

UNLOCKING **POTENTIAL**



A Roadmap to Making New Jersey the Safest, Healthiest and
Most Supportive Place to Give Birth and Raise a Family



PRITZKER
Children's Initiative



Unlocking Potential – A Roadmap to Making New Jersey the Safest, Healthiest and Most Supportive Place to Give Birth and Raise a Family

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Advocates for Children of New Jersey is the trusted, independent voice putting children's needs first for more than 40 years. Our work results in better laws and policies, more effective funding and stronger services for children and families. And it means that more children are given the chance to grow up safe, healthy and educated.

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Letter from The New Jersey Pritzker Children's Initiative Leadership Team

The Pritzker Children's Initiative (PCI) planning grant came at exactly the right time in New Jersey. Generous support from the J.B. and M.K. Pritzker Family Foundation enabled Advocates for Children of New Jersey (ACNJ) to convene a unique partnership of leaders from government agencies, community-based organizations and advocacy groups who came together with a vision of making New Jersey the safest, healthiest and most supportive place to give birth and raise a family.

Equity is a core value of that vision. We believe that every baby born in New Jersey deserves high-quality supports and services to get the best possible start in life. However, we know that not every family has access to these services, limiting opportunities for our children. And, far too often that happens on the basis of race and income. Our plan is based on the belief that we all have a role to play in achieving equity and that supporting equal opportunities at the start of a child's life is the first step in eliminating disparities that impact outcomes for babies, families and communities.

The PCI planning grant came with an audacious challenge. It asked us to develop an action plan to ensure that an additional 25 percent of low-income infants and toddlers in New Jersey – 27,000 young children - have access to high-quality services by 2023. This number became our guidepost as we developed strategies to advance our priorities: equitable maternal and infant health care, high-quality infant and toddler child care, family support through home visiting, and infant mental health.

Accomplishing our goals will take a high-level effort and will not happen overnight. But the foundation is already in place for bolder next steps. ***Unlocking Potential – A Roadmap to Making New Jersey the Safest, Healthiest and Most Supportive Place to Give Birth and Raise a Family*** builds on several years of community planning and thinking around infants and toddlers. Statewide campaigns such as Right from the Start NJ and the New Jersey Think Babies Coalition have raised awareness of the unique needs of infants and toddlers. The public sector is providing active leadership, implementing new prenatal to three policy and program changes. Leadership at the highest level has elevated the importance of the early years and called out the racial disparities in access and outcomes. New Jersey foundations are making considerable investments, collectively and individually, in innovative programs for young children and their families.

We are proud of the action steps this report proposes. Ours is a bold and ambitious vision, but one that is achievable. All of us are ready to rise to the challenge by providing leadership at the highest level and collaboration with the public and private sectors, working together in ways that are different from those we have traditionally embraced. But the gains achieved from this will be worth it for babies and families, contributing to stronger communities and a stronger New Jersey.

We urge you to read ***Unlocking Potential*** and use this plan as a roadmap to making New Jersey the safest, healthiest and most supportive place to give birth and raise a family. Join us!

Sincerely,

The New Jersey Pritzker Children's Initiative Leadership Team



“The plan aims to unlock the potential for every parent, guardian, educator, or service provider to be the best they can be in their critical role in the lives of infants and toddlers. Tackling racial, economic and geographic disparity will be essential to realizing success.”

Unlocking Potential – A Roadmap to Making New Jersey the Safest, Healthiest and Most Supportive Place to Give Birth and Raise a Family articulates a vision to unlock the potential of every child in New Jersey to grow up healthy, safe and educated. The plan also aims to unlock the potential for every parent, guardian, educator, or service provider to be the best they can be in their critical role in the lives of infants and toddlers. Tackling racial, economic and geographic disparity will be essential to realizing success.

In July 2019, Advocates for Children of New Jersey (ACNJ) convened a team of public and private partners to examine where New Jersey is now, to share work planned or in process, and to learn from one another in order to outline a path forward for improving outcomes for low income infants, toddlers and their families. *Unlocking Potential* represents the result of this work.

Unlocking Potential lays out the rationale for taking action and provides goals and strategies related to vital services for babies and their families including: maternal and infant health care, high-quality infant and toddler child care, home visiting, and

infant mental health services. It proposes a system integration approach that calls for improved coordination among early childhood organizations and alignment with maternal and infant health initiatives to ensure a seamless array of services beginning prenatally. The plan also identifies specific targets for impact; the financing needed, as well as the leaders poised to move the plan from vision to reality.

Unlocking Potential provides a starting point and a consensus path forward. There is much work ahead to fully detail the implementation steps to realize the goals outlined in this report. Policies will need to change, greater resources will need to be secured and new programs will need to be created. Families will need to be engaged in the process to ensure the services and systems proposed are designed to meet their needs. And, additional stakeholders on the state and local level will also need to embrace the plan and use it to support their decision-making and actions.

By working together and thinking boldly we can make New Jersey the safest, healthiest and most supportive place to give birth and raise a family.

“Every second a baby and toddler lives in poverty is another second his or her brain development and future success is threatened.”

Myra Jones-Taylor, Chief Policy Officer at ZERO TO THREE

Enabling Healthy Growth and Development for 102,000 Babies Born in NJ Each Year

Approximately 102,000 babies are born each year in New Jersey. Brain science teaches us that their early healthy development—the first 1000 days—is consequential, right from the start. However, depending on the place of their birth, the race of their mother, and their family income, their early experiences could be vastly different.

Roughly 17 percent of children ages 0-3, 51,164 infants and toddlers, live in households with a family income at or below the federal poverty threshold (\$24,300 for a family of four); 35 percent or 109,563 infants and toddlers live in households where the family income is at or below 200 percent of the federal poverty threshold.¹ Research shows poverty is a strong predictor of children's success in school and adult employment and earnings. Children growing up in poverty experience poorer health, higher incidence of developmental delays and learning disabilities, and hunger compared to their peers. And the longer a child lives in poverty, the worse their adult outcomes.²

New Jersey's infants and toddlers are diverse with more than half being children of color: 14 percent are black, 30 percent are Hispanic, 10 percent are Asian, and 3 percent are two or more races. 43 percent of New Jersey infants and toddlers are white.³ For New Jersey children of color (ages birth to 18), the odds are much higher that they will live in families who do not have adequate family income; in 2018, 46 percent of black children and 48 percent of Hispanic children were low-income.⁴

Even before birth, racial disparities are apparent. In New Jersey, black and Hispanic women are the

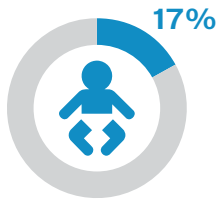
least likely to receive early prenatal care; in 2018, 35.1 percent of black women and 30.5 percent of Hispanic women received late or no prenatal care (defined as beginning in the second or third trimester of pregnancy) compared to 14.8 percent of white women.⁵ Mothers who receive late or no prenatal care are more likely to have babies with health problems. Mothers who do not receive prenatal care are three times more likely to give birth to a low-weight baby, and their baby is five times more likely to die than mothers that do get care.⁶

New Jersey's maternal mortality rates, which is defined as the death of a woman while pregnant or within 1 year of termination of pregnancy, irrespective of cause, are among the worst in the nation. According to the United Health Foundation, New Jersey ranks 47th in maternal deaths (2019); on average, 46.4 New Jersey women die for every 100,000 live births, compared to 29.6 nationally.⁷ The statistics for black women are even more dire. A black woman in New Jersey is four times more likely to die due to pregnancy complications than a white woman; 132 deaths per 100,000 births.⁸ The maternal mortality rate is 35 per 100,000 births for White women and 32 per 100,000 births for Hispanic women.⁹

Correspondingly, babies of color fare worse than their white peers. The infant mortality rate (2017) for black babies (9.4 per 1000 live births) is more than three times that of white babies (2.7 per 1000 live births) and for Hispanic babies the rate is nearly double compared to white babies (4.8 per 1,000 live births).¹⁰ Black babies are also twice as likely to be born at a low birthweight compared to white babies; 12.3 percent compared to 6.4 percent; the percent of Hispanic babies born of low birthweight is 7.7 percent.¹¹

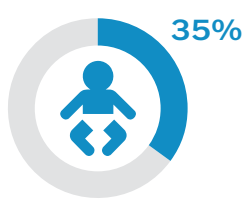
New Jersey Statistics At-A-Glance

Infants (0-3) Living Below the Poverty Line



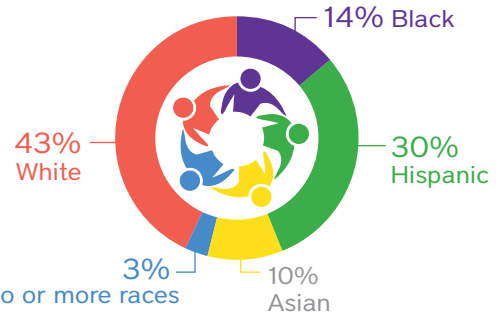
Live in households with a family income **at or below** the federal poverty threshold.

Source: New Jersey Babies Count 2018



Live in households where the family income is **at or below 200%** of the federal poverty threshold

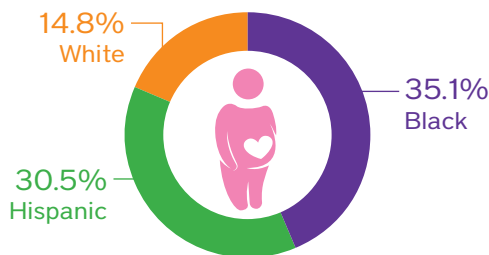
Infant and Toddler Diversity in New Jersey



Source: New Jersey Babies Count 2018

Women Receiving Late or No Prenatal Care (2018)

(defined as beginning in the second or third trimester of pregnancy)



Source: NJ Department of Health

Maternal Death Rate



New Jersey ranks 47th in maternal deaths (2019). On average, 46.4 New Jersey women die for every 100,000 live births, compared to 29.6 nationally.

MORTALITY RATES PER 100,000 BIRTHS:

Black Women: 132 deaths

Hispanic Women: 32 deaths

White Women: 35 deaths

Source: United Health Foundation

Infant Mortality Rate (2017)



INFANT MORTALITY RATES PER 1,000 LIVE BIRTHS:

Black Babies: 9.4 deaths

Hispanic Babies: 4.8 deaths

White Babies: 2.7 deaths

Source: NJ Department of Health

New Jersey Home Visiting Availability



310,000
NJ children
under age 3

< 2%

5,459
funded home
visitation slots

Source: NJ Department of Health and US DHHS

New Jersey Child Care Needs



More than **200,000** young children ages 0-3 have parents in the workforce and are likely to have a child care need because **all parents in the home are employed**.

Source: NJ Babies Count 2018

New Jersey Child Care Costs



According to Child Care Aware of America, in 2019, New Jersey parents with an infant pay on average **\$15,600 for full-time care** in a licensed child care center.

Source: Child Care Aware of America

Availability of Licensed Infant-Toddler Child Care

207,366 families, where all parents are employed, are likely to **need care**.



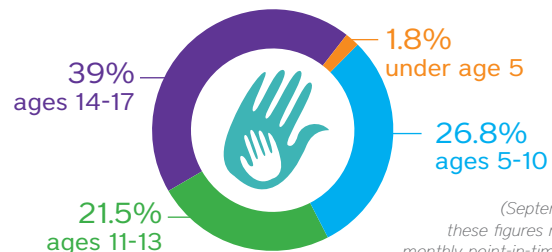
55,565 slots available

for infants and toddlers in licensed child care centers.

73% of families likely to need care **do not have access** to licensed child care.

Source: No Room for Babies

Ages of Children Receiving Services Through Care Management Organizations



(September 2019: these figures represent a monthly point-in-time statistic).

Source: NJ Department of Children and Families

The science is clear. Our brains grow faster between the ages of 0-3 than any later point in life. When babies have nurturing relationships with parents and caregivers, enriching early learning experiences, and strong physical health and nutrition, they have a crucial foundation for healthy development. But when babies don't get what their growing brains need to thrive, this leads to life-long developmental, educational, social, and health challenges.

ZERO TO THREE Think Babies Campaign



Racial and income disparities seen in early life persist as babies and toddlers grow and enter school and progress toward adulthood. In a study on expulsion and suspension practices in New Jersey child care centers, children of color were expelled at a disproportionate rate, with black/African American children being over three times more likely and Hispanic children twice as likely to be expelled.¹² During their elementary and secondary years, New Jersey's black and Hispanic children are least likely to meet or exceed expectations on the PARCC standardized language arts and math tests at all grade levels.¹³

Ensuring access to essential supports at the beginning of a child's life is a foundational and effective approach to eliminating disparities that can negatively impact children, families, and communities. Access to maternal and infant health services during the prenatal and postnatal period, combined with quality early childhood programs specially designed for infants, toddlers and their families, ensure children are developmentally on track and prepared for success in school and beyond.

Just as brain science provides a persuasive scientific imperative for a focus on infants and toddlers, economic, health and education research demonstrate that early childhood programs yield results. High quality birth-to-five programs for disadvantaged children can deliver a 13 percent per year return on investment.¹⁴ In a RAND corporation review of 115 early childhood programs, 102—nearly 90 percent-- had a positive impact on at least one child outcome, such as behavior and emotion, child health, cognitive achievement, language, and kindergarten readiness, as well as systems benefits in child welfare and crime prevention.¹⁵

Providing voluntary services and supports for pregnant women, infants and toddlers and their families should not be a “may” but a “must.” Having a system that works can deliver strong outcomes to children, families, communities and investors.

Infant and Toddler Services in New Jersey

While New Jersey already has a number of early childhood foundational programs in place, more could be done to expand and strengthen these vital supports and services in order to reach more low-income families.



Equitable maternal and infant health care for all races and ethnicities is critical for healthy birth outcomes and ongoing growth and development, however:

- **New Jersey ranks 47th in maternal deaths** (2019); on average, 47 New Jersey women die for every 100,000 live births, compared to 30 nationally.
- **A black woman in New Jersey is four times more likely to die** due to pregnancy complications than a white woman.
- **Black and Hispanic women in New Jersey are the least likely to receive early prenatal care**; in 2018, 35.1 percent of black women and 30.5 percent of Hispanic women received late or no prenatal care compared to 14.8 percent of white women.
- The infant mortality rate (2017) for **black babies is more than three times** that of white babies.
- **Black babies are twice as likely to be born at a low birthweight** compared to white babies (2017).



Quality infant and toddler child care, which is essential to promoting healthy development, school readiness, and ensuring a thriving economy and workforce, is in short supply.

- There are only **enough slots in licensed centers in New Jersey to serve 27% of the infants and toddlers** likely to need child care because all parents in the home are employed.
- **40% of New Jersey municipalities are child care deserts** with limited or no access to licensed infant-toddler child care.
- Over the last 10 years the **number of registered family child care homes has decreased by 49%**.
- Grow NJ Kids (GNJK), New Jersey's voluntary system to improve the quality of child care programs and help parents identify quality-rated programs, is still new and not all programs are participating. **As of July 2019, 194 centers and 32 family child care homes have been rated**; an additional 1,006 centers and 92 family child care homes were participating in Grow NJ Kids but were not yet rated.
- **New Jersey parents with an infant pay on average \$15,600** for fulltime care in a licensed child care center.
- **Infant-toddler educators in New Jersey are poorly compensated**, earning on average \$11.51 per hour.



Evidence-based, voluntary home visiting, provided by well-trained professionals during pregnancy and throughout a child's first few

years, can yield profound results for parents and babies, but in New Jersey:

- **Less than 2% of New Jersey's 310,000 children ages 0-3** currently benefit from home visiting supports.
- Although all parents could benefit from home visiting services when welcoming a new baby into their family, **home visiting services in New Jersey are not universal and access is limited** to only those families with the greatest needs.
- **The primary funding source for the state's home visiting system**, the federal Maternal, Infant and Early Childhood Home Visiting program (MIECHV) grant, **has not been increased since its inception 10 years ago**, creating funding deficits for programs.

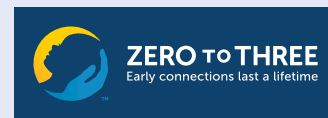


Preventative mental health services can provide parents and young children with support to promote social and emotional development and prevent and treat mental health issues early before they become serious.

- **The availability of mental health services for infants and toddlers and their families is limited in New Jersey**, as well as geographically disparate; in the entire state, there are two established agencies with mental health clinics dedicated to serving this population and both are located in the northern part of the state.
- Infant mental health consultation services in child care settings, a proven approach to addressing behavioral challenges early, currently **reaches only 3,000 children annually**.
- New Jersey's system for mental health supports, The Children's System of Care (CSOC), primarily serves school-age children; in September 2019, **1.8% (or 245) of the total number of children receiving services through a care management organization were under the age of five**.

The Future Begins With Babies

Right From The Start NJ (RFTSNJ) was launched in 2017 in partnership with The Nicholson Foundation, the Turrell Fund and the Caucus Educational Fund. This public awareness and advocacy campaign is aimed at promoting enriching early experiences and a strong foundation for development, right from the start. Not long after launching RFTSNJ, ACNJ was chosen to lead the statewide effort as one of six states selected for the national Think Babies campaign. Created by ZERO TO THREE, the goal of the Think Babies campaign is to make the potential of every baby our national priority. Led by ACNJ, the New Jersey Think Babies Coalition consists of more than 60 early childhood stakeholders in both private and public sectors, representing the collective voices of children and parents in New Jersey, and state officials who provide guidance and data. Coalition members support the campaign's efforts to make babies a state priority with recommendations, outreach and communications.





The foundation for change is in place for bolder next steps in New Jersey that take advantage of the science of brain development, the demonstrated impact of supports and services, and the needs families have for these voluntary supports and services. This work, generously funded by the Pritzker Children's Initiative, has enabled ACNJ and the New Jersey Pritzker Leadership Team to build upon several years of community planning and consensus building around infants and toddlers.

Over the last few years, statewide public awareness and education campaigns such as Right from the Start NJ and the New Jersey Think Babies Coalition (see sidebar) have helped to elevate the unique needs of infants, toddlers and their families. These groups identified leadership, policy elements and solutions specific for New Jersey that make the plan presented in *Unlocking Potential* timely.

The public sector is providing both active leadership and implementing new prenatal to three policy and program changes. The key state agencies—Department of Human Services, Department of

Children and Families, Department of Health and Department of Education—have identified prenatal to age 3 as a priority area as manifest by several actions taken in 2019 including:

- The Department of Human Services, Division of Family Development (DFD) made policy changes to expand access to quality child care for babies by establishing a tiered reimbursement system to provide enhanced payments to reward centers that achieve quality and directed new federal revenue to fund this increase. DFD has also set aside funds to expand the availability of quality infant care in existing or new child care centers. As the administrator for Grow NJ Kids, DFD has also increased technical assistance resources for programs seeking to meet quality standards.

New Jersey's Medicaid program is also administered by the Department of Human Services through the Division of Medical Assistance and Health Services (DMAHS). DMAHS has aligned its Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program with the Bright

Futures Guidelines developed by the American Academy of Pediatrics. Bright Futures alignment ensures that primary care practices (medical homes) conducting well-child visits for children on Medicaid are providing the screenings, assessments, physical examinations, and procedures as recommended for each age-related visit. DMAHS also recognizes the critical role that doulas and group prenatal care (Centering Pregnancy) can play in maternal health and is currently implementing statewide payment for these services via the Medicaid program. In addition, DMAHS is also working on a Medicaid pilot to support home visiting for an additional 500 families in 11 counties based on greatest needs.

- The Department of Children and Families, Office of Early Childhood Services (OECS) applied for and was awarded a federal Preschool Development Grant Birth through Five (PDG B-5). Over the next three years, OECS will work in collaboration with other state departments as well as private entities throughout the state to promote a comprehensive, coordinated early childhood system of care from prenatal through age five to address the physical, social-emotional, behavioral and cognitive aspects of child well-being and school readiness. The grant will focus on parents/families of young children prenatal to five with a focus on vulnerable, underserved families through a variety of services including: quality child care, home visiting and health and mental health services.
- The Department of Children and Families, Children's System of Care (CSOC) has recently completed a strategic planning process to define and shape the Division's behavioral and physical health integration model. The resulting strategic framework to evolve CSOC's programs and services included new strategies to increase services for infants and toddlers. CSOC and Medicaid are also working collaboratively on the national Aligning Early Childhood and Medicaid Initiative to enhance alignment across Medicaid and other state

agencies responsible for early childhood programs with the goal of improving the health and social outcomes of low-income infants, young children, and families.

- The Department of Education, Division of Early Childhood Education (DECE) oversees the NJ Council for Young Children, which developed the Birth to Three Early Learning Standards to align with state Preschool and Kindergarten Standards. Recently, the Department created an Office of Birth to Age 3 located within the DECE signaling the inclusion of infant and toddler development in NJ's overall education strategy. DECE also houses the NJ Head Start Collaboration Office that is spearheading the development of an Infant-Toddler Teaching Certificate.
- The Department of Health, Division of Family Health Services (DFHS), through the new Healthy Women Healthy Families initiative, has invested in innovative new programs to address racial disparities related to maternal and child health including Centering Pregnancy, community health workers and community-based doulas to support pregnant mothers.

In addition, there are multiple engaged and motivated partners representing the essential voices to propel change. Within Governor Murphy's administration, First Lady Tammy Murphy is focusing on racial disparities in birth outcomes and has initiated a strong awareness campaign, Nurture NJ.

The New Jersey Early Years Funders Collaborative is making considerable investments, collectively and individually, in innovative programs for young children and their families.

In short, the necessary awareness, understanding, readiness, and plan for the future are firmly in place to embrace new solutions to ensure all babies born in New Jersey have what they need to thrive.

In April 2019, Advocates for Children of New Jersey (ACNJ) was awarded a grant from the Pritzker Children's Initiative to convene a unique partnership of government agencies, service providers, advocates and stakeholders. The group was tasked to come together on a vision and a set of strategies to reach a goal of ensuring an additional 25 percent of low-income infants and toddlers – 27,000 young children- have access to essential services to support their healthy growth and development. It is with this goal in mind that the group imagined and planned for what is possible for New Jersey.

New Jersey's Pritzker Leadership Team, comprised of 17 state leaders, nonprofit and community agency executives, advocates, funders and academics (see TOC page i), met from July through December 2019 in a series of meetings facilitated by national early childhood policy experts Harriet Dichter and Natalie Renew. The planning approach was strength-based and sought to ensure full understanding of resources currently in place as a foundation for change. The level of participant engagement was consistently high. Members of the leadership team and experts were diverse, passionate, and forthcoming with ideas and insights.

The convening's focused on four content areas—home visiting, child care, infant mental health and maternal-infant health. Additional public sector and community leaders were invited to participate in these meetings based on their expertise on

the subject matter being discussed. Meeting participants received pre-reading materials for each of the content areas to familiarize themselves with the subject prior to the meeting. Each meeting featured speakers, with public sector agency leaders presenting on efforts underway and providing insight and data on the reach and impact of existing programs.

Following the formal presentations, the team had the opportunity to engage in shared planning and prioritization of action items. Identifying goals and indicators of success for each priority area was a critical first step. Action planning and discussions focused on three key issues: capacity, financing and messaging. A consensus document was developed for each priority area to reflect the decisions made during the meeting. These documents were then synthesized into big ideas which are articulated in this plan. With the help of national early childhood policy and finance experts Ajay Chaudry and Taryn Morrissey, the team was also able to estimate the cost to implement the strategies outlined in this plan.

Two additional meetings took place to think and plan around systems integration and effective communication. As was the case with the other meetings, these meetings supported open dialogue, brainstorming and planning to assure that the various areas of the system are integrated and leveraged and that the overarching messages around need, opportunity and action related to this plan are supported by the Leadership Team.

“The group was tasked to come together on a vision and a set of strategies to reach a goal of ensuring an additional 25 percent of low-income infants and toddlers – 27,000 young children – have access to essential services to support their healthy growth and development.”





Unlocking Potential is an ambitious yet doable effort to: increase support for New Jersey's families with infants and toddlers, take advantage of the foundational nature of the early years, respond to the needs of new parents, and support the healthy development of very young children. The goal areas include targets for increasing access to: high-quality maternal and infant health supports, infant and toddler child care, home visiting, and infant mental health services. In addition, the plan includes a systems integration goal to improve coordination among agencies working on early childhood concerns and ensure alignment with NJ's maternal and child health initiatives to create a seamless array of vital services beginning prenatally.

The goals are grounded by a shared focus on improving the financing and capacity of services and supports. Further, the plan envisions a strong, unifying communications element to elevate awareness, increase understanding, and activate opportunities for concrete action in support of all the goal areas. Finally, the plan calls for continued partnership among those that came together

to create the plan, with an understanding that additional concerted engagement of families will only strengthen the work.

This plan articulates a long-term vision with many steps that will require the sustained effort and attention of stakeholders and decision makers. As the plan is implemented, the leaders and supporters of the plan will need to: develop implementation steps that responsibly stage and sequence the reforms outlined here; secure financing to implement the plan; and continue to engage families, stakeholders and the public in the urgency of this plan and its profound potential to improve New Jersey communities.

Targets for the plan were determined collaboratively. The starting point was the Pritzker planning goal of improving or increasing services to reach an additional 25 percent of low-income children (27,000). This goal was evaluated in each area as were current service thresholds and the feasibility of the action steps to determine the target.

How To Read the Plan

Explanation of Terms

In each goal area, the objective and strategies are carried out in different ways, as noted in the Action column for each goal area summary table. The action terms are defined as follows.

DEFINITIONS:

Budget/Funding –may involve a legislative appropriation; increase to or modification of a departmental budget as proposed by the administration and approved by legislature; or monies resulting from new Federal or private funding.

Contract – agreement between service provider and state agency.

Legislation - the creation of a new law as a result of the enactments of legislative body.

Policy – may involve modification of existing or adoption of a new law, regulation, procedure, administrative action, or practice of governments/other institutions by legislature or department.

Regulatory - modification of existing or adoption of a new regulation.

Research – the commission of a study or creation of procedures to gather data to demonstrate need for service or document effectiveness of a service.

Leaders

In each goal area, leaders are identified to ensure that the objective and strategy move from concept to reality. The organizations identified as critical leaders include:

Advocates for Children of NJ (ACNJ)

Child Care Aware of New Jersey (CCANJ)

Family Child Care Provider Association (FCCPA)

NJ Association for Infant Mental Health (NJAIMH)

NJ Department of Children and Families, Office of Early Childhood Services (DCF-OECS)

NJ Department of Children and Families, Children's System of Care (DCF-CSOC)

NJ Department of Education, Division of Early Childhood Education (DOE-DECE)

NJ Department Education, Head Start Collaboration Office (DOE-HSCO)

NJ Department of Health, Division of Family Health Services (DOH-FHS)

NJ Department of Human Services, Division of Family Development (DHS-DFD)

NJ Department of Human Services, Division of Medical Assistance and Health Services (DHS-DMAHS)

NJ Department of Labor and Workforce Development (DOLWD)

NJ Early Years Funders Collaborative (EYFC)

NJ Head Start Association (NJHSA)

State of New Jersey Office of the First Lady

Goal Area 1: High Quality Infant and Toddler Child Care

1

Goal:

More low-income infants and toddlers will have access to high-quality subsidized child care.

2023 Target:

8,750 more infants and toddlers in high quality child care.

Estimated Cost:

29.7 million in increased annual investments



Background and discussion

Over 200,000 young children ages 0-3 have parents in the workforce and are likely to have a child care need because all parents in the home are employed.¹⁶ But the availability of infant-toddler child care is limited in several ways.

First, the supply is limited: there are approximately 55,000 slots available in licensed child care settings for infants and toddlers plus an additional 8,000 slots in registered family child care homes, only some of which are for infants and toddlers.¹⁷ If all working families with infants and toddlers seek regulated child care, nearly two-thirds of families would not have access.

Second, child care is not affordable to most families with infants and toddlers who typically are at the early stages of their earning potential. According to Child Care Aware of America, in 2019 New Jersey parents with an infant pay on average \$15,600 for full-time care in a licensed child care center.¹⁸ Two parent families earning the median household income spend approximately 12.6 percent of their income on infant care in a child care center; female head-of-households earning the median household income spend 49.4 percent of their income on licensed infant child care.¹⁹

Financial assistance to help pay for child care is available through the state's child care subsidy program. As of July 2019, of the state's 109,500

low-income infants and toddlers, 7,051 infants and 8,756 toddlers were currently receiving a child care subsidy.²⁰ New Jersey's Early Head Start programs provide a total of 2,233 seats in select communities at no cost care for qualifying low-income families.²¹

Third, high-quality infant-toddler child care is hard to find. The state is currently implementing a quality rating and improvement system, Grow NJ Kids (GNJK), to improve the quality of child care programs and help parents identify quality-rated programs, however the voluntary system is still new and not all programs are participating. As of July 2019, 194 centers and 32 family child care homes have been rated; an additional 1,006 centers and 92 family child care homes were participating in Grow NJ Kids but were not rated.²² Of the infants and toddlers receiving a subsidy as of July 2019, 1,300 were in GNJK quality rated programs—with 1,277 of those children in centers and 35 in family child care homes.²³

The early childhood workforce, in particular infant-toddler educators - is poorly compensated. Infant-toddler educators working in child care centers in New Jersey earn on average \$11.51 (\$23,000 annually) compared to preschool teachers at \$15.57 (\$31,140 annually) and all other occupations in NJ at \$20.43 (\$40,480 annually).²⁴ For those in family child care, the annual salary is even less—coming in at just over \$18,500. The majority of infant and toddler educators and family child care operators earn poverty level wages and many rely on public benefits.²⁵

A high school diploma is the most common level of educational attainment in New Jersey for infant and toddler educators in the child care system, meaning that those providing essential early care to infants and toddlers obtain their infant toddler knowledge on-the-job.²⁶ The extensive research over the last few decades regarding early brain development,

the importance of attached relationships and early language modeling, clearly demonstrates the need for specialized training for infant-toddler educators in pedagogy, child development, and building relationships with families.

New Jersey has strengths to build upon to reach the goal of expanded high quality infant and toddler child care. The subsidy program has seen important reforms recently including higher rates for infants and the uncoupling of infant rates from toddler rates. Moreover, centers in GNJK that are demonstrating higher quality now qualify for a higher reimbursement rate based on their quality rating. A number of quality initiatives are in place to support quality growth in infant and toddler programs including: child care Infant/Toddler Specialists based in each county child care resource

and referral agency; regional GNJK Technical Assistance Centers offering coaching and training to help programs improve quality; and scholarships for the child care workforce for CDA training or Infant-Toddler Credential, or other credit-bearing college coursework. The state has also launched an Infant Toddler Quality Expansion Initiative to create more high-quality slots for low income families receiving a subsidy.



Plan

The proposed approach, shown below, capitalizes on progress to date, and proposes next steps to improve quality, increase the supply of quality child care, assure greater access for low-income families, and support a quality, well compensated workforce.

Goal Area 1: High Quality Infant and Toddler Child Care				
Objective	Strategy	Action	Lead	Impact by 2023
1.1 Improve the quality of current infant-toddler child care programs serving low income children.	Require all center-based child care and family child care homes that participate in the child care subsidy program to enroll in GNJK and be rated at level 3 or above to continue participation in the subsidy program.	Policy Regulation Budget/Funding	DHS-DFD	3,750 additional rated slots
	Include Family Child Care (FCC) in tiered reimbursement to incentivize participation and progress in GNJK.	Contract Budget/Funding	ACNJ DHS-DFD	
1.2 Develop more high-quality, regulated child care slots for infants and toddlers.	Recruit GNJK-rated high-quality programs not participating in the subsidy program to accept subsidies and serve infants and toddlers.	Policy	DHS-DFD	1,000 additional high-quality infant-toddler center based slots and 1,000 family child care slots
	Target infant-toddler expansion initiatives to low-income communities with limited or no access to regulated child care.	Policy Legislation	ACNJ DHS-DFD	
	Implement innovative strategies to increase the supply of quality family child care homes in low income communities.	Policy Budget/Funding	ACNJ CCANJ DHS-DFD FCCPA	
	Develop a pilot using contracted child care to expand the availability of high-quality child care for infant and toddlers in low income communities with limited or no access to regulated child care.	Regulation Legislation Budget/Funding	ACNJ DHS-DFD	
	Develop a messaging campaign to build parent demand for quality child care and encourage participation in GNJK.	Contract Budget/Funding	DHS-DFD	

Goal Area 1: High Quality Infant and Toddler Child Care

Objective	Strategy	Action	Lead	Impact by 2023
1.3 Fully utilize opportunities to expand Early Head Start services to reach more children.	Address barriers to converting Head Start slots to Early Head Start slots.	Research Regulation	ACNJ DOE-HSCO EYFC NJHSA	2,000 new Early Head Start seats
	Create state-funded EHS/child care partnerships and/or EHS programs.	Legislation Budget/Funding	ACNJ DOE-HSCO	
	Pursue grant opportunities to increase availability of EHS or EHS-CCP programs.	Research	EYFC NJHSA	
1.4 Improve the credentials and compensation of infant/toddler educators in child care settings.	Institute wage enhancements to reward infant/toddler educators that obtain an advanced degree and work in programs that serve low-income children.	Policy Legislation Budget/Funding	ACNJ	1,000 infants and toddlers cared for by credentialed educators
	Create a progressive career lattice for infant/toddler educators matched with a salary scale.	Policy Legislation	ACNJ CCANJ DOLWD	
	Offer a Birth to 3 Teacher Certificate through NJ DOE.	Policy Regulation	DOE-DECE	



Moving to Action–Enabling Activities

To move this agenda forward, in concert with the remainder of the Unlocking Potential plan, a communications campaign to elevate awareness, increase understanding and activate support for concrete actions is essential. The plan leverages NJ’s considerable investment in Grow NJ Kids, taking a new step to link child care provider participation in public funding to joining Grow NJ Kids and becoming quality rated. This will require the state to hire additional staff to manage the rapid growth including program officers, TA Specialists and program raters. Family child care is a critical source of quality child care, and the plan envisions incorporating family child care into this work.

Quality supply building includes opportunities to start new programs in areas that have a limited supply of infant-toddler child care as well as new approaches that better link quality expectations, supports for attaining quality, and public funding. Finally, as education and compensation are “must haves,” action is contemplated to build on NJ’s current opportunities to gain education with a career lattice linked to a salary scale, and greater investments in infant-toddler educators and the programs of which they are a part to ensure that they are earning compensation commensurate to their education and training.



“Quality child care, a child’s first formal educational experience, offers the promise of a solid future by providing our youngest children nurturance, support for early learning and language development, preparation for school, and the opportunity for all infants and toddlers to reach their full potential.”

Goal Area 2: Infant and Toddler Home Visiting

2

Goal:

More low-income parents of infants and toddlers will have access to evidence-based home visiting.

2023 Target:

9,867 more families served annually

Estimated Cost:

25.3 million in increased annual investments



Background and discussion

Approximately 102,000 babies are born each year in New Jersey; in 2018, 30 percent of these births were covered by Medicaid.²⁷ New Jersey's current state-managed home visiting system invests over \$20 million annually in 3 major programs - Nurse Family Partnership (NFP); Healthy Families America (HFA); and Parents As Teacher (PAT) - delivered by 65 nonprofit partners who employ 300 home visitors.²⁸ The programs are available in all 21 counties but the overall reach is limited, with a funded capacity to serve 4,801 children prenatal up to age five and their families. Additionally, there are 658 federally funded Early Head Start home-based (EHS-HB) slots in New Jersey including approximately 600 infants and toddlers and 58 pregnant women. These programs employ 65 home visitors.

Looking across the home visiting programs, all target low-income, at-risk pregnant women/parents and families and share a commitment to building relationships through home visits but they emphasize different benefits in areas such as health, parent-child interaction, and school readiness. As a result, different home visiting programs may be of greater or lesser interest to families and not just one program model could meet the diverse, varied needs of New Jersey's pregnant and parenting families and their infants and toddlers.

Central Intake is a key attribute of NJ's home visiting system. This is a single point of entry for families into the home visiting system; the system triages families to the funded home visiting models and connects them to other critical supports including health insurance, primary/pediatric care, parent-child behavioral health and infant mental health services, early intervention and various other programs based on what is available in that community. Central Intake is operated by a nonprofit community partner in each of the 21 counties of the state. Current priorities for Central Intake are focused on reaching families earlier - ideally during pregnancy. There is wide variability in the implementation of Central Intake and referral practices are based on collective agreements and individual county resources.

All Central Intake partners use a data system, Perinatal Risk Assessment/Single Point of Entry and Client Tracking System (PRA/SPECT), that relies on interagency agreements for data sharing to gather data on families interacting with the Central Intake system and to track the success of their referrals. A key aspect of this program is the collection of perinatal risk data. NJ currently uses a Perinatal Risk Assessment that is designed and endorsed by all Medicaid Managed Care Organizations (MMCO's) for screening Medicaid-eligible pregnant patients for risk for fetal or infant death or infant morbidity and, for home visiting, assuring linkage to appropriate services and resources through referral. The assessment is conducted at the first prenatal visit and updated throughout pregnancy. Legislation passed in 2019 will soon require PRA usage by all Medicaid providers. This tool can also be voluntarily utilized for privately insured patients.



Plan

The plan, shown below, strengthens the framing of home visiting as a family support model offering a wide variety of supports that are beneficial to all families giving birth in New Jersey. The plan also calls for making available a variety of evidence-based home visiting programs in order to best meet the diverse needs of families with infants and toddlers.

Goal Area 2: Infant and Toddler Home Visiting				
Objective	Strategy	Action	Lead	Impact by 2023
2.1 Increase service capacity and program completion rates within the current system of evidence-based home visiting.	Address barriers to full enrollment within the current home visiting model.	Research Budget/Funding	ACNJ DCF-OECS DOH-FHS	2,685 more families of infants and toddlers complete a home visiting program
2.2 Expand the capacity or the current evidence-based programs.	Secure increased funding to expand services in high-needs communities.	Budget/Funding	DCF-OECS DHS-DMAHS DOH-FHS	1,000 new families served by home visiting
2.3 Reframe and develop home visiting as inclusive of all families who want to participate.	Add new evidence-based universal models to the system.	Research Budget/Funding Legislation	ACNJ DCF-OECS DOH-FHS EYFC	6,182 additional families served by new universal model
	Develop a messaging campaign to change the current home visiting mindset from deficit-based to one where all new parents need support.			



Moving to Action-Enabling Activities

The communications plan is essential to the realization of the intended expansion of home visiting, including the reframing of the program as a fundamental support for all families - not just those considered at risk. Beyond the communications plan, additional steps include the continued embrace of additional models of evidence-based home visiting to the system, additional research and analysis to fully understand barriers to enrollment and implementation of solutions, and capitalizing on Central Intake as the system connector for families as well as service providers.

“The plan strengthens the framing of home visiting as a family support model offering a wide variety of supports that are beneficial to all families giving birth in New Jersey.”

Goal Area 3: Infant and Toddler Mental Health

3

Goal:

More low-income infants, toddlers and their parents will have access to services to support their mental health.

2023 Target:

7,247 more low income infants and toddlers will receive mental health services annually

Estimated Cost:

10 million in increased annual investments



Background and discussion

Young children's emotional health supports growth and well-being in essential areas including physical development and health, cognitive skills, language and literacy, social skills, as well as their learning and readiness for school. When emotional health is compromised, so too is development across these other areas, leaving children more susceptible to poor health, poor educational performance, and even criminal justice involvement over the course of their lives.²⁹

Across the nation, the data suggests an incidence rate for young children with mental health concerns of 9.5 percent-14.2 percent.³⁰ In communities of poverty, social and emotional development can be affected at a higher rate by a disproportionate incidence of trauma and exposure to toxic stress often referred to as Adverse Childhood Experiences (ACEs). Ensuring preventative programming is in place, that young children are screened and referred when social and emotional concerns arise, and that clinical services are offered, are all critical steps to ensure young children grow and thrive.

There are three key issues impacting the provision of mental health services for infants and toddlers including: community-wide understanding of the prevalence and presentation of mental health concerns for children 0-3; system capacity to deliver

services equitably across the state; and financing to fund both preventative and treatment services. Across all these issues are concerns regarding the preparation of various professionals to screen, refer, and treat young children with mental health needs.

The primary system for mental health supports for children is the Children's System of Care (CSOC). Historically, CSOC primarily serves school-age children with moderate to high acuity needs. In September 2019, 1.8 percent of children (245) receiving services through a care management organization were under age five; 26.8 percent were ages 5-10, 21.5 percent ages 11-13 and 39 percent ages 14-17 (please note these figure represent a monthly point in time statistic).³¹ In 2018, there were 8,000 calls to PerformCare, CSOC's behavioral health system administrator, regarding children ages birth through age four, with 63.5 percent (or 5,080) of these calls requesting assistance with behavioral health concerns.³² In addition, there were 1,869 Mobile Response dispatches for this age group during this same time period. The large number of calls related to infants and toddlers indicate a need for mental health services for this age group.

When care is sought directly, there are few qualified clinicians able to deliver services. Currently, there are two established infant mental health agencies in the state dedicated to serving this population.

In addition, few universities support the preparation or credentialing of clinicians specifically for this age group. There are only two higher education programs preparing clinicians to work with young children in the state. The existing clinical service providers and higher education institutions are all located in Northern New Jersey.

New Jersey's Medicaid program currently reimburses for dyadic therapies and social emotional health screening. To improve the quality of infant

“Properly attending to early emotional development through services such as infant mental health consultation can help prepare young children for school, bolster their physical health, and lessen the need for more intensive services later in life.”



mental health services and ensure more accurate diagnosis, infant mental health experts recommend that the state require practitioners to utilize the DC:0-5, the first developmentally-based system for diagnosing mental health and developmental disorders in infants and toddlers. In addition, they also recommend enabling these infant mental health services to be Medicaid reimbursable when delivered outside of the primary clinical setting (i.e. child care center, home or community-based setting). Lastly, as current reimbursement rates for mental health services are lower than private pay insurance rates, enhanced Medicaid reimbursement rates tied to specialized training in infant mental health/infant mental health endorsement, is also recommended.

Early childhood mental health consultation (ECMHC) is a prevention strategy that places a specially trained mental health professional in a child care setting to strengthen the caregivers capacity to support and strengthen young children's healthy social-emotional development. These infant mental health consultants can serve an important role in screening and identifying infants and toddlers at risk for mental or behavioral problems,

and in supporting caregivers and parents to reduce stress and burnout.³³ Currently, there are 3 (2.5 full time equivalent) early childhood mental health consultants available to child care programs in the state, serving approximately 80 centers. Mental health consultation is also provided as part of the comprehensive services of Early Head Start with services provided at 97 EHS programs in 2018.³⁴ Considering, approximately 8,500 New Jersey children age 2 and younger and their caregivers are involved in the child welfare system each year placing them at a greater risk for mental health concerns, it is apparent that neither preventative nor acute supports can be adequately provided to programs working with young children.³⁵



Plan

The proposed plan increases the likelihood that infants and toddlers receive mental health supports as needed by placing infant mental health specialists in settings where families with infants are frequently encountered. It also calls for an increase in children accessing and receiving infant mental health services through CSOC and Medicaid. Essential to success of the plan would be simultaneously building the supply of a well-trained infant-mental health workforce.

Goal Area 3: Infant and Toddler Mental Health				
Objective	Strategy	Action	Lead	Impact by 2023
3.1 Expand the availability of infant mental health consultation services in a variety of settings.	Create a statewide network of infant mental health consultants to work within child care settings.	Policy Budget/Funding	DHS- DFD	4,462 more infants and toddlers receiving consultation services
	Embed IECMH consultation services in the pediatric setting.	Budget/Funding	DCF-OECS DHS- DMAHS EYFC	
3.2 Increase availability of mental health treatment services.	Improve policy to support the expansion of services through the Children's System of Care (CSOC) to children under age 3.	Policy Budget/Funding	DCF-CSOC	2,785 more infants, toddlers and families receiving clinical services
	Assure full implementation of Bright Futures to allow for essential maternal, infant and toddler mental health screenings and services and ensure providers are adequately reimbursed.	Policy	DHS- DMAHS	
	Create a messaging campaign to raise awareness of mental health needs of infant and toddlers.	Budget/Funding	ACNJ NJ-AIMH	
3.3 Increase the supply of well-trained infant mental health professionals and ensure geographic parity.	Provide training and other incentives to encourage more clinicians to obtain the NJ Infant Mental Health Endorsement.	Budget/Funding Policy	DCF-OECS NJ-AIMH	116 additional endorsed infant mental health clinicians
3.4 Improve procedures to document need for mental health services for infants and toddlers.	Develop a mechanism to collect comprehensive data regarding infants and toddlers from key points of entry locations (i.e. child care programs; pediatric primary care, early intervention; DCP&P; CSOC; central intake; home visiting) in order to document infant/ toddler mental health needs and gaps.	Policy	DCF-CSOC DCF-OECS DHS- DFD DHS- DMAHS DOH-FHS	
	Utilize the Early Childhood Specialists based in the county-based Central intake offices to screen and assess infant toddler mental health needs and link to appropriate services in the community and document if services are not available.	Policy	DCF-OECS	



Moving to Action-Enabling Activities

There are several key initiatives to undertake in order to move this goal forward. A critical first step is to ensure that there is wide knowledge and understanding of what infant mental health is and how healthy social and emotional development is critical for every young child to succeed. There are opportunities to expand the services articulated in this plan, such as enabling Medicaid coverage for services by licensed clinicians outside of their clinical setting (in child care and other community-based locations), exploring use of the DC:0-5 to inform infant and toddler diagnoses, and offering enhanced reimbursements for endorsed clinicians with specialized training in infant mental health. Looking beyond Medicaid, New Jersey must also investigate opportunities to identify workforce and labor supports, integrate Early Intervention supports, and explore use of child care block grants funds to cover critical mental health services for young children. There are also many opportunities for cross training and networking for the various professionals who impact young children and their families (including pediatricians, social workers, child care workers, home visitors, early interventionists, etc.) to enable them to screen for social and emotional concerns and link to services as needed.

4

Goal:

More low-income women will have equitable access to maternal and infant care supports and services to ensure a healthy birth.

2023 Target:

3,000 more low income women will receive perinatal supports and services annually.

Estimated Cost:

4.1 million in increased annual investments



Background and discussion

Maternal and infant health care for all races and ethnicities is critical for healthy birth outcomes and the ongoing growth and development of a child. As detailed in the Why section of this report (page 4), key maternal and child health indicators, including low birth weight, preterm births, and infant and maternal mortality, have not improved significantly over the last decade in New Jersey, and significant racial and ethnic disparities persist. There are many potential causes of these disparities, but recent research has highlighted the effects of social determinants on health such as economic disadvantages (i.e., underemployment, or unemployment), limited education (e.g., low educational attainment), environmental barriers (e.g., housing instability, structural racism), and social/behavioral factors (e.g., nutrition and exercise) as major contributors to health outcomes.

In 2019, in response to New Jersey's alarming infant and maternal mortality and morbidity statistics, First Lady Tammy Murphy launched Nurture New Jersey. This statewide awareness campaign is committed to reducing infant and maternal mortality and morbidity and ensuring equitable maternal and infant care among women and children of all races and ethnicities. The campaign has a primary focus on the pre-natal to

birth stage and has three key strategies to address the poor maternal and child birth outcomes, including: convening state government departments to focus on maternal-infant health issues; convening partners and stakeholders via the Annual Black Maternal and Infant Health Leadership Summit; and convening and providing resources to communities via the First Lady's Family Festival event series. Many of the solutions identified at the last Summit were actually enacted into law such as: a Medicaid value-based payment pilot for a maternity episode-of-care and ending Medicaid reimbursement of early-elective deliveries when the procedure is not medically necessary.

An important new initiative of this administration, led by the Department of Health, is the Healthy Women, Healthy Families program. The initiative, currently in the pilot phase, focuses on disparity of birth outcomes. Expectant women in select communities throughout the state are connected with community-based doulas and community health workers who provide a variety of supports through pregnancy, birth and the postnatal period. In May 2019, legislation passed that will allow Medicaid to reimburse for doula services statewide. Similarly, Healthy Women Healthy Families funded the development of Centering Pregnancy programs, which offer group-based prenatal care and maternal support services. Legislation passed later in 2019 will also allow these services to be reimbursed under Medicaid.



Plan

The plan proposes to align with the work already underway to address racial and ethnic maternal and infant health outcomes.

Goal Area 4: Maternal and Infant Health

Objective	Strategy	Action	Lead	Impact by 2023
4.1 Align with the Healthy Women, Healthy Families Initiative to ensure equitable maternal and infant health care.	Identify and address system barriers to ensure maternal and infant health services are offered as part of a continuum of services for expectant families and families with infants and toddlers.	Policy	DCF-OECS DOH-FHS Office of the First Lady	3,000 more women will receive services annually
4.2 Support the Nurture NJ Campaign to raise awareness of racial disparities in maternal and infant health.	Engage disenfranchised parents in identifying strategies to improve health outcomes.	Research	DCF-OECS DOH-FHS Office of the First Lady	N/A
4.3 Establish metrics to assess birth outcomes, monitor progress and promote positive practices among the health care community.	Utilize data to better understand the impact of racial and ethnic disparity and to target successful interventions.	Research	DCF-OECS DOH-FHS Office of the First Lady	N/A



Moving to Action—Enabling Activities

The proposed plan will rely on the existing Nurture New Jersey Campaign to be the primary communication vehicle for raising awareness around maternal-infant health disparities and the need for specialized services to ensure equitable access to maternal care. Additional data collection and analysis will be essential to fully understand barriers to accessing care and impact of new programs and activities put in place through Healthy Women Healthy Families to address the disparities. Plans to strengthen Central Intake to be the system connector for families is also crucial to the success of this plan.

5

Goal:

A system is in place to enable more low-income families with infants and toddlers to be connected to critical services to ensure healthy growth and development.

2023 Target:

N/A

Estimated Cost:

3.3 million in increased annual investments



Background and discussion

Investing in the healthy development of pregnant women, infants and toddlers is foundational, inclusive and necessary for learning. Effectively supporting infants, toddlers and their families is achieved when all system actors understand their role in relationship with others and strive to create supports that parents find valuable and create connections. Thriving families are built on loving parent-child relationships; children thrive

when they connect with their teachers and their parents are welcomed and accepted by the program; consumers respond when the professionals that serve them are empathic and responsive.

With multiple agencies in the state government having programs and oversight of services for children and families prenatal to 3, it is an enormous challenge to ensure services are well-coordinated among departments. The multiple programs supporting infants, toddlers and their families have differing eligibility requirements and separate intake methods. For families, understanding the full array of services and when to seek them and for what need can be overwhelming. Understanding families' needs at the systems level is nearly impossible because of this bifurcation. Dedicated resources are necessary to create and maintain data-sharing systems and provide the support for a coordinating framework that assures integration and oversight of programs where consumers inform planning and accountability and where parents, who are seeking extra help with their very young children, get what they need for them.





Developing a clear vision for system integration bolstered by consumer voice and preference and fueled by effective data and shared decision-making is key to realizing impact for New Jersey's most vulnerable children and families. Simultaneously, the success of this system will rely on a strong and clear message that all families are welcomed, included, and served in the prenatal to age 3 service array.



Plan

An effective coordinating entity is critical to the success of programs and services. To this end, the plan calls for enhancing, strengthening and fully financing the existing county-based Central Intake structure in order to more effectively assist families in navigating and accessing essential early childhood services across home visiting, child care, mental health and related maternal and infant health. These hubs will also assume an important accountability role to assure that targets for service are reached and impact is achieved in addition to identifying needs, gaps and opportunities within the county.

Additionally, the plan will rely on the existing New Jersey Council for Young Children (NJCYC) and County Councils for Young Children (CCYC) infrastructure to engage parents/families and communities in the process of assessing need, providing feedback on current strategies and giving input on proposed activities. The NJCYC, developed in 2010, works to improve collaboration, coordination and service quality for all NJ children (Birth to Age 8). The NJCYC includes representatives from DHS, DOE, DOH, DCF and DOL, as well as state advocacy groups and local constituents representing a wide range of disciplines. All 21 counties have established a County Council for Young Children (CCYC) to strengthen collaboration between parents, families, and local community stakeholders with health, early care and education, family support, and other service providers. This shared leadership philosophy includes parents as active partners with service providers and community leaders helping to identify the needs, concerns, aspirations and successes of our collective efforts to positively impact the health, education and well-being of children from pregnancy/birth to age 8.

Goal Area 5: Systems Integration				
Objective	Strategy	Action	Lead	Impact by 2023
5.1 Strengthen the county-based Central Intake Hubs in their role as the system connection between families and critical health and early childhood services.	Determine current functioning of each CI with input from families and home visitors and determine programmatic and training needs	Research Policy Budget/Funding	DCF-OECS DOH-FHS	N/A
	Expand early childhood specialists and other family support positions within the CI Hubs to enable Hubs to effectively respond to a variety of family needs and increase access to community services			
	Improve coordination of referrals to the various home visiting/maternal child health initiatives to ensure families are linked to the services that best meet their needs.			
5.2 Maximize parent voice and leadership.	Strengthen and expand the county-based Councils for Young Children	Policy	DCF-OECS	N/A
5.3 Support the NJ Council for Young Children as the coordinating entity to align services, assist families and inform the system of needs, gaps and opportunities.	Engage the NJ CYC in the implementation of the plan.	Policy	DOE-DECE	N/A



Moving to Action-Enabling Activities

Developing a comprehensive implementation plan to execute the vision articulated herein is a critical next step for this body of work. The above goals and objectives outlined in this report include helpful indicators to support the development of an implementation plan such as identification of key leaders, action for reform, and the fiscal resources necessary to hold firm to the ambition of the progress sought.

This work will involve stages of implementation to allow for successful scaling, and within these stages, a focus will be on the staffing capacity to ensure quality implementation; feedback loops that focus on data and evaluation—including qualitative and

quantitative data; and an appropriate public sector and service agency infrastructure to successfully lead and implement the work.

Over the next three years, the New Jersey Pritzker Leadership Team will continue to meet, adding new partners as indicated, to articulate policy and best practices related to system integration, accountability and quality assurance, system performance, consumer experience and community experience to be integrated into state contracting systems, financing mechanisms, and oversight activities. Priority specific workgroups will also be formed, engaging additional content experts, to assist in this process.



The costs for each of the areas described above were estimated using the following broad parameters:

1. **Planned Service Expansion** with all elements that inform costs, including specific services and types and goals or targets for numbers or percent of a group served.
2. **Program Service Models Parameters.** This includes staffing, staff compensation, and staff-child or staff-family ratios or caseloads.
3. **Estimated eligibility and take-up rates,** presuming that not all children or families may be eligible for a program, and that not all of those eligible may choose to or need to take-up a benefit or participate in a program.
4. **Existing services,** including the existing scope (i.e., reach or numbers served), existing per-child or per-location costs, and variability of costs.
5. **Gap between existing and planned services,** including an estimate of unmet need and how planned services will expand upon existing services to meet the need.

ACNJ and the consultants used a combination of census data/state data and information on existing service levels and cost for proposed maternal-infant health, child care, home visiting, and infant mental health in New Jersey and other states to estimate the components of planned service expansion. Into each cost estimate, we built in 10 percent to account for state-level costs for implementation and administration. A copy of the Cost Analysis can be found on the ACNJ website at: <https://acnj.org/issues/early-learning/birth-to-three/Pritzker-Childrens-Initiative/>

Conclusion and Next Steps

The foundation for change is in place in New Jersey for bolder next steps for babies that take advantage of the science of brain development, the demonstrated impact of supports and services, and the needs families have for these voluntary supports and services. The broader climate is positive to advance policy change and increased investment in early care and education services. There is growing interest in the early years and greater public understanding of the importance of early brain development to future health. There is a stronger sense among policy leaders that the state has a role in promoting the health and development of infants, toddlers and their families.

The plan outlined in this report articulates a long-term vision to make New Jersey the safest, healthiest and most supportive place to give birth and raise a family. It is a bold and ambitious vision, but one that we firmly believe is achievable. The leaders and supporters of this plan are poised and ready to take the next steps to responsibly stage and sequence the reforms outlined within this plan; secure financing to implement the plan; and continue to engage stakeholders and the public in the urgency of this plan and its profound potential to improve New Jersey communities.

“The plan outlined in this report articulates a long-term vision to make New Jersey the safest, healthiest and most supportive place to give birth and raise a family.”

Appendix 1: Content Experts

Lisa Asare, Assistant Commissioner NJ Department of Health, Division of Family Health Services

Kim Boller, The Nicholson Foundation

Jill Brown, NJ Department of Children and Families

Terri Buccarelli, NJ Association Infant Mental Health

Jean Budd, Montclair State University, Center for Autism and Early Childhood Mental Health

Katie Burghart, Family Intervention Services

Suzanne Burnette, NJ Department of Education, Head Start

Patricia Canning, Advocates for Children of New Jersey

Christina Colon, NJ Department of Children and Families

Ny'ah Cornick, Advocates for Children of New Jersey

Gerry Costa, Montclair State University, Center for Autism and Early Childhood Mental Health

Dayne Glover, Advocates for Children of New Jersey

Renee DeFebbo, Family Child Care Provider

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- ¹ Advocates for Children of New Jersey. (2018). New Jersey Babies Count 2018: A statewide profile of infants and toddlers, available at <https://acnj.org/new-jersey-kids-count-2018/>
- ² Urban Institute. (2015) Child Poverty and Adult Success, available at <https://www.urban.org/sites/default/files/publication/65766/2000369-Child-Poverty-and-Adult-Success.pdf>
- ³ Advocates for Children of New Jersey. (2018). New Jersey Babies Count 2018: A statewide profile of infants and toddlers, available at <https://acnj.org/new-jersey-kids-count-2018/>
- ⁴ The Annie E. Casey Foundation Kids Count Data Center. <https://datacenter.kidscount.org/data/customreports/32/6726>
- ⁵ N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data retrieved March 19, 2020.
- ⁶ Child Trends Data Bank. Late or No Prenatal Care. December 2015
- ⁷ United Health Foundation. (2019). Maternal Morbidity available at https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality_a/state/NJ
- ⁸ United Health Foundation. (2019). Maternal Morbidity available at https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality_a/state/NJ
- ⁹ United Health Foundation. (2019). Maternal Morbidity available at https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/maternal_mortality_a/state/NJ
- ¹⁰ New Jersey Department of Health State Health Assessment Data (2017) available at <https://www-doh.state.nj.us/doh-shad/indicator/view/EPHTInfMort.RETrend.html> (retrieved March 19, 2020).
- ¹¹ New Jersey Department of Health State Health Assessment Data (2017) available at <https://www-doh.state.nj.us/doh-shad/indicator/view/LBW.RETrend.html> (retrieved March 19, 2020).
- ¹² Giordano, Keri. (2019). Suspension & Expulsion Practices in NJ Community Childcare Centers: An Executive Summary. <https://www.researchgate.net/publication/337030220>
- ¹³ The Annie E. Casey Foundation Kids Count Data Center. Students Meeting or Exceeding Expectations on PARCC Exams by Race/Ethnicity in New Jersey. <https://datacenter.kidscount.org/data>
- ¹⁴ James Heckman. (n.d.), There's More to Gain by Taking a Comprehensive Approach to Early Childhood Development, available at https://heckmanequation.org/www/assets/2017/01/F_Heckman_CBAOnePager_120516.pdf
- ¹⁵ Cannon, J.S., Kilburn, M.R., Karoly, L.A., Mattox, T., Muchow, A.N., Buenaventura, M. (2017). Decades of Evidence Demonstrate That Early Childhood Programs Can Benefit Children and Provide Economic Returns. Santa Monica, CA: RAND Corporation, available at https://www.rand.org/pubs/research_briefs/RB9993.html.
- ¹⁶ Population Reference Bureau, analysis of data from U.S. Census Bureau, 2015 American Community Survey, Public Use Microdata Sample.
- ¹⁷ Advocates for Children of New Jersey. (2017). No Room for Babies: Center-based infant-toddler child care in short supply, available at https://acnj.org/downloads/2017_05_30_no_more_room_for_babies.pdf
- ¹⁸ Child Care Aware of America (2019) The US and the High Price of Child Care: An Examination of a Broken System available at: https://info.child-careaware.org/hubfs/2019%20Price%20of%20Care%20State%20Sheets/New%20Jersey.pdf?utm_campaign=2019%20Cost%20of%20Care&utm_source=2019%20COC%20-%20NJ
- ¹⁹ Child Care Aware of America (2019) The US and the High Price of Child Care: An Examination of a Broken System available at: https://info.child-careaware.org/hubfs/2019%20Price%20of%20Care%20State%20Sheets/New%20Jersey.pdf?utm_campaign=2019%20Cost%20of%20Care&utm_source=2019%20COC%20-%20NJ
- ²⁰ As reported by the NJ Department of Human Services, Division of Family Development, (July 2019).

- ²¹ Early Head Start Program Information Report (PIR) data, Office of Head Start, 2019. Available at <https://hses.ohs.acf.hhs.gov/>
- ²² As reported by the NJ Department of Human Services, Division of Family Development, (July 2019).
- ²³ As reported by the NJ Department of Human Services, Division of Family Development, (July 2019).
- ²⁴ Whitebook, M., McLean, C., Austin, L.J.E., & Edwards, B. (2018). Early Childhood Workforce Index – 2018. Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley, available at <http://cscce.berkeley.edu/topic/early-childhood-workforce-index/2018/>.
- ²⁵ Whitebook, M., McLean, C., Austin, L.J.E., & Edwards, B. (2018). Early Childhood Workforce Index – 2018. Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley. Retrieved from <http://cscce.berkeley.edu/topic/early-childhood-workforce-index/2018/>
- ²⁶ Advocates for Children of New Jersey. (2017). No Room for Babies: Center-based infant-toddler child care in short supply, available at https://acnj.org/downloads/2017_05_30_no_more_room_for_babies.pdf
- ²⁷ New Jersey Department of Health State Health Assessment Data (2017) available at <https://www.doh.state.nj.us/doh-shad/query/result/birth/BirthBirthCnty/Count.html>
- ²⁸ As reported by the NJ Department of Health, Division of Family Health Services. December 2019.
- ²⁹ ZERO TO THREE and Manatt Health. (2018). Planting Seeds in Fertile Ground: Actions every policymaker should take to advance infant and early childhood mental health, available at www.zerotothree.org/resources/1221-planting-seeds-in-fertile-ground-steps-every-policymaker-should-take-to-advance-infant-and-early-childhood-mental-health
- ³⁰ Brauner, C. B., & Stephens, C. B. (2006). Estimating the Prevalence of Early Childhood Serious Emotional/behavioral Disorders: Challenges and recommendations. Public Health Reports, 121(3), 303–310, available at www.ncbi.nlm.nih.gov/pmc/articles/PMC1525276/
- ³¹ As reported by the NJ Department of Children and Families, Children’s System of Care in September 2019.
- ³² As reported by the NJ Department of Children and Families, Children’s System of Care in September 2019.
- ³³ Center for Early Childhood Health Mental Health Consultation, available at <https://www.ecmhc.org/>
- ³⁴ Early Head Start Program Information Report (PIR) data, Office of Head Start, 2019. Available at <https://hses.ohs.acf.hhs.gov/>
- ³⁵ NJ Department of Children and Families Child Welfare Data Hub retrieved from: <https://njchilddata.rutgers.edu/portal/number-of-children-served>

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