Integrating and Advancing State Prenatal to Age Three Policies

November 15, 2019
Welcome

Dr. Beth Caron
Director, NGA Education
NGA Solutions: The Center for Best Practices
Parent Voices Session

Speakers

• Allysa Ware, Family Voices, Maryland

• Hayward Mclain, The National Parent Leadership Institute, Connecticut
The Diagnostic Odyssey

Our family’s journey through a broken system

National Governor’s Association
Prenatal to Age Three Policy Academy Cross-State Convening
November 15, 2019

Allysa Ware
Project Director
anware@familyvoices.org
Keeping families at the center of children’s health care

familyvoices.org
The Beginning – She made it!
The First Year
The Second Year
Missed Opportunities

• Infant & Toddlers
  • Birth – preemie
  • 4 months – 2 years old – feeding challenges and no weight gain
  • 2 years old – Speech delays and socialization challenges

• Specialists
  • 4 months – 2 years old – feeding challenges and chronic constipation
  • Birth – 2 years old – Umbilical hernia
  • 2 years old – Speech delays

• Screenings – NO SCREENINGS WERE DONE
Happy Ending... kind of
Thank You

Allysa Ware
Project Director
anware@familyvoices.org
Longitudinal and Governance Data Connections Session

Carlise King
Executive Director of Early Childhood Data Collaborative
Child Trends

Tony Ruggiero
State Longitudinal Data System, SLDS
State Support Team
AEM Corp.
National Governors Association

CROSS-STATE CONVENING FOR THE PRENATAL TO AGE THREE POLICY ACADEMY

NOVEMBER 15, 2019
Longitudinal and Governance Data Connections Session

Carlise King, Early Childhood Data Collaborative
Tony Ruggiero, State Longitudinal Data Systems
Session Objectives

- Importance of Early Childhood
- Highlight state early childhood integrated data systems
- Strategies for Integrating Home Visiting Data
- Identify tools and products
Importance of Early Childhood
Why Is Early Childhood Important?

• First five years of life are critical to lifelong development
• Early experiences influence
  • Brain development
  • Provide the foundation for
    • Language
    • Reasoning
    • Problem solving
    • Social skills
    • Behavior
    • Emotional health
• Prepares children to be ready for school
Early Childhood Integrated Data Systems (ECIDS)
What is an ECIDS?

• Collects, integrates, maintains, stores, and reports information from early childhood programs
• Crosses multiple agencies within a state that serve children and families from birth to age 8
• Includes data on the individual child, the child’s family, the classroom, the program/providers, and other services that provide comprehensive care and education for young children

(What is an ECIDS, NCES 2014)
ECIDS State Examples

Minnesota
Georgia
North Carolina
Minnesota

- Combines data collected by:
  - Department of Education
  - Department of Human Services
  - Department of Health
- Shares data dictionary
- Protects the privacy of children
- Shows population results
- Shows children’s growth and achievement in relation to their participation in a variety of educational and social programs over time
- ECLDS is the companion site to Minnesota’s Statewide Longitudinal Education Data System (SLEDS)
Data Governance

Minnesota’s ECLDS (ECIDS) Governance

- **Mini-Cabinet** (ad hoc)
  - State Agency Commissioners
  - Each state department appoints one member at leadership level. Each state department identifies two practice community associations who also appoint a leadership-level representative.

- **Governing Body**
  - Managers, Directors, Assistant Commissioners
  - Members appointed by Governing Body. Membership is flexible (may be dependent upon current work) and fluid.

- **Research & Data Committee**
  - Data stewards, policy and program researchers, data users and contributors

- **GB Approves/Denies**
- **R&D makes recommendations to GB**
Data Use

The MN ECLDS answers the following two broad policy questions:

• What do we know about the children participating in Minnesota’s public early care and education programs?
  • Demographics
  • Disability
  • Program combinations

• What is the status of children after participating in public early care and education programs?
  • Special education use
  • attendance in the early grades
  • third grade test scores
Data Use

Two strong examples of ECLDS data use are:


- In Willmar, MN school officials used ECLDS data to identify gaps in preschool access for Latino and Somali children.
  - The Willmar School District and United Way then expanded a home-visit program that pairs educators with Latino and Somali children who cannot get to preschool.
Georgia

- Housed at Bright from the Start: Department of Early Care and Learning (DECAL)
- Has integrated data on children from birth to age five and the programs and providers who serve them
- System provides each child with a unique ID
- Combines data collected by:
  - Department of Early Care and Learning
  - Department of Education
  - Department of Public Health
- De-identified child-level and provider-level data is securely stored
- Ability to link to Georgia’s P–20 and Workforce system
Data Sources

CACDS includes data from
• Home Visiting
• Early Head Start
• IDEA Part C
• Head Start
• Child and Parent Services (CAPS)
• Georgia’s Pre-K participation data
• IDEA Part B, Section 619
Stakeholder Engagement

• Developed a list of reports and research questions

• Reports
  • Unduplicated counts of participation across various early childhood programs
  • Utilization data for children with child care subsidies, multiple services accessed by unique children (Babies Can’t Wait, IDEA Part C)

• Future
  • Research Request Process
  • Enhancing CACDS system and support
  • Building series of data visualization tools
NC ECIDS
North Carolina Early Childhood Integrated Data System
Key Participating Agencies

• N.C. Department of Health and Human Services (DHHS)
  • N.C. Division of Child Development and Early Education (DCDEE)
  • N.C. Division of Public Health (DPH)
  • N.C. Division of Social Services (DSS)

• N.C. Department of Public Instruction (DPI)
  • Office of Early Learning (OEL)

• N.C. Head Start/Early Head Start

• Technology provider: N.C. Department of Information Technology
Participating Programs

CURRENT
• N.C. Pre-K
• Subsidized child care
• Early Intervention - IDEA, Part C
• Special Education - IDEA Part B (619)
• Food & Nutrition Services
• Child Protective Services

IN DEVELOPMENT OR PLANNED FOR THE FUTURE
• Temporary Assistance for Needy Families
• Early childhood workforce data
• Child care regulatory data
• Education data
• Home visiting data*
• Head Start/Early Head Start
Web Portal

Public-facing data hub for ECIDS

Has two uses:

1. Houses aggregate level reports (some standardized reports, some customizable, for example, by county)

2. Data request portal for research requests
   - All Users (general public, participating state agencies, policymakers, researchers)
     - Standard Reports
     - Query/Customizable Reports
Web Portal

• Internal and External Researchers
  • Dedicated data request portal for individual research and program requests

• Current reports:
  • Total and unduplicated number of children using services
  • Children receiving multiple services
  • Customizable reports available by county, age, race/ethnicity, gender
North Carolina Early Childhood Action Plan

Early Childhood Action Plan & Data

- Data-informed framework
- Tracking progress toward 2025 goals
- Early childhood data as a key statewide strategy for success
- Aligning data systems, collection, and access to state priorities
Discussion

• What are the challenges for developing an ECIDS?

• What are the solutions to overcoming challenges?

• What are the benefits of an ECIDS?
Questions?
2018 Early Childhood Data Systems Survey
Integrating Early Childhood Data
ECE Programs Linking Child Level Data

<table>
<thead>
<tr>
<th>Program</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>State pre-kindergarten*</td>
<td>16</td>
</tr>
<tr>
<td>Preschool special education (IDEA Part B, Section 619)</td>
<td>16</td>
</tr>
<tr>
<td>Early intervention (IDEA Part C)</td>
<td>15</td>
</tr>
<tr>
<td>Subsidized child care</td>
<td>17</td>
</tr>
<tr>
<td>State-funded Head Start**</td>
<td>3</td>
</tr>
<tr>
<td>Federally funded Head Start</td>
<td>7</td>
</tr>
<tr>
<td>Home visiting</td>
<td>10</td>
</tr>
</tbody>
</table>
Types of questions you can 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
Do children of color have equal access to early childhood programs?

Process for mapping data includes:

1. Identifying all early childhood programs needed to answer policy questions.
2. Identify available data and linkages.
3. Create a visual map of early childhood data.
## Sample Data Inventory

<table>
<thead>
<tr>
<th>Home visiting program or model</th>
<th>How program stores data (check all that apply)</th>
<th>Type of data collected by program (check all that apply)</th>
<th>Where data are housed, and data owner/manager</th>
<th>Data linkages (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kids N Families Home Visiting Program-East (Nurse-Family Partnership)</td>
<td></td>
<td>□ Child data</td>
<td>Housed and managed at the program and by a national model database (Efforts to Outcomes)</td>
<td>[ ] Linked with other home visiting data Describe:</td>
</tr>
<tr>
<td></td>
<td>□ Electronic records</td>
<td>□ Family data</td>
<td>Contact: Jay Stork, health department, <a href="mailto:jstork@health.state.us">jstork@health.state.us</a></td>
<td>[ ] Linked with other EC data Describe:</td>
</tr>
<tr>
<td></td>
<td>□ Does not collect data</td>
<td>□ Program data</td>
<td>[ ] Not linked</td>
<td>□ Unsure</td>
</tr>
<tr>
<td></td>
<td>□ Unsure</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Oklahoma early childhood data map
Incremental Approach to Integration

Small steps to integrate early childhood data:

1. Integrate data from one geographic location.
2. Integrate data from one funding source.
3. Integrate data from one home visiting model.
4. Integrate data with one early childhood program.
5. Identify data elements that answer a specific research or policy question.
State spotlight: Oklahoma

Oklahoma was able to test the feasibility of integrating home visiting data with other EC data by linking the data needed to answer a specific research question:

*Of the children who were identified by a home visitation program as possibly being developmentally delayed, how many received an initial screening from Sooner Start within the 45-day window as per the grant requirements and state regulations?*

Oklahoma identified the home visiting and early intervention data elements that were necessary to answer this question. Integrating the needed data also provided the opportunity to test the feasibility of the state’s unique identifier system (the Master Person Index). Since successfully integrating these specific data elements, Oklahoma has expanded to focus on additional questions they would like to answer by integrating other home visiting data into their ECIDS.
North Carolina

Current Participating Programs:
- NC Pre-K
- Subsidized child care
- Early Intervention - IDEA, Part C
- Special Education - IDEA Part B (619)
- Food & Nutrition Services
- Child Protective Services

Planned for the future:
- Head Start/EHS
- Temporary Assistance for Needy Families
- EC Workforce data
- Child Care Regulatory Data

Discussion

What types of policy questions do you have in your state which require integrated data for children prenatal to age 3?
Questions?
Contact Information

**Carlise King**, Executive Director, Early Childhood Data Collaborative at Child Trends, 
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Visit [www.ecedata.org](http://www.ecedata.org) for more information

*Follow us on twitter* @ecedata

**Tony Ruggiero**, SLDS State Support Team, 
tony.ruggiero@sst-slds.org

For more info about the SST and to request support:

SST general help: [support@sst-slds.org](mailto:support@sst-slds.org)

SLDS GRADS360° website: [http://slds.grads360.org](http://slds.grads360.org)
Thank You!
State Team Time
Break
State Level Lessons

Kristin Bernhard
Senior Vice President, Advocacy and Policy
The Ounce of Prevention Fund
It's amazing what they absorb before they're five.
The Ounce gives children in poverty the best chance for success in school and in life by advocating for and providing the highest quality care and education from the prenatal period to age five.
We Champion...

- The Highest Quality
- For the Most at Risk
- As Early As Possible
What is happening across states

The Ounce’s 2019 State Policy Update Report
The Ounce’s 2019 State Policy Update Report

- **Early Care & Education**: 85% (n=28) Agenda Items, 76% (n=25) Passed Budget Items, 58% (n=19) Admin/Legislative Items
- **Revenue**: 27% (n=9) Agenda Items, 64% (n=21) Passed Budget Items, 15% (n=5) Admin/Legislative Items
- **Workforce & Higher Education**: 24% (n=8) Agenda Items, 35% (n=11) Passed Budget Items, 61% (n=20) Admin/Legislative Items
- **Infant and Maternal Health**: 30% (n=10) Agenda Items, 30% (n=10) Passed Budget Items, 56% (n=18) Admin/Legislative Items
- **Family Resiliency**: 24% (n=8) Agenda Items, 15% (n=5) Passed Budget Items, 55% (n=18) Admin/Legislative Items
- **Mental, Emotional & Behavioral Health**: 30% (n=10) Agenda Items, 30% (n=10) Passed Budget Items, 52% (n=17) Admin/Legislative Items
- **Early Intervention**: 18% (n=6) Agenda Items, 39% (n=13) Passed Budget Items, 48% (n=16) Admin/Legislative Items
- **Home Visiting**: 30% (n=10) Agenda Items, 45% (n=15) Passed Budget Items, 0% (n=0) Admin/Legislative Items
- **Data**: 12% (n=4) Agenda Items, 21% (n=7) Passed Budget Items, 42% (n=14) Admin/Legislative Items
- **Governance**: 9% (n=3) Agenda Items, 36% (n=12) Passed Budget Items, 18% (n=6) Admin/Legislative Items
2019 State Policy Update Report: Early Intervention

Budgetary Changes

- The **Illinois** budget included a $12 million increase (12.4%) to the Early Intervention program at the Department of Human Services to accommodate the state’s growing caseload and to increase reimbursement rates for all EI providers.

- The **New York** budget included a five percent increase in reimbursement rates for certain professionals providing Early Intervention services - occupational therapists, physical therapists, and speech language pathologists. This marked the first time the State had provided an increase in Early Intervention reimbursement rates since the 1990s.

- The **California** budget included the Special Education Early Intervention Preschool Grant. This creates a grant provided to LEAs based on the number of three and four-year-olds with exceptional needs, specifically students with Individualized Education Plans (IEPs). Requires ongoing funding to be contingent upon the passage of legislation in the 2020-21 budget to reform the special education system to improve outcomes for students.

- **Colorado** saw an Early Intervention funding increase of $3.3 million

- **South Carolina** passed an additional $22 million (almost 200% more) in funding for the state’s IDEA part C program (Babynet).
2019 State Policy Update Report: Early Intervention

Legislative/Administrative Changes

• In Georgia, HR 421 created the House Study Committee on Infant and Toddler Social and Emotional Health to study the prevention, early intervention, and treatment of mental health challenges in young children.

• Maine successfully passed legislation for the implementation of a statewide Early Childhood Consultation program, in which early childhood mental health professionals work with teachers, providers, and parents to promote appropriate social and emotional development and manage challenging behaviors in children to help them be more successful in the classroom.

• In California, legislation clarified that health care providers must use a validated screening tool and adhere to the American Academy of Pediatrics best practices on periodicity for developmental screening services made available under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit.

• In Rhode Island, there is pending legislation that would develop and implement compensation strategies for infant/toddler educators, home visitors, and EI.
Budgetary Changes

- **Arizona** appropriated $1M to the Department of Health Services to establish a grant for rural hospitals to purchase and sonogram and telemedicine equipment for providing care to pregnant women.

- **Georgia’s** budget included $1.75 million to address maternal mortality, including $1.05 million to screen, refer, and treat maternal depression and related behavioral disorders in rural and underserved areas, $200,000 for additional nurse abstractors for the Maternal Mortality Review Committee, and $500,000 to create the Center of Excellence on Maternal Mortality at Morehouse School of Medicine. The budget also included $600,000 to establish three perinatal support satellites in three counties with consistently poor outcomes for infant mortality, low birthweight, prematurity, and inadequate prenatal care access.

- **Texas** lawmakers approved a $7 million general revenue increase for Department of State Health Services maternal health initiatives, including pregnancy medical home, AIM maternal safety bundles (at hospitals), initiatives for high risk pregnant women, and prevention and public awareness activities.
2019 State Policy Update Report: Infant & Maternal Health

Legislative/Administrative Changes

- **Arizona** established an advisory committee to recommend improvements to information collection concerning the incidence and causes of maternal fatalities and severe maternal morbidity.

- Included in the budget implementation bill in **Illinois** is language to ensure that young children exposed to lead are eligible for Early Intervention services. The state also passed a series of bills addressing maternal and infant morbidity and mortality and the racial disparities in these rates.

- In **Georgia**, HR 589 created the House Study Committee on Maternal Mortality to develop strategies and institute systemic changes to decrease and prevent maternal deaths.

- **Maine** passed three bills addressing the danger posed to child exposure to lead, through the strengthening of the Lead Poisoning Control Act, a bill to expand access to lead screenings at well-child visits for 1- and 2-year-olds, and legislation requiring public schools to test drinking water regularly for levels of lead.

- In **California**, there is pending legislation (SB 464) that would direct hospitals that provide perinatal care to implement implicit bias training programs that identify existing provider biases, create measures to decrease implicit biases and stereotypes, and develop more culturally inclusive and appropriate communications and service delivery strategies.
Many of the parents of the 50,000+ children who receive CAPS child care assistance from DECAL have some college experience but no degree.

Source: GEEARS, Summer 2016, online survey distributed to all CAPS recipients, completed by 602 CAPS recipients
Nationally, more than 50% of female college students with children drop out with no credential.

Source: NCES 2009.
Students matriculated in 2003-04 and their progress was observed in June 2009.
Connect parents currently pursuing workforce training or postsecondary education with child care and family supports.

Connect parents of young children in the child care system with workforce training and postsecondary education.
Built opportunities for frontline staff from community colleges & child care subsidy to learn about available resources.
Bridging a Stronger and Support Partnership that will change families life for the better - families like ours. But most importantly seeing the rise of low-income families' financial security will sustain better education.

The correlation between the two agencies and their potential.

The two-generations approach makes so much sense. It seemed obvious after hearing about it, but I hadn't considered an approach for their specific strategy.

These are more resources available than I was aware of to help students. This would greatly help the needs of many of our students who step out due to child care and other family needs. The problem is making everyone aware of resources and pathways.

My big takeaway from this morning's session is that TCSE & DECal both offer clear ways to work together to help students and families become economically successful. There are many resources available to students and families, and working together provides the best avenue to help them.

A-ha! The two-generation approach never heard of it but helping parents and children makes sense.
Family support consultant.
I was thinking Two-Gen Approach would apply to families on CAPS already attending TCSG, but it had not occurred to me to refer families that may be needing higher education opportunities. I will be using this in conversations.
Closing Remarks

Dr. Beth Caron
Director, NGA Education
NGA Solutions: The Center for Best Practices