


COALITION KICKOFF MEETING

Illinois Prenatal to Three Initiative

September 18, 2019

TODAY'S AGENDA

Orientation & Planning Framework



Time	Agenda Item
10:00am	Welcome and Introductions
10:15am	Initiative Overview and Illinois' Participation
10:25am	Creating Alignment Across Illinois' Early Childhood Systems Planning
10:45am	Coalition Deliverables
11:15am	Our Commitment to Equity and Voice
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PCI VISION

Expand equitable access to and participation in high quality services for **at least one million more low income infants and toddlers and their families by 2023** to get them on track for school by assuring healthy beginnings, supported families and high quality child care.



PLANNING GRANT DELIVERABLES



- Create a public/private coalition of diverse partners inside and outside of government working at both the state and local levels. Likely and unlikely allies.
- Create a prenatal to age three policy agenda focused on the policy priorities
- Create an action plan to move forward elements of the proposed policy agenda.
- **Minimum** target goal of proposed state policy agenda - expanded services to an **additional 25%** of infants and toddlers and their families over the baseline at start of the initiative. **How many are you going to reach?!**

More High Priorities

- Create a policy agenda that assures EQUITY.
- Assure COMMUNITY leaders are a key part of your leadership team and community approaches are a part of your plan.
- Think COMPREHENSIVELY about the PN-3 system you are building.
- INSIDE/OUTSIDE coalition and plan
- Build SUSTAINABILITY into your approach.

2 AREAS of FOCUS

- **Goal: Increase the number of low-income families with children prenatal to age three who are connected to essential and high-quality health, development and social-emotional support services.**
 - Can include: prenatal care, home visiting, early intervention, child care, mental health, health and developmental assessments that are linked to follow-up referral services, and other evidence-based practices that research shows get children on track for school readiness by age three.
 - **Key Question: What are the services and supports that low-income infants and toddlers and their families need to get them ready for school?**
- **Goal: Increase the availability of affordable, high-quality child care for low-income infants and toddlers across diverse settings.**
 - Can include : quality enhancement supports, coaching and mentoring, increased workforce compensation and other strategies necessary to increase the supply, access and affordability of high-quality child care for low-income infants and toddlers in both center and home-based settings.
 - **Key Question: What are the strategies necessary to achieve the goal of an increased supply of affordable, high-quality child care for low-income infants and toddlers?**

Illinois Targets

PCI aims to expand services to an additional 50% of the total number of low-income infants and toddlers by 2025, with benefits to the physical, social, and emotional development of infants and toddlers:

- Healthy beginnings
- Supported families
- High quality care and early learning

Illinois Benchmarks

By 2023 25% increase = 50,250 added to services

By 2025 50% increase = 100,500 added to services

USE AN EXISTING PLAN OR CREATE A BRAND NEW PLAN?



- Build on what you've already created including other proposals like PDG or CCDBG or MIECHV or EHS-CCP or...fill in the gaps
- Create something new if you have done no planning around Prenatal-to-Age-Three

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ILLINOIS' LEADERSHIP ON PRENATAL TO 3

Foundation to Grow On

Long History of prenatal-3 Services for families as part of early childhood system:

- Leader in funding approach to birth to three services with education funds. Birth to Three set aside part of Early Childhood Block Grant
- Long history of state funding for multiple models of home visiting, integrated into MIECHV – and embedded doulas

Quality focus:

- Birth to Five Project, Birth to Five Program Inventory, unique focus on type of birth to three services and understanding their reach and funding compared to three to five
- Early adopter of Infant Toddler Specialists
- Focus on Infant Mental Health Consultation
- Early Learning Guidelines framed from deep knowledge of child development to support practice

Systems planning:

- Infant Toddler Committee of Early Learning Council (2006-2012)
- BUILD state, participant in prenatal to three focused BUILD meeting to develop strategies for systems change (2015)
- Carried work over to additional systems planning for birth to three, across all public entities

OFFICE OF EARLY CHILDHOOD DEVELOPMENT

The Governor's Office of Early Childhood Development (GOECD) leads the state's early childhood systems building by:

- Coordinating the strategic vision for early care and education in Illinois.
- Advancing the knowledge of child and family serving agencies and organizations to ensure the achievement of the vision.
- Building equity in systems to achieve the vision for every young child.
- Promoting system congruence by aligning policies, resources, and services to children across the same age and along the life span.

HOW WILL IT ALIGN?

Departmental Plans & Priorities

Alignment of PN3 priorities and goals with agency priorities and goals (IDHS, ISBE, IDCFS, IDPH, HFS).

Illinois Early Childhood Visioning and Planning

Sponsored by private funders and the Early Learning Council – broad vision for early childhood.



Existing Illinois Initiatives

PDG B-5 Strategic Plan & Needs Assessment, Early Childhood Funding Commission, State Racial Equity Priorities, – long term plans to increase access and quality.

Prenatal to Three Initiative (PN3)

Focus on immediate increases in access and quality over next 3 to 5 years – what do we want for families?

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OUR CHARGE: EXPLORE POTENTIAL POLICIES

Our initial thinking is to divide our conversations among the types of policies and strategies we might undertake

Specific program streams through which we could reach more infants and toddlers

Early Intervention

Prenatal/Birth Supports

Home Visiting

Child Care/Center
Based Care

Family Economic
Security

Cross-System Issues

Infrastructure that directly impacts how families access and use programs

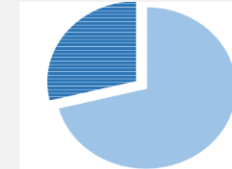
Others?

ROLE OF DATA

Data will inform planning process

- Data will include existing sources and disaggregated data, as available
- Sources such as:
 - IECAM
 - Illinois Risk and Reach Report
 - IFF Access and Quality for IL Children Report

**NUMBER OF CHILDREN 3
AND UNDER:**



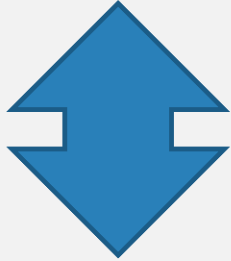
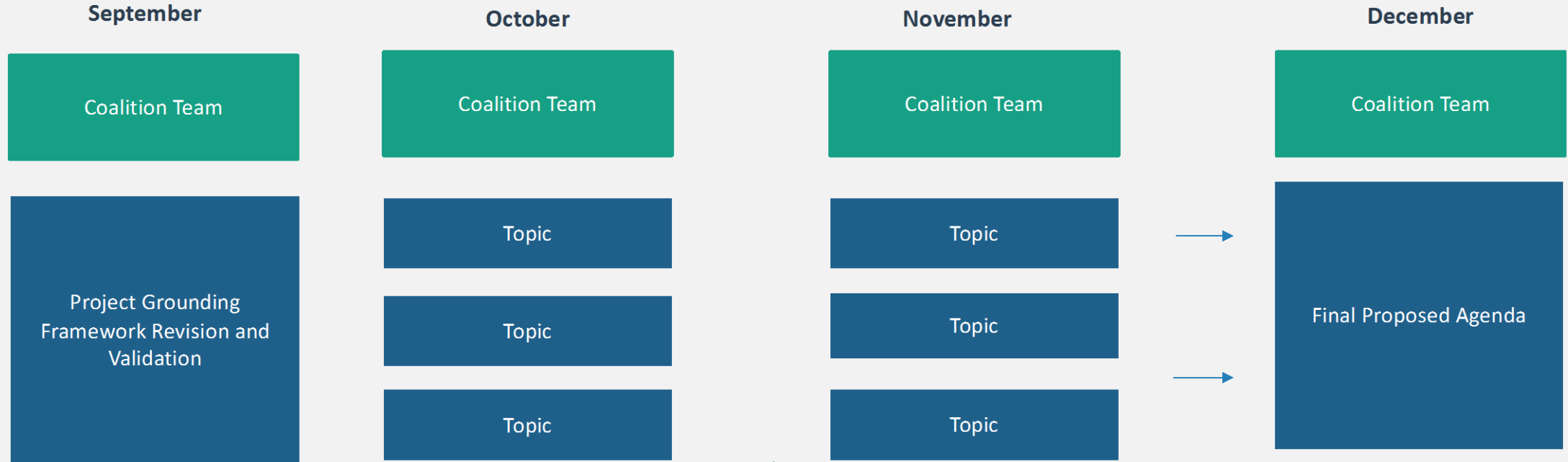
460,097
2017 CENSUS

**CHILDREN UNDER
3 BELOW 200%
OF THE FEDERAL
POVERTY LEVEL:**

187,085

PLANNING PROCESS

We will divide the topics among the relevant meetings to cover a large amount of ground in our 4 coalition gatherings



Community Meetings/Working Groups by topic

Council Meetings

PLANNING PRINCIPLES

What will guide our work?

Big Picture Thinking - but Clear Path to Implementation

Focus on policies – large systems shifts are the only way to achieve change at this scale

Strategies have to tie to outcomes (increases) via a clear path to implementation

Increases must be attained within three years – strategies must be realistic

Others?

An Aligned Approach

Plan must align and complement existing state work and strategies

Ensure families with complex needs can access programs that exist rather than focusing solely on 'new' slots

Quality must be addressed alongside access

A Representative Process

Solutions must span across sectors in order to address children's needs and assets holistically – bridge silos, not build them

Plan has to be custom to the Illinois context

Seeking representative feedback – but consensus may not be possible

ROLES AND RESPONSIBILITIES

The coalition is charged with generating a working list of, and advising regarding the final selection of, policies and strategies

Specifically:

- Agree to broad areas of work for accomplishing the project goals
- Guide which priority activities will serve to best advance each goal
- Share expertise
- Advise on targets for impact among children and families
- Help ensure a representative and comprehensive plan
- Engage local councils and constituencies

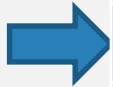
Additional roles:

- Core team
- TA providers
- Ounce of Prevention Fund
- Shriver Center on Poverty Law
- Aim & Arrow

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ILLINOIS' SPECIFIC TARGETS TO REACH

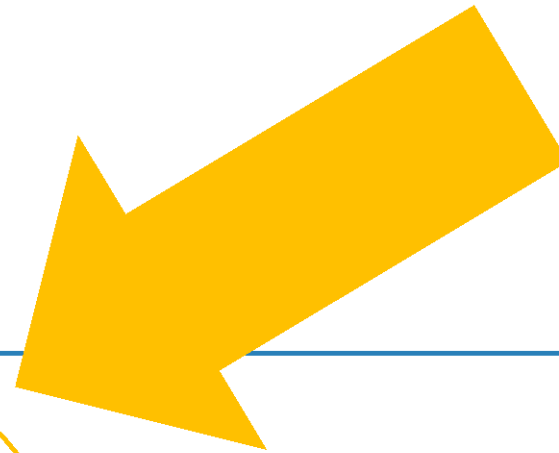
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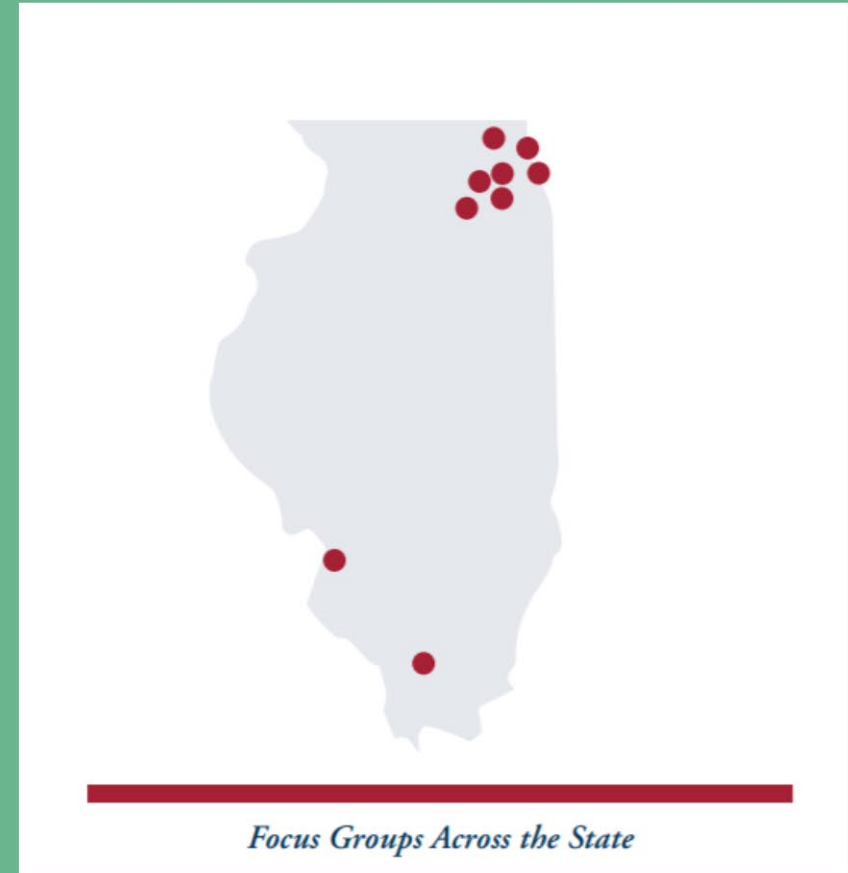


Ensuring a Great Start

What Illinois Parents Say is Needed for their Children to Thrive

12 FOCUS GROUPS ACROSS ILLINOIS

- Ottawa
- East St. Louis
- Evanston
- Wheaton
- Aurora
- Joliet
- Round Lake
- Carterville
- Englewood, Chicago
- Little Village, Chicago
- North Lawndale, Chicago
- Far North Side, Chicago



FAMILIES NEED SUPPORT IN SIX KEY AREAS

- **Prenatal/Birth Supports**
- **Early Intervention**
- **Family Economic Security**
- **Home Visiting**
- **Child Care**



PRENATAL/BIRTH SUPPORTS

“I had to go therapy and take care of myself . . . so I could be strong for my daughter.”

- Round Lake parent



PRENATAL/BIRTH SUPPORTS

- **The Governor and Illinois Department of Healthcare and Family Services (“HFS”) should sustain and increase funding for programs to support maternal and child health, including oral health.**
- **HFS and IL Department of Human Services (“DHS”) should adopt policies that will increase parents’ access to mental health evaluation and treatment.**
- **Illinois should work to reduce the incidence of adverse infant and maternal health outcomes, including eliminating child lead poisoning.**
- **Data among state departments should be consistent across the state and track and measure children’s health disparities including by race/ethnicity and location.**



HOME VISITING

“I was really happy to have this support and having people come to see my child, and feel that I had support, and giving me courage to parent.”

- Chicago parent



CHILD CARE

“For some parents who have found a job, or interview, one of the barriers is just child care because they cannot afford it because they don’t have a job yet. They don’t have anybody to watch the child to go out to interview or even get it started. It is a pushback for them. They can’t even get started and that is a huge rut for them. That is another reason to give up. They just feel they can’t go forward.”

-a North Lawndale provider



CHILD CARE

- Parents should not have to pay more than 7% of their income for child care if they are on the Child Care Assistance Program (“CCAP”).
- Illinois should eliminate the “cliff” and allow family income to increase before losing CCAP eligibility.
- Illinois should allow families seeking employment to become eligible for CCAP.
- Illinois should provide universal eligibility for CCAP in targeted high poverty communities.

WHERE CAN WE FIND COMMUNITY VOICE?

- **Do you have notes/reports that contain community voice in your line of work?**
- **Can you bring that voice to the table?**
- **Is there an event/meeting that we should attend to hear from community?**

REMINDER: ILLINOIS HAS PRIORITY POPULATIONS

The Early Learning Council of the State of Illinois has adopted the following way of prioritizing populations:

2019 Priority Populations

- Children of teen parents
- Children experiencing homelessness
- Children in families in poverty or deep poverty
- Children/families with Department of Children and Family Services involvement
- Children with disabilities
- Children of migrant or seasonal workers
- Primary caregiver did not complete high school / no GED
- Families that face barriers based on culture, language, and religion
- Children of a parent with a disability
- Children/families with refugee or asylee status
- Children in families who face barriers due to immigration status

RACIAL EQUITY IN ILLINOIS

Overview

Definition of Racial Equity in Illinois

A racially equitable society values and embraces all racial/ethnic identities. In such a society, one's racial/ethnic identity (particularly Black, Latino, Indigenous, and Asian) is not a factor in an individual's ability to prosper.

- An early learning system that is racially equitable is driven by data and ensures that:
 - *Every young child and family regardless of race, ethnicity, and social circumstance has everything s/he/they need to develop optimally;*
 - *Resources, opportunities, rewards, and burdens are fairly distributed across groups and communities so that those with the greatest challenges are adequately supported and not further disadvantaged; and*
 - *Systems and policies are designed, reframed, or eliminated to promote greater justice for children and families.*

Priorities from the ELC Executive Committee Racial Equity Retreat:

- Align and standardize race/ethnicity data collection and reporting.
- Evaluate and identify whether processes for distributing resources exacerbate racial disparities, including agency contracting.
- Address race/ethnicity disparities in terms of workforce compensation and advancement. For example, lead teachers are predominantly White (<80%) versus people of color in lower positions.
- Eliminate racial/ethnic disparities for children participating in all programs that contribute to school readiness and life success.
 - Address racial disparities in enrollment in preschool for 3- and 4-year olds
 - Address racial disparities in enrollment in prenatal to age 3 services

APPLYING RACIAL EQUITY TO THIS WORK

Race Forward Racial Equity Impact Assessment

CONSIDERING ADVERSE IMPACTS

What adverse impacts or unintended consequences could result from this policy? Which racial/ethnic groups could be negatively affected? How could adverse impacts be prevented or minimized?

ADVANCING EQUITABLE IMPACTS

What positive impacts on equality and inclusion, if any, could result from this proposal? Which racial/ethnic groups could benefit?

Are there further ways to maximize equitable opportunities and impacts?

EXAMINING ALTERNATIVES OR IMPROVEMENTS

Are there better ways to reduce racial disparities and advance racial equity? What provisions could be changed or added to ensure positive impacts on racial equity and inclusion?

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VALIDATE AND REVISE BROAD CATEGORIES

Are these the right areas to address?

Specific program streams through which we could reach more infants and toddlers

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Prenatal/Birth Supports

Home Visiting

Child Care/Center
Based Care

Family Economic
Security

Cross-System Issues

Infrastructure that directly impacts how families access and use programs

Others?

ADDRESSING CROSS SYSTEM ISSUES

What needs to change in this area in order for families to better access high quality infant and toddler services?

- Are there specific programs that need to expand or change?
- Do we need new or different approaches?
- Do we need to improve the quality of what we're doing somehow?

Who's leading/needs to be engaged?

- What groups/entities/people lead on this topic?
- Who are the family, community, and professional experts we need to engage?

What more do you need to know?

Others?

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SAMPLE DELIVERABLE/ OUTCOME

Propose policies and strategies that will tie to specific impacts

Proposed Policy or Strategic Goal	Anticipated Impact on Children and Families of Proposed Achievement	Expected Child/Family Impact # (over baseline)	Expected Date of Achievement	How will you measure this? What is your current baseline #?	Activities to achieve proposed policies/strategies	Specific Proposed Deliverables	Deliverable Due Date
Increase quality and number of child care programs serving infants and toddlers. SAMPLE ONLY	At least 500 child care programs serving 1500 infants and toddlers will increase their quality levels from a quality level 2 to a quality level 3 or higher.	1500	05/01/21		Public/private workgroup convened to create a plan to increase the supply and quality of infant/toddler child care. Fact sheets developed on quality child care need by county.	Child Care Plan completed	05/31/20

The policy template includes broad categories of focus for policies, estimates of the impact on children and families, specific activities, deliverables, and a timeline for implementation.

PLANNING TEMPLATE

Illinois Prenatal to Three Initiative

Illinois vision: We envision Illinois as a place where every young child—regardless of race, ethnicity, income, language, geography, ability, immigration status, or other circumstance—receives the strongest possible start to life so that they grow up safe, healthy, happy, ready to succeed and eager to learn.

The Illinois Prenatal to Three Initiative goals: (1) Increase the number of families and children prenatal to age three who are connected to essential and high-quality healthy, development, and social-emotional support services and (2) increase the availability of affordable, high-quality child care for infants and toddlers across diverse settings.

Initiative targets: The initiative will result in improved access to high-quality services for 50,000 Illinois infants and toddlers in families earning under 200% FPL by 2023 and 100,000 Illinois infants and toddlers in families earning under 200% FPL by 2025. All strategies identified should result in a projected increase in the number of children and families served; strategies can include efforts to expand existing services (new slots, etc.), improve enrollment in/accessibility of existing services, improve quality of existing services, or create new or different services and supports.

PLANNING TEMPLATE (2)

Topic Area:		
Strategy	Indicators	Activities
<p>A strategy is an approach used to achieve a goal.</p> <p>Example: Expand the use of evidence-based home visiting.</p>	<p>Indicators are metrics used to measure progress toward a goal. Most strategies will have multiple associated indicators.</p> <p>Example: State funding for home visiting is increased by 50%.</p> <p>Example: Enrollment of expectant parents prenatally into home visiting programs increased by 25%.</p>	<p>Activities are steps needed to implement a strategy. Most strategies will have multiple associated activities.</p> <p>Example: Advocate for increased funding for Parents Too Soon and Healthy Families with General Assembly.</p> <p>Example: Engage prenatal medical providers to develop a recruitment strategy.</p>

Pritzker Children’s Initiative State Proposed Policy Agenda

This is a sample of information we are looking for in the development of your policy agenda. The examples are fictional although based upon our awareness of some of your discussions. Note that PQI has two broad policy priorities that we believe most of your policy strategies/solutions will fit into. For those that don’t though, please feel free to add additional policy priority categories.

PQI Policy Priority	Proposed Policy Strategies/Solutions	Current Status	Planned Action	State and Community Partners	Timeline/Progress to Date	# of infants and toddlers projected to be impacted annually by specific dates based upon the specific funding/changes being requested.
<p>④ Option 1 Policy Goal 3: Secure additional public financing for a range of evidence-based intensive home visiting (HV) programs.</p>	<p>Launch targeted lobbying campaign seeking to have NC’s General Assembly allocate \$10-15 million in net new state dollars to fund a range of evidence-based intensive home visiting (HV) program models suited to meet local community needs through Smart Start. State funds would be restricted for this purpose.</p>	<p>A variety of evidence-based HV services are in place in counties across the state funded by a variety of entities including but not limited to NC’s Department of Public Health (DPH), Smart Start, and Early Head Start. Currently, Smart Start funds the broadest array of home visiting services. DPH offers implementation support for funded NFP and Healthy Families sites. Some local communities coordinate HV services and others have stand-alone programs with no coordination. Prevent Child Abuse North Carolina (PCANC) convened a HV Consortium several years ago to improve communication and coordination among public funders and model purveyors. DPH has reconvened the Consortium and is leading efforts to plan a NC HV Summit. In addition to providing professional development, the Summit may potentially launch a structured state-level planning process to develop a shared vision and action plan for a more coordinated and aligned approach across the state.</p>	<p>October 22-23: North Carolina HV Summit</p> <p>Winter 2018: Expand data collection and deepen data analysis for more comprehensive HV study. This study will gather additional information to describe the range of cost-benefit options and forecasts related to the potential appropriation</p> <p>Dec 2018: North Carolina Partnership for Children will finalize legislative agenda and will include Policy Goal 3 in that agenda</p> <p>Jan 2019: Recruit members of statewide HV planning group to advocate for this policy goal during the next long legislative session</p> <p>March 2020: The HV planning group will develop an action plan by March 2020. The plan will include recommended strategies for future expansion of home visiting</p>	<p>DPH has dedicated state and federal funds for home visiting. NCPC/Smart Start funds home visiting programs and during the last legislative session, requested funds from the legislature to expand EB Family Support programs. Over 50 legislators signed on to support the NCPC/Smart Start-sponsored bill (HB DRH10457-LUa-146).</p> <p>Early Head Starts distributed federal funds directly to community organizations.</p> <p>UNC-CH has recently completed a statewide landscape analysis of home visiting.</p> <p>Pathways has included expansion of two-generation approaches (HV is one) in its Action Framework.</p> <p>PCANC has historically provided intermediary services for both home visiting and parenting education programs.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 2018: Statewide Home Visiting consortium planning for HV Summit. <input type="checkbox"/> 2018: Statewide HV Landscape Study commissioned, conducted, and completed by the Jordan Institute of Families/UNC School of Social Work. <input type="checkbox"/> October 22-23, 2018: HV Summit will be held. 	<p>With an average annual cost of \$3500 per family for increased intensive HV services across NC, an estimated 2,857 infants/toddlers and their families across the state would be impacted with an additional \$10 million dollars in net new state dollars. An estimated total of 4,285 infants/toddlers and their families would be impacted with an additional \$15 million in net new state dollars for intensive HV services.</p>

The Pritzker Children’s Initiative is targeting its funding going forward to two key policy frames as outlined in column A. To that end, we are asking you to use that frame for any policy priorities that fall into either of those categories. Because these policy priorities were created after your grant agreements were signed, we are NOT limiting you to these policy frames. If you have any policy priorities that do not fall into these two categories, please add them in as additional lines as part of your overall policy agenda. We feel like most of the work you are doing WILL fall into these two areas but are open to other policy priorities if they do not.

④ – Option 1 – Supported Families

NEXT STEPS

1. Synthesize feedback from today – surface themes and a menu of opportunities across each areas
2. Form working groups around the broad categories; these groups will advance the thinking in between meetings and propose a set of priority strategies
3. Assemble baseline data to understand where the gaps are for each category – and what kind of outcomes might tie to priority strategies
4. Formulate a draft policy agenda using inputs from working groups and guidance from coalition; pressure test concepts with key groups and through family/community engagement
5. Prepare to address each topic area and each working group's recommendations at the October and November Coalition meetings

Want to participate in a workgroup?
Write advocacy@theounce.org