



**State Policy Action Team Meeting  
Developing and Moving an Infant-Toddler Policy Agenda  
New Orleans, Louisiana  
May 20 – 22, 2014**

In May 2014, five state teams came together in New Orleans, Louisiana with representatives from ZERO TO THREE, the Ounce of Prevention, and the BUILD Initiative to discuss strategies for developing and moving an infant-toddler policy agenda. State teams represented Georgia, Louisiana, Michigan, Rhode Island, and Wisconsin.

The goals of the meeting were to:

- Highlight innovative state models and strategies for developing and operationalizing an infant-toddler policy agenda;
- Assist participating states in moving forward a policy agenda for infant, toddlers, and their families; and
- Promote relationships and continued collaborative work among participants.

The sessions at the meeting were planned around these goals. In addition to state team members and national organization staff, there were several invited presenters to round out the expertise, including:

- Scarlett Boudier, Advocacy & Communication Solutions, LLC
- Charley Zeanah, Tulane University
- Sunday Gustin, New Jersey Department of Children and Families
- Jennifer Stedron, The Aspen Institute (formerly)
- Christin Harper, Arkansas Department of Human Services
- Dan Torres, Thrive By Five Washington
- Scott Wilson, Urban Child Institute

ZERO TO THREE will work with the five participating states over the next year to help them move forward with goals identified as a result of the meeting. The meeting and technical assistance are generously supported by the Alliance for Early Success.

Review the meeting agenda [here](#).

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**Large Group Session  
Developing an Infant-Toddler Policy Agenda**

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***Presenters:***

- Barbara Gebhard, ZERO TO THREE
- Carey McCann, Ounce of Prevention Fund
- Scarlett Boudier, Advocacy & Communication Solutions, LLC

***Key Points:***

- Developing and implementing an infant-toddler agenda is a marathon, not a sprint. It takes careful and organized planning.
- Engage diverse stakeholders and clarify roles from the beginning.
- Limit the number of infant-toddler agenda items and pick items that are measurable so you can demonstrate impact.

**Full Session Notes:**

Barbara opened the session with a discussion about the considerations that need to be taken into account when developing a policy agenda.

What is a policy agenda and how does one get one?

- Begin with rationale and context. It is important to talk about how an agenda plays out in the birth to 3 year continuum and how it is different from the preschool/3-5 years.
- An infant-toddler agenda must support families. 85% of children ages 0-2 are not in formal care, and therefore an infant-toddler agenda must look beyond formal care.
- Make it more contextual for 0-3. Emphasize the differences in children that occur in children's development by the age of 3.
- Paint a picture of your own state – where infants are – and the different strategies used to reach infants, toddlers, and their families.
- ZERO TO THREE recommends that a policy agenda should include health, family strengthening, and early learning that leads to good health, strong families, and positive early learning experiences. Services plus the infrastructure to support high quality services equals the system.

Characteristics of a policy agenda:

- *Shared*: resonates with constituency groups
- *Bold*: makes a significant difference to children, families, and communities – dynamic enough to excite passionate support
- *Strategic*: takes advantage of opportunities – considers opposition

Scarlett emphasized the importance of focusing on the “what” to build a strong foundation to advance change.

Barbara then discussed some of the processes and tools for developing an agenda.

- Diverse group and commitment of group – who should be at the table to represent 0-3 interests
- Must have vision – a dream with urgency
- Base priorities on data and what it tells you
- Good facilitation – decision making processes and connecting to other groups working on 0-3 issues

ZERO TO THREE's tool *Infants and Toddlers in the Policy Picture: A Self-Assessment Checklist for States* is based on research about effective policies and best practices in states.

- The checklist can be used to spark discussion, identify gaps in services, test assumptions, gather input from diverse stakeholders, set priorities, build commitment, and track progress.
- ZERO TO THREE has served as facilitator to help at least 15 states work through the tool. States have used it in a variety of ways – over the course of several months with multiple meetings, during a one-day conference, through online surveys, etc.
- It is essential that you use the results! Develop action plans with assigned responsibilities, timelines, and measurable outcomes. Priority actions can be incorporated into other state plans.

Rhode Island is using the tool as a survey monkey to gather input from many stakeholders. They are including data for many of the questions to also educate users about state policies and outcomes.

Barbara then discussed several state examples of policy setting criteria:

- CA chose priorities that were aligned to joint goals and organizational priorities, achievable, could result in long term impact, and could create positive systems change.

- WV developed criteria that fell into two buckets: potential for meaningful change and implementation feasibility.
- King County, WA used 4 criteria: robustness, equity, feasibility, and effectiveness.
- VT used effectiveness, breadth, reach, efficiency, leverage, and specificity.

Barbara highlighted state planning processes that states used to move an infant-toddler policy agenda based on their particular context:

- MD used a large scale, in-depth process that had a lengthy timeframe.
- WY stuck closely to the self-assessment tool and convened a statewide process using video-conferencing.
- Other slides highlighted key characteristics of state planning processes in PA, CO, NJ, WA, and MN.

Almost always, a strategy to address infant-toddler mental health is included in state policy priorities. It is important to think about advancing priorities and action steps in regard to timelines: immediate, intermediate, and longer term. Make sure to assign and advance steps to set the stage for action. Examples of state infant-toddler policy priorities included:

- PA, which implemented Keystone Babies using ARRA funding, started an EHS-Child Care partnership, hired IT Specialists at each regional professional development system Key to conduct coaching, and developed training across child welfare and early childhood education staff.
- MD integrated their 0-3 priorities into their Race to the Top – Early Learning Challenge plan.
- NJ’s priorities are new, and planning for implementation is just beginning.

Scarlett discussed the [\*Community Change Horsepower Tool\*](#) developed by the Forum for Youth.

- This is a helpful evaluation and measurement tool to help identify priorities and assess how well each item is being done. It allows qualification of group responses and qualitative discussions around the data in a pointed way. It focuses the planning process.
- When you outline the “what” and the “how,” it’s critical to assign leads and timelines to determine who is doing what when. A detailed plan moves an agenda and maintains momentum and motivation.

Carey addressed how states can move infant toddler priorities forward focusing on four areas of momentum:

- Capitalize on opportunities: e.g., EHS-CC Partnerships, MIECHV
- Link to hot topics: e.g., connecting 0-3 to reading by 3<sup>rd</sup> grade, K-3, P-20
- Within a broader vision, e.g., RTT areas such as assessment, professional development, curriculum
- Intentional 0-3 focus, e.g., campaigns that focus on infants and toddlers

Coalition is one strategy to achieve policy priorities: a coordinated strategy toward a goal. It’s important to decide whether using a coalition approach is the right strategy.

Scarlett discussed the policy priority decision-making process in states that have formal coalitions and those that don’t.

- In some states, representatives from individual organizations discuss the data and share thoughts, but they don’t formally work together to advance one goal.

- They make decisions on their own and work on issues individually. Sometimes you can have the right person in the room who can just make things happen. For example, in Ohio, groups come together to decide on goals (e.g. child care or home visiting), but organizations work independently.
- Some states have coalitions that work formally together to advance a shared agenda. It's very important to resolve conflicts and have clarity among coalition members about the rules of engagement.
- State leaders can use the advocacy coalition checklist internally in state government as well as with external coalitions.

Carey closed the session with a discussion of how we evaluate progress in regard to impacts on child and family outcomes and thriving in the marathon approach. Carey drew from Julia Coffman's work to look at impact measures; policy goal measures; advocacy tactics; and interim outcomes.

- Evaluate stages – policy development, placed on future policy agenda, policy adopted or blocked, policy implementation – monitor and evaluate, and policy maintenance.
- Choose which measures pertain to the policies you develop – child and family outcomes, improved services, or system changes.
- Measure progress toward policy goals, advocacy tactics, or interim outcomes.

**Resources:**

- PowerPoint Presentation: [Developing an Infant-Toddler Policy Agenda](#)
- [Infants and Toddlers in the Policy Picture: A Self-Assessment Checklist for States](#)
- [Minnesota Prenatal to Age Three Framework](#)

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**Large Group Session**  
**Establishing Infant-Toddler Initiatives that Cross Services and Systems**

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**Presenters:**

- Barbara Gebhard, ZERO TO THREE (facilitator)
- Charley Zeanah, Tulane University
- Sunday Gustin, New Jersey Department of Children and Families

**Key Points:**

- Infant mental health consultation can be built into many different systems and services. Staff must be well trained and supported to be successful.
- Centralized intake is an effective way to connect families to services they need. It is important to be transparent about how families are matched with programs so that there is trust among everyone participating.

**Full Session Notes:**

Barbara opened the session by introducing Charley and Sunday and noting that both would share an example of how their states have built services that cut across systems.

Charley spoke about Louisiana's infant early childhood mental health (IECMH) system.

- The focus of the services has been on providing in-person training and ongoing support.
- Strengths of the system include: abundant expertise, consultants receive training, consultants receive ongoing support, and opportunities for high quality expansion with fidelity

- Challenges of the system include: decentralized and bottom-up, unstable funding streams, and vulnerable to changing priorities in administration.
- Tulane uses 11 indicators of early childhood well-being to determine which areas of the state have the highest needs and then prioritizes services to those areas.
- Tulane also provides consultation to home visiting services, primary in the Nurse Family Partnership model.
  - Thirty-one NFP programs have IECMH consultants working with them. The consultants do more than consultation, they also provide services directly.
- IECMH consultation is also built into the Quality Rating and Improvement System (QRIS). When a child care provider enrolls in QRIS, they receive six months of IECMH consultant services from Tulane.
  - The consultation is directed primarily toward the providers/teachers, but some families can be referred to the consultant.
  - Consultant activities include: train teachers/administrators on developmentally appropriate classroom practices to support healthy social/emotional development; assist with child-specific behavior management; provide parent seminars; and assist staff in managing stress.
- Tulane's Parenting Education Program provides phone consultation to the eight other Family Resource Centers across the state.
  - Staff provide consultation to resource center workers, interns, and supervisors on attachment, child-centered foster care, effects of trauma, and parental mental illness, etc.
- Tulane had a Lafayette Consultation project for 2.5 years that provided consultation to foster care workers and supervisor teams on attachment, child-centered foster care, effects of trauma, etc. Pick-up of services was slow, but it became a valued source of support and training. Funding for the evaluation was cut, so outcomes of this program were limited.
- Tulane has also had partnerships with primary care. The Gulf Coast Consultation in Child and Adolescent Psychiatry was available to the oil spill-affected areas of the state. A warm line was started for primary care providers to call on child psychiatry faculty and residents to discuss child and family assessment, diagnoses, and treatment.
- Tulane is also involved with Louisiana's new Project LAUNCH grant, which is implementing IECMH consultation in primary care, early care and education, and Part C Early Intervention.
- Charley reminded the group that if a model is going to have an infant mental health component, it is important to invest in training and infrastructure. You cannot just send professionals into the community without adequate expertise.
- Charley closed by giving a summary of training provided by Tulane. He noted that the training includes hundreds of hours of video and that online training is being developed.
  - 30 hours of IECMH training for non-mental health professionals (home visitors, public health nurses, social workers, pediatricians, EI staff, child care staff, child welfare, etc.)
  - Year-long training for IECMH consultants (in NFP and Quality Start QRIS).
  - Various tailored intensive trainings for judges, CASAs, and other child welfare staff.

Sunday then presented on New Jersey's centralized intake system and how it cuts across sectors within the state.

- In 2007, the state doubled funding for evidence-based home visiting (from \$4 million to \$8 million). With the new funding, the state wanted to focus on how to identify families that needed services, and the infrastructure for centralized intake was formed. MIECHV has further expanded home visiting in the state.

- There are four departments active in early childhood services. The state infrastructure includes an Early Learning Commission, Interdepartmental Planning Group (meets monthly to ensure program coordination), and NJ Council for Young Children.
- New Jersey has also built synergies by expanding early childhood systems and integrating: Help Me Grow-NJ (HMG); HRSA Early Childhood Comprehensive Systems (ECCS); DOH State Funds for Central Intake; SAMHSA Project LAUNCH; and Race to the Top – Early Learning Challenge (ELC).
  - Within the components of ECCS/Help Me Grow NJ, they included an expansion of prenatal screening. The Department of Health gave state funds to expand centralized intake, and the original ACF home visiting included a single point of entry. Centralized intake was also written into the ELC application.
  - HMG focuses on pregnancy to age 3. It includes: prenatal screening and prenatal screen assessment (PRA), including social and emotional screening; strengthening relationships with pediatricians; communication with those doing screening with pediatric community; and when needed, the appropriate links to Early Intervention (EI).
  - New Jersey’s Central Intake Hubs have an advisory board requirement; ELC funding is being used to get county-level councils organized and up and running. Training and technical assistance are also part of the plan.
- Each county has a lead agency, which evolved through a request for proposals. The lead agencies have to ensure coordination with other local partners and develop a protocol that addresses concerns about competing interests. In most counties, the lead is the MCH regional consortium, but in some counties it is a nonprofit that pulls partners together.
  - Each county has 1 FTE to staff the central intake system.
  - Prenatal providers and pediatric staff as well as other child-serving practitioners and parents can self-refer into centralized intake.
  - Families can decline services.
  - Pregnancy to age 3 was the initial focus, but now they are expanding to align with priorities listed in Race to the Top.
  - NJ is also including a feedback loop as a way to evaluate services.
  - NJ is including the pediatric medical home as a key partner.
  - They are looking at risk factors (4 Ps Plus screening tool – alcohol, tobacco, perinatal depression, and domestic violence).
- New Jersey uses a family and provider decision tree to determine what needs a family has and where they should be referred.
- When asked how you foster a sharing environment, Sunday replied that one step is to develop interagency agreements that enable core partners to share information on the screen and initial referral. New Jersey does not have a shared client record. The only shared component is the initial referral and linkage.
- Families can still go directly to programs.
- Georgia shared that Ages and Stages is filled out and faxed to the Department of Health/ Children First. However, even though they have the system, they have the challenge of training people how to use the system. Children First is the single point of entry, and they look at high risk factors to identify children from pregnancy and then send it out to district/county if the family is interested in an assessment. The focus is also on professional development for the workforce. Georgia is shifting from Ages and Stages to the Survey of Wellbeing of Young Children.

Barbara closed the session by remarking that Sunday’s example was very intentional, while Charley’s example was more iterative.

**Resources:**

- Charley Zeanah’s PowerPoint: [Early Childhood Mental Health Consultation](#)
- Sunday Gustin’s PowerPoint: [Infant-Toddler Initiatives that Cross Services and Systems: New Jersey’s Central Intake System from Preconception to Age 8](#)
- [New Jersey Clinical Perinatal Risk Assessment](#)
- [New Jersey Prevention System of Care](#)

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**Concurrent Session**  
**Engaging and Supporting Families**

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**Presenters:**

- Sherri Killins, Director of Systems Alignment and Integration, The Build Initiative
- Jennifer Stedron, Senior Program Manager, Ascend, The Aspen Institute

**Key Points:**

- Family support is a critical component of an early childhood system.
- Two-generation strategies focus on improving outcomes for children and parents simultaneously. This can be an effective way of improving family well-being.
- It is important to think about whether the state has articulated family goals. Are policies directed in ways that align with those goals? Or are they only considering outcomes for individual people within the family?

**Full Session Notes:**

Sherri opened the session with a brief discussion of the importance of family engagement.

- Family support is a critical component of an early childhood system. All families should have access to economic and parenting supports to ensure all children have nurturing and stable relationships with caring adults.
- Families know their children best – routines and preferences, personality, developmental skills, home language, health, family background, and home language.
- Different societies place value on different things, and services/supports need to reflect that:
  - Context rich vs. verbal communication; individual vs. collective identity; personal vs. group achievement; roles of parents and other family members; what knowledge must be acquired; teacher vs. child-directed learning.

Sherri then provided a brief overview of four family engagement frameworks:

- Strengthening Families Framework – supports the concrete needs of families; supports resiliency and parents’ understanding of their children’s growth and development and how they can support it; also emphasizes building social networks for families.
- Touchpoints – focuses on the parent-child relationship; uses behavior of the child as the language – if the child stopped sleeping or eating, talk about what that means, why it might be happening, and how it could be addressed.
  - Evaluations show positive outcomes related to the parent-child relationship, parental stress, child development, and health outcomes (see slide 17 for detailed list).
- Head Start Performance Standards – focuses on: family well-being; positive parent-child relationships; families as lifelong learners; family engagement in transitions; family connections to peers and community; and families as advocates and leaders.

- National PTA’s Standards for Family-School Partnerships – focuses on welcoming all families into the school community; communicating effectively; supporting student success; speaking up for every child; sharing power; and collaborating with the community.

Sherri closed her part of the presentation by talking about how the Race to the Top-Early Learning Challenge (ELC) program is promoting family engagement.

- Maryland is creating a new framework for family engagement, revising program standards for family engagement, and created a Coalition for Family Engagement.
- North Carolina is including family engagement in its Quality Rating and Improvement System (QRIS) and training and coaching providers on the standards.
- Ohio developed a website for family resources and added a new domain and standards to its QRIS for family engagement.
- Washington is implementing the Strengthening Families framework and Love.Talk.Play to inform families about child development. The state’s QRIS includes a family engagement domain with 7 sub-standards.
- Massachusetts is providing local family engagement grants for screening and evidence-based literacy activities; including a QRIS standard for family/community engagement; and increasing communication with parents to help them support their children’s development through MA 211 and the Brain Building Campaign.

Jennifer outlined what a two-generation approach looks like and shared some examples of work being done by communities participating in the Aspen Institute’s Ascend network.

- When implementing parent engagement strategies, you need to understand and articulate where you stand on the continuum of family-focused goals – is it a change in parent outcomes, child outcomes, family outcomes, or all three?
- Two-generation approaches focus on creating opportunities for and addressing the needs of both vulnerable parents and children together – the focus is on the whole family.
- Aspen has identified core elements of a two-generation approach:
  - High quality early childhood education for young children and workforce training and postsecondary education for parents to launch them out of poverty
  - Social capital – help parents build social networks, coaching
  - Health and well-being – preventing toxic stress, mental health services
  - Economic supports – financial literacy, housing assistance, asset building
- Jennifer noted that some of the frameworks Sherri discussed have very specific focuses (school success, successful parent-child relationship, etc.). It is important as a state to think about whether family goals and outcomes have been articulated. Policies need to be directed in such a way that they align with those family goals.

Jennifer then talked about Colorado’s two-generation approach. The Department of Human Services’ approach is shaped by three priorities:

- Families achieve self-sufficiency through work.
  - A new focus is on non-custodial parents to help them find and keep employment through job training, a refocusing of the TANF employment program, and other supports. Helping the non-custodial parent strengthens the family overall.
- Wealth is achieved through financial literacy.
  - Colorado conducted a feasibility study and found that saving even a very small amount for college increases the chance that students succeed in college.
  - There is a pilot for a statewide children’s savings account with the entry point when children enter preschool. It will include a financial literacy program.

- Children succeed through early learning.
  - The state established an Office of Early Childhood, and they are trying to infuse more of a two-generation approach to the programs overseen by the office, including: home visiting, QRIS, ELC initiatives, professional development, and child care.
- Recent child care subsidy reform in Colorado included some two-generation wins:
  - Adjusted co-payment requirements and tiered co-pay increases to mitigate the “cliff effect.”
  - Allow job seekers and those enrolled in post-secondary education or workforce training to be eligible for subsidy.
  - Ease the application and eligibility determination process through efforts like the alignment of income verification requirements across different programs.
  - Explore tiered reimbursement.

Jennifer closed by giving some advice on how two-generation approaches can be built into policies and systems.

- Capitalize on current levers – Are you already using the Head Start framework? How do you do that with a two-generation lens? The Early Head Start-Child Care Partnerships grant is an opportunity.
- Encourage evidence-building – There is a need to balance evidence-based programs/practices with promising programs/practices so that there is room for innovation and learning.
- Look at the continuum – Often, a single social issue (e.g., education) is targeted through multiple, siloed federal funding streams that encompass a “developmental continuum” from childhood through adulthood. Look across various streams and programs with a two-generation lens. How is higher education money supporting students who happen to be parents? How are we sharing collective responsibility for child and parent outcomes?
- Align and integrate systems – Gaps in, and lack of coordination of, state and local child- and adult-serving systems can be a barrier. Work to reinforce system elements like data systems and coordinated administrative structures.

The group engaged in some discussion around the idea of two-generation approaches.

- Georgia has experienced some pushback when talking about parents and skill-building; this two-generation frame is really useful. Policymakers sometimes think of parents as non-deserving, but framing it so they understand helping parents improves outcomes for children may be more convincing.
- In Michigan, parent coalitions are part of the Great Start Collaboratives. They are focused on nurturing parent leadership. It is difficult to keep parents engaged. Once they learn what they need, they often move on – though that is actually a success because they show up in other parts of the Great Start network.
- Carey shared that you need to take two-generation into every system component. For example, in mental health systems, they often don’t ask clients at intake if they are parents. This is a missed opportunity.
- Sherri shared that the Housing Authority didn’t used to think about children when making changes in families’ housing – in one community, they have now started only transitioning families at school transition periods so that children’s schooling is not disrupted.
- Jennifer reminded the group that helping parents build social networks is really critical. Everything can’t happen online – a family engagement website is not enough. You need to help pull people together so that they have support.
- The group discussed the difficulty of supporting families in rural areas where it is difficult to build social networks or have services accessible nearby.

- Georgia shared that they are working in the higher education domain with the Board of Regents to help them increase completion rates for single parent populations. Research shows that children's educational attainment is linked to their mom's educational attainment, so Georgia is working to change child care subsidy rules so that families are eligible if parents are enrolled in a 4 year degree program. Currently you have to work 20 hours if you are going to a 4-year school to be eligible. If parents are attending a technical school, they are not required to work.

The remainder of the session was spent discussing the case study.

**Resources:**

- Sherri Killins' PowerPoint: [Family Engagement: A Summary of Early Childhood Systems Family Engagement Context and Models](#)
- Jennifer Stedron's PowerPoint: [A National Perspective on Two-Generation Approaches](#)
- [Two-Generation Playbook](#)
- [Gateways to Two Generations: The Potential for Early Childhood Programs and Partnerships to Support Children and Parents Together](#)
- Case study: [Creating Continuity of Care for Children and Families](#)

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**Concurrent Session**

**Meeting the Needs of Young Children and Families in the Child Welfare System**

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**Stage Setters:**

- Jamie Colvard, ZERO TO THREE
- Christin Harper, Arkansas Department of Human Services
- Leanne Barrett, Rhode Island KIDS COUNT

**Key Points:**

- States need to assess child welfare policies as they relate to infant and toddlers and alter policies to be more responsive to the needs of infants and toddlers, taking into consideration such needs as attachment and continuity of care.
- There needs to be more coordination between the child welfare system, early intervention system, and the early childhood education system both at the state and local levels.
- Combined professional development with staff from child welfare, early intervention, and early learning can lead to better understanding of each system and encourage collaboration and more effective services.

**Full Session Notes:**

Jamie opened the session with a quick discussion of why it is important to implement a developmental approach to child welfare services for infants, toddlers, and their families. She then shared some of the key findings from a joint report recently released by ZERO TO THREE and Child Trends. *Changing the Course for Infants and Toddlers* presents findings from a 2013 survey of state child welfare agencies and the policies and practices that guide their work in addressing the needs of infants and toddlers who have been maltreated. Each year 200,000 children under age 3 come into contact with child welfare and 31% percent of children entering foster care are under age 3.

Three broad themes emerged from the survey:

- Most states do not differentiate services or timelines for infants and toddlers versus older children.
- State policies often do not take into consideration the unique developmental needs of infants and toddlers across the state.
- States do not align policies and practices to ensure that unique needs of infants and toddlers are met.

Some of the key findings from the survey include:

- In Hawaii, there is significant effort made to maintain contact between infants and toddlers and their parents – foster parents become more like mentors.
- Alaska is the only state that requires daily visitation; 12 states require visits once a week.
- Very few states require coaches to work with families during visits rather than just being observers.
- Needs of birth parents are often not addressed; only half of states require that parents be offered services for trauma, mental health, etc.
- Training for child welfare staff in child development and attachment is lacking – only 3 states require training for all staff; lack of training required for foster parents or others in the system is also an issue.

Christin Harper of Arkansas then described the Safe Babies Court Team Project.

- This project, created by ZERO TO THREE, aims to increase awareness among those who work with maltreated infants and toddlers about the negative impact of abuse and neglect on very young children; and change local systems to improve outcomes and prevent future court involvement in the lives of very young children.
- The Safe Babies Court Team Project trains professionals, provides resources, encourages collaboration between existing community service providers in Court Teams sites, and increases parent-child contact, mental health capacity, and placement stability in the Court Team sites.
- This developmental approach for very young children in child welfare demonstrates to policymakers how babies-first policies can protect the development of infants and toddlers.
- Although there are only a few communities that are formally involved in the Court Teams project, other judges have started adopting similar practices across the state.

Christin described some of the key elements associated with the Safe Babies Court Team Project:

- Increased frequency of court hearings – generally every 6 weeks
- Increased parent-child visitation – 3 times a week, try not to have visits in the county offices
- Visit coaching – MSW students serve as visit coaches – meet with parents before visit; observe visit; assess visit with parent afterwards
- Family Team Meetings occur after a court hearing with legal mediators; after adjudication, explain to parents what is happening.
- Referrals to therapy and services are made.
- A Community Coordinator keeps things moving and coordinated.
- Court Team Meetings include all of the people working to support families at a variety of different levels to ensure they are building a family-centered plan. This includes caseworkers, supervisors, attorneys, mental health, community providers, etc.

Christin then described some of the other child welfare 0-3 initiatives:

- Fetal Alcohol Spectrum Disorder Project

- Has a central coordinator.
- Provides early and timely screenings, assessments, diagnosis, and interventions; have added lots of trainings across the state.
- Has expanded to other 0-3 well-being areas such as coordination of early intervention referrals for children under three involved in substantiated case of maltreatment.
- Project PLAY – Positive Learning for Arkansas’ Youngest
  - Prioritizes services for centers serving children in foster care – educates case workers, foster parents, courts, and CASA volunteers on the importance of high quality stable child care centers.
  - This project strives to increase the percentage of children in quality child care and encourages continuity of care.
  - The state is working to determine that child care vouchers will follow the child when changes in placement occur.
  - Arkansas developed a tool kit to increase communication between child care providers and foster care parents that includes a child progress report, high quality check list, saying goodbye guide, developmental milestones handout, and a policy brief on the impact of trauma.

Leanne Barrett then presented work occurring in Rhode Island.

- Rhode Island is focusing on planning and infrastructure building. They recognize the need for more coordination between Early Learning Challenge initiatives, Early Learning Council, and the Child Welfare Advisory Committee. Child welfare workers need more education about child care and Head Start.
- Rhode Island has begun to track the number of infants and toddlers who have been maltreated and the number in the child welfare system and how early childhood programs (Early Intervention, home visiting, Head Start, and child care programs) are a strategy to prevent and respond to maltreatment.
  - Children under age 3 who have 5 or more risk factors have 90% or greater chance of delayed development. Children who are investigated for child maltreatment are just as much at risk as those who are found to have been abused or neglected.
  - Community-based teams work with DCYF for follow-ups.
- There were 838 maltreated infants and toddlers in Rhode Island – 50% were referred to Early Intervention (EI). Eligibility for EI was recently changed. Instead of counting risk factors, children can be eligible if significant circumstances exist that impact the child and/or family functioning to the degree that, without intervention, they would result in developmental delay.
  - There is a need to look at the questions that determine eligibility – there needs to be more training around circumstances impacting family functioning.
  - There are 7% of children in Rhode Island in EI – should be closer to 15%. There is now joint professional development between EI and child welfare staff.
- Future work in Rhode Island includes:
  - Addressing early educational needs of young children involved with child welfare (special education, Head Start, child care, etc.).
  - Committee to Improve Visitation Policies and Practices for Young Children (frequency and quality)
  - Professional Development Modules: Foundations for Infant/Toddler Social Emotional Health and Development
  - DCYF partnership with Rhode Island Association for Infant Mental Health: Michigan Infant/Toddler Mental Health Competencies, considering endorsement system in Rhode Island.

- Interest in developing Infant and Toddler Child Welfare – Family Court project.

**Resources:**

- Jamie Colvard’s PowerPoint: [Changing the Course for Infants and Toddlers: A State Survey of Child Welfare Policies and Initiatives](#)
- Christin Harper’s PowerPoint: [Arkansas Division of Children & Family Services: Zero to Three Initiatives](#)
- [Arkansas Project PLAY Toolkit](#)
- Leanne Barrett’s PowerPoint: [Rhode Island: Working to Better Meet the Needs of Young Children and Families in the Child Welfare System](#)

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**Concurrent Session**  
**Implementing Strengths-Based Initiatives to Achieve Equity**

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**Presenters:**

- Maria Mayoral, ZERO TO THREE (facilitator)
- Laura Johns, Georgia Department of Early Care and Learning
- Dan Torres, Thrive By Five Washington

**Key Points:**

- The face of infants and toddlers is changing – this age group is now a “minority majority” and requires culturally-responsive approaches.
- Building equity needs to be an intentional part of the conversations. There are structural barriers within our systems that we don’t realize until we start looking for them.

Maria Mayoral opened the session by talking about how the face of infants and toddlers is changing. This new reality translates into new opportunities and the need to adapt.

- The 0-3 population is “majority minority,” meaning that non-Latino white children, while still the largest group, are no longer a majority.
  - 49% White non-Latinos
  - 26% Latinos
  - 14% African Americans
  - 4.5% Asian Americans
- Projections show that by 2060, 40% of babies will be Latino. Latino Americans are very racially diverse.
- 33% of babies live in families where English is not the main language spoken at home.
  - The US is projected to be the largest Spanish-speaking country after Mexico.
- 1 in 4 infants and toddlers have a parent who was born outside the US.

Maria went on to discuss racial and ethnic disparities and the need for policy solutions.

- Poverty data disaggregated by race and ethnicity shows that African American, American Indian, and Hispanic/Latino children are the most likely to be poor.
- Research on the language gap shows that children from lower-socio-economic status (SES) are far behind children from high SES long before they enter preschool. It is important to recognize that children of color are disproportionately represented in the low SES category – meaning we need to look at how race and ethnicity affect these outcomes.

- Research looking at children’s cognitive skills at age two also show disparities by race/ethnicity. These data need to be examined more closely to understand why there are differences.
  - Are expressive vocabulary scores lower for Hispanic children because they are being tested in English when (for some) their home language is Spanish?
- We need to intentionally address the barriers some families face to accessing services:
  - Lack of culturally and linguistically competent measures and services – most assessment tools were developed based on English-speaking American children’s experience. When they are translated into other languages, that doesn’t mean they are culturally competent.
  - Limited supply of qualified, bilingual and bicultural birth-three professionals
  - Language barriers (limited English proficiency)
  - Low literacy levels
  - Social isolation
  - Discrimination
  - Documentation issues for immigrant families

Maria closed her part of the session by stressing the need for a strengths-based approach with recognition that there are real barriers to access.

- We need to change the mindset of others to support increased understanding that a child whose home language is not English is an upcoming bilingual adult and therefore could add value to the economy. This is a strength!
- A recent immigrant might be able to provide cultural continuity and pass on traditions to the children he/she serves.

Laura Johns then described some of the strengths-based infant and toddler initiatives that Georgia is implementing. She began by sharing some data on young children in the state.

- Most people think of Georgia as Atlanta, but it is really very rural.
- Infants and toddlers represent 16% of the child population and they are disproportionately in low-income families.
- 64% of infants and toddlers have at least one risk factor known to increase the chance of poor health, school, and developmental outcomes.
- Rates of infant mortality and preterm births in the state are decreasing, but racial disparities persist.
- The number of children 0-3 receiving early intervention services is increasing.

Laura shared information about Georgia’s Program for Infant Toddler Care.

- The program uses the language strategies from West-Ed.
- Georgia has a shared staff with Virginia and South Carolina using federal dollars to support a full time staff person and a website for online learning including professional development mentors and technical assistance.
- Technical assistance is provided to centers with ITERS scores below a 3. Mentors and coaches visit the program a minimum of two times a month for a full day.
- The Georgia AAP offers three conferences per year; this year they focus on medication and health interventions, toxic stress, and questions to the pediatric doctors.
- Training is also offered at the local libraries for families and children around language.
- Georgia has made a number of system changes in the last two years:
  - Professional development is now offered in Spanish.
  - Began hiring TA specialists fluent in Spanish.
  - Registration and training materials are now in Spanish in addition to English.

- The state is beginning to think about expanding to additional languages, possibly Chinese.

Laura then talked about the state's quality rating and improvement system, Quality Rated.

- Georgia created a cultural competency workgroup, with the assistance of BUILD, to develop a definition and guiding principles of cultural competency.
- They developed criteria to determine if professional development is culturally competent and to help improve it so that it meets the criteria.
- Georgia is using part of its Early Learning Challenge grant to create Early Education Empowerment Zones (E<sup>3</sup>Zs) in high-need communities, focusing on rural and urban areas. The state is targeting key QRIS supports to the E<sup>3</sup>Zs so that all existing programs move up at least a star level, offering additional incentives for children and families to choose high-quality options, and creating new incentive packages that leverage existing state benefits (such as tax breaks for businesses that create new jobs and low-interest loans) to convince businesses that have demonstrated an ability to operate high-quality facilities to locate in the E<sup>3</sup>Zs.

Georgia has a number of public health initiatives to reduce infant mortality and preterm births, encourage safe sleep practices, increase early exposure to language, and increase access to early intervention services. Georgia's Talk with Me Baby initiative aims to improve the health and well-being of all babies, especially those at risk for language delay.

- It is being led by the Marcus Autism Center/Children's Healthcare of Atlanta and has many public, private, and philanthropy partners.
- The initiative uses a collective impact model to achieve success.
- Components of the initiative include:
  - Increase public awareness about the importance of language.
  - Train health care professionals about the importance of language nutrition and modeling behaviors that encourage parents to talk to their children (in whatever language they feel most comfortable).
  - Support parents in providing culturally sensitive language nutrition in their home language.

Laura Johns closed with some lessons learned:

- Maybe you don't always need someone at the state level to lead change. A community elder can help motivate change.
- It is important that we help parents understand that being bilingual is good and could lead to economic advantages for their children. They often fear their children will be worse off if they use a different language at home and at school.

Dan Torres closed the session by talking about Washington's Racial Equity Theory of Change (RETOC). He began by sharing how the RETOC was developed.

- The RETOC was developed from April 2012-March 2013 with funding from the Kellogg Foundation.
- They received input from about 150 people who participated in 7 statewide meetings.
- The process brought existing and new partners together around the issue. Some had not really thought about equity before. It led to everyone using the same language.
- RETOC provides a collaborative vision and approach for all levels of Washington's early learning system.
- It also articulates how individuals, organizations, and institutions can take both individual and collective action to reduce the opportunity gap.

Dan shared that RETOC has four building blocks defined by the community:

- Increase community voice and influence for those furthest from opportunity. There are 10 regional coalitions across the state.
- Inform practice with diverse measures and diverse stories. The Washington Kindergarten Inventory of Developing Skills (WaKIDS) data were disaggregated by race and diversity so they could see the disparities.
- Make decisions that genuinely meet the requirements of communities of color. Washington is just starting to see this take up steam at the Department of Early Learning. Equity is now part of the conversation. The department has been proactive. They added ten new seats for coalition members to the Early Learning Advisory Council. Racial equity was added to the work plan, a new workgroup was created, and tools are being created to use the lens of equity.
- Design and implement systems that respond to children's diverse situations.

Dan shared that Thrive by Five supports the equity work in three ways:

- Community of practice space to talk about how to move forward;
- Coalition work; and
- Grant making tied to the theory of change and connected to systems-building work.

Dan closed by offering some advice to other states interested in pursuing equity work:

- Not everyone needs a huge theory of change.
- Slow down and listen.
- Use existing data to tell the story.
- Create space to talk about building equity; over time, people will expect the conversation.
- Meet people where they are; states are big and diverse, so be responsive.
- Focus on inclusion vs. advocacy in the early stages.

During the discussion, several tools were shared that could be used to start discussions.

- The Aspen Institute does work around racial equity and has several tools that can be useful for giving you the language you need to talk about the problem.  
<http://www.aspeninstitute.org/policy-work/community-change/racial-equity>
- [Crack the Code](#) videos and conversation guides are useful.
- Annie E. Casey Foundation Race Matters materials. <http://www.aecf.org/>

**Resources:**

- Maria Mayoral PowerPoint [Implementing Strengths-Based Initiatives to Achieve Equity](#)
- Laura Johns PowerPoint [Implementing Strengths-Based Infant and Toddler Initiatives to Achieve Equity](#)
- [Quality Rated Cultural Competency Work Group Definition and Guiding Principles](#)
- [Quality Rated: A Definition of Professional Development](#)
- [Dan Torres PowerPoint](#)
- [Washington's Racial Equity Theory of Change](#)

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**Large Group Session**  
**Effectively Communicating Your Infant-Toddler Policy Agenda**

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***Presenters:***

- Steffanie Clothier, Alliance for Early Success (facilitator)
- Scarlett Boudier, Advocacy & Communication Solutions, LLC
- Scott Wilson, The Urban Child Institute

***Session Key Points:***

- The early childhood field is not the target audience. If people who are not in the field provide feedback, listen to them.
- Use succinct, clear messages – get away from using industry jargon and an alphabet soup of acronyms.
- Data can persuade, but not inspire action. Messages should combine data with inspiration.

***Full Session Notes:***

Steffanie opened the presentation by encouraging everyone to think about the communications work they already do every day and how to use it for advocacy.

Scarlett presented two case studies:

***Case Study #1- Every Child Succeeds (ECS) in Ohio***

- **Priorities:**
  - To secure state funding for home visiting and funding for maternal depression (ECS uses wraparound funding and leverages private foundation dollars).
  - To increase awareness around infant mortality (Ohio has highest infant mortality rate in the nation).
- **Strategies:**
  - Private/public partnerships with businesses and governments
  - Targeted outreach
  - Partnerships with other advocates – have monthly or bimonthly phone calls; everyone has an assignment; allows them to remain focused
  - Maintained ongoing relationships with state agencies across the infant-toddler spectrum
- **Outcomes:**
  - Maintained state’s \$35 million investment
- **Messaging (not proven quantitatively):**
  - Most state legislatures are looking for what works—Ohio’s legislature wanted to be able to say which best practices worked in Ohio.
  - ECS was able to build support from extremely right of center legislators. It took 3-4 years to get two legislators carrying multimillion requests now.
  - Neutrality is not a bad thing—it can be the difference between victory and defeat.
  - ECS leveraged internal messengers—board, staff, etc.
  - The messaging that connected with conservative legislatures: Characteristics like grit and perseverance don’t magically appear when babies are born, but are taught and learned over time. A mother who has those skills will pass them on to her babies, so we have to make sure mothers are empowered.
- **Lessons learned in Ohio:**

- Needed to leverage and maximize grassroots assets – they thought they could persuade with data, but it didn’t work as well.
- Stay focused on the long term – Ohio learned they couldn’t do everything; focused on one thing only. Some coalitions die under their own weight due to their inability to do everything.

*Case Study #2: First Things First (FTF) in Arizona*

- Priority: To build public awareness and community outreach
- Background on FTF:
  - FTF had a significant budget to dedicate to media outreach.
  - FTF is divided into 31 regions and sends grants to regions. They have money at the state level, but it is divided and distributed among regions. Its communication plan is detailed and diverse and tailored to the culture of each region.
- Strategies:
  - FTF used a comprehensive statewide grassroots education.
  - Their advocacy efforts had a huge learning curve—wanted to strip FTF’s funding; agency was under fire from the start.
- Outcomes:
  - FTF used earned and paid media overlaid by grassroots and grassroots advocacy.
  - When an organization is under attack, it gets coverage (for better or worse). The media attention increased awareness and support of FTF among individuals and public officials.
- Messaging:
  - The overlapping core message that worked was “Ready for school, set for life.”
  - The quantitative data showed this message tested well.
- Lessons learned in Arizona:
  - FTF learned not to be territorial about funding and pulled everyone under their umbrella.
  - Messages about return on investment did not work in Arizona (except with the business community).
  - Localize—the power of local advocates increased awareness and had a huge impact.

Next, Scarlett shared examples of successful and unsuccessful national messages.

- National messages that have worked across most, but not all, audiences include:
  - A focus on all children
  - Emphasizing the shared responsibility of everyone
  - Children are born learning
  - Making the connection to school readiness between ages 0-3
  - Focus on positive outcomes: Start off with problem statement (ex. Children aren’t graduating), but quickly pivot to positive outcome (ex. Children who receive high quality care are more likely to graduate).
- National messages that haven’t worked well:
  - It’s the right thing to do
  - Exclusively academic or scientific message, or anything that relied on data (Data can persuade but not inspire—have to combine data with inspiration)
  - Parents as good or bad
- Lessons learned nationally:
  - The early childhood field is not the target audience. If people who are not in the field provide feedback, listen to them.
  - Use succinct, clear messages – get away from using industry jargon and an alphabet soup of acronyms.

Scarlett closed her part of the session with the suggestion that everyone be able to boil down what you're trying to tell people into a single sentence based on four questions. The answer to these questions should be 10 words or less. Scarlett shared a worksheet that can be used to create this statement.

- What do you do?
- Why do you do it?
- Why is it so important?
- Why should people care?

Next, Scott introduced himself and talked about his organization, The Urban Child Institute (UCI) in Memphis, TN.

- A foundation granted UCI \$60 million over 12 years for programs. The CEO and Board weren't seeing the needle move, so transitioned into the 0-3 space as a way to break the cycle. UCI went from a granting to research to partnering organization.
- The priority issues in Memphis are high poverty, lack of parenting skills, and low quality early childhood education programs.
  - The consequences of these affect the full community, so you need to help people understand that solutions must be community-wide as well.
- Scott stated that even though the issues are big, solutions should start small. Sometimes the problems can seem too big for people to act; you need to break them down into achievable steps so people are not overwhelmed before they even start.

Scott showed UCI's Baby Small video and then shared how the messaging was developed, lessons learned from the experience, and next steps for UCI.

- The goal of the Baby Small campaign was to educate community members about the importance of the earliest years and their role in ensuring that all babies are thriving.
- Campaign materials included a three-minute video on the UCI website, which was broken down into a series of 30-second PSAs. UCI ran the PSAs on TV and radio aggressively for a period of three months. The PSAs and ads were meant to drive people to the website, where they could watch the full video and download additional resources.
- UCI deliberately chose to create a "kinetic illustration" or animation video to appeal to a young Millennial audience. They identified this generation as a key audience because they want to be involved in the community, and there was a recent influx into the state.
- To develop the video and campaign, UCI considered several options, such as using a large ad agency and developing everything in-house. They ultimately decided on a hybrid model and hired a creative director. UCI determined a campaign theme and built a team around the project. They participated both as a partner and a client. This allowed them to keep control over content but also bring in additional expertise around communications.
- UCI built relationships with local reporters, which enabled them to spread their message.
- UCI also used paid advertising in most of the local papers.
- They had a \$150K budget in the local market and ran spots after an election when the ad buys were cheaper. Being strategic about when you purchase advertising time can help you.
- UCI also had an aggressive social media campaign. They coordinated messaging with commercial frequency.
- They also coordinated the building imagery with the PSAs by putting the logo and messaging on the door of their office building.

- The main lesson learned by UCI was that although their messaging succeeded, they were “light” on action – didn’t have a call for action. Their next stage is creating an action-oriented landing page.

**Resources:**

- Scarlett’s PowerPoint: [Effectively Communicating Your Infant-Toddler Policy Agenda](#)
- [Messaging Boot Camp Worksheet](#)
- Scott’s PowerPoint: [The Urban Child Institute Baby Small Campaign](#)
- [Baby Small video](#)

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**Concurrent Session**  
**Leveraging Funding Sources to Support Infant-Toddler Services**

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**Presenters:**

- Margie Wallen, Ounce of Prevention
- Melanie Bronfin, Louisiana Partnership for Children and Families
- Kristine Campagna, Rhode Island Department of Health

**Key Points:**

- Financing mechanisms include both layering of existing funds and creation of new funding streams.
- Consider your state’s context, and be strategic and innovative in looking at financing possibilities.
- Finance quality—evidence-based programs and supports to improve the quality of services.

**Full Session Notes:**

After Margie introduced the session, Melanie presented on Louisiana’s school readiness tax credits.

- Timing:
  - Conceptualized two years after Hurricane Katrina, which offered an unexpected opportunity.
  - In 2007, Louisiana was rolling out QRIS, and there were concerns about cuts in future child care appropriations.
- The plan:
  - Brainchild of Geoff Nagle and Louise Stoney.
  - Used the tax code to provide financial incentives to meet QRIS standards.
  - Framed as economic development for the child care industry.
- Legislative campaign:
  - Lead legislator was a banker.
  - Support from Department of Revenue and Legislative Fiscal Office.
  - Used a business lobbyist.
  - Lowered the fiscal note by revising predictions of uptake.
- Package of refundable credits:
  - Child care providers: based on the number of children in the Child Care Assistance Program (CCAP) served and quality rating, \$750 - \$1500 per CCAP child.
  - Child care teachers and directors: based on level of education, must have worked at a program in the QRIS for at least six months, adjusted based on the Consumer Price Index, \$1606 - \$3212 in 2013.

- Parents: based on quality rating of program child attends, decreases with family's income.
- Businesses: credit for child care expenses based on quality rating, also dollar-for-dollar credit for donating to child care resource and referral agencies to a maximum of \$5000.
- Implementation:
  - Usage has increased most for teachers and directors, least for businesses.
  - Cost in 2008: \$4 million; cost in 2012: \$14 million; 347% increase.
  - Tax credits used as state match for federal Child Care and Development Fund.
  - Child care assistance funds cut by 58% during same time period.
- Lessons learned:
  - Must always be vigilant, as later efforts have tried to limit the credits.
  - Critical to have many strategies to achieve funding needs.

Kristine then presented on blending and braiding funds to support home visiting and developmental screening in Rhode Island.

- Home visiting:
  - Successful Start vision and plan created through the Early Childhood Comprehensive Systems (ECCS) grant.
  - To build a coordinated home visiting system, one strategy was developing a sustainable public-private funding stream.
  - Had a short-term public health nurse home visiting program, then got a federal Evidence-Based Home Visiting (EBHV) grant to establish Nurse Family Partnership.
  - Leveraged resources through Part C, then EBHV, Community-Based Child Abuse Prevention, TANF, MIECHV (both formula and development grants), and Medicaid.
  - These funding sources support a variety of home visiting programs.
  - It is helpful to link a potential funding partner with applicable anticipated outcomes.
- Developmental screening:
  - The Child Care Support Network was funded by Healthy Tomorrows, Child Care and Development Block Grant, Title V, and ECCS. Funding was increased by Project LAUNCH and is being sustained with Part C and Race to the Top-Early Learning Challenge.
  - Families are linked to evidence-based services after screening, such as Incredible Years, Parents as Teachers, and mental health consultation.
- Lessons learned:
  - Blended funding brings allies together and forces discussion about service coordination.
  - Focus on the goal of the funding stream and its match with the program.
  - Use Memoranda of Understanding.
  - Build relationships through regular inter-departmental leadership meetings.

Discussion covered several topics.

- Inside-outside strategy:
  - Focus on goals.
  - Recognize that no one funding source is enough to make a difference in outcomes.
- Concerns about double-counting:
  - Keep good data.

- There is little overlap in services except sometimes with Part C early intervention.
- Quality vs. access:
  - “Access to quality” is best, but must ultimately focus on quality.
  - Frame the ask to benefit all children as funding becomes available.
  - Include funding for infrastructure.
- Margie wrapped up with some financing principles and themes. Categories of funding sources:
  - Public funds
  - Public-private funds
  - Dedicated taxes and tax credits
- Common principles in leveraging funding:
  - Tie infant-toddler funds to growing funding sources such as pre-k.
  - Emphasize evidence-based programs.
  - Prioritize at-risk children and address their comprehensive needs.
  - Invest in expansion of services, enhancement of existing programs, and infrastructure.
  - Build on a diverse delivery system.
  - Promote flexibility to layer funding streams to support quality services.
  - Collect data to demonstrate outcomes.
- Financing themes:
  - Quality: evidence-based models and standards, supports to reach standards
  - Innovation: infrastructure embedded, big tent of diverse settings and age groups, blending and braiding funding streams
  - Expansion
  - Education funding as a frame

**Resources:**

- Melanie Bronfin’s PowerPoint: [Louisiana’s School Readiness Tax Credits](#)
- Kristine Campagna’s PowerPoint: [Leveraging Funding Sources to Support Early Childhood Initiatives in Rhode Island](#)
- [Margie Wallen’s PowerPoint](#)
- [Inspiring Innovation: Creative State Financing Structures for Infant-Toddler Services – Overview of Report Findings](#)
- [Inspiring Innovation: Creative State Financing Structures for Infant-Toddler Services](#)
- [Blending and Braiding Early Childhood Program Funding Streams Toolkit](#)

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**Concurrent Session**  
**Infusing Infant-Toddler Components into the Professional Development System**

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***Presenters***

- Gail Nourse, Ounce of Prevention Fund
- David Edie, Wisconsin Council on Children & Families
- Jamie Colvard, ZERO TO THREE

***Session Key Points***

- A coordinated, cross-sector professional development system is vital to building a strong infant-toddler workforce.
- States have to focus on the quality of the professional development offerings along with the effectiveness of coaches and trainers.
- States are experimenting with different ways to engage the range of early childhood providers in professional development.

***Full Session Notes***

The session started with Dave sharing Wisconsin's focus on professional development. See attached handout he distributed, which discusses the following major components of a professional development system:

- Early learning standards
- Cross-sector competencies
- Registries
- Professional development and training offerings

Dave also shared that TEACH has been expanded by their Early Learning Challenge (ELC) grant, and it has been driving an increase in infant-toddler coursework offerings, not just participation of the workforce in available trainings.

Gail then discussed Pennsylvania's approach to developing a professional development system:

- They started with moving their core competencies to be cross-sector and include child care, Head Start, higher education, etc. and placing them in an online system where individuals could develop professional development plans.
- Pennsylvania also developed a certification of professional development instructors with education and experience requirements.
- A common strategy in Pennsylvania is to phase in requirements, stair-step the requirements, and typically give programs 3-5 years to develop action plans and implement them with support from QRIS technical assistance.

Georgia contributed to the conversation sharing that they have the child care resource and referral agencies (CCR&Rs) focus their TA on programs advancing in the QRIS, while they have separate TA specialists and mentors who work with infant-toddler and pre-K programs on implementation. The pre-K TA specialists are also available to coach on program administration issues.

During this conversation, multiple states shared their struggles and pilots in using coaching and other supports to help providers translate their experience in one-off trainings into changing their practice. A few key points came up during the discussion:

- As systems are developed and there is more move to align 0-8 and explore joint professional development between parts of early childhood and the early elementary grades, consider the different requirements and the different ways to measure credits/hours between early childhood and K-12 professional development systems work.
- As education systems update their teacher licensure or certification systems, it is important to keep birth to three included as they will help drive demand for infant-toddler coursework and its inclusion in articulation agreements.

Several resources and other state examples related to coaching and technical assistance were discussed:

- The National Center for Children in Poverty published a report looking at coaching and technical assistance in states' QRIS systems, [\*Coaching and Quality Assistance in Quality Rating Improvement Systems\*](#).
- The Ounce of Prevention has an i3 grant to demonstrate the benefits of embedded professional development (<http://www.ounceofprevention.org/news/investing-in-innovation-grant.php>).
- CLASS has an intensive model of coaching and support.
- In an effort to engage more home-based providers, Miami-Dade, Florida broke up 2-day training across 6 months and included a trusted messenger to engage the participants in implementing what they learn from class to class (see [PowerPoint](#) from 2013 meeting).

Jamie closed the session by sharing a new tool developed by the National Center on Child Care Professional Development Systems and Workforce Initiatives at ZERO TO THREE. *Strengthening the Early Childhood and School Age Workforce: A Tool to Improve Workplace Conditions, Compensation, and Access to Professional Development* can help states coordinate their professional development investments with their other efforts to ensure they are making progress toward their articulated goals. The Center is also currently piloting a cost calculation on professional development and compensation.

**Resources:**

- [\*Integrated Professional Development System Questions to Consider\*](#)
- [\*Pennsylvania Career Lattice\*](#)
- [\*Gateways to Opportunity Infant Toddler Credential Framework\*](#)
- [\*Wisconsin Early Childhood Cross Sector Professional Development Snapshot\*](#)
- [\*Infant-Toddler Professional Development System in Wisconsin Key Components of the System\*](#)
- Jamie Colvard's PowerPoint: [\*Strengthening the Early Childhood and School-Age Workforce: A Tool to Improve Workplace Conditions, Compensation and Access to Professional Development\*](#)
- [\*Strengthening the Early Childhood and School Age Workforce: A Tool to Improve Workplace Conditions, Compensation, and Access to Professional Development\*](#)