



## Hub State Spotlight: Maryland

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### **BUILD: What are the big prenatal-to-three goals in your community?**

We have four goals.

1. **Good health and healthy beginnings.** This has to do with expanding access to high-quality prenatal and early childhood care and services to support health and development, especially for low-income and at-risk families.
2. **Strong families and family support.** This area focuses on increasing access by families of young children to programs that value strong, positive relationships within families, and ensure that parents, infants, and toddlers receive a comprehensive set of services that promote maternal health, infant, and toddler development and family well-being.
3. **Positive, early learning experiences.** This has to do with increasing access to high-quality affordable infant and toddler care, childcare, and early learning experiences for low-income and other at-risk families.
4. **Systems and infrastructure development.** This focuses on systems and infrastructure to ensure a sustainable prenatal-to-three continuum of care in Maryland.

### **BUILD: What are your primary challenges in achieving your prenatal-to-three goals?**

COVID definitely posed a challenge. When we were ready to launch this work, all of our key leaders had to figure out what their agencies were doing. It created a pause in the work. The good thing is that we were able to reconnect in July or August of this year and we just recently launched. November 10, 2020 was the statewide launch to let all prenatal-to-three stakeholders in the state know about what we call *Building Better Beginnings (B3)*. Before, we were known as Pritzker's Children's Initiative Grant. It was really exciting to let all of our statewide prenatal-to-three stakeholders gain an understanding of what B3 is doing and share what our goals are.

Regarding pre-COVID challenges and what we'll likely try to work through in the future, we will try our best to collaborate and minimize the silos among the Maryland State Department of Education, the Maryland Department of Human Services and the Maryland Health Department, our three key state agencies that are involved in the work. We really are working strategically on ways to achieve that goal number four, systems and infrastructure, so that we can really create a sustainable prenatal-to-three continuum of care in our state.

### **BUILD: Who makes up your coalition, including at the leadership level public, private partners, parents, etc.?**

At present, we have our Key Leaders team. The Key Leaders played an integral role in writing and submitting the plan. Additionally, they helped to facilitate work groups, comprised of statewide early childhood stakeholders, to hear from practitioners, researchers, and parents to obtain the information

needed draft and submit the plan. These are people who have decision-making power and influence at the state agencies that I just noted. There are a few independent contractors who have their own businesses that are prenatal-to-three champions in the state. There is also a key leader on our team who focuses on equity and inclusion and does a lot of diversity, equity, and inclusion consulting throughout the state of Maryland. And of course, Maryland Family Network and I are also at the table.

We definitely had a broad swath of people who are interested in the prenatal-to-three work. I don't quite know what that's going to look like just yet, but I'm excited to dig deep and see who has signed up. As far as parents are involved, there are definitely objectives in the grant that focus on how to effectively engage parents in this movement. Quite frankly, we just haven't gotten there yet. That's definitely an intention for Maryland and we will get there.

### **BUILD: How are you supporting families of infants and toddlers and pregnant women who face significant barriers to supports and services?**

Maryland has adopted an equity lens as the key value of our prenatal-to-three system. We included equity as a defining feature of our high-quality services and programs. Also, in constructing our policy goals, we worked on targeting services to vulnerable prenatal-to-three populations as defined by income - less than 200% of the federal poverty line. We looked at race and ethnicity, geography, language, and ability. We also looked at which pockets of the state we needed to target for investment in prenatal-to-three services.

Equity was also addressed as a part of that implementation plan with the understanding that policy change promotes equity and requires equitable implementation to build effective systems. Another way we looked at advancing equity and removing barriers was by having equity experts review the draft materials and document before we submitted it to the Pritzker Children's Initiative. They made recommendations that strengthened our proposal by including efforts to remove financial and structural barriers that undermine the equitable distribution of resources to support young children and their families.

### **BUILD: What is the relationship between the state and community work?**

Baltimore hired its leader for the work about six weeks ago so we haven't had a chance to connect yet. However, our hub lead from ZERO TO THREE (ZTT) is already in the process of setting up that initial conversation with us. Some of Baltimore's goals are written into our objective. Not only are we very supportive of what Baltimore is doing, we've also invested in its work as a part of our work. We have a stake and interest in Baltimore's goals.

One example of our connection is the Prenatal Risk Assessment. Baltimore City is going to be doing some pilot work with taking that document from a paper-based model and trying to implement an electronic version.

If that goes well, that is certainly something that the entire state of Maryland is looking at replicating. This Prenatal-to-Three Risk Assessment opens up doors and access to services for pregnant women. But, we're hearing that because it is a paper-based document, which requires you to fax it off to someone - such an archaic way of communicating information - sometimes the information doesn't always reach a final destination.

We're hoping that with the work that Baltimore City is doing to make its process more automated that we're able to serve more women, including more pregnant women, first in Baltimore city, and then throughout the state of Maryland.

## **BUILD: Any recommendations or advice?**

I think one important piece to highlight is the stories of parents. We had a parent to come on to our launch to talk about some of the services that she accessed from the state and how WIC and the Maryland Infant/Toddlers Program really did benefit her children and family. She's worked with the family support centers and has accessed their Parent Cafes and some other supports specific to Maryland, what we call Judy Centers - our Early Childhood Hubs. They focus on school readiness and supporting families. She talked about how she used the Judy Center to access health and wellness support.

She also has accessed some healthy cooking classes on how and what to cook at home; she's connecting her learnings with WIC and using that support to buy the groceries for the meals she's just learned to prepare. She also talked about how she took those wellness practices into the home. All of these services she accessed from different parts of the state benefitted her family. Our state is doing well at engaging parents but we still have work to do.

I think it's important to use your network. In order to prepare for our recent launch, I spoke with representatives from New Jersey and Ohio. I was only connected with them, of course, through the Pritzker network. They were willing to speak with me and gave me a ton of pointers and resources to prepare for the launch. **When in doubt, reach out to your colleagues because they're more than willing to offer some support and I'm a testament of that today.**