Policy Brief

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Ensuring the Best Start for Connecticut's Children: Aligning Policy with Science

Abby Alter, MPA & Judith Meyers, PhD,
Child Health and Development Institute
of Connecticut

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Ensuring a strong beginning in the early years for all of Connecticut's children must be a priority if our state is to realize every child's full potential to contribute to our shared economic and social vitality. Early experiences profoundly influence a child's ability to grow up healthy, to be ready to learn, and to succeed in school. As in any construction project, foundations matter. What happens in these early years has implications for every phase of development that follows.

The most significant early experience is an infant's secure attachment to his or her parent or caregiver, which serves as the "primary source of a child's security, self-esteem, self-control, and social skills."[1] Imagine the child-caregiver relationship as a tennis game, in which the back-and-forth interaction serves a vital role in brain development. The quality of this early relationship, this "serve and return," has profound lifelong effects. Science also suggests that infants and toddlers are susceptible to the negative impacts of adversity or trauma, or "toxic stress." A child's exposure to chronic, severe stressors can cause a response that is toxic to the rapidly developing structure of the brain in the first three years of life.[2] Without

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* In November 2015, the *CT Early Childhood Funders Collaborative (ECFC)* sponsored the **Starting Early/Starting Now** Summit in partnership with CHDI and The Connecticut Mirror. ECFC comprises 14 funders seeking to build and sustain a comprehensive early childhood system. These policy opportunities represent the work of CHDI and do not necessarily reflect the view of the members of ECFC.

the powerful buffering effect of a nurturing caregiver, this early exposure to traumatic experiences can have lifelong consequences for the child's physical and emotional well-being.[3] Therefore, as a society, it is in our best interest to do all that can be done to promote and support the mutual, reciprocal bond between parents and their newborns and mitigate circumstances that interrupt this attachment.

The research on how early childhood experiences alter a child's life-long outcomes and affect the health of our collective communities was summarized in Arielle Levin Becker's series, *Starting Early: The Long Reach of Childhood Trauma*, published by The Connecticut Mirror in January 2015. To explore opportunities for policymakers to promote strategies, enact policies, and support investments that align with the science, the Connecticut Early Childhood Funders Collaborative in partnership with the Child Health and Development Institute of Connecticut (CHDI) and The Connecticut Mirror convened the ***Starting Early/Starting Now*** Summit in November 2015. This policy brief summarizes the policy options for Connecticut that emerged from this Summit of early childhood experts and leaders, supplemented with examples from other locales and information about current policies in Connecticut.

Better Policies Can Build Better Outcomes For Connecticut Kids

The following policy areas include those that promote secure child-caregiver attachment for all families with newborns as well as those that focus on supports for families at highest risk for disrupted attachments as a result of conditions arising from poverty or other adverse circumstances. To impact change, some of these may require local policy implementation and others may require state and/or federal engagement.

1 Paid family leave for all Connecticut workers will support healthy brain development.

Children's healthy brain development depends on consistent, supportive interactions with their caregivers. Parents need time to establish this crucial bond with children and paid parental leave provides that critical resource. Studies have shown that "parental leave results in better prenatal and postnatal care and strengthened parental bonding over the course of a child's life. This time-limited period after the birth of a child provides long-term benefits that can permanently improve that child's brain development, social development, and overall well-being."[4] Lack of adequate paid leave has been linked to postpartum depression in some women, while longer maternity leaves are associated with better mental health outcomes for new mothers.[5] "When mothers are depressed or suffer from other serious mental health conditions, they may experience difficulties nurturing their babies to ensure lifelong health, psychosocial and cognitive development."[6]

The United States is one of just three countries (of 185) that do not guarantee paid maternity leave. Currently the federal Family and Medical Leave Act (FMLA) offers 12-16 weeks of unpaid, job-protected leave to recover from an illness or to care for a new baby or a sick family member. Approximately 60 percent of the U.S. workforce is eligible for this benefit. Unfortunately, millions of Americans who may qualify for FMLA cannot afford to take the unpaid leave, resulting in critical infant-parent bonding time being cut short.

Realizing that national paid family leave would benefit workers and their children, the Family and Medical Insurance Leave (FAMILY) Act was introduced in Congress in March 2015. The legislation would give workers in all companies, including part-time employees, up to 12 weeks of partial income, funded by small employee and employer payroll contributions averaging about $1.50 per week.[7]

Where It's Happening

Three states have enacted government-run paid family leave programs: California, New Jersey, and Rhode Island. These programs are financed through small employee payroll deductions and tied to longstanding temporary disability insurance programs. In 2006, Washington State passed a paid family leave law but it was not funded. More recently, a new comprehensive paid family leave bill was introduced and will be up for a vote in 2016.[8] Additionally, Washington D.C., New Hampshire, and New York are exploring paid family leave options.

In Connecticut:

A proposal that would have provided 100 percent of pay up to $1,000 a week for up to 12 weeks was introduced but not passed by the Connecticut General Assembly in 2015. Instead, the Legislature passed a budget implementer bill allocating funds to conduct an actuarial analysis and explore the feasibility of a plan for a system of paid family medical leave. The Institute of Women's Policy and Research was selected by the Connecticut Department of Labor to conduct the study, which will include a discussion about the technology, infrastructure and staffing needed to create a paid leave program. A report is expected to be released in early 2016.

2 Universal Home Visiting for all families of newborns in Connecticut matched to the needs of each family will help build strong families.

As with any construction project, building healthy outcomes for children requires high-quality materials and supports. That includes making sure families have the supports they need to contribute to their children's strong development and well-being. Research shows that "home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of life improve the lives of children and families by preventing child abuse and neglect, supporting positive parenting, improving maternal and child health, and promoting child development and school readiness."[9] Home visiting programs that are aligned with the complex needs of individual families and are offered during the hours that are convenient for families can help empower parents to nurture children's success. Additionally, home visitors can be trained to administer maternal depression screening and can help connect mothers to needed community mental health services, consistent with the updated depression screening guidelines from the U.S. Preventive Services Task Force. These guidelines recommend that women should be screened for maternal depression during pregnancy and after giving birth, noting the effects of depression not only on the mother but on the infant as well.[10]

Where It's Happening

Maine is the only state in the U.S. to offer something close to universal home visiting. They passed legislation in 2008 to offer voluntary universal home visiting for all families of newborns. Comprehensive, evidence-based home visiting programs now serve over 2,400 Maine families.[11] In 2012, Ohio incorporated maternal depression screening into all of their home visiting programs.[12] Expanding these partial solutions is possible. For instance, the Scandinavian countries, along with Australia, France, Germany, Great Britain, Ireland, Italy, and the Netherlands, all offer home visiting options to all new families.

In Connecticut:

During Fiscal Year 2014, Connecticut's array of home visiting programs were offered to high-risk families in seven of the State's eight counties, serving close to 1,150 families, just 3 percent of the approximately 36,000 births per year in the state.[13] Though greatly expanded with the addition of federal funds in the past few years, Connecticut's current home visiting programs are only serving a small portion of families with the greatest need. Maternal depression screening, while an important component of more clinically oriented programs such as Child First, is not a required component of all home visiting programs.

3 Supports for breastfeeding promote positive mother-child bonds.

Breastfeeding contributes to children's healthy brain development through its positive role in the formation of nurturing relationships between a mother and infant. The intimate nature of breastfeeding allows the mother to be in close contact with her baby on a frequent basis and has been found to increase maternal affection via the release of oxytocin in the mother's brain.[14,15] The American Academy of Pediatrics recommends that a baby be breastfed for at least 12 months.[16] Studies show that low-income women have lower rates of breastfeeding because they are more likely to return to work sooner after giving birth and are employed in positions that make breastfeeding at work more difficult than women with higher incomes.[17] This can be addressed by ensuring that businesses are adhering to current federal and state laws related to breastfeeding in the workplace. The current federal law states that an employer must allow an employee to breastfeed or express breast milk at work. Businesses with fewer than 50 employees may be exempt.[18] Policies that expand support for breastfeeding can help mothers and children to establish the mutual bond that children's brains need to build the healthy neural connections necessary to function well.

Where It's Happening

Since Medicaid allows for states to have flexibility in terms of what perinatal care services they cover, there is statewide variation in the coverage of breastfeeding support services. Fifteen states cover individual lactation consultations, while 31 states cover equipment rentals such as breast pumps.[16]

In Connecticut:

Currently, Connecticut's Medicaid program does not cover individual lactation or breastfeeding education services but does cover breast pump equipment rentals.[16] The Connecticut law related to breastfeeding in the workplace is more comprehensive than the federal law and requires all businesses, regardless of employee size, to allow for breastfeeding or expressing milk at work. How well this is enforced and how familiar women are with their rights is a question to be explored.

4 Quality infant care helps young children weave together strong cognitive, social, and physical development skills.

Children's development is an ongoing process that happens in every environment in which they play, learn, and grow—both at home and outside of the home. Children depend on quality learning opportunities, social interactions, and formal and informal play to develop skill "strands"—cognitive, social, emotional, and physical skills—that they weave, like strands in a rope, into the competencies they need to function in life. Although parents' role in this process is critical, many infants and young children spend significant time being cared for by individuals other than their parents, including child care providers. A study of states' infant and child care policies conducted in 2013 found that "forty-two percent of infants and fifty-two percent of toddlers have at least one weekly non-parental child care arrangement in a center or home-based setting."[19] Clearly, child care providers play a key role in providing the nurturing, trusting relationship infants and toddlers rely on to develop and learn. Also, parents who return to work after a brief parental leave will be more emotionally available for their infants if they have the peace of mind that their babies are being cared for in a safe and nurturing environment.

The supply of high quality infant care slots, however, is inadequate to meet the demand, particularly in poorer communities, which jeopardizes children's access to the supports they need for optimal development. State policies for licensing, child care subsidies (designed for low-income working parents to access full-day child care) and quality need to be redesigned to meet the needs of families of infants and toddlers, including financial incentives for infant and toddler care through higher reimbursement and subsidy rates and better training and technical assistance for providers of infant care.

Where It's Happening

Some states, such as California, (through its First 5 California Cares Program) are establishing workforce development incentives such as stipends for early care providers to participate in specialized infant/toddler training. Forty-five percent of states have regulations to promote secure attachment by requiring infants and toddlers in child care centers to be assigned to a consistent primary caregiver.[20] Thirty-two states offer infant-toddler mental health consultation to child care providers and the demand for this type of technical assistance is growing.[19]

In Connecticut:

Many families of infants and toddlers in Connecticut lack access to affordable, quality child care environments that foster stable, nurturing relationships. The Connecticut Care 4 Kids program helps some moderate-to-low income families pay for child care; however, narrow eligibility requirements exclude many families in need of support. The federal Child Care and Development Block Grant (CCDBG) funds the Care 4 Kids program and has recently been reauthorized. The new law requires Connecticut to update its plan to include health and safety provisions, make improvements in the quality of care, and ensure eligibility requirements meet federal guidelines. The Connecticut Office of Early Childhood is currently preparing the State's plan to fulfill requirements under the new law.

5 An early childhood workforce trained in infant mental health and attachment theory can address problems early, before they worsen.

The foundation of lifelong optimal mental health begins at birth and secure attachment is the cornerstone. Without good mental health, babies and children have difficulty functioning, and their cognitive and physical development may be disrupted. Early detection and intervention, as well as supportive adult relationships, are critical to addressing young children's mental health needs in order to increase their positive developmental outcomes. To support children's mental health, all those who provide care for infants/toddlers and families, regardless of setting, need to be highly skilled or trained in a core set of competencies related to infant mental health and attachment theory.[21] This includes early care and education and child health providers, home visitors, early interventionists, child welfare and mental health professionals, and others. Creating incentives and opportunities for the infant/toddler workforce to complete an endorsement process or a certification in these core competencies would ensure that professionals have the knowledge base necessary to meet the unique needs of the populations they serve.[21]

Where It's Happening

Michigan has been a leader in specifying professional competencies. The Michigan Association for Infant Mental Health developed the *Endorsement in Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®*, which has been adapted by 22 other states including Connecticut, as well as West Australia. In addition, Michigan's Medicaid program requires all providers of community mental health and home-based services to earn Infant Mental Health Endorsement® as Infant Family Specialists (Level II) or Infant Mental Health Specialists (Level III) in order for programs to receive reimbursement.[21]

In Connecticut:

Over the past five years, the Connecticut Association of Infant Mental Health (CT-AIMH) has developed partnerships and collaborations with relevant state agencies to offer trainings in infant mental health competencies and a system for earning the Endorsement®. These trainings are only reaching a small portion of the workforce - 34 service providers having earned Endorsement® to date. Eight of these providers are from Connecticut's Birth to Three System for infants and toddlers with developmental delays or disabilities. There is no link to financial incentives such as increased reimbursement for providers who are endorsed.

6 Financial policies that dedicate early childhood funding for prevention have long-term collective benefits.

Investing in the early years of a child's life can have positive outcomes that carry forward to adulthood and benefit everyone in our state—communities, employers, families, and individuals. Prevention and early intervention programs can mitigate future health and mental health expenditures and are relatively inexpensive, yet effective, in leading children on a path toward lifelong success. Supporting communities to invest in early childhood can promote nurturing, strong families, beginning with support for secure early attachment.

Where It's Happening

King County (Seattle), Washington recently passed the "Best Start for Kids" referendum calling for a property tax levy. The levy will raise $65 million per year for six years at an average cost of about $1 a week per homeowner. The property tax levy dedicates 50 percent of the revenue to early childhood development programs for children up to age five.[22]

The state of Florida has eight Children's Services Councils that provide oversight on behalf of children who live in their counties. These Councils ensure county tax dollars are used for programs that provide the best outcomes for children and some counties focus on pregnant women and children ages birth to eight. All Children's Services Councils collect information and statistical data, monitor program/provider performance, and conduct local strategic planning.[23]

In Connecticut:

Connecticut took a major step forward in addressing the early years in creating the Office of Early Childhood (OEC) in 2013. Inherent in OEC's Vision is a commitment to the importance of early attachment:

> All young children in Connecticut are safe, healthy, learning and thriving. Each child is surrounded by a strong network of nurturing adults who deeply value the importance of the first years of a child's life and have the skills, knowledge, support and passion to meet the unique needs of every child.

The challenge is in providing the funding to support evidence-based programs and services and workforce development across agencies to make this vision a reality. According to a report of the Connecticut Child Poverty and Prevention Council, in FY 2014, 11 state agencies spent roughly $243 million – a very small percent of a multi-billion dollar budget – to support 34 comprehensive primary prevention programs and services for children and families. Despite research showing the importance of secure attachment as the foundation of child development, only one quarter of prevention programs focused on activities related to secure attachment in infants: Triple P, Supports for Pregnant and Parenting Teens, WIC, Fatherhood Initiative, Nurturing Families Network.[24] There are no dedicated funding streams at the state or local level that provide a sustained investment in prevention in the early years.

7 Enhancing Temporary Assistance for Needy Families (TANF) to support families with infants will mitigate the stressors that can disrupt healthy child development.

TANF is a block grant that allows states to provide temporary cash assistance to its poorest families with children and includes a work requirement for beneficiaries. These are families who often struggle with hardships like food insecurity, lack of clothing, diapers, and permanent housing. These kinds of chronic, ongoing stressors may disrupt or impede children's healthy development "by imposing high levels of stress on their parents, which impairs their capacity to give children the care and attention they need to thrive."[25] States have the flexibility to decide which families to serve, what services to provide, and what to expect of recipients.[25]

Some states have enacted TANF policies that support families with young children by enhancing benefits and services that allow parents time to bond with their newborns, as described below:

Where It's Happening

▶ Work exemptions for mothers caring for a child under the age of 24 months.

The stressors associated with material hardship can negatively affect children's development. In states with longer exemptions from work requirements, low-income mothers of infants were somewhat less likely to experience material hardship.[26] Extending such exemptions may therefore contribute to positive developmental outcomes during the critical early years of a child's life. Vermont, California, and Massachusetts have established work exemptions for single parent head of households to take care of a child under the age of 24 months.

In Connecticut:

Mothers are exempt from work requirements if they are caring for a child under the age of 12 months. If a mother has a second child or more children while receiving TANF, the mother is exempt from her work requirement for only six weeks after the birth.

▶ Participation in evidence-based Home Visiting (and other forms of parenting education) can count as a work activity under TANF.

Home visiting programs are a proven way to support the healthy development of young children and support families, as described above. TANF recipients are not always given priority to participate in home visiting programs and mandated work requirements often do not allow them the time to participate. States can give parents of infants/toddlers credit toward their work requirement for participation in evidence-based home visiting or other parenting education programs. Two states, Minnesota and New Jersey, have pilot programs that allow home visiting to count toward work credit for some TANF beneficiaries. [25]

In Connecticut:

Currently, home visiting is not listed as one of the activities that count toward the TANF work requirement. Connecticut's TANF State Plan, for 2014-2017 includes the following as countable work activities: unsubsidized employment, subsidized private/public sector employment, on the job training, job search and job readiness assistance, work experience, community service programs, vocational educational training not to exceed 12 months, child care for an individual participating in a community service program, job skills training directly related to employment, education directly related to employment, satisfactory attendance at secondary school or GED program.[27]

▶ Elimination of family caps that deny additional benefits or reduce cash grants to families who have additional children while on cash assistance.

States can opt to provide full benefits to families regardless of the number of children they have while receiving benefits and eliminate the family cap or child exclusion policy. The research evidence shows these caps do not alter behavior and may lead to deeper family poverty, which in turn may negatively affect children's developmental outcomes. Since 2002, six states (Maryland, Illinois, Nebraska, Wyoming, Oklahoma, and Minnesota) have repealed their family cap policies.[25]

In Connecticut:

A family cap provision in Connecticut states that the "increase in benefit for additional children conceived while a mother is on assistance is reduced by approximately one-half of what it otherwise would be."[28]

8 Aligning child welfare and mental health policies with the science of child development will promote appropriate interventions and support family well-being.

While much can be done to support opportunities for parents to create that important first relationship with their newborns, there are those for whom that relationship has already been disrupted. Parents may be unable to provide nurturing care from the start as the result of such critical conditions as substance use, severe mental illness, incarceration, homelessness, domestic violence and/or disaster. Although a child's safety is the first concern, child welfare policies and practices need to assure that parents in these high risk situations - who are still able to be responsive to their baby's developmental needs - have access to the services and supports to help their children's successful development. When that is not possible, policies and practices must assure the children will be removed to a stable, nurturing responsive environment as soon as possible. Since babies who experience disrupted attachments very early in life can have severe developmental consequences, such practices as multiple placement changes, delays in achieving permanent placement, or infrequent parental visits are to be avoided. In addition, appropriate mental health services need to be readily available for both parents and the infants in these situations to assure early identification and treatment to prevent or minimize the effects.

Where It's Happening

A survey of state child welfare policies addressing the specific developmental needs of infants and toddlers was conducted by Zero to Three and Child Trends in 2012-2013. Their report describes exemplary policies such as: differentiated timelines to move for quicker action for infants and toddlers; prohibition of placement of infants in congregate care settings and placement with kin where possible; more frequent visits; parent training for parents/caregivers; health, mental health and substance abuse

screening and services for parents; specialized child welfare staff or training in developmentally appropriate practices. They conclude "although there are promising policies that recognize the unique needs of infants and toddlers, these policies appeared infrequently across states. Not only are these promising policies not available in every state, states with promise in one area may not have strong policies to improve the outcomes of young children in other areas. States need support in understanding how their own policies and practices are impacting the health and development of infants and toddlers."[29]

The Safe Babies Court Team Project, developed by Zero to Three in 2005, is an effective model that has been replicated in 13 states, including Connecticut. The Project works to improve outcomes for very young children in the child welfare system by training professionals, providing resources, and "increasing parent-child contact, mental health capacity and placement stability in the Court Team sites."[30]

In Connecticut:

Connecticut is making great strides in addressing the policies and practices to address the needs of this most vulnerable population. The Department of Children and Families recently completed the "Early Childhood Practice Guide for Children Aged 0-5". It provides a comprehensive framework that, if fully implemented, will place Connecticut in the forefront of states fully attentive to the developmental needs of this population at risk of disrupted attachments at the most vulnerable time in their lives. In addition, in 2014, Connecticut completed a Children's Mental, Emotional and Behavioral Health Plan that is in the process of being implemented. As Connecticut looks to overhaul its children's behavioral health system, attention to recommendations for targeted infant mental health services, bringing current programs to scale statewide, and enhancing infant mental health capacity of providers to promote attachment needs to be a priority.[31]

Steps Toward Success

Connecticut policymakers have made progress in supporting policies and programs that promote stable nurturing relationships between infants and nurturing caregivers, recognizing that maximizing the possibility for a child's best start in life benefits everyone, both in the near term and the long term. Now is the time for Connecticut to explore these opportunities to impact a child's earliest years and create an environment where families thrive and children reach their full potential, starting with support for assuring the first relationship in a child's life is loving, nurturing, consistent, and safe.

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Child Health and
Development Institute
of Connecticut, Inc.

270 Farmington Avenue
Suite 367
Farmington, CT 06032

860.679.1519
info@chdi.org
www.chdi.org

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