



# **Governor's Ready to Start Task Force: A Four-Year Framework to Support Pennsylvania's Infants and Toddlers**







## Introduction

***“The environment in which babies live and learn in their first three years has an enormous impact on their cognitive, social, and emotional development. The Ready to Start Task Force was established to identify programs and policies that will help Pennsylvania’s youngest residents get a strong start to a healthy, happy, and fulfilling life here in the commonwealth.”***

- Governor Tom Wolf

Building a healthy future for Pennsylvania begins with ensuring that its youngest residents have a strong foundation. Research shows that a child’s brain grows faster between birth and age three than at any other time in their lives. Providing nurturing, supportive relationships as well as high-quality early learning experiences can further support and accelerate healthy cognitive, social, and emotional development – preparing infants and toddlers for future success in school and beyond. Access to high-quality early care and education programs and policies that support families improve the health and well-being of babies and toddlers, and provide important economic, education, and social benefits for their families.

### About the Ready to Start Task Force

In September 2018, Governor Tom Wolf announced the creation of the “Ready to Start” Task Force to develop a framework of strategies to address health, human services, and education policy for infants and toddlers ages birth to three in Pennsylvania. The Task Force was led by six co-chairs appointed by the Governor, with support from members of the Wolf Administration. *For more information about the Task Force, please see Appendix A.*

The Ready to Start Task Force co-chairs facilitated six regional roundtable listening sessions with members of the Administration and approximately 150 stakeholders who represented early care and education providers, health care practitioners, research organizations, workforce development, state and local government, foundations, employers, postsecondary educators, and community-based organizations.

Stakeholders responded to three guiding questions:

- 1. How can we improve health outcomes of infants, toddlers, and their families?**
- 2. How can we strengthen the home environment for infants, toddlers, and their families?**
- 3. How can we prepare infants and toddlers for future school success?**

In addition to these face-to-face Task Force meetings, the Governor invited the public to share their ideas and thoughts through an online feedback form. This feedback was summarized in a [Key Themes & Initial Findings Summary](#) published in December 2018.



## Ready to Start PA: A Framework to Improve Outcomes for Infants and Toddlers

### Ready to Start Task Force Priorities and Goals

The Wolf Administration published a summary of the [key themes and initial findings](#) of the Ready to Start Task Force regional listening sessions and the online feedback survey. The input received during the listening sessions and through the online survey provided the foundation for the Task Force's priorities as outlined below. Each priority includes specific goals to guide Pennsylvania to a stronger future for our Commonwealth's infants, toddlers, and their families.

The Governor's Office will establish a "Ready to Start" Workgroup comprised of various state agencies and external stakeholders which will be responsible for building upon the goals outlined below and tracking progress on key deliverables included in these recommendations.

*For more information about the Workgroup, please see "Moving from Priorities to Action: Ready to Start Agenda and Implementation Strategy".*

### Priority #1: Increase availability of high-quality child care and home visiting service slots.

1. Expand high quality (STAR 3 and 4) infant/toddler contracted child care slots with the goal of at least 4,000 in the next 4 years--increasing by at least 1,000 slots each year.
2. Increase evidence-based home visiting slots with the goal of at least 4,000 over 4 years--increasing by at least 1,000 slots each year.

### Priority #2: Improve early intervention quality and streamlining to enhance availability, alignment, integration, and coordination of services.

1. Explore and incentivize integration of early intervention services for ages birth to five at the local and county levels.
2. Increase use of developmental screening for early intervention referral by pediatricians and family practitioners within Medicaid. Identify a benchmark and develop a goal for increased screenings and referrals.
  - a. Convene state agencies and medical provider groups such as the Pennsylvania Chapter of the American Academy of Pediatrics, American Academy of Family Practice, the Hospital & Healthsystem Association of Pennsylvania, and the Pennsylvania Medical Society to discuss current best practices and future recommendations for the use of developmental screening in clinical workflows.
    - i. Create a joint best practice guidance document for pediatricians and family practitioners to screen and refer for early intervention services.
3. Encourage inclusion of early intervention providers on Health Information Exchanges utilizing PA eHealth grant funding.
4. Train child care workers and early intervention providers to understand and refer to one another's systems and services.
5. Improve reciprocal feedback from early intervention services to medical practitioners by establishing data agreements with medical practitioners and local early intervention programs.

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6. Create a referral feedback loop for child care centers, home visiting programs and infant early childhood mental health clinical services that includes place at which parents prefer to receive services.
  7. Explore the feasibility of developing a screening tool that could be provided to enrollees by the independent enrollment broker at time of enrollment in a managed care organization, or by the managed care organization or a primary care provider at intake.
    - a. Incorporate the use of electronic tablets in provider waiting rooms for completion of screening packages.

### **Priority #3: Increase recruitment, retention, development, support and training of early childhood education professionals.**

1. Develop a curriculum to be used for certification of teachers who have expertise in infant and toddler development and learning.
2. Explore opportunities to provide targeted funding to at least six community colleges, universities, and other educational institutions by 2020 to promote capacity and efficiency of child care teacher/assistant training.
3. Use PA-Association for Infant Mental Health's infant early childhood mental health competencies to guide the development of course content and/or update current course work across educational and medical training programs.
4. Establish a provider certificate for early childhood mental health that includes competencies related to engagement of families, positive interaction, and connection to resources.
5. Provide technical assistance and professional development to the Early Learning Resource Centers that create local efforts that reduce suspension and expulsion in early child care education settings.
6. Create training protocol or opportunities for professionals who have completed degrees to gain competencies related to infant and child care.
7. Promote use of telehealth for specialist services through ongoing outreach and education by managed care organizations to providers regarding existing coverage of these services.
  - a. Continue to convene the Telehealth Advisory Committee to leverage subject matter experts and ensure communication across practitioners and providers.
  - b. Support telehealth reimbursement legislation to expand care access to all relevant populations, including infants and toddlers.
  - c. Examine and implement telehealth pilots in priority areas of the state or clinical areas where its use is supported by evidence, in collaboration with the Telehealth Advisory Committee.
8. Increase the availability of pediatric specialists in Pennsylvania, including behavioral and developmental pediatric specialists.
  - a. Support a hub and spoke model of care focused on behavioral and developmental pediatric specialists.
  - b. Utilize the Keystone Economic Development and Workforce Command Center to identify a goal and yearly targets for increased availability of pediatric specialists.

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- c. Work across state agencies and stakeholders, including institutions of higher education and current practitioners, to identify strategies for increasing the number of pediatric specialists , including mental and behavioral health.

#### **Priority #4: Better utilize Medicaid, CHIP, and state regulatory powers to address the risks to infants and toddlers posed by harmful environmental contaminants, including lead.**

1. Establish a benchmark for Medicaid lead testing by age two, goals for increased testing over the next three years, and an implementation plan.
2. Mandate that all child care centers and homes are lead-free.
  - a. Determine funding streams to alleviate some of the financial burden that lead abatement may pose for child care centers.
  - b. Explore increasing funding for the Expand Safe Places for Early Care and Education Initiative that helps to ensure that new child care centers are located in healthy environments.
3. To the extent allowable by the Centers for Medicare and Medicaid Services, pursue an 1115 waiver opportunity to use Medical Assistance funds for lead remediation according to the concept paper submitted to the Centers for Medicare and Medicaid Services in March of 2019.
4. Support legislation that requires mandatory universal child lead testing.

#### **Priority #5: Promote education, engagement and support of parents and families as children’s first teachers.**

1. Leverage the federal Preschool Development Grant funds for the dissemination of the Ready Family Engagement Framework to build capacity of educators and families to practice high-impact, culturally responsive, trauma-informed family engagement through increased awareness, knowledge, and skills.
2. Fund expansion of evidence-based parenting support, early literacy and education models, including Positive Parenting Program (Triple P), Parent Child Interactive Therapy, and Reach Out and Read to an additional 3,000 families over the next four years.
3. Explore pilot programs to increase engagement of community organizations such as libraries, museums/sites, and recreation centers in parent-child engagement and literacy.
4. Continue funding the Parent Pathways Model beyond the pilot period to establish community-specific comprehensive models to support access to, and success in, post-secondary education and training for single parents after its pilot period.

#### **Priority #6: Improve information, outreach, and access to services.**

1. Promote use of navigators and social workers by continuing to refine and expand community-based care management programs offered by managed care organizations.
2. Expand marketing and awareness of the PA Promise for Children website: [Papromiseforchildren.org](http://Papromiseforchildren.org).
3. Implement a statewide resource and referral tool managed by the Department of Human Services that can be used by all health and human services providers by 2021, to streamline communication and coordinate service provision.



**Priority #7: Promote sustainable systems of care to support the health and wellbeing of all children and women of child bearing age.**

1. Leverage public and private options to ensure all children and women of child bearing age have access to quality health care by monitoring and reporting on the uninsured and underinsured rate for children and women.
2. Increase provider awareness of the importance of, and mandate Medical Assistance managed care organizations to cover, screening for maternal depression in all obstetrics and gynecology and pediatric settings, especially for populations most at-risk.
3. Add a Current Procedural Terminology (CPT) code for social-emotional development under EPSDT to promote comprehensive screening efforts and earlier intervention.
  - a. Require health care providers to document referral action after a positive screen.
4. Provide targeted funding to colleges and universities to support training of mental and behavioral health specialists for maternal depression and maternal infant/toddler therapy.
5. Increase coordination of services for mothers who were screened and identified with maternal depression to ensure they receive needed services.
6. Establish a protocol that will require the Department of Health to hold regional conferences to disseminate information about diagnosis and treatment of maternal depression, including the impacts on infants of paternal depression and
  - i. a two-generational approach in treatment.
7. Support evidence-based immunization and vaccination schedules and lead testing for young children by promotion of a media campaign, local WIC agencies, county assistance offices, Early Learning Resource Centers.
8. Examine an update to Pennsylvania's immunization regulations and/or legislation consistent with recommendations of the CDC's Advisory Committee on Immunization Practices and lead screenings.
9. Educate employers about the value of supporting employees who breastfeed and include information on the basic needs of breastfeeding employees.
10. Advance universal substance use screening of all women of childbearing age by health care practitioners and human service professionals by asking a short series of questions designed to determine risk (illicit drugs, prescription drugs, alcohol and tobacco use) to infant and maternal health.
11. Continue partnership among the Departments of Human Services and Health as well as other stakeholders to establish and support the Perinatal Quality Collaborative, which will initially focus on pregnant women with opioid use disorder, babies diagnosed with neonatal abstinence syndrome, and maternal mortality.
12. Develop policies that supports a two-generational approach to families that access public services.



## Moving from Priorities to Action: Ready to Start Agenda and Implementation Strategy

### Ready to Start Workgroup

The Governor's Office will establish a cross-sector "Ready to Start" Workgroup comprised of agency and external stakeholders (including Task Force Co-Chairs) that will be responsible for establishing measurable goals and ensuring progress on the framework priorities and recommendations outlined in this report.

State agencies and program areas represented on the Workgroup will include:

1. Governor's Policy Office
2. Governor's Budget Office
3. Governor's Office of Performance Through Excellence
4. PA Department of Education (*Policy Office; Office Elementary and Secondary Education; Office of Postsecondary and Higher Education; Office of Commonwealth Libraries*)
5. PA Department of Health (*Policy Office; Secretary's Office; Health Promotion and Disease Prevention*)
6. PA Department of Human Services (*Policy Office; Office of Child Development and Early Learning; Office of Children, Youth and Families; Office of Mental Health and Substance Abuse Services; Office of Medical Assistance Programs*)
7. PA Department of Labor and Industry (*Policy Office*)

### Immediate Deliverables

The Workgroup will be responsible for developing an initial implementation plan to share with the Governor by December 1, 2019, that identifies actions and resources needed to meet the objectives of the Ready to Start priorities, including benchmarks and measurable goals.

Following the development of its initial implementation plan in December 2019, the Ready to Start Workgroup will provide quarterly updates on progress and will produce annual reports that include performance measures and information on how the state is meeting its goals as part of the Ready to Start initiative.

As part of the Workgroup's charge, state agencies will undertake a comprehensive review of laws, regulations, and other policies, in collaboration with relevant stakeholders, to identify ways the state may be unintentionally creating barriers to designing and/or implementing promising models of integrated supports at the local level. The state should specifically identify opportunities to enhance flexibility, where appropriate, to advance these promising and innovative practices.

### Engaging Partners and Stakeholders to Ensure Thoughtful Progress

The Workgroup will meet monthly, and will also engage other state groups engaged in work that intersects with recommended priorities, including, but not limited to:

- [PA Early Learning Council](#)
- [PA Early Learning Investment Commission \(ELIC\)](#)
- [PA Higher Education Assistance Agency \(PHEAA\)](#)



- [PA State System of Higher Education \(PASSHE\)](#)
- [PA Commission for Community Colleges](#)
- [PA Workforce Development Board \(PA WDB\)](#)
- [PA State Board of Education](#)
- [PA State Interagency Coordinating Council \(SICC\)](#)
- [Pennsylvania Commission for Women](#)
- [Governor’s Advisory Commission on African American Affairs](#)
- [Governor’s Advisory Commission on Asian Pacific American Affairs](#)
- [Governor’s Advisory Commission on Latino Affairs](#)
- [Pennsylvania Commission on LGBTQ Affairs](#)
- [Governor’s Advisory Council on Library Development](#)





## Appendix A: About the Ready to Start Task Force

### Ready to Start Task Force Members

The Ready to Start Task Force was led by six co-chairs appointed by the Governor:

- **Jodi Askins**, Executive Director of PennAEYC, representing advocates and providers;
- **Maureen Cronin**, Executive Director of The Arc of Pennsylvania; representing children with disabilities and their families;
- **Nyanda Finley De Santos**, parent and Director of Family and Community Engagement at Community Services for Children’s Head Start Program, representing parents and community partners;
- **Janet Haas, M.D.**, Chair of the William Penn Foundation Board of Directors, representing philanthropic and business entities;
- **Dr. Valerie Kinloch**, Dean of the University of Pittsburgh School of Education, representing child development and education; and
- **David Rubin, MD, MSCE**, Director of Population Health Innovation and PolicyLab at Children’s Hospital of Philadelphia (CHOP), representing health and research.

Four members of the Wolf Administration also supported the work of the Task Force:

- **Dr. Rachel Levine**, Secretary of the Pennsylvania Department of Health (DOH);
- **Teresa Miller**, Secretary of the Pennsylvania Department of Human Services (DHS);
- **Suzann Morris**, Deputy Secretary of the Office of Child Development and Early Learning (OCDEL), DHS and Pennsylvania Department of Education; and
- **Dr. Loren Robinson**, Deputy Secretary for Health Promotion and Disease Prevention, DOH.

### Regional Task Force Listening Sessions

The Ready to Start Task Force co-chairs facilitated six regional roundtable listening discussions with members of the Administration and stakeholders throughout the commonwealth from October through December 2018.

- **Northeast Region:** Luzerne County Head Start (Wilkes-Barre, PA)
- **Southeast Region:** One Logan Square Conference Center (Philadelphia, PA)
- **South Central Region:** Penn State Hershey Medical Center (Hershey, PA)
- **Southwest Region:** University of Pittsburgh (Pittsburgh, PA)
- **Northwest Region:** Tom Ridge Environmental Center (Erie, PA)
- **North Central Region:** Mansfield University of Pennsylvania (Mansfield, PA)

Approximately 150 stakeholders participated in these six sessions, representing early care and education providers, healthcare practitioners, research organizations, workforce development, state and local government, foundations, employers, and community-based organizations.

In addition to these face-to-face Task Force meetings, the Governor invited the public to share their ideas and thoughts through an [online feedback form](#).



## Appendix B: Providing a Strong Foundation for Pennsylvania’s Infants and Toddlers

### Why Focus on Infants and Toddlers?

Early childhood is a time of rapid brain development that lays the foundation for future learning, relationships, and emotional well-being. Research shows that a child’s brain development is fastest from birth to age three than at any other period, building more than a million neural connections every second.<sup>i</sup> During this time, infants and toddlers develop critical emotional and physical health, social skills, and language skills that serve as a foundation for success in school, work, and life.<sup>ii</sup>

Young children in this critical developmental phase are highly influenced by their environments, experiences, and interactions with adults, including parents, caregivers, and teachers. In the context of these relationships, they learn, form attachments, and experience and learn how to regulate emotions.<sup>iii</sup> In this intensified phase of development, there is great potential to set a child on a positive trajectory.<sup>iv</sup> However, absent high-quality early interventions and supportive, nurturing, and responsive relationships with adult caregivers, negative experiences – including adverse childhood experiences (ACEs), toxic stress, and trauma – can disrupt healthy development.<sup>v</sup>

Research consistently shows that the economic and educational benefits of high-quality early learning, health, and human service programs extend beyond participating infants and toddlers to their families and communities, creating a brighter future for all Pennsylvanians. Access to high-quality care helps improve workforce participation and employment opportunities for working families, especially women. Child care programs also improve outcomes in postsecondary education and training, since parents with young children are more likely to seek postsecondary education if they have access to child care programs.<sup>vi</sup> Society benefits as well since fewer remedial services are needed when children thrive.

### Current Landscape: The State of Infants and Toddlers in Pennsylvania

Pennsylvania has an estimated 567,445 infants and toddlers between the ages of zero to three years old.<sup>vii</sup> (A summary of the estimated number of infants and toddlers by county is available in Appendix B.) Of these infants and toddlers, only one in four are currently served by publicly-funded, high-quality early childhood programs. (Appendix C shows participation levels by county.)

The Wolf Administration has worked to increase investments in early childhood programs that meet quality standards and serve Pennsylvania’s neediest children and families. These efforts include:

- Increasing access to evidence-based home visiting programs for vulnerable pregnant women, new mothers, and at-risk infants and toddlers;
- Expanding the reach of high-quality early care and education for at-risk children through Pennsylvania’s nationally-recognized quality rating and improvement system, Keystone STARS;
- Working to increase rates for programs and providers as well as invest in professional development and training programs for early childhood professionals to help meet increasing workforce development challenges and improve sustainability.

## Appendix C: Infant and Toddler Population Estimates by Age and County

| County     | <1 Years | 1 Year | 2 Years | 3 Years | Total (0-3 Years) |
|------------|----------|--------|---------|---------|-------------------|
| Adams      | 974      | 989    | 1,065   | 1,073   | 4,101             |
| Allegheny  | 13,215   | 13,072 | 13,075  | 12,951  | 52,313            |
| Armstrong  | 613      | 604    | 587     | 714     | 2,518             |
| Beaver     | 1,740    | 1,765  | 1,717   | 1,844   | 7,066             |
| Bedford    | 470      | 436    | 456     | 493     | 1,855             |
| Berks      | 4,755    | 4,863  | 4,903   | 4,973   | 19,494            |
| Blair      | 1,328    | 1,286  | 1,353   | 1,355   | 5,322             |
| Bradford   | 681      | 664    | 722     | 723     | 2,790             |
| Bucks      | 5,953    | 6,196  | 6,265   | 6,104   | 24,518            |
| Butler     | 1,820    | 1,774  | 1,963   | 1,975   | 7,532             |
| Cambria    | 1,349    | 1,275  | 1,256   | 1,303   | 5,183             |
| Cameron    | 40       | 58     | 48      | 42      | 188               |
| Carbon     | 616      | 561    | 543     | 609     | 2,329             |
| Centre     | 1,250    | 1,402  | 1,268   | 1,401   | 5,321             |
| Chester    | 5,306    | 5,826  | 5,883   | 5,926   | 22,941            |
| Clarion    | 404      | 344    | 404     | 361     | 1,513             |
| Clearfield | 721      | 758    | 739     | 821     | 3,039             |
| Clinton    | 404      | 417    | 423     | 464     | 1,708             |
| Columbia   | 570      | 632    | 651     | 634     | 2,487             |
| Crawford   | 953      | 1,054  | 931     | 982     | 3,920             |
| Cumberland | 2,641    | 2,666  | 2,789   | 2,780   | 10,876            |
| Dauphin    | 3,396    | 3,568  | 3,512   | 3,527   | 14,003            |
| Delaware   | 6,474    | 6,888  | 6,800   | 6,692   | 26,854            |
| Elk        | 296      | 266    | 304     | 308     | 1,174             |
| Erie       | 3,181    | 3,167  | 3,136   | 3,007   | 12,491            |
| Fayette    | 1,373    | 1,342  | 1,402   | 1,345   | 5,462             |
| Forest     | 21       | 14     | 12      | 11      | 58                |
| Franklin   | 1,847    | 1,765  | 1,787   | 1,708   | 7,107             |
| Fulton     | 138      | 147    | 182     | 166     | 633               |
| Greene     | 375      | 386    | 385     | 387     | 1,533             |
| Huntingdon | 403      | 474    | 461     | 503     | 1,841             |
| Indiana    | 828      | 809    | 871     | 848     | 3,356             |
| Jefferson  | 481      | 500    | 487     | 507     | 1,975             |
| Juniata    | 278      | 292    | 241     | 266     | 1,077             |
| Lackawanna | 2,179    | 2,198  | 2,238   | 2,208   | 8,823             |
| Lancaster  | 7,086    | 7,185  | 7,268   | 7,131   | 28,670            |
| Lawrence   | 912      | 935    | 933     | 895     | 3,675             |
| Lebanon    | 1,601    | 1,657  | 1,676   | 1,791   | 6,725             |
| Lehigh     | 4,161    | 4,158  | 4,375   | 4,427   | 17,121            |



|                        |                |                |                |                |                |
|------------------------|----------------|----------------|----------------|----------------|----------------|
| Luzerne                | 3,083          | 3,159          | 3,251          | 3,134          | 12,627         |
| Lycoming               | 1,199          | 1,325          | 1,312          | 1,369          | 5,205          |
| McKean                 | 390            | 376            | 404            | 414            | 1,584          |
| Mercer                 | 1,144          | 1,148          | 1,096          | 1,127          | 4,515          |
| Mifflin                | 546            | 530            | 548            | 595            | 2,219          |
| Monroe                 | 1,423          | 1,485          | 1,598          | 1,526          | 6,032          |
| Montgomery             | 8,811          | 8,827          | 9,248          | 9,202          | 36,088         |
| Montour                | 198            | 223            | 177            | 218            | 816            |
| Northampton            | 2,836          | 2,881          | 2,969          | 3,107          | 11,793         |
| Northumberland         | 958            | 1,003          | 950            | 998            | 3,909          |
| Perry                  | 526            | 566            | 498            | 555            | 2,145          |
| Philadelphia           | 21,533         | 21,683         | 21,603         | 21,341         | 86,160         |
| Pike                   | 396            | 392            | 408            | 396            | 1,592          |
| Potter                 | 179            | 170            | 170            | 200            | 719            |
| Schuylkill             | 1,347          | 1,354          | 1,332          | 1,389          | 5,422          |
| Snyder                 | 456            | 453            | 456            | 500            | 1,865          |
| Somerset               | 692            | 669            | 686            | 681            | 2,728          |
| Sullivan               | 47             | 29             | 36             | 35             | 147            |
| Susquehanna            | 370            | 324            | 387            | 367            | 1,448          |
| Tioga                  | 420            | 437            | 431            | 461            | 1,749          |
| Union                  | 412            | 387            | 392            | 422            | 1,613          |
| Venango                | 525            | 535            | 511            | 580            | 2,151          |
| Warren                 | 399            | 397            | 386            | 417            | 1,599          |
| Washington             | 1,982          | 2,020          | 2,167          | 2,204          | 8,373          |
| Wayne                  | 418            | 389            | 438            | 401            | 1,646          |
| Westmoreland           | 3,048          | 3,065          | 3,235          | 3,380          | 12,728         |
| Wyoming                | 266            | 276            | 244            | 277            | 1,063          |
| York                   | 4,952          | 4,886          | 5,028          | 5,051          | 19,917         |
| <b>Statewide Total</b> | <b>139,389</b> | <b>141,382</b> | <b>143,072</b> | <b>143,602</b> | <b>567,445</b> |

## Appendix D: Estimated Number of Infants and Toddlers in Early Childhood Programs by County<sup>viii</sup>

| <b>County</b> | <b>% of Children Ages 0-2 Served by All Early Childhood Programs</b> |
|---------------|--|
| Adams         | 18.2%  |
| Allegheny     | 28.1%  |
| Armstrong     | 20.9%  |
| Beaver        | 24.6%  |
| Bedford       | 19.5%  |
| Berks         | 23.8%  |
| Blair         | 28.8%  |
| Bradford      | 29.7%  |
| Bucks         | 23.8%  |
| Butler        | 22.0%  |
| Cambria       | 31.5%  |
| Cameron       | 83.5%  |
| Carbon        | 31.7%  |
| Centre        | 25.1%  |
| Chester       | 19.5%  |
| Clarion       | 24.2%  |
| Clearfield    | 30.8%  |
| Clinton       | 23.7%  |
| Columbia      | 32.3%  |
| Crawford      | 30.2%  |
| Cumberland    | 18.6%  |
| Dauphin       | 25.5%  |
| Delaware      | 17.1%  |
| Elk           | 25.2%  |
| Erie          | 31.6%  |
| Fayette       | 31.2%  |
| Forest        | 72.7%  |
| Franklin      | 17.6%  |
| Fulton        | 37.5%  |
| Greene        | 40.0%  |
| Huntingdon    | 31.8%  |
| Indiana       | 18.4%  |
| Jefferson     | 26.3%  |
| Juniata       | 19.8%  |
| Lackawanna    | 26.3%  |
| Lancaster     | 14.7%  |
| Lawrence      | 24.4%  |
| Lebanon       | 16.2%  |
| Lehigh        | 31.0%  |
| Luzerne       | 23.1%  |



|                        |       |
|------------------------|-------|
| <b>Lycoming</b>        | 26.6% |
| <b>McKean</b>          | 38.9% |
| <b>Mercer</b>          | 23.3% |
| <b>Mifflin</b>         | 21.5% |
| <b>Monroe</b>          | 27.1% |
| <b>Montgomery</b>      | 24.6% |
| <b>Montour</b>         | 25.8% |
| <b>Northampton</b>     | 24.2% |
| <b>Northumberland</b>  | 26.6% |
| <b>Perry</b>           | 22.6% |
| <b>Philadelphia</b>    | 24.1% |
| <b>Pike</b>            | 20.6% |
| <b>Potter</b>          | 25.9% |
| <b>Schuylkill</b>      | 19.2% |
| <b>Snyder</b>          | 18.1% |
| <b>Somerset</b>        | 19.6% |
| <b>Sullivan</b>        | 28.1% |
| <b>Susquehanna</b>     | 22.4% |
| <b>Tioga</b>           | 28.3% |
| <b>Union</b>           | 16.8% |
| <b>Venango</b>         | 29.3% |
| <b>Warren</b>          | 19.3% |
| <b>Washington</b>      | 23.5% |
| <b>Wayne</b>           | 34.8% |
| <b>Westmoreland</b>    | 22.1% |
| <b>Wyoming</b>         | 19.5% |
| <b>York</b>            | 20.1% |
| <b>Statewide Total</b> | 23.6% |

## Appendix E: Summary of State Health, Human Services, and Education Programs Serving Infants, Toddlers, and Families

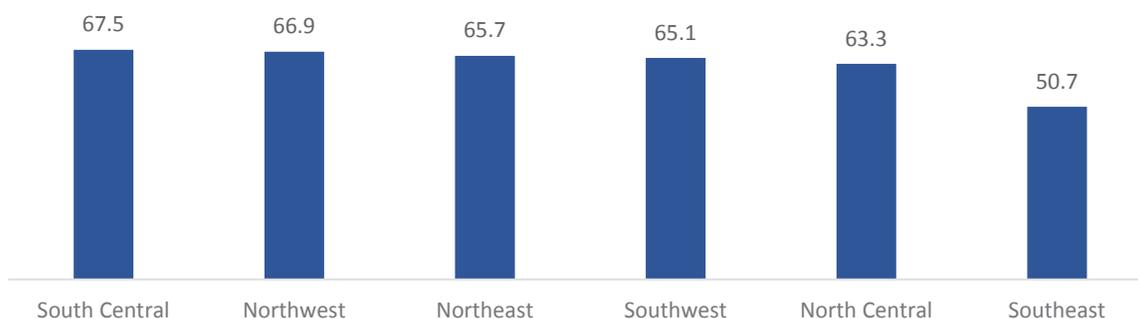
### Early Child Care and Education Programs

The Commonwealth is consistently recognized as a national leader in early care and education. The Pennsylvania Office of Child Development and Early Learning (OCDEL) – which is housed jointly by the Departments of Education and Human Services – provides cross-departmental leadership on initiatives related to early education and care programs, and has served as an innovative model replicated at both the federal and state levels. Pennsylvania’s child development and early education programs for infants and toddlers are held to rigorous standards of quality, and have significantly expanded in scope and reach under Governor Wolf’s leadership.

Figure 1. Number of Child Care Providers by Type and by Region

| Region        | STAR 3 and 4 Center | STAR 1 and 2 Center | STAR 3 and 4 Group | STAR 1 and 2 Group | STAR 3 and 4 FCCH | STAR 1 and 2 FCCH | Total        |
|---------------|---------------------|---------------------|--------------------|--------------------|-------------------|-------------------|--------------|
| North Central | 74                  | 112                 | 2                  | 42                 | 8                 | 69                | 307          |
| Northeast     | 234                 | 475                 | 7                  | 31                 | 25                | 193               | 965          |
| Northwest     | 129                 | 90                  | 11                 | 47                 | 11                | 140               | 428          |
| South Central | 261                 | 473                 | 10                 | 108                | 23                | 374               | 1,249        |
| Southeast     | 565                 | 1,502               | 11                 | 219                | 64                | 511               | 2,872        |
| Southwest     | 105                 | 543                 | 9                  | 125                | 8                 | 217               | 1,007        |
| <b>Total</b>  | <b>1,368</b>        | <b>3,195</b>        | <b>50</b>          | <b>572</b>         | <b>139</b>        | <b>1,504</b>      | <b>6,828</b> |

Figure 2. Number of Children Ages 0-2 Per Child Care Provider by Region<sup>ix</sup>



- Keystone STARS**, Pennsylvania’s quality rating improvement system (QRIS), which remains one of the largest, most comprehensive systems in the country for expanding the reach of high-quality early child care and education for at-risk children. This includes the ECMHC program which is tasked with building the capacity of early childhood programs to support the social-emotional development of children 0-5 in their care, linking and bridging systems for families, and reducing expulsion/suspension practices.

- 
- **Child Care Works**, Pennsylvania’s subsidized child care program that allows children of families receiving cash assistance through the Temporary Assistance for Needy Families (TANF) program, families formerly receiving TANF, and eligible low-income families to access child care while their parents are attending education or training programs or working.
  - **Early Intervention Program (Birth to Age 3)**, which provides services and supports to infants and toddlers, identified with developmental delays or disabilities, and their families to maximize the child’s development. These services can be provided to the child and their family in a variety of settings, including the child’s home, community, or early learning setting, with a focus on increasing preparedness for success in school and life.
  - **Voluntary Evidence-based Home Visiting and Community-Based Programs** that help parents and caregivers improve their skills, resulting in healthier pregnancies and improved child health, learning, development, and well-being. These services are provided through a variety of state and federal funds, including the federal Title II-Child Abuse Prevention and Treatment Act, Title IV-B-Family Center funds, the Maternal Child Health Home Visiting grant program, and the Maternal, Infant, Early Childhood Home Visiting (MIECHV) program, which support community-based Family Centers, the Promoting Responsible Fatherhood program, and evidence-based home visiting models:
    - Early Head Start;
    - Family Check-Up;
    - Healthy Families America;
    - Nurse-Family Partnership Program;
    - Parents as Teachers; and
    - SafeCare Augmented.

#### Public Health Programs Focused on Infants, Toddlers, and Families

Pennsylvania also supports a number of programs and initiatives aimed at improving the health and well-being of infants, toddlers, and families, including:

- **Title V Maternal and Child Health Services Block Grant:** As one of the largest federal block grant programs, the Title V is a key source of support for promoting and improving the health of the nation’s mothers and children. The purpose of the Title V Program is to create federal/state partnerships that enable each state or jurisdiction to address the health services needs of its mothers, infants and children, which includes children with special health care needs, and their families. The Bureau of Family Health (BFH), as the Title V administrator in Pennsylvania, served an estimated 2.6 million Pennsylvanians in 2017. The Title V grant, state match and other federal funding is used to support programming, state-level program management, and public health systems development in partnership with over 50 vendors and key stakeholder groups.
- **Women and Infant Programs in Public Health**, including a combination of maternal home visiting programs, Centering Pregnancy programs, and innovative inter-conception care to support mothers and babies to improve pregnancy outcomes, reduce infant mortality, and improve child development. These programs include:

- A **Newborn Screening and Follow-up Program** that screens every newborn at birth and provides follow-up services for all newborns with abnormal or inconclusive test results, including connections to treatment specialists who conduct diagnostic testing and coordinate required care;
- **Public educational programs focused on improving the health and safety of women, infants, and young children**, such as car seat safety, breastfeeding, baby safe sleep, and immunizations. Nurses also participate in initiatives focused on identifying and addressing trends in injuries and deaths and improving health and safety, such as Safe Kids Coalition, Child Death Review Teams, and local multidisciplinary teams.
- **Women, Infants and Children (WIC) program**, which serves pregnant, breastfeeding, and postpartum women, infants, and children up to 5 years old who are at risk due to medical conditions and/or inadequate diet and low income through federally-funded supplemental foods that are healthy and nutrient-rich.

Figure 3. WIC Participants by Region

| Region        | Participants<br>Ages 0-2 | All Active<br>Participants |
|---------------|--------------------------|----------------------------|
| North Central | 5,309                    | 10,175                     |
| Northeast     | 24,929                   | 46,435                     |
| Northwest     | 9,990                    | 18,689                     |
| South Central | 23,077                   | 43,612                     |
| Southeast     | 43,712                   | 80,017                     |
| Southwest     | 18,184                   | 33,130                     |
| Unknown       | 25                       | 41                         |
| <b>Total</b>  | <b>125,226</b>           | <b>232,099</b>             |

- **Immunization Program** for infants, toddlers, and children, which provides federally-funded vaccines to health provider offices through the Vaccines for Children program to reduce incidence of vaccine-preventable diseases in the commonwealth. This program places a particular emphasis on children between birth to age 2.

Figure 4. Vaccines for Children (VFC) Program, Eligible Children (Ages 0-2) by Region

| Region        | Age 0  | Age 1  | Age 2  | 0-2 Total |
|---------------|--------|--------|--------|-----------|
| North Central | 2,150  | 2,056  | 1,975  | 6,181     |
| Northeast     | 12,978 | 13,398 | 12,652 | 39,028    |
| Northwest     | 4,786  | 5,062  | 4,823  | 14,690    |
| South Central | 12,054 | 12,395 | 11,609 | 36,058    |
| Southeast     | 22,722 | 24,450 | 23,454 | 70,626    |
| Southwest     | 10,345 | 10,480 | 10,053 | 30,878    |



|              |               |               |               |                |
|--------------|---------------|---------------|---------------|----------------|
| <b>Total</b> | <b>65,035</b> | <b>67,841</b> | <b>64,566</b> | <b>197,461</b> |
|--------------|---------------|---------------|---------------|----------------|

- Lead Prevention, Education, and Surveillance Programs**, which aim to identify, control, and eliminate lead hazards in homes of eligible families, determining trends in blood lead levels through surveillance and testing, and providing referrals for children with elevated blood levels. The Pennsylvania Department of Health also provides education and training for families and communities, contractors, and healthcare providers to promote lead poisoning prevention and testing.

Figure 5. Number of Children Ages 0-23 Months, by Region, and Elevated Blood Lead Confirmation Status\*<sup>x</sup>

|                     |   | Children Tested |                               | Unconfirmed elevated (>5 µg/dL) |             |                 | Confirmed 5 – 9.9 µg/dL |             |                 | Confirmed ≥10 µg/dL |             |                 |
|---------------------|---|-----------------|-------------------------------|---------------------------------|-------------|-----------------|-------------------------|-------------|-----------------|---------------------|-------------|-----------------|
| Region <sup>†</sup> | Population of Children Aged 0-23 Months** | N               | % of population <sup>††</sup> | N                               | % of tested | % of population | N                       | % of tested | % of population | N                   | % of tested | % of population |
| North Central       | 12,162                                    | 3,100           | 25.49                         | 30                              | 0.97        | 0.25            | 74                      | 2.39        | 0.61            | 32                  | 1.03        | 0.26            |
| Northeast           | 45,168                                    | 11,079          | 24.53                         | 236                             | 2.13        | 0.52            | 314                     | 2.83        | 0.70            | 117                 | 1.06        | 0.26            |
| Northwest           | 18,550                                    | 5,414           | 29.19                         | 132                             | 2.44        | 0.71            | 100                     | 1.85        | 0.54            | 55                  | 1.02        | 0.30            |
| South Central       | 55,027                                    | 10,848          | 19.71                         | 159                             | 1.47        | 0.29            | 303                     | 2.79        | 0.55            | 122                 | 1.12        | 0.22            |
| Southeast           | 96,829                                    | 34,441          | 35.57                         | 300                             | 0.87        | 0.31            | 933                     | 2.71        | 0.96            | 294                 | 0.85        | 0.30            |
| Southwest           | 50,872                                    | 17,433          | 34.27                         | 236                             | 1.35        | 0.46            | 256                     | 1.47        | 0.50            | 89                  | 0.51        | 0.17            |
| <b>Total</b>        | <b>278,608</b>                            | <b>82,316</b>   | <b>29.55</b>                  | <b>1,093</b>                    | <b>1.33</b> | <b>0.39</b>     | <b>1,980</b>            | <b>2.41</b> | <b>0.71</b>     | <b>709</b>          | <b>0.86</b> | <b>0.25</b>     |

- Pennsylvania’s Maternal Mortality Review Committee** was established by [Act 24 of 2018](#) to review deaths during pregnancy and up to one year after pregnancy. The purpose of the Maternal Mortality Review Committee is to review deaths, identify the root causes, and make recommendation on how to prevent future deaths.
- Perinatal Quality Collaborative** is a collaboration between the Pennsylvania Departments of Health and Human Services and the Jewish Healthcare Foundation. Members of the Collaborative are working together to improve the quality of care for mothers and babies. Members of the Collaborative identify health care processes that need improvement and use the best available methods to quickly implement change. Across the nation, Perinatal Quality Collaboratives have contributed to proven important improvements in health care for mothers and babies, reductions in length of stay and reductions in healthcare costs. The Perinatal Quality Collaborative is viewed as the action arm of the Maternal Mortality Review Committee.
- Development Screenings:** The Federal Child Abuse Prevention and Treatment Act requires that children age three and under who are substantiated victims of child abuse must be screened for





developmental disability. Staff work with the caregiver and refer children for Early Intervention Services, as appropriate.

- **Health Care Needs of Children:** through the Health Care Oversight and Coordination Plan, efforts are made to ensure that children in foster care have their health care needs met and that strategies are developed to address challenges identified.
- **Reducing Length of Time Children Under Age Five are in Foster Care:** In partnership with county children and youth agencies, DHS reviews data to develop strategies to promote achievement of timely permanency for children under age five who have been removed from their own homes.
- **Breastfeeding Awareness and Support Program** implements the Keystone 10 Initiative (K-10) in birthing facilities statewide. This voluntary initiative focuses on the adoption and implementation of the ten evidence-based steps to successful breastfeeding.
- **Infant Safe Sleep Initiative** developed a model safe sleep program for well newborns in the hospital setting that provides safe sleep education for parents shortly following admission to the postpartum hospital unit instead of at discharge. The earlier introduction of the education allows for longer teaching and reinforcement of safe sleep risk reduction methods. The model program includes increased provider education, supporting hospital policies, and parent education. A social marketing plan supports larger public awareness of these evidence-based practices in Southeast PA.
- **Child Death Review (CDR) Program** promotes the safety and well-being of children by reducing preventable child fatalities. State law (Act 87 of 2008) mandates the CDR Program in Pennsylvania. Currently, all 67 counties in Pennsylvania are covered by one of the 63 local CDR teams, which review children's deaths in all counties. The CDR process involves the multidisciplinary team gathering and reviewing available information related to the child's life and death. The data is used to inform the development of effective prevention strategies and policy recommendations to reduce the number of preventable child deaths in Pennsylvania.
- **Sudden Unexpected Infant Death (SUID) Case Registry:** SUID is a term used to describe the sudden and unexpected death of a baby less than one year of age in which the cause was not obvious before investigation. These deaths often happen during sleep or in the baby's sleep area. The SUID case registry houses a comprehensive set of data collected by the multidisciplinary child death review teams and describes the circumstances surrounding each SUID. This information is used to provide a better understanding of the problem and to inform the development of targeted SUID reduction and prevention activities at both the state and local levels.
- **Safe and Healthy Homes** program seeks to reduce injuries in the home that lead to death and hospitalizations for children. Using a wholistic healthy homes concept, the program provides home assessments to identify hazards and education and interventions to address them. Participants must have a pregnant woman or child (under age 22) in the home and income under 300% of the federal poverty level. Each home receives evidence based/informed interventions to increase the health and safety of the home environment.



## Improving Workplace Development and Education/Training Opportunities

The Wolf Administration has also worked to better align Pennsylvania's workplace standards with the needs of working women and families, including efforts to address:

- **Wage disparities and inequities** across genders that put working families – and especially working women – at a systemic economic disadvantage through Executive Order 2016-02 overseeing state employees as well as proposed legislative changes that would extend protections for all workers.
- **Postsecondary education and training opportunities** that prepare Pennsylvania's current and future workforce with the skills needed to succeed in a knowledge-based, tech-driven, global economy, including a first-of-its-kind workforce development initiative, *PAsmart*.
- **Earned sick leave and paid family leave** for all parents, women, and caregivers through proposed reforms to state laws, so no Pennsylvanian faces the choice between addressing the needs of their families and keeping their paycheck.
- **Sexual violence and harassment** through executive and proposed legislative reforms that aim to increase reporting options and protections for victims of sexual and domestic violence, as well as sexual harassment.

## Addressing the Multi-generational Impacts of the Opioid Epidemic

Over the past four years, Governor Wolf and his administration have taken a coordinated and innovative approach to address Pennsylvania's heroin and opioid abuse epidemic by expanding access to substance use disorder (SUD) treatment, prevention, and education. This includes increased resources and targeted, cross-agency efforts to increase availability of evidence-based home visiting programs designed to assist new mothers struggling with SUD to begin and remain in recovery, provide education to prevent relapse, and educate expectant mothers about Neonatal Abstinence Syndrome.

Additionally, the Departments of Health and Drug and Alcohol Programs have published 11 Opioid Prescribing Guidelines that serve as tools for health care providers on the safe and effective use of opioid medications, including the *Use of Addiction Treatment Medications in the Treatment of Pregnant Patients with Opioid Use Disorder* and *Safe Prescribing of Opioids in Pediatric and Adolescent Populations*. Pennsylvania has also invested in cross-systems training for providers to assist infants who are born substance exposed, and to create multi-disciplinary teams focused on improving outcomes across the age continuum.

## Home Visiting and Other Supports for Families with Infants and Toddlers in Pennsylvania

As mentioned previously, Pennsylvania currently supports a number of publicly-funded, evidence-based, voluntary home visiting programs that support infants, toddlers, and their families. These programs include Early Head Start, Family Check-Up, Healthy Families America, Nurse-Family Partnership Programs, Parent as Teachers, and Safe Care Augmented, as well as initiatives targeting new mothers with SUD and infants with Neonatal Abstinence Syndrome. A snapshot of participation by children in publicly-funded evidence-based family support services in Pennsylvania is available in Figure 4, below.



Figure 6. Publicly Funded Evidence-based Family Support Services in Pennsylvania<sup>xii</sup>

| Family Support Program                  | Number of Participants |
|---|------------------------|
| <b>Early Head Start</b>                 | 6,587                  |
| <b>Healthy Families America</b>         | 229                    |
| <b>Nurse Family Partnership</b>         | 5,132                  |
| <b>Parents As Teachers</b>              | 3,737                  |
| <b>Promoting Responsible Fatherhood</b> | 1,037                  |

### Early Language and Literacy Initiatives and Public Library Programming

Early literacy is essential for success, both in school and in life. Public libraries play an important role in providing evidence-based, accessible programming that supports young children and their parents, caregivers, and communities. The Pennsylvania Department of Education’s Office of Commonwealth Libraries supports the following initiatives to support young children and their families in communities across Pennsylvania.

- **Family Place Libraries™ and Community Partnerships:** Pennsylvania leads the nation in the number of Family Place Libraries™, with 109 designated Family Place Libraries in 34 out of 67 counties. Similar to the Community Schools framework, the national Family Place Library™ program calls for public librarians to build coalitions with social, health, and educational agencies in the community to help young children enter school ready to learn. With specially-trained staff, equipment, and resources, Family Place Libraries™ provide developmentally-appropriate early learning environments for very young children, their parents, and caregivers.

Program components include:

- **Welcoming Spaces:** Family Place Libraries™ have a specially-designed welcoming space in their youth service areas for families with young children.
  - **Partnerships:** Family Place Libraries™ build coalitions with community agencies that serve families and young children in order to connect parents with needed community resources, and to develop cooperative programs that meet local needs;
  - **Parent/Child Workshop:** Family Place Libraries™ offer workshops for toddlers and their caregivers that emphasize the role of parents as their child’s first teachers and facilitate early intervention by encouraging parents to interact informally with local service providers. All of this helps families understand healthy child development and early literacy skills.
  - **Resources:** Family Place Libraries™ provide collections of books, toys, music and multimedia materials for babies, toddlers, parents and community service providers;
  - **Programs:** Family Place Libraries™ provide developmentally-appropriate programming for very young children and their parents; and
  - **Trained Staff:** Family Place Libraries™ provide library staff who are trained in family support, child development, parent education and best practices.
- **Every Child Ready to Read @ Your Library** – Trained youth services librarians across the state provide effective pre-school storytime programs, which benefit both young children and their caregivers. These research-based programs, part of the national [Every Child Ready to Read @ Your Library](#) initiative, demonstrate how five simple early literacy practices – talking, singing,





reading, writing, and playing – help young children develop the skills that are needed for effective decoding and reading comprehension.

- **Block Party and Wee Build Programs** – Block Party programs (and Wee Build programs which are geared for smaller libraries) encourage young children to play with a set of universal blocks, people, vehicles, animals, scarves and other materials in order to learn how to manipulate objects, work with others, count and measure, talk about what they are doing, and build vocabulary. Aligned with Pennsylvania Core Standards, there are currently 315 Block Party libraries and 215 Wee Build libraries in Pennsylvania.

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<sup>i</sup> [InBrief: The Science of Early Childhood Development](#), Center on the Developing Child, Harvard University, 2007.

<sup>ii</sup> [InBrief: The Science of Early Childhood Development](#), Center on the Developing Child, Harvard University, 2007.

<sup>iii</sup> Shonkoff & Phillips, 2000

<sup>iv</sup> Anda et al., 2005; Duncan, Magnuson, Kalil, & Ziol-Guest, 2012; Shonkoff & Phillips, 2000

<sup>v</sup> [Toxic Stress](#), Center on the Developing Child, Harvard University.

<sup>vi</sup> Craig T. Ramney, et al, "[Persistent effects of early childhood education on high-risk children and their mothers](#)," *Applied Developmental Science* (4(1)).

<sup>vii</sup> [Population – Number of children and young adults \(age 0-24\) by age](#), KIDS COUNT Data Center.

<sup>viii</sup> Data Source: 2016-17 Reach and Risk Report, OCDEL.

<sup>ix</sup> Data Source: Keystone STARS Quarterly Report, June 2018. Ratio calculated by dividing the total number of children ages 0-2 in each region by the number of child care providers.

<sup>x</sup> Source: 2017 Lead Surveillance Report, PA Department of Health, [www.health.pa.gov](http://www.health.pa.gov) \*Per CDC 2016 elevated blood lead case definition

†2.42% of children did not have a street address reported. For these children, county designation is based on the location of the provider who ordered the BLL test. For an additional 11.57% of children, we were unable to verify their given street address, and county is based on their zip code rather than their complete address.

\*\*2017 intercensal estimate.

†† Percent was calculated as the number of children tested divided by the population of children in the county for the specified age range.

Data sources: Lead testing data - Pennsylvania Department of Health, PA-NEDSS. Estimated population data - National Center for Health Statistics. Vintage 2017 postcensal estimates of the resident population of the United States (April 1, 2010, July 1, 2010-July 1, 2017), by year, county, single-year of age, bridged race, Hispanic origin, and sex.

<sup>xi</sup> Data Source: OCDEL Reach and Risk Report, 2015-2016.



# NOTES



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