COALITION MEETING

Illinois Prenatal to Three Initiative

October 16, 2019

TODAY'S AGENDA

Orientation & Planning Framework

Time	Agenda Item
10:00am	Welcome & Introductions
10:20am	PDG Update Cynthia Tate
10:30am	Reminder: Deliverables by December
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2:45pm	Communications and Public Engagement Katie Kelly, Theresa Ramos

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?!**

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
By 2025 50% increase = 100,500

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
- Working Group Leaders
- Illinois Action for Children

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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.	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

SAMPLE ONLY

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.

WORKING GROUP 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.

WORKING GROUP PLANNING TEMPLATE (2)

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. The goals are already set.			
Topic Area: *Example: Home Visiting*			
Strategy and Rationale	**Objective**	**Projected Impact**	**Tactics**
Select from the following options: • Expand an existing service • Improve access to an existing service so more people or priority populations are served • Improve quality of an existing service so more people receive a high-quality service • Create new or different services/supports • Other (please describe) Provide a brief rationale that describes the problem to be solved and reason for selecting the strategy. Example: Increase number of available slots in home visiting programs statewide. There are not nearly enough slots available to serve the number of families who are eligible. More slots are needed in order to serve more families.	Identify specific, measurable policies or approaches for achieving the selected strategy. Example: Increase state funding for Parents Too Soon and Health Families by XX%.	Estimate how many children/families will be reached through this policy/approach. This can be an approximation and TA consultants can assist with making estimates. Example: XX more families will be served in home visiting programs.	Describes steps needed to implement the policy/approach. Most strategies will have multiple associated tactics. Example: Advocate for increased funding for Parents Too Soon and Healthy Families with General Assembly.

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TODAY'S ACTIVITIES

Select 2 topics to discuss in more detail

Options for October:

1. Early Intervention
2. Child Care/0-3 Center Based
3. Family Economic Security

Reminder – November Discussion:

1. Prenatal/Birth Supports
2. Home Visiting
3. Cross System

Format:

25 minutes of content presentation by working group leaders

30 minutes of discussion in response to specific questions

5 minute temperature check:

- On track?
- Off track?
- Getting there?

WHAT WILL BE DISCUSSED IN EACH TOPIC?

Page or Topic	Notes
Overview	Relevant background on the topic – what is this? Why is it important for families?
Related Data	Related data regarding: • Eligibility criteria • Who is currently accessing this service • How we understand the quality of this service, and quality levels
Process	Overview of the Working Group's recommendations • discussion and decision making process • existing strategic plans & reports consulted • how family and community voice have been incorporated
Recommendations	Completed Template
Recommendations - Detail	How these recommendations increase access: How they improve quality: Specific populations of focus: New initiatives or policies required:
Discussion Questions	All groups will lead with the following discussion questions: • Are there other populations or communities we should prioritize as we increase access in this area? • Will this policy help to reduce racial disparities and advance racial equity? Does it ensure inclusion? • Is there infrastructure to support the intended change? Will systems building be needed? • Do we have the necessary stakeholder buy-in to support the change? • What is missing? What needs revisiting? *Working groups may add desired discussion questions as well.*

FAMILY ECONOMIC SECURITY

Illinois Prenatal to Three Initiative

OVERVIEW

Economic Family Security

Children 0-3 do not exist in a vacuum. If the family is entirely focused on surviving that family does not have the ability to focus on something like getting kids ready for kindergarten. By making families more stable, Illinois will have better outcomes overall for children.

RELATED DATA

Family Economic Security

Related data regarding:

- How many families are enrolled in public programs like TANF, SNAP, WIC, Housing assistance, etc.?
- What are the barriers to accessing these services?
- What does employment look like for families?
- How do we get more families employed in jobs that pay a living wage?

BUILDING FROM STRENGTHS

Family Economic Security

Recommendations are focused on issues that will give families more opportunities for financial stability.

- Recommendations made based on coalition and work group discussions
- Reports consulted: Big Shoulders, Bold Solutions: Economic Security for Chicagoans; Implementing a Roadmap to Reducing Child Poverty; Ensuring a Great Start: What Illinois Families say is Needed to Thrive; Making WIC Work

WORKING GROUP ON CHILD CARE & DEVELOPMENT PROGRAMS

Illinois PN-3 Coalition
October 2019

CHILD CARE & DEVELOPMENT PROGRAMS

- 3 major funding streams
  - Head Start/Early Head Start (HS/EHS - federal)
  - Preschool for All/Prevention Initiative (PFA/PI - state)
  - Child Care Assistance Program (CCAP - federal/state)
- The ExceleRate Quality Rating & Improvement System (QRIS) assigns a “Circle of Quality” to every program
- Programs grew separately; now need a unified strategy
- Few center-based EHS or PI programs
- CCAP supports center-based and home-based child care programs
- CCAP funding is too low to support quality, so some programs “layer” it with PFA/PI or HS/EHS

BUILDING FROM STRENGTHS

- Working group reviewed summary recommendations from 11 reports and initiatives that address program access and quality
  - Sorted their recommendations into 4 major areas: Workforce, Funding, Quality Improvement, and Facilities
- Regrouped
  - Funding cut across all areas
  - Broke out Quality Improvement between centers and home-based settings
  - Kept Facilities and Workforce categories
- Family & community voice was represented in a few sources, especially the Shriver Center report

EARLY INTERVENTION

Illinois Prenatal to Three Initiative

AGENDA

- Overview of EI
- Our Process
- Policy Recommendations
- Discussion

OVERVIEW OF EI

Topic: Early Intervention (EI)

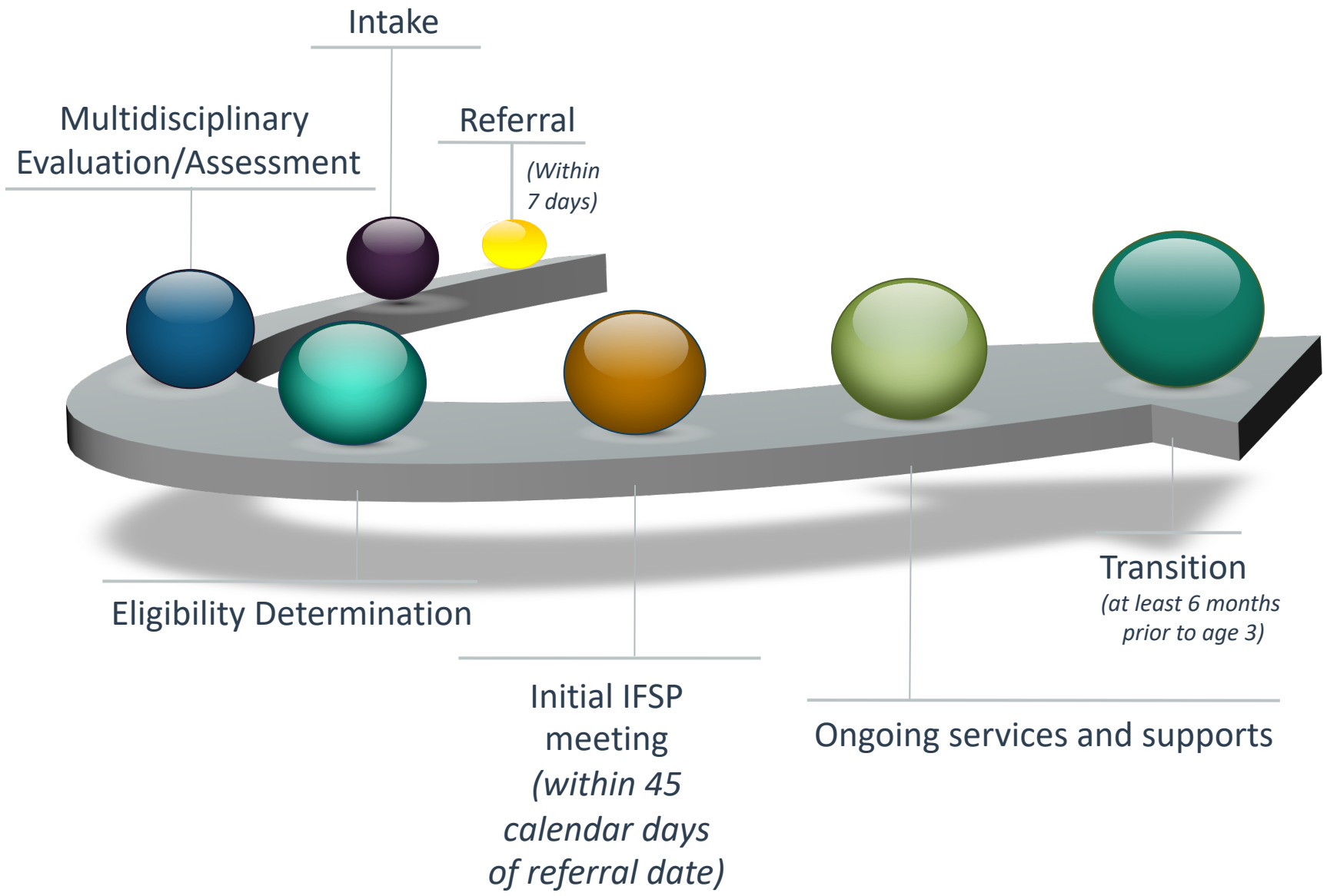
What EI entails?

- Part C of federal legislation, the Individuals with Disabilities Education Act (IDEA)
- Serves infants & toddlers (0-3) with disabilities and/or developmental delays and their families
- Based on their Individualized Family Service Plan, children and families can access up to sixteen different services

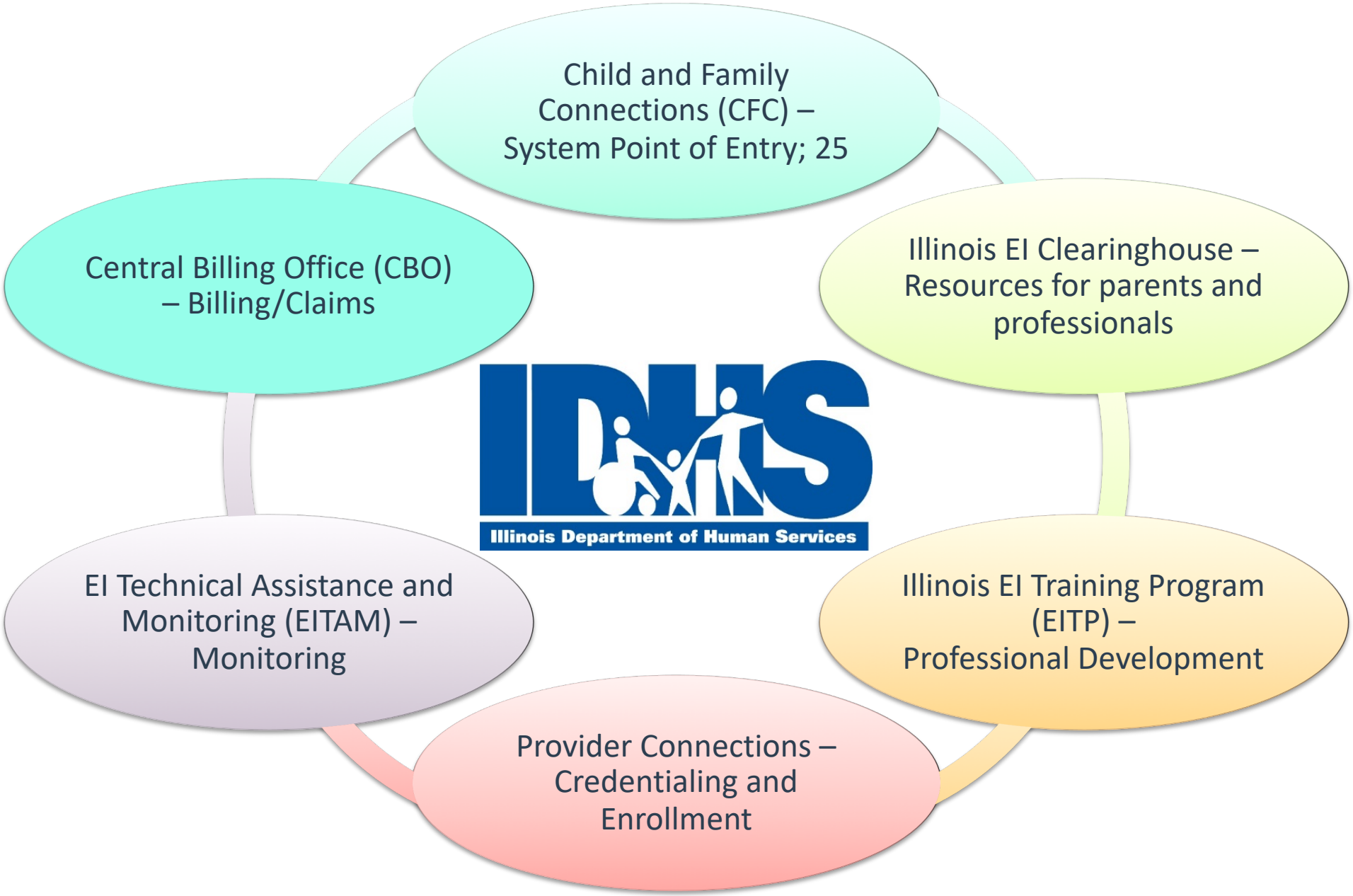
Why is EI important for families?

- EI aims to enhance the capacity of caregivers to support their child's development
- EI promotes child's participation in family and community life/routines/activities (i.e., inclusion)

FAMILY JOURNEY: 7 STEPS IN THE EI PROCESS



EI ADMINISTRATIVE PARTNERS



RELATED DATA: ELIGIBILITY

Topic: Early Intervention (EI)

1. Physical or Mental Conditions Resulting in Developmental Delay

- Condition that results in a high probably of developmental delay
- Example: Down syndrome
- **1,493 children/families**

2. Developmental Delay

- 30% delay (or more) in any one area of development (physical, communication, social and emotional, adaptive or cognitive)
- **15,481 children/families**

3. At-Risk Criteria

- Child is considered at-risk for substantial developmental delay due to:
  - Parent having a mental health diagnosis or developmental disability according to DSM-5 or
  - meeting 3 of the identified risk factors
- **56 children/families**

RELATED DATA: SERVICES

Topic: Early Intervention (EI)

Who We Serve (State Fiscal Year 2019 [SFY19] monthly averages)

- Caseload: 22812
- Referrals: 3333
- New initial IFSPs: 1852
- Medicaid percentage: 52
- Insurance percentage: 39
- Per child cost: $470.54

What We Provide (SFY19 Average Monthly Top 4 Services Received)

Speech Therapy: 31.9%
Developmental Therapy: 22.7%
Occupational Therapy: 13.1%
Physical Therapy: 12.1%

RELATED DATA: OUTCOMES

Topic: Early Intervention (EI)

Percent of children who exited program functioning at age expectations in regard to their:

- *Positive social relationships*: 57.3
- *Acquisition and use of knowledge and skills*: 47.1
- *Use of appropriate behavior to meet their needs*: 53.4

Percent of families who indicated that early intervention helped them:

Know and understand their rights: 71.9

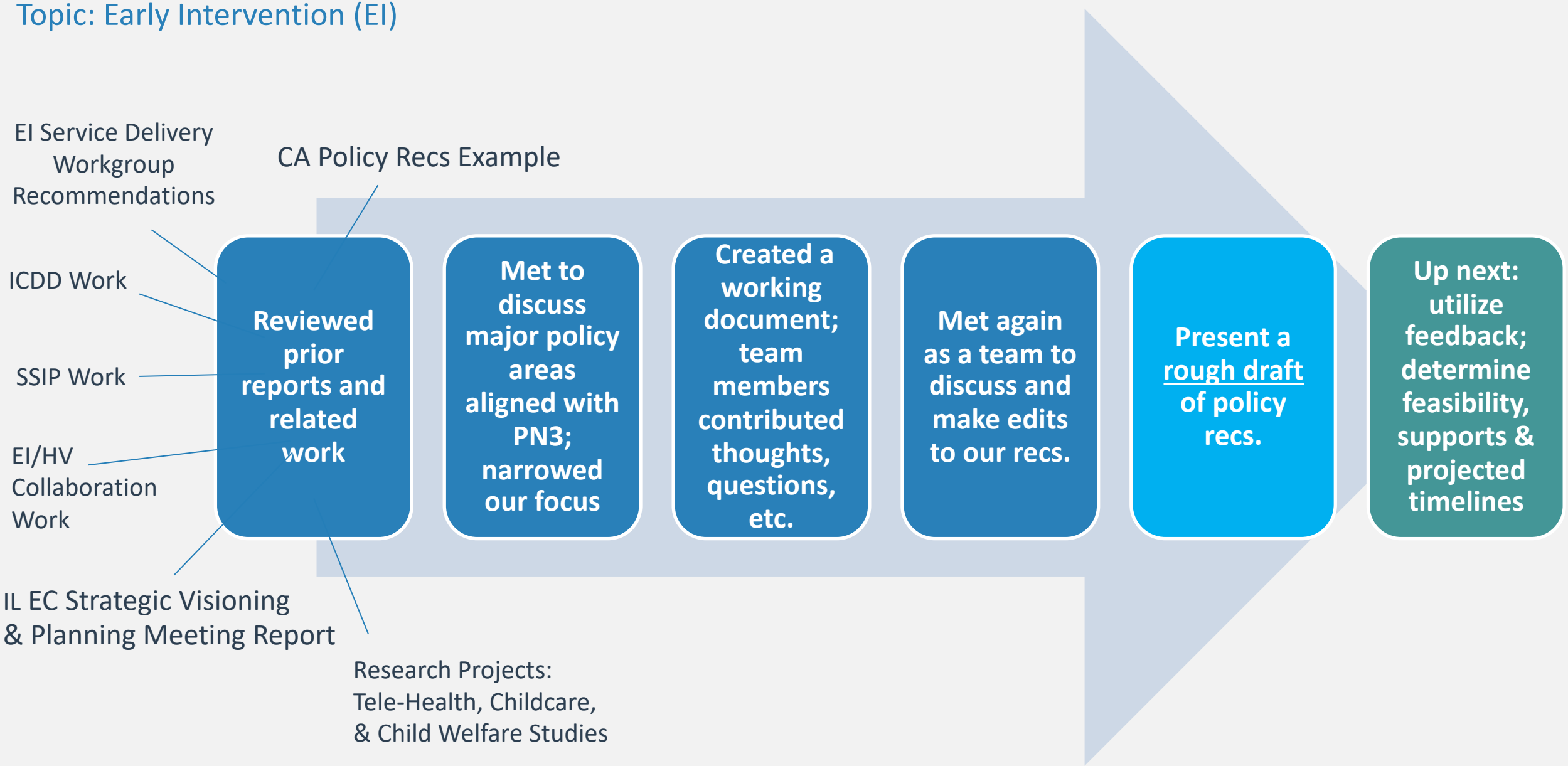
Effectively communicate their child's needs: 77.1

Be able to help their child develop and learn: 76.1

(SFY18 data)

BUILDING FROM STRENGTHS: OUR PROCESS

Topic: Early Intervention (EI)



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DRAWING CONNECTIONS: DISCUSSION RESULTS

Report out – 10 minutes per team

Format:

10 minutes of discussion report out

25 minutes of interviews

Interview Order:

- EI interviews Child Care
- Child Care interviews Family Economic Security
- Family Economic Security interviews EI

NEXT STEPS

1. Working groups will incorporate feedback and develop final recommendations
2. November Working groups will develop similar content for our next meeting
3. We will also do a deep dive on the data for the November meeting

COALITION:

1. Continue to solicit feedback from councils, coalitions, and other planning bodies with which you engage –we can equip you with talking points and questions!
2. Prepare to address working group's recommendations at the November Coalition meetings

Questions about working groups?
Write advocacy@theounce.org

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MAKING THE CASE FOR PN-3

Katie Kelly

Director of Communications and Community Initiatives

J.B. and M.K. Pritzker Family Foundation

ONE MILLION MORE

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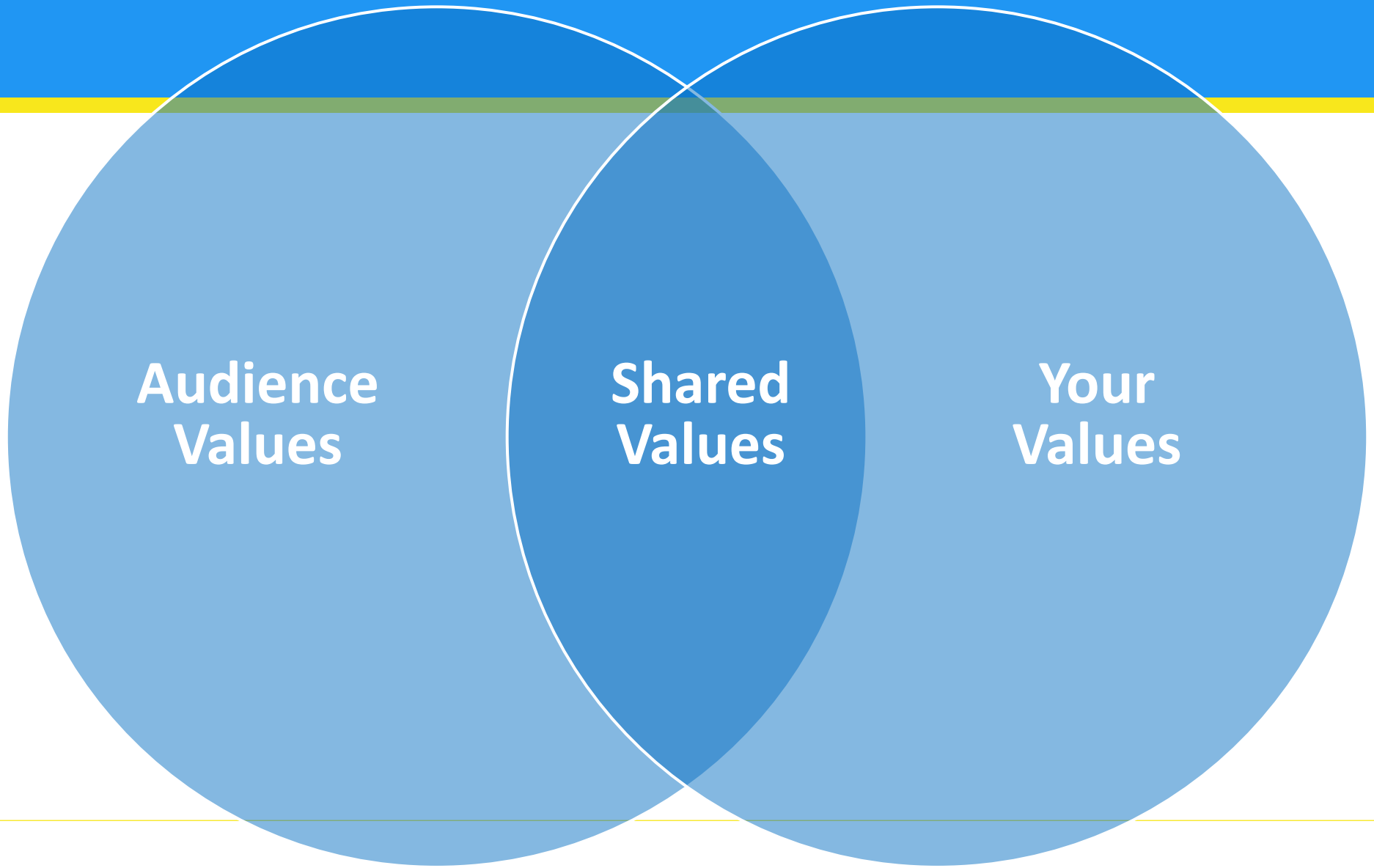
National Collaborative for Infants & Toddlers™

part one
making the case

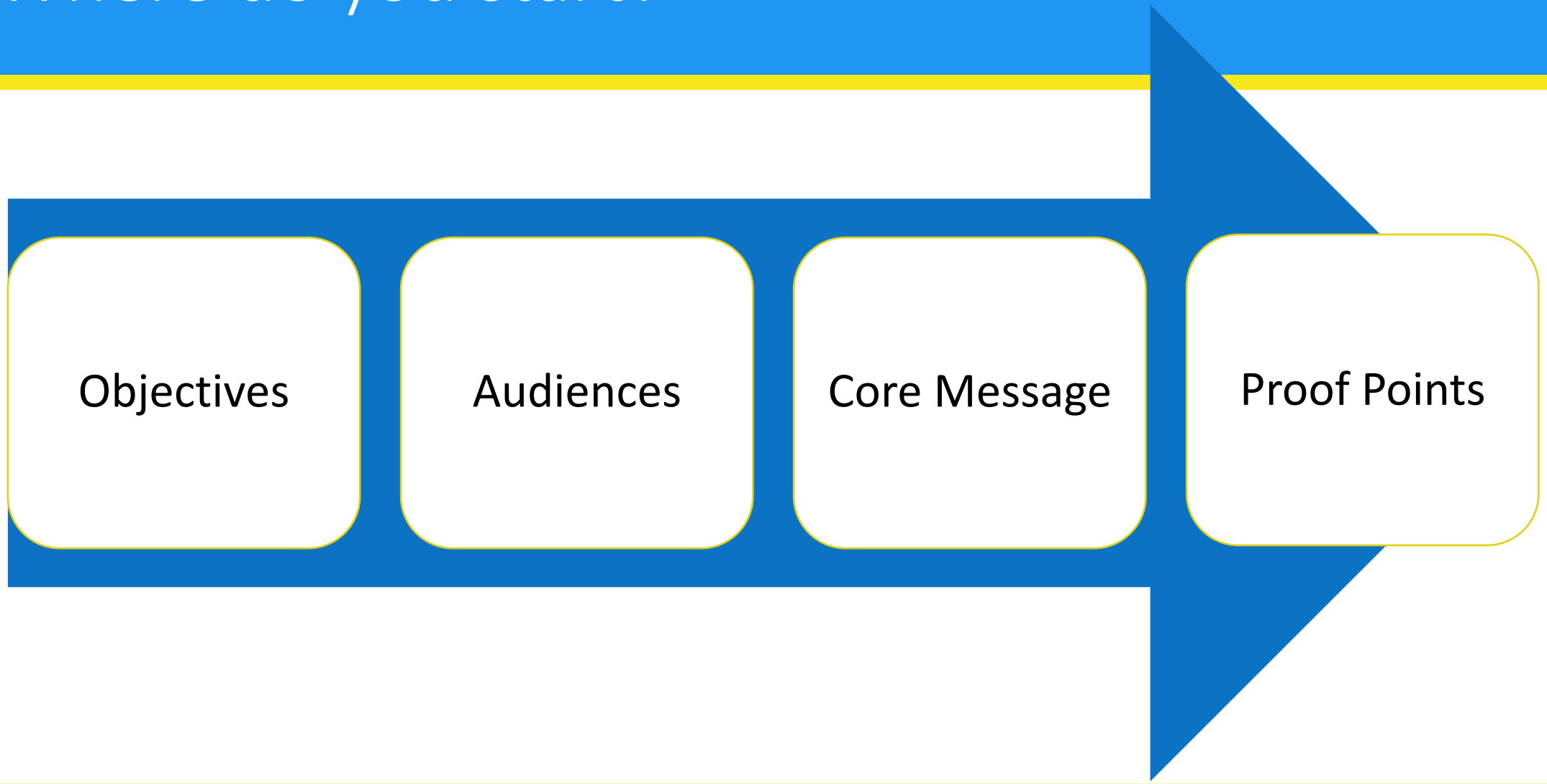
Why do we need messaging?

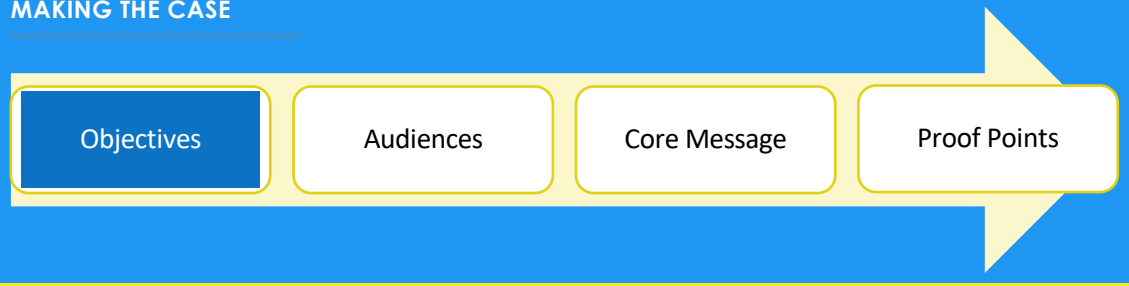
- To effectively communicate and rally people around our issues.
- To keep us in unison and break through a cluttered space. (Unity = Power)
- To meaningfully connect with and engage a busy audience.
- Defines your voice before someone else defines it for you.

guiding principle



Where do you start?





PCI's

communications objective

- Ensure policymakers understand the importance of brain/child development from birth to three, and specific policy actions that can support families with babies and toddlers.

who are we talking to?

audiences

- We're talking to **policymakers, decision makers and influencers** working at national, state and local levels to make the case for programs and policies that support infants, toddlers and their families.

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Our research

- **Qualitative research** with engaged citizens

- **In-depth interviews** with policymakers & influencers
  - Mix of Republican, Independent and Democratic policymakers
  - State, county and local level

There is near universal agreement that the first three years of life are very important and foundational to a child's healthy development.

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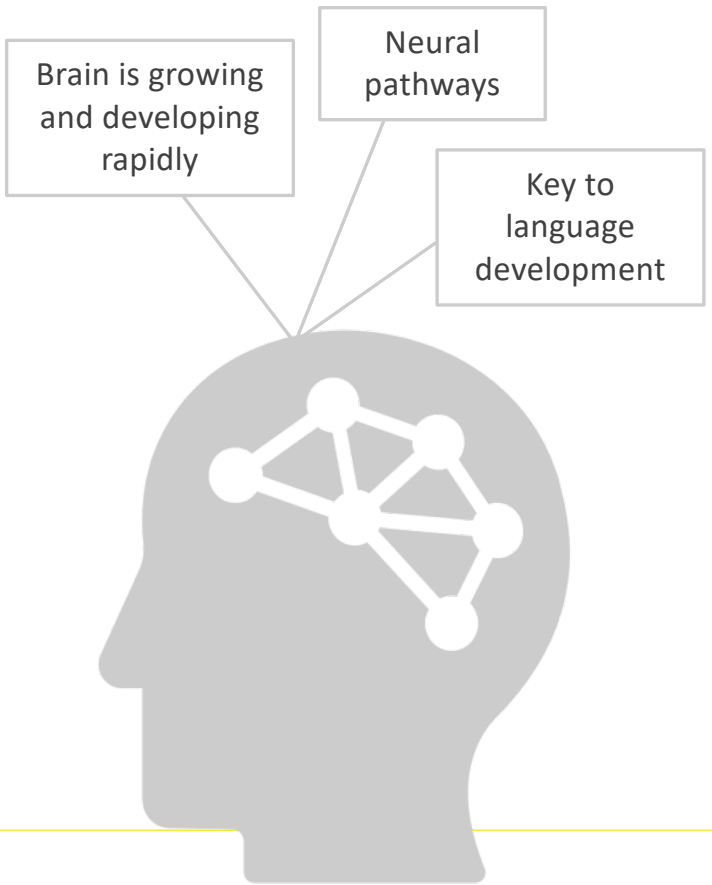
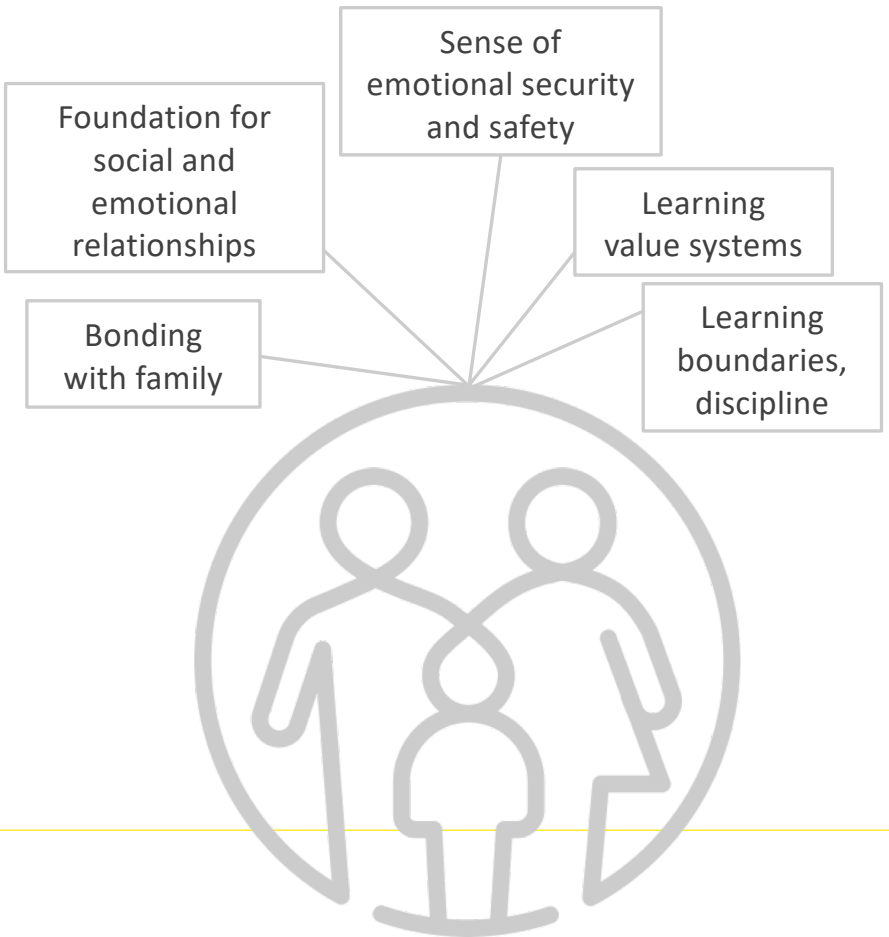
Brain Development



Social and Emotional Development



- A number of policymakers explicitly mention brain development/brain science as a reason that birth to age three is critical.
- A smaller number speak of longer-term reasons: preparing for school, mitigating longer-term health issues and larger social problems (college- and career-ready young adults, lower incarceration).
- A handful of Republican respondents mention that these years are important, but not more so than other phases of life.

key takeaways from audience research

ENGAGED CITIZENS AND POLICYMAKERS

- **Emphasize the widely held belief that early childhood is a critical window for healthy development**
  - Do refer to the first three years as "critical" or "foundational"; these concepts reflect existing ideas
  - Don't position the first three years as overly determinative (e.g. make or break)
  - Emphasize "healthy development" as it is perceived to be foundational, inclusive, and necessary for learning

- **Lead with brain science to answer "why now?" and convey urgency**
  - Brain science is a compelling reason to focus on birth to three
  - It is well-received, believable, and sets the table for why the focus on this time period matters
  - Provide the scientific evidence without getting too "science-y"
  - Brain science alone is only half the story; connect it with policy to strengthen the case for policymakers

Demonstrating positive outcomes is key

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Influential Information

- Data on outcomes is most wanted
  - Scientific evaluation
  - Return on investment
- Budgetary information is also critical
- Case studies
  - Success stories from other jurisdictions
  - Parent and professional testimonials

Non-partisan Messengers

- Academics and experts
- Providers
- Parents
- Educators
- Government agencies
- Business community is important voice, but not top-of-mind

Overview of policies: benefits

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Universal Family Support

- Great for new parents and at-risk parents
- Helps teach parenting skills
- Voluntary
- Universal

Home Visiting

- Research shows it works
- Longer time period
- Engage in home environment
- Focus on at-risk families

High-quality Child Care

- Quality learning environment
- School readiness (social and emotional)
- Critical need for all kinds of families
- Especially high ratings from local government officials

Overview of policies: concerns

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Ideological concerns

High-quality Child Care

- Minimal concerns about government taking the place of the parent
- Meets significant need for all kinds of families

Universal Family Support

- Must be voluntary
- Government taking the place of the parent
- Challenge of earning parents' trust

Home Visiting

- Must be voluntary
- Government taking the place of the parent
- Challenge of earning parents' trust
- Who determines who is "at-risk"
- Stigma

Least intense → Most intense

Cost concerns

Universal Family Support

- Will be expensive
- What level of government will fund it
- How will it reach more rural areas
- Will take a lot to staff

Home Visiting

- Will be expensive
- What level of government will fund it
- How will it reach more rural areas
- Will take a lot to staff

High-quality Child Care

- Will be expensive
- What level of government will fund it
- Will take a lot to staff the program
- Infrastructure for facilities
- Providers meeting training requirements

Least intense → Most intense

Local policymakers have the most urgent funding concerns/need state funding

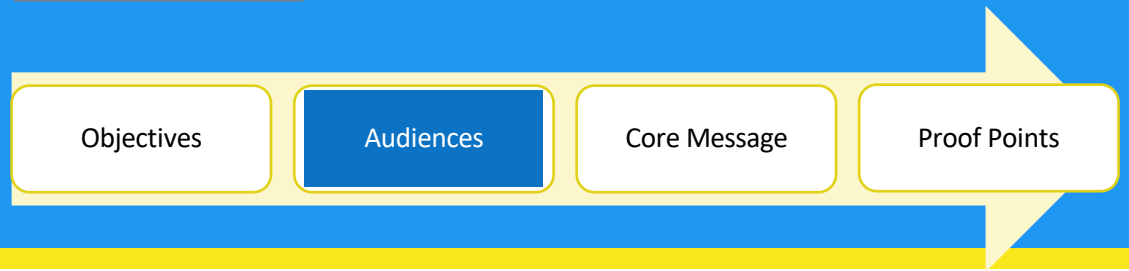
Objectives | **Audiences** | Core Message | Proof Points

+ Position policies and programs as a resource and support for parents

- + Recognize parents are a child's most important teachers and caregivers
- + Acknowledge they are often stretched and stressed for time and resources
- + Remind that any parent can benefit from extra help
- + Emphasize the voluntary nature of programs

+ Explain how government can play an effective role

- + Demonstrate what's possible with examples of what's already working
- + Create a picture of how programs will work and how they will be funded
- + Show how investments are paying off, with outcomes and other data
- + ROI is important, especially for policymakers



when describing policy, emphasize ideas including

VOLUNTARY, AVAILABLE TO ALL, AND COMMUNITY-LED

Ideas to Emphasize

- Community led (not new federal program)
- Non-duplicative of existing efforts
- Caring, highly trained, highly qualified experts

Ideas to Avoid

- "Identifying" parents who need help
- Appearance of a financial handout
- Talking only about low-income families
- Any suggestion that parental responsibility is being abdicated

Core Message

BUILDING BLOCKS

Birth to age three is critical for brain development + Parents are stretched, they want and need support + Government can play an effective role + Early investment works

Core Message

A child's brain develops faster from birth to age three than at any later period in life, building the foundation for all future learning, behavior and health. Parents play the lead role in their child's healthy development, but all parents are stretched in the earliest months and years of their child's life. Communities and governments can provide parents with support they may need at this especially critical and stressful time. Policies and programs should ensure healthy beginnings at birth, support families with young children and make high-quality child care and learning environments more accessible and affordable to all parents who want them. When we support them in their earliest years, infants grow into healthy kids who are confident, empathetic and ready for school and life—and our communities, workforce and economy become stronger and more productive. That is why it is so important to start early and advance programs and policies that promote healthy development.

Supporting Messages

BIRTH TO AGE THREE IS CRITICAL FOR BRAIN DEVELOPMENT

The experiences of the first three years are the bricks and mortar of brain development.

The brain develops faster from birth to age three than at any other later period in life, building the foundation for all future learning, behavior and health.

PARENTS ARE STRETCHED

Parents are a child's most important caregiver and play the lead role in their child's healthy development.

All families with young children—especially first-time parents, those with both parents in the labor force and those without extended family nearby—are stretched for time and resources.

High-quality child care is often unavailable or unaffordable for parents who need it, and many are not connected to networks or early care supports that can offer guidance and confidence to navigate the earliest months and years.

We need to advance policies and programs that ensure every infant and toddler has the support they need to build a strong foundation for success in school and life.

GOVERNMENT CAN PLAY AN EFFECTIVE ROLE

Communities and governments can provide families with support they may need at an especially critical and stressful time.

Programs and policies should start early to ensure healthy beginnings at birth, support families with infants and toddlers and make high-quality child care and learning environments more accessible and affordable to all.

EARLY INVESTMENT WORKS

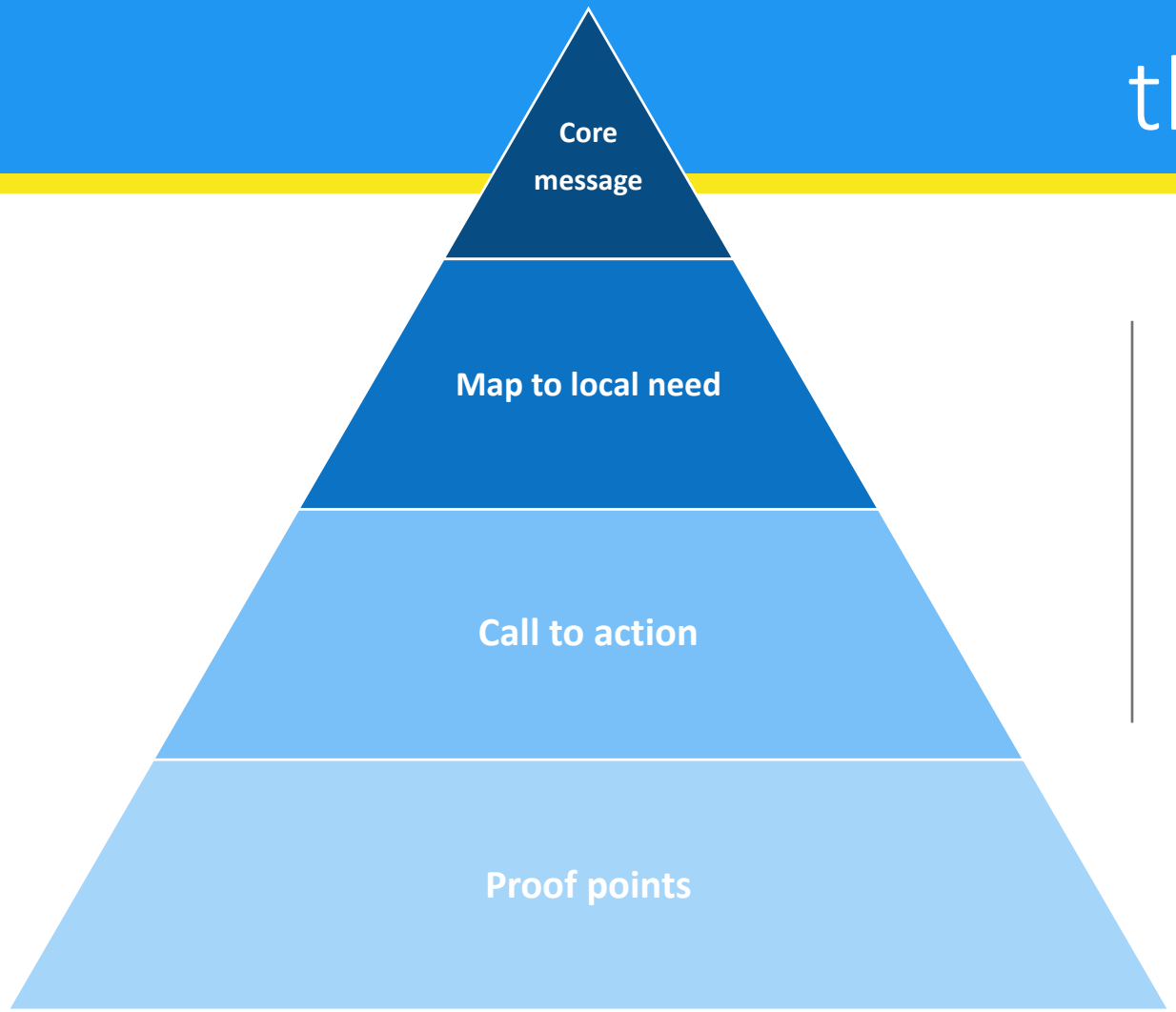
When infants and toddlers get what their growing brains need, they become healthy kids who are confident, empathetic and ready for school and life.

Research shows that when we invest in the first three years of a child's life the returns for the community are the highest, and we can reduce the need for more expensive interventions later.

Programs and policies that support healthy brain development from birth to age three result in better social, economic and health outcomes and build a more productive workforce that strengthens our economy now and in the future.

part two
elevating your work

How to apply the core message



- Start from a place of broad agreement
- Map the core messaging to your work by establishing the problem you need to solve
- Offer a localized solution or call to action
- Build a foundation of proof points

Messaging in action: high-quality child care

core message	A child's brain develops faster from birth to age three than at any other later period in life, building the foundation for all future learning, behavior and health.
establish local need	Research shows that stimulating learning opportunities and nurturing, responsive relationships can support healthy development in babies and toddlers. However, high-quality child care is often unavailable or unaffordable for parents who need it. Here in [STATE], of the more than 172,000 children, birth through age five, in center-based care in 2017, 26 percent were served in centers rated only one, two, or three stars out of five.
call to action	We must increase the affordability of and access to high-quality birth through age three early care and education in [STATE].
proof points	Increased access to [PROGRAM] has already been shown to reduce the likelihood of a child being placed in special education by about 39 percent. The cost of special education is generally accepted to be about twice the cost of regular public education.

Messaging in action: universal family supports

core message	A child's brain develops faster from birth to age three than at any other later period in life, building the foundation for all future learning, behavior and health.
establish local need	Supports that help parents navigate raising young children and nurture healthy development—whether it's parenting skills classes, screenings for maternal depression or preventive screenings for infants—can help ensure babies get what they need during this critical time for development. In XXX County, XX babies are born each year who are eligible to receive a comprehensive range of high-quality health and development services, but only X percent are able to access those services.
call to action	XXX County needs a system of supports for all families reaching every mother and child at or before birth with needed information, assessments and referrals that offer each child a strong start.
proof points	In similar counties where such programs are established, key predictors of positive child and family outcomes, such as increased prenatal care and screening rates for maternal depression and decreased rates of child maltreatment, have improved by XX percent.

tips to navigate

message challenges

- Upcoming webinar
- October 29th, 2:30 ET

PRITZKER
Children's Initiative
Thank you.

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Illinois PN3 Coalition Communications Survey Results

October 14, 2019

We cannot win our policy agenda without power

- What is power?
- Power is the ability to act, create, control, or prevent change.
- Types of power: organized people and organized money.
- We cannot win by being right alone
- The survey is a preliminary assessment of our power.
- What were the results?

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What capacity do we have as a coalition?

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What tactics are in our toolbox?

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Let's Get Social!

Format	# of Responses	Followers/Subscribers
Twitter	9	34,591
Facebook	14	73,121+
Instagram	7	4,178
Direct Mail	6	220,500
Newsletter	2	9,500
LinkedIn	1	2,173

344,063+

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Community Organizing Capacity

- Four organizations responded that they develop community leaders through community organizing

635

- Current leadership totals to
- Five organizations organize on other topics
  - Early Childhood Workforce
  - Home Visiting
  - Health
  - Child Exposure to Violence
  - Public Benefits
  - Immigration

75

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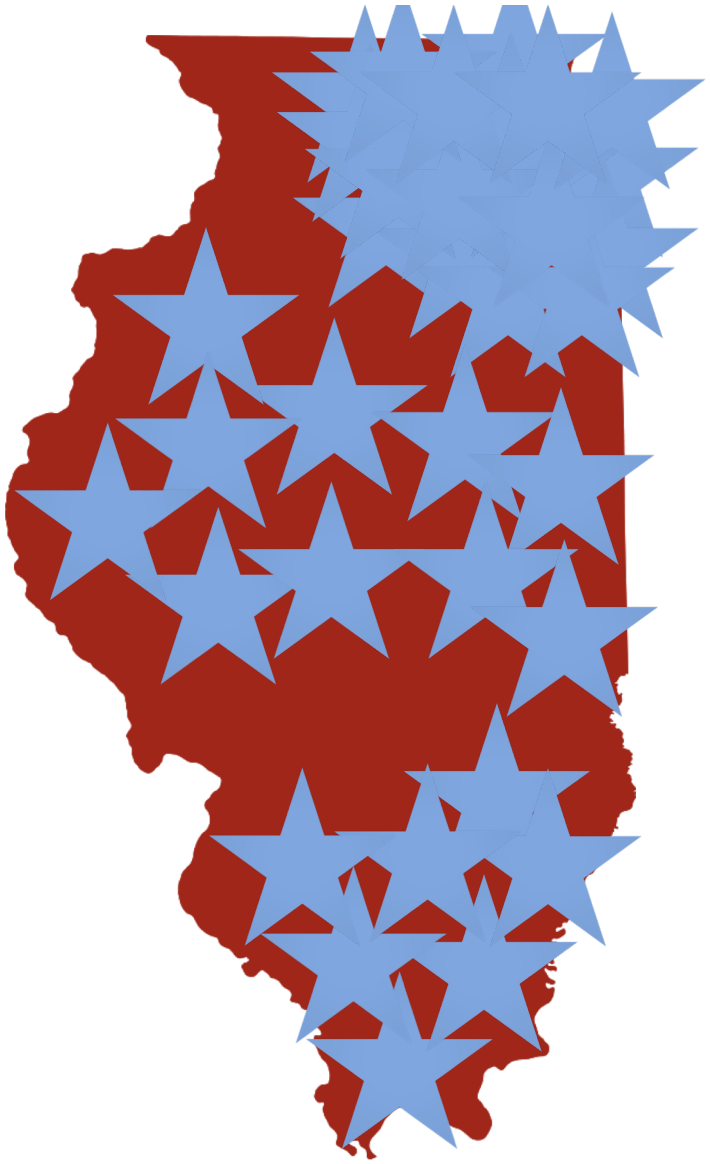
What's our geographic footprint?



- 3 Statewide Organizations
- Regions
  - Metro Chicago, East St. Louis/ Metro East, Northern Illinois, Western Illinois
- Counties
  - Cook
  - Champaign
  - Douglas
  - Iroquois
  - Kane
  - Jefferson
  - Macon
  - Marion
  - Piatt
  - Sangamon
  - Vermillion

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WE'VE GOT POWER!

- Organized people—staff and community leaders
- Organized money—staff resources
- We are experienced tacticians
- We need to mobilize to make the **prenatal to three years** the number **1** priority in Illinois
- Quick Action:
  - Grab your phone.
  - Take a photo of you and your neighbor.
  - Post your photo and this message on facebook, twitter, instagram or all three!
    - "We're building a coalition to make Illinois #1 in supporting children prenatal to 3. #ILPN3 #ChildCare #EarlyEd
  - Then follow your friends/ colleagues in this room and like their posts!

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