

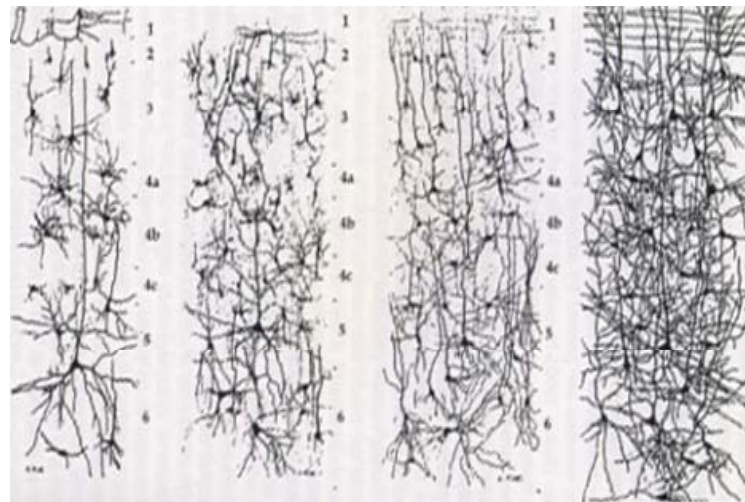


WHAT ABOUT THE BABIES? INFANT AND TODDLER POLICIES AND INITIATIVES

BARBARA GEBHARD
ZERO TO THREE

GRETCHEN FRANKENBERRY
WV DEPT. OF EDUCATION AND THE ARTS

Neural Connections



newborn

1 month

3 months

6 months

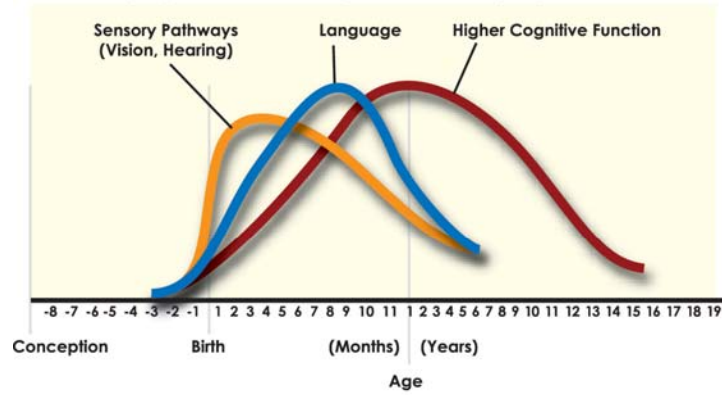
Early Experiences Matter



Significant brain "architecture" is built in the first few years

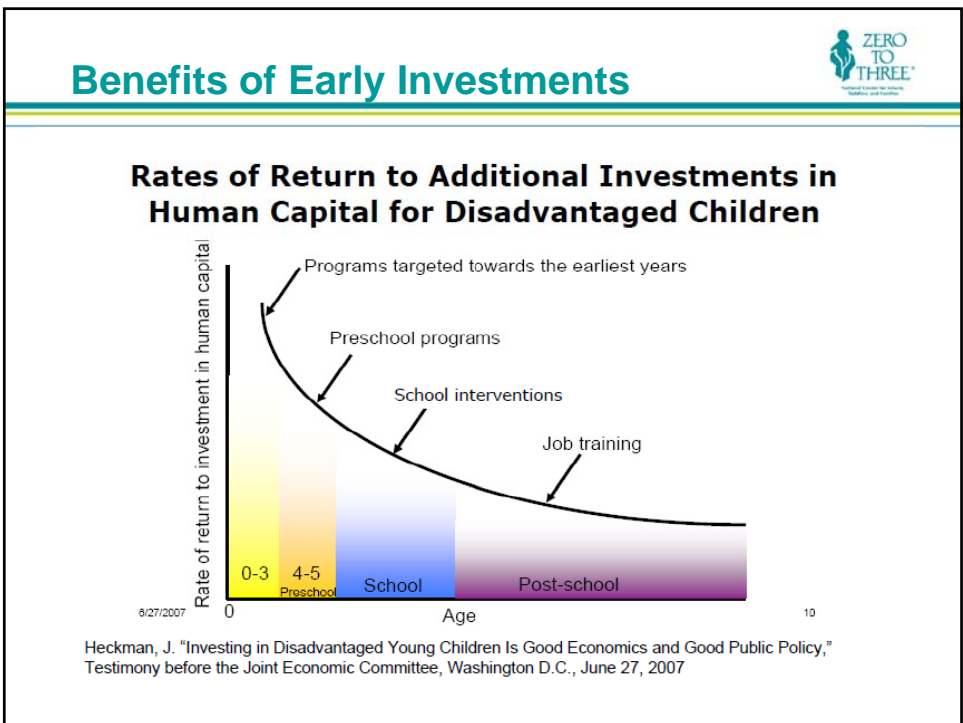
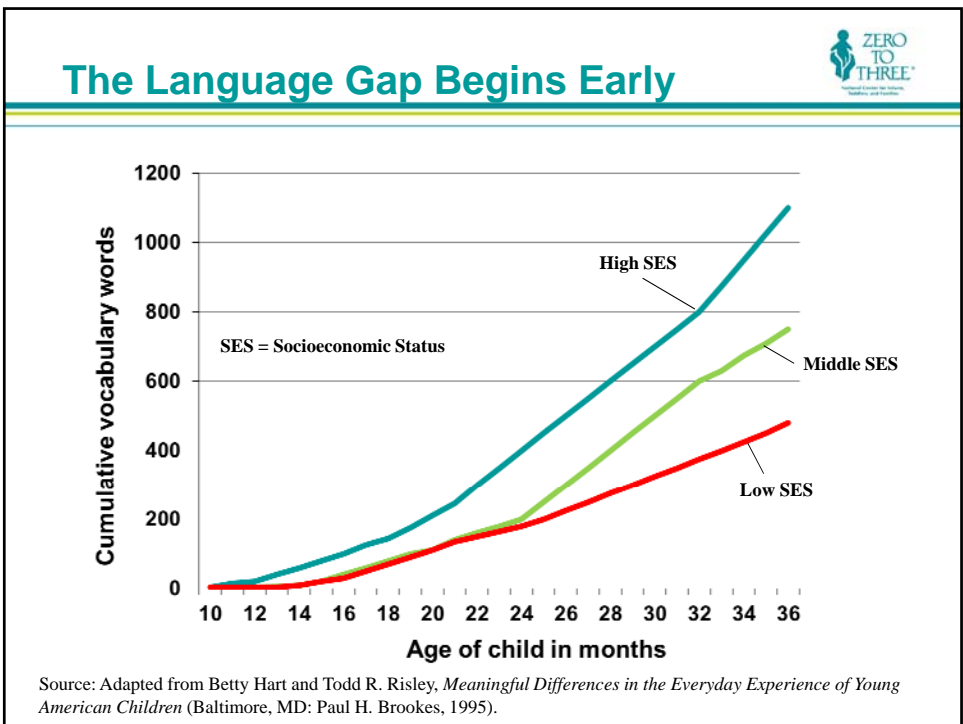
Human Brain Development

Synapse Formation Dependent on Early Experiences



Adverse Childhood Experiences Matter





Invest Early



The Earliest Investments Have the Greatest Impact!



Invest Early



- **16% of eligible children receive child care assistance**
- **Less than 4% of eligible infants and toddlers receive Early Head Start services**
- **12% of two- and three-year olds experience social and emotional problems**

Invest Early

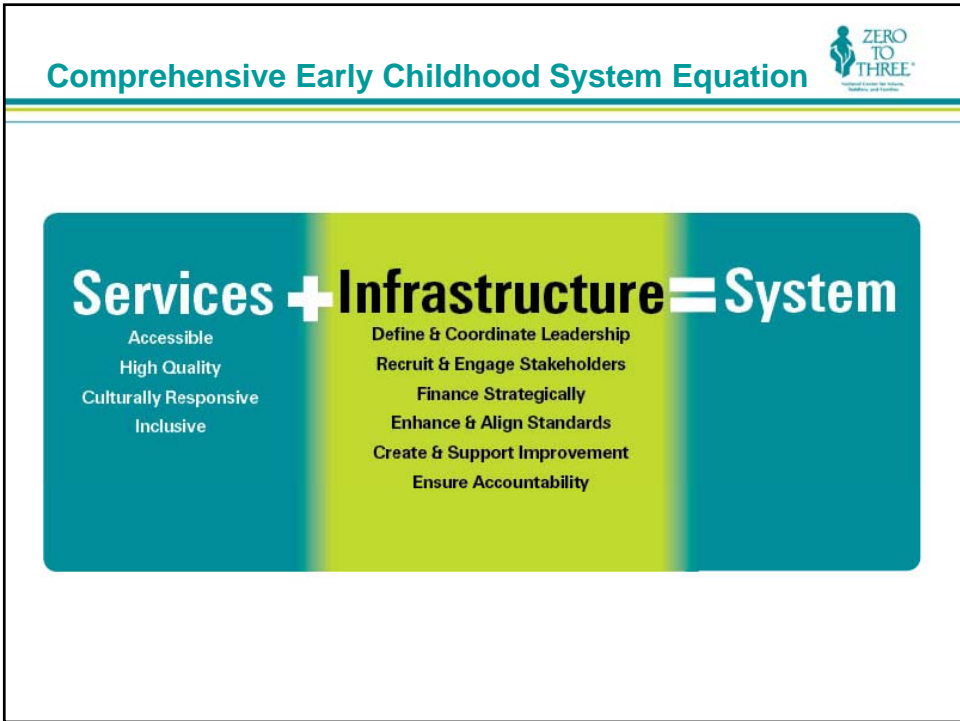
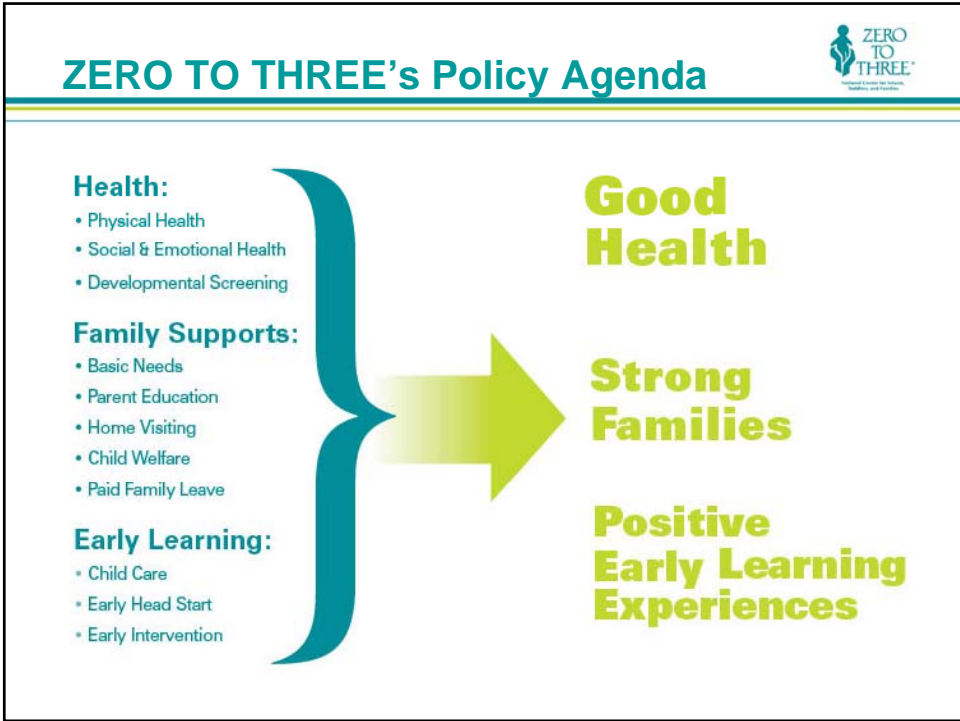


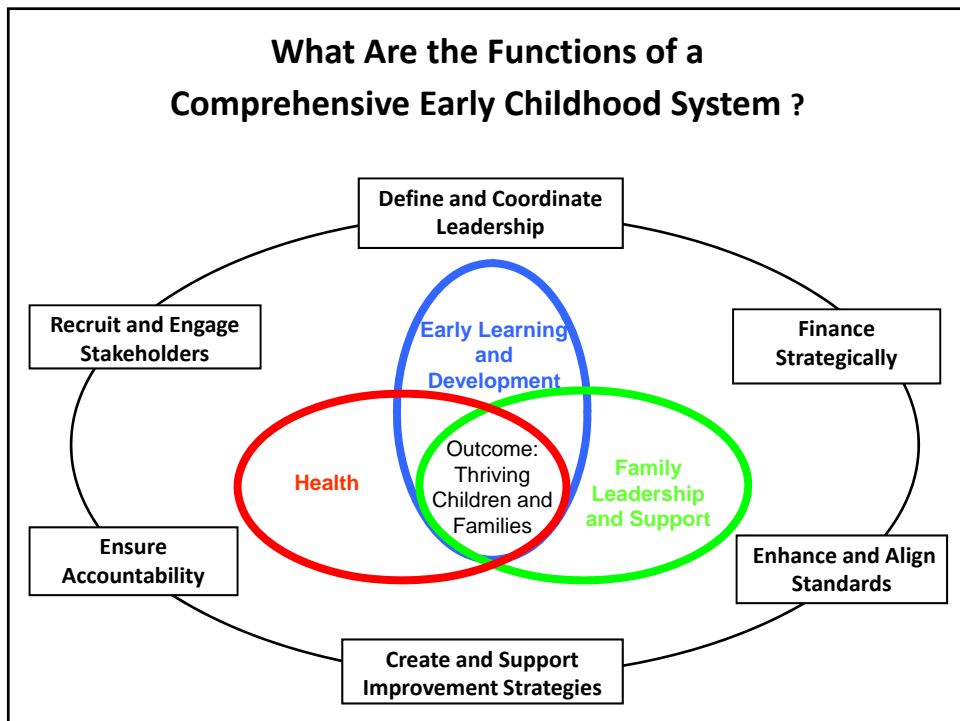
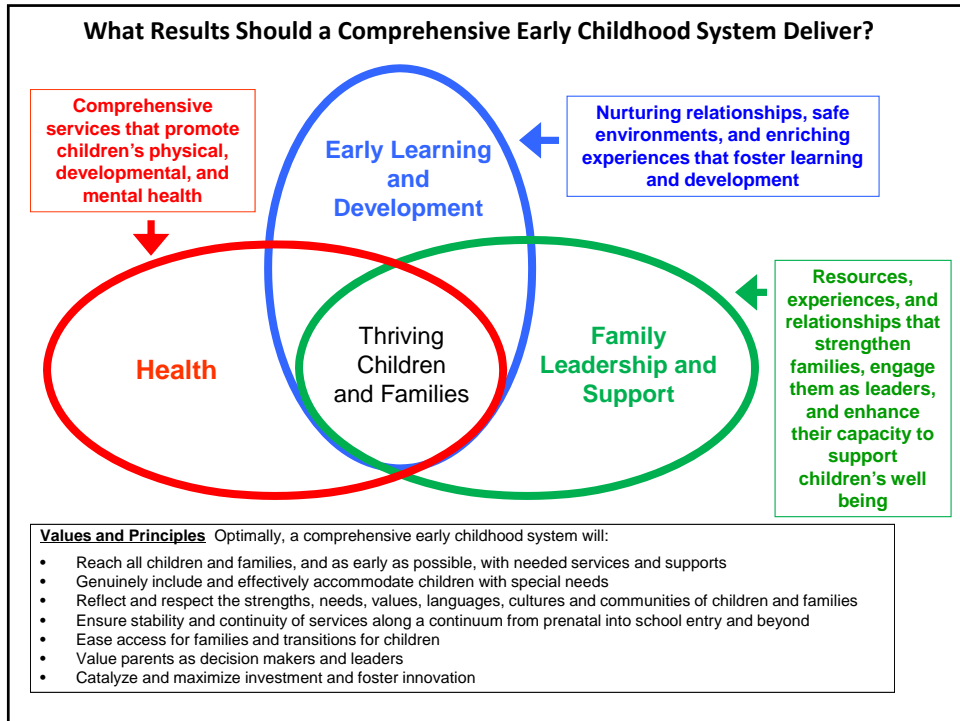
- **Nearly half of children under age 3 live in low-income families; 25% live in outright poverty**
- **1 out of 3 children entering foster care are age 0-3**
- **2/3 of infants and toddlers with a developmental delay or disability are not identified**

Invest Early



The earliest years present an unmatched opportunity to effectively intervene with at-risk children





West Virginia's Infants and Toddlers



- **There are about 62,000 infants and toddlers (under 3 years) in WV**
- **50% live in low-income families, 14% with unemployed parents, and 36% with a single parent**
- **58% of births are covered by Medicaid**
- **56% of WV mothers with infants are in the labor force**
- **36% of TANF families have at least one child under 3**
- **23% of children entering foster care are under 3**

2011 WV Infant-Toddler Self-Assessment



- **Small group of experts completed ZERO TO THREE self-assessment tool in spring 2011**
- **Purpose was to select infant-toddler priorities and fit them into the work plan of the Council**
- **Technical assistance was provided by ZERO TO THREE to assist the small group in selecting priorities**
- **A planning session was held with the Council to present the priorities and do initial planning**

2011 WV Infant-Toddler Self-Assessment



Strengths

- Public health insurance coverage (Medicaid and CHIP) and availability of health and developmental screening for low-income children
- Supportive TANF policies
- Broad eligibility for Part C early intervention
- Child care: affordable co-pays, primary caregiver requirement, supports for home-based providers
- System: early learning guidelines, professional development system, Infant-Toddler Specialist Network

2011 WV Infant-Toddler Self-Assessment



Priorities for Improvement

- Home visiting, parent education, and parent education services
- Awareness among all stakeholders of the impact of risk factors on child development
- Social-emotional training, consultation, and treatment services



Strategies



Conduct developmental screening of all infants and toddlers and refer to needed services

- Early identification of developmental issues, partnered with a system of supports to intervene, can prevent early challenges from compromising a child's development



West Virginia Initiatives



Help Me Grow

- Evaluate child development, behavior, and learning
- Connect children and families with available services
- Follow up on services provided

WV Perinatal Partnership

- Child Development Screening Committee
- Goal to address improvements in developmental screening and referral for children birth through four years
- Targeting medical community

Examples from Other States



Conduct developmental screenings of all infants and toddlers and refer to needed services

- North Carolina's Medicaid policy requires screening with a standardized tool at all well-child visits between 6 months and 5 years
- Connecticut's Help Me Grow
 - *Training for child health providers in effective developmental screening practices*
 - *Centralized telephone call center for referrals and ASQ*
 - *Regional community liaisons link local programs and the call center*

Strategies



Find out where the babies are and who is caring for them

- Knowing where babies are and who is caring for them can inform decisions about investments in:
 - *Early childhood services*
 - *Professional development*
 - *Quality improvement*



West Virginia Initiatives



Where are the babies?

- Data System—Data Gap Analysis currently being conducted

Who is caring for them?

- Core Knowledge and Core Competencies for Early Childhood Professionals currently being revised
- Developing consistent and uniform two-year Early Childhood Curriculum
- Strengthening articulation between two-year and four-year institutions to make it easier for professionals to continue their education
- WV Infant Mental Health Competency and Endorsement System being launched Fall 2013

Examples from Other States



Find out where the babies are and who is caring for them

- California Infant/Toddler Early Learning and Care Needs Assessment
 - *Identifies utilization and quality of non-parental ECE arrangements*
- Pennsylvania annual Reach and Risk Assessment
 - *Identifies the number of children 0-5 who are:*
 - Affected by 10 risk factors for school failure
 - Served by federal- and state-funded EC programs

Strategies



Provide supports for home-based child care providers

- A large proportion of infants and toddlers are in home-based child care, which includes regulated family child care and family, friend, and neighbor care
- Quality varies widely across these settings



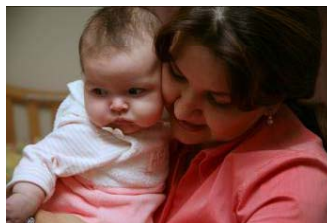
Debbie Rappaport

Examples from Other States



Provide supports for home-based child care providers

- Minnesota funds 6 projects across the state to provide education and support to FFN care providers
- New Haven, Connecticut's All Our Kin assists home-based caregivers in becoming licensed, provides mentoring, and sponsors networking and training opportunities



Strategies



Develop and implement early learning guidelines for infants and toddlers

- 46 states, including WV, and 3 territories have developed guidelines beginning at birth



Stockbyte

West Virginia Initiatives



West Virginia Early Learning Standards Framework: *Infant/Toddler*

- Developed 2007-2009
- Distributed to all Resource and Referral agencies, at early childhood conferences, to collaborating partners, higher education institutions, and Starting Points Centers
- Training presented by R&Rs and WV Birth to Three
- Incorporated into coursework by some higher education institutions

Strategies



Design and implement credentials for those working with infants and toddlers

- 18 states have developed Infant-Toddler Credentials for those working in early care and education settings
- At least 20 states have adopted early childhood mental health competencies/credentials



West Virginia Initiatives



West Virginia Infant-Toddler Credential

- Credential was developed through an ARRA grant to Marshall University
- Credential has not been implemented

West Virginia Infant Mental Health Endorsement

- Replicating Michigan model
- Housed at TEAM for West Virginia Children, Inc.
- Four levels of endorsement: Infant/Family Associate, Infant/Family Specialist, Infant Mental Health Specialist, and Infant Mental Health Mentor

Examples from Other States



Design and implement credentials for those working with infants and toddlers

- Wisconsin Infant-Toddler Professional Credential
 - 3 courses and a 3-credit capstone course
 - All technical colleges and universities offer the same curriculum
- Michigan Infant/Early Childhood Mental Health Competencies and Endorsement
 - Competencies promoting social-emotional development
 - Four levels of endorsement
 - 13 other states have adopted competencies and/or endorsement

Strategies



Develop an Infant-Toddler Specialist Network

- At least 27 states (including WV) have implemented Infant-Toddler Specialist Networks



Andrea Booher

West Virginia Initiatives



The Infant/Toddler Specialists Network (ITSN)

- Part of the West Virginia Infant/Toddler Professional Development Program (WVIT)
- Six Infant/Toddler Specialists in the state
- Located at the six Child Care Resource and Referral offices (R&Rs)
- Specialists are certified in the Program for Infant/Toddler Care (PITC)
- Network allows for networking, sharing of knowledge, and collaboration on additional statewide projects to facilitate improved quality for infants and toddlers

Strategies



Include infant-toddler indicators in Quality Rating and Improvement Systems

- 36 states have statewide QRIS; 10 others are in the pilot phase



West Virginia Initiatives



Quality Rating and Improvement System Timeline

- April 2009- QRIS legislation passed
- May 2010- QRIS Advisory Council was convened and began meeting quarterly
- June 2011- Quality standards subcommittees were created to revise standards and align with QRIS national benchmarks
- July 2011- CBER completed a cost estimation study for the QRIS
- July 2011- Technical assistance subcommittee was created to develop policies, procedures, competencies, and qualifications for TA staff in the QRIS
- May 2012- Legislative rule was filed with SOS

West Virginia Initiatives



Quality Rating and Improvement System Next Steps

- Advisory Council must approve standards before they can be implemented. As it stands now, Code states that they also have to be included in the rule, which would also have to go through legislation again.
- Before all 4 tier levels of the QRIS can be implemented, additional staff is needed to monitor compliance with quality standards. Tier II has been implemented with paper documentation only, but cannot move forward with additional levels without on-site monitoring.

Examples from Other States



Include infant-toddler indicators in Quality Rating and Improvement Systems

- Montana includes multiple specific health and safety indicators
 - *Safe sleep practices*
 - *Support for breastfeeding*
 - *Smaller group sizes and better staff-child ratios*
- Indiana has specific indicators of interactions with infants and toddlers and support for learning
 - *Provider-child interactions*
 - *Continuity of care*
 - *Schedules and materials*

Strategies



Establish a strong system of home visiting services

- New federal funds offer an opportunity to develop a system of home visiting in addition to providing services to additional at-risk families



West Virginia Initiatives



West Virginia Home Visitation Program

- Supports 21 Home Visiting programs in 16 counties
- *Federal Support*
 - Formula Grant--\$1.1 million every year for service delivery
 - Development Grant--\$3.9 million (over 2 years) for system and infrastructure development (professional development, data collection, etc.)
 - 1 of 12 states to receive these funds
 - Expansion Grant—application due July 1st; applying for 4.5 million
- *State Support*
 - \$675,000 per year

Examples from Other States



Establish a strong system of home visiting services

- Virginia's Home Visiting Consortium has developed training for all home visitors, core data elements, and a common referral form
- In New Jersey, six regions have implemented a central intake process to refer families to the most appropriate home visiting program and/or community-based services



Strategies



Infuse a developmental approach into child welfare services

- A new federal requirement for states to describe in their child welfare plans how they address the developmental needs of young children offers an opportunity to improve policies and practices



Examples from Other States



Infuse a developmental approach into child welfare services

- Iowa uses pre-removal conferences to engage families involved with child welfare and their support systems before a child is removed
- Arkansas' Project PLAY partners child care providers and child welfare workers to ensure that foster children have access to high-quality, stable child care and to support child care professionals in maintaining foster children in quality care settings

Strategies



Include data on infants and toddlers in comprehensive, integrated data systems

- Comprehensive data systems can help policymakers improve program quality, workforce quality, access to high-quality programs, and child outcomes.



West Virginia Initiatives



Early Childhood Data System Gap Analysis

- Contracted with John Snow, Inc. (a public health research and management consulting firm) to conduct an in-depth data system gap analysis:
 - What early childhood data are currently being collected within the state?
 - To what extent do data align with the Common Education Data Standards?
 - What additional data need to be collected in order to answer key early childhood policy questions?
- Analysis will take place over the summer with a final report by August 31st

Examples from Other States



Include data on infants and toddlers in comprehensive, integrated data systems

- Pennsylvania
 - *PELICAN is an integrated information system that supports all of PA early learning and education programs*
 - *Reach and Risk report helps identify the highest risk communities and determines how many children are being reached by early childhood programs*
- Illinois
 - *Illinois State Board of Education Student Information System includes a unique child identifier for children in publicly funded early care and education programs*
 - *Illinois Early Childhood Asset Map is a tool used for resource allocation and planning for early care and education services*

Strategies



Create a financing mechanism to expand services for infants, toddlers, and their families

- 4 states have developed innovative financing structures for infant-toddler services



www.zerotothree.org/policy

Examples from Other States



Create a financing mechanism to expand services for infants, toddlers, and their families

- Kansas has an early childhood block grant with a 30% set-aside for infants and toddlers
- Nebraska created an endowment fund to serve children birth to 3



Emerging Themes



- **0 – 3 needs more policy attention**
- **We must build the capacity of the field to address the needs of infants and toddlers**
- **State leadership is crucial, but states can follow different paths**
- **Programs, services, and policies must be aligned and integrated into a system**
- **Physical and mental health and family support must receive more attention; this isn't just early care and education**
- **Ongoing evaluation and improvement are critical**

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