



Nebraska's Prenatal-to-Age-3 Plan

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Prenatal-to-Age-3 Policy Goals

Creating a strong network for infants and toddlers

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In 2019, Nebraska joined a national effort to advance state-level public policies that promote healthy development of young children prenatal to age 3. This effort involves national partners such as the Pritzker Children's Initiative (PCI), the National Coalition for Infants and Toddlers (NCIT), the Prenatal-to-Three Policy Impact Center and others. In Nebraska, this initiative is informed by partners involved in the state's Preschool Development Grant and other stakeholders including state agencies, nonprofit and philanthropic groups, business and economic development leaders, early childhood professionals and service providers, and parents and families.

First Five Nebraska has coordinated input from these partners and stakeholders to inform a viable policy agenda that addresses the most urgent needs of children prenatal to age 3 in our state. Based on that input, we have identified the following policy objectives.

Increase availability of affordable, high-quality child care for infants and toddlers from income-eligible families across diverse settings, assuring equitable participation of families, children and providers of diverse race/ethnicity/language.

Child Care Subsidy

- Increase number of child care providers accepting child care subsidy by adjusting reimbursement rates to incentivize and pay for the cost of quality.
- Maintain the income eligibility threshold for subsidized child care at 185% Federal Poverty Level.

Child Care Quality

- Increase number of infants and toddlers accessing higher-quality child care by supporting providers in strengthening their businesses to meet and maintain costs of quality programming.
- Increase number of infants and toddlers accessing higher-quality child care by supporting child care providers in attaining higher ratings in Step Up to Quality.

Child Care Capacity

- Increase number of infants and toddlers accessing high-quality child care by increasing quality and capacity through expanded funding and support for local business partnerships and community engagement.

Increase number of income-eligible families with children prenatal to age 3 who are connected to essential and high-quality health, development and social-emotional support services, assuring equitable participation of families, children and providers of diverse race/ethnicity/language.

Medicaid

- Increase number of children ages 0-3 and pregnant women served by medical providers (including mental health, dental, etc.) who accept Medicaid.
- Increase number of new and expecting mothers who receive maternal depression services.

WIC / SNAP / TANF

- Increase participation in Women Infants & Children (WIC) among families with children ages 0-3.
- Increase participation in Supplemental Nutrition Assistance Program (SNAP) among eligible families with children ages 0-3.
- Increase number of families with infants and toddlers who participate in Temporary Assistance for Needy Families (TANF).

Screening, Referral & Intake

- Increase number of families with infants and toddlers who receive services through a central access point by expanding the Help Me Grow (HMG) Lincoln pilot to additional communities.
- Increase number of infants with parents screened and treated for depression through current and planned activities of the Nebraska Perinatal Quality Improvement Collaboration (NPQIC) Perinatal Family Mental Health Initiative.
- Increase access to Early Development Network (Early Intervention; IDEA Part C) services among infants and toddlers in the child welfare system.
- Increase number of families with infants participating in Parents Interacting with Infants (PIWI).

First Five Nebraska aspires to influence policies to equitably expand high-quality services to infants and toddlers, especially from income-eligible families, with a target goal of a 25% increase (15,500) by 2023 and a long-term goal of a 50% increase (30,050).

Home Visitation

- Increase number of prenatal mothers and families with infants and toddlers accessing home-visiting programs through the Families First Prevention Services Act and increased funding for Sixpence, Early Head Start and Nebraska Maternal, Infant, and Early Childhood Home Visiting (MIECHV).

Address equitability, sustainability, accountability and alignment in early childhood systems and infrastructure, assuring equitable participation of families, children and providers of diverse race/ethnicity/language.

Parent Resources/Public Awareness

- Increase accessibility of high-quality child care for infants and toddlers across the state by supporting and further developing regional child care and resource and referral efforts established during the COVID-19 pandemic, such as the Child Care Referral Network.
- Increase number of families with infants and toddlers accessing high-quality services by supporting public awareness campaigns and parent education resources such as Learning Begins at Birth.

Infrastructure

- Increase accessibility and availability of data by supporting development and implementation of the Early Childhood Integrated Data System (ECIDS).
- Increase accessibility and availability of full-day, year-round, high-quality early care and education programs by supporting the Governance and Financing Task Force's recommendations to redesign Nebraska's early childhood system of governance and financing into a Shared Leadership model that is comprehensive for both service delivery and financing.

Equity

- Assure families and providers have a voice in designing strategies that ensure equitable participation by families, children and providers of diverse race/ethnicity/language.
- Conduct adequate and appropriate outreach to connect with and support providers who speak languages other than English and/or serve children and families of color.
- Reduce infant and maternal mortality and morbidity rates for all Nebraskans, with focus on Black, Indigenous and people of color.



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