INTEGRATING AND ADVANCING STATE PRENATAL TO AGE 3 POLICIES:

Report of an Expert Roundtable Conversation

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NGA
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EXECUTIVE SUMMARY

Today across America, in living rooms and classrooms, in houses of worship and community centers, on street corners and in parks, families are doing their best to care for their children. Sometimes, parents and caregivers need extra support along the way, especially when they are living in adverse conditions marked by poverty, homelessness, violence and substance misuse.

At the 2017 Winter Meeting of the National Governors Association (NGA), attendees were inspired by a plenary session that highlighted the importance of the early years of childhood development. In response to governors' interest in early learning, NGA focused on the role that governors can play in supporting children from birth to age 3 and their families. Following the winter meeting, staff from several governors' offices reached out to NGA for additional information. The NGA Center for Best Practices' (NGA Center) education, health and human services divisions collaborated to support the governors' requests. NGA Center convened an expert roundtable conversation in June 2018 to review the latest research and learn about current state efforts in this space. A vision statement emerged, and essential elements for integrated prenatal to age 3 policies were defined.

The vision statement recognizes that all children need:

- **Families** and caregivers who are supported so that they can have responsive relationships with children.
- **Good nutrition, safe environments and health care.**
- **Quality early care and learning experiences** to support cognitive, social and emotional development.
- **Communities** that are safe and provide tailored support.
- **Systems** and policies that facilitate integration of services so that children and families get the help that is most meaningful to them.

The essential cross-system elements for achieving this vision include:

- ***Prevention:*** Invest early to promote healthy development and learning to address issues before they become significant challenges that require complicated support and interventions.
- ***Integration:*** Move away from a complex web of unrelated or loosely connected programs to a coordinated set of services and a mechanism for appropriate screening and triage.
- ***Differentiation:*** Recognize that interventions must be responsive to the particular characteristics and needs of each child and family.
- ***Sustainability:*** Focus on both the financial resources needed to support effective interventions and the human capital critical for ensuring that interventions are implemented with fidelity.
- ***Innovation:*** Appreciate the importance of continuous quality improvement and additional research and development (R&D) that will demonstrate even more effective approaches than result from our current programs.

Introduction

We know more now than ever before about what our youngest children need to realize their unique potential. Nearly 50 years of research highlights the importance of consistent and caring relationships and access to quality learning opportunities to build a strong foundation for children's development. These early relationships and experiences help ready children for school and life. We also know that when children fall behind – as they often do when they are living in poverty, when early trauma and violence threaten their sense of security, when their families are challenged by substance use disorders or when they are living in marginalized communities – their development is compromised and they may never recover.[1] In fact, the achievement gap takes root as early as 18 months of age and only widens from there.[2] We ignore the welfare of our youngest children at our peril.

More than 160 years ago, Fredrick Douglass wisely proclaimed, "It is easier to build strong children than to repair broken men." In 2017, when speaking at the NGA 110th Winter Meeting, Save the Children Ambassador Jennifer Garner spoke of the simple but powerful steps that can be taken to awaken us from "the silence of poverty that dims prospects for too many children." Investing early to support families and very young children can help them get off to a strong start.

The more we understand about how early experiences affect brain development, long-term health and well-being, the clearer it becomes that investments in children in the prenatal to age 3 period are essential and financially sound. Providing children with high-quality, comprehensive services can lead to a 13 percent return on investment in the form of reduced crime, reduced social services costs and decreased remedial education costs.[3] When state budgets are tight, any new investment is difficult to justify. Increasingly, however, governors are coming to realize that the economic outcomes favor investing in children's earliest development. When investments are scarce, it becomes even more important to identify areas of duplication and opportunities to streamline and coordinate services.

The NGA 110th Winter Meeting Inspires Interest in the Early Years

In the midst of an agenda focused on innovation, infrastructure and security, a plenary session at the NGA Winter Meeting led by Jennifer Garner and Mark Shriver from the Save the Children Action Network left both governors and their staff inspired and thinking about their roles in preparing our youngest children for success in school and beyond. Over the years, governors have taken important steps to expand full-day kindergarten, invest in pre-K education and align and coordinate programs, but there has been less focus on children's first three years, when the brain is rapidly developing and the foundations for learning are established. Setting a policy agenda that specifically addresses the needs of infants, toddlers and their families is still only an emerging concept in most corners of the country.

NGA staff responded to governors' requests by launching an effort within NGA Center to examine integrating and advancing state prenatal to age 3 policies that address both health and education outcomes. Staff recognized the opportunity to bring health, education and social services to the table to focus on the whole child. NGA Education Division Director Aaliyah Samuel, Ed.D., believes, "Until we address the multiple systems at play and the inequities that the systems create, we will have no traction for very young children and their families."

As a first step, NGA Center crafted a project to support governors' requests on prenatal to age 3 issues. The first event of that project was to convene an expert roundtable from June 4-5, 2018, in Cambridge, Massachusetts. The meeting was planned in collaboration with the Center on the Developing Child at Harvard University. More than 25 participants gathered, representing researchers; practitioners; health, education and human services policy experts; and staff from governors' offices and state agencies in Alabama, Illinois, Kansas, New Jersey, North Carolina, Rhode Island and Washington. The purpose was to review the latest research, hear examples of states that are integrating services for their youngest children and easing burdens on parents and families. What follows is a high-level summary of the roundtable.

"It's time that we leverage 21st-century science to achieve population-level impacts from prenatal to age 3 policy and programs." –**Jack P. Shonkoff, M.D.,** Director Center on the Developing Child at Harvard University

Nurturing Strong Children

Fifty years of programmatic experience combined with the growing fields of neurobiology and epigenetics affirm that early experiences matter. Genetics do not dictate destiny; experiences play a role, too. More than 1 million neural connections are formed every second in the first few years of life. Those connections can be strong or fragile, depending on the child's environment. A study by the Centers for Disease Control and Prevention and Kaiser Permanente[4] (and repeated numerous times with the same results) found that the more adverse childhood experiences a child endures,[5] the more likely that child is to have poor outcomes in health, education and behavior later in life. These experiences disrupt the health and well-being of a woman during pregnancy and a child after birth. For example, "Toxic stress and inflammation are a key cause of premature labor, which is often linked to infant mortality or low birth weight [which can lead to poor health and educational outcomes]," said Charles Homer, M.D., MPH, associate clinical professor in the Department of Pediatrics, Harvard Medical School. Toxic stress and other early life adversities can compromise the development of brain architecture and other biological systems, leading to irreparable damage during the early years. In short, children's biography affects their biology.

To ensure that our next generation has a strong start and that children's biography is marked by resilience, curiosity and hope, participants at the roundtable acknowledged that all children need:

- **Families** and caregivers who are supported so that they can have responsive relationships with children.
- **Good nutrition, safe environments and health care.**
- **Quality early care and early learning experiences** to support cognitive, social and emotional development.
- **Strong communities** that are safe and provide tailored support.
- **Systems** and policies that facilitate integration of services so that children and families get the help that is most meaningful to them.

These components interact to help mitigate adverse life conditions and lead to positive outcomes for children.

The hope is that each governor will embrace the opportunity to set a vision for prenatal to age 3 policy. That vision should embrace the latest research on the science behind learning and development and recognize the uniqueness of the early years while placing them in the context of cradle-to-career development and learning. The vision should also build on state and local efforts already underway that have strong evidence of effectiveness and use best practices and resources to innovate so that a decade from now, the achievement gap will be ameliorated and all children will have the foundational experiences they need to thrive, making the achievement gap ever smaller.

POLICY LEVERS TO CONSIDER

Use the power of convenings, staff appointments and the bully pulpit to support prenatal to age 3 coordination efforts.

Explore policies such as paid family leave for new parents and increases to child care subsidy rates.

Review the reach and coordination of programs and services such as:

- **Adult health and mental health services for pregnant women and new parents.**
- **Home visiting programs.**
- **IDEA Part C Early Intervention Child Find Services.**
- **Health programs, such as EPSDT, TANF and CHIP.**
- **Early Head Start program expansion.**
- **Nutrition programs such as the Supplemental Nutrition Assistance Program and Special Supplemental Nutrition Program for Women, Infants, and Children.**

Use federal funding opportunities, such as:

- **The Family First Prevention Act and Medicaid expansion funds.**
- **Child Care Development Block Grant Quality Set-Aside funds for infants and toddlers.**
- **Birth to age 5 preschool development grants.**

Essential Elements for a Vision of Integrated Prenatal to Age 3 Policies

As NGA Center continues to explore ways to support governors' efforts focused on the prenatal to age 3 period, roundtable participants suggested five essential elements that should guide planning for a comprehensive, coordinated system of supports in the prenatal to age 3 years. Undergirding all these elements is a deep desire to hold families at the center so that future policy, practice and resource allocation decisions are driven by families' needs and priorities.

1. PREVENTION

Between the growing body of research on early brain development and the impact of toxic stress and economic analyses of the rate of return on high-quality birth-to-age 5 childhood programs, it is clear to researchers, practitioners and policymakers that investing in the earliest years is a smart choice. When we intervene early and address the basic needs of pregnant women and very young children – health, mental health, education, nutrition, housing, safety – we can promote healthy development and give very young children and their families a strong start. When young children's needs are ignored, challenges take root and can become more severe and lead to costly problems later in life. Roundtable participants discussed the evidence base of programs and services designed just for this population and the additional evidence needed to determine effectiveness for various subgroups of children and families.

2. INTEGRATION

States already maintain many programs that address the health and well-being of women during pregnancy and the early childhood years – for example, Medicaid, the Children's Health Insurance Program (CHIP), the Patient Protection and Affordable Care Act, specific maternal and child health programs, behavioral and mental health consultation, home visiting, child care, Temporary Assistance for Needy Families (TANF), Early Head Start and Individuals with Disabilities Education Act (IDEA) Part C early intervention. Roundtable participants cautioned that when programs operate in silos and there is no formal leadership for coordination, the result is a complex web of services that is difficult to navigate and all too often wastes scarce resources. Some participants suggested the need for centralized intake systems where the needs of families can be assessed, such as universal light-touch home visiting programs and referrals made to the precise mix of needed services. Not only does this approach help streamline supports for families, but it also creates economic efficiencies. Others spoke of the importance of common applications, related eligibility criteria and integrated data systems so that there is better sharing of information among multiple providers working with a family – for example, the U.S. Department of Health and Human Services' Health Resources and Services Administration Early Childhood Comprehensive Systems efforts.[6]

3. DIFFERENTIATION

There is a strong preference for universal services and support, but roundtable participants acknowledged that some children and families may need a higher level of targeted services and interventions. In the case of home visiting, some communities are successfully implementing universal light-touch home visiting models alongside intensive models for families who need more precise interventions to address unique challenges.

4. SUSTAINABILITY

Meeting participants were adamant that program and service sustainability must be considered from day one. Sustainability relates to both the financial resources needed to be able to support evidence-based interventions and the human capital needed to provide quality services.

Financial Resources. Medicaid experts at the convening reminded attendees that although navigating health systems – and especially the large and complex Medicaid system – can seem daunting, it is an essential lever to improve outcomes for young children and their families: "Medicaid can be your friend, so embrace it," stated Elisabeth Burak, M.P.P., M.S.W., senior fellow at the Georgetown University Center for Children and Families. According to Burak, "Nearly half of all children under the age of 3 are enrolled in Medicaid or CHIP, with more than 80 percent of low-income 0-3-year-old children served by these programs."[7] Yet, states may not be fully realizing Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit to support infants and toddlers. EPSDT includes benefits that are available to all children up to age 21 and has a broad, prevention-oriented mandate to ensure that children receive all recommended screenings, diagnoses and medically necessary treatment to prevent or treat health and mental health issues.

Charles Homer, M.D., M.P.H., associate clinical professor of pediatrics at Harvard, also noted that pediatric health care is a near universal point of contact for low-income families and that innovative programs are building on this approach to offer parent education and

access to community supports that could be sustained with Medicaid funding. Given its comprehensive mandate, meeting participants suggested that it is important to ensure that state agency officials improve preventive screenings, which data show are falling short of the universal standard. States should also employ a clear prevention-focused pediatric definition and process for determining medical necessity that is well understood by providers, families and others to maximize the value of this broad benefit.

Medicaid is an essential player, but it cannot effectively serve young children and families on its own. Similarly, states can look to take advantage of other funding streams, including early intervention and child welfare, to support families and their children from birth to age 3 and coordinate these funding streams and systems at the state and local levels to best serve families.

Human Resources. In addition to direct programs and services for children and families, the meeting participants addressed issues related to the early care and education workforce. Kathleen Gallagher, Ph.D., director of research and evaluation, Buffett Early Childhood Institute, noted, "Without a high-quality workforce, we do not have sustainability." It is important that states make sure that their early care and education workforce has the competencies needed to provide developmentally appropriate care and education. This means directing attention to the training, professional development – both preservice and in-service – and coaching that program providers and administrators receive to ensure that they implement infant and toddler programs with fidelity. Coordinating professional development across programs and systems can ensure that all those who work with new families share a set of core competencies, including an understanding of trauma-informed care, a strengths-based approach to responding to the impacts of trauma. Investing in human capital is also about supporting the early care and education workforce. The reality is that far too many professionals in the early childhood space experience significant financial hardships and have high scores on measures of adverse childhood experiences themselves, which contribute to stress and health problems that may compromise their ability to provide the quality care and education young children need. Finally, investing in human capital means providing adequate compensation and ensuring that those serving this population are earning a living wage.

5. INNOVATION

Fifty years of data in the early childhood space demonstrate that there is a proof of concept for investing in children during the earliest years. Roundtable participants argued, however, that more R&D is needed to develop and test innovations within existing evidence-based practices, especially for particular subgroups of children who may not be responding to some interventions, to allow for more rapid-cycle iteration to improve outcomes faster for more children. It was suggested that states could take steps to test and scale local innovations. Shonkoff spoke of the need to "unlock the black box" to better understand which interventions will result in better outcomes for children based on their particular circumstances. He urged participants not to be satisfied with the status quo. Other meeting participants addressed the need for more rapid-cycle research focused on continuous quality improvement to ensure that families receive the support they need in a timely manner rather than relying solely on the results of long-term experimental study results.

The underlying components necessary to support positive outcomes and the essential elements of a vision of integrated prenatal to age 3 policies are depicted in Figure 1.

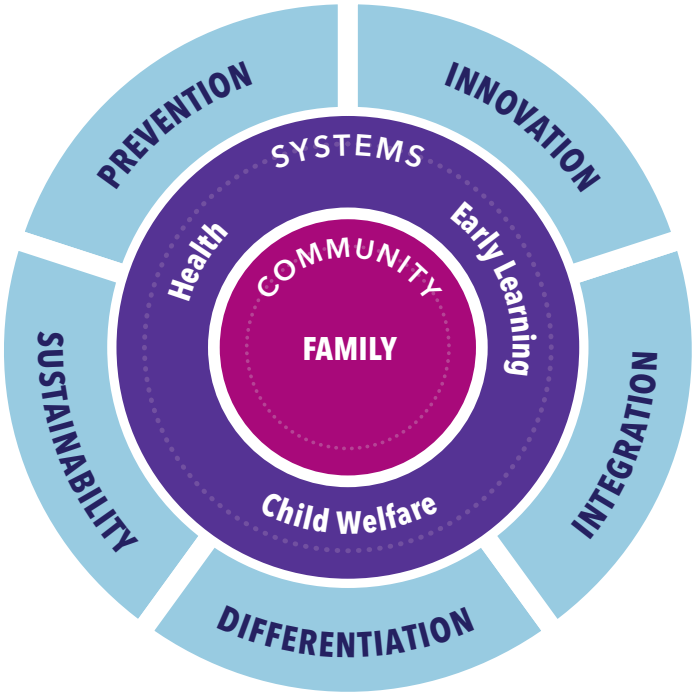

Figure 1. Essential Elements for a Vision of Integrated Prenatal to Age 3 Policies

A Bright Future for Every Child

The roundtable was an important early step for supporting governors who choose to build a brighter future for every child in their state. The conversations affirmed the goal of building an integrated system of prenatal to age 3 policies and related programs that will address disparities and help all children realize their unique potential. Some states are well on their way to developing such a system of supports; others are just beginning. Whatever the starting point, however, it is important for governors to articulate a vision, establish goals, prioritize actions and develop a strategy to build a high-impact system of care for young children and families. The information generated in this convening will be explored further in a subsequent gathering of states as well as an NGA-supported prenatal to age 3 policy academy that brings state and national experts together to identify promising practices and policy levers that governors and their staff can explore to build a coordinated system of support for our youngest children and their families. In the end, examples will emerge for how governors can work toward creating a comprehensive vision, a set of policies and related investments aimed at the prenatal to age 3 years.

THE NATIONAL GOVERNORS ASSOCIATION (NGA) founded in 1908, is the collective voice of the nation's governors and one of Washington, D.C.'s, most respected public policy organizations. Its members are the governors of the 55 states, territories, and commonwealths. NGA provides governors and their senior staff members with services that range from representing states on Capitol Hill and before the Administration on key federal issues to developing and implementing innovative solutions to public policy challenges through the NGA Center for Best Practices. NGA also provides management and technical assistance to both new and incumbent governors.

THE NGA CENTER FOR BEST PRACTICES (NGA Center) is the only research and development firm that directly serves the nation's governors and their key policy staff. Governors rely on the NGA Center to provide tailored technical assistance for challenges facing their states, identify and share best practices from across the country, and host meetings of leading policymakers, program officials and scholars. Through research reports, policy analyses, cross-state learning labs, state grants, and other unique services, the NGA Center quickly informs governors what works, what does not, and what lessons can be learned from others grappling with similar issues. For more information about NGA and the NGA Center, please visit www.nga.org.

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[1] Center on the Developing Child at Harvard University. (2007). *In brief: The science of early childhood brain development.* Retrieved from https://developingchild.harvard.edu/resources/inbrief-science-of-ecd

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[5] Ten types of childhood trauma are measured in the ACE study. Five are personal: physical abuse, verbal abuse, sexual abuse, physical neglect and emotional neglect. Five are related to other family members: a parent who is an alcoholic; a mother who is a victim of domestic violence; a family member in jail; a family member diagnosed with a mental illness; and the disappearance of a parent through divorce, death or abandonment.

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