Using Data to Improve coordination in Prenatal to Age Three Systems

1:00 PM – 1:45 PM
Carlise King, Executive Director, Early Childhood Data Collaborative, Child Trends
Using Data to Improve Coordination in Prenatal to Age Three Systems

January 8, 2019
Effective use of data systems will help policymakers improve:

- Access to high-quality programs
- Program quality
- ECE workforce quality
- Child outcomes

Equity Policy concerns:

- Availability of high quality early childhood programs
- Receipt of prenatal care and developmental screenings
- Professional development for early learning professionals
Why Are Early Childhood Data Critical?

• Prenatal to 3 is a critical time period for children in achieving positive health, learning, and economic outcomes later in life.

• The need for data during this period is growing to understand the impacts of early childhood interventions and services.

• Data about young children, including longitudinal data, typically cannot be connected together.
How states use integrated early childhood data

To support cross-agency goals:

• target services to children with the greatest needs
• conduct meaningful research to inform and improve ECE services
• narrow achievement gaps between children in difference racial and income brackets
2018 Early Childhood Data Systems Survey

Number of States Linking Child, Workforce, and Program Data

- **ECE**: 16 states link, 12 plan to link, 22 do not link/plan
- **Health**: 21 states link, 21 plan to link, 8 do not link/plan
- **Social services**: 22 states link, 17 plan to link, 11 do not link/plan
- **K-12**: 10 states link, 18 plan to link, 22 do not link/plan
- **Program**: 11 states link, 17 plan to link, 22 do not link/plan
- **Workforce**: 17 states link, 18 plan to link, 15 do not link/plan

Legend:
- Blue: Links
- Orange: Plans to Link
- Gray: Does Not Link/Plan
Minnesota’s Data Story

This video highlights the benefits of Minnesota's Early Childhood Longitudinal Data System, according to staff at local and state organizations. https://youtu.be/cktVcGvPVM8
What types of policy questions do you have in your state which require integrated data for children prenatal to age 3?
States Answering Questions with Integrated Data
Types of questions can you answer when data are integrated

**Minnesota**

**Policy question:** Do children of color and lower income children participating in public assistance programs have equal access to ECE programs?

**Data linkages needed:**
- Minnesota Family Investment Program (MFIP) and Cash assistance (Minnesota’s TANF program)
- Supplemental Nutrition Assistance Program (SNAP)
- School Meal Program
- Child Care Assistance Program (CCAP)
- Early Childhood Family Education (ECFE)
- Early Childhood Special Education (ECSE) and early intervention
- District preschool
Minnesota: Successes

Evaluating Early Childhood Program Access:
An Analysis of Participation Data for Lower Income Children, Children of Color and American Indian Children from the Minnesota Early Childhood Longitudinal Data System

The potential for a future productive workforce, prosperous economy and thriving communities in Minnesota is being formed right now in the experiences and opportunities provided to the state’s youngest citizens. During the first years of life a child’s brain goes through its most rapid development with 700 new neural connections occurring every second. Those neural connections are the building blocks of the brain, which is constructed from the bottom up starting with simple skills that provide the foundation for more advanced skills later in life. That’s why providing a stable foundation for brain development in a child’s earliest years through strong caregiver relationships, early education for all young children and early intervention when development is disrupted by adverse experiences (such as poverty, hunger, exposure to violence, or parental mental illness or addiction) is essential to ensuring positive outcomes later in a child’s life. Investments in early education and intervention programs not only support future learning and development, but also reduce the need for remedial services like Special Education, justice systems, and public work support programs, and can result in societal returns on investment of up to $16 for every $1 spent on prevention and intervention. This is the best possible investment communities can make in their children’s futures. The state’s future workforce and economy depends on how we treat children now because today’s preschoolers are tomorrow’s workforce.

Adult-child interactions. These programs can tip the scales toward positive development for children by preparing them socially and academically for school, providing emotional support to build resilience, and including cultural support to develop a secure identity. Evidence has shown that children at greater risk of developmental concerns, like children of color, American Indian children, and lower income children, experience even greater positive effects from participation in rigorously evaluated early childhood programs that incorporate these high-quality components. Gains include improved school readiness, increased reading comprehension by third grade, improved health outcomes, and supported development of executive functioning skills like self-control, memory, leadership skills and mental flexibility.

The benefits of early childhood programs have become widely known and recognized through public investment at the national, state and local levels. In recent years, Minnesota has invested millions of dollars into programs like Early Learning Scholarships, School Readiness, Voluntary Pre-K, Head Start and the Child Care Assistance Program (CCAP) because lawmakers, parents, and citizens understand the long-term return on investments of these programs. However, it has become increasingly difficult to track data on children’s early childhood program participation, particularly across programs, and long-term outcomes based on that participation primarily because early childhood programs are administered by different state agencies, have various levels and sources of funding, and track participation...
Types of questions can you answer when data are integrated

**Mississippi**

**Policy question:** How does early childhood health relate to kindergarten readiness?

**Data linkages needed:**
- Mississippi Division of Medicaid/Medicaid enrollment and EPSDT
- Mississippi Department of Education, kindergarten and kindergarten readiness assessments
How does early childhood health relate to kindergarten readiness?
Types of questions can you answer when data are integrated

**Rhode Island**

**Policy question:** How many young children involved in the child welfare system participate in high-quality ECE?

**Data linkages needed:**
- Family home visiting
- Public pre-K and preschool special education
- Child care assistance program
- Early intervention
- Early Head Start and Head Start
- KIDSNET health data
How many children involved in the child welfare system participate in high-quality ECE?
Our vision

Policymakers, practitioners, and parents consistently use quality early childhood data to make decisions that improve outcomes for young children.

READ MORE

Carlise King, Executive Director,
Early Childhood Data Collaborative
Phone: 240-223-9329
Email: cking@childtrends.org
Visit www.ecedata.org for more information
Follow us on twitter @ecedata
Questions?
THANK YOU!
Building Bridges Across Health, Human Services and Early Education

1:45 PM – 3:00 PM

Elisabeth Burak, Senior Fellow Georgetown Center for Children and Families
Amanda Innes, Senior Policy Analyst, MCHB, US Department of Health and Human Services
Kathleen Gallagher, Director of Research & Evaluation, Buffet Early Childhood Institute, University of Nebraska
Prenatal to Age 3 Learning Collaborative

Elisabeth Wright Burak
January 8, 2018
NGA Center for Best Practices
New Orleans, LA
Rate of Uninsured Children Reversing Course

Source: Georgetown University CCF “Nation’s Progress on Children’s Health Progress Reverses Course,” November 2018
Young Children Also Losing Coverage

Rate of Uninsured Children Under 6, 2008-2017

Source: Georgetown University CCF “Coverage for Children Under 6 Reversed Course Between 2016 and 2017,” December 2018
## Why Medicaid/CHIP?

Medicaid helps children grow up to reach their full potential. Children enrolled in Medicaid:

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Icon</th>
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<tbody>
<tr>
<td>Miss fewer school days due to illness or injury</td>
<td>🚌</td>
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<tr>
<td>Do better in school</td>
<td>📚+</td>
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<tr>
<td>Are more likely to graduate high school and attend college</td>
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<tr>
<td>Grow up to be healthier as adults</td>
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<tr>
<td>Earn higher wages</td>
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<tr>
<td>Pay more in taxes</td>
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Why Young Children in Medicaid?

Source: Georgetown University Center for Children and Families tabulations of the 2016 U.S. Census ACS data from IPUMS. Note: “Medicaid/CHIP” includes children covered by Medicaid or CHIP alone or in combination with other coverage sources.
The Potential of Medicaid’s Pediatric Benefit: Early Periodic Screening Diagnostic and Treatment (EPSDT)

Figure 2. Percentage of Children in Medicaid and/or CHIP Receiving Six or More Well-Child Visits in the First 15 Months of Life, 2017 Child Core Set

Source: CMS Child Core Set, Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle. Adapted from Child Core Set Chart Pack FFY 2017 (p. 22).
State Medicaid Levers for Change

- Eligibility and Enrollment
- Benefits
- Payments
- Delivery Systems (e.g. managed care, fee-for-service, reforms)
- Quality Improvement/Program Integrity
- Consumer/Beneficiary Engagement
More from Georgetown CCF

• Website/newsletter sign up: ccf.georgetown.edu

• Twitter: @GeorgetownCCF @ewburak

• Elisabeth.burak@georgetown.edu
Improving Early Childhood Developmental Outcomes
Home Visiting & EC Systems of Care

January 8, 2019

Amanda Innes, Senior Policy Analyst
Division of Home Visiting and Early Childhood Systems
Maternal and Child Health Bureau (MCHB)
Health Resources and Services Administration (HRSA)
Changing Trajectories

“OUR EVIDENCE SHOWS THE POTENTIAL OF EARLY LIFE INTERVENTIONS FOR PREVENTING DISEASE and PROMOTING HEALTH.”

James Heckman
Nobel Laureate in Economics
“Early Childhood Investments Substantially Boost Adult Health,” Science

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
Two-generation approaches provide opportunities for and meet the needs of children and their parents together.
All children meet optimum health and developmental milestones when they come to school by means of:

• Universal and continuous access to age-appropriate health care (including physical, developmental, mental health care, oral health, and specialized services) and access to healthy, nutritious food and regular physical activity.

• Universal access to high-quality early learning opportunities that meet the unique needs and preferences of children and their families.

• Early detection, management, and treatment of developmental, social-emotional, behavioral, or physical delays or disabilities, including special health care needs, including timely and appropriate referrals and follow-up services.

All families are able to provide safe, positive and nurturing experiences for their children by means of:

• Supports that enable parents and caregivers to provide for children’s social-emotional, physical, and intellectual development and build strong families.

• Strong networks of social connections, including positive relationships with all health and early learning providers (including home visitors), health care providers, and early learning personnel.

• Protections, guidance, and supports to prevent, and promote resiliency in the face of poverty, depression, exposure to violence, family substance use, or other challenges.

All children and their families live in healthy and supportive communities with:

• Culturally competent and coordinated systems of health, early learning, and social services that meet the needs of children and their families.

• Accessible, affordable, and healthy food.

• Safe spaces for play and active living to promote physical activity.

• Accessible, high-quality early care and education programs.

• Specialized services and supports as needed to support health and development.
Maternal, Infant and Early Childhood Home Visiting (MIECHV)

- $400 million appropriation annually for 2018-2022
- Formula Awards to states and territories for implementation of evidence-based home visiting
  - Programs are in all 50 states, D.C. and five territories and nearly 900 counties
  - Competitive innovation awards
- 3% set-aside for grants to Tribal entities
- 3% set-aside for research, evaluation, and corrective action technical assistance
- In FY 2017, states reported serving over 155,000 participants
- Performance data from state, territory, and nonprofit awardees shows that 98 percent demonstrated improvement in at least four of the six benchmark areas outlined in legislation
Home Visiting

- Evidence-based, 18 models for states to choose from
- Place based systems strategy: locally designed and run
- Home visiting services are provided by trained professionals, such as social workers, nurses, and parent educators
- Meet regularly with at-risk expectant parents or families with young children in their homes, building strong, positive relationships with families
- Establish positive parenting practices and parent–child relationships while also addressing individual family needs
- Voluntary
## MIECHV Performance Measures

### Benchmark Areas

<table>
<thead>
<tr>
<th>I. Maternal and Newborn Health</th>
<th>Performance Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preterm Birth; Breastfeeding; Depression Screening; Well-Child Visit; Postpartum Care; Tobacco Cessation Referrals</td>
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<thead>
<tr>
<th>II. Child Injuries, Maltreatment, and Reduction of ED Visits</th>
<th>Performance Measures</th>
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</thead>
<tbody>
<tr>
<td>Safe Sleep; Child Injury; Child Maltreatment</td>
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<tr>
<th>III. School Readiness and Achievement</th>
<th>Performance Measures</th>
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<tr>
<td>Parent-Child Interaction; Early Language and Literacy Activities; Developmental Screening; Behavioral Concerns</td>
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<tr>
<th>IV. Crime or Domestic Violence</th>
<th>Performance Measures</th>
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<tbody>
<tr>
<td>IPV Screening</td>
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<tr>
<th>V. Family Economic Self-Sufficiency</th>
<th>Performance Measures</th>
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<tbody>
<tr>
<td>Primary Caregiver Education; Continuity of Insurance Coverage; Insurance Coverage</td>
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<tr>
<th>VI. Coordination and Referrals</th>
<th>Performance Measures</th>
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<tbody>
<tr>
<td>Completed Depression Referrals; Completed Developmental Referrals; IPV Referrals</td>
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HV Collaborative Improvement and Innovation Network (HV CoIIN)

- IHI Breakthrough Series as QI method
- 12 States and tribes and one non-profit, 36 Local implementing agencies (using 6 evidence-based models), 39 quality improvement teams
- HV CoIIN 2.0
  - Scale effective practices to 30 states, 350 local implementing agencies
  - Test new practices targeted to MIECHV measures (IPV is first)

Home Visiting Measures → Goals

- Breastfeeding initiation
- Maternal depression management
- Developmental screenings and referrals
- Family engagement and transitions

Source: Institute for Healthcare Improvement, 2013
AIM: Within 60 months, communities participating in the CoIIN will show a 25% increase from baseline in age appropriate developmental skills of their community’s 3 yr. old children.

- 12 States with 28 place-based communities
- Focusing on:
  - Universal and coordinated developmental promotion, surveillance, and early identification
  - Linked and integrated data systems
  - Evidence-based interventions scaled through delivery systems
  - Social determinants of health
  - Family partnership
  - Policy
HV & EC Systems

PLAN & LEVERAGE
- Collective impact
- Align priorities, goals & measures
- Assess needs, map assets & find gaps
- Leverage resources
- Engage families
- Equity lens
- Sustainability & PFO

COORDINATE & DO
- Continuum of supports with varied intensity
- Build workforce
- Centralize intake, streamline enrollment, align eligibility
- Focus on parent-child relationships

MEASURE & IMPROVE
- Align and leverage performance data
- Two-gen data
- Integrate data systems
- Measure impact & cost savings
- CQI
- Unanticipated consequences

State & Local – Children & Families – Health, EL, FSS – Trauma-informed
Examples

• Opportunities & investments
• Needs assessment
• Data
• Two-generation
• Workforce
Contact Information

Amanda Innes
Senior Policy Analyst, Division of Home Visiting and Early Childhood Systems
Maternal and Child Health Bureau (MCHB)
Health Resources and Services Administration (HRSA)

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Web: mchb.hrsa.gov
To learn more about our agency, visit

www.HRSA.gov

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Nebraska’s School-Family Partnerships for Infants and Toddlers

Kathleen Gallagher
Director of Research and Evaluation
January 8, 2019

Start early. Start well.
Buffett Early Childhood Institute

Start early. Start well.
Families

Supportive
Supported
Informed
A Public-Private Partnership to Support Nebraska’s Youngest Children and Their Families
Sixpence Early Learning Fund: Programs for Infants and Toddlers

- Public-Private Partnership
- Community + School District apply for funds
- Home-Based and/or Center-Based, Childcare Partnerships
- High Quality Programming
- Targeted services (risk-based)
Sixpence “Helps Parents Be Better Parents”

- 1,083 children (948 families) in 2017-18
- 31 school district grantees
- 40% rural, 29% town, 31% urban

- 85% of HV met quality benchmarks
- Developmental gains
- 91-98% met health indicators
- Family knowledge gains
Superintendents’ Early Childhood Plan

Learning Community Of Douglas & Sarpy Counties
Superintendents’ Early Childhood Plan: 3 Levels of Implementation

Full Implementation of the School as Hub Birth – Grade 3 Approach

Customized Assistance

Professional Development for All
School as Hub: Birth – Grade 3 Approach
Home Visiting in School-as-Hub

- Targeted
- 3 visits per month & Parent-child group
- School employs home visitor
- 15 children per school/home visitor

https://www.youtube.com/watch?v=RHDVtX5hans
School Engagement in Home Visiting: Important, Complex Work

- Mid-range quality of home visiting interactions (HOVRS)
- Families in Home Visiting are increasing access to supports (Friends PFS)
- Services are reaching families with high needs
- Family indicators are improving
- Schools are learning new ways to welcome and engage families
Cross-Systemic Small Wins

Sixpence
- Endowed Public-Private Partnership
- Community-Driven
- School engagement
- Leverage local assets

School As Hub B-3
- Public-Private Partnership
- Earlier, intensive school-family relationships
- School district-driven
Cross-Systemic Challenges

**Sixpence**
- Unfunded public school mandates
- Workforce retention & compensation capacity
- “3 year old” problem

**School As Hub B-3**
- Cultural differences between ECE and school systems
- “3 year old” problem
- School capacity
Looking ahead...
Cross-Systemic Potential

Sixpence School As Hub B-3

- Innovative community-school connections
- Babies as “students” in the record system
- Social service – school connections
Sixpence:
Amy Bornemeier
abornemeier@nebraskachildren.edu
Singasongofsixpence.org

School as Hub B- Grade 3:
Chris Maxwell, PhD
cmaxwell@nebraska.edu
buffettinstitute.nebraska.edu
Break

3:00 PM – 3:15 PM
The Mississippi Example

3:15 PM – 3:45 PM
Laurie Smith, Education Policy Advisor, Office of Governor Phil Bryant
Early Care and Learning in Mississippi

Dr. Laurie Smith
EDUCATION / WORKFORCE DEVELOPMENT POLICY ADVISOR
OFFICE OF GOVERNOR PHIL BRYANT
The Vision

Education Works Agenda

- Promotion Policies for Student Success
- Quality Teachers and Leaders for Every Student
- Early Childhood Education
- School Choices for Mississippi Students
- College and Career Readiness Standards for All Students
3RD GRADE GATE

YOU SHALL NOT PASS!!
Crisis Blast ‘Third-Grade Gate’
Jackson Free Press

More than 5,000 Mississippi third-graders could be held back this year for low reading scores.

Hechinger report

As Mississippi delivers bad news to 5,600 third graders, stressed-out parents say there must be a better way

MISS. THIRD-GRADE GATE:
FEAR OF FAILURE

- Hechinger

“JPS could have to retain up to 40 percent of the district’s 2,100 third-graders.”

“Cats and Dogs. Living together. MASS HYSTERIA!”
- Bill Murray, Ghostbuster

Clarion Ledger
How Did We Do It?

Literacy Based Promotion

- The **Literacy Based Promotion Act**—“Third Grade Gate”
  - Focus on 3rd Grade: from “Learning to Read” to “Reading to Learn”
  - Kindergarten entry assessment, screening 3 times per year with parent involvement every year through 3rd grade.
  - Use of **reading assessment** to determine promotion to fourth grade
  - Reading Coaches to assist low-performing schools **strengthen core reading instruction**
  - Re-training of all K-3 teachers on the Science of teaching Reading
How Did We Do It?
Literacy Based Promotion

Welcome to the 4th Grade

93%

3RD GRADE GATE
Education Works: What We’ve Accomplished

Mississippi is the only state to demonstrate significant increases in 2015 NAEP.

The Nation’s Report Card
How Did We Do It?

Early Childhood Education

• Early Learning Collaboratives

• National Institute for Early Education Research (NIEER) recognized Mississippi’s Early Learning Collaboratives (ELCs) for meeting **all 10 quality standards** for early childhood education, making Mississippi one of only five states in the nation that meet **all 10 benchmarks**.

• 14 ELCs throughout the state that serve approximately 2,000 children.
Focus on Child Care
Early Childhood Education
• Take a holistic approach to the life of a child and address multiple areas of childhood development:
  • Early care and learning
  • Health, mental health, safety, and nutrition
  • Family engagement

• Promote an integrated network of community-based resources and services.

• Place parents on a path to self-sufficiency and their children in child care centers that provide high-quality services and learning experiences under a integrated system that provides continuity for children’s growth and development.
Service and Referral Plan

Logic Chart

Pregnant Woman
Mother of a Four-Year-Old
Employed, Low-Income, Without Health Insurance
Mild Intellectual Disability
Resides in Bolivar County

Family Support

Early Care & Learning

Health, Mental Health, Safety, & Nutrition

TANF, TEFAP, SNAP
Early Head Start
Child Care Payment Program
Public Pre-K
Childcare’s Health Insurance Program (CHIP)
WIC

MDHS
Head Start
MDHS
MDE
Medicaid
MSDH

Mother
Child

Resides in Bolivar County
## Sample Service and Referral Plan

### Family Support
- **TANF, TEFAP, SNAP (mother only)**: MDHS & Local Organizations  
- **Early Head Start (mother only)**: Head Start  
- **Families First for MS (mother and child)**: MDHS & Local Organizations  
  - Referred on September 17, 2016  
  - Appointment scheduled for October 17, 2016  
  - [Attended Appointment](#)  
- **Delta Parents as Teachers**: Delta Health Alliance  

### Early Care & Learning
- **Child Care Payment Program (child only)**: MDHS  
- **Public Pre-K (child only)**: MDE  
- **Head Start (mother and child)**: MBB  

### Health, Mental Health, & Nutrition
- **Perinatal High Risk Management/Infant Support Services (mother only)**: MDH & Medicaid  
- **WIC (mother and child)**: MDH & Medicaid  
  - Referred on September 27, 2016  
  - Appointment scheduled for October 21, 2016  
  - [Did Not Attend Appointment](#)  
- **Children's Health Insurance Program (child only)**: MDH & Medicaid
Standard & Comprehensive Framework

**STANDARD**
The Standard designation simply means a child care center is in a position to meet the basic quality standards for health, safety, nutrition, care, and learning.

**COMPREHENSIVE**
The Comprehensive designation places a center in the position to partner with other entities to expand the opportunities for children to continually benefit from all the available resources that can help facilitate continuity of care and learning between the ages of 0 to 8.

**SOCIAL INTEGRATION**
Providing opportunities for workforce development, education, and business.
Child Care Center Types

Early Childhood Education

Comprehensive Child Care Center

- Meet requirements of standard child care center
  - Certification of capacity to deliver high-quality services
  - Comprehensive professional development
  - Curriculum that meets 0-5 standards
  - Coaching to close staff education and credential gaps
  - Biannual child assessment
  - Family engagement (biannual parent-teacher conferences)
  - Center assessments (summative and formative)
  - Inter-agency partnerships
  - Annual report based on child and center assessments
  - Corrective action plan
  - Continued quality improvement plan
  - Kindergarten transition plan
  - IT infrastructure
  - Business management plan

Standard Child Care Center

- Meet licensing requirements
- Federally mandated professional development
- Curriculum aligned with state guidelines/standards
- Annual self-assessment

Safe and high-quality traditional child care

Holistic and integrated approach to activities in the life of a child from 0 to 5
Current Structure

Birth – 5 System
- Early Childhood Academies (ECAs)
- Center/Provider Reporting System
- Standard
- Comprehensive

Pre-K – 3 System
- Professional Development
  - Coaching
- Curriculum Guidelines
- Assessments

- Professional Development
  - Curriculum & Learning Activities
  - Alignment with Standards
  - Professional Development Needs
  - Continuous Quality Improvement via Self-Assessment

- Literacy Coaching
- Teacher Credentials
- LEA Support
Coordinated Approach to Services and Learning

Birth – 5 System

Pre-K – 3 System

COMMON SPACE OF EXCELLENCE

HOLISTIC
PD / Coaching / TA / CE

LINKED
Curriculum / Standards

FORMATIVE & SUMMATIVE Assessments

STATEWIDE Coordination

CONSISTENT Communication

Coordination & Assessments

Link to Curriculum / Standards

PD / Coaching / TA / CE
Seamless Service and Learning Trajectory
Coordination of Systems

- Birth – 5
- K – 12
- College / Workforce
Questions?
Deep Dive with Experts

3:45 PM – 5:00 PM
# Deep Dives with Experts

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<thead>
<tr>
<th>Session</th>
<th>Location</th>
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<tbody>
<tr>
<td>Education</td>
<td>...Vieux Carre (17th Floor)</td>
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<tr>
<td>Health</td>
<td>...Vieux Carre (17th Floor)</td>
</tr>
<tr>
<td>Home Visiting</td>
<td>...Vieux Carre (17th Floor)</td>
</tr>
<tr>
<td>Data</td>
<td>...Orleans D (Mezzanine Level)</td>
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<tr>
<td>Mississippi Example</td>
<td>...Bienville B (Mezzanine Level)</td>
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<tr>
<td>Harvard Framework</td>
<td>...Bienville C (Mezzanine Level)</td>
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Overview of Pritzker State Grant Program

5:00 PM – 5:15 PM
Brandy Jones-Lawrence, State Program Manager, Pritzker Children’s Initiative
STATE GRANT COMPETITION

Brandy Jones Lawrence
Pritzker Children’s Initiative
Expand equitable access to and participation in high quality services for **at least one million more low income infants and toddlers and their families by 2023** to get them on track for school by assuring healthy beginnings, supported families and high quality child care.
The Pritzker Children’s Initiative (PCI) is committed to:

+ Grantees as **Partners**
+ **Catalytic** investing to learn from and leverage sustaining solutions
+ Thinking and acting **nimbly**
+ Shared **accountability** for measuring progress
+ Promoting feedback for **continuous improvement**
**PCI STRATEGIES**

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<thead>
<tr>
<th>STRATEGIES</th>
<th>GOALS</th>
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<tr>
<td><strong>State Grant Competition</strong>: Create and support early state progress, creating a path for others.</td>
<td>Increased access to high-quality services for infants and toddlers who are at risk for not being ready for kindergarten.</td>
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<tr>
<td><strong>Community Innovation Strategy</strong>: Support communities to serve as models to drive state strategy, innovate, and build momentum.</td>
<td>Increased access to high-quality services for infants and toddlers who are at risk for not being ready for kindergarten.</td>
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<td><strong>Technical Assistance (TA)</strong>: Provide effective and efficient TA to states and communities, including the creation of a National Infant &amp; Toddler Technical Assistance Center to coordinate TA and capacity-building resources.</td>
<td>Increased number of states and local leaders have the technical assistance, tools, resources, and peer learning opportunities they need to increase access to high-quality infant and toddler services.</td>
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<td><strong>Creating Momentum/Building a National Movement</strong>: Build and sustain effective partnerships with national organizations and develop PN-3 yearbook and other resources that promote increased commitment to PN-3.</td>
<td>Increased engagement and activation of key stakeholders to support greater investments in infants and toddlers at the community, state and national levels, making infants and toddlers a national priority.</td>
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<td><strong>Innovation &amp; Scaling</strong>: Promote promising programs, assist in scaling them, and create alignment among leading programs.</td>
<td>Increased supply of high-quality prenatal-to-three services by creating and scaling new models with proven or promising impact on school readiness.</td>
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<tr>
<td><strong>Measurement</strong>: Promote the development and use of measures of developmental progress of children under the age of three at the population and programmatic levels to inform PCI’s strategy and advance the field’s ability to measure effectiveness of investments.</td>
<td>Build consensus in the field around population and programmatic measures of the developmental progress of children under the age of three, support the building of optimal measures and their adoption across the field.</td>
</tr>
</tbody>
</table>

In order to substantially increase the number of children who are on track for school readiness at age three, we believe that:
- Healthy development of very young children rests on three pillars: healthy beginnings, supported families, and access to high-quality child care.
- Policymakers need to prioritize investing in infants, toddlers, and their families.
- Local, state, and federal policy and programs need to work in concert to develop, finance, and implement effective solutions.
- Strategic investments in a diverse portfolio of influential organizations can catalyze a national movement with increased investment in infants and toddlers.
- Setting ambitious targets and measuring progress are essential to achieving impact.

**IMPACT**

Expand access to high-quality services for at least **one million** infants and toddlers by 2023 to get them on track for school by assuring:
- Healthy Beginnings
- Supported Families
- High-Quality Child Care
Children On Track for School Readiness at Age 3

States
Policies and programs that expand services to infants and toddlers

Communities
Successful examples of implementation and innovation

Create momentum
Build capacity
Scale and Innovate
Create/share resources and provide technical assistance
Measure impact

National Collaborative for Infants and Toddlers
Building a partnership with a shared commitment to action
PCI POLICY PRIORITIES

Increase the number of low-income infants and toddlers receiving affordable, high-quality child care

Increase the number of families with children prenatal to age three who are connected to essential health, development and social-emotional services

= Increased services to 1 million infants and toddlers
STATE PN-3 GRANT COMPETITION

• Promote bold/aspirational planning around prenatal to age three (PN-3)
• Seize the “moment” we are in
• Expand our reach to more states to support PN-3 policy efforts
• Expand services to at least one million low-income families and their children prenatal to age three
FUNDING OPPORTUNITY

Up to 10 states will be selected for $100,000 planning grants

Following the planning grant phase, 3-5 of grant states will receive an implementation grant of $1-3 million to implement their proposed plans
PLANNING PERIOD

• Ready States – 6 month planning period
• Developing states – 9 month planning period
PLANNING GRANT RECIPIENTS

- All states (including DC) can apply except CA, IL, NC, NY, OH and OR
- Planning grant recipient must be a 501c3 nonprofit organization
- Action/Implementation grants can be designated to multiple entities including state government
KEY DATES

January 15, 2019
Submit one page letter of intent from the grantee organization along with:
- 501c3 letter
- W-9 form organizational budget
- Audited financial statements for grantee organization for previous years
- 6 or 9 month planning phase?

February 15, 2019
Planning grant applications due

April 15, 2019
Grant recipients announced

October 15, 2019
Planning phase ends for 6-month planning grantees. Implementation/Action grants awarded by December 2019

July 15, 2019
Interim report due

January 15, 2020
Planning phase ends for 9-month planning grantees. Implementation/Action grants awarded by Spring 2020
# USING GRANTED FUNDS

<table>
<thead>
<tr>
<th>What can funds be used for?</th>
<th>What can funds NOT be used for?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning</td>
<td>NO lobbying costs</td>
</tr>
<tr>
<td>Facilitation</td>
<td>No direct services</td>
</tr>
<tr>
<td>Travel and meeting costs</td>
<td></td>
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<tr>
<td>Expert consultants</td>
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<tr>
<td>Accessing and disaggregating data and research specific to your state that will promote a PN-3 policy agenda</td>
<td></td>
</tr>
<tr>
<td>Development of materials/resources</td>
<td></td>
</tr>
<tr>
<td>Whatever you need to help build/catalyze your movement, with the exception of...</td>
<td></td>
</tr>
</tbody>
</table>
PLANNING GRANT DELIVERABLES

• Create a public/private coalition of diverse partners inside and outside of government working at both the state and local levels. Likely and unlikely allies.

• Create a prenatal to age three policy agenda focused on the policy priorities

• Create an action plan to move forward elements of the proposed policy agenda.

• Minimum target goal of proposed state policy agenda - expanded services to an additional 25% of infants and toddlers and their families over the baseline at start of the initiative. How many are you going to reach?!
ACTION GRANT DELIVERABLES

• Achieve an outcome of expanded services to an additional 25% of infants and toddlers and their families over baseline by 2023

• Match Requirement of 20% in year two and 30% in year three
WHO SHOULD BE AT YOUR COALITION TABLE?

Pritzker Children’s Initiative: State Grant Competition

Advocates
Community leaders and program providers
Nonprofit leaders
Philanthropy
Parents and grassroots organizations
Likely and unlikely allies that can help you achieve success
State and local government leaders
PN-3 Agenda
USE AN EXISTING PLAN OR CREATE A BRAND NEW PLAN?

• Build on what you’ve already created including other proposals like PDG or CCDBG or MIECHV or EHS-CCP or…fill in the gaps

• Create something new if you have done no planning around Prenatal-to-Age-Three
POTENTIAL STRATEGIES TO ACHIEVE YOUR 25% GOAL

• You are only limited by your imagination – and the no lobbying clause
  + Public and policymaker education campaign
  + Research to inform policy changes and financing strategies
  + Planning to replicate or scale statewide an existing local program approach
  + Creation of a statewide network of community-based organizations focused on PN-3
  + Changes to Medicaid to fund more PN-3 services
  + What will it take to achieve your goal of expanded services to an additional 25% of infants and toddlers and their families?
COMMUNITY PRIORITY

• Every application **must** include community leaders in the planning and incorporate a community strategy around mobilization, scaling and/or innovation in their approach.

• Consider a strategy in which communities are informing the work at the state level and states are supporting the work at the community level. What can be learned from this approach that can be held up as a model?
BENEFITS OF PARTICIPATION

- Funding – planning funds and potential for larger implementation grants
- Jump start your planning and efforts focused on building a prenatal to age three system of services and supports.
- Participation in the National Collaborative for Infants and Toddlers and a nation-wide peer learning network of states and communities and national partners focused on prenatal to age three.
- Technical Assistance and expert consultation, including:
  - Technical Assistance Liaison to support planning efforts
  - Content experts and communication strategists
  - Peer learning webinars and meetings
  - Planning Tools and Templates
The NGA Center for Best Practices will provide technical assistance and $25,000 grants to up to 6 states to develop action plans focused on integrating and advancing prenatal to age three systems and policies.

- Request for Applications will be issued to governors’ offices on December 3, 2018
- **Application due date:** Friday, January 18, 2019 5:00 pm ET
- **Project dates:** April 2019-April 2020
- For more information email: education@nga.org
For More Information

All questions/answers, webinar recording link, application, etc. can all be found at the web link below.

NGA Prenatal to Age Three Policy Academy

Beth Caron, Program Director for Early Care and Education, NGA Center for Best Practices, Education Division
National Governors Association (NGA)
Prenatal to Age Three Policy Academy Overview

• Technical assistance and $25,000 grants for up to 6 states to develop action plans focused on integrating and advancing prenatal to age three systems and policies.

• Application due date: Friday, January 18, 2019 5:00 pm ET

• Project dates: April 2019-April 2020
NGA PN3 Policy Academy

Goals of this project are to help states:

• Determine priorities and develop a strategic plan for improving and aligning systems and services for infants and toddlers in the state.
  • Increase supports and services for the highest-need infants, toddlers and their families,
  • Identify and fill gaps in services,
  • Minimize duplication of effort, and/or
  • Restructure and align policies and practices related to eligibility requirements, service delivery, funding streams, etc.

• Develop a plan to advance the implementation of the governor’s agenda
Additional opportunities for learning such as conference calls and webinars will occur throughout the year.
Have a wonderful evening and ...