

# We Can't Do It Alone

STRATEGIES FOR STATE AND LOCAL COORDINATION ON  
PRENATAL-TO-THREE EFFORTS

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# INTRODUCTION

Research shows that babies' brains develop fastest in the first three years of life. A child's early experiences during the prenatal period and first three years after birth shape brain development and the healthy development of all other systems in the body. What happens during this early period can impact both short- and long-term outcomes in learning, behavior and physical and mental health. When we support infants and toddlers in their earliest years, they grow into healthy children who are confident, empathetic and ready for school and life. And as a result, our communities, workforce and economy become stronger and more productive.

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. Whether providing direct support or working through community-based organizations and programs, government has a role to play in helping parents access needed services, especially during the critical first three years of life.

To promote efficiency and cooperation across levels of government, the National Association of Counties Research Foundation (NACoRF), the National League of Cities (NLC) and the National Conference of State Legislatures (NCSL) have teamed up to develop the [Government in Action](#) learning series. Building from this series, this resource highlights key strategies to help state and local leaders identify common challenges and actionable strategies to strengthen alignments between state, county and city governments and coordinate prenatal through age three agendas in their communities.

## Government in Action: State and Local Roundtable

Through a series of virtual events, the [Government in Action](#) initiative has brought together state, county and city officials to discuss shared challenges and opportunities and showcase examples of what is working. The 2022 State and Local Roundtable built on previous events hosted by NCSL, NACoRF and NLC and aimed to:

- **Foster relationships among city, county and state officials,**
- **Create policy tables where multiple levels of government can come together to discuss PN-3,**
- **Share strategies for coordinating and increasing PN-3 investments and scaling PN-3 programs and systems, and**
- **Connect government officials to state and community-level PN-3 efforts led by community-based and non-governmental organizations.**

The roundtable was attended by state teams from Ohio, North Carolina, Texas, Washington and Wisconsin. See Appendix I for a list of full attendees. This resource draws on strategies and best practices shared at the October 2022 roundtable.

## The Impact of COVID-19 on Families

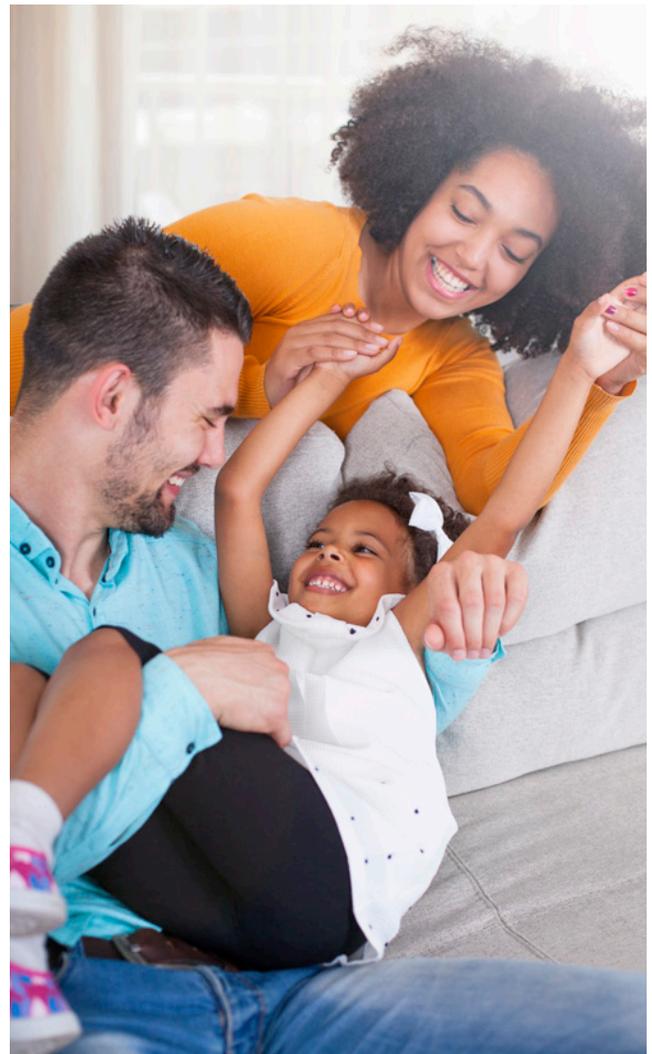
The COVID-19 pandemic cast new light on existing economic and social inequities affecting millions of families with infants and toddlers across the United States. In the early months of the COVID-19 pandemic, surveys showed that [42 percent](#) of families with young children anticipated difficulty paying for basic needs in the upcoming month, such as food, housing or utilities. Among Black, Latinx, single-parent and lower-income households, this number rose to 60 percent.<sup>1</sup>

More than three years into the COVID-19 pandemic, [parents still report](#) that they are struggling to balance work and child care, find stable employment and manage their well-being and emotional distress.<sup>2</sup> In response to the disproportionate impact of COVID-19 on low-income families and families of color, states, counties and cities are grounding their recovery efforts in principles of [diversity, equity and inclusion](#) and prioritizing investments, policies and partnerships that center the needs and voices of historically disadvantaged communities.<sup>3</sup> Coordination of PN-3 investments is essential as the country continues to work toward an equitable recovery.

## The Need for State and Local Coordination on PN-3

Prenatal-to-three systems and services are often siloed. At the state and local level, programs may be housed in different departments and have different eligibilities or application processes. This lack of coordination burdens parents, especially low-income parents, and makes it harder to access services and benefits, even when families are eligible to receive them. When states, counties and cities work together, we can reduce some of this burden and streamline processes.

Intergovernmental coordination has been especially important as the country recovers from the health and economic impacts of the COVID-19 pandemic. The [American Rescue Plan Act](#) (ARPA), passed in March 2021, increased funding for a range of programs that serve infants and toddlers. ARPA also authorized the Coronavirus State and Local Fiscal Recovery Fund which delivered \$350 billion to state, territorial, local and tribal governments across the country to support their response to and recovery from the COVID-19 public health emergency. While this funding did not come with an imperative for localities to coordinate, many cities and counties have worked together to ensure that funding is being used efficiently and effectively.



# HOW STATES, COUNTIES AND CITIES CONTRIBUTE TO PN-3 INITIATIVES

When state and local leaders understand the PN-3 authorities and levers at each level of government, we can better align our PN-3 efforts. This section provides a high-level overview of how states, counties and cities touch the programs and systems that impact infants and toddlers.

## Cities

City leaders are a [key partners](#) in early childhood success. Municipal leaders have a large impact on what opportunities and resources are available and the challenges young children and their families face. Place matters and cities matter for the well-being of children. With responsibility for how their city performs today and in the future, cities of all sizes are changing practices and policies to equitably support children and families during the PN-3 developmental period.

To promote equitable systems for infants and toddlers, city leaders are creating coalitions that include diverse stakeholders who reflect the demographics of the community, collecting and reporting data that is disaggregated by race, ethnicity, gender, location and income and meaningfully engaging families in local decision making.<sup>4</sup>

**Key positions for PN-3:** mayors, city councilmembers, city planners, agency directors, service providers

## Counties

Counties play a major role in shaping early childhood systems and invest in core services for infants and toddlers that help to support a thriving community and positively impact outcomes into adulthood. Every county in the United States administers and funds part of the



**Counties invest nearly \$63 billion** annually in federal, state and local funds in human services.



**Counties plan to invest nearly \$322 million of State and Local Fiscal Recovery Funds** in supporting young children, youth and their families, including child care and early learning programs, and enhancing home visiting programs and child welfare services.



**Nearly 50 percent of local Special Supplemental Nutrition Program for Women, Infants and Children (WIC) function as part of local government, including counties.**



**Counties administer the Temporary Assistance for Needy Families program in 9 states, accounting for 55 percent of total program participants.**

Source: *The County Human Services and Education Landscape* and NACo original research.

cost of strengthening communities and families with young children. Counties are responsible for addressing the needs of young children and their families by administering and coordinating PN-3 services including child care, health and prenatal care, early intervention, home visiting, maternal health screenings, parenting classes and early literacy programs.

Counties can also play a critical role in ensuring that families who have historically been marginalized and subject to unjust policies and practices have equal opportunities to succeed. Because counties have a significant role and authority in the administration of health and human services, where most low-income children and families are served, county leaders and their staff have been on the frontlines ensuring equitable access to PN-3 services and supports that promote economic mobility and child and family well-being.

**Key positions for PN-3:** county executives, managers or administrators; county elected officials (commissioners, supervisors, councilmembers); health and human services directors; child welfare directors

## States

State governments have a unique opportunity to improve the developmental trajectories of children. States have regulatory authority, operate [Quality Rating and Improvement Systems](#)<sup>5</sup> and administer billions of dollars in funding for programs that are central to early childhood well-being, including the Child Care and Development Fund, the Children's Health Insurance Program, Temporary Assistance for Needy Families and Medicaid. States also control more than \$9 billion in public Pre-K funding.<sup>6</sup>

Many state policymakers and agencies are putting a greater emphasis on racial equity in early childhood legislation, policies and systems. In recent years, legislatures have proposed bills to create committees to review and improve outcomes across different racial and ethnic groups for students and young children.

Other bills have aimed to increase awareness of implicit bias in the healthcare system, particularly as it relates to maternal and perinatal health.

Through opportunities such as the Preschool Development Grant Birth to Five, states are working to implement and increase access to culturally responsive, developmentally appropriate practices in early learning settings. Through [Children's Cabinets](#), states can also elevate family and parent voice at policymaking tables to ensure programs meet all families' needs, especially those who have been historically marginalized.

**Key positions for PN-3:** governors, children's cabinets, state legislators, Child Care and Development Fund administrators, state Medicaid directors



### Government in Action Spotlight: CALIFORNIA

In 2021, California passed a bill that will require the Department of Social Services, in consultation with the Department of Education and early childhood stakeholders, to develop a Whole Child Equity Framework and Whole Child Community Equity Screening Tool. The goal of these tools is to collect data to better understand inequities and more equitably distribute resources. The tools will be developed by a workgroup that includes parents and families from historically underserved communities.<sup>7</sup>

# STRATEGIES BY OUTCOME AREA

This section shares examples of strategies that states, counties and cities can use to support families, promote healthy births and strengthen the early care and education system. **These lists are not exhaustive but can be used as a starting point to inspire coordinated action at the state, county and city level.**

## Healthy Births

Communities are well-positioned to be responsive to diverse families' needs and implement the programs and resources that are most effective in decreasing existing disparities. When state and local governments fund programs that combine evidence-based practice with culturally congruent pre- and peri-natal care, particularly for Black and brown families, we can expect positive outcomes that lead to healthier births. To meet the urgent need of families and ensure healthy pregnancies and births, cities, counties and states can work in partnership to balance support for evidenced-based models while making space for community innovation.



### STATES CAN:

- Meet with, discuss and learn from program administrators and researchers to better understand what works at the community level and where legislative action could help alleviate pain points.
- Introduce and/or enact legislation to create and strengthen state-level Maternal Mortality Review Committees, which comprehensively review deaths that occur during or within a year of pregnancy.
- *See more examples of legislation in [NCSL's Maternal and Child Health Legislative Database](#).<sup>8</sup>*

### COUNTIES CAN:

- Collect and analyze data to identify neighborhoods, zip codes and population subgroups with the highest rates of infant and maternal mortality.
- Prioritize public health agency funding for or partnerships with community-based organizations that are led by and serve Black, Indigenous and people of color.

### CITIES CAN:

- Leverage Mayors and other city elected officials to build public will for local actions to improve maternal and child health policies and practices.
- Connect with Maternal, Infant and Early Childhood Home Visiting administrators to identify unmet needs for expectant parents and provide support to underserved families through enhanced home visiting programs.

## Government in Action Spotlight: TEXAS

In Texas, government and community partners are working together at the state and local levels to reduce maternal mortality rates, particularly for Black women. A [report](#) from the Texas Maternal Mortality and Morbidity Review Committee found that Black women had severe complications for every 117.3 in 10,000 deliveries, compared to 56.3 in 10,000 for white women.<sup>9</sup> **Tarrant County, Texas** has the [second highest](#) maternal mortality rate<sup>10</sup> for Black women in the state and its county seat, **Fort Worth**, is home to the 76104 zip code, which has the lowest life expectancy in Texas.<sup>11</sup>



In September 2022, Hon. Mattie Parker, mayor of Fort Worth, partnered with city and county leaders to voice support for maternal and infant health.<sup>12</sup> In response to the city's high infant and maternal mortality rate, a group of Fort Worth stakeholders and chief executive officers of local service agencies came together to signal their support and commitment to better serving children and families in the city and county.

Tarrant County's board of commissioners has allocated American Rescue Plan Act State and Local Fiscal Recovery Funds (SLFRF) to support non-profit organizations who are addressing infant and maternal mortality. With its grant, the United Way of Tarrant County will establish a doula training program in the 76104 zip code. The program will train 150 community members and healthcare workers to be doulas with the goal of [reducing maternal mortality rates](#) and improving maternal health outcomes, especially for communities of color.<sup>13</sup>

At the state-level, the legislature [recently extended](#) Medicaid coverage for mothers from 2 to 6-months postpartum with the possibility to further expand coverage to 12-months in the next session.<sup>14</sup> The **Texas Department of State Health Services** has also teamed up with the Alliance for Innovation on Maternal Health and the Texas Hospital Association to create the [TexasAIM initiative](#).<sup>15</sup> Through the initiative, local hospitals work internally and with state teams to use research-based best practices to improve maternal safety.

## Supported Families

States, counties and cities can support families by ensuring that the programs, services and resources offered meet their needs, are responsive to their cultures and are of high-quality. To be most effective, PN-3 efforts can be led by those closest to the issues—those who reflect the identities and lived experiences of families in their communities and have clear understanding

about systemic inequities. By prioritizing families who historically have been farthest from opportunity, we can move closer to practical solutions that equitably meet the needs of families. State, county and city governments can create policies that expand families' eligibility for services and make the social safety net easier or more efficient to navigate.

### Government in Action Spotlight:

As of May 2023, 20 states have introduced or enacted legislation focused on home visiting during the 2023 legislative session.



**MONTANA HOUSE BILL 2 (HB-2)** allocated an additional \$1.5M in one-time only funding to evidence-based home visitation in the state.



**GEORGIA SENATE BILL 106 (SB-106)** will create a pilot program for home visiting in at-risk and underserved rural communities during pregnancy and early childhood to improve birth outcomes.



If enacted, **ARIZONA HOUSE BILL 2053 (HB-2053)** would establish and appropriate funds for an evidence-based nurse-home visitor grant program.



If enacted, **MICHIGAN SENATE BILL 301 (SB-301)** would make it so that an individual who is eligible for medical assistance and who is an expectant mother may receive doula services before, during and after childbirth. Medical assistance would cover different types of doula services, including community-based doulas, prenatal doulas, labor and birth doulas and postpartum doulas.

## STATES CAN:

- Streamline the application process and eligibility standards for anti-poverty programs such as the Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program and Child Care and Development Fund to increase low-income families' access to needed services.<sup>16</sup>
- Allocate general fund dollars for evidence-based programs providing support to post-partum families with young children such as home visitation.

## COUNTIES CAN:

- Implement a centralized intake and referral or "no wrong door" system that connects families to PN-3 services through one access point.
- Leverage child welfare, human services and public health agencies to provide wraparound services and supports to high-risk families with young children.

## CITIES CAN:

- Foster opportunities to elevate family voice in the decision-making process by holding community dialogues to learn more about what families with young children need, identify barriers and ensure policies and practices are supportive and responsive.
- Execute city-level ordinances that can promote or incentivize family and medical leave, paid sick leave, flexible work schedules and other family-friendly employment policies and practices.

## High-Quality Care and Education

By making sure all infants and toddlers have access to high-quality, affordable child care options that meet families' needs, we can better prepare children for school and life. COVID-19 recovery efforts have highlighted how local innovations are informing state-level policies and programs. While recovery funds provide a temporary solution to a long-term need, state, counties and cities have coordinated recovery dollars to support to families and child care providers through and beyond the global pandemic.

Additionally, early childhood workforce compensation continues to be a complex challenge. Chronic and systemic underfunding of the early childhood system has created an early childhood workforce crisis. Our nation's economy heavily relies on the availability and affordability of child care, which is a critical infrastructure that supports parents and other caregivers' ability to work and/or attend school. Yet, the majority of child care providers are not earning a living wage, which has been a barrier to sustaining child care programs in communities. Local and state leaders alike have made retaining and maintaining the early childhood workforce a top priority.

## STATES CAN:

- Form a statewide committee or taskforce of state agencies, researchers, providers and stakeholders to identify opportunities for increasing the supply of child care and examine how government can support policies supporting child care affordability.
- Support the early childhood workforce through scholarships, loan forgiveness programs and fair compensation for early educators.

## COUNTIES CAN:

- Collaborate with local research institutions and other stakeholders to conduct a child care needs assessment for the county.
- Prioritize the inclusion of child care in economic and community development plans.

## CITIES CAN:

- Budget general funds or propose that a local tax levy—a specified portion of existing taxes—be earmarked for early childhood programs.
- Align professional development opportunities and mobilize key stakeholders to leverage increased support for the early childhood workforce.



## Government in Action Spotlight: OHIO

In response to losing nearly 200 child care providers during the COVID-19 pandemic, **Franklin County** and the **City of Columbus** partnered with Action for Children, a child care resource and referral agency, to create [Franklin County RISE](#). This robust program will invest \$22 million over two years in the county's early learning systems. The city and county have strategically invested funds from the American Rescue Plan Act for different components of the early childhood system. The city is using its funds to offer \$1,000 signing bonuses for new providers and support child care scholarships for working families. The county is co-funding these scholarships and funding provider incentives to improve worker retention, increase non-traditional hour care and improve access for children receiving subsidy. The county has also designated \$500,000 to create a dedicated Emergency Rental Assistance fund specifically for early childhood educators to pay for housing costs.<sup>17</sup>

# BRINGING IT ALL TOGETHER: STRATEGIES FOR STATE AND LOCAL COORDINATION

There is no formula for state and local coordination. This resource highlights strategies that Government in Action roundtable attendees and other states and localities have used to increase collaboration between state, county and city governments with the goal of improving outcomes for infants, toddlers and families.

## CREATE SPACES FOR CITY, COUNTY AND STATE OFFICIALS TO COMMUNICATE REGULARLY ABOUT PRENATAL-TO-THREE.

During the COVID-19 pandemic, many localities created ad-hoc groups that convened city, county and state leaders to discuss emerging issues such as public health or the child care crisis. These groups are important not only during times of crisis but to build ongoing relationships and communication across levels of government. Creating a shared table for all levels of government can help bring together a broader, diverse range of stakeholders and perspectives; better ensure that funds are being used in ways that complementary, not duplicative; and reduce geographic barriers for families trying to access PN-3 resources and services.

## LOOK FOR MODELS OF INTERGOVERNMENTAL COORDINATION OUTSIDE THE EARLY CHILDHOOD FIELD.

Across policy issues, state and local governments are exploring ways to work together and better coordinate efforts. Does your state, county or city have existing intergovernmental partnerships? What is working well in those efforts that you could model for PN-3? What can you learn from?



## Government in Action Spotlight: TEXAS

In April 2020, during the early weeks of the COVID-19 pandemic, the state of Texas created a Frontline Child Care portal to better connect essential workers with child care. Following this announcement, the Austin Public Health Department assembled its own taskforce of state, county and city-level stakeholders to coordinate and align local efforts with the state's and promote state-level resources like the Frontline portal. The taskforce included the Texas Health and Human Services Commission, Travis County, the Austin school district, the United Way for Greater Austin and the Workforce Solutions Capital Area.<sup>18</sup>

Building on this partnership, **Austin** and **Travis County** coordinated to invest nearly \$10 million of State and Local Fiscal Recovery Funds in the early childhood system. Funds will be used to increase child care access, especially for infants and toddlers; expand full-day preschool for three-year-old children; and expand and evaluate Austin's Family Connects home visiting program.<sup>19</sup> The United Way for Greater Austin, a member of the local child care taskforce, is serving as a key partner in administering and implementing the funds.<sup>20</sup>



## Government in Action Spotlight: WASHINGTON

To reduce greenhouse gas emissions, **King County, Wash.** created the [King County-Cities Climate Collaboration](#) (K4C)<sup>21</sup>. K4C is a partnership between King County and more than 20 municipalities, representing more than 85 percent of the county's population. To join the collaborative, cities must sign an interlocal agreement and are encouraged to sign a Joint Climate Action Commitment. Members pay annual dues based on population. Those funds are invested in K4C's projects to promote clean and renewable energy in the region.

## BUILD RELATIONSHIPS IN GOVERNMENT BEYOND ELECTED OFFICIALS.

Elected officials, such as county executives, county commissioners, mayors and city councils, can use their platforms to elevate issues to the public. While elected officials can be essential in raising awareness about PN-3 issues, their positions are subject to term-limits and elections. Bringing in non-elected county and city leaders, such as county managers and heads of relevant city or county agencies, can help provide continuity and staying power for PN-3 efforts.

*Learn more about how partnerships between elected officials, county agencies and community-based organizations are improving maternal health outcomes in Ohio: [www.nlc.org/resource/from-the-event-government-in-action-fireside-chat-advancing-equitable-outcomes-for-future-generations/](http://www.nlc.org/resource/from-the-event-government-in-action-fireside-chat-advancing-equitable-outcomes-for-future-generations/)*

## EMBRACE PARTNERSHIPS OUTSIDE OF GOVERNMENT.

Particularly at the local level, non-governmental organizations have a key role to play in delivering services to young children and families. Community-based organizations and non-profits work closely with families and often have a strong sense of the community's strengths and needs. For some historically marginalized communities, there may be a lack of trust in state or local government. Partnering with non-governmental organizations can help government get resources out the door faster and to those who need them most.



The government by itself can't do it all. We've got to have community-based partnerships to expand the ability of county government."

– Hon. Roy Charles Brooks,  
Tarrant County, Texas

## CONNECT TO YOUR STATE'S LEAGUE OF CITIES OR ASSOCIATION OF COUNTIES.

Nearly all states have a state municipal league and a state association of counties. These organizations convene city or county leaders within a state to provide education and resources to improve government and administration. Through these state associations or leagues, local leaders also have an opportunity to inform and shape state-level policy that prioritizes local needs and voice. Similarly, state-level partners can connect with these organizations to learn more

about the challenges and opportunities facing local governments in their state. Find your [state municipal league](#)<sup>22</sup> or [state association of counties](#).<sup>23</sup>

## EMBRACE THE NATURAL STRENGTHS OF EACH LEVEL OF GOVERNMENT.

Each level of government has its own policy levers when it comes to PN-3. While specific authorities vary by state, intergovernmental partnerships can strengthen PN-3 efforts by leaning into the natural strengths of



### Government in Action Spotlight: WISCONSIN

In Wisconsin, state, local, tribal and private sector partners have come together to create the Raising Wisconsin coalition, led by the Wisconsin Early Childhood Association (WECA). Partners include the **Wisconsin Department of Health Services, League of Wisconsin Municipalities** and the **Wisconsin Counties Association** (WCA). In February 2023, WECA and WCA co-hosted a child care [symposium](#) focused on child care in Wisconsin and the important role of local innovation in the state's child care system. County leaders had the opportunity to engage with national speakers, the **Wisconsin Department of Children and Families**, child care providers and parents. The event supported the state's goal of enhancing local voice in Raising Wisconsin's PN-3 coalition building and advocacy efforts advancing the state budget process.<sup>24</sup>

each level of government. States are often responsible for allocating federal funds, but city and county officials have data about where the need is highest in their communities. Communication between states and localities can ensure that funds are being targeted to specific areas and not spread too thin across the state.

Cities and counties can also serve as "laboratories of innovation" where new policies and programs can be piloted. When local leaders amplify the stories of their families and providers, state-level decision-makers are better able to understand the challenges families and providers face and the successes of programs and services. State legislature and government can draw from these local examples to create solutions that are scalable at the state-level.



Temporary funding can be challenging but gives us a chance to tell our state partners, 'look at what we've been doing.' It's incumbent on us local leaders to be able to understand what we have done and translate that to state policy makers - we can't do it without you but want to do it alongside of you."

- Hon. Shannon Jones,  
Warren County, Ohio

# APPENDIX I

WASHINGTON		
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