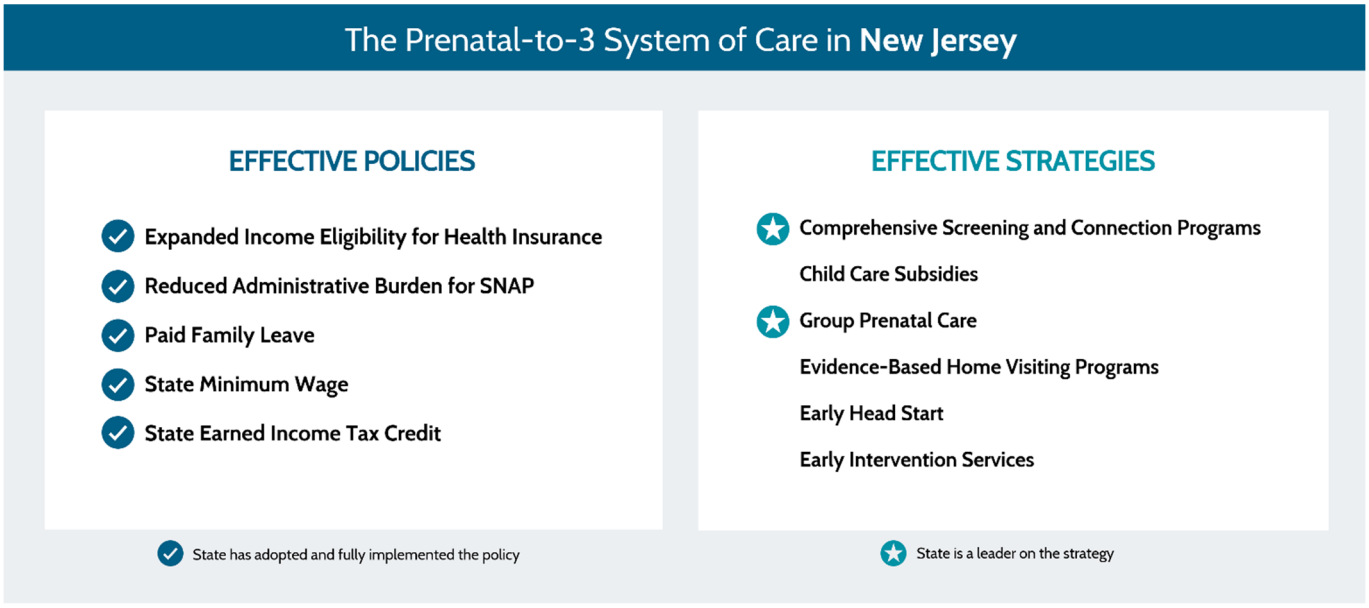
prenatal-to-3 policy IMPACT CENTER
RESEARCH FOR ACTION AND OUTCOMES

Child & Family Research Partnership
The University of Texas at Austin
LBJ School of Public Affairs

Summary

NEW JERSEY PRENATAL-TO-3 STATE POLICY ROADMAP



A ROADMAP TO STRENGTHEN YOUR STATE'S PRENATAL-TO-3 SYSTEM OF CARE

The prenatal to age 3 (PN-3) period is the most rapid and sensitive period of development, and it sets the foundation for long-term health and wellbeing. All children deserve the opportunity to be born healthy and raised in nurturing, stimulating, stable, and secure care environments with limited exposure to adversity. Unfortunately, many children lack the opportunities they deserve, and these disparities are often influenced by state policy choices.

To date, states have lacked clear guidance on how to effectively promote the environments in which children can thrive. This **Prenatal-to-3 State Policy Roadmap** identifies the evidence-based investments that states can make to foster equitable opportunities for infants and toddlers.

The Prenatal-to-3 State Policy Roadmap is a guide for each state to:

- **Implement the most effective state-level policies and strategies to date that foster nurturing environments and promote equity,**
- **Monitor the state's progress toward adopting and fully implementing these effective solutions, and**
- **Measure the wellbeing of infants and toddlers in each state.**

The science of the developing child points to eight PN-3 policy goals that all states should strive to achieve to ensure that infants and toddlers get off to a healthy start and thrive. Five state-level policies and six strategies positively impact at least one of these PN-3 policy goals, based on comprehensive reviews of rigorous research. When combined, the policies and strategies create a system of care that provides broad-based economic and family supports, as well as targeted interventions to address identified needs.

This Roadmap helps each state monitor its progress on all 11 effective solutions and on 20 child and family outcome measures that illustrate the health, resources, and wellbeing of infants, toddlers, and their parents in each state. The Roadmap also measures the progress states are making to reduce racial and ethnic disparities in opportunities and outcomes. The framework below illustrates the alignment between the eight policy goals and the 11 evidence-based policies and strategies that impact each goal.

Visit the Prenatal-to-3 Policy Clearinghouse at pn3policy.org/clearinghouse for more on the science behind each policy goal.

11 EFFECTIVE SOLUTIONS TO PROMOTE THE ENVIRONMENTS IN WHICH CHILDREN THRIVE

Based on comprehensive reviews of the most rigorous evidence available, the Prenatal-to-3 Policy Impact Center identified five effective policies and six effective strategies that foster the nurturing environments infants and toddlers need. For each of the five policies, the evidence points to a specific policy lever that states can implement to impact outcomes. For the six strategies, the evidence clearly links the strategy to PN-3 outcomes, but the current evidence base does not provide clear guidance on *how* states should implement each strategy to positively impact outcomes.

The 11 effective solutions are not implemented similarly across all states, leaving children and families across the US with a patchwork of benefits and unequal outcomes. In this Roadmap, we analyze the progress that each state has made in adopting and implementing the most effective policies and identify the states leading the way on the effective strategies.

The five most effective policies and six most effective strategies of the Prenatal-to-3 State Policy Roadmap are:

Effective State Policies

1. Expanded Income Eligibility for Health Insurance (Medicaid Expansion)
2. Reduced Administrative Burden for SNAP
3. Paid Family Leave
4. State Minimum Wage
5. State Earned Income Tax Credit

Effective State Strategies

1. Comprehensive Screening and Connection Programs
2. Child Care Subsidies
3. Group Prenatal Care
4. Evidence-Based Home Visiting Programs
5. Early Head Start
6. Early Intervention Services

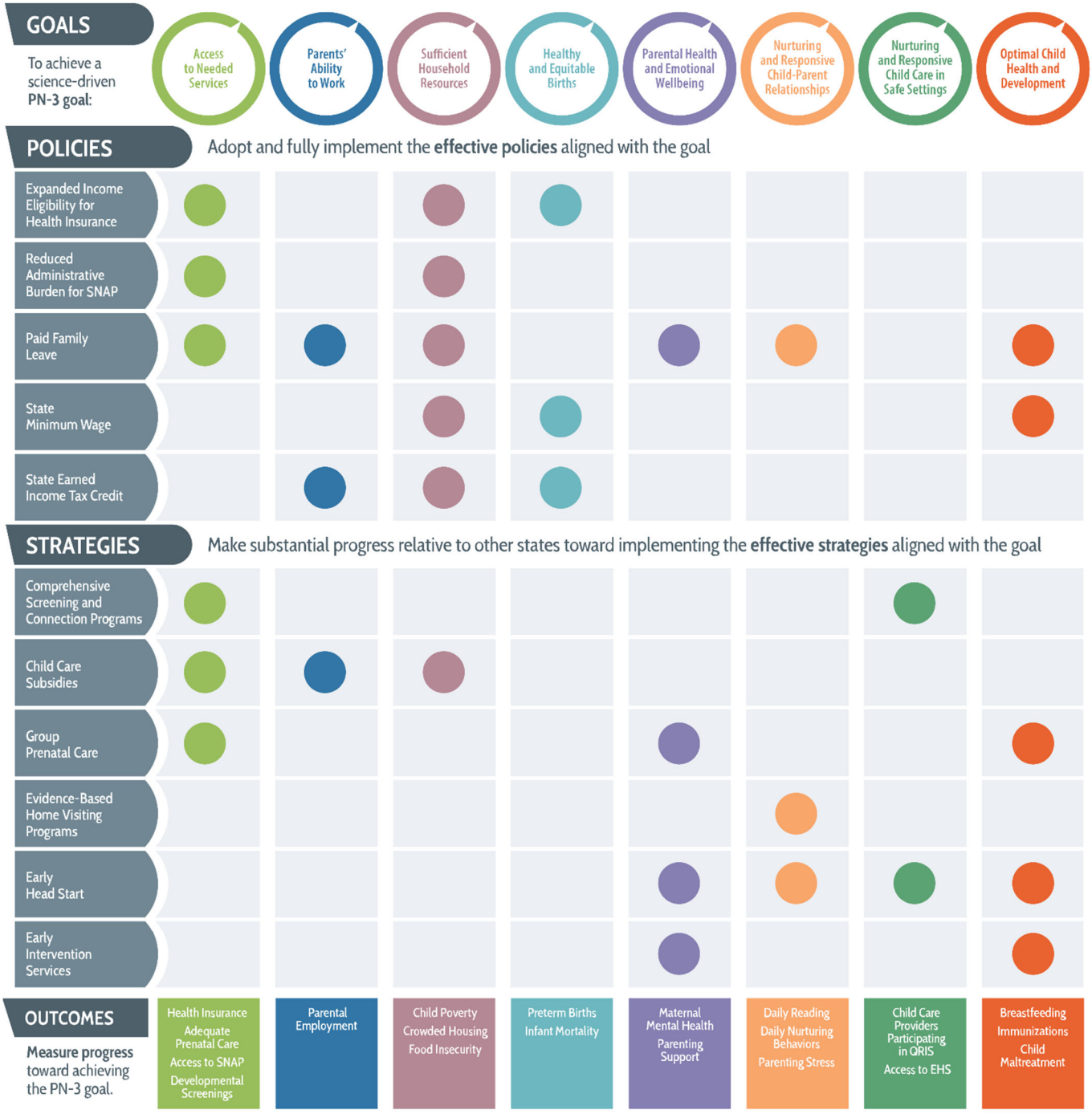
Learn more on the difference between policies and strategies at pn3policy.org/roadmap.

Prenatal-to-3 State Policy Roadmap

Effective policies impact PN-3 goals and research provides clear state legislative or regulatory action. **Effective strategies** impact PN-3 goals, but the research does not yet provide precise guidance for state legislative or regulatory action.

● Policy/strategy is aligned with goal in column

Policy/strategy does not align with goal in column (intentionally blank)



Note: More extensive information on each of the eight PN-3 policy goals can be found in the Prenatal-to-3 Policy Clearinghouse.

The Prenatal-to-3 System of Care in New Jersey

POLICIES

Effective policies impact PN-3 goals and research provides clear state legislative or regulatory action.

	Policy Definition		State Implementation
Expanded Income Eligibility for Health Insurance	State has 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.	✓	In 2010, New Jersey was one of the first six states to sign up for the early Medicaid expansion option. Legislators proposed no bills in the last year to modify eligibility requirements.
Reduced Administrative Burden for SNAP	State assigns 12-month recertification and simplified reporting to all eligible families with children, and offers online services, including at minimum, an online application.	✓	New Jersey is one of 26 states that assign 12-month recertification intervals and simplified reporting to all eligible families with children. New Jersey has an online application, but it does not offer change reporting or renewal services online.
Paid Family Leave	State has 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.	✓	New Jersey has a paid family leave program that provides up to 12 weeks of benefits. In the last year, legislators proposed two bills to promote the state's paid family leave program, and as of August 1, 2021, the state legislature was still in session, and the bills were pending.
State Minimum Wage	State has adopted and fully implemented a minimum wage of $10 or greater.	✓	The current state minimum wage in New Jersey is $12.00, with scheduled increases until the state minimum wage reaches $15.00 in 2024. In the last year, legislators did not introduce any bills to increase the state minimum wage.
State Earned Income Tax Credit	State has adopted and fully implemented a refundable EITC of at least 10% of the federal EITC for all eligible families with any children under age 3.	✓	New Jersey's refundable EITC is set to 40% of the federal EITC. In the last year, legislators passed a bill to extend eligibility for New Jersey's EITC to workers 18 and older, regardless of dependents.

✓ Adopted and fully implemented as of October 1, 2021

STRATEGIES

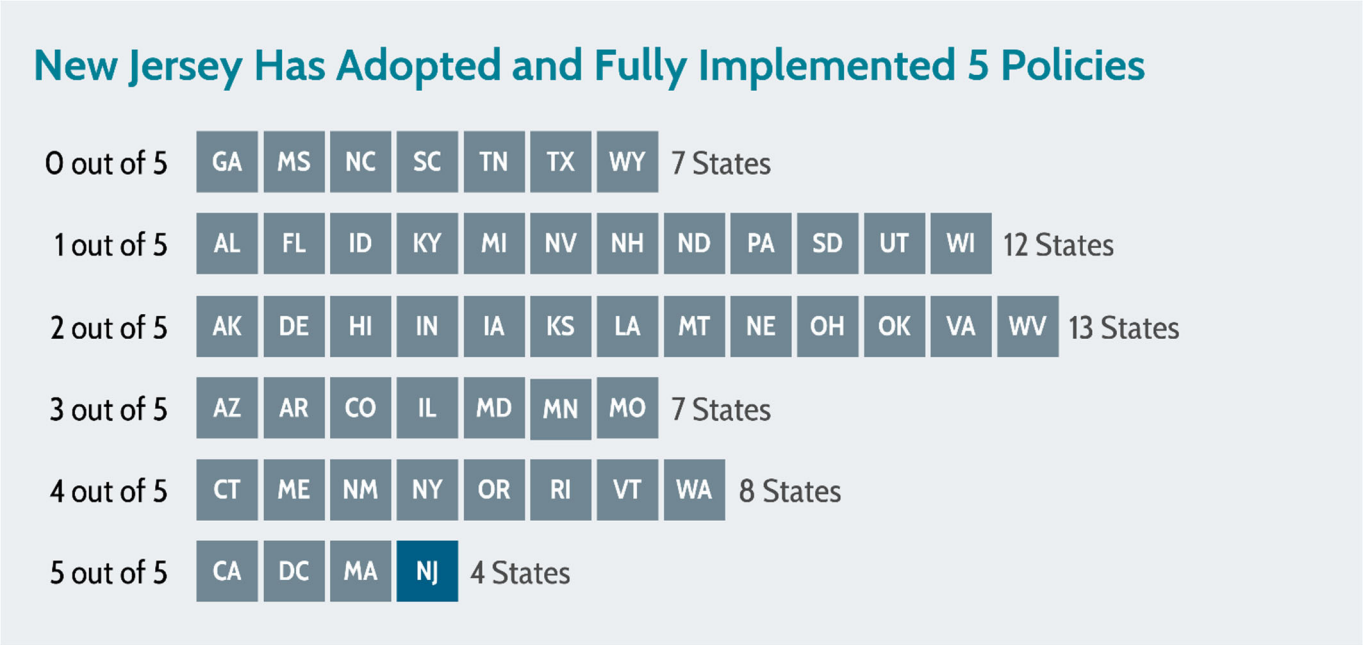
Effective strategies impact PN-3 goals, but the research does not yet provide precise guidance for state legislative or regulatory action.

	Characteristics of Leading States		State Implementation
Comprehensive Screening and Connection Programs	Leading states have a high percentage of families who access the programs, enact legislation to reach families across the state, and invest deeply in evidence-based programs.	★	New Jersey is a state leader in comprehensive screening and connection programs because it is one of only three states that has passed legislation recently to lay the groundwork to implement an evidence-based model statewide.
Child Care Subsidies	Leading states provide high reimbursement rates that meet the providers' true cost of care, require low family copays, and have a low family share of the total cost of child care.		In New Jersey, low-income families with a child care subsidy may pay up to 26.5% of the total market rate price of care, and the state's base reimbursement rates cover only 70.1% of the true cost of providing base-quality care.
Group Prenatal Care	Leading states provide financial support for group prenatal care, provide enhanced reimbursement rates for group prenatal care through Medicaid, and serve a substantial percentage of pregnant people.	★	New Jersey is a leader among states that use legislative authority to leverage Medicaid to cover group prenatal care services. The state also invested funds to scale up the CenteringPregnancy program model and encourages enhanced reimbursement rates in the Nurture New Jersey's 2021 Strategic Plan. In New Jersey, 3.1% of the state's pregnant people participated in group prenatal care through the CenteringPregnancy model in 2019.
Evidence-Based Home Visiting Programs	Leading states serve a substantial percentage of low-income families with young children and use state dollars or Medicaid to support home visiting services.		Relative to other states, New Jersey serves a higher percentage of its low-income children under age 3 in the state's home visiting programs. The state takes advantage of Medicaid funding as part of the financing strategy for its home visiting programs.
Early Head Start	Leading states have a state-specific program, provide state financial support for EHS, and serve a substantial percentage of low-income children.		New Jersey does not contribute to its Early Head Start programs by supplementing federal funding at the state level. Approximately 7.5% of eligible infants and toddlers in New Jersey have access to EHS.
Early Intervention Services	Leading states serve a substantial percentage of children under age 3, increase eligibility for children, and maximize the use of Medicaid to pay for EI services.		New Jersey serves 10.2% of its 0-to-3 population in EI over the course of a year, ranking 10th among all states on this indicator. The state has recently increased its coordination between EI programs and child care providers, which may help increase participation further.

★ Leading state on effective strategy

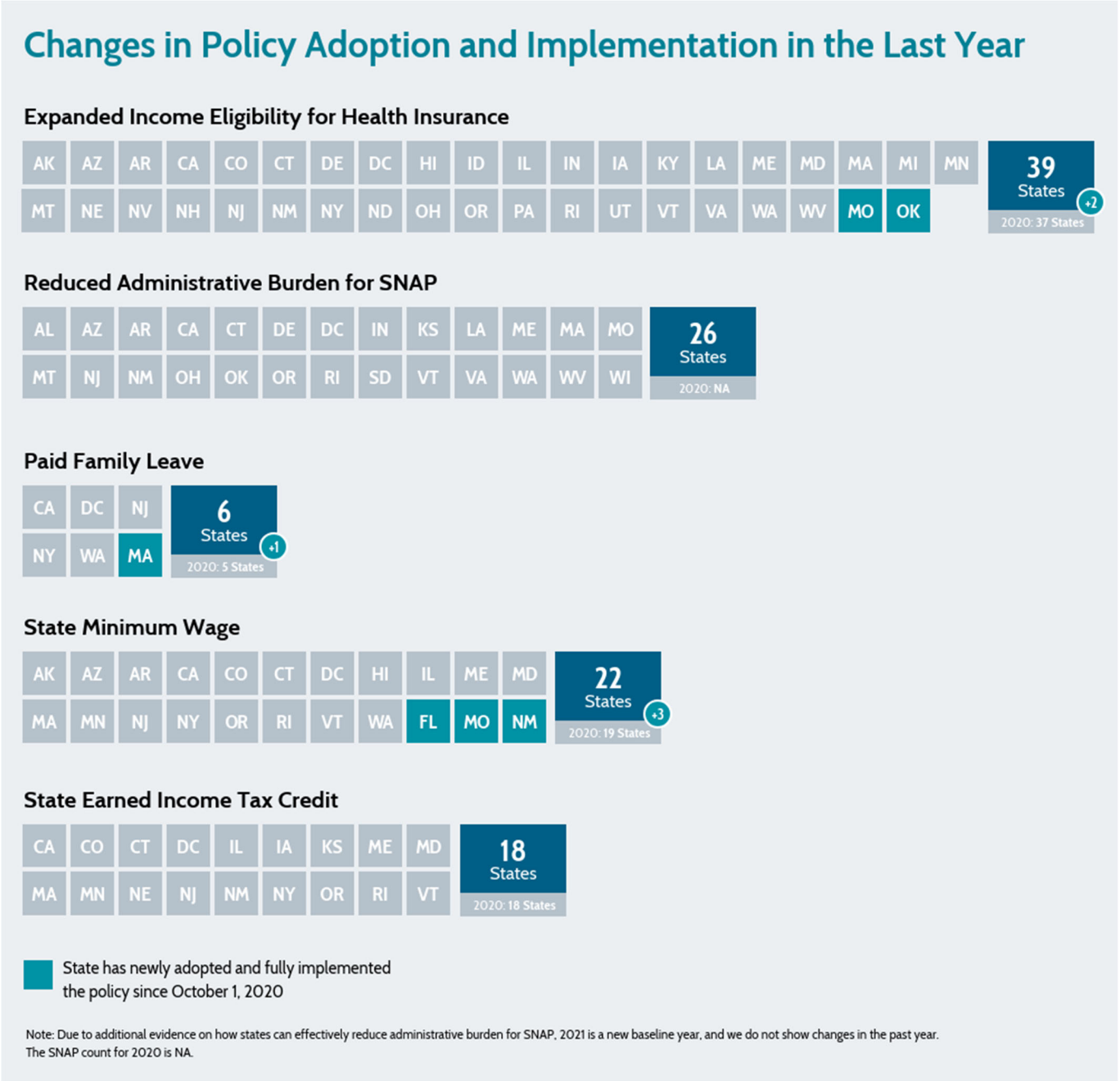
FEW STATES ARE DOING IT ALL, BUT MANY ARE MOVING FORWARD

Only four states—California, the District of Columbia, Massachusetts, and New Jersey—have adopted and fully implemented all five effective policies. "Fully implemented" means that families in the state can currently access the level of benefits that rigorous research states is necessary to impact PN-3 outcomes. Eight states have fully implemented four out of the five policies. Yet, even among states that have implemented a given policy, the generosity and reach of the policy varies considerably across states, which is discussed in detail in subsequent sections of the Roadmap. To date, seven states—Georgia, Mississippi, North Carolina, South Carolina, Tennessee, Texas, and Wyoming—have not fully implemented any of the effective policies.



The focus of this year's Roadmap is on the progress that states have made over the last year to build stronger and more equitable prenatal-to-3 systems of care. The pandemic caused substantial hardship for many families, particularly families of color, and it exposed how essential economic security, health care, paid leave, and stable child care is for all of us. A year ago, states were reeling from massive unemployment and limited economic activity, and many were facing budget shortfalls and considering cuts to services. Although many are still struggling, federal stabilization efforts have helped many families avoid complete catastrophe and have provided states with unprecedented levels of investments in many of the policies and strategies in this Roadmap. Rather than experiencing a period of retrenchment, many states have moved forward!

Since the last Roadmap, an additional five states have fully implemented at least one of the five Roadmap policies—Missouri implemented two policies. Missouri and Oklahoma adopted and fully implemented Medicaid expansion, Massachusetts fully implemented a 12-week paid family leave program, and three states—Florida, Missouri, and New Mexico—fully implemented a state minimum wage of at least $10.



In addition to the progress of these five states, many more states seriously considered legislation to adopt one of the evidence-based policies, passed legislation to enhance the benefits, or will fully implement one of the policies in the next few years. For example:

- 11 of the 12 states that have not yet expanded Medicaid introduced legislation or considered a ballot initiative to expand it.
- 23 states introduced legislation to adopt a paid family leave program, and by 2024, 4 additional states will have fully implemented a program with a minimum of 6 weeks of paid benefits.
- 3 additional states will have a minimum wage of at least $10.00 next year, and 11 states will have a $15.00 minimum wage by 2026.
- All 20 states that have a minimum wage equal to the federal minimum of $7.25 considered legislation to expand theirs to the $10.00 threshold or higher.
- 5 states that currently have a refundable state EITC of at least 10% of the federal credit passed legislation to expand their credit in the next few years, and 4 other states passed legislation to increase their EITC, but not to the 10% refundable level quite yet.

States also invested in the evidence-based strategies this past year through legislative or administrative action. For example:

- New Jersey and Connecticut passed legislation to implement evidence-based comprehensive screening and connection programs statewide, based on the Family Connects model, and Maryland and California invested further in the HealthySteps model.
- 4 states (Oregon, Rhode Island, Vermont, and Washington) passed bills to eliminate or reduce the level of copayment that a family must pay to receive a child care subsidy, 2 states (Washington and New Mexico) increased the rates they will pay child care providers, and New Mexico passed legislation to expand income eligibility for child care subsidies.
- Maryland, Illinois, and Ohio invested in group prenatal care in an effort to improve birth outcomes.
- Connecticut, Delaware, and Illinois increased their accountability and oversight of their home visiting programs.
- Maine, Oregon, and Washington expanded access to Early Head Start across the state.
- Delaware, Illinois, and Colorado increased their efforts to offer Early Intervention (EI) services to infants and toddlers who need the services, and Connecticut eliminated family fees for EI, which helps lower-income families access services.

The State Policy Roadmap provides extensive information on each of the effective policies and strategies, including the impact that each solution has on the eight PN-3 policy goals, the choices that states can make to effectively implement them, the progress states have made in the past year toward implementation, and how states vary in their generosity and reach of the policies and strategies. Throughout the Roadmap, there are over 100 data points and indicators of policy implementation that offer insight into the variation in state policy choices.

OUTCOMES VARY FOR INFANTS AND TODDLERS ACROSS STATES

The purpose of states' implementing effective PN-3 solutions is to improve the wellbeing of infants, toddlers, and their parents, and to reduce long-standing disparities in outcomes by race and ethnicity. Tracking progress on the following key PN-3 outcomes allows each state to determine the health and wellbeing of children and families in the state and to identify which PN-3 policy goals are lagging and should be prioritized.

National data on these outcomes predate the pandemic, therefore it is likely that family wellbeing is worse than what is illustrated in the Roadmap. But, the data provide an important portrait of how child and family wellbeing varies based on the state in which the family lives.

Wide variation exists in the wellbeing of children and families across states. The data below illustrate the range on each outcome between the state in which children and their parents are faring the best, and the state in which they are faring worst, and demonstrates where the state fits within that range.

On some outcomes, such as insecure employment and preterm births, the percentage of children or families who are struggling in the best states is approximately half what it is in the worst states. However, on other outcomes, the differences are much larger. For example, the percentage of low-income women of childbearing age who lack health insurance in Texas (47.8%) is 15 times higher than it is in the District of Columbia (3.8%); and the rate of child maltreatment is 18 times higher in West Virginia than it is in Pennsylvania.

Importantly, the "best" state does not necessarily indicate a target for all other states to strive toward; even in the best states, many children and families are struggling. For example, Minnesota reports the lowest, or best, percentage of children who did NOT receive a developmental screening, but in that state still 40% of children are not screened for potential delays that can identify the need for intervention. Similarly, Minnesota also has the best rate of children receiving all of their required immunizations, but the percentage of infants and toddlers who are not fully immunized is over 15%. The daily reading outcome measure provides another example of an outcome on which all states can improve; Texas families report that over 75% of parents do not read to their infants and toddlers daily, which is the highest, or worst, percentage in the country. Vermont families report the best rate of daily reading, but over 45% of children are not read to daily in the state.

In addition to measuring where states are relative to one another, it is vital that states collect and share information on how families of different race and ethnic groups and socioeconomic statuses fare on these outcomes. For most of these measures, national data are not available that can adequately measure subgroup differences within a state, because of small sample sizes. The outcomes and demographic characteristics sections of the Roadmap provide each state with detailed information on these important measures, and where possible, the data are presented by race and ethnicity.

Prenatal-To-3 Outcomes to Measure Impact in New Jersey

Policy Goal	Outcome Measure	Worst State		Best State	Rank
Access to Needed Services	% Low-Income Women Uninsured	47.8%	27.4% NJ	3.8%	39
	% Births to Women Not Receiving Adequate Prenatal Care	24.9%	15.5% NJ	5.1%	31
	% Eligible Families with Children < 18 Not Receiving SNAP	26.7%	21.2% NJ	2.0%	50
	% Children < 3 Not Receiving Developmental Screening	73.5%	62.7% * NJ	40.0%	29
Parents' Ability to Work	% Children < 3 Without Any Full-Time Working Parent	39.0%	23.9% NJ	14.8%	19
Sufficient Household Resources	% Children < 3 in Poverty	33.1%	13.3% NJ	8.6%	14
	% Children < 3 Living in Crowded Households	35.8%	19.9% NJ	8.6%	41
	% Households Reporting Child Food Insecurity	12.1%	4.2% NJ	1.2%	10
Healthy and Equitable Births	% Babies Born Preterm (< 37 Weeks)	14.6%	9.6% NJ	8.2%	16
	# of Infant Deaths per 1,000 Births	9.1	4.3 NJ	3.1	5
Parental Health and Emotional Wellbeing	% Children < 3 Whose Mother Reports Fair/Poor Mental Health	10.9%	1.0% NJ	1.0%	1
	% Children < 3 Whose Parent Lacks Parenting Support	24.0%	16.2% NJ	6.4%	30
Nurturing and Responsive Child-Parent Relationships	% Children < 3 Not Read to Daily	75.9%	54.9% * NJ	45.4%	6
	% Children < 3 Not Nurtured Daily	52.7%	35.8% NJ	28.1%	9
	% Children < 3 Whose Parent Reports Not Coping Very Well	46.1%	35.4% NJ	20.1%	43
Nurturing and Responsive Child Care in Safe Settings	% Providers Not in QRIS	Updated Data Not Available			
	% Children Without Access to EHS	96.2%	92.5% NJ	69.0%	37
Optimal Child Health and Development	% Children Whose Mother Reported Never Breastfeeding	33.0%	12.0% NJ	7.5%	16
	% Children < 3 Not Up to Date on Immunizations	38.4%	29.6% NJ	15.6%	37
	Maltreatment Rate per 1,000 Children < 3	39.5	4.1 NJ	2.1	5

MOVING FORWARD

This Prenatal-to-3 State Policy Roadmap provides each state with information not only on how the state is doing, but how each state can better support the healthy development of infants and toddlers. Each year, the Prenatal-to-3 Policy Impact Center will update this Roadmap to track states' progress on adopting and implementing the best investments that states can make, based on the most rigorous evidence to date. We will also measure improvements in the overall wellbeing of infants and toddlers, and their parents in each state, and whether states are closing persistent racial and ethnic gaps in wellbeing. Finally, we will continue to monitor and contribute to the growing evidence base to identify additional effective solutions to promote healthy development and family stability.

The science is clear with regard to the conditions necessary to help children thrive. The evidence now exists on how states can invest in effective policies and strategies to foster these conditions. This Roadmap is meant to serve as a guide for states as they undertake these important efforts to ensure all children have the opportunities they deserve.