



A PLACE TO GET STARTED



Innovation in Infant and Toddler State Policies

In the world of public policy, innovative approaches and solutions can make the difference between achieving long-held goals and maintaining the status quo. States are incubators for innovative ideas and often set the trends about which policy strategies build momentum and which do not. For the early childhood field, this is an exciting time of policy innovation. More attention is being focused on the earliest years of life than ever before in our nation's history. Across states, this new awareness about the early years is translating into creative policy strategies that promote responsible government while specifically addressing the needs of children prenatally to 3 years old.

Research shows that, to ensure a good start in life, all infants and toddlers need good health, strong families, and positive early learning experiences. Programs and services that address these areas are critical; however, they are only as strong as the infrastructure that supports them. When states build comprehensive, coordinated systems of high-quality, prenatal-to-5 services, it is possible to make the most efficient use of resources to meet the needs of the youngest children and their families.

There is much to be gained by looking at how your state can build on the strengths of existing state programs and take new, innovative steps toward a coordinated, comprehensive system of services for infants, toddlers, and their families. This paper features some of the infant-toddler policy strategies currently garnering attention and provides examples of how states are implementing them. The approaches featured here are only a sample of ideas about where to begin in your work on infant and toddler policy. For a more complete array of policy options that

your state could consider, download a copy of ZERO TO THREE's [*Early Experiences Matter Policy Guide*](#). Additional information on how states are implementing the strategies included in this paper and others that impact infants, toddlers, and their families can be found in ZERO TO THREE's [*Baby Matters Database: A Gateway to State Policies and Initiatives*](#).

When reading these examples, you may ask yourself, "How did the states featured here make their innovations happen? And where did they start?" Our experience teaches us that there is no wrong place to begin. In fact, each state is unique and will focus on the infant-toddler system area that makes the most sense in its particular context. To help guide you through this process, ZERO TO THREE developed [*Infants and Toddlers in the Policy Picture*](#), a state self-assessment tool. With the assessment in hand, *A Place to Get Started* can act as a jumping-off point for your state's infant-toddler strategic planning. ZERO TO THREE's work with states has made it clear that collecting and analyzing data is important in this process and can drive the policy choices you make. It is critical to gather basic information about the infants and toddlers in your state, such as how many children are under 3 years old, where infants and toddlers are being cared for, and the economic environment in which families with young children are living. In addition, states find it valuable to assess current policies and practices that impact new policy decisions. The key is to start somewhere and be thoughtful about how your policy choices fit within the context of a broader system of supports for infants, toddlers, and their families. No matter where you get started, the ZERO TO THREE Policy Center is here to support your efforts.

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Policy Strategies

Building a comprehensive, coordinated early childhood system that addresses the developmental needs of infants and toddlers requires strategies that cross the boundaries of agencies and programs. The policies featured in this paper illustrate concrete, effective approaches that contribute to such a system. Promising state examples are described beneath each policy strategy.



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Include an infant–toddler focus in the priorities of collaborative planning and governance structures.

Many states are developing coordinated governance structures or planning bodies to develop and implement a vision for a high-quality state early childhood system from prenatal or birth through school entry or through third grade. When building this infrastructure, state leaders have an opportunity to include specific infant–toddler policy priorities that are closely linked to the state’s broader goals to improve outcomes for young children.

Colorado’s Early Childhood Framework Leads to Opportunities for Infant–Toddler Planning

When setting up effective planning and governance structures for state early childhood programs, Colorado recognized that they needed a foundation upon which policy and planning decisions could be based. The result was the creation of the [Early Childhood Colorado framework](#) in 2008, which has become the rallying point for all early childhood systems work in the state. Colorado’s framework was developed by a diverse group of stakeholders that was spearheaded by the Lieutenant Governor’s office and included all relevant state agencies as well as local nonprofits, foundations, universities, and other private organizations. It outlines the access, quality, and equity outcomes that the early childhood system is aiming to achieve in the areas of early learning; family support and parent education; social, emotional, and mental health; and health. The framework also describes the strategies that the state uses to attain the outcomes listed. Infants’ and toddlers’ needs are well-represented in the framework, which makes it easier for the state to think intentionally about the full continuum of services that young children and families need. The upfront work of developing a common vision has enabled the state to take advantage of new opportunities. It provides the foundation for work being done through the [Early Learning Challenge](#); [Maternal, Infant, and Early Childhood Home Visiting \(MIECHV\) program](#); [Project LAUNCH](#); and other federal grants that benefit babies and their families.

Thirty-one local Early Childhood Councils across the state are tasked with implementing the framework at the community level. The Councils were created through legislation in 2004 to improve and sustain the availability, capacity, accessibility, and quality of early childhood services. They consist of early childhood service providers,

law enforcement, business, community leaders, parents, and others. The state has worked with the local councils by (a) providing them system-building grants to better align services and (b) conducting public awareness outreach. The Early Childhood Leadership Commission is updating the framework in 2015 to incorporate the latest research and knowledge on early childhood and to reflect the state’s progress over the last 7 years.

Washington’s Birth-to-3 Plan Forms the Foundation for Future Decision-Making

In response to legislation that was passed in early 2010, three organizations—Washington’s Department of Early Learning, the Office of Superintendent of Public Instruction, and privately funded partner Thrive Washington—co-led an effort to develop a comprehensive [birth-to-3 state plan](#). Many early learning stakeholders were involved in the development of the plan, which outlines actionable policy recommendations to improve services and achieve measurable outcomes for infants, toddlers, and their families. Many of the recommendations build on strategies identified in Washington’s Early Learning Plan, a 10-year plan to ensure school readiness for all children (prenatal to third grade) in the state. Like the Early Learning Plan, the birth-to-3 plan organizes recommendations around seven core areas: children’s health and developmental well-being; home visiting; parents as their children’s first and most important teacher; family, friend, and neighbor care; high-quality professionals and environment; child care subsidies that promote parent choice and access to affordable care; and infrastructure, partnerships, and mobilization.

The policy recommendations serve as the foundation for building statewide infrastructure, making funding decisions, developing public will, and scaling up efforts to

achieve measurable success. One of the innovative strategies resulting from the plan was the creation of regional early learning coalitions and regional infant-toddler steering committees. These groups allow for enhanced two-way conversations between the state and regional stakeholders, as well as coordinated efforts for children birth through 3 years old within the regions. For example each of the 10 regional coalitions worked with its steering

committee to develop models for providing infant-toddler child care consultation services based on findings from regional data summaries. This important work has significantly improved the services and supports available for young children and their families and has also raised the visibility of the work and its impact in local communities across the state to policymakers and legislators.



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Promote coordination across services that support expectant parents, infants, toddlers, and their families.

When families with very young children are in need of support, one of the greatest challenges is navigating the array of services and the differing processes that each service entails. States can increase families' access to and use of appropriate services by coordinating screening and referral activities that take place in a variety of settings, including doctor's offices, child care centers, and home visits; establishing central intake hubs where families can connect to multiple types of services at the same time; and providing care coordination.

Illinois Targets Developmental Screening as a Model for Coordinating Services

Illinois has a long history of engaging in efforts to ensure that all infants and toddlers have developmental and social-emotional screenings and receive follow-up supports and services. In 2003, the Commonwealth Fund launched its second phase of the Assuring Better Child Health and Development (ABCD II), a national initiative designed to assist states in improving the delivery of early childhood development services for low-income children and their families. Through this initiative, Illinois analyzed state Medicaid policy to identify policy changes that could promote better coordination, improve screening delivery, and connect families with services through referrals. Policy changes included adjustments to physician billing for screening during well-child visits, clarification of Part C early intervention eligibility for physicians, the use of both the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire: Social Emotional (ASQ-SE) as valid and reliable tools for screening, and flexibility for physicians to screen the mother in order to identify perinatal depression. Ultimately, all changes were made administratively, and no legislation or state plan amendments were necessary. Illinois was also a recipient of an ABCD III grant in 2009, which allowed the state to continue its work to strengthen linkages across screening, referral, prevention, and treatment programs. A particular focus was improving the connection between early intervention and health care providers. This work continues to be expanded throughout the state, and additional progress has been made in sharing information through electronic transfer of information and more timely communication.

In Illinois' Quality Rating and Improvement System, ExceleRate Illinois, a key element of a high-quality program is ensuring that children and families obtain screenings and referrals for services. To support programs in achieving this requirement, Illinois has developed a screening resource guide and sample agreements with early intervention and local education agencies. Universal and periodic developmental and social-emotional screening is also at the center of a number of statewide strategic plans related to community systems, mental health, and health. All of these efforts will advance the state's goal of ensuring that a coordinated system exists so that all infants and toddlers and their families can have their needs identified and addressed early.

Connecticut Puts Developmental Needs First With Help Me Grow

In the 1990s, Connecticut applied a developmental approach to how it connected at-risk children with the services they needed. With Help Me Grow (HMG) Connecticut, a system for improving access to existing resources for children birth to 8 years old, there is a central point of contact for families of young children as they navigate services and coordinate care. The Child Development Infoline, which is a specialized call center of the United Way of Connecticut's 2-1-1 system, is the access point for HMG. Rather than providing direct services, HMG builds collaboration across sectors, including child health care, early care and education, and family support. Through comprehensive physician and community outreach and centralized information and referral centers, families are linked with needed programs and services.

Doctors who received training from HMG were twice as likely to identify and refer children for services after being trained. HMG Connecticut connected more than 2,000 families to more than 3,000 services in 2014. Ongoing data collection and analysis help identify gaps in the system and barriers to accessing resources. As the program has grown, new efforts are adding targeted attention to infants and toddlers. HMG Connecticut recently embarked on a campaign to raise public awareness of the need for early identification and intervention through the developmental screening of 2-year-olds in a number of Connecticut communities. This effort includes statewide and local promotion activities as well as local events involving parents, professionals, and community partners.

The HMG concept has been so well-received that it evolved to include national expansion efforts, including a National Center based at Connecticut Children's Medical Center, initially funded by the W.K. Kellogg Foundation. The National Center expanded HMG to 19 affiliate states and continues to work toward expansion of the model nationwide. The Help Me Grow National Center (HMG National) is developing a comprehensive data system to support HMG affiliates with data collection, tracking, and utilization.



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A PLACE TO GET STARTED

Implement a cross-sector professional development system to support the infant–toddler workforce.

Professionals working with young children and families—whether in child care, home visiting programs, or other settings—need the skills to effectively support children’s development and learning. Although all states offer training opportunities to infant–toddler professionals, leading states are building a coordinated, cross-sector professional development system that leverages state resources to build the capacity of the infant–toddler workforce.

Community- and State-Level Assets Strengthen California’s Infant–Toddler Workforce

At the community level, Los Angeles County is making great strides in the area of cross-sector competencies for the infant–toddler workforce. [First 5 LA](#) partnered with the ZERO TO THREE Western Office (ZTT) to facilitate the Prenatal through Three Workforce Development Project. The project began with the formation of a workgroup of community experts in five sectors that comprise the P-3 workforce (early care and education, early identification and intervention, infant and early childhood mental health, physical health, and social services/child welfare). Through an exhaustive literature review of existing competencies, the workgroup identified sector-specific competencies and used them to inform the development of the P-3 Cross-Sector Core Competencies for the multidisciplinary workforce in Los Angeles County. In addition, ZTT is developing online training and communities of practice, forging new relationships with service providers, and creating county and state policy recommendations to better foster cross-sector partnerships. With continued investment from First 5 LA, a process is currently underway to encompass competencies needed by professionals serving young children 3–5 years old and their families.

California’s Early Childhood Educator Competencies, developed by the state Department of Education and administered by the California Child Development Training Consortium (CDTC), provide the framework under which professional development opportunities are strengthening California’s infant–toddler workforce. One of CDTC’s services is a training portal that offers 122 infant- and toddler-focused trainings or courses. CDTC also hosts the California Community Colleges Curricu-

lum Alignment Project (CAP), which developed a program of study for early care and education teachers that includes eight courses on the earliest years of child development. CAP added “Infant Toddler” as a specialty area, and 12 colleges now offer one or both of the approved Infant Toddler courses. WestEd’s Program for Infant/Toddler Care (PITC) curriculum offerings can be accessed through the CDTC training portal. Through PITC, more than 7,000 people have been trained as trainers, and centers or groups of family child care providers receive onsite training, observation, and coaching from infant–toddler specialists.

New Mexico’s Infant–Toddler Professional Development Track Builds a Strong Workforce for the State

With a mandate from the New Mexico Office of Child Development (OCD) in 1996, New Mexico created a statewide system of professional development for the workforce across various sectors working with children from birth through 8 years old and their families. The professional development system includes a track for Family Infant Toddler Studies. Professionals who pursue this track are primarily home visitors and early interventionists striving to work toward an associate’s or a bachelor’s degree and corresponding levels of certification. A Career Lattice illustrates how Family Infant Toddler Studies corresponds to other early childhood courses of study and assists providers in identifying career path opportunities as they obtain deeper knowledge and training. The state created the [NewMexicoKids.org](#) website as a portal that features resources for state providers, families, OCD staff, training and technical assistance providers, and participants in the Tiered Quality Rating and Improvement System (TQRIS) all in one place.

Early childhood professionals, administrators, and infant-toddler specialists who wish to obtain certification in Family Infant Toddler Studies are able to expand their professional skills as defined by core knowledge and competencies. Infant-toddler-specific content is spread throughout the competencies. The Family Infant Toddler pathway includes core courses and upper-division courses specifically for the infant-toddler workforce. Associate's degree students focus

on courses in relationship building, caregiving for infants and toddlers, and infant-toddler growth and development. Bachelor's degree students, including those going into early intervention and home visiting, take courses in research, assessment, public policy and advocacy, and reflective practice. Infant mental health competencies are integrated into all coursework for those wishing to obtain endorsement.



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Include a specific focus on infants and toddlers in Quality Rating and Improvement Systems.

State early care and education (ECE) Quality Rating and Improvement Systems (QRIS) are an increasingly common state approach to measuring and improving the quality of ECE programs. Through QRIS, states define several tiers of ECE program quality, and programs volunteer to receive a quality rating. States typically provide financial support and technical assistance to participating programs to improve quality and share ratings publicly to inform parent choices. Because many of the programs participating in QRIS serve infants and toddlers, state leaders have an opportunity to ensure that QRIS standards and supports reflect best practices in providing high-quality ECE for the youngest children.

New York Raises the Bar on Infant–Toddler Care Program Standards and Incentivizes Quality Improvement

Field-tested in 2010, New York’s **QUALITYstarsNY** is a project of the state’s Early Childhood Advisory Council (ECAC) and provides program quality standards for each modality of early childhood programs (centers, public schools and family/home providers). Currently, more than one third of programs participating in **QUALITYstarsNY** serve infants and toddlers. Infant–toddler program standards are a key component of the system and reflect the unique needs of this age group. The infant–toddler program standards address daily interactions and relationships, physical learning environments, developmental screening and assessments, curriculum, children with special needs, environmental safety and physical health, nutrition, and physical activity—all from the developmental perspective of the very youngest children. One example of an infant–toddler standard is as follows: “Program promotes the quality and continuity of teacher–child relationships through teacher training, teacher scheduling, and other policies such as ensuring no more than one transition within the child’s first two years.”

In addition to the standards, **QUALITYstarsNY** provides participants with financial supports for quality improvement. Supports typically come in the form of grants, material supplies, and scholarships for staff training and credit-bearing coursework. For instance, PITC trainers provide onsite technical assistance to infant–toddler programs, and scholarships are offered to providers seeking the state’s infant–toddler credential and the infant–toddler Child Development Associate (CDA). With additional resources coming into the system, **QUALITYstarsNY** intends to expand financial incentives to help programs bridge the gap between the cost of providing quality care and the fees that they are able to charge families.

Indiana’s Paths to QUALITY Recognizes the Unique Developmental Needs of Infants and Toddlers

Indiana’s QRIS, **Paths to QUALITY**, is a voluntary statewide rating system for early care and education programs. It began as a local initiative in the 1990s and was implemented statewide in 2008 after an evaluation showed that participating providers made significant quality improvements over a 3-year period. Participating providers include licensed child care centers, licensed child care homes, and unlicensed registered child care ministries. The levels of **Paths to QUALITY** move providers from basic health and safety with licensure or voluntary registration at Level 1 to national accreditation at Level 4. Levels 2 and 3 are aligned with the state’s early learning guidelines and focus on environmental supports to children’s learning and a planned curriculum that guides children’s development and school readiness. Providers must meet all of the requirements for the previous levels (including those specific to infants and toddlers, if applicable) in order to advance or maintain a level rating.

Adding to the system’s success is the way in which it differentiates the needs of infants and toddlers from older children by identifying particular requirements that must be met when caring for the youngest children. Specific infant–toddler standards are included at all levels of **Paths to QUALITY**, in recognition that infants and toddlers have different developmental needs than older children. Infant–toddler indicators cover continuity of care, provider–child interactions, materials, daily schedules, and language and literacy development. In addition, Indiana’s statewide network of Infant Toddler Specialists provides training and individualized technical assistance as needed, including to programs participating in **Paths to QUALITY** that care for infants and toddlers. Currently, more than half of licensed child care programs in Indiana that serve infants and toddlers participate in **Paths to QUALITY**.

Articulate an intentional strategy for maternal, infant, and early childhood mental health, and embed it into services and systems.

Infant and early childhood mental health (I-ECMH), sometimes referred to as “social and emotional development,” is how children from birth to 5 years old develop the capacity to form secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn—all in the context of family, community, and culture. Because the parent–child relationship is a critical component of early development, the mental wellness of adults plays a critical role in how very young children develop. States can improve young children’s social and emotional development by implementing strategies along a promotion, prevention, and treatment continuum and embedding maternal and I-ECMH supports into all aspects of the early childhood system.

Michigan’s Pioneer Spirit Offers Professional Opportunities for its Early Childhood Mental Health System

Michigan is a pioneer in the I-ECMH field, creating, copy-righting, and licensing competency standards and an endorsement system to promote infant mental health. The standards and the endorsement recognize professionals from many disciplines who incorporate infant mental health principles into their work with families as well as mental health professionals who specifically work with the mental health needs of infants, toddlers, and parents at risk or with identified mental health conditions. In the mid-1990s, the Michigan Department of Education (MDE, then the lead agency for Part C early intervention) assembled representatives from the early intervention field who recommended five areas of core competency for the statewide professional development plan. A number of people who participated in the professional development planning process were members of the Michigan Association for Infant Mental Health (MI-AIMH), a nonprofit association whose mission is to promote infant mental health principles and practices across systems of care. MI-AIMH built upon the Part C standards by providing the perspective and reflective process of I-ECMH and systems expertise. The association expanded the core competencies to include a broad array of professionals from education, health, and mental health fields and designated four levels of competency—infant family associates, infant family specialists, infant mental health specialists, and infant mental health mentors.

In 2002, after several years of working with the *MI-AIMH Competency Guidelines*[®] as training and professional development standards that promote infant mental health,

MI-AIMH professionals developed a workforce development plan: the *MI-AIMH Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health*[®]. The standards and the endorsement process proved important to many outside of Michigan. By 2014, 20 state infant mental health associations, two large children’s agencies, and one international infant mental health organization had entered into licensing agreements to use the *MI-AIMH Competency Guidelines*[®], *MI-AIMH Endorsement*[®] or both. In 2014, MI-AIMH divided into two organizations: MI-AIMH (focused on state efforts) and the Alliance for the Advancement of Infant Mental Health (focused on continued national and international activity specific to global support for use of the *MI-AIMH Competency Guidelines*[®] and the *MI-AIMH Endorsement*[®], research, and practice).

Ohio’s Maternal Depression Screening Program Creates Synergy Between Home Visiting and Mental Health Services

In 2004, the Ohio Department of Mental Health and Addiction Services (MHAS), the Ohio Department of Health (ODH), pediatricians, mental health providers, and home visitors came together to improve awareness and screening for maternal depression. The Ohio Pediatric Research Consortium partnered with the state agencies to train primary care pediatricians and pediatric residents who screen and refer mothers with or at risk of depression. In 2006, MHAS and ODH worked together to develop a Maternal Depression Screening and Response Program (MDSR). After a pilot phase in seven counties, MDSR became a required

component of Ohio's home visiting and early intervention program for expectant, first-time, and other parents at highest risk; MDSR operates in all 88 counties.

In 2012, the screening became mandatory in order for mothers to participate in the home visiting program, and it remains optional for mothers participating in the Part C early intervention program. Positive screens are referred to participating community mental health therapists for services, which are delivered concurrently with home visiting. There is regular contact between mental health providers and home visitors, with cross-system training and monthly

conference calls to support mutual problem solving, resolve issues, and motivate ongoing participation. Home visitors attend one of the final therapy sessions to review the impact of treatment and to facilitate follow-up support. Early Head Start and mental health screeners have also become involved with the MDSR. A web-based data system is utilized to enter screening information and make facilitated mental health referrals. Data are analyzed and shared with participating programs, which allows for better communication between the program and MHAS around services provided to mothers and young children in each county.



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Embed a developmental approach into child welfare services for infants, toddlers, and their families.

Children under 3 years old are the age group most vulnerable to child abuse and neglect and its aftermath. And yet, most child welfare services and policies do not consider the unique developmental needs of the infants and toddlers in their care. By infusing guiding principles for infant and toddler development into child welfare practices and policies, states can help to ameliorate the adverse effects of maltreatment on very young children.

Arkansas Promotes Stability for Very Young Children in the Child Welfare System

In Arkansas, state and community leaders are recognizing that stability for infants and toddlers in the child welfare system can be dramatically improved when stakeholders across service sectors work together to provide developmentally appropriate services. The [Arkansas Safe Babies Court Team](#), which operates within the 10th and 11th Division Circuit Courts in Pulaski County, exemplifies this vision by bringing together a team of more than 50 members from 12 different disciplines to provide comprehensive, developmentally appropriate support to infants and toddlers in the child welfare system. The Court Team incorporates a developmental approach into child welfare services by engaging in the following strategies: concurrent planning; holding monthly Court Team meetings with all service providers to problem-solve systemic issues and track families' progress; facilitating Family Team Meetings for families involved with the Safe Babies Court Team; increasing parent-child visitation; and providing mental health services for birth parents and children to improve the parent-child relationship.

In addition, [Arkansas' Project PLAY \(Positive Learning for Arkansas' Youngest\)](#) promotes quality and stability in child care for children within the foster care system. Project PLAY is a partnership between the University of Arkansas for Medical Sciences, the Department of Human Services (DHS) Division of Child Care and Early Education, and the DHS Division of Children and Family Services. Project PLAY (a) prioritizes early childhood mental health consultation services for centers serving children in foster care; (b) engages in broad educational outreach about the importance of high-quality, stable child care placements to case workers, foster parents, the courts, and Court Appointed Special Advocates volunteers; and (c) creates materials for child care providers that better prepare them to support children who have experienced trauma.

Hawaii Is at the Forefront of Developmentally Appropriate Practice in Child Welfare

Hawaii is taking a number of steps to ensure that its child welfare system is intentionally addressing the unique developmental needs of the infants and toddlers in its care. The state's focus on training of staff and foster parents demonstrates a commitment to the very youngest vulnerable children. For example, foster parents receive supplemental training on how to serve as partners with birth parents, often serving as mentors to help them better support their children's healthy development. Two state programs focus on special training for foster parents of children from birth to 3 years old: (a) Project First Care, training intended for placements of 60 days or fewer, where reunification or relative placement is highly likely; and (b) Hale Malama, a program for foster parents of medically fragile infants and toddlers. In addition, Hawaii's *Keiki Placement Project* was created to ensure focused efforts to place children from birth to 3 years old with relatives. The project increased placements with kin and has since ended because making timely relative placements for young children has been successfully integrated into regular practice.

Recognizing the importance of maintaining relationships between young children and their birth parents, Hawaii requires more frequent visitation between birth parents and young children in foster care than most other states—at least 3 hours per week in natural settings like the foster home, parks, and libraries. The state also instituted the Attachment Behavioral Catch-Up Program, which is an optional service within the child welfare system's contracted home visiting program for infants and toddlers in foster care. This evidence-based program uses specially trained practitioners to conduct a 10-week curriculum aimed at improving parents' sensitivity, attachment, and involvement with their babies and toddlers using a strengths-based approach.

Maximize existing funding and create new financing mechanisms to sustain and expand services for infants, toddlers, and their families.

Programs serving infants, toddlers, and their families historically have been developed in a patchwork fashion in response to specific needs. To provide the coordinated and comprehensive early childhood services that very young children and their families need, states must develop fiscal policies that incentivize braiding and blending of funding streams and leveraging of federal, state, local, and private dollars across systems. Thinking creatively about how to prioritize infants and toddlers in state budgets—through set-asides or specific line items—can also increase access to services.

History of Creative Financing Puts Kansas on the Map

Since 1998, Kansas has used creative state financing approaches to supplement federal funding for the Early Head Start (EHS) program. Former Governor Bill Graves first approved the transfer of Temporary Assistance for Needy Families (TANF) block grant funds to the Child Care and Development Block Grant (CCDBG) to establish the [state-funded EHS program](#). In subsequent years, policymakers utilized state general revenue, [Children's Initiative Funds](#) from tobacco settlement dollars, and federal CCDBG quality set-aside funding to serve children birth to 4 years old and pregnant women. This history of innovation set a useful precedent when the state launched an effort to create the [Kansas Early Childhood Block Grant \(ECBG\)](#) to (a) support high-quality, evidence-based child development services for at-risk infants, toddlers, and their families, and (b) expand and enhance preschool opportunities for 3- and 4-year-olds. The ECBG and Smart Start Kansas programs were combined in 2013 and received a total of \$18.1 million in dedicated funding from the Children's Initiative Fund. At least 30% of the ECBG funding must be spent on programs for at-risk infants and toddlers. Grantees are required to raise a 10% cash match. New tobacco settlement payments are assigned to the Children's Initiative Fund, which supports the ECBG as well as other initiatives. In Fiscal Year 2015, \$17.78 million was awarded through the ECBG in the form of 25 grants to school districts, Head Start and Early Head Start providers, child care centers, and community-based programs that provide evidence-based programming to at-risk children. Grantees expect to serve more than 4,500 children birth to 3 years old with these funds. In February 2015, Kansas transferred \$12 million from the Kansas Endowment for Youth (KEY) Fund to address the gap between revenue and the approved FY2015 budget.

The KEY Fund is the endowment that makes transfers each year to the Children's Initiative Fund. Although this will have no impact on current ECBG grantees, it could result in less money being available in the future.

Blending Funds for Home Visiting Leads to Enhanced Coordination in Rhode Island

Rhode Island's 2005 early childhood system plan, [Successful Start](#), provided the foundation upon which state leaders could seize opportunities to expand services to support the healthy development of the state's youngest children. The plan identified the need for sustainable, blended funding streams across agencies, as well as enhanced evidence-based home visiting services for families with young children at high risk. [Rhode Island KIDS COUNT](#), a state policy and planning organization, worked as the intermediary organization to identify and bring together all of the state agencies and programs utilizing various federal funding streams related to home visiting. Together, they collaborated to identify goals and outcomes of the various funding streams (e.g., to prevent and reduce child maltreatment, to improve maternal economic self-sufficiency, to improve child and maternal health) and mapped those onto the goals and outcomes of home visiting programs. The points of overlap and intersection became opportunities for agencies to pool funding.

In 2008, Rhode Island was awarded a 5-year federal [Evidence-Based Home Visiting \(EBHV\)](#) grant to work across agencies to establish and sustain an anchor Nurse-Family Partnership site. When the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program was established, the Rhode Island Department of Health was able to capitalize on the initial collaborative, cross-agency work to dramatically expand evidence-based

home visiting programs in the state (adding Healthy Families America and Parents as Teachers) and build strong cross-agency referral, service coordination, and continuous quality improvement systems for home visiting. Rhode Island also leveraged resources through Part C early

intervention, Community-Based Child Abuse Prevention, TANE, and Medicaid. Blended funding not only increased services for families, but it enhanced collaboration and prompted critical discussions about service coordination, program standards, and professional development.



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Include measures of infant–toddler health, development, and well-being in the state’s desired outcomes for children, and monitor key indicators.

Many states have identified measurable outcomes for children and families within state strategic plans and other planning processes. Yet few state plans include outcomes on the health, development, and well-being of infants and toddlers. Articulating outcomes that are specific to children under 3 years old, and regularly collecting and analyzing data related to those outcomes, can equip states with the information they need to assess current practices and make changes necessary to improve their early childhood systems.

Vermont’s Data Reporting System Helps Build Bright Futures for Their Infants and Toddlers

Building Bright Futures (BBF), the governance structure for Vermont’s early childhood system, leverages the capacity of Vermont’s communities to improve child and family well-being. BBF serves as a conduit between 12 regional councils and the state by connecting resources, convening stakeholders, communicating information, and promoting early childhood system improvements to better outcomes for all Vermont children.

Part of BBF’s governance function includes acquiring and reporting data on key indicators of well-being for infants, toddlers, and their families, such as early prenatal care and low birth weight rates. To accomplish this, BBF sponsors Vermont Insights, a web-based early childhood data reporting system. Vermont Insights is a data hub for current early childhood data systems as well as a place to house integrated prenatal to grade 12 data in the future. It also includes economic, housing, transportation, environmental, and public safety data from related public, nonprofit, and private data sources. Data elements specific to infants and toddlers are intentionally included when analyzing questions of child well-being. For instance, data collected to answer the policy question, “Are our young children achieving optimal health and development?” includes infant–toddler data elements ranging from early prenatal care rates and low birth weight to developmental screening and high-quality early childhood experiences. Data elements are collected through data-sharing agreements (ensuring that individual-level data is protected and kept confidential) with governmental and nongovernmental organizations at the national, state, and local levels; they are also acquired through public datasets such as the Census Bureau. Vermont’s long-term vision is to integrate and use these data to track child, family, and community well-being; stimulate dialogue and learning; and inform policy and investments so that children’s health, development, and learning flourish.

Pooling Data Across Agencies Gives Minnesota a Roadmap to Improve Infant–Toddler Well-being

In 2012, the Minnesota Department of Health (MDH) was asked to lead the creation of a plan for improving the health and well-being of children prenatal through 3 years old in order to eliminate health disparities based on race, ethnicity, and geography. Stakeholders involved in the process began by developing a Prenatal–Age Three Framework, which is intended to be a roadmap for future action. One of the key features of the framework is a set of desired outcomes in health, education, well-being, and systems for children prenatal through 3 years old, their families, and their communities. Indicators were identified to track each outcome. Much of the data needed for tracking the indicators was already being collected, but stakeholders needed to identify which agencies had the data to fit each indicator and ensure that the correct data were being pulled to match indicator definitions. Examining the data across agencies is allowing Minnesota to gain a greater understanding of how policies influence very young children and their families in their communities.

Concurrently, MDH was also delving deeper into the issue of health equity for all its citizens by looking at the social determinants of health, many of which are rooted in early childhood. Because some of the same people at MDH were involved in both processes, it allowed for a cross-pollination of ideas. Minnesota also has been looking more closely at its data on young children disaggregated by race and ethnicity. This data breakdown brought to light significant disparities, especially in infant mortality. Now Minnesota is taking steps to develop policy, system, and environmental innovations to address racial inequity for the prenatal to 3 years old population and their families.

Conclusion

Within states across the country, leaders are working collaboratively and creatively to provide a solid future for young children and their families. And although programs and services exist to support early childhood, the specific developmental needs of infants and toddlers can often prove more challenging for states to address. *A Place to Get Started* hopes to ease this process for your state. We find that learning from one another is an effective tool for states that are striving to take the next steps toward a coordinated, comprehensive system of services for infants, toddlers, and their families. By building on the innovations happening within states, together we can establish the types of early childhood systems that our youngest children need to develop, grow, and thrive.

About Us

The ZERO TO THREE Policy Center is a nonpartisan, research-based, nonprofit organization committed to promoting the healthy development of our nation's infants and toddlers. To learn more about this topic or about the ZERO TO THREE Policy Center, please visit our website at www.zerotothree.org/public-policy.

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