



Investing in Early Childhood

A Road Map to
Economic Success
for Louisiana

2009

2009 Road Map to Economic Success for Louisiana



As our state continues its efforts to stimulate economic development and create prosperity, it is important to recognize what the experts say about how to achieve these economic goals. Today, there is a convergence of evidence from economics, neuroscience and child development establishing the high economic return of investing in early childhood. As a child's most important brain development occurs before age five, their early experiences are critical to learning throughout life. Children who begin school behind typically remain behind, and research demonstrates that as many as half of school failures may be due to gaps in learning and development before school entry. The definitive conclusion is that the benefits of prevention efforts targeting early childhood are less costly and more effective than later remediation.

Louisiana's vulnerabilities, as indicated by our poor health and educational outcomes, will be greatly tested during this difficult economic period. In order to ensure that we continue to take the essential steps forward to improve these and other outcomes in our state, we must focus on our young children. Unfortunately, the needs of Louisiana are much greater than any one program, no matter how effective that program may be. Instead, the focus must be on a comprehensive effort to promote children's health and development in their early years. This Road Map outlines the steps we can take now, in a focused and coordinated manner, to ensure that our children become successful adults. This plan is far more affordable than the cost of failing to act.

"As states are under constant pressure to improve the efficient use of ever dwindling financial resources, any investment away from young children can be viewed as a diversion of resources from the most efficient use of those funds."

— James Heckman, Nobel Laureate in Economics, University of Chicago

THIS ROAD MAP offers a comprehensive plan for improving Louisiana by making public investments where they will yield the highest returns. By addressing health, education, social-emotional development, parenting education and family support, the pages that follow provide the approach that is needed this year on behalf of young children in Louisiana. These efforts include:

Family Support and Prevention of Child Abuse

- Expand the Nurse-Family Partnership (NFP) program which is currently serving only 15% of all eligible families. NFP has demonstrated significant reductions in child abuse/neglect, emergency room visits for childhood injuries, maternal and juvenile arrests, an increase in workforce participation and improved child learning measures.

Child Health

- Decrease preterm births which will significantly reduce Medicaid costs, reduce Louisiana's high infant mortality rate and improve the lives of children who would otherwise have been premature. Reductions in preterm births can be achieved within 2 years and produce significant cost savings.

Early Education

- Create a strong system of early education by integrating the successes of LA 4 pre-k and the child care rating system.

Social-Emotional Development/Mental Health

- Expand the Early Childhood Supports and Services program, a model program for addressing the social-emotional needs of children. The program currently provides services in only 13 of the 64 parishes. Expansion into each region will allow Medicaid reimbursement for covered services.

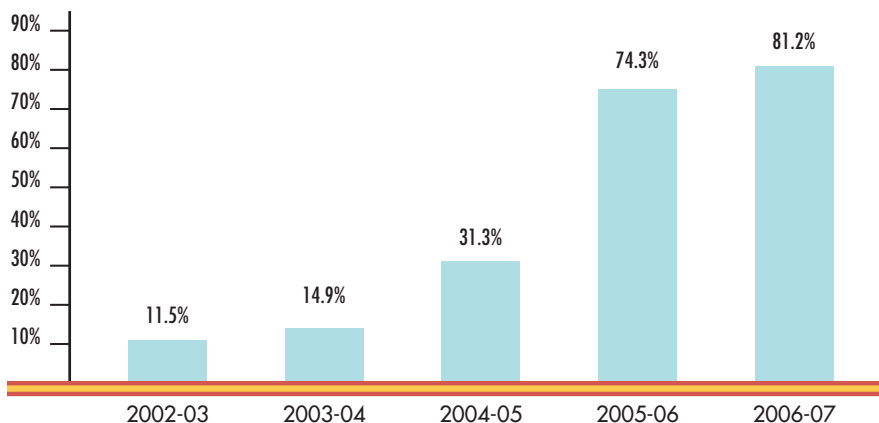
Parenting Education

- Improve the quality of parenting education in Louisiana by enhancing training, resources and technical assistance for parent educators through strengthening the Louisiana Parenting Education Network.

Family Support

Prevent Child Abuse and Neglect

Increase in Children Entering Foster Care Under Age 6 Since 2001 in Louisiana



Background

Since 2001, the number of children in Louisiana under age 6 entering foster care has increased by 81%. In 2006-07, this totaled 1841 young children, or 5 children each day of the year. It is very difficult for a young child to overcome the trauma of being abused or neglected. Such child maltreatment can disrupt early brain development, impair development of the nervous and immune response systems, and cause serious psychological trauma.

The best course of action is to prevent the abuse from ever occurring. The Nurse-Family Partnership (NFP) home visiting program is the most effective model of child abuse prevention and has been rigorously evaluated using randomized controlled trials, the highest level of program evaluation. Results from three trials, in Elmira, NY, Memphis, TN, and Denver, CO, have demonstrated consistent reductions in child abuse/neglect, emergency room visits for childhood injuries, subsequent pregnancies, and maternal and juvenile arrests, as well as improved child learning measures and an increase in workforce participation. NFP serves first time mothers who are below 200% of the poverty level, beginning in pregnancy

and continuing until the baby reaches two years of age. Louisiana currently has a Nurse-Family Partnership initiative underway, however, the program serves only 15% of eligible women.

Current Financial Burden

Louisiana spends in excess of \$600 million annually on child abuse and neglect of children under age 6 due to the costs of law enforcement, child welfare programs, health costs, property damage, work loss, medical care, mental health care, and the pain and suffering to the victim and the family.¹

“Investment in early childhood development, if properly funded and managed, yields an extraordinary return, far exceeding the return on most public investments. Any proposed economic development list should have early childhood development at the top.”

—Federal Reserve Bank of Minneapolis

Action

Implement the plan submitted by the Department of Health and Hospitals to the Senate and House Health and Welfare Committees. This plan, in response to Senate Concurrent Resolution 70 of the 2008 Regular Legislative Session, calls for a phased-in expansion of the Nurse-Family Partnership to serve 50% of eligible women in Louisiana by 2014-15.

Cost

The first year of NFP expansion from 15% to 20% of all eligible women will require an additional \$2.5 million dollars.

Outcome

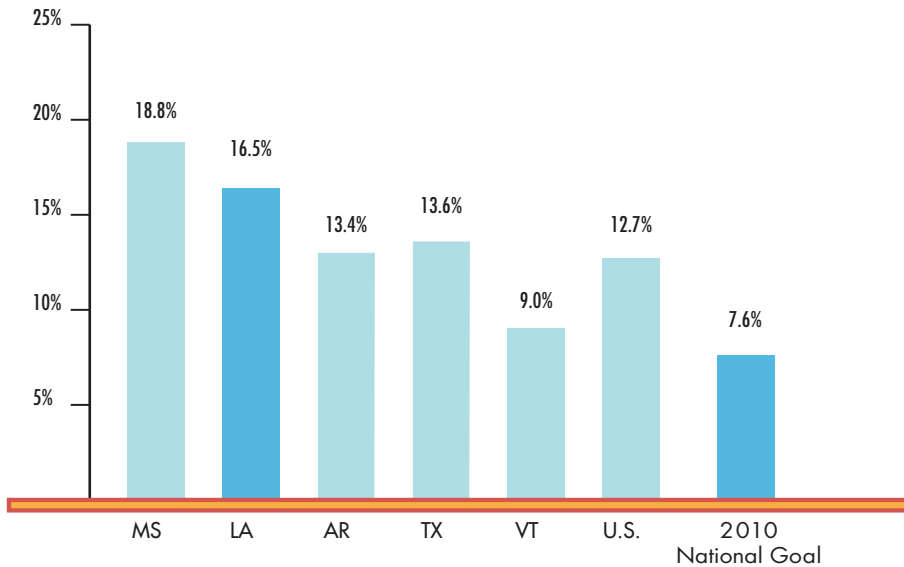
A cost benefit analysis by the Rand Corporation found that the NFP recoups its initial cost by the time the child reaches age four, and that cost savings by the time the child reaches age 15 are estimated to be four times the original investment. Similarly, in a 2008 study by the Washington State Institute for Public Policy, the net benefits per child served in NFP were \$18,000.

¹ Children's Safety Network-Economics and Data Analysis Resource Center, at the Pacific Institute for Research and Evaluation, Calverton, MD, 2008. The costs were adapted to Louisiana using state-specific price adjusters. All costs were calculated using incidents reported in the Child Maltreatment 2005, National Center on Child Abuse and Neglect Data Set. Total impact in excess of \$600 million based on findings of cost of abuse and neglect of all children as \$1.18 billion. Children under six entering foster care represents 52% of the caseload, therefore 52% of \$1.18 billion was used.

Child Health

Prevent Premature Births

Preterm Births By State



Background

Louisiana ranks 49th in preterm births with 16.5% of all births, or approximately 10,725 babies, born premature each year. Furthermore, this percentage has increased 18% over the past ten years with significant health and financial repercussions. Of great concern is the racial disparity; 20.6% of African-American births are preterm compared to 12.7% of Caucasian births. Babies who survive a premature birth face the risk of serious lifelong health problems, including learning disabilities, cerebral palsy, blindness, hearing loss, asthma and other chronic conditions. Even infants born just a few weeks too soon have a greater risk of breathing problems, feeding difficulties, hypothermia, jaundice and delayed brain development. Additionally, preterm babies are more likely to die in their first year, greatly contributing to our ranking 49th for infant mortality. Fortunately, Louisiana can significantly reduce the percentage of our preterm births, and subsequently our infant mortality rate, by improving the health of women with a history of a preterm birth or a chronic health condition.

Current Financial Burden

According to the Agency for Healthcare Research and Quality, the average hospital costs for a healthy baby is \$4,300 compared to \$58,000 for a preterm baby. Based on preliminary data in Louisiana, 15% of Medicaid births are premature and these children incur \$208 million in medical care in their first year of life. This is a conservative estimate and represents 61% of the costs of all children covered by Medicaid under age 1. Note that this figure does not include the future health care costs that are associated with a preterm baby, described above. For non-Medicaid births, it is important to note that maternity and related expenses are often the largest cost to employers' health care plans.

Who is at Risk

While the probability of a preterm outcome for any pregnancy is 16.5%, the strongest predictors of a future preterm birth is a prior preterm delivery or a preexisting chronic disease. In fact, 30% of women who have already had a spontaneous preterm birth will have a subsequent preterm birth. Similarly,

women with hypertension have an 80% increased risk for a preterm birth. Other chronic health conditions also result in increased risk of prematurity.

Action

Reducing preterm births can be accomplished by improving a woman's health before a first, or subsequent, pregnancy. Ensuring health insurance as a preventive measure to high-risk women before their pregnancy can yield enormous savings. The following high-risk women, up to 200% of poverty, should be the target group for increased eligibility for health coverage:

- Women who have had a previous adverse pregnancy outcome (e.g., prematurity, stillbirth, low birth weight, fetal death, or infant with birth defects).
- Women with a chronic health condition (e.g., diabetes, hypertension, hypothyroidism, seizure disorders).

Cost

The Louisiana Medicaid program already provides coverage for pregnant women up to 200% of poverty. However, coverage is terminated 60 days after delivery. It is possible to extend this coverage for those women who meet the high-risk criteria described above. With an estimated 6,280 women eligible in the first year, at a cost of \$4,000 per woman, the total cost is approximately \$25 million. This compares to the \$208 million Medicaid currently pays for preterm children in just the first year of life.

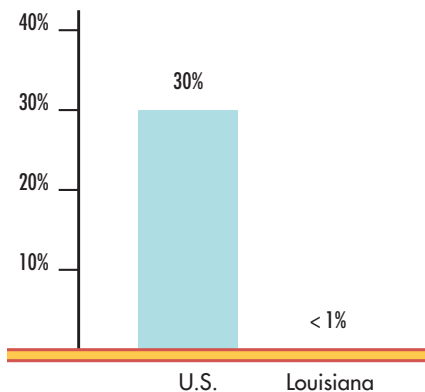
Outcome

A decrease in preterm births will reduce Louisiana's infant mortality rate and improve the lives of children who would otherwise have been premature. It will also result in substantial short and long term cost savings for the state. Reductions in preterm births can be achieved within 2-5 years.

Early Education

Coordinate Child Care and Pre-K to Create A System of Early Education

Publicly Funded Pre-K Children in Private Child Care Settings



Background

High quality early childhood education, including child care and pre-k, is one of the most effective ways to improve school performance, increase high school graduation rates, and enhance job performance and adult productivity. Louisiana has aggressively expanded its public pre-k program and today almost 60% of four year olds are in state or federally funded pre-k.

Additionally, Louisiana recently became the 15th state to establish a star rating system for child care centers. Known as Quality Start, this is a voluntary rating system, awarding 1 to 5 stars, which will assist parents in choosing a child care setting based on the center's quality. After one full year of implementation, Louisiana already has 40% of child care centers participating, a figure that exceeds expectations based on the experiences in other states.

LA 4 is a high quality pre-k program, but it is offered almost exclusively on public school sites. By contrast, nationally, states are building and expanding their pre-k programs through a "mixed delivery model," offering publicly funded pre-k in private child care or Head Start settings. A mixed delivery model is considered a best practice for providing pre-k as it:

- Provides parents more high quality choices in their local communities
- Avoids the costs of building new school buildings as pre-k expands
- Promotes quality and accountability across early childhood settings.

Nationally, the number of private child care centers in the United States receiving public pre-k funding has grown to 6,268, an increase of 22% in the past year alone. In Louisiana, there are no LA 4 children in a private child care setting.

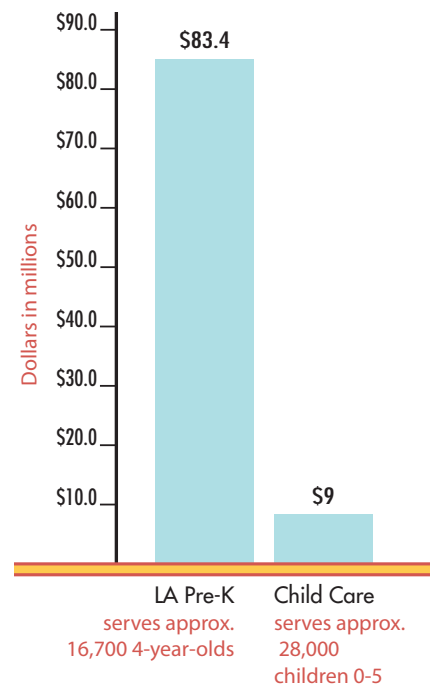
Action

Establish a task force comprised of school superintendents, child care providers, Head Start providers, Department of Education staff, Department of Social Services staff, and BESE staff, to work together to establish at least one LA 4 collaboration in each region of the state. In order to facilitate these collaborations, establish an incentive program that offers unique rewards for the local school systems that work with child care and/or Head Start providers.

Cost

A pilot effort to establish initial collaborations between local school systems and child care providers in each region of the state will require approximately \$270,000. This figure is based on an incentive payment to the school system of \$500 per child that is served in a LA 4 classroom in a child care setting. This will enable 540 children to be served in classrooms outside of public school sites.

2008-09 Louisiana State General Funds in Pre-K and Child Care



Outcome

Collaboration between state pre-k, child care and Head Start is a best practice on the rise in states across the country. Growth in the state pre-k program makes such partnerships valuable for all partners. Working together to develop a seamless system of coordinated programs will result in greater educational benefits and improved quality care for all children as well as future cost savings to the state.

“Our genes, and ultimately our developing brain architecture, are influenced powerfully by positive early experiences—and negative ones, too.”

—National Symposium on Early Childhood Science and Policy,
Harvard University

Social-Emotional Development/Mental Health

Expand Early Childhood Supports and Services/Infant Mental Health Program

Background

Early Childhood Supports and Services (ECSS) is a prevention and intervention program that serves children from birth to 5 years of age who have been identified as at risk for developing social, emotional and/or developmental problems. Risk factors include abuse, neglect, exposure to violence, parental mental illness, parental substance abuse, poverty, presence of developmental disabilities, and emerging social or emotional problems. The program provides supports and services to both the child and the family, and currently has nine sites covering 13 parishes.

ECSS FULL TEAMS

Lafayette, St. Tammany

ECSS HALF TEAMS

Orleans, Acadiana (serving Iberia and St. Martin), Delta (serving East and West Carroll, Madison and Richland), Terrebonne, DeSoto, East Baton Rouge, Ouachita

ECSS is based on best practices derived from infant mental health and prevention science. The program uses a “bottom-up” approach by building a coalition of community agencies to assist these high risk young children and their families. Each ECSS site has an infant mental health team available to provide intensive prevention and treatment services. These teams are comprised of psychiatrists, psychologists, social workers and case managers who have received specialized training in infant mental health. ECSS teams provide supportive services to reach high-risk families. Many of these families require child abuse and domestic violence prevention services, parent support groups, case management and evidence based therapy/treatment.

“According to neuroscience and child development research, brain development proceeds at a faster pace between conception and the first day of kindergarten than during any subsequent stage of life. In the early years, basic capacities such as trust, self-confidence, empathy, and curiosity are established. How people think, learn, reason, and relate to others throughout their lives is rooted in their early relationships, experiences, and environments.”

—Report by the Institute for Educational Leadership and Zero to Three

Results

ECSS has demonstrated large reductions in parenting stress levels. Many studies have linked such reductions to improved social-emotional outcomes for children. ECSS intervention has also led to positive shifts in family stability. For instance, parents receiving ECSS services are more likely to move from unemployed to employed than other TANF-eligible families. Furthermore, children in families receiving ECSS services are more likely to remain with their parents or other family members and avoid going into foster care.

Action

A comprehensive approach to meeting the needs of young children includes addressing their social-emotional development. ECSS is an innovative, best practice program that serves these unique developmental needs. Expansion of the program will enable Medicaid reimbursement for many of the ECSS services. Use of Medicaid will expand and diversify the funding and result in more children being served and more federal dollars being used to fund these services.

Cost

ECSS is currently funded at \$5.25 million through TANF-federal (85%) and state general funds (15%). Expanding the program to complete the current half teams and to achieve a statewide presence will cost an additional \$2 million.

Outcome

ECSS targets the most vulnerable families in Louisiana and uses evidence-based services to promote positive parenting and decrease the likelihood that at-risk children will enter foster care.

Parenting Education

Expand the Louisiana Parenting Education Network

Background

High quality parenting education can provide parents with the tools they need to enhance their children's development and assist in preparing their children for success in school. Effective parenting education can also be instrumental in preventing child abuse and neglect.

However, in Louisiana and most states, there is little quality control to determine who is a qualified "parent educator" and little support or infrastructure to ensure that parenting education is effective.

- There is currently no licensing, certification or credentialing of parent educators in Louisiana, or even any minimum training requirements to teach many publicly funded parenting education programs.
- In a preliminary survey of state funded parenting education programs, 41% of the programs reported no specific training requirements for their parent educators prior to teaching, and 45% reported no specific annual training for their educators.

- There is little statewide or regional training or technical assistance provided to these educators.
- No single state agency coordinates public parenting education resources, and funding spans four different state departments with little coordination among them.

In 2008, the Louisiana Parenting Education Network (LAPEN) was formed. The mission of LAPEN is to provide leadership and infrastructure to support Louisiana's professional parent educators. LAPEN achievements include:

- Two statewide Summits, one in February, 2008, and one in March, 2009, with each attended by over 150 parent educators.
- Two regional trainings with a nationally renowned speaker. Each was attended by over 100 parent educators.
- The development of Core Competencies and a Code of Ethics for Louisiana parent educators.

Action

Ensure that LAPEN will be able to focus its efforts on the following:

- Identify state and federal funding currently being used for parenting education programs in Louisiana and what programs are being funded.
- Adopt statewide Core Competencies and a Code of Ethics.
- Establish a career ladder and educator registry.
- Provide regional and statewide high quality professional development opportunities.
- Identify effective, evidenced-based programs to implement.
- Provide technical assistance to ensure program fidelity and appropriate evaluation.

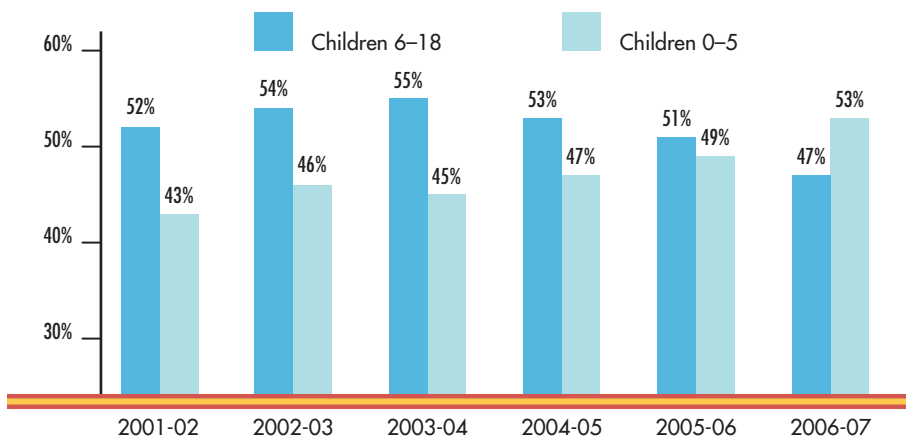
Cost

LAPEN currently operates on a grant of only \$20,000. In order to successfully enhance the competency of the parenting education workforce and ensure the effectiveness of the programs being used, LAPEN needs an operating budget of \$550,000.

Outcome

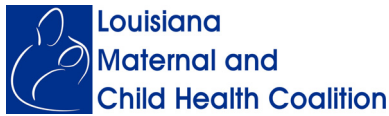
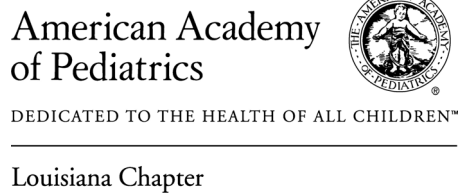
Expansion of LAPEN can create infrastructure and support for parenting education in Louisiana, which is currently fragmented with inadequate quality standards. By providing training and technical assistance, defining standards for parent educators, and identifying evidenced-based programs and appropriate evaluation tools, LAPEN can move Louisiana towards more efficient use of its parenting education resources and more effective programs to assist parents with their children at this critical time in a child's life.

Children by Age Group Entering Foster Care in Louisiana



Children under 6 years of age now comprise over 50% of the children entering foster care in Louisiana.

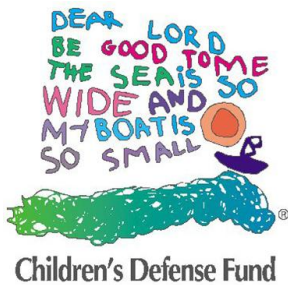
The Following Organizations have Endorsed
the Road Map to Economic Success for Louisiana



Children's Coalition of
Greater Baton Rouge



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the Road Map to Economic Success for Louisiana





For more information, please contact:
tiffany@lapartnership.org