



# State Early Childhood Program Innovations

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This document organizes state programs for young children and their families within the four components of the Early Childhood Development (ECD) Continuum of Care: promotion and prevention, surveillance and screening, care coordination and linkage, and intervention. This document highlights programs shaped by state policies and stakeholder efforts. It is intended to help readers explore what is happening in their own state and/or discover innovative programs from others.

## Promotion and Prevention

Promotion and prevention programs facilitate the healthy development of young children by supporting the parent-child dyad. Programs include home visiting, services that strengthen well visits, and community efforts that support parents.

## Age-Appropriate Early Development Promotion and Preventive Education

- States with Pediatrics Supporting Parents programs include Alabama, Alaska, California, Indiana, Louisiana, Maryland, Massachusetts, New York, North Carolina, Oregon, Utah, and Virginia.
- Oregon's Children's Health Insurance Program (CHIP) State Plan from 2019 includes the Oregon Parenting Education Collaborative as a health services initiative (HSI).
- Arkansas provides parenting education services and supports through an HSI.
- North Carolina and Washington cover the [Triple P \(Positive Parenting Program\)](#) for families with children as young as 18 months.
- Oklahoma uses an HSI to fund training for pediatric primary care providers to promote early literacy during well-child visits in accordance with American Academy of Pediatrics (AAP) practice recommendations. This helps increase the percentage of young children attending well-child visits and improve the percentage of children receiving standardized developmental screening.
- Maine's [Family Home Visiting Program](#) provides funding for community agencies to deliver home visits to first-time families and pregnant and



parenting adolescents. This [database](#) includes 22 additional home visiting models being implemented across states.

## Surveillance and Screening

Surveillance and screening programs are designed to increase the assessment of development and conversations with families about concerns that can impact development. Programs in this category work to strengthen clinical processes, partnership with families, and intervention when concerns are identified.

## Family Violence and Trauma History

- California's [ACEs Aware](#) initiative provides education, training, and clinical protocols for the state's Medicaid program providers on screening for adverse childhood experiences (ACEs) and covers the cost of screenings and related services.
- Tennessee's Building Strong Brains is a public/private partnership that was established to prevent and mitigate the impacts of ACEs and to promote statewide economic development and prosperity.
- New Jersey has an ACES Statewide Action Plan.
- Pennsylvania has the Trauma-Informed Pennsylvania Plan.
- Delaware has the Trauma-Informed Delaware Action Plan.
- Maryland's 2021 executive order directs state agencies to consider how their policies and programs could reduce ACEs, share necessary data to study and monitor ACEs, and implement care models informed by ACEs.
- Virginia's executive order that established the Children's Cabinet includes a statewide response to childhood trauma and directed agencies to foster systems that provide a consistent trauma-informed response to children who have experienced trauma.

## Social Factors That Affect Health

- Several states have waiver programs that provide coverage for social needs:
  - Oregon provides housing support, including rent/utility costs for 6 months, nutrition support, and case management. The target populations include children under 6 experiencing, or at risk of, social needs that affect health.



- New York's recently approved waiver includes initiatives with automatic eligibility for children under 6. New York also just expanded its community health worker benefit to children ages 21 and under.
- Massachusetts provides housing and nutrition supports, case management, and transportation. It targets accountable care organization-enrolled members ages 0-64 with social needs and at least one risk factor.
- North Carolina provides housing support to children 0-3 who meet certain criteria, such as low birth weight or a positive maternal depression screen.

## Prevalence of Three Major Evidence-Based, Comprehensive Developmental Support Programs

- [HealthySteps](#) is a team-based pediatric primary care program that promotes the health, well-being, and school readiness of babies and toddlers. It includes a child developmental specialist in pediatric care settings for children up to age 3. The program aims to improve parenting knowledge and behaviors to promote optimal growth and development during a child's earliest years. Different tiers of short-term and ongoing support are available to participating families, depending on their needs identified through comprehensive screenings.
  - HealthySteps is in 26 states, including Arkansas, California, Maryland, Massachusetts, New Jersey, Oklahoma, and Oregon.
- DULCE provides a multisector approach through its Interdisciplinary Team, which includes legal partners, family specialists, and medical providers. During routine well-child visits, families are screened for social and economic stressors. If needs are identified, the team works with families and follows up to ensure service delivery. DULCE is available to families with infants up to 6 months.
  - DULCE is in seven states, including California and Vermont.
- Family Connects, a community-wide nurse home visiting program, offers enrollment to families at participating hospitals. Families in the program receive 1-3 home visits. Based on the results of the intake assessment and concerns of the families, a nurse offers services tailored to the family's needs and level of risk, including connections to available community resources.
  - Family Connects is in 17 states, including Arkansas, Colorado, Connecticut, Georgia, Illinois, Iowa, Louisiana, Maryland, Minnesota,



Nebraska, New Jersey, New Mexico, North Carolina, Oklahoma, Oregon, Texas, and Washington.

## Care Coordination and Linkage

Care coordination and linkage programs are intended to strengthen referral communication among clinics, communities, and/or states. Programs are wide-ranging but typically operate as statewide networks that can facilitate referrals and referral tracking.

- The Oregon Health Authority (OHA) facilitates programming between coordinated care organizations (CCOs) and the Early Learning Division to increase community and agency coordination. The OHA Transformation Center, in partnership with the Oregon Pediatric Improvement Partnership, supports Oregon's CCOs to improve developmental screening and follow-up.
- North Carolina uses [CC4C](#), a case management program for children from birth to age 5 who are experiencing risk factors for poor health outcomes and who need health and related services beyond those required by most typically developing children. Children whose mothers are experiencing maternal depression are also eligible for CC4C services. Other children who can participate in CC4C include children with behavioral and mental health conditions and children in extremely low-income households with continuous chaos (e.g., parent substance abuse, foster care, abuse or neglect). CC4C serves nearly 10 percent of Medicaid-eligible children up to age 5 in North Carolina.
- Arizona developed a statewide closed-loop referral system called [CommunityCares](#), allowing health care and community service providers to track screening, referrals, and service delivery for social and educational services. It is integrated with existing health IT systems and can deliver personalized referrals in response to family needs based on location, language, and eligibility requirements.
- With networks in [31 states](#), [Help Me Grow](#) connects families to necessary community resources, supports screening, and offers guidance on child development milestones. This is all done through a centralized access point, the "go-to" place for family members, child health care providers, and other professionals seeking information, support, and referrals for children.



## Intervention

Programs in this category support brief interventions in the pediatric practice setting when a concern is identified. Brief interventions provide a space during the visit for the provider to connect with the family and deliver immediate support through motivational interviewing, active listening, and discussion of the next steps.

- An AAP technical report for perinatal depression recommends explanation and open dialogue with family to reduce stigma, normalize stress in new families, and foster early identification (demystification) along with communication about the potential impact on development of the infant, ongoing support to continue to include validation and empathy, and referrals to primary care providers, Postpartum Support International, or evidence-based treatment.
- Forty-six states have a [Pediatric Mental Health Care Access Program](#), including Arkansas, California, Maryland, Massachusetts, New Jersey, Oklahoma, and Vermont.
- The Illinois Model for Infant and Early Childhood Mental Health (IECMH) Consultation is a statewide cross-sector consultation training model. It provides a comprehensive approach to IECMH consultation for experts working in early childhood education and care settings.
- As of March 2022, California adopted a family-centered approach to children's health, including implementing dyadic services in pediatric care settings to support IECMH. These dyadic services support both the child and parent (i.e., the dyad) and include screening and preventive services.

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