



Hub State Spotlight: New Jersey

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The NCIT Newsletter offers Spotlights, a regular monthly feature that provides an ongoing opportunity to share the work happening at the state or community level, and foster connections among grantees. This document highlights the work of the New Jersey coalition.

New Jersey Prenatal-to-Three Goals

This initiative is about making New Jersey the safest, healthiest, and most supportive place to give birth and raise a family. Equity is a core value of that vision. It is also about ensuring that every child born in New Jersey has a healthy start, a strong family, and access to high-quality early education regardless of race, income, or geography.

As laid out in our Pritzker Plan, **our first goal is to increase access to high-quality childcare for infants and toddlers, especially low-income infants and toddlers by:**

- Increasing the quality of existing programs serving babies
- Developing more high-quality seats for infants and toddlers, including developing family child care as a viable high-quality option.
- Securing a state investment in Early Head Start.
- Improving credentials and addressing workforce compensation issues since the workforce is critical to quality. Child care is the largest part of our agenda.

Our second goal is to expand access to evidence-based home visiting, including the current evidence-based programs, as well as developing a more universal model for all families.

Our third goal is to strengthen the Infant Mental Health system. We're looking at increasing access to Infant Mental Health consultation services at both early care and education settings, as well as pediatric settings. And to strengthen services for those families that might need more intensive services through Medicaid and our Children's Systems of Care to make sure that there's greater access for families who need more intensive supports. And we will do this while simultaneously building our workforce because you can't have one without the other.

The fourth goal is to reduce Maternal and Infant Health racial disparities. We're partnering on this work with several initiatives that have recently started in our state. New Jersey First Lady Tammy Murphy is committed to reducing racial disparities and has launched a campaign called Nurture New Jersey to raise awareness. The Department of Health has invested in innovative new programs related to addressing disparities in maternal and infant health including Centering Pregnancy, community health workers and community-based doulas to support pregnant mothers.

The fifth goal is to create the system that brings all of the entities together that are providing services for babies so that we have more seamless access, allowing a greater number of families to access high-quality supports. We will be reaching out to groups across the state that are working on these various issues to develop a coordinated statewide system to connect families to services in a more effective way.

Challenges to Achieving Our Goals

Our leadership team, which is made up of state-agency and private-sector leaders, enthusiastically agreed to these daunting goals before the pandemic. Then COVID-19 hit. We met with our team last week. We weren't sure what to expect. Were they going to back away from the plan? But that is not what happened. Actually, the COVID-19 pandemic, while making a daunting challenge even more daunting, has also highlighted the critical need for everything we have outlined in the plan in terms of childcare, home visiting, and maternal and infant health and mental health.

The pandemic really reaffirmed our belief that what we have included in the plan is truly what babies need. Although everything has changed in the last few months, nothing has changed in terms of our commitment to what has to happen for babies. It really has allowed us to say, "If we had had all of these systems in place for our families, we would be in a much better place right now during the pandemic."

Although the existing services that we propose to expand are doing a phenomenal job of addressing the needs of families with babies throughout our state, it just really highlights the fact that we needed more, a lot more, not only for the families but for the frontline workers – the ones that are not being called frontline workers, but really are: the child care providers, the home visitors, the mental health practitioners who have been there throughout to support families. The pandemic has really taught us the true meaning of essential.

Some current challenges have the potential of becoming opportunities. I think the biggest challenge right now is our state budget. The revenue projections, because of the pandemic, are pretty frightening for the rest of this year and next year. The dust hasn't settled yet. We don't have complete clarity on it, but I think that's going to be a challenge.

Child care quality and access is going to be a big challenge because our baseline is now totally different. We don't know how many child care programs are going to be able to come back. We don't know how many are going to say, "Oh, let's focus on working on our quality indicators," when they're really fighting for financial survival. Access to quality child care might decrease at a time when we had hoped it would increase. But it's going to force us to look at more creative ways to reach those objectives and to really look towards what types of federal supports can help us achieve these objectives in light of our state's financial situation.

One thing that's been interesting is how the state set up emergency child care. Some of the standards for emergency child care are actually what we advocate for in our recommendations: different financing that gives programs more stability, smaller class size, higher parent eligibility.

There are some lessons learned that we can build on. Things are a little chaotic right now, but there's an opportunity. To quote Gerry Cobb, "Build back better."

Supporting Families of Infants and Toddlers and Pregnant Women Who Face Significant Barriers to Supports and Services

This work is focused on families who do not have access to high-quality services because of race, geography, and income. I think that's been an underlying theme of our work. At one of our leadership

committee meetings, one of our state partners made the point that while we talk about what all children need, this has to be about specifically what children who are disadvantaged by race or income need.

The strongest model for this is the work that our First Lady has done on improving birth outcomes, both for mothers and babies, addressing longstanding data about New Jersey's black infant mortality rate and black maternal mortality rate, which is about three times the rate of white infants and mothers. For years we've been saying, "It's unacceptable, we need to do something about it." And we have a First Lady who came in and said, "This is about race." And we need to deal with it in that context. She has put in place some specific programs like doulas. She has taken the voice of parents and talked about the racial bias that pregnant and birthing women experience, and I think it's raised awareness. She's called it what it is. Her staff has participated in our planning process and helped to carry the theme as well.

That is our newest goal (Maternal and Infant Health). It wasn't part of our Think Babies campaign; it's one that we're just starting to dip our feet into, but having that partnership with the First Lady's office and really working hand in hand with them and marrying the two campaigns is really how we see it moving forward. She's done a phenomenal job even throughout the pandemic; she's been sponsoring webinars and Facebook Live meetings, so that families giving birth during this time have access to OB-GYNs that are able to provide them with supportive information.

The time is right. We started our intentional work on the birth-to-three agenda in 2017, in advance of our gubernatorial election, built on a body of research we had done, partnerships we had made, and I think it has come together in a very exciting way. Our fear was that COVID-19 would be a setback, and I know there'll be challenges, but it has also highlighted the importance of the issue and provided a pathway to what we need to do in the future.

Our Stakeholders

We have all the relevant state departments represented on our leadership team. The commissioners were aware of the process all the way along, but we had fairly high-level middle managers from the primary departments working on issues impacting babies actively represented on the coalition including Human Services, Children and Families, Education, and Health. We also had a representative from the First Lady's office.

The Leadership Team included private partners representing the priority areas but we also engaged content experts from our Think Babies Coalition to help inform the planning process. We have about 60 partners on our Think Babies Coalition. Some are state-level advocacy groups like the New Jersey Chapter of NAEYC, NJ Association of Infant Mental Health, New Jersey Academy of Pediatrics, Child Care Aware of New Jersey, as well as individual service providers, and higher education and community leaders. It's a pretty broad-based coalition.

The Think Babies Coalition is a very large state and private partnership that's been going on for a little over two years now. That group has been meeting prior to our Pritzker work and was called in as content experts to help inform our Pritzker planning process. They've proved to really be phenomenal partners in the last couple of months because all we do is pick up the phone or send out an email asking them what's going on in their areas and they're giving us back reports on what's happening and what their needs are. They're coming forward to help tell their stories, both the positive and the negatives, to really help support moving this agenda forward during the pandemic. They are actively sitting on committees, that are meeting virtually, to help move this agenda forward as we're moving out of the immediate emergency situation and looking towards the future.

Our Leadership Team is an amazing group of people who always show up. We thought in the middle of this crisis that no one from the state would show up to our leadership team call last Monday. But everyone but two people were on the call. They took time out of their crazy hectic day and really were there to help strategize what the next steps should be. It's been a great partnership. They're as committed to it as we are. It's been an energizing process.

People really do support a long-term vision, but it's been balanced with the details of how we get there. We started this effort with our Think Babies work two years ago. We developed an agenda that had some incremental success. The PCI planning grant gave us an opportunity to take all that work, take it up one step, and talk about the bigger issues — How we are going to finance this system? How are we going to structure it effectively? How are we going to communicate it in a way to build public support? There's been a lot of people coming together on that.

Engaging Parents

Over the last two years, we have done a lot to build up a base of support among parents and local providers. We've done our Strolling Thunder event for the last two years through our Think Babies Coalition. Last year, we had about 150 babies and their parents out in front of the state house. And we engage those parents as much as we can, not as a one-shot deal, but to get their stories, to keep them engaged. We hosted an event in the fall where we brought in someone to work with our partners on storytelling. There were parents in that group, as well as providers who had not been part of the coalition meetings.

With the pandemic, we've done a lot to try and get feedback from parents and providers. We've sent surveys to parents and providers about how the pandemic is affecting them, and we've received an amazing response. While we don't have a "parent representative" on the coalition, we do think that our outreach to and engagement of parents has informed the agenda and will inform the advocacy.

Parent engagement is a large part of our systems goal. We plan, as we move forward, to really work closely with our county councils for young children that are set up throughout the state. They are made up primarily of parents as well as providers so that we can hear their voices and find out what their needs are and what services would be most beneficial on the local/community-based level.

It's been an exciting process and other members of our early learning team have been doing with the child care community – getting their stories to share with legislators about what their needs are moving forward so that they can open child care again and what they're seeing and what their worries and concerns are – was so quickly mobilized.

We reached both our senators and half our congressional delegation with Zoom calls with key congressional staff and providers in their districts. And last week we held a similar call with the commissioners of Human Services and Children and Families, both of whom have responsibility for Child Care, and with the assistant commissioner for Early Education and the Department of Education. Hearing from providers on what their issues are, what's happening in their local communities...they've been very engaging and vibrant calls.

Having that in place prior to this pandemic was critical to helping us to inform the legislators, the commissioner, on the need.

If COVID-19 has done anything positive, it's really showed us the value of parent and provider input...their voices, their stories, the value of having that kind of a system in place so that you can easily tap into them in times like this. It really has helped to bring to light some of the concerns and issues and has been critical to helping us to inform the legislators, the commissioner, on the needs. Light bulbs are going off in policymakers' heads. They're saying, "You know what? You're right. We need this, and this should have

been in place.” We try to see the silver lining and think positively. So while yes, it might’ve put us back a bit, it’s really helped to also push us forward in other areas.