

MICHIGAN PROGRAMS SUPPORTING THE GREAT START SYSTEM: FUNDING ANALYSIS **DRAFT 8/07**											
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BASIC NEEDS, ECONOMIC SECURITY AND CHILDREN'S SAFETY											
Basic Needs Programs											
Family Independence Program	Total funding: \$354,710,100 Sources: State GF/GP: 60.161% TANF: 25.683% Restricted Retained Child Support Collections: 13.451% Public Assistance Recoupments: .705%	FY06: \$402,221,113 FY05: \$391,632,978	54%	\$191,543,454	Administrative costs- federal 14%; state sources for maintenance of effort: 3%	From federal/state government to state lead agency to providers/clients	Y- Braiding state MOE funds with TANF	Y- Federal MOE requirements leverage state funds	3	1.5	No gaps noted by MDHS
Food Assistance Program	Benefit payments: \$1,221,340,900. Funding is from federal Food and Nutrition Service Administrative costs (not included in dollar amount above) are covered by 50% FNS funding and 50% state general funds.	FY06 \$2,234,521,996 FY05 \$1,096,176,054	Estimate of 40%: 17% of food stamp recipients nationally are children ages 0-4 (Source: Characteristics of Food Stamp Households, Fiscal Year 2005, USDA Food and Nutrition Services). Estimate takes into account children age 5 and the parents of children ages 0-5.	\$488,536,360	14% administrative	From federal government to state lead agency to providers/clients	No	Y-some outreach providers and private funders provide funds that can be used to draw down additional federal funds to be used for outreach.	4	2	No gaps noted by MDHS
Housing Choice Vouchers	\$132,061,712 Sources: HUD Housing Choice program	n/a	20% of households served have children ages 0-5.	\$26,555,827	100% vouchers Additional funding for administration is not included in funding amount listed.	From HUD to MSHDA to local agencies	No	Y- Family Self-sufficiency and Key to Own programs leverage support from partners, including Community Action Agencies, Habitat for Humanity, Prison Build program.	2- Some risk of budget cuts	2- very limited flexibility	There is more need for rental subsidies than there is funding- this is the case nationwide.
Public Housing-Homeless Families	Total revenue: \$7.5 million Sources: HOME dollars (federal): \$4.5 million Housing authority reserves: \$3 million	n/a	20 percent of funding. This is TFP's conservative estimate, as other programs serving low-income families in Michigan serve a higher percentage of families with children from birth-five.	\$1.4 million	10% for administrative costs	MSHDA makes 0% loans to non-profits selected through competitive process	Braided (grantees either receive HOME funding or funding from MSHDA reserves- they are not blended together)	25% match requirement. (May be capital or services.)	3- but funding picture is unclear	2- fairly restrictive	Significant gaps- there are 80,000 homeless people in Michigan as well as those who are precariously housed.

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Low-Income Home Energy Assistance Program (LIHEAP)	Federal LIHEAP block grant: \$106,706,465	FY 06 \$154,158,872 FY 05 \$112,874,828	20.25% of total funding assisted this age group in FY 06	\$21,608,059.16	Additional state general fund dollars (approx. \$3 - \$4 million a year) support administrative costs.	From Federal Government to State Lead Agency to Providers/Clients	No	Yes. Energy providers provide funds that are used to leverage additional LIHEAP funds.	1	3	No- there are gaps
Refugee Assistance Program (RAF)	App. \$8.1 million Sources: Federal Refugee Assistance formula grant as well as discretionary grants or two counties and discretionary grants for Preventative Health Grant, School Impact Grant	n/a	16% of arrivals are children ages 0-5.	\$1.3 million	Administrative about 3%, even though they are allowed 5 %	Funds flow from state to private contractors who support families. State provides cash/medical assistance.	Not applicable	Occasionally private contractors provide in kind resources, but not required.	3- but fluctuations in response to changes in refugee arrivals.	3- We negotiate as we're doing request for proposal. There is some flexibility in terms of what types of services are offered. State works this out with providers and then included within contracts.	All refugees have access to services. The most risk of a refugee not being able to get services is if placed in a county far from urban areas. Most refugees are in counties where services are concentrated, but contractors are responsible for serving families in rural counties.
Child Support Administration	FY06 public funding to operate program: \$249 million Sources: Federal reimbursement funds \$163M plus incentives of \$26M; State funds of \$25M; County funds of \$35M In FY06, \$1.4 billion in private money was paid from one parent to another.	n/a	18% of children in the child support caseload are under six years old.	FY06: Estimate of \$44.82 million in public funding for administration (and \$250 million in actual child support payments.)	All programming funds are private money paid by one parent to the other. For every government (federal, state or local) dollar spent the program collected \$5.29 in private child support funds.	Child support paid from one parent to another. Public funds support program administration.	Y-Braiding- No challenges noted	State and county dollars are matched at a rate of 66% by federal government	1 - High risk due to federal Deficit Reduction Act of 2005. Takes effect 10.1.2007. Approximately 23% funding cut unless state budget backfills. Backfill is in Gov. Granholm's proposed budget for FY2008	2 - Substantial federal and state regulation and law	Non-assistance families may not understand how to access services.
Economic Security Programs											
Workfirst/Jobs, Education, and Training (JET)	Total funding: \$92,477,634 Sources: TANF: \$89,310,067 State funds: \$3,167,567	FY06: \$86,142,500	54% (estimate based on data available for FIP)	\$48,937,922	Administration costs: TANF 14%, state funding MOE 3%	From federal government to state lead agency to providers/clients	Y- Braiding- no challenges noted	No	2	2	No. Limited funds and local variation. Not all receive same services.
Employment and Training Programs: Employment Support Services	Total funding: \$30,259,300. Sources: TANF: \$16, 779,600 State general funds: \$13,357,300 Food Assistance Program E& T (and state match) (only for adults without dependent children) : \$99,000	FY06: \$16,429,100	Estimate of 54% of TANF and state general funds as population served is similar to population served by FIP. (Food Stamp E& T funds only support adults without dependents)	\$16.3 million	Administration: Federal sources: 14%, state sources for MOE 3%	From federal government to state lead agency to providers/clients	Braiding	No	2	2	No. Limited funds and local variation. Not all receive same services.

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Support for Community Action Agencies	FY06: Community Services Block Grant- \$23,344,994	n/a	20 percent of funding. This is TFP's conservative estimate. We believe this is a conservative estimate, since other programs serving low-income families in Michigan serve a higher percentage of families with children from birth-five	FY06 estimate: \$4,668,999	Varies - CSBG is generally used for overhead/administrative activities of the overall agency.	Federal CSBG funds flow to DHS and are passed through to CAAs.	Y- Each of the 30 CAAs run multiple programs. In addition, each CAA has a unique blend of programs that are locally determined. CAAs have a long history of coordinating the programs that they operate as well as collaborating with other community partners.	CSBG represents core funding for CAAs, but i often only a fraction of their overall budget. (CAAs have federal, state, local, and private funds. In 2006, Michigan's CAAs reported \$359.5M in total resources including CSBG.)	2.5- Relatively stable in the recent past, but there is a slight risk of cuts at the federal level.	4- very flexible	Varies from CAA to CAA... each CAA has a different mix of programs. Many have programs targeted for youth, and some have programs targeted to young children. In addition, many CAAs operate Head Start programs.
Child Safety											
Safe Sleep Statewide	No current funding; one time allocation of \$250,000 in FY05 from Healthy Michigan funded statewide implementation of the recommendations of the Safe Sleep taskforce.	n/a	n/a	No current funding; continued activities are limited, but partnerships with MDHS, MDCH, MPHI, Tomorrow's Child, and MDE allow a leadership team to oversee web site development, on line trainings in development through MSU & other activities.	n/a	n/a	n/a	Initial funds leveraged in kind contributions from health plans, local community foundation to launch local campaigns.	No current funding	4	No current funding
Community Interventions to Reduce Motor Vehicle-Related Injury to Children	Centers for Disease Control (CDC) Cooperative Agreement-\$216,979	FY06: \$223,000 FY05: \$223,000 FY04: \$214,500	Serves children ages 4, 5, 6 and 7. Estimated 50% of funding serves 4-5 year-olds.	\$108,490	55% of funds support programming	Federal funds flow to DCH.	n/a	n/a	1 - Cooperative Agreement ends in 07.	3	No. Funding doesn't allow for statewide coverage.
Child Passenger Safety Training and Education	National Highway Traffic Safety Administration, \$180,000	FY06: \$185,000 FY05: \$210,000 FY04: \$297,856	Funds dedicated to 0-8 population, but mostly serves children ages 0-4.	\$180,000	50% of funds support programming	Federal funds flow to the Michigan Office of Highway Safety Planning and then to MDCH	n/a	n/a	2	2	No. Funding doesn't allow for saturated statewide coverage
Safe Delivery	Title V: \$80,000	n/a	100%	\$80,000	\$15,000 supports crisis hotline and \$65,000 supports training, TA and public information materials.	DHHS to MDCH to contractors (MI Primary Care Association and Gryphon Place)	n/a	No	3	1	Challenges in getting the message to youngest mothers and those involved in substance abuse issues.

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Child Protective Services	Total funding: \$916,270 Sources: CAPTA Federal Child Abuse and Neglect Grant (FCAN): \$328,476 Children's Justice Act (2006): 587,794	FY06 FCAN:\$904,702 CJA:\$587,794 FY05: FCAN \$944,234 CJA \$570,242	38.4% of total victims in 2006 were ages 0-5.	Estimate: \$351,850	65% for programming/ 35% for administration	From federal DHHS to MDHS to service providers.	CAPTA and CJA grant funds are separate funding streams, but services and initiatives are tracked to assure that supports developed are not duplicated, yet address specific needs of CPS field staff.	CAPTA and CJA funds do not specifically leverage other funds, but are often used to supplement other available funds to coordinate initiatives.	2.5- Stable and consistent over the years, with decrease in 2007 funding.	1	Funds are not generally used to provide direct services to children & families; instead they develop supports for CPS field staff and other stakeholders.
Children's Foster Care	Total funding (est.): \$400 M (app 56% fed. and 44% state) Sources: Title IV-B: (est.) \$18 M Title IVE: (est.) \$180 M Federal Title XX:n/a Title XIX (Medicaid):n/a Chafee Foster Care program: \$8 M Education and Training Vouchers: \$1.5 M Child Care Fund	n/a	30%	\$120 M	75% programming	Depends on funding source	n/a	Local matches required on some funding sources	3	1	No gaps noted by MDHS
Adoption Services Program	Total funding: \$11.9 M Sources: TANF: \$520,600 Title IV-B:\$195,400 Title IV-E: \$4,267,800 Title XIX: \$33,600 Title XX: \$112,600	n/a	50% (TFP conservative estimate)	\$6 M	n/a	n/a	n/a	n/a	n/a	n/a	n/a
MI Domestic Violence Prevention and Treatment Board	Total funding: \$5.425 million Sources: GF/TANF mix 3.375 M; Federal Violence Prevention and Services Act Grant: \$2.05 M	n/a	38% (of residential clients; percentage of non-residential clients with young children is unknown.)	\$2.06 million	Varies by funding source and program	Contracts to community-based organizations	Braiding- All funding sources have the same purpose, but support different local organizations.	Yes. Local programs provide a local match, and some programs use MDVPTB funds to match other federal grants.	n/a- Varies by funding source.	3	No. Shelters may be full or not in close proximity to the client. If the local community does not have free or public transportation, it may be difficult for clients to access services.
Public housing for victims of domestic violence	Estimated \$7.5 Million (Sources: Federal HOME dollars and housing authority reserves)	n/a	TFP estimate: 38%-based on assumption that percentage is similar to residential domestic violence programs administered by MDVPTD.	\$2.85 million	10% administrative	MSHDA makes 0% loans to non-profit organizations selected through competitive process	Braided (grantees either receive HOME funding or funding from MSHDA reserves, depending on various eligibility criteria.)	25% match requirement. (May be capital or services.)	3- but funding picture is unclear	2- fairly restrictive	No- there are notable gaps.

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Rape Prevention and Education (RPE)	Centers for Disease Control (CDC) Cooperative Agreement-\$1,366,887	FY06: \$1,417,675 FY05: \$1,437,474 FY04: \$1,443,590 FY03: \$1,443,491 FY02: \$1,460,237-	n/a	n/a	96.6% programming (program has 5% of total budget administrative cap placed on it)	Federal funds flow to DCH, with pass through to DHS of approximately \$500,000 through FY 08	n/a	n/a	2	3	No. Funding doesn't allow for saturated statewide coverage
PHYSICAL HEALTH CARE											
General Prenatal and Child Health											
Medicaid	FY06: \$7.05 billion (app. 56% federal/44% state matching funds)	FY05:\$7.26 billion; FY04: \$6.83 billion	Approximately 7%	Estimates by MDCH:\$550 million, including: \$200 million for deliveries; \$150 million for first year of life; and \$200 million for children 1-5.	n/a	Funds flow from CMS to MDCH. Local public health departments and private providers bill for reimbursement of qualifying services.	Braided with SCHIP and Healthy Michigan Fund (see below)	n/a	MDCH is not able to answer.	MDCH is not able to answer.	Between Medicaid and MI Child program, all children up to 200% of FPL have access to health coverage. Other children with families above income limit may lack private health insurance and not qualify for public health insurance.
MI Child Program	\$35 million (estimate of support for children) (app. 69% federal/31% state funding)	n/a	Less than one third	Estimate by MDCH of less than \$10 million	n/a	Funds flow from CMS to MDCH. Local public health departments and private providers bill for reimbursement of qualifying services.	MI Child braided with Medicaid. Separate funding streams, but used in coordinated and streamlined way to serve all children under 200% of FPL	n/a	MDCH is not able to answer.	MDCH is not able to answer.	See above

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Prenatal Services	Healthy Michigan Fund- \$1,575,000. Medicaid eligible women are supported with Medicaid MOMS program.	n/a	100%	\$1,575,000	Funding supports 100% programming	Funds flow from MDCH to local public health agencies to provide prenatal services	WIC and prenatal funds are aligned, but not blended. In many cases, local health departments also administer WIC dollars and refers women to both services. The degree of alignment varies across localities. WIC funds are very restrictive and can only be used for WIC services, but when women are in WIC clinics- there is outreach for other services.	N	2- Fiscal crisis in Michigan puts Healthy Michigan Fund funding at risk- might be diverted away from preventive health care to cover other health programs.	2	MDCH reports no major gaps.
Local Medicaid Outreach	\$4.05 M in Medicaid funding in past fiscal year. Local health departments are reimbursed with federal Medicaid funds for 50 percent matching of local funds expended in conducting administrative activities.	n/a	n/a	n/a	100% administrative activities	Local health departments receive matching funds from MDCH.	Blending local and Medicaid funds	Funds from this program assist in increasing Medicaid eligible individuals and services received at the local level	4	n/a	Medicaid outreach activities are provided at any local health department that chooses to conduct these activities.
Public Health											
Pregnancy Risk Assessment and Monitoring System (PRAMS)	Total revenue: \$240,000 Sources: Title V and CDC funds	n/a	100%	\$240,000	100%	From federal DHHS to MDCH to administer program.	Blended	Title V leverages CDC grant funds.	2	1	No direct services provided.

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Prenatal Smoking Cessation: Smoke Free for Baby and Me	\$10,000 (50% Medicaid/50% General funds)	n/a	100%	\$10,000	n/a	MDCH to MPHI	Blended	No	1	1	Yes
Fetal Alcohol Spectrum Disorders (FASD) Program	Title V: \$200,000	n/a	100%	\$200,000	n/a	Funds flow from DHHS to MDCH to local grantees.	n/a	No	3	3	Community projects are located in only 8 sites across the state and there is limited funding to cover a potentially large population at risk. There are only 6 diagnostic Centers of Excellence in the state and they have waiting lists of several months.
Fetal Alcohol Syndrome (FAS) Prevention Project- Detroit	CDC grant: \$450,000	n/a	100%	\$450,000	Less than 10% supports administrative purposes	CDC to MDCH to grantees in Detroit	n/a	No	3	2	There are limitations in the staff capacity in particular for the diagnostic and linking services. Only 4 children per month are scheduled for the extensive testing and treatment planning at the FAS Center for Excellence.

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Infant Mortality Coalitions	Total revenue: \$1,330,000 (50% Healthy Michigan Fund/ 50% Medicaid)	n/a	100%	\$1.3 million	100% for programming	MDCH to local public health agencies	Blended	Y- Seed funding from the state is leveraging local money to work on these issues.	1- Healthy Michigan funding at risk	3.5	There are pockets of risk not covered with coalition work. Limited funding restricts the number of families who can be served.
Infant Mortality Initiative	Total revenue: \$80,502 Sources: 50% Healthy Michigan Fund 50% Medicaid	n/a	100%	\$80,502	n/a	MDCH to MPH and SEMHA	Blended	Healthy Michigan Fund is matched with Medicaid	1	3	n/a
Fetal Infant Mortality Review	Total revenue: \$255,445 Sources: MCH Block Grant: \$110,004 Healthy Michigan Fund: \$145,441 Local funds also contribute to FIMR.	n/a	100%	\$255,445	25% for direct support to local sites to expand capacity for case abstraction; 75% for technical assistance to local sites	State funds support technical assistance and training activities. Funds to support case abstraction to select communities is funneled from MDCH to a coordinating contractor (MPHI), and to local sites by subcontract, work product oriented.	Blended	Yes – FIMR findings have been used to illustrate need and has been used in multiple local and state applications for grants, including from HHS, Bureau of Primary Health Care, Office of Minority Health, United Way, March of Dimes, & C.J SIDS	3- Support program 1- Case abstraction support	4- Significant local flexibility	FIMR exists in 16 Michigan sites, counties and cities with the highest infant mortality rate and greatest Black to White disparity. There is a FIMR presence in the communities that account for approximately 80% of all infant deaths, and close to 95% of the Black deaths. There are 73 counties in Michigan. FIMR exist in 14 of those.
Michigan Mortality Surveillance (MMMS)	MCH Block Grant: \$58,790	n/a	100%	\$58,790	100% for program services.	HRSA to MDCH to SEMHA to contracted individuals.	N- only one source of funding	All members of the Committees volunteer their time except for the coordinator and two contract physicians.	3	1	n/a

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Local Maternal Child Health Block Grant	Total revenue: \$7,091,650 Sources: Title V: \$5.7 M Healthy Michigan Fund: \$184,600	n/a	100%	\$7,091,650	Funds to not support state administrative expenses. Unknown how much local agencies administrative expenses are supported.	HRSA to MDCH to local health departments	Local agencies blend funds with others to support maternal child health services in their jurisdictions.	LMCH are used to supplement existing programming, used as start-up for new programs or combined with local funds for activities.	2- State funds 3- Federal funds	4	LMCH Block grant funds are available in each health department. Individual community accessibility varies.
Newborn Genetic Screening	Total revenue: \$8,193,000 Sources: Fees: \$7,943,000 Healthy MI Fund- \$250,000	n/a	100%	\$8,193,000	100% for programming	Fee-for-service (paid by private insurance, Medicaid). The provider who delivers baby covers cost of testing as part of their fee. Then it is up to them to collect funds from mother.	N- only one major funding source	N	4- Funded by fees/very stable	1	Required for every newborn.
Immunizations	Total revenue: \$10,516,000 plus \$500,000 in funds from sale of state biologic production facilities . Sources: Healthy Michigan Fund: \$1.75 M CDC funds: \$7.7 M MCH block grant: \$510,000 Title V (Medicaid)	n/a	100%	\$10,516,000 plus \$500,000 from sale of state biologic production facilities	100% programming	Funding flows from MDCH to public health departments	Y- CDC and state funds are blended. No challenges noted in blending funds.	Y- local agencies sometimes contribute their own resources to improve services	3- federal funding is flat, but need has increased. 1- Healthy Michigan Fund	2	Required for every child.
Early Hearing Detection and Intervention (EHDI) Program	Total revenue: \$721,000 Sources: MCH Block Grant: \$150,000 CDC: \$175,000 State funding (portion of Metabolic Blood	n/a	100%	\$721,000	n/a	Almost all funds stay at the state level, with two contracts for the Guide-By-Your-Side and Michigan Hands & Voices programs.	Blended	No	2	3	Any child or family has access to this service.

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Hearing Screening	Total revenue: \$4.4 million State general fund: \$2.575M Local health department: \$1.866M	n/a	n/a	\$466,421	The entire allocation resides at the local level health departments for service provision.	State School Aid Act →to one local school district →to DCH →to local health departments. State School Aid Act dollars must be allocated to a school, so fund transfers are used to bring the allocation to DCH where it is forwarded in 1/12 payments per month to LHDs. A 5% administrative fee is paid to the LEA, but not from screening dollars.	Braiding of local public health operations funding, local jurisdiction funding and Medicaid match for the appropriate % of children and the appropriate activities at the state level.	State funds leverage Medicaid and local funds.	3- Budget cut in half in 2005-06, with a resultant drop in numbers of children screened, but reinstated in 2006-07 at full funding.	4	Local health departments screen children in preschool, Head Start, public, private, and charter schools and provide screening for home-schooled children in their agency-based clinics or by appointment.
Vision Screening	Total revenue: \$4.5 million State general fund: \$2.575M Local health departments: \$1.941	n/a	n/a	\$753,000	Same as above	Same as above	Same as above	Same as above	3- same as above	4	Same as above
Child Lead Poisoning Prevention/Healthy Housing Section	Total revenue: \$5.8M Sources: Healthy Michigan Fund: \$1 million Child Lead Poisoning Prevention Grant (from CDC): \$927,000 Title V:\$490,000 HUD grant: \$3 million EPA grant: \$348,000 State general funds: \$50,000	n/a	Vast majority	\$5.8 million	A portion of the CDC funds support state staff and a portion of the HUD funds support staff. All the Healthy Michigan funds (\$1 million) support programming in the target communities, except for \$70,000 which supports the Ombudsman position.	Funds flow to MDCH from CDC and the Healthy Michigan Fund. MDCH administers program. Funds then go to public health agencies and other contractors.	Braided together by program (CLPP or HHS)	Medicaid match for case management of children with blood lead levels at/above 20 micrograms/deciliter. Medicaid also funds two nurse visits and environmental visits to children with blood lead levels above 10 micrograms per deciliter of blood. This reimbursement is available for local health departments.	1- Healthy Michigan funding at risk 2- federal funding	2	No- targeted to high-risk counties. Also Healthy Michigan Funding has not been provided to meet MDCH's initial request for \$3.78 million.

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Child and Adolescent Health Centers	Total revenue: \$9.5 million Sources: State School Aid : \$3.7 M Federal Medicaid funds: \$5.8 M	n/a	Estimate of 5% of funding serves infants and small children of target population, as well as younger siblings of target population. In areas with high teenage pregnancy rates, this percentage would be higher.	\$475,000	Approximately \$250,000 from the \$9.5 M supports contract administration to facilitate payment to local grantees. Remaining dollars support direct program services.	Funds originate at MDE, are then transferred to MDCH, who draws down federal Medicaid match dollars. Combined funding goes to Medicaid Health Plans and then ultimately to local service providers/grantees for programming.	Blended	State dollars leverage Medicaid match. Also local service providers are required to have a 30% match.	4 and 2 (stable and growing, with some risk of funding cuts.) 3 (Average ranking of 3)	3	There are 57 centers located throughout MI w/more concentration in urban, medically underserved areas. There has been a concerted focus over the last few years to expand into rural medically underserved areas. There remain many urban, suburban and rural communities that are in need of a school based/linked Child & Adolescent Health Center. Biggest challenge w/expansion is funding.
Children Special Health Care Services	Total funding of approximately \$200 million. Funding from-Medicaid: Over \$100 million Title V Block Grant: est. \$10 million Remainder from state general funds:	n/a	30%	Approximately \$60 million	97.3% programming	Providers are reimbursed for services on fee-for-service basis. Funds are pooled and administered by MDCH.	Y- Medicaid, Title V and state funding are braided together to support these services. Children are supported by Medicaid vs. other funding based on whether they qualify for Medicaid. No challenges mentioned in braiding	n/a	4- Medicaid funding 3- Title V is flat funded	2	No major gaps- there is a motivation to move children with costly medical care on to this plan to reduce costs in other plans. Case management component helps children to access all services that they need.
Coordinated Services and Access to Research for Women, Infants, Children and Youth (Ryan White Treatment Modernization Act, Part	FY06: \$1,212,495.00 (Michigan receives one statewide discretionary grant.)	n/a	n/a	n/a	n/a	Discretionary grant from federal DHHS to MDCH.	n/a	n/a	2	2	Services are primarily in the Detroit area, recently expanded services to other parts of the state.
Family Support Subsidy	FY06: TANF: \$17,635,000	FY05: \$17,117,000	18% of eligible children in 0-5 age category in FY06	FY06: \$3,174,300	Less than 1% of budget covers administrative expenses	Interagency agreement with DHS to draw down TANF funds. MDCH bills DHS every month for services provided and they are reimbursed.	Only one funding source, but interagency agreement between MDCH and DHS supports this program.	N	3- This is a state entitlement program that has increased a little each year due to better identification of children needing services. However, state legislation under consideration would allow the state to cut back the program. The fiscal crisis makes this more likely. If cuts happened, it would most likely result in a reduction of each family's benefit.	1.5- No local flexibility, but community mental health agencies are charged with helping families to access subsidy. Applications are then sent to MDCH to check and ensure that families were correctly deemed eligible.	n/a

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WIC	Federal WIC funds: \$135,907,000 plus food rebates: \$51,448,000 (from food manufacturers)	n/a	100%	\$135,907,000 plus food rebates: \$51,448,000 (from food manufacturers)	17% for administration	MDCH to local WIC lead agencies	WIC and prenatal funds are aligned, but not blended. In many cases, local health departments also administer WIC dollars and refers women to both services. The degree of alignment varies across localities. WIC agencies also refer children for lead poisoning tests. WIC funds are very restrictive, so difficult to blend funds.	Y- some local lead agencies add resources	4- Very stable	2	No gaps noted by MDCH
Child and Adult Care Food Program	FY06: 51,483,537 (includes meal reimbursement, cash in lieu of commodities, and family day care home sponsor funding) Funding from federal Child and Adult Food Care Program. Additional federal dollars are provided to MDE for administration.	n/a	MDE estimate: 85%	\$43,761,006.00	100% supports pass through to providers. Additional funding for administration is provided.	From federal USDA to MDE to child care centers, who receive funding as a cash reimbursement for food purchased. MDE also provides reimbursement to seven large sponsoring organizations, who serve as intermediary with participating family day care homes.	N- only one major funding source	For centers, reimbursement generally does not cover overall food service cost. So child care centers rely on other resources to meet their food service costs- including tuition, local food banks, Head Start funding.	4- funding stable and increases with inflation	1- federal guidelines apply at state and local level.	The state has just opened up eligibility for participation to relative care providers (reflecting a change in state policy.) There are 20,000 enrolled relative care providers in the state and the program only currently serves 400 of them. This is an outreach challenge for MDE.
Obesity Prevention Program (includes Childhood Obesity)	Centers for Disease Control (CDC) Cooperative Agreement \$450,000; State Funding (Healthy MI Funds) \$400,000	FY06: \$450,000 FY05: \$450,000 FY04: \$0 FY06: \$400,000 FY05: \$800,000 FY04: \$0	20%	\$170,000	90%	Federal & State funds flow to MDCH then to local agencies.	N/A	Yes--funds are used to leverage additional local, federal, and private resources.	1	4	NO--funding doesn't allow for statewide coverage.
SOCIAL-EMOTIONAL HEALTH											

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Community Mental Health Service Programs (CMHSPs)/Prepaid Inpatient Health Plans (PIHPs)	Total funding: App. \$2 B Medicaid-\$1.6B (projected pending budget reduction) State general funds: (projected) \$443,090,992	Medicaid: FY06: \$1.49 B; FY05: \$1.4 B State general funds: FY06--\$470,062,236 FY05--456,950,821	1/3 of 1%	\$6.77 M	State Average administrative expenses for Medicaid funds-- FY05-7.86% FY06-7.42%	DCH-1915 b/c-Capitated Managed Care Waiver and State General Funds are distributed to PIHP/CMHSPs	Braiding may occur- General funds and Medicaid are separate funding streams. General funds are used to serve the severest forms of mental health conditions or developmental disabilities. If mental health funds are "braided," a child served with mental health funds needs a have a serious emotional disturbance or developmental disability as defined in the Mental Health Code. The services provided are delineated on the Mental	No	1- Medicaid providers were notified of a 6% cut effective 6/1/07. Medicaid is generally more stable than state funds. Crisis intervention and treatment services are more stable than services that are preventive in nature.	3- CMHSPs have some limits on how they serve children with SED, but flexibility in what services they provide to individual children and their families. Note that CMHSPs do not have flexibility regarding which children they serve since the state has guidelines about who qualifies for SED or Developmental Disability Service	CMHSPs/PIHPs have to provide certain services to children who meet SED threshold or who have a developmental disability. Gaps include: (1) Children who do not qualify for Medicaid. (2) Children who do not qualify as having SED, but still would benefit from mental health services. CMHSPs may refer these families to other services in the community. (3) Children in other systems with mental health needs have difficulty accessing CMHSP services
Child Care Expulsion Prevention	Federal Child Care quality dollars: \$1.8 m	n/a	100%	\$1.8 M	MDCH does not take any administrative overhead to administer these federal funds	Funds flow from federal DHHS to MDHS. Through a MDHS/MDCH interagency agreement, this program is managed by MDCH. MDCH makes competitive grants to local community mental health services programs (CMHSPs) to deliver this service.	Only one funding source for this services. MDHS funds the service and MDCH administers and delivers it through CMHSPs.	At the state level, no funds are leveraged. Some localities have funded their own programs with United Way or other local funds. They can still receive training/TA from MDCH.	2- Federal cuts in Child Care subsidy will impact this service.	2- A program manual with the consultant duties delineated and the evaluation component is developed. There is local flexibility about which child care providers are serviced.	CCEP is not available in all parts of the state, so there are significant geographic service gaps. Even within areas served by CCEP, there may not be enough consultants to provide services to all children who would benefit.
Systems of Care Grants (Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances)	Michigan has funding for two program sites (Lansing and Kalamazoo)- funding amounts are unknown.	n/a	n/a	n/a	n/a	Funds flow from SAMHSA directly to program sites.	n/a	n/a	n/a	n/a	n/a
Safe Schools, Healthy Students	FY06: \$786,882 for one school district.	n/a	n/a	n/a	n/a	Funds flow directly from U.S. Dept. of Education to local school district.	n/a	n/a	n/a	n/a	n/a
FAMILY SUPPORT AND PARENTING EDUCATION											

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Prenatal Care Demonstration	State general funds: \$58,200	n/a	100%	\$58,200	n/a	Funds flow from MDCH to local contract agency	n/a	n/a	3	4	This is a demonstration project in one community.
SIDS and Other Infant Death Support	Title V: \$321,300	n/a	100%	\$321,300	n/a	Funds are contracted from MDCH to Tomorrow's Child	Only one funding source	The program offers technical assistance in communities by: convening stakeholders; sharing/interpreting data; designing intervention strategies; writing grants and identifying other funding sources; providing trainings; and organizing community/media events. Tomorrow's Child contributes support and funding.	3	4	Only families experiencing a sudden unexpected loss are eligible for these services. Ideally, all families experiencing an infant death, including those who die in the hospital or due to perinatal causes would be included to be eligible for bereavement support and risk reduction education.
Nurse-Family Partnership	Total revenue: \$1,872,080 50% state funds (general funds and HMF); 50% Medicaid	n/a	100%	\$1,872,080	13%- administrative	Funds flow from MDCH to local public health departments	State uses different funding sources to support various local sites.	Each local project supports costs above the state/federal supported share of which the local share is more than 25% of the total operational cost.	1 or 2	2	No- the program is not available in every community. Even within communities served, there is not enough funding to serve all women who would benefit from the service. Only available to first-time pregnancies.
Maternal Infant Health Program	Medicaid: FY06- \$8,085,726	n/a	100%	FY06: \$8,085,726	2% administrative funding/98% programming	DHHS to MDCH to MIHP contracted providers.	Some agencies blend other sources of funding to support the cost of programs.	n/a	3- Stable/flat	2- Limited local flexibility	Most eligible children and families have access for most counties in Michigan have a MIHP provider. There are a few geographic areas without MIHP providers.

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Parents as Teachers	Parent Information Resource Center (PIRC) grant: \$408,500	n/a	100%	\$408,500	100% for training/technical assistance. Programming is funded by localities.	From U.S. Dept of Education to Life Services System, which manages statewide technical assistance and training center.	n/a	Yes, local programs can become certified providers and access technical assistance and training. Funding for local programs is raised locally through public and private	2	3	No- there is still a lack of understanding that parents need these services to more effectively support their children's development.
Great Parents, Great Start	State School Aid funds: \$5,000,000	FY06: \$3,326,000 FY05: \$3,326,000	100%	\$5,000,000	100% programming	Funds flow from MI Dept. of Education to intermediate school districts.	Y- Funds can be used with other programs to provide comprehensive community services. Localities can blend with Early On, 0-3 prevention money, depending on the need. Some target teen parents, migrant	Y- Match with local or other non-state funding is required. Funding also used for MOE for TANF.	2- Possibility of cuts in state funding	4- very flexible	No- program is under funded. Some ISDs only receive grants of \$6000
Early On	App. \$55 million- Sources: Part C, Individuals with Disabilities Education Act (IDEA)-FY07: \$13,048,084 State special education dollars: app. \$42 million (For more information on funding, see Early On, Early Intervention Fiscal Study; Solutions Consulting Group, 2007.	IDEA, Part C: FY06: \$13,235,161 FY05: \$13,884,130	100%	\$55 million (estimate)	80% programming/20% administrative (This applies only to federal funds)	Funds flow from federal Dept of Education to MI Dept of Education. Formula grants to intermediate school districts.	Y-Interagency agreement with MDCH, DHS and MDE. Each agency provides early intervention services funded with different funding stream. At a local level, there is blending between Early On and special education dollars. There are some requirements that make this blending difficult- for example, part C requires year-round home-based services, while special education operates during the school-year at centers.	Y- State and local special education dollars, in kind resources, Medicaid. Medicaid could contribute more, but reimbursement rate is low and billing requires a local match.	3- (Lindy Bush Ritter) 1.5 (Dawn)	2- limited flexibility	There is not enough funding to adequately serve children with delays, who do not meet more strict standard set by state special education. They have to serve anyone who qualifies under Part C, but not able to serve them adequately. Certain geographic areas (with high need) and minorities are also not well served. May need more outreach efforts as well as more funding. There are also gaps in the healthcare side of Early On- contracts with managed care providers do not require them to adequately assess and refer children for services.
0-3 Secondary Prevention	\$6.247 million; Blended funding from: Dept of Ed state funds(\$1.75 million) MDCH state funds (\$524,000), and \$4 million in TANF.	FY06: \$4.774 million; FY00: (peak of funding): \$7.75 million	100%	\$6.247 million	94%-direct services 6% administrative	Funds flow from Children's Trust Fund to local community Collaboratives.	Y-Blended funded stream. Steering committees with representatives from three agencies and CTF.	Y- 25% local match required, of which not more than 10% is in kind. Many localities exceed this requirement, using fundraising, United Way, private donations,	4-Funding had declined, but recently increased due to demonstration of significant cost savings from prevention. A \$15 million increase has been proposed for FY08.	3-	There is a gap in services for children between 4-5 who are too old for this program and not yet in school.

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CTF Direct service grants	\$1,050,000. Funding is from federal Community-Based Child Abuse Prevention Grants (CBCAP), income tax write-off, children's license plate sales, direct donations, fundraising, and investment income. (About 25% of annual revenue is federal funding)	n/a	50%	\$25,000	10% for administrative expenses.	n/a	Yes, funds are coordinated	Y- Grants are 3 years, with declining funds each year. Grantees are required to provide cash and in kind matches that increase throughout grant period. In final year, grantees must have a 100% cash match. Matching funds may be from fundraising, private sources, and in kind resources.	4- Stable and growing	3- Grantees have some flexibility in how they implement programs.	n/a
CTF Local councils	FY06: \$772,649.58. See above for funding services.	n/a	50%	\$386,325	n/a	n/a	Yes, funds are coordinated	Many programs are leveraging other funds from varied sources. They have to provide a match of 50% and at least 20% of this match must be a cash match.	4-	3- Significant flexibility, but not allowed to provide direct services.	n/a
Strong Families/Safe Children	Title IV-B, Sub Part 2 estimated \$13,978,581	FY05:\$14,156,264 FY06: \$13,978,581	40% (TFP estimate based on MI DHS Foster Care Fact Sheet, December 2006, which shows that 40% of state abuse/neglect caseload is between the ages of 0-6.)	\$5,591,432	90% services and maximum 10% administrative costs (federal cap).	Federal to State, State to Local level via allocations to counties	Aligning of funding most appropriate; funds may be used for new or enhanced services per federal/state program parameters.	There is no local match requirement; it is expected that communities will leverage other resources in addition to these federal funds.	1.5	2.5	Eligibility must be met for specific services funded. Funds not targeted for all families.
Substance Abuse Treatment: Designated Women's Programs	Substance Abuse Prevention & Treatment Block Grant: Approximately \$6 Million	n/a	Majority, since it is more difficult for centers to serve school-age children and ensure that they get to school. TFP estimate- 75%	\$4.5 million	n/a	MDCH provides funds to 16 substance abuse regional coordinating agencies (some are community health agencies, some are focused only on substance abuse). Coordinating agencies disperse funds to programs in their area. There are 50 designated programs statewide.	N- At the state level, there is not coordination with other programs, such as Medicaid- this is an area where Michigan could improve coordination.	Programs may access different funds, such as funding from courts for court-ordered treatment, Medicaid, private insurance, etc.	3- Funding has been flat	3- program level	Outreach and connecting to families is the biggest challenge. Even for women who are served, they often could have benefited more had they been in program earlier. Parenting classes are not individualized to the needs of women recovering from substance abuse.

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Family Preservation Programs											
Family Preservation Programs: Families First of Michigan, Family Reunification Program, Family Group Decision-making	Total TANF Funding: app. \$23.2 million. (App. \$16.9 M for FFM, \$3.9 M for FRP; \$2.4 M for FGDM)	n/a	40% (TFP estimate based on MI DHS Foster Care Fact Sheet, December 2006, which shows that 40% of state abuse/neglect caseload is between the ages of 0-6.)	\$9.28 million	n/a	Funds appropriated to DHS. Competitive bid process for 3 year contracts to provide these specific program models	N- Only one funding source	N	3	1	Yes, based on contract capacity.
Family Preservation-Child Safety and Permanency Plan (CSPP) & Child Protection/Community Partners (CP/CP)	Total TANF funding est. \$22.2 million.	n/a	40% (TFP estimate based on MI DHS Foster Care Fact Sheet, December 2006, which shows that 40% of state abuse/neglect caseload is between the ages of 0-6.)	\$8.88 million	n/a	Appropriation from legislature to DHS; allocations to local offices	Aligning of funding to ensure that needs of DHS's most vulnerable children and families receive appropriate services. Barriers to coordinating funds include federal funding parameters (MOE, non-supplantation)	No	3	2	Service needs for populations served are always great, services are available to some degree in every county.
Child Care Fund- In Home Services	FY06: \$11.8 million (50% state general funds/50% local funds) supports 58 local programs that serve families with children ages 0-5.	n/a	n/a	\$11.8 million (likely an overestimate, since programs don't only serve the Great Start population.)	n/a	Local agencies implement programs with support from local and state funds.	Y- Blended state and local funds	Y- State match leverages local funds	2- Poor economy is affecting localities. State match is constitutionally required, so major factor in stability is local ability to fund programs.	4- very flexible	Geographic gaps, as wealthier country can better maximize state match.
Family dependency courts	State funds for 4 family courts: \$155,525	n/a	70% (based on limited available client data)	\$108,868	8.6% of state funds for administrative	State earmarks drug court funds- allocated to Judiciary. Part of Judiciary budget.	n/a	FY05/06- there was a required match. This was eliminated in FY07. State funding of these courts has motivated non-funded localities to seek out federal and local support.	Up until this fiscal year- I would have said a 3. The funding has been secure at static rate. We are in serious financial trouble as a state. But drug courts are a priority for the state.	2.5- Programs can apply for support in four areas: salaries, fringes, contractual line item which can include treatment, testing, law enforcement time, supplies (drug testing supplies). Family dependency courts have more flexibility around what other programs they offer to children and families, such as parenting classes.	Only 4 programs, so major geographic gaps.
EARLY EDUCATION AND CARE											

Program	Revenue Sources and Expenditures (FY07 unless otherwise noted)	Revenue from Previous Years (if available)	Percent of funds dedicated to children 0-5 and their families (Estimate)	Estimated funds dedicated to children 0-5 and their families (Column B* D) FY07 unless otherwise noted	Percent of funds supporting programming vs. admin expenses	Flow of Funds	Aligning/Blending/braiding? (Y/N) (Note any detailed information on how this works/challenges)	Do funds for this program leverage other funds/ in-kind resources? (Y/N) (Describe)	Stability of funding for this program (Rate 1-4) 4=Stable and growing 3=Stable/flat funding 2=Some risk of cuts 1=High risk of cuts	Degree of local flexibility in administering program (1-4) 4= Significant local flexibility 3= Some local flexibility 2= Limited local flexibility 1= Localities play no role in administering program	Do all children/families who need this service have access to it? If not, please describe access challenges or funding gaps?
Child Development and Care	Total funding (est.): \$448,558,485 Sources: Child Care and Development Fund \$245,772,385 Title XX: 5,956,100 Title IV-E: \$1,910,300 TANF: \$38,047,300 State funds: FY07 \$156,872,400	Child Care and Development Fund: FY05 \$228,168,769 FY06 \$243,762,836 Title XX: FY05 \$5,496,380 FY06 \$7,812,944 Title IV-E: FY05 \$3,288,142 FY06 \$2,008,920 TANF: FY05 \$38,819,874 FY06 \$28,379,197 State funds: FY05	FY05: 59% FY06: 59% FY07: 58%	\$260,163,921.30	Dollar amounts reflect 100% of programming costs	From federal government to state lead agency to providers/clients	Braiding - Yes - No Challenges. Application process and system reason codes determine appropriate funding sources.	No	2- Some risk of budget cuts	1- state administered program	No waiting lists. However eligibility guidelines have been narrowed and reimbursement rates have not increased for many years.
Child Care Access Means Parents in School	Federal discretionary grants for seven Michigan sites: \$692,012. Grants range in size from	n/a	n/a	n/a	n/a	From federal DHHS directly to local grantees	n/a	n/a	n/a	n/a	n/a
Foster Grandparent Program	22 local grantees-funding amounts unknown	n/a	n/a	n/a	n/a	Funds flow from federal Corporation for National Services directly to local grantees.	n/a	n/a	n/a	n/a	n/a
Head Start	Federal Head Start funds supporting 38 grantees: FY07: \$227,734,941; FY06: \$231,993,266	n/a	100%	\$227,734,941	n/a	Funds flow from federal Head Start Bureau directly to Head Start centers	n/a	Yes, required local match	4- possibility of increases with reauthorization	3	Yes, there are often waiting lists.
Michigan School Readiness Program-Competitive	State general funds: \$12,250,000 (\$3300 per child for part-day and \$6600 for full-day care)	FY06: \$12,250,000 FY05: \$12,250,000	100%	\$12,250,000	100% of this funding is for programming. There is an additional \$300,000 for evaluation and \$300,000 for administration	Funds flow from MI Dept. of Education to public and non-profit agencies through competitive grants. An applicant explains how many children they could serve in their grant application; once funded, they recruit eligible children and are funded on a per-child basis.	Y- Braiding. Child care subsidy dollars can support wraparound care when pre-k program is not in session. A child cannot, however, be eligible for MSRP if they are part of Head Start or Preschool Special Education. MSRP is considered the funder of "last resort". Classrooms may have children supported with different funding	Program used for TANF-MOE and for CCDF match.	3- however it was proposed for an increase in governor's budget	3- Programs use school readiness programs, but there is flexibility around serving children full day vs. half day.	No, estimate from MDE is that 60% of children who would benefit are not served due to limited funding. There are waiting lists in some areas. Also, the program does not serve 3-year old children.

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Michigan School Readiness Program-State Aid	State school aid funds: \$78,600,000	FY06: \$72,600,000 FY05: \$72,600,000	100%	\$78,600,000	n/a	Funds flow from MI Dept of Education to school district/public school academy or consortium of districts/public academies. Allocations based on pre-applications, level of need and available funds. Like above, funding is on a per-child basis.	Y-Braiding- see above	Program used for TANF-MOE and for CCDF match.	3.5- School aid funding is somewhat more stable	3 (see above)	See above
Preschool Special Education	Part B, IDEA: \$12,563,792 State expenditure: minimum of \$7000 per child if they are in a classroom program. Total state and local contributions unknown.	FY06: \$12,684,160 FY05: \$12,781,221	100%	\$12,563,792	n/a	Funds flow from federal Dept of Education to MI Dept of Education. Formula grants to ISDs.	Same teacher standards and program standards as state pre-k. However, actual blending is challenging since state funding for special education does not allow a teacher to serve regular and special education students at the same time. Programs can, however be allocated	Y- State and local special education dollars,	3- stable and flat	1	Entitlement- If they are eligible, they have access.
Title I	\$412,055,363	n/a	n/a	n/a	No more than 10-12% for administration	Funds flow from federal Dept. of Education to MDE to school districts.	Y- Blending and braiding with MSRP to support students in the same classroom or building. In some cases, it may be used to expand the year for an MSRP program. Also used to support ancillary services (such as buses) or support staff for existing preschool programs.	No	3- flat funded	4	Funding gaps stem from a lack of collaboration. Programs should be collaborating, not competing.
Early Reading First	Three year grants to Western MI University:\$3,404,136-To NW MI Human Services Agency:	n/a	100%	\$2175885- Estimate for both sites in one year. (Total of two grants/three years)	n/a	Funds flow from federal Dept of Education directly to grantees.	n/a	n/a	n/a	n/a	Only available in limited locations in Michigan
William F. Goodling Even Start Family Literacy Program	Federal Even Start funds: \$2,936,830	FY06: \$6,718,046 FY05: \$7,070,460	97% of children served in first half of 2007 were ages 0-5.	\$2,848,725	94% for programming	Funds flow from fed. Dept. of Education to MI Dept. of Education. Competitive grants awarded to school/community partnerships.	Y- Even Start supports partnerships partnership. Partners, including Head Start/adult literacy providers can offer Even Start program component.	Y- Increasing local contributions are required during the four-year grant cycle. If a third four-year grant cycle is sought, local contributions	1- Funding is being cut at federal level	2- Some flexibility in how proposals are written (ex. programs could be home-based or center-based)	No, this is a small program with limited access.
Early Care and Education Infrastructure											

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Licensing Program	Total Funding: \$21,586,400 Sources: Federal revenue (CCDF, SSBG, Title-IV-E): \$11,813,900 State funds: \$9,010,200 Licensing fees \$762,300	FY06: \$21,754,300	Estimate- 49%	\$10,577,336	34%- administrative	Federal funding flows to MDHS- this is a state-managed program.	Braided funds	No	3	3	They don't have enough resources to hire enough licensing consultants to respond to centers in as timely a manner as they would like.
Child Care publications contract	\$719309- Federal child care quality dollars	n/a	49% (Estimate of licensed care serving children 0-5. (Note, however that program also serves unlicensed program. We do not know if they are more or less likely to serve children ages 0-5.)	\$352,461	n/a	Funds from to DHS and administration is detailed to ECIC	n/a	Being part of ECIC allows greater opportunities to now leverage private funding	2.5	2.5	n/a
Child Care Resource and Referral	\$5,848,898- Federal child care quality dollars	n/a	49% (see above for rationale)	\$2.86 M	n/a	Funds from to DHS and administration is detailed to ECIC	n/a	Y- A few of the regional agencies are getting small amounts of funding from an outside source.	2.5	2	n/a
Child Care Training	\$2,564,764- Federal child care quality dollars	n/a	49% (see above for rationale)	\$1.3 M	n/a	Funds from to DHS and administration is detailed to ECIC	n/a	Being part of ECIC allows greater opportunities to now leverage private funding	2.5	2	There is a need to provide more outreach, particularly to unregulated providers. This population is difficult to reach with trainings. However, to expand services to a broader population, more funding would be necessary.
TEACH program	\$2,787,970- Federal child care quality dollars	n/a	49% (see above for rationale)	\$1.4 M	n/a	Funds from to DHS and administration is detailed to ECIC	n/a	Being part of ECIC allows greater opportunities to now leverage	2.5	2	All who qualify and chose to participate have been served
Head Start collaboration	Funding: \$281,250 Federal HS Bureau: \$225,000 State match: \$56,250	n/a	100%	\$281,250	100% for collaborative activities- not for programming	Funds flow from Head Start Bureau to DHS- detailed to ECIC.	N	n/a	n/a	n/a	Oral health is a major service gap due to limited funding.