



DESIGN CHOICES: UNIVERSAL FINANCING FOR EARLY CARE AND EDUCATION

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Human Services Policy Center Policy Brief

Summary. The *Financing Universal Early Care and Education (ECE) For America's Children Project* analyzes the costs and impacts of alternative approaches to financing early care and education for American children age 0-5 on a universal basis. We are developing a computer model to compare different financing approaches by estimating the costs of paid care to families, employers and government, estimating changes in amount and type of ECE used by families, and estimating changes in the employment of mothers of young children. The costs of different levels of regulation, staff qualification and compensation will be estimated. We will also work with several pilot states to explore how what we learn about different financing approaches can be utilized in efforts to expand ECE financing policy toward universality. In this Policy Brief, we describe the components of our modeling effort. We also discuss lessons we have learned from analyzing key features of near-universal social benefits in the U.S., and how they might be applied to ECE.

Background

Parents and policy makers are struggling with the issue of how to provide high quality early care and education for America's children. The system of paid ECE that has developed in the U.S. faces a perverse equation: care costs too little to achieve high quality, but it costs too much to be affordable for many parents. The average cost of full-time care for one child is almost 20 percent of average take home pay (Brandon and Smith, 1996). Yet the pay of early childhood teachers is too low to attract or retain college graduates or individuals with special training. Most other big ticket neces-

sities that families cannot reasonably afford to pay (housing, medical bills, college tuition) have a mechanism to spread cost or risk over a long period of time (such as social security, a home mortgage, a college loan) or over a broad population (K-12 education paid for by the entire community, a health insurance beneficiary pool). In contrast, most parents are asked to bear the entire cost of ECE, at the time in their life when their earnings are likely to be lowest. The purpose of this Policy Brief is to examine some features of existing near universal social benefits that may have relevance to improved financing of ECE.

Features of near universal benefits in the U.S. provide important lessons for improving ECE finance.

Two-thirds of American children under the age of six now have no nonemployed parent (U.S. Census, 1999). Thus, a significant portion of early nurturing is provided by other adults. We know that the quality of early nurturing has significant impacts on children's physical, emotional, cognitive and social development (Hayes and Palmer, 1990; NICHD, 1999; Carolina Abecedarian Project, 1999). But there is concern that the quality of much nonparental care is too low to achieve optimum child development (Gomby et al., 1995; Cost, Quality and Outcomes Team, 1995). Many reasons have been cited for this low quality. To address it, we must consider the entire ECE system, including all the elements that produce high quality care, with an emphasis on providing sufficient financing to address the many facets of quality improvement, while achieving affordability for all families that desire care (Kagan and Cohen, 1997).

In recent years, the policy debate about financial support for child care has been focused on its



role in facilitating low income mothers' labor force participation (Brandon, 1998). This focus has led to a substantial increase in federal and state funding for subsidies to low income parents. However, it has also resulted in many states trying to buy the greatest quantity of care for the lowest cost. Paying little attention to the quality of care reflects a tendency in US social welfare policy that benefits designated for the poor are given at minimum levels without regard to adequacy (Ellwood, 1988). He-clo (1986) has noted that, "The truly popular programs are the huge, mass-based social programs at the core of the welfare state—pensions, health care, education and...environmental protection."

It is important to have a consistent way of estimating the costs to families, employers and taxpayers of different approaches to offering financial support.

As we look across the spectrum of social benefits in the U.S., those that maintain public support through tough budgetary times are those assisting middle income and affluent individuals, not just the poor. Examples include retirement benefits such as Social Security, Medicare, IRA's and 401(k)s; highways; K-12 and higher education financing; and the home ownership subsidies provided by tax deductibility of mortgages and federally chartered corporations assuring the flow of mortgage funds.

It therefore appears that if early care and education in the U.S. is to be transformed to meet children's developmental needs, it must be financed not solely as assistance to low-income families, but as a universal or near universal social benefit in which middle income and affluent households have a stake. To that end, we have examined various near-universal U.S. social benefit programs to determine applicable common elements and significant differences, and to consider what lessons might be applied to ECE financing.

Universal Financing, Not Uniform Care

Universal financing of early care and education means that every family that wishes it will have financial access to high quality programs that meet their children's needs for a safe, intellectually stimulating, socially nurturing environment.

We have developed this working definition of universal financing of care to guide our effort. By financial access, we mean that every household's payment for ECE leaves sufficient income to meet other basic needs.

We do not equate universal financing with a uniform delivery system. A variety of financing mechanisms may be made available, with different families eligible for different ones. Families may use the financial support made available to them through a variety of financing mechanisms to purchase the types of ECE that best reflect their values, preferences, and their children's learning styles and developmental needs. Our efforts to estimate the costs of improved professional development and staff compensation, regulation and governance, are intended to expand the range of parental choices to include higher quality options.

Developing a Simulation Model to Estimate the Costs and Impacts of ECE Financing Approaches

A number of efforts are under way to develop universal financing approaches for ECE. For example, Mitchell (1998) has examined state pre-Kindergarten programs; and Vast (2000) has examined the application of Higher Education financing methods; The Women's Law Center is examining tax-based approaches to financing; and the Children's Defense Fund has worked on expanding assistance to low income households.

We think it is important to have a consistent way of estimating the costs to families, employers and taxpayers of these different approaches to offering financial support. Similarly, we need a consistent method for examining the impacts of different financing approaches on the utilization of care, parents' employment and revenues generated.

In order to examine different approaches to financing ECE systematically and consistently, we must first define some terms.

- A *financing mechanism* is a specific way in which social benefits are paid for by families, employers or government. It may include incentives to private action as well as direct payment. Examples include subsidies to providers of care, or assistance to parents from the government or employers in the form of grants or vouchers, loans, tax credits, employer-matched savings accounts and insurance policies.
- A *policy parameter* specifies conditions under which financing mechanisms will be offered to



families, providers of care or employers. They include such items as income eligibility, maximum allowable costs of care, the level of compensation for staff, the relationship of income to subsidies, loan repayment terms, restrictions on use of funds, and links between levels of reimbursement and the quality of care provided.

- A *financing approach* is a package of financing mechanisms which are combined to provide near universal coverage of a social benefit for a specified purpose. Examples include retirement and health benefits for employees, K-12 and higher education, housing and home ownership, and highway transportation. A financing approach may be all public, all private, or a mixture of the two. The combination of financing mechanisms and policy parameters that define the conditions of financing, add up to the character and specifications of a financing approach.

This set of definitions allows us to specify a comparable set of features – financing mechanisms and policy parameters – that can be combined in different ways to describe financing approaches, while assuring that common elements are treated equally in estimating the costs and impacts of each. Thus, a K-12 approach would be a 100% public subsidy of the entire cost of care, for all children, regardless of family income, with subsidies distributed to the providers of care and education. A higher education approach can be thought of as a combination of several mechanisms: a subsidy to providers of care that covers part of the cost of care; grants to families to meet some of the remaining costs based on family income; loans or tax credits to help middle and upper income families pay the cost. A retirement approach is a combination of employer and employee contributions, with a reduction of corporate and individual tax burdens as an incentive, which generate a set dollar amount of benefit available to each household, based on the level of contributions on its behalf.

By breaking these various approaches down into a standard set of financing mechanisms and policy parameters, we will assure that our comparisons are consistent, and that one approach does not seem more costly because it is reaching a broader income group, or because the tax implications are not taken into account.

It is important that estimates of the costs and impacts of different financing approaches be provided

by a flexible tool. Such a tool should allow policy makers, analysts and advocates to test out different policies, rather than only considering one ideal or recommended set. We are therefore developing a micro-simulation model that will have four components or modules. The overall logic of the computer routines is shown in schematic form in *Flow Chart 1: Simulation Model – Overall Flow*. A description of each module follows:

1. The *unit cost module* will calculate changes in the cost of ECE (per child, per hour, by age of child and type of care), as a result of changing the professional qualifications and compensation of staff, improving the regulatory structure and creating a governance structure appropriate to a universal financing system. In addition to including these costs in our overall estimates, the output of this module will allow a direct comparison of alternative policies regarding credentials, compensation and regulation of staff and provider organizations.
2. The *financing module* calculates the amount of ECE assistance for which each household in the database is eligible under a specified financing approach, a specified hourly cost of care (by age of child and type of care) and specific policy parameters. This component allows the user to specify the amount of assistance for children of different ages and household income, under each of several financing mechanisms: subsidies to providers, and income-related grants, tax credits or deductions, subsidized or unsubsidized loans, and tax-preferred savings accounts to households.
3. The *demand module* predicts changes in households' demand for ECE for children under age six and changes in mothers' labor supply, once the hourly cost of care, eligibility for financial support, and the available amount of financial assistance for each child have been established. This module will predict utilization of care separately for each type of care (center, family child care, relative, parent) and each age group of children (infant, toddler, pre-school).
4. The *cost aggregation module* sums the number of eligible and participating children, and the costs to each payer (household, employer, government) for all households in the data set, after changes in the demand for ECE and labor supply have been



estimated. The costs are net of changes in tax revenue that may result from changes in mothers' labor supply. This component also generates distributional analyses: how much of the benefits go to households of each income level, race-ethnic group, marital status, urban-rural location.

Lessons from Other Social Benefits

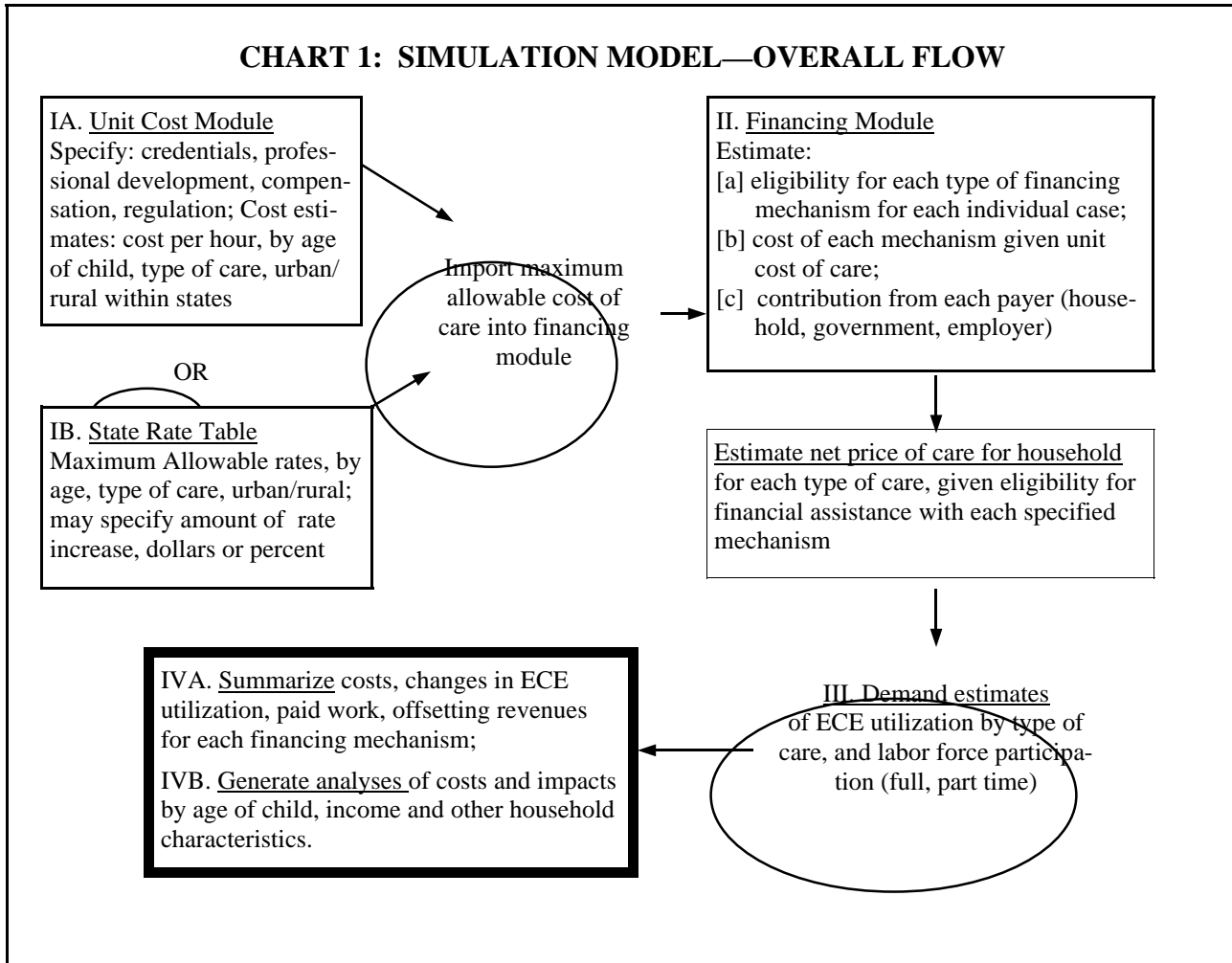
To derive the common set of financing mechanisms and features to include in our modeling effort, we examined key aspects of major near universal social benefits in the U.S.: health insurance and retirement benefits, housing, elementary, secondary and higher education, and transportation. We considered the entire mixture of public and private financing which provides these benefits. This examination yields some important lessons for designing a universal financing system for ECE.

Some common features of universal financing approaches appeared, which we believe should be central to designing a universal financing system for ECE. There are also some important differences among the approaches to consider.

The social benefits examined all include:

1. **A mixture of public and private revenue sources and incentives.** Mandatory public revenue and expenditure components are included, to which every individual or corporation must contribute. In addition, there are voluntary benefits provided by private entities, such as employers, with tax incentives that encourage participation by employers and employees. The combination assures a basic level of coverage, with the voluntary components providing additional benefits for a portion of the population.

CHART 1: SIMULATION MODEL—OVERALL FLOW





2. **A combination of multiple financing mechanisms** are available to different individuals or households, with benefits often related to income. These include: tax preferences for individuals or corporations, tax preferred savings accounts, grants or vouchers, subsidized or market rate loans, secondary market credit mechanisms which assure a flow of credit, and subsidies to providers of services.
3. **A segmentation of covered populations or types of service.** Different combinations of public/private, tax/spending/credit sources of assistance are offered to households in different income, age or other groups. Some benefits are income related, others are not. Varying levels of coverage or benefits are experienced by different population groups. Sometimes particular types of service are only provided to certain beneficiary groups.
4. **Payment for infrastructure** (training, facilities, quality assurance, research and development) is usually included in beneficiary payments. However, there are some direct public subsidies for professional development, and extensive use of credit mechanisms and tax incentives to pay for facilities. Embedding infrastructure costs in beneficiary payments makes them less visible and less vulnerable to budget cuts.
5. **A mixture of service providers**, public, private non-profit and private for-profit, receive revenues from different sources and make services available to individuals.
6. **A major public agency** that is responsible for administering some or all benefits and revenues, and for tracking who is/not served. There is frequent use of contracting and intermediary organizations to assure effective implementation of services or distribution of benefits, usually at the state or local level. The public agency serves as a locus of advocacy for the services or benefits provided, and helps create visibility and attention for the particular services or the needs of the population group for which it is responsible.

Universal ECE finance is likely to require the complexity of combining revenues from multiple sources.

Major differences among financing approaches include:

1. **Revenue sources vary**, depending upon whether employers have a major role and whether the primary responsibility is located at the federal or state level. In retirement and health insurance, employer and employee contributions are major revenue sources. Since they are deductible from taxable corporate income as business expenses, and not taxable as income to employees, these employee benefits generate federal tax credits as a substantial source of funding, without requiring an annual appropriation. Only K-12 and higher education are driven from the state level and have income, property and sales taxes, plus lotteries, as a major source of revenue. Transportation funding depends on user fees, taxes targeted at purchasers of gasoline and airline tickets. Housing benefits depend mostly on reductions in individual or corporate income taxes (often called “tax expenditures”) to offset homeowner costs.

2. **Financial assistance is often attached to the individual or household, who has a choice among different providers of service. In some cases, there is a unitary provider of services or benefits.**

College students may use their federal loans or grants at any college or university. Families may use their health insurance to pay for care from any hospital or physician (except with HMO’s). Families may apply their home mortgage deduction to any house they find on the open market. Exceptions are K-12, transportation and the social security component of retirement. Until recently, K-12 education was characterized by a unitary service provider. Vouchers and charter schools have begun to change this aspect of public education. In transportation, assistance is given directly to different providers (highway departments, transit authorities, airports), and individuals have choice only among the mode of transportation. In social security, the provider of assistance is unitary – the Social Security Administration. However, since the benefit provided is in the form of cash, which can be spent for any available goods or ser-



vices, beneficiaries ultimately have choice of what they receive.

3. Approaches vary as to whether benefits are set at a fixed dollar level, or whether they are linked to the cost of a service.

In retirement programs, benefit amounts are set at a fixed dollar amount, based upon individual and employer contributions. There is no commitment to assuring that the benefit is large enough to provide an “adequate” level of service. In “defined benefit” programs, the fixed amount is often pegged to the average salary earned before retirement. In “defined contribution” plans, the benefit is determined by the amount of contribution from employee and employer, and the account’s return on investment. K-12 public education is at the opposite end of the spectrum from fixed-dollar benefits. Costs of service are determined by public policy makers and children are entitled to participate in the program without a direct payment by the family. Payment of the full cost of service is assured, but programs must compete with other budgetary demands in the struggle to achieve adequacy. Health care and higher education represent mixed forms, between a set dollar amount and a guarantee of service. Health insurance beneficiaries are entitled to utilize any approved service, and the benefit amounts received by households vary based on the amount of service they use. However, insurers often set maximum coverage amounts, and co-payments and restrictions limit benefits. Higher education assistance provides legislatively limited amounts on behalf of each student, with the student or parents expected to pay the remainder. The amount of assistance varies by the cost of the institution attended.

4. Methods of determining maximum payment levels vary widely.

In health insurance and private retirement, vendor rates or benefit levels are set by surveying the market and paying up to a maximum percentile or rate (with costs controlled by examining and pressuring provider rates), or by competitive bids and contracts. In transportation and social security, the cost of services and benefits are determined by legislation. In higher education, the costs of public institutions are usually constrained by legislative bodies, though there is some room for individual institutions to set higher tuition and obtain greater funding

through grants, contracts and endowments. In private higher education, there is no limitation on costs, but public subsidies only cover a fraction of the cost of high-priced universities. In K-12 education, there is great variation among states. In some, state requirements and funding set the basic features of cost per student and teacher pay. In others, local school boards have great freedom to raise revenue and set spending levels. In either case, parents in a community face a single set of costs determined by a governmental body, rather than choose among different options at different costs and prices.

5. Risk is spread differently under the different approaches.

Near universal social benefits often recognize that not every individual or family necessarily experiences costs or needs for service each year. Rather, each is considered to face a “risk” that they will incur expenses at a certain time, with a recognition that most individuals will face similar costs at some time. It is therefore considered reasonable to spread the risk in different ways. The risk is spread over a geographic community, defined by state or local jurisdiction, for K-12 and higher education. Costs are spread over time, for periods up to fifty years in the retirement savings approach, and up to thirty years for home mortgages. It is spread over defined groups of current and potential users in health insurance and transportation approaches.

Applying Lessons from Social Benefits to ECE

When we examine similarities among near universal social benefits, we discern immediate applications to ECE.

It might seem appealing to design a system with a single large revenue source, such as a tax, and assure that benefits are distributed to all children with a high degree of equity. However, single revenue source systems are not the U.S. style. Each system we examined relies on multiple public and private resources, with different groups benefiting in varying degrees from each. As noted, even K-12 education depends on a mixture of state and local property and income taxes, lotteries, natural resource funds, and other special revenue sources. Retirement funding combines the Social Security system with tax incentives for private savings. Universal ECE finance is therefore likely to require the complexity of combining revenues from multiple sources.



In all these approaches, only partial equity of benefit distribution is achieved. While more disadvantaged individuals are served than would be the case in the absence of the benefit, the rates of coverage and quality of service vary for different groups. Improving equity and coverage rates requires continuing advocacy.

Public financing is usually provided to help individuals afford services offered in the private market, with families paying part of the cost, rather than creating a non-market system, as in publicly operated schools. This suggests accepting a complex service delivery system, and doing the best we can to assure equity by the way we combine different revenue and benefit streams and educate parents about choices and opportunities.

The differences among existing social benefit systems suggest that we have many hard design questions and tradeoffs to confront.

Foremost is the tradeoff between coverage and cost. Approaches such as retirement and K-12 education, which have a large mandatory tax at the core, achieve the greatest coverage among all income groups. However, the cost of such broad coverage limits the adequacy of benefits to those who need them most. Thus, social security benefits only meet a fraction of an adequate cost of living for those dependent solely on social security. Approaches with a strong voluntary component, like health insurance or higher education, leave from a quarter to a third of the population uncovered. However, these voluntary systems are less vulnerable to a statutory ceiling on costs, with those individuals who are covered usually able to obtain high quality service. Targeted benefits like Medicaid achieve a higher level of benefit adequacy for a narrow eligible population.

If we try to cover the full cost of ECE for all families, regardless of income, with a mandatory tax, we will be using limited tax revenues to pay for care on behalf of families who could afford it without assistance, or with limited assistance. As with social security, the high cost of true universality is likely to limit the adequacy of benefits. Those same reve-

nues could be used to buy higher quality care for low-middle income families, or to meet other needs of children.

A partial “provider subsidy” is a feature that we could apply from other benefit systems, that could be used to achieve some balance between coverage and cost. We can think of K-12 as a system in which the provider of care – the school district – is given a tax-based subsidy equal to the full cost of care. The family pays no direct cost. This is of course the model applied for a limited population under Head Start. A 100% provider subsidy maximizes coverage, but incurs maximum cost. We can think of higher education as having a 40 percent provider subsidy, since state appropriations to colleges and universities cover about that share of cost, and benefits all students, regardless of income. The rest of the cost is paid by tuition, with low- to moderate-income families given assistance with tuition. Some public pre-K systems follow this model, as do child care centers with free rent, meals or volunteer help. A system with a partial provider subsidy will achieve greater coverage than one which is delivered only to households on a means-tested basis. Obviously, it will not cost as much as a provider subsidy equal to the full cost of care. Our simulation model will allow us to analyze numerically the tradeoffs between cost and coverage with different mixtures of provider subsidies and household subsidies.

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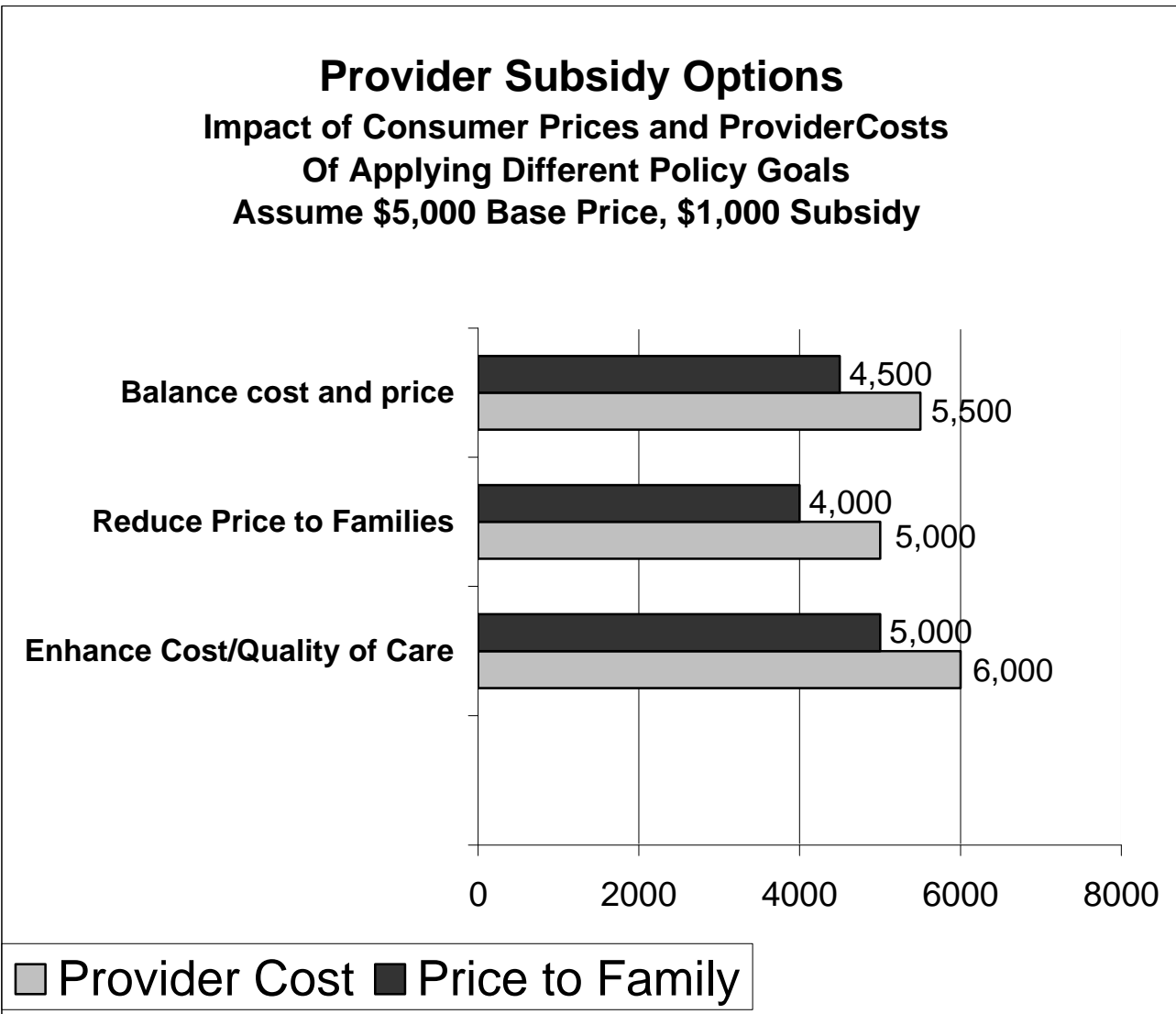
A second major design tradeoff is between cost and quality. We encounter this tradeoff not just in how much we spend per child, but in how we design and implement the system. For example, giving every provider an annual subsidy of \$1,000 per child to improve quality and affordability may sound simple. However, if we think about how that subsidy could be used by the wide array of ECE providers, the situation gets complex. Table 1 below describes three different ways in which an illustrative provider subsidy could be offered, with three different outcomes. In each case, we start with an average annual cost of care of \$5,000 per child and a \$1,000 per child subsidy. The provider subsidy could be used entirely to raise cost and, presumably, quality,



assuming parents will continue to pay at the the present rate. This would raise the cost to \$6,000 and keep parent fees at \$5,000. If affordability is the prime goal, the subsidy could be used entirely to provide a price reduction to families, from \$5,000 to \$4,000, yielding no increase in cost or quality of care. Or it could be used partially for quality improvement and partially for financial support. Costs would go up to \$5,500, but the provider subsidy would hold parent fees to \$4,500. The same amount of provider subsidy per child can thus produce three different outcomes, depending upon how it is designed, with cost per child ranging from \$4,000 to \$6,000.

Challenging as it will be to make a policy decision that confronts the cost/quality tradeoff, it would be even harder to enforce it over time. Suppose a policy decision is made to require that the entire

\$1,000 subsidy be used to increase cost and quality. It is easy to require that it be added to current costs in the current year. But five years from now, how will we know how much the provider would have charged without the subsidy? If market rates were increasing 5% a year, then the base cost would go from \$5,000 to \$6,400, and providers would have to be told to charge \$7,400 to receive a \$1,000 subsidy. But how do we know what that market rate would be for each type of provider, in each community, in the absence of the public subsidy? Without projecting that future charge, we cannot assure that five years after the provider subsidy is introduced, it will all be used to increase cost and quality, rather than to hold down price increases that might have occurred. These and many other hard questions will face the ECE community as we try to get specific about designing a universal financing system.





How we deal with the cost/quality tradeoff is likely to change over time. It may be desirable to exert more policy control over how subsidies are utilized in the early years of the system, when the incentives for providers to minimize cost and quality are greatest. When the system is more mature, and higher levels of funding have been absorbed into provider and parental expectations about the quality of care, it may be possible to rely more on market mechanisms to balance cost and quality. In the short term it is desirable to drive costs upward, because we believe that high quality care requires better prepared, better compensated staff, and better facilities and play/learning materials. In the long term, once we have achieved a shift to a better funded system, we must learn lessons from health insurance and assure that cost increases possible under a large scale financing system continue to produce higher quality, rather than just higher prices to families. If public financing with incentives to increase costs leads to rapid price escalation, we must assure that the burden of cost control does not fall on families and recreate limitations on access to high quality ECE.

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Conclusion: Hard Numbers for Hard Choices

Considering these tradeoffs in the abstract is intellectually challenging, but it is unlikely to yield a practical solution. For that, we need hard numbers. We must estimate how many children from families of different income levels, race-ethnic groups, urban-rural residence or special physical needs could be served at what cost, under different financing policies. Varying levels of staff qualification, compensation and regulation must be considered. And we need to estimate the revenues to be gained from paying higher teacher salaries and having more parents able to work, then reduce the projected public cost by those recaptured revenues.

In the coming months, our project will be generating such detailed estimates. We will be considering the costs and impacts of different financing approaches in detail. We hope discussion of those estimates will yield a better informed policy debate and help advance the cause of universal financing of early care and education for America's children.

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