



**STATE OF BABIES
YEARBOOK 2019**

Promising Approaches

**at Work
in States**





Introduction

The message of the *State of Babies Yearbook: 2019* is clear: The state in which babies are born and spend their early years makes a difference in their start in life. As the *Yearbook's* rankings indicate, states are in very different places in assuring that all babies have the good health, strong families, and positive early learning experiences they need to thrive, and every state has room to grow. The *Yearbook's* goal is not to leave some states complacent and others overwhelmed, but to be a catalyst for action.

Babies are born with unlimited potential. How well families are able to nurture that potential is crucial, as these babies are our future parents, workers, and leaders. From birth to age three, infants and toddlers experience the most rapid physical, cognitive, and emotional development of their lives. Research confirms the importance of the infant-toddler years for all that follows, as well as the return on investment when policies and practices support their positive development. Yet infants and toddlers have seldom been at the forefront of national and state policy agendas.

In its look across states, the *State of Babies Yearbook: 2019* highlights the demographic factors states must consider when implementing policies to support families with young children. Most notable is the population shift so that more than half of all babies born in the U.S. are now children of color. In addition, the workforce contains a large proportion of mothers with very young children. The *Yearbook* also captures the early warning signs of conditions that can undermine babies' healthy development, such as high poverty levels, food insecurity, and crowded housing. These shifts and warning signs tell us that we must act if we are to ensure that all babies realize the unlimited potential with which they are born.

Across the country, broader awareness and deeper understanding about the importance of the early years has been growing. In some cases, this awareness has led states to implement creative policy strategies to promote well-being and address the needs of infants, toddlers, and their families. This companion brief to the *State of Babies Yearbook: 2019* highlights a variety of states for their initiatives that address the challenges they face in ensuring infants and toddlers have the greatest opportunity to thrive.

As we examined the results of the tiered rankings in the *State of Babies Yearbook: 2019* and compared them to our knowledge of state initiatives, it became clear that regardless of overall rankings or even rankings in a particular policy domain, many states are recognizing that they need to do better for babies. We intentionally chose examples from states ranked in different tiers to illustrate that any state can take important steps to improve outcomes for infants, toddlers, and their families.

Building a comprehensive, coordinated early childhood system that addresses the unique developmental needs of infants and toddlers requires collaborative strategies, stakeholder engagement, cross-system coordination, and ultimately, data. The approaches featured here are only a sample of the innovative work being done by states and are meant to:

- Inspire states to bolster their own infant and toddler state policies;
- Encourage collaboration between states to advance responsive policies; and
- Provide advocates and policymakers with the tools necessary to garner change at the state level.

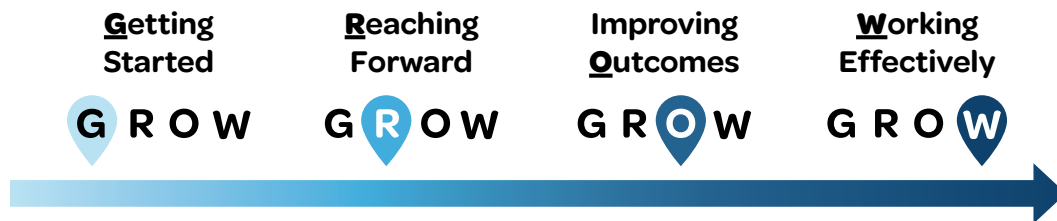
While all states have room to improve, a great deal can be learned through sharing both their challenges and successes. The following elements of each state initiative are highlighted for this purpose:

- **Issue(s) the state is addressing**
- **How data helped to drive action**
- **Key challenges**
- **Key facilitators**
- **How the outlook for babies has improved**

We encourage federal and state policymakers and advocates to use the information provided in these two resources to reflect upon and analyze the state of their youngest residents. The *State of Babies Yearbook: 2019* can help them identify areas where they can work diligently to **GROW** in each of ZERO TO THREE's policy framework areas – **Good Health, Strong Families**, and **Positive Early Learning Experiences**. *Promising Approaches at Work in States* can give them ideas as well as encouragement that any state, no matter its ranking, can take steps to ensure all its babies reach their potential.

About the *State of Babies Yearbook: 2019*:

The *State of Babies Yearbook: 2019*, created through a partnership between ZERO TO THREE and Child Trends, is a first-of-its-kind resource that looks holistically at the well-being of babies in all 50 states and the District of Columbia. The aim of this in-depth report is to increase policymakers' awareness of the unique needs of infants, toddlers, and their families; garner greater support for child- and family-friendly policies and practices; and provide early childhood advocates and policymakers with the information they require to advance federal and state policies responsive to these needs. National and state profiles available in the *Yearbook* provide a snapshot of how babies are faring according to more than 60 indicators in ZERO TO THREE's policy framework areas: Good Health, Strong Families, and Positive Early Learning Experiences. To allow for easy comparison of states, a four-tier ranking system is used to indicate how states are performing on these indicators - overall and by framework area. The following tiering symbols designate a given state's placement in one of the four tiers:



All states have room to grow. States with higher overall rankings may have some indicators or framework areas that require improvement. Conversely, a state with a lower overall ranking may have promising results for some indicators or framework areas that reflect effective initiatives improving babies' outcomes.

To download the full *State of Babies Yearbook: 2019*, visit stateofbabies.org.





New York: Improving Outcomes Through Medicaid Reform

OVERALL RANKING:

G R O W

Reaching Forward

GOOD HEALTH:

G R O W

Improving Outcomes

Issue(s) the state is addressing

- Disparities in health care access and health outcomes for young children on Medicaid.

How data helped to drive action

- Low percentage of potential home visiting beneficiaries receiving services spurred a statewide home visiting continuum of care after a baby is born.

Key challenges

- Large group of stakeholders with a considerable commitment required from workgroups.

Key facilitators

- Collaboration and cross-sector participation with engagement from a variety of perspectives.

How the outlook for babies improved

- Elements of the initiative have been found to improve birth and maternal outcomes, particularly among groups such as low-income and Hispanic women who may lack adequate support during pregnancy.

New York's First 1,000 Days on Medicaid initiative expresses the state's commitment to health equity before birth and during the first three years of life. The initiative is supporting the healthy development of infants and toddlers through collaborative cross-sector state and community partnerships with Medicaid.

In the summer of 2017, a stakeholder group composed of representatives from the fields of child care, child welfare, philanthropy, public

health, primary care, education, and mental health, as well as members from community-based organizations, convened to create a plan to use Medicaid to improve the health and development of New York's infants and toddlers. The 10-point plan focused on minimizing disparities to enhance access to services and improve outcomes for children who are on Medicaid in New York, starting prenatally and continuing to age three. It included the following proposed activities:¹



1. Create a preventative pediatric care clinical advisory group
2. Promote early literacy through local strategies
3. Expand CenteringPregnancy
4. New York State departmental inventory upon kindergarten entry
5. Statewide home visiting
6. Require managed care plans to have a Kids Quality Agenda
7. Data system development for cross-sector reform
8. Braided funding for infant and early childhood mental health consultations
9. Parent/caregiver diagnosis as eligibility criteria for dyadic therapy
10. Pilot and evaluate peer family navigators in multiple settings

To realize the goal of improving outcomes for children and families while achieving long-term savings across health and other sectors, it was critical that the initiative include cross-sector participation with engagement from a variety of perspectives. The diverse teams have since begun researching project models, engaging additional partners, and exploring potential evaluation strategies.

Recognizing that evidence-based programs serving children and families are a vital support, a key recommendation in the 10-point plan was to implement statewide home visiting. Only 1.2 percent of potential home visiting beneficiaries are served in the state.ⁱⁱⁱ New York Medicaid plans to take significant steps to ensure the

sustainability of home visiting, based on the premise that home visiting models effective at improving maternal and child outcomes can yield strong return on investment for states. Another prenatal effort is to expand CenteringPregnancy, prenatal care that includes an individual health check-up with additional time and attention out of exam rooms in comfortable group settings. Evidence shows that the program improves birth outcomes, particularly among groups such as low-income and Hispanic women who may lack adequate support during pregnancy.

Medicaid Matters: America's Babies Need Affordable Health Careⁱⁱ

- Covers almost half of the births in the United States, giving almost 2 million babies a strong start in life each year.
- Insures more than 37 million children in low-income families.
- Promotes equity in access to preventative and acute care, particularly for children of color who experience health disparities.
- Increases the use of preventive care.
- Provides coverage for particularly overburdened groups.
- Enables a culture of health in families.

New York remains dedicated to health equity before birth and during the first three years of life by taking steps to ensure that the state's Medicaid program is working with health, education and other system stakeholders to maximize outcomes and deliver conclusive results for the children served.



Illinois: Reaching Forward in Infant and Early Childhood Mental Health

OVERALL RANKING:

G R O W

Getting Started

GOOD HEALTH:

G R O W

Reaching Forward

Issue(s) the state is addressing

- Lack of a consistent model of infant and early childhood mental health (IECMH) consultation across the state.

How data helped to drive action

- Compiled comprehensive information to create an action plan aimed at addressing the need for a consistent IECMH consultation model.

Key challenges

- Uncertainty around future implementation of the pilot.

Key facilitators

- Cross-sector collaboration with emphasis on stakeholder engagement, building on other states' work.

How the outlook for babies improved

- *Still in pilot phase.* The state is continuing to work to prevent, identify, treat, and reduce the impacts of mental health problems in young children.

The Illinois Children's Mental Health Partnership (ICMHP) launched a 5-year initiative to advance a universal infant and early childhood mental health (IECMH) consultation model. The initiative's goal is to strengthen the capacity of early childhood professionals, families, programs, and systems to prevent, identify, treat, and reduce the impact of mental health problems among infants and young children. To develop and oversee the implementation of the Children's Mental Health Plan, the ICMHP brought together child-serving state agencies, parents, youth, policymakers, providers, and advocates.

The ICMHP has made progress on several of their goals, including the implementation of social and emotional standards, statewide expansion of screening and support services, and increased public awareness of the importance of mental health. The IECMH Consultation Initiative grew out of an effort initiated by the Irving Harris Foundation in 2014 to assess how well Illinois was supporting IECMH statewide. The resulting action plan supported the intentional integration of IECMH promotion, prevention, intervention, and treatment into child- and family-serving systems. The action plan featured systematized implementation of

IECMH consultation across systems in the state. The ICMHP took on this project, building on a history of strong cross-agency relationships and previous work related to IECMH consultation in home visiting. Together, leadership from state agencies supporting IECMH consultation, IECMH consulting staff, members of the Illinois Association for Infant Mental Health (ILAIMH), and early childhood advocates developed a unified model and a framework for piloting the model in different systems. Two workgroups were formed to develop the model and create a workforce development plan. The first workgroup

studied similarities and differences across IECMH consultation approaches implemented in the state and worked to research best practices to inform their decision-making. It also drew on lessons learned from other states working with the federally funded Center of Excellence for IECMH Consultation and incorporated previous work done by the ILIAMH in relation to infant mental health competencies into their work.

Phase two of the IECMH Consultation Initiative focused on the design of an implementation pilot and evaluation. Implemented in four counties, the pilot provides consultation in different systems: home visiting programs not already receiving IECMH consultation, center-based child care, Head Start, and preschool. In order to best explore how the unified IECMH consultation model compares to the typical model of IECMH support delivery, the pilot also includes eight sites not receiving intervention.

Running through 2020, the second workgroup is exploring strategies to sustain the pilot past completion, expand the workforce, and build on existing efforts in individual systems across the state. Another product of the workgroup was a workforce development plan with several recommendations, including an implementation plan detailing how those goals can be achieved. Expansion of the pilot is likely as programs and systems continue to build on current capacities. A long-term goal is that implementation across systems will result in a robust, well-trained and supported network of care by mental health consultants that is coordinated across all systems. Providers, and the children and families they serve, would then receive high-quality mental health consultation, leading to better outcomes for children and families in Illinois.

To learn more about IECMH consultation in Illinois, see ZERO TO THREE's resource on [Cross-System Collaboration to Better Support Babies in Illinois](#).

Outcomes Examined in the IECMH Consultation Pilot

Short-Term Outcomes:

- Improved provider practices in supporting children's social and emotional development and managing challenging behavior.
- Enhanced provider-child and parent-child relationships.
- Increased staff reflective capacity, mindfulness, and job satisfaction.
- Cultivated supervisory relationships.

Long-Term Outcomes:

- Strengthened early care and education workforce.
- Enhanced provider and parent well-being.
- Improved child social and emotional development and reduced challenging behavior.
- Decreased child expulsions from early care and education programs.



Washington: Working Effectively to Strengthen Families Through Paid Family and Medical Leave

OVERALL RANKING:

G R O W

Working Effectively

STRONG FAMILIES:

G R O W

Working Effectively

Issue(s) the state is addressing

- Need for equitable, comprehensive Paid Family and Medical Leave policy statewide.

How data helped to drive action

- An Advisory Committee examined other states' paid leave policies to identify shortcomings and opportunities to strengthen paid leave in Washington.

Key challenges

- Gathering input from a diverse group of stakeholders, including members of the business community and bipartisan legislators.

Key facilitators

- Cross-sector collaboration with agreement on core principles.

How the outlook for babies improved

- With equity at its center, Paid Family and Medical Leave will be universally accessible to families in Washington, leading to better outcomes for infants, toddlers, and families.

Since 1993, the federal Family and Medical Leave Act (FMLA) has protected jobs of workers who needed time off to care for a new baby as well as their own medical needs or those of family members, with two caveats: The employee has job protection but not wage replacement, therefore some covered workers cannot take advantage of this policy; and many other workers are not covered at all because they work for smaller companies or too few hours.^{iv} States have

since taken the lead on Paid Family and Medical Leave (PFML) policies.^v To date, six states and the District of Columbia, including Washington, have adopted PFML policies, with Washington's being recognized widely as one of the most generous.

Enacted in 2017, and taking effect January 2020, Washington's policy will provide paid leave for bonding with a child welcomed to the family through birth, adoption, or fostering; care for a

family member with a serious health condition; care for one's own health condition; and for managing a qualifying exigency arising from a family member being on active duty, or having been notified of an impending call or order to active duty.^{vi} Considered one of the most extensive state policies to date, Washington offers 12 weeks for both family leave and personal health leave, with up to 18 weeks of leave per year available in some cases. Formulated as an insurance program, the policy is funded through premiums paid by employers and workers in the form of paycheck withholdings. All employers in the state must either participate in the state program or offer equivalent benefits themselves.

Developing a comprehensive PFML policy required a variety of diverse stakeholders to come together with a common vision. Employee and employer representatives worked with a bipartisan group of legislators to formulate a law that would work for families, businesses, and the state. Studying other states' programs was a helpful launching point to identify shortcomings and opportunities to strengthen the policy for families in Washington. Defining core principles helped stakeholders reach a consensus on a state policy that would work equitably for today's workforce and families. Policy elements include a progressive benefits structure with qualification based on all hours worked. This allows leave to be universally available across the state, including for workers with irregular hours or multiple employers. Developing a policy that meets the needs of today's diverse workers, families, and businesses required great attention to detail in understanding the interaction and consequences of programmatic elements.

The state is committed to the continued successful implementation of a modern, comprehensive PFML policy and is currently working with other states to expand and implement similar policies. By showing that equitable and expansive PFML policies are possible with thoughtful collaboration and sustained stakeholder engagement, the state hopes to stimulate continued momentum. Its keys to success include few barriers to qualification, the inclusion of middle- and low-wage workers, and ease of implementation for employers.



What Research Tells Us About Paid Family and Medical Leave^{vii}

- A period of paid leave after the birth of a child contributes to the healthy development of infants and toddlers.
- Paid leave at a child's birth or adoption and as they grow improves outcomes for the entire family, including parents and caregivers.
- Without a federally implemented PFML policy, economic necessity forces many new parents to go back to work and forgo vital bonding time with their child.
- Paid leave is strongly associated with reduced infant and post-neonatal mortality rates.
- Paid leave policies can benefit employers, taxpayers, and the economy, now and in the future.



Arkansas: Getting Started in Strengthening the Child Welfare System

OVERALL RANKING:

G R O W

Getting Started

STRONG FAMILIES:

G R O W

Getting Started

Issue(s) the state is addressing

- Alarming increase in the number of children in foster care and high caseloads for staff, leading to a child welfare crisis in the state.

How data helped to drive action

- The number of children entering the foster care system and the caseloads per staff member led to the creation of a bold action plan.

Key challenges

- Implementing a shift in the approach to the work with such a large staff statewide.

Key facilitators

- Leadership at the state agency level, with collaboration among staff at all levels of the child welfare system in the state.

How the outlook for babies improved

- Slowed the increase in the number of children in foster care, reduced caseloads, and ensured children in foster care are placed in the safest setting.

Since 2017, Arkansas' Department of Human Services (DHS) has made significant strides toward stabilizing the child welfare system. This has included slowing the alarming increase in the number of children in foster care, reducing caseloads, ensuring that children in foster care are placed in the best and safest place for their needs, and building, supporting, and empowering the workforce. A report conducted in 2016 showed the child welfare system in Arkansas in a state of crisis.^{viii} That same year,

infants and toddlers represented 34.5 percent of all children entering foster care in the state.^{ix} The report projected the number of children in foster care continuing to grow to an unmanageable level. Taking a strategic approach to addressing the child welfare system in Arkansas, DHS and its Division of Children and Family Services (DCFS) created a plan to move the state beyond the crisis.^x Working with stakeholders, state leadership, and partners, DHS moved to better support families, emphasizing reunification



of children with their parents while also strengthening the DCFS workforce.

The report projected that the number of children in foster care would rise from approximately 5,200 in November 2016 to an unprecedented 5,800 in August 2017. Through efforts underway as a result of the strategic plan, caseloads have declined by 14 percent and in late 2018 were at the lowest since the crisis response began.^{xi} While the state has not achieved every goal outlined in the report, it has made considerable improvements toward stabilizing the child welfare

system in Arkansas. With increased emphasis on coordinated systems and an intentional shift toward approaching cases with a common understanding and language for guiding their work, the state has slowed growth in the number of children in foster care and has reduced caseloads from a statewide average of 28 to 20 children per caseworker.^{xii}

With over 20 percent of young children in Arkansas having two or more adverse childhood experiences (ACEs),^{xiii} infants and toddlers represent a critical group for the state to intentionally improve the way in which the child welfare system meets their unique needs. In Arkansas, infants less than a year old represent the largest share of children entering foster care, at a staggering 19 percent.^{xiv} The state has piloted an effort to address this by implementing the Safe Babies Court Team™ (SBCT) approach in two counties. Developed by ZERO TO THREE, the SBCT approach transforms child welfare by embedding the science of early childhood development and an understanding of the impacts of trauma into everyday practice in cases involving children under age three. By connecting babies and their families with the support and services they need to promote healthy child development and ensuring speedy exits from the system, the approach meets the needs of the whole child and family. Since 2009, no area in the state with a SBCT site has seen a recurrence of maltreatment – not one baby has reentered the state’s child welfare system.

With the continued support of the governor, state legislature, and partners, by prioritizing prompt, intentional permanency, and keeping in mind that every child deserves a safe and stable family every day, the state will continue to further stabilize the child welfare system in Arkansas.

Safe Babies Court Team™ Approach – Supporting Babies and Families Together

- Support parents’ strengths and needs in a compassionate, respectful, holistic, and individualized way.
- Address service gaps and disparities using continuous quality improvement.
- Remove barriers to racial equity and social justice.
- Prioritize developmentally appropriate evidence-based interventions for very young children.
- Prioritize high-quality primary health and mental health services for parents, including evidence-based substance use disorder treatment.
- Infuse a trauma-informed approach that supports children, families, and professionals across systems of care.



Georgia: Reaching Families with Quality Rated Subsidy Grants

OVERALL RANKING:

G R O W

Reaching Forward

POSITIVE EARLY LEARNING EXPERIENCES:

G R O W

Reaching Forward

Issue(s) the state is addressing

- Lack of high-quality, affordable infant and toddler care slots in the state.

How data helped to drive action

- Study identified gaps in infant and toddler child care.
- Matrix of county risk factors was developed to deliver services intentionally and equitably.

Key challenges

- Intentionally implementing service delivery changes with an emphasis on getting information to families through providers.

Key facilitators

- State leadership and advocacy, coupled with outreach to child care providers.

How the outlook for babies improved

- Expanded access to high-quality, affordable infant and toddler care slots.
- Families acknowledged feeling better supported.

Georgia recently expanded its use of Quality Rated Subsidy Grants (QRSB), which are direct grants to child care programs to provide child care slots or spaces, using increased funding from the federal Child Care and Development Block Grant (CCDBG). The goal was to improve access to high-quality child care for families with infants and toddlers. Through a competitive process, child care providers in high-need communities across Georgia can apply to receive the child care subsidy grants. Historically, such direct grants for specified spaces in centers were

not used to pay for child care in Georgia. Instead, parents typically received vouchers or scholarships that they used to purchase care from individual providers, resulting in less reliable funding for providers to ensure quality. However, after the state successfully implemented universal pre-K using grants that guaranteed programs a set amount of funding for a year, early childhood experts and stakeholders realized that the same delivery method could be used to address the shortage of high-quality infant and toddler slots in child care programs.

The QRSG initiative works to address the problems of the voucher system by improving access to high-quality early care and education programs for low-income families; reimbursing providers at a rate that supports the cost of high-quality care; creating a predictable and stable subsidy funding model for child care providers; and creating an opportunity for closer relationships between child care providers and families. The cost of care as a percentage of family income in Georgia is a prominent issue that this delivery model aims to meet. In the state, the typical single-parent family pays 34.1 percent of their income for child care alone, while the typical married-parent family pays 9.8 percent of their income for child care.^{xv} By expanding access to affordable, high-quality child care in the state, the subsidy grants aim to meet families where they are and lessen the financial burden of high-quality child care.

Piloted in 2015 with funding from the Race to the Top – Early Learning Challenge grant (RTT-ELC), Georgia began delivering high-quality services to children and families in the highest need communities.^{xvii} Through analyzing subsidy data, state officials discovered that the state was not serving as many infants and toddlers as compared to other age groups due to a lack of high-quality care for that age group and the high cost of delivering such care. This finding led the state agency staff to realize that their infant-toddler child care delivery model was not meeting the needs of children and families. From 2015 to 2018, the state continued using RTT-ELC funds to fine-tune the delivery model using direct grants to programs, conducting preliminary studies to evaluate the model's effectiveness and make necessary improvements.

A matrix of county risk factors was developed to thoughtfully prioritize counties with highest need. By assigning every county a weighted score based on factors such as reading rates, poverty, child homelessness, percentage of births to mothers without a high school diploma, low birth-weight levels, and preterm births, the state was intentional in reaching communities where children and families were likely to be at higher risk for poor outcomes.

Although the initiative is relatively new, the state has already seen some positive results: Providers are striving to reach the highest star level of the state's Quality Rating and Improvement System (QRIS) to attain the increased reimbursement rates provided by QRSG, programs have notably

The Need for High-Quality, Affordable Child Care^{xvi}

- High-quality child care programs offer safe, nurturing environments where infants and toddlers can learn and grow.
- High-quality programs are staffed by caregivers who are knowledgeable about infant-toddler development and sensitive and responsive to young children's needs.
- Parents with access to affordable, dependable child care are less likely to face child care interruptions that can result in absences or other schedule disruptions in the workplace.
- Low-income student-parents report that the availability of affordable child care is integral to their ability to attend school.
- Participating in a high-quality child care program benefits children by offering stable, nurturing environments where children's learning and development is supported.
- High-quality care from birth to age five yields a return on investment of 13 percent per annum from better outcomes in education, earnings, and health.

expanded infant-toddler care, and families feel more supported with the emphasis on relationships front and center in the delivery model. The QRSG have become a tool for advocates as well. Through this funding model, advocates have been able to document the number of children being served, allowing policymakers to be intentional in increasing infant-toddler child care slots. This delivery stream has allowed for increased coordination between advocates, policymakers, and other stakeholders.

Delivering high-quality child care to infants and toddlers using direct subsidy grants to providers allows for greater ease in blending quality standards with professional development, increased flexibility for families in terms of broader program choices, and stability in funding for providers, enabling them to continue operating and providing quality services. More infants and toddlers across the state are now enrolled in high-quality child care centers, safeguarding enriching and positive early learning experiences for infants and toddlers in Georgia.



Washington, DC: Strengthening Families Through the Birth-to-Three for All DC Act

OVERALL RANKING:

G R O W

Improving Outcomes

GOOD HEALTH:

G R O W

Improving Outcomes

STRONG FAMILIES:

G R O W

Improving Outcomes

POSITIVE EARLY LEARNING EXPERIENCES:

G R O W

Improving Outcomes

Issue(s) the state is addressing

- Lack of a comprehensive system of supports for young children, starting at birth.

How data helped to drive action

- Slowly scaled implementation based on both need and funding, providing high-quality resources equitably through a cost of care analysis.
- Identifying gaps in the birth-to-three early care system.

Key challenges

- Ensuring funding over time to continue scaled implementation.

Key facilitators

- Stakeholders across the early childhood systems spectrum, direct service providers, advocates, foundations, and government entities.

How the outlook for babies improved

- Greater accessibility and an increase in available slots for quality programs and services supporting children and their families.

Building on momentum from the implementation of universal pre-K introduced in 2008, the District of Columbia passed the Birth-to-Three for All DC Act of 2018, a key piece of legislation that provided a plan to create a comprehensive system of supports for young children’s healthy growth and development. The legislation recognizes the need to support the whole child as a part of a larger system and includes many complementary early learning components, such as workforce, mental health, health care, and pediatric health care.^{xviii} A long-term goal of the

legislation is for universal, equitable services to be easily accessible to all families across the District.

A key ingredient in passing the Birth-to-Three for All DC Act was working with stakeholders from across the early childhood systems spectrum—direct service providers, advocates, foundations, and government entities. Together, this diverse group conceptualized the birth-to-three legislation to achieve the universal vision of offering children and families high-quality, comprehensive, accessible services beginning at birth.

Key Components of the Bill: Transforming Early Childhood Development in the District

- Improve school readiness by reimbursing providers enough to cover the costs of a high-quality education for infants and toddlers in low-income families.
- Offer fair and competitive salaries for early educators that are connected to subsidies, and more support for attaining early childhood credentials.
- Support District families by expanding home visiting programs and Help Me Grow.
- Provide high-quality mental health services for young children and caregivers.
- Leverage well-child visits to connect families with wrap-around services, through expanding and sustaining ZERO TO THREE's HealthySteps model, which embeds child development specialists in primary care practices to promote nurturing parenting and health development for babies and toddlers.
- Improve the quality of early childhood education in the District.
- Make child care more affordable for all families with progressive copayments.

While the legislation has passed, funding remains less certain. The DC Council has provided funding for some key components targeted at families with highest need. The city's 2019 budget included \$1.3 million used to implement and slowly scale vital parts of the legislation. These include the development of a salary scale for early childhood educators, expansion of the HealthySteps model of child development services embedded in primary care settings, additional home visiting services, and on-site classes for early childhood educators to earn higher credentials. Securing this partial

funding helped underscore the importance of this legislation and indicates momentum is continuing to build in the District. However, full implementation requires far more funding, estimated at approximately \$500 million over the next decade.^{xix} While in the past the District has proven its commitment to important investments, this sizable amount will take dedicated advocacy from stakeholders and government entities District-wide.

Recognizing that fully realizing the legislative roadmap could take up to a decade, the District is continuing to scale components of the legislation slowly, beginning with families facing the most barriers to success. About a third of infants and toddlers in the District live in households with income less than twice the federal poverty level.^{xx} The legislation aims to address this economic disadvantage by providing high-quality, affordable resources equitably. The District is currently working to provide resources through the its Quality Improvement Network (QIN) to ensure that the education of children in low-income families meets the standards set by Early Head Start in Wards 7 and 8 by 2023, and citywide by 2025.^{xxi} Another long-term goal of the legislation is to ensure equity in the early childhood systems workforce. One facet of this is actualizing parity in pay for birth-to-three early childhood educators with the K-12 teachers in the District.

Embedded within the legislation are various checkpoints to ensure quality evaluations are conducted using accountability measures over time. Applying data will continue to be critical to measuring the reach of this revolutionary piece of legislation. In preliminary reports since its implementation, there are clear outcomes for infants, toddlers, and their families in the District: greater accessibility and an increase in available slots for quality, vital programs and services supporting children and their families.

In order to fulfill this vision, the District has a great deal of work ahead. By continuing to recognize and emphasize the need for quality, comprehensive supports for families with infants and toddlers, the District can safeguard opportunities for families District-wide.

About ZERO TO THREE

For more than four decades, ZERO TO THREE has translated the science of early childhood development into useful knowledge and strategies for parents, practitioners, and policymakers and works to ensure that babies and toddlers benefit from the family and community connections critical to their well-being and healthy development. We are pleased to help inform this work through the *State of Babies Yearbook: 2019* and this companion brief, *Promising Approaches at Work in States*.

For more information on innovative state policies, visit:

<https://www.zerotothree.org/resources/states>

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Endnotes

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