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PUTTING THE PIECES TOGETHER FOR FAMILIES WITH YOUNG CHILDREN:

ALIGNING STATE HEALTH AND HUMAN SERVICES, NUTRITION, CHILD CARE, AND PAID FAMILY AND MEDICAL LEAVE

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Table of Contents

Executive Summary

The prenatal period through the first three years of a child's life is a critical developmental moment. Positive interactions with caregivers during these years can produce long-term benefits for children and families. And yet many families—especially families of color and families with low income—face systemic barriers and economic hardship when children are young. Public policy can help foster the nurturing environments children and families need to thrive and help reduce long-standing racial and ethnic disparities.

To improve economic, social, and health outcomes for our country's youngest children and their families, CLASP set out to explore the value and importance of integrating or aligning programs that support families with infants and toddlers. These programs include:

- The Child Care and Development Fund (CCDF), which helps pay for child care while parents work or are at school;
- Health care through Medicaid and the Children's Health Insurance Program (CHIP),
- Cash assistance under Temporary Assistance for Needy Families (TANF);
- Nutrition support through the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and
- Paid family and medical leave (PFML), which enables workers to take paid leave from work to bond with a new child, care for a sick family member, or address their own serious health condition.

Specifically, we wanted to understand the extent to which these programs are already aligned or integrated, as well as the obstacles and challenges to program coordination and collaboration. We also wanted to hear from people running these programs or families seeking help from them about how to improve program access and ultimately improve outcomes for caregivers and young children. Coordination and collaboration between critical programs like Medicaid, TANF, SNAP, and WIC, as well as child care and paid family and medical leave, could help increase their usage and positive effects among families of color and families with low incomes.

To this end, CLASP conducted over two dozen interviews with state program administrators, community and policy advocates, and parents in California, Washington state, and Washington, D.C.—three places with paid family and medical leave programs. Through these interviews we found that there is currently little coordination in these three places across programs that may benefit families of infants and toddlers. In many ways, these three jurisdictions are leading the country in providing health care access, income and work supports, child care assistance, and employment protections to workers and families. Yet these jurisdictions offer minimal alignment across programs.

This white paper:

- Provides a broad overview of the programs for families with infants and toddlers in California, Washington state, and Washington, D.C. (a detailed Appendix includes more details about these policies);
- Shares how the programs currently coordinate or align;
- Outlines the challenges to better program coordination and integration;
- Provides considerations for how states can explore better program collaboration; and
- Identifies how to build stronger program alignment into new programs or legislative change.

Despite the real barriers to program integration, program administrators and policymakers have an opportunity to better align public programs for families of young children to improve access and user experience. In this paper, we discuss how states can enhance the customer experience in existing programs to increase program uptake and improve outcomes for children and families. We begin by discussing three underlying shifts that are needed to create the foundations for effective coordination:

1. Setting an explicit goal to improve the customer experience across programs and center those who are most impacted throughout the entire process;
2. Bolstering agency capacity; and
3. Supporting data sharing across agencies.

We then turn to approaches that states can take to remove the burden families face in learning about different programs they may be eligible for and applying for each of them separately. These approaches include:

1. Automatic enrollment;
2. Deemed income eligibility based on another program;
3. Creating a common online entry point for programs for families with young children;
4. Strengthening cross- agency referral and outreach; and
5. Investing in multiple modes of case management for targeted populations.

Ensuring families with very young children can access all the supports they are eligible for will require a new level of commitment from states and action and investment by federal agencies. This means prioritizing program access and streamlining enrollment across programs. Fortunately, states have explored varying degrees of program and agency collaboration and integration in recent decades to facilitate less burdensome access to traditional public benefit systems. States can continue to build upon this work to improve access for families.

Introduction

The prenatal period through the first three years of a child's life are shown to have significant effects on future learning, behavior, and health. This time period is critical for a child's development. Research demonstrates that positive interactions with caregivers during these years can produce long-term benefits for children, families, and society.[1] Material hardships—such as hunger, inadequate clothing or diapers, or unstable housing—directly harm young children's wellbeing and create stress among caregivers that can make it hard for them to provide the attention and connection children need to thrive.[2] Moreover, many families—particularly families of color and families with low incomes—face systemic barriers in the labor market and beyond[3] and substantial economic challenges when children are young. Families with young children often have increased need for resources[4] and frequently lose earnings due to their caregiving responsibilities,[5] making them among the groups most likely to experience poverty.

According to CLASP's analysis of the U.S. Census Bureau's Supplemental Poverty Measure, which takes into account taxes and transfers, the poverty rate in 2022 for children birth to age 3 was 13.1 percent. This is slightly higher than the overall child poverty rate of 12.4 percent. Young children of color were more likely to live in families experiencing poverty than other children. The disparities are stark: nearly 20 percent of Black and Hispanic children ages 0-3 were in families experiencing poverty using the SPM, compared to just 7.5 percent of white children in this age range.[6]

Parents, caregivers, and families need sufficient resources to build economic security and stability and create nurturing environments for young children. Recognizing the needs of families with young children, several public programs support families of infants and toddlers. However, many of these programs fall short of truly and fully meeting the needs of families. In particular, the health and human services, nutrition, and child care programs suffer from inadequate funding to reach all who need them, are rooted in anti-Black racism, and exist in a current structure of white supremacy.[7] Getting to a place where these programs could meet the needs of families with infants and toddlers will require significant, intentional undoing and reimagining—perhaps even the creation of a completely new system rooted in the worth of individuals and liberation. While we strive to achieve this, we must also consider how existing structures and programs can work better together and work better for families. The focus of this paper is to explore how to coordinate existing programs to better meet the needs of families.

In particular, we focus on the following federal programs that are implemented at the state level:

- The Child Care and Development Fund (CCDF), which helps pay for child care while parents work or are at school;
- Health care through Medicaid and the Children's Health Insurance Program (CHIP);
- Cash assistance under Temporary Assistance for Needy Families (TANF);
- Nutrition support through the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and
- Paid family and medical leave (PFML) programs that provide full to partial wage replacement for workers taking leave, including parental leave to bond with a new child, family leave to care for a sick child or loved one, and medical leave to address a caregiver's own serious medical condition.

While these programs serve people with a range of health and caregiving needs, families with young children are a primary audience.

The programs geared toward families with young children have different funding mechanisms, administrative structures, and abilities to cover all eligible families. For example, Medicaid reaches nearly all eligible infants, because children whose births are covered by Medicaid are automatically enrolled.[8] By contrast, TANF only reaches a small share of children with the lowest incomes, due to the many obstacles that families face seeking aid and a historic lack of investment in the program.[9]

Moreover, even though the same families are often eligible for many of these programs, they are operated separately—often through different agencies—with little sharing of information. This means that to access the full set of programs, families must learn about each of the programs and apply for them separately, sometimes needing to travel to different offices, often filling out multiple forms that ask for much of the same information. The federal government has identified the time around the birth of a child as a priority area for improving the "customer experience" when accessing programs that can support families to thrive. As one mother who was interviewed by the federal "customer experience" team explained, "I wish I had [support] when I was pregnant, in order to understand what all the programs mean. I still don't know all the things that are available to me."[10]

The federal government defines "administrative burden"[11] as the challenges people have in finding out about programs they might be eligible for, learning about their rules, applying for them, and meeting all the requirements to maintain benefits. Families who are already systemically marginalized in other ways face a particularly heavy burden.[12] These families include those who:

- have children with disabilities;
- have limited literacy or English proficiency;
- lack access to reliable internet service or computers;
- do not have cars or public transportation; and
- work in multiple jobs.

Due to structural racism and systemic inequities in our economy and society, Black, Indigenous, and Latinx families are more likely to be harmed by administrative burden. For example, people of color face systemic racism in areas like education and employment that makes them more likely to work in jobs with low wages and without employer-provided health coverage,[13] which can make them need public benefits. These same job characteristics may create higher administrative burdens, such as the extra documentation required of those working jobs with irregular hours or in the gig economy.[14] Integrating multiple programs that serve families with infants and toddlers, and making it easier for parents to access the full range of services that they are eligible for, is critical to ensuring that these programs deliver the promised benefits.

Current Program Coordination

CLASP conducted over two dozen interviews with state program administrators, community and policy advocates, and parents in California, Washington state, and Washington, D.C., all three of which are jurisdictions with state- and city-level paid family and medical leave programs. These jurisdictions have also used their flexibility under SNAP and Medicaid to cover people with higher income levels (see Appendix for more information), meaning that more families are likely to be eligible for multiple programs than in places with more restrictive eligibility rules. Through these interviews we found little coordination across programs that may benefit families of infants and toddlers in California, Washington state, and Washington, D.C. While these three jurisdictions are in many ways leading the country in providing health

care access, income and work supports, child care assistance, and employment protections to workers and families, they offer minimal alignment across programs.

In CLASP's interviews, parents of young children expressed frustration in accessing many of the public benefit programs. They reported finding applications to be inaccessible, complicated, and cumbersome. Agency staff, parents, and advocates were unaware of any cross-program coordination. While those we interviewed understood that Medicaid, TANF, SNAP, WIC, and child care could be better coordinated, most understandably had not thought about coordinating these programs with paid family and medical leave. Once we explained why we thought the programs could potentially coordinate or collaborate, most people seemed to agree that this could be valuable, even if they expressed skepticism about the mechanisms.

CLASP's research found minimal levels of coordination—including online application hubs and informal referrals—across child care assistance programs, Medicaid, SNAP, TANF, and WIC. The most coordination was between Medicaid and WIC when a state allowed for direct certification (enrollment) in WIC if someone was enrolled in Medicaid. Beyond this, coordination among programs was simply referral based, meaning agency staff could refer families to other programs for which they may be eligible, but not help them enroll.

All three jurisdictions have created integrated online applications that allow individuals to learn more about multiple service programs, assess their eligibility, and apply to receive benefits. For example, the state of Washington operates a website—Washington Connection—with information about state benefit programs on which individuals are asked a series of questions to determine what services they may qualify for and are then notified about their eligibility. Some program applications are available on the website, including for SNAP, TANF, and child care assistance, while the site only provides detailed information and links about other programs such as the state's Medicaid program.[15] Agency officials describe it as very clunky and not user friendly.

California created an integrated online application known as BenefitsCal where individuals can learn more about Medicaid, SNAP, and TANF; answer questions to determine eligibility; and apply for services. Similarly, individuals in Washington, D.C. can also apply for Medicaid, SNAP, and TANF using a single application.

In July, the U.S. Department of Health and Human Services' Administration for Children and Families released a Notice of Proposed Rulemaking focused on improving child care access, affordability, and stability. The proposed rule "encourages states to use a family's enrollment in other public benefits program or documents or verification used for other benefit programs to verify eligibility for CCDF and "...requires states to implement eligibility policies and procedures that minimize disruptions to parent employment, education, or training opportunities and encourages online applications."[16] When this paper was published in December 2023, the final rule was not yet out.

Washington state has an active interagency working group employing a human-centered design approach to integrate Medicaid, TANF, SNAP, and child care assistance. The group hopes to create a single application that includes one eligibility determination and enrollment system where individuals can access multiple programs. California is also working on a central eligibility hub where families can access information on multiple services and apply for benefits. While PFML is not currently part of the Washington state interagency working group, state officials in agencies that are part of the working group process hope that it will be included in the next iteration of integration.

Challenges to Program Coordination

Differences in program eligibility

Although all the programs discussed in this paper are designed to help families with children, especially around the birth of a child, they differ in their purpose, design, and target populations.

PFML is a core employment protection, providing working people with paid time away from work to take care of their families and their own health without losing their job or paycheck. PFML, which is based on work history and earned income, is administered at the state level and funded through a combination of employee and employer payroll tax contributions, similar to Social Security. In states with a program, PFML reaches most workers across income levels, while workers paid low wages often receive a higher percentage of their wages during periods of leave. Individuals without recent work history are generally not eligible for PFML benefits.[17]

On the other hand, Medicaid, TANF, SNAP, and WIC are critical safety net programs, ensuring individuals can meet core human needs. Because these programs are means tested, families must have income below specified eligibility thresholds, and some programs also have asset limits.

Generally, child care assistance is designed so individuals engaged in education or work can gain access to child care, while eligibility is also based on income. To further complicate the eligibility structures, child care is a federal-to-state program in which eligibility is determined at the state level within the confines of the federal parameters. Therefore, eligibility for the program is different for each state.

PFML programs use different information to determine eligibility. Typically, jurisdictions look at applicants' earnings and work history going back roughly a year and do not consider unearned income, assets, or other family members' employment. By contrast, for people to qualify for the programs other than PFML, their current income must be below a certain amount, and some programs need to know about all sources of household or family income. (To make things even more complicated, each of the other programs may use a slightly different definition of household/family and count income differently.)

Different state agencies

The programs for families with infants and toddlers are also housed in different agencies. At the state level, PFML programs are housed in employment benefits agencies. TANF, SNAP, child care, and Medicaid are located in one or more state social service agencies. Even though both SNAP and WIC provide nutrition assistance, WIC is housed in public health agencies and SNAP programs are generally run by social services agencies. Child care assistance is located in social service and/or education agencies. In some states, WIC and child care have been integrated into the same application portals as SNAP, TANF, and Medicaid, but this was not the case in any of the states we interviewed.[18]

Both TANF and WIC generally require parents to attend in-person meetings as part of the application and renewal processes, while the other programs can generally be applied for through fully online or phone processes. This means that people applying for multiple programs must go to multiple websites or offices and enter much of the same information over and over again. If applicants have questions, a call center operator or caseworker is highly unlikely to be able to answer questions about programs run by other agencies.

Agency personnel interviewed noted little communication across different agencies, making collaboration challenging. Agencies administering PFML programs and the social and human service agencies have not historically collaborated. Interviewees also noted that implementing a new PFML program is an incredible amount of work and that implementation timelines often did not allow for extra coordination with other agencies. One person interviewed said that, despite their state's original intent for social service agencies to be at the table during the design and implementation of a PFML program, inevitable challenges that arise during implementation of a new program prohibited that from happening. Another obstacle to greater interagency communication that interviewees raised was data sharing and privacy concerns, including uncertainty about what is permitted by the federal agencies involved.

It is worth noting that social service programs often use income data from agencies administering paid family and medical leave programs. State income tax or quarterly wage data from employment benefits agencies are routinely used to verify income for social service programs. However, interviewees made it clear that such data sharing is one-way (from employment benefits agencies to social service agencies and not vice versa). Exploring how to make the data sharing bi-directional could hold promise for connecting more eligible families with PFML when those families are already connected to social services.

Different approaches to program design

Through CLASP's collective research on these programs, it seems that policymakers, agency staff, and advocates approach PFML and social service programs from very different viewpoints. Paid family and medical leave programs are social insurance programs (like Social Security or unemployment insurance) that participants have earned through their previous work and are viewed as such. By contrast, Medicaid and SNAP are more likely to be perceived as "welfare," a term that is deeply racially coded.[19] The term is part of a style of euphemisms known as "dog-whistle politics," which, as Ian Haney Lopez describes, are "coded racial appeals that carefully manipulate hostility toward nonwhites."[20]

This dichotomy in approaches is reflected in program design, which has implications for coordination or collaboration. Social service programs have significant administrative burdens people must navigate to find out if they are eligible, to complete the application, and to stay enrolled in when up for renewal. Interviewees noted that the level of administrative burden in paid family and medical leave programs is much lower, and that the burden falls primarily on employers and state agencies rather than applicants. One example cited was that when a paid leave program needs more information about an applicant's income, the state reaches out directly to the employer. Coordination between the state agency and employer may not always be perfect, and sometimes an employee must still submit correct documents when the employer fails to do so. However, the general idea that the state will first try to verify information without needing the applicant to take action is vastly different from social service programs where applicants generally bear the burden of proving their eligibility.

The different ideological approaches to the programs pose challenges for coordination or collaboration. As we heard in interviews, administrators for social service programs were not typically included in discussions about implementing PFML programs and vice versa. The underlying belief may be that paid family and medical leave programs are serving different families than those served by social service programs. However, many families with young children may need both social service programs and paid leave programs.

Strategies and Solutions for Building an Integrated System for Families with Young Children

Despite the real barriers to program integration, policymakers and program administrators have an opportunity to better align public programs for families of infants and toddlers to improve access and make the experience much smoother. This section discusses ways states can enhance the customer experience within their existing and newly created programs to increase program uptake and improve outcomes for infants, toddlers, and their families. We begin by discussing three underlying shifts that are needed to create the foundations for effective coordination. We then turn to a menu of approaches that states can take—from automatic enrollment to case management—to remove from families the burden of learning about different programs that they may be eligible for and applying for each of them separately.

Underlying Shifts Needed for Better Program Collaboration

1. Set an Explicit Goal of Improving the Customer Experience Across Programs and Center Those Who Are Most Impacted Throughout the Entire Process

In our interviews, it became clear that many people were interested in improving access to individual programs and the process of applying to them. Yet policymakers and program administrators rarely thought of them as a package or critically considered the process of applying to all of the programs. Setting an explicit goal of improving the customer experience across programs—and creating spaces where people across agencies regularly meet and discuss their progress—is an important first step.

To improve the customer experience, it is critical to center parents and families in the process. This should incorporate both traditional customer experience research and advisory groups that give institutional power to those who are impacted by programs, which includes parents with low incomes, parents of color, immigrant parents, and parents in rural communities.

The state of Washington already has a Poverty Reduction Working Group with a Steering Committee composed of individuals with direct experience of poverty. The 10-year plan produced by this working group includes recommendations to expand access to and reduce the burden of applying to benefit programs, including by improving coordination across programs.[21]

2. Bolster Agency Capacity

Many state agencies are operating with limited capacity. States will be unable to create aligned and integrated program systems if they are struggling to effectively deliver benefits under the separate programs. Although the private sector has largely rebounded from the COVID-19 recession, public-sector employment remains challenged by the impacts and by historically limited resources. State and local government employment is still below pre-pandemic levels, as state agencies and local governments have struggled to fill vacancies.[22]

The public sector never fully recovered from the Great Recession of 2008–09,[23] and a return to the pre-pandemic status quo is not sufficient, as state agencies need to rebuild capacity to administer programs. Even before the pandemic, many state agencies struggled to fill and maintain staff capacity to fully execute programs in the most meaningful way possible, and the pandemic certainly exacerbated this. Many state agencies could benefit from additional staff to process applications more efficiently and quickly, to lessen

workloads and maintain job quality, and to streamline systems.

At the onset of the pandemic, with increases in the need for support and temporary eligibility expansions, nearly all states struggled to keep up with the sharp rise in applications across programs. The American Rescue Plan Act (ARPA) provided funding to support state capacity to administer benefits. This included $1.14 billion for additional SNAP administrative funding over three years (through early 2024). While some of this was used to pay for immediate staffing needs, states also made longer-term investments in technology and improving the customer experience.[24] ARPA also included the State and Local Fiscal Recovery Fund (SLFRF) to help bolster state agency employment, including building capacity of benefit agencies. Some states still have unused SLFRF dollars[25] and could utilize these funds to bolster capacity. Funds must be obligated by the end of 2024 and spent by the end of 2026.[26]

3. Support Data Sharing Across State Agencies

In CLASP's interviews, several parents spoke to the administrative burdens on families seeking supports. Multiple parents surfaced the difficulty in securing the proper documentation, the need to provide the same documents for multiple programs, and the overwhelming amount of paperwork involved in securing benefits. Data sharing across agencies would help streamline application processes, identify individuals who are eligible for multiple programs, and ease current cumbersome processes to update the data of program participants.

Relevant agencies could create policies and sign cross-agency memorandums of understanding that allow data to be shared across agencies and sub agencies for the sole purpose of ensuring parents and families can access all the programs for which they are eligible. Agencies often already have data sharing agreements between social service programs and from labor and employment agencies to social service agencies (used to verify income). Agency administrators stated that they lacked federal guidance on what data from social service programs could be shared with labor and employment programs, and for what purposes.

Any data sharing agreements must be accompanied by protocols to protect personal data. Data collection and sharing must adhere to all Health Insurance Portability and Accountability Act (HIPAA) and additional legal requirements. Guardrails must be in place to ensure that personal data is only used for program outreach and eligibility purposes and not purposely or inadvertently shared with immigration or law enforcement agencies. Because of its sensitivity, health information should only be shared with the client's explicit consent. For example, a person taking family and medical leave may not wish to share the reason for the leave with any other agency. However, with permission, sharing of health information could reduce administrative burden; for example, if a WIC agency could waive the "health assessment" based on data from Medicaid, this could eliminate the need for an in-person appointment.

From a technical point of view, data sharing is much easier when it is designed into systems from the beginning. Different systems may not use the same fields to capture the same information.[27] As states replace or update their data systems for individual benefit programs, they should prioritize adding capacity for data sharing across programs. This should include building in the capacity for tracking consent to share data and creating robust role-based access controls so that only people who are authorized to see specific data elements have access to it.

Approaches to Shift Burden Away From Families

1. Automatic Enrollment

The gold standard for program integration is when an agency can use information it already has to automatically enroll people in another program, without their having to learn about the program or apply. For example, all children whose births are paid for by Medicaid are automatically enrolled in Medicaid with no application required.[28] Under a policy known as "direct certification," states are required to match SNAP data against school records to automatically enroll children receiving SNAP in the National School Lunch Program.[29] Other examples of automatic enrollment include the stimulus payments and enhanced Child Tax Credit during the COVID pandemic, which most people received automatically without an application.[30]

Automatic enrollment requires three things to happen:

1. A state agency must have all the information needed to determine eligibility;
2. If the agency administering the program is not the one that has the data, the agencies must be able to match data; and
3. Agencies must have the authorization to share data and to provide benefits without an application.

When Louisiana used "express lane eligibility," which is a type of automatic enrollment, to deem millions of children receiving SNAP as eligible for Medicaid, they mailed Medicaid eligibility cards to their homes. The cards were accompanied by a notice telling caregivers that use of the cards would be considered an affirmative statement of a desire for the children to be enrolled.[31]

Exploring additional opportunities for automatic enrollment for families with young children would help parents navigate all the supports available during the critical newborn and infancy period of development. When the idea of automatic enrollment for families with young children was posed to state administrators, they were intrigued and recognized the value for families. Administrators' hesitations were generally technical— whether the systems could share data in an accurate way and whether the data sharing would be allowed. If programs were designed with automatic enrollment as the expectation, these concerns could be addressed statutorily.

More broadly, policymakers could look for other opportunities to leverage the information that a family has added a baby by automatically enrolling them in other benefits. For example, a state might experiment with providing a cash benefit to all families with infants, regardless of their previous work history. Agencies could coordinate behind the scenes to determine whether the parents qualified for PFML. If the parents did not qualify for PFML, the state could use TANF or state general revenues to cover the payments. A state might seek a waiver to automatically enroll babies in WIC if their families are receiving other means-tested benefits and they authorize their doctor to share health information showing they meet the required "nutrition risk" criteria.

2. Deemed Eligibility Based on Another Program

Even if programs targeted at the same populations do not have exactly the same eligibility criteria or definitions of income, policymakers may decide to allow people to be "deemed eligible" for one program based on having been found eligible for another, without a separate eligibility determination. This approach is called "deemed eligibility," "categorical eligibility," "adjunctive eligibility," or "express lane eligibility," in different programs. Such a policy decreases hassles on families and keeps applicants from having to provide the same information and paperwork to multiple agencies and programs. Eliminating a duplicative process can also ease the verification burden on state and local administrators.[32] In addition, deemed eligibility can simplify outreach by allowing a clear message that "if you receive X, you qualify for Y."

Deemed eligibility as an approach to enrollment is increasingly common among means-tested programs. For instance, children are categorically eligible for the National School Lunch Program if they receive SNAP, TANF, Food Distribution Program on Indian Reservations (FDPIR), or Medicaid (in some states), or if they are homeless, migrant, or in foster care or Head Start. If children are not automatically enrolled in school meals, their family only needs to provide a case number for the other program on the application for free or reduced price meals.

Deemed eligibility is used in several programs for young children. Applicants who already receive SNAP, Medicaid, or TANF cash assistance are automatically considered income-eligible for WIC, although they still need to meet the nutrition risk criteria. Families receiving public assistance (as defined in the next sentence) are categorically eligible for Head Start services, although this does not guarantee them a slot. For this purpose, receipt of TANF and Supplemental Security Income (SSI) have long been counted; in 2022, the Office of Head Start added SNAP, noting that "SNAP households with young children have an equivalent level of need to families currently receiving Head Start services."[33]

States might explore additional ways to leverage deemed eligibility. For example, policymakers might consider the benefits of automatically providing a minimum SNAP benefit to families with a young child covered by Medicaid and allowing them to decide whether the hassles of providing more detailed information justify the increased benefit.[34] Or states might use receipt of other benefits as sufficient basis to create "presumptive eligibility" for child care, which allows families to start receiving subsidies right away while they collect the other information required for a full application.

3. Create a Common Online Entry Point for Programs for Families with Infants and Toddlers

Even when programs have different rules and requirements, they can share an integrated online portal that removes the need to provide the same information multiple times. Five states now offer single, integrated applications for Medicaid, SNAP, TANF, WIC, and child care assistance.[35] Most states do not have that level of integration. California and D.C. currently allow families to apply for SNAP, Medicaid, and TANF through an integrated application, but not child care or WIC. Washington state has an integrated application for SNAP, TANF, and child care, while Medicaid has a separate online application.[36]

States should build upon their current integrated applications and add additional programs and resources. At a minimum, one site should include information about all the programs that serve families with young children, including basic eligibility requirements, Frequently Asked Questions, instructions on how to apply, and links to program-specific sites or applications. All portals and websites should be tested to be user-friendly, accessible on mobile devices, and translated into the multiple languages used in the state.

To develop a comprehensive integrated application, states can conduct a crosswalk of all programs available to families and identify key pieces of information that are common across programs. Common data can be used to screen for eligibility in other programs and transferred to applications to avoid repeatedly collecting the information. Clients who apply for one program can be informed of other programs they are likely to be eligible for and what additional information they would need to apply.

States could also create cross-program call centers where agents can help identify programs that families may be able to access. For example, Connecticut's Paid Leave Authority contracts with United Way to be the first point of communication with workers calling with questions about the state's paid family and medical leave program. United Way is able to triage calls and direct individuals to the paid leave authority, as well as to other agencies that administer programs and services they may need.

4. Strengthen Cross-Agency Referrals and Outreach

Cross-agency referrals or "inreach" are a key way to increase knowledge of and access to programs that serve overlapping populations. The simplest version of this is posters and brochures in waiting rooms, links on websites, and messages during holding time on phone systems. A more powerful version is when caseworkers for one program are knowledgeable about other programs and can tell clients what they are likely to be eligible for, instruct them on how to apply, and even make an appointment for them if needed, which is known as a warm referral.

Integrated systems can facilitate such referrals, but even less-sophisticated versions can be very helpful. For example, a person who applied for PFML, but was found ineligible due to insufficient work history, could be eligible for means-tested supports such as SNAP, WIC, TANF, or child care. Including that information with the denial notice could create a pathway to help for a family that the system has already identified is seeking financial support.

For referrals and inreach to be effective, states should invest in cross-agency education and training about different programs for state agency staff. This education could be helpful, given the newness of the paid leave programs and differences in program administration, funding, and structure. Training and guidance about how paid leave interacts with other state administered programs could be especially helpful. Caseworkers do not need to know the answers to questions about other programs by memory, but they should have access to reference documents or websites to help them answer common questions. In deciding whether to give staff this additional responsibility, agencies should examine the size of the caseloads that staff are expected to interact with and the training and compensation that staff receive.

Cross-agency partnerships can also be used for targeted outreach. For example, an increased number of state WIC programs in recent years have worked to strengthen collaboration with Medicaid and SNAP, with many entering into written cross-program agreements to share data for targeted outreach and streamlined enrollment.[37] Medicaid offers one of the most promising opportunities for targeted outreach, as over 40 percent of all U.S. births are financed by Medicaid.[38] State Medicaid agencies, therefore, already have contact information for a large share of families with newborns and could send them targeted information about PFML, WIC, child care, and other benefits by mail, text, or other means.

States could also make more effective use of the funds invested in awareness, outreach, and enrollment assistance activities by sharing information on multiple programs at once. Health and nutrition programs, including Medicaid, CHIP, and SNAP, each have earmarked funding for outreach and enrollment assistance.

And WIC and child care assistance programs have funding available but do not have dedicated outreach dollars.[39] Paid family and medical leave programs vary in their outreach budgets by state. For example, the Universal Paid Leave Act in Washington, D.C. allows up to 6 percent of the money appropriated annually to be used for public education.[40]

However, many of these funds are limited to specific programs, meaning that a SNAP outreach grant cannot be used to help someone apply for Medicaid or PFML. Agencies should look for opportunities to blend or braid funds or use flexible funds, such as those from the American Rescue Plan Act (ARPA) State and Local Fiscal Recovery Fund (SLFRF),[41] to support cross-agency outreach and enrollment grants. These grants allow state agencies and community-based organizations to focus on multiple programs during their outreach. This is particularly important for harder-to-reach populations, including communities of color, rural areas, and communities with low incomes, where the initial contact and trust-building takes significant effort.

5. Invest in Multiple Modes of Case Management for Targeted Populations

Case Management in Health Care Settings

In some hospitals and other clinical settings, social workers work closely with patients and families, as well as assess patients' physical, emotional, social, and economic situations. They may help identify post-release needs and potential barriers to health, including inadequate access to nutrition. If patients face barriers to nutrition, case managers may inform families about SNAP and WIC. Generally, they do not ask about barriers to attending work or school, such as needing child care to attend work/school or paid leave for medical or caregiving reasons. If they do not already have dedicated case managers, hospitals and clinics could consider adding them to inform families of infants and toddlers about the whole suite of programs they may be eligible for— child care assistance, paid family and medical leave, TANF, SNAP, WIC, and Medicaid.

One Washington state caregiver CLASP spoke with informed us that she learned about the state's paid family and medical program from a social worker when her father was in the hospital. The social worker had shared the information to explain that her father could apply for paid medical leave to recover from his injury and that she and her sister could apply for paid family leave to care for him during his recovery. The social worker informed them about eligibility criteria and helped guide them through the application process.

Community-Centered Case Management - Family Navigators

In addition to working in health care settings, case managers can be present in schools, community centers, worker centers, labor unions, and agency offices to help families. States can create "Family Navigators" to assist eligible families with infants and children identify and apply for programs. Such services are typically targeted to communities with high poverty rates or families that are otherwise identified as needing additional support.

Agencies can develop partnerships with nonprofits and community-based organizations to provide case management and conduct education and outreach about public programs and services. For example, the Washington State Department of Health contracts with Help Me Grow, a non-profit that helps families navigate public programs and services. Help Me Grow works closely with WIC and has access to its system

to help families fill out applications. Expanding these partnerships and resourcing community partners to help families learn about and apply for varied programs can help them access needed services.

A version of this concept is being piloted by the federal government as part of its customer experience project under the name "Benefits Bundle." In approximately five communities nationwide, current HHS Healthy Start grantees will be funded to provide families with a new baby "a bundle of supportive services through personal case management that is convenient, customized for language, and appropriately tailored to specific communities."[42] This project is designed to demonstrate the proof of concept and create a playbook for replication.

Case managers play a critical role, particularly if they understand the specific needs of families in the targeted communities, including families with low incomes, families of color, immigrant families, and rural families. For example, immigrant families are often wary of public systems. State agencies we spoke with report that the Trump-era Public Charge rule has had a persistent chilling effect on enrollment across programs, because people fear negative consequences as a result of utilizing—or even applying for—a public program. Case managers must understand this and be able to share accurate information to help alleviate concerns.[43] Understandably, families who distrust government programs may be more likely to trust information from case managers who are from the same communities as them.

Conclusion

The prenatal-to-three developmental period is a critical phase for infants, children, parents, caregivers, and families. It is a foundational moment for physical and mental health and well-being, with impacts that last until adulthood. At the same time, it is one of the most challenging periods for many families, with many parents pulled between meeting their families' financial and caregiving needs. Parents with young children are often starting out in their careers and unlikely to have savings to fall back upon.

State-administered programs that can help parents foster the nurturing environments infants and toddlers need are vital to increasing health and economic outcomes, and reducing longstanding racial and socioeconomic disparities. Many human service and child care programs are too difficult to access for families with low incomes and families of color. State agencies can work together to better align and streamline program enrollment to meet the needs of families and improve outcomes for our children.

Beyond the recommendations in this report, we urge a more holistic vision for children and families. All young children need time to bond with their parents or caretakers and access to affordable health care, healthy food, stable housing, and quality child care when parents are working or at school. And parents should not need to spend their limited time and energy navigating a bureaucratic maze to get help, or be forced to make the impossible choice between their paycheck or caring for their family. As we make improvements toward this vision—whether incremental steps or great leaps—we should keep the end point in mind and ensure that we are not creating new burdens or obstacles.

Appendix

Methodology

To help inform this paper, CLASP engaged in a series of interviews. with the following state agencies: in California with the California Employment Development Department, San Francisco Department of Public Health, and California Department of Social Services; in Washington state with the Washington State Department of Children, Youth, and Families, Washington State Department of Social and Health Services, Washington State Employment Security Department, Washington State Health Care Authority, and Washington State Department of Health; and in Washington, D.C. with the District of Columbia Department of Employment Services and Office of the State Superintendent of Education.

CLASP also conducted interviews with the following advocacy organizations: in California with Legal Aid at Work, California Work and Family Institute, Child Care Law Center, and Parent Voices; in Washington state with Help Me Grow and Economic Opportunities Center; and in Washington, D.C. with First Shift Justice Project and D.C. Action for Children.

And finally, CLASP spoke with seven parents across the state and metropolitan areas who generously shared their experience navigating programs.

Overview of Policies Impacting the Prenatal-to-Three Population

Paid Family and Medical Leave

The United States does not guarantee paid family and medical leave to working people. Only 27 percent of U.S. workers have access to paid family leave through their employers,[44] and just 41 percent have access to paid medical leave through employer-provided short-term disability insurance.[45] Fourteen states have passed laws that enable most workers to continue to earn a portion of their pay while they take time away from work to address a worker's own serious health condition; bond with a new child; care for a family member with a serious health condition; and address military family needs arising from a service member's deployment.

State Paid Family and Medical Leave Programs				
	Eligibility	**Duration of Benefits**	**Benefit Amount**	**Funding Mechanism**
California[46]	Workers must have earned at least $300 during the base period—the first 4 of the 5 most recently completed quarters or may include earlier quarters if the worker was unemployed during part of the base period. These quarters can combine income from more than one employer.	Medical leave: up to 52 weeks for any period of disability. Family leave: up to 8 weeks in a 12-month period.	60 - 70% of a worker's average weekly wage, depending on income.[47] Maximum benefit is roughly equal to the statewide average weekly wage—currently $1,620/week.	Workers cover the full cost, currently set at 0.9 percent of wages.
Washington State[48]	Workers must have worked at least 820 hours in the qualifying period. The qualifying period refers to the first 4 of the 5 most recently completed quarters or the 4 most recent completed quarters. These quarters can combine hours worked at more than one employer.	Medical leave: Up to 12 weeks in a year. Family leave: Up to 12 weeks in a year.[49]	90% of a worker's average weekly wage up to an amount equal to 1) 50% of the statewide average weekly wage plus 2) 50% of a worker's average weekly wage that is above an amount equal to 50% of the statewide average weekly wage. Maximum benefit is 90% of statewide average weekly wage—currently $1,327/week.	Medical leave: Workers and employers share the cost; currently, the total premium for medical leave is about 0.4% of wages.[50] Family leave: Workers cover the full cost; currently, the premium is about 0.4% of wages.[51]

State Paid Family and Medical Leave Programs				
	Eligibility	**Duration of Benefits**	**Benefit Amount**	**Funding Mechanism**
Washington, D.C. [52]	Workers must have been employed during at least some of the 52 weeks preceding the event that precipitated the need for leave. Workers with less than 1 year work history may receive a prorated benefit amount.	Medical leave: Up to 12 weeks in a year. Family leave: Up to 12 weeks in a year.[53]	90% of a worker's average weekly wage up to an amount equal to 1) 40 times 150% of the D.C. minimum wage and 2) 50% of a worker's average weekly wage above an amount equal to 40 times 150% of the D.C. minimum wage. Maximum benefit is currently $1,009/week, adjusted annually based on inflation.	Employers cover the full cost—currently set at 0.26% of wages.

Child Care Assistance

The Child Care and Development Fund (CCDF) program is the primary source of federal funding to states to provide child care assistance for families with low incomes and improve the overall quality of child care.[54] The CCDF is a block grant to states, territories, and tribes that funds their child care subsidy systems, in addition to these entities' own state, local, and tribal/territory funds. States must spend 70 percent of federal funds directly on providing services to children, but otherwise have great flexibility to determine the policies that influence who can participate and what their program looks like. Under current law, states can allow families with incomes up to 85 percent of state median income (SMI) to access child care assistance. However, due to inadequate funding, many states set their initial income eligibility far below that threshold.

Because of a lack of investment in child care, CCDF and other smaller child care assistance funding sources, such as TANF and the federal Social Services Block Grant, collectively only reached 1 in 6 eligible children.[55] Many families remain on waiting lists—if a state even maintains a waiting list—and cannot access the subsidy even if they fall within the eligibility parameters, while other families with low and moderate incomes cannot qualify for child care assistance due to restrictive income limits.[56] To be eligible in most states, parents must be engaged in work, educational activities, or searching for work.

Child Care Assistance Income Limits by State[57]			
	Eligibility criteria	**Income limit for a family of three**	**Eligible activities**
California	85% SMI[58]	$82,104[59]	Participating in the CalWORKS cash assistance program; Receiving certain government benefits and be working: - Searching for work or a home, - Going to school or taking work training, or Being unable to care for a child because of physical or mental health conditions[60]
Washington State	60% SMI[61]	$56,604[62]	Being employed; Engaging in activities approved under parents' WorkFirst or Basic Food Employment and Training (BFET) plan; Being enrolled in approved education activities[63]
Washington, D.C.	300% of FPL.[64]	$74,580[65]	Working or attending a job training or education program; Seeking employment or engaging in job search; or Receiving, or needing to receive, protective services or having a child considered vulnerable[66]

Medicaid and the Children's Health Insurance Program (CHIP)

Medicaid is a public insurance program that provides health coverage to individuals and families with low incomes, including pregnant people, children, parents, seniors, and people with disabilities. It is funded jointly by the federal government and states. Since Medicaid is an entitlement program, anyone who meets federal eligibility rules has a right to enroll in coverage.[67] To receive federal funding, states must cover these mandatory populations:

- People who are pregnant and have income below 138 percent of the federal poverty line (FPL), which is $34,307 in the 48 continuous states for a family of three in 2023;[68]
- Children in families with income below 138 percent of the FPL;[69]
- Certain parents or caretakers with very low income;[70] and
- Most seniors and people with disabilities who receive SSI.[71]

Each state operates its own Medicaid program within federal guidelines and eligibility, and benefits can vary across states. States can also receive federal funding to cover additional "optional" populations.[72] Forty-one states, including D.C., have adopted the Medicaid expansion option under the Affordable Care Act to cover nearly all adults up to 138 percent of the FPL.[73] The program also provides an option to cover postpartum women for 12 months, and most states have implemented this option or are planning to do

so.[74] Some states, such as the three explored in this paper, choose to cover additional populations with state-only dollars.

States also provide health insurance through the federal Children's Health Insurance Program (CHIP). This provides access to health insurance for kids in families with incomes higher than the Medicaid limit, and some states use an option to provide health insurance to pregnant persons who are above the Medicaid income eligibility limit.[75]

Medicaid and CHIP Income Eligibility Guidelines for Pregnant People and Young Children by State			
	California	**Washington State**	**Washington, D.C.**
Income limit for pregnant persons[76]	Up to 213% FPL through Medicaid; 214-322% FPL through CHIP	198% FPL[77]	324% FPL
Income limit for children birth to 1	Up to 208% FPL through Medicaid; 209-266% FPL through CHIP	215% FPL	324% FPL
Income limits for children 1-5	Up to 142% FPL through Medicaid; 143-266% FPL through CHIP	215% FPL[78]	324% FPL
All income-eligible children covered, regardless of immigration status	✅	✅	✅

Temporary Assistance for Needy Families (TANF)

The federal government provides TANF funds as fixed block grants to states, which use these funds to operate their own programs. According to federal statute, the funding is "designed to help low-income families with children achieve economic self-sufficiency." States can use TANF to fund monthly cash assistance payments to families with low incomes who have children and can also use TANF to fund other programs.[79] States have broad discretion to determine eligibility, and most states have eligibility thresholds far below the FPL. In each state, families must complete applications and meet work rules to access and maintain TANF, unless they receive an exemption.[80] TANF benefits are relatively small, with a median monthly payment of $492 to a family of three in July 2022.[81]

TANF Eligibility for a Family of Three, October 2023			
	California	**Washington State**	**Washington, D.C.**
Maximum Monthly Income to Qualify for TANF[82]	$1,753 [83]	$1,308[84]	$751[85]
Asset Limit for TANF Applicants	$10,888 [86]	$6,000[87]	$2,250[88]
Eligibility for Pregnant Parents with No Other Children in Household	Yes[89]	Yes[90]	Yes[91]
Maximum Monthly TANF Benefit Amount	$1,171[92]	$654[93]	$751[94]

Supplemental Nutrition Assistance Program (SNAP)

SNAP is a federal anti-hunger program that provides nutrition benefits to individuals and households with low incomes. The federal government fully funds the cost of SNAP benefits but splits the cost of administering the program with the states. Eligibility rules and benefit levels are fairly uniform across states.[95] Households must generally meet three criteria to qualify for benefits under federal rules (states have the flexibility to adjust these limits):

- Gross monthly income must be at or below 130 percent of the FPL, or $2,694/month for a three-person household in fiscal year 2024 (FY24). Households with a member who is age 60 or older or has a disability do not need to meet this limit.[96]
- Net monthly income must be less than or equal to the FPL, or $2,072/month for a three-person household in FY24.[97]
- Assets must fall below certain limits. In FY 24, households can have up to $2,750 in assets, or up to $4,250 in assets if a member of the household is disabled.[98]

If all members of a household are receiving a benefit under TANF, SSI, or in some cases other general assistance, the household may be deemed "categorically eligible" for SNAP because they have already been determined eligible for another means-tested program. They still must meet other SNAP rules, but states can use this policy to lift gross income limits and asset limits.[99]

In FY 2024, the maximum monthly allotment for a family of 4 in the 48 continental states and D.C. is $973.[100]

SNAP Gross Income Limits by State*, FY 23 for a family of three	
California	$32,318/year[101]
Washington State	$49,720/year[102]
Washington, D.C.	$49,720/year[103]

**There are no asset limits in any of these states*

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

WIC provides nutritious foods, nutrition education, breastfeeding support, and referrals to health care and social services for pregnant and postpartum women, infants, and children through their 5th birthday. States must set income limits of no less than 100 percent of the FPL and no more than 185 percent of the FPL.[104] For reference, 185 percent of FPL is $45,991 for a family of three in 2023.[105]

To simplify program administration, an applicant who is eligible to receive SNAP, Medicaid, or TANF cash assistance is automatically considered income-eligible for WIC.[106] Applicants must also be determined to be at nutritional risk.[107] WIC is not an entitlement program; it is appropriated annually with a reserve fund. However, at the time of our research, WIC programs were funded at a level such that they were able to serve all who applied.[108]

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[51] Neither the family or medical premium applies to wages above the Social Security contribution base.
[52] D.C. Code Ann. § 32-541.01 *et seq.*
[53] The total leave that can be taken is up to 16 weeks in a year. Workers with certain pregnancy-related health needs may receive up to an additional 2 weeks of benefits, which can be combined with other uses up to a total of 18 weeks in a year.
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[75] "The Children's Health Insurance Program (CHIP)" Healthcare.gov., last accessed Nov. 2023, https://www.healthcare.gov/medicaid-chip/childrens-health-insurance-program/.
[76] California, Washington, and D.C. have all eliminated their five-year waiting period for income-eligible pregnant persons with certain immigration statuses.
[77] Persons pregnant within the past 12 months are also eligible up to 198% FPL.
[78] Washington state recently received approval to provide continuous coverage for children ages 0-5 until the end of the month in which their 6th birthday falls.
[79] "Temporary Assistance for Needy Families (TANF)," Office of Family Assistance, U.S. Department of Health and Human Services, June 2022, https://www.acf.hhs.gov/ofa/programs/temporary-assistance-needy-families-tanf.
[80] Gina Azito Thompson, Diana Azevedo-McCaffrey, Da'Shon Carr, *Increases in TANF Cash Benefit Levels Are Critical to Help Families Meet Rising Costs*, Center on Budget and Policy Priorities, Feb. 2023, https://www.cbpp.org/research/family-income-support/temporary-assistance-for-needy-families.
[81] Ibid.
[82] California has different TANF benefits per region of the state. The benefits listed here are for Region 1, which represents the most populous counties in the state.
[83] "CalWORKs Assistance Standards,"County of San Diego Health and Human Services, last accessed Nov. 2023, https://hhsaprogramguides.sandiegocounty.gov/CalWORKS/45-200/Resources_and_Desk_Aids/CalWORKs_Assistance_Standards_Chart.pdf.

[84] WAC 388-478-0035, Maximum earned income limits for TANF, SFA, PWA, and RCA, Washington State Legislature, https://apps.leg.wa.gov/wac/default.aspx?cite=388-478-0035.
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[95] *Policy Basics: The Supplemental Nutrition Assistance Program (SNAP)*, Center on Budget and Policy Priorities, June 2022, https://www.cbpp.org/research/policy-basics-the-supplemental-nutrition-assistance-program-snap.
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