

## Draft Fiscal Vision and Guiding Principles

### Fiscal Vision

A sustainable prenatal to five system that **meets the needs of every child and family** and is supported by **sufficient and stable funding** streams that provide maximum **flexibility** for families, **efficient administration** and infrastructure, and **minimum burden** for families and program providers.

### Guiding Principles

A system that...

- works for and **positively impacts** all children and families ensuring programming reaches children and families **when they need it** including prenatal and **parental supports** for expectant people and families.
- is fair, **equitable**, and **accommodating** to providers and supports their developing capacity for quality implementation.
- uses public resources wisely and efficiently, augmenting with private resources to build **universal access** to services.
- acknowledges **societal** context and implements changes to remediate inequity for children, families, and communities.
- compensates the workforce at a level that allows for financial stability and acknowledges their **expertise** and significant impact on child development.
- supports the entirety of a child's and family's experiences before entering kindergarten, during the **transition to kindergarten**, and **through grade three**.
- addresses and supports the **role of the local community** in implementing policies and practices.
- actively engages and supports all communities, with particular attention to **rural areas and Tribal Nations**, seeking to understand and provide **culturally responsive care** while addressing barriers to access.
- is **collaborative** and **driven by the voices** of those impacted by the system with families, providers, communities, and the private sector as equal partners ensuring all voices are heard and valued in the decision-making process.
- establishes **clear and open communication** channels among families, providers, educators, policymakers, and community members, implementing **regular feedback loops** to gather input, address concerns, and make adjustments so the system remains **responsive and adaptive** to the evolving needs of children and families.
- is informed by accurate, timely, and relevant **data** and designed with long-term **sustainability** in mind, ensuring programs are efficient, financially viable, scalable, and resilient.

### Definitions:

**Providers** – professionals and organizations that offer care, education, and support to young children, typically from birth to age five, and their families. Providers include those operating or providing:

1. Child care centers
2. Family child care homes
3. Group child care homes
4. Family, friend, and neighbor care
5. Preschool programs
6. Head Start programs (including Head Start Preschool and Early Head Start)
7. Early intervention and special education
8. Home visiting and family support programs

# Montana Prenatal to Five Comprehensive Fiscal Analysis



9. Early literacy programs
10. Maternal and child health programs

**Societal Inequities** – Societal inequities include, but are not limited to, differences stemming from race/ethnicity, access to educational opportunities, and socioeconomic status. Source: [NIH - Framing a Needed Discourse on Health Disparities and Social Inequities: Drawing Lessons from a Pandemic](#)

**Financial Stability** – an individual, household, or organization has a consistent and secure financial position, enabling them to meet their financial obligations, withstand economic shocks, and achieve long-term financial goals. Financial stability can vary from person to person. For example, someone might feel financially stable if they can stop living paycheck to paycheck, while another might feel stability if they have a large salary or bank account.

**Compensation** – compensation refers to the pay and benefits provided for professionals working with young children prenatal to age five and their families. Compensation is designed to attract and retain the workforce and includes a base salary or wage as well as benefits such as retirement, health insurance, and paid time off (vacation, sick leave, and holidays). Additional components of compensation may include bonuses or other financial incentives, professional development funds, or child care discounts.

**Positive Impact** – measurable and meaningful improvements in the well-being, development, and life outcomes of young children (prenatal to age five) and their families, resulting from interventions, programs, or services. Changes may include improvements in children’s physical, cognitive, emotional, and social development, while also supporting the health, stability, and capacity of families to provide nurturing and safe environments. A positive impact is shown by outcomes such as improved developmental milestones, increased parenting knowledge and engagement, better access to resources, programs, and services, as well as strengthened family dynamics that contribute to long-term success and resilience.

**Quality** – the degree to which prenatal to five programs and services effectively promote children’s healthy development, learning, and well-being through developmentally appropriate practices, safe environments, positive relationships, and evidence-based approaches. High-quality programs are characterized by qualified and well-trained staff, appropriate child-to-adult ratios, engaging curricula, family engagement, culturally responsive practices, program evaluation and continuous quality improvement efforts. Quality also encompasses the accessibility, consistency, and inclusivity of services, ensuring all children and families receive the appropriate support tailored to their unique needs. Moreover, quality is reflected in positive outcomes such as improved child development, enhanced parenting skills, and overall family well-being.

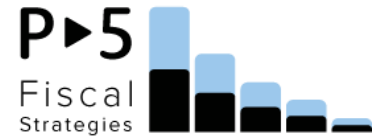
**Fair** – Treating all individuals or groups in a just and impartial manner, without favoritism or discrimination, and in accordance with agreed-upon rules or standards.

**Equal** – Providing the same level of resources, opportunities, or treatment to all individuals or groups, regardless of their specific circumstances or needs. Equality focuses on uniformity, ensuring each person receives the same treatment or access without considering disparities or different starting points.

**Equitable** – Ensuring everyone has access to the resources, opportunities, and support they need to reach their full potential, recognizing that different individuals or groups may require different levels of assistance to achieve similar outcomes. *Equitable learning systems provide access to resources, opportunities, and experiences to children and families that result in positive outcomes that are not associated with children’s demographic characteristics. They actively and continuously identify and intentionally eliminate manifestations of systemic racism and other forms of oppression.* Source: [Start with Equity: 14 Priorities to Dismantle Systemic Racism in Early Care and Education](#)

**Universal Access** – principle and practice of making essential prenatal to five programs, resources, and support available to all families with young children or expecting children, regardless of their socioeconomic status, geographic location, cultural background, or other demographic factors. This approach aims to ensure every child and family has the opportunity to receive the support they need for

# Montana Prenatal to Five Comprehensive Fiscal Analysis



healthy pregnancies, optimal child development, and overall family-well-being. Universal access aims to remove obstacles to participation, such as cost, language, transportation, or eligibility criteria, ensuring services are inclusive, comprehensive, and accessible to all who need and want them. Key aspects of universal access often include:

1. Availability – services are widely available within a community or region.
2. Affordability – financial barriers are minimized or eliminated.
3. Accessibility – services are easy to reach and use, considering factors like location, language, and cultural appropriateness.
4. Awareness – families know about available services and how to access them.

Resource: [Defining and Measuring access to High-Quality Early Care and Education: A Guidebook for Policymakers and Researchers](#)

**Sustainability** – the ability of programs, services, and systems to maintain long-term effectiveness, availability, quality, reach, and impact for children and families. This involves ensuring services can continue to meet the needs of young children and their families consistently and reliably. Sustainability includes:

1. Financial viability – securing stable and diverse funding sources to support ongoing operations and growth.
2. Organizational capacity – maintaining and developing skilled staff, effective leadership, and robust infrastructure.
3. Community integration – embedding services within a community in alignment with local needs and values.
4. Adaptability – the ability to evolve and respond to changing demographics, needs, and evidence-based practices.
5. Policy support – advocating for and maintaining supportive policies and regulations at local, state, and national levels. Supportive policies and regulations ensure families and providers do not bear the burden of administrative procedures such as duplicative and complicated paperwork.
6. Partnerships – developing and maintaining strong collaborations with other organizations and stakeholders.

**Vulnerable** – children are defined as being vulnerable and/or underserved when they experience any of the following:

- Have a disability, identified developmental concern, or behavioral health issue.
- Have special healthcare needs (such as food allergies, asthma, diabetes, special dietary restrictions, on extended prescribed medication, etc.).
- Are an infant age 0-19 months.
- Are an enrolled Tribal member or reside on Tribal lands.
- Are children of teenage parent(s).
- Are low income.
- Are children of migrant families.
- Are homeless or at risk of becoming homeless.
- Are English language learners (ELL) or dual language learners (DLL).
- Have experienced trauma or maltreatment, including children in foster placements.
- Have a parent or guardian that is active in the military.
- Have a parent or guardian that is incarcerated.
- Have a parent or guardian with a substance use disorder.
- Have a parent or guardian experiencing mental illness.
- Live in rural and underserved areas.

Source: [MT Early Childhood Needs Assessment 2019](#)