Prenatal to Three Draft Recommendations

Vision: Every child, prenatal - age 3, in Minnesota will thrive within their family and community and achieve their full potential

Operationalized through the commitment to every child having a safe stable nurturing relationship with at least one parent or caregiver

Where are the babies? Who do parents trust? How do we support community efforts in promoting safe stable nurturing relationships and environments?

Reduce Risk and Stress For Families (SDOH Mitigation/Reduction)	Promote Protective Processes (Building/Supporting Relationships)	Build Capacity (Infrastructure/Community Capacity)
Family Economic Development • Increase Minimum Wage • Work Group to make Paid Sick Time/Paid Family Leave recommendations to support early development and family stability • Increase MFIP grant/eligibility for very low income families with infants/toddlers • Increase number of months for postnatal care covered by MA – currently at 6 weeks? • Subsidize infant/toddler care beyond the scope of CCAP and scholarships: Possible tiered Child Care Tax Credit? • Create child tax credit in MN (based off Fed credit, but make it refundable) • Restore At Home Infant Care program for MFIP parents • Scholarship model available to parents utilizing FFN provider who agrees to a home visiting program **Access to Services That Help to Mitigate Effects of SDOHs** • Parents receiving SSDI for mental health concerns become eligible for child care assistance (CCAP) • Provide incentives for chemical dependency programs to serve pregnant women – they currently do not have the capacity to serve this population • Focus resources on MFIP, Homeless, and Child Welfare families with very young children: ie EHS, ECFE and LPH home visiting, FAP • PSOP (parent support and outreach program) prioritized for families with infants and toddlers? • Prenatal/Birthing classes offered at no charge through community resources – possibly effort of FQHCs? • Doulas covered by private insurance and MA • Maternal Depression Screening occurs as part of all MA well child visits until age 2 (C&TC)	**FFN** • Link home visiting services to FFN providers (through Early Head Start Innovation dollars, Local Public Health or ECFE parent educators) • FFN providers may access and attend WIC nutrition education if child's family is receiving WIC support **Parents** • Executive functioning and parental skill building courses tied to MFIP work participation • ECFE curriculum for cultural community elders, mentors, leaders to promote culturally specific support for early development • Peer to peer opportunities offered through partnerships between public health home visiting programs and ECFE for parents on MFIP receiving LPH home visiting • Mothers receiving inpatient mental health services are able to bring their babies with them • American Indian foster parents receive specialized training in developmental/social emotional issues and chemical dependency • Prenatal and Doula services expanded within the Corrections system • Parenting education or engagement activities (FHV, EHS, ECFE, etc) are counted as "allowable" activities for work requirements within MFIP parameters **Communities** • Develop public awareness campaign around infant mental health tenants • Family Development/empathy/executive functioning courses offered in middle/high school curriculums • Executive functioning curriculum offered on parent aware registry for professional development • Checklist for judges in child welfare cases for county staff to follow in regards to infants and toddlers in child welfare system: • Reduce SIDS/SUIDS deaths: Safe sleep strategies: -Work with retailers to STOP the sales of crib bumpers and other hazardous sleep materials	**Communities** • Grants to local entities to develop high capacity communities to be inclusive of a comprehensive approach for supporting early development -focus on supporting parents in their work as parents -partnerships between county based services such as local public health, child protection, MFIP, MA and schools to focus engagement and comprehensive services wrap around efforts on the most at-risk families **Child Care** -Child Care Health Consultants in each county to implement developmental/social-emotional screening within child care and HS settings -Mental health consultants available in each county for child care providers – priority of service for those serving infants and toddlers **Screening/Referral** -Clear and affordable access to a comprehensive system of screening, referral and care coordination within their geographic region to meet needs of families -FAP available to every child on MFIP and child protection **Data** -Cabinet, agencies, and counties have access to specific infant/toddler data in order to plan for reducing disparities ie: Risk and Reach Report **OEL** • Include infants and toddlers within PreK-grade 3 literacy strategies – especially in areas with higher MFIP participation • State agency tribal and cultural reps on OEL leadership team • Child welfare included within OEL • Retool ECFE programs to be more inclusive of culture, poverty, etc and to prioritize slots/classes for MFIP, Child Welfare, Teen parents, FFN providers and homeless families • Build capacity of Early Head Start to serve more infants and toddlers in greater MN ie: state innovation funds for serving FFN providers with infants and toddlers • Similar child development professional development opportunities for all OEL staff (mandatory upon hire) • System of coordinated screening, referral and care ie: national Help Me Grow **MDH/DHS** • Increase the number of Federally Qualified Health Centers within at risk communities • Incent clinics to engage with African American and American Indian communities for prenatal care – Doulas, midwives, etc • Work with retailers to offer safe sleep education with purchase of crib and other infant gear. • define and promote safe co-sleeping habits for new parents, clinics, hospitals, etc