



2 out of 5

of effective POLICIES that Montana has adopted and fully implemented

1 out of 6

of effective STRATEGIES that Montana has made substantial progress toward implementing

Prenatal-to-3 State Policy Roadmap

The prenatal to age three period of development sets the foundation for all future health and wellbeing. The science is clear: infants and toddlers need loving, stimulating, stable, and secure care environments, with limited exposure to adversity.

This Prenatal-to-3 State Policy Roadmap is a guide for your state to:

- ▶ **IMPLEMENT** the most effective state-level policies and strategies to date that foster these nurturing environments,
- ▶ **MONITOR** your state's progress toward adopting and fully implementing these effective solutions, and
- ▶ **MEASURE** the wellbeing of infants and toddlers in your state.

A Roadmap to Strengthen the Prenatal-to-3 System



Prioritize your state's SCIENCE-BASED POLICY GOALS to promote optimal health and development of infants and toddlers

8 comprehensive prenatal-to-3 (PN-3) policy goals driven by the science of the developing child set the direction for each state to ensure infants and toddlers get off to a healthy start and thrive.



Adopt and implement EFFECTIVE POLICIES & STRATEGIES to improve PN-3 goals and outcomes

5 state-level policies and 6 strategies positively impact at least one of these PN-3 goals, based on comprehensive reviews of rigorous policy research. Our goal is to continually expand the evidence base by evaluating and sharing the innovative approaches that states are implementing to positively impact child and family wellbeing. The 11 policies and strategies included in this State Policy Roadmap are not the only effective solutions that strengthen the prenatal-to-3 period, but they are the solutions with the strongest evidence of effectiveness, to date.



Monitor your STATE'S PROGRESS toward adoption & implementation of effective solutions

Effective solutions are not implemented similarly across all states, leaving children and families across the US with a patchwork of benefits and unequal outcomes. Monitor state progress toward adopting and implementing effective solutions that serve all eligible children and families.






Track OUTCOMES TO MEASURE IMPACT on optimal health and development of infants and toddlers

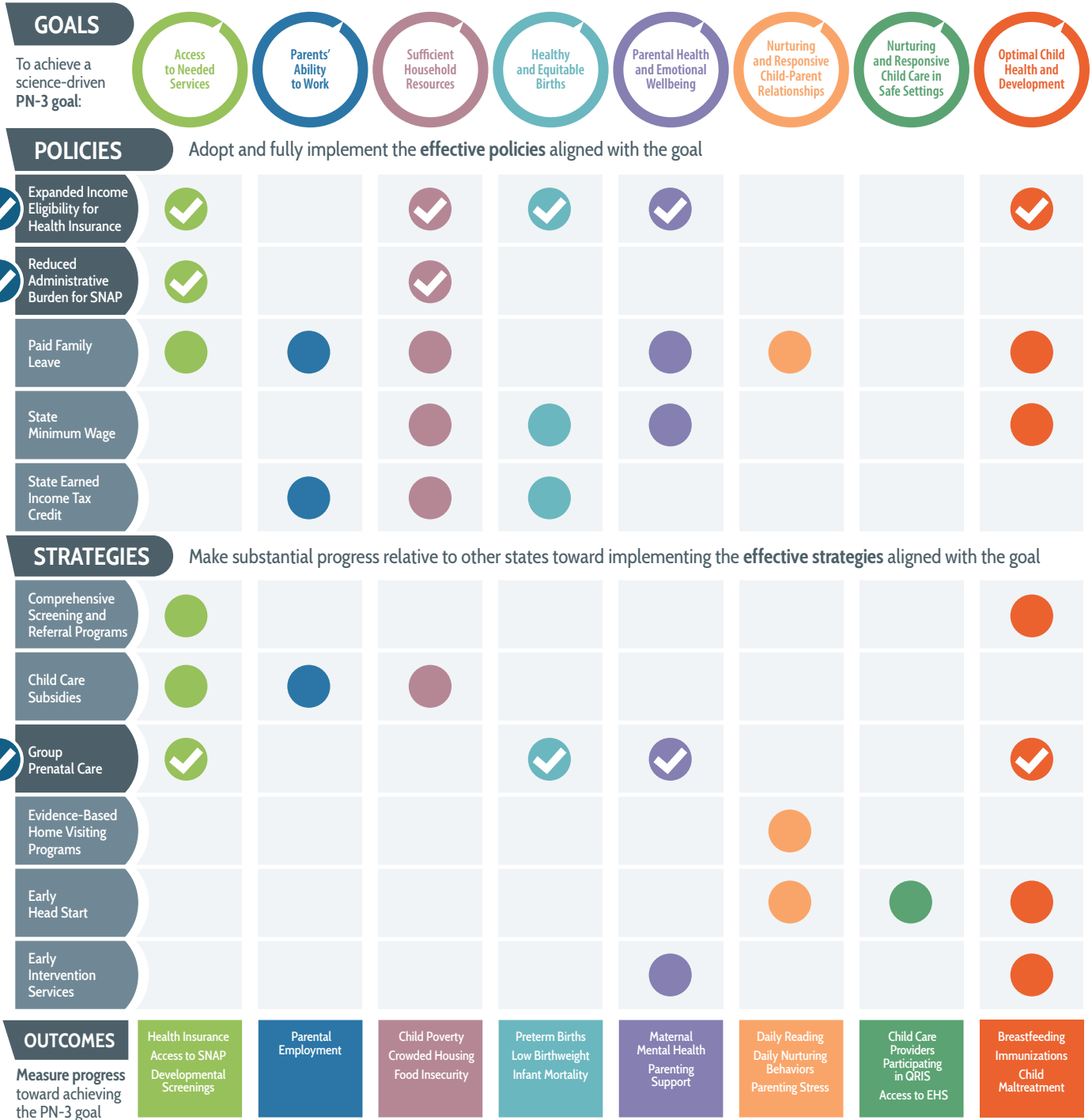
20 child and family outcome measures illustrate the health, resources, and wellbeing of infants, toddlers, and their parents in your state, and reveal progress toward achieving the 8 PN-3 goals.

Montana's Prenatal-to-3 State Policy Roadmap

The chart illustrates how the 5 policies and 6 strategies impact the prenatal-to-3 policy goals. Each column represents a PN-3 goal. The filled circles within each column indicate the policies and strategies that impact that PN-3 goal. Filled circles with a check mark indicate that your state has implemented the effective policy or strategy. Your state should work to check all of the circles in the columns.

Effective policies impact PN-3 goals and research provides clear legislative or regulatory action. Effective strategies have demonstrated impacts on PN-3 goals, but research provides no clear guidance for legislative action.

-  Policy/strategy is aligned with goal in column, and state has implemented it
-  Policy/strategy is aligned with goal in column, but state has not implemented it
-  Policy/strategy does not align with goal in column (intentionally blank)



Montana Needs to Strengthen its Prenatal-to-3 System

2 out of 5

of effective **POLICIES** that Montana has adopted and fully implemented

| POLICIES | Has Montana Adopted and Fully Implemented the Policy? |
|--|---|
| Expanded Income Eligibility for Health Insurance | YES |
| Reduced Administrative Burden for SNAP | YES |
| Paid Family Leave | NO |
| State Minimum Wage | SOME PROGRESS |
| State Earned Income Tax Credit | SOME PROGRESS |

1 out of 6

of effective **STRATEGIES** that Montana has made substantial progress toward implementing

| STRATEGIES | Has Montana Made Substantial Progress Toward Implementing the Strategy? |
|---|---|
| Comprehensive Screening and Referral Programs | LITTLE TO NO PROGRESS |
| Child Care Subsidies | SOME PROGRESS |
| Group Prenatal Care | STUBSTANTIAL PROGRESS |
| Evidence-Based Home Visiting Programs | LITTLE TO NO PROGRESS |
| Early Head Start | SOME PROGRESS |
| Early Intervention Services | LITTLE TO NO PROGRESS |

Some states have adopted a policy, but they have not fully implemented it, or they do not provide the level of benefit indicated by the evidence reviews necessary to impact the PN-3 goal. Additionally, many states have implemented aspects of the effective strategies, but states are assessed relative to one another on making substantial progress.

4 Steps to Strengthen Montana's Prenatal-to-3 System

Prioritize, Implement, Monitor, Measure: To build a system to ensure all children get off to a strong start and thrive, your state should follow these 4 steps:

STEP 1. PRIORITIZE your state's prenatal-to-3 policy goals based on the wellbeing of your state's infants, toddlers, and parents.

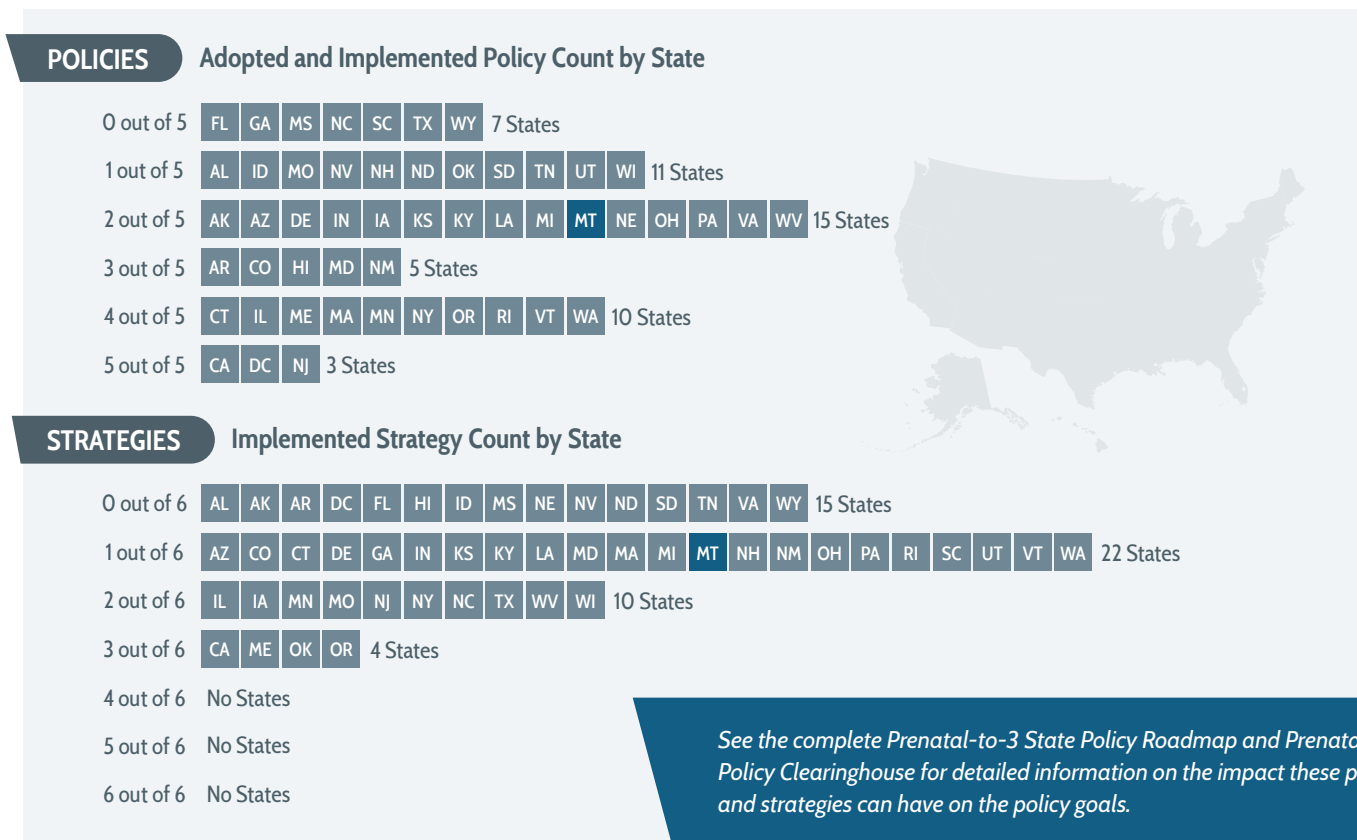
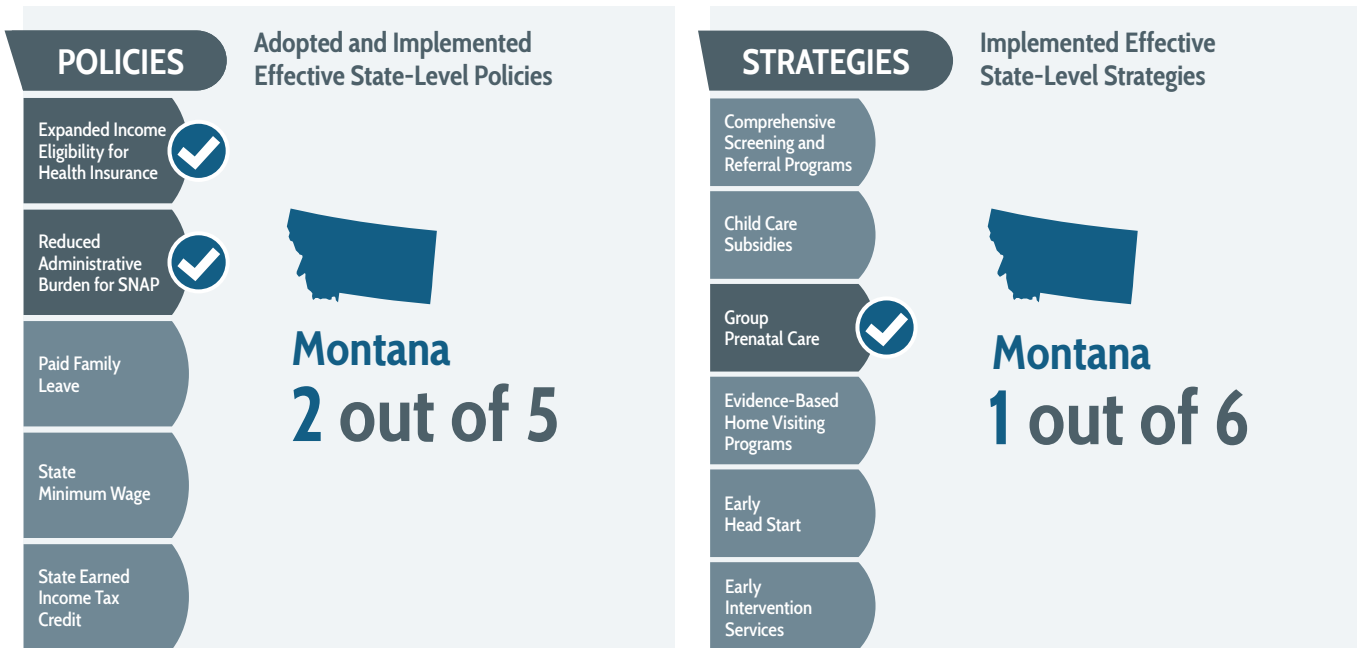
To develop a strong and equitable prenatal-to-3 (PN-3) system of care and ensure the infants and toddlers in your state thrive, your state will ultimately need to achieve all of the 8 science-driven policy goals. In the short term, states often need to prioritize policy goals based on the health and wellbeing of your state's children and families.

To help your state prioritize its policy goals:

1. Use your state's Roadmap chart on page 2 to identify the PN-3 goals for which your state is currently not implementing each of the effective policies or strategies that are aligned with that goal (the filled dot does not have a check mark), and
2. Use the outcome measures in step 4 to determine the areas in which infants, toddlers, and their parents are lagging in your state. Reducing racial and ethnic disparities in outcomes should be an overarching goal for your state. For more information on racial and ethnic disparities in outcomes, see the complete Prenatal-to-3 State Policy Roadmap at pn3policy.org.

STEP 2. ADOPT AND IMPLEMENT effective policies and strategies aligned with your state’s policy goals.

5 effective state-level policies and 6 effective strategies positively impact the prenatal-to-3 policy goals. These effective solutions are not available in all states, leaving children and families with a patchwork of benefits and unequal outcomes. Ultimately, each state should implement all of the 11 effective solutions and evaluate additional policies to build the evidence base.



STEP 3. MONITOR your state's progress toward policy adoption and implementation.

Policy adoption and implementation does not happen quickly. States often consider legislation for several sessions before adopting it, and states often delay implementing policies for longer still. This Roadmap identifies the progress your state has made toward adopting and fully implementing each of the 5 effective policies and illustrates the progress your state has made relative to other states toward implementing the 6 effective strategies that improve the prenatal-to-3 policy goals. Additional information is provided on the generosity of your state's policies relative to other states, and whether your state is serving all children and families who are eligible.

For your state, ask:

1. Has our state adopted and implemented the 5 effective policies and 6 effective strategies that positively impact the prenatal-to-3 policy goals?
2. If not, what progress has our state made toward adoption and implementation?
3. Are our state's benefits for the policy or strategy as generous as other states?
4. Are all eligible families in our state receiving the benefits they need?

Has your state adopted and fully implemented these effective policies and strategies?

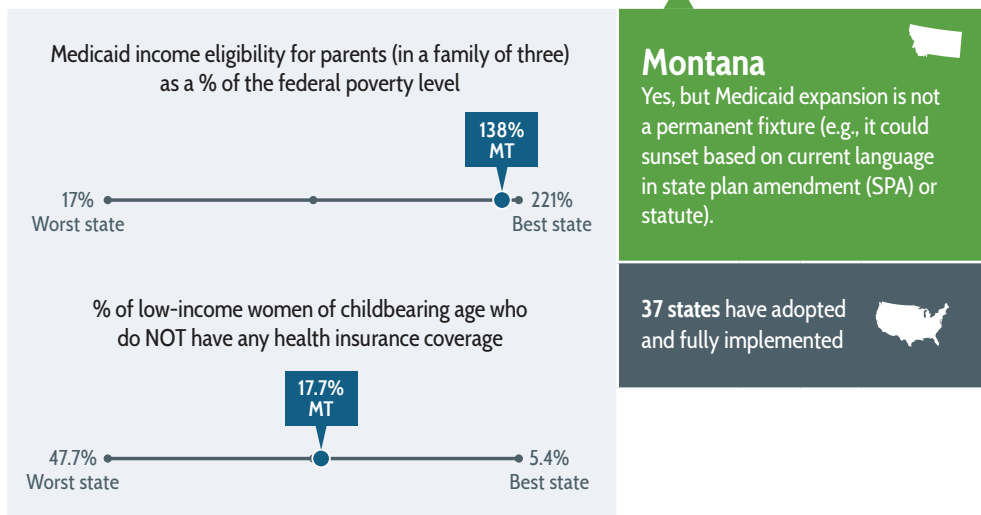
POLICIES

Expanded Income Eligibility for Health Insurance

YES

Has Montana adopted and fully implemented the Medicaid expansion under the ACA that includes coverage for most adults with incomes up to 138% of the federal poverty level? Medicaid expansion increases access to needed services, improves financial wellbeing, reduces racial disparities in adverse birth outcomes, keeps children safe, and has mixed impacts on parent health.

| REGRESSIVE | NO | | SOME PROGRESS | | | YES | | | |
|------------|----------|----------|---------------|--|----------|----------|----------|-----------|----------|
| 5 states | 4 states | 3 states | | | 2 states | 3 states | 4 states | 28 states | 2 states |



► See the complete Prenatal-to-3 State Policy Roadmap for detailed information about the impact of each policy and strategy and Methods and Sources for related data sources at pn3policy.org.

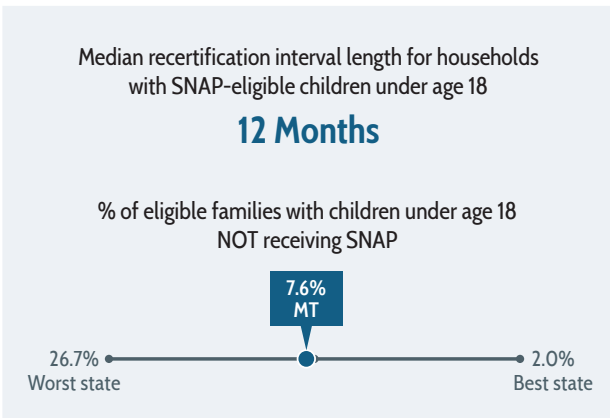
POLICIES

Reduced Administrative Burden for SNAP

YES

Has Montana adopted and fully implemented a median recertification interval for SNAP of 12 months or longer, among households with SNAP-eligible children under age 18? Reduced administrative burden increases SNAP participation rates, which lowers food insecurity among children and families.

| REGRESSIVE | NO | | | SOME PROGRESS | | | YES | | |
|------------|----|--|--|---------------|--|--|---------|-----------|-----------|
| 12 states | | | | 7 states | | | 1 state | 10 states | 21 states |



Montana
Yes, and the SNAP manual requires a minimum of a 12-month recertification interval.

32 states have adopted and fully implemented

POLICIES

Paid Family Leave

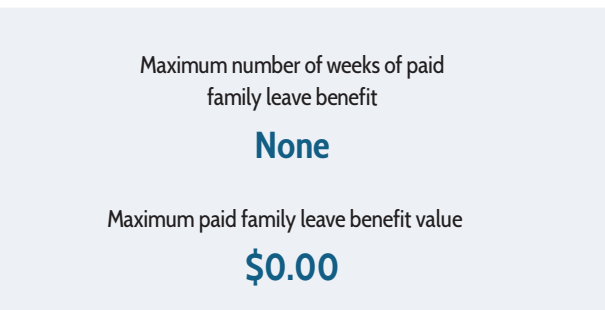
NO

Has Montana adopted and fully implemented a paid family leave program of a minimum of 6 weeks following the birth, adoption, or the placement of a child into foster care? Paid family leave increases access to paid time off from work, reduces racial disparities in leave-taking, boosts maternal labor force attachment, improves maternal mental health, fosters better child-parent relationships, and supports child health and development.

| REGRESSIVE | NO | | SOME PROGRESS | | | YES | | |
|------------|----|---------|---------------|---------|----------|-----|--|----------|
| 29 states | | 1 state | 12 states | 1 state | 3 states | | | 5 states |

Montana
No, and there has been little legislative initiative to adopt and implement a paid family leave program.

5 states have adopted and fully implemented



► See the complete Prenatal-to-3 State Policy Roadmap for detailed information about the impact of each policy and strategy and Methods and Sources for related data sources at pn3policy.org.

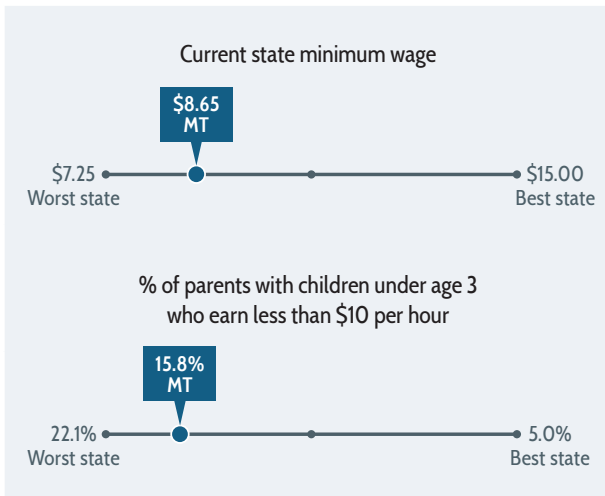
POLICIES

State Minimum Wage

SOME PROGRESS

Has Montana adopted and fully implemented a minimum wage of \$10 or greater? A state minimum wage of at least \$10 reduces poverty, especially for Black and Latinx individuals, increases family incomes with minimal to no adverse effects on employment, improves birth outcomes, and keeps children safe.

| REGRESSIVE | NO | | SOME PROGRESS | | | | YES | | |
|------------|----------|-----------|---------------|----------|----------|---------|-----------|--|--|
| 9 states | 2 states | 10 states | 3 states | 4 states | 4 states | 1 state | 18 states | | |



Montana

No, but the state minimum wage is higher than the federal minimum wage and the state currently allows for scheduled or indexed increases.

19 states have adopted and fully implemented

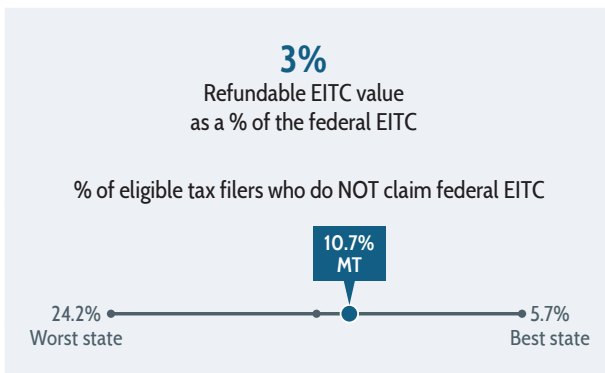
POLICIES

State Earned Income Tax Credit

SOME PROGRESS

Has Montana adopted and fully implemented a refundable state earned income tax credit (EITC) of at least 10% of the federal EITC for all eligible families with any children under age 3? A state EITC promotes healthy births, reduces racial disparities in birth outcomes, and has mixed impacts on employment and income.

| REGRESSIVE | NO | | SOME PROGRESS | | | | YES | | |
|------------|----------|----------|---------------|----------|----------|---------|----------|-----------|--|
| 9 states | 8 states | 2 states | 3 states | 6 states | 5 states | 1 state | 5 states | 12 states | |



Montana

No, but the state does have a refundable EITC that is below 10% of the federal EITC.

18 states have adopted and fully implemented

► See the complete Prenatal-to-3 State Policy Roadmap for detailed information about the impact of each policy and strategy and Methods and Sources for related data sources at pn3policy.org.

STRATEGIES

Comprehensive Screening and Referral Programs

LITTLE TO NO PROGRESS

Has Montana made substantial progress implementing comprehensive screening and referral programs by implementing both evidence-based models: Family Connects and Healthy Steps? Comprehensive screening and referral programs increase families' connections to needed services and have mixed impacts on children's health and development.

| LITTLE TO NO PROGRESS | | | SOME PROGRESS | | | SUBSTANTIAL PROGRESS | | |
|-----------------------|--|----------|---------------|----------|----------|----------------------|---------|--|
| 21 states | | 5 states | 14 states | 3 states | 7 states | | 1 state | |

Montana
 State does not have Family Connects sites, Healthy Steps sites, or an alternative comprehensive screening program.

8 states have made substantial progress toward implementation

STRATEGIES

Child Care Subsidies

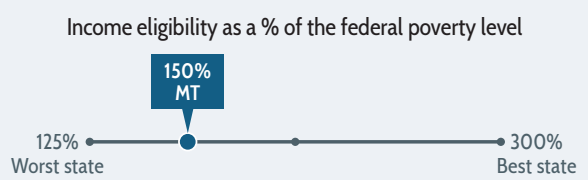
SOME PROGRESS

Has Montana made substantial progress implementing child care subsidies with base reimbursement rates (for infants and toddlers in center-based and family child care) that meet the federally recommended 75th percentile using a recent market rate survey? Child care subsidies increase enrollment in formal child care settings and support maternal employment and education.

| LITTLE TO NO PROGRESS | | | SOME PROGRESS | | | SUBSTANTIAL PROGRESS | | |
|-----------------------|--|-----------|---------------|--|---------|----------------------|--|--|
| 21 states | | 20 states | 9 states | | 1 state | | | |

Montana
 State base reimbursement rates meet the federally recommended 75th percentile but the state relies on an older (>2 years) market rate survey to set rates.

1 state has made substantial progress toward implementation



Is the current base reimbursement rate at or above the 75th percentile of the market rate for:

| | |
|--------------------------------|--------------------------------|
| Infants in center-based care? | Infants in family child care? |
| Yes | Yes |
| Toddlers in center-based care? | Toddlers in family child care? |
| Yes | Yes |

Year of market rate survey used to establish base rates
2016

Year of most recent market rate survey
2016

Several states are experimenting with alternative methods to establish base reimbursements, because it is widely accepted that the federal recommendations are insufficient to meet the actual cost of quality care. Currently, states' progress toward meeting the federal recommendations is the only information available nationally. For more information on strategies to improve child care quality, see the complete Prenatal-to-3 State Policy Roadmap at pn3policy.org.

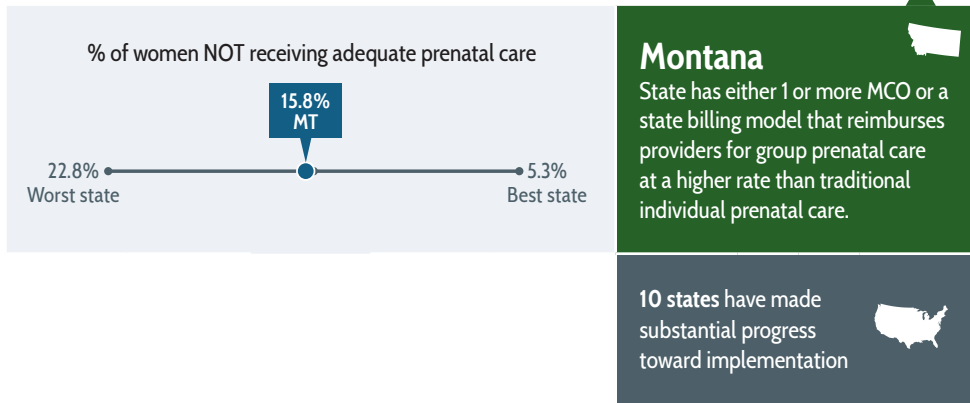
STRATEGIES

Group Prenatal Care

SUBSTANTIAL PROGRESS

Has Montana made substantial progress implementing group prenatal care by providing enhanced reimbursements for group prenatal care providers? Group prenatal care increases adequate prenatal care and improves mothers' physical and emotional health, and has mixed impacts on healthy and equitable births and optimal child health and development.

| LITTLE TO NO PROGRESS | | | SOME PROGRESS | | | SUBSTANTIAL PROGRESS | | |
|-----------------------|-----------|---------|---------------|----------|----------|----------------------|--|--|
| 16 states | 11 states | 1 state | 9 states | 4 states | 2 states | 8 states | | |



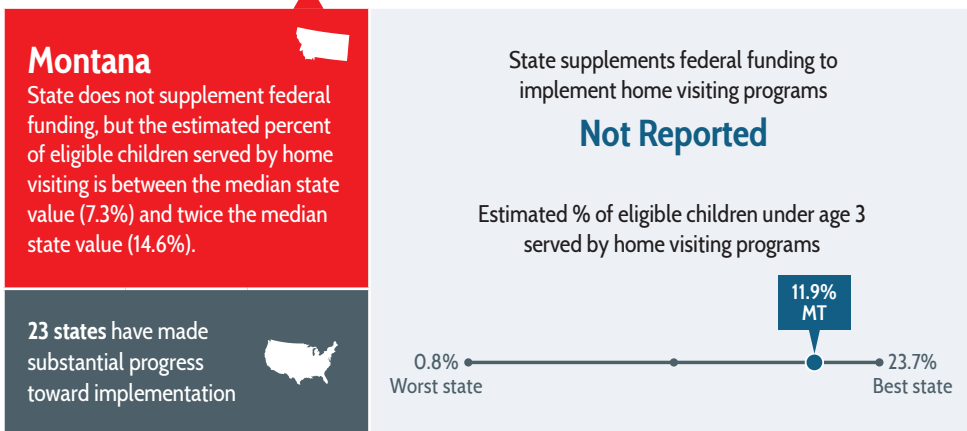
STRATEGIES

Evidence-Based Home Visiting Programs

LITTLE TO NO PROGRESS

Has Montana made substantial progress implementing evidence-based home visiting programs by supplementing federal funding and by serving eligible children at or above the median state value (7.3%)? Evidence-based home visiting programs improve parenting skills, but have less consistent impacts on other outcomes.

| LITTLE TO NO PROGRESS | | | SOME PROGRESS | | | SUBSTANTIAL PROGRESS | | |
|-----------------------|----------|-----------|---------------|----------|--|----------------------|--|--|
| 10 states | 3 states | 15 states | 18 states | 5 states | | | | |



► See the complete Prenatal-to-3 State Policy Roadmap for detailed information about the impact of each policy and strategy and Methods and Sources for related data sources at pn3policy.org.

STRATEGIES

Early Head Start

SOME PROGRESS

Has Montana made substantial progress implementing Early Head Start (EHS) by supplementing federal funding and by providing income-eligible children with access to EHS at or above the median state value (8.9%)? Early Head Start improves numerous aspects of child-parent relationships, increases participation in good-quality care, and positively impacts language and vocabulary skills and problem behaviors.

| LITTLE TO NO PROGRESS | | | SOME PROGRESS | | | SUBSTANTIAL PROGRESS | | |
|-----------------------|--|-----------|---------------|----------|--|----------------------|--|--|
| 23 states | | 15 states | 4 states | 2 states | | 7 states | | |

Montana

State does not supplement federal funding, but the estimated percent of income-eligible children with access to EHS is more than twice the median state value (17.8%).

7 states have made substantial progress toward implementation

State supplements federal funding for EHS programs

No

Estimated % of income-eligible children with access to EHS



STRATEGIES

Early Intervention Services

LITTLE TO NO PROGRESS

Has Montana made substantial progress implementing Early Intervention services by using moderate or broad criteria to determine eligibility and by serving children who are at risk for later developmental delays or disabilities? Early Intervention services boost parental self-confidence and satisfaction, and improve children's cognitive, motor, behavioral, and language development, especially for infants born preterm or low birthweight.

| LITTLE TO NO PROGRESS | | | SOME PROGRESS | | | SUBSTANTIAL PROGRESS | | |
|-----------------------|--|--|---------------|-----------|--|----------------------|--|---------|
| 16 states | | | 14 states | 16 states | | 4 states | | 1 state |

Montana

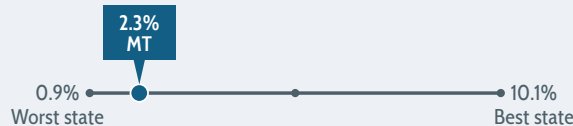
State uses narrow criteria to determine eligibility, and the state does not serve children who are at risk for later delays or disabilities.

5 states have made substantial progress toward implementation

Categorical assessment of state's eligibility criteria

NARROW

% of all children under age 3 receiving EI services



► See the complete Prenatal-to-3 State Policy Roadmap for detailed information about the impact of each policy and strategy and Methods and Sources for related data sources at pn3policy.org.

STEP 4. MEASURE outcomes to determine the health and wellbeing of your state’s children and families.

Tracking progress on the following key prenatal-to-3 (PN-3) outcomes allows your state to determine the health and wellbeing of children and families in your state and to identify which PN-3 goals are lagging and should be prioritized.

| Policy Goal | Outcome Measure | Worst State | | Best State | Rank |
|--|---|-------------|-------------|------------|------|
| Access to Needed Services | % Low-Income Women Uninsured | 47.7% | 17.7% MT | 5.4% | 25 |
| | % Eligible Families with Children < 18 Not Receiving SNAP | 26.7% | 7.6% MT | 2.0% | 27 |
| | % Children < 3 Not Receiving Developmental Screening | 76.1% | 59.7% MT | 38.8% | 22 |
| Parents' Ability to Work | % Children < 3 Without Any Full-Time Working Parent | 37.0% | 20.8% MT | 16.8% | 10 |
| Sufficient Household Resources | % Children < 3 in Poverty | 30.8% | 13.8% MT | 10.4% | 10 |
| | % Crowded Housing | 38.1% | 12.1% MT | 9.0% | 6 |
| | % Food Insecure | 13.1% | 6.1% MT | 0.9% | 21 |
| Healthy and Equitable Births | % Preterm | 14.2% | 9.1% MT | 7.8% | 12 |
| | % Low Birthweight | 12.1% | 7.4% MT | 5.9% | 14 |
| | # of Infant Deaths per 1,000 Births | 8.3 | 4.8 MT | 3.6 | 10 |
| Parental Health and Emotional Wellbeing | % Poor Maternal Mental Health | 10.2% | 8.9% MT | 1.2% | 48 |
| | % Low Parenting Support | 26.0% | 6.5% MT | 4.5% | 2 |
| Nurturing and Responsive Child-Parent Relationships | % Not Read to Daily | 72.9% | 52.3% MT | 42.2% | 7 |
| | % Not Nurtured Daily | 52.4% | 39.7% MT | 27.7% | 21 |
| | % Parents Not Coping Very Well | 44.0% | 36.1% MT | 17.8% | 48 |
| Nurturing and Responsive Child Care in Safe Settings | % Providers Not in QRIS* | 98.5% | 73.2% MT | 0.0% | |
| | % Children Without Access to EHS | 96.5% | 78.6% MT | 74.0% | 4 |
| Optimal Child Health and Development | % Never Breastfed | 35.3% | 9.9% MT | 7.1% | 8 |
| | % Not Fully Immunized by Age 3 | 38.4% | 38.4% MT | 16.3% | 51 |
| | Maltreatment Rate per 1,000 Children < 3 | 41.4 | 30.2 MT | 1.9 | 44 |

* Thirteen states either do not report these data in the QRIS Compendium or have no statewide QRIS. This outcome is not ranked.

► For more information on the outcome measures, the ranking process, and data quality see Methods and Sources at pn3policy.org. Differences by race and ethnicity are not available due to small sample sizes at the state level.

The Prenatal-to-3 Policy Impact Center

Research for Action and Outcomes

Health, maternal care, family life, economic security, and early care and learning—the first three years shape the future of every child’s life. The Prenatal-to-3 Policy Impact Center at The University of Texas at Austin LBJ School of Public Affairs translates research on the best public investments into state policy actions that produce results for young children and society. Our team of researchers and nonpartisan policy experts works with policymakers, practitioners, and advocates to navigate the evidence of what works, set priorities, act with confidence, and analyze results for continuous improvement. We help connect the complex social, economic, and health needs of families that support effective child development in the earliest years—seeking effective policies for each and looking at how all can work together for the greatest impact.

Prenatal-to-3 Policy Clearinghouse

An ongoing inventory of rigorous evidence reviews of state-level policies and strategies that impact the prenatal to age 3 developmental period

Prenatal-To-3 State Policy Roadmap

An annual policy guide grounded in evidence that provides states actionable solutions to improve outcomes for all young children

Prenatal-to-3 Research Exchange

An opportunity for early childhood stakeholders to exchange ideas and experiences to advance scholarship and evidence informed policymaking

Building the Evidence Base

A prioritized research agenda, developed in collaboration with scholars and practitioners, to continue to build a strong and equitable prenatal-to-3 system of care



The University of Texas at Austin
LBJ School of Public Affairs