Opening Session:
Tuesday Recap and Next Steps

Beth Caron, Program Director for Early Care and Education,
NGA Center for Best Practices, Education Division
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.
Prenatal to Three Policy Components

- Ensure that children and families are at the center of the conversation
- Integrate Health, Early Learning and Child Welfare Systems
A Vision for an Integrated PN3 Policy Agenda

Focusing on:
• Prevention
• Integration
• Differentiation
• Sustainability
• Innovation
## PN3 Theory of Change

<table>
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<tr>
<th>Activities</th>
<th>Policy Changes</th>
<th>Organizational Capacity to Support Adult Learning</th>
<th>Adult Capabilities</th>
<th>Child/Family Outcomes</th>
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<tr>
<td>To do list of “next steps” goes here</td>
<td>What silos/systems need to be coordinated/aligned?</td>
<td>What time, resources, relationships are needed in order to support meaningful adult learning?</td>
<td>What changes in adult behavior, knowledge or skills do you want to see as evidence that children and families (0-3) are experience something different?</td>
<td>What problem of practice are you addressing?</td>
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<td>What policies/regulations need to change?</td>
<td>Is there enough capacity being provided (number of people; length of time, etc.) for meaningful change to take place?</td>
<td>Short term changes (1-3 years):</td>
<td>What is the fundamental goal (e.g., condition of well-being, prevention, or core value) that you want to achieve?</td>
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<td>What policies/regulations need to stop?</td>
<td>How will you measure these changes? What evidence will you be able to see?</td>
<td>Long term changes (4-6 years):</td>
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**NGA**
The Minnesota Example

9:00 AM – 9:30 AM
Megan Waltz, Prenatal to Three Policy and Systems Advisor, Minnesota Department of Health
“Health is a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.”

World Health Organization 1948

“Public health is what we, as a society, do collectively to assure the conditions in which (all) people can be healthy.”

Institute of Medicine (1988), Future of Public Health
Prenatal to Three: MDH

• Following the science of brain development;

• Committing to promoting health and racial equity;

• Utilizing state and community data to form our approach to programs, policy and systems;

• Focusing on promotion and prevention; and

• Building on past and current work
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<th>Category</th>
<th>Outcome (A condition of well being for children, adults, families and communities)</th>
<th>Indicators (A measure which helps quantify the outcome) (Each indicator will be disaggregated by age, race, income and geography when applicable)</th>
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| Prenatal Health        | Healthy and well-timed births                                                      | • Babies born at a healthy weight  
• Full term births  
• Mothers receiving early and adequate prenatal care  
• Teen birth rates and subsequent births |
| Health                 | Infants and toddlers are reaching developmental milestones from birth               | • Mothers breastfeeding at six months  
• Infant mortality  
• Infants and toddlers regularly receiving well child exams, (including oral health) and immunizations  
• Infants and toddlers receiving developmental and social-emotional screening (in any setting) by age three (EHS/Medicaid/Family Home Visiting)  
• Families with infants and toddlers with access to adequate nutrition  
• Maternal depression |
| Education              | Infants and toddlers are reaching critical developmental benchmarks               | • Children ages 0-3 with disabilities who improve their acquisition and use of knowledge and skills  
• Children demonstrating proficiency in three domains (language and literacy, mathematical thinking and personal and social development) at kindergarten entrance  
• Infants and toddlers with high needs participating in early learning and development programs that are in the top tiers of the tiered quality rating and improvement system  
• Teen parents receiving high school diploma |
| Well-Being             | Infants and toddlers are supported and thriving within their families and communities| • Children living in poverty at various levels  
• Reported abuse and neglect for infants and toddlers  
• Families with infants and toddlers living in safe, stable, adequate housing  
• Infants and toddlers experiencing domestic violence |
| Systems                | Systems are flexible, responsive and easy to navigate                             | • Data systems link, collect and report on early childhood programs, services and supports  
• Health insurance among families with infants and toddlers  
• High quality early care and education programs (all types) serving infants and toddlers throughout the state  
• Participation in home visiting, Early Head Start, ECFE and other parenting education models  
• Participation in IDEA Part C Services |
Adversity in Minnesota: Looking at the Data

On average, there were 71,700 babies born each year in Minnesota between 2006 and 2010. Of those babies, most began a positive and successful trajectory into early childhood and beyond. A small percentage of those babies did not have that same experience.

**Infants and Toddlers in Poverty**
(Children 0-36 months living at or below 100% Federal Poverty Guidelines 2009-2011)
- African American: 49%
- American Indian: 55%
- Asian/Pacific Islander: 21%
- Hispanic: 37%
- White: 11%
- All: 18%

**Low Birth Weight**
(Babies born at less than 2500 grams or 5.5 pounds 2006-2010)
- African American: 13.8%
- Foreign Born African American: 7.2%
- American Indian: 6.9%
- Asian: 7.9%
- Hispanic: 5.8%
- White: 6%

**Preterm Births**
(Babies born at less than 37 weeks gestational age 2006-2010)
- African American: 15.3%
- Foreign Born African American: 9.9%
- American Indian: 12.8%
- Asian: 10%
- Hispanic: 9.5%
- White: 9.5%

**Housing**
(Infants and toddlers 0-36 months living in households that spend more than 30 percent of their income on housing costs 2009-2010)
- African American: 73%
- Foreign Born African American: 55%
- American Indian: 48%
- Asian: 32%
- Hispanic: 49%
- White: 32%

**Maltreatment**
(Percentages of all infants and toddlers 0-36 months Involved with a report of abuse or neglect 2010)
- African American: 4%
- American Indian: 14.5%
- Asian: 1%
- Hispanic: not available
- White: 2%
- All: 2.5%

**Postpartum Depression**
(New mothers who report frequent postpartum depressive symptoms 2009-2010)
- African American: 15.2%
- Foreign Born African American: 12.9%
- American Indian: 21%
- Other Race: 5.9%
- Hispanic: 13.7%
- White: 8.7%

MDH (2014) The Earliest Opportunities Matter
Adversity in Minnesota: Looking at the Data

What do families need for success?

- Stable, affordable housing
- Food security
- Stable income
- Child care
- Belonging (opportunities for building social cohesion/capital)

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- Grants to local entities to develop high capacity communities to be inclusive of a comprehensive approach for supporting early development
- Focus on supporting parents in their work as parents
- Partnerships between county based services such as local public health, child protection, MFIP, MA and schools to focus engagement and comprehensive services wrap around efforts on the most at-risk families

**Child Care**
- Child Care Health Consultants in each county to implement developmental/social-emotional screening within child care and HS settings
- Mental health consultants available in each county for child care providers – priority of service for those serving infants and toddlers

**Screening/Referral**
- Clear and affordable access to a comprehensive system of screening, referral and care coordination within their geographic region to meet needs of families
- FAP available to every child on MFIP and child protection

**Data**
- Cabinet, agencies, and counties have access to specific infant/toddler data in order to plan for reducing disparities ie: Risk and Reach Report
June 2014: MN Children’s Cabinet presented with recommendations and ask to continue developing a strategic plan and a policy agenda.

(Later that same week): Prenatal to Three tabled by Children’s Cabinet

July 2014: State agencies start preparing legislative proposals for impending budget session

• Advocates = Hard stance on scholarships for child care ages 3-5
• Administration = Hard stance on voluntary preK

Lesson: Not enough outside push or narrative development with interagency leadership
A Healthy Start for Minnesota Children: Supporting opportunities for life long health

**Public Understanding**
Build awareness and urgency about the importance and unique opportunity of the prenatal to three time period to positively affect long-term health and well-being.

**Health in All Policies**
Support cross-sector policies that promote health and well-being for pregnant women, children, and their families where they live, grow, learn, work, and play.

**Community Innovation**
Build the capacity of communities (cultural and geographic) to take action to create healthy futures for pregnant women, children, and their families.

**Safe, Stable, Nurturing Relationships & Environments**
Promote healthy child and family development by prioritizing strategies that enhance relationships among parents, caregivers and children.

**Social & Economic Security**
Assure opportunities for a healthy start for pregnant women, children, and their families by eliminating racial, social, and economic barriers to positive growth and development.

Minnesota children will have what they need to thrive and reach their full potential within their families and communities.
Prenatal to Three: Stay in Your Lane?
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ZERO TO THREE: Prenatal to Age Three
State Case Studies

9:30 AM – 10:00 AM
Barbara Gebhard, Assistant Director of Public Policy, ZERO TO THREE
Innovation in Cross-System Collaboration to Better Support Babies

Barbara Gebhard, Assistant Director of Public Policy
NGA Prenatal to Age Three Learning Lab
January 9, 2019
Innovation in Cross-System Collaboration to Better Support Babies

New series from ZERO TO THREE shares examples of how states are connecting systems to collaboratively meet the needs of babies, young children, and families:

- **Washington**: Strengthening Partnerships Between Temporary Assistance for Needy Families and Home Visiting Systems
- **New Jersey**: Providing Families with a Single Point of Entry for Accessing Services
- **Illinois**: Developing a Unified Model for Infant and Early Childhood Mental Health Consultation
- **Colorado**: Embedding a Two-Generation Approach Into State and Community Systems
- **Better Outcomes for Babies**: Key Practices of Cross-System Collaboration

[www.zerotothree.org/cross-system](http://www.zerotothree.org/cross-system)
Washington’s TANF Home Visiting Pilot

- Pilot program using Temporary Assistance for Needy Families (TANF) money to fund home visiting slots for TANF recipients with very young children.

- Staff from two systems learned about each other, developed shared language, and strengthened referral pathways.

- Systems use a shared data system to electronically make referrals and communicate about families.

- State explored the impact of the pilot with a two-phase evaluation.

- Pilot is one aspect of a broader agenda to address intergenerational poverty.
New Jersey’s Central Intake System

- Features of New Jersey’s central intake hubs:
  - County-based single point of entry to early childhood and family support services
  - Standardized screening and referral forms
  - Shared data system that ensures a feedback loop to referring agencies and fosters care coordination and systems integration
  - Community advisory board that drives decision-making
  - Full-time central intake coordinator

- Using funding from a variety of sources, the state built on the innovation in early communities to expand hubs to all 21 counties.

- Hubs regularly review data and engage in CQI to make improvements.
Decades of collaborative work set the stage for Illinois to develop and pilot a unified model for infant and early childhood mental health (IECMH) consultation.

The unified model outlines:

- Core components of IECMH consultation
- Competencies and skills consultants need
- Variations of how consultation could be delivered

Model is being piloted in four communities in three systems (home visiting, child care, and preschool)

- Evaluation is exploring outcomes on professionals, systems, and children.

State is also exploring what infrastructure is needed to implement the unified model.
Colorado’s Two-Generation Approach

- Community leaders, philanthropists, and state agencies have embraced a shift to family-oriented service delivery and program/policy development to better serve families.
- Colorado is a “local-control” state, so much of the innovation has been driven by communities.
  - Valley Settlement Project – works collaboratively with new immigrant families to strengthen their connections to the community
  - Arapahoe County – rethought human services related to housing, child welfare, and connecting families to services
- Colorado Department of Human Services has led the way.
  - Strengthened partnership between home visiting and education/employment services
  - Piloted a family-centered approach to collecting child support
  - New two-generation grant program to test new ideas
- The state brings stakeholders together frequently to share lessons learned and strategize.
Key Practices of Cross-System Collaboration

• Design and Implementation
  • Rely on the expertise and experience of professionals on the ground
  • Build goodwill and momentum early in the design process
  • Stay committed for the long haul

• Leadership
  • Engage state system leaders
  • Encourage adaptive leadership
  • Cultivate strong local leadership

• Partnerships and Collaboration
  • Build relationships across systems
  • Agree on shared language and assumptions
  • Learn about the other system
  • Make use of existing professional networks
  • Engage parents and families
Key Practices of Cross-System Collaboration

• Workforce
  • Hire staff dedicated to the program
  • Address staff turnover proactively
  • Provide professional development opportunities

• Funding
  • Utilize existing funds
  • Seek in-kind contributions
  • Leverage federal grants

• Evaluation
  • Invest in evaluation
  • Develop shared data and data systems
  • Integrate family outcomes into accountability systems and data collection efforts
  • Use data regularly to engage in continuous quality improvement
Break

10:00 AM – 10:15 AM
Sustaining the Momentum: Cross-State Table Discussions

10:15 AM – 11:30 PM
What outcomes do you want to see? and for whom?

- Healthy mothers and babies
  - Reductions in infant mortality
  - Increases in full term births
  - Adequate prenatal care
  - Decreased maternal depression

- Infants and toddlers who reach developmental benchmarks
  - More developmental screenings
  - Appropriate referrals to early intervention
  - Positive early learning outcomes
## PN3 Theory of Change

<table>
<thead>
<tr>
<th>Activities</th>
<th>Policy Changes</th>
<th>Organizational Capacity to Support Adult Learning</th>
<th>Adult Capabilities</th>
<th>Child/Family Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>To do list of “next steps” goes here</td>
<td>What silos/systems need to be coordinated/aligned?</td>
<td>What time, resources, relationships are needed in order to support meaningful adult learning?</td>
<td>What changes in adult behavior, knowledge or skills do you want to see as evidence that children and families (0-3) are experience something different?</td>
<td>What problem of practice are you addressing?</td>
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<td>What policies/regulations need to change?</td>
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</table>

**To do list of “next steps” goes here**

**What silos/systems need to be coordinated/aligned?**

**What policies/regulations need to change?**

**What policies/regulations need to stop?**

**What time, resources, relationships are needed in order to support meaningful adult learning?**

**What changes in adult behavior, knowledge or skills do you want to see as evidence that children and families (0-3) are experience something different?**

**How will you measure these changes? What evidence will you be able to see?**

**What problem of practice are you addressing?**

**What is the fundamental goal (e.g., condition of well-being, prevention, or core value) that you want to achieve?**
Final Team Planning

11:30 PM – 12:30 PM
State Report Out and Next Steps
Thank you!