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

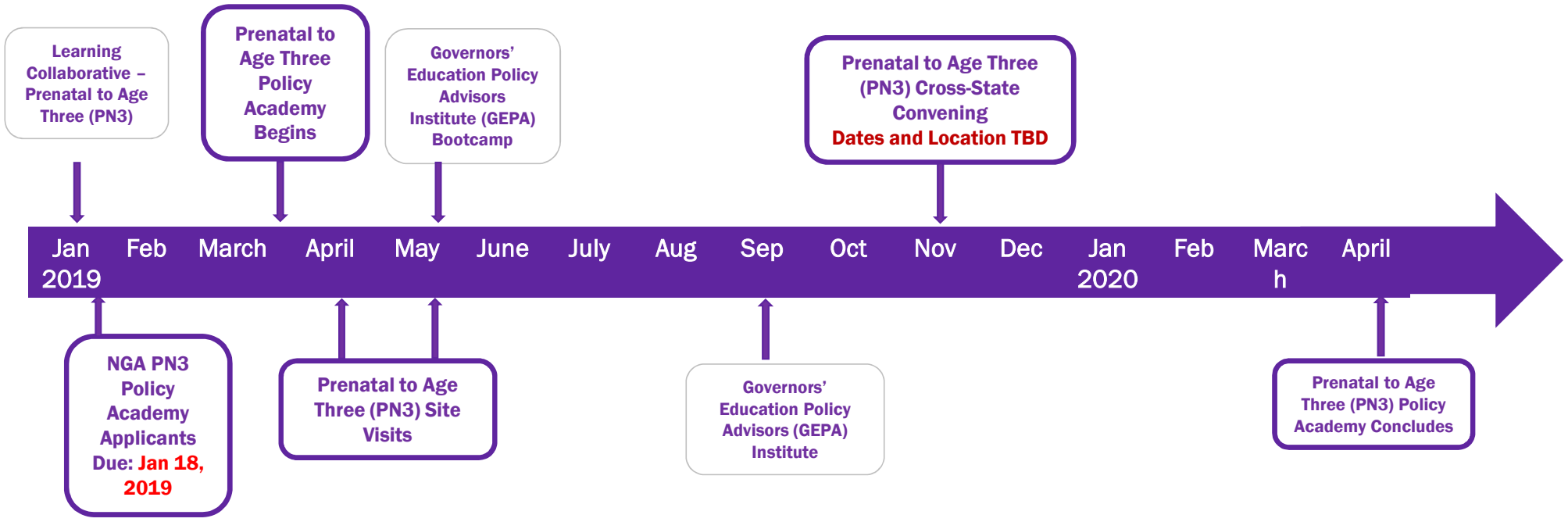
- Technical assistance and $25,000 grants for up to 6 states to develop action plans focused on integrating and advancing prenatal to age three systems and policies.
- **Application due date:** Friday, January 18, 2019 5:00 pm ET
- **Project dates:** April 2019-April 2020

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

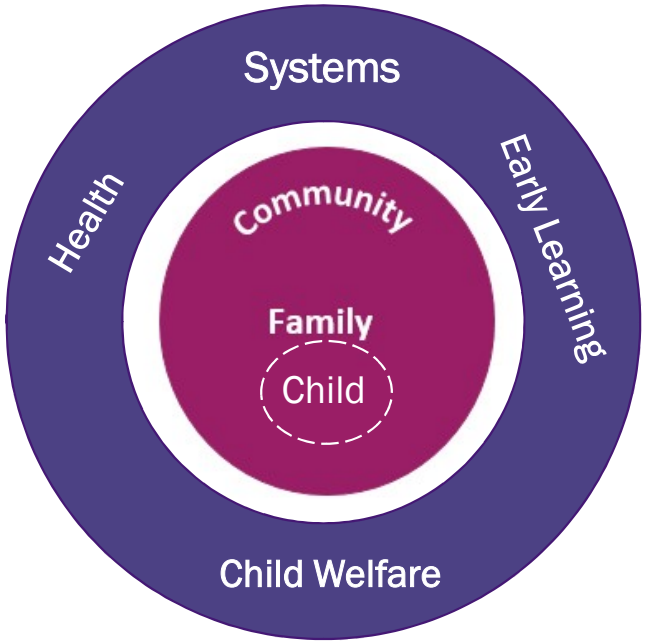
NGA PN3 Policy Academy 2019-2020 Timeline



Additional opportunities for learning such as conference calls and webinars will occur throughout the year.

Prenatal to Three Policy Components

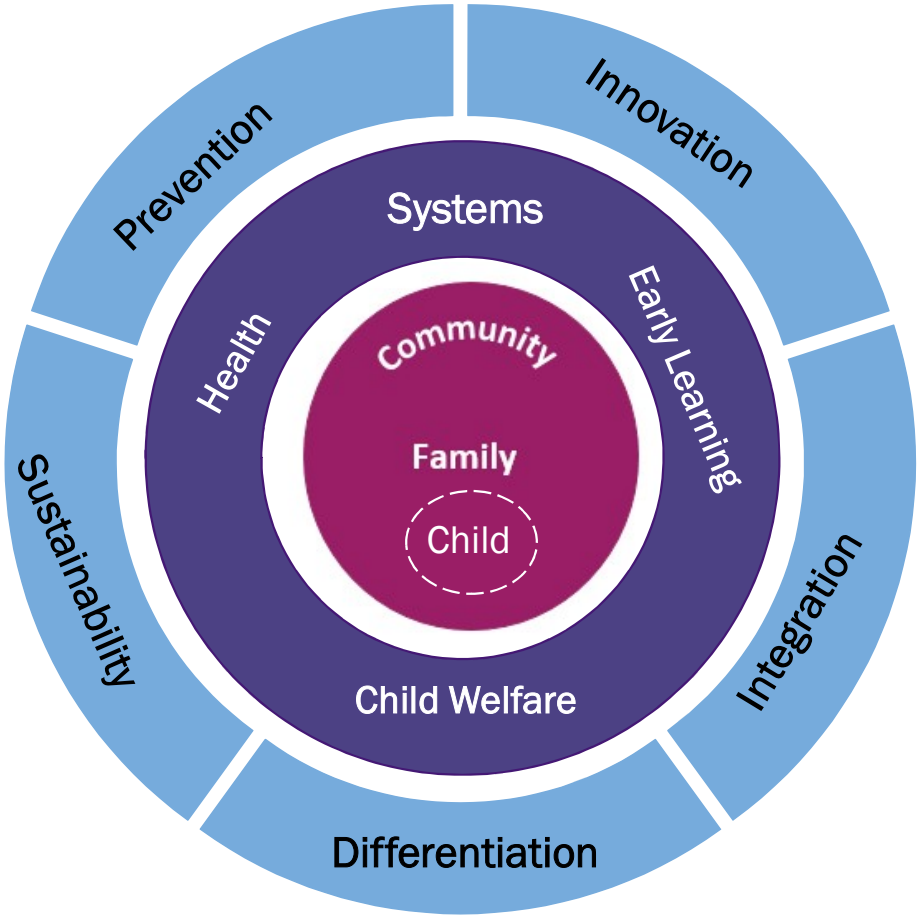
- Ensure that children and families are at the center of the conversation
- Integrate Health, Early Learning and Child Welfare Systems



A Vision for an Integrated PN3 Policy Agenda

Focusing on:

- Prevention
- Integration
- Differentiation
- Sustainability
- Innovation



NGA

PN3 Theory of Change

Activities	Policy Changes	Organizational Capacity to Support Adult Learning	Adult Capabilities	Child/Family Outcomes
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?* *Is there enough capacity being provided (number of people; length of time, etc.) for meaningful change to take place?* **How will you measure these changes? What evidence will you be able to see?**	*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?* **Short term changes (1-3 years):** **Long term changes (4-6 years):** **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?*

The Minnesota Example

9:00 AM – 9:30 AM

Megan Waltz, Prenatal to Three Policy and Systems Advisor, Minnesota Department of Health

Prenatal to Three

Megan Waltz | Prenatal to Three Policy and Systems Advisor

NGA Learning Lab – January 9, 2018

DEPARTMENT
OF HEALTH

Public 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

Prenatal to Three: Our Tools

Outcomes and Indicators Framework

Category	Outcome *(A condition of well being for children, adults, families and communities)*	Indicators *(A measure which helps quantify the outcome) (Each indicator will be disaggregated by age, race, income and geography when applicable)*
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%

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%

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)

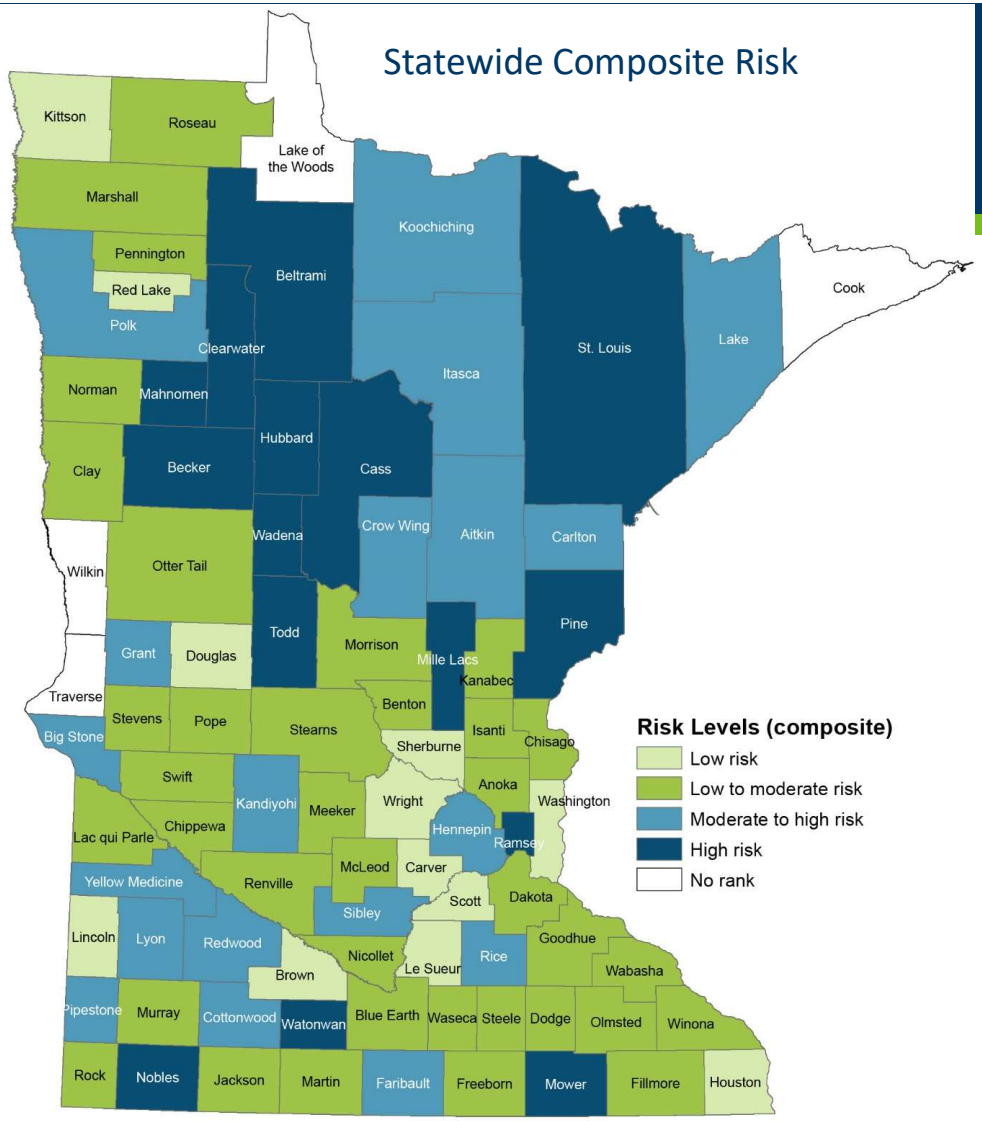
African American	73%
Foreign Born African American	55%
American Indian	48%
Asian	32%
Hispanic	49%
White	32%

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



Wilder (2015) *Risk and Reach Report*

What do families need for success?

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

Reduce Risk and Stress For Families (SDOH Mitigation/Reduction)	Promote Protective Processes (Building/Supporting Relationships)	Build Capacity (Infrastructure/Community Capacity)
Family Economic Development • Increase Minimum Wage • Work Group to make Paid Sick Time/Paid Family Leave recommendations to support early development and family stability • Increase MFIP grant/eligibility for very low income families with infants/toddlers • Increase number of months for postnatal care covered by MA – currently at 6 weeks? • Subsidize infant/toddler care beyond the scope of CCAP and scholarships: Possible tiered Child Care Tax Credit? • Create child tax credit in MN (based off Fed credit, but make it refundable) • Restore At Home Infant Care program for MFIP parents • Scholarship model available to parents utilizing FFN provider who agrees to a home visiting program Access to Services That Help to Mitigate Effects of SDOHs • Parents receiving SSDI for mental health concerns become eligible for child care assistance (CCAP) • Provide incentives for chemical dependency programs to serve pregnant women – they currently do not have the capacity to serve this population • Focus resources on MFIP, Homeless, and Child Welfare families with very young children: ie EHS, ECFE and LPH home visiting, FAP • PSOP (parent support and outreach program) prioritized for families with infants and toddlers? • Prenatal/Birthing classes offered at no charge through community resources – possibly effort of FQHCs? • Doulas covered by private insurance and MA • Maternal Depression Screening occurs as part of all MA well child visits until age 2 (C&TC)	FFN • Link home visiting services to FFN providers (through Early Head Start Innovation dollars, Local Public Health or ECFE parent educators) • FFN providers may access and attend WIC nutrition education if child's family is receiving WIC support Parents • Executive functioning and parental skill building courses tied to MFIP work participation • ECFE curriculum for cultural community elders, mentors, leaders to promote culturally specific support for early development • Peer to peer opportunities offered through partnerships between public health home visiting programs and ECFE for parents on MFIP receiving LPH home visiting • Mothers receiving inpatient mental health services are able to bring their babies with them • American Indian foster parents receive specialized training in developmental/social emotional issues and chemical dependency • Prenatal and Doula services expanded within the Corrections system • Parenting education or engagement activities (FHV, EHS, ECFE, etc) are counted as "allowable" activities for work requirements within MFIP parameters Communities • Develop public awareness campaign around infant mental health tenants • Family Development/empathy/executive functioning courses offered in middle/high school curriculums • Executive functioning curriculum offered on parent aware registry for professional development • Checklist for judges in child welfare cases for county staff to follow in regards to infants and toddlers in child welfare system • Reduce SIDS/SUIDS deaths: Safe sleep strategies: - Work with retailers to STOP the sales of crib bumpers and other hazardous sleep materials within MN	Communities • 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 OEL • Include infants and toddlers within PreK-grade 3 literacy strategies – especially in areas with higher MFIP participation • State agency tribal and cultural reps on OEL leadership team • Child welfare included within OEL • Retool ECFE programs to be more inclusive of culture, poverty, etc and to prioritize slots/classes for MFIP, Child Welfare, Teen parents, FFN providers and homeless families • Build capacity of Early Head Start to serve more infants and toddlers in greater MN ie: state innovation funds for serving FFN providers with infants and toddlers • Similar child development professional development opportunities for all OEL staff (mandatory upon hire) • System of coordinated screening, referral and care ie: national Help Me Grow MDH/DHS • Increase the number of Federally Qualified Health Centers within at risk communities • Incent clinics to engage with African American and American Indian communities for prenatal care – Doulas, midwives, etc • Work with retailers to offer safe sleep education with purchase of crib and other infant gear.

STOP! Politics and Public Will

June 2014: MN Children's Cabinet presented with recommendations and ask to continue developing a strategic plan and a policy agenda.

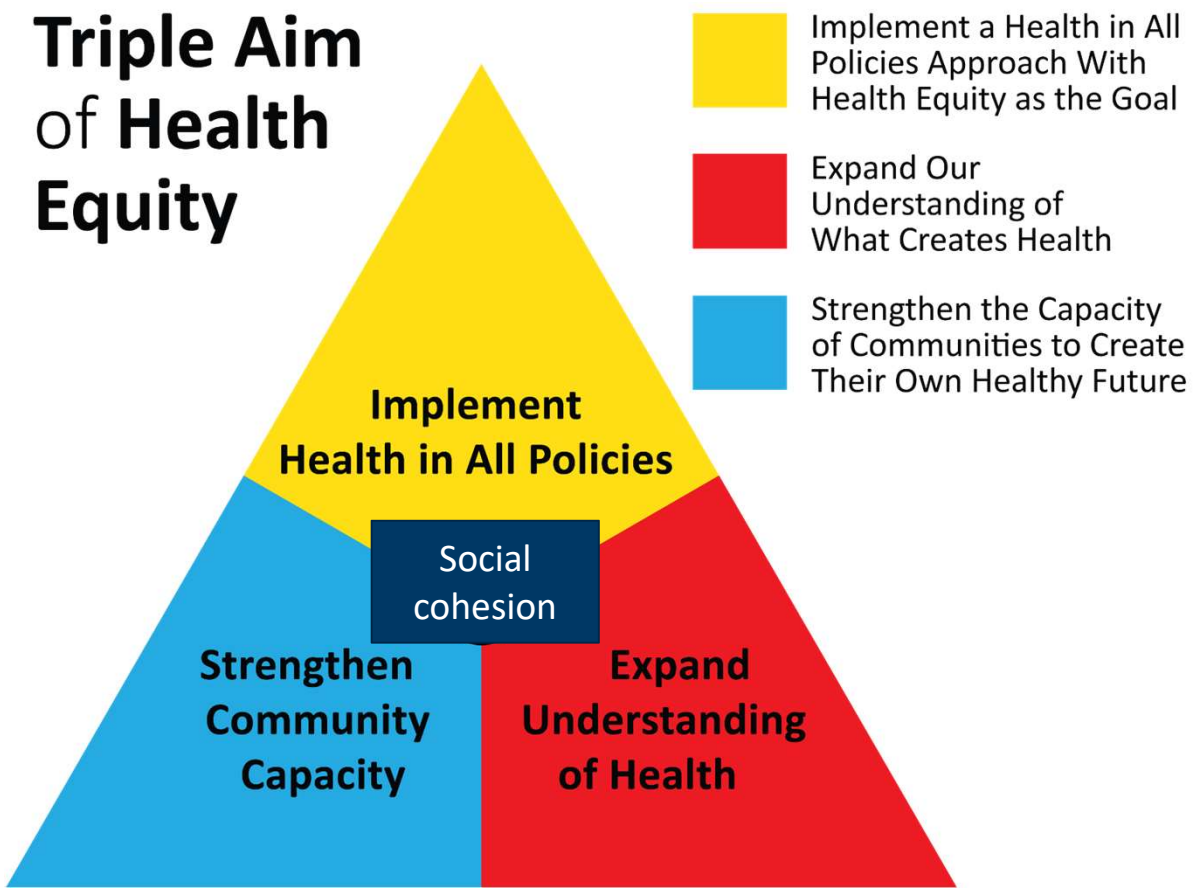
(Later that same week): Prenatal to Three tabled by Children's Cabinet

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

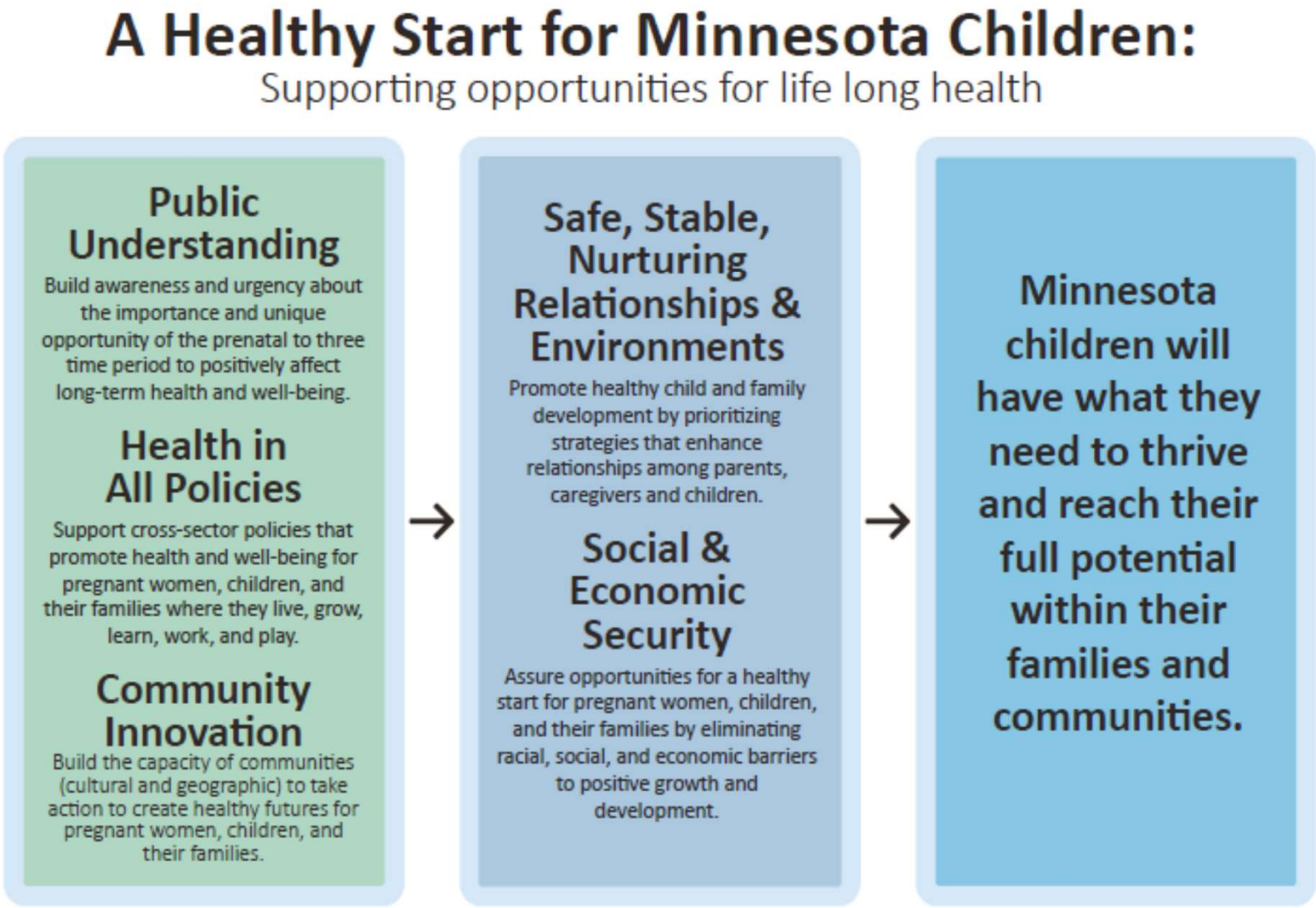
- Advocates = Hard stance on scholarships for child care ages 3-5
- Administration = Hard stance on voluntary preK

Lesson: Not enough outside push or narrative development with interagency leadership

Shifting: A Different Way of Thinking



Prenatal to Three: MDH Theory of Change



Prenatal to Three: Stay in Your Lane?

Reduce Risk and Stress For Families (SDOH Mitigation/Reduction)	Promote Protective Processes (Building/Supporting Relationships)	Build Capacity (Infrastructure/Community Capacity)
Family Economic Development • Increase Minimum Wage • Work Group to make Paid Sick Time/Paid Family Leave recommendations to support early development and family stability • Increase MFIP grant/eligibility for very low income families with infants/toddlers • Increase number of months for postnatal care covered by MA – currently at 6 weeks? • Subsidize infant/toddler care beyond the scope of CCAP and scholarships: Possible tiered Child Care Tax Credit? • Create child tax credit in MN (based off Fed credit, but make it refundable) • Restore At Home Infant Care program for MFIP parents • Scholarship model available to parents utilizing FFN provider who agrees to a home visiting program Access to Services That Help to Mitigate Effects of SDOHs • Parents receiving SSDI for mental health concerns become eligible for child care assistance (CCAP) • Provide incentives for chemical dependency programs to serve pregnant women – they currently do not have the capacity to serve this population • Focus resources on MFIP, Homeless, and Child Welfare families with very young children: ie EHS, ECFE and LPH home visiting, FAP • PSOP (parent support and outreach program) prioritized for families with infants and toddlers? 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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

NGA

ZERO TO THREE
Early connections last a lifetime

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

ZERO TO THREE

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

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.

Illinois' Unified Infant and Early Childhood Mental Health Consultation Model

- 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

ZERO TO THREE

- 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

ZERO TO THREE

- 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

Child and Family Outcomes

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

Activities	Policy Changes	Organizational Capacity to Support Adult Learning	Adult Capabilities	Child/Family Outcomes
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?* **How will you measure these changes? What evidence will you be able to see?**	*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?*

NGA

Final Team Planning

11:30 PM – 12:30 PM

State Report Out and Next Steps

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Program Director
Economic Opportunity Division

Thank you!


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NATIONAL GOVERNORS ASSOCIATION