer EBT: Why states must operate summer EBT and summer nutrition programs*. <https://frac.org/wp-content/uploads/Summer-EBT-and-Summer-Nutrition-national.pdf>

908 Email communication with Kathleen Britton, Director of Child Nutrition Programs, Utah State Board of Education. November 8, 2023.

Table 26. CNP Food Program Participation by Utah LEA, SY 2024

✓ Represents Participation ■ Most Participation ■ Average Participation ■ Least Participation

District Name	Total Program Participation	National School Lunch Program	School Breakfast Program	Food Distribution Program	Seamless Summer Option	Fresh Fruits and Vegetables Program	After-School Snack Program	After School At Risk Meals and Snacks Center	Special Milk Program	Outside School Hours Center	Summer Food Service Program
Davis	7	✓	✓	✓	✓	✓	✓	✓			
Canyons	6	✓	✓	✓	✓	✓	✓				
Carbon	6	✓	✓	✓	✓	✓	✓				
Grand	6	✓	✓	✓	✓	✓		✓		Pending Approval	
Granite	6	✓	✓	✓	✓	✓	✓				
Jordan	6	✓	✓	✓	✓	✓	✓				
Ogden	6	✓	✓	✓	✓	✓	✓				
Provo	6	✓	✓	✓	✓	✓	✓				
Salt Lake	6	✓	✓	✓	✓	✓	✓				
South Sanpete	6	✓	✓	✓	✓	✓			✓		
Cache	5	✓	✓	✓	✓		✓				
Logan	5	✓	✓	✓	✓		✓				
Murray	5	✓	✓	✓	✓		✓				
North Sanpete	5	✓	✓	✓	✓	✓					
Park City	5	✓	✓	✓	✓		✓				
Sevier	5	✓	✓	✓	✓	✓					
Tooele	5	✓	✓	✓	✓	✓					
Wasatch	5	✓	✓	✓	✓				✓		
Weber	5	✓	✓	✓	✓	✓					
Alpine	4	✓	✓	✓		✓					
Beaver	4	✓	✓	✓	✓						
Box Elder	4	✓	✓	✓	✓						
Duchesne	4	✓	✓	✓	✓						
Emery	4	✓	✓	✓	✓						
Garfield	4	✓	✓	✓		✓					
Juab	4	✓	✓	✓	✓						
San Juan	4	✓	✓	✓		✓					
Uintah	4	✓	✓	✓	✓						
Washington	4	✓	✓	✓	✓						
Daggett	3	✓	✓	✓							
Iron	3	✓	✓	✓							

District Name	Total Program Participation	National School Lunch Program	School Breakfast Program	Food Distribution Program	Seamless Summer Option	Fresh Fruits and Vegetables Program	After-School Snack Program	After School At Risk Meals and Snacks Center	Special Milk Program	Outside School Hours Center	Summer Food Service Program
Kane	3	✓	✓	✓							
Millard	3	✓	✓	✓							
Morgan	3	✓	✓	✓							
Nebo	3	✓	✓	✓							
Piute	3	✓	✓	✓							
Rich	3	✓	✓	✓							
South Summit	3	✓	✓	✓							
Tintic	3	✓	✓	✓							
Wayne	3	✓	✓	✓							
North Summit	2	✓	✓								

Source: Email communication Child Nutrition Programs, Utah State Board of Education. November 8, 2023.

Food Security Differences Between Populations

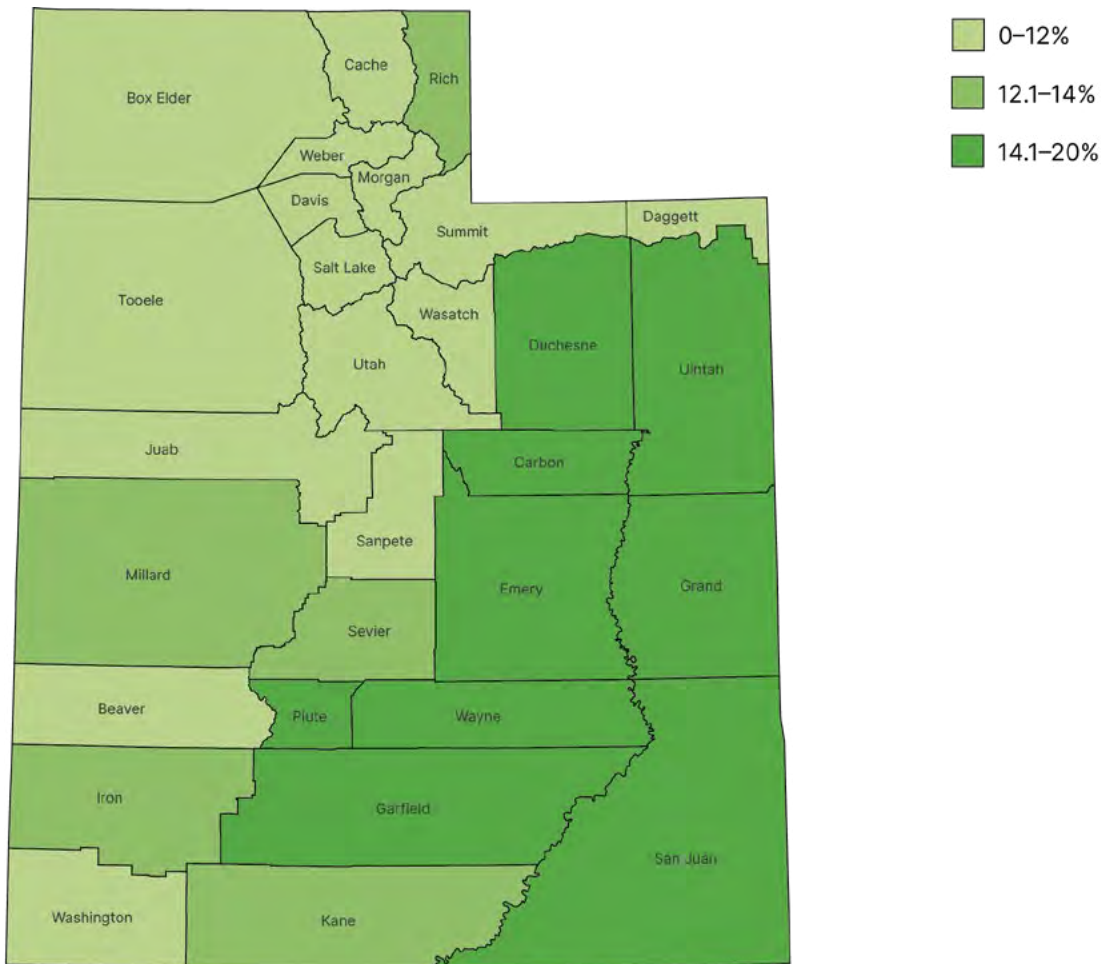
Certain populations are more susceptible to food insecurity than others, including immigrant and rural populations. A 2023 study found non-citizen immigrants in the US, regardless of income, education, and utilization of SNAP benefits, faced a heightened risk of food insecurity. As many eligible non-citizens do not access SNAP and other food assistance programs due to misinformation or confusion over public charge laws, a fear of deportation, or language barriers, the study emphasized the need to raise awareness about federal nutrition assistance programs among immigrant populations and reduce barriers to accessing aid.⁹⁰⁹

In Utah, rural counties experienced food insecurity at higher rates than nonrural counties. The rate of food insecurity decreased in most counties between 2020 and 2021, but jumped in the rural counties of Beaver, Carbon, and Daggett. In some of these counties there were additional factors, typically negative issues in their local economy or a slower economic response to COVID-19 in general.⁹¹⁰ In 2021, the counties with the highest rates of food insecurity were Carbon, Duchesne, Emery, Garfield, Grand, Iron, Kane, Millard, Piute, Rich, San Juan, Sevier, Uintah, Washington, and Wayne (see Figure 70).⁹¹¹ Rural communities often experience unique challenges and have less access to resources than urban and suburban communities; intentional, place-based interventions to address challenges related to child food insecurity are needed in rural Utah.

909 Sharareh, N., Seligman, H. K., Adesoba, T. P., Wallace, A. S., Hess, R., & Wilson, F. A. (2023). Food insecurity disparities among immigrants in the US. *AJPM Focus*, 2(3), 100113. <https://doi.org/10.1016/j.focus.2023.100113>

910 Banta, M. (2023, July 10). Hundreds of thousands of Utahns are at risk of going hungry: why food insecurity is on the rise in Utah, and how you can help. *The Salt Lake Tribune*. <https://www.sltrib.com/news/2023/07/06/why-hunger-is-rise-utah-how-you/>.

911 Feeding America. (2023). *Food Insecurity Among Children in Utah*. <https://map.feedingamerica.org/county/2021/child/utah>

Figure 70. Utah Food Insecurity Comparison by County, 2021

Source: Feeding America. (2023). *Food Insecurity Among Children in Utah*. <https://map.feedingamerica.org/county/2021/child/utah>

Food Security Council

To address the issue of food insecurity in Utah, the Utah Food Security Council was established during the 2022 legislative session, led by Senator Luz Escamilla and based at Utah State University. The council began collaborating with various agencies to provide recommendations and innovative solutions to improve economic security, raise public awareness, enhance food access, and bolster nutrition assistance for all Utah residents. Through partnerships and collaborative efforts, they aimed to increase access to food for all Utahns, including efforts to support local growers and producers. The council's broad goals encompassed a comprehensive approach to tackling food insecurity, and it also considered broader financial issues that contribute to this problem.⁹¹²

912 Reese, J. (2023, January 17). *New Utah Food Security Council Based at USU*. Utah State University. https://extension.usu.edu/news_sections/general_news/new-utah-food-security-council-based-at-usu

Employment and Financial Assistance

Utah has several employment and financial assistance programs⁹¹³ aimed at enabling families to reach economic self-sufficiency and improve the well-being of children.⁹¹⁴ TANF, the Family Employment Program (FEP), the Family Employment Program Two Parents (FEP-TP), and the Rapid Re-Housing Program (RRH) are temporary cash assistance programs designed to help families.^{915, 916} Utahns were also impacted by the changing landscape of federal and state CTCs.^{917, 918}

Temporary Assistance for Needy Families

Utah's TANF financial assistance program, supported through federal funding and some state matching funds, was designed to help eligible low-income families with children meet their basic needs (child care, employment, family planning) and reach financial self-sufficiency.^{919, 920, 921, 922}

In 2023, \$69.3M of federal and state TANF funding was allocated by the state legislature.⁹²³ In fiscal year 2022, Utah spent \$45.3M on TANF base grant expenditures (44% of this amount going to work activities and basic assistance) and \$7.5M on program management. Between 2017 and 2022, the number of Utahns and children served by TANF programs fell by 53% and 51% respectively, and TANF base grant expenditures decreased by 48% (see Tables 27 and 28). In 2023, these trends were of particular concern as the state's population, housing prices, and national annual inflation rates were rising, all indicators that need for services should also have risen.^{924, 925, 926, 927}

913 Employment and financial assistance program include, but are not limited to: CTCs, FEP, Family Unification Program, Federal Rental Assistance, Home Energy Assistance Target Program, HOME Home-Buyer Assistance, HOME Tenant-Based Rental Assistance, Homeless Prevention Program, Low-Income Home Energy Assistance Program, Olene Walker Housing Fund, RRH, TANF, The Weatherization Assistance Program, and the Utah Housing Corporation.

914 Department of Workforce Services. (2023). *Financial Assistance*. <https://jobs.utah.gov/customereducation/services/financialhelp/index.html>

915 Department of Workforce Services. (2023). *Family Employment Program*. <https://jobs.utah.gov/customereducation/services/financialhelp/family/program.html>

916 Rorrer, A.K. (2017). Early Childhood Services Study. <https://jobs.utah.gov/occ/EarlyChildhoodServicesStudy.pdf>

917 Tax initiatives that grant tax breaks to families with eligible children.

918 Internal Revenue Service. (2023, August 23). Child Tax Credit. [www.irs.gov](https://www.irs.gov/credits-deductions/individuals/child-tax-credit). <https://www.irs.gov/credits-deductions/individuals/child-tax-credit>

919 It is important to note that only families containing a citizen or legal resident, a minimum of one social security number, and a dependent child living with a legal guardian earning an income under 200% of the FPL are eligible for TANF, FEP/FEP-TP, and RRH services. Source: Department of Workforce Services. (2023). <https://jobs.utah.gov/services/tevs/tanf-contract.html>

920 Department of Workforce Services, H. S. (2023). Federal Temporary Assistance for Needy Families. <https://jobs.utah.gov/homelessness/funding/tanf.html>

921 Rorrer, A.K. (2017). Early Childhood Services Study. <https://jobs.utah.gov/occ/EarlyChildhoodServicesStudy.pdf>

922 US Department of Health & Human Services. (2023, May 9). What is TANF? <https://www.hhs.gov/answers/programs-for-families-and-children/what-is-tanf/index.html>

923 Pittman, J., & Social Services Appropriations Subcommittee. (2023). Utah State Legislature Review of TANF Programs and Expenditures, 2023 General Session. <https://le.utah.gov/interim/2023/pdf/00000782.pdf>

924 US Inflation Calculator, CoinNews Media Group Company. (2023). Current US Inflation Rates: 2000-2023. <https://www.usinflationcalculator.com>. <https://www.usinflationcalculator.com/inflation/current-inflation-rates/>

925 The US Census Bureau. (2023, June 20). *State Population by Characteristics: 2020-2022*. <https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-detail.html>

926 Utah Homeless Council. (2022, November). Statewide Collaboration for Change: Utah's Plan to Address Homelessness, Appendices. <https://jobs.utah.gov/homelessness/ohsplanappendice.pdf>

927 Wood, J. A., & Kem C. Gardner Policy Institute, The University of Utah. (2023, February). Housing Prices and Affordability. <https://gardner.utah.edu>. <https://gardner.utah.edu/wp-content/uploads/ERG-HousingPB-Feb2023.pdf?x71849>

Table 27. Utahns Served Through TANF, FY* 2020-2022⁹²⁸

Population	Average FY 2017	Average FY 2018	Average FY 2019	Average FY 2020	Average FY 2021	Average FY 2022
Total Number of Recipients Served	9,205	8,669	7,458	6,449	5,361	4,357
Total Number of Families Served	3,729	3,625	3,191	2,844	2,374	1,964
Total Number of Children Served	6,773	6,456	5,436	4,851	3,546	3,295

*Fiscal Year: October-September

Source: Office of Family Assistance, US Department of Health & Human Services. (2023). https://www.acf.hhs.gov/ofa/resource-library?f%5B0%5D=program%3A270&f%5B1%5D=program_topic%3A634&sort_by=combined_publication_date&sort_order=DESC&items_per_page=10

Table 28. Utah TANF Federal Allocation, 2017-2022⁹²⁹

Federal Expenditure	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022
Total (in millions)	\$102.2	\$97.2	\$76.4	\$69.7	\$55.6	\$53.0

Source: Pittman, J., & Social Services Appropriations Subcommittee. (2023) Utah State Legislature Review of TANF Programs and Expenditures, 2023 General Session. <https://le.utah.gov/interim/2023/pdf/00000782.pdf>

Rapid Re-Housing

In 2023, Utahns were growingly worried about the state's population growth and its impact on housing availability and affordability.^{930, 931, 932, 933, 934} In 2020, an estimated 15K Utah children experienced housing instability—living on the streets, in shelters, with other families, or in hotels.⁹³⁵

928 Office of Family Assistance, US Department of Health & Human Services. (2023). Resource Library. [www.acf.hhs.gov/https://www.acf.hhs.gov/ofa/resource-library?f%5B0%5D=program%3A270&f%5B1%5D=program_topic%3A634&sort_by=combined_publication_date&sort_order=DESC&items_per_page=10](https://www.acf.hhs.gov/ofa/resource-library?f%5B0%5D=program%3A270&f%5B1%5D=program_topic%3A634&sort_by=combined_publication_date&sort_order=DESC&items_per_page=10)

929 Pittman, J., & Social Services Appropriations Subcommittee. (2023). Utah State Legislature Review of TANF Programs and Expenditures, 2023 General Session. <https://le.utah.gov/interim/2023/pdf/00000782.pdf>

930 Brown, J., & Heart Mind Strategies. (2022, January 24,). 2021 Utah Values Research. <https://static1.squarespace.com/static/5c059ead36099b1445c1d246/t/61f03fa58456cf190ba47c99/1643134889348/Values+and+Growth+Attitude+Summary.pdf>

931 Wood, J. A., & Kem C. Gardner Policy Institute, The University of Utah. (2023, February). Housing Prices and Affordability. <https://gardner.utah.edu>. <https://gardner.utah.edu/wp-content/uploads/ERG-HousingPB-Feb2023.pdf?x71849>

932 Utah Foundation. (2022, March). Is The Middle Missing?: A Guide to Expanding Options for Utah Homebuyers and Renters. <https://www.utahfoundation.org>. https://www.utahfoundation.org/wp-content/uploads/UFound_MissingMiddle-HousingEXECSUMM-2022.pdf

933 Calabrese, T., Beadles, T. & Dr. French-Fuller, K. (2023). The Impacts of Affordable Housing: A Literature Review. <https://www.webercountyutah.gov/> <https://www.webercountyutah.gov/Housing-Authority/documents/The%20Impacts%20of%20Affordable%20Housing%20A%20Literature%20Review.pdf>

934 Additional housing support programs include Federal Rental Assistance, Public Housing (PH), Housing Choice Vouchers (HCV), and the Emergency Rental Assistance Program (ERAP)

935 Calabrese, T., Beadles, T. & Dr. French-Fuller, K. (2023). The Impacts of Affordable Housing: A Literature Review. <https://www.webercountyutah.gov/Housing-Authority/documents/The%20Impacts%20of%20Affordable%20Housing%20A%20Literature%20Review.pdf>

Working a minimum wage job (\$7.25/hr) in 2023, a Utahn would have to work 115 hours a week to afford a modest one-bedroom rental home at market rate.⁹³⁶ Data from the Gardner Institute deliberative sessions illustrated this challenge.

“Many (parents) suggested that inflation is not being accurately accounted for in eligibility requirements and that eligibility requirements should be updated to reflect the rising cost of living—housing costs in particular. As one Honeyville parent put it, ‘They don’t realize rents are so high—they’re only looking at income. The rent is so high, but the wages are still the same. And every time it gets higher, everything is going up. The rent goes up and the wages tend to stay the same. They see inflation but the wages don’t go up. Not just in Utah, but all over.’ Two Providence parents also expressed concern about housing costs, noting there was not enough low-income housing, and it was too expensive to afford a home.”⁹³⁷

Source: Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

RRH offered short and medium-term rental assistance and support services designed to move homeless veterans, individuals, and families into permanent housing as quickly as possible,⁹³⁸ to minimize the trauma and negative impacts of homelessness. Between 2017 and 2022, 12,640 persons in families and 3,737 children aged six or under accessed RRH services, and 11,109 persons in families and 3,272 children aged six or under exit the RRH system. Persons in families represented 75% of RRH participants accessing services and 78% of RRH participants exiting the system.⁹³⁹ Children aged six or under represented 22% of RRH participants accessing services and 23% of RRH participants exiting the system. Of the families served between 2018 and 2022, 53% were POC, and 58% were single mother led households.⁹⁴⁰ Given that POC represented only 23% of the Utah adult population in 2022, they are disproportionately represented in the RRH program population.

From 2017 to 2022, the average number of persons in families and children aged six or under participating in RRH annually decreased (see Table 29).⁹⁴¹ That said, in November of 2022, due to a severe shortage of affordable housing, there were almost 2K people on the RRH waitlist for permanent housing. Designed as a temporary program, RRH participants are only intended to remain in the program for one year or less, but between 2017 and 2022, 17% of participants exceeded that guideline. Of those who exited, a significant number needed additional support—nine percent exited to unknown destinations, and 24% returned to the homeless services system. Many remained within or returned to RRH due to a lack of affordable permanent housing options.⁹⁴² Some of these individuals may have needed permanent supportive housing, but may not have qualified or found options.

936 National Low Income Housing Coalition. (2023). Utah. <https://nlihc.org/oor/state/ut>

937 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

938 Utah Homeless Council. (2022, November). Statewide Collaboration for Change: Utah’s Plan to Address Homelessness, Appendices. <https://jobs.utah.gov>. <https://jobs.utah.gov/homelessness/ohsplanappendice.pdf>

939 The scope of homelessness is difficult to measure and therefore some data may be duplicated. In order to measure this population, community leaders must rely on a variety of fluid data sources to inform them about trends, demographics, and outcomes. It should be noted that not all service providers enter information into the Utah Homeless Management Information System (UHMIS) due to privacy laws or because they are not receiving funding that requires them to participate.

940 Utah Homeless Council. (2022, November). Statewide Collaboration for Change: Utah’s Plan to Address Homelessness, Appendices. <https://jobs.utah.gov>. <https://jobs.utah.gov/homelessness/ohsplanappendice.pdf>

941 Utah Department of Workforce Services, Homeless Services. (2023). *Homelessness Data Dashboard*, Utah Department of Workforce Services, Homeless Services. <https://jobs.utah.gov/homelessness/homelessdata.html>

942 Utah Homeless Council. (2022, November). Statewide Collaboration for Change: Utah’s Plan to Address Homelessness, Appendices. <https://jobs.utah.gov>. <https://jobs.utah.gov/homelessness/ohsplanappendice.pdf>

Individuals experiencing unsheltered homelessness, chronic homelessness, and physical and/or mental health needs have additional challenges and vulnerability when seeking permanent supportive housing and affordable permanent housing, such as lack of long-term work history, poor credit, etc.⁹⁴³

Table 29. Utah Persons in Families and Children Age Six or Under Utilizing RRH, 2017-2022

Group	Statistic	2017	2018	2019	2020	2021	2022
Persons in Families	Accessing Services	3,648	3,232	3,356	3,123	3,131	3,055
	Exiting System	2,727	2,649	2,816	2,575	2,537	2,341
Persons in Families (Children Age Six or Under)	Accessing Services	1,076	942	1,022	935	877	807
	Exiting System	791	778	857	767	714	643
Total Served (Persons in Families, Single Adults, Unaccompanied Minors and Unknown)	Accessing Services	4,356	4,256	4,505	4,240	4,534	4,173
	Exiting System	3,267	3,410	3,706	3,378	3,505	3,090

Source: Utah Department of Workforce Services, Homeless Services. (2023). Homelessness Data Dashboard, Utah Department of Workforce Services, Homeless Services. <https://jobs.utah.gov/homelessness/homelessdata.html>

Family Employment Program

Utah had several workforce programs focused on improving the lives of children by economically empowering their guardians through assistance in finding and securing permanent, stable jobs.⁹⁴⁴ FEP and FEP-TP were cash assistance programs that provided up to 36 months of financial support and services to low-income families.⁹⁴⁵ Services included assistance from an eligibility worker, employment counselor, and licensed clinical therapist. In 2022, despite a booming economy, a high number of underserved families struggled to find sustainable employment as they faced challenges relating to COVID-19 and inflation. In 2023, the DWS addressed inflation by raising FEP cash assistance grant amounts for the first time since 2010. They also developed the Upward Mobility policy and training which provided additional support to families within FEP by enabling participants to receive additional housing and utility payments above their FEP grant amount.⁹⁴⁶

In 2023, to be eligible for FEP/FEP-TP, a family with two children and two guardians, one of whom is working, could not have a household income higher than \$1,230 per month, or \$14,760 annually. The highest monthly cash assistance this family could receive in 2023 was \$775 per month, bringing their monthly income to \$2,005 and annual income to \$24,060, meaning even with FEP/FEP-TP cash assistance, the family was still living below the Federal Poverty Line of \$30K annually for a family of

943 Utah Homeless Council. (2023, February). Statewide Collaboration for Change: Utah's Plan to Address Homelessness. <https://jobs.utah.gov>. <https://jobs.utah.gov/homelessness/homelessnessstrategicplan.pdf>

944 Rorrer, A.K. (2017). Early Childhood Services Study. <https://jobs.utah.gov/occ/EarlyChildhoodServicesStudy.pdf>

945 Department of Workforce Services. (2023). *Family Employment Program*. <https://jobs.utah.gov/customereducation/services/financialhelp/family/program.html>

946 Department of Workforce Services. (2022). Annual Report 2022. <https://jobs.utah.gov>. <https://jobs.utah.gov/edo/annreport/annualreport2022.pdf>

four.^{947,948} This amount still resulted in that family living far below the estimated \$83,491 annual living wage for a family of four in the state of Utah.⁹⁴⁹ Though families struggle to make ends meet with support from FEP/FEP-TP, new burdens arise once their income successfully rises above those within program eligibility.

If this example family of four exceeded income thresholds for eligibility under FEP/FEP-TP, it still may not have attained a state of financial stability. Their higher income may also have negated their eligibility from other necessary health, food, and childcare assistance programs.⁹⁵⁰ Therefore, increasing income and losing social service benefits could ultimately lead to a worse financial situation. Contrasting the income levels for the family of four without FEP/FEP-TP cash assistance, with FEP/FEP-TP cash assistance, at the FPL, and at the recommended living wage illustrates a major gap (see Figure 71). The gap falls between the family's ability to provide for themselves while receiving benefits and their ability to provide for themselves when their income(s) fall above eligibility requirements for support services but still far below a living wage. As these families made more money, they lost the help public assistance provides. Qualitative research conducted by the Kem C. Gardner Policy Institute mirrors these findings; in interviews with parents many, "...expressed concern and frustration that minor income fluctuations or changes can result in loss of coverage even though the family is still in need of assistance. In Aneth, Richfield, St. George, Honeyville, Provo, and Vernal, parents described losing benefits due to their income being too high."⁹⁵¹ Although it is not practical or advisable for families to remain on assistance forever, this comparison depicts the challenges low-income families face when working to make ends meet.^{952, 953, 954}

Restrictive eligibility parameters also went beyond financial gaps. Requirements regarding citizenship, legal residence, and a social security number to receive benefits also prevented many Utahns from accessing the vital support their children and families need. Though improvements were made to FEP/FEP-TP in 2023 through the Upward Mobility policy, and the increased amount of cash assistance and grants, families were still struggling.⁹⁵⁵

947 Office of the Assistant Secretary For Planning And Evaluation. (2023). U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Programs. <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

948 Department of Workforce Services. (2023). Family Employment Program. <https://jobs.utah.gov/customereducation/services/financialhelp/family/program.html>

949 Living wages are notably higher than the FPL because they take into consideration expenses relating to child care, food, medical care, transportation, housing and taxes. Source: Living Wage Calculator. (2023). *Living Wage Calculation for Utah*. <https://livingwage.mit.edu/states/49>

950 Dr. Vogel-Ferguson, M. B. (2015, September). Family Employment Program (FEP) Redesign Study of Utah 2014: Final Report. <https://socialwork.utah.edu/research/reports/posts/family-employment-final-report-2014.pdf>

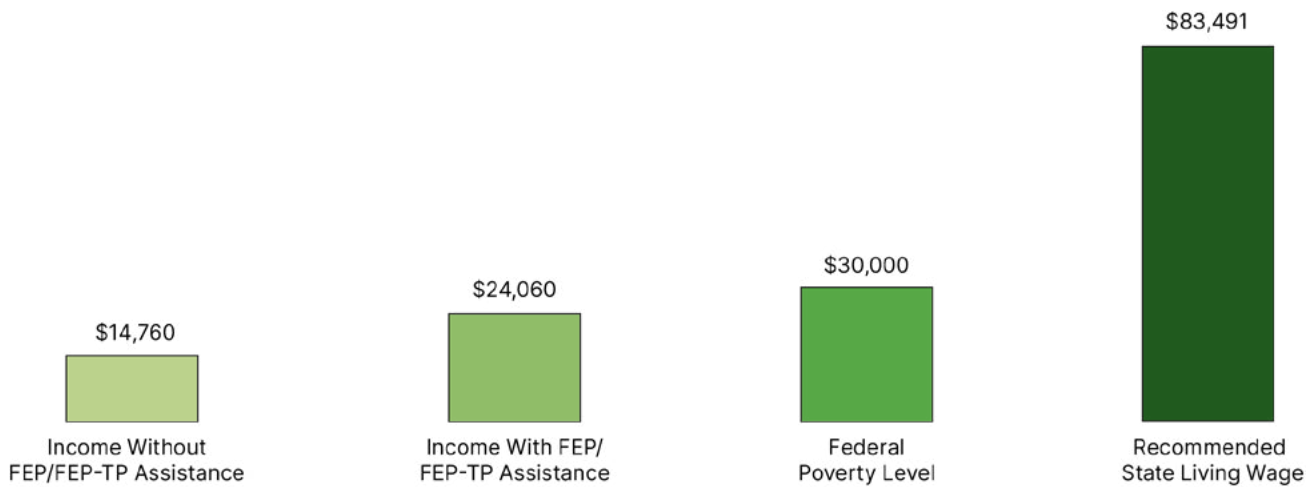
951 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

952 Dr. Vogel-Ferguson, M. B. (2015, September). Family Employment Program (FEP) Redesign Study of Utah 2014: Final Report. <https://socialwork.utah.edu/research/reports/posts/family-employment-final-report-2014.pdf>

953 Living Wage Calculator. (2023). *Living Wage Calculation for Utah*. <https://livingwage.mit.edu/states/49>

954 Dr. Vogel-Ferguson, M. B. (2015, September). Family Employment Program (FEP) Redesign Study of Utah 2014: Final Report. <https://socialwork.utah.edu/research/reports/posts/family-employment-final-report-2014.pdf>

955 Department of Workforce Services. (2023). Annual Report 2023: Utah Department of Workforce Services. <https://jobs.utah.gov/edo/annreport/annualreport2023.pdf>

Figure 71. Comparison of FPL, FEP/FEP-TP, and Living Wage Income Levels for a Household of Four, 2023

Note: Living wages are notably higher than the FPL because they take into consideration expenses relating to child care, food, medical care, transportation, housing and taxes.

Sources:

Office of the Assistant Secretary For Planning And Evaluation. (2023). U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Programs. <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>
 Department of Workforce Services (2023). Family Employment Program. <https://jobs.utah.gov/customereducation/services/financialhelp/family/program.html>
 Living Wage Calculator. (2023). Living Wage Calculation for Utah. <https://livingwage.mit.edu/states/49>

In addition to FEP/FEP-TP, the state of Utah also provides Child Only Assistance, Refugee Cash Assistance (RCA), and Unemployment Insurance. These programs provide cash assistance to children even when their parents do not receive any, including refugees, asylees, victims of human trafficking, and other persons.^{956, 957}

Child Tax Credits

CTC amounts were briefly adjusted during COVID-19, increasing from \$2K to \$3,600 annually for children under six years old and to \$3K for children between six and 17.⁹⁵⁸ In 2021, an estimated 423K Utah families including 851K children benefited from the expanded CTC.⁹⁵⁹ One source estimated Utah families received more than \$1.6B in 2021 due to this expansion.⁹⁶⁰ The US Census Bureau reported that most households used these stimulus payments to meet basic expenses like rent and food.⁹⁶¹

956 Rorrer, A.K. (2017). Early Childhood Services Study. <https://jobs.utah.gov/occ/EarlyChildhoodServicesStudy.pdf>

957 Department of Workforce Services. (n.d.). *Refugee Financial Assistance*. <https://jobs.utah.gov/customereducation/services/financialhelp/refugee/index.html>

958 Burns, K. (2022, September 13). *Expansions to child tax credit contributed to 46% decline in child poverty since 2020*. Census.gov. <https://www.census.gov/library/stories/2022/09/record-drop-in-child-poverty.html>

959 American Rescue Plan. (2022). *State-by-State Analysis on American Rescue Plan: Child tax credit goes to 851,000 children in Utah and EITC expansion benefits 138,000 more workers*. <https://www.whitehouse.gov/wp-content/uploads/2022/03/Utah-Tax-Credit-1-pager-3.8.pdf>

960 Weinstein, M., & Diggs, E. B. (December 13, 2022). Best Holiday Gift for Utah Kids Would be a Child Tax Credit. *Salt Lake Tribune*. <https://www.sltrib.com/opinion/commentary/2022/12/13/matthew-weinstein-e-brian-diggs/>

961 Perez-Lopez, D., & Bee, C. A. (2021, October 8). *Majority Who Received Stimulus Payments Spending Most of it on Household Expenses*. Census.gov. <https://www.census.gov/library/stories/2020/06/how-are-americans-using-their-stimulus-payments.html>

These COVID-19 changes to the CTC lifted 5.3M people out of poverty in the US, including almost 3M children.⁹⁶² Once the CTC and other federal programs were reduced or eliminated post-pandemic, the child poverty rate more than doubled – from a record low of five percent in 2021 up to more than 12% in 2022.⁹⁶³ This was the most significant year-over-year spike in the child poverty rate on record, and it resulted in millions of US children being plunged back into poverty after COVID-19 relief programs and funding ended.⁹⁶⁴ Qualitative research conducted by the Kem C. Gardner Policy Institute mirrors these findings; in interviews with parents COVID-19 came up “...as a marker in parent observations about their children and as a reference to the expansion of benefits that occurred during COVID-19 and recently contracted benefits.”⁹⁶⁵

Utah created a new permanent nonrefundable CTC in 2023 of \$1K per child age birth through three, not to exceed income tax liability.⁹⁶⁶ Utah's CTC reduced taxes by \$9M for two-fifths of Utah's lowest-income families earning under \$59K per year. Utah was one of fourteen states with its own CTC and one of only four that were non-refundable.⁹⁶⁷ The nonrefundable status meant that the CTC could not be fully used by low-income families without high state income tax liability. In other words, if a family did not owe any income taxes at the end of the year, they weren't eligible for the CTC. Utah's non-refundable tax credit could only be utilized to offset income taxes owed; it could not be used to distribute additional money if the family's income taxes were at or near zero.⁹⁶⁸ Single parent households with incomes under \$43K and dual households with incomes under \$54K could file for the full amount, dependent on state income tax liability. After these eligibility benchmarks the credit begins to phase out.

Increasing the Value of Utah's Child Tax Credit for Children and Their Families

There are a variety of options that could increase the impact of Utah's Child Tax Credit (see Table 30).

962 Burns, K. (2022, September 13). *Expansions to child tax credit contributed to 46% decline in child poverty since 2020*. Census.gov. <https://www.census.gov/library/stories/2022/09/record-drop-in-child-poverty.html>

963 This poverty rate is the Supplemental Poverty Measure, which includes the impact of government assistance and differences in the cost of living. Source: Casselman, B., & DePillis, L. (2023, September 12). *Poverty Rate Soared in 2022 as Aid Ended and Prices Rose*. nytimes.com. https://www.nytimes.com/2023/09/12/business/economy/income-poverty-health-insurance.html?campaign_id=60

964 Koutavas, A., Yera, C., Collyer, S., Curran, M., Harris, D. & Wimer, C. (2023.) "What Would 2022 Child Poverty Rates Have Looked Like if an Expanded Child Tax Credit Had Still Been in Place?" *Poverty and Social Policy Brief*, Vol. 7, No. 3. www.povertycenter.columbia.edu/publication/2023/what-2022-child-poverty-rates-would-have-looked-like

965 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

966 "Not to exceed income tax liability" is a phrase used to indicate that the Child Tax Credit will not exceed the total income tax that a family owes to the government. In other words, the Child Tax Credit cannot exceed the amount of income tax owed by a family

967 Voices for Utah Children. (2023, March 8). Summary of the Tax Cuts Passed by the 2023 Utah Legislature. <https://utahchildren.org/newsroom/speaking-of-kids-blog/item/1188-summary-of-tax-cuts-2023-legislature>

968 Voices for Utah Children. (2023, February 20). Utah's Proposed Child Tax Credit. <https://utahchildren.org/newsroom/speaking-of-kids-blog/item/1187-utah-child-tax-credit>

Table 30. Options the Utah Legislature Could Consider to Increase the Impact of the State's Child Tax Credit, 2023

Utah CTC Options	Issue	Impact
Make Utah CTC fully refundable	Currently families with lower incomes and state income tax liability get smaller tax credits or none at all, excluding children most in need	Increase number of low-income Utah families who qualify
Calibrate for inflation	Current benefit is \$1K per year/child and the value of benefit changes depending on value of the dollar; families cannot predict value of CTC in advance	Stabilize value of benefit, even in periods of inflation, making CTC more reliable for families Prevent erosion of benefit over long-run
Offer an option for advanced payments (incremental, quarterly, monthly)	Families get tax returns in spring, but may have financial needs/ crises at other times of year	More flexibility and choices for families to access funds when it best fits their circumstances
Expand age eligibility	14 US states have a state CTC Utah CTC has smallest age range, from birth through age three Oklahoma and Idaho CTCs cover children through age 17, and Idaho CTC covers children with permanent disabilities	CTC could cover more of the early-childhood period, during crucial stages of growth and development Benefit more Utah families

Source: Davis, A., & Butkus, N. (2023, September 12). States are Boosting Economic Security with Child Tax Credits in 2023. <https://itep.org/states-are-boosting-economic-security-with-child-tax-credits-in-2023/>

Child Care Assistance

Key Takeaways

- Increasing child care subsidies has been shown to have economic benefits, including lowered financial burden on families and decreased costs for employers due to fewer employee absences and less turnover due to child care issues.⁹⁶⁹
- In 2023, DWS-OCC reported that despite an increase in participant numbers, Utah's child care subsidies were still underutilized.⁹⁷⁰

Child care subsidies (a type of financial assistance) help cover the cost of child care, enabling parents to engage in employment or pursue education. Increasing child care subsidies has been shown to have economic benefits, including lowered financial burden on families and decreased

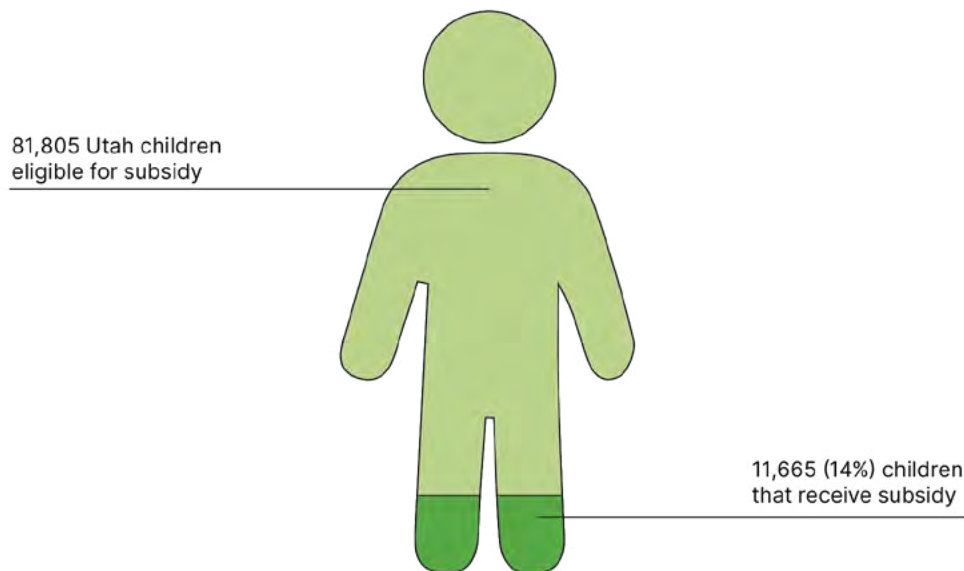
969 Whitehurst, G. J. (2017, March 9). *Why the Federal Government Should Subsidize Childcare and How to Pay For it*. Economic Studies at Brookings. Evidence Speaks Reports, Vol 2, 11. <https://www.brookings.edu/articles/why-the-federal-government-should-subsidize-childcare-and-how-to-pay-for-it/>

970 Interview with Rebecca Banner, DWS, Director of Office of Child Care; Heather Thomas, DWS, Assistant Director of Office of Child Care, Ann Stockham-Mejia, DWS, Child Care Subsidy Program Manager. October 25, 2023.

costs for employers due to fewer employee absences and less turnover due to child care issues.⁹⁷¹ In 2019, both the federal government and states collectively allocated \$11.1B to support child care for low-income working families.⁹⁷²

The largest source of child care subsidies for low-income families is the federal CCDF.^{973, 974, 975} In 2023, an average of 7,617 Utah families and 14,457 children received child care assistance each month.⁹⁷⁶ An estimated 81,805 children were eligible to receive child care subsidies in 2023 but only 14% (11,665 children) of those eligible applied and received subsidies (see Figure 72).⁹⁷⁷ In FY2019,⁹⁷⁸ of all eligible children under federal rules, 16% received subsidies and 23% of children eligible under state rules received subsidies.⁹⁷⁹ Low levels of subsidy utilization may occur for a variety of reasons, such as confusion over eligibility (especially for undocumented parents and families),⁹⁸⁰ and stigmas around using government programs.

Figure 72. Utah Children Eligible to Receive Child Care Subsidies Compared to Those who Received Subsidies, 2023



971 Whitehurst, G. J. (2017, March, 9). *Why the Federal Government Should Subsidize Childcare and How to Pay for it*. Economic Studies at Brookings. Evidence Speaks Reports, Vol 2, 11. <https://www.brookings.edu/articles/why-the-federal-government-should-subsidize-childcare-and-how-to-pay-for-it/>

972 Chien, N. (2022, September). *Factsheet: Estimates of child care eligibility and receipt for fiscal year 2019*. Office of the Assistant Secretary for Planning & Evaluation, US Department of Health & Human Services. <https://aspe.hhs.gov/sites/default/files/documents/1d276a590ac166214a5415bee430d5e9/cy2019-child-care-subsidy-eligibility.pdf>

973 Utah Department of Workforce Services Office of Child Care. (2020, March). *Child Care Access in Utah*. <https://jobs.utah.gov/occ/ccaccess.pdf>

974 Interview with Rebecca Banner, DWS, Director of Office of Child Care; Heather Thomas, DWS, Assistant Director of Office of Child Care, Ann Stockham-Mejia, DWS, Child Care Subsidy Program Manager. October 25, 2023.

975 The state of Utah contributes some funding to child care subsidies, but mostly in the form of 'Maintenance of Effort' funding (which allows the state to count certain activities as contributing to the subsidies in lieu of actual funding).

976 \$106.7M was spent on child care subsidies and copayments in Utah. Source: Utah Department of Workforce Services. (2023). *Annual Report 2023*. <https://jobs.utah.gov/edo/annreport/annualreport2023.pdf>

977 Voices for Utah Children. (2023). *Mapping Care for Kids A County-Level Look at Utah's Crisis in Licensed Child Care*. https://utahchildren.org/images/Reports/Mapping_Care_for_Kids_2023.pdf

978 The most recent year for which an estimate was available.

979 Chien, N. (2022, September). *Factsheet: Estimates of child care eligibility and receipt for fiscal year 2019*. Office of the Assistant Secretary for Planning & Evaluation, US Department of Health & Human Services. <https://aspe.hhs.gov/sites/default/files/documents/1d276a590ac166214a5415bee430d5e9/cy2019-child-care-subsidy-eligibility.pdf>

980 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

Utah's Child Care Subsidy Eligibility Rules:

- Parents must be employed, or engaged in an approved training/education activity.
 - In two parent households, one parent must work at least 30 hours per week and the other must work at least 15 hours per week; the subsidy covers the cost of child care for the times when both parents are working.
 - In single parent households, the parent must work at least 15 hours per week
- Households must make 85% or less of the state median income (in 2023 this was roughly \$75,793 or less),⁹⁸¹ the maximum allowed per federal regulations.⁹⁸²
- Children must be US citizens.
 - Once approved, the subsidy continues for 12 months; approved parents must re-qualify after 12 months.

Source: Department of Workforce Services. (2023). Child Care Overview. <https://jobs.utah.gov/customereducation/services/childcare/>

Low-income families need the support of child care subsidies the most, but they are least likely to work regular 9–5 jobs. If the shifts parents work don't align, then the family is eligible for very little child care subsidy.

Child Care Subsidy Eligibility

State income eligibility requirements were adjusted during COVID-19, rising from 56% of state median income (in 2019) to 85% of the state median income. In 2019, the federal government estimated 111K Utah children were eligible for subsidies according to federal rules, but fewer than half of those children (47,440) were eligible under state-defined rules. At the onset of COVID-19, DWS-OCC decided to raise the income eligibility limit to increase support for frontline workers and Utah families. Though the increased eligibility was initially temporary, DWS-OCC maintained it post-pandemic, saying, “We don’t want to go back.” In 2023, DWS-OCC reported that despite an increase in participant numbers, Utah’s child care subsidies were still underutilized.⁹⁸³ The state was able to fund all approved applicants and, unlike some states, did not have a waitlist for this program.

Child Care Subsidy Copayments

A copayment is the portion of child care expenses not covered by the subsidy that parent(s) pay out of pocket. The copayment amount is determined based on family income, family size, and the number of children receiving child care in the household.⁹⁸⁴ In May 2020, in response to COVID-19, DWS-OCC temporarily waived family copayments and covered costs associated with the child care subsidy program up to 100% of the capped benefit limit.⁹⁸⁵ Copayments were reinstated in February 2023 for

981 American Community Survey. (2022). *One-Year Estimates Selected Population Profiles*. <https://data.census.gov/table?q=S0201&t=001:002:006:009:01A&g=040XX00US49&y=2022>

982 Utah Department of Workforce Services. (2023). *Annual Report 2023*. <https://jobs.utah.gov/edo/annreport/annual-report2023.pdf>

983 Interview with Rebecca Banner, DWS, Director of Office of Child Care; Heather Thomas, DWS, Assistant Director of Office of Child Care, Ann Stockham-Mejia, DWS, Child Care Subsidy Program Manager. October 25, 2023.

984 Utah Department of Workforce Services Financial/SNAP/Child Care Eligibility Manual. (2023, October 1). *Table 4 Child Care Income Eligibility and Co-Payment*. https://jobs.utah.gov/Infosource/eligibilitymanual/Tables,_Appendicies,_and_Charts/Tables,_Appendicies,_and_Charts/Table_4_-_Child_Care_Income_Eligibility_and_Co-Payment.html

985 Ruetschlin, C., Genc, Y. (2021, May). *Utah 2021 Child Care Market Rate Study*. Utah Department of Workforce Services Office of Child Care and The Economic Evaluation Unit Department of Economics at University of Utah. <https://jobs.utah.gov/occ/occmarket.pdf>

new subsidy applicants and for existing beneficiaries at the time of their annual eligibility review.⁹⁸⁶ ⁹⁸⁷ In 2023, the copayment cap was lowered, moving from no more than 10% of median household income to no more than seven percent, aligned with federal CCDF recommendations.⁹⁸⁸ The return of child care copayments brought back financial burdens that had been lightened for eligible families during COVID-19.⁹⁸⁹ The reinstatement of copayments also introduced confusion and financial stress for families who first qualified for child care subsidies during COVID-19 and hadn't ever paid copayments, in some instances for nearly four years.⁹⁹⁰ At the time this report was written, there was not yet sufficient data to understand the impact on families and children of copayments returning.

Issues Impacting the Value of Utah's Child Care Subsidies

The actual financial value of a child care subsidy can be impacted by several factors, such as inflation and the type of care a family wants for their children. The rate of the subsidy is set at 75% of a child care market rate study conducted by DWS every three years. Theoretically, this means the child care subsidy should cover 100% of the costs charged by three-quarters (75%) of child care providers. In 2023, some providers and families felt that the cost of child care had risen substantially since 2021 (when the last market rate study was done) and the subsidies were covering less of the actual cost of child care, resulting in higher copayments for families with young children.^{991,992} Additionally, parents seeking high-quality child care options (which often cost more) were likely to find the subsidy covered less, leaving them with higher copayments.

Though family copayments are capped at seven percent of the state median household income, families are responsible for the difference between what the subsidy covers and what their child care actually costs. In practice, this meant the actual amount a family paid for child care could have been above, potentially far above, seven percent of household median income. In 2023, DWS-OCC heard from providers that parents were very confused about their payments and providers were frequently called on to explain the two components (the copayment and the additional cost) to families.⁹⁹³ In 2023, parents mentioned they had to apply for child care spots for their children at local centers, but then wait for the state to approve their eligibility, sometimes taking up to three months.⁹⁹⁴

986 Interview with Rebecca Banner, DWS, Director of Office of Child Care; Heather Thomas, DWS, Assistant Director of Office of Child Care, Ann Stockham-Mejia, DWS, Child Care Subsidy Program Manager. October 25, 2023.

987 In 2023, copayments were still waived for families at or below 100% of the federal poverty level.

988 Utah Department of Workforce Services. (2023). *Annual Report 2023*. <https://jobs.utah.gov/edo/annreport/annualreport2023.pdf>

989 Small, S. (2023, September, 20). *Making Copayments Affordable as Child Care Emergency Funding Expires*. The Center for Law and Social Policy. <https://www.clasp.org/blog/child-care-copays-are-coming-back/#:~:text=When%20families%20do%20receive%20child,family%20size%2C%20and%20other%20factors>.

990 Interview with Rebecca Banner, DWS, Director of Office of Child Care; Heather Thomas, DWS, Assistant Director of Office of Child Care, Ann Stockham-Mejia, DWS, Child Care Subsidy Program Manager. October 25, 2023.

991 Ibid

992 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

993 Interview with Rebecca Banner, DWS, Director of Office of Child Care; Heather Thomas, DWS, Assistant Director of Office of Child Care, Ann Stockham-Mejia, DWS, Child Care Subsidy Program Manager. October 25, 2023.

994 Deliberative Community Discussion Group by Kem C. Gardner Policy Institute. For full report, see Appendix C.

CONCLUSION



This Needs Assessment covered Utah's EC system from 2019 through 2023, a tumultuous period that included the COVID-19 pandemic.

Victories

Despite chaos and unexpected twists during this time, Utah's EC system has victories to celebrate, including a realignment of state governance structures, the passage and rapid enactment of optional full-day kindergarten (OFDK), and pandemic responses that made significant impacts for Utah families and young children.

One of the major strategies of the 2019 PDG B-5 Strategic Plan was to increase EC system coordination and alignment through modification of some state governance structures. One of the largest moves in this area was the merger of the Department of Health and the Department of Human Services. The newly merged Department of Health and Human Services became Utah's largest state agency, with roughly 6,000 employees, and also brought many EC functions under one roof. Mergers of this scale take time to complete; in 2023, we heard that there was still 'settling' in progress with new structures and communication channels continuing to emerge. Additionally, work between the newly-constituted DHHS and DWS also helped to more clearly frame responsibilities and build stronger working relationships to jointly tackle EC issues across these two departments.

The passage of OFDK during the 2023 legislative session represented the work of many EC system partners across many years. The program launched quickly in fall of 2023 with the majority of LEAs reporting that OFDK was already accessible in the majority of their schools. Statewide access to OFDK was expected to take a few years as staffing and building constraints were expected to slow program launches in some LEAs. There was also some doubt as to how many Utah parents would enroll their children in a full-day program. However, just months after passage, USBE reported 77% of kindergarten-age students in Utah LEAs were enrolled in full-day programs, reinforcing the support for this program among parents. USBE sources expect more than 85% of Utah children attending kindergarten will attend an OFDK program once the rollout is complete.

The global pandemic interrupted some EC plans; however, the federal and state response to the pandemic also provided families and young children with crucial support and resulted in some silver

linings. Frontline workers in many areas, such as health care, took personal risks and made many sacrifices to ensure that crucial services remained available. One particular, perhaps lesser-known, success story was the work of USBE and LEAs on the Child Nutrition Programs (CNP). Across the state, these workers expanded existing programs, launched new programs and found solutions to a myriad of problems, many times on short notice, to ensure children continued to have access to meals they had received through schools. The work of the CNP and many other food assistance programs (SNAP, WIC, etc.) actually decreased the rate of child hunger across Utah during the pandemic. Other unexpected benefits arose from the pandemic, such as the use of teleservices which eliminated time/expense/travel barriers for many rural and under-served child populations. Virtual communication was retained post-pandemic in many EC sectors, and with it, opportunities for increased communication, for example between schools and working parents.

Next Steps

In addition to celebrating wins in Utah's EC system, this Needs Assessment also found areas where more work is needed to secure the health and well-being of the youngest Utahns. Three primary areas of focus emerged: building healthy foundations, providing quality early care and education, and widening notions of the EC system and its potential for impact.

Securing the Future Health of Young Utahns in Critical Early Years

EC typically encompasses ages birth through eight; a very brief window of opportunity to establish healthy growth and development that follows children throughout their lives. If Utah's EC system misses opportunities to set these early trajectories, the consequences for the state include future citizens with higher risks for poor health and other negative outcomes as adult Utahns. Qualitative and quantitative findings in this assessment pointed to concerns in a number of areas, including access to mental and physical health care, underserved child populations, and maintaining and deepening Utah's gains in child food security. Specifically:

- The high rate of uninsured children, and concerns rates may worsen with the post-pandemic Medicaid/CHIP "unwinding"
- Low Medicaid/CHIP participation rates compared to US average, and examples from families of loss of coverage, and difficulty accessing Medicaid providers in rural areas and childhood specialty providers, particularly in EC mental health
- A lack of awareness of the benefit of Part C early intervention on the part of providers and parents
- Long waitlists for EC medical specialists/diagnoses for children who need additional support
- A gap between the number of children in Utah that could benefit from early childhood services (Baby Watch Part C Early Intervention, USBE Part B services, Head Start/Early Head Start, Home Visiting, WIC, Welcome Baby, etc.) and the system's capacity to identify and serve them
- Extremely poor health and wellness outcomes among AI/AN children, and a tendency by EC stakeholders to view this population as 'someone else's responsibility' due in part to jurisdictional issues
- Poor outcomes among Hispanic/Latinx children, the state's fastest growing child population,⁹⁹⁵ concerns from some parents around understanding program eligibility and public charge implications, and insufficient language services for families whose primary language is not English
- Potential to regress to pre-pandemic levels of child hunger, rather than maintaining recent gains in child food security

Meeting Care Needs to Secure the Stability of Utah's Workforce and Economy

995 Hollingshaus, M., Harris, E., & S. Perlich, P. (2019). Utah's Increasing Diversity: Population projections by race/ethnicity. The University of Utah. <https://gardner.utah.edu/wp-content/uploads/Utah-Projections-Race-Ethnicity-2019.pdf>

Utah had large gains in childcare capacity during the pandemic, and there were fears that the sunset of federal emergency funding could see many child care providers close. In 2023, inflationary pressures on child care costs and structural issues in the sector (low pay, staffing shortages, etc.) also impacted Utah's child care capacity. The combination of these factors was widely expected to result in a significant loss of child care capacity impacting family finances and the state economy. Many believe urgent state action is needed to support Utah families by stabilizing this sector.

Building the Mindset and Framework to Develop a Truly Coordinated Early Childhood System

EC systems include state and local governments, small businesses, parents/caregivers, nonprofits, large health care systems and many others. Many EC issues are complex and not easily addressed by any one sector, requiring instead novel solutions and multisector collective action. State stakeholders still largely view Utah's EC system as the state government, with some nascent efforts to involve non-state partners. Many within state EC entities perceive themselves as limited by their job description and organizational boundaries. The lack of system thinking and unbounded creativity results in a lack of bold action on EC issues. Utah's EC system needs to recognize the state's many resources and stakeholders waiting to be engaged, and move toward more collective approaches on critical, complex EC issues. State EC partners have the potential to be creative conveners who can help shape solutions out of the reach of isolated stakeholders.

Utah's future depends on the health and wellness of its children. The state has made progress toward a more coordinated EC system, but smart investment, bold innovation, collective action and thoughtful impact measurement are needed to achieve the vision of a state where all young Utahns thrive.

Appendix A. List of Acronyms

All acronyms in this document are listed in alphabetical order. The first table (Table A.1.) contains acronyms for all organizations. The second table (Table A.2.) contains all other acronyms.

Table A.1. Organizational Acronyms

Acronym	Definition
AACAP	American Academy of Child and Adolescent Psychiatry
ACOs	Accountable Care Organizations
CDC	Centers for Disease Control and Prevention
DCFS	Division of Child and Family Services
DHHS	Department of Health and Human Services
DWS	Department of Workforce Services
DWS-OCC	Department of Workforce Services, Office of Child Care
ECCW	Early Childhood Consolidation Workgroup
ECU	Early Childhood Utah Advisory Council
GECC	Governor's Early Childhood Commission
GEEC	Governor's Education Excellence Commission
ICC	Interagency Coordinating Council
ICE	US Immigration and Customs Enforcement
LDHs	Local Health Departments
LEA	Local Educational Agency
NAEYC	National Association for the Education of Young Children
NHVRC	National Home Visiting Resource Center
OCSD	Ogden City School District
OEC	Office of Early Childhood, Utah Department of Health and Human Services
UCA	Utah Community Action
UDRC	Utah Data Research Center
UNHS	Utah Navajo Health Systems
UPC	Utah Parent Center
USBE	Utah State Board of Education
USDA	US Department of Agriculture
USDB	Utah Schools for the Deaf and the Blind
VFUC	Voices for Utah Children

Table A.2. Other Acronyms

Acronym	Definition
ACEs	Adverse Childhood Experiences
ADHD	Attention-Deficit/Hyperactivity Disorder
AI/AN	American Indian/Alaska Native
API	Asian/Pacific Islander
ARP	American Rescue Plan
ASQ	Ages and Stages Questionnaire
Becoming HQ	Becoming High Quality
BWEIP	Baby Watch Early Intervention Program
CACFP	Child and Adult Care Food Program
CAP	Child and Adolescent Psychiatrists
CBCAP	Community-Based Child Abuse Prevention
CCDBG	Child Care and Development Block Grant
CCQS	Child Care Quality System
CDA	Childhood Development Associate
CEUs	Continuing Education Units
CFSP	Child and Family Services Plan
CHIP	Children's Health Insurance Program
CLS	Career Ladder System
CNP	Child Nutrition Programs
COBI	Compendium of Budget Information
CTC	Child Tax Credit
EA	Emergency Allotment
EBT	Electronic Benefit Transfer
EC	Early Childhood
ECIDS	Early Childhood Integrated Data System
ECLDS	Early Childhood Longitudinal Data System
ECSS Map	State-Level Early Childhood Systems Stakeholders Map
EDK	Extended-Day Kindergarten
EHS	Early Head Start
ELA	English Language Acquisition
ELL	English Language Learner
ESAG	Expanded Student Access Grant
ESEA	Elementary and Secondary Education Act
FACE	The Family and Child Education
FC	Foster Care
FEP	Family Employment Program
FEP-TP	Family Employment Program-Two Parent
FFPSA	Family First Prevention Services Act

APPENDIX A - LIST OF ACRONYMS

Acronym	Definition
FPL	Federal Poverty Level
HII	Health Improvement Index
HMGU	Help Me Grow Utah
HPI	Healthy Places Index
HPSA	Health Professional Shortage Area
HS	Head Start
HV	Home Visiting
UHVP	Utah's Home Visiting Program
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Plan
IFSP	Individualized Family Service Plan
IGP	Intergenerational Poverty
IPV	Intimate Partner Violence
K-3	Kindergarten through third grade; approximately covers the school grades of children in the PDG target population (through eight years old)
KEEP	Kindergarten Entry and Exit Profile
KSEP	Kindergarten Supplemental Enrichment Program
LGBTQ+	LGBTQ+ is an initialism for lesbian, gay, bisexual, transgender, queer or questioning, and more. These terms are used to describe a person's sexual orientation or gender identity.
MBDDs	Mental, Behavioral, or Developmental Disorders
MIECHV	Maternal Infant Early Childhood Home Visiting
MMIS	Medicaid Management Information System
MOU	Memorandum of Understanding
NESS	Necessarily Existent Small Schools
NFP	Nurse Family Partnership
OEK	Optional Enhanced Kindergarten
OFDK	Optional Full-Day Kindergarten
P-EBT	Pandemic Electronic Benefit Transfer
PAT	Parents as Teachers
PCEs	Positive Childhood Experiences
PDG B-5	Preschool Development Grant Birth through Five
PEEP	Pre-Kindergarten Entry and Exit Profile
POC	People of Color
PPD	Postpartum Depression
RCA	Refugee Cash Assistance
RRH	Rapid Re-Housing
S-EBT	Summer Electronic Benefit Transfer
SDOH	Social Determinants of Health
SNAP	Supplemental Nutrition Assistance Program
SSI	Supplemental Security Income

APPENDIX A - LIST OF ACRONYMS

Acronym	Definition
SSO	Seamless Summer Option
SY	School Year
TANF	Temporary Assistance for Needy Families
UELS	Utah Early Learning Standards
UPSTART	Utah Preparing Students Today for a Rewarding Tomorrow
URPD	Utah Registry for Professional Development
UT	Utah
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children

Appendix B. Fiscal Map Methodology and Sources

Sorenson Impact Institute (SII) gathered figures for the fiscal mapping process from multiple sources, including:

- Reports from federal funding agencies
- The state's Compendium of Budget Information (COBI), published each year by the Utah Legislative Fiscal Analyst <https://cobi.utah.gov/2021/1/overview>
- Appropriations detailed in state legislation
- Requests to state agencies

The following table details programs that serve only children age eight or younger and their families.

FY2022 Program	Notes	Source
Home Visiting (MIECHV)	Based on SY 2022 actual expenditures. Program confirms that 100% of home visiting services are provided to children birth through eight.	Cristina Vega Mata, Health Program Specialist, Home Visiting Program, DHHS
Baby Watch Early Intervention Program (IDEA Part C)	Of the Utah Funding, \$752,600.00 is received from fee revenue collected from families receiving early intervention services.	Lisa Davenport, Baby Watch Early Intervention Program Manager, Part C Coordinator, DHHS and Mykio Saracino, Division Finance Manager, DHHS
Maternal & Infant Health Program	This includes \$313K from the State, and \$159.4K from agreements/contracts with outside agencies who conduct certain activities.	Nickee Andjelic, MIHP Program Manager, DHHS
Top Star Nutrition	N/A	Judy Sharp, HEAL TOP Star Coordinator, DHHS and Linnea Fletcher, Program Manager, DHHS
High-Quality School Readiness Grants and Supports	N/A	Kim Beck, Finance Director, DWS
Special Education Preschool (IDEA Part B)	N/A	Sam Urie, School Finance Director, USBE and Dale Frost, MSP Administrator, USBE and Neil Stevens, Fiscal Monitoring Team Lead, USBE
Early Intervention Kindergarten Programs	From USBE; Optional Enhanced Kindergarten grant (OEK), Kindergarten Supplemental Enrichment Program (KSEP) will be rolled into OFDK in SY 2023-24 and moving forward.	Sam Urie, School Finance Director, USBE and Dale Frost, MSP Administrator, USBE

APPENDIX B. FISCAL MAP METHODOLOGY AND SOURCES

FY2022 Program	Notes	Source
UPSTART (Utah Preparing Students Today for a Rewarding Tomorrow) Computer-based Preschool	N/A	Deborah Jacobson, Assistant Superintendent of Operations, USBE
Head Start & Early Head Start	N/A	Wendy Byron, Head Start Collaboration Office Director, DWS
Utah Schools for the Deaf and the Blind (USDB) Parent/Infant Program	N/A	Vicki Summers, Financial Manager, USDB
Supplemental Nutrition Program for Women, Infants & Children (WIC)	WIC serves infants and children up to age five, as well as pregnant, postpartum and breastfeeding mothers.	WIC VISION system through Mykio Saracino, Division Finance Manager, DHHS

For programs serving children in and outside the targeted age range several methods were used to determine funding allocated to children ages birth through eight, recommended by program administrators and directors. The following table details the source and methodology used to estimate the funding allocation.

FY2022 Program	Allocation Method	Notes	Source
Child Care Licensing	N/A	Based on SY 2022 actual expenditures. The Federal amount is funding received from the Department of Workforce Services, for Child Care Licensing activities, through the Child Care Development Block Grant. Data does not identify what percentage of clients fall within the birth through eight age range.	Mykio Saracino, Division Finance Manager, DHHS
Child Welfare (Child Protective Services)	Estimated amounts for FY 2022. Amounts applicable to children birth through eight were allocated using an internal DHHS cost allocation model based on client age.	Child abuse prevention, Child Protective Services, in-home, out-of-home, adoption cost distribution	DCFS internal cost distribution report through Sandy Drollinger, Assistant Office Director, Division of Child and Family Services, DHHS

APPENDIX B. FISCAL MAP METHODOLOGY AND SOURCES

FY2022 Program	Allocation Method	Notes	Source
Medicaid	DHHS pulled data for SY 2022 from their database Medicaid Management Information System (MMIS) and counted any expenditures for children under nine who received Medicaid.	N/A	Medicaid Management Information System through Vanessa Shiba, Assistant Office Director, Medicaid Office of Financial Services, DHHS
CHIP	DHHS pulled data for SY 2022 from their database (MMIS) and counted any expenditures for children under nine who received CHIP.	N/A	Medicaid Management Information System through Vanessa Shiba, Assistant Office Director, Medicaid Office of Financial Services, DHHS
Special Education K-3	The federal programs served individuals outside of our target range. K-3 students made up 30% of this amount so the allocated portion is 30% of the total appropriation.	<p>The state funding includes Special Education - Add-On Weighted Pupil Units, Special Education - Self-Contained Regular Weighted Pupil Units, Special Education - Extended-Year Program, Special Education - Impact Aid, and Special Education - Extended Year for Special Educators.</p> <p>Federal funding includes IDEA funds for students ages three through eight and IDEA American Recovery Program funds for students ages three through eight.</p>	Sam Urie, School Finance Director, USBE and Dale Frost, MSP Administrator, USBE and Neil Stevens, Fiscal Monitoring Team Lead, USBE

FY2022 Program	Allocation Method	Notes	Source
Kindergarten	K-3 students make up 30% of the total number of students, so the allocated portion is 30% of the total appropriation. However, the Beverley Taylor Sorenson Elementary Arts Learning Program serves students K-6 and K-3 students make up 56% of this amount so the allocated portion is 56% of the total program appropriation. Of the total amount allocated to K-3, 24% is allocated to kindergarten per 2021-22 enrollment data and the remainder is allocated to Grades 1-3 (methodology recommended by Dale Frost and Sam Urie, USBE.	<p>Kindergarten state funding has three main components:</p> <ul style="list-style-type: none"> • \$100,732,800 from kindergarten • \$46,487,259 for teacher and staff salaries, training, and supplies, sourced from the following programs: Educator Salary Adjustments, Teacher Salary Supplement, Professional Staff, Teacher Supplies and Materials, Beverley Taylor Sorenson Elem. Arts Learning Program, Digital Teaching and Learning Program, Early Literacy Program, Teacher and Student Success Program, Student Health and Counseling Support Program. • \$75,146,255 sourced from the following programs: School LAND Trust Program, Total Voted and Board Local Levy Guarantee, Pupil Transportation To & From School, Students At Risk Add-on, Class Size Reduction, Charter School Funding, and Necessarily Existent Small Schools. <p>For the federal funds, USBE provided a list of more than 90 federal grant programs which were then allocated to the appropriate category. For more detailed data on USBE funding and financing, please see their Financial Operations page (https://www.schools.utah.gov/financialoperations/reporting?mid=2159&tid=0).</p>	<p>Sam Urie, School Finance Director, USBE and Dale Frost, MSP Administrator, USBE</p> <p>https://cobi.utah.gov/2022/1596/financials</p>

APPENDIX B. FISCAL MAP METHODOLOGY AND SOURCES

FY2022 Program	Allocation Method	Notes	Source
<p>Grades 1-3</p>	<p>K-3 students make up 30% of the total number of students, so the allocated portion is 30% of the total appropriation. However, the Beverley Taylor Sorenson Elementary Arts Learning Program serves students K-6 and K-3 students make up 56% of this amount so the allocated portion is 56% of the total program appropriation. Of the total amount allocated to K-3, 24% is allocated to kindergarten per 2021-22 enrollment data and the remainder is allocated to Grades 1-3 (methodology recommended by Dale Frost and Sam Urie, USBE).</p>	<p>Grades 1-3 state funding has three main components:</p> <ul style="list-style-type: none"> • \$694,707,551 from Grades 1-3 • \$144,818,335 for teacher and staff salaries, training, and supplies, sourced from the following programs: Educator Salary Adjustments, Teacher Salary Supplement, Professional Staff, Teacher Supplies and Materials, Beverley Taylor Sorenson Elem. Arts Learning Program, Digital Teaching and Learning Program, Early Literacy Program, Teacher and Student Success Program, Student Health and Counseling Support Program. • \$234,097,591 sourced from the following programs: School LAND Trust Program, Total Voted and Board Local Levy Guarantee, Pupil Transportation To and From School, Students At Risk Add-on, Class Size Reduction, Charter School Funding, and Necessarily Existent Small Schools. <p>For the federal funds, USBE provided a list of more than 90 federal grant programs which were then allocated to the appropriate category. For more detailed data on USBE funding and financing, please see their Financial Operations page (https://www.schools.utah.gov/financialoperations/reporting?mid=2159&tid=0).</p>	<p>Sam Urie, School Finance Director, USBE and Dale Frost, MSP Administrator, USBE</p>
<p>Utah Schools for the Deaf and the Blind (USDB) Parent/Infant Program</p>	<p>\$3,370,694 of the state amount is from the Parent and Infant Program. Of the remaining students USDB serves, the state funding was allocated for the 67% of students from K-3</p>	<p>N/A</p>	<p>Vicki Summers, Financial Manager, USDB</p>

APPENDIX B. FISCAL MAP METHODOLOGY AND SOURCES

FY2022 Program	Allocation Method	Notes	Source
COVID-19 Related Educational Federal Funding	The estimate for total COVID- 19 related federal funding was \$629,718,396, 30% was then allocated for children K-3.	The top categories on which these funds were spent include: Educational Technology, Addressing COVID-19 Effects on Student Learning, Cleaning Supplies and Services, Continuity of Services, and Summer and Afterschool Learning.	Jessica Kjar, CARES Education Specialist, USBE
Child and Adult Care Food Program (CACFP)	USBE Finance provided estimates based on the percentage of CACFP funds dedicated to children birth through eight or their families.	N/A	Sam Urie, School Finance Director, USBE and Dale Frost, MSP Administrator, USBE
Child Care Subsidies (CCDF and TANF)	DWS Finance team provided data inclusive of all monies issued to families with children birth through eight.	N/A	Kim Beck, Finance Director, DWS
Family Employment Program (FEP)	Households with children in the birth through eight range were identified, and only benefits issued to those households are included.	N/A	Kim Beck, Finance Director, DWS
SNAP	Households with children in the birth through eight range were identified, and only benefits issued to those households are included.	Includes \$11,051,224 from SNAP Pandemic EBT. Because of how the information was gathered for this program, only children under six are included in this amount.	Kim Beck, Finance Director, DWS

**Appendix C. Kem C. Gardner Policy Institute Qualitative PDG
B-5 Needs Assessment Report**

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Preschool Development Grant Summary Report

Qualitative Data on Utah Parents' Experiences and
Insights with Early Childhood Services

November 2023

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Introduction

The Kem C. Gardner Policy Institute engaged parents throughout the state in discussions about their experiences with Utah's birth through eight early childhood system to highlight parents' perspectives in the state needs assessment. Parents discussed the challenges they faced getting services and ideas for increasing awareness of services and program eligibility, improving application processes, and enhancing service provision quality.

The obstacles mentioned most frequently were lack of access to health care providers, difficulty applying for and maintaining service eligibility, confusion surrounding how family members' citizenship status influences program eligibility, need for translation and navigation help, and lack of transportation, school support, and childcare. The report captures parent perspective and reported experiences, but does not necessarily reflect programmatic rules, policy, or actual provider availability.

Initially, the Gardner Institute convened stakeholders from a wide array of early childhood service backgrounds to determine the most important things the state could learn from parents to better develop, target, publicize, coordinate, and deliver early childhood services.¹ Then, based on stakeholder input, Gardner created a discussion guide (in English and Spanish) and facilitated parent discussion of four topics: challenges and changes, how to find information, developmental milestone awareness, and addressing challenging behavior in ten different communities.

Parents' insights reflect both areas of commonality and differences based on factors such as community geography and parent demographic characteristics.² For instance, parents in rural areas were more likely to lament a lack of access to healthcare providers – particularly specialists (pediatricians, dentists, and mental health providers). Parents from every community discussed the difficulty of applying for and maintaining service eligibility, frequently mentioning that the program eligibility standards did not reflect the costs of inflation. Non-English speakers reported more difficulty

with applications (online and paper), website navigation, and information sharing. However, parents were equally likely to describe the benefits of a case-worker approach where someone walks through the application process, reapplication, or diagnosis.

This report divides findings into themes, providing both a summary of parents' concerns and quotations from parent discussions (with community noted). Many of the themes have overlapping elements – for instance, a need for translation is also an example of a lack of school support. The Gardner Institute worked with early childhood service community partners throughout the state to host the parent discussions, and many parents mentioned them as a valuable resource to their families:³

Parent Discussion Program, Location, and Date:

- Families and Children Education program (FACE), School, Aneth, May 10, 2023
- Head Start, Richfield, May 16, 2023
- Centro de la Familia, Providence, June 22, 2023
- Root for Kids, St. George, July 19, 2023
- Utah Community Action (UCA), Kearns, July 26, 2023
- Centro de la Familia, Honeyville, August 17, 2023
- South Franklin Community Center, Provo, September 8, 2023
- Utah Refugee Center, Salt Lake City, September 17, 2023
- Head Start, Vernal, September 13, 2023
- Centro de la Familia, Mt. Pleasant, September 28, 2023

Three communities have programs or characteristics that differ from the other areas and summary themes but add to an understanding of the early childhood service system. A summary of these details is in the Communities section at the end of the report.

Finally, the report highlights direct quotations from parents throughout to add context and detail to the findings. In cases where a translator paraphrased a parent's statement, the translator is quoted directly.

Section One: Challenges and Changes

Parents' concerns about access to quality health care reflect the complexity of the system and the challenges associated with rural communities and language barriers.

Lack of Access to Quality Health Care

Lack of Providers

Parents in some areas said they lacked access to pediatricians and/or specialists in their area.

Several Richfield parents did not feel they had access to pediatricians in the area. However, they all were familiar with a nurse practitioner from Primary Children's Hospital who regularly came to see patients at Mountain Utah Family Medicine and a psychiatrist who travels around the state to serve areas like Richfield (for which there's a waitlist). Parents mentioned Richfield was so short on specialists and occupational therapists that either the health professionals must travel from the Wasatch Front, or parents must take their kids north. One noted, "We go to Primary Children's at least once a month because there are no services down here. And so, [the kids] miss school, not to mention the gas prices, hotels, and the fighting on the drive there..." Parents in Mt. Pleasant are in a similar position. Although there is an Intermountain Healthcare clinic in Mt. Pleasant, parents describe traveling to Nephi for an appointment with a pediatrician and to Salt Lake for other medical specialists (specifically Primary Children's Hospital). Parents also noted that health provider access is difficult in Vernal: "Our waiting lists are kind of unbelievable. Dentists, mental health providers, it's a big deal... especially for lower-income families with Medicaid. I'm talking months." One parent said that the doctor in town was very good but overwhelmed with the needs of the growing area.

Parents also mentioned a need for mental health providers in several communities. Although one Richfield parent said she had received needed mental health services, most said access to mental health is particularly challenging in their area: "... unless you have been a victim of a crime or something like that, you won't be able to get any mental health [services] for your kids ... I know that through the Family Support Center, if one of your kids has had something bad happen, they will give you a grant so you can go to therapy and see a therapist ... but other than that you won't be able to ever get mental health [services] or care anywhere around

here." Another parent explained, "Utah Behavioral Services is local here in town, and they have an office, but there's only one psychiatrist that goes around all of the state of Utah, and there's a waitlist. And they say you can get in and try to sign up, but you're looking at 3-6 months before you can even get somebody to come in and diagnose or even have that evaluation." Lastly, in Richfield, one parent said, "We had to take [our son] north to a doctor because nobody around here would diagnose him."

In Vernal, one parent noted that Northeastern is one of the only Medicaid providers offering mental health counseling and dental care. "It's a problem here." Others clarified that they had access to a private online program or private counselors in the area, but no one could afford \$125 a session. A third parent underscored why they needed affordable behavioral health services, "Not every kid has autism or ADHD or something like that. Some kids just need a little something extra, and everyone just wants to label your kid." Vernal parents also discussed the need for mental health support focused on addiction and domestic violence. Several mentioned there was no women's center or rehabilitation center in the area. Prior to the hospital opening a detox center, people had to drive 3.5 hours to receive help for addiction. A Vernal parent also described limited access to specialists when trying to get a dyslexia diagnosis for her daughter (she ended up traveling to Park City for an appointment), "Out in the basin, they have no one who will do dyslexia/dyscalculia. No one will do that. You have to go out to the city for it, and even then, they are a traveling doctor.

"Out in the basin, they have no one who will do dyslexia/dyscalculia. No one will do that. You have to go out to the city for it, and even then, they are a traveling doctor. They have a 2-3 year waiting list."

They have a 2-3 year waiting list. [The provider] was absolutely amazing when I got in there. I will give her that [she gave] 100% ... [attention to her daughter]. We were down there almost 8 hours for her appointment, and [the provider] spent almost the entire time with her. So that was amazing. I just wish that there were more people who could help with that."

During several discussions, parents took the opportunity to educate each other about places they had gone that offered high-quality, affordable health care. In Richfield, a parent recommended Four Points Health, run by the Paiute Indian tribe but open to other families. In Honeyville, some parents used the group discussion to share information about resources in the community. A father shared: "We have been to the Bear River Health Department and Midtown Clinic in Ogden, and those are really good for people who don't have health insurance. They

check your income and help you pay for a lot of stuff, and it is way more affordable than going anywhere else.”

Parents from the Utah Refugee Center groups discussed concerns distinct from other parent group discussions. Parents in one group at the Center described confusion surrounding employer meetings (usually warehouse work) where healthcare coverage is explained in English. One parent relayed that they leave the meetings thinking the papers they signed will provide them with health insurance, but when they go to the hospital, they learn they do not have insurance. Parents in the other Utah Refugee Center group discussed being hesitant to be seen by a provider and using a "tincture" unless it was a serious ailment. One said, [translated] *"I'm told my child needs a shot ... how can I get it?"*

In Aneth, the frontier community's long distances and sparse populations can lead to inaccessible and/or unreliable services. A parent in Aneth shared the devastating impact of challenges with access to emergency services in the area – her family called 911 to request medical help for a loved one, and no one answered. Her loved one passed away because of a lack of access to emergency medical assistance.

Parents in several groups (Provo, Providence, St. George, Vernal) wished they had access to dental care.

Difficulties with Medicaid

Parents frequently felt frustrated that a slight increase in income could cancel their Medicaid eligibility, struggled with the application process associated with acquiring and maintaining Medicaid eligibility, and felt benefit eligibility levels did not reflect the increased cost of living due to inflation (these topics are also discussed in the "Difficult to Apply for or Maintain Services" section). Parents talked about Medicaid generally, but different aspects of the program are administered by different departmental entities. The Department of Workforce Services (DWS) administers eligibility on behalf of the Department of Health and Human Services (DHHS).

Parents in several groups believed the eligibility limit for Medicaid was too low. A St. George parent said, *"Raising the limit would be life-changing."* Others agreed, one noting a \$10 increase in income by the father could make them ineligible for the medication her daughter needed. Another St. George parent shared her concern about Medicaid eligibility, especially since prices have increased due to inflation, *" [Via Translator] So many people don't have Medicaid. She is really struggling with her family and her kid's medical care. Her husband made \$50 over the amount for qualifying, so they couldn't get it. They went to the ER,*

and it was like \$700. They allowed her family to have [Medicaid] during Covid but then took it away. She could not qualify for the other options either. [Medicaid hasn't] factored how much rent and other expenses have gone up."

A Providence parent noted that Medicaid does not provide sufficient coverage for the family. She has three kids, yet Medicaid only counts one because the other two do not have Social Security numbers. Another Providence parent noted that

" [Via Translator] [Callers can] spend hours on the phone with Medicaid and they never answer. They will spend five hours on hold."

Medicaid is not helpful when desperately needed. She described how, after being laid off after five years of work, she called Medicaid because she lost her insurance. *" [Via Translator] They made her feel like she was abusing the system, and they asked how she was going to pay for things ... They said she had to wait until she had no money to apply because she was getting her PTO and payout. Medicaid would not provide assistance until she used up her severance package despite that she needed that money for food. They wouldn't work with her despite having four kids to apply for. For five years, she*

didn't ask for any help and paid for everything out of pocket, then the one time she asked for help, they wouldn't provide it. What are they there for? Did they want her to be homeless first?" Others in Providence wished Medicaid was more accessible and that healthcare was provided to people without a Social Security number. One parent also noted Medicaid does not cover all expenses for pregnant women, including C-sections.

Parents in several groups also mentioned that Medicaid did not provide enough time to enroll or reapply. A parent from the Utah Refugee Center group said, *" [Via Translator] They only gave me six days, and I needed to find Medicaid for the kids, and I couldn't find it. I didn't know where to go to find it for the kids."* A parent in one of the Utah Refugee Center groups said that most doctors do not accept Medicaid, so they go to the hospital/emergency room if there is a serious medical problem. A Vernal parent noted, *"Sometimes I have to call them and say there is no way I can have [the materials and time necessary to apply or reenroll in Medicaid] in a week. And you have to call them and wait for an hour on the phone."*

Many parents reported that calling Medicaid can be time-consuming and unproductive, particularly for Spanish-speakers. In St. George, a parent said, *"When you call Medicaid, they never give you a solution. It is a waste of time."* Another St. George parent called Medicaid with a doctor bill, and no one could help. Providence's parents shared the impression that Medicaid made it challenging to get assistance. A Providence parent explained how, *" [Via Translator] [Callers can] spend hours on the phone with Medicaid and they never answer. They will spend five hours on hold."*

Some felt they could not get help from Medicaid on the phone if they spoke Spanish. For example, one Spanish-speaking parent shared that she, “[Via Translator] spent 3 hours and 45 minutes on the phone with Medicaid, and the only thing they asked for was her number and that they would call her back. She waited for them to call back. Others would just hang up on her.”

Other concerns about Medicaid included a parent in Richfield who explained it has been difficult to continue receiving Medicaid since her husband was self-employed. Several parents discussed frustration with Medicaid including their working children’s income in determining eligibility, even though their children’s income did not contribute to household expenses. Many expressed a general sense that Medicaid eligibility determination isn’t keeping pace with the rising costs associated with recent inflation.

Interestingly, two parents in Vernal struggled to get someone working at Medicaid to hear their concerns when reaffirming eligibility during the pandemic was no longer necessary. One described trying to update her application to indicate she had purchased a car but found that the entry never showed up in her application, requiring her to update that purchase every time because a car purchase must be declared immediately. Additionally, one mother did not want ORS (Office of Recovery Services) to collect child support from her child’s father because he would harass her. She spent seven hours back and forth trying to get off Medicaid. Although the people in charge of collection said she just had to tell Medicaid she no longer wanted to be on the program, she said, “...because of the Covid stuff that was going on, I couldn’t pull myself from Medicaid, which meant that ORS was going to go after him, and he would harass me every single time.”

Need for Spanish-Speaking Doctors

There was only one Spanish-speaking doctor in several of the communities. Many parents in these communities had bad experiences with these doctors. In Honeyville, one group agreed that the one doctor who speaks Spanish in their community is known for doing a poor job. In one case, a parent sought care for her child because she was worried about the shape of his head. She was told the shape of their baby’s head was not a concern, only to learn after it was too late that he should have worn a helmet. Another parent described finding a private psychologist for her son in Salt Lake City, requiring long drives and out-of-pocket payments since they lacked insurance coverage.

Provo’s parents knew of only one Spanish-speaking doctor and believed he did not provide good quality care: “Just because he speaks Spanish doesn’t make it better because he is not good.” A Provo parent said she did not like the care her children received from the Spanish-speaking doctor, but they did not have a car to seek other options.

Concerns About Doctors

Additionally, parents from several groups indicated they did not feel the doctor listened to their concerns about their children. In St. George, parents were told that their child’s speech delay was due to the child being bilingual, despite their knowledge that children brought up in bilingual houses know

as many words as children learning only English at home. Fortunately, the teachers at Root for Kids recognized the problem and referred the parents to the hospital. Another parent discussed how their Root for Kids connection gave them help with getting health care for their child, despite having been to doctors at hospitals multiple times: “After we found Root for Kids and made an appointment, my pediatrician was like, ‘oh yeah, they’ll help you.’ But [before this] I’m calling [the pediatrician], and we went to the hospital multiple times ...because [our daughter] would not take the bottle.”

Although one English-speaking parent in the Provo group was pleased with the interactions she had with

her children’s doctor, others described an hour-long wait time and thought the interactions were too fast, too general, or that doctors seemed to assume the parents did not know what they are talking about if there is a language barrier.

Several Vernal parents described a doctor’s approach as explaining to the mom that she should not compare one child to another instead of listening to and addressing her concerns.

Mixed Impact of COVID-19

Groups were asked to discuss any recent changes in program applications or services and to focus on whether there are any ongoing changes related to the pandemic. Generally, and somewhat surprisingly, parents did not share many examples of service access that had remained changed because of the pandemic (apart from two areas – Aneth and Richfield, where children now have Chromebooks for schoolwork). However, COVID-19 did come up as a marker in parent observations about their children and as a reference to the expansion of benefits that occurred during the pandemic and the recent retraction

“After we found Root for Kids and made an appointment, my pediatrician was like, ‘oh yeah, they’ll help you.’ But [before this] I’m calling [the pediatrician], and we went to the hospital multiple times ...because [our daughter] would not take the bottle.”

and unwinding of expanded benefits.

For instance, an Aneth parent described how one of her child's teachers during the pandemic would set aside time to talk about emotions and coping skills and that while she had been concerned about her child's ability to socialize after the pandemic, the Families and Children Education Program (FACE) program helped her child adjust to school. Students in Aneth public schools also received Chromebooks with hot spots at their houses for online learning. A Honeyville parent described a different positive change made during the pandemic – that the Centro de la Familia had provided help with COVID-19 tests.

A Richfield parent noted how people stopped getting together after the pandemic, *"It's like you go to the park, and everyone just keeps their distance."*

In St. George, a few parents mentioned COVID-19, one noting that COVID-19 had influenced their daughter's care because of the difficulty of setting up appointments during that time, and some referencing the extension of Medicaid during the pandemic and a reduction of benefits after the pandemic.

In Vernal, a parent mentioned how she and her son's mental health therapy had seemingly disappeared during the pandemic. She explained the frequency had decreased, and it remains difficult to get an appointment. Options are limited: *"We have one location that specializes with children and Northeastern, and I don't think there are any others. There are a couple individual therapists, but they are even really booked out."*

In Kearns, a parent described how parent protocol at Utah Community Action (UCA) changed during the pandemic so that parents no longer join their child in the classroom: *"Before the restrictions, [the parent] would come in and wash hands with her child and sit down and play with other children. When the restrictions were placed, it was just like, you are just going to help your child and sit them there and leave. It greatly impacted us as adults. We were so worried about protecting our children in that process that we impacted their social and emotional growth."*

In Provo, a parent had the impression that WIC had become more difficult to get since the pandemic as demand had increased and the benefits and qualifications seemed to change more frequently (every three months or so). Several parents in Vernal had a similar impression, one thinking that SNAP benefits were more generous during the pandemic and one noting that health insurance was being taken away since the pandemic.

"... We were so worried about protecting our children in that process that we impacted their social and emotional growth."

In Providence, one parent focused on her need for Medicaid, *"Now that the extra Covid benefits have expired."* Parents at the Refugee Center shared their perceptions that Medicaid access had decreased after the pandemic. One parent group at the Utah Refugee Center believed that Medicaid is closed and does not want people to apply for or pay for insurance. A few parents said, *" [Via Translator] They stopped receiving Medicaid without notice. One [parent] went to the hospital, and they told her that her Medicaid was closed (they could not get it)."* Parents in this group also discussed the perception that there were big cuts in Medicaid during and after the pandemic and that Medicaid had been changed such that if the husband was employed, the kids could not receive Medicaid.

In Richfield and Aneth, students had online school for all grade levels during the pandemic, and elementary and secondary schools were provided with Chromebooks. In Richfield, preschoolers in Head Start had video chat times to involve them in activities.

Parents around the state describe obstacles including changes in eligibility, income requirements, housing situations, application processes, lack of access to technology, communication barriers, and barriers for undocumented individuals.

Difficult to Apply for or Maintain Services

Loss of Coverage

Many parents expressed concern and frustration that minor income fluctuations or changes can result in loss of coverage even though the family still needs assistance. In some cases, fluctuation and eligibility changes occur regularly because a parent's paycheck varies while in others, it is due to a rare circumstance or bonus. Parents in Aneth, Richfield, St. George, Honeyville, Provo, and Vernal described circumstances such as receiving a modest raise to keep up with inflation but feeling punished by losing SNAP and Medicaid. A Honeyville parent stated, *"We are frustrated because we are having a hard time. We work every day, especially during the winter when we need it. But when you pass a dollar for two weeks, and your pay stub shows that you have \$100 more than last month, you don't qualify to get those services."* A Richfield parent described inconsistent Medicaid eligibility determinations and the difficulties of the process: *"...we get kicked off every review, and we have to reapply. This happens all the time with food and with Medicaid. We get kicked off on every review, and then I call them, and they go over it, and they're like, 'Oh, we have it all in wrong.' But it just can be a few months before it gets figured out again."*

Economic Realities

Many suggested that inflation is not accurately accounted for in eligibility requirements and that eligibility requirements should be updated to reflect the rising cost of living – especially housing costs. A mother in Kearns discussed, “When I tried to apply for services, they denied me because of my income, even though I was barely making it happen. It was really hard. I felt like I needed to make way less. If I am making less, I can’t make ends meet, but I can get services. It is challenging for me.” Another mother followed, “I am in the same boat as you. We are over literally \$15.00... but it is impossible with everything being so expensive. The income guidelines are not changing with inflation. So, that’s rough.” As one Honeyville parent put it, “They don’t realize rents are so high -- they’re only looking at income. The rent is SO HIGH, but the wages are still the same. And every time it gets higher, everything is going up. The rent goes up, and the wages tend to stay the same. They see inflation, but the wages don’t go up. Not just in Utah, but all over.” Two Providence parents also expressed concern about housing costs, noting there was not enough low-income housing, and it was too expensive to afford a home.

Parents in both urban and rural areas shared this concern. A mother in Mt. Pleasant explained, “We moved from up North and made too much, so I lost [WIC]. Even though the prices on everything have gone up, we make too much to qualify for it now. Why hasn’t their [eligibility adjusted] when we don’t make enough to afford anything?”

Some parents described the impact of rising housing costs and living with additional housemates (e.g., family, undocumented partners) to afford housing—this cohabitation complicated eligibility, especially for Medicaid. Several parents said eligibility requirements were unclear regarding additional housemates, and this often led to them losing a benefit regardless of whether the housemate’s income covered their portion of the household expenses.

Burdensome Process

Many parents said application processes are confusing, complicated, and burdensome because they require reapplication annually. Changes influence eligibility, and it can be months before service coverage updates. Parents in many communities mentioned that applications are challenging to complete, especially if there is a language barrier. Reaching out for assistance from the programs often takes hours over the phone, and sometimes, parents cannot get through to anyone in these offices.

Parents are frustrated with requirements that seem unnecessarily time-consuming. For instance, some parents mentioned exasperation with being required to bring birth certificates and other formal documents and to re-enter information each year to reapply, even when no information has changed. Vernal parents explained, “When you are reapplying for stuff, a lot of times they ask for the same stuff like I am redoing WIC for my youngest, and once again I have to give his birth certificate – nothing has changed on his birth certificate – why do I need to bring in his original birth certificate every single time?” and, “The fact that you need to fill it out every year for the same job, that one I get really frustrated with because even though nothing has changed, you have to fill it out again.” Another Vernal parent praised the heat and gas program because it saves a lot of information between years, and several parents agreed they appreciated that program.⁴ In another instance, a Mt. Pleasant

parent told of application difficulties even after going to the office for assistance, “I just know, when you apply, they have the office here, but they are not very helpful. They don’t know what you are supposed to fill out. Like, my husband is self-employed, so the very first year, they asked for so many things, and they still just rejected us.”

A significant issue for Providence and Honeyville parents was understanding how eligibility requirements

related to citizenship and documentation (discussed in “Difficult to Understand how Citizenship Status of Different Family Members Relates to Program Eligibility” section). Additionally, some parents mentioned that childcare services remain out of reach for many undocumented families.

Communication Obstacles

Some groups discussed technological barriers to obtaining early childhood services. Notably, residents in the Aneth area struggle with unreliable internet, and many households are in remote locations without easy access to public internet options like the library. With unreliable internet, many fill out applications by hand.

Parents comfortable getting information online loved the idea of a universal site for early childhood services. However, other parents view online applications as an obstacle. Many parents do not find current service websites to be intuitive. Several parents said they were confused about how and where to upload documentation and apply for services correctly. Many wished for more websites offering a Spanish version and for more customer service professionals who speak Spanish. One parent suggested an online tutorial in Spanish.

“... They don’t realize rents are so high — they’re only looking at income. The rent is SO HIGH, but the wages are still the same...”

Parents reported long wait times on the phone (see “Lack of Access to Quality Healthcare” section) and unkind interactions or miscommunication between service providers and applicants. Some parents expressed distress and sadness after having negative interactions with WIC and Medicaid staff, both online and in-person. Others felt hesitant to share the full details of their situation with service providers because they were unsure of requirements or restrictions related to coverage (see “Difficult to Understand how Citizenship Status of Different Family Members Relates to Program Eligibility” section). A grandmother in St. George noted she received misinformation from DCFS when she was adopting her grandchildren. At different points in the process, she was told that adoption would be free and that medical and college accounts existed for the children. All that information turned out to be untrue in her case – adoption was \$4,000, and medical or college accounts did not exist.

Difficulty Understanding how the Different Citizenship Statuses of Family Members Relates to Program Eligibility

Parents in several groups (Honeyville, Providence, Kearns, Vernal, Utah Refugee Center, and Mt. Pleasant) discussed how difficult it was to determine eligibility for different services if members of the same family differed by citizenship status.

In Honeyville, a lively conversation started as participants shared what they knew about program eligibility standards related to citizenship. A mother described confusion in applying for SNAP since she and her husband have one child (a family of three), and SNAP did not count the husband in the size of the family, but it did count his income towards determining eligibility. She learned from others in the group that, in Utah, her husband is not eligible for SNAP because he is not a citizen; however, members of the group suggested California state rules would allow the husband to be considered part of the family to determine benefits. During this same conversation, others told a parent in the group that non-citizens do not qualify for childcare services, and a husband who was a citizen asked if there were any services he would be eligible to receive.

In Kearns, parents discussed a related issue. One parent shared that a lawyer had advised them not to use services because it would negatively affect their legalization process. Since several of the parents were seeking political asylum, they were fearful to ask for services. One parent built upon the idea of a universal website to include information about citizenship and eligibility: “[Via Translator] If you are worried about not being able to use Workforce Services because of your legal application, there could be actual information on whether you can or cannot use it

“[Via Translator] He has been here for over a year and a half, and his three-year-old child, who was born in Colombia, has not received any services at all. Not dental or physical, or anything, and he doesn't really know where to get those services. The pediatrician [he] asked said they don't know how to apply.”

based on your situation.” A Vernal parent summed up the sentiment: “I would hate to be in a situation where I was terrified to take advantage of an opportunity and lose my country. It's important to have that information. If you are in this box, you can use it and not lose your spot; if you aren't in this one, you cannot.” The Vernal parent reiterated what had been said in several communities – that it would be particularly helpful for a single early childhood services website to provide families who have varying citizenship statuses with information about the services they qualify for and whether accessing a service can potentially negatively impact an application for citizenship or legal residence.

A father in Mt. Pleasant expressed uncertainty about whether his three-year-old son (born in Colombia) would ever be eligible for Medicaid like his 1-and-a-half-year-old son (born in the United States). “[Via Translator] He has been here for over a year and a half, and his three-year-old child, who was born in Colombia, has not received any services at all. Not dental or physical, or anything, and

he doesn't really know where to get those services. The pediatrician [he] asked said they don't know how to apply.” In contrast, a parent in Providence described clear expectations for Medicaid eligibility for his children: “My son doesn't have citizenship yet, so he doesn't have access to Medicaid, insurance, etc., because he is waiting on citizenship. We have to pay out of pocket for things. For my daughter, it will take three years before she has access to services...” Yet most parents lacked clear expectations.

In Providence, when asked at the end of the discussion to give one suggestion to policymakers, one parent asked for more support in getting legal status.

Need for Translation

Discussions on the need for bilingual services were frequent and mixed. While some groups thought translation help was available, others did not know what services were available and struggled with application processes due to a language barrier. Some parents felt online information and applications proved difficult for non-English speakers.

Parents in some communities are struggling to understand and address their children's needs in school because of a language barrier. A parent in Providence said only one teacher spoke Spanish at the school, and the other teachers had to find her whenever they wanted to communicate something to a Spanish-speaking parent. In a family where the father spoke English, but the mother did not, the father said he sometimes asked his sister, who speaks English, to call the school to pretend to be the mom because the school relayed more information to women. Multiple parents suggested a need for more Spanish speakers and translated communication materials, and described difficulties communicating in school emergencies or for regular check-ins. A few parents also talked about difficulties their children faced at school when English was not their first language or they were bilingual. In Providence, one parent wished that the speech therapist could work on Spanish speech as well as English. Parents reported only being able to reliably find Spanish-speakers at Centro de la Familia.

Parents at the Utah Refugee Center find interacting with school staff challenging. Filling out applications for school lunch can be particularly difficult since they are often unaware of what flyers say when they come home. In some cases, parents receive bills because their children eat lunch and have not signed up for the school lunch program. Many have been told to ask for translation help from their children, but that is not always practicable or possible since children may be unhelpful or unable to translate. One parent said some schools believe they sent information via email, but for many refugees, an email is just something established when getting a phone - they cannot read an email in English. Parents at the Utah Refugee Center also struggle to communicate with bosses when a problem keeps them away from work. Most employers

work on a point system, and a worker loses points for each day they miss or arrive late, regardless of whether it is related to a health issue or a child's need.

Language remains a barrier in seeking health care. Several parents described doctor office visits where providers used an iPad for translation (which parents generally agreed is a good but imperfect resource), but those tools seemed more difficult to find during pregnancy and ER visits. A Mt. Pleasant parent said she felt language was a big issue, "[Via Translator] ... Sometimes the iPad doesn't work, and she feels like she wasted the

" [Via Translator] ... Sometimes the iPad doesn't work, and she feels like she wasted the whole appointment because she couldn't really tell what was wrong or understand what the doctor was telling her, so for her, it was a waste."

whole appointment because she couldn't really tell what was wrong or understand what the doctor was telling her, so for her, it was a waste." People requiring a translator must wait half an hour for the Health Department to find a Spanish speaker for a phone call. Health insurance is a complicated topic to understand over the phone and can be even more difficult because the US healthcare system differs dramatically from other countries' systems.

Interestingly, one father in Honeyville found most early childhood services were offered in Spanish, but he struggled to find a resource to help him and his wife learn English. His kids were learning English through the school system, but he and his wife couldn't find an English-learning resource for themselves.

In Provo, a parent described a call to a service office where the person helping her in Spanish was being rude, so she

switched to English and asked to speak to the supervisor and the person hung up on them. A few of the parents in Provo mentioned that the service websites do not always have Spanish translations. Several parents in Provo used online searches but noted that assistance was needed to fill out forms. However, some sites do not provide information explained in Spanish, and if they do, it may be inaccurate. A parent in Provo explained that when you are new to the country, people direct you to services and tell you that you qualify, but the information is not on the website in Spanish.

Parents also mentioned needing help translating calls to pay bills and one parent described the difficulties of taking the driver's exam if you do not speak English well (taking it twice and so discouraged he has not tried again).

Parents reported difficulty navigating across school support for the services their children needed. Bullying issues, poor communication between schools and parents, discrepancies between a school and the district, understaffed schools, and IEP problems characterized a feeling of schools not supporting families (also see “Need for Translation” section).

Lack of School Support

Parents in Richfield, Providence, and Honeyville feel schools do not protect kids or respond well to bullying. One student in Providence switched schools due to relentless bullying, “[Via Translator] The charter school has offered a better situation for her kids. Her daughter was being bullied and had to switch schools. Thomas Edison North is a charter school. Bridger is the public school. Uniforms made it so she was no longer bullied for her clothing and how she dressed. The school said they were going to talk to the bullies, but they never did, so at the end of the school year, she switched schools. Now, her daughter can focus more on school.”

Some Richfield parents are concerned about their children being exposed to risky behaviors at an early age as they grow up in Richfield. Richfield’s parents conveyed unease about the high rates of suicide for young people in Utah. Several also expressed concern that risky behaviors like vaping, alcohol, and drugs were prevalent among youth in Richfield, with vaping reported in the elementary school and a perception that it is easier to get drugs and alcohol in Richfield. They feel schools could better educate their children about mental health, risky behaviors, and treating other students respectfully.

Schools sometimes lack communication with parents. In Providence, a mother felt discouraged when she contacted the principal but never received a response: “[Via Translator] My daughter needs glasses. They sent me a message from the district, but when we moved, I lost the page. I was trying to get information from the school. I went many times, but the principal was busy. I tried first thing in the morning on a Wednesday, or Friday, and nothing... the liaison with the school district for Spanish-speakers said it was sad because the principal did not pay attention. It was necessary that [the liaison] needed to be there, and she only is only in on Wednesdays.”

“...the liaison with the school district for Spanish-speakers said it was sad because the principal did not pay attention [to me]. It was necessary that [the liaison] needed to be there, and she only is only in on Wednesdays.”

Again, in Providence, some parents did not realize they should attend parent meetings at the schools. As a result, they lacked the most up-to-date information. In Richfield, a couple believed their child needed extra attention and may not be up to speed for their grade level. Parents in Vernal found themselves fighting for their children’s needs. One parent in Richfield described how her school had dismissed her concerns that her son may be dyslexic and left it to her to figure how to follow up, saying, “Well, I don’t know... you just have to find someplace to get him tested.”

With both school staff and doctors, parents in many communities feel they must constantly advocate for their children to get services. Otherwise, they see evidence that the school system advances students without the skills to succeed: “...it’s really important if he’s a special kid or there’s something wrong with him, like a learning disability, you need to get it treated because I have a kid and we knew there was something wrong with him, and he’s now in high school, and he has trouble to even stay awake or to even fill out a paper like he’s stuck, and he’s diagnosed with ADD and severe depression and all this because all those years that he didn’t have the special education that he needed...” (Richfield)

Aneth and Vernal parents experienced staffing shortages in their children’s schools. Some students with disabilities in Aneth lack aides to assist them throughout the school day. They may access intervention services but lack more in-depth assistance. Schools in the Vernal area have only one staff member for certain specialties so that individual splits their time among many classrooms. Students do not get the adequate time they need with specialists. Additionally, the children get new teachers every year, so it is difficult for them to adjust to constant change and minimal stability, and they miss their attachment to their

IEP teachers.

Managing IEPs is an obstacle for families across the state to navigate. In Vernal, one autistic student was not issued an IEP from the school. It led to trouble with teachers, the school, and the parent’s ability to help their child. “Autism support has been the hardest. People always compare because you have the set standards your kids should be at, and if not, people think you’re not normal.” There were discrepancies with IEP experience in Honeyville. One mother explained, “It did not successfully transfer to the public school. My son had an IEP here at Centro, but then [the public school] said it was just a boy thing and [the IEP] didn’t need to follow him. Now, I am just watching him get behind. I know the

help is there, but I'm like, how do I get to them? Half of my day is here, and by the time I get home, I only have an hour and a half to call before they close. Then there are such long wait times." On the other hand, others had success with IEPs, and their transfer from Centro de la Familia to school. Another mother said, "My son had an IEP at Centro, and it followed him into the school district. That helped a lot." Families who switched schools multiple times face greater obstacles; they find it difficult to get tested for and create an IEP once, let alone ensure it transfers between school years and districts.

One Providence parent expressed concern (and another expressed agreement) about food insecurity in the community and suggested that free lunches and breakfasts at schools would relieve strain on the family budget.

Parents mentioned speech therapy more than any other developmental concern, often unprompted. In some cases, parents described being able to access necessary services for their children, yet many described obstacles to and issues with receiving care. These obstacles and issues included a lack of providers, failure to diagnose a speech delay (particularly when the child was bilingual), lack of services for Spanish and bilingual-speaking students, and dissatisfaction with programming. Despite the issues some faced, numerous parents were satisfied with the services.

Speech Delay Diagnosis and Therapy: Limited Access to Diagnosis and Adequate Therapy

Parents in Aneth, Provo, and Kearns described difficulty in finding a speech therapy provider in their area. Parents in Provo and Kearns described long wait times to see a provider to address speech delays. A parent in Provo was on a waitlist to attend Early Head Start even though her son had a speech delay and is now too old (four) to enroll. Some parents in Provo noted the need for additional Head Start services in the community, with one parent on a waitlist for her daughter to attend Early Head Start for almost two years.

In Richfield, several parents felt dissatisfied with the speech therapy available in their community. One found it challenging to access and said she had to "jump through hoops" to get services. Another parent concurred, saying, "Local speech therapy is a huge pain to figure out and find. The one through the school is not really available to my child. The school district hasn't helped, saying he tested too high, but the doctor didn't agree." Others remained concerned that the quality of the therapy was insufficient: "I think the speech therapist at the other little preschool in the district is horrible. So, in that aspect, no, I don't think my kid's ready [for kindergarten] just yet." One parent said that, due to low funding, the school district offers only fifteen minutes of assistance per child unless the child meets a very low threshold.

In contrast, a parent praised the speech therapy in nearby Monroe: "The speech therapist in Monroe is pretty good. Both of my kids—my first grader and my preschooler—are in speech therapy with her and they are doing great, so I don't have any complaints for the woman in Monroe." Parents in other communities also spoke highly of speech therapy options.

In Providence, the available speech therapy provides benefits, but families need more. In one mother's case, the local charter schools provided a good education for her daughter, who is on track with learning and development. However, the public schools provided more specialized assistance for her son, who has a speech delay and experiences hyperactivity.

Several parents in different communities (St. George, Aneth, Providence, and Kearns) mentioned that their pediatrician noticed a speech delay as a product of the child being bilingual yet would fail to provide needed therapy. A mother in St. George said, "When I asked the doctor, 'Is this something I should be concerned about?' he said the delay may be because he is bilingual (we spoke both English and Spanish at home). Months later, we called Early Intervention, and they checked it. He had a huge speech delay. He knew only a few words, and those words he was pronouncing wrong."

Other parents also expressed a need for speech therapy in Spanish. In Providence, a parent noted, "My son does speech; I feel like it's helped a lot, but things could improve. They give tools to help, but we don't always get enough attention or results from the speech classes. My son is bilingual, and I would like more focus on Spanish [in speech] since we speak both languages at home." Additionally, some parents faced obstacles prohibiting them from enrolling their bilingual children in bilingual school

"When I asked the doctor, 'Is this something I should be concerned about?' he said the delay may be because he is bilingual (we spoke both English and Spanish at home). Months later, we called Early Intervention, and they checked it. He had a huge speech delay. He knew only a few words, and those words he was pronouncing wrong."

programs because their children experienced delays in English (St. George, Providence).

Some parents in Kearns and St. George shared positive experiences with the speech delay services. They found the services very helpful in getting children up to speed and giving referrals between preschool and kindergarten. In Kearns, one parent said that a pediatrician identified their child's speech delay after an extensive exam looking at fine and gross motor skills. The pediatrician made referrals and ensured coverage without retesting. They reported children enjoy the programs, and the services help parents learn important communication skills to utilize at home. One parent in Kearns explained she was "very happy with the services in terms of helping my child talk more and looking at speech therapy." Another Kearns parent had a similar sentiment, "Our two [kids] are in the program now; I got [it] through foster care. One entered at 18 months, and he was completely not verbal. It hasn't even been a year, and he is speaking in full sentences." In St. George, parents appreciated the services provided by Root for Kids: "[My] 3-year-old has a speech delay, and Root for Kids got her to work on it now and not wait - it has been amazing." Another noted, "My son has tantrums everywhere. It happened at speech therapy, and they recommended OT — how to manage emotions. He loves speech therapy and cries when leaving."

Need for Childcare

Many groups mentioned a need for childcare. For instance, a Richfield parent explained that applying for full-time summer childcare spots is challenging because of a one-three month lag time between applying for and receiving approval for childcare benefits. Additionally, when parents have multiple jobs, the number of hours worked changes each week and parents do not want to pay for full-time daycare if they only work part-time. Several parents said there is a need for more childcare centers that accept children for part-time or drop-in slots. A Richfield parent described the complexities of aligning childcare program requirements with the job demands: "We have an issue here [with] the state childcare - with weekends, holidays, and evenings. My kids' daycare is 6:00 am to 6:00 pm, no weekends, no holidays, no evenings... So, I work at Walmart, and they just made a new rule where if you want to be full-time, you have to work on the

weekends. And where I don't have a babysitter at all on weekends, I had to go part-time. So, I am just 7:00-4:00 four days a week. I am losing money just because I can't find anybody to watch my kids. And guess when Walmart is open? Holidays. Evenings. Weekends. ... And so, I get in trouble times two when I have to call in [and can't work] on holidays."

In Aneth, grandparents frequently play an important role in childcare. Still, one parent noted she was worried about

"keeping her parents safe" as she wanted to avoid exposing them to illnesses brought to them by the children. A few parents mentioned a complete lack of childcare centers in the area (the nearest center being in Blanding, a 45-minute drive), but a community program partner updated the group that there are plans to create a new center that could provide care for around 40 children, although she was unsure if it would fully meet demand. Another Aneth parent mentioned that, when she lived in Logan, there was a place where you could drop your child off in cases of emergency, but there was nothing like that in the Aneth area.

A few of the parents in Vernal described a need for state-licensed, overnight, 24-hour providers. They indicated that very few people work traditional hours, and this is particularly true for oil field workers. Several said that the community needs after-hours childcare more than anything else. A few parents in both Honeyville and Provo indicated more childcare was needed in their community, and parents at the Utah Refugee Center said they could not find affordable, high-quality childcare.

As evidence of the importance of childcare in the area, in planning the

Richfield parent discussion, the community partner at Head Start encouraged parents to use the Family Support Center for any childcare needs, noting that it provided important benefits to the community and would not be continued if too few people used it.

Transportation

Parents in several discussion groups identified lack of transportation as a barrier to receiving services. In Aneth, transportation limits some parents' ability to access the FACE program. While some transit routes in the area exist, transit schedules do not always match the needs of the parents, and

"My kids' daycare is 6:00 am to 6:00 pm, no weekends, no holidays, no evenings... So, I work at Walmart, and they just made a new rule where if you want to be full-time, you have to work on the weekends. And where I don't have a babysitter at all on weekends, I had to go part-time. So, I am just 7:00-4:00 four days a week."

“I work 12-hour graveyard shifts as a night nurse. My daughter gets [to Head Start] at 8:30 am, and I have to get her at noon, so during the week, I don’t sleep until she comes home because I’m scared to go to sleep and ... [worry] I’m not going to wake up on time and just hit snooze ...”

no individual public transportation or ride services like Uber exist. Some families live far from the transit routes. Most rely on friends or family members for a ride in such cases. A lack of transportation can compound other problems in Aneth, such as limited access to the library internet or the inability to take a child to a childcare center.

Parents also mentioned a lack of transportation in Kearns. One parent noted that early childhood services are centralized in Salt Lake County and that getting from Bluffdale to appointments can be a journey. Another parent responded that there is assistance for transportation in Magna, but people are unaware of it.

In Provo, a parent mentioned that the South Franklin Community Center provided useful information on services such as transportation. Others mentioned while they do not have a car, they get around relatively well since they live in a centrally

located area. However, the bus routes don’t run frequently enough to meet all their transportation needs (only every half hour to hour).

A parent in Vernal lamented that transportation to Head Start is no longer provided: *“Especially for me, I work 12-hour graveyard shifts as a night nurse. My daughter gets [to Head Start] at 8:30 am, and I have to get her at noon, so during the week, I don’t sleep until she comes home because I’m scared to go to sleep and ... [worry] I’m not going to wake up on time and just hit snooze ...”* This parent also worried that other kids in the Vernal area might be missing out on educational opportunities because their parents do not have a car and may live far away.

Parents at the Utah Refugee Center worried about several costs, particularly transportation costs. These worries grew for larger families.

Section Two: How Families Find Information

The most common way for parents to learn about early childhood services is word-of-mouth. Many learn about additional services after making their initial service connection such as such as WIC, Head Start, or a settlement agency.

Learning Information about Early Childhood Services

Parents in every community mentioned getting information word-of-mouth from a family member, neighbor, or friend. However, they also brainstormed other ideas to share information about early childhood services.

In Providence, parents said they found out by word-of-mouth, from Head Start, a doctor's office, the WIC office, the Family Support Center, a local hospital, using the 211 line, the La Pulguita De Logan Facebook page, schools, a Head Start booth at a local fair, and a Head Start park meeting. One parent noted that, when she had talked to a parent at a Head Start different from Centro de la Familia, she had realized the other parent had less information-sharing or resource assistance than provided by Centro de la Familia. Another parent mentioned she received information from the Up to Three Early Intervention programs in Cache, Box Elder, and Rich Counties.

In St. George, one parent provided an example of the persuasiveness of word-of-mouth information sharing related to services for her daughter with special needs: *"Our daughter started in Early Intervention when she was about nine months old. It was because I had a friend who had a daughter with special needs, and she told me about it. She kept insisting, and I thought, oh, she is not going to qualify. There are so many more kids that need it, and she [the friend] really encouraged me to do it, and then after we did the testing, we realized she actually had pretty severe delays."* St. George's parents learned about services from word-of-mouth, an online search, the NICU, a Spanish social media site, and the pediatrician (although not consistently). Early Intervention played an important role in referral for one set of parents who had been told by their ophthalmologist that their daughter's sight was fine but who were referred to the PIP program (Parent Infant Program), which checked and directed them to an

"It was because I had a friend who had a daughter with special needs, and she told me about it. She kept insisting, and I thought, oh, she is not going to qualify. There are so many more kids that need it, and she [the friend] really encouraged me to do it, and then after we did the testing, we realized she actually had pretty severe delays."

ophthalmologist at Primary Children's Hospital. They provided a prescription for glasses that made a big difference for their daughter. Other sources of information included the library, the Help Me Grow program, and WIC.

One St. George group agreed that the Moms Helping Moms Facebook page was unhelpful and *"drama driven."* They thought a new Facebook page may be useful. *"They should just make a Root for Kids Facebook page and get rid of Moms Helping Moms. That's just a drama place. It's sad because there are moms that actually need help, but then you get these moms who are bitter and have nothing better to do with their lives and who are rude. Sad*

because you have to be anonymous – I would want to reach out to you by private message but you're anonymous because there are other moms out there who are judgmental and mean. That is where a Facebook page or app would help – where people could help each other." The other St. George group found Facebook and Instagram helpful because some posted resources in Spanish.

In Kearns, two parents heard information word-of-mouth from family and members of the foster care community. Parents found information via online searches, a Utah Moms Facebook page, a Head Start/UCA program family advocate, DCFS, a TV commercial, and a clinic. A parent seeking asylum said that they receive a list of community resources as they go through the court system.

Although she found the list helpful, navigating through all the different sites proved difficult.

In Honeyville, parents noted a few sources, including word-of-mouth, apps, the internet, ads, the Bear River Health Department (they share a lot of flyers), and Head Start social workers. Parents in Provo had a similar list, including the library, WIC, 211, and the South Franklin Community Center. Spanish-speaking parents in Provo noted a Spanish Facebook page, health fairs, and Latino markets and festivals. Parents in the Vernal groups mentioned word-of-mouth, an internet search, a Facebook community group, DWS (Department of Workforce Services), the library, Head Start teachers, the doctor's office, food pantries, and foster care. Parents at the Utah Refugee Center rely primarily on the Settlement Agency and the Utah Refugee Center for information due to significant difficulties

with translation. Both groups of parents in Mt. Pleasant faced a common theme because the community is isolated. Many said that they do not have information about how to apply for services or even what services are available.

In Aneth, the FACE program recruits families at several community and parent events, including holiday parties, Chapter House meetings, child vision and hearing screenings, and a tent in Montezuma during the summer. Parents found other program information by word-of-mouth, at the health clinic, at the library, and on billboards. One parent mentioned that printing out flyers for these events may help people learn about programs who don't have access to the internet.

Aneth's parents and family liked the idea of a single site with eligibility and application information for several programs. As one grandfather mentioned, a single site would be useful because the State, the BIA (Bureau of Indian Affairs), and others have differing eligibility criteria – they are inconsistent and “things are confusing.”

Parents had a long list of ideas on how to share information about early childhood services. These are included in the “Suggestions for Improvement” section.

Community Partners Provide Critical Support

In many of the discussion groups, parents talked about the critical resources provided by their community partner.⁵ In Aneth, parents described the home visits they received from a FACE homebase teacher who provided parents with packets of information about age developmental milestones. Additionally, the FACE program provided strategies for parents such as more reading and/or dialogue to improve a child's speech. Many of the parents in the Aneth discussion group felt that the FACE program had helped socialize and build the confidence of their children.

Several Richfield parents noted that Head Start helped their children develop social skills to transition from home to a school environment. One parent said her son was “a totally different kid” and another shared that her son will come over and relay steps to her to calm down when he notices she feels upset. Another noted that Head Start welcomed her son even though a summer program said he was too much to handle. Several appreciated the new addition of a calming room. The Richfield Head Start also helped by directing parents to other resources.

The Centro de la Familia in Providence received praise for support as well, with one parent saying, “My wife doesn't speak English. My son has improved in language in general and has advanced ‘tenfold’ in his character, persona, and speech, and just in general. I appreciate all that the teachers have done. My son has become more social, loves to play, [and] is starting to open up more in many ways...” Centro de la Familia in Providence also provided one parent's son with speech therapy and assisted

with paperwork, application, and transitioning to the school district. Social worker specialists at Centro de la Familia help parents connect with other services like WIC. The program includes home visiting. One parent noted that even when schools hold meetings to provide information about services, many parents do not attend because the information is not clear, and they can get it at Centro de la Familia.

Many parents at the St. George discussion talked about the value of Root for Kids in terms of support – offering speech therapy, providing potty training resources, and referring to services to assist with motor skills developmental delays. Several of the parents started with their children in Early Intervention because their children had special needs.⁶ Some mentioned how they met parents in similar situations through the Kindermusik program associated with Root for Kids. “Our provider was able to do a sneaky thing where she said, I have two families who I think would really get along and she just told us about the same session so that we could go and meet each other there.”

Parents from Kearns expressed appreciation for the home visiting of the family advocate from Head Start. One of the parents felt grateful that teachers noticed her son's delayed speech because they found the pediatrician unhelpful. A parent who had adopted her children through foster care described the care at the Kearns UCA program: “One entered at 18 months, and he was completely not verbal. It hasn't even been a year, and he is speaking in full sentences. Amazing. My older son was 3 when he started the program and is 4 years old now; he was doing a lot of repetitive OCS [Obsessive Compulsive Spectrum Disorders] behaviors. ... They were good at getting me the information and helping guide me. They got me a list of therapists. I started parent-child interaction therapy with the three year old. They gave me the space to take him out of class and have therapy at school and then get back to class. That way, he didn't have to miss too much school. ... They are so loving and respectful of your choices. They are so proactive about blending with what the parent wants and needs.” Additionally, many parents who were new to the country and seeking asylum felt grateful for the support they found at UCA. One parent mentioned that UCA provides translators at monthly UCA meetings (although the Ambassador Program meetings do not have a translator).

Centro de la Familia also serves as a hub of information in Honeyville, where one parent described going to Centro de la Familia after a daughter failed a hearing test and receiving help with setting up an appointment. Other parents described Centro de la Familia as giving them everything they needed and learning a lot from Head Start. One described how Centro de la Familia staff helped them with their son, who was hitting people and throwing stuff. The parent said Centro de la Familia staff kept an eye on him and would sometimes check in with a home visit: “They are really good at communicating with

us, through email or calling us. They even sometimes will send someone to check on him and they will get back to us. Good about communication with parents. They always send an email about what they did today, what he did... just really thorough."

Parents also appreciated South Franklin Community Center as a central point for information sharing: "People invite each other in. South Franklin is a great place to receive information in general and especially information about and for children. ... Participating in South Franklin allows you to learn so much, it is like a family. A lot of us are lacking information, so this place is great to learn about things for our children."

A parent from the Vernal Head Start group said the program did a pretty good job of keeping them up to date on developmental milestones. Another was grateful for the help with her children while she worked. Parents also found the Utah Families First program a useful resource in terms of parenting education. Parents thought they provided valuable follow-up.

Parents described the Utah Refugee Center as a critical resource. They described how, when they first arrived in Utah, they received assistance from the settlement agency as well as an initial contact with DWS (Department of Workforce Services). After that initial setup, they sought support (even for DWS interactions and especially related to language barriers) at the Utah Refugee Center. Parents in one of the Utah Refugee Center groups said the Center was a single point of communication for information on findings services and completing forms. Parents in the other Utah Refugee Center group agreed, but some said that since the pandemic, the Center no longer provides support with school registration and language barriers.

Mt. Pleasant parents described Head Start as "[translated] an excellent service informing them if the child is on the right path, or, if something is wrong, how to work with the child at home. Here (at Head Start) they also work with [parents] so they feel like it is a good flow of information between them."

Online versus In-Person Information

In addition to questions about their information sources for early childhood services, parents were asked about their preferences regarding how they receive the information. Parents expressed a range of preferences, with a greater likelihood of preference for receiving information in-person if a parent did not speak English as their first language.

In Aneth, as a result of the pandemic, Montezuma Creek Elementary and Whitehorse High School provided their students with Chromebooks and access to the internet via school devices. Parents are grateful for the Chromebooks and hot spot internet access for school devices that students had received during the pandemic, but they also note that many residents still lack access to the internet and technology (particularly for non-school-related internet needs). One parent

said he thinks person-to-person contact is more reliable and understandable. Hot spots allow children to engage in remote learning, but only a school district device can connect to a hot spot and a hot spot is at the family home. When parents rely on grandparents or others to watch their children while they are at work, that limitation restricts the child's ability to complete homework. In comparison, the Aneth Community School does not have this remote learning program, and families sometimes rely on internet access at schools or the library if there is an internet issue at the child's home. A parent noted that, since the library is only open for five hours a day on Monday, Wednesdays, and Fridays, and some lack transportation to the library, completing homework can be a struggle.

In Richfield, both parent groups indicated they frequently learned about early childhood services via word-of-mouth, but one group had a parent who had googled "early childhood services,"

and parents in that group also indicated they did most of their applications online and felt comfortable with online services (the other group did not). Both groups of Richfield parents were English-speaking.

Providence parents expressed a moderate level of comfort with online materials but added that they sometimes need help engaging with the online materials. Some noted a preference for in-person interactions. Others said a phone call may be preferable to fully understand needs. Several parents noted that the phone line is rarely accessible, especially for Spanish-speakers. Honeyville parents explained their differences in experiences applying for services online, "I usually do online, but for some it is trickier. Now there is a Utah ID. For families that don't have the ID, it is harder for them to get to the application. It is no longer just an email and password; they track you down with your Social [Security number] and driver's license. You have to have a proper ID. I can use mine but not my husband's" and "I can't use my ID. Mine is not valid

"...South Franklin is a great place to receive information in general and especially information about and for children. ... Participating in South Franklin allows you to learn so much, it is like a family. A lot of us are lacking information, so this place is great to learn about things for our children."

as an ID. It is complicated for me because I can't go online and get qualified. These websites have made it harder because they want to verify your identity. The others that don't are okay."

In St. George, the discussion group where parents had kids dealing with a range of special needs generally felt comfortable with accessing information online, even though, in most cases, they received their information via word-of-mouth. The idea of a single website seemed particularly appealing, "From my experience, I've written a lot of government grants, and just going to the different branches of government in Utah to find funding – it's like that is part of this, and this is part of this. It would be nice to have a website - like a something.Utah.gov site - that you could go in and maybe type in what you are looking for and info would come up. There are so many different entities and different departments that kind of do the same services for the same things. If there was some central command station like a website to pull it all together, that would be super helpful!"

Several Kearns parents liked the idea of a universal site for information on early childhood services so that they do not have to piece things together based on "random googling" and "people with blogs."

Parents in Honeyville had a mixed view, with some preferring to get information online, some preferring in-person information sharing, and some feeling the combination of online with a contact person to be the best method. One parent noted that navigation may be difficult for parents who speak Spanish and/or are unfamiliar with the program: "[Via Translator]... There was not enough information in Spanish for parents. Navigation is hard for those who don't know how to use the program ... Needed more information for parents so they would know how to use the program or how to go online, and that is a problem too. ... not all of the programs have [translation]. Also, when they tell you to fill in this form, but you are not from here and don't know how to fill it out, they don't have someone to tell us. [They] ask if you are from here, and if you are not ... people get scared and don't fill it out. Sometimes, they just need more information about the form."

Many Vernal parents preferred online services, some noting that it took less time to access services online. Others preferred to call. Some had specific instances in which they preferred in-person application. Regarding Medicaid, two of the parents struggled with the online update during the COVID-19 extended coverage period. One parent kept adding the purchase of a new car out of necessity because the update wouldn't save that information. Another tried to get off Medicaid so that the Office of Recovery Services [ORS] would stop trying to collect child

support from her child's father: "And I feel like if it was in-person they could have sensed my anger, and they might have actually listened." (Find the rest of the quote in the "Lack of Access to Quality Health Care" section.)

Parents at the Utah Refugee Center strongly preferred in-person to online applications, due primarily to the language barrier on the website. They can get help with translation at the Refugee Center but cannot complete the sign up at the Center. One parent noted that, if you go to DWS in person, they direct you to apply online.

In Mt. Pleasant, the parents in the English-speaking group were comfortable with online information, and one parent mentioned trusting websites that ended in ".gov." In the Spanish-speaking group, one parent tried to get information by searching online, but ultimately remained unable to find the information they were looking for or someone who could help them.

WIC Can Provide Information and Assistance Along with Service

Parents in most areas of the state reported positive experiences with WIC. Some mentioned it as a place where they found information about other services, and some mentioned how the people working at WIC helped them navigate the complexities of applying for services. Although a few parents mentioned negative experiences, at its best WIC offered case manager-type support for an array of parents' needs and questions, in addition to nutritional supplement.

In Richfield, a parent initially found out about the Head Start program from a WIC appointment, and another wished she had learned about WIC earlier because it would have helped her with the stress she experienced with breastfeeding and finances as a first-time mom. Another parent appreciated having WIC available online. Two parents appreciated their doctors referring them to WIC, with one noting that her doctor and WIC served as her only two sources of information about early childhood services. Another parent said that she received more information about developmental milestones for her children from WIC than from her pediatrician.

In St. George, one parent found WIC a crucial save for her finances: "WIC has helped so much ... I love WIC. ... They can set you up with breast pumps, car seats, send you to Baby Your Baby and see if you qualify for it. They are like Moms Helping Moms without the drama." Another St. George parent said WIC helped with her son's health, which proved important since she doesn't entirely trust the doctors.

"[Via Translator] ... There was not enough information in Spanish for parents. Navigation is hard for those who don't know how to use the program..."

In Honeyville, a parent described a good experience of talking to someone at WIC who spoke Spanish, saying they explained the process three times and it was easy to qualify. Another Honeyville parent said WIC informs her when her benefits are about to expire, and she renews it online.

In Provo, parents felt happy with their WIC experiences, with one underscoring its importance in providing food to kids, particularly when food prices increase. Parents in Mt. Pleasant also reported a positive, helpful experience.

A mother in Vernal moved from Colorado where the Nurse-Family Partnership and WIC teamed up successfully: *"I got to participate in something that was called Nurse-Family Partnership when I was pregnant, a nurse would come and do home visits in our home and then she was actually allowed to double up with WIC and so I didn't need to go down to the WIC office. She would submit it for me, and we would just do all of it in my home."* Other parents commented on the helpfulness of receiving WIC from a home-visit and wished that Utah had a similar dual program model.

"WIC has helped so much... I love WIC. ... They can set you up with breast pumps, car seats, send you to Baby Your Baby and see if you qualify for it. They are like Moms Helping Moms without the drama."

Despite positive experiences in many areas, some parents reported challenges with WIC. A Providence parent recalled the time she had only been without her job for two days and the people working at WIC made her feel bad, asking her how she was going to survive. The parent said she felt the secretary was so mean that she cried.

In Kearns, although parents agreed that WIC cards are better than the checks, several parents agreed it could be *"hectic"* to get the cards refilled and noted that they must wait an hour for service. Additionally, they wished that they didn't have to go to the WIC office in person to finish the application and get the card; they wished they could do it online instead.

Finally, some parents at the Utah Refugee Center expressed some confusion surrounding WIC - one parent described how sometimes WIC will say she qualified for something, but the cashier will say it doesn't qualify. However, another parent said WIC was easy.

Parent Brainstorming: Suggestions for Improvement

Parent suggestions addressed information sharing, application process improvement, and community needs.

Information sharing:

- Universal website – Advertise the website in the doctors' offices, the library, school bus pick-up and drop-off points, and grocery stores.
- Social media – Facebook community pages, particularly those for Spanish-speakers. Instead of a mom group or a general page, something focused on the services available in the community.
- Schools – Registration, parent conferences, child vision and hearing screenings.
- A state, county, or city packet mailed to the home.
- A hospital information packet provided after childbirth.
- Effort to ensure pediatricians know all the programs and the importance of referring patients to them at younger ages.
- A mentorship program so that parents can speak to other parents who have similar experiences to their own: *"I'm always so happy to share any experience I have with other people because I love when I get that help from other moms, so [I'd appreciate] some sort of mentorship program that is able to connect families..."* (St. George)

Application Process Improvement:

- Create an early childhood services DHHS website with eligibility and application information that informs parents what services they qualify for – either by entering information or by clarifying qualifications for services.
- Provide a paper version list of the services and resources available (like the court system provides) in addition to the website to help guide parents through the process.
- Provide website and in-person navigational support for the application process: *"[translated, Kearns] Not just giving them the list but having someone to guide them through the process. The process at Workforce Services may be different from the process of applying at Head Start... How do you use 211? Just those kinds of things" and "Having tutorial videos on the website, in Spanish and English, would be so helpful for figuring out where to go on the website. I have logged in, and I stared blankly at it. I talked to a lady on the phone, and she said to upload my bank statement and income, then I logged in and had no idea where to go."* (Honeyville parent).

- Allow applications to save information from the last application so that parents only need to update the portion of the information that has changed.
- Allow parents to check their submissions and have services contact the parents if they submitted the wrong information. One parent in Vernal submitted something online, checked to see that it said "submitted," and waited weeks to learn that she had submitted the wrong information. The website did not allow her to check, and no one had contacted her to let her know she needed to submit different information.
- Include clearly stated information about citizenship and eligibility in Spanish and English on the universal service website (see "Difficult to Understand how Citizenship Status of Different Family Members Relates to Program Eligibility" section).
- Change WIC applications to virtual or over the phone because, *"The WIC office is so much farther away than the grocery store."* (Kearns parent).
- Create a social media site to connect parents with similar struggles.

Community Needs:

- Create a safe, enclosed place for children (like a library room) so parents can work in that space while their children play near them. (Vernal parent)
- Provide more child outing options, like a pool or a park. A Provo parent appreciated the children's programs in the Provo Library where her three-year-old could go and she did not have to be with her.
- Create affordable recreation options and positive things for younger and older kids to do, especially in the winter: *"There is no indoor playground thing in this town at all so during the winter months, the kids are going nuts in the apartment. They are bouncing off the walls."* (Vernal)
- Create places for women to go if they are facing domestic abuse or violence. (Vernal)
- Provide a variety of post-secondary educational opportunities that prepare people for careers that would allow parents to move out of the area. (Vernal)
- Increase awareness of the availability of food assistance for youth. This suggestion is based on a Vernal parent's experience as a teen in Sandy, Utah: *"At 16, I was eating out of garbages. They really need to get awareness to high school students that there are food pantries and things like that. That is the thing that would have benefited me at 16."*

Three: Developmental Milestones & Addressing Difficult Behavior

Mixed Knowledge of Developmental Milestones

Some parents indicated they had a good understanding of basic developmental milestones for their children and knew of resources related to development; however, some did not. In cases where parents felt uninformed, they frequently mentioned that their healthcare provider did not prove helpful in educating them about developmental expectations.

The most frequently mentioned milestone was speech development (See “Speech Delay Diagnosis and Therapy” section). Many parents had already identified that their child had delayed speech and accessed services. Additionally, some parents cared for a child who had special needs and remained involved with care and programming for that child.

Community partners (FACE, Head Start, Centro de la Familia, Root for Kids, Kearns UCA, and Franklin South Community Center) served as resources for many parents whose children were not reaching the expected developmental milestones. For instance, one parent explained that although she had received handouts on milestones at a pediatrician visit, the assessments FACE provided were more personal and helped identify potential delays and solutions. Both Aneth discussion groups also included grandparents who talked about the importance of considering knowledge of traditional Navajo ways as an important part of a child’s development.

Some pediatricians in St. George reportedly told parents, “It was good [you are] at Root for Kids because they can help with ... a thorough evaluation – all of it. They help with everything even referrals.”

The PIP (Parent Infant Program for the Blind and Visually Impaired (PIPBVI)) program serves as a health resource in St. George, providing vision assessments and services. Parents also talked positively about the Intermountain Health pediatric rehabilitation building. One parent talked about how she had signed a paper to allow for information sharing between Intermountain Health services and Root for Kids: “I signed papers so Root for Kids and these two therapists can talk to each other because Root for Kids is doing pretty much the same thing except in-home for me. They come to my house. They help me out. I made it so they could have a direct line of contact to stay on the same page.”

“I signed papers so Root for Kids and these two therapists can talk to each other because Root for Kids is doing pretty much the same thing except in-home for me. They come to my house. They help me out...”

In several communities, parents felt that the pediatricians did not adequately provide information about developmental milestones. In Aneth, one parent felt her child’s pediatrician ignored her concerns about her child’s speech development, but another parent’s pediatrician had shared developmental milestone materials. In Providence, most received information from their pediatrician, but one parent indicated that WIC provided

more and better information about developmental milestones than their pediatrician, and another said that Head Start had been the most helpful. One parent did not have insurance or a pediatrician (because the visit cost was prohibitive) and therefore counted on Head Start for information since Instacare does not provide such information.

St. George parents had a mixed experience with the information shared by their pediatricians, with some providing valuable information and others finding better information from

other sources. Parents in Kearns and Provo also reported a wide range of satisfaction with the information they received from their pediatricians.

In Honeyville, many parents received physical exams through the Centro de la Familia, and parents reported varying levels of satisfaction about their experiences with pediatricians providing information on milestones. In Providence, one of the parents received sheets of information on milestones at home after her visit with a midwife. Several parents at the Utah Refugee Center and in Mt. Pleasant reported not having a pediatrician.

Challenging Behavior

Most parents have not noticed a recent increase in behavioral issues in children. Parents generally discussed challenging behavior in terms of their own child’s behavior and their efforts to get assistance to address it. Few, if any parents discussed challenges that limited their children’s involvement in desired activities like school or child care. Instead, some shared examples of help they had received in addressing challenges or described what they had observed in their child’s classroom.

For instance, in Aneth, one parent, who is also a teacher, described her perspective on her students with challenging behavior: “I’ve noticed, with my students, there is no parent involvement.... It actually reflects on their behavior. I have had

students come to me and want my help personally because mom and dad don't want to help ... or there is nobody to help, or Grandma can't see my paper anymore... so I think their behavior isn't necessarily their fault. They just lack parent involvement. I know there are some kids who would want to change their behaviors to be better, but it's hard for them because ... they don't know how to act. They are coming from homes without very much support. Broken homes. They try really hard, but it is hard to break the cycle of really bad behaviors. A lot of the things I have tried to help them with are coping skills. How to calm yourself down." For instance, she schedules quiet time and feeling time in her classroom. "It's an opportunity for them to open up and feel support. The majority of them come from broken homes." These children will come to staff like her for comfort, which makes her sad, but she tells herself, "okay, I am going to be here for you' ... and it also makes me a stronger person; I am the person they are coming to and I have to be an example."

One Richfield parent suggested, "I think that emotional regulation is important... My son has come a long way since he has been in Head Start." Another Richfield parent also reported positive experiences about how Head Start helped them with their child's behavior: "I'm trying to get [my son] diagnosed so that we can get help. But my kid has got no impulse control, and even when he was in Head Start, he would get up on a table and jump off and he would get hurt, and they'd be like be 'careful, don't do that again,' and two seconds later he'd forgotten that he'd gotten hurt, and he's up there on the table jumping off again." This parent noted she had received support from Head Start but not the school district.

Parents in Honeyville discussed how much Centro de la Familia Head Start helped by working with their children's behavioral needs: "[Via Translator] When my 5-year-old came to school, he didn't want to listen to teachers, and threw things around. Now that he is more involved and the teacher's more involved, he is starting to understand. Now he knows we're having more communication with the teacher, he listens. He's changed a lot."

Some of the parents in Vernal suggested that boredom and idleness caused behavioral challenges in their community due to a lack of activities available for the children. However, others felt their children faced behavioral challenges and indicated they would like a resource for parents to understand how children should act at different stages of development. One parent noted that Northeastern was an option but "... they'll probably turn you in to social services. They don't give you help. They call the state on you. And it's like, that's not what we needed We want you to counsel us and give us guidance."

Similarly, parents at the Utah Refugee Center described interactions with schools regarding their children's behavior as being adversarial. Parents described how schools would describe a child with a lot of energy or who would respond to another student who was talking during class as struggling with

a behavioral problem. Another parent told a story of a friend going to a school to ask for help with her daughter's behavior and the school said they would take the daughter away.

A parent who is a teacher in St. George explained that, when a school is following state protocol, "[Teachers] are supposed to assess the students [for behavioral issues], and if the parent refers them, they can open a case and they can find the services that they need. A lot of times, schools don't do that very well. Sometimes the special education liaison doesn't want to do the paperwork or whatever the reasoning is. We need to be educating parents of what their rights are as parents... It is paid for by the state. It wouldn't be any expense to the parents." Further discussion between parents clarified that in Utah, teachers are not allowed to say they think the child faces a particular diagnosis – they can suggest to the parent that [the parent] may want to go and have an assessment. Parents discussed this and felt that, because of the inability of teachers to be direct with parents about their concerns, parents needed an external resource to make them aware of why getting more information about your child might be helpful.

However, the topic came up unprompted in Kearns, where two parents in one group began the discussion by noting a need for more behavioral help for their children. One noted that the schools that provide special help only take a few children, and she worried there would not be enough room for all the kids in need of special help. She also worried that those in need would not have received enough help by the time they entered school. Several Kearns parents provided a detailed description of a need for behavioral help in the classroom. One described a situation where six teachers were trying to control the out-of-control kids on a day she was volunteering. "I have been volunteering since last October. ... There should be more places for kids that have behavioral issues to go to for help because it is not fair for [the kids with behavioral issues] as well. They don't know how to control it; ... there were multiple times where I felt like I had to do a lot of the teachers' jobs because they were taking care of the kids. At one point, there were like six teachers and me, and the class, and we were pretty much just trying to save kids from like not getting hit, or beat, or like thrown off the playground. There were many kids that were hurt, there were many with bruises, scratches, and got hit in the private area. It was scary. I feel like there should definitely be more resources [for that].""The teachers should feel empowered to do something about what they are seeing." One parent elaborated, saying, "Daycare can exclude kids [for behavioral issues], but Head Start does not." She felt too many people were in the classroom, and it felt unsafe. Another parent suggested they needed to focus on the kids who are not kicking and fighting but still struggle. She felt they may be overlooked because teachers feel overwhelmed.

Section Four: Unique Community Characteristics

In some cases, important characteristics of a community or parent discussion did not fit within the themes of this report. This section highlights resources or needs as they relate to individual communities to provide a richer understanding of the context for parental discussion.

Aneth

The parents and family members participating in the Aneth discussion had children who were part of the Family and Child Education (FACE) program (a unique resource among the communities studied), run by the Bureau of Indian Affairs Aneth Community School. FACE provides services for both children and parents. Several of the parents felt that their children received more support from the FACE program at the Aneth Community School than Montezuma Creek Elementary provided.

“People running programs in the two schools have different attitudes. This school is very friendly, others aren’t as welcoming.” For some of the parents, this was a dilemma since they preferred the convenient location of Montezuma Creek Elementary School. For instance, one mother said her daughter needs to have an aide with her throughout the day, but Montezuma Elementary cannot provide the aide because they are short-staffed. She would like to transfer her daughter to the Aneth Community School, but the other school was closer to her work (a walkable distance).

According to the Bureau of Indian Education, “The goals of the FACE program are: to support parents/primary caregivers in their role as their child’s first and most influential teacher; to increase family literacy; to strengthen family-school-community connections; to promote the early identification and services to children with special needs; to increase parent participation in their child’s learning; to support and celebrate the unique cultural and linguistic diversity of each American Indian community served by the program; and to promote lifelong learning. Program services integrate language and culture in two settings: home and school. The FACE program provides educational services to prenatal to grade three and adults seeking a general education diploma or career training and placement.” (<https://www.bie.edu/topic-page/early-childhood-education>)

Additionally, many everyday outings prove more challenging in Aneth because of the long distances between destinations: *“Everything we need is [at least] 45 minutes away.”* A trip to Walmart to get food takes an hour. To compound the problem, some community members lack access to transportation and rely on others to go places.

St. George

One of the parent groups in St. George was unique in that it consisted entirely of parents of children with special needs. These parents were more familiar with developmental milestones and programs for children with special needs than others. Two of the parents had babies who were five months old and had a wide range of health needs: *“We have help from Root for Kids, physical therapy, feeding therapy, Redrock Pediatrics, home health care, WIC, and (one is on oxygen) home health is through the pediatric unit – who send prescriptions of oxygen [and] Medicaid.”* Two other parents had a child with a rare genetic disorder who had just graduated from Early Intervention at Root for Kids and was now in the preschool program. Another set of parents had a premature daughter who struggled with eating issues. The two other parents in this group had children with speech delays; one was also referred for occupational and physical therapy due to a traumatic brain injury. Several St. George parents talked about transitioning from the Root for Kids program to Snow Canyon, a preschool with developmental programs. Some of their children must take a test and apply to attend Snow Canyon Preschool, and they must wait on a long waiting list.

Several parents mentioned that Snow Canyon Preschool provides valuable resources to the community for children with special needs. However, it falls behind the current demand. Several parents noted that, while children must take a test to attend, and those who need services are prioritized, the wait list remains long even for children in need of services.

Parents discussed the incredible support they felt from Root for Kids and its distinct integration of Early Intervention, Head Start, Early Head Start, and Kindermusik programs. In one group, parents also shared how they could connect their health providers with some Root for Kids services to provide continuity of care. Even at Root for Kids however, problems arose with insurance coverage in some instances, where occupational therapists and dentists not associated with Root for Kids encouraged parents to stop working with the Root for Kids therapists because they were not part of the same system.

Utah Refugee Center

Parents at the Utah Refugee Center provided a unique perspective on services in Utah. Parents describe initial contact with a Settlement Agency and assistance in helping establish their family's living situation and introducing them to services for which they may be eligible. However, after six months, they receive no assistance in interacting with schools, employers, or services, and the nearly complete language barrier (given materials are not translated into native languages) leads to misunderstandings and frustration. Employers typically provide information on health insurance and leave time at work in

English. A parent may mistakenly believe they have signed up for health insurance when, in fact, they did not fill out or sign the application to establish coverage. Some found out they did not have health coverage only after seeking medical care.

Various service providers suggest that parents should turn to their children for translation. However, many find their children unhelpful or unable to translate. In some cases, children may even purposely mistranslate information.

Conclusion

Based on parent discussions in ten Utah communities, there are a number of changes state agencies, health care providers, schools, and other service providers can consider to ease the challenges faced by parents seeking early childhood services. For instance, many parents struggle to understand program eligibility and reapplication requirements. More help from caseworkers, increased phone support, clearly translated materials, navigational support and resources for online applications, easily located overviews of program eligibility (including how citizenship influences program eligibility), and systems that follow up on incorrectly submitted materials and save information from materials that will be re-entered for reapplication would all bolster parents' efforts to secure early childhood services needed for their family. Parents also feel that current eligibility standards do not account for the costs of supporting a family, particularly recent increases due to inflation.

Another problem in many communities is a lack of health providers, especially specialists and Spanish-speaking providers. Based on several parent discussions, more can be

done to promote awareness of the healthcare resources that exist in different areas of the state and increase the frequency of visits from specialists and Spanish-speaking doctors in rural communities.

Language barriers limit many parents' engagement in their child's school and access to services. Efforts to provide clear lines of communication that do not rely on other children translating materials are important. Many areas also need more opportunities for parents to have their children diagnosed and more personnel to support IEPs and address challenging behavior. Parents also discussed the importance of a wider variety of childcare options and more transportation support.

Finally, the high level of engagement and information sharing taking place between parents during their discussion groups underscores the importance of parent-to-parent connection. Additional opportunities for parents to share knowledge through a trusted platform or location could be important to increase information sharing about early childhood services.

Endnotes

1. See Appendix 1 for the methodology of stakeholder discussions and interviews.
2. See Appendix 2 for English and Spanish parent discussion guides.
3. See "Community Partners Provide Critical Support" section and Appendix 1 for full discussion.
4. Parents were likely referring to the Home Energy Assistance Target (HEAT) Program.
5. See complete list in introduction and Appendix 1.
6. See Community Section
7. See list below.
8. Parents attending Centro de la Familia meetings (in Providence, Honeyville, and Mt. Pleasant) meetings did not receive a \$50 gift card because Centro de la Familia has a policy that does not allow payment for parent engagement time with their program.

Appendix One: Methodology

The Gardner Institute worked with the Department of Health and Human Services (DHHS) to identify a diverse array of early childhood services stakeholders throughout the state to learn what information would be most valuable to learn from Utah parents. The Gardner Institute recruited 28 stakeholders to participate in discussion groups or interviews based on availability.⁷

Stakeholder discussion groups were conducted on April 6, 2023, and April 10, 2023. The Gardner Institute also conducted seven individual interviews in April and May 2023 for the people who were unable to attend the stakeholder discussion groups (see list below). The insights gained from these stakeholder discussion groups and interviews informed the creation of parent discussion guides. The parent discussion guides (both English and Spanish) were divided into four areas of interest: challenges and changes parents confronted when seeking early childhood services; how parents found information about early childhood services (and ideas for effective outreach); whether parents were familiar with developmental milestones for their children; and whether they had experienced or noted difficult or challenging behavior with their children or other children in the classroom.

Outreach to native communities included a Tribal Council Meeting at the Confederated Tribes of the Goshute Reservation (CTGR) in Ibapah, Utah. The Gardner Institute presented an overview of the PDG grant and underscored the interest in better understanding and getting input from communities throughout Utah. Two interviews followed as the result of this meeting - one with the Childcare and Development Fund (CCDF) CTGR Director in Ibapah and one with the person overseeing funding CCDF CTGR serving native children in Salt Lake, Utah, and Tooele counties. Insights from these interviews were shared with the Sorenson Impact Center for incorporation into the state needs assessment.

To maximize parent participation and provide a comfortable setting for parents, the Gardner Institute worked with DHHS and members of Early Childhood Utah (ECU) to identify early childhood community partners in ten communities throughout the state, both urban and rural. Community partners were entities already holding parent discussions as part of the service they offered who were willing to use existing meeting times to host parent discussions about experiences and insights regarding early childhood services. These early childhood community partners often provided translators and child supervision during the parent discussion.

These partners included:

- Families and Children Education Program (FACE) program, School, Aneth, May 10, 2023
- Head Start, Richfield, May 16, 2023
- Centro de la Familia, Providence, June 22, 2023
- Root for Kids, St. George, July 19, 2023
- Utah Community Action (UCA), Kearns, July 26, 2023
- Centro de la Familia, Honeyville, August 17, 2023
- South Franklin Community Center, Provo, September 8, 2023
- Utah Refugee Center, Salt Lake City, September 17, 2023
- Head Start, Vernal, September 13, 2023
- Centro de la Familia, Mt. Pleasant, September 28, 2023

Each location had two parent discussions, except for Honeyville, which had four. Although a couple of locations had groups of up to 17 people – Kearns, Provo, and Mt. Pleasant – most parent group discussions comprised 7-10 parents. A meal or snacks accompanied each one-hour parent discussion, and each participating household received a \$50 Walmart gift card.⁸ Community partners provided translators in Honeyville (3 Spanish), Providence (2 Spanish), Kearns (1 Spanish), St. George (1 Spanish), Provo (2 Spanish), Salt Lake City (1 Arabic, 1 Swahili), Mt. Pleasant (1 Spanish).

The qualitative data gleaned from these parent discussions provides a detailed and nuanced view of the challenges and realities parents face in raising children and seeking early childhood services. A qualitative approach allows for follow-up on the “why” behind many decisions parents make in seeking or not seeking service, as well as improvement ideas from a parent’s perspective. However, qualitative research is not generalizable. Parent participants in this research were not selected randomly and did not constitute a representative sample of the selected communities. Moreover, since the Gardner Institute worked with local community partners to identify existing parent groups, participants were more likely to know about and use early childhood services than an average parent in the community. Nonetheless, collecting feedback from parents connected with services provides a greater chance of highlighting insights that reflect engagement with early childhood services.

Finally, verbatim quotations from parents are provided in the report, however in cases where the parent’s ideas were summarized by a translator, a quotation of the translator’s summary is provided.

Discussion Group and Interview Stakeholders

Stephanie Anderson, United Way of Utah County

Laurie Baksh, DHHS, Office of Maternal and Child Health

Rebecca Banner, DWS, Office of Child Care

Tamera Broncho, Child Care and Development Fund
(CCDF) CTGR

Tomas Caceres, Help Me Grow, United Way of Utah County

William Cosgrove, Utah Chapter of American Academy of
Pediatrics

Lisa Davenport, DHHS, Baby Watch Early Intervention
Program (Part C)

Ozzy Escarte, DHHS, Office of American Indian/Alaska Native
and Family Services

Jennifer Godfrey, UCA/Utah Head Start Association

Peggy Golding, Care about Childcare, USU Eastern

Joyce Hasting, Care about Childcare UVU

Teresa Judd, USBE, IDEA Part B

Jared Lisonbee, DHHS, USBE

Steve Matherly, DHHS, ECIDS

Meagan McDermaid, Department of Workforce Services

Mandi Mendenhall, DHHS, Office of Early Childhood

Amy Nance, DHHS, Office of Children with Special Health
Care Needs

Teresa Oster, Utah Head Start Association

Kali Otteson, Help Me Grow, United Way of Utah County

Kyla Clark, DHHS, Children and Family Services, Domestic
Violence, DCFS

Gonzalo Palza, Centro de la Familia

Nune Phillips, DHHS, Office of Early Childhood

Katie Ricord, Utah Association for the Education of Young
Children (UAEYC)

Noel Taxin, DHHS, Division of Family Health

Codie Thurgood, DHHS, Children, Youth and Families

Elizabeth VanSant-Webb, DHHS, Home-visiting

Rick Wardle, DHHS, WIC

Julie Yupe, Child Care and Development Fund (CCDF) CTGR

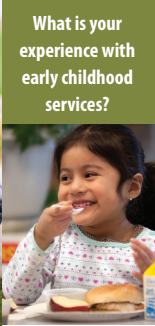
Appendix Two: Discussion Guides (English and Spanish)

April 2023

Understanding Your Experiences with Early Childhood Services (Ages birth-8)

Almost **47,000** children entered kindergarten this year.

(2022-2023 school year)



Early Childhood Service Examples

There is a wide range of services that children and families may need between the ages of birth and eight years old. Each service provides support in various areas to ensure children are safe and healthy.

Here is list of some of the programs we are interested in hearing about:

- Childcare assistance or subsidy
- Early Intervention
- FACE (Families and Children Education)
- Foster care
- Head Start
- Health providers - pediatricians, dentists, clinics, etc.
- Home-visiting
- Medicaid
- Mental health services
- SNAP (Supplemental Nutrition Assistance Program)
- Special Education, including classroom support, IEPs, 504s, and speech therapy
- TANF (Temporary Assistance to Needy Families)
- WIC (Nutrition Program for Women, Infants, and Children)

Do you feel you have received all the services you need to ensure your children enter kindergarten ready to learn?



Challenges and Changes

- Does your family face challenges in receiving services? If so, what are they?
- What types of things would make accessing services easier?
- Have there been any changes in the way you receive services for your children or family in recent years?
- Have you ever received a service online, and if so, what are things you liked or didn't like about it? What was different between that experience and receiving the service in person?
- How do you usually sign up for, and make appointments for, early childhood services? Online or in-person? What are some things you like or don't like about online and in-person sign-ups?



How to find info

- How did you find information on the programs and services that support your family? How have other people you have known found services?
- Where would be a good place to provide information about early childhood services that would be easy for parents to find?
- Have you used the Internet to look for services for your family?
- What information source(s) about services do you trust to provide accurate information?
- What service(s) for children (or your family) would you use right now if it was available and affordable to you?
- What would increase the chance of you or others following up on getting services once you had learned about them? What would be reasons why you or others would not follow up on getting services?



Developmental Milestones

- Developmental milestones are significant points of development in your child. What comes to mind when you think about developmental milestones for your child? What types of child development do you think about as a parent when you think about whether your child may need services? Do you know the appropriate developmental milestones for your child at different ages?
- Does your pediatrician talk about developmental milestones? Physical? Social or emotional? Cognitive? Gross motor skills like jumping and climbing? Fine motor skills like drawing and writing? Speech and language abilities?



Addressing Difficult Behavior

- Have you faced any behavioral challenges with your child that may limit their involvement in desired activities (such as school or day care)?
- If so, was there adequate support for you and your child?



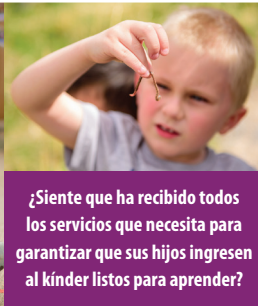
DAVID ECCLES SCHOOL OF BUSINESS

Junio 2023

Entendiendo Sus Experiencias con los Servicios de Primera Infancia (0 a 8 años)

Casi **47,000** niños ingresaron al kínder este año.

(2022-2023)



Ejemplos de Servicios de Primera Infancia

Hay un amplio rango de servicios que los niños y las familias pueden necesitar entre los 0 y 8 años de edad. Cada servicio proporciona ayuda en varias áreas para asegurar que los niños estén seguros y saludables.

He aquí una lista de algunos de los programas que estamos interesados en escuchar acerca de:

- Ayuda o subsidio para el cuidado de niños
- Intervención Temprana
- FACE (Educación de Familias e Infancia)
- Cuidado de Crianza
- Head Start
- Proveedores de salud: pediatras, dentistas, clínicas, etc.
- Visitas Domiciliarias
- Seguro de Enfermedad
- Servicios de Salud Mental
- SNAP (programa de asistencia nutricional suplementaria)
- Educación Especial, que incluye apoyo en el salón de clases, Planes Individualizados de Educación (IEP), plan 504 y terapia del habla
- TANF (Asistencia Temporal a Familias Necesitadas)
- WIC (Programa de nutrición para mujeres, bebés y niños)

¿Siente que ha recibido todos los servicios que necesita para garantizar que sus hijos ingresen al kínder listos para aprender?



Cambios y retos

- ¿Su familia enfrenta retos al recibir servicios? Si respondió sí, ¿cuáles son esos?
- ¿Qué tipo de cosas harían que usted tuviera acceso a los servicios más fácil?
- ¿Ha tenido algún cambio en la forma en que recibe servicios para sus hijos o familia en años anteriores?
- ¿Ha recibido servicios en línea? Si respondió sí, ¿qué cosas le gustaron y que cosas no le gustaron? ¿Qué diferencia hubo entre esas experiencias y recibir los servicios en persona?
- ¿Cómo se inscribe regularmente y lo hace citas para los servicios de educación temprana? ¿En línea o en persona? ¿Cuáles son algunas cosas que le gustan o que no le gustan de inscribirse en línea o en persona?



Cómo encontrar información

- ¿Cómo encontró información de los programas y servicios que ayudan a su familia? ¿Cómo otras personas que usted conoce han encontrado servicios?
- ¿Dónde puede ser un buen lugar para dar información acerca de servicios de primera infancia que pudieran ser fáciles de encontrar para los padres?
- ¿Qué fuentes de información acerca de servicios usted tiene confianza que den información correcta?
- ¿Qué servicio(s) para niños (o su familia) usaría usted ahora si estuviera disponible y accesible para usted?
- ¿Que aumentaría la posibilidad de que usted u otras personas hagan seguimiento de la obtención de servicios una vez que haya aprendido sobre ellos? ¿Cuáles serían las razones por las que usted u otros no harían un seguimiento para obtener servicios?



Hitos de Desarrollo

- Los hitos de desarrollo son puntos significativos del desarrollo de su hijo. ¿Qué le viene a la mente cuando piensa acerca de los hitos de desarrollo para su hijo? ¿Qué tipos de desarrollo infantil usted considera como padre, cuando piensa si su hijo puede o no necesitar servicios? ¿Conoce usted los hitos de desarrollo apropiado para su hijo en diferentes edades?
- ¿El pediatra le habla acerca de los hitos de desarrollo? ¿Físico, social, emocional, cognitivos? ¿Habilidades motoras gruesas como saltar o trepar? ¿Habilidades motoras finas como dibujar y escribir? ¿Habilidades de habla y lenguaje? ¿brincando o escalando?



Manejo de Comportamiento Difícil

- ¿Ha enfrentado algún problema de comportamiento con su hijo que puede limitar su participación en actividades deseadas (como la escuela o la guardería)?
- De ser así, ¿hubo suficiente ayuda para usted y su hijo?



DAVID ECCLES SCHOOL OF BUSINESS

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 Mountain America Credit Union
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