

A decorative graphic with a dark teal background. It features a white outline of a house-like shape with a pointed top and a pointed bottom. Inside the outline, there are four white stars, one in each corner. A white semi-circle is positioned at the top center, and another white semi-circle is positioned at the bottom center. Two horizontal white lines are positioned above and below the top semi-circle.

*Information*

Safer Streets Start  
with  
Stronger Children

Investing in Children  
Fights Crime &  
Saves State Dollars



*Safer Streets*

Investing in young children nets an  
18% return in public dollars.

Setting our children right from the  
start creates the thriving adults that  
drive our industries and move  
Louisiana forward.

Failure to invest leads to more costly  
health and justice interventions.

A decorative frame with a house-like shape, featuring a pointed top and a pointed bottom. The frame is composed of white lines on a dark teal background. Inside the frame, there are four white stars, one in each corner. A white circle is centered at the top, partially obscured by a horizontal line. The word "Information" is written in a white, cursive font across the middle of the frame.

*Information*

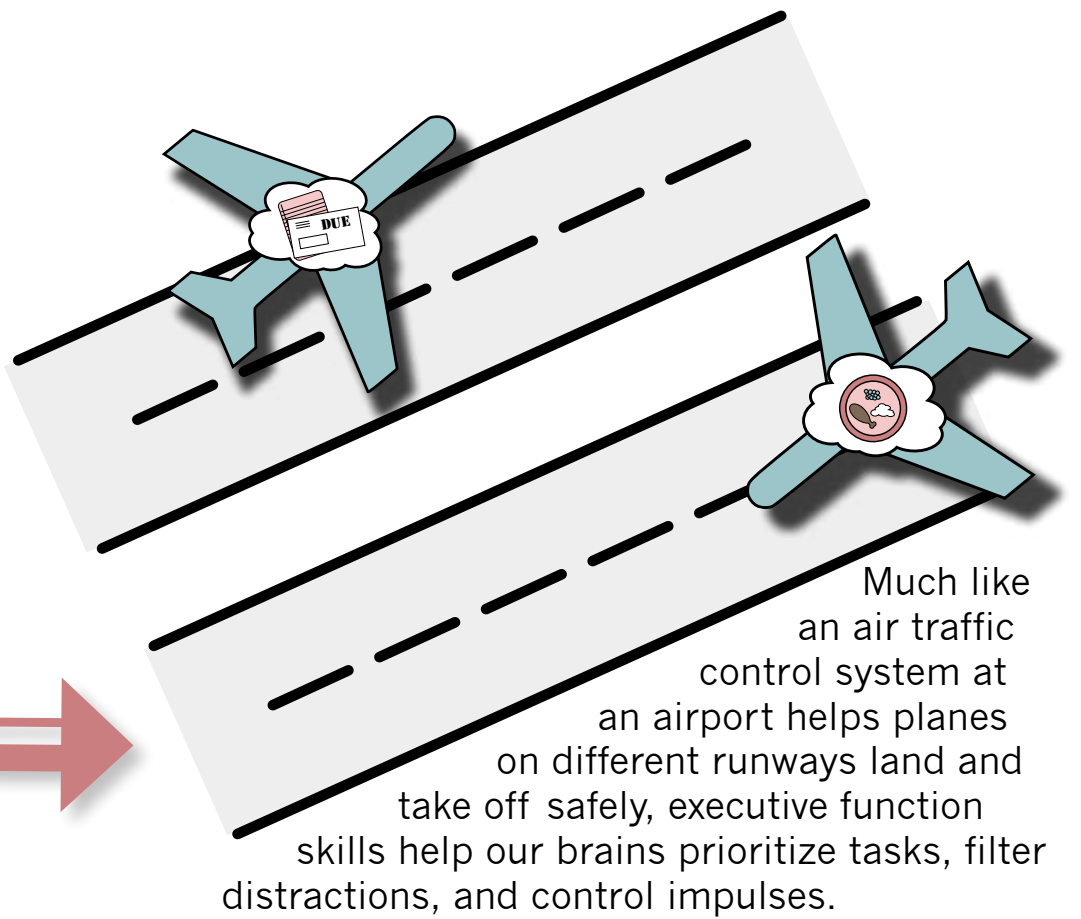
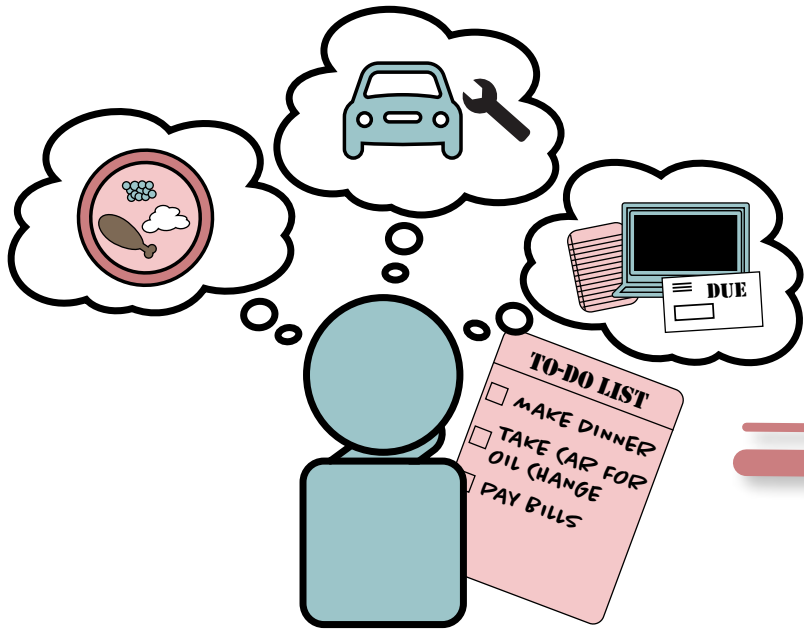
# Early Development

Investing in Children  
Fights Crime &  
Saves State Dollars

# WHAT IS EXECUTIVE FUNCTION?

## AND HOW DOES IT RELATE TO CHILD DEVELOPMENT?

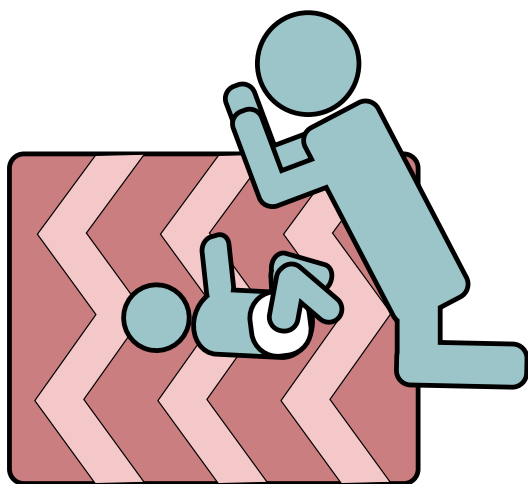
The phrase “executive function” refers to a set of skills. These skills underlie the capacity to plan ahead and meet goals, display self-control, follow multiple-step directions even when interrupted, and stay focused despite distractions, among others.



Much like an air traffic control system at an airport helps planes on different runways land and take off safely, executive function skills help our brains prioritize tasks, filter distractions, and control impulses.

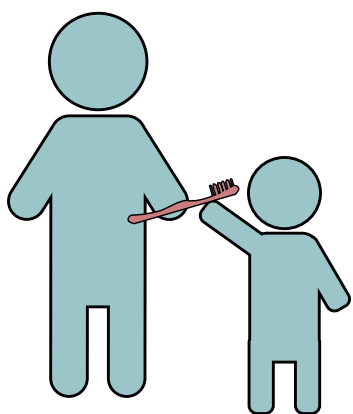
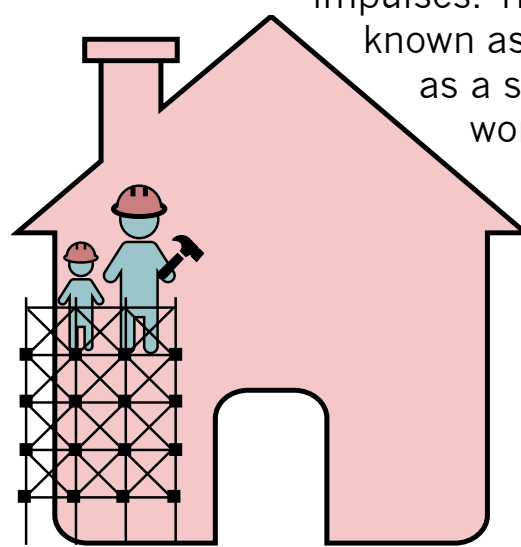
## NO ONE IS BORN WITH EXECUTIVE FUNCTION SKILLS, BUT NEARLY EVERYONE CAN LEARN THEM.

Our genes provide the blueprint for learning these skills, but they develop through experiences and practice. The foundation is laid in infancy, when babies first learn to pay attention. Relationships with responsive caregivers are particularly important at this stage. Something as simple as playing a game of peekaboo can help build the early foundations of working memory and self-control as a baby anticipates the surprise.



Adults set up the framework for children to learn and practice these skills over time by establishing routines, breaking big tasks into smaller chunks, and encouraging games that promote imagination, role-playing, following rules, and controlling impulses.

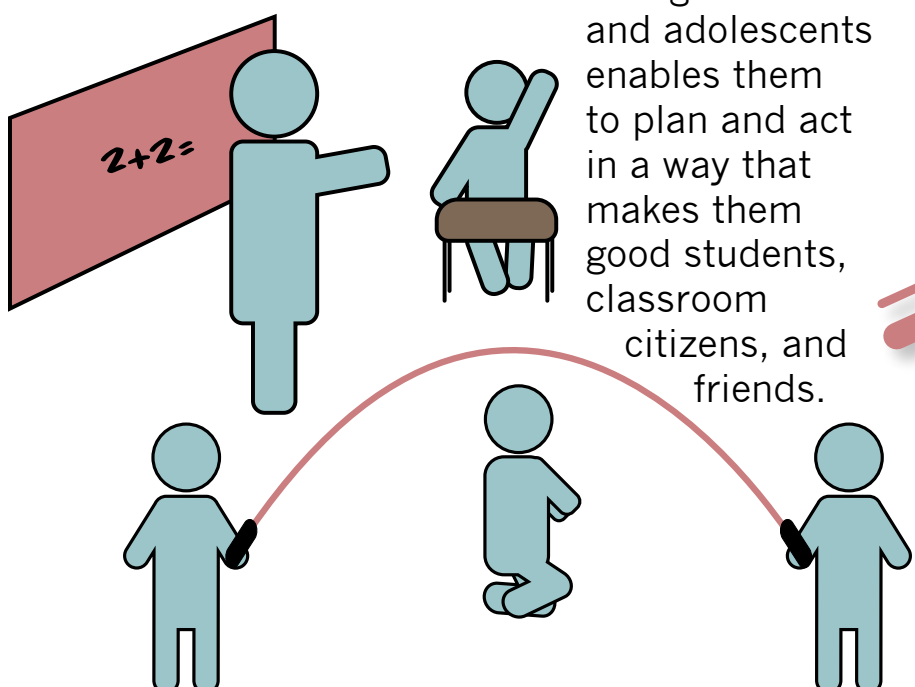
These techniques are known as “scaffolding.” Just as a scaffold supports workers while a building is being constructed, adults can use these activities to support the emergence of children’s executive function skills until they can perform them on their own.



These skills typically develop most rapidly between ages 3-5, followed by another spike in development during the adolescent and early adult years. It takes a long time and a lot of practice to develop them, but, as children’s executive function skills grow, adults can gradually allow children to manage more and more aspects of their environment.

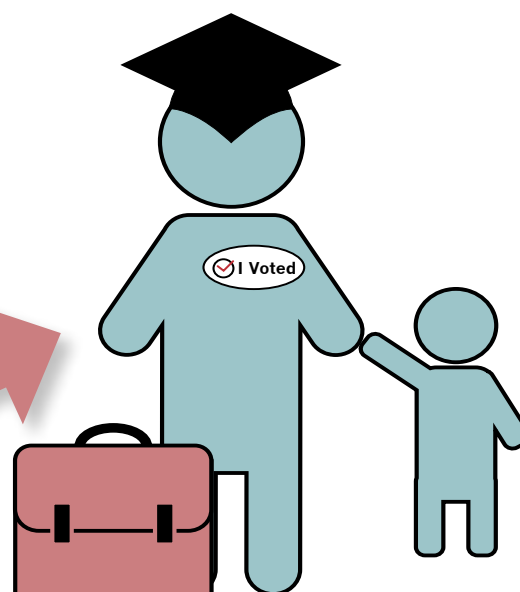
## BUILDING CHILDREN’S EXECUTIVE FUNCTION SKILLS BENEFITS EVERYONE.

The increasingly competent executive functioning of children and adolescents enables them to plan and act in a way that makes them good students, classroom citizens, and friends.



In turn, this helps them grow into adults capable of juggling a multitude of commitments, such as parenting, employment, continuing education, and civic involvement. Even health is affected, as strong executive function helps people stick to healthy habits

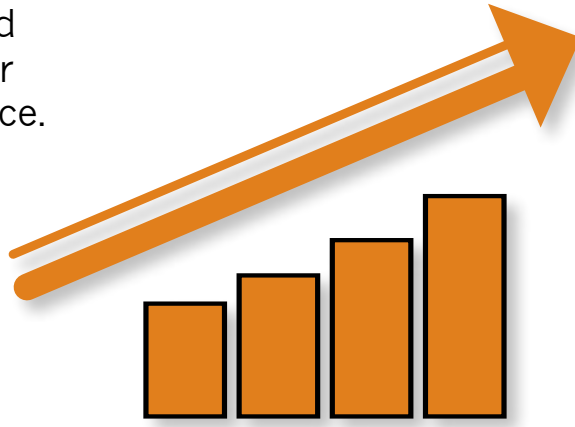
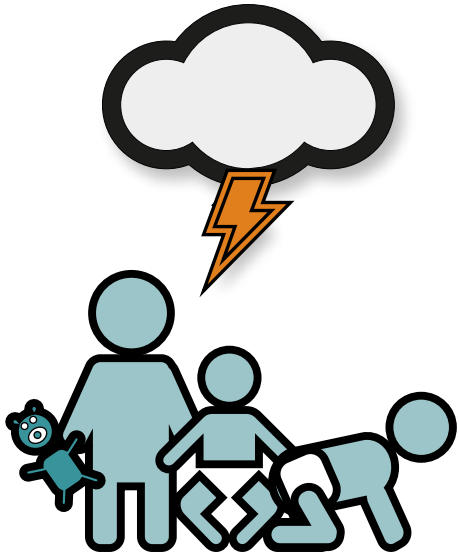
and reduce stress. The more a society invests in building the executive functioning of its children, the greater dividends it will see in the future.



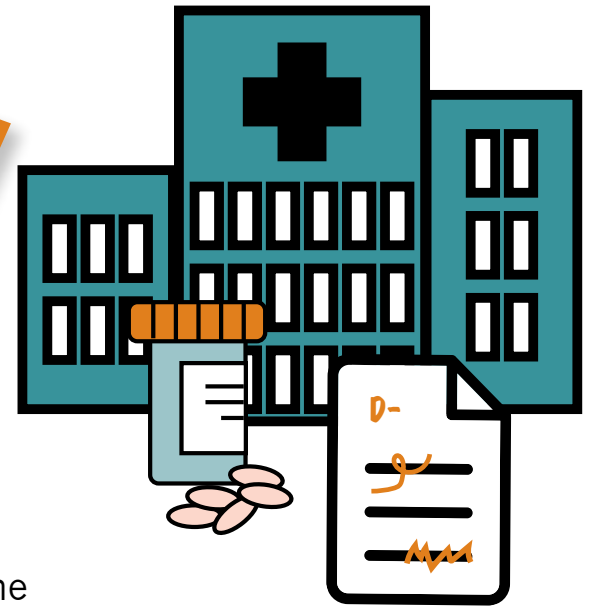
# WHAT ARE ACES?

## AND HOW DO THEY RELATE TO TOXIC STRESS?

“ACEs” stands for “Adverse Childhood Experiences.” These experiences can include things like physical and emotional abuse, neglect, caregiver mental illness, and household violence.

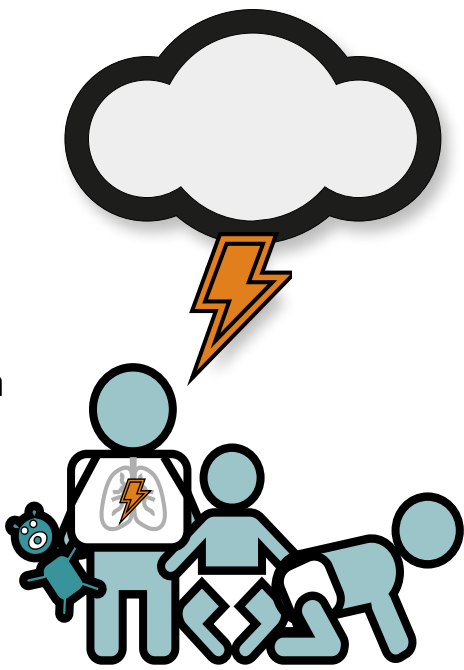


The more ACEs a child experiences, the more likely he or she is to suffer from things like heart disease and diabetes, poor academic achievement, and substance abuse later in life.



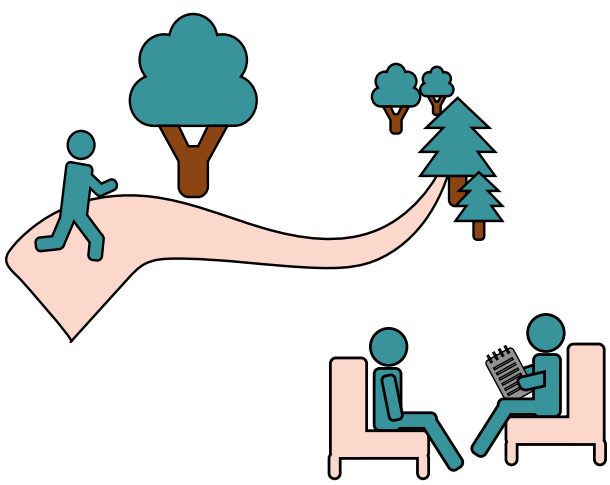
## TOXIC STRESS EXPLAINS HOW ACES “GET UNDER THE SKIN.”

Experiencing many ACEs, as well as things like racism and community violence, without supportive adults, can cause what’s known as **toxic stress**. This excessive activation of the stress-response system can lead to long-lasting wear-and-tear on the body and brain.



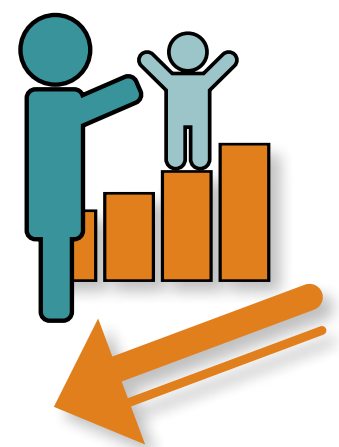
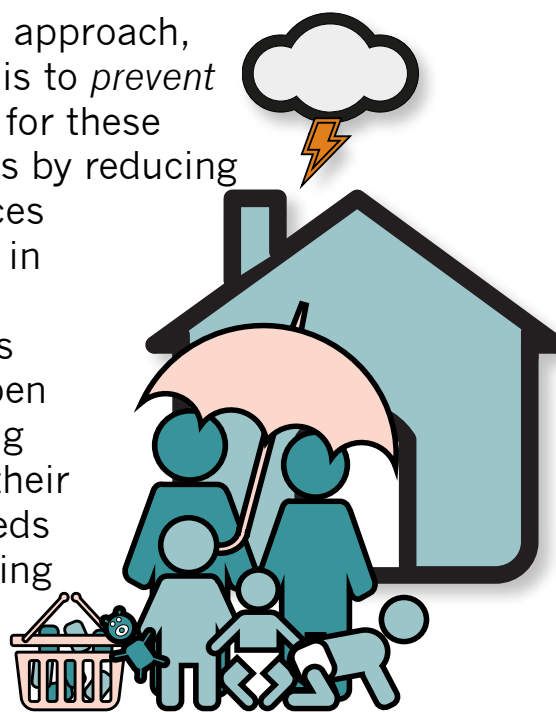
The effect would be similar to revving a car engine for days or weeks at a time.

## WE CAN REDUCE THE EFFECTS OF ACES AND TOXIC STRESS.



For those who have experienced ACEs, there are a range of possible responses that can help, including therapeutic sessions with mental health professionals, meditation, physical exercise, spending time in nature, and many others.

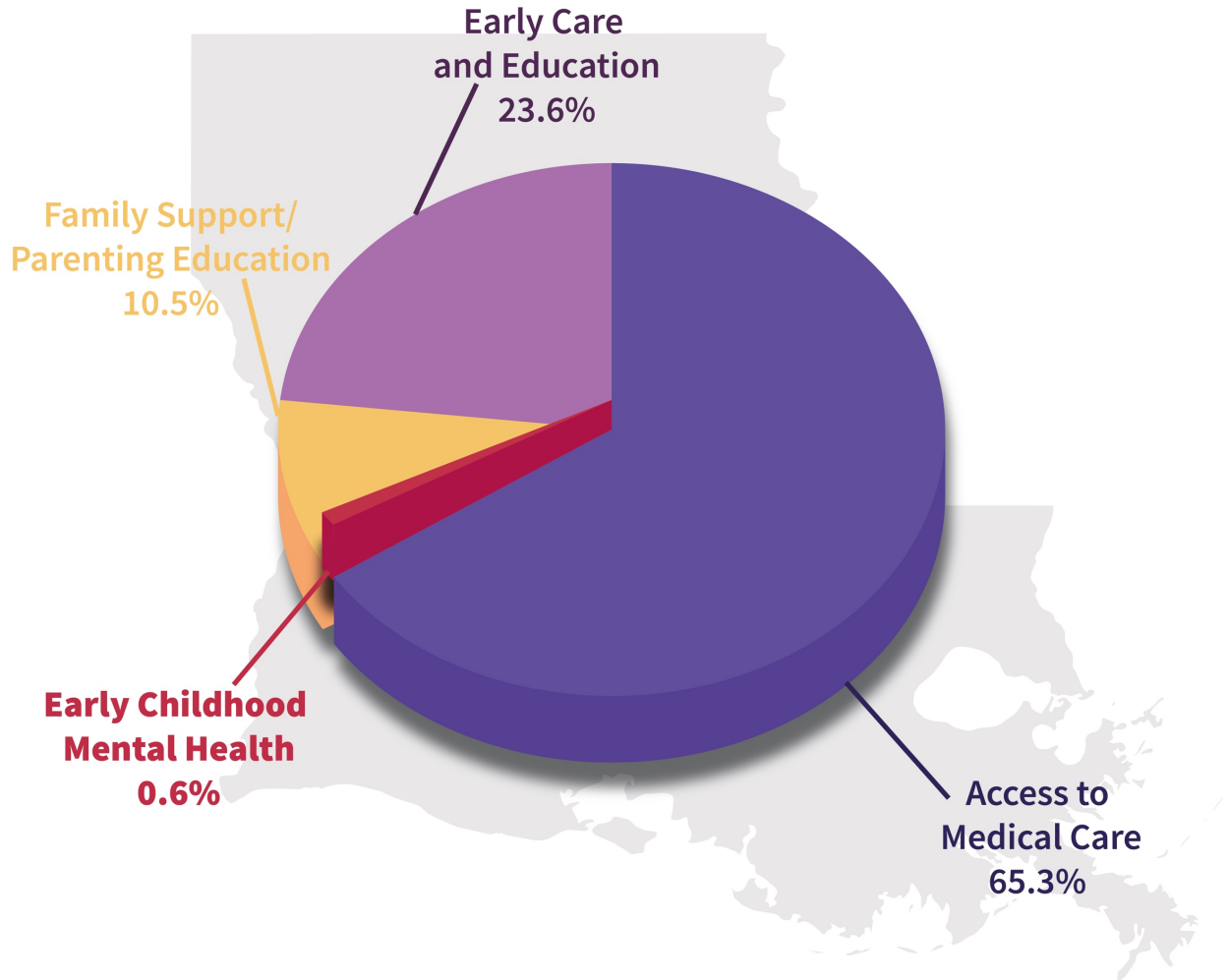
The ideal approach, however, is to *prevent* the need for these responses by reducing the sources of stress in people’s lives. This can happen by helping to meet their basic needs or providing other services.



Likewise, fostering strong, **responsive relationships** between children and their caregivers, and helping children and adults build **core life skills**, can help to buffer a child from the effects of **toxic stress**.

ACEs affect people at all income and social levels, and can have serious, costly impact across the lifespan. **No one who’s experienced significant adversity (or many ACEs) is irreparably damaged**, though we need to acknowledge trauma’s effects on their lives. By reducing families’ sources of stress, providing children and adults with responsive relationships, and strengthening the core life skills we all need to adapt and thrive, **we can prevent and counteract lasting harm**.

## LOUISIANA SPENDING ON EARLY CHILDHOOD



## 2023-2024 POLICY PRIORITIES

March of Dimes leads the fight for the health of all moms and babies. We advocate for women, infants, children and families across a wide range of issues at the federal, state and local level. The diagram below outlines the highest priority issues March of Dimes will champion to improve health equity, reduce prematurity, prevent maternal mortality and make measurable strides for the health of every family.

### **INCREASE ACCESS TO QUALITY HEALTH CARE**

March of Dimes advocates for access to quality, high-value, private health insurance and public health coverage, as well as programs that provide integrated health care services.

**Medicaid postpartum extension**

**Access to midwives and doulas**

**Access to quality telehealth services**

### **SUPPORT HEALTHY WOMEN AND BABIES**

March of Dimes supports a broad range of policies and programs to promote health, improve health equity, prevent disease, further patient safety and prevent infant mortality. Advocating for a comprehensive national response to high maternal mortality and morbidity rates, especially among women of color who face health disparities.

**Access to mental health services**

**Workplace policies for families**

### **IMPROVE RESEARCH AND SURVEILLANCE**

March of Dimes advocates for innovative medical research and robust health surveillance programs, which are essential to discovering ways to prevent, diagnose and treat maternal and child health conditions, track occurrence and promote health equity.

**Maternal Mortality Review**

**Newborn screening modernization**

**Vaccination compliance**



## **INCREASE ACCESS TO QUALITY HEALTH CARE**

- Expanding access to Medicaid, including extending coverage for mothers after childbirth to 12 months.
- Support expanded access to midwifery care for women who desire services, by further integrating midwives into maternity care, and promote full practice authority by removing restrictive laws and regulations.
- Advocate for Medicaid and private insurance coverage for doula care services.
- Increase access to quality telehealth services and technology to providers and pregnant women, especially for women living in maternity care deserts or with other obstacles to receiving care.
- Oppose harmful Medicaid block grant proposals, work requirements and other barriers to coverage.



## **SUPPORT HEALTHY WOMEN AND BABIES**

- Support authentic and standardized implicit bias training for health care providers and staff, caring for women before, during and after pregnancy, as well as training accountability and governance policies to enhance broader goal of achieving equity for moms and babies.
- Support efforts that are critical to addressing and improving maternal mental health through; access to and insurance coverage, universal screening, referral and treatment coordination, consumer and provider education and surveillance and data collection.
- Advocating for policies and programs to prevent and treat substance use, including opioids and Neonatal Abstinence Syndrome (NAS) surveillance programs, with a focus on the safety and care of pregnant women and infants.
- Advancing policies to support mothers and reduce health disparities in the workplace such as parental leave, paid family leave, pregnancy accommodations, nondiscrimination and breastfeeding promotion.
- Promoting policies and practices that address social determinants (drivers) of health to help reduce health inequities related to housing, transportation, environmental health, food insecurity and access to nutritional foods.
- Ensuring coverage of immunizations and supporting efforts by federal agencies and Congress to address vaccine hesitancy and dispel misinformation about immunizations that endanger the public health.



## **IMPROVE RESEARCH AND SURVEILLANCE**

- Advancing legislation to enhance, standardize best practices and sustain Maternal Mortality Review Committees (MMRCs) and perinatal quality collaborative (PQCs) to further patient safety.
- Supporting federal and state legislation to protect and enhance newborn screening, ensure every state tests each newborn for all conditions on the Recommended Uniform Screening Panel (RUSP).
- Promoting surveillance, research and data collection on key maternal and child health priorities, including birth defects, preterm birth, health disparities, maternal depression and infant and maternal mortality.
- Supporting funding for the National Institutes of Health (NIH) and National Institute of Child Health and Human Development (NICHD) to continue maternal, child and infant health research and data collection.
- Encouraging Congress to invest more in the nation's public health infrastructure including the CDC, state, local, tribal and territorial core public health infrastructure to ensure we are prepared for the next public health emergency.
- Champion funding for pre-term birth research at Centers for Disease Control and Prevention (CDC).
- Promoting research to help pregnant and breastfeeding women and their health care providers know what medications are safe for them and their infants by advancing the recommendations of the Task Force on Research Specific to Pregnant Women and Lactating Women.



[MARCHOFDIMES.ORG/POLICYPRIORITIES](https://marchofdimes.org/policypriorities)





## FACT SHEET: Paid Parental Leave for Louisiana K-12 Employees

Educators are the backbone of our society. However, teachers in many states, including Louisiana, have no guaranteed right to paid parental leave. This lack of access leaves public school employees with no choice but to accumulate any available paid time off or paid sick days in anticipation of welcoming a new child. Paid parental leave would allow Louisiana K-12 employees to take the time they need to care for a new child without losing their income, savings, or much deserved paid time off.

### **A paid parental leave program would have positive health and economic benefits for a large number of Louisiana educators and their families.**

- In 2021-2022, there were 97,438 public school employees, consisting of 50,218 teachers and 47,220 non-teaching staff members in the State of Louisiana.<sup>1</sup>
- In 2017-2018, the National Center for Education Statistics reported that 70.2% of teachers in Louisiana were of childbearing age.<sup>2</sup>
- Given the data, many teachers and support staff urgently need paid parental leave to feel secure knowing they will have a paycheck while they take time to recover from childbirth and care for their new child.
- Paid parental leave also supports adoptive parents by providing time to handle logistics and bond with a new child while easing the financial burden that often comes with adoption.<sup>3</sup>
- Studies have shown that fathers who take paternity leave experience greater engagement in their child's life, which in turn has cognitive and developmental advantages for children.<sup>4</sup>
- When fathers take adequate paid parental leave, it greatly benefits new moms as well, leading to fewer postpartum health complications and improved mental health.<sup>5</sup>

### **Paid parental leave will help make Louisiana a competitive state to be an educator, improving recruitment and retention.**

- Louisiana is currently ranked 46th in education on the national scale.<sup>6</sup>
- Between 2021-2022, research shows that the turnover rate was 14% for teachers and 17% for school leaders.<sup>7</sup> Of those who departed, 37% left within 5 years of starting their teaching career.<sup>8</sup>

<sup>1</sup> 2021-2022 Educator Workforce Snapshot, Louisiana Believes, 2023, [https://www.louisianabelieves.com/docs/default-source/teaching/2021-2022-state-educator-workforce-snapshot.pdf?sfvrsn=40396318\\_6](https://www.louisianabelieves.com/docs/default-source/teaching/2021-2022-state-educator-workforce-snapshot.pdf?sfvrsn=40396318_6).

<sup>2</sup> National Teacher and Principal Survey, National Center for Education Statistics, 2019, [https://nces.ed.gov/surveys/ntps/tables/ntps1718\\_flttable02\\_t1s.asp](https://nces.ed.gov/surveys/ntps/tables/ntps1718_flttable02_t1s.asp).

<sup>3</sup> Adoption Friendly Benefits in the Workplace: It is the Right Thing to Do, National Council For Adoption, July 1, 2018, <https://adoptioncouncil.org/publications/adoption-advocate-no-121/>.

<sup>4</sup> The Health Case for Paid Family and Medical Leave, A Better Balance, November 30, 2021, <https://www.abetterbalance.org/resources/the-health-case-for-paid-family-and-medical-leave/>.

<sup>5</sup> When Dad Can Stay Home: Fathers' Workplace Flexibility And Maternal Health, National Bureau of Economic Research, October 2019, [https://www.nber.org/system/files/working\\_papers/w25902/w25902.pdf](https://www.nber.org/system/files/working_papers/w25902/w25902.pdf).

<sup>6</sup> Kenny Francis and Teresa Falgoust, Paid Leave is the Foundation of a Stronger Louisiana, Agenda for Children, August 2020, p. 2, <https://agendaforchildren.org/cms/wp-content/uploads/2021/08/Paid-Leave-Brief-September-2020.pdf>.

<sup>7</sup> Louisiana Rankings, U.S. News, 2023, <https://www.usnews.com/news/best-states/louisiana>.

<sup>8</sup> 2021-2022 Educator Workforce Snapshot, Louisiana Believes, 2023, [https://www.louisianabelieves.com/docs/default-source/teaching/2021-2022-state-educator-workforce-snapshot.pdf?sfvrsn=40396318\\_6](https://www.louisianabelieves.com/docs/default-source/teaching/2021-2022-state-educator-workforce-snapshot.pdf?sfvrsn=40396318_6).

<sup>8</sup> Id.

- The most recent federal data shows that a quarter of teachers who recently left teaching reported “personal life reasons (e.g., health, pregnancy/childcare, caring for family)” as the most important reason that factored into their decision to quit.<sup>9</sup>
- Research shows that paid family leave helps increase employee retention and decrease turnover,<sup>10</sup> which would save the state money on hiring and training costs.
- Several of Louisiana’s peer states, including Tennessee,<sup>11</sup> Georgia,<sup>12</sup> South Carolina,<sup>13</sup> and North Carolina<sup>14</sup> have already enacted paid parental leave policies for their educators.
- Children’s life chances are linked to their quality of education.<sup>15</sup> By providing more supports for educators and enhancing overall productivity and retention, students will reap the long-term benefits.

### **Paid parental leave helps K-12 employees stay healthy and better able to do their job.**

- Without dedicated paid parental leave, educators often have no choice but to use up any sick or vacation days when a new child arrives, leaving them with no paid leave for when they or their child become sick.
- Providing paid parental leave separately ensures that employees can reserve their paid sick days for when they truly need them, resulting in healthier children and less spread of illness amongst the school.
- Paid family leave also helps boost productivity and improve employee morale.
  - 91% of employers surveyed in one state reported that paid family leave had either a positive or neutral effect on profitability.<sup>16</sup> Large majorities of employers also reported positive or neutral effects on productivity (88.5%) and employee morale (98.6%).<sup>17</sup>

### **Paid parental leave is good for the economy.**

- By keeping workers with caregiving needs attached to the workforce, paid parental leave decreases reliance on public assistance programs, creating taxpayer savings.
- Women and men who return to work after a paid leave are significantly less likely to receive public assistance in the year after the birth of their child than parents who take no leave at all.<sup>18</sup>

**Louisiana has already enacted paid parental leave for state employees.<sup>19</sup>**  
**Educators deserve the same benefit.**

<sup>9</sup> U.S. Department of Education, National Center for Education Statistics, *Teacher Follow-up Survey (TFS), "Former Teacher Data File,"* 2012-13. <https://www.nctq.org/blog/How-many-school-districts-offer-paid-parental-leave#:~:text=The%20most%20recent%20federal%20data,personal%20life%20reasons%20between%20%22very>.

<sup>10</sup> Eileen Appelbaum and Ruth Milkman, *Leaves that Pay: Employer and Worker Experiences with Paid Family Leave in California*, p. 8, <http://cepr.net/documents/publications/paid-family-leave-1-2011.pdf>.

<sup>11</sup> Tenn. Code. Ann. §§ 8-50-813– 814, <https://publications.tnsosfiles.com/acts/113/pub/pc0399.pdf>.

<sup>12</sup> Ga. Code § 45-20-17, <https://www.legis.ga.gov/api/legislation/document/20212022/201999>.

<sup>13</sup> S.C. Code Ann. § 8-11-151, [https://www.scstatehouse.gov/sess125\\_2023-2024/bills/3908.htm](https://www.scstatehouse.gov/sess125_2023-2024/bills/3908.htm).

<sup>14</sup> N.C. Gen. Stat. § 126-8.6, <https://www.ncleg.gov/Sessions/2023/Bills/Senate/PDF/S20v5.pdf>.

<sup>15</sup> OECD (2012), *Equity and Quality in Education: Supporting Disadvantaged Students and Schools*, OECD Publishing, p. 14, <http://dx.doi.org/10.1787/9789264130852-en>.

<sup>16</sup> Eileen Appelbaum and Ruth Milkman, *Leaves that Pay: Employer and Worker Experiences with Paid Family Leave in California*, p. 8, <https://cepr.net/documents/publications/paid-family-leave-1-2011.pdf>.

<sup>17</sup> *Id.*

<sup>18</sup> Linda Houser & Thomas Vartanian, *Pay Matters: The Positive Economic Impacts of Paid Family Leave for Families, Businesses and the Public*, Ctr. for Women and Work (2012), p. 6-7, <http://www.nationalpartnership.org/research-library/work-family/other/pay-matters.pdf>.

<sup>19</sup> State Civil Serv. *Parental Leave*, <https://www.civilservice.louisiana.gov/Parental-Leave/Default.aspx>.

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# Home Visiting

Investing in Children  
Fights Crime &  
Saves State Dollars

# Universally Available Home Visiting in Louisiana



Some of our state's costliest social problems—like child abuse and neglect, school failure, poverty, unemployment, and crime—are rooted in early childhood wellbeing. **Voluntary home visiting** matches parents with trained professionals to provide information and support during pregnancy and throughout their child's first 1000 days. Quality, voluntary home visiting programs lead to fewer children in social welfare, mental health, and juvenile corrections systems, with considerable savings to the state.

(Zero to Three: <https://zero-to-three.herokuapp.com/document/88>)

**Better parenting practices and increased reading and other language-related activities at home help positively affect school readiness by creating bonds, promoting self-regulation and engaging in the interactions that stimulate communication and learning.**

In a statewide universally available home visiting structure, every family that wants home visiting can access these services with the costs being underwritten by Medicaid, private insurance, and state/federal funds. Research has shown that these programs can return anywhere from \$1.80 to \$5.70 for every dollar invested. (L.A. Karoly, M.R. Kilburn, & J.S. Cannon. *Early childhood interventions: proven results, future promise.*)



## How can home visiting help children with disabilities?



If a family elects to have home visiting the professional that visits with that family is trained to recognize developmental delays and other disabilities and connect that family to interventions that can reduce the cost and burden of disabilities for that family.

## How can home visiting help with literacy and achievement?

Home visitors can help parents engage with their children in ways that build sound recognition and language development. These skills help children learn how to read, speak, and communicate. Studies of various home visiting programs have show positive impacts on indicators related to cognitive development and behavior, including higher IQs, higher language scores, and higher grade-point averages and achievement scores, including higher graduation rates. (Zero to Three: <https://zero-to-three.herokuapp.com/document/88>)

## How can home visiting help with maternal mortality?

Voluntary home visiting programs can help identify physical and mental health issues that mothers may have and connect them to appropriate resources. These services have demonstrated outcomes that save the lives of both moms and babies.





## Maternal-Child Health Initiatives

Identifying and addressing risk factors among pregnant and postpartum families in New Orleans is a top priority for the New Orleans Health Department (NOHD). Through direct family services, policy change, and coordination among local health care systems, NOHD plays a critical role in the effort to protect our youngest and most vulnerable residents. Local, state, and federal resources are all critical to the success of our family health initiatives.

### Newborn Nurse Home Visiting Program – Family Connects New Orleans

NOHD launched the Family Connects New Orleans (FCNO) program in August 2023, in collaboration with Ochsner Baptist and Touro Hospitals. FCNO is a postpartum nurse home visiting program that offers at least one in-home visit to all



families who deliver a baby in New Orleans. During the home visits, the nurses assess the mother, baby, and family for physical health, mental health, and array of other needs and risk factors. When needs are identified, NOHD ensures the family is directly connected to all available social services and community-based resources to address their needs. FCNO is funded entirely with City funds and private philanthropic dollars.

### Healthy Start New Orleans & WIC



NOHD's Healthy Start New Orleans (HSNO) program provides case management services to families with infants, from conception through age two. With grant funding from HRSA, HSNO serves nearly 900 infants, mothers, and fathers in New Orleans and has a physical presence in Central City and New Orleans East. NOHD recently submitted a HRSA grant application to continue the program for another five years.



NOHD also administers the federal WIC supplemental nutrition program, which serves 2,500 low-income families per month.

### Newborn Supply Kits

In 2023, NOHD partnered with HHS and Baby2Baby to bring Newborn Supply Kits to families who delivered a baby at Touro Hospital. Over a 3 month period this initiative has provided more than 500 Newborn Supply Kits to New Orleans families containing essential supplies for mothers and babies, as well as information and resources about breastfeeding, safe sleep, and available support programs. Early evaluation results from the pilot show that families who received the kits had improved mental health, decreased financial stress, and increased enrollment in federal programs. Following the successful pilot, NOHD is exploring opportunities to continue and expand the Newborn Supply Kit initiative.

### Firearm Safe Storage Campaign

NOHD, Children's Hospital New Orleans, the Louisiana Department of Health's BE SMART campaign and the Louisiana Chapter of the American Academy of Pediatrics are partnering to provide widespread education and high-quality biometric firearm safes to New Orleans residents in both healthcare and community settings across the parish, free of charge. To date, **840 safes** have been distributed to individuals in conjunction with a brief firearm safety training and BE SMART materials. Community partners and other City agencies support training sites and events.



*Information*

## **Early Education**

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# LOUISIANA POLICY INSTITUTE FOR CHILDREN



A successful Louisiana starts with successful children.

## WHO WE ARE

The Louisiana Policy Institute for Children is a nonpartisan, nonprofit organization that is a **source of data, research, and information for policymakers and stakeholders** on issues concerning young children in Louisiana.

## WHAT WE DO

The Louisiana Policy Institute for Children seeks to:

1. Inform decision makers through research;
2. Impact the lives of children and families; and
3. Raise awareness about early care and education in Louisiana.

## OUR MISSION

Advancing policies to ensure that Louisiana’s young children are ready for success in school and in life.

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# Early Investments Pay Off: How Funding Early Care and Education Programs Prevents Future Crime

**Investments in high-quality early care and education programs** benefit children and their communities in multiple ways. Participating children experience not only **greater academic and economic outcomes**, but also **lesser involvement in violent crime and the justice system**. These benefits translate to millions of dollars in community savings over the course of a single child's life.

## With 90% of brain development occurring by age 4, the early years are a critical time in a child's life for building foundational skills and prosocial behaviors

- Early cognitive and emotional development difficulties may contribute to later aggressive and/or disruptive behavior
- Problem behaviors developed early and not addressed by kindergarten can be predictive of future misbehavior and criminal activity

## High-quality early care and education programs combine developmentally appropriate components to support whole child development, including educational, social-emotional, and physical progress

- Children who attend high-quality early care and education programs are less likely to be referred for special education services, experience fewer grade retentions, and are more likely to graduate from high school

## Children enrolled in high-quality early care and education programs are less likely to be arrested or engaged in violent crime

- Participants in a Chicago preschool program for 3- and 4-year-olds were over 40% less likely to be arrested for a violent crime by age 18
- A longitudinal study of the High/Scope Perry preschool program found that non-participating children were five times more likely to have been arrested five or more times by age 27

## Investment in high-quality early care and education can save millions of dollars in crime prevention

- Preventing a child from dropping out of school, using drugs, and engaging in criminal activity can save an estimated \$2.6 million to \$4.4 million over that child's lifetime

## References

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*Information*

# **Afterschool & Career Pathways**

Investing in Children  
Fights Crime &  
Saves State Dollars

# From a Time of Risk to a Time of Opportunity

**90%** of Louisiana parents are satisfied with their child's afterschool program



71% say afterschool programs keep kids **safe and out of trouble.**



81% say afterschool programs give working parents **peace of mind.**



85% say afterschool programs help kids **build life skills.**



76% say afterschool programs **excite kids about learning.**

## How 21st Century Community Learning Center programs support Louisiana students:

**82%**

of regular program attendees **improved their math grade.**

**79%**

of regular program attendees **improved their behavior.**

The hours after the last school bell rings and before parents typically return home from work is a time of endless opportunities and potential for young people. It can be a time of learning and growth, when kids explore new topics in fields like science, technology, engineering, and math; discover new interests; and develop their communication, teamwork, and leadership skills alongside supportive mentors. It can also be a time of risk, as the hours between 2 p.m. and 6 p.m. are the peak time for juvenile crime.

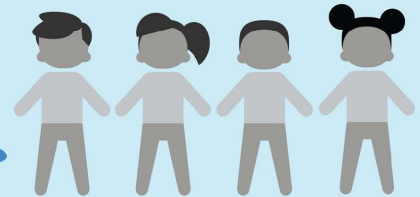
High-quality afterschool programs are critical to decreasing juvenile crime and victimization and to putting kids on the right track for success later in life. In Louisiana, investing in afterschool initiatives emerges as one of the most impactful strategies to enhance public safety. These programs are supported by parents throughout the state, because they give working families a peace of mind knowing that their kids are safe and out of trouble beyond the bell. Unfortunately, these proven programs are not available to all young people who need and want the opportunity.



For every child in afterschool in Louisiana, **4 are waiting** for an available program.



Enrolled



Waiting

# Quality Afterschool Programs...



Boost Academics



Reduce Crime



Save Money



Improve Behavior



Lead to Healthier Habits

## JUVENILE CRIME IN LOUISIANA AT A GLANCE

20

Number of Juvenile Detention Centers in Louisiana

\$350

Average cost to hold one youth per day in the Florida Parish Juvenile Detention Center

\$9M

Cost of constructing a Juvenile Detention Center

\$155,760

Cost to incarcerate one youth per year in Louisiana

According to The Council For a Strong America, the hours immediately following the end of the school day are the “prime time for juvenile crime,” when young people are likeliest to be involved in criminal activity and risky behavior — which is why investing in high-quality afterschool programs is crucially important for putting kids on the right track for success in life.

Louisiana currently has **352 boys and 15 girls** in secure care facilities. All of the state’s juvenile justice centers for boys are at capacity – so much so that the state has been forced to keep 62% of incarcerated youth in local facilities while waiting for more state spaces to open up.

We can do better for young people in Louisiana. Investing in prevention by giving young people access to afterschool and summer programs that offer a safe space, caring adults, and opportunities to build skills that will last them a lifetime will pay dividends for youth, families, and communities.

**The long-term outcomes are clear, afterschool programs are a smart investment by reducing crime and welfare costs, increasing kids’ earning potential, and improving kids’ performance at school.**

## AFTERSCHOOL PROGRAMS - A STRONG RETURN ON INVESTMENT



AVERAGE COST

**\$11**

per student per day



EVERY

**\$1**

invested saves

**\$3**



Scan for more information



225-726-3700



[info@louisianaafterschool.org](mailto:info@louisianaafterschool.org)



### Resources:

Afterschool Alliance, Fight Crime: Invest in Kids Council for a Strong America, Louisiana Illuminator: Juvenile Justice Facility, Justice Policy Institute, Louisiana Illuminator: Policy Changes

# INVEST IN OPPORTUNITY YOUTH: AN AGENDA FOR LOUISIANA'S FUTURE



## WHO ARE LOUISIANA'S OPPORTUNITY YOUTH?

Nearly 1 in 6 young people between the ages of 16 to 24 in Louisiana are disconnected from both school and work, a population known as Opportunity Youth. Louisiana ranks fourth in the nation for its rate of disconnection among youth. This has enormous consequences both for the young people experiencing disconnection and for society as a whole.

Louisiana's Opportunity Youth live in every region of the state, though youth in certain areas experience higher rates of disconnection than others. They come from all backgrounds and races, though due to historic and systemic discrimination, Black males are more likely to be disconnected than their peers followed by Latina and Black females. In Louisiana, 16% of disconnected youth live with a disability of some kind, compared to 6.5% of those who are connected. Disconnected young women are three times more likely to be mothers as connected women, 24.1% and 8.3%, respectively. And, over 10% of disconnected youth - and 25% of disconnected young Black men - are involved in the justice system and living in an institution.

When youth are disconnected from work and school during these formative years, it often reverberates throughout their lives. Without the advantages of early work experience, personal and professional network development and the interpersonal skills that connected youth gain during these years, Opportunity Youth are at a disadvantage. Over their lifetime, they are more likely to experience unemployment, lower wages, lower educational attainment, and worse health outcomes. We can do better.

Louisiana's opportunity youth population is **86,600**



That's more than the entire population of **Lake Charles**

## THE OPPORTUNITY

Louisiana's youth are the future of our state and should drive our economy for years to come. Louisiana policymakers can help Opportunity Youth reconnect by investing in economic security measures, wrap-around social services, and workforce development and educational pathways.

Louisiana's Opportunity Youth deserve more from our state. Our current systems do not meet the needs of our youth. Fragmented approaches to youth policymaking have often failed to address all of Louisiana's youth needs. Despite numerous federal, state, and local programs existing to serve low-income people, too many young Louisianans still fall through gaps in the social safety net. Even when Opportunity Youth successfully receive benefits, they still often face significant needs outside of existing programs, presenting obstacles to their sustained economic stability and independence.

For all of Louisiana's young people to thrive, policymakers should promote policies and programs that proactively provide increased economic opportunities and wrap-around services that remove barriers and provide pathways to success for our Opportunity Youth.

IMAGES COURTESY OF THE UNIVERSITY OF LOUISIANA AT MONROE  
OUR CUSTOMERS

# AN AGENDA FOR LOUISIANA'S YOUTH

## INVEST IN ECONOMIC SECURITY



Policymakers must invest in young people's economic security for Louisiana's youth to succeed. Youth need higher wages, a more expansive Earned Income Tax Credit and Child Tax Credit, and paid sick days and family and medical leave. Louisiana has the second highest poverty rate in the nation, with some 829,565 Louisianans, or 18.6% of residents, living at or below the federal poverty rate in 2022. The state also has the third-highest child poverty rate in the nation, with 24.4%, or 255,159, children facing poverty and economic insecurity. For Louisiana's Opportunity Youth to thrive, they must be able to access economic opportunities and be on the path to financial security.

## INVEST IN WRAP-AROUND SERVICES



Providing wrap-around services that extend beyond workforce and educational programs to address key policy shortfalls that Opportunity Youth face will set Louisiana's young people up for success. Louisiana's youth need investment in digital equity, transit, mental health, and housing to consistently re-engage with work and/or educational opportunities. Policymakers should promote equitable broadband investments and device availability, free transit with regional connectivity and rural transit investment, increased mental health supports in education and workforce programming, and more affordable housing units and increased rental protections for Opportunity Youth.

## INVEST IN CAREER PATHWAYS



Extending investment in workforce programs and educational certificates and credentialing can help Opportunity Youth develop skills and connect with jobs across the state. However, after exiting high school, many young adults face a confusing and disjointed adult credentialing and workforce development programmatic landscape. It is often difficult for adults not enrolled in associates, technical, or bachelor's programs to string together requirements for certifications or degrees. By improving information sharing between K-12 institutions, community colleges, and potential employers, and advocating for increased funding for adult education, we can avoid youth disconnection and provide opportunities for Louisiana's young people to reconnect and engage in the workforce through sequenced adult career pathways.

## WHO ARE WE?

The Louisiana Opportunity Youth Skills Coalition is a network of direct service providers and advocacy organizations working to ensure that the state's policies and institutions support the needs of Louisiana's disconnected youth. We focus on creating a stronger connective fabric to support all young people as they transition from school to the workforce. We connect grassroots community organizations and policymakers in designing responsive policies that meet the needs of Louisiana's youth. **To learn more about the Opportunity Youth Skills Coalition's work and policy priorities, reach out to Danielle Barringer-Payton at [danielle@labudget.org](mailto:danielle@labudget.org).**



A decorative frame with a dark teal background. The frame consists of a double-line border. Inside, there are four white four-pointed stars, one in each corner. A white circle is centered at the top, with two horizontal lines passing through its center. The word "Information" is written in a white cursive font between these lines.

*Information*

# **Supporting Child Welfare**

Investing in Children  
Fights Crime &  
Saves State Dollars

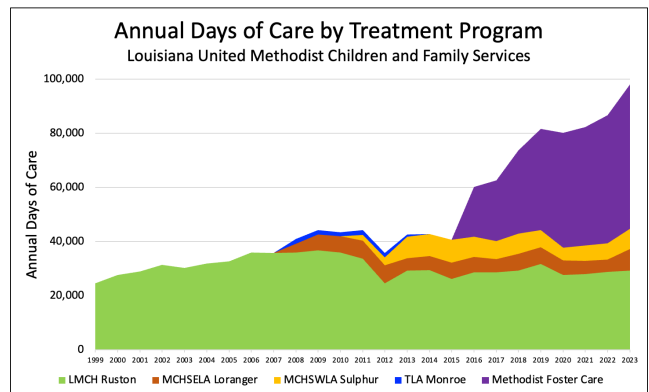
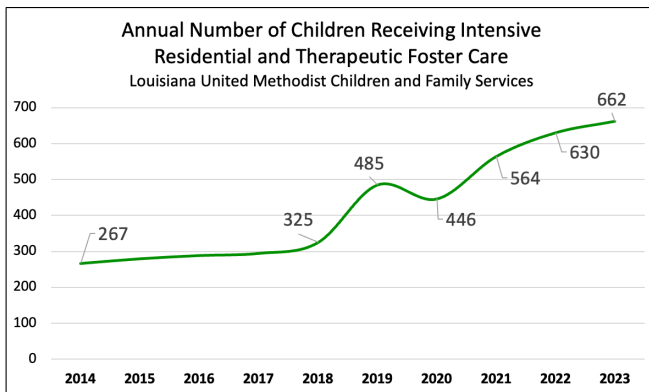


## Louisiana United Methodist Children and Family Services (LUMCFS)

LUMCFS is Louisiana’s largest provider of intensive residential treatment facility services for children and therapeutic foster care. With three regional campuses in Ruston, Sulphur, and Loranger, a robust network of therapeutic foster homes throughout the state, and an array of community-based services, LUMCFS has cared for thousands of Louisiana children.

From its founding in 1902, LUMCFS has existed for only one reason – to care for Louisiana’s most desperate children and families. Even with its 125th anniversary approaching, LUMCFS looks more to the future than the past. The new Methodist Children’s Home of Southeast Louisiana opened near Hammond in 2022 on 126 acres in the center of Louisiana’s densest population growth during our next 100 years.

**OUR GROWING SERVICES.** Our services are available to all Louisiana children and families. They are funded through contracts with *Healthy Louisiana* managed care organizations, agreements with the Department of Children and Family Services, and the charitable donations of thousands of Louisiana’s citizens.



The many services provided by LUMCFS are fully and dually accredited by the Council on Accreditation and the EAGLE Commission. Commendations from both accreditors speak to the organization’s emphasis on quality, effectiveness, and ethics.

**OUR COMMITMENT.** More than 500 strong, LUMCFS staff members are unabashedly committed to children’s well-being and serving families with the greatest needs. Two divisions, Methodist Behavioral Healthcare, and Methodist Social Services, share their mutual strengths to provide specialized services that Louisiana’s children and families require but can obtain from few other providers.

**OUR EXPERTISE.** LUMCFS designs and delivers services for children and families.

**Methodist Behavioral Health** comprises the organization’s programs aligned with the Louisiana Department of Health. These services include the three campuses licensed as psychiatric residential treatment facilities - Louisiana Methodist Children’s Home in Ruston, Methodist Children’s Home of Southwest Louisiana in Sulphur, and the Methodist Children’s Home of Southeast Louisiana in Loranger – and Methodist Aftercare Services.

**The Lorraine Howard Educational Center** on the grounds of Louisiana Methodist Children’s Home is an alternative school designated by the Louisiana Department of Education as an *Exemplar* among Louisiana’s schools, serving as a model for alternative education in our state. What is the difference between Howard School and the typical educational environment for children in out-of-home care? LUMCFS invests millions of charitable dollars in providing exceptional educational services for children with the greatest needs. Visit Howard School at Louisiana Methodist Children’s Home to see what is possible for alternative schools in residential settings.



**Methodist Social Services'** most extensive program is Methodist Foster Care, which provides Therapeutic Foster Care throughout Louisiana, Kinship Support, and the Foster Care Support Organization. In addition, Methodist Social Services includes the Family Counseling Center, the Community Supports program, the Outdoor Wilderness Learning Center, the OWL Equine Center, and four regional Life Skills Training Centers.

**Advocacy and Awareness Services** are essential to effecting the changes Louisiana's children and families require. With insufficient Child Well-being Infrastructure, Louisiana has many opportunities to advance children's causes and counter the barriers children and their families face. Following a protocol of research, public education, and our collaboration with other advocacy organizations, Senator Regina Barrow filed SB137 and initiated the Legislature's creation of the State of Louisiana Child Ombudsman in June 2023. See [www.LouisianaChildAdvocacy.com](http://www.LouisianaChildAdvocacy.com)

LUMCFS advocacy work focuses on improving Louisiana's frail Child Well-being Infrastructure, creating a *Louisiana-specific Child Well-being Index*, supporting innovative tools like LUMCFS's new *Community Model of Residential Care*, and strengthening Louisiana's array of prevention and early intervention services for children.

**OUR USE OF CHARITABLE FUNDS.** LUMCFS expends charitable funds to supplement payments from state agencies to ensure children in our care receive high-quality, effective treatment. Missing community-based services led to unnecessary requests for readmissions, so LUMCFS created Methodist Aftercare Services. Charitable funds enable LUMCFS advocacy work. In 2022, LUMCFS supplemented DCFS contracts with \$860,930 in charitable funds. To facilitate speed and focus, in 2023, LUMCFS stepped out of a contract with DCFS for Foster Care support services and now provides and supports those services independently with charitable dollars. Howard School finds success because LUMCFS invests about \$800,000 in philanthropic funds per year in educational services for our residents.

**COLLABORATION AND COMMUNITY ENGAGEMENT.** Our collaborative approach produces good outcomes, strengthens other providers, and informs the public dialog about mental healthcare and child welfare. Our Community Supports program assists first responders in the aftermath of crises and supports schools and communities responding to trauma. LUMCFS staff collaborated with the Arc of Louisiana, other peer agencies, and representatives from the Office of Citizens with Developmental Disabilities to prepare the *Louisiana Guide to Providing Behavioral Health Services for Individuals with IDD: A Guide for the General Clinician*. LUMCFS partners with other nonprofits and state agencies to make Louisiana better for children and families.

**WE INVITE YOU!** Our facilities are always open to legislative tours so that you may see our work firsthand. Our staff are eager to be helpful with information about Louisiana's children and families and will explain our philosophy of care. Our advocacy work is nonpartisan and based on a Mission that drives our care for all Louisiana children and families.

**CONTACT INFORMATION**

President and CEO:	Rick Wheat	(318) 245-6187	rick.wheat@LMCH.org
Chief Operating Officer:	Luke Allen	(318) 278-1238	luke.allen@LMCH.org
Chief Financial Officer:	Jason Brown	(318) 242-4623	jason.brown@LMCH.org
Vice President of Behavioral Health:	Dr. Steven Franks	(337) 936-3380	steven.franks@LMCH.org
Vice President of Social Services:	Dana Castine	(318) 582-2458	dana.castine@LMCH.org

Louisiana United Methodist Children and Family Services, 904 Deville Lane, Ruston, LA 71270

# Invest in Children's Futures



## A Statewide Network of Volunteers

Court Appointed Special Advocates (CASA) was established by Louisiana state statute (*Louisiana Children's Code Art. 424*) in 1991 with the mission of advocating for the timely placement of children in safe and stable homes. CASA volunteers, who receive special training and supervision, are appointed by judges to speak on behalf of **children in state custody**. Their primary role is to ensure the well-being of abused and neglected children in foster care by investigating and monitoring their cases. **Children in all 42 judicial districts and 64 parishes in Louisiana have access to a dedicated CASA volunteer.**

Statewide funding for CASA began in 2001 when the Louisiana legislature allocated federal Temporary Assistance to Needy Families (TANF) funds to expand CASA. This funding was placed under the budget of the Louisiana Supreme Court. The Supreme Court, in collaboration with the Louisiana Department of Children and Family Services and the Division of Administration, manages both the fiscal and programmatic aspects of the TANF-funded CASA programs. Since 2006, funding for CASA programs through the CASA Assistance Program has been consistently included in the Supreme Court's annual budget and is also part of the annual Judicial Appropriations bill.



### TANF & STATE FUNDS

The legislature allocates TANF & state general funds, designated for CASA, through the Judicial Appropriations Bill.



### SUPREME COURT

The Supreme Court then designates the funds for CASA in their budget via the CASA Assistance Program.



### CASA PROGRAMS

The CASA Assistance Program distributes funding to the local CASA programs serving all 64 parishes.

2022 IMPACT

1,522  
CASA  
volunteers  
statewide

3,405  
Louisiana  
children  
served

1,786  
children  
age 0 - 10  
served

95%  
of closed cases  
achieved  
permanency



Louisiana CASA is the statewide association for the 18 local CASA programs. CASA programs recruit, train, and support court-appointed volunteers who speak up for the best interests of children who have been abused or neglected.

**LOUISIANA CASA ASSOCIATION** [LOUISIANACASA.ORG](http://LOUISIANACASA.ORG)

Sources: U.S. HHS, DCFS, National CASA Association, The Afcars Report #25,

# Invest in Children's Futures

## The Problem: **Overwhelmed Systems**



Louisiana's child welfare system is in a **state of crisis**.



More than **4,000** Louisiana children are in foster care on any given day.



**22%** of foster youth experience **homelessness** within the first year after they leave the system.



By age 17, over **50%** of foster youth will have an encounter with the **juvenile legal system**.



If a child has moved to five or more placements, they are at a **90%** risk of being involved with the **criminal legal system**.

## The Solution: **Volunteers from the Community**



CASA volunteers are screened, trained, and supported by program staff.



Volunteers form a one-on-one relationship with a child and get a full picture of the case.



Volunteers provide consistent support and advocacy for a child throughout the often long and complex court process.



Judges depend on volunteers for critical information to help them make decision in the child's best interests.



CASA is described as "the eyes and ears of the court," and frequently acts as "the arms and legs" of an overworked child protective system.

**CASA has been endorsed by the American Bar Association, the National Council of Juvenile and Family Court Judges, and the Office of Juvenile Justice and Delinquency Prevention of the U.S. Department of Justice.**

## The Results: **CASA's Advocacy Works**



A child with a CASA volunteer is more likely to find a **safe, permanent home**.



A child with a CASA volunteer is **half as likely to re-enter** the foster care system.



Children with a CASA volunteer report significantly **higher levels of hope**.



A child with a CASA volunteer **performs better in school**, academically and behaviorally.



A child with a CASA volunteer is more likely to spend less time in foster care and **have fewer placements**.

# LOUISIANA STATE CHILD OMBUDSMAN

The Child Ombudsman works to improve outcomes for Louisiana's children. *The Louisiana Legislature created the ombudsman's office within the Louisiana Legislative Auditor's office to ensure the role was impartial and independent in the monitoring and evaluating of public and private agencies that protect and deliver services to children.*

## **What can the Ombudsman do?**

- Reviews complaints concerning the actions of any state agency or entity providing services to children with state resources.
- Acts as a liaison for a child or family, including but not limited to advocating with an agency, provider, or others on behalf of the best interest of the child.
- Makes appropriate referrals and coordinates as needed when it is determined that a child or family may need assistance.
- Makes recommendations regarding systemic issues that are raised by a complaint.

## **Who can contact the Child Ombudsman?**

Anyone who has concerns regarding Louisiana's child services programs in state agencies such as the Department of Children & Family Services (DCFS), Office of Juvenile Justice (OJJ), Department of Education (DOE), and Louisiana Department of Health (LDH) can contact the Ombudsman.

## **What can I contact the Ombudsman about?**

Issues and concerns with the services a child is or is not receiving from the departments and agencies created to meet the needs of children, as well as concerns that a child's safety is not being addressed. We serve by helping you find answers to your questions and solutions to your issue(s) with the state agency. We can help you navigate the complex child-serving systems and connect you with resources.

## **How do I contact the Ombudsman?**

- Phone: (833) KIDS4LA (543-7452)
- Fax: (225) 388-4008
- Mail: P.O. Box 94397, Baton Rouge, LA 70804
- Online: <https://lla.la.gov/ombudsman-reporting>



A decorative graphic featuring a dark teal background with a white double-line border. The border forms a house-like shape with a pointed top and bottom. Inside the top and bottom points are four white four-pointed stars. A white circle is centered at the top, with two horizontal white lines passing through its center. The word "Information" is written in a white cursive font across these lines.

*Information*

# Children's Health

Investing in Children  
Fights Crime &  
Saves State Dollars



# LPCCA

LOUISIANA PRIMARY CARE ASSOCIATION  
Louisiana's Community Health Centers

Established in 1982, the Louisiana Primary Care Association (LPCCA) is a membership organization that provides technical assistance and advocacy to 41 federally qualified health centers (FQHCs) statewide. These FQHCs, also known as Community Health Centers, provide high-quality, culturally sensitive primary and preventative health care services as well as dental, behavioral, and specialty care services to medically underserved communities in all 64 parishes. LPCCA promotes accessible, equitable health care for every Louisianan.



**471,053**  
Patients Served  
in 2021

**24.8%**  
Children &  
Adolescents

**92.6%**  
Low Income

**65.1%**  
Identify as an  
Ethnic or Racial  
Minority

**33,016**  
Children Attended Well-Child Visits

## School-Based Health Centers

Louisiana is currently home to **504** Community Health Center sites, **191** of which are School-Based Health Centers. Working in partnership with elementary, middle, and high schools, Louisiana's FQHCs help students who may not otherwise have access to healthcare or transportation that includes but is not limited to:

- primary care,
- preventative care,
- behavioral & mental health,
- oral health,
- & vision services.

## Contact Us



503 Colonial Dr. Baton Rouge, LA 70806  
(225) 927-7662

# The Louisiana Primary Care Association

## 2024 Policy Priorities

- **Access to Care**
  - Medicaid
  - 340B Drug Pricing Program
- **Tele-Health**
  - Tele-Dentistry
  - Behavioral Health
- **Maternal Health & Infant Mortality**
- **Children's/Adolescent Health Care**
  - School-Based Health
- **Behavioral & Mental Health**
- **Opioid Use & Substance Use**
- **Health Center Workforce**
- **Health Equity**
- **Social Determinants/Drivers of Health**

### Louisiana's Community Health Centers




Acadiana Cares  
Access Health Louisiana  
Baptist Community Health Services  
Baton Rouge Primary Care Collaborative  
CareSouth  
Catahoula Parish Hospital District  
Common Ground Health Clinic  
C.A.S.S.E. Medical & Dental  
David Raines Community Health Centers  
Family Medical Clinic  
EXCELth, Inc.  
GO-Care  
Open Health Care Clinic  
Delhi Community Health Center  
Iberia Comprehensive Community Health Center  
Arbor Family Health  
JeffCare  
IncusivCare  
Life Coast Community Health Centers  
DePaul Community Health Centers  
Mercy Medical  
CommuniHealth Services, Inc.  
NOELA Community Health Centers  
Healthcare for the Homeless  
CrescentCare  
Odyssey House Louisiana, Inc.  
Outpatient Medical Center, Inc.  
Plaquemines Parish Hospital District  
RKM Care  
Primary Health Services Center  
Priority Health Care  
Rapides Primary Health Care  
Southeast Community Health Systems  
Southwest Louisiana Center for Health Services  
St Gabriel Health Clinic Inc  
St. Thomas Community Health Centers  
START Corporation  
SWLA Center for Health Services  
Teche Action Clinic  
Tensas Community Health Center  
Winn Community Health Centers



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 [@louisiana.pca](https://instagram.com/louisiana.pca)



# The Importance of Vaccines for Louisiana Families & Our Community

	<h2>Why Immunize?</h2> <ul style="list-style-type: none"> <li>• Routine childhood immunizations <b>protect against 17 types of diseases</b>, which can lead to long-term complications, including some types of cancer.</li> <li>• Our immune systems use vaccines to learn how to <b>defend against disease</b> without the risks that come from being ill.</li> <li>• The immune system uses antigens to learn about and respond to potential threats in the environment. Modern <b>vaccines contain a very small number of antigens</b> compared to what babies and children are exposed to in their environment on a daily basis.</li> </ul>
	<h2>Safety</h2> <ul style="list-style-type: none"> <li>• Vaccines undergo rigorous testing to meet the <b>highest standards for safety and efficacy</b>.</li> <li>• Careful monitoring continues after vaccines are approved to <b>ensure continued safety</b>.</li> <li>• The vaccine schedule recommended by the CDC also undergoes rigorous testing for safety and efficacy and <b>ensures that children are protected as soon as possible</b> to reduce the risk of contracting vaccine-preventable diseases.</li> <li>• The risk of having a severe reaction to a vaccine is extremely rare, while the likelihood of experiencing <b>complications from vaccine-preventable diseases is much higher</b>.</li> </ul>
	<h2>Immunity: It's about your family &amp; community</h2> <ul style="list-style-type: none"> <li>• Community immunity (also called “herd immunity”) describes the way in which <b>high levels of immunity to infectious diseases prevents them from spreading</b> through a community.</li> <li>• <b>Community immunity protects</b> the following people who live, work and play in our community:             <ul style="list-style-type: none"> <li>◦ <b>Babies and children</b> too young to be fully vaccinated</li> <li>◦ <b>The elderly</b> like our grandparents and great grandparents whose immune systems don't respond as well to infectious disease due to aging</li> <li>◦ <b>People with compromised immune systems</b>, including people on certain medications, those with immune system disorders, and those undergoing treatment for cancer</li> <li>◦ <b>Anyone who is unvaccinated</b> (some people cannot be vaccinated for medical reasons)</li> </ul> </li> </ul>

## References

[cdc.gov/vaccines/parents/diseases/](https://www.cdc.gov/vaccines/parents/diseases/)  
[healthychildren.org/English/safety-prevention/immunizations/Pages/How-do-Vaccines-Work.aspx](https://www.healthychildren.org/English/safety-prevention/immunizations/Pages/How-do-Vaccines-Work.aspx)  
[cdc.gov/vaccines/parents/why-vaccinate/strengthen-baby-immune.html](https://www.cdc.gov/vaccines/parents/why-vaccinate/strengthen-baby-immune.html)  
[healthychildren.org/English/safety-prevention/immunizations/Pages/Vaccine-Safety-The-Facts.aspx](https://www.healthychildren.org/English/safety-prevention/immunizations/Pages/Vaccine-Safety-The-Facts.aspx)  
[historyofvaccines.org/vaccines-101/how-are-vaccines-made/vaccine-development-testing-and-regulation](https://www.historyofvaccines.org/vaccines-101/how-are-vaccines-made/vaccine-development-testing-and-regulation)  
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[cdc.gov/globalhealth/immunization/why/index.html](https://www.cdc.gov/globalhealth/immunization/why/index.html)

This information has been reviewed by: Mark Kline, MD, Children's Hospital New Orleans; Hannah Duggan, MD, Priority Health Care; Mikki Bouquet, MD, Our Lady of the Lake Children's Hospital



A decorative frame with a dark teal background. The frame is composed of white lines forming a double-line border. Inside, there are four white four-pointed stars, one in each corner. A white circle is centered at the top and bottom, with horizontal lines passing through its center. The word "Information" is written in a white cursive font across the top horizontal line.

*Information*

# **Early Development Deep Dive**

Investing in Children  
Fights Crime &  
Saves State Dollars

# Planting Seeds in Fertile Ground: Actions Every Policymaker Should Take to Advance Infant and Early Childhood Mental Health



**ZERO TO THREE**  
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## Executive Summary

Children’s earliest experiences—both positive and negative—impact their brain formation and in turn, their social and emotional, physical, cognitive, communication, and sensory and motor skills development. Promoting an optimal environment for brain growth is paramount to influencing healthy development. Conversely, certain negative early experiences (often referred to as adverse childhood experiences (ACEs)) have long-lasting and consequential impacts on health outcomes (chronic illness, substance abuse), educational performance (absenteeism, dropout rates), and even criminal justice involvement (juvenile arrests, felony charges) throughout children’s lives. Recognizing the tremendous opportunities – and risks – associated with this critical time, policymakers are increasingly investing in what experts call “infant and early childhood mental health” (I-ECMH), defined as the capacity of a child from birth to age five to 1) experience, express and regulate emotions; 2) form close, secure interpersonal relationships; and 3) explore his/her environment and learn, within the context of family and cultural expectations.

To strengthen I-ECMH policies and support the healthy development of young children statewide, policymakers should take the following actions:

1. **Establish cross-agency I-ECMH leadership** to drive the strategic direction of statewide I-ECMH efforts.
2. **Ensure Medicaid payment for I-ECMH services** to support prevention and treatment for children and their families.
3. **Invest in prevention through mental health consultation** embedded in early childhood settings to promote positive social and emotional development and identify and address mental health issues among at-risk children.
4. **Train workforce on I-ECMH** to ensure all professionals working with infants, young children and their families are equipped to identify early warning signs and connect families to support.
5. **Raise public awareness of I-ECMH**, including why it is important for all infants, young children and their families and what can be done to support children’s healthy development.

## Introduction

Children’s earliest experiences matter. In the first three years of life, a child’s brain grows faster than any other time, charting the course for all major areas of human development—physical, cognitive, social and emotional, communication, and sensory and motor skills. Providing optimal relationships and environments for brain formation are paramount during this time, as is preventing and intervening when children are at-risk of or are facing challenges that threaten healthy development. Negative early experiences have long-lasting and consequential impacts, leaving children more susceptible to poor health, poor educational performance and even criminal justice involvement over the course of their lives. Recognizing the tremendous opportunities – and risks – associated with this critical period of brain development, policymakers are increasingly investing in what experts call “infant and early childhood mental health” (I-ECMH). The purpose of this brief is to 1) explain what I-ECMH is; 2) document why investments in I-ECMH matter; and 3) identify specific actions that state policymakers should deploy to support the healthy development of young children.

## What is I-ECMH?

Across the fields of neurobiology, child development, psychology, and early childhood education, researchers have documented how infants’ and toddlers’ early experiences—both positive and negative— influence brain development and, in turn, impact children’s social, emotional, and physical health, as well as broader societal outcomes. Experts regard I-ECMH as a cornerstone to healthy, lifelong development. Because infants and young children learn and develop within a family context, parents and other caregivers are vital influencers of a child’s healthy development.

Just as positive childhood experiences promote favorable I-ECMH development, negative experiences – often referred to as adverse childhood experiences (ACEs)<sup>1</sup> – can adversely impact brain development, with serious, lasting ramifications. ACEs include, for example, physical abuse, mental illness, substance use, or unrelenting stress in the household, or the loss of a parent or family member. A child’s exposure to one or more ACEs has been strongly linked to evidence that a child will experience poor physical growth; aggressive, impulsive behavior; and over time, even serious mental health diagnoses.<sup>i</sup>

I-ECMH is defined as the capacity of a child from birth to age five to:

- 1) experience, express and regulate emotions;
- 2) form close, secure interpersonal relationships; and
- 3) explore his/her environment and learn, within the context of family and cultural expectations.

Fortunately, I-ECMH may be positively impacted through a continuum of targeted strategies focused on promotion, prevention, and treatment:<sup>ii</sup>

<sup>1</sup> In this paper, we use ACEs to refer to certain negative childhood experiences generally, rather than the specific set of ACEs identified in the original ACEs study (Felitti, V. J., Anda, R. F., Nordenberg, D., et al. (1998)).

1. **Promotion:** Strategies that aim to encourage positive I-ECMH development may include public awareness campaigns that encourage parents to speak to their preverbal children and “help lines” for parents to seek advice on child development.
2. **Prevention:** Prevention services, delivered in diverse settings, seek to identify risk factors, mitigate the impacts of ACEs, and intervene in child/caregiver dynamics that threaten healthy development; they may include parenting education, home visiting services, and referrals to community and social services.
3. **Treatment:** Effective, evidence-informed treatment provides services and supports intended to directly address mental health disorders. Children’s parents or primary caregivers are typically involved in treatment, which may include [Child Parent Psychotherapy](#),<sup>iii</sup> [Parent-Child Interaction Therapy](#),<sup>iv</sup> and [Attachment and Biobehavioral Catch-Up](#).<sup>v</sup>

Strategies along this continuum should be “trauma-informed,” incorporating recognition of trauma symptoms and acknowledgement of the role that histories of trauma play in the lives of children, families, and providers.

## Why is I-ECMH Important?

I-ECMH is directly linked to the formation of a child’s brain architecture, shaping neural connections and pathways through repeated experiences and early relationships. Left untreated, I-ECMH disorders can impact every facet of a child’s development—physical, cognitive, communication, sensory and motor skills, emotional resiliency, and social—and in turn, a child’s ability to succeed. If not addressed in early childhood, I-ECMH disorders have implications for all facets of adulthood.

### *Prevalence and Early Manifestation of I-ECMH Disorders*

Approximately 9.5%-14.2% of children birth to five years old experience emotional, relational or behavioral disturbance.<sup>vi</sup> Children living in families coping with parental loss, substance abuse, mental illness (such as maternal depression and bipolar disorder), or exposure to trauma are at heightened risk of developing I-ECMH disorders,<sup>vii</sup> often linked to early ACEs and the quality of attachment between infants and caregivers. The stressors of poverty can compound these risks. Young children, even infants, can show early warning signs of mental health disorders, presenting as developmental delays, inconsolable crying, failure to seek comfort from caregivers, and a lack of curiosity, among others.<sup>viii,ix</sup> Without intervention, serious mental health problems can manifest, including depression, anxiety, post-traumatic stress disorder, attention deficit hyperactivity disorder, and obsessive compulsive disorder.<sup>x</sup>

### *Impacts over Time*

Research has documented the impacts of ACEs and mental health problems in childhood across multiple dimensions.

#### *Physical and Behavioral Health*

Children’s exposure to ACEs has been shown to impact long term physical and mental health outcomes and substance use. For example, children with two or more ACEs are more likely to qualify as children with special health care needs,<sup>xi</sup> and researchers have documented a direct relationship between the number of ACEs and likelihood of having heart disease, cancer, chronic

bronchitis or emphysema, hepatitis or jaundice, and skeletal fractures in adulthood, even in the absence of health compromising behaviors, like smoking.<sup>xii</sup> Adults who experienced four or more ACEs are at significantly increased risk of depression, attempting suicide,<sup>xiii</sup> alcoholism, and illegal drug use.<sup>xiv</sup> Additionally, children with mental health disorders face increased risk of experiencing abuse and neglect.<sup>xv</sup>

### ***School Readiness and Educational Attainment***

Success in school is strongly linked to healthy social and emotional development,<sup>xvi</sup> and for children who experience ACEs, school readiness<sup>xvii</sup> and educational attainment are often negatively impacted.<sup>xviii,xix</sup> Children who experience ACEs and/or mental health problems are: 1) at heightened risk of pre-school expulsion due to “disciplinary” or “behavior” concerns;<sup>xx</sup> 2) more likely to experience absenteeism (18 – 22 days on average per school year);<sup>xxi</sup> 3) more than twice as likely to repeat a grade in school;<sup>xxii</sup> and 4) significantly less likely to graduate from high school.<sup>xxiii</sup>

### ***Juvenile Justice Involvement***

ACEs also contribute to juvenile delinquency, increasing children’s risk of juvenile arrests and felony charges.<sup>xxiv</sup> Of the 2 million youth involved in the juvenile justice system each year, approximately 70% have at least one diagnosable mental health need<sup>xxv</sup> (vs. 20% of youth in the general population<sup>xxvi</sup>) and 20-25% have a serious emotional disturbance (SED).<sup>xxvii</sup> Nearly all youth with SEDs have lifelong involvement with the criminal justice system.<sup>xxviii</sup>

### ***State Spending***

I-ECMH disorders not only impact individual children and families but also state spending on health care, education, child welfare, and criminal justice, as well as economic productivity. The Centers for Disease Control and Prevention estimates that childhood abuse and neglect results in a lifetime cost of more than \$200,000 per child, amounting to approximately \$124 billion in total lifetime costs as a result of new child maltreatment cases in the U.S. each year.<sup>xxix</sup>

Failing to address I-ECMH disorders in early childhood increases the need for intervention across multiple state programs over the life of a child and into adulthood.

## **What Can Policymakers Do to Advance I-ECMH?**

While there is no magic bullet to prevent or treat I-ECMH disorders, state policymakers can implement evidence-based strategies to improve outcomes for children and families. For instance, teachers’ access to mental health consultants is associated with reduced rates of expulsion for pre-kindergarteners,<sup>xxx</sup> and some treatment approaches that include both children and primary caregivers have demonstrably improved attachment and children’s abilities to regulate their emotions, even within 6 months of treatment.<sup>xxxi,xxxii</sup> The following actions are examples of how all policymakers can advance I-ECMH.

## 1. Establish cross-agency I-ECMH leadership.

Improving I-ECMH outcomes requires leadership. To ensure coordination and accountability and to drive a statewide I-ECMH strategy, the State should designate an accountable person (or team) to develop I-ECMH policies, make programmatic and funding recommendations, manage implementation, and monitor the State's progress. Cross-agency collaboration is critical to integrate and prioritize I-ECMH policies across otherwise siloed State entities and funding streams.

Specifically, states should:

Colorado established the [Office of Early Childhood](#) and designated a Director of Early Childhood Mental Health to drive the State's I-ECMH policy agenda.

- a. Fund an I-ECMH Division or full-time Director responsible for developing and driving implementation of the State's I-ECMH strategic plan.
- b. Form an inter-agency I-ECMH Task Force (or committee) to ensure I-ECMH priorities and metrics are integrated into all relevant agencies' agendas.
- c. Map the continuum of early childhood care and services across State agencies to identify opportunities to leverage funding and build cross-agency initiatives targeted at I-ECMH.
- d. Perform an annual assessment of I-ECMH services, service utilization, and outcomes, including disparities across these measures, to inform policy and funding decisions, monitor progress against I-ECMH goals, and identify opportunities for continued improvement.

## 2. Ensure Medicaid payment for I-ECMH services.

Nearly 50% of children under six years old receive health care coverage through Medicaid or CHIP.<sup>xxxiii</sup> States should leverage Medicaid payment to support I-ECMH prevention and treatment services for children and their families. In many states, contracts with Medicaid Managed Care Organizations (MCO) or accountable provider-led organizations can serve as a lever.

Specifically, states should:

A child's pediatrician typically is a new mother's main contact with the health care system during the postpartum period, an isolating time for many women. Many women lose Medicaid coverage 60 days post-partum when pregnancy-related coverage expires. Use of a child's Medicaid number to bill for mother's services provides necessary access to and continuity of care and coverage.

- a. Mandate that Medicaid providers follow [Bright Futures](#) pediatric guidelines to screen for, and if indicated, further evaluate, a child for I-ECMH disorders.
- b. Require use of an age-appropriate diagnostic classification system (e.g., Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood [DC:0-5]) for diagnosis of infants and young children for payment and utilization review purposes.
- c. Crosswalk DC:0-3R to adult diagnostic codes (i.e., [DSM-5](#) and [ICD-10](#)) to facilitate billing through Medicaid, if billing system cannot accommodate DC:0-5.

The State of Minnesota's [outpatient rule](#) indicates that the DC:0-5 should be used when assessing children under the age of five.

- d. Update outpatient rules for diagnostic assessment and treatment to permit clinicians three or more visits, as necessary, with a child before making a diagnosis for all children under five years of age.
- e. Permit Medicaid payment for:
  - i. I-ECMH prevention and treatment in diverse settings (e.g., pediatric primary care, home visiting, early education);
  - ii. Mental health services to prevent or treat I-ECMH disorders provided to families and children both together and separately (two-generational treatment) under the child’s Medicaid number; and
  - iii. Multiple screenings for parent and child (e.g., depression and developmental screens, respectively) in the same setting and/or on the same day.

[Washington D.C.](#) pays for Child-Parent Psychotherapy and Trauma-Focused Cognitive Behavioral Therapy in diverse settings under a child’s Medicaid number. In Minnesota, maternal depression screening is covered as a [“Child and Teen Checkup”](#) (EPSDT) service or at other pediatric visits within the child’s first year of life, billed separately but on the same claim as the child visit; child developmental and socio-emotional screening can also be billed for the same visit.

In Colorado, post-partum visits is a [key performance indicator](#) used to measure and reward providers through Regional Care Collaborative Organization contracts.

- f. Incentivize I-ECMH quality initiatives through MCO contracts and Value-Based Payment arrangements.
- g. Educate local I-ECMH providers about becoming administratively equipped to bill Medicaid.

### 3. Invest in prevention through mental health consultation.

An early childhood mental health consultation system—in which a consultant with mental health expertise works collaboratively with programs, their staff, and families to improve their ability to prevent and identify mental health issues among children in their care—helps reduce problem behaviors in young children and, more broadly, promotes positive social and emotional development.<sup>xxxiv</sup> Specifically, states should:

- a. Fund a statewide system of mental health consultants who are integrated, on-site or by on-call consult, into all Early Intervention (EI) programs, home visiting, primary care and early care and education settings, as well as non-traditional settings, such as WIC offices and domestic violence shelters.
- b. Embed mental health consultation as a prevention strategy in existing state plans related to early childhood (e.g., Child Care Development Block Grant, EI, Home Visiting).

In Cuyahoga County, Ohio, 89% of children at high risk of preschool expulsion remained in their child care setting for at least six months following mental health consultation as part of the [Invest in Children](#) partnership.

#### 4. Train workforce on I-ECMH.

Embedding I-ECMH education and competency standards in mental health, social work, health care, and early childhood education professionals' training, coursework, and on-going professional development provide opportunities to build a workforce that understands I-ECMH and is prepared to identify situations that threaten children's healthy development. Specifically, states should:

- a. Implement competency standards and endorsement for mental health professionals serving infants, young children, and their families at-risk of or with I-ECMH disorders.
- b. Embed [I-ECMH education](#) into state child care licensing training requirements and within state core knowledge and competency statements for the early childhood workforce.
- c. Embed I-ECMH education in Managed Care credentialing requirements for pediatricians.

The [Michigan Association for Infant Mental Health](#) (MI-AIMH) created a 4-level workforce development process, the MI-AIMH Endorsement®, to recognize all infant and family professionals within the diverse and rapidly expanding infant mental health field. Endorsement® verifies an individual's attainment of a specific level of education, service provision to infants and families, participation in specialized in-service trainings, receipt of guidance and reflective supervision or consultation, and the ability to deliver high quality, culturally-sensitive I-ECMH services. To date, more than 20 states have adopted the MI-AIMH Endorsement® through their infant mental health associations.

#### 5. Raise public awareness of I-ECMH.

Developing public health campaigns, educational materials, and other efforts can help build public awareness of the importance of I-ECMH. Specifically, states should:

- a. Conduct public awareness campaigns to promote infants' and young children's positive social and emotional development and educate families at-risk about available supports.
- b. Develop parent educational materials for distribution by health care providers (e.g., obstetricians, pediatricians, nurse practitioners, psychiatrists) highlighting ways parents can promote child well-being through everyday moments, care for their own mental health, recognize signs of maternal depression, and identify community resources for help.
- c. Distribute parent education materials through public benefit programs (e.g., WIC).
- d. Encourage public-private partnerships with local foundations to support I-ECMH efforts.
- e. Host learning collaboratives for stakeholders (including providers and payors) to share best practices and address barriers in advancing the State's I-ECMH goals.

“[LAUNCH Together](#)” is a privately-funded initiative that supports Colorado's communities to expand evidence-based prevention and promotion strategies and build public/private capacity around infant and young children's' social and emotional development.

In April 2015, New York City launched the “[Talk to Your Baby](#)” initiative to teach parents and caregivers about the impact of communicating with preverbal infants on their brain development.



## Conclusion

Implementing the actions outlined above will position states to have a meaningful impact on the lives of young children, their families and communities. For more information about how to put these strategies into action, visit [ZERO TO THREE](#).

## Acknowledgements

ZERO TO THREE and Manatt Health wish to thank the following individuals who gave their time and expertise to support the development of this policy brief:

Jordana Ash, Early Childhood Mental Health Director, Colorado  
Suzanne Brundage, Senior Health Policy Analyst, United Hospital Fund of New York  
Andy Cohen, Senior Vice President for Program, United Hospital Fund of New York  
Gretchen Hammer, Medicaid Director, Colorado  
Sheri Hill, Early Childhood Policy Specialist, Washington  
Ginger Ward, CEO of Southwest Human Development, Arizona  
Debbie Weatherston, Executive Director, Michigan Association for Infant Mental Health  
Catherine Wright, Early Childhood Mental Health System Coordinator, Minnesota

## About Us

The ZERO TO THREE Policy Center is a nonpartisan, research-based resource for federal and state policymakers and advocates on the unique developmental needs of infants and toddlers. To learn more about this topic or about the ZERO TO THREE Policy Center, please visit our website at [www.zerotothree.org/policy-and-advocacy](http://www.zerotothree.org/policy-and-advocacy)

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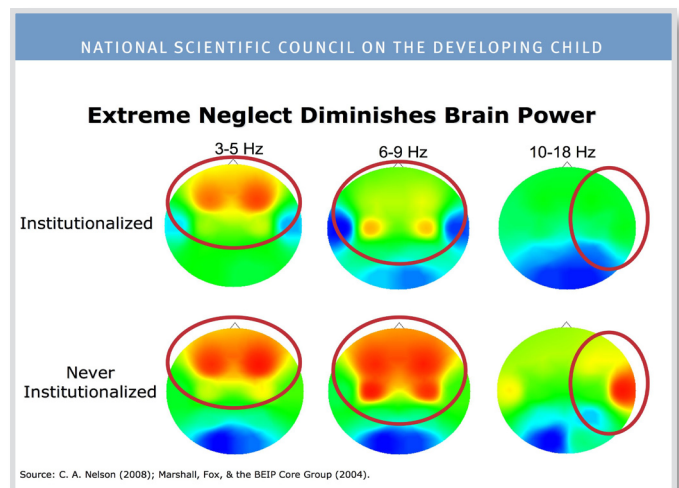
A series of brief summaries of the scientific presentations at the National Symposium on Early Childhood Science and Policy.

**What happens in early childhood can matter for a lifetime.** To successfully manage our society's future, we must recognize problems and address them before they get worse. In early childhood, research on the biology of stress shows how major adversity, such as extreme poverty, abuse, or neglect can weaken developing brain architecture and permanently set the body's stress response system on high alert. Science also shows that providing stable, responsive, nurturing relationships in the earliest years of life can prevent or even reverse the damaging effects of early life stress, with lifelong benefits for learning, behavior, and health.

**1 Early experiences influence the developing brain.** From the prenatal period through the first years of life, the brain undergoes its most rapid development, and early experiences determine whether its architecture is sturdy or fragile. During early sensitive periods of development, the brain's circuitry is most open to the influence of external experiences, for better or for worse. During these *sensitive periods*, healthy emotional and cognitive development is shaped by responsive, dependable interaction with adults, while chronic or extreme adversity can interrupt normal brain development. For example, children who were placed shortly after birth into orphanages with conditions of severe neglect show dramatically decreased brain activity compared to children who were never institutionalized.

**2 Chronic stress can be toxic to developing brains.** Learning how to cope with adversity is an important part of healthy child development. When we are threatened, our bodies activate a variety of physiological responses, including increases in heart rate, blood pressure, and stress hormones such as cortisol. When a young child is protected by supportive relationships

with adults, he learns to cope with everyday challenges and his stress response system returns to baseline. Scientists call this *positive stress*. *Tolerable stress* occurs when more serious difficulties, such as the loss of a loved one, a natural disaster, or a frightening injury, are buffered by caring adults who help the child adapt, which mitigates the potentially damaging effects of



The brain's activity can be measured in electrical impulses—here, “hot” colors like red or orange indicate more activity, and each column shows a different kind of brain activity. Young children institutionalized in poor conditions show much less than the expected activity.

## POLICY IMPLICATIONS

- The basic principles of neuroscience indicate that providing supportive and positive conditions for early childhood development is more effective and less costly than attempting to address the consequences of early adversity later. Policies and programs that identify and support children and families who are most at risk for experiencing toxic stress as early as possible will reduce or avoid the need for more costly and less effective remediation and support programs down the road.
- From pregnancy through early childhood, all of the environments in which children live and learn, and the quality of their relationships with adults and caregivers, have a significant impact on their cognitive, emotional, and social development. A wide range of policies, including those directed toward early care and education, child protective services, adult mental health, family economic supports, and many other areas, can promote the safe, supportive environments and stable, caring relationships that children need.

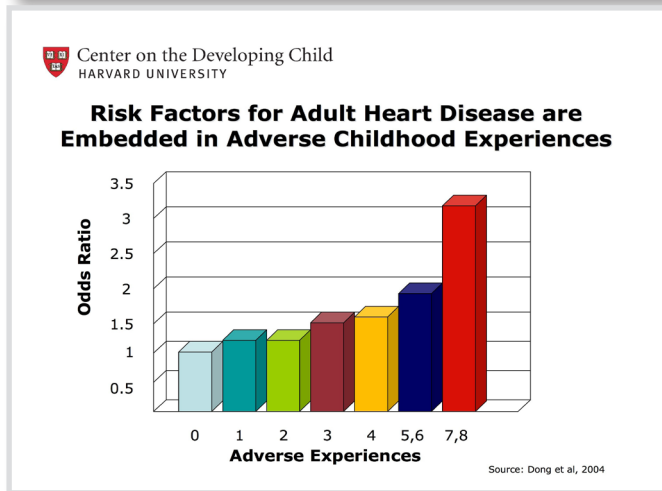
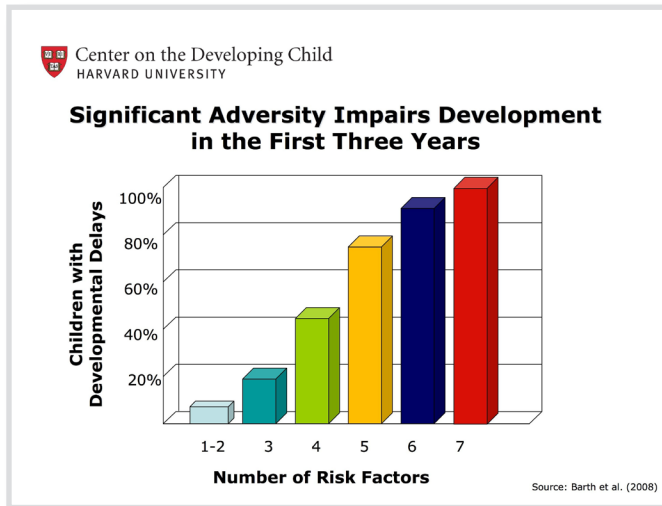
abnormal levels of stress hormones. When strong, frequent, or prolonged adverse experiences such as extreme poverty or repeated abuse are experienced without adult support, stress becomes *toxic*, as excessive cortisol disrupts developing brain circuits.

**3 Significant early adversity can lead to lifelong problems.** Toxic stress experienced early in life and common precipitants of toxic stress—such as poverty, abuse or neglect, parental substance abuse or mental illness, and exposure to violence—can have a cumulative toll on an individual’s physical

and mental health. The more adverse experiences in childhood, the greater the likelihood of developmental delays and other problems. Adults with more adverse experiences in early childhood are also more likely to have health problems, including alcoholism, depression, heart disease, and diabetes.

**4 Early intervention can prevent the consequences of early adversity.** Research shows that later interventions are likely to be less successful—and in some cases are ineffective. For example, when the same children who experienced extreme neglect were placed in responsive foster care families before age two, their IQs increased more substantially and their brain activity and attachment relationships were more likely to become normal than if they were placed after the age of two. While there is no “magic age” for intervention, it is clear that, in most cases, intervening as early as possible is significantly more effective than waiting.

**5 Stable, caring relationships are essential for healthy development.** Children develop in an environment of relationships that begin in the home and include extended family members, early care and education providers, and members of the community. Studies show that toddlers who have secure, trusting relationships with parents or non-parent caregivers experience minimal stress hormone activation when frightened by a strange event, and those who have insecure relationships experience a significant activation of the stress response system. Numerous scientific studies support these conclusions: providing supportive, responsive relationships as early in life as possible can prevent or reverse the damaging effects of toxic stress.



As the number of adverse early childhood experiences mounts, so does the risk of developmental delays (top). Similarly, adult reports of cumulative, adverse experiences in early childhood correlate to a range of lifelong problems in physical and mental health—in this case, heart disease (bottom).

For more information, see “The Science of Early Childhood Development” and the Working Paper series from the National Scientific Council on the Developing Child.

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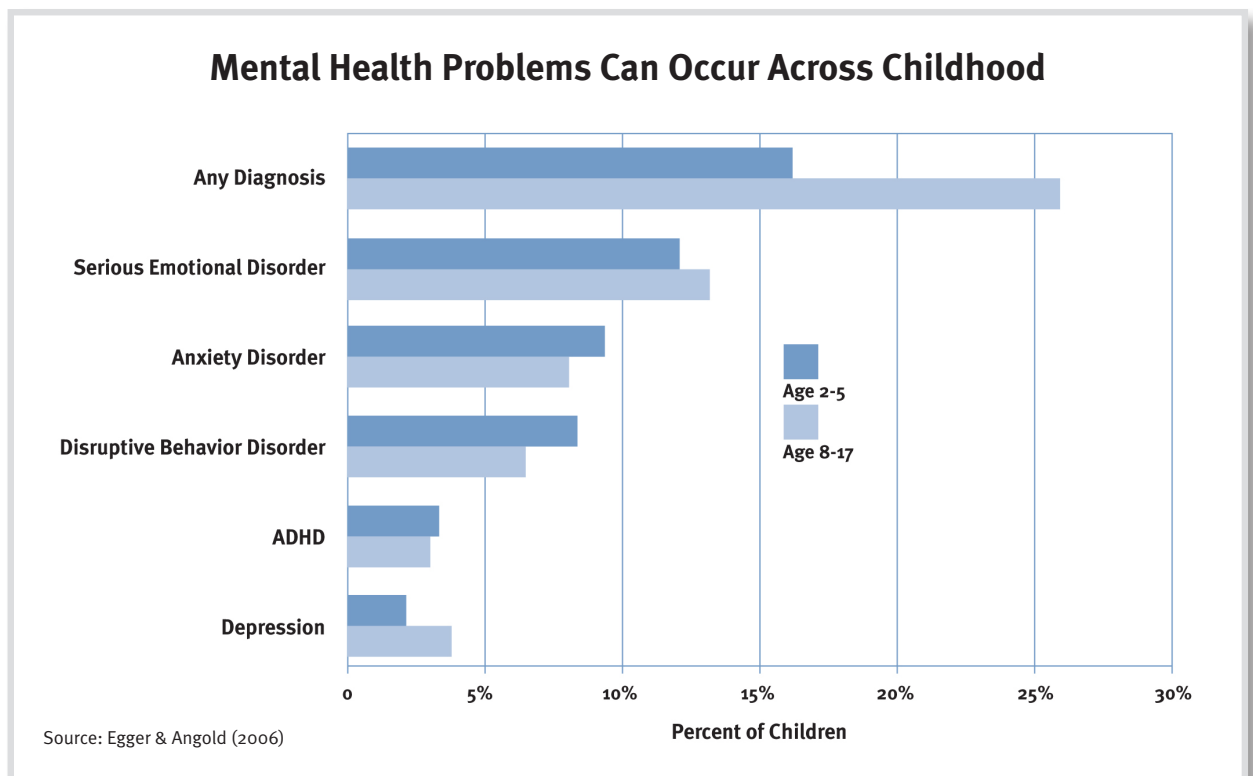
A series of brief summaries of essential findings from recent scientific publications and presentations by the Center on the Developing Child at Harvard University.

**The science of child development shows that the foundation for sound mental health is built early in life, as early experiences—which include children’s relationships with parents, caregivers, relatives, teachers, and peers—shape the architecture of the developing brain.** Disruptions in this developmental process can impair a child’s capacities for learning and relating to others, with lifelong implications. For society, many costly problems, ranging from the failure to complete high school to incarceration to homelessness, could be dramatically reduced if attention were paid to improving children’s environments of relationships and experiences early in life.

Sound mental health provides an essential foundation of stability that supports all other aspects of human development—from the formation of friendships and the ability to cope with adversity to the achievement of success in school, work, and community life. Similar to the way a wobbly table may not function well if the floor is uneven, the legs are not aligned, or the tabletop is not level, the destabilizing consequences of problems in mental health can be caused by many interdependent factors. Just as small “wobbles” in a table can become bigger and more difficult to fix over time, the effective management of mental health concerns in young children requires early identification of the causes and appropriate attention to their source, whether they reside in the environment, the child, or (most frequently) in both. Understanding how emotional well-being can be strengthened or disrupted in early childhood can help policymakers

promote the kinds of environments and experiences that prevent problems and remediate early difficulties so they do not destabilize the developmental process.

**1 Significant mental health problems can and do occur in young children.** In some cases, these problems can have serious consequences for early learning, social competence, and lifelong physical health. Children can show clear characteristics of anxiety disorders, attention-deficit/hyperactivity disorder, conduct disorder, depression, post-traumatic stress disorder, and neurodevelopmental disabilities, such as autism, at a very early age. That said, young children respond to and process emotional experiences and traumatic events in ways that are very different from older children and adults. Consequently, diagnosis in early childhood can be even more difficult than it is in adults.



**2** Impairment in mental health occurs as a result of the interaction between a child's genetic predispositions and his or her exposure to significant adversity in the environment. Genes are not destiny. Our genes contain instructions that tell our bodies how to work, but the environment leaves a "signature" on the genes that authorizes or prevents those instructions from being carried out—or even speeds up or slows down genetic activity. Thus, the interaction between genetic predispositions and sustained, stress-inducing experiences early in life can lay an unstable foundation for mental health that endures well into the adult years.

**3** Toxic stress, which is the result of strong, frequent and/or prolonged biological responses to adversity, can damage the architecture of the developing brain and increase the likelihood of significant mental health problems that may emerge either quickly or years later. Because of its enduring effects on brain development and other organ systems, toxic stress can impair school readiness, academic achievement, and both physical and mental health in children and, later, during adulthood. Life circumstances associated with family stress, such as persistent poverty, threatening neighborhoods, and very poor child care conditions, elevate the risk of serious mental health problems. Young children who experience recurrent abuse or chronic neglect, domestic violence, or parental mental health or substance abuse problems are particularly vulnerable.

**4** Some individuals demonstrate remarkable capacities to overcome the severe challenges of early, persistent maltreatment, trauma, and emotional harm, yet there are limits to the ability of young children to recover psychologically from such adversity. Even when children have been removed from traumatizing circumstances and placed in exceptionally nurturing homes, developmental improvements are often accompanied by continuing problems in self-regulation, emotional adaptability, relating to others, and self-understanding. When children overcome these burdens, they have typically been the beneficiaries of exceptional efforts on the part of supportive adults. These findings underscore the importance of prevention and timely intervention in circumstances that put young children at serious psychological risk.

**5** It is essential to treat young children's mental health problems within the context of their families, homes, and communities. The emotional well-being of young children is directly tied to the functioning of their caregivers and the families in which they live. When these relationships are abusive, threatening, chronically neglectful, or otherwise psychologically harmful, they are a potent risk factor for the development of early mental health problems. In contrast, when relationships are reliably responsive and supportive, they can actually buffer young children from the adverse effects of other stressors. Therefore, reducing the stressors affecting children requires addressing the stresses on their families.

## POLICY IMPLICATIONS

- The emotional and behavioral needs of vulnerable infants, toddlers, and preschoolers are best met through coordinated services that focus on their full environment of relationships, including parents, extended family members, home visitors, providers of early care and education, and/or mental health professionals. Mental health services for adults who are parents of young children would have broader impact if they routinely included attention to the needs of the children as well.
- Physicians and providers of early care and education would be better equipped to understand and manage the emotional and behavioral problems of young children if they had more appropriate professional training and easier access to child mental health professionals when they are needed.
- Better coordination of resources invested in mental health services for young children and their parents would provide a more stable and efficient vehicle for assuring access to effective prevention and treatment programs.

For more information, see "Establishing a Level Foundation for Life: Mental Health Begins in Early Childhood" and the Working Paper series from the Center on the Developing Child at Harvard University.  
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The authors gratefully acknowledge the contributions of the National Governors Association Center for Best Practices and the National Conference of State Legislatures.



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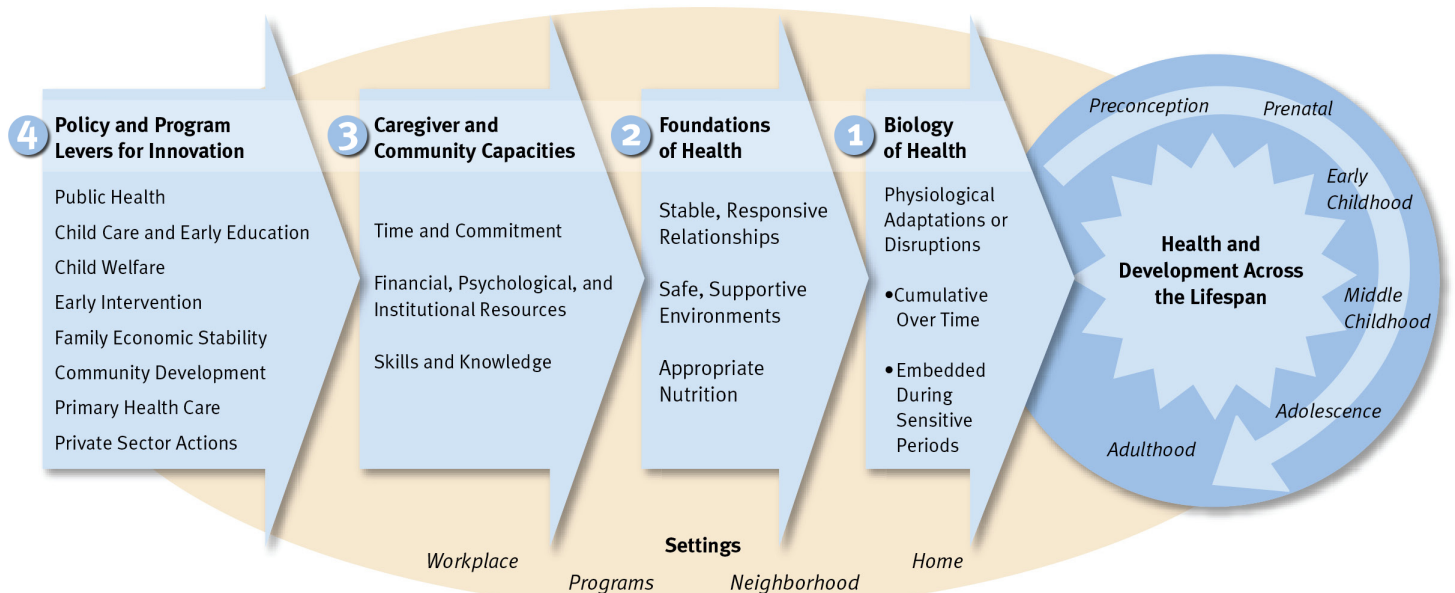
**A vital and productive society with a prosperous and sustainable future is built on a foundation of healthy child development.** Positive early experiences provide a foundation for sturdy brain architecture and a broad range of skills and learning capacities. Health in the earliest years—beginning with the future mother’s well-being before she becomes pregnant—strengthens developing biological systems that enable children to thrive and grow up to be healthy adults. The science of child development now helps us to see healthy development as a causal chain—policies and programs across the public and private sectors affect the capacities of caregivers and communities to strengthen three foundations of healthy development: stable, responsive relationships; safe, supportive environments; and appropriate nutrition. These foundations, in turn, trigger physiological adaptations or disruptions that influence lifelong outcomes in health, learning, and behavior. Understanding how each link in this chain affects the others can provide a science-based framework for decisions about policies, systems, and practices that support the healthy development of all young children and their families.

**1 The biology of health** explains how experiences and environmental influences “get under the skin” and interact with genetic predispositions, which then result in physiological adaptations or disruptions that affect lifelong outcomes in learning, behavior, and both physical and mental well-being. Advances in neuroscience, molecular biology, and genomics have converged on three compelling conclusions:

- Early experiences are built into our bodies, creating biological “memories” that shape development, for better or for worse.

- Toxic stress caused by significant adversity can produce physiological disruptions that undermine the development of the body’s stress response systems and affect the architecture of the developing brain, the cardiovascular system, the immune system, and metabolic regulatory controls.
- These physiological disruptions can persist far into adulthood and lead to lifelong impairments in both physical and mental health.

**A Framework for Reconceptualizing Early Childhood Policies and Programs to Strengthen Lifelong Health**





- 2 The foundations of health** establish a context within which the early roots of physical and mental well-being are nourished. These include
- *A stable and responsive environment of relationships*, which provides young children with consistent, nurturing, and protective interactions with adults that enhance their learning and help them develop adaptive capacities that promote well-regulated stress response systems;
  - *Safe and supportive physical, chemical, and built environments*, which provide places for children that are free from toxins and fear, allow active, safe exploration, and offer families raising young children opportunities to exercise and make social connections; and
  - *Sound and appropriate nutrition*, which includes health-promoting food intake and eating habits, beginning with the future mother's pre-conception nutritional status.

- 3 Caregiver and community capacities to promote health and prevent disease and disability** refers to the ability of family members, early childhood program staff, neighborhoods, voluntary associations, and the parents' workplaces to support and strengthen the foundations of child health. These capacities can be grouped into three categories:
- *Time and commitment*, which includes the nature and quality of time caregivers spend with children and on their behalf, as well as how communities assign and accept responsibility for monitoring child health and developmental outcomes and pass and enforce legislation and regulations that affect child well-being;
  - *Financial, psychological, and institutional resources*,

- which includes caregivers' ability to purchase goods and services, their physical and mental health, and their child-rearing skills, as well as the availability of community services and organizations that promote children's healthy development and supportive structures, such as parks, child care facilities, schools, and after-school programs; and
- *Skills and knowledge*, which includes caregivers' education, training, interactions with child-related professionals, and personal experiences, plus the political and organizational capabilities of communities to build systems that work for children and families.

- 4 Public and private sector policies and programs** can strengthen the foundations of health by enhancing the capacities of caregivers and communities in the multiple settings in which children develop. Relevant policies include legislative and administrative actions that affect public health, child care and early education, child welfare, early intervention, family economic stability, community development, housing, environmental protection, and primary health care. In short, nearly any policy that touches the lives of children and families can be seen as an opportunity to improve lifelong health outcomes in our communities and states. The private sector can also play an important role in strengthening the capacities of families to raise healthy and competent children, particularly through supportive workplace policies.

For more information, see "The Foundations of Lifelong Health Are Built in Early Childhood" and the Working Paper series from the Center on the Developing Child at Harvard University.  
[www.developingchild.harvard.edu/library/](http://www.developingchild.harvard.edu/library/)

## POLICY IMPLICATIONS

- Current health promotion and disease prevention policies focused on adults would be more effective if evidence-based investments were also made to strengthen the foundations of health in the prenatal and early childhood periods. For example, obesity-reduction measures focused on changing adult and adolescent behaviors would be more successful if they were coordinated with programs supporting appropriate nutrition and better access to nutritious foods for pregnant mothers, infants, and toddlers.
- Significant reductions in chronic disease could be achieved across the life course by decreasing the number and severity of adverse experiences that threaten the well-being of young children and by strengthening the protective relationships that help mitigate the harmful effects of toxic stress.
- Effective health promotion and disease prevention depend on more than access to high-quality medical care. A wide range of service systems could improve outcomes significantly by applying a unified scientific understanding of the early childhood origins of health, learning, and behavior across multiple sectors. In other words, child welfare agencies could help prevent adult physical and mental health impairments, not just provide immediate child protection. Zoning and land-development policies could facilitate improved population health (and reduced health care costs), not just generate commercial profit. High-quality early care and education programs that buffer young children from excessive stress could promote health and prevent disease, not just prepare the children to succeed in school.

The authors gratefully acknowledge the contributions of the National Governors Association Center for Best Practices and the National Conference of State Legislatures.



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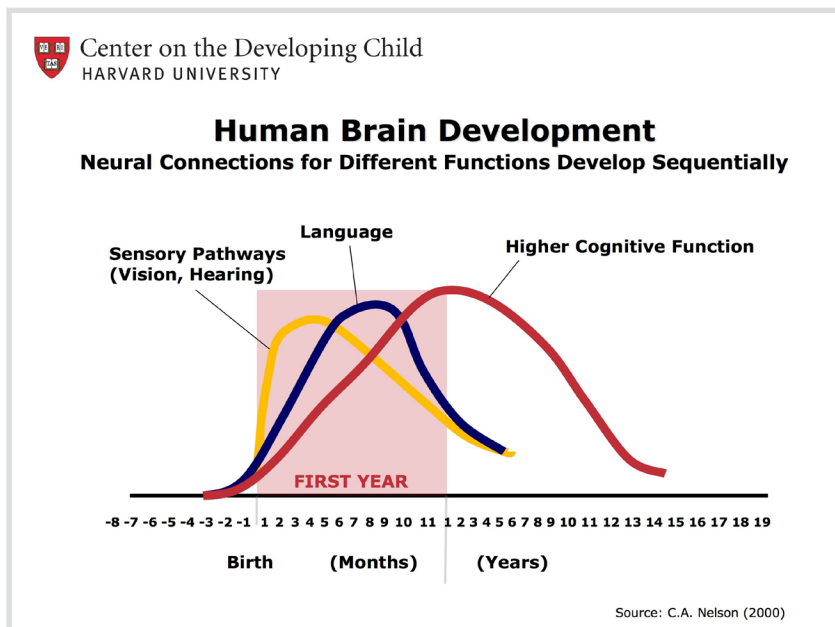
The science of early brain development can inform investments in early childhood. These basic concepts, established over decades of neuroscience and behavioral research, help illustrate why child development—particularly from birth to five years—is a foundation for a prosperous and sustainable society.

**1** Brains are built over time, from the bottom up. The basic architecture of the brain is constructed through an ongoing process that begins before birth and continues into adulthood. Early experiences affect the quality of that architecture by

establishing either a sturdy or a fragile foundation for all of the learning, health and behavior that follow. In the first few years of life, more than 1 million new neural connections are formed every second. After this period of rapid proliferation, connections

are reduced through a process called pruning, so that brain circuits become more efficient. Sensory pathways like those for basic vision and hearing are the first to develop, followed by early language skills and higher cognitive functions. Connections proliferate and prune in a prescribed order, with later, more complex brain circuits built upon earlier, simpler circuits.

**2** The interactive influences of genes and experience shape the developing brain. Scientists now know a major ingredient in this developmental process is the “serve and return” relationship between children and their parents



In the proliferation and pruning process, simpler neural connections form first, followed by more complex circuits. The timing is genetic, but early experiences determine whether the circuits are strong or weak.

## POLICY IMPLICATIONS

- The basic principles of neuroscience indicate that early preventive intervention will be more efficient and produce more favorable outcomes than remediation later in life.
- A balanced approach to emotional, social, cognitive, and language development will best prepare all children for success in school and later in the workplace and community.
- Supportive relationships and positive learning experiences begin at home but can also be provided through a range of services with proven effectiveness factors. Babies’ brains require stable, caring, interactive relationships with adults — any way or any place they can be provided will benefit healthy brain development.
- Science clearly demonstrates that, in situations where toxic stress is likely, intervening as early as possible is critical to achieving the best outcomes. For children experiencing toxic stress, specialized early interventions are needed to target the cause of the stress and protect the child from its consequences.

and other caregivers in the family or community. Young children naturally reach out for interaction through babbling, facial expressions, and gestures, and adults respond with the same kind of vocalizing and gesturing back at them. In the absence of such responses—or if the responses are unreliable or inappropriate—the brain’s architecture does not form as expected, which can lead to disparities in learning and behavior.

**3** The brain’s capacity for change decreases with age. The brain is most flexible, or “plastic,” early in life to accommodate a wide range of environments and interactions, but as the maturing brain becomes more specialized to assume more complex functions, it is less capable of reorganizing and adapting to new or unexpected challenges. For example, by the first year, the parts of the brain that differentiate sound are becoming specialized to the language the baby has been exposed to; at the same time, the brain is already starting to lose the ability to recognize different sounds found in other languages. Although the “windows” for language learning and other skills remain open, these brain circuits become increasingly difficult to alter over time. Early plasticity means it’s easier and more effective to influence a baby’s developing brain architecture than to rewire parts of its circuitry in the adult years.

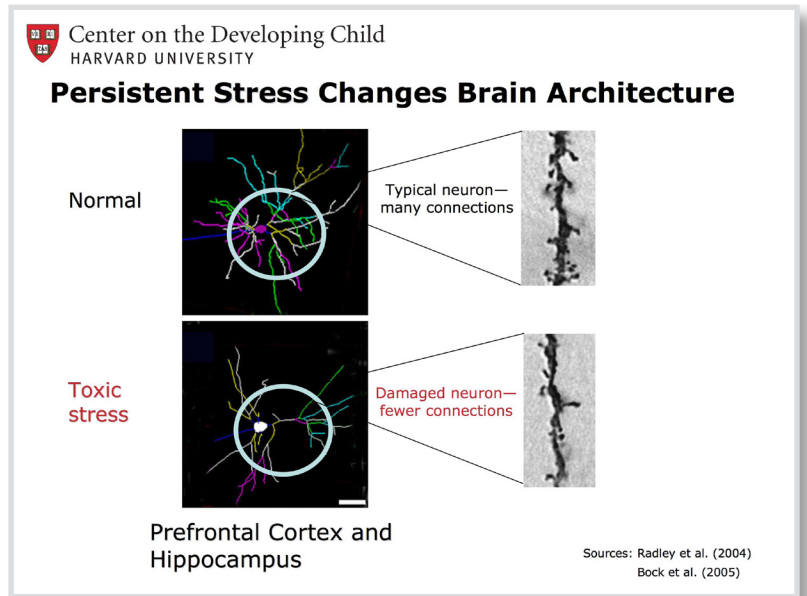
**4** Cognitive, emotional, and social capacities are inextricably intertwined throughout the life course. The brain is a highly interrelated organ, and its multiple functions operate in a richly coordinated fashion. Emotional well-being and social competence provide a strong foundation for emerging cognitive abilities, and together they are the bricks and mortar that comprise the foundation of human development. The emotional and physical health, social skills, and cognitive-linguistic capacities that emerge in the early years are all important prerequisites for

success in school and later in the workplace and community.

**5** Toxic stress damages developing brain architecture, which can lead to life-long problems in learning, behavior, and physical and mental health. Scientists now know that chronic, unrelenting stress in early childhood, caused by extreme poverty, repeated abuse, or severe maternal depression, for example, can be toxic to the developing brain. While positive stress (moderate, short-lived physiological responses to uncomfortable experiences) is an important and necessary aspect of healthy development, toxic stress is the strong, unrelieved activation of the body’s stress management system. In the absence of the buffering protection of adult support, toxic stress becomes built into the body by processes that shape the architecture of the developing brain.

For more information, see “The Science of Early Childhood Development” and the Working Paper series from the National Scientific Council on the Developing Child.

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Brains subjected to toxic stress have underdeveloped neural connections in areas of the brain most important for successful learning and behavior in school and the workplace.



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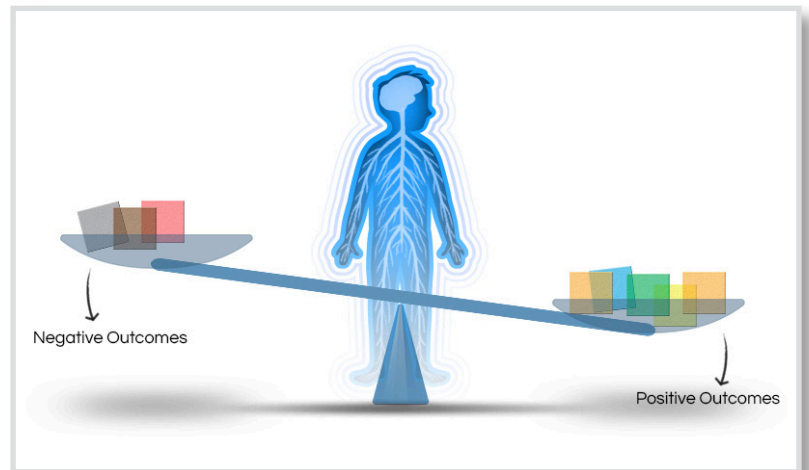
A series of brief summaries of essential findings from recent scientific publications and presentations by the Center on the Developing Child at Harvard University.

**Reducing the effects of significant adversity on young children’s healthy development is critical to the progress and prosperity of any society.** Yet not all children experience lasting harm as a result of adverse early experiences. Some may demonstrate “resilience,” or an adaptive response to serious hardship. A better understanding of why some children do well despite early adversity is important because it can help us design policies and programs that help more children reach their full potential.

One way to understand the development of resilience is to visualize a balance scale or seesaw (see image below). Protective experiences and adaptive skills on one side counterbalance significant adversity on the other. Resilience is evident when a child’s health and development are tipped in the positive direction, even when a heavy load of factors is stacked on the negative side. Understanding all of the influences that might tip the scale in the positive direction is critical to devising more effective strategies for promoting healthy development in the face of significant disadvantage.

**1 Resilience requires supportive relationships and opportunities for skill-building.** No matter the source of hardship, the single most common factor for children who end up doing well is having the support of at least one stable and committed relationship with a parent, caregiver, or other adult. These relationships are the active ingredient in building resilience: they provide the personalized responsiveness, scaffolding, and protection that can buffer children from developmental disruption. Relationships also help children develop key capacities—such as the ability to plan, monitor, and regulate behavior, and adapt to changing circumstances—that better enable them to respond to adversity when they face it. This combination of supportive relationships, adaptive skill-building, and positive experiences constitutes the foundation of resilience.

**2 Resilience results from a dynamic interaction between internal predispositions and external experiences.** Children who do well in the face of significant hardship typically show some degree of natural resistance to adversity *and* strong relationships with the important adults in their



*When positive experiences outweigh negative experiences, a child’s “scale” tips toward positive outcomes.*

family and community. Indeed, it is this *interaction* between biology and environment that builds the capacities to cope with adversity and overcome threats to healthy development. Resilience, therefore, is the result of a combination of protective factors. Neither individual characteristics nor social environments alone are likely to produce positive outcomes for children who experience prolonged periods of toxic stress.

**3 Learning to cope with manageable threats to our physical and social well-being is critical for the development of resilience.** Not all stress is harmful. There are numerous opportunities

in every child's life to experience manageable stress—and with the help of supportive adults, this “positive stress” can be beneficial. Over time, both our bodies and our brains begin to perceive these stressors as increasingly manageable and we become better able to cope with life's obstacles and hardships, both physically and mentally. However, when adversity feels overwhelming and supportive relationships are not available, stress can turn toxic and “tip the scale” toward negative outcomes.

#### **4 Some children respond in more extreme ways to both negative and positive experiences.**

These highly sensitive individuals show increased vulnerability in stressful circumstances but respond in exceptionally positive ways within environments that provide warmth and support. Therefore, programs that effectively provide responsive relationships to children facing serious hardship may see dramatic turnarounds in the very children who seem to be doing the worst.

**5 Individuals never completely lose their ability to improve their coping skills, and they often learn how to adapt to new challenges.** The brain and other biological systems are most adaptable early in life, and the development that occurs in the earliest years lays the foundation for a wide range of resilient behaviors. However, resilience is shaped throughout life by the accumulation of experiences—both good and bad—and the continuing development of adaptive coping skills connected to those experiences. What happens early may matter most, but it is never too late to build resilience.

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For more information, see “Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper 13.” [www.developingchild.harvard.edu/resources/](http://www.developingchild.harvard.edu/resources/)

## **IMPLICATIONS FOR POLICY AND PRACTICE**

- **The capabilities that underlie resilience can be strengthened at any age.** Age-appropriate activities that have widespread health benefits can also improve resilience. For example, regular physical exercise and stress-reduction practices, as well as programs that actively build executive function and self-regulation skills, can improve the abilities of children and adults to cope with, adapt to, and even prevent adversity in their lives. Adults who strengthen these skills in themselves can model positive behaviors for their children, thereby improving the resilience of the next generation.
- **We can prevent most forms of severe hardship that young children and their parents face.** Extreme adversity, such as war or environmental devastation, nearly always generates serious problems that require treatment. More common—and preventable—triggers of toxic stress in families and communities include the often interrelated threats of poverty, crime, mental illness, substance abuse, discrimination, and community violence. Strategies that build child and adult capacities work best when they are integrated within complementary policies that collectively lower the burden of stress on families. For example, home-visiting programs that coach new parents on how to interact positively with children could be coordinated with therapeutic interventions for substance abuse or mental illness and high-quality early care and education.
- **Research has identified a set of factors that help children achieve positive outcomes in the face of significant adversity.** Individuals who demonstrate resilience in response to one form of adversity may not necessarily do so in response to another. Yet when communities and families strengthen these factors, they optimize resilience across multiple contexts. Factors include:
  - (1) providing supportive adult-child relationships;
  - (2) scaffolding learning so the child builds a sense of self-efficacy and control;
  - (3) helping strengthen adaptive skills and self-regulatory capacities; and
  - (4) using faith and cultural traditions as a foundation for hope and stability.



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# FUNDING EARLY CHILDHOOD MENTAL HEALTH SERVICES IN LOUISIANA



**Geoffrey Nagle, PhD, MSW, MPH**  
**Alliance Strategic Advising and Research**  
**December 2023**

**Louisiana**  
**Partnership**  
*for children & families*

## Funding Early Childhood Mental Health Services in Louisiana

### Introduction

Over the past 25 years, compelling findings in early brain development have led to strategic investments in initiatives aimed at fostering healthy early relationships, timely intervention upon detection of signs of issues, and the provision of intensive treatment for troubled young children and families, to enhance outcomes linked to school readiness. Social, emotional, and behavioral issues in young children manifest in diverse forms, ranging from defiance towards teachers to disruptive classroom behavior, persistent sadness, and diagnosable mental health disorders. Moreover, the repercussions of refraining from timely intervention are well-established, as children struggling in the initial years of school will often need more prolonged or costly interventions later in childhood.

Critical advancements in understanding effective, evidence-based interventions have emerged to assist these young children and their families, preventing, and treating indicators of early childhood mental health challenges that may impede academic learning and optimal development. Despite this progress, the overarching obstacle continues to be securing funding for these essential services.

Positive early childhood mental health entails that children possess age-appropriate capabilities to:

- Form close and secure relationships
- Experience, manage, and express a full range of emotions, and
- Explore the environment and learn (all in the context of family, community, and culture.)<sup>1</sup>

Research emphasizes that these abilities serve as the foundation for effective learning and life skills. When early nurturing and stimulation, provided by parents, foster parents, grandparents, child care providers, and teachers, fall short of instilling these expected competencies, a trajectory of challenges in mental health and various facets of development and achievement may ensue.

Much like deliberate approaches to promoting early literacy, specific strategies and interventions exist to foster positive early mental health. Early childhood mental health interventions, particularly those grounded in strengthening positive relationships, frequently prove instrumental in fostering resilience and ensuring early success in school.

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<sup>1</sup> See [Zero to Three, June 28, 2023](#).

## **The Early Childhood Supports and Services Program (ECSS)<sup>2</sup>**

Early Childhood Supports and Services (ECSS) is a community based, family focused program that services families who have children under six years of age. ECSS uses two “arms” of intervention: 1) a “supports” arm, that includes a community health and case management program that broadly evaluates family needs and engages a multi-agency network to provide family support; and 2) a “services” arm that provides specialized clinical assessment of children and child-caregiver relationships and intervention to address behavioral, developmental and/or mental health concerns.

ECSS was created to address the urgent needs for early intervention and comprehensive integration of supports and services for families of Louisiana’s youngest and most vulnerable citizens. Originally implemented in 2002, ECSS continued through 2012 as a community based, family-focused program of assessment and intervention for children less than 6 years of age in Louisiana. The program included mental health services using state of the art methods of assessment and evidence-based treatments, case management in partnership with community agencies, and emergency assistance funds to enhance the development and well-being of several thousand young children. Dozens of professionals received special training in infant and early childhood mental health and worked in ECSS sites around the state, but few of them continued providing these services after the program was discontinued early in 2013 because of the loss of funding for ECSS infrastructure and inadequate reimbursement by Medicaid.

ECSS is focused on alleviating suffering and enhancing the mental health competence of young children. The essence of infant and early childhood mental health is that the quality of primary caregiving relationships is the most important predictor of psychological and social outcomes for infants and young children. Evidence indicates that all caregiving relationships matter for young children, so efforts to address the needs of young children must be comprehensive rather than merely efficient. Caregivers support the mental health of young children when they provide sensitive and responsive care, when they know and value the child as a unique individual, and when they are able to place the needs of the young child ahead of their own needs most of the time. Virtually all parents want to provide their young children with a strong start, especially when they realize how consequential they are for their children’s development.

The program goals of ECSS are:

1. To make high-quality, state-of-the-art mental health supports and services available to infants and young children, and their families who are in need.
2. To understand symptomatic behavior in young children as existing within multiple interacting contexts: neurobiological, relational, neighborhood, cultural, social, and historical and to use understanding of these contexts to link children and families to needed resources and to provide clinical care when needed.
3. To focus on caregiving relationships as a primary focus of assessment and intervention because of their importance as vehicles of change for infants and young children.

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<sup>2</sup> As detailed in the Early Childhood Supports and Services Policy and Procedure Manual, Revised June 2023.



4. To provide services that address inequities and disparities and with awareness of/sensitivity to historical traumas of minoritized groups, ensuring that all families feel welcome to be able to access services.
5. To support and enhance reflective capacity of caregivers and providers and the ability of child-facing professionals to identify young children with mental health needs.
6. To increase the size, quality, and diversity of the workforce of specially qualified mental health professionals with expertise to make state of the art assessment and treatment available to young children and their families.
7. To develop local integrated, comprehensive systems of care for children ages 0 through 5 and their families.
8. To increase public awareness and education about best practices in early childhood development.
9. To promote local level collaboration and partnership development among all entities that provide services or supports to young children and their families.
10. To support families in the management of their young children and to strengthen the family unit's ability to maintain and nurture the child in the home.
11. To identify and manage the risk factors preventing young children from reaching their full potential through screening and assessment protocols.
12. To track progress of children and families, including identified needs and gaps in services.
13. To ensure that families are linked with a medical home to attend to their children's physical needs.

There are a number of evidence-based interventions available to treat mental health disorders in infants and young children. Unfortunately, these interventions exist largely within academic medical centers (Tulane and LSUHSC) and are not available in most parts of Louisiana. There are two major reasons for the lack of availability: 1) a paucity of trained providers with requisite skills, and 2) inadequate ongoing support for professionals, including low reimbursement rates for these services. ECSS will address both workforce development and ongoing support.

## **Funding**

There is currently no single dedicated funding stream specifically directed towards addressing the mental health needs of young children. Consequently, navigating the complex landscape of multiple funding streams, each with its unique eligibility criteria and administrative prerequisites, to ensure access to developmentally appropriate, family-centric, comprehensive, preventive, early intervention and treatment services, proves to be a difficult task for states. Rather than relying on a singular solution, the establishment of a cohesive funding and service delivery framework demands innovative, strategic, and proactive leadership at the state level. A crucial element in this process is strategic fiscal planning, aiming to maximize the impact of available resources and directing funds towards intentional mental health interventions before issues intensify, particularly in the case of young children.

Appendix A provides a list of state administered federal funds that could be utilized to support the ECSS program. All these funding sources have a primary purpose as directed by the federal government. However, states have flexibility in how they utilize these funds within certain parameters. For example, some funds may only be able to support training, while others may support the clinical service or the care coordination. As a result, it is unlikely that any one source will be able to fully support ECSS in Louisiana. Instead, a blending and braiding of funding across funding sources, and across state departments, is needed. Appendix B is a visual representation of these available funding sources and the responsible state department. Appendix C summarizes the investments the state makes in early childhood as detailed in the Early Childhood System Integration Budget.<sup>3</sup>

## **Conclusion**

Louisiana allocates over \$2 billion annually in state budget support for young children, yet less than one percent of these funds are directed towards early childhood mental health infrastructure and programs.<sup>3</sup> The state possesses renowned expertise in this field, notably at Tulane and LSUHSC, which has been effectively harnessed to implement programs and interventions supporting early childhood mental health. Collaboratively, Tulane, LSUHSC, and [Training Grounds](#), in conjunction with state authorities, have developed a comprehensive, community-based mental health program known as ECSS, now in the process of launch with funding from the American Rescue Plan Act. To ensure the sustainability and effectiveness of this initiative, it is imperative for the state, working with both governmental and non-governmental professionals, to identify sustainable funding. Such funding may be derived from the sources delineated in the appendices or other flexible federal funds. The success of this endeavor hinges on a concerted and intentional effort to prioritize the ECSS program, underscoring its potential to positively impact numerous young children and their families.

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<sup>3</sup> See the Louisiana Early Childhood System Integration Budget available at <https://www.doa.la.gov/doa/opb/budget-documents/early-childhood-system-integrated-budgets/>.

<b>Appendix A: FUNDING OPPORTUNITIES</b>	
<b>Source</b>	<b>Description</b>
<b>LOUISIANA DEPARTMENT OF HEALTH</b>	
<b>Medicaid</b>	Medicaid is available to children who meet eligibility criteria as determined by state and federal governments. Medicaid managed care provides for the delivery of Medicaid benefits and services through contracted arrangements between state and managed care organizations (MCOs). Services include case management, transportation, physical, occupational and speech therapy, and prescriptions. Medicaid provides comprehensive coverage for early childhood mental health services, including screenings, assessments, and therapeutic interventions.
<b>Children's Health Insurance Program (LaCHIP)</b>	Very similar to Medicaid, covers children in households with income at or below 250% of Federal Poverty Guidelines.
<b>Individuals with Disabilities Education Act - Early Intervention Program for Infants and Toddlers with Disabilities (IDEA - Part C)</b>	Provides comprehensive, early intervention services, including occupational therapy, physical therapy, speech therapy, psychology, audiology, and mental health-related services for infants and toddlers, birth through age 2, with developmental delays or disabilities.
<b>Title V – Maternal and Child Health Block Grant</b>	Supports states in improving the health and well-being of mothers, children, and families, potentially incorporating early childhood mental health initiatives through evidence-based practices and community resources.
<b>Community Mental Health Services Block Grant (MHBG)</b>	Provides comprehensive community mental health services for children, supporting states to enhance accessibility and quality of care, with a focus on early intervention and prevention strategies. States have flexibility to use these funds for both new and unique programs or to supplement their current activities. Includes persons up to age 18 who have a diagnosable behavioral, mental, or emotional issue, that results in a functional impairment that substantially interferes with, or limits, a child's role or functioning in family, school, or community activities. Note that a large proportion of the funding goes to the LGEs for their operations and in their role as the safety net providers.

<b>DEPARTMENT OF EDUCATION</b>	
<b>Child Care Development Fund (CCDF)</b>	The primary source of federal funding for child care subsidies for working families who are low income. It can also support mental health services in child care settings, enhancing the quality of programs and promoting early intervention for young children experiencing mental health challenges.
<b>Individuals with Disabilities Education Act - Preschool Grants for Children with Disabilities (IDEA Part B)</b>	Supports special education and related services for children, ages 3-5, with disabilities, potentially incorporating mental health components for inclusive and supportive learning environments. Supports all 70 school districts and some private/parochial schools.
<b>PreK Programs</b>	Children in families with incomes at or below 200% of the Federal Poverty Level are considered “economically disadvantaged” and are therefore eligible for one of Louisiana’s Pre-K programs. These programs for 4-year-olds include 1) the Cecil J. Picard LA 4 Early Childhood Program, 2) 8(g) Student Enhancement Block Grant Program, 3) Nonpublic School Early Childhood Development Program, 4) federally funded Head Start 4-year-old program, and 5) Title I funding used by districts for pre-K.
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES</b>	
<b>Family Independence Temporary Assistance Program (FITAP)</b>	Provides financial aid for children in their own homes who are in need because they do not have sufficient financial support from parents. The overall goal is to decrease the long-term dependency on public assistance by promoting job preparation and work. In Louisiana, each FITAP recipient who is pregnant or has a child under the age of one must attend parenting skills training.
<b>Social Services Block Grant (SSBG)</b>	A flexible funding source that allows states to tailor social service programming to their population’s needs. Through the SSBG, states provide essential social services that help achieve a myriad of goals to reduce dependency and promote self-sufficiency; protect children and adults from neglect, abuse, and exploitation. These funds can provide support for child welfare services, potentially including mental health components, by strengthening family support systems.
<b>Temporary Assistance to Needy Families (TANF)</b>	A flexible funding source designed to help families with low incomes achieve economic self-sufficiency. States use these funds for monthly cash assistance payments, as well as a wide range of services, to families with children.
<b>Family First Prevention Services Act (FFPSA)</b>	Funding to support children at risk of removal and entry into foster care. Assists in funding child welfare programs, including mental health services addressing the needs of children who have experienced trauma, contributing to overall well-being and stability.

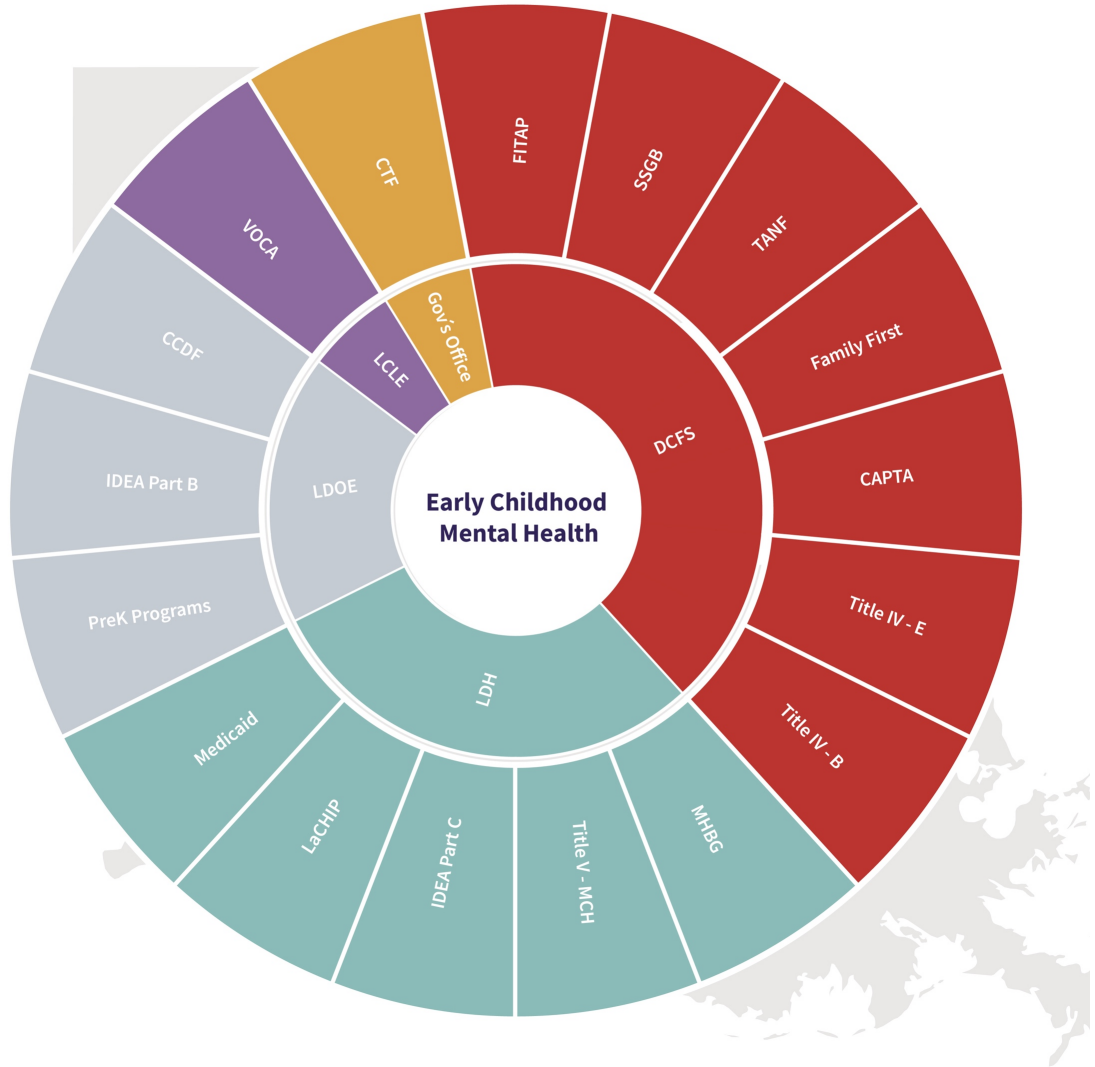
<b>Child Abuse Prevention and Treatment Act (CAPTA)</b>	Funds used to improve the child protective service system of the state. While funds are used for intake, assessment, screening, and investigation of reports of child abuse or neglect, funds are also used for training.
<b>Title IV-E Prevention</b>	To provide safe and stable out-of-home care for eligible children and youth until they are safely returned home, placed permanently with adoptive families or legal guardians, or placed in other planned arrangements for permanency. Also provides funding for allowable pre-placement administrative activities for eligible children determined to be at imminent risk of removal who, absent effective provision of preventive services, would be placed in foster care. Funds are also used for training.
<b>Stephanie Tubbs Jones Child Welfare Services (Title IV-B, Sub-Part I)</b>	Provides grants for programs directed toward keeping families together. They include preventive intervention so that, if possible, children will not have to be removed from their homes. Services are available to children and their families without regard to income. The purpose of the program is to promote the development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe, loving families.
<b>MaryLee Allen Promoting Safe and Stable Families (Title IV-B, Sub-Part II)</b>	To serve families at risk or in crisis, to develop or expand and operate coordinated programs of community-based family support services, family preservation services, family reunification services, and adoption promotion and support services. Specific objectives include: 1) To prevent child maltreatment among families at risk through the provision of supportive family services; 2) To assure children's safety within the home and preserve intact families in which children have been maltreated, when the family's problems can be addressed effectively; 3) To support adoptive families by providing support services as necessary so that they can make a lifetime commitment to their children. A small proportion of appropriated funds are reserved for research, evaluation, and technical assistance, which may be awarded competitively through contracts or discretionary awards.
<b>GOVERNOR'S OFFICE</b>	
<b>Children's Trust Fund</b>	Provides funding for the development and implementation of statewide programs designed for primary prevention of child abuse and neglect of children. Programs include educational, parenting, professional training and workshops, and public education and awareness.

**LOUISIANA COMMISSION ON LAW ENFORCEMENT**

**Victims of Crime Act –  
Crime Victims Fund**

To assist a person who has suffered physical, sexual, financial, or emotional harm as a result of the commission of a crime. Services include a response to the emotional and physical needs of crime victims, and to assist primary and secondary victims of crime to stabilize their lives after victimization. Funds must be allocated to each of the following areas: sexual assault; domestic violence; child abuse; and previously underserved populations.

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## Early Childhood Well-Being in Louisiana Data Points

Compiled by the Governor's Children's Cabinet Advisory Board's  
IECMH Subcommittee Data Workgroup  
January 2022

**307,092** children under age 5 live in Louisiana.<sup>1</sup>  
**178,015** are infants and toddlers.<sup>2</sup>

An estimated **30,709 – 49,135** children under age 5 in Louisiana experience impairing social-emotional or behavioral health problems, based on national figures of 10-16%.

- Due to factors like natural disasters, poverty, and community violence, it is likely that more children in Louisiana experience impairing mental health conditions than the national average.
- Social-emotional challenges in young children can be treated effectively, placing them on a more adaptive long-term developmental trajectory – including improved school readiness and less risk for current and ongoing health and developmental problems.

### RISK BY THE NUMBERS

#### ECONOMIC

- **30.8%** of children under 5 lived in **poverty** in 2014-2018 (national average = 21.5%)<sup>1</sup>
  - Range = 13.4% (Livingston Parish) to 85% (East Carroll)
  - **> 50%** of children under 5 live in poverty in **7 parishes**
    - St. Landry, Webster, Richland, Madison, Franklin, Tensas, East Carroll
  - Black children in Louisiana are **3X** more likely to live in poverty than White children.
- **47.1%** of infants and toddlers in households with incomes less than **2X** federal poverty line
  - 2019 = \$51,500 for a family of 4<sup>2</sup>
- **62.3%** of moms of infants and toddlers are in the labor force<sup>2</sup>

#### EDUCATION

- **Access** to early care and education<sup>1</sup>
  - **93.2%** of children ages 0-2 from economically disadvantaged households lack access to publicly funded childcare.
  - **65.5%** of 3-year-old children from economically disadvantaged households lack access to publicly funded early care and education.
  - **6** rural parishes have **NO** publicly funded, licensed childcare
    - East Feliciana, Assumption, Caldwell, Cameron, Catahoula, and West Carroll
- **School Readiness**<sup>1</sup>
  - **< 20%** of students across the state were “ready to learn” (2019)
    - **5%** in East Carroll, St. Martin, Richland, St. Tammany, Franklin (lowest)
    - **58.1%** in Washington (highest)

#### LEGAL

- **Families In Need of Services (FINS)**: A legal process in the Children's Code specifically designed to address “self-destructive behaviors by the child and conduct by other family members” which warrant court intervention (ChC Article 726). The statutory grounds for the FINS process makes it clear that the intention of the law is to identify and address pre-delinquent behavior, such as truancy, ungovernable and runaway behavior, by connecting families to needed services (ChC Article 730).

- There are no specific legal provisions to address the needs of very young children and their families through FINS. However, lack of appropriate services has resulted in FINS referrals of pre-school children, placing them at higher risk for becoming delinquent offenders and underscoring the need to develop and implement age-appropriate supports and services for this underserved population.
- **FINS Referrals**
  - **0-3 years old: 36 children**
    - Black - 19; White - 12; Asian - 1; Other – 4
  - Offense: Truancy, violations of school rules, ungovernable
  - **4-6 years old: 564 children**
    - Black – 363; White –177; Asian – 3; Other – 10; American Indian/Alaskan - 3
    - Unknown - 8
  - Offense: Truancy, Violation of School Rules, Ungovernable, Caretaker causes/encouraged behaviors
  - **7-8 years old: 674 children**
    - Black – 364; White – 244; Other - 36
  - Offense: Truancy, Violation of School Rules, Ungovernable, Caretaker causes/encouraged behaviors
  - Parishes with most referrals for young children: Orleans, Jefferson, Natchitoches and Iberia Parishes

## HEALTH

- **Preterm Birth**
  - **13% (2<sup>nd</sup> highest in the country)<sup>1,2</sup>**
  - **21/64 parishes (33%) have a rate 150% of the national average.<sup>1</sup>**
  - Over **1 in 5 babies** are born preterm in Tensas and Franklin parishes.<sup>1</sup>
  - Preterm birth rates are significantly higher for Black persons than non-Hispanic White persons.
    - Black women = **17%**
    - Hispanic women = **10.8%**
    - Non-Hispanic White Women = **10.6%**
- **Infant Mortality = 7.6/1,000 live births (5.7/1,000 live births national average)<sup>2</sup>**
- **10.8% of babies have low birth weight (compared to 8.3% national average)<sup>2</sup>**
- **Mental Health: 28.3% of moms of infants and toddlers report less than optimal mental health<sup>2</sup>**
  - 20.3% nationally
  - Louisiana higher than Alabama, Mississippi, Texas, Florida and Georgia
- **Maltreatment: 19.5/1,000 of infants and toddlers (16.4/1,000 national average)<sup>2</sup>**
  - **49.9%** of children in foster care are under age 5 years (**3,506** in 2019; up 7.9% from 2017)
  - Parishes with highest numbers of children in foster care: Livingston, Caddo, Ouachita, Rapides, Terrebonne, & Jefferson
- **Substance Exposed Newborns**
  - **2,031** in 2019 (3.5%)
  - **20%** of DCFS investigations for children under 5
  - Range = **13.2/1,000** (Natchitoches) to **156/1,000** (Concordia)
- **ACEs: 9% experienced 2+ ACEs**
  - 7.7% national average
  - Louisiana higher than Mississippi, Florida, and Texas
- **Developmental Screening for Infants & Toddlers: 20.9% (32.5% national average)**

- **Health & Well-Being:** Louisiana is rated in the **lowest tier** of 4 levels in all areas of the Zero To Three State of Babies Yearbook 2021
  - Good Health, Strong Families, Positive Early Learning Experiences

#### EXAMPLES FROM THE COMMUNITY:

- Jackson (age 4) lived with his mother for two years before she sent him to live with his father and grandmother, due to her frustration with his emotional outbursts, physical fights with preschool classmates that resulted in his expulsion from school, and severe temper tantrums at home. A friend referred the family to TrainingGrounds, a community-based play and learning center, to help Jackson develop more positive social interactions in a supportive environment – one piece of a plan to support his healthy development. The family has been unable to access a higher level of care to address the traumatic impact of caregiving disruptions on Jackson and help the family effectively support his emotional and behavioral regulation, resulting in ongoing aggressive behavior that is interfering with family and peer relationships and learning. **Jackson is at risk of externalizing mental health disorders and repeated suspension/expulsion, increasing the likelihood of school failure and early drop out.**
- Sydne (age 3) lives with her grandmother and two siblings. Sydne’s mother suffers from substance use disorder and her grandmother has a chronic health condition that impairs her ability to be consistently attentive to the children’s needs. Sydne has witnessed significant domestic violence in her home and community. She and her grandmother regularly visit the We PLAY Center which is within walking distance of their home. However, Sydne cannot access mental health treatment for her trauma or attend childcare because her grandmother is able to take her anywhere outside of the neighborhood due to her health condition. **Sydne is at risk for mental health conditions such as posttraumatic stress, anxiety and an increased likelihood of physical health problems and developmental delay.**
- Timmy (12 months) was cared for by his great grandmother, with whom he and his mother (age 15) lived, when she died unexpectedly. Timmy’s mother became pregnant as a result of chronic sexual abuse by a relative; she suffers from posttraumatic stress, anxiety, and depression. The two moved twice in the months following the death of their great/grandmother and now reside with an extended family member in a rural area with few services; neither is in school/childcare. Timmy’s pediatrician has been unsuccessful in linking Timmy and his mother with supports, including mental health treatment. **Timmy is at risk for posttraumatic stress, developmental delay, physical health problems, and depression due to the loss of his primary caregiver and the instability of his caregiving environment.**

#### WHY IT MATTERS

Ignoring children’s mental health needs is costly.

- *Lower academic achievement, higher school drop-out rates, higher rates of grade retention, greater risk of committing juvenile offenses in adolescence.*
- Annual cost related to early onset emotional and behavioral disorders = **\$247 billion**<sup>3</sup>
  - Healthcare, education, child welfare, criminal justice, economic productivity

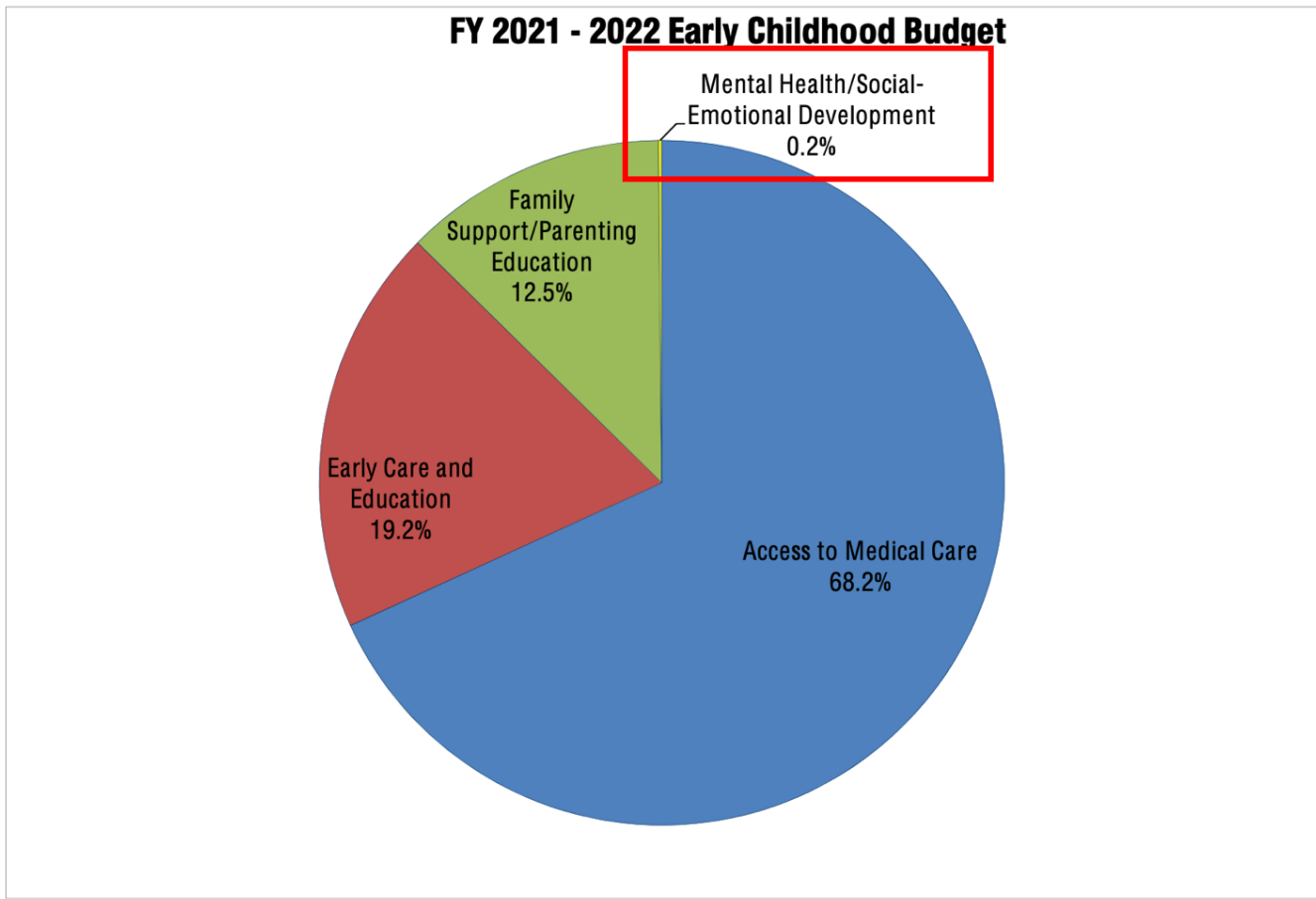
**Intervening early is more beneficial and more cost effective than attempting to treat emotional difficulties and their effects on learning and health after they become more serious.**<sup>4</sup>

- Example: Parent-Child Interaction Therapy (PCIT) returns \$3.64 per dollar of cost.<sup>5</sup>

**Lack of social competence in early elementary school has costly consequences for school systems and society as a whole.**

- Children who enter school in kindergarten with lower social skills are more likely to require special education services and individualized education plans and tend to have higher rates of dropout, juvenile delinquency, and reduced participation in the workforce.<sup>6</sup>

**HOW DOES LOUISIANA SUPPORT YOUNG CHILDREN’S MENTAL HEALTH?**



FY 2021-2022 Appropriated - Early Childhood System Integration Budget

Children’s Budget 2021-2022: **\$11,535,606,843**

ECSIB: **\$1,966,495,129**

**CCAB PROPOSAL: \$10 million for EARLY CHILDHOOD SUPPORTS & SERVICES (ECSS)**

- Support screening and early identification of developmental delay, social-emotional and behavioral health problems
- Identify family needs and linkage with community resources
- Provide evidence-based intervention for those who need it (~10-20% of children 0-5)

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