# State Issues and Innovations in Creating Integrated Early Learning and Development Systems

A Follow-Up to Early Childhood 2010:
Innovations for the Next Generation

**U.S. Department of Health and Human Services**
**U.S. Department of Education**

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# Foreword

It is with great pleasure that we release **State Issues and Innovations in Creating Integrated Early Learning and Development Systems**—highlights from the Federal Early Childhood 2010: Innovations for the Next Generation (EC 2010) meeting held in Washington, D.C., in August 2010. Both the report and the meeting represent our continued commitment to working together across the Departments of Health and Human Services and Education to enhance the quality of early learning and development programs that will lead to improved health, social, emotional, and cognitive outcomes for children and families.

The EC 2010 meeting began with the joint announcement by Secretaries Sebelius and Duncan that the Early Learning Interagency Policy Board (IPB) would be established to strengthen federal coordination efforts. Since its inception, the IPB has held a number of successful meetings bringing together the administration's leadership in early learning and development from the Department of Education, Department of Health and Human Services, White House Domestic Policy Council, and the Office of Management and Budget.

As we continue our coordination efforts to improve the quality of all federal early learning and development programs, we hope this document will reflect the work begun at the EC 2010 meeting and will serve to inform similar state and local systems building efforts focused on increasing positive outcomes of young children and their families.

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# Executive Summary

This paper discusses an **"integrated state early learning and development system."** Such a system would:

- Consist of interrelated services and systems that work toward a common goal: to ensure the healthy growth and optimal development of young children within their families and communities.
- Include early care and education; early intervention and special education; health, mental health, and nutrition; and services to strengthen and engage families in their children's development and learning.

EC 2010 sought to encourage state efforts to build such systems for children from birth through age 8.



Early Childhood 2010: Innovations for the Next Generation (EC 2010) brought together policymakers and experts from across the United States to improve collaboration and partnership at the federal, state, and local levels in support of integrated state early learning and development systems for children from birth through age 8. Sponsored jointly by the U.S. Departments of Health and Human Services (HHS) and Education (ED), EC 2010 convened state and local partners from a range of programs across the two federal departments, along with other key stakeholders and federal staff. At the start of the event, HHS Secretary Kathleen Sebelius and ED Secretary Arne Duncan welcomed approximately 1,800 participants and outlined their shared vision for the future of state early learning and development systems in this country. Jack P. Shonkoff, director of the Center on the Developing Child, presented an overview of the scientific basis for policies that promote integrated early learning and development. Participants discussed a range of issues about building integrated state early learning and development systems in plenaries, workshops, and state team meetings.

This Executive Summary, derived from a full report, highlights what state leaders are thinking about and how they are intentionally beginning to build such systems. Commissioned by the Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS, the report draws on themes from state team discussions, and information shared at EC 2010 and post-EC 2010 interviews conducted through January 2011. Six interrelated themes emerged during the EC 2010 state team discussions:

1. **Coordinated State Leadership:** Some states are adapting governance structures to coordinate and align their early learning and development services. They are:

   • **Linking early care and education; early intervention and special education; health, including behavioral health;\* nutrition; and family support systems:** Some states share authority for early childhood governance across sectors at the state level or with local public or private boards or partnerships. Another approach is to coordinate one-stop local entry points to multiple systems for families.

   • **Creating a policy and practice framework for a prenatal through age 8 continuum:** Some states are widening their agendas to better address the needs of infants, toddlers, and expectant mothers. Another approach strengthens preschool through grade 3 alignment and transitions across systems. Some states are beginning to develop a continuum that links policies and programs from prenatal through grade 3.

   • **Leveraging new policy and funding opportunities presented by state Early Childhood Advisory Councils (ECACs):** Some states are incorporating ECACs into their consolidated early care and education governance structures. Most use ECACs to fuel existing cross-agency efforts, often pulling in new partners across sectors to start with discrete tasks.

2. **Effective Use of Data:** Many states are moving toward the creation of unified data systems that support state early learning and development system goals. They are:

   • **Assessing state data-capacity to describe children, families, programs and progress:** Some states are determining current data capacity and options for integration. Tapping into a neutral agency devoted to data analysis is a strategy in several states.

   • **Investing in state data capacity to guide planning, policy, and continuous program improvement:** State activities include determining how to collect and use child assessment data appropriately; building capacity to use assessment data to improve early childhood program practice; linking child-, family-, and provider-level data to guide policy and target technical assistance that improves provider quality; and using data to inform families and the public.

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\*The term "behavioral health" in this report refers to a state of mental, emotional being or choices and actions that affect wellness. Behavioral health problems include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, serious emotional disturbances, suicide, and mental and substance use disorders. This includes a range of problems from unhealthy stress to diagnosed and treatable diseases like serious mental illnesses and substance use disorders, which are often chronic in nature but that people can and do recover from. The term is also used to describe the service systems encompassing the promotion of emotional health; the prevention of mental and substance use disorders, substance use, and related problems; treatments, and services for mental and substance use disorders; and recovery support.

- **Leveraging federal investments in state education longitudinal data systems (SLDS) by including early childhood and workforce data:** Some states are developing agreements to share data between child-serving agencies; attaching unique student identifiers to early childhood datasets; including data from programs serving children birth to age 3; or linking data on the early care and education workforce to the SLDS.

3. **Systemic Quality Improvement:** Many states are developing standards, supports, and incentives to strengthen practitioner and provider capacity that promotes child well-being in early care and education programs (including child care centers and family child care homes, Head Start and Early Head Start, state prekindergarten programs, and early intervention or special needs services). They are:

- **Developing and implementing research-based, cross-cutting standards:** Some states are working on early learning guidelines and standards by moving toward a birth to age 8 continuum or implementing them in professional development and family and community engagement efforts. A number of states find ways to require linkages across their early learning and development systems through provisions in program standards. Another strategy reexamines the strength, reach, and enforcement of state child care licensing standards. Several states are aligning their early learning or program standards with those that are nationally recognized, such as the Head Start Program Performance Standards or the accreditation standards of the National Association for the Education of Young Children (NAEYC). Some are revising early learning or program standards to be more inclusive of children with disabilities or special needs, more culturally and linguistically appropriate, or to take advantage of language readiness of young children by supporting dual language development in early care and education.

- **Creating an integrated professional development system that is linked to standards and provides pathways and rewards for advancement:** A few states are creating statewide professional development systems that enable movement from entry level to advanced degrees and linkages to higher levels of compensation. At least one state has convened a planning group in coordination with leaders from outside the early care and education system. Related strategies include requiring core competencies for all professionals working directly and indirectly with children; promoting credentials to recognize specialized expertise that cuts across sectors; building higher education capacity; and standardizing the quality of training, consultation, and on-site support.

- **Making sure low-income and vulnerable children have access to high-quality early care and education:** Some states are helping providers serving vulnerable children to meet and maintain high-quality program standards such as the federal Head Start Program Performance Standards or those of a high-quality state prekindergarten program. A few states are creating or reserving some high-quality child care slots for low-income children receiving child care subsidy assistance. Some states ensure that low-income children may access highly rated programs in the state quality rating and improvement system (QRIS).

## 4. Partnerships with Families and Communities:

Some states promote early learning and development by engaging, supporting, and being responsive to families and communities. They are:

- **Adopting a strength-based approach to engaging families within the components of state early learning and development systems:** Some states promote family strengthening across early learning and development system sectors. Approaches include integrating family engagement and support into program standards and fostering parent leadership and involvement in policy development.

- **Working with communities to increase family-friendliness and connect services to local child-serving organizations:** States use various approaches that include holding community and parent café discussions; attaching family engagement and support resources to schools serving vulnerable children; and supporting family, friend, and neighbor caregivers at the community level.

- **Leveraging new federal investments in and building infrastructure to support home visiting:** Some states are preparing to make the most of the new federal Maternal, Infant, and Early Childhood Home Visiting program by coordinating existing home visiting programs; developing a home visiting infrastructure (common quality standards, professional development and procedures for centralized intake, screening, referral and technical assistance); and considering how to integrate home visiting with early care and education services.

## 5. Physical and Behavioral Health Integration:

Some states are integrating child and family health services, including infant and early childhood behavioral health, across their early learning and development systems. They are:

- **Integrating health promotion, including access to Medicaid and health insurance, a medical home, and good nutrition:** A few states leverage federal investments in health reform and Medicaid to expand coverage to more children and families. State strategies to promote children's health include raising the quality of primary pediatric care and working with early care and education providers to promote good health and nutrition.

- **Developing a coordinated system of screening, referrals, and follow-up services:** Several states have revised state-determined rules for use of federal Medicaid or Children's Health Insurance Program (CHIP) funds to pay for standardized, age-appropriate screening, assessment, and other critical services. Another approach coordinates systems of care to ensure effective referrals and access to services. A targeted strategy used by several states expands access to the federal Early Head Start program, which requires developmental screening, referrals, and follow-up for participating poor and low-income infants and toddlers.

- **Integrating infant and early childhood mental health consultation and identification of maternal depression across systems:** State activities include assessing gaps in services; conducting integrated infant and early childhood mental health planning across all state child-serving agencies; and providing infant and early childhood mental health consultants to child-serving programs. Some states use innovative strategies to identify and address parental depression.

## 6. Children with Multiple Risks:

Some states meet the needs of children with multiple serious risk factors such as child abuse, parental substance abuse and exposure to violence, and children who are at risk of toxic stress. They are:

- **Ensuring access to high quality early care and education, early intervention, infant and early childhood behavioral health care for children involved in child welfare:** Some state strategies include creating partnerships between child welfare systems and Early Head Start programs; prioritizing children in the child welfare system for child care subsidy assistance; and ensuring children (including infants and toddlers) in the child welfare system have access to screening and treatment for behavioral and mental health needs. Some states have taken steps to increase knowledge of infant and toddler development and their implications for child welfare and judicial system decisions.

- **Making connections between maternal substance abuse treatment and supportive services for children:** Some states address this difficult issue by including children when mothers need residential substance abuse treatment. Some state-local initiatives target intensive support for substance-exposed newborns and their families. A few states provide respite child care through eligibility for child care subsidy assistance to parents in substance abuse treatment programs.

- **Building capacity of child-serving agencies and communities to identify and address early childhood trauma:** States are starting to grapple with this challenge. Approaches to addressing this issue include integrating various state administrative datasets, working with federally administered risk factor survey data to inform state efforts, and educating the child welfare workforce about the signs and impact of early childhood trauma. Another state-to-local strategy involves educating and empowering communities to interrupt the negative cycle of adverse early childhood experiences.



By convening Early Childhood 2010, HHS and ED sought to highlight and encourage innovative and integrated state early learning and development systems. Many state examples detailed in the full report show an array of approaches and activities now underway, with numerous opportunities for state leaders to learn from each other. Even in challenging times, states can develop unique approaches to a range of issues, including coordinating state leadership; using data effectively; developing systems of quality improvement; partnering with families and communities; integrating health and behavioral health across systems; and addressing the needs of children with multiple risks to their development.

*For specific examples of all state approaches mentioned, see Chapters 1-6. Contact information for most state examples may be found in Appendix C: Selected State Contacts by Theme.*

# Introduction

This report discusses an **"integrated state early learning and development system."** Such a system consists of interrelated services and systems that work toward a common goal: to ensure the healthy growth and optimal development of young children within their families and communities. It would include early care and education; early intervention and special education; health, mental health and nutrition; and services to strengthen and engage families in their children's development and learning. EC 2010 sought to encourage state efforts to build such systems for children from birth through age 8.

Early Childhood 2010: Innovations for the Next Generation (EC 2010), a meeting held in Washington, D.C., in August 2010, brought together policymakers and experts from across the United States to improve collaboration and partnership at the federal, state, and local levels in support of integrated state early learning and development systems for children from birth through age 8. Sponsored jointly by the U.S. Departments of Health and Human Services (HHS) and Education (ED), the meeting brought together state and local partners from a range of programs across the two federal departments, along with other key stakeholders and federal staff (see EC 2010 Participants, p. 12). The conference was designed by federal partners (see Appendix B: Federal EC 2010 Partners) to showcase innovative state and local strategies within and across early learning, health, and family engagement and support systems. The agenda included plenaries, workshops, and state team meeting time. It was a unique opportunity for state and local leaders across the field to learn from each other.

The Substance Abuse and Mental Health Services Administration (SAMHSA) commissioned this report to capture the spirit and themes from this event and to foster continued innovation in building integrated early learning and development systems to serve children and families. Drawing in part on themes from state team discussions and information shared at EC 2010 and post–EC 2010 interviews conducted through January 2011 with state and national leaders, this report provides a snapshot of how some state leaders are beginning to build integrated state early learning and development systems.

> *We're all here today because we believe you can't climb the ladder of opportunity if the first rung is missing…. It's our job to take the wide range of programs that families depend on and shape them into a seamless, high quality early learning and development system where every family can choose the program that works best for them and no family has to compromise on quality.*
>
> HHS SECRETARY KATHLEEN SEBELIUS

> *We also believe education must be the great equalizer the one true path out of poverty for disadvantaged children….*
>
> *We challenge all of you to reach beyond your individual programs for the benefit of the whole child.*
>
> *We urge you to do even more to integrate your approaches, coordinate resources, and share data and effective practices.*
>
> *We invite you to tell us how we can help you dothat better.*
>
> ED SECRETARY ARNE DUNCAN

## Shared Vision and Activities at the Federal Level

In keynote addresses, HHS Secretary Kathleen Sebelius and ED Secretary Arne Duncan welcomed approximately 1,800 participants and outlined their shared vision for the future of early learning and development in this country.

Secretary Sebelius thanked the crowd, saying, "It's a great sign for America's children that so many of you are here today for this unprecedented conversation about how we can work together to reach *more* children with *more* effective programs that meet *more* of their needs." Secretary Sebelius underscored the importance of addressing the needs of the whole child, saying, "It's critical for early childhood education programs to have the best teachers and lesson plans. But the teacher and lesson plan don't matter if the children are too hungry or sick or distracted to pay attention in class." Secretary Sebelius acknowledged that larger economic forces would challenge her listeners, but she urged them to press forward, making "sure every dollar gives our children the biggest boost possible, funding high-quality programs that meet all of our children's needs." Promoting early childhood health and development is a priority in the 2010-15 HHS Strategic Plan.

Secretary Duncan said, "Education is the one true path out of poverty for disadvantaged children." He pointed to mounting evidence that quality early learning programs work, and that "with the right support, any child can learn and thrive, regardless of poverty, challenges at home, neighborhood violence, disability, or any other obstacle." However, Secretary Duncan went on to say, "One program, one organization, one federal department working alone can never be enough to address the multiple needs of children, families, and communities. We have to work together over a sustained period, from birth to grade 3 and beyond."

The secretaries described how the agencies they lead have each taken steps to increase integration at the federal level: "We know we must walk the walk," said Secretary Duncan. Activities have included:

- **Defining system components:** Both agencies had staff work together through Interdepartmental Study Groups to develop shared definitions and identify quality characteristics for each component of an early learning and development system: program standards; early learning standards and guidelines; comprehensive assessment systems; workforce and professional development; family engagement; health promotion; and data systems.

- **Listening to the early learning and development field:** The agencies collaborated on a series of meetings across the country entitled Listening and Learning about Early Learning. Jacqueline Jones, senior advisor on early learning to the secretary of education, and Joan Lombardi, deputy assistant secretary and inter-departmental liaison for early childhood development, listened to experts in the field, key stakeholders, and members of the public. The four sessions addressed: preschool to grade 3 structures, workforce and professional development, family engagement, and standards and assessment.

- **Coordinating federal policy:** Both secretaries announced the formation of a new Early Learning Interagency Policy Board to increase coordination, effectiveness, and outcomes for children across HHS and ED and their respective federally-funded early learning programs. Secretary Duncan stated, "We'll also charge the board with better coordinating research, technical assistance, and data across the two departments—so that the folks who run programs across the country will have an easier time blending federal funds to support children and families."

## Scientific Support for Health and Early Learning

The next speaker gave an overview of the scientific basis for policies that promote integrated early learning and development. In his keynote address, Jack P. Shonkoff, director of the Center on the Developing Child at Harvard University, underscored how critically important the early years are to the success of an individual's life course. In the 10 years since the seminal book *From Neurons to Neighborhoods* was released, scientific research has further demonstrated that early experiences are built into the human body; and that prolonged experiences of "toxic stress" in the early years can lead to long-term disruptions in brain architecture and life-long physical health consequences. "Toxic stress occurs when a child experiences strong, frequent and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support."[1]

Shonkoff shared findings from a new report: *The Foundations of Lifelong Health are Built in Early Childhood*. As an example, he stated that undernourishment in the prenatal stage and low birth weight predisposes a child to later obesity due to adaptations the body makes to account for that adversity. Stable, responsive relationships; safe and supportive environments; and appropriate maternal nutrition from preconception give children strong foundations for future physical and behavioral health. Policies and programs should be designed to strengthen the capacities of children's caregivers and communities to attend to these critical foundations of health.[2]

## EC 2010 PARTICIPANTS

### U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Administration for Children and Families**
Administration on Developmental Disabilities
• Developmental Disabilities Grant Programs grantees

Children's Bureau
• Community-Based Child Abuse Prevention (CBCAP) grantees
• Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment (EBHV) grantees
• Prevention Discretionary grantees (National Quality Improvement Center on Early Learning and Development, Nurse Home Visiting, Rigorous Evaluations of Existing Prevention Programs)

Office of Child Care
• Child Care and Development Fund (CCDF grantees)

Office of Head Start
• Head Start State Collaboration Directors

Office of Planning, Research & Evaluation

**Centers for Disease Control and Prevention**

**Health Resources and Services Administration**
Maternal and Child Health Bureau
• Early Childhood Comprehensive Systems (ECCS) grantees

**Substance Abuse and Mental Health Services Administration**
• Women, Children & Family Treatment Program grantees
• Project LAUNCH grantees
• Systems of Care grantees

### U.S. DEPARTMENT OF EDUCATION

**Office of Special Education and Rehabilitative Services**
• IDEA State Grants for Infants and Toddlers, Part C Coordinators
• IDEA State Preschool/619 Coordinators
• State Interagency Coordinating Council (SICC) Chairs for Part C of the IDEA

### ADDITIONAL PARTICIPANTS
• Early Childhood Specialists in State Departments of Education
• State Advisory Council Coordinators
• State Child Care Administrators
• State Head Start Association Presidents
• State Pre-K Administrators

Looking to the future, Shonkoff called for an integrated approach across health, education, human services, and economic development systems to realize change in three promising domains for innovation for future generations by:

• Reducing social and emotional barriers to learning;

• Enhancing the healthy development of children by transforming the lives of parents; and

• Re-conceptualizing the health dimension of early childhood policy and practice.

The strength of the science and the urgency of Shonkoff's keynote resonated with many participants. Themes from his address filtered into subsequent workshops and state team discussions.

## Building on EC 2010

One goal of EC 2010 was to promote dialogue across the early learning and development field and act as a catalyst for future innovations. To that end, time was set aside for invited participants to meet in state teams with federal staff and federally funded technical assistance (TA) staff facilitating and taking notes. In one session, state teams were invited to discuss "horizontal" alignment of birth through age 5 early learning and development programs, focusing on one or more of seven key components discussed by the before-mentioned federal Interdepartmental Study Groups: program standards, early learning standards and guidelines, comprehensive assessment systems, workforce and professional development, family engagement, health promotion, and data systems. In a second session, state teams were invited to discuss "vertical" alignment, the building of a prenatal through age 8 early learning and development continuum. Teams were also free to choose other discussion topics. The nature of these discussions varied widely from state to state.

This report is organized around six interrelated themes that emerged during the EC 2010 state team discussions:

1. **Coordinated state leadership:** Adapting state governance to coordinate and align early learning and development services.

2. **Effective use of data:** Creating unified data systems that support state early learning and development goals for children and families.

3. **Systemic quality improvement:** Developing and maintaining standards, supports, and incentives to strengthen practitioner and provider capacity to promote child well-being in early care and education.

4. **Partnerships with families and communities:** Promoting early learning and development by engaging, supporting, and being responsive to families and communities.

5. **Physical and behavioral health integration:** Integrating child and family health services (including infant and early childhood behavioral health services) across the state early learning and development system.

6. **Children with multiple risks:** Meeting the needs of children with multiple risk factors such as child abuse, parental substance abuse, exposure to violence, or toxic stress.

This report provides a brief background on each theme, followed by illustrative examples of the strategies states are using to address them. While system components are similar across states, this report does not suggest that one state strategy fits all. Building integrated systems in states is in itself a unique developmental process that is not always linear, as economic, political,[3] and social forces change. Also, the themes of this document primarily reflect topics discussed by EC 2010 state team participants and the author's subsequent exploration of related issues and interviews

conducted through January 2011 with state and national leaders. It captures just some of the many system-building activities currently underway in states. The federal government does not necessarily endorse any of the included state policy examples.



## WHAT IS STATE SYSTEM-BUILDING?

Evaluators of state system building suggest that leaders examine five areas for a more integrated system:

- **Context** Improving the governmental environment that surrounds the system in order to produce policy and funding changes needed to create and sustain it.

- **Components** Establishing high performance programs and services within the system that produce results for system beneficiaries.

- **Connections** Creating strong and effective linkages across system components that further improve results for system beneficiaries.

- **Infrastructure** Developing support systems needed to function effectively and with quality.

- **Scale** Ensuring that a comprehensive system is available to as many people as possible in order to produce broad and inclusive results for system beneficiaries.

Adapted from: Julia Coffmann, A Framework for Evaluating Systems Initiatives, (2007).

# 1 Coordinated State Leadership

## Adapting State Governance to Coordinate and Align Early Learning and Development Services

Coordinating the planning, implementation, and management of the many components of an early learning and development system is an ongoing challenge for all states, although no two have the exact same configuration.[4] While this topic was not suggested for state team discussions, it permeated many of their conversations. Some teams needed time to share information and discuss developments prompted by new federal funding for advisory councils and home visiting programs. Many wanted to discuss how the new pieces would relate to existing state programs and initiatives, and how to ensure consistency and communication within the state.

Each state has its own unique mix of agencies that govern programs relevant to promoting early learning and development, which are often spread across education; health, human, or social services; child welfare and foster care; workforce and family assistance; substance abuse and mental health programs; and other departments. While some key grants and programs are located within a particular state agency due to federal requirements, states often have significant latitude to determine the lead agency responsible for other activities. For example, Early Childhood Comprehensive Systems (ECCS) grants are funded through Maternal and Child Health lead

agencies while governors have been given discretion to determine the lead agency to administer the Child Care and Development Fund (CCDF), the Community-Based Child Abuse Prevention (CBCAP) program, and Part C of the Individuals with Disabilities Education Act (IDEA). More recently, governors were able to select the lead agency for the new Maternal, Infant, and Early Childhood home visiting funds authorized in the Patient Protection and Affordable Care Act (known as the Affordable Care Act). Other critical programs are federal grants to local authorities, such as the Head Start and Early Head Start program, with additional federal funds used to place Head Start State Collaboration Directors at the state level. States have developed a variety of interagency bodies to improve coordination of children's services at the state level, such as Children's Cabinets and public or private councils at the state and regional levels. Counties, cities, and neighborhoods also have early childhood initiatives of note (see County, City and Neighborhood Initiatives, p. 16). A more recent effort under the Head Start Reauthorization Act of 2007 encouraged state-level coordination by authorizing governors to establish or designate Early Childhood Advisory Councils (ECACs). ECACs support coordination and collaboration of early care and education policy and services for children from birth to

school entry age in three areas: professional development, research-based early learning standards and guidelines, and development of a unified data collection system. To the maximum extent possible, ECACs should have governor-appointed representatives from:

- the agency responsible for child care;

- the state education agency;

- local education agencies;

- institutions of higher education in the state;

- local providers of early childhood education and development services;

- Head Start agencies, including migrant and seasonal Head Start programs and Indian Head Start programs;

- the state director of Head Start Collaboration;

- the state agency responsible for programs under Part B, Section 619 or Part C of the IDEA;

- the state agency responsible for health or mental health care; and

- other entities the governor determines relevant.[5]

States may expand the focus to include additional members and to address a broader scope of tasks (see State Early Childhood Advisory Councils, p. 22). The potential impact of these councils was increased when Congress attached funding to this provision. The American Recovery and Reinvestment Act of 2009 (ARRA) provided $100 million over three years for ECACs. No state will receive less than $500,000. As of April 2011, 45 states, the District of Columbia, Puerto Rico, and three territories have submitted plans and received funding.[6]

Efforts to encourage state-level coordination and alignment across agencies are also embedded in several other ongoing federal initiatives.[7] For example, federally funded Head Start

## COUNTY, CITY, AND NEIGHBORHOOD INITIATIVES

Community-level early learning and development systems are important in many states. For example:

- **County governments:** In some states, counties have significant authority to set policy and funding, e.g., nine states give county welfare or social services departments the authority to administer and implement CCDF child care subsidies, which can include eligibility levels. County initiatives have used local tax referendums to raise dedicated funding for early learning and development initiatives, as for instance, in Palm Beach County, Florida.

- **City initiatives:** Cities across the country that have made early learning and development a priority have implemented unique approaches. For example, the Tulsa Initiative is a public-private partnership that uses a two-generation approach to break the cycle of poverty in low-income neighborhoods.

- **Independent neighborhood-based efforts:** Intensive, coordinated, local hubs of support for children and families dot the country. One example is Harlem's Children's Zone on which the new ED Federal Promise Neighborhood grants are modeled.

Collaboration state directors have been situated in all states since 1990. When the ECCS grants began in 2003, the 48 states and four territories that received funding were required to increase coordination and collaboration in five key service areas: access to health care and medical homes; social-emotional development and mental health; early care and education; parent education; and family support. Since the establishment of the Part C early intervention program under IDEA, all states have established State Interagency Coordinating Councils (SICCs) to advise and assist in the implementation of Part C for infants and toddlers with disabilities and their families. In addition, the Substance Abuse and Mental Health Service Administration's (SAMHSA) Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) initiative to promote wellness birth to age 8 began in 2008. Seventeen states now have LAUNCH grants that require state-level Child Wellness Councils.

State leaders have to take all of the above into account when designing an integrated early learning and development system that meets unique state needs and priorities. Some focus on the core task of improving coordination and alignment among the array of early care and education programs. Some examine how to better serve an increasingly diverse child population with numerous cultural and linguistic backgrounds. For example, **Maryland**'s ECAC Three-Year Action Plan is intentionally looking to increase cultural sensitivity and outreach to minority and immigrant children in state early childhood services.[8] Other states are moving beyond early care and education from birth to age 5 to include additional services or age groups. At present, only the **District of Columbia**, **Maryland**, and **Pennsylvania** hold governance of child care subsidy, quality initiatives, licensing, state-funded pre-kindergarten, and Part C and Part B, Section

619 of IDEA within one agency.[9] However, it may be impractical to consolidate responsibility for a comprehensive system that also includes health and family support services. Therefore, many states are building comprehensive systems by aligning core components like standards for children's growth and development, professional development, quality program standards, and data systems.[10]

Some innovative efforts described in EC 2010 discussions and the subsequent exploration of related issues for this report include:

- Developing linkages across child and family services and supports such as early care and education; early intervention and special education; health, including behavioral health; nutrition; and family support.

- Creating a policy and practice framework for a prenatal through age 8 continuum.

- Leveraging new policy and funding opportunities presented by ECACs.

## Developing Linkages Across Child and Family Services and Supports
*(That Include: Early Care and Education; Early Intervention and Special Education; Health, including Behavioral Health; Nutrition; and Family Support)*

As understanding of early childhood development has grown, so has the need to build governance structures that work across the often separate systems that provide child and family services. In the past, a key challenge facing states was the development of better coordination between the core of early learning programs (i.e., child care; state preschool; Part C and Part B, Section 619 of IDEA services) and federally funded Head Start and Early Head Start programs. While this

remains a critical issue, some states want to expand governance structures beyond that core to include the broadest range of early learning and development services and relevant stakeholders.

**Sharing authority across sectors:** Some state leaders aim to coordinate policymaking across the early learning, family support, early intervention and special education, health (including behavioral health), and nutrition systems. These state leaders are building on concepts developed by the Early Childhood Systems Working Group in 2006 and adapted by the BUILD Initiative and other technical assistance providers.[11] For example, **Ohio**'s governor had already established an Early Childhood Cabinet in 2007 composed of department heads of alcohol and drug addiction services, education, health, job and family services, mental health, and developmental disabilities. When the ECAC was created in 2008, it advised the Cabinet and the governor's office, with staffing that was shared by the Cabinet, Head Start State Collaboration and state ECCS initiative directors. These meetings included educational presentations about the array of relevant programs and

discussions intended to build understanding of unfamiliar systems and programs.[12]

Other examples of state agencies that regularly share authority include **Wisconsin**, where the ECAC is co-chaired by the Department of Children and Families secretary and the state superintendent of public instruction. Wisconsin state agencies have developed cross-agency agreements and share responsibility for key issues. For example, the Department of Health Services (which administers Part C of IDEA services for infants and toddlers) and the Department of Public Instruction (which administers Section 619 of IDEA special education) have a Memorandum of Understanding (MOU) to improve coordination and transitions between the two programs, and a new agreement to govern a data tracking system.

**Sharing authority for early childhood governance with local public or private boards or partnerships:** At least 10 states have created state-to-local structures designed to share key decisions and authority with locally driven boards or partnerships.[13] This structure can engage new stakeholders in planning and advocating for early childhood services while allowing for unique policies and programs that are responsive to local conditions and populations. Some initiatives involve new state funding and others are responsible for collaboration that ensures a more effective use of existing funding.[14] For example, **California**'s First Five is funded by a 50-cent per-pack cigarette tax that generates about $590 million a year. The majority (80 percent) of the funding goes to county boards that determine funding allocations to areas such as parent education; child care provider education; immunizations; prenatal and postnatal maternal and infant nutrition; child development, health care and social services not provided by existing programs; education and

training on the avoidance of tobacco, drugs and alcohol during pregnancy; and domestic violence prevention and treatment.[15]

**North Carolina** was one of the first states to pass legislation that created a state-to-local partnership model, which has become the state's early childhood infrastructure. A statewide nonprofit organization oversees the Smart Start network of 77 local partnerships that serve all 100 North Carolina counties. Local partnerships bridge education, health services, and family support systems. They convene stakeholders to assess local needs; determine how best to meet mandated outcomes; ensure accountability; and leverage community, state, and federal resources. A minimum of 30 percent of funding is dedicated to help low-income children access quality child care. The remainder of the funding may be used to improve child care quality; parenting education; family literacy; connecting children to enhance-health services; and other comprehensive services. At the state level, Smart Start leaders regularly partner with the NC Division of Child Development and NC Department of Public Instruction. This infrastructure allows North Carolina policymakers to collect data, implement strategic initiatives, and report results statewide.[16]

**Coordinating a one-stop local entry point to the system for families:** Developing an integrated entry point to key early learning and development services at the local level is another approach to integrating state early learning and development systems. For example, **Vermont** has developed a Children's Integrated Services (CIS) model that fully integrates a set of services for families with children from the prenatal period to age 6 that includes: Part C early intervention; maternal and child health home visiting (called nursing and family support); early childhood and family mental health services; and child care

subsidy supports for children with special needs and those in protective services through regional collaborative CIS teams. These services are administered by the state's Child Development Division. Three areas of the state are now piloting fully integrated services at the regional level with blended funding and common intake and referral in place. As of November 1, 2010, all 12 regions are required to use the document entitled "One Plan" to manage the intake and planning for services process. The CIS model provides one early childhood prevention and early interventionist to support a family, backed by a multi-disciplinary team of additional professionals with early childhood expertise.[17] Meeting weekly, the state CIS Team members provide ongoing technical assistance to the pilot regions as well as to the other regions of the state.[18]

## Creating a Policy and Practice Framework for a Prenatal through Age Eight Continuum

EC 2010 sought to highlight the importance of integrating or aligning services and systems from the prenatal period through age 8. There is growing recognition that this entire period of development is critical for children. Follow-up in fifth grade on children who participated in the first wave of Early Head Start has shown that better academic skill outcomes were associated with more positive early learning and development experiences in all three age periods: birth to age 3, preschool-age, and the early elementary years (through fifth grade). Specifically, there was a cumulative positive relationship for those children who participated in Early Head Start (for at least 2.5 years), took part in a formal preschool program (such as Head Start, state prekindergarten or licensed child care) at ages 3 and 4, and then attended a more economically diverse elementary school (measured in terms of the proportion of the population eligible for free and

reduced price lunches).[19] Other studies (e.g., the Abecedarian Project, the Chicago Child-Parent Center Study, and the National Head Start/Public School Early Childhood Transition Demonstration Project) can be interpreted as supporting alignment between and transition from early childhood and elementary school to strengthen outcomes for young children who have participated in preschool-age early care and education initiatives.[20]

The focus age range of early learning and development system activities is evolving in states. National foundations have played an influential role in supporting state work. Some states are focused on early childhood by improving quality and alignment among preschool programs. Major investment by the Pew Charitable Trusts has fueled pre-kindergarten campaigns in several states. Some of these states now want to expand their focus to include infants and toddlers. Several foundations formed a Birth to Five Policy Alliance to support that approach by making targeted grants in states and supporting technical assistance. Other foundations, such as the Foundation for Child Development, have funded research and support to states to implement a preschool-to-3rd grade framework.[21] A prenatal-through-age-8 framework, which includes all the aforementioned approaches, is just now emerging in states.

**Addressing the needs of infants and toddlers and expectant mothers:** All children experience high-quality service gaps, but none more so than the youngest children. To address this, a few states (e.g., **Connecticut**, **Maryland** and **Washington**) have convened stakeholder committees to review existing policies about infants and toddlers and to develop statewide strategic plans. For example, **Pennsylvania** convened an Infant-Toddler Systems Committee for the state Early Learning Council that produced a 2010 report with specific recommendations to improve quality and

integration of services.[22] One recommendation was to develop a high-quality statewide infant-toddler service program for vulnerable infants and toddlers.[23] The Pennsylvania Office of Child Development and Learning (OCDEL) was the first state agency to seek and win a federal Early Head Start expansion grant. A separate but coordinated state birth-to-age-3 initiative entitled Keystone Babies is using ARRA funds to raise quality program standards for infants and toddlers in selected child care centers. **Washington**'s Department of Early Learning (DEL) and Thrive by Five submitted a comprehensive plan to the legislature in December 2010 that outlined concrete recommendations important for infants and toddlers in health, family engagement and support, child care subsidy, and professional development system policy.[24]

**Strengthening preschool-through-grade-3 alignment:** Another area of interest for states is the improvement of transitions and alignment between early learning settings, from birth through third grade.[25] Some EC 2010 participants sought to engage strong leaders within state education in early learning and development issues. Federal programs encourage such connections. For example, federal Head Start programs are mandated to "take steps to coordinate with the local education agency…to promote continuity of services and effective transitions."[26] Schools receiving Title I funding have transition coordination requirements. The U.S. Department of Education has underscored the need for schools to partner with early childhood programs by including transitions to kindergarten among invitational priorities for states applying for Race to the Top grants and as part of a competitive priority to improve early learning outcomes in the Investing in Innovation grants available to local education agencies and community-based organizations.

Some EC 2010 participants highlighted the importance of connecting early childhood stakeholders with elementary school principals. For example, **North Carolina**'s Ready Schools Initiative has been developed with active leadership from state education and early childhood leaders. Based on recommendations from a task force collaboratively convened by the superintendent of education, the director of the state prekindergarten program, and the president of Smart Start, the state has adopted a definition of "Ready Schools." This definition specifically includes the goal of increasing connections with early education providers through increased communication and coordination between early care and education and elementary school teachers, as well as transition activities such as home visits and staggered entry for the youngest grades. All elementary schools are encouraged to create local Ready Schools planning groups. They must include their local Smart Start Partnership representatives and early childhood education providers along with school leaders, and they may receive consulting support through the state Smart Start network. A map shows where Ready Schools activities are occurring.

**Creating a continuum that links policies and programs from prenatal through grade 3:** New approaches are emerging in some states to look across policies and programs from the prenatal stage through grade 3. For example, **Colorado** developed a comprehensive birth-through-age-8 Early Childhood Policy Framework in 2008 that is used to guide the ECAC Council, policy priorities, and development of an early childhood system. Over 50 stakeholder groups and state agencies reviewed and approved the 2008 framework, which outlines early learning; family support and parent education; social, emotional, and mental health; and physical health desired outcomes.



## EARLY LEARNING COMMUNITIES INITIATIVES

The Office of the Deputy Assistant Secretary for Early Childhood Development has developed a discussion document defining place-based initiatives to provide comprehensive and continuous early childhood services for pregnant women and children from birth to age 8. Elements of a coordinated Early Learning Community would include:

- A **governance structure or coordinated system of planning** that is composed of representatives from the public and private sector, parents, schools, community-based organizations, child care, Head Start and Early Head Start, and home visitation as well as health, mental health, child welfare, family support, and disability services.
- A **system of data collection** that provides accurate and current information on the status and well-being of pregnant women, young children, and their families and the services available to them.
- A **quality assurance system** that measures the quality of services delivered to pregnant women, young children, and families and provides information, incentives, and support for continuous improvement.
- A **school system that is ready for children** and has a strong connection to the early learning community to facilitate a seamless transition to school and to ensure continuity.

Source: Administration for Children and Families (ACF), What is the Early Learning Communities Initiative? http://www.acf.hhs.gov/earlychildhood, (n.d.).

# Leveraging the Opportunities Presented by ECACs

ECACs have raised expectations among state leaders. Although ECACs are advisory, they must be designated by the governor, include specific members, and address certain activities. States must provide 70 percent matching funds to receive federal funding for 30 percent of the costs.[27]

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## STATE EARLY CHILDHOOD ADVISORY COUNCILS

ECACs are responsible for a set of tasks. They must:

- Conduct periodic statewide needs assessments on the quality and availability of early childhood education and development programs and services from birth to school entry.
- Identify opportunities for and barriers to collaboration and coordination.
- Facilitate the development or enhancement of high-quality systems of early childhood education and care designed to improve school readiness.

ECACs are asked to make recommendations that:

- Increase participation in child care and early education programs, including outreach to underrepresented and special populations.
- Develop a unified data collection system for public early childhood and development programs and services.
- Develop statewide professional development and career advancement plans for early childhood education to include assessing capacity and effectiveness of institutions of higher education that support the development of early childhood educators.
- Improve state early learning guidelines. States must undertake efforts to develop high-quality comprehensive early learning guidelines, as appropriate.

Source: ACF, State Advisory Councils Fact Sheet, http://www.acf.hhs.gov/earlychildhood/docs/, (n.d.).

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Many EC 2010 participants expressed hope that ECACs could be leveraged to move toward more integrated governance systems responsive to each state's particular needs and history. Some state leaders are working to identify system-building activity priorities, given fiscal constraints and changes in gubernatorial leadership following the November 2010 elections.[28]

**Incorporating ECACs into a consolidated early care and education governance structure:** In some cases, the ECACs fit into relatively new and consolidated state departments or divisions with responsibility for multiple early care and education programs as well as for housing the Head Start State Collaboration Office. For example, the **Washington** Department of Early Learning (DEL) has direct responsibility for a range of programs, including child care licensing and monitoring; state-funded preschool; child care subsidy policy; IDEA Part C early intervention services; Head Start State Collaboration Office; the new Maternal, Infant, and Early Childhood home visiting program; and a state grant to 13 school districts to support preschool-through-grade-3 partnerships. DEL is also a collaborating partner in the state's $17.3 million federal award to develop an extensive longitudinal data system development.[29] The governor selected DEL as the lead agency to apply for and administer the federal ECAC grant because the agency already houses a state early learning advisory council.[30] In July 2010, DEL released an Early Learning Plan that addressed a broad array of child-serving agencies.

**Using ECACs to fuel existing cross-agency efforts:** Most states must address the new ECAC requirements without any major restructuring. EC 2010 attendees worked for years to improve their state systems through past federal efforts such as ECCS, SICCs required under IDEA, or

SAMHSA's Project LAUNCH grants. Several considered adding ECAC members not specified by federal requirements (such as the state Medicaid director; Temporary Assistance for Needy Families (TANF) agency; and the IDEA Part C early intervention and Part B, Section 619 early childhood special education coordinators).

Some EC 2010 participants pointed out that some past integration efforts worked best with ownership at high levels in state government and a willingness to be innovative while meeting federal rules. In other states, the knowledge, dedication, and longevity of middle managers who had participated in each coordinated effort will likely continue to be the engine of system-building.[31] These middle managers may hope to build on preexisting governance entities so ECACs can move directly into implementing plans developed before.[32] At least eight states have designated their ECCS groups to be the new ECACs. For example, **Kansas**' governor did so quickly, implementing an existing ECCS plan already supported by a cross-section of agencies and stakeholders. This decision brought new funding resources to infrastructure development that would not otherwise have been available to the ECCS plan.[33] **Illinois** established a Governor's Office of Early Childhood Development through Executive Order to coordinate efforts of the Illinois Early Learning Council, a long-standing group that is now the designated ECAC. The office works across state agencies to assist in the implementation of council activities and to develop initiatives that address and promote access, quality, and accountability in early childhood programs.[34]

**Using ECACs as an opportunity to engage new partners in discrete system-building activities:** Many state leaders are working to make the most of the three-year opportunity presented by the ECACs and federal funding. Several pointed out how difficult it normally is to finance staffing of cross-agency coordination and planning, especially with tight state budgets. Federal dollars can be used creatively to further state priorities. Initial analysis of ECAC plans indicates that many states plan to use associated funds to build core elements, especially integrated data, quality improvement, or professional development systems. Many of these are intent on building integrated data systems.[35]

States are **coordinating state leadership** to align early learning and development services by:

- Developing linkages across child and family services and supports, including early care and education; early intervention and special education; health, including behavioral health; nutrition; and family support.

- Creating a policy and practice framework for a prenatal-through-age-8 continuum.

- Leveraging new policy and funding opportunities presented by Early Childhood Advisory Councils (ECACs).

# 2 Effective Use of Data

## Creating Unified Data Systems that Support State Early Learning and Development Goals for Children and Families

Creating unified early learning and development data systems is at the top of many state policy agendas, with more than half of EC 2010 state team discussions focusing on the topic and 38 state Early Childhood Advisory Council (ECAC) plans stating that development of a "unified data system" is a priority. Addressing this core system element offers state ECACs a concrete task on which state leaders can begin or continue to focus on building cross-system relationships, plans, and agreements.

There is a growing understanding that a unified data system is critical to continual improvement of an early learning and development system that must take into account the needs of all children and families, target services to those most in need, coordinate services, and measure impact. First and foremost, data system experts recommend that state leaders determine what questions to answer before designing an integrated system. The Data Quality Campaign (DQC) provides guidance to states as they develop unified education data systems that provide information on building systems extending beyond K-12, to include "P-20." While states define this term differently, the most expansive approach includes data from birth through postsecondary education and the

workforce. As part of this effort, the Early Childhood Data Collaborative (ECDC) working group of the DQC has defined 10 Fundamentals of Coordinated Early Care and Education Systems to help states integrate data collected by systems serving children birth through age 5. The ECDC has also suggested a set of key questions state data systems should be able to answer. A survey of 48 states and the District of Columbia found that no state could yet answer these questions and that only one had the capacity to link data on children and programs across multiple early care and education systems.[36]

In recent years, states have made major strides in building longitudinal data systems that track student information in their education systems. In part, this is because the federal focus on education reform has been accompanied by a significant federal investment in state data system capacity. The U.S. Department of Education's Institute of Education Sciences (IES) has awarded $500 million in Federal Statewide Longitudinal Data System (SLDS) grants to 41 states and the District of Columbia to support education agencies to "design, develop, and implement statewide, longitudinal data systems to efficiently and accurately manage, analyze, disaggregate, and use

individual student data."[37] The SLDS grants are cooperative agreements between states and the IES National Center for Education Statistics (NCES) that require grantee participation in conferences and technical assistance to maximize peer-to-peer learning.[38] Much of this federal support has come through 2009 American Recovery and Reinvestment Act (ARRA) funds, and ARRA State Fiscal Stabilization Funds. This act explicitly authorized states to add preschool and postsecondary institution data systems integration to move toward "P–20" capacity as required by the America Creating Opportunities to Meaningfully Promote Excellence in Technology, Education, and Science (COMPETES) Reauthorization Act.

At the same time, many states seek to develop better data systems to track early care and education systems. Leaders are working to integrate various data systems, including licensing, subsidy, and quality improvement systems. Since 2007, the Administration for Children and Families, Office of Planning, Research and Evaluation (OPRE) has helped **Maine**, **Maryland**, **South Carolina**, and **Virginia** by awarding Child Care State Research Capacity cooperative agreements that enhance the quality of child care data systems. The agreement goals are to improve the collection, analysis, and interpretation of Child Care and Development Fund (CCDF) data; develop or improve analytic linkages with other state and local data systems (e.g., CCDF and Temporary Assistance for Needy Families [TANF]); and encourage collaboration among state policymakers and research institutions. Also, states are developing data systems that meet a federal requirement to report on child and family outcomes for federal early intervention and early childhood special education programs for infants, toddlers, and preschool age children with disabilities (Part C and Part B, Section 619 of IDEA), starting in 2005.[39] Some states have been

awarded Technical Assistance on State Data Collection IDEA General Supervision Enhancement Grants through the Federal Office of Special Education Programs (OSEP) to adapt their data systems to meet requirements.

State EC 2010 teams spent considerable time discussing how to move toward unified data systems that start from different developmental points and depend on state context. Some are working on core components and linkages across early care and education and Part C and Part B, Section 619 services. This means finding solutions that link in Federal Head Start and Early Head Start data and outcomes data required by IDEA. States are also considering how to make child care subsidy, licensing, quality initiative, and workforce data more useful. Some states are thinking about how to link to other state data systems with relevant data and how to secure buy-in from those agencies. Many state teams discussed a goal of connecting early care and education data to K-12 data systems, which raised concerns about maintaining privacy under the requirements of Family Educational Rights and Privacy Act (FERPA) about child information. Representatives from several states discussed the usefulness of integrating primary health care data with early learning systems to better address the needs of the whole child as well as questions about complying with privacy stipulations in the Health Insurance Portability and Accountability Act (HIPAA).[40] Some EC 2010 state team members wanted more direction from leadership across federal agencies to clarify federal data requirements and privacy provisions and to more strongly encourage state data system coordination.

Innovative efforts described in EC 2010 discussions and the subsequent exploration of related issues for this report include:

- Assessing current state data capacity to describe children, families, programs, and progress.

- Investing in state data capacity to inform planning, policy, and continuous program improvement.

- Leveraging federal investments in state education longitudinal data system capacity to include early childhood and workforce data.

## Assessing State Data Capacity to Describe Children, Families, Programs, and Progress

At EC 2010 some state teams spent considerable time evaluating their current data systems and what they wish to improve. Some state activities include:

**Determining current data capacity and options for integration:** For example, **Nevada**'s Head Start Collaboration and Early Childhood Systems Office commissioned an analysis of state early learning and development program data capacity by the Nevada Institute for Children's Research and Policy within the University of Nevada-Las Vegas. The study cast a wide net, looking at health, mental health, early care and education, child welfare, human and social services, and demographics data. The researchers made recommendations for next steps and cost projections for state consideration.[41]

**Tapping data capacity in a neutral agency:** Several states have established an agency on information technology that manages multiple data systems. This can allow states to maintain technology expertise in one place and have a neutral party collect data from multiple agencies.[42] For example, **Colorado** is planning to integrate data systems across 23 programs in five state agencies under the auspices of the Governor's Office of Information Technology, created by

legislation and headed by a Cabinet-level official. A subcommittee is working on a "universal application" for use by all agencies and programs related to early care and education.[43]

**South Carolina** has a neutral state government "service" agency, the SC Budget and Control Board's Office of Research and Statistics. The office manages the state's integrated data warehouse and has developed cutting edge Web-based "data cube" technology. The data warehouse uses unique



## GUIDING QUESTIONS FOR STATE EARLY CARE AND EDUCATION SYSTEMS FROM THE EARLY CHILDHOOD DATA COLLABORATIVE

State early care and education data systems should be able to answer:

- Are children, birth to age 5, on track to succeed when they enter school and beyond?
- Which children have access to high-quality early care and education programs?
- Is the quality of programs improving?
- What are the characteristics of effective programs?
- How prepared is the early care and education workforce to provide effective education and care for all children?
- What policies and investments lead to a skilled and stable early care and education workforce?

Source: Data Quality Campaign, Early Childhood Data Collaborative, Can Your State Answer These Questions? http://www.dataqualitycampaign.org/survey/issues/Early_Childhood, (n.d.).

identification numbers to link information across multiple datasets and organizations. A "cube" is a pre-aggregated database accessible through Web technology that allows users to "slice" into the data and create ad hoc analyses and maps. Users may also drill into the data with appropriate permissions. The system seeks to be FERPA- and HIPAA-compliant by implementing data policies and system safeguards to protect individual privacy. The Department of Social Services has utilized this technology to improve its child care system data analysis. Through this service agency, the department seeks permission to expand one of its cubes to include linkages to Medicaid, mental health, and disability data systems.[44]

## Building and Using State Data Capacity to Inform Planning, Policy, and Continuous Program Improvement

Several leading states have made significant inroads into developing their data capacities, but no one state has a fully "unified data system" with the capacity to track services for children from birth through age 8. Many states still work with systems set up to collect data that simply complies with federal reporting requirements. States are considering how best to include children's backgrounds into data systems that better understand differential impacts of programs (e.g., whether they live in English Language Learner [ELL] families and other demographic factors). At EC 2010, members of the ECDC presented a framework[45] to help state agencies transform agency culture by moving from:

1. Compliance-driven data efforts to improvement-driven data systems.

2. Fragmented and incomplete data efforts to coordinated data systems.

3. "Snapshot" data to longitudinal data systems.

Some activities that states are pursuing to help inform planning, policy, and continuous improvement are:

**Determining how to collect and use child development assessment data appropriately:** Use of assessment data is a contentious issue.[46] Assessment data should be used to inform families and early educators, identify developmental concerns for individual children, and help programs improve.[47] However, different purposes may call for different assessment tools. According to the National Research Council, responsible use of assessment for young children requires the strongest standards of evidence in three areas, "the psychometric properties of the instruments used in the assessment system; the evidence supporting the appropriateness of the assessment instruments for different ethnic, racial, language, functional status, and age group populations; and the domains that serve as the focus of the assessment."[48] Investment in training on how to administer assessments and interpret the results is also critical to implementation.[49]

At least 25 states have universal kindergarten readiness assessment, with programs in development in several others.[50] For example, **Maryland**'s Model for School Readiness (MMSR) initiative was designed to assess school readiness of kindergarteners; differences among counties and children with at-risk characteristics; what services they may have had prior to school entry; and whether kindergarten readiness is predictive of later academic success.[51] The state selected the customized Work Sampling System to assess children's development and readiness in kindergarten. Work Sampling is based on portfolios of children's work as well as teacher assessment. Children are evaluated in seven areas of learning that are aligned with content standards for prekindergarten and kindergarten starting at the

end of the first quarter of the kindergarten school year. The MMSR has documented a shrinking achievement gap between children in lower and higher income families as well as differences between children who enter having attended the state's Judy Centers (profiled in Section 3) or not.[52] The 2011–12 MMSR annual report showed that 68 percent of ELLs could be considered school-ready, up from 35 percent in 2001-02.[53] The state has consciously decided not to link child performance data to individual early care and education sites or teachers. Assessment data are used to inform the early care and education community on how to adjust their programs to improve the outcomes on all or specific domains of learning.[54] Also, there are online resources to help K-12 teachers analyze and use the data from assessments to improve their classroom practice.

More recently, **Washington** has piloted a kindergarten assessment system for the 2010-11 school year. The Washington Kindergarten Inventory of Developing Skills (WaKIDS) model has three components: time for the kindergarten teacher and family to meet before the child enters kindergarten; assessment using nationally validated tools of child development in four domains (social or emotional, literacy, cognitive, and physical); and time for kindergarten teachers to meet and share information with early childhood care providers. **Delaware** plans to employ ECAC funds to transform their kindergarten readiness assessment pilot into a comprehensive process that will use multiple readiness indicators.

**Building capacity to enter and use assessment data to improve early childhood program practice:** Some states use assessment data to strengthen diverse local early care and education programs. They are exploring how assessment data can be used to target technical assistance and reward improvements. According to the National

Early Childhood Accountability Task Force report, assessment data alone ought not to be used to hold individual agencies accountable for child outcomes. Training on appropriate use and supports must be built into new systems.[55]

For example, **Pennsylvania** Early Learning Network integrates child-level assessment information with information about the children's background, the structure of the program, and information about its teachers and aides. These efforts are intended to improve quality and provide feedback about young children participating in programs sponsored by the Office of Child Development and Learning (OCDEL). Like Maryland, which uses the Work Sampling System for preschool-aged children, Pennsylvania has selected the Ounce Scale for infants and toddlers. Children receive a unique identifier that is linked to a K-12 unique identifier, allowing long-term follow-up for children participating in these programs. The state prekindergarten program, state-funded Head Start, child care centers with three and four star ratings in Pennsylvania Keys to Quality (the state quality rating and improvement system [QRIS]), and Part C and Part B, Section 619 of IDEA services are included. The next phases will bring in family child care at 3- and 4-star rating levels and at state-sponsored home visiting programs such as the Nurse Family Partnership program. Pennsylvania's Keys to Quality program has regional offices that manage training for early care and education providers about entering assessment and other data into the system.[56] The data system will generate reports designed to meet the needs of a variety of constituencies, including parents, to better understand their child's development; providers and teachers, to access program and child-level data; administrators, to inform technical assistance decisions; and policymakers, to track statewide aggregate data trends.[57]

## TEN FUNDAMENTALS OF COORDINATED STATE EARLY CARE AND EDUCATION DATA SYSTEMS

1. Unique statewide child identifier.
2. Child-level demographic and programparticipation information.
3. Child-level data on the full range of child development collected using appropriate instruments and for the purpose of program improvement.
4. Ability to link child-level data with K–12 and other key data systems.
5. Unique program site identifier with the ability to link with children and the early care andeducation workforce.
6. Program site data on structure, quality, and work environment.
7. Unique early care and education workforce identifier with ability to link with program sites and children.
8. Individual early care and education workforce demographics, education, and professional development information.
9. State governance body to manage data collection and use.
10. Transparent privacy protection and security practices and policies.

Adapted from: Early Childhood Data Collaborative, www.dataqualitycampaign.org, (n.d.)

**Colorado** has a statewide assessment system called Results Matter that promotes assessment of child learning and developmental progress, collection of family outcomes information, and the use of child and family outcomes data to inform program and policy decisions. Assessment using one of a set of approved tools is required for children participating in Colorado's Preschool Special Education and state pre-kindergarten program. This system is used for federal OSEP child and family outcomes reporting as well as for other state purposes. Participation is optional for School Readiness Quality Improvement Program sites, Family Child Care Homes, Child Care Centers, Early Head Start, Head Start, and Charter School Preschool Programs. Professional development resources are available to assist practitioners conducting the assessments.

**Linking child-, family- and provider-level data to guide policy and target technical assistance to improve provider quality: South Carolina** has used support from the OPRE to build child care and early education research capacity and to create a system of linked data sets on children birth to age 6 with child-, family-, and provider-level data that includes subsidy, licensing, QRIS, SNAP, and TANF data. Using cutting edge technology, the data system has unique identifiers at the child and provider levels.[58] The goal is to understand how quality improvement efforts are working in early care and education programs utilized by low-income working parents. The state is already using the data to target use of ARRA dollars for child care and early education providers who are struggling the most to meet licensing health and safety regulations.[59]

**Using data to inform families and the public:** States use data they collect in different ways to inform families and the public. For example, 23 states now have statewide QRIS systems for their

child care and early education programs, and many more are in the pilot phase or in development. These initiatives provide public information about a set of standard quality indicators that help them choose the best care for their children. In six states (**New Mexico**, **North Carolina**, **Oklahoma**, **Oregon**, **Pennsylvania**, and **Tennessee**), 60 percent or more of state child care centers participate in the state QRIS.[60] States use public service announcements, brochures, web sites, and certificates to post at child care sites to inform parents about the QRIS and what it means for their children.[61]

The **Maryland** MMSR initiative makes the assessment data publicly available by county. It also presents the data according to various demographic and background factors, including race or ethnicity, limited English proficiency status, whether children qualify for free and reduced price lunches, whether children are receiving special education, and participation in prior child care settings or special programs.

**Pennsylvania**'s OCDEL translates multiple data sources to keep families and the wider public informed about early childhood. The state's Early Learning Network provides information to parents about their children's development and progress in selected state early care and education programs. OCDEL also produces an annual Risk and Reach report by county. The report compares the number of children affected by 10 risk factors for school failure and the number currently served in licensed early care and education or home visiting programs. OCDEL indicates the goal of this report is to: "1) track progress in reaching all children who can benefit most from early education; 2) help communities better understand their early childhood programming needs, particularly in counties with high risks; 3) educate lawmakers on Pennsylvania's progress in early

childhood education; and 4) inform future decisions regarding early childhood education investments, policies, and practices."[62]

All states are required to make annual public reports to their local programs on child and family outcome indicators (Part C only) included in their state Performance Plan as required under Part C and Part B of IDEA.

## Leveraging Federal Investments in State Education Longitudinal Data System Capacity to Include Early Childhood and Workforce Data

The ARRA SLDS grantees are creating P-20 data systems that connect early childhood data to K-12, postsecondary, and labor data. There is great variation in states' decisions on what programs, participants, and populations form the "P" in a "P-20" system, creating a wide range of activities in early childhood data. **Illinois** provides one example of a P-20 data system planning process.[63] The state legislature passed the P-20 Longitudinal Data Systems Act in 2009, requiring the ECAC/IL Early Learning Council to develop recommendations about establishing a unified data collection system for public early childhood education and development programs to be coordinated with the SLDS. ECAC Data Work Group members thought about who data system "end-users" would be and how to make the data useful. The Illinois ECAC application outlined a plan to use $600,000 of the awarded federal funds to work with a consultant over three years to design a system that would enable data collection on children from birth to age 5 who receive state or federally funded early childhood services, the programs they are in, and the practitioners working in those programs. The data system,

which will provide varying levels of user access to system information, is expected to integrate current data systems (e.g., early childhood care and education, health, child welfare, etc.).[64]

Some specific activities reported in state SLDS and ECAC plans include:

**Developing Memorandums of Understanding (MOUs) to share data between child-serving agencies:** To lay the groundwork for integrated data systems, states may need to develop partnerships and MOUs between agencies to ensure responsible data-sharing with appropriate data privacy, confidentiality, and security measures that protect personally identifiable information. For example, **Missouri** included plans to develop an MOU to share data between state agencies and local Head Start and Early Head Start grantees in the state ECAC proposal.[65] The **Arkansas** Department of Education (ADE) has a data sharing arrangement with the Arkansas Department of Human Services as part of their SLDS ARRA grant. ADE will gain access to data on a range of state-funded programs (including those in public and private early care and education settings as well as some in state-funded home visiting programs) collected by the Department of Human Services.[66]

**Attaching a unique student identifier to early childhood datasets:** State early childhood data systems often lack fundamental elements necessary for implementing an SLDS. The Early Childhood Data Collaborative has a list of 10 fundamentals of coordinated state early care and education data systems, which includes the ability to track data using a unique student identifier (see Ten Fundamentals of Coordinated State Early Care and Education Data Systems, p. 30). Several states are working on this issue. According to their SLDS plan, the **Maine** Department of Education will use a student identifier number for all children in early childhood programs administered by the Maine Department of Human Services.

**Including data from programs serving children birth to age three: Illinois** is planning to add data to the current preschool-grade 12 longitudinal data system on programs serving infants and toddlers through the state Prevention Initiative for Programs Offering Coordinated Services to At-Risk Children and Their Families (funded through the state's Early Childhood Block Grant).[67] **Maine** is piloting a program that tracks child participation in Early Head Start, Head Start, and a local birth to age 5 Educare program; and will connect that information to the SLDS.

**Linking data on the early care and education workforce to the SLDS: Pennsylvania** plans to add data on early childhood educators already collected through the state Early Learning Network to its teacher education system so that characteristics of these educators can be better understood. **Illinois**' ECAC plans to work with a consultant to design a system that integrates data on practitioners in programs for children birth to age 5.

States are **creating unified data systems** that meet early learning and development system goals by:

- Assessing current state data capacity to describe children, families, programs, and progress.

- Investing in state data capacity to inform planning, policy, and continuous program improvement.

- Leveraging federal investments in state education longitudinal data system capacity to include early childhood and workforce data.

# 3 Systemic Quality Improvement

## Standards, Supports, and Incentives that Strengthen Professional and Provider Capacity to Promote Child Well-Being in Early Care and Education

EC 2010 keynote speakers emphasized the importance of ensuring high quality, well-implemented early care and education programs, especially for the least advantaged children. Among state participants, current economic conditions and political pressures may have contributed to a sense that every dollar should be well spent. Some worried that current and future financial resources that help professionals and providers meet higher standards are not adequate to the task. Despite this challenge, EC 2010 state team participants spent significant time talking about how integrated quality improvement systems can and must support continuous quality improvement.

For states to improve quality of early care and education, they must account for the diversity of settings and practitioners young children experience. Among children birth to age 5, more are in the care of relatives (41 percent) than are in the range of organized settings (32 percent), typically thought of as child care and early education (child care, preschool or nursery school, and Head Start or Early Head Start). Some are in the care of other non-relative caregivers (13 percent are in a range of settings including their home, the home of a friend or neighbor, or a licensed family child care home).[68] Federal data indicate, however, that financial assistance may play a factor. For example, 61 percent of low-income children birth through age 12 receiving child care subsidies through the Child Care and Development Fund (CCDF) are in child care centers. Because children are in a range of settings and may experience multiple caregivers and programs, it is not possible to calculate an unduplicated count of children served (see Young Children's Participation in Federal- and State-Funded Early Care and Education Programs, 2008 Data, p. 35).[69]

Ensuring the quality and effectiveness of services that young children and their families receive was a recurring theme in EC 2010 state team discussions. State team participants talked about designing standards to connect systems (e.g., early learning; health, including behavioral health; family engagement and support; and early intervention). Discussion about quality improvement jumped from one system component to another, including early learning standards and guidelines, program standards, workforce and professional development, and use of assessment. Many EC 2010 participants noted engagement in state activities that strengthen and implement strategies to improve standards, including licensing, quality rating and

improvement systems (QRIS), and practitioner standards. State team members recognized that maintaining a stable, skilled, and qualified workforce was fundamental to success. Many talked about the challenge of ensuring access to effective professional development to meet rising program and practitioner standards required in state QRIS (see Quality Rating and Improvement Systems in the States, p. 36) and federal Head Start and Early Head Start regulations. EC 2010 participants processed implications of evolving research findings on social-emotional development and teacher interactions with children and how state policies could respond. Other gaps in professional development content (e.g., linguistic and cultural competence, inclusion, and infant and toddler care) were common threads in EC 2010 discussions. Concern that quality improvements include providers who care for and educate the least advantaged children was another common theme.

Innovative efforts described in EC 2010 discussions and the subsequent exploration of related issues for this report include:

- Developing and implementing research-based, cross-cutting program standards.

- Creating an integrated professional development system that is linked to standards and that provides pathways and rewards for advancement.

- Ensuring that low-income and vulnerable children have access to high quality early care and education programs.

## Developing and Implementing Research-Based, Cross-Cutting Standards

EC 2010 participants recognized that strong, integrated standards are the backbone of state quality improvement efforts. Early learning standards and guidelines describe what is reasonable to expect children to know and be able to do at each stage of development and learning. State participants use them to improve professional development systems and programs, and inform families, although they clarified that they are not used to measure child or program success or failure. Program standards are requirements that define the condition of children's care and education, including health and safety precautions, ratios and group sizes, practitioner qualifications, and supports for families. States use mandatory and voluntary program standard strategies in classroom-based (e.g., child care, prekindergarten, and Head Start and Early Head Start) and licensed family child care settings, noting that states usually support legally unlicensed care in homes through different approaches.

Many discussions at EC 2010 touched on how to most effectively use standards to change the quality and consistency of early care and education programs and to create positive early experiences for young children. Participants represented different constituencies but often shared hopes that their states could use standards to promote similar quality levels across different types of early care and education programs. Some state participants thought that it would be helpful to have some shared articulated federal minimum standards across programs.

**Developing a birth-through-age 8 continuum of early learning standards and guidelines:** While 50 states have developed learning standards and guidelines for K-3 and 3 to 5 year olds, only in the last few years have they moved to include or develop separate guidelines for children birth to age 3 (31 states now have them).[70] States may have worked to align two out of the three age sets of standards and guidelines, but aligning across the full age range is an emerging practice that requires sensitivity across developmental stages. For example,

in **Pennsylvania**, the Office of Child Development and Learning (OCDEL) hired a team of national experts[71] to review state early learning standards and assessment tools for vertical and horizontal alignment from birth through grade 3. The team found a "relatively high" degree of alignment and made recommendations to ensure sequential and well-rounded skill development from birth through grade 3 while aligning with Pennsylvania's outcome reporting tools.[72] Pennsylvania revised the Learning Standards for Early Childhood— Birth through Kindergarten in 2009.

**Implementing early learning standards and guidelines in professional development and family and community engagement efforts:** Early learning standards and guidelines must be more than a written document. States are trying to make innovative approaches accessible and integrated throughout state quality improvement efforts and public education. For example, **California** contracted with the Program for Infant Toddler Caregivers at WestED to produce DVDs in English and Spanish that depict stages of infant and toddler development as well as relevant skills enumerated in the state early learning guidelines for infants and toddlers. **Wisconsin** maintains a web page to share stories about professional use of the Wisconsin Models Early Learning Standards in a wide variety of settings.

Policies can integrate early learning standards and guidelines into state required in-service training for child care providers and into required coursework for credentials as well as QRIS systems (see Quality Rating and Improvement Systems (QRIS) in the States, p. 36). For example, **Ohio** integrates its infant toddler guidelines into all levels of the "Step Up to Quality" QRIS. Participating programs must have a plan to implement the guidelines and train staff. At the highest levels, Ohio requires an annual assessment of providers and an aligned curriculum.



**YOUNG CHILDREN'S PARTICIPATION IN FEDERAL- AND STATE-FUNDED EARLY CARE AND EDUCATION PROGRAMS, 2008 DATA**

There are **25 million** children under age 6; approximately **10 million** live in families earning twice the federal poverty level (FPL) or less.

**1.6 million** children, birth through age 12, were served through the Child Care and Development Fund (CCDF) in an average month; two-thirds were under age 6.

**1.2 million** children, mostly age 4, were enrolled in state-operated prekindergarten programs in the 2008-2009 school year.

**906,992** children, birth through age 5, were enrolled in Head Start, including 11 percent under age 3.

**709,004** children, aged 3 through 5, received Individuals with Disabilities Education Act (IDEA) Part B, Section 619 services.

**324,544** infants and toddlers received IDEA Part C early intervention services.

Sources: National Center for Children in Poverty, Office of Child Care; Office of Head Start; National Institute for Early Education Research; Data Accountability Center, (n.d.).

## QUALITY RATING AND IMPROVEMENT SYSTEMS (QRIS) IN THE STATES

At least 30 states have or are developing QRIS systems to rate the level of quality in early care and education programs according to program standards set by the state. Results of initial research funded by the Office of Planning, Research and Evaluation (OPRE) on 26 QRIS were presented at EC 2010, including:

- Almost all include child care centers, Head Start and Early Head Start, and family child care homes. Fewer include state prekindergarten (18) and school-age programs (13).

- 20 QRIS systems are voluntary.

- Six states (**New Mexico, North Carolina, Oklahoma, Oregon, Pennsylvania** and **Tennessee**) reach 60 percent or more of eligible child care centers; 13 reach under 30 percent.

- Licensing compliance is included as a foundational quality standard in all 26 QRIS systems.

- Staff qualifications are a quality standard for all systems; 23 reported that training is available or aligned with the system.

- 18 states pay higher rates to child care providers who work with the QRIS system and who serve children receiving child care subsidies.

- All 26 QRIS systems include on-site consultation or assistance, varying in frequency, length, and duration.

- 19 QRIS systems have been evaluated.

Source: Tout amd Boller, 2010. Retrieved from http://www.earlychildhood2010.org/NRCFiles/File/QRIS_research.pdf.

States are using early learning standards and guidelines to educate family and community members on children's growth and development. For example, **Kentucky** developed parent companion guides for its birth to age 3 and preschool age standards in English and Spanish to provide information on developmentally appropriate activities for their children at home. **Pennsylvania** developed Learning is Everywhere, an online calendar aligned with the state learning standards for young children that provides ideas in English and Spanish for activities and resources specific to stages of child development, birth through kindergarten.

**Requiring linkages across the early learning and development system in program standards:** EC 2010 participants talked about how to build linkages to health (including behavioral health), family engagement or support, and early intervention through early care and education program standards. For example, 19 states require licensed child care centers to have health consultants available to staff.[73] Iowa's quality rating system provides additional points toward program ratings for completing injury prevention and health and safety assessments. Participation in the Child and Adult Care Food Program is mandatory for all programs at levels two to five, and those programs also receive achievement bonuses. **Colorado** state licensing rules for family child care allow regular consultation with a child mental health consultant to satisfy three hours of state continuing education requirements on social-emotional health. In an effort to integrate health with child care and early education, **Ohio**'s QRIS system requires programs to screen children for developmental delays within 60 days of enrollment and to refer them to appropriate follow-up services within 90 days. **Idaho** integrated family support concepts into the IdahoSTARS QRIS, using the protective factors approach to strengthening families.

**Reexamining the strength, reach, and enforcement of state child care licensing standards:** EC 2010 participants talked about issues in improving state licensing policy for facilities. State licensing standards, which usually establish basic health and safety requirements, rarely meet nationally-recognized recommendations set forth in Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs. These standards were developed by the American Academy of Pediatrics, American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education (NRC). The NRC is funded by the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services.

For example, in each age group category for which 2008 state child care licensing data were collected, the majority of states did not meet the recommended staff-child ratios and group sizes.[74] Some states that recently tried to improve staff-child ratios faced strong opposition from provider groups and state legislators.[75] Many children are not in licensed care at all and most states do not require licensure of home-based care until three or four children are in the home. This situation provides a shaky foundation when a state relies on compliance with licensing for the health and safety components as the entry step in its QRIS system (although some states do encourage better ratios through QRIS).[76]

Some EC 2010 participants (for example, **Arkansas**, **Missouri**, and **Oklahoma**) are in the process of reviewing and improving licensing standards to raise quality and foster integration with other sectors of their early learning and development systems. There may be lessons learned from other state experiences. For example, **Delaware** released revised regulations for child care centers in 2007 that made significant changes to program standards and caregiver practice, including better staff-child ratios, integration of early learning guidelines into curriculum, and higher nutrition standards. Throughout this year, **Ohio** conducted a review of all statutes, rules and regulations to streamline the system of regulation with a core focus on health, safety, and quality in all settings. Over 100 people sat on one of seven writing teams, each charged with a specific area of concentration: Care of Infants and Toddlers; Health and Nutrition; Licensing; Program; Records, Reports, and Postings; Safety and Environment; and Staffing. They are now soliciting feedback through an online process.[77] **Oklahoma** plans to combine center, school age, and part-day requirements into one set of licensing standards with addendums for each type of program with differing requirements.[78]

Some states are considering how to ensure well-implemented licensing standards. **Washington** is conducting a process called a "licensing reboot." The Department of Early Learning licensing division is soliciting input from providers and parents to improve the licensing process. Goals include increasing cooperation between licensors and providers and clarifying how providers can meet standards. Previously, the state commissioned an analysis of the licensing workforce and workload from the National Association of Regulatory Administration.

**Making state early learning and program standards align with research and nationally recognized quality standards:** Several EC 2010 discussions touched on how state standards align with nationally recognized quality standards designed for different sectors of the early care and education field (such as Head Start Program

Performance Standards, National Association for the Education of Young Children [NAEYC] accreditation standards or National Association for Family Child Care [NAFCC] accreditation standards). The Office of Head Start recently released revised Head Start Early Childhood Development and Learning Outcomes Framework for 3-to-5 year olds that is a resource for state efforts for that age group. One example of state action is in **Arkansas**, where an "Association of Measurements" document crosswalks standards from the federal Head Start Outcomes Framework, Kindergarten Readiness Indicators, Arkansas' Department of Education English Language Arts Framework, the Creative Curriculum Developmental Continuum for Ages 3–5, Work Sampling System Developmental Guidelines for Preschool 4, and Arkansas' early learning guidelines for infants and toddlers.

In 2002, **Maine** received a data capacity grant from the Administration for Children and Families (ACF) to conduct research and link administrative data sets to plan for a statewide QRIS program. After an exhaustive crosswalk process, a group of Maine stakeholders decided that every QRIS program standard should be linked to an existing standards framework (i.e., Federal Head Start Performance Standards, NAEYC, NAFCC and the National AfterSchool Association [NAA]).[79]

**Making early learning and program standards inclusive of children with disabilities or special needs:** Addressing principles of inclusion in early learning and program standards is an emerging concern for states. A joint position statement on inclusion from the Division for Early Childhood (DEC) and NAEYC can guide state activities. According to state CCDF plans for FY 2010–11, four states (**Colorado**, **Indiana**, **Oregon**, and **Wyoming**) used national resources

to guide development of inclusive early learning standards and guidelines that consider child outcomes collected for children participating in Part C and Part B, Section 619 of Individuals with Disabilities Education Act (IDEA), and personnel standards developed by the DEC.[80] At least eight states (**Delaware**, **Idaho**, **Indiana**, **New Hampshire**, **New Mexico**, **Ohio**, **Pennsylvania** and **Vermont**) have specific indicators in their QRIS about inclusion of children with disabilities or other special needs.[81]

**Making early learning and program standards culturally and linguistically appropriate and accessible:** Some EC 2010 participants mentioned how important it is to have stakeholder input on developing standards that reflects the diversity of children and providers in the state. There is a growing awareness that native language is critical in early child development, in that it facilitates later learning and development.[82] For example:

• The **Minnesota** Early Learning Foundation commissioned a study of parents and providers in African American, American Indian, Hmong, Karen, Latino, and Somali communities to guide the development of its state QRIS program.[83] Minnesota has also translated forms, checklists, and brochures available to family child care providers into multiple languages.[84] The state child care agency plans to distribute videos on seven early childhood health and safety issues in multiple languages to make information available to child care providers and parents. Many materials are available on the Minnesota Department of Human Service's E-docs service for public use.[85]

• The **Massachusetts** Department of Early Education and Care, in collaboration with the Head Start State Collaboration office, has drafted policies and guidelines for children who are English Language Learners (ELLs).[86] The

state has already incorporated specific provisions on respecting cultural background and working with dual language learners into state core competencies.[87] Introducing and supporting multiple languages in early care and education programs take advantage of the language readiness of all young children.

- **Illinois** is unique in designing its QRIS program to include unlicensed family, friend, and neighbor caregivers, typically a culturally and linguistically diverse group. There are three tiers of training (for a total of 48 training hours) that license-exempt caregivers may take in English or Spanish through local child care resource and referral agencies. Completion of each tier earns a quality bonus of 10, 15, or 20 percent to the standard payment rate if they care for low-income children in the child care subsidy system.[88] Completion of all three training tiers results in the award of the Level 1 early childhood education credential through the Illinois Gateways to Opportunity career lattice.

## Creating an Integrated Professional Development System that is Linked to Standards and Provides Pathways and Rewards for Advancement

An area that Early Childhood Advisory Councils (ECACs) may focus on is planning and implementing statewide professional development systems and career ladders for early childhood educators. Many states are working on this issue as they align standards requirements within this infrastructure. Several EC 2010 participants have begun implementing existing plans. Others spent time at EC 2010 sharing information across team members about what currently exists and talking about how to better integrate professional development efforts.

According to state CCDF plans for FFY 2010–11, many states already have early care and education professional development plans, although just 18 reported entering the implementation stage at the point of submitting that plan.[89] Data from CCDF plans show that the majority of states reported having one or more key components of professional development systems,[90] including career lattices, training or trainer approval processes, registries, and state credentials, but it is less common for these initiatives to be codified in state law and effectively integrated into a coherent system.[91] For example, **Connecticut**'s Charts a Course system was put into law in 2004[92] and **Illinois**' Gateway to Opportunity professional development credentials system was codified in 2010.[93] ACF's Office of Child Care (OCC) provided resources to help develop a tool to assist states in aligning one kind of standard (those in the QRIS program) with a state professional development system.

Cross sector planning across state and federal early care and education systems is growing in importance. Federal policy developments can increase demands on state professional development systems (e.g., education requirements in Head Start and Early Head Start or the need for qualified home visitors in response to new federal Maternal, Infant, and Early Childhood home visiting funds). Federal resources can also be integrated with or guide state systems. For example, each state has a Head Start-funded Training and Technical Assistance Center for federal grantees with which states can coordinate. The federal Office of Head Start (OHS) recently developed a national network of specialized centers that includes the topics of Early Head Start; quality teaching and learning; cultural and linguistic responsiveness; parent, family, and community engagement; health, mental health, oral health, and nutrition; and program management and fiscal operations.[94] It is important

to integrate the work of these new centers with other federal- and state-level early learning technical assistance efforts. For example, the federally-funded Center on the Social Emotional Foundations of Early Learning (CSEFEL) and Technical Assistance Center on Social Emotional Intervention for Young Children (TACSEI) are working closely with teams in some states to address these issues. Another federal project, the Expanding Opportunities Initiative, which is led by four federal agencies (OCC, OHS, Administration on Developmental Disabilities [ADD], and Office of



### INTEGRATED STATE PROFESSIONAL DEVELOPMENT SYSTEMS

According to NAEYC's Early Childhood Workforce Systems Initiative, comprehensive systems should:

- Provide information about available career opportunities, support, training, and education;
- Help individuals plan for and have access to a continuum of professional development offerings;
- Ensure that offerings are responsive, high quality, and have the potential to lead to credentials or degrees; and
- Link increased qualifications with increased compensation.

Source: Sarah LeMoine, Professional Development System Policy Overview, Early Childhood Workforce Systems Initiative, National Association for the Education of Young Children, 2010. Accessed at http://www.naeyc.org/files/naeyc/ NAEYC_WorforcePolicyOverview_2010.pdf.

Special Education Programs [OSEP]) provides technical assistance to a team of state leaders from each program to promote high-quality inclusive opportunities for all children. Since 2005, 20 state teams have participated (see Appendix D: Federally Funded National Technical Assistance Centers, p. 127).

**Creating statewide professional development systems that enable movement from entry level to advanced degrees and higher levels of compensation:** Forty-four states reported a continuum of training and education opportunities or career lattices that allows for vertical movement for early childhood professionals in CCDF state plans for FFY 2010–11.[95] At EC 2010, presenters and state participants repeatedly articulated the goal of connecting professional development systems with career lattices that have professional development supports and financial incentives or rewards for practitioners and providers. Some raised equity concerns with regard to distribution of currently scarce resources (for scholarships, professional development, financial incentives, and practitioner compensation), depending on which part of the system they work in. Expectations, supports, and rewards often differ across the federal Head Start and Early Head Start, public school, private child care, and early intervention or special needs fields. Another recurring concern was alignment of state licensing requirements for training with the career lattice. States have different approaches to system building. For example:

- **North Carolina** was an early innovator in professional development, with programs such as the T.E.A.C.H. Early Childhood model of sequenced scholarships and assistance for professionals working in licensed centers and family child care homes. This program is being

replicated in 21 states and the District of Columbia. The Child Care WAGE$ statewide wage supplement program provides semiannual payments to child care teachers based on education. Education qualifications are embedded in the state-rated license (the state rating system is integrated into licensing). In 2010, legislation passed that required certification of all professionals working in licensed child care settings, including teachers and assistants, faculty members, consultants, directors, and school age professionals. Over 75 percent of the teaching workforce applied to become certified by September 2010. Over the summer in 2010, the Division of Child Development funded a regional early childhood professional development planning process to collect input from stakeholders and to develop a statewide plan. The effort was conducted in partnership with the North Carolina Institute for Early Childhood Professional Development.[96]

- **Illinois**' Gateways to Opportunity career lattice includes pathways to credentials in early childhood education, an infant and toddler specialization, school-age and youth development, and center directorship. Resources and services provided by Gateways to Opportunity also include a scholarship program, professional development advisors, a wage supplement program, a professional development registry, and a trainers' network. The Illinois model starts with a "Level 1" credential that is available in English and Spanish through child care resource and referral agencies and the trainers' network. Level 1 is designed to be entry level but is aligned with the core knowledge and higher education course work required in steps 2 to 6 of the career lattice. The Level 1 credential training also satisfies the state QRIS requirements for license-exempt family child care caregivers.

- **Florida** is using American Recovery and Reinvestment Act of 2009 (ARRA) CCDF funding to upgrade the entire professional development system[97] based on recommendations from a Professional Development Steering Committee made up of agency and external stakeholders.[98] The components of the state system will include core competencies, career pathways, and supports for professionals advancing in the formal and informal education systems, community collaboration for successful system implementation, and a professional development registry database to collect critical professional development.[99] The professional development system upgrade is a strategic component in building a statewide data system and continuous improvement systems to assess child progress and program quality.[100]

**Developing an integrated professional development system in coordination with leaders from outside early learning and development:** EC 2010 participants talked about professional development integration in terms of connecting standards, supports, and compensation. State team members raised issues about how to engage higher education, the public school system, and the health sector. Some were starting to think about integrating across sectors. For example, **Iowa** brought together leaders from the early learning, special needs, early intervention, family support, health, mental health, and nutrition sectors (using the four oval framework from the Early Childhood System Work Group) to jointly create a professional development policy framework (modeled on NAEYC's policy blueprint). The framework will be used to guide system development. The state used federal Early Childhood Comprehensive Systems (ECCS) funds along with state professional development funds to hire a facilitator and support staff. The initiative continues now with four leadership teams under

the coordination of a steering committee cochaired by representatives from the Iowa Department of Education and the Iowa Head Start state-based Training and Technical Assistance Office. The four teams, one for each sector, are implementing plans for each of the areas while continually studying ways to integrate and share resources. Federal Early Childhood Advisory Council (ECAC) funds will be used to help staff the project as it moves forward.[101]

**Requiring core competencies for all professionals working directly and indirectly with children:** States are considering defining core skills across practitioner roles in early childhood settings. For example, **Florida**'s new Core Competencies for Early Care and Education includes directors, trainers, and coaches or mentors along with practitioners. The state has created formal, informal, and hybrid pathways to encourage all types of early childhood providers to engage in further training and education.[102] Targeted competencies for inclusion of children with disabilities or special needs and for career advising are under development.[103] **North Carolina** has established competencies in its rules for public teacher licensure with a birth through kindergarten license approved by the state board of education. **Virginia**'s home visiting programs are working with state and private partners to revise the four-level professional competencies matrix originally developed for early child care and education, which will expand to a meaningful set of cross-system early childhood professional competencies with four levels applicable to all early childhood professional fields (i.e., home visiting, dental care, nutrition, and infant behavioral health). In **Wisconsin**, the Department of Health Services provided federal ECCS funding to the Children's Trust Fund to support development of family support core competencies for those who work directly with children and families as well as for managers and supervisors.

**Promoting credentials to recognize specialized expertise that cuts across sectors:** Several state teams mentioned that they had or were exploring the idea of state credentials. For example, **Michigan**'s Association for Infant Mental Health developed a set of competencies and an endorsement credential that is now licensed for use in 13 other states. It provides a framework of knowledge and skills for professionals working with infants and toddlers that is applicable across a range of disciplines (e.g., practitioners in child care and early education, nursing, therapy, social work, and special education). **Colorado**'s Office of Professional Development developed a social-emotional credential that is interdisciplinary and open to a range of applicants (including teachers, child welfare consultants, nurses, home health care providers, social workers, mental health consultants, coaches and mentors, therapists, home visitors, and parent educators).

**Building the capacity of higher education:** Some states are collaborating with leaders of higher education institutions to encourage the advancement of the early childhood field. At EC 2010, presenters on this topic discussed three key state issues: 1) helping early childhood practitioners access higher education; 2) increasing resources for and quality of early childhood faculty and institutions; and 3) rethinking the professional development infrastructure as a whole to support these needs.[104] States want to improve the quality of offerings to current evidence-based practice and to make higher education more accessible to nontraditional students. Meeting the needs of ELL students was a key issue in some states. Racial and ethnic minority students face multiple barriers and are more likely to be enrolled in two-year rather than four-year institutions.[105] ELLs often have unique bilingual or multilingual capabilities and cultural knowledge critical to

working with diverse young children. In the 21st-century global economy, these linguistic and cultural skills are important for a competitive workforce in early childhood and beyond.

States may need multipronged approaches that draw on outside resources to address all these issues. For example, **Massachusetts**' Department of Early Education and Care commissioned a project to map higher education offerings in early care and education throughout the state to identify gaps and make information on available course work more accessible to the field. One project goal is to provide a searchable course work database. Massachusetts also used information and other resources from a SpecialQuest partnership to educate higher education faculty on best teaching practices for including children with disabilities ages birth through 5 in early care and education programs.[106] Massachusetts is one of 11 states partnering with the federally funded CSEFEL to update the skills of higher education faculty about child social and emotional health (see Figure 1: CSEFEL/TACSEI Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children, p. 69).

Many states are working to improve opportunities for early childhood professionals to enter and carry forward credits earned in two-year colleges. In **North Carolina**, early childhood education courses are now offered at all 58 community colleges. State leaders have been developing a statewide articulation agreement between varying levels of education that include high school and credential-granting entities between two- and four-year early childhood degree-granting programs, and between national and state providers of Child Development Associate (CDA) certificate.[107]

Some states are using accreditation standards developed by NAEYC to guide efforts to improve higher education quality and consistency across the state. For example, **Pennsylvania** and **Connecticut** use NAEYC accreditation of associate degree programs and recognition of baccalaureate programs to improve program quality and build statewide articulation agreements. **South Carolina** will soon be the first state in which all early childhood associate degree programs in public community colleges are accredited.[108]

Finally, states are considering how to provide other assistance to nontraditional students. **Tennessee** has developed mentoring and coaching services to assist students pursuing a CDA. A "cohort" approach is being piloted in multiple **California** counties. Small groups of current early care and education practitioners who are not native English speakers receive support services, peer support, and coaching while pursuing their bachelors' degrees. Two years of evaluation in California have shown promising results.[109]

**Standardizing quality of training, on-site consultation, and support:** Some early care and education workforce researchers argue that ongoing support models should complement traditional professional development strategies similar to the "induction year" concept of first-time teachers in the public school arena.[110] This idea was discussed at EC 2010. A number of states are implementing relationship-based professional development strategies that use a variety of names (consulting, coaching, mentoring, or technical assistance) connected to training, higher education, QRIS programs, or other state initiatives.[111] NAEYC and the National Association of Child Care Resource and Referral Agencies (NACCRRA) collaborated on a glossary of definitions for "professional development specialists" in order to clarify a variety of strategies (including training, education, coaching, mentoring, consulting, and advising). One state team leader said that all training should be linked to coaching.



Current terminology differs by state as do the models. One study found that many state technical assistance initiatives connected to state QRIS systems lacked intensity, observations, and modeling that help teachers learn and practice effective strategies in teacher-child interactions or use of a standardized model and other features found in effective models.[112] Thrive by Five Washington commissioned a random control trial of **Washington'**s Seeds to Success QRIS in two demonstration sites. The approach included intensive coaching, grants, and professional development assistance. The evaluation found significant increases in observed quality and reduced turnover in center teachers. Most state initiatives have not been rigorously evaluated due to lack of resources.

Some states are developing quality assurance systems to bring more consistency to technical assistance efforts. For example:

- Public agencies and private stakeholders partnered in **South Carolina** to develop a statewide technical assistance network that certifies early care and education consultants according to knowledge and skills and aligns with existing program standards, early learning guidelines, and state regulatory requirements. Certified Technical Assistance Providers (TAP) work in a range of settings that include child care, Head Start and Early Head Start, public school, and special needs care. The South Carolina Center for Child Care Career Development (CCCCD) certifies individuals and also identifies course work and professional development necessary to earn and maintain certification.[113]

- Six states (**Connecticut**, **Maine**, **Massachusetts**, **New Hampshire**, **Rhode Island**, and **Vermont**) worked with staff in the ACF Region I Office of Child Care and the National Infant and Toddler Child Care Initiative at ZERO TO THREE to

create three infant or toddler modules for consultants from multiple disciplines working with child care settings that serve infants and toddlers. Using the modules, states plan to integrate research-based infant or toddler knowledge into existing consultant networks such as child care health, mental health, nutrition, family support, and home visiting.[114] Leaders from Region I also developed a guide to the core knowledge and competencies for consultants working in infant or toddler settings.

- **Florida** recently developed core competencies for coaches, mentors, and trainers. Trainers are encouraged to participate in a regional six-day (partially web-based) Outcomes Driven Training (ODT) Facilitator Training Program aimed at increasing skills and knowledge of adult learning. The evidence-based ODT model, developed in Palm Beach, is intended to maximize participant learning. The process will result in a network of approved trainers, who are eligible to join a registry that is under development in Florida. State officials hope to match trainer skill levels (associate to content expert level) to those being trained.[115]

## Making Sure Low-Income and Vulnerable Children Have Access to High Quality Early Care and Education

Many state leaders want to ensure that children who are at risk of poor early learning and development have the opportunity to benefit from high-quality, comprehensive early care and education programs. Positive early learning experiences and responsive care promotes child development while low-quality programs can negatively impact children who are already vulnerable due to other risk factors.[116] State leaders want children who rely on state- and

federally-funded early care and education programs to have access to the best possible care. Some EC 2010 participants noted that current economic conditions make this more difficult. Job losses and parental instability as well as public funding freezes have been shown to lead to instability of many programs that serve vulnerable children and families. Some states are focused on policies and resources that build and maintain program capacity in order to provide high quality comprehensive services to vulnerable children.

**Helping providers meet and maintain high quality program standards in settings serving vulnerable children:** Some states have initiatives that increase the supply of high-quality early care and education for vulnerable children and low-income communities.[117] One approach is increasing access to programs that meet federal Head Start Performance Standards. Most state initiatives require planning and formal agreements across state child care subsidy and Head Start State Collaboration offices as well as input from federal regional offices.[118] For example, **Kansas** Early Head Start uses a mix of federal CCDF and state funding to give grants to local Head Start and Early Head Start agencies in order to expand services in partnership with community child care centers and family child care providers. Child care partners must meet federal Head Start Performance Standards as specified in a Memorandum of Agreement or Understanding. Local grantees usually have dedicated staff to support their child care partners.[119] A new federal Early Head Start for Family Child Care Demonstration Project, underway in 24 communities, supports planning and learning about how to expand Early Head Start partnerships with community child care providers through the Family Child Care Option. The project will facilitate local partnerships between federal grantees and community-based

family child care homes as it develops lessons learned for local programs and state-level systems that support such partnerships.

Some states are expanding the reach of state-administered prekindergarten programs by partnering with child care, Head Start, and other community programs. One-third of children in state prekindergarten programs are served in nonschool settings that meet state standards, including Head Start, child care centers, and family child care homes.[120] Some states determine what entities receive funding at the state level in exchange for meeting state prekindergarten standards. Others provide funding to local education agencies or collaborative groups to facilitate partner selection and to ensure that they meet program standards. For example:

- More at Four is a program in **North Carolina** that recently met all 10 quality benchmarks used by the National Institute for Early Education Research (NIEER). It placed about half of the children in public schools and the rest in private child care and Head Start in the fall of 2008.[121] The local More at Four county (or regional) Planning or Advisory Committee must sign off on a plan that demonstrates support by key community agencies that includes public schools; local Smart Start partnerships; county departments of human services, health and mental health; Head Start; child care resource and referral; private child care providers; and other relevant service delivery organizations. Planning or Advisory committees must be co-chaired by the local superintendent of schools and the local Smart Start board chair.[122]

- In **Wisconsin**, school districts receive funding for the 4-year-old prekindergarten program called "4K," which is based upon the public school funding formula. School districts have significant local control but are encouraged to use "community approaches," in which districts assemble an array of community leaders representing business, schools, child care, Head Start, parents, recreation, and parent education to plan 4K by building on existing programs. Districts using this approach receive preference when applying for start-up grants and public and private funds maintain a cadre of "collaboration coaches" to facilitate the process.

**Reserving high quality child care slots for low-income children receiving child care subsidy assistance:** Some states are distributing funding directly to early care and education providers for services to low-income children that meet additional standards beyond state licensing. Five states reported using grants or contracts for slots in high-quality or comprehensive early care and education settings for children eligible for child care assistance through CCDF in FFY 2010–11 state plans. For example, **California**'s Department of Education contracts with centers and family child care home networks to provide early care and education services that exceed certain licensing requirements and meet the same program standards as those in the state preschool program.[123] **Pennsylvania** provides grants to center-based programs through an initiative called Keystone Babies that give infants and toddlers in the state child care subsidy assistance program access to three- or four- star QRIS level programs. Program standards for the initiative were modeled after federal Head Start Performance Standards, offering supportive resources to families.[124] In **Wyoming**, the Department of Education and Department of Family Services are coordinating efforts for a Temporary Assistance for Needy Families (TANF) funded Preschool Grant program to place low-income children in high quality programs and link college course work to higher teacher salaries.

**Ensuring access for low-income children to highly rated programs in the state QRIS program:** Some states are working to assure that their QRIS model reaches low-income children, families, and communities. Initial research on early QRIS models found that intentional policies and tracking are critical to ensuring that children receiving state child care assistance have an opportunity to attend top-rated programs.[125] There are different approaches. For example, three states (**New Mexico**, **North Carolina**, and **Tennessee**) require all licensed programs to be rated by making the first rung of the QRIS ladder equal to compliance with state licensing. Moving to higher levels of rating is voluntary, but this policy makes information about program quality available to consumers in all licensed programs. Twenty-three states reported linking financial incentives (such as tiered payments for children receiving child care assistance) to their QRIS in FFY 2010–11 state CCDF plans.[126] **Oklahoma** child care subsidy policies do not provide payment for care in one-star centers except in certain circumstances, although one-star family child care homes may be used.[127] **Wisconsin** plans to require providers who wish to participate in the new YoungStar QRIS program to sign a contract stating that they will serve children who receive child care subsidies.[128]

States are developing **standards, supports,** and **incentives to strengthen professional and provider capacity** to promote child well-being in early care and education by:

- Developing and implementing research-based, cross-cutting program standards.

- Creating an integrated professional development system that is linked to standards and provides pathways and rewards for advancement.

- Making sure that low-income and vulnerable children have access to high-quality early care and education.

# 4 Partnerships with Families and Communities

## Promoting Children's Learning and Development by Engaging, Supporting, and Being Responsive to Families and Communities

The term family engagement has been defined as a shared responsibility between schools, community organizations, and families that continues across a child's life and is carried out everywhere that children can learn.[129] Research has linked active family engagement in early education and elementary school to improvements in children's skills and approaches to learning.[130] However, families under stress may need more supports to allow them the time and resources to fully engage in their children's learning. Reaching families with very young children may be difficult, in part, because they are less likely enrolled in a formal early care and education program.[131] In addition, the increasing diversity of the young child population calls for careful attention to cultural competency and linguistic capacity in working with families.[132] According to the National Association for the Education of Young Children (NAEYC), family engagement strategies in early care and education are critical to addressing the achievement gap facing children from disadvantaged backgrounds.[133]

While many national and state leaders agree that family engagement in children's early learning and development is critically important, there is increasing recognition that promoting this goal

requires understanding of family context and supports for family well-being. In his keynote address, Jack Shonkoff called for policy initiatives that improve child well-being by "transforming the lives of parents."

Key federal programs for children include strong family partnership requirements. For example, federal Head Start and Early Head Start Performance Standards require a set of activities, including culturally and linguistically appropriate approaches to family involvement and education; maintaining specialized staff to work together with families to define and move toward their goals; and working with families and community resources to ensure that each child is linked to necessary medical, dental, nutrition, mental health, and other services.[134] In September 2010, the Office of Head Start awarded funding to create a National Center on Parent, Family, and Community Engagement.

Another federal program with a strong family focus is the Individuals with Disabilities Education Act (IDEA). Part C of IDEA requires a planning process for developing an Individualized Family Service Plan (IFSP), whereby state service providers partner with families of infants and

## THE FIVE PROTECTIVE FACTORS

Research shows that these factors contribute to family functioning and decrease the likelihood of abuse and neglect of children:

- Parental resilience, the ability to cope and bounce back from all types of challenges.
- Social connections, friends, family members, neighbors, and other members of a community who provide emotional support and concrete assistance to parents.
- Knowledge of parenting and child development, accurate information about raising young children and appropriate expectations for their behavior.
- Concrete support in times of need, financial security to cover day-to-day expenses and unexpected costs that come up from time to time, access to formal supports like Temporary Assistance for Needy Families (TANF) and Medicaid, and informal support from social networks.
- Children's social and emotional development, a child's ability to interact positively with others and communicate his or her emotions effectively.

Source: Judy Langford, Center for Study of Social Policy, Strengthening Families around the Country, Presentation at EC 2010, and http://www.strengtheningfamilies.net/index.php/protective_factors.

toddlers with disabilities to assess family resources, priorities, and concerns about meeting the child's developmental needs. For example, the **District of Columbia**'s brochure Families Have Rights was developed to inform families of children entering the Part C of IDEA program about the safeguards in the program. Also, **Maine** developed guidance for Part C staff that includes tips to conduct and prepare families for successful family assessments in partnership. Federal IDEA funding supports a parent network of six regional centers and one national parent technical assistance centers. In addition, every state has its own Parent Training and Information Center and most also have Community Parent Resource Centers.

State-level policies on integrating family engagement and support into child-serving services and systems are evolving. For example, while state early care, education, and school leaders may have focused in the past on encouraging parents to volunteer in their programs, there is now interest in ongoing engagement with families through home visits, positive regular communication about children's development, and connecting families to available community resources. Another important development is an increased focus on developing cultural and linguistic competencies in state early childhood systems. Given the great diversity of family backgrounds, cultures, and spoken languages in communities, states are seeking strategies to partner with appropriate, trusted, community organizations in order to promote social connections and build concrete family supports. States may choose to research their parent populations to inform policy development. For example, the **Kansas** Parent Research Initiative gathered information about how parents think about involvement in their children's development and learning and about what state actions promote parent involvement and

leadership development. Using this type of information, an integrated state early learning and development system can build on family strengths (including cultural and linguistic diversity) as resources to promote early learning and development of children.

Besides the comprehensive model of Head Start and Early Head Start, a variety of family engagement and support program models are being implemented around the country. Most have not been brought to scale. Some are replications of national models, while others have been developed by and for specific communities. In this context, some experts are calling for additional federal commitments to scale up promising models and evaluate how and why certain models work best and for which community.[135]

Emphasized throughout EC 2010 discussions, the overarching importance of engaging families in their children's early learning and development has been brought forward on many state policy agendas. Some EC 2010 state team discussants welcomed this trend, expressing the hope that it would end what they perceive as a focus on early learning outcomes to the exclusion of partnerships and responsive supports for families with young children. People working directly with children and families—many of whom suffer from deprivation, trauma, and substance abuse— shared stories of what they saw. Providers need to develop better skills and tools that derive from a strength-based approach to reach these families. Others talked about the importance of engaging families more meaningfully in policy and program development. Many are excited by new opportunities presented by the Maternal, Infant, and Early Childhood home visiting funds. They hope to use nationally recognized models to expand pilot or community-based home visiting efforts to more communities. The new Maternal,

Infant, and Early Childhood home visiting funds require states to reach the most vulnerable children and families, but some EC 2010 participants worried about sufficient resources to address the needs. Participants also talked about the importance of maintaining home visiting model fidelity and quality as small initiatives scale-up.

Further innovative efforts taken from EC 2010 discussions and a subsequent exploration of related issues for this paper include:

- Adopting a strength-based approach to engaging families within the components of state early learning and development systems.

- Working with communities to increase family-friendliness and connect services to local child-serving organizations.

- Leveraging new federal investments in and building infrastructure to support home visiting.

## Adopting a Strength-based Approach to Engaging Families Within the Components of State Early Learning and Development Systems

**Promoting family strengthening across systems:** A number of states have begun to work across the early learning and development system agencies, often through the leadership of federal Community Based Child Abuse Prevention (CBCAP) lead agencies, to adopt a coherent family strength-based approach to preventing child abuse and neglect. For example, Strengthening Families was developed originally by the Center for Study of Social Policy (CSSP) and partner organizations to help early care and education providers better understand and communicate with parents of children they serve and to prevent child abuse. It is now being used to transform how state and local agencies think about

and how early childhood professionals work with families. Through multi-sector partnerships, training, and tools, the Strengthening Families approach promotes a key set of research-based "protective" factors. When present in families, these factors (i.e., parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children) promote healthy environments for children and help to prevent incidences of child abuse or neglect.[136]

In FY 2009, the Children's Bureau funded CSSP to establish a national quality improvement center to develop the evidence base for how initiatives can build protective factors, reduce child abuse and neglect, and promote child development from birth through age 5. CSSP partnered with ZERO TO THREE and the National Alliance of Children's Trust and Prevention Funds to carry out this task. At least 30 states and two major cities (Chicago and Los Angeles) use the Strengthening Families approach.[137] The **Tennessee** Strengthening Families initiative has a steering committee led by the state's Children's Trust Fund in the child welfare agency in partnership with the state's Department of Human Services. Trained "Parenting Liaisons" housed in each of the state's child care resource and referral agencies provide training and technical assistance to early care and education providers. They also build connections between those providers, child welfare workers, and child abuse prevention programs. New child welfare staff members receive Strengthening Families training. The state mandates use of Strengthening Families Protective Factors for those who apply for CBCAP grants.[138]

States use the Strengthening Families approach to promote increased continuity across existing family support service approaches they fund. For example, 18 states use a survey tool developed by

the federally funded Family Resource Information, Education and Network Development Service (FRIENDS) National Resource Center for CBCAP agencies to help families assess the existence of protective factors in their lives. Over the course of a year, **Nevada** required all CBCAP programs to use the Protective Factors Survey tool pre- and post-services. Now the state agency can look across a variety of parenting program approaches to determine what areas need strengthening to improve protective factors in families. Focus groups of Spanish-speaking participants helped to develop a culturally and linguistically appropriate version of the tool.

Sensitivity to differences in cultural background is important when engaging with families as partners in their children's growth and development. Early childhood programs that help families take advantage of their cultural backgrounds can help young children maintain these assets as they grow. In Chicago, the El Valor program serves 4,000 children in child development programs (including Early Head Start and Head Start) with a foundation in multiculturalism and family engagement. At least 90 percent of the staff can communicate in the children's and families' native languages. El Valor also manages a family child care provider network and offers training to other community providers. The Early Childhood Learning and Knowledge Center at the Administration for Children and Families (ACF) has released a program preparedness checklist for serving ELL children and their families.

**Integrating family engagement and support into standards:** Family engagement and support provisions may also be integrated into early care and education program standards such as those governing state prekindergarten programs, quality rating and improvement systems (QRIS), and child care licensing regulations. A recent review of

family engagement policies in state prekindergarten found 19 states require state prekindergarten programs to provide some family engagement activities.[139] For example, **Kentucky**'s prekindergarten statute specifies that participating programs have plans that "allow for active parental involvement," including parent education or other activities that parents have helped to develop and at least two annual home visits. In addition, provisions require programs to collaborate with medical, health, mental health, and social service agencies to address the comprehensive needs of families.[140] Kentucky's State Education Commissioner's Parent Advisory Council developed statewide K–12 standards for family engagement that subsequently served as a model when the National Parent Teacher Association created recommended standards.[141]

Several states have layered family engagement and support provisions into the levels of the state QRIS programs (see Quality Rating and Improvement Systems (QRIS) in the States, p. 36). **Delaware** QRIS standards require two-star programs to have written inclusion policies that are shared with families and four-star programs to involve families in planning to meet the needs of their children, including individual education plans and individualized family service plans (IEPs and IFSPs).[142] **Idaho** has incorporated the Strengthening Families approach into the voluntary IdahoSTARS QRIS for centers and family child care homes. Completion of a Strengthening Families Action Plan after a self-assessment process earns providers a point toward achieving a Tier Four rating.[143] **Arkansas**' voluntary Better Beginnings QRIS for centers, family child care, and school-age care also requires a Strengthening Families Action Plan and completion of at least one action step to earn the highest level rating. **Pennsylvania** leaders have reviewed federal Head Start Program Performance

Standards and others when developing the State Keystone Stars QRIS standards. Similar to the federal standards, Keystone Stars has "partnerships with family and community" categories. To earn four stars, centers and family child care homes must have policies demonstrating engagement and partnership with parents in program planning and decision making.[144]

Twenty-three states have child care licensing provisions relevant to parental involvement, although family support strategies are less prevalent in licensing.[145] For example, the **District of Columbia** requires that licensed centers establish policies on how teachers communicate with parents about their children's development. Directors' responsibilities include ensuring parental involvement. Center teachers and group leaders in out-of-school time settings must communicate regularly with parents about children's development.[146]

**Fostering parent leadership:** Some states are working to engage parents by supporting parent leadership development. For example, in **New Jersey**'s Strengthening Families initiative, a county-

based network of leadership teams plans local implementation. Each county team has parent members. There are also two parent representatives from each county serving on a parent leadership committee at the state level. This advisory committee is included in all early childhood planning at the state level. **Michigan**'s Early Childhood Investment Corporation has a performance standard for local Great Start Collaboratives in which 20 percent of members are parents of children birth through age 12, and they partner with Great Start Parent Coalitions.[147] A Los Angeles, **California**, program called Abriendo Puertas or Opening Doors was developed with input from Latino families to build the capacity of Latino parents of children birth to age 5 to advocate for their children as they enter school. An independent evaluation found promising outcomes as parents became more knowledgeable and confident about their rights and responsibilities for their children's education, and when they learned how to navigate systems on behalf of their children. The program is being replicated in eight California counties. In a different approach, **Rhode Island**'s Pediatric Practice Enhancement Project (PPEP) trains and places parents in pediatric offices that serve concentrations of children with special health needs to help them access community and health resources and deal with barriers to coordinated care. This program is funded by a New Freedom Initiative federal grant; Title V, Maternal and Child Health funds; and some state funding. Follow-up data analysis indicated reductions in inpatient services and cost savings.[148] When **New Hampshire** developed an Early Childhood Child and Family Outcomes System in compliance with federal IDEA requirements, the process incorporated parents from the beginning. Family organizations across the state, with help from the state's Parent Training and Information Center, took the lead in determining what family outcomes to include in the Part C and Part B, Section 619 data systems.

## Working with Communities to Increase Family-Friendliness and Connect Services to Local Child-Serving Organizations

Many EC 2010 state team participants acknowledged the importance of partnering at the community level to strengthen families. Given great variation in communities, states are using different strategies to find appropriate partners to promote social connections and build concrete supports for families.

**Holding Community and Parent Café discussions:** Another way states are building on the Strengthening Families approach to promote protective factors is by facilitating the spread of community or parent cafés. These are guided conversations based on the Strengthening Families Protective Factors framework that promote leadership development and partnerships with parents. Parents design and implement the cafés in partnership with community partners (such as early care and education programs, neighborhood centers, community-based family resource centers, schools, immigrant and refugee agencies, faith-based organizations, health departments, or any system or agency whose reach includes children and families).[149] At least nine states are actively supporting this approach: **Alaska**, **Arkansas**, **Georgia**, **Idaho**, **Illinois**, **Minnesota**, **Oregon**, **Tennessee**, and **Washington**.[150] For example, **Alaska**'s Children's Trust Fund has issued a call to action to foster Community Cafés across the state that engage families, elders in the community, local organizations and advocates, and Tribal councils. The Children's Trust Fund supports training that includes development of a toolkit for local Café facilitators and an online system for collecting wisdom generated by local discussions.

**Attaching family engagement and support resources to schools serving vulnerable children:** Some states are making comprehensive services easier to access through schools in low-income areas. Lessons for states can be found in the experiences of those communities included in the W.K. Kellogg Foundation SPARK (Supporting Partnerships to Assure Ready Kids) initiative, which focused on building family engagement and supports that tap early childhood and school-based partners. The SPARK initiatives were located in the **District of Columbia**, **Florida**, **Georgia**, **Hawaii**, **Mississippi**, **New Mexico**, **North Carolina**, and **Ohio**. Successful local efforts used strategies that provided developmental screening and interventions before children entered kindergarten, teacher home visits, colocation of services in schools and community service hubs, and parent support specialists and liaisons in schools.[151]

In another approach, **Maryland**'s Judith P. Hoyer Early Child Care and Family Education Centers (Judy Centers) are located in or near a set of schools receiving Title I funding. This initiative provides state funding to partnerships between schools and community-based programs that coordinate and offer 12 components defined by the state (including full-day, full-year early care and education services, parent education, family literacy, health screening, and other services).[152] Evaluation of the initial group of Judy Centers found that family involvement in parent education and adult education, as well as children's access to health services, grew during two years of implementation.[153] Children entering kindergarten who participated in Judy Centers are assessed as school-ready at the same rate as the general population, which was 68 percent in 2007. Only 42 percent of at-risk children who enter kindergarten without Judy Center participation rated as school-ready.[154]

Some states have built on the federal Parental Information and Resource Center (PIRC) program to work with schools to promote family engagement. In 2006, the U.S. Department of Education (ED) provided funding to all states to establish statewide PIRCs. Grantees are required by the Elementary and Secondary Education Act (ESEA) to serve rural and urban areas, use at least half their funds to serve areas with high concentrations of low-income children, and use at least 30 percent of funds they receive for early childhood parent programs.[155] In **Iowa**, the statewide PIRC created the Iowa Sustaining Parent Involvement Network (iSPIN), which works intensively with teams of administrators, teachers, and parents in 37 schools to promote parent engagement in their children's learning.[156] iSPIN is based upon current research on the impact of parent engagement and children's learning. It provides structured methodology, processes, and tools for school teams to implement over a two-to-three year period of time. iSPIN has been recognized by the National Family, School, and Community Engagement Working Group as one of 12 new breakthroughs in engaging parents.[157]

**Supporting family, friends, and neighbor caregivers at the community-level:** State approaches to engaging child caregivers in early learning and development are not limited to formal early care and education settings. Several states (**California**, **Hawaii**, **Illinois**, **Minnesota**, and **Washington**) have specific initiatives that develop community-based support networks for unlicensed family, friend, and neighbor (FFN) caregivers of young children. Research has shown that FFNs are more readily engaged through family support-oriented strategies than traditional professional development and licensing oriented policies. Approaches can include play-and-learn groups, group socialization opportunities, information sharing, materials that promote child

## A FEDERAL PROJECT TO SUPPORT FINANCIAL STABILITY FOR FAMILIES WITH YOUNG CHILDREN

Many young children are members of families who earn low wages, who are burdened with debt, who live paycheck to paycheck and who, because of their uncertain financial situation, are unable to plan for the future. These conditions can cause family stress and have negative effects on child development.

ACF has launched the **ASSET** Initiative to begin to enable individuals and families to become more financially secure for the long-term. ACF's Office of Head Start, Office of Child Care, and Office of Community Services are implementing a component of the ASSET initiative by bringing these strategies to families who participate in early care and education programs. Many of the ACF Regional Offices conduct regional summits to raise awareness of these strategies, identify effective roles for the early childhood providers, and make connections between early learning communities and organizations in the asset building field. This includes state, local, and tribal groups that receive grants through the ACF Assets for Independence (AFI) program to provide Individual Development Accounts and related asset building services. For more information about the AFI program and asset building services, please visit the link provided here.

The **Financial Stability for Families with Young Children** component of the ASSET Initiative is placing a particular focus on reaching the following groups:

- Low-income families with young children, particularly those who participate in Head Start and child care.
- Staff of Head Start centers and child care providers, many of whom are paid low wages.
- Family child care providers, a care venue that is well suited for asset building services.
- Provider associations and agencies, such as child care resource and referral agencies that provide information to families and community providers.

The ASSET Initiative includes additional components involving child support agencies, tribal organizations, disability providers, domestic violence organizations, refugee assistance providers, and other key human services groups. For more information about the overall initiative, you may visit http://idaresources.org or http://www.acf.hhs.gov/programs/ocs/afi/resource_center.html or contact Richard Gonzales at richard.gonzales@acf.hhs.gov or 202-401-5138.

development, home visits, and "warm lines" to answer questions of FFN caregivers.[158] With the proportion of young children in immigrant families growing, state policymakers need to employ intentional strategies to engage families and overcome barriers in awareness, accessibility, and lack of cultural responsiveness and linguistic capacity in early care and education programs.[159]

For example, **Minnesota** leaders conducted research to determine the extent to which young children received care with FFNs, and they have worked to reflect this reality in state policies. The Minnesota Department of Human Services funded

a Child Care Household Survey in 2004 that was recently updated with 2009 data. The most recent study found 42 percent of households using nonparental care reported that FFN caregivers were their only source of care (20 percent) or primary source (22 percent). Exclusive use of FFN care was higher among low-income families (30 percent) and families of color (31 percent) and highest among families with children under age two (38 percent).[160] In 2007, the Minnesota legislature passed the first FFN legislation. They invested $750,000 in state funds over two years to make a competitive grant program available to community-based agencies, nonprofit organizations, or tribes

to develop community-based support networks and services for FFN caregivers. Funding was renewed in 2009 with American Recovery and Reinvestment Act of 2009 (ARRA) dollars. A recent implementation evaluation found that the initiative reached about 1,000 FFN caregivers from a variety of countries of origin, including Somalia, Mexico, Laos, and Thailand.[161]

## Leveraging New Federal Investments in and Building Infrastructure for Home Visiting

Home visiting can be an effective strategy to engage expectant parents and families with young children in their child's early learning and development and to deliver an array of supportive services. The new Maternal, Infant, and Early Childhood Home Visiting program, passed as part of the Affordable Care Act of 2010, is a $1.5 billion mandatory federal investment over five years to improve quality and coordination of existing services and to expand the reach of home visiting across the country. Though this is the first major federal funding stream dedicated to home visiting, voluntary home visiting has long been a key early childhood service delivery strategy. Multiple existing federal programs serve families in their homes, including Early Head Start and Part C of IDEA. There is a broad range of national, state, and local program models and goals across the country targeting diverse populations that use different curricula with varied outcomes.[162] A national 50-state inventory conducted by the Pew Charitable Trust Center on the states estimated up to $1.36 billion could have been used for home visiting programs in 2010, although the exact amount is not clear. States reported that $277 million is designated for one or more nationally recognized models (defined in the study as Healthy Families America, Nurse-Family Partnership, Parents as Teachers, and the

Parent-Child Home Program). The proliferation of models with differing levels of evidence of effectiveness complicates efforts to define evidence-based standards. However, researchers have found impacts for well-implemented programs, including increases in positive parenting, more stable and nurturing environments, and fewer acts of child abuse and neglect.[163]

Even before the enactment of the Maternal, Infant, and Early Childhood Home Visiting program, federal interest in voluntary home visiting resulted in the 2008 creation of the Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment (EBHV) program. Seventeen states and local programs have grants that support the infrastructure needed to spread implementation of evidence-based home visitation programs.[164] Some states use a single home visiting curriculum and model, while others combine multiple models. For example, **Hawaii** is building on Healthy Start, the state paraprofessional home visiting initiative that served as the model for Healthy Families America. The project is focusing on how to ensure the most vulnerable children receive appropriate and effective services. **Utah** started an Office of Home Visiting. The state plans to better link home visiting services to other service systems, such as health care, substance abuse treatment, and mental health providers. Another goal is to identify new funding sources and to leverage existing federal funding to pay for home visiting services. The Federal EBHV cross-site evaluation will use a framework to apply similar questions across different approaches regarding systems change, fidelity to program model in implementation, family and child outcomes, and cost.[165]

The Maternal, Infant, and Early Childhood Home Visiting program is an opportunity to build on the infrastructure development conducted by the EBHV grantees and to bring

high-quality, evidence-based home visiting to scale in all 50 states, the District of Columbia, five territories, and 13 tribes. The program is designed to strengthen and improve programs and activities carried out under Title V, a block grant given to states to improve the health of mothers and children; improve coordination of services for at-risk communities; and identify and provide comprehensive home visiting services to improve outcomes for families who reside in at-risk communities. Grantee agencies were required to conduct statewide needs assessments and existing resources to identify at-risk communities. While most program funds go to "evidence-based" models, as determined by the U.S. Department of Health and Human Services (HHS), funds can also be used to support "promising approaches" that would be rigorously evaluated.[166] In July 2010, HHS issued a Federal Register notice with proposed criteria to define evidence-based effectiveness of home visiting models. State planning for expansion through Maternal, Infant and Early Childhood Home Visiting program funding is underway. All states applied for FY 2010 funds and submitted the required statewide needs assessment. States will develop plans following the issuance of final HHS guidance in 2011. Ongoing state activities to prepare for implementation of this program include:

**Coordinating existing home visiting programs:** Prior to the new federal funding, a set of states (**Maine**, **New Jersey**, **Ohio**, **Virginia**, and **West Virginia**) had created state-level coordinated systems of the various federal, state, and local home visiting programs. **New Jersey** formed a statewide Home Visitation Workgroup in 2004 that brought together a wide array of agency partners as well as representatives from juvenile justice, prevention education, child care, Early Head Start, and key national home visiting models (Healthy Families, Nurse Family Partnership, and Parents as

Teachers [PAT]). **Virginia**'s Home Visiting Consortium is a collaborative effort of all the early childhood home visiting programs that receive state funds and serve families of children from pregnancy through age 5.

**Developing a home visiting infrastructure that includes common quality standards, professional development, and procedures for centralized intake, screening, referral, and technical assistance:** In **Maine**, for example, Maine Families (established in 2000) originally used three models. Now, it provides $4.6 million in state tobacco tax funds to community agencies to work with first-time parents. State leadership has worked to develop uniform program and practitioner standards and all sites are now PAT affiliates.[167] With the new federal funding opportunity, the state administrator has convened stakeholder meetings to draw in other home visiting programs (such as Early Head Start and public health nurses) to discuss ways to improve quality and increase continuity of services across states. Opportunities to create efficiencies across programs exist through such means as sharing professional development and collecting data across all sites using the Maine Families web-based data system.[168]

**New Jersey** implemented the following system components: outreach to expectant mothers at community-based agencies and pregnancy testing centers; screening for risk factors at birth or other opportunities in early life (child health providers; child care centers; federally qualified health clinics; and Special Supplemental Nutrition Program for Women, Infants and Children [WIC] centers); central intake that refers families to appropriate partner agencies for initial assessment and links to needed services; appropriate home visitation depending on family needs through Healthy Families, Nurse Family Partnership, PAT, Early

Head Start or other locally available models; and links to essential medical and social services.[169]

**Virginia**'s consortium has focused on five key areas to promote better integration across home visiting programs: state policies and procedures; technical assistance to local coalitions and communities; core training for all early childhood home visitors; interagency efforts to improve screening, data collection and evaluation processes; and collaborative programs with medical providers and child care providers.[170] The consortium plans to use the new federal funding strategically to help member agencies improve evidence-based practice and develop shared intake and screening procedures. Cross-system efforts include working with the Medicaid authority to access funding for assessing behavioral risks among parents, collaborating with the Part C of IDEA agency on increasing early identification and referrals through home visiting, and connecting families to dental homes through a team representative of WIC, dental hygienists, and home visitors as part of a pilot oral health workforce project.[171]

**Considering how to integrate home visiting with early care and education:** The Maternal, Infant, and Early Childhood Home Visiting program requires states to develop statewide plans that are integrated with the existing early learning and development system. State leaders are considering how to address this requirement. For example, **Maine** is using the new federal opportunity to bring new stakeholders to the table along with the state's preexisting home visiting program, Maine Families. Maine has also added a home visiting track to the state early care and education career lattice and registry system, Maine Roads to Quality. All future funding will require collaboration with cross-system partners.[172] The **Virginia** Consortium includes

national, state, and local models; Early Head Start; and services funded under Part C of IDEA. One emerging conversation referenced during discussions at EC 2010 is how to integrate home visiting efforts with other state strategies to provide information to and support FFN child caregivers as well as grandparents and other family members (called kinship caregivers in the child welfare field) caring for children full-time when parents do not have the capacity to do so. A study of the leading national home visiting program models found that most include kinship caregivers as a matter of course but inclusion of FFNs is less likely. In some cases FFN caregivers might be included in visits to primary caregivers if time and funding resources are sufficient.[173] In **Virginia**'s Consortium, Early Head Start and Part C member agencies include FFNs in their approaches.[174] A home visiting curricula guide for working with legally unlicensed child care providers and FFN caregivers is being used to guide home visitors in Minneapolis, **Minnesota**.[175]

Some states are engaging, supporting, and being responsive to families and communities by:

- Adopting a strength-based approach to engaging families within the components of state early learning and development systems.

- Working with communities to increase family-friendliness and to connect services to local child-serving organizations.

- Leveraging new federal investments in and building infrastructure to support home visiting.

# 5 Physical and Behavioral Health Integration

## Integrating Child and Family Health, including Infant and Early Childhood Behavioral Health Services, Across State Early Learning and Development Systems

Advances in scientific research have demonstrated how critical children's physical and mental well-being is to optimal cognitive development. Early experiences shape brain architecture and impact physical and psychological development. New research indicates that these changes can impact the entire life cycle. Foundations of health are built through stable and responsive relationships, safe and supportive environments, and appropriate nutrition.[176] Parents and other primary caregivers are critically important. Young children develop in the context of these relationships, and responsive, nurturing interactions are a foundation for healthy social and emotional development.[177] Maternal depression, which by some estimates occurs in 50 percent of poor mothers with infants, is now understood to threaten mothers' capacity to respond appropriately to their young children[178] and might even alter fetal development.[179] Adverse experiences in the earliest stages of development (in the pre- and post-natal period) can have particularly strong long-term implications.[180]

During team discussion time at EC 2010, many participants reflected back to the keynote presentation on the long term health implications of early childhood experiences. Jack Shonkoff called for "reconceptualizing the health dimension of early childhood policy and practice" and "removing the social-emotional barriers to early learning."

Although the science is clear, the path for states to ensure access for all children and families to appropriate and timely health care services, including those for behavioral health (for a definition of behavioral health, see page 4), is complex. EC 2010 team conversations on this topic often included discussion about how best to secure payment for treatment and whether there are adequate service providers with appropriate skills and training to serve young children in their states. State early care and education leaders may not have established relationships with state Medicaid administrators or the state Children's Health Insurance Program (CHIP), key sources of funding for health services, including behavioral health services. Many EC 2010 attendees discussed making those connections upon return to their states. In general, lack of information from one service sector to another is a barrier to integration that has been made more pressing with passage of the Affordable Care Act. State leaders in non-health sectors want to better understand how reform will address the needs of

young children and their parents for health care. Other recurring issues involve infant and early childhood mental health needs, family stress, and maternal depression among families.

Critical issues that emerged from EC 2010 discussions and further research include:

• Integrating health promotion, including access to Medicaid and health insurance, a medical home, and good nutrition.

• Developing a coordinated system of screening, referrals, and follow-up services.

• Integrating infant and early childhood behavioral health and identification of maternal depression across systems.

## Integrating Health Promotion, including Access to Medicaid and Health Insurance, a Medical Home, and Good Nutrition

Some states are turning their attention to methods of promoting good health and nutrition for all children. Policies are emerging across the country that work to increase access to Medicaid or private health care insurance and primary care meeting the definition of a medical home (defined by the American Academy of Pediatrics [AAP] as health care services that are accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally competent) and promote good nutrition in early care and education settings and with families. Strategies include:

**Leveraging federal investments in health reform and Medicaid to expand coverage:** EC 2010 participants were aware that changes contained in the Affordable Care Act are important to extending health coverage to more children and their parents, although some were concerned that connections

to state health and Medicaid administration leaders were not strong enough. They are also concerned about the impact of the recession and state budget shortfalls on expansion plans.

It is important that leaders in child-serving agencies are informed and engaged in outreach activities for implementation about key changes. This includes increased child and parent eligibility for federally funded Medicaid to 133 percent of the federal poverty level (FPL), noting a prohibition on denying health insurance to children with preexisting conditions, and federal financing for higher reimbursement rates for primary care doctors and pediatricians through 2014.[181] State health care exchanges will reach parents beyond those eligible for Medicaid. Increasing parent health insurance coverage not only benefits children by improving parental health, it can also improve children's access to health care.[182] Community-based providers can help with outreach to enroll children and parents. Many states are engaged in planning processes to implement reform that early care and education and other early childhood leaders should try to join.[183] Some states seek similar connections by including health leaders in early childhood system planning. For example, **Texas**' Early Childhood Comprehensive Systems (ECCS) initiative, Raising Texas, includes a representative from the Medicaid authority and health insurance agency in that state.

Prior to passage of national health care reform, some states had already moved beyond federal minimum requirements for Medicaid and CHIP to reach more low-income children and families. As of 2009, 24 states made children eligible for Medicaid and CHIP above 250 percent of the FPL. Some created state-funded expansions. For example, **Illinois** All Kids provides health care coverage to all children in the state without regard to family income, preexisting conditions, or

immigrant status. The Family Care program is available to income-eligible parents and relatives caring for children under age 18 who meet certain immigration conditions. Implementation studies[184] found key components of success were developing a simple application form that is accessible online and involving community-based agencies (such as child care and early education programs, schools, faith-based organizations, and medical providers) as "All Kids application agents." These agencies turn in half of the applications received annually. They receive ongoing training and an incentive of $50 for each successful enrollment from an application they helped to secure. A study released by the state in July 2010 found that 95.5 percent of children in Illinois had health insurance.[185]

**Raising the quality of primary care for young children:** Many state leaders are engaged in efforts to ensure that the primary care children receive follows national recommendations of the AAP for quality primary care and the schedule of check-ups and immunizations, consistent with Bright Futures guidelines and educational resources. The guidelines provide standards for care focused on health promotion and disease prevention within the context of family and community. States have used them to set standards for medical practice; review state policy; and educate doctors, community-organizations, and parents. For example, **Virginia** created a state Bright Futures website to help educate the public on children's health care and has state-level Bright Futures coordinators in the Department of Health. **Maine** adopted the Bright Futures guidelines as the standard of care for physicians in the state. **Washington** used the Bright Futures framework to assess existing Medicaid and Early Periodic Screening Diagnosis and Treatment (EPSDT) policies to improve coverage of critical services for young children.[186]



## THE PUBLIC HEALTH APPROACH

An EC 2010 presentation by Center for Disease Control and Prevention staff cited 10 essential elements that define a public health approach:

1. Monitor health status to identify community health problems.

2. Diagnose and investigate health problems and health hazards in the community.

3. Inform, educate, and empower people about health issues.

4. Mobilize community partnerships to identify and solve health problems.

5. Develop policies and plans that support individual and community health efforts.

6. Enforce laws and regulations that protect health and safety.

7. Link people to needed personal health services and assure provision of health care when otherwise unavailable.

8. Assure a competent workforce for public health and personal health care.

9. Evaluate effectiveness, accessibility, and quality of personal and population-based services.

10. Research for new insights and innovative solutions.

Source: Smith, C., Engaging Parents in Their Children's Development. Presentation at EC 2010. Retrieved from http://www.earlychildhood2010.org/NRCFiles/File/engaging_parents_in_promoting_children_health.pdf.

**Promoting good nutrition and health in early care and education settings:** Recognition that the rate of obesity among children has tripled in 30 years and a public campaign by First Lady Michelle Obama have focused new attention on nutrition and other choices for young children, including those in child care and early education settings. The Center for Disease Control and Prevention (CDC) is developing trainings and materials for states on how to reduce obesity through child care and early education settings. CDC is recommending that states use multiple strategies, including specific standards in state child care licensing regulations, quality rating and improvement system (QRIS) programs, the Child and Adult Care Food Program (CACFP) requirements, professional certification programs, continuing education and training, curriculum, and program self-assessments.[187] National data on relevant child care licensing policies are limited.[188] A study of such regulations in 2006 focused specifically on opportunities to strengthen obesity prevention through licensing. For example, only 12 states had policies prohibiting or limiting foods of low nutritional value in centers (seven did so for small family child care homes and four for large family or group child care homes).[189] The AAP, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education have collaborated on new nutrition, physical activity, and screen time standards to inform state policymakers.

Some states and communities are moving quickly to prevent obesity in young children. For example, **Delaware** has implemented comprehensive changes in state licensing and CACFP regulations to promote better nutrition and physical activity. Findings from focus groups with early care and education directors, family child care home providers, and parents found that while the new standards were viewed positively, it would be important to provide training, technical assistance, resources, and materials to successfully implement the requirements.[190] Those who need training may include child care health consultants, Head Start and Early Head Start health and nutrition specialists, after school program trainers, and state licensors.[191]

**New York** has used the CACFP program and federal funding for nutritious meals and snacks for low-income children in centers and family child care homes to address childhood obesity and reach more children with healthy food. The "Eat Well Play Hard in Child Care Settings" initiative provides preschool age children and parents information on nutrition and physical activity, and funding to train early care and education providers on health and nutrition practices. The primary source of funding is the U.S. Department of Agriculture's Food Stamp Nutrition Education Program. State healthy meal standards for children receiving CACFP were improved to exceed federal standards in October 2009, for example requiring low-fat milk and all breads and cereals to be whole grain.[192] Cross-agency efforts between the CACFP and child care subsidy agency have led to several changes that extend the reach of CACFP to more low-income children by allowing license-exempt family, friend, and neighbor caregivers to receive the funds and use CACFP home visiting funding to provide oversight on health and safety practices. They then share that information with local child care resource and referral agencies responsible for administering subsidies for low-income families.[193]

## Developing a Coordinated System of Screening, Referrals, and Follow-Up Services

Even when they have health insurance or coverage from Medicaid or CHIP, children may not receive the treatment they need without a seamless system of screening, referrals, and help to access treatment.

This coordination is especially important for low-income children. Although federal law mandates that all children in Medicaid receive these services through the EPSDT benefit, the Office of the Inspector General for the U.S. Department of Health and Human Services reviewed data from nine states and found that 76 percent of children did not receive one or more of the required EPSDT medical, vision, or hearing screenings; and 41 percent did not receive any required medical screenings.[194] EPSDT is designed to cover costs for any service necessary to promote a child's healthy physical, behavioral, and emotional development. Barriers include complex Medicaid billing codes and procedures and low reimbursement rates, lack of trained providers in the community, language, and transportation challenges for families.[195] Another concern is coordination of services across federal programs (e.g., Medicaid and Part C of the Individuals with Disabilities Education Act [IDEA]) and throughout the system, including in early care and education settings.

The Assuring Better Child Development (ABCD) project, which is funded by the Commonwealth Fund and administered by the National Academy for State Health Policy (NASHP), has produced a significant body of research on state Medicaid and CHIP policy and financing innovations aimed at promoting the healthy development of low-income children birth to age 3 through standardized screening, referrals, and access to treatment. Over the past 10 years, 27 states have participated in the ABCD project. Some strategies that states are using include revising state-determined rules for federal funding streams to address needs of young children and increasing coordination of health care, including behavioral health care, for children. Another approach has been to expand access to Early Head Start, which includes provisions and staffing to link infants and toddlers to screening, referrals, and treatment.



## WAYS STATES MAY LEVERAGE MEDICAID TO PAY FOR EARLY CHILDHOOD SERVICES

- Require an Early Periodic Screening Diagnosis and Treatment (EPSDT) screening schedule that meets AAP recommendations.
- Require or permit EPSDT age-appropriate screening and diagnostic tools for infants, toddlers, and preschoolers that are sensitive to social, emotional, and behavioral issues
- Pay for covered services delivered in a range of community-based settings or through home visiting.
- Include separate definitions and billing codes for developmental assessment or screening and diagnostic evaluations.
- Use state matching funds strategically with Medicaid to support behavioral and mental health consultation in child care and home visiting programs.
- Provide reimbursement for parent-child therapy.
- Use Medicaid administration funds to pay for EPSDT care coordination services.
- Exercise a state option to provide targeted case management to a select population with complex needs, such as children in EPSDT.
- Pay an enhanced rate to primary care providers to enable primary care case management capacity.

Sources: National Center for Children in Poverty, The Spending Smarter Checklist, 2005; and National Academy for State Health Policy, Coordinating Care for Young Children Receiving Intervention Services: Opportunities in Medicaid, October 2010.

**Revising state-determined rules for use of Medicaid and CHIP funds to pay for standardized, age-appropriate screening, assessment, and other services:** States have revised rules that make a critical difference to ensuring access to and payment for necessary screening, referrals, and treatment. The AAP recommends that developmental screening using standardized tools occur at the 9-, 18-, and either 24- or 30-month check-ups in the first three years of children's lives.[196] Health care service providers caring for low-income children are the objects of many states' efforts to promote or require use of age-appropriate standardized screening instruments such as the Ages and Stages Questionnaire (ASQ), Ages and Stages Questionnaire–Social Emotional (ASQ-SE), Parents' Evaluation of Developmental Status (PEDS), and Pediatric Symptom Checklist.[197] Using a standardized tool can also help with cross-system coordination of services. For example, the **Pennsylvania** Office of Child Development and Learning (OCDEL) purchased the rights to use the ASQ and the ASQ-SE. They recommended its use for birth to age 3 screening in the child welfare, early childhood mental health consultation, or home visiting service systems. This is required within 45 days of enrollment for children entering child care programs rated three or more stars in the Keystone STARS QRIS.[198] The ASQ and ASQ-SE are also recommended assessment tools in the state Medicaid program and Head Start and Early Head Start. **Iowa** created an online child health and development record resource with forms that doctors can download and complete to guide appropriate screening at set age intervals.

Another important opportunity to expand access to screening and referrals comes through the Part C of IDEA early intervention program. States have the option of expanding these services

to children "at risk" of delay although only a handful of states currently do so. The number has been decreasing since the recession began.[199]

Because Medicaid guidance does not define child development services, securing payment through Medicaid and CHIP is complicated but crucial. For example, Iowa clarified Medicaid billing codes for comprehensive preventative child health screening; family risk assessment and social-emotional and developmental screening; and testing and diagnosis. The state encourages medical providers to use a crosswalk (originally developed in Maine) between the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0–3) and Medicaid codes to ensure funding of age appropriate services.

Easing access to Medicaid for pregnant women and new mothers is another strategy to promote healthy early childhood development. Thirty-five states allow presumptive eligibility for pregnant women so that they may access health service immediately while their eligibility is being confirmed, and 15 states do so for children.[200] Thirty-one states allow infant care education services to be covered by Medicaid funding.[201]

**Coordinating systems of care to ensure effective referrals and access to services:** States are trying different approaches to help link families to referrals and access to follow-up services that children need, through primary care providers and other strategies. A 2010 report by the Commonwealth Fund profiled initiatives in five states (**Colorado**, **Connecticut**, **Iowa**, **North Carolina**, and **Rhode Island**) that have been innovators in addressing the need for a coordinated system of care.[202] For example, the key components of Connecticut's Help Me Grow initiative, now being replicated in five states, are

improving physician training to systematically consider children's development during visits; developing a toll-free call center to help link parents to services their children need; maintaining an inventory of services available in communities for use by care coordinators at call centers; maintaining an inventory of services available in communities for use by hotline staff; utilizing community liaisons between central call centers and local services to provide a communications loop; and instituting an annual evaluation of outcomes to improve the initiative.[203] Help Me Grow in Connecticut is primarily funded by the Children's Trust Fund. Several more states indicated that they would adopt the Help Me Grow approach in their Early Childhood Advisory Council (ECAC) plans.

**North Carolina**'s Assuring Better Child Health and Development initiative builds on the state's Medicaid managed care system. Primary care doctors that participate in one of 14 community care networks receive funding per child per month to provide case management services. This funding is used to hire case managers, provide medical homes, coordinate referrals to specialists, provide 24-hour coverage, and improve the quality of primary care.[204] Through this initiative, North Carolina changed its Medicaid policy in 2004 to require use of a valid, standardized, developmental screening tool at certain well-child visits.[205]

Federal grants have promoted localities as laboratories for systems innovation in partnership with state leaders. Seventeen states and seven communities and Tribes have federally funded Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) grants that are designed to promote systemic child health promotion and prevention strategies in a specific community and translate relevant implications for state leaders. Project LAUNCH strategies include

developmental assessments in a range of child-serving settings; integration of behavioral health into primary care settings; mental health consultation; home visiting; and family strengthening and parent skills training. Grantees form cross-system Child Wellness Councils that conduct environmental scans and cross-system planning. For example, **Massachusetts**' collaborative initiative is coordinated by a management team that includes state-level staff from the state health and public health agencies, the Boston Public Health Commission, and the local agencies' key staff. This group coordinates two Substance Abuse and Mental Health Services Administration (SAMHSA) grants in the state: Project LAUNCH and a Systems of Care grant focused on addressing needs of children with serious emotional disorders (SEDs). Teams consisting of an early childhood mental health clinician and a family partner have been placed at five key community-based health care locations in Boston. Screening on behavioral health, family risk, and maternal depression are integrated into well-child visits. The initiative taps Medicaid to pay for infant and early childhood mental health services, using a crosswalk with the Diagnostic Classification of Early Childhood (DC 0-3 R) as well as care coordination.[206]

**Expanding access to Early Head Start:** Some states are expanding access to services that meet federal Head Start Performance Standards for at-risk infants, toddlers, and their families. Federal Head Start and Early Head Start grantees are mandated to provide developmental screenings within 45 days of enrollment and follow-up to help families' access referrals and treatment,[207] but other early care and education settings serving low-income children may not have standards, staff, or resources to do so. For example, the **Kansas** and **Missouri** Early Head Start programs require partnerships between federal Head Start

and Early Head Start grantees and existing community-based child care centers or family child care homes. They use state or Child Care and Development Fund (CCDF) funds to pay for eligible children to access the full range of federally required comprehensive services. Both states partner with their federal Regional Office of Head Start to leverage that system's federally funded professional development and technical assistance for the state-funded Early Head Start grantees.[208] In a different approach, Oregon is piloting the **Oregon** Program of Quality (OPQ) initiative which assists community child care centers and family child care homes to meet a set of standards aligned with the federal Head Start Performance Standards. These enable facilities to serve as "community placement" agencies that provide services for Early Head Start, Head Start, and IDEA Part C–eligible children.[209]

## Integrating Infant and Early Childhood Behavioral Health and Identification of Maternal Depression Across Systems

A number of states are focusing on infant and early childhood behavioral health and maternal depression at the same time that the scientific research and understanding of the importance of social and emotional development have become established. A report prepared by the National Research Council and the Institute of Medicine highlighted the issue and prevalence of parental depression and its connection to child development, and made a set of recommendations. Federal grants and technical assistance for states to attend to these issues from the behavioral health (through SAMHSA) and child care and early education (through the Office of Head Start and Office of Child Care) sectors may have played a role in spurring action at the state-level (see
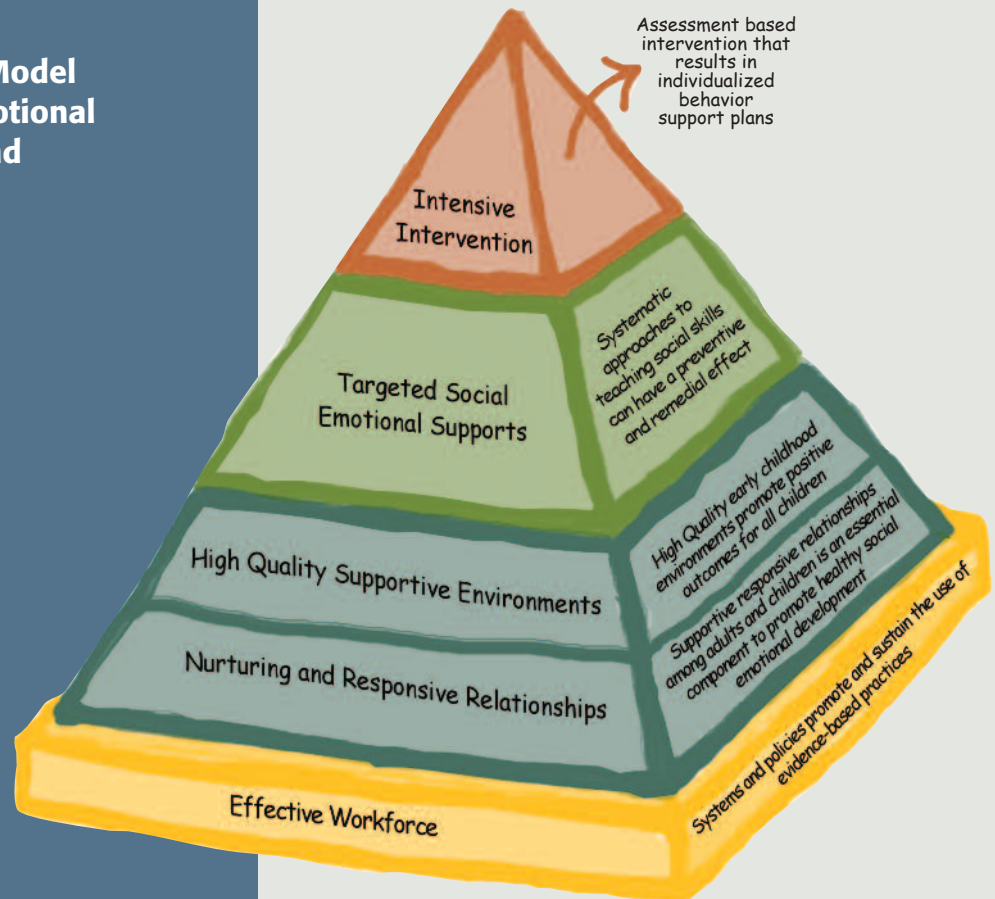
Appendix D: Federally Funded National Technical Assistance Centers, p. 127). For example, the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) is a national resource center that provides information on current research and evidence-based practices in promoting social and emotional development. CSEFEL partners with **California**, **Colorado**, **Hawaii**, **Iowa**, **Maryland**, **Massachusetts**, **Nebraska**, **North Carolina**, **Tennessee**, **Vermont** and **Wisconsin**. The Technical Assistance Center on Social Emotional Intervention for Young Children (TACSEI) partners with **Alaska**, **Minnesota**, **Nevada**, and **West Virginia** to help with planning and implementing professional development systems that improve the capacity of the early childhood workforce to meet the needs of young children, particularly those with or at risk for delays or disabilities. The work of CSEFEL and TACSEI is guided by the Pyramid Model, a conceptual framework for promoting social emotional competence in infants and young children (see Figure 1, p. 69).

**Assessing gaps in infant and early childhood and behavioral health services:** Some states are documenting barriers to infant and early childhood and behavioral health services, especially in more rural areas. For example, in **Maine**, the Maine Rural Health Research Center at the University of Southern Maine conducted a study of access to mental health services for children based on parent reporting. Researchers found that rural children were less likely to receive all needed mental health care as compared to children in urban settings. Rural families reported spending more time coordinating their children's care compared to their urban counterparts.[210] The center is funded by the federal Office of Rural Health Policy, which funds similar centers in **North Carolina**, **South Carolina**, the Upper Midwest (**Minnesota** and **North Dakota**), **Washington**, and **West Virginia**.

**Integrated infant and early childhood behavioral health planning and financing across all child-serving agencies:** Effective statewide planning across sectors often evolves over years as stakeholders build relationships and learn to leverage multiple funding resources to move toward shared goals. For example, **Colorado** built on a number of initiatives, including successful implementation of four county early childhood mental health pilots partly funded by a Systems of Care grant from SAMHSA, to pull together a Blue Ribbon Policy Council for Early Childhood Mental Health with high-level leadership from the lieutenant governor. At the same time, a public-private interagency team was developing a comprehensive Policy Framework to guide development of an

early childhood system. In 2008, the statewide early childhood mental health plan laid out a blueprint to increase public engagement, build professional and workforce development, coordinate funding and financing, expand availability of services, and form a system of care that supports promotion, prevention, and intervention. To promote opportunities to put diverse funding sources together, state administrators put together a website with information on all relevant federal, state, and local public and private funding streams that can be used to pay for early childhood services called Blending Revenues Across Interagency Departments (BRAID).[211] Colorado's new Center for Social Emotional Competence and Inclusion has funding from the Colorado Department of

**FIGURE 1.**

**CSEFEL/TACSEI Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children**



Assessment based intervention that results in individualized behavior support plans

Intensive Intervention

Systematic approaches to teaching social skills can have a preventive and remedial effect

Targeted Social Emotional Supports

High Quality early childhood environments promote positive outcomes for all children

Supportive responsive relationships among adults and children is an essential component to promote healthy social emotional development

High Quality Supportive Environments

Nurturing and Responsive Relationships

Systems and policies promote and sustain the use of evidence-based practices

Effective Workforce

Human Services, Division of Child Care, Division for Developmental Disabilities Early Intervention Program, and Division of Behavioral Health. The center combines train-the-trainer efforts using the federally funded CSEFEL Pyramid model and the SpecialQuest birth-to-5 inclusion model.

In another approach, **Florida** convened a cross-section of public and private stakeholders in 2000 that developed a statewide plan explicitly focused on infant mental health. Later, with funding received under the ECCS grant to its Department of Health, the state moved forward with several strategies, including training for medical professionals on developmental screening and maternal depression and screening.[212]

**Providing mental health consultation to child-serving programs:** At least 29 states have statewide or regional early childhood mental health consultation projects to enhance awareness and capacity among child care and early education providers, with a few also including unlicensed family, friend, and neighbor caregivers.[213]

Analysis of these programs has found systemic challenges, such as a need for more infant and toddler mental health clinicians and bilingual consultants and a lack of sustainable funding for this prevention-oriented activity. To be effective, national research indicates that these initiatives need strong leadership and strategic partnerships at the state and local levels.[214] **Connecticut** started its now statewide Early Childhood Consultation Partnership (ECCP) in 2002. ECCP is designed to prevent suspensions and expulsions of children birth to age 5 from early childhood settings by providing consultation and supports to providers. The state issued a request for proposals (RFP) and awarded the ECCP contract to a nonprofit behavioral health

management company, which in turn subcontracts with 10 nonprofit community-based agencies. ECCP consultants work with child care centers, Early Head Start and Head Start programs, licensed family child care homes, foster care settings and intermediate safe homes, kinship care homes, substance abuse residential facilities, and community resource centers.[215] They provide consultation at the child-specific, classroom, and site levels. ECCP is funded primarily by $2.1 million in state funding from the Department of Children and Families, Early Intervention Unit, and the Department of Education.[216]

**Innovative strategies to identify and address parental depression:** Low-income infants and toddlers are disproportionately likely to live with depressed parents, most of whom are unlikely to receive professional treatment.[217] Parental depression can be harmful to children because it impairs the capacity of parents to be responsive to children, and it can harm family economic and household stability.[218] Addressing maternal depression alone will not necessarily improve chances for healthy development of children, but research shows that joint parent-child treatment is more promising.[219] Persistent maternal depression and experiences of interpersonal trauma can compromise the effective delivery of support services such as home visiting to first-time mothers.[220]

States have opportunities to reach depressed mothers when they and their families are identified through other programs and services. The majority of mothers of young children suffering depression also access the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), health care services, food stamps, or Temporary Assistance for Needy Families (TANF).[221]

A recent expansion of federal investments in Early Head Start and the Maternal, Infant, and Early Childhood Home Visiting program offers the opportunity to connect depressed mothers with services. For example, the Family Connections Project in Boston, **Massachusetts**, has resulted in Early Head Start, child care, community health center, and Harvard Graduate School of Education participation in a partnership that trains staff to work with depressed parents, offers support, and provides appropriate referrals and treatment.[222] Two federal Evidence-Based Home Visiting (EBHV) grantees are examining the benefits of adding enhanced mental health services for caregivers with identified mental health needs, such as maternal depression and those at greatest risk of child maltreatment. The Rochester, **New York**, EBHV project will use a comprehensive screening process that identifies whether the family needs more intensive mental health services. Based on the initial screening, the family may receive additional evidence-based mental health and parenting programs. These may include the Interpersonal Psychotherapy, Child Parent Psychotherapy, or the Incredible Years programs, which all focus on depression, attachment, and trauma-related issues. In **Tennessee**, the LeBonheur EBHV project provides enhanced mental health training and consultation to nurses in their role as home visitors to help them better address needs of the parents they serve, many of whom suffer from maternal depression.

States can also provide information and guidance to physicians who take Medicaid patients to make treatment of the parent-child "dyad" possible. **Illinois**' Department of Healthcare and Family Services funds a Perinatal Mental Health project at the University of Illinois–Chicago that offers toll-free physician-to-psychiatrist phone consultation about screening and treatment, physician training, and several online resources to aid in delivering appropriate mental health services, including billing codes for Medicaid.

States are **integrating child and family health, including mental health**, services across state early learning and development systems by:

- Integrating health promotion, including access to Medicaid and health insurance, a medical home, and good nutrition.
- Developing a coordinated system of screening, referrals, and follow-up services.
- Integrating infant and early childhood mental health and identification of maternal depression across systems.

# 6 Children with Multiple Risks

## Preventing Toxic Stress and Meeting the Needs of Children and Families with Multiple Serious Risk Factors

Researchers and state leaders are coming to terms with troubling findings and data about childhood risk factors. Adverse early childhood experiences, which have a long-term impact on human development and health, are much more common than previously realized. According to the Center on the Developing Child, serious disruptions in any aspect of early development (physical, emotional, social, and cognitive) cause the body and brain to change in ways that can have long-term negative effects on health.[223] Studies have connected early exposure to traumatic events, especially child maltreatment and violence, to increased chances of behavioral problems, impaired social and emotional functioning, and learning difficulties.[224]

Data collected as part of the Adverse Childhood Experiences (ACE) Study, a collaboration between the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente's Health Appraisal Clinic in San Diego, show that two-thirds of adults report they were exposed to at least one ACE while under age 18, and over 20 percent reported three or more. The ACE study uses data solicited from 1995–97 from over 17,000 individuals in Southern California. Participants reported whether they had ever experienced any of the following when they were under age 18: abuse (physical, emotional, or sexual); neglect (physical or emotional); or

household dysfunctions (violence toward their mother or any household member with mental illness; substance abuse issues or time in jail; or parent separation or divorce).[225] The more ACE exposures, the more likely a person was to report a range of negative health and behavioral problems as an adult (see Figure 2: The Adverse Childhood Experiences Study Pyramid, below).

Taking this data together with research on the conditions of children today is cause for concern. One in four children under age 6 now live in



**FIGURE 2. The Adverse Childhood Experiences Study Pyramid**

Source: CDC. (2010). The ACE Pyramid. Retrieved from http://www.cdc.gov/ace/pyramid.htm.
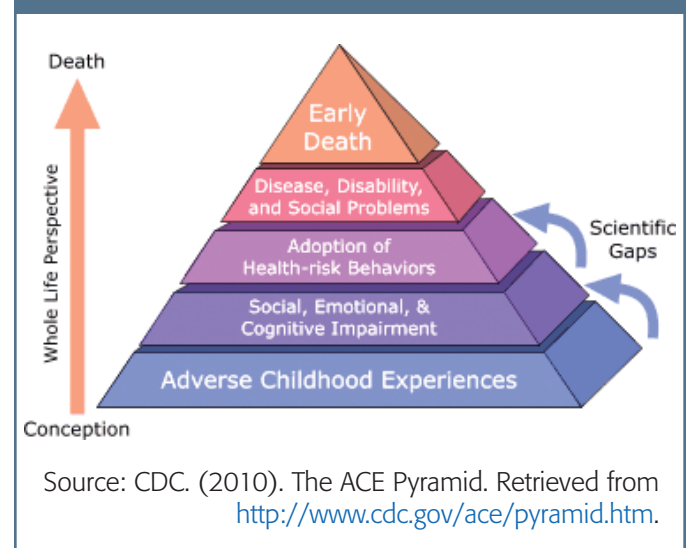
families experiencing the deprivations and stress associated with poverty.[226] Just under 23 percent of households with children under age 6 reported food insecurity in 2009; and for households headed by a single mother, the figure is just under 37 percent.[227] Over half of child victims of abuse and neglect in 2009 were under age 8.[228] Some research estimates that up to 50 percent of children in the foster care system have experienced trauma.[229] Among those infants who enter foster care, half will stay in foster care for more than two years.[230] Over half of children who are homeless may have witnessed traumatic, violent events. Natural disasters, such as Hurricane Katrina, also expose children to situations that negatively impact their development.[231] Children in military families with a deployed parent experience increased risk partly depending on trauma experienced by the deployed parent and on how well the remaining parent is coping. Some research shows increases in the rate of child maltreatment in military families since deployment abroad increased.[232]

State leaders gathered at EC 2010 were well aware of the growing risk that children in their states are facing. Participants in EC 2010 state team meetings reiterated their desire to do more to address the impact of adverse experiences on children. Some participants reported seeing rising rates of distress, economic insecurity, substance abuse, child abuse or neglect, and trauma among families they serve. This was particularly true for those from states with areas of deep rural poverty (including tribal lands), where concerns about accessing appropriate, high-quality physical and behavioral health services are paramount. However, most participants had backgrounds in early care and education, but nevertheless felt unprepared to deal with these complex issues. Some state discussions were enriched by the inclusion of Substance Abuse and Mental Health Services Administration (SAMHSA) grantees, such as the System of Care representatives working to support children with serious emotional disturbances. Conversation about serving children with multiple risks often focused on the importance of coordinating across systems in order to provide supports or treatment to parents and children together and to ensure access to high-quality early care and education programs as a respite and support for these children.

Areas of particular focus that emerged from EC 2010 discussions and subsequent exploration of related issues for this report include:

- Ensuring children involved in child welfare have access to high-quality early care and education, early intervention, and infant and early childhood behavioral health care.

- Making connections between maternal substance abuse treatment and supportive services for children.

- Building capacity of child-serving programs and communities to identify and address early childhood trauma.

# Ensuring Children Involved in Child Welfare Have Access to High-Quality Early Care and Education Programs, Early Intervention, and Infant and Early Childhood Behavioral Health Care

Linking children in the child welfare system to the range of supports they need is a challenge for state policymakers. Part of the challenge can be overcoming negative assumptions of potential partners and early childhood professionals about intentions of the child welfare system and its workforce.[233] Another issue is the need to increase system and workforce capacity to address unique developmental needs of very young children, especially infants and toddlers who have experienced trauma. National 2009 data indicate that a third of victims of maltreatment were under age 4, including 12.6 percent under age 1.[234] Strategies include:

**Creating partnerships between child welfare and Head Start and Early Head Start programs:** Partnerships between child welfare systems and Early Head Start programs or other high-quality early care and education programs hold promise for young children in foster care or at risk of foster care placement.[235] Early Head Start programs provided a package of comprehensive health, mental health, nutrition, and social services as well as continuity of care that could be protective for very young children.[236] Federally funded research on 23 such local partnerships from 2002–07 found that most were successful in promoting safe and stimulating home environments, enhancing caregivers' parenting skills, improving access to health and social services, and establishing Memorandums of Understanding that helped guide the partnership.[237] The Office of Head Start recently issued guidance

reiterating the importance of serving children in child welfare (foster children are categorically eligible for services and grantees may also prioritize children with open cases within the child welfare system who remain in parental custody).[238]

**Connecticut** provides an example of how a state has moved from a pilot begun in 1999 to a new statewide initiative to connect local child welfare agencies and Head Start and Early Head Start programs. State-level leadership came from the Head Start State Collaboration office and Connecticut Department of Children and Families (DCF). Results of the effort include a simplified and standardized referral process for DCF-involved children being enrolled in Head Start and Early Head Start programs. Treatment plans have also been aligned across DFC and Head Start and Early Head Start family partnership agreements, and the DCF data system has been modified to better identify children under age 5 to participate.[239]

**Prioritizing children in the child welfare system for child care subsidy assistance:** Thirty-eight states provide child care subsidies to children in "protective services," as the state defines this term. For example, **Louisiana**'s Child Care and Development Fund (CCDF) lead agency partners with the child welfare agency to provide respite services to children in protective care. Protective care is defined under these circumstances as services offered to individuals under 13 years of age who are in danger or threatened with danger of abuse, neglect, or exploitation; or who are without proper custody or guardianship; and for whom the need for services has been determined by the state agency responsible for the provision of abuse and neglect complaint investigations. Children in foster care are also considered to be in protective services.[240] In some cases, Louisiana waives requirements that

protective services families pay copayments and meet work and education eligibility requirements that apply to others receiving child care subsidies. Thirteen states also waive work and education requirements for protective services families.[241] **Massachusetts'** child care policies address needs of children in the child welfare system in two ways. Foster care families receive prioritization on the state wait-list for child care subsidies for low-income eligible children. Children living in their homes with open cases of abuse and neglect are eligible for "Supportive Child Care," a separate line item of $88 million that provides an early education and care experience for children involved with the Department of Children and Families. The state has implemented an "immediate access" policy to ensure that all children with referrals from their social workers have immediate access to full-time child care.

**Ensuring that children in the child welfare system (including infants and toddlers) have access to screening and treatment for behavioral health needs:** Behavioral health services are also critical for children involved in the child welfare system. High proportions of young children in the child welfare system have behavioral health needs, but a fraction of these children receive treatment. The vast majority of states screen participating children for physical health problems, but just under half do so for behavioral health issues.[242] The Child Abuse and Protection Treatment Act (CAPTA) mandates that all children under age 3 who have been abused or neglected receive referrals to screening under Part C of the Individuals with Disabilities Education Act (IDEA) and services to address infant and early childhood mental health. **Massachusetts** went beyond this requirement by further including infants and toddlers living in homes where abuse and neglect reports for *other* family members have been supported.[243]

Identifying behavioral health needs among infants and toddlers is complicated. States have to help professionals learn how very young children show their distress and what the most effective treatments seem to be. One basic issue has to do with requiring screenings routinely and using appropriate tools for very young children. For example, **Indiana** implemented a rule that all children would receive mental health screenings within five days of an open case, and, if indicated, that they receive a comprehensive mental health assessment within 10 days of the screening.[244] A third of children removed from their homes were deemed at risk, and when children received treatment, they were more likely to experience stable placements. Leaders in the state mental health agency have worked closely across systems, collaborating with the Medicaid authority to introduce a tool (the Child and Adolescent Needs and Strengths [CANS] and CANS 0–5 for young children) to help tailor treatment plans for children and families and to justify use of Medicaid to pay for rehabilitation services.[245]

**Increasing knowledge of infant and toddler development and implications for child welfare and judicial system decisions:** States are taking different approaches to increasing understanding of infant and toddler needs. For example, Massachusetts' child welfare agency has identified a high-level program manager to respond to the needs of young children and their families.[246] In doing so, the state acknowledges that many young children are involved in the child welfare system and that the impact of early childhood trauma has implications for these young children and across their lifespan.[247]

Leaders in **Arkansas'** Department of Human Services and Department of Child and Family Services partnered to bring the ZERO TO THREE court-community partnership model to

a pilot in a central Arkansas child and family court. All children under age 3 placed out of the home are eligible. A community coordinator works to address underlying issues that may contribute to bringing the family to court. This includes bringing together local service providers and churches to identify appropriate resources that participating families may need, such as mental health services, housing, and transportation. Parents also receive coaching to improve the quality of supervised visits with their children and to increase capacity to recognize and respond appropriately to the cues of their infants and toddlers. An agreement with a nearby Early Head Start reserves 10 spots for participating children. A cross-section of court personnel, community agency staff, foster parents, and lawyers together received training in infant and toddler development and mental health. The initiative started with $300,000 in American Recovery and Reinvestment Act (ARRA) funding in 2009 but is now sustained by other sources.

## Making Connections Between Maternal Substance Abuse and Supportive Services for Children

In the field of substance abuse treatment, there is a growing recognition that treatment for parents (especially for mothers) must include consideration of any children and the broader family context. National data indicate that almost 12 percent of children under the age of 18 live with at least one parent with substance abuse issues, and that figure is almost 14 percent for children under age 3.[248] Some estimate that 10 percent of births each year may involve prenatal exposure to drugs or alcohol, but that the vast majority of babies are sent home with this vulnerability undetected. Effective health promotion, prevention of, and treatment for substance abuse among parents demands

involvement of multiple state agencies to provide a continuum of comprehensive services delivered across different developmental stages of life.[249]

**Including children when mothers need residential treatment:** A promising approach is linking services to children of mothers in residential substance abuse treatment. States differ in their policies on this matter. Federal funding sources, such as the Substance Abuse Prevention and Treatment (SAPT) Block Grant, require "therapeutic interventions" for children in custody of women in treatment but do not specify for whom, or what services must be delivered for children. In keeping with the trend toward family-centered treatment, some states have specified services for children. **Georgia** and **Washington** have extensive Therapeutic Child Care guidelines that set the tone and content for children's services in residential treatment programs.

**Massachusetts** is unique in allowing any child under age 18 to live with their mother in state residential treatment centers. State contracts and licensing rules for these residential treatment centers require that children in residences receive a range of services (including physical and developmental screening) and that the facility have formal linkages with early intervention and necessary services. At the state level, the Bureau of Substance Abuse Services has a women's services coordinator who sits on the statewide Children's Behavioral Health Initiative and other interagency groups that work to better coordinate services and increase access to children's services.[250] Entre Familia is a residential substance abuse treatment program for Latina women and their children located in Boston. First funded through SAMHSA's Women, Children and Family Treatment Program, the program serves approximately 60 families per year with a 6-12 month length of stay. A majority of women served

live in poverty, are involved in the criminal justice and child welfare systems, and have not graduated from high school. In addition to substance use disorders, many also have a history of trauma and mental health problems. Entre Familia provides a variety of treatment and support services for the women and their children, with a strong focus on engaging other family members and strengthening the family unit. By working with women and children together, the center focuses on improving outcomes for the mothers and their children and uses family as a powerful motivator in the mother's treatment and recovery. Participants in the program have shown significant reductions in drug use and criminal involvement.[251]

**Supporting substance-exposed newborns and their families:** In 2003, the CAPTA reauthorization included a requirement that states have policies and procedures that address the needs of infants born and identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure. This requirement includes identification and referral of the infants and the development of a plan for safe care. In 2005, the Administration for Children and Families (ACF) awarded five-year grants to four programs in **Colorado**, **Massachusetts**, **Ohio**, and **Oregon** to develop models to implement CAPTA requirements and capture lessons learned for addressing substance-exposed newborns.

In **Maine**, a federal Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) grant, which focused on the rural area of Washington County, will be used to provide lessons learned for other community collaborations, including a curriculum for working with families with substance-exposed infants. This community was selected in part because one-third of the county's infants are born at risk due to factors such as exposure to substances or low birth weight, along with high rates of babies in protective custody. The nearest neonatal intensive care unit is 90 miles away, making follow-up care difficult to access for substance-exposed infants. The local Project LAUNCH "bridging" project matches high-risk expectant and new mothers with nurses or early childhood professionals. In partnership, they develop an individualized plan to "bridge" gaps, such as lack of transportation, child care, and other necessities. The mother also receives support addressing the concerns, developmental questions, or social and emotional needs of the young child and family.[252] The Washington County model also provides home visits in coordination with the statewide Maine Families home visiting program, using the T. Berry Brazelton Touchpoints model to strengthen parenting skills.[253]

**Providing access to respite child care:** Early care and education can play a role in supporting parents dealing with substance abuse issues. Difficulty finding child care has been linked to higher self-report of child neglect for mothers entering substance abuse treatment programs.[254] Four states (**Arizona**, **New York**, **Washington**, and **Wisconsin**) make children whose parents are in substance abuse treatment programs (as part of a Temporary Assistance for Needy Families [TANF] recipient's approved plan, for example) eligible for subsidies to help pay for child care.[255]

## Building Capacity of Child-Serving Agencies and Communities to Identify and Address Early Childhood Trauma

Some states are connecting the research on toxic stress and adverse experiences for young children to policy and practice. One approach is to ensure that those working with children and families are more sensitive to and better able to identify behaviors that have roots in traumatic

experiences, and to link children and families to appropriate follow-up services.[256] The National Child Traumatic Stress Network has research and resources to help policymakers plan for creating trauma-informed systems that serve children. Some state activities include:

**Drawing on existing data sources to understand the scope of the problem: Illinois** has developed the capacity to integrate several data sources including child welfare, mental health treatment paid with Medicaid for adults and children, substance abuse, and juvenile justice information. Through a contract with researchers at Chapin Hall at the University of Chicago, these data sources have shed new light on the most vulnerable families in the state. Twenty-three percent of families involved in some way in these systems have, in fact, been multiple system users, which indicates a need to develop a cross-system approach to support them. The hope is that this data is used to inform new efforts to support multiple system families with very young children.[257] The state was also able to tap this data set to assess the needs of vulnerable families as required to submit the state application for new federal Maternal, Infant, and Early Childhood Home Visiting program funds.

In addition, some states have invested in parent surveys similar to the federal Child and Adolescent Health Survey to gather information about young children, their home environments, the services they access, and their health and early education practices. Such information can be helpful in identifying areas for state and community prevention and public education activities. **Washington** has used funding from the Bill and Melinda Gates Foundation to build on the CDC's Behavioral Risk Factor Surveillance System to inform efforts to track and address adverse childhood experiences.



**TRAUMA IN EARLY CHILDHOOD**

In one study of children aged 2-5, a little more than half had experienced a severe stressor in their lifetime. The most common traumatic stressors for young children include:

- Accidents
- Physical trauma
- Abuse
- Neglect
- Exposure to domestic and community violence

Source: National Child Traumatic Stress Network, http://www.nctsnet.org, (n.d.).

**Educating the child welfare workforce on the signs and impact of early childhood trauma:** In 2005, **Illinois** passed legislation that required services addressing trauma to be included among the range of supports provided to children in the child welfare system. Since then, all 3,500 Department of Child and Family Services (DCFS) staff (including caseworkers, managers, and clinicians) has received multiple trainings in trauma-informed care through a "learning collaborative" model designed to facilitate peer-to-peer learning and support to implement change in practice.[258] One such change is the use of new standardized tools, such as the Child and Adolescent Needs and Strengths (CANS) for child welfare to inform planning and case decisions.[259]

DCFS also developed a field support program to enhance the transfer of knowledge from the learning collaboratives to the field through ongoing practice application with supervisors throughout the state. The department also created an Office of Trauma Informed Practice dedicated to providing ongoing training and consultation throughout DCFS-administered services and programs in order to further the enhancement of trauma-informed practice. DCFS contracts with the Erickson Institute, a Chicago-based graduate school for early childhood development, to administer developmental screenings for children birth to age 5 who enter the foster care system. DCFS is a contributing member of the Illinois' Childhood Trauma Coalition, an organization dedicated to integrating information about childhood trauma throughout the service array of child-serving systems in Chicago, including child care and early education programs.[260]

**Educating and empowering communities to interrupt the cycle of adverse early childhood experiences: Washington** is engaged in a multiyear, statewide effort to understand the prevalence of adverse childhood experiences; educate state and local leaders; and engage communities in an effort to stop the compounding effect of multiple adverse childhood experiences.[261] A state-level Family Policy Council consisting of governor's staff, legislators, and leaders from seven agencies have served as the umbrella agency for 42 Community Public Health and Safety Networks across the state. Washington's authorizing statute specifies that network membership include 13 citizens "without fiduciary interest" in order to keep leadership in the hands of parents rather than professionals.[262] Using this state-to-local

mechanism, Washington gathered information and brought in national experts to educate stakeholders about the ACE research. Each network developed community-specific plans to lower rates of these negative experiences and to promote thriving families. Several studies have documented results, including reduced rates of teen pregnancy, school drop-out, out-of-home placements of children, and juvenile crime in active network communities.[263] Washington continues to promote the importance of this issue. A coinvestigator of the original ACE study conducted an ACE study specific to the state that was released in July 2010.[264] In the current budget cycle, the governor has proposed to replace the state level council with a public-private partnership to collaborate with the community-level networks, which would be continued.[265]

States are **preventing toxic stress and meeting the needs of children and families with multiple serious risk factors** by:

• Ensuring children involved in child welfare have access to high quality early care and education programs, early intervention, and early childhood mental health care.

• Making connections between maternal substance abuse treatment and supportive services for children.

• Building capacity of child-serving agencies and communities to identify and address early childhood trauma.

# Conclusion

Scientific research has demonstrated how critically important early childhood is to lifelong health and well-being. The challenge for state leaders is to translate these findings into concrete policies and services that support optimal learning and development for all children. They must do so using the resources and systems available to them. In convening Early Childhood 2010, the U.S. Departments of Health and Human Services and Education sought to highlight and encourage innovative and integrated state early learning and development systems. The many state examples detailed in this document illustrate an array of approaches and activities now underway, with numerous opportunities for state leaders to learn from each other. Even in challenging times, states can develop unique approaches to a range of issues, including coordinating state leadership; using data effectively; developing systems of quality improvement; partnering with families and communities; integrating health and behavioral health across systems; and addressing the needs of children with multiple risks to their development.

# List of Contributors

EC 2010 and this document would not have been possible without the leadership of Dr. Joan Lombardi, deputy assistant secretary and inter-department liaison for early childhood development in the Administration for Children and Families (ACF), HHS; and Dr. Jacqueline Jones, senior advisor on early learning to the secretary of education, ED.

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## Coordinated State Leadership

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# APPENDIX A
# Glossary of ED and HHS Terms

| ACRONYM | FEDERAL AGENCY, PROGRAM, OR FUNDING STREAM |
|---|---|
| ACA | Affordable Care Act |
| ACE Study | Adverse Childhood Experiences Study |
| ACF | Administration for Children and Families |
| AFI | Assets for Independence |
| ARRA | American Recovery and Reinvestment Act of 2009 |
| CACFP | Child and Adult Care Food Program |
| CAPTA | Child Abuse and Prevention Treatment Act |
| CBCAP | Community-Based Child Abuse Prevention |
| CCDF | Child Care and Development Fund |
| CCMHS | Comprehensive Community Mental Health Services for Children and Their Families Program – Part E of Title V, Public Health Service Act, as amended |
| CMHSBG | Community Mental Health Services Block Grant |
| CSBG | Community Service Block Grant |
| EBHV | Evidence-Based Home Visiting |
| ECAC | Early Childhood Advisory Council |
| ECCS | State Early Childhood Comprehensive Systems Grants |
| ED | U.S. Department of Education |
| EHS | Early Head Start |
| EPSDT | Early Periodic Screening, Diagnosis, and Treatment Program |
| ESEA | Elementary and Secondary Education Act |
| FERPA | Family Educational Rights and Privacy Act |
| FPL | Federal Poverty Level |
| HEA | Higher Education Act |
| HHS | U.S. Department of Health and Human Services |
| HIPAA | Health Insurance Portability and Accountability Act |
| HRSA | Health Resources and Services Administration |
| IDEA | Individuals with Disabilities Education Act |
| Part B, Section 619 | Preschool Grants |
| Part C | Early Intervention for Infants andToddlers with Disabilities |

| ACRONYM | FEDERAL AGENCY, PROGRAM, OR FUNDING STREAM |
|---|---|
| ICC | Interagency Coordinating Councils |
| IES | Institute of Education Sciences |
| IFSP | Individualized Family Service Plan |
| Project LAUNCH | Linking Actions for Unmet Needs in Children's Health |
| MCHB | Maternal and Child Health Bureau |
| MCHBG – Title V | Maternal and Child Health Block Grant – Title V |
| MIEC | Maternal, Infant, and Early Childhood Home Visiting Program |
| NCES | National Center for Education Statistics |
| OCC | Office of Child Care |
| OHS | Office of Head Start |
| OPRE | Office of Planning, Research and Evaluation |
| OSEP | Office of Special Education Programs |
| SAMHSA | Substance Abuse and Mental Health Services Administration |
| SAPT | Substance Abuse Prevention and TreatmentBlock Grant |
| SLDS | Statewide Longitudinal Data System Grants |
| SNAP | Supplemental Nutrition Assistance Program (formerly known as the Food Stamp Program) |
| SSBG | Social Services Block Grant |
| SCHIP/CHIP | State Children's Health Insurance Program (Title XXI of the Social Security Act) |
| TANF | Temporary Assistance for Needy Families |
| Title I | Title I of ESEA - Early Childhood Grants |
| Title IV-B & IV-E of the SSA | Title IV-B & IV-E of the Social Security Act |
| WIC | Special Supplemental Nutrition Program for Women, Infants, and Children |

State Issues and Innovations in Creating Integrated Early Learning and Development Systems

# APPENDIX B

# Federal Early Childhood 2010 Partners

| FEDERAL PARTNER | DESCRIPTION AND CONTACT |
|---|---|
| | **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES** |
| | **Administration for Children and Families (ACF)** |
| **Administration on Developmental Disabilities (ADD)** | **Developmental Disabilities Grantees**<br>The Developmental Disabilities Grant Programs comprise three state-based programs that collaborate with one another, as well as with other entities in their respective states. |
| | 1. **State Councils on Developmental Disabilities**<br>http://www.acf.hhs.gov/programs/add/states/ddcs.html<br>State councils identify and address through systems change, capacity building, and advocacy efforts the most pressing needs of people with developmental disabilities in their state or territory. |
| | 2. **State Protection and Advocacy Systems**<br>http://www.acf.hhs.gov/programs/add/states/pas.html<br>Systems in the states and territories that provide protection and advocacy services to individuals with developmental disabilities based on priority areas identified through public input. |
| | 3. **National Network of University Centers for Excellence in Developmental Disabilities Education, Research and Services**<br>http://www.aucd.org/template/page.cfm?id=24<br>This discretionary grant is awarded to public service units of universities or public or not-for-profit entities associated with universities to conduct interdisciplinary preservice preparation, community services, research, and information dissemination. These centers support activities that address various issues from prevention to early intervention to supported employment. |
| | 4. **Projects of National Significance (PNS)**<br>http://www.acf.hhs.gov/programs/add/pns/pns.html<br>PNS funds provide grants, contracts, and cooperative agreements to public and private nonprofit institutions to create opportunities for individuals with developmental disabilities in eight areas of emphasis: quality assurance, education and early intervention, child care, health, employment, housing, transportation, and recreation activities. |
| **Office of Child Care** (formally known as Child Care Bureau) | **State and Territory Child Care and Development Fund (CCDF) Administrators**<br>http://www.acf.hhs.gov/programs/ccb/ccdf/factsheet.htm<br>The CCDF program works to assist low-income families who are receiving and transitioning from temporary public assistance in obtaining child care so that they are able to attend classes or work.<br><br>The CCDF Grantees:<br>State: http://nccic.acf.hhs.gov/statedata/dirs/display.cfm?title=ccdf<br>Tribal: http://nccic.acf.hhs.gov/tribal/grantees.html |

| FEDERAL PARTNER | DESCRIPTION AND CONTACT | |
|---|---|---|
| **Administration for Children and Families (ACF)** | | |
| **Children's Bureau (CB)** | **Community-Based Child Abuse Prevention grantees (CBCAP)**<br>http://www.friendsnrc.org/cbcap<br>http://scchildren.org/programs/2010-2011_cbcap_grantees<br>The CBCAP program provides funding to states to develop, operate, expand, and enhance community-based, prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. | |
| | **Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment (EBHV)**<br>www.supportingEBHV.org<br>The goal of this program is to generate knowledge about the use of evidence-based home visiting programs to prevent child maltreatment, including obstacles and opportunities for their wider implementation. | |
| | **Prevention Discretionary Grantees** | **National Quality Improvement Center on Early Childhood (QIC-EC)**<br>www.qic-ec.org<br>The QIC-EC project seeks to generate and circulate new knowledge about programs and strategies that contribute to child maltreatment prevention and optimal development for children and their families.<br><br>**Preventing Child Abuse and Neglect through Nurse Home Visitation**<br>This program seeks to prevent child abuse and neglect by providing nurse home visitation services and referrals to healthy marriage and responsible fatherhood services.<br><br>**Rigorous Evaluations of Existing Prevention Programs**<br>This program provides funding for rigorous evaluations of existing child abuse prevention programs that have not previously been evaluated. |
| **Office of Head Start (OHS)** | **Head Start Collaboration Offices**<br>http://eclkc.ohs.acf.hhs.gov/hslc/hsd/SCO<br>This program seeks to facilitate collaboration between Head Start and Early Head Start agencies and entities that carry out activities designed to benefit low-income children from birth to school entry and their families.<br><br>*The Head Start Collaboration Directors invited and paid for state prekindergarten programs directors to attend EC2010. | |
| **Office of Planning, Research, and Evaluation (OPRE)** | http://www.acf.hhs.gov/programs/opre<br>OPRE is responsible for advising the assistant secretary for children and families on increasing the effectiveness and efficiency of programs to improve the economic and social well-being of children and families. | |
| **Health Resources and Services Administration (HRSA)** | | |
| **Maternal and Child Health Bureau (MCHB)** | **Early Childhood Comprehensive Systems (ECCS) Grantees**<br>http://eccs.hrsa.gov/Grantees/contacts.htm<br>The ECCS seeks to support states and communities in their efforts to build and integrate early childhood service systems.<br><br>*The ECCS grantees supported State Advisory Council chairs to attend EC2010. | |

| FEDERAL PARTNER | DESCRIPTION AND CONTACT |
|---|---|
| **Substance Abuse and Mental Health Services Administration (SAMHSA)** | |
| **Women, Children, and Family Treatment (WCFT) Program Grantees** http://womenandchildren.treatment.org WCFT addresses the needs of women with substance abuse problems and their families. WCFT is part of the Treatment Improvement Exchange (TIE) developed by SAMHSA's Center for Substance Abuse Treatment (CSAT). | |
| **Project Linking Actions for Unmet Needs in Children's Health (LAUNCH) Grantees** http://projectlaunch.promoteprevent.org/about-us/grantees Project LAUNCH seeks to create a shared vision for the wellness of young children that drives the development of federal, state, territorial, tribal, and locally based networks for the coordination of essential child-serving systems and the integration of behavioral and physical health services. | |
| **Systems of Care Grantees** http://www.tapartnership.org This program has a goal of building innovative home and community systems of care for, and generating new knowledge about the most effective way to meet the needs of, children with serious emotional disturbances and their families. | |
| **Centers for Disease Control and Prevention (CDC)** | |
| http://www.cdc.gov The CDC collaborates to create the expertise, information, and tools that people and communities need to protect their health—through health promotion, prevention of disease, injury and disability, and preparedness for new health threats. | |

### U.S. DEPARTMENT OF EDUCATION

#### Office of Special Education and Rehabilitative Services (OSERS)

| Office of Special Education Programs (OSEP) | **Individuals with Disabilities Education Act (IDEA)** | |
|---|---|---|
| | **Grants for Infants and Toddlers, Part C of IDEA** | http://www2.ed.gov/programs/osepeip/index.html STATE PART C COORDINATORS http://www.nectac.org/contact/ptccoord.asp This program provides grants to states, the District of Columbia, the Commonwealth of Puerto Rico, the secretary of the interior, and four outlying areas to assist in maintaining and implementing coordinated programs of early intervention services for infants and toddlers with disabilities and their families. |
| | **Special Education Preschool Grants, Section 619 of Part B of IDEA** | http://www2.ed.gov/programs/oseppsg/index.html STATE PRESCHOOL/619 COORDINATORS http://www.nectac.org/contact/619coord.asp This program provides grants to states, the District of Columbia, and Puerto Rico to make special education and related services available to children with disabilities. |

# APPENDIX C
## Selected State Contacts by Theme

## 1. COORDINATED STATE LEADERSHIP

**Developing linkages across child and family services and supports, including early care and education; early intervention and special education; health, mental health, and nutrition; and family support.**

| STRATEGY | EXAMPLE STATE APPROACH | STATE CONTACT |
| --- | --- | --- |
| Sharing authority across sectors. | Ohio—Early Childhood Cabinet with cross-sector membership | Alicia Leatherman<br>Deputy Director<br>Ohio Department of Job and Family Services<br>alicia.leatherman@jfs.ohio.gov |
| | Wisconsin—Early Childhood Advisory Council and Memorandum of Understanding between Section 619 and Part C of IDEA agencies | Jill Haglund<br>Program Administrator<br>Wisconsin Department of Public Instruction<br>Jill.Haglund@dpi.state.wi.us |
| Sharing authority for early childhood governance with local public/private boards or partnerships. | California First Five | Kris Perry<br>Executive Director<br>First Five<br>kperry@ccfc.ca.gov |
| | North Carolina Smart Start | Stephanie Fanjul<br>President<br>Smart Start, The North Carolina Partnership for Children, Inc.<br>sfanjul@ncsmartstart.org |
| Coordinating a one-stop local entry point to the system for families. | Vermont Children's Integrated Services | Reeva Sullivan Murphy<br>Deputy Commissioner<br>Child Development Division<br>Vermont Department for Children<br>reeva.murphy@ahs.state.vt.us |

**Creating a framework for a prenatal through age 8 continuum.**

| | | |
| --- | --- | --- |
| Addressing the needs of infants and toddlers and expectant mothers. | Pennsylvania—Infant-Toddler Systems Committee Report | Debi Mathias, Director<br>Bureau of Early Learning Services<br>Pennsylvania Office of Child Development and Early Learning<br>demathias@state.pa.us |
| | Washington Birth to Three Plan | Sangree Froelicher<br>Deputy Director<br>Thrive by Five Washington<br>sangree@thrivebyfivewa.org |
| Strengthening preschool through grade 3 alignment. | North Carolina Ready Schools | John Pruette<br>Office of School Readiness<br>North Carolina Department of Public Instruction<br>John.pruette@ncpublicschools.gov |

# 1. Coordinated State Leadership

| STRATEGY | EXAMPLE STATE APPROACH | STATE CONTACT |
|---|---|---|
| Creating a continuum that links policies and programs from prenatal through grade 3. | Colorado Early Childhood Framework | Jodi Hardin Early Childhood Systems Specialist Office of Lt. Governor Joe Garcia jodi.hardin@state.co.us |
| **Leveraging the opportunities presented by ECACs.** | | |
| Incorporating ECACs into a consolidated early care and education governance structure. | Washington Department of Early Learning | Amy Blondin Government and Community Relations Manager Washington Department of Early Learning amy.blondin@del.wa.gov |
| | Kansas Children's Cabinet | Jim Redmon Executive Director Kansas Children's Cabinet and Trust Fund James.redmon@srs.ks.gov |
| Using ECACs to fuel existing cross-agency efforts. | Illinois Early Learning Council | Shannon Christian Director Governor's Office of Early Childhood Development Shannon.christian@illinois.gov |

# 2. EFFECTIVE USE OF DATA

| **Assessing state data-capacity to describe children, families, programs, and progress.** | | |
|---|---|---|
| STRATEGY | EXAMPLE STATE APPROACH | STATE CONTACT |
| Determining current data capacity and options for integration. | Nevada—analysis of state early development and learning program data capacity | Margot Chappel Nevada Head Start Collaboration and Early Childhood Systems Office mchappel@dhhs.nv.gov |
| | Colorado Office of Information Technology | Micheline Casey Colorado Office of Information Technology Micheline.Casey@state.co.us |
| Tapping data capacity in a neutral agency. | South Carolina Office of Research and Statistics | Leigh Bolick Director Division of Child Care Services South Carolina Department of Social Services Leigh.Bolick@dss.sc.gov |

## 2. Effective Use of Data

| STRATEGY | EXAMPLE STATE APPROACH | STATE CONTACT |
|---|---|---|
| **Building and using state data capacity to inform planning, policy, and continuous program improvement.** | | |
| Determining how to collect and use child development assessment data appropriately. | Maryland Model for School Readiness | Rolf Grafwallner<br>Assistant State Superintendent<br>Division of Early Childhood Development<br>Maryland State Department of Education<br>rgrafwal@msde.state.md.us |
| | Delaware Kindergarten Readiness Assessment | Janet Carter<br>Early Development and Learning Resources<br>Department of Education<br>jcarter@doe.k12.de.us |
| | Washington Kindergarten Assessment of Developing Skills (WaKIDS) | Bonnie Beukema<br>Assistant Director for Outcomes<br>and Accountability<br>Washington Department for Early Learning<br>360.725.4695<br>bonnie.beukema@del.wa.gov |
| Building capacity to enter and use assessment data to improve early childhood program practice. | Pennsylvania Early Learning Network | Phil Sirinides<br>Educational Research Associate<br>Pennsylvania Office of Child Development<br>and Learning<br>psirinidis@state.pa.us |
| Linking child-, family-, and provider-level data to inform policy and target technical assistance to improve provider quality. | South Carolina Child Care Data Bridge Project | Leigh Bolick<br>Director<br>Division of Child Care Services<br>South Carolina Department of Social Services<br>Leigh.Bolick@dss.sc.gov |
| Using data to inform families and the public. | Maryland Model for School Readiness | Rolf Grafwallner<br>Assistant State Superintendent<br>Division of Early Childhood Development<br>Maryland State Department of Education<br>rgrafwal@msde.state.md.us |
| | Pennsylvania—Risk and Reach Report released annually by county and the Early Learning Network | Phil Sirinides<br>Educational Research Associate<br>Pennsylvania Office of Child Development<br>and Learning<br>psirinidis@state.pa.us |

## 2. Effective Use of Data

| STRATEGY | EXAMPLE STATE APPROACH | STATE CONTACT |
|---|---|---|
| **Leveraging federal investments in state education longitudinal data system capacity to include early childhood and workforce data.** | | |
| Developing Memorandums of Understanding (MOUs) to share data between child-serving agencies. | Missouri—ECAC plan to develop MOUs between state and local Head Start/Early Head Start programs | Kathy Thornburg<br>Assistant Commissioner for the Office of Early and Extended Learning<br>Missouri Department of Elementary and Secondary Education<br>Kathy.Thornburg@dese.mo.gov |
| | Arkansas—Data sharing between the Department of Education and the Department of Human Services | Jamie Morrison<br>Arkansas Better Chance<br>Program Administrator<br>Arkansas Department of Education<br>jamie.morrison@arkansas.gov |
| Attaching a unique student identifier to early childhood datasets. | Maine | Jaci Holmes<br>Federal State Legislative Liaison<br>Maine Department of Education<br>Jaci.holmes@maine.gov |
| | Illinois | Shannon Christian<br>Director<br>Governor's Office of Early Childhood Development<br>Shannon.christian@illinois.gov |
| Linking data on the early care and education workforce to the state longitudinal data system. | Pennsylvania | Phil Sirinides<br>Educational Research Associate<br>Pennsylvania Office of Child Development and Learning<br>psirinidis@state.pa.us |
| | Illinois | Shannon Christian<br>Director<br>Governor's Office of Early Childhood Development<br>Shannon.christian@illinois.gov |

## 3. SYSTEMIC QUALITY IMPROVEMENT

### Developing and implementing research-based, cross-cutting standards.

| STRATEGY | EXAMPLE STATE APPROACH | STATE CONTACT |
|---|---|---|
| Developing a birth through age 8 continuum of early learning guidelines. | Pennsylvania | Sue Mitchell<br>Chief<br>Bureau of Early Learning<br>Pennsylvania Office of Child Development and Learning<br>susmitchel@state.pa.us |
| Making state early learning standards/guidelines and program standards align with research and/or nationally recognized standards. | Arkansas—Association of Measurements comparison of standards | Kathy Stegall<br>Program Administrator<br>Arkansas DHS/Division of Child Care and Early Childhood Education<br>kathy.stegall@arkansas.gov |
| Implementing early learning standards/guidelines in professional development and family and community engagement efforts. | California—Contracted with the Program for Infant Toddler Caregivers (PITC) to develop DVDs to assist in demonstrating state early learning standards/guidelines for infants and toddlers | Janet Poole<br>Co-Director, PITC Partners for Quality<br>jpoole@wested.org |
| | Ohio—Integrating into QRIS and professional development | Jamie Gottesman<br>Assistant Bureau Chief<br>Bureau of Child Care & Development<br>Ohio Department of Job and Family Services<br>gottej@odjfs.state.oh.us |
| | Wisconsin—Collecting stories of how to use guidelines on state website Example State Approach | Kath McGurk<br>Wisconsin Department of Children and Families<br>Kathy.mcgurk@wisconsin.gov |
| Reexamining the strength, reach, and enforcement of state child care licensing standards. | Missouri—Updating licensing standards | Kathy Quick<br>Administrator of the Section for Child Care Regulation<br>Missouri Department of Health and Senior Services<br>Kathy.Quick@dhss.mo.gov |
| | Ohio—Reviewing child care licensing regulations with focus on quality standards | Terrie Hare<br>Bureau Chief<br>Bureau of Child Care & Development<br>Ohio Department of Job and Family Services<br>haret@odjfs.state.oh.us |
| | Washington—Licensing system assessment and review | Robert McLellan<br>Assistant Director for Licensing Oversight<br>Washington Department of Early Learning<br>Robert.McLellan@del.wa.gov |

# 3. Systemic Quality Improvement

| STRATEGY | EXAMPLE STATE APPROACH | STATE CONTACT |
|---|---|---|
| Requiring linkages across the early childhood development and learning system in program standards. | Colorado—Integrating early childhood mental health consulting into state licensing requirements for training | Claudia Zundel<br>Division of Behavioral Health<br>Colorado Department of Human Services<br>claudia.zundel@state.co.us |
| | Iowa—Requiring health and safety provisions and participating in the Child and Adult Care Food Program (CACFP) through QRIS | Jody Caswell<br>QRS Program Manager<br>Iowa Department of Human Services<br>JCASWEL@dhs.state.ia.us |
| | Ohio—Requiring screening for developmental delays through the QRIS Example State Approach | Jamie Gottesman<br>Assistant Bureau Chief<br>Bureau of Child Care & Development<br>Ohio Department of Job and Family Services<br>gottej@odjfs.state.oh.us |
| Making standards culturally and linguistically appropriate and accessible. | Massachusetts—Policies to address dual language learners | Phil Baimas<br>Director of Educator Provider Support<br>Department of Early Education and Care<br>Phil.Baimas@state.ma.us |
| | Minnesota | Kelly Monson<br>State Early Childhood Systems Coordinator<br>Minnesota Department of Health<br>Community and Family<br>kelly.monson@state.mn.us |
| | Illinois—Including FFN in QRIS | Linda Saterfield<br>Director<br>Human Capital Development Division<br>Illinois Department of Human Services<br>dhsd6501@dhs.state.il.us |
| Creating an integrated professional development system that provides pathways and rewards for advancement. | | |
| Creating statewide professional development systems that enable movement from entry level to advanced degrees and higher levels of compensation. | Florida | Jennifer L. Ohlsen<br>Director of Professional Development Services<br>Office of Early Learning<br>Florida Agency for Workforce Innovation<br>Jennifer.Ohlsen@flaawi.com |
| | North Carolina | Sue Russell<br>Executive Director<br>North Carolina Child Care Services Association<br>suer@ipass.net |
| Developing an integrated professional development system in coordination with leaders from outside early development and learning. | Iowa | Tom Rendon<br>Iowa Head Start State Collaboration Office<br>Iowa Even Start State Coordinator<br>Iowa Department of Education<br>Tom.rendon@iowa.gov |

## 3. Systemic Quality Improvement

| STRATEGY | EXAMPLE STATE APPROACH | STATE CONTACT |
|---|---|---|
| **Creating an integrated professional development system that provides pathways and rewards for advancement.** | | |
| Requiring core competencies for all professionals working directly and indirectly with children. | Florida—Core competencies for practitioners, directors, trainers and coaches/mentors. | Jennifer L. Ohlsen<br>Director of Professional Development Services<br>Office of Early Learning<br>Florida Agency for Workforce Innovation<br>Jennifer.Ohlsen@flaawi.com |
| | Virginia—Revising early child care and education professional competencies to apply across sectors, including home visiting | Catherine J. Bodkin, Chair<br>Virginia Home Visiting Consortium<br>Virginia Department of Health<br>Catherine.Bodkin@vdh.virginia.gov |
| | Wisconsin—developed family support core competencies | Mary Ann Snyder, Executive Director<br>The Children's Trust Fund<br>maryanne.snyder@wisconsin.gov |
| Promoting credentials to recognize specialized expertise that cuts across sectors. | Michigan Infant Mental Health Credential | Nichole Paradis<br>Endorsement Coordinator<br>Michigan Association for Infant Mental Health<br>nparadis@mi-aimh.org |
| | Colorado Social Emotional Health Credential | Claudia Zundel<br>Division of Behavioral Health<br>Colorado Department of Human Services<br>claudia.zundel@state.co.us |
| Building the capacity of higher education. | Connecticut | Darlene Ragozzine<br>Executive Director<br>Connecticut Charts-A-Course<br>dragozzine@ctcharts.org |
| | South Carolina | Donna Davies<br>South Carolina Center for Child Care<br>Career Development<br>Donna.davies@dss.sc.gov |
| | Massachusetts—Mapping higher education offerings; improving faculty skills on addressing children with disabilities/special needs | Sherri Killins, Commissioner<br>Department of Early Education and Care/Head Start State Collaboration Office<br>Sherri.killins@state.ma.us |
| | North Carolina | Sue Russell<br>Executive Director<br>North Carolina Child Care Services Association<br>suer@ipass.net |
| | California—Cohort model to support early care and education practitioners to earn college degrees | Lisa Erickson<br>Early Childhood Education Administrator<br>First Five Alameda County<br>Lisa.Erickson@first5ecc.org |

# 3. Systemic Quality Improvement

| STRATEGY | EXAMPLE STATE APPROACH | STATE CONTACT |
|---|---|---|
| Standardizing quality of training, on-site consultation, and support. | Florida—Core competencies and standardized training for trainers and mentors/coaches | Jennifer L. Ohlsen<br>Director of Professional Development Services<br>Office of Early Learning<br>Florida Agency for Workforce Innovation<br>Jennifer.Ohlsen@flaawi.com |
| | Connecticut—Infant/toddler modules for consultants from multiple disciplines working in child care settings | Grace Whitney, Director<br>Head Start State Collaboration Office<br>Connecticut Department of Social Services<br>grace.whitney@ct.gov |
| | South Carolina Early Care and Education Technical Assistance System | Leigh Bolick, Director<br>Division of Child Care Services<br>South Carolina Department of Social Services<br>Leigh.Bolick@dss.sc.gov |
| | Washington—Evaluation of on-site supports in QRIS | Char Goodreau<br>Program Specialist – QRIS Washington<br>Department of Early Learning<br>char.goodreau@del.wa.gov |
| **Building and sustaining the supply of quality early care and education programs, especially for the least advantaged children, through partnerships and funding strategies.** | | |
| Supporting program-level partnerships to serve vulnerable children and meet high program standards. | Kansas Early Head Start | Carrie Hastings<br>Manager of Access and Services<br>Kansas Department of Social &<br>Rehabilitation Services<br>carrie.hastings@srs.ks.gov |
| | North Carolina More at Four state prekindergarten | John Pruette<br>Office of School Readiness<br>North Carolina Department of Public Instruction<br>John.pruette@ncpublicschools.gov |
| | Wisconsin—incentives and coaches to encourage "community approaches" in state prekindergarten | Jill Haglund<br>Program Administrator<br>Wisconsin Department of Public Instruction<br>Jill.Haglund@dpi.state.wi.us<br>State Contact |
| Supporting high quality child care slots for low-income children eligible for CCDF child care assistance. | Pennsylvania Keystone Babies | Sue Mitchell<br>Chief<br>Bureau of Early Learning<br>Pennsylvania Office of Child Development and Learning<br>susmitchel@state.pa.us |
| | Wyoming—Funding access to high quality programs using TANF | Anita Sullivan<br>Wyoming Department of Education<br>asulli@edu.state.wy.us |

## 3. Systemic Quality Improvement

| STRATEGY | EXAMPLE STATE APPROACH | STATE CONTACT |
|---|---|---|
| Providing access for low-income children to highly rated programs in the state QRIS. | Wisconsin—Requiring QRIS providers to accept low-income children receiving child care subsidy | Laura Saterfield<br>Director<br>Bureau of Early Care and Education<br>Wisconsin Department of Child and Family Services<br>Laura.saterfield@wisconsin.gov |

## 4. PARTNERSHIPS WITH FAMILIES AND COMMUNITIES

Adopting a strength-based approach for engaging families within the components of state early development and learning systems.

| STRATEGY | EXAMPLE STATE APPROACH | STATE CONTACT |
|---|---|---|
| Promoting family strengthening across systems | Tennessee Strengthening Families | Judy Smith<br>Chief Officer of Statewide Initiatives, Signal Centers, Inc. (Tennessee Child Care Resource & Referral Network)<br>Judy_smith@signalcenters.org |
| | Nevada—Protective Factors Survey used for all state-funded parenting programs | Toby Hyman<br>Social Service Program Specialist<br>Nevada Department of Health and Human Services<br>thyman@dhhs.nv.gov |
| Integrating family engagement and support into standards | Idaho—Integrating Strengthening Families into QRIS | Larraine Evans Clayton<br>Director, Early Childhood Coordinating Council<br>State Early Childhood Comprehensive Systems Grant<br>claytonl@dhw.idaho.gov<br><br>Jane Zink, IdahoSTARS Quality Rating & Improvement Coordinator<br>Idaho AEYC<br>jzink@idahoaeyc.org |
| | Arkansas—Strengthening Families Action Plan in QRIS | Ratha Tracy, Program Manager<br>Division of Child Care and Early Childhood Education<br>Arkansas Department of Human Services<br>ratha.tracy@arkansas.gov<br><br>Vicki Mathews<br>Better Beginnings Program Coordinator<br>Division of Child Care and Early Childhood Education<br>Arkansas Department of Human Services<br>Vicki.Mathews@arkansas.gov |

## 4. Partnerships with Families and Communities

| STRATEGY | EXAMPLE STATE APPROACH | STATE CONTACT |
|---|---|---|
| Integrating family engagement and support into standards | Pennsylvania—Family engagement and support in QRIS | Debi Mathias<br>Director<br>Bureau of Early Learning Services<br>Pennsylvania Office of Child Development and Learning<br>demathias@state.pa.us |
| Fostering parent leadership | Los Angeles, California—Abriendo Puertas/Opening Doors | Sandra Gutierrez<br>Families in Schools<br>sgutierrez@familiesinschools.org |
| | Michigan—Parent leadership in community councils | Joan Blough<br>Vice President for Great Start System Planning and Evaluation<br>Michigan Early Childhood Investment Corporation<br>jblough@ecic4kids.org |
| | Rhode Island—Pediatric Practice Enhancement Project | Blythe Berger<br>Perinatal and Early Childhood Health<br>Rhode Island Department of Health<br>blythe.berger@health.ri.gov |
| **Working with communities to increase family-friendliness and connect services to schools and early care and education providers.** | | |
| Holding Community and Parent Café discussions. | Alaska | Panu Lucie<br>Executive Director<br>Alaska Children's Trust<br>akchildrenstrust@alaska.net |
| Attaching family engagement and support resources to schools serving vulnerable children. | Iowa Sustaining Parent Involvement Network (iSPIN) | Ed Redalen<br>Director<br>Iowa Parent Information and Resource Center<br>eredalen@mchsi.com |
| | Maryland Family Support Centers (Judy Centers) | Cheryl De Atley<br>Judy Center Partnerships Specialist<br>Maryland Family Support Centers<br>Maryland State Department of Education<br>cdeatley@msde.state.md.us |
| Supporting family, friends, and neighbor caregivers at the community-level. | Minnesota—Family Friend and Neighbor community grant initiative | Kelly Monson<br>State Early Childhood Systems Coordinator<br>Minnesota Department of Health, Community, and Family<br>kelly.monson@state.mn.us |

## 4. Partnerships with Families and Communities

| STRATEGY | EXAMPLE STATE APPROACH | STATE CONTACT |
|---|---|---|
| **Leveraging new federal investments in and building infrastructure for home visiting.** | | |
| Coordinating existing home visiting programs | Maine Home Visiting | Sheryl Peavey<br>Director<br>Early Childhood Initiative<br>Maine Children's Growth Council<br>Sheryl.peavey@maine.gov |
| Developing a home visiting infrastructure, including common quality standards, professional development, and procedures. | New Jersey Comprehensive Prevention System | Sunday Gustin<br>Office of Early Childhood Services<br>Division of Prevention and Community Partnerships<br>Home Visitation Program Manager<br>New Jersey Department of Children and Families<br>sunday.gustin@dcf.state.nj.us |
| Considering how to integrate home visiting with early care and education. | Virginia Home Visiting Consortium | Catherine J. Bodkin<br>Chair<br>Virginia Home Visiting Consortium<br>Virginia Department of Health<br>Catherine.Bodkin@vdh.virginia.gov |

| STRATEGY | EXAMPLE STATE APPROACH | STATE CONTACT |
|---|---|---|
| **5. PHYSICAL AND BEHAVIORAL HEALTH INTEGRATION** | | |
| **Integrating health promotion, including access to Medicaid and health insurance, a medical home, and good nutrition.** | | |
| Leveraging federal investments in health reform and Medicaid to expand coverage. | Illinois—AllKids medical insurance and innovative use of Medicaid for early childhood development services | Deborah Saunders<br>Bureau Chief<br>Maternal & Child Health Promotion<br>Illinois Dept. of Healthcare and Family Services<br>deborah.saunders@illinois.gov |
| Raising the quality of primary care for young children. | Virginia—Created a website to educate the public on American Academy of Pediatrics (AAP) Bright Futures recommendations for quality primary care and schedule of check-ups and immunizations for children | Joanne Boise, RN<br>Manager<br>Child and Adolescent Health Programs<br>Virginia Department of Health<br>Joanne.boise@vdh.virginia.gov |

## 5. Physical and Behavioral Health Integration

| STRATEGY | EXAMPLE STATE APPROACH | STATE CONTACT |
|---|---|---|
| Promoting good nutrition and health in early care and education settings. | Delaware—Revising state child care licensing and CACFP standards | Janet Carter<br>Early Development and Learning Resources<br>Department of Education<br>jcarter@doe.k12.de.us |
| | New York Eat Well Play Hard in Child Care Settings Initiative | Lynne Oudekerk<br>Acting Director, CACFP<br>New York State Department of Health<br>Lmo01@health.state.ny.us<br><br>Ann Haller<br>Child and Family Services Specialist<br>New York State Office of Child & Family Services<br>ann.haller@ocfs.state.ny.us |
| **Developing a coordinated system of screening, referrals, and follow up services.** | | |
| Revising state-determined rules for use of Medicaid and CHIP funds to pay for standardized, age-appropriate screening, assessment, and other services. | Iowa—Revised state Medicaid rules to support early childhood health and mental health | Sally Nadolsky<br>Medicaid Policy Specialist<br>Iowa Department of Human Services<br>SNADOLS@dhs.state.ia.us |
| | Pennsylvania—Purchase and use of Ages and Stages Questionnaire statewide | Debi Mathias<br>Director<br>Bureau of Early Learning Services<br>Pennsylvania Office of Child Development and Learning<br>demathias@state.pa.us |
| Coordinating systems of care to ensure effective referrals and access to services. | Connecticut Help Me Grow | Karen Foley-Schain<br>Division Director<br>Children's Trust Fund<br>KAREN.FOLEY-SCHAIN@ct.gov |
| | Massachusetts Project LAUNCH | Larisa Mendez-Penate<br>State Coordinator<br>MA Department of Public Health<br>Larisa.mendez-penate@state.ma.us |
| | North Carolina Assuring Better Child Development | Marion Earls<br>Medical Director<br>Guilford Child Health, Inc.<br>mearls@gchinc.com |
| Expanding access to Early Head Start. | Kansas Early Head Start | Carrie Hastings<br>Manager of Access and Services<br>Kansas Department of Social & Rehabilitation Services<br>carrie.hastings@srs.ks.gov |

## 5. Physical and Behavioral Health Integration

| STRATEGY | EXAMPLE STATE APPROACH | STATE CONTACT |
|---|---|---|
| Expanding access to Early Head Start. | Missouri Early Head Start/Child Care Partnership Program | Becky Houf<br>Children's Division<br>Missouri Department of Social Services<br>becky.l.houf@dss.mo.gov |
| | Oregon Program of Quality | Sonja L. Svenson<br>Program Development Officer<br>Budgets & Contracts Employment Department<br>Oregon Child Care Division<br>sonja.svenson@state.or.us |
| **Integrating infant and early childhood mental health and identification of maternal depression across systems.** | | |
| Integrated infant and early childhood mental health planning and financing across all child-serving agencies. | Colorado—Early Childhood Mental Health Statewide Plan | Claudia Zundel<br>Division of Behavioral Health<br>Colorado Department of Human Services<br>claudia.zundel@state.co.us |
| Providing mental health consultation to child-serving organizations. | Connecticut Early Childhood Consultation Partnership | Liz Bicio<br>Early Childhood Consultation Partnership<br>Program Manager<br>Advanced Behavioral Health<br>ebicio@abhct.com |
| Innovative strategies to identify and address parental depression. | Illinois Perinatal Mental Health Project | Deborah Saunders<br>Bureau Chief<br>Maternal & Child Health Promotion<br>Illinois Department of Healthcare and Family Services<br>deborah.saunders@illinois.gov |
| | Massachusetts (Boston) Family Connections Project | Cathy Ayoub<br>Director<br>Family Connections Project Children's Hospital Boston<br>Catherine.Ayoub@childrens.harvard.edu |

## 6. CHILDREN WITH MULTIPLE RISKS

Ensuring children involved in child welfare have access to critical services, including high quality early care and education programs, early intervention, and early childhood mental health care.

| STRATEGY | EXAMPLE STATE APPROACH | STATE CONTACT |
|---|---|---|
| Creating partnerships between child welfare and Head Start/Early Head Start programs. | Connecticut | Grace Whitney<br>Director<br>Head Start State Collaboration Office<br>Connecticut Department of Social Services<br>grace.whitney@ct.gov<br><br>Rudy Brooks<br>Bureau Chief<br>Connecticut Department of Children and Families<br>rudolph.brooks@ct.gov |
| Prioritizing children in the child welfare system for child care subsidies. | Louisiana | Gail Kelso<br>Acting Executive Director<br>Division of Child Care and Early Childhood Education<br>Louisiana Department of Children and Family Services<br>gail.kelso@la.gov |
| | Massachusetts Supportive Child Care | Gail DeRiggi<br>Senior Policy Analyst<br>Family & Community Engagement<br>Gail.deriggi@state.ma.us |
| Ensuring children, including infants and toddlers, in the child welfare system have access to screening and treatment for behavioral and mental health needs. | Indiana—Rule that all children receive a mental health screening within five days of an open case | Andrea L. Wilkes<br>Public Health Administrator<br>Maternal and Children Health<br>Indiana State Department of Health<br>Awilkes@isdh.in.gov |
| | Massachusetts—Requires all children under age three who live in homes where abuse or neglect reports exist to receive referrals to Part C of IDEA screening and services to address infant and early childhood mental health. | Neal Michaels<br>Director of Early Intervention and Special Projects<br>Department of Children and Families<br>Neal.michaels@state.ma.us |
| Increasing knowledge of infant/toddler development and implications for child welfare system decisions. | Arkansas Infant-Toddler Court Team Project | Christin Harper<br>Division of Children and Family Services<br>Arkansas Department of Human Services<br>christin.harper@arkansas.gov |

## 6. Children with Multiple Risks

| STRATEGY | EXAMPLE STATE APPROACH | STATE CONTACT |
|---|---|---|
| **Making connections between maternal substance abuse and supportive services for children.** | | |
| Including children when mothers need residential treatment. | Massachusetts—Allowing children to stay with mothers in treatment | Karen Pressman<br>Director, Planning & Operations<br>Bureau of Substance Abuse Services<br>Department of Public Health<br>Karen.pressman@state.ma.us |
| | Washington—Therapeutic child care guidelines | Sue Green<br>Division of Behavioral Health & RecoveryWashington Department of Social and Health Services<br>GreenSR@dshs.wa.gov |
| Supporting substance-exposed newborns and their families. | Maine—Washington County Project LAUNCH grant focused on bridging gaps for at-risk newborns and their families | Sheryl Peavey<br>Director<br>Early Childhood Initiative<br>Maine Children's Growth Council<br>Sheryl.peavey@maine.gov<br><br>Marjorie Withers<br>Local Coordinator for Project LAUNCH in Washington County<br>mwithers@maineline.net |
| Providing access to respite child care | Wisconsin—Provides child care subsidy to mothers in substance abuse treatment as a part of their approved plan in the state TANF program | Jim Bates<br>Director<br>Bureau of Child Care Administration<br>Wisconsin Department of Children and Families<br>Jim.bates@wisconsin.gov |
| **Building capacity of child-serving agencies and communities to identify and address early childhood trauma.** | | |
| Drawing on existing data sources to understand the scope of the problem. | Illinois—Integrating administrative data sources to identify multiple service system families | Robert M. Goerge<br>Research Fellow and Research Associate<br>Chapin Hall at the University of Chicago<br>rgoerge@chapinhall.org |
| | Washington—Built on the CDC's Behavioral Risk Factor Surveillance System to learn more about adverse childhood experiences | Jody Becker-Green<br>Senior Director, Planning, Performance, and Accountability<br>Department of Social and Health Services<br>jody.becker-green@dshs.wa.gov |
| Educating the child welfare workforce on the signs and impact of early childhood trauma. | Illinois | Kimberly A. Mann<br>Administrator<br>The Office of Trauma Informed Practice<br>Department of Child and Family Services/Chicago State University<br>kimberly.mann@illinois.gov |

## 6. Children with Multiple Risks

| STRATEGY | EXAMPLE STATE APPROACH | STATE CONTACT |
|---|---|---|
| Educating and empowering communities to interrupt the cycle of adverse early childhood experiences. | Washington | Jody Becker-Green<br>Senior Director, Planning, Performance, and Accountability<br>Washington Department of Social and Health Services<br>jody.becker-green@dshs.wa.gov<br><br>Laura Porter<br>Staff Director<br>Washington State Family Policy Council<br>portele@dshs.wa.gov |

# APPENDIX D

## Federally Funded
## National Technical Assistance Centers

| TA RESOURCE | MISSION | CONTACT INFORMATION |
|---|---|---|
| **U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES** | | |
| **Administration for Children and Families (ACF)** | | |
| Quality Improvement Center on Early Childhood at the Center for the Study of Social Policy (QIC-EC at CSPP) | The QIC-EC is a five-year project to generate and disseminate new knowledge and robust evidence about programs and strategies that contribute to child maltreatment prevention and optimal development for infants and young children (0-5) and their families | WEBSITE: http://www.qic-ec.org<br>PHONE: (202) 371-1565 |
| Child Welfare Information Gateway (CWIG) | CWIG promotes the safety, permanency, and well-being of children and families by connecting child welfare professionals, including those working in adoption and other related fields, to essential information and resources to help them address the needs of children and families in their communities. | WEBSITE : http://www.childwelfare.gov<br>PHONE : (800) 394-3366<br>E-MAIL: info@childwelfare.gov |
| Family Resource Information, Education and Network Development Services (FRIENDS). The National Resource Center (NRC) for Community-Based Child Abuse Prevention (CBCAP) | FRIENDS provide services to the CBCAP community through targeted training and technical assistance efforts. FRIENDS Technical Assistance Coordinators work with lead agencies to build a plan for capacity building in order to better meet the requirements of Title II of the Child Abuse Prevention and Treatment Act as Amended in 2003. | WEBSITE : http://www.friendsnrc.org |
| **Administration on Developmental Disabilities** | | |
| University Centers for Excellence in Developmental Disabilities (UCEDDs) | Centers work with people with developmental and other disabilities, members of their families, state and local government agencies, and community providers in projects that provide training, technical assistance, service, research, and information sharing, with a focus on building the capacity of communities to sustain all their citizens. | WEBSITE:<br>http://www.aucd.org/template/index.cfm<br>PHONE: (301) 588-8252<br>E-MAIL: aucdinfo@aucd.org |
| **Office of Child Care** | | |
| Center on the Social and Emotional Foundations for Early Learning (CSEFEL) | CSEFEL is a national resource center for disseminating research and evidence-based practices to early childhood programs across the country. CSEFEL is jointly funded by the Office of Child Care and the Office of Head Start. | Vanderbilt University's Department of Special Education<br>WEBSITE: http://csefel.vanderbilt.edu<br>PHONE: (615) 322-8150<br>E-MAIL: ml.hemmeter@vanderbilt.edu |
| National Child Care Information and Technical Assistance Center (NCCIC) | NCCIC is a national clearinghouse and technical assistance (TA) center that provides comprehensive child care information resources and TA services to Child Care and Development Fund (CCDF) Administrators and other key stakeholders. | WEBSITE: http://nccic.acf.hhs.gov<br>PHONE: (800) 616-2242<br>E-MAIL: info@nccic.org |
| Afterschool Investments Project (AIP) | The AIP provides TA to Child Care and Development Fund (CCDF) grantees and other State and local leaders to increase access to quality school-age programs. | WEBSITE:<br>http://nccic.acf.hhs.gov/afterschool<br>PHONE: 202-587-1000<br>E-MAIL: afterschool@financeproject.org |
| Child Care Information Systems Technical Assistance Project (CCISTAP) | CCISTAP supports State, Territory, and Tribal CCDF grantees in collecting, managing, analyzing, and reporting child care administrative data. | WEBSITE :<br>http://www.acf.hhs.gov/programs/ccb/ta/conf/index.htm<br>PHONE: 240-399-8725<br>E-MAIL: info@ccb-cmc.org |

| TA RESOURCE | MISSION | CONTACT INFORMATION |
|---|---|---|
| **Office of Child Care** | | |
| Healthy Child Care America (HCCA) | The HCCA and CCHP program promotes the healthy development and school readiness of young children by strengthening partnerships between health and child care professionals, providing technical assistance regarding health and safety for health professionals and the early education and child care community, and enhancing the quality of early education and child care with health and safety resources. The HCCA/CCHP program is funded through an interagency agreement through ACF, Office of Child Care, and HRSA. | WEBSITE: http://www.healthychildcare.org<br>PHONE: 888-227-5409<br>E-MAIL: childcare@aap.org |
| Tribal Child Care Technical Assistance Center (TriTAC) | TriTAC provides targeted technical assistance services to more than 500 tribes supported by the CCDF program. | WEBSITE: http://nccic.acf.hhs.gov/tribal<br>PHONE: 800-388-7670<br>E-MAIL: tritac@namsinc.org |
| National Infant and Toddler Child Care Initiative (NITCCI) at ZERO TO THREE (ZTT) | NITCCI works collaboratively with CCDF administrators and other partners to advance system initiatives to improve the quality and supply of infant and toddler child care. NITCCI works with states, territories, and tribes to develop a deeper knowledge about specific elements of the early care and education system that supports quality infant/toddler child care. | WEBSITE: http://nitcci.nccic.acf.hhs.gov<br>PHONE: 202-857-2673<br>E-MAIL: itcc@zerotothree.org |
| **Office of Head Start** | | |
| The Early Head Start National Resource Center (EHS/NRC) at ZERO TO THREE (ZTT) | EHS/NRC serves the Early Head Start community by building new knowledge and sharing information related to the unique needs of infants, toddlers, and expectant families. The EHS NRC disseminates timely information through face-to-face meetings and state-of-the-art distant learning experiences. Resources created are provided to the EHS and Migrant and Seasonal Head Start community to promote an understanding of the needs of the infant-family field and support best practices. | WEBSITE: http://www.ehsnrc.org<br>PHONE: (202) 638-1144<br>E-MAIL: ehsnrcinfo@zerotothree.org |
| Head Start National Center on Quality Teaching and Learning | The National Center on Quality Teaching and Learning will identify, develop, and promote teaching and learning practices with a strong evidence base to help Head Start programs achieve the best possible outcomes for young children. The center will develop products, deliver professional development opportunities, and work closely with Head Start training and technical assistance providers to ensure that effective educational strategies become everyday practice. | WEBSITE: http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching<br>PHONE: (877)731-0764<br>E-MAIL: ncqtl@uw.edu |
| Head Start National Center on Cultural and Linguistic Responsiveness | The National Center on Cultural and Linguistic Responsiveness provides the Head Start community with research-based information, practices, and strategies to ensure optimal academic and social progress for linguistically and culturally diverse children and their families. Cultural and Linguistic Responsiveness provides culturally responsive, user-friendly materials and training for staff and families to use to promote strong language and literacy skills in children's home language and in English. | WEBSITE: http://www.acf.hhs.gov/grants/open/foa/view/HHS-2010-ACF-OHS-HC-0090<br>PHONE: (855) 494-0331<br>E-MAIL: NCCLRinfo.edc.org |

| TA RESOURCE | MISSION | CONTACT INFORMATION |
|---|---|---|
| **Office of Head Start** | | |
| Head Start National Center on Parent, Family, and Community Engagement | The National Center on Parent, Family and Community Engagement will identify, develop, and disseminate evidence-based practices that are positively associated with the development of children from birth-to-5 and the strengthening of families and communities. The Center will create a framework and related tools for implementing a comprehensive, systemic, and integrated approach to parent, family and community engagement in Early Head Start and Head Start that is culturally and linguistically relevant and strengthens and solidifies parents' role in the early years, empowering them for ongoing advocacy for quality education as their children advance through public education. | WEBSITE: http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family<br>E-MAIL: ncfce@children's.harvard.edu |
| Head Start National Center on Program Management and Fiscal Operations | The National Center on Program Management and Fiscal Operations will focus on the elements of managing successful agencies and offer information, training, and resources. Center staff members are committed to identifying best practices, sharing current and emerging research, and serving as a vehicle for communication on management and finance topics for the Head Start community. | WEBSITE: http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations<br>PHONE: (855) 624-7636<br>E-MAIL: PMFOinfo4u@aed.org |
| **Substance Abuse and Mental Health Services Administration (SAMHSA)** | | |
| National Technical Assistance Center for Children's Mental Health (NTAC-CMH) | The NTAC-CMH is dedicated to helping states, tribes, territories, and communities discover, apply, and sustain innovative and collaborative solutions that improve the social, emotional, and behavioral well being of children and families. | Georgetown University Center for Child and Human Development<br>WEBSITE: http://gucchd.georgetown.edu<br>PHONE: (202) 687-5000<br>E-MAIL: childrensmh@georgetown.edu |
| National Center for Mental Health Promotion and Youth Violence Prevention | The National Center for Mental Health Promotion and Youth Violence Prevention's (National Center) overall goal is to provide technical assistance (TA) and training to school districts and communities that receive grants from the U.S. Departments of Education and Justice and SAMHSA in the U.S. Department of Health and Human Services. | WEBSITE: http://www.promoteprevent.org<br>TOLL-FREE NUMBER: (877) 217-3595<br>E-MAIL: info@promoteprevent.org |
| National Child Traumatic Stress Network (NCTSN) | The NCTSN is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the USA. | University of California, Los Angeles<br>PHONE: (310) 235-2633<br><br>Duke University<br>PHONE: (919) 682-1552<br><br>WEBSITE: http://www.nctsn.org |

| TA RESOURCE | MISSION | CONTACT INFORMATION |
|---|---|---|
| **Health Resources and Services Administration (HRSA)** | | |
| Maternal and Child Health Bureau (MCH), Early Childhood Comprehensive Systems (ECCS) Grant Program at JSI Research and Training Institute, Inc. | The purpose of ECCS is to support states and communities in their efforts to build and integrate early childhood service systems that address the critical components of access to comprehensive health services and medical homes; social-emotional development and mental health of young children; early care and education; parenting education, and family support.<br><br>The MCH Bureau funds the following organizations in order to offer a range of TA and expertise to ECCS grantees. | WEBSITE: http://eccs.hrsa.gov<br><br>Dena Green<br>PHONE: 301 443-9768<br>E-MAIL: dgreen@hrsa.gov |
| Project THRIVE at the National Center for Children in Poverty (NCCP) | The goal of Project Thrive is to help states strengthen and expand their early childhood systems, paying particular attention to strategies that improve services for those at highest risk and that help reduce disparities in access and quality of care to early childhood health and mental health. | WEBSITE: http://www.nccp.org/projects/thrive.html |
| John Snow, Inc. | John Snow, Inc., and its nonprofit affiliate JSI Research and Training Institute, Inc., are public health research and consulting firms dedicated to improving the health of individuals and communities throughout the world. | WEBSITE: http://www.jsi.com<br><br>Frances Marshman<br>PHONE: 617-482-9485<br>E-MAIL: frances_marshman@jsi.com |
| Healthy Child Care America (HCCA)/Child Care and Health Partnership (CCHP) Program | The HCCA and CCHP program promotes the healthy development and school readiness of young children by strengthening partnerships between health and child care professionals, providing technical assistance regarding health and safety for health professionals and the early education and child care community, and enhancing the quality of early education and child care with health and safety resources. The HCCA/CCHP program is funded through an interagency agreement through ACF, Office of Child Care, and HRSA. | WEBSITE: www.healthychildcare.org<br>PHONE: 888-227-5409<br>E-MAIL: childcare@aap.org |
| National Resource Center (NRC) for Health and Safety in Child Care and Early Education | The National Resource Center for Health and Safety in Child Care and Early Education (NRC), promotes improving the health and safety of children in early care and education settings through expert information on national health and safety standards, strategies, and contacts to strengthen child care regulations, and useful tools to support families and provide parent education. | WEBSITE: www.nrckids.org<br>PHONE: 800-598-5437<br>E-MAIL: info@nrckids.org |
| National Training Institute (NTI) | The primary goal of the NTI is to support the healthy and safe development of young children in out-of-home child care programs by supporting state-based systems for training public and private sector health professionals to serve as child care health consultants (CCHC) and enhancing key state and regional early care and education networks through expanding the infrastructure of CCHC training. | WEBSITE: www.nti.unc.edu<br>PHONE: 919-966-3780<br>E-MAIL: nti@unc.edu |

| TA RESOURCE | MISSION | CONTACT INFORMATION |
|---|---|---|
| **DEPARTMENT OF EDUCATION** | | |
| **Office of Special Education Programs (OSEP)** | | |
| Technical Assistance Alliance for Parent Centers | The alliance is a partnership of one national and six regional parent technical assistance centers. These seven projects comprise a unified technical assistance system for the purpose of developing, assisting, and coordinating the over 100 Parent Training and Information Centers (PTIs) and Community Parent Resource Centers (CPRCs) under IDEA. | WEBSITE: http://www.taalliance.org<br>PHONE: (952) 838-9000<br>NATIONAL TOLL FREE: (888) 248-0822<br>E-MAIL: alliance@taalliance.org |
| The National Early Childhood Technical Assistance Center (NECTAC) | NECTAC will strengthen state and local service systems to ensure that children with disabilities (0 to 5 years) and their families receive and benefit from high-quality, evidence-based, culturally appropriate and family-centered supports and services. | WEBSITE: http://www.nectac.org<br>University of North Carolina-Chapel Hill<br>PHONE: (919) 962-2001<br>E-MAIL: nectac@unc.edu |
| The Early Childhood Outcomes Center (ECO) | The ECO Center assists states with the implementation of high-quality outcomes measurement systems for early intervention and preschool special education programs. | WEBSITE:<br>http://www.fpg.unc.edu/~eco/index.cfm<br>University of North Carolina-Chapel Hill<br>E-MAIL: staff@the-eco-center.org |
| The Center for Early Literacy Learning (CELL) | The goal of the CELL is to promote the adoption and sustained use of evidence-based early literacy learning practices. | WEBSITE:<br>http://www.earlyliteracylearning.org<br>E-MAIL: info@puckett.org |
| The Data Accountability Center (DAC) | DAC's mission is to support the submission and analysis of high-quality IDEA data by reviewing data collection and analysis and providing technical assistance to improve state capacity to meet data requirements. | WEBSITE:<br>https://www.ideadata.org/default.asp<br>CONTACT INFO:<br>https://www.ideadata.org/Contacts.asp |
| The Regional Resource Center Program (RRCP) | The RRCP provides service to all states as well as the Pacific jurisdictions, the Virgin Islands, and Puerto Rico. The six regional program centers work to assist state education agencies in the systemic improvement of education programs, practices, and policies that affect children and youths with disabilities. | WEBSITE: http://www.rrfcnetwork.org |
| The National Consortium on Deaf-Blindness (NCDB) | The NCDB works to promote academic achievement and results for children and youths who are deaf-blind and to assist in addressing state-identified needs for highly qualified personnel who have the necessary skills and knowledge to serve children and youths who are deaf-blind. | WEBSITE: http://nationaldb.org<br>PHONE: (800) 438-9376 |
| The National Professional Development Center on Inclusion (NPDCI) | NPDCI is working with states to develop, implement, and monitor a statewide plan for professional development that crosses traditional boundaries. This "cross-sector" approach means that diverse perspectives—agencies, organizations, higher education, and families—will be incorporated in all aspects of the system. | WEBSITE:<br>http://community.fpg.unc.edu/npdci |

| TA RESOURCE | MISSION | CONTACT INFORMATION |
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| **Office of Special Education Programs (OSEP)** | | |
| Technical Assistance Center on Social Emotional Intervention (TACSEI) for Young Children | TACSEI takes the research that shows which practices improve the social-emotional outcomes for young children with, or at risk for, delays or disabilities and creates free products and resources to help decision-makers, caregivers, and service providers apply these best practices in the work they do every day. | WEBSITE: http://www.nhsa.org/about_nhsa/partners/tacsei<br>PHONE: (813) 974-9803<br>E-MAIL: cureton@usf.edu |
| The Technical Assistance Coordination Center (TACC) | The goal of the TACC is to ensure that states have high quality, coordinated TA focused on improving educational results and functional outcomes for infants, toddlers, children and youths with disabilities, and their families. | WEBSITE: http://www.taccweb.org/desc.html<br>E-MAIL: mrovins@aed.org |
| **DEPARTMENT OF JUSTICE** | | |
| **Office of Justice Program's Office of Juvenile Justice and Delinquency Prevention (OJJDP)** | | |
| Safe Start Technical Assistance Center | The goal of Safe Start is to broaden the knowledge of and promote community investment in evidence-based strategies for reducing the impact of children's exposure to violence. | WEBSITE: http://www.safestartcenter.org<br>PHONE: (800) 865-0965<br>E-MAIL: info@safestartcenter.org |

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**