

RESULTS-BASED PUBLIC
POLICY STRATEGIES FOR

Supporting Early Healthy Development

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POLICY for **RESULTS.org**

Center
for the
Study
of
Social
Policy

ABOUT CSSP

The Center for the Study of Social Policy (CSSP) believes that policymaking should be based on achieving concrete results; and that using reliable data for learning and accountability leads to improved outcomes for all children and families.

CSSP helps provide state policymakers with research-informed, results-based policy strategies to support child and family well-being in their states through PolicyForResults.org. This web-based tool provides guidance on maximizing federal resources and highlights state examples of effective policies and financing approaches; which is critical during tough economic times. This paper is intended to be a companion piece to the Supporting Early Healthy Development section on PolicyForResults.org.

Stringent criteria were used to select the indicators and recommended strategies in this paper. For example, the indicators are limited to those for which 50-state data are available and those that research or practice indicates can be improved. All indicators and strategies were chosen in consultation with issue experts and based on specific research regarding their effectiveness. Levels of evidence were identified and used to guide the selection of strategies and recommendations.

OUR METHODOLOGY

We recognize that evidence exists in different forms. PolicyForResults.org relies on three levels of evidence:

- **Rigorous statistical evidence** refers to the most scientifically defensible evidence, which comes through statistical evaluations with control groups, randomly assigned participation, and/or tests of statistical significance. Research of this sort is usually not available, particularly in the fields related to children and family policy. In addition, it is important to exercise caution when interpreting and generalizing findings from this sort of research to entire populations. True random assignment is ethically prohibited in many cases and this limitation must be recognized when interpreting the findings of quasi-experimental studies.
- **Program evaluation and emerging evidence** refers to evidence that is derived from state studies, policy analysis, the evaluations of specific programs and research or extrapolations from related fields.
- **Practice-based evidence** refers to evidence that enjoys broad consensus from practitioners. Practice-based evidence of success and experience can provide compelling evidence, as can research, provide strong, but not conclusive, statistical evidence.

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EXECUTIVE SUMMARY

While every child is unique, young children share some basic needs that are important to ensure their healthy development. These developmental needs include having the benefit of the constant care and support of the adults in their lives as well as high-quality nutrition, medical and dental care, plentiful opportunities to learn and socialize, secure emotional attachment to a caregiver and safety and stability in their homes, schools and communities. When these crucial needs are met, young children thrive; however, when these needs are unattended children can face serious obstacles to their developmental health.

Young children whose developmental needs are unsupported are at risk for poor health and well-being outcomes as they grow and transition into adults. Delays in a child's early development put them at a disadvantage when they begin school, and by third grade the opportunity gaps between children with differing levels of developmental health become increasingly entrenched. The gap continues to widen as children grow. By the end of high school, some young people face obstacles that seem almost insurmountable in achieving their educational and life goals.

In a society with growing equity gaps marked by vast differences in income, access to health care, neighborhood safety and educational opportunity, effective policy can support increased, and more equitable, access to the tools parents and caregivers need to promote their children's developmental health and well-being. It is important to support the role of family for young children by empowering parents and caregivers to meet their children's needs through effective support services that strengthen the family as a whole and ensure that all children get a healthy start in life.

“Developmental health is a term used to refer to the full range of health outcomes related to children's well-being as they grow, including physical, social–emotional, cognitive abilities/skills and educational attainment.”

DATA & TRENDS

What are the Forces and Influence at Work?

- **Young children are living in poverty:** Children living in poverty at birth are significantly more likely to be persistently poor throughout childhood.¹ Children who are persistently poor during childhood also have a greater likelihood of living in poverty in adulthood. Poverty is associated with a wide range of major risks to children's developmental health including toxic stress in young children, which is linked to poor physical and mental health outcomes across the lifespan.²
- **Low-income families often live in unsafe neighborhoods with high crime rates, poor physical infrastructure and services, and environmental hazards:** Poverty makes it much more difficult for families to find quality housing within their means. In many areas, the most affordable housing is in poor condition and located in areas of concentrated poverty with poor public services, higher crime rates and environmental hazards such as poor air quality and an increased risk of lead poisoning.
- **Children of color do not have equal access to opportunities and supports:** Children of color are much more likely to grow up in persistent poverty³ and to live in neighborhoods of concentrated poverty. They are also less likely to have health insurance coverage than white children. Parents of color still experience discrimination in many aspects of daily life, including housing⁴ and employment⁵ that create additional challenges in promoting their children's well-being. These gaps in the opportunities and resources available to minority children systematically disadvantage children of color and can negatively impact their developmental health.
- **Children from immigrant families are often marginalized:** Linguistic and cultural differences are often significant barriers for parents in accessing the information, services and opportunities available to other families with young children. Children in immigrant families are more likely to be living in poverty,⁶

¹ Ratcliffe, C., & McKernan, S.-M. (2010). *Childhood poverty persistence: Facts and consequences*. Washington, DC: Urban Institute Press. [Available online](#).

² Shonkoff J.P., & Garner, A.S. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129 (1), e232-46.

³ Ratcliffe, C., & McKernan, S.-M. (2010). *Childhood poverty persistence: Facts and consequences*. Washington, DC: Urban Institute Press. [Available online](#)

⁴ US Department of Housing and Urban Development (2013). *Housing discrimination against racial and ethnic minorities 2012*. Washington, DC: Department of Housing and Urban Development Office of Policy Development and Research. [Available online](#).

⁵ Pager, D., Western, B. & Bonikowski, B. (2009). Discrimination in a low-wage labor market: A field experiment. *American Sociological Review* 74, 777-99.

⁶ Wight, V. R., Thampi, K. & Chau, M. (2011). *Poor children by parents' nativity: What do we know?* New York City: National Center for Children in Poverty. April 2011. [Available online](#).

less likely to have access to health care⁷ and less likely to be enrolled in a prekindergarten program.⁸ Many children in immigrant families live in constant fear that they or a loved one will be deported and suffer emotional trauma when separated from a parent or sibling due to immigration status.⁹ These barriers to well-being pose significant risks to the developmental health of young children from immigrant families which may have lifelong health consequences.

- **Children and families lack consistent access to health care:** Lack of employer-provided health benefits is especially common among the lowest-wage workers who are least able to afford health care. This makes it much more difficult for low to moderate income families to afford medical and dental care for their children and for themselves. Parental health also has a major impact on children's well-being; parents who are in good health have fewer barriers to full employment, less need to spend large sums on health care and fewer obstacles to spending time with their children. Parental eligibility for Medicaid varies significantly from state to state-- many parents are not eligible for Medicaid even if their children are, so their health needs often go unmet.¹⁰ In medically underserved areas, even families with adequate health coverage may encounter a lack of primary and specialist health care providers who accept their insurance within range of their transportation options.
- **Lack of equitable access to educational opportunities:** Beginning with infant and toddler care and learning programs and continuing up to college access and continuing education, the opportunity gap between children who can access quality education and those who cannot has a huge impact on outcomes for children's life and health. Research shows that quality child care and preschool education can have a significant positive impact on children's educational attainment in later school years. Families who can afford high-quality early learning opportunities for their children can access these benefits, while families with lower incomes need to rely on the options they can afford-- which are often of significantly lower quality. This opportunity gap makes it more difficult for parents to help their children get ready for kindergarten and sets children up for lower likelihood of academic and career success.
- **Low and middle-income families cannot access needed supports:** Families with young children need access to supports such as paid family and medical

⁷ Ku, L., & Jewers, M. (2013). *Health care for immigrant families: Current policies and issues*.

Washington, DC: Migration Policy Institute, National Center on Immigration Policy. [Available online](#).

⁸ Hernandez, D.J., & Napierala, J.S. (2013). *Diverse children: Race, ethnicity and immigration in America's new non-majority generation*. New York City: Foundation for Child Development. [Available online](#).

⁹ Yoshikawa, H., & Khloptseva, J. (2013). *Unauthorized immigrant parents and their children's development: A summary of the evidence*. New York City: Foundation for Child Development. [Available online](#).

¹⁰ Golden, O., & Fortuny, K. (2011). *Improving the lives of young children: Meeting parents' health and mental health needs through Medicaid and CHIP so children can thrive*. Washington, DC: Urban Institute. [Available online](#).

leave, quality child care, access to reliable transportation and other resources that help build economically stable families. For low and moderate-income families, the high cost of many of these supports puts them out of reach.

NEED MORE?

For more information on the importance of developmental health in early childhood, read

The Foundations of Lifelong Health Are Built in Early Childhood, a report from the Center on the Developing Child at Harvard University

Using Data

Using data enables policymakers to examine the data trends within their state and compare these trends with other states and national averages. Considering the data in context, by analyzing the root causes behind the data leads to considering data projections and setting targets for improvement.

Projections

In order to achieve measureable results, it is essential to examine the direction in which a trend is likely to move. Making projections allows policymakers to determine the current and future conditions and to set realistic and appropriate targets. When making these projections consider the following questions:

- What do trends suggest about the current outcomes for children, families and communities?
- What will rates for children meeting developmental milestones in early childhood look like in the near and distant future (for instance, after one year, three years and five years) if you continue on the current course?
- Does the projected trend suggest positive conditions for children, youth and families?
- If positive change is projected, is it significant? Is it enough?
- What is the impact on communities, public systems and state budgets?

Targets

Target-setting is an important step in achieving positive outcomes for children, youth, families and the community. In order to achieve better results, leaders can commit to setting a measurable target and a timeframe for its accomplishment. When establishing targets consider the following questions:

- Based on trend and projection data what is an achievable target?
- How will the target be used?
 - As an inspiration for mobilizing public will and action?
 - As a benchmark for measuring performance and accountability?
- Can targets be set for specific groups or regions within the state?
 - How will local targets be incorporated, if at all, into the state target?
 - What support can the state give to local entities to set and achieve targets?
- How will racial disparities, geographic differences and other variations be considered?
- What will ensure targets are appropriately set and used over time?
 - How can you prevent targets from being misused for punitive purposes or from leading to unintended consequences and poor practices?

The Data

Children birth to age 9 enrolled in Medicaid receiving EPSDT services: These data are the number of eligible children that received an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening during 2012 as a *percentage of those who **should** have received at least one such screening*. All states are required to provide the EPSDT benefit to all Medicaid eligible children, which covers comprehensive and preventative services including physical, mental, developmental, dental, hearing, vision and other tests to detect potential issues as early as possible and provide treatment or referrals as needed. Data identifying the percentage of children who are developmentally healthy according to a health care provider would offer a more complete picture but such data is not yet available. Since most low-income children have public insurance, utilization of EPSDT services is one indicator of how many low-income children are receiving essential developmental health support services. However, these data do not show whether uninsured children are receiving any health care treatment or follow-up care.

Percent of eligible children ages 0-9 with Medicaid who received at least one EPSDT screening in 2012

United States	70	Missouri	76
Alabama	61	Montana	64
Alaska	49	Nebraska	54
Arizona	NA	Nevada	71
Arkansas	64	New Hampshire	77
California	NA	New Jersey	72
Colorado	60	New Mexico	72
Connecticut	NA	New York	82
Delaware	70	North Carolina	69
District of Columbia	89	North Dakota	50
Florida	77	Ohio	56
Georgia	63	Oklahoma	61
Hawaii	81	Oregon	56
Idaho	59	Pennsylvania	81
Illinois	73	Rhode Island	65
Indiana	71	South Carolina	70
Iowa	81	South Dakota	63
Kansas	62	Tennessee	69
Kentucky	71	Texas	71
Louisiana	69	Utah	70
Maine	66	Vermont	77
Maryland	NA	Virginia	62
Massachusetts	79	Washington	70
Michigan	59	West Virginia	72
Minnesota	74	Wisconsin	78
Mississippi	52	Wyoming	58

*The most current data for Arizona, California, Connecticut and Maryland is from 2011

Source: Percentages calculated from data from the US Department of Health and Human Services Centers for Medicare and Medicaid Services. Data [available online](#).

For additional information on trends, as well as for additional comparative state and national data please see our PolicyforResults.org [data section](#) on promoting children's developmental health in early childhood.

STRATEGIES

Strategy #1 – Provide Health Coverage and Access

Health coverage is essential to ensuring that children have access to the medical, dental, and behavioral supports and services required to meet their needs. However, in 2011, an estimated 7.5% of children were still uninsured.¹¹ Hispanic and American Indian children are significantly more likely to be uninsured than white or African American children; 40.4% of uninsured children are Hispanic, even though Hispanic children are only 23.6% of the child population.¹² Childhood health care plays a vital role in identifying developmental delays, preventing illness and connecting parents to needed information and resources. Ensuring equity of access to health coverage can help ensure that all children get the care they need to be healthy. Some strategies that can be used to improve health coverage and access include:

40.4% of uninsured children are **Hispanic**, even though Hispanic children are only **23.6%** of the **total child population**.

- **Ensure Quality Prenatal Care (including preconception care).** Developing initiatives that ensure equity of access to preconception and prenatal care is important to reducing the risk of birth defects, miscarriage, low birth weight and premature delivery.¹³ Quality preconception and prenatal care is especially important for low-income women, who may be in worse health and lack ongoing care before pregnancy and as a result be at higher risk for poor pregnancy outcomes.¹⁴ Lack of insurance and other barriers including delayed awareness of pregnancy, lack of education regarding the importance of prenatal care, and language and cultural barriers make it more difficult for some women to access the care that could reduce these risks. Quality care before and during pregnancy helps to ensure the health and well-being of mothers and their babies.

To address concerns about the rate of adverse birth outcomes in the state, the **Tennessee** state legislature created the Women’s Health in Under-served Areas Initiative¹⁵ to improve access to prenatal and obstetric care in under-served areas

¹¹ Alker, J., Mancini, T., & Heberlein, M. (2012). *Uninsured children 2009-2011: Charting the nation's progress*. Washington, DC: Georgetown University Health Policy Institute Center for Children and Families. [Available online.](#)

¹² Ibid.

¹³ Atrash, H. K., Johnson, K., Adams, M., Cordero, J. F., & Howse, J. (2006). Preconception care for improving perinatal outcomes: The time to act. *Maternal Child Health Journal*, 10 (Suppl 1), 3–11. [Available online.](#)

¹⁴ Braveman, P., Marchi, K., Sarnoff, R., Egarter, S., Rittenhouse, D., & Salganicoff, A. (Spring 2003). *Promoting access to prenatal care: Lessons from the California experience*. Menlo Park, CA: The Henry J. Kaiser Family Foundation.

¹⁵ Tennessee Women’s Health for Underserved Areas Initiative (Public Chapter 963, 2006). [Available online.](#)

of the state. The initiative has provided grants for a number of services to improve maternal and infant health, including the introduction of the evidence-based CenteringPregnancy program. CenteringPregnancy is a group prenatal care and education program model and has been implemented in a number of states. An evaluation found that participation in the program was associated with reduced odds of very low birth weight babies, increased gestational age (longer pregnancies), increased postpartum follow-up attendance and significantly higher rates of breastfeeding. The evaluation found that providers were more satisfied with delivering care in this format, which “adds little extra time burden for providers” while providing “much more exposure to prenatal care over the course of a pregnancy” and helping to build social networks for expectant mothers.¹⁶ Another study of the CenteringPregnancy model found that it was cost-neutral in comparison with the traditional individual prenatal care model.¹⁷

- **Support Well-Child Care.** Developmental health services positively affect children’s health and educational success. The American Academy of Pediatrics recommends multiple well-visits per year for children under three and an annual well-child visit for those ages 3-21.¹⁸ Although Medicaid, SCHIP, and many commercial insurance plans cover well-child visits, such preventative care services are often underutilized.¹⁹ A study of Medicaid-enrolled children in nine states found that while 84% of children under 3 had received a well-child visit, only 63% of 3-6 year olds and 34% of children age 7-11 had received a well-child visit.²⁰ Effective policy can help families access such services in medically-underserved urban and rural areas, reduce barriers faced by immigrant families and ensure that children are able to utilize needed health services.

For more information about [Supporting Healthy Child Development through Medical Homes](#), visit the [National Academy for State Health Policy](#) website.

The Patient-Centered Medical Home (PCMH) model being implemented by **Colorado** helps families build a partnership with a primary health care professional who coordinates all patient care with a team of health care providers and connects the family to supports and services. The **Colorado** Department of Health Care Policy and Financing has sponsored a PCMH

¹⁶ Tanner-Smith, E. E., Steinka-Fry, K. T., & Lipsey, M. W. (2012). *A Multi-Site Evaluation of the CenteringPregnancy Programs in Tennessee*. Nashville, Tennessee: Peabody Research Institute-Vanderbilt University. [Available online](#).

¹⁷ Ickovics, J. R., Kershaw, T. S., Westdahl, C., Magriples, U., Massey, Z., Reynolds, H., & Rising, S. S. (2007). Group prenatal care and perinatal outcomes. *Obstetrics and Gynecology*, 110(2), 330-339. [Available online](#).

¹⁸ American Academy of Pediatrics. (2008). *Recommendations for Preventative Pediatric Health Care*. [Available online](#).

¹⁹ Bouchery, E. (October 2012). *Utilization of Well-Child Care Among Medicaid Enrolled Children*. Centers for Medicare and Medicaid Research. Ann Arbor, MI: Mathematica Policy Research. [Available online](#).

²⁰ Ibid.

program through Medicaid and SCHIP for children from low-income families. A 2009 study found that 72% of children receiving Medicaid and SCHIP who were enrolled in PCMH designated practices in Colorado had received well-child visits, compared with 27 percent of children not enrolled in PCMH practices.²¹ The model was also associated with lower costs; the median annual costs for children in the PCMH group were \$785 while the median cost was \$1000 annually for the comparison group due to reductions in hospitalizations and emergency room visits.²² The Colorado Department of Public Health and the Environment is leading the Colorado Medical Home Initiative (CMHI) to build the infrastructure to support a Medical Home System for all families statewide.

- *Promote Developmental Screening.* At least 10 percent of children experience developmental delays; however only about 2.3 percent of children under age three participate in early intervention programs.²³ Research with primary care physicians suggests that many children with developmental delays are not identified for needed treatment because they are not receiving ongoing routine health care. Early treatment of developmental delays is important for achieving good treatment outcomes. States can promote children's health by ensuring that developmental screenings become a systematic practice among health professionals that work with young children.

The **North Carolina** Office of Rural Services introduced the Ages and Stages Questionnaire (ASQ), a standardized developmental screening shown to be effective in identifying developmental delays. The ASQ was implemented through local community care networks that serve low-income children and adults by introducing easy-to-use screening tools, educating medical providers about resources in their communities and improving communication between medical providers and the referral agencies and organizations that provide services for children such as Early Intervention services to address developmental delays. Between 2004 and 2008, the number of developmental screenings conducted during Medicaid well-child visits quintupled and the number of referrals to Early Intervention services quadrupled.²⁴

²¹ Grumbach, K., & Grundy, P. (2010). *Outcomes of Implementing Patient-Centered Medical Home Interventions: A review of the evidence from prospective evaluation studies in the United States*. Center for Excellence in Primary Care. [Available online.](#)

²² Ibid.

²³ Sice, Laura. M.D. (2007). *Developmental Screening in Primary Care: The Effectiveness of Current Practice and Recommendations for Improvement*. The Commonwealth Fund. [Available online.](#)

²⁴ S. Klein and D. McCarthy (2009). *North Carolina's ABCD Program: Using Community Care Networks to Improve the Delivery of Childhood Developmental Screening and Referral to Early Intervention Services*. The Commonwealth Fund. [Available online.](#)

- Ensure the Accessibility and Provision of Nutritious Food.* While childhood obesity rates have risen dramatically nationwide in the last 30 years,²⁵ 21% of households with children do not have a secure food supply throughout the year, putting children at risk of being undernourished.²⁶ Lack of proper nutrition often contributes to childhood obesity when families use cheap, starchy foods low in nutrients to stretch their food budgets, resulting in children who are both obese and undernourished. Lack of good nutrition poses serious risks to the developmental health of young children. Child care and preschool programs play an especially important role— both in the provision of healthy meals for children and in educating children and families about good nutrition. Effective state policies to ensure quality nutrition in child care and preschool settings are important for children’s health as they grow.

According to a report from the [Centers for Disease Control and Prevention](#), obesity among preschoolers declined slightly in 19 of 43 states and territories between 2008 and 2011.

In an effort to reduce the incidence of child obesity, **Delaware** created the first comprehensive state guidelines for both child care centers and family child care homes. The Delaware rules require that all meals and snacks served in child care centers and family child care homes meet the nutritional standards of the Child and Adult Care Food Program (CACFP) Meal Patterns.²⁷ Research has shown that CACFP is associated with better nutrition in child care.²⁸

Approximately 1 in 8 preschoolers is obese. The Robert Wood Johnson Foundation has more information on the most recent data and policy efforts to reduce childhood obesity.

²⁵U.S. Department of Health and Human Services (2012). *Health, United States, 2011: With special features on socioeconomic status and health*. Washington, DC: National Center for Health Statistics.

²⁶US Department of Agriculture Economic Research Service (2012). Household Food Security in the United States in 2011. [Available online](#).

²⁷ State of Delaware Office of Child Care Licensing Division of Family Services, Department of Services for Children, Youth and Their Families (2007). Delacare: Rules for Early Care and Education and School-Age Centers. [Available online](#).

State of Delaware Office of Child Care Licensing Division of Family Services, Department of Services for Children, Youth and Their Families (2009). Delacare: Rules for Family Child Care Homes. [Available online](#).

State of Delaware Office of Child Care Licensing Division of Family Services, Department of Services for Children, Youth and Their Families (2009). Delacare: Rules for Large Family Child Care Homes. [Available online](#).

²⁸ Ritchie, L. D., Maria, B., Chandran, K., Spector, P., Whaley, S., James, P., et al. (2012). Participation in the Child and Adult Care Food Program is Associated with More Nutritious Foods and Beverages in Child Care. *Child Obesity, Vol. 8* (Number 3), 224-229.

Strategy #2 – Support Early Social, Emotional and Behavioral Health

Children progress through many stages of social, emotional and behavioral development; while all children need the loving support of caring adults to be developmentally healthy, sometimes children's needs include specialized support from qualified professionals. An estimated 13-20 percent of children and youth in the US experience a mental disorder (defined as a serious deviation from expected cognitive, social, and emotional development) in a given year.²⁹ Promoting children's social, emotional and behavioral health requires working in the context of their family environment. Building strong families that have the skills they need to foster children's social, emotional and behavioral well-being is critical to ensuring developmental health. Some of the strategies for supporting early social, emotional and behavioral health include:

- *Support the Integration of Mental Health Consultations in Early Care and Education.*

Providing mental health consultations in the familiar environment of the child's school or child care provider helps to reach as many children as possible and ensure that when parents, caregivers and teachers have concerns about a child's mental health they know where to go for information on the resources and options available to them. By embedding these services in early care and education programs, caregivers and school staff can partner with parents to ensure that each child's mental health needs are being supported in child care and early education settings.

To integrate mental health consultations into child care and preschool settings, **Maryland** introduced the Early Childhood Mental Health Consultation (ECMHC) program in over 300 child care and preschool settings. Consultants work with child care providers, teachers and parents both on issues specific to child behaviors and on improving classroom environments. An evaluation of the program found that over a period of four months, children showed a significant increase in characteristics related to resilience (initiative, self-control and attachment to caregivers) and a significant decrease in challenging behaviors.³⁰

- *Ensure the Integration of Behavioral Health Care in Primary Care Settings.*

Behavioral health is critical to a child's social and emotional development. Integrating behavioral health care into a child's ongoing care in primary care settings ensures that issues are being identified and addressed as early as possible. It also provides parents with regular opportunities to discuss concerns with their child's health care professional and to get information about how to support children's behavioral health.

²⁹ Centers for Disease Control and Prevention. [Mental health surveillance among children — United States 2005–2011](#). MMWR 2013;62(Suppl; May 16, 2013):1-35. Available online.

³⁰ University of Maryland School of Medicine (2011). Maryland's Early Childhood Mental Health Consultation Evaluation.

The **Massachusetts** Child Psychiatry Access Project (MCPAP) builds links between primary care providers and behavioral health care through the use of a hotline for pediatricians to get timely access to child psychiatry consultations and referrals when needed to a psychiatrist, social worker or care coordinator.³¹ The percentage of primary care physicians who say they agree or strongly agree that their patients have adequate access to child psychiatry rose from 5.9% before MCPAP to 34% in 2009. The percentage of physicians who agreed or strongly agreed that they are usually able to meet the needs of children with psychiatric problems with the resources available was 8.4% before MCPAP, but was 63.1% after the program was introduced. The number of participating primary care practices has risen to cover about 95% of children in Massachusetts.³²

- *Support Opportunities for Family Strengthening and Family Skill Development.* Children grow and thrive as part of a family. The family is a child's first and most important support network as they grow and develop. Policies that empower and support parents as well as promoting family skill development help to strengthen families. Such policies build the protective and promotive factors that reduce risk and create optimal outcomes for children, youth and families.

The Incredible Years parent education program has been implemented in a number of states to enhance parenting skills, knowledge of child development, positive child behavior, and build strong parent-child relationships. In **North Carolina**, a public-private collaborative between the North Carolina Department of Health and Human Services Division of Social Services and the Division of Public Health, the North Carolina Partnership for Children and private foundations has expanded the use of the program in North Carolina. The Division of Social Services funds 'scaffolding' to help local agencies implement the program. An independent evaluation of the program's effectiveness in North Carolina found significant reductions in harsh and inconsistent discipline, and significant increase in appropriate discipline, positive parenting, and setting clear expectations.³³

³¹ Holt, W. (2010). *The Massachusetts Child Psychiatry Access Project: Supporting mental health treatment in primary care*. Washington, DC: The Commonwealth Fund. [Available online](#).

³² Ibid.

³³ Harman, A. E., & Blair, R. L. (2012). *The Incredible Years Preschool/Early Childhood & School Age BASIC Parent Series: FY 2011-2012 North Carolina Outcomes Evaluation*. Raleigh, NC: Prevent Child Abuse North Carolina. [Available online](#).

Strategy #3 – Ensure School Readiness by Age Five

Being fully ready for school at age five is a key developmental milestone that gets children off to a good start for academic success. Both foundational academic skills and non-academic skills including physical, social and emotional development influence children's readiness to master reading, writing, math and other skills to grade-level proficiency. Research also suggests that controlling for non-academic readiness skills at kindergarten entry may account for much of the achievement gap between African American and white students in reading skills in fifth grade.³⁴ Early learning opportunities for infants and toddlers as well as high-quality preschool programs help foster the development of children's cognitive and social skills. The quality of care and learning opportunities that a child receives before kindergarten has a major impact on their readiness for school. Some of the strategies that can be used to ensure school readiness by age five include:

- *Ensure Early Learning Experiences in Quality Child Care and Pre-K Programs.* The working poor often have to depend on low-quality unlicensed child care providers while parents are working, which may or may not provide any learning opportunities for children. Ensuring a continuum of quality child care and preschool programs gives children from low-income families opportunities for the high-quality early learning experiences that higher income families are able to afford for their children. In 2011, in 35 states and the District of Columbia, a year of child care was more expensive than a year of tuition at one of the state/district's public colleges.³⁵ Public preschool and infant-toddler learning programs help to reduce the opportunity gap between low-income and higher income children that results from inequality of access to high-quality early childhood education opportunities. Preschool can raise achievement, resulting in less grade repetition and special education, and increased high school graduation.³⁶

Oklahoma introduced universal pre-kindergarten in 1998. Funded by the state government, and implemented by the public school districts, preschool education is available to all four year olds on a voluntary basis regardless of family income. The pre-kindergarten program has high quality standards including comprehensive early learning standards, staff-child ratios of 1:10 or better, at least one meal per school day and screening, referral and support services.³⁷ Teachers are required to have a college degree and be early childhood certified;

³⁴ Le, V.-N., Kirby, S. N., Barney, H., Setodji, C. M., & Gershwin, D. (2006). *School readiness, full-day kindergarten, and student achievement: An empirical investigation*. Santa Monica, California: RAND Education. [Available online](#)

³⁵ Child Care Aware (2012). Parents and the high cost of child care. [Available online](#).

³⁶ Camilli, G., Vargas, S., Ryan, S., & Barnett, W. S. (2010). Meta-analysis of the effects of early education interventions on cognitive and social development. *Teachers College Record*, 112 (3), 579-620.

³⁷ National Institute for Early Education Research. (2012). *State of Preschool Yearbook*. State of Preschool 2012. [Available online](#).

they are paid at the same rate as other public school teachers. Research has shown that children of diverse racial, ethnic and socioeconomic backgrounds who participated in the state program showed significant gains in pre-reading, pre-writing, and pre-numeracy skills compared with children who had not yet begun the pre-kindergarten program.³⁸ Students showed an average 52% gain in the Letter-Word ID test score, a 27% gain in the Spelling test score and a 21% gain in the Applied Problems test score above and beyond the gains that children naturally achieve as they grow a year older.³⁹

- *Ensure Appropriate Provider Qualifications and Professional Development Opportunities.* Qualified providers who have opportunities for continual professional development help promote a high-quality learning environment for children. Research suggests that programs that require teachers to be well-educated and appropriately qualified achieve better educational outcomes.⁴⁰ It is important that workers have the core knowledge and competencies specifically related to infants and toddlers as well as professional development opportunities related to addressing the ethnic, racial and linguistic diversity of the families they serve.⁴¹ The important requirements for professional development for early education teachers vary greatly from state to state.

State-funded preschool programs in **Georgia** require that teachers have a Bachelor's degree and appropriate certification, and assistant teachers must have a Child Development Associate (CDA); furthermore, all administrative, teaching and support staff are required to participate in annual professional development and training.⁴² An evaluation of state-funded preschools found an improvement in the quality of instructional support following an increased emphasis on professional development requirements.⁴³ Children showed significant growth in all domains of learning, and preschools were also effective in helping Spanish-speaking dual-language learners develop their language skills in both English and Spanish.⁴⁴

- *Promote Successful Transitions Into School.* Supporting children as they enter kindergarten helps to foster children's natural eagerness to learn and experience

³⁸ Gormley Jr., W., Gayer, T., Phillips, D., & Dawson, B. (2005). The effects of universal pre-k on cognitive development. *Developmental Psychology*, November, 872-884.

³⁹ Gormley, W. (2010). Small miracles in Tulsa: The effects of universal pre-k on cognitive development. In A. Reynolds et al (Eds.), *Childhood Programs and Practices in the First Decade of Life (188-198)*. New York: Cambridge University Press.

⁴⁰ Kelley, P., & Camilli, G. (2007). *The Impact of Teacher Education on Outcomes in Center-Based Early Childhood Education Programs: A meta-analysis*. National Institute for Early Education Research. [Available online](#).

⁴¹ Zero to Three. (2012). *Toward a Bright Future for Our Youngest Children: Building a Strong Infant-Toddler Workforce*. [Available Online](#).

⁴² Georgia Department of Early Care and Learning (2013). *Bright from the Start: Georgia Department of Early Care and Learning 2013-2014 School Year Pre-K Providers' Operating Guidelines*. [Available online](#).

⁴³ Peisner-Feinberg, E., Schaaf, J., & LaForett, D. (2013). *Classroom Experiences in Georgia's Pre-K Program: Findings from the 2011-2012 evaluation study*. Chapel Hill: The University of North Carolina Frank Porter Graham Child Development Institute. [Available online](#).

⁴⁴ Ibid.

new things. Unfortunately, the consideration of transitioning into school often begins very shortly prior to school entrance. To achieve a seamless transition into school, schools should begin to reach out to programs serving younger children. A successful transition into kindergarten is an important factor in children's reading and math proficiency in later grades.⁴⁵ Providing support to ensure a smooth transition into kindergarten is especially critical for children from immigrant families, who may face additional linguistic and cultural challenges at kindergarten entry.

Maryland has achieved remarkable gains in school readiness at kindergarten entry through the Model for School Readiness Framework, which provides intensive professional development for early childhood teachers to improve instruction and assessment. The percentage of Maryland kindergarteners who are 'fully ready' for school has risen from 49 percent in 2001 to 83 percent in 2012, with especially large gains among African Americans, English Language Learners (ELLs), children with disabilities and those from low-income households.⁴⁶ Since the initial implementation of the Model for School Readiness, there has been a significant co-occurring rise in reading and math proficiency among Maryland third grade students.⁴⁷

⁴⁵ Le, V.-N., Kirby, S. N., Barney, H., Setodji, C. M., & Gershwin, D. (2006). *School Readiness, Full-Day Kindergarten, and Student Achievement: An empirical investigation*. Santa Monica, California: RAND Education. [Available online](#).

⁴⁶ Maryland State Department of Education. (2012). Maryland Model for School Readiness 2011-2012. [Available online](#).

⁴⁷ Maryland State Department of Education. (2012). State of Schools 2012. [Available online](#).

Strategy #4—Support Parents to Ensure Children Thrive

In order to ensure that young children thrive, it is critical to support their families. Parents are key elements in a young child’s healthy development and educational success. Young children need to experience warm, supportive, nurturing relationships with their parents and caregivers – ensuring that families are not struggling with poverty, have access to the services and supports that meet their needs and receive early, strengths-based and culturally appropriate interventions when struggles arise – can help ensure that parents are able to support their children developmentally. By ensuring that parents are supported - policymakers are taking an important step in ensuring that children are developmentally healthy.

- *Support Family Economic Stability.* Poverty poses serious risks to children’s developmental health and is associated with significantly worse life outcomes in adulthood. Research has found that over a third of children experience poverty by the time they reach adulthood and about 10% are poor for at least half of their childhoods.⁴⁸ African American children are both much more likely than white children to experience poverty, and are also 7 times more likely to be persistently poor. The children of immigrants are also especially vulnerable since their parents may be exploited by their employers and may be ineligible from participation in programs that reduce poverty among vulnerable families.

More than a third of children experience **poverty** before reaching

In **Washington** State, the Washington Asset Building Coalition works to promote policies and programs that help moderate and low-income families in Washington build, maintain and preserve financial assets through investments in education, savings, homeownership and entrepreneurship. The coalition, with over 400 members, includes the state’s Departments of Commerce and Financial Institutions, the Office of the Treasurer, and the Division of Child Support; federal agencies such as the Internal Revenue Service, Federal Deposit Insurance Corporation, and the Federal Reserve Bank; as well as the tribes.

- *Ensure Supportive Work and Family Policies.* Although the federal Family and Medical Leave Act (FMLA) guarantees workers leave when they have a child or need to care for a family member due to illness, FMLA only guarantees unpaid leave and only employers with 50 employees or more are required to comply. Many low-income families simply cannot afford to go without income for weeks at a time. Allowing working families the paid leave they need to navigate normal life course events such as the arrival of a child or a significant illness helps to promote family economic stability.

⁴⁸ Ratcliffe, C., & McKernan, S.-M. (2010). Childhood poverty persistence: Facts and consequences. Washington, DC: Urban Institute Press. [Available online.](#)

Since 2004, **California's** Paid Family Leave (PFL) program has assisted families welcoming a new child or caring for a seriously ill family member. Operated much like unemployment insurance, payments are for up to six weeks. An evaluation found that abuse of the policy by employees was rare.⁴⁹ Among workers in low-wage jobs (defined as earning less than \$20.00 per hour and without health benefits) without employer provided health insurance who used PFL, 84% received at least half of their usual pay and 97% were satisfied with the length of their leave compared with only 31% and 73% respectively among those who did not use PFL. There is also a correlation between use of PFL and higher retention rates among workers in low-wage jobs—83% of those who used PFL returned to the same employer, while only 74% of those not using PFL did so. Among breastfeeding mothers in both high-wage and low-wage jobs, those who used PFL breastfed their babies for twice as many weeks on average as those who did not use PFL, from five to eleven weeks for mothers in high-wage jobs and from five to nine weeks for those in low-wage jobs.⁵⁰

- *Support Parental Literacy Efforts.* Parental literacy has wide-ranging implication for child well-being, ranging from the ability to help children with their homework to having an impact on a child's health. Low parental literacy makes it significantly more difficult for parents to access health information and follow medical recommendations. For instance, low parental literacy is associated with a lower standard of asthma care for children.⁵¹ Parental literacy and education programs can help parents achieve educational goals such as getting a GED, improving their English skills or gaining skills to find better employment.

The Even Start Family Literacy Program in **Texas** used a family-centered model that integrated parent literacy and English as a Second Language education with family literacy activities to promote children's pre-literacy and literacy skills as well as training for parents on how to support their children's learning process at home and through engagement with the school. Participation in Texas Even Start was associated with significant gains in parental literacy and parenting skills as well as higher rates of reading at or above grade level and promotion to the next grade for children of participants in kindergarten through third grade.⁵²

- *Support Home Visiting.* Home visiting programs can be effective methods of providing child development services and supporting families, including improving child health and development, reducing child abuse and neglect and enhancing parents' abilities to support their children's healthy physical and social-emotional development.⁵³ States can reduce costs by implementing evidence-based home visiting programs, which are also associated with

⁴⁹ Applebaum, E., & Milkman, R. (2011). *Leaves that Pay: Employer and Worker Experiences with Paid Family Leave in California*. Center for Economic and Policy Research. [Available online.](#)

⁵⁰ Ibid.

⁵¹ DeWalt, D.A., Dilling, M.A., Rosenthal, M.S., & Pignone, M.P. (2007). Parental Literacy Associated with Worse Asthma Care Measures in Children. *Ambulatory Pediatrics* 7(1): 25–31.

⁵² Texas Learns (2011). 2010-2011 Even Start Report Card. [Available online.](#)

⁵³ Zero to Three. (2009). *Reaching Families Where They Live*. [Available online.](#)

improved outcomes in areas including juvenile arrests, maternal convictions, emergency department use, and cognitive and behavioral problems among children.⁵⁴

Using the Healthy Families America model, **Virginia** has introduced home visiting services at 30 sites statewide. An evaluation of the initiative has found that while 50% of participating mothers reported having been abused as children, the rate of substantiated cases of child maltreatment for their children was less than 1% a year.⁵⁵ Moreover, research has shown that Healthy Families America home visiting programs tend to become more successful over time as they become better established so the outcomes in Virginia may improve even further in the future.⁵⁶

- *Ensure Supports for Vulnerable Families.* Parents' well-being has far-reaching effects on the well-being of their children. Supporting parents in their efforts to overcome challenges such as mental illness, domestic violence and substance abuse helps to strengthen the protective family circle around young children that nurtures their developmental health. However, many policies designed to benefit young children fail to take these factors into account. The median Medicaid eligibility income threshold for working parents other than pregnant women in 2011 was only 64% of poverty level,⁵⁷ resulting in many families where children are covered by Medicaid but the parents are not. This makes it much more difficult for parents to access health care to resolve mental health and substance dependency issues. Exposure to domestic violence is damaging to children's health, but access to services is often complicated by issues such as geographic isolation, language barriers, ethnic and cultural intolerance, disability, immigration status and lack of appropriate social supports. Effective policies can help parents access the resources they need to ensure their own well-being and that of their children.

The ChildFirst initiative in **Connecticut** uses a home-visiting model to provide wrap-around services to support vulnerable families. Participating parents reported significantly reduced symptoms of depression and parenting-related stress.⁵⁸

⁵⁴ Nurse-Family Partnership (June 2010). *Benefits and Costs: A Program with Proven and Measurable Results*. Denver, CO: Nurse-Family Partnership. [Available online](#).

⁵⁵ Galano, J., & Huntington, L. (2011). *Healthy Families Virginia Statewide Evaluation Executive Report FY 2007-2011*. Prevent Child Abuse Virginia. [Available online](#).

⁵⁶ Nurse-Family Partnership (June 2010). *Benefits and Costs: A Program with Proven and Measurable Results*. Denver, CO: Nurse-Family Partnership. [Available online](#)

⁵⁷ Golden, O., & Fortuny, K. (2011). Brief 4: Improving the lives of young children: Meeting parents' health and mental health needs through Medicaid and CHIP so children can thrive. Washington, DC: Urban Institute.

⁵⁸ Lowell, D.I., Carter, A.S., Godoy, L., Paulicin, B., & Briggs-Gowan, M.J. (2011). A randomized controlled trial of child first: A comprehensive, home-based intervention translating research into early childhood practice. *Child Development*, 82(1), 193-208.

ChildFirst has also proven effective in meeting the needs of families affected by domestic violence.⁵⁹ The program is associated with high levels of access to community-based services, and parents who had experienced domestic violence reported significant decreases in stress associated with their role as parents and rated the program highly. Children from participating families experienced a significant decrease over time in the number of potentially traumatic events including family violence and significant decreases over time in thoughts and behaviors related to post-traumatic stress.⁶⁰

Strengthening Families, an initiative developed by the Center for the Study of Social Policy, helps child welfare systems, early care and education programs and other organizations that work with parents to build protective factors—parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need and social and emotional competence of children—into the care and treatment of vulnerable children.

⁵⁹ Crusto, C.A. Lowell, D.I., Paulicin, B., Reynolds, J., Feinn, R., Friedman, S. R., & Kaufman, J. S. (2008). Evaluation of a Wraparound Process for Children Exposed to Family Violence. *Best Practices in Mental Health: An International Journal*, 4(1), 1-18.

⁶⁰ Crusto, C.A. Lowell, D.I., Paulicin, B., Reynolds, J., Feinn, R., Friedman, S. R., & Kaufman, J. S. (2008). Evaluation of a Wraparound Process for Children Exposed to Family Violence. *Best Practices in Mental Health: An International Journal*, 4(1), 1-18.

Success Story: Maryland

Readiness for school at the beginning of kindergarten is recognized as an important milestone in ensuring that students have grade-level reading and math proficiency in subsequent grades.⁶¹ Over the last 11 years, Maryland has succeeded in increasing the number of young children who are fully ready for school when they start kindergarten from 49% in 2001 to 82% in 2012.⁶² Maryland has successfully narrowed the learning opportunity gaps; rates of school readiness have risen even faster among children of color and English language learners.⁶³ Maryland has achieved this success by enacting a range of policy measures promoting improved developmental health and educational opportunities in early childhood.

- The Maryland State Department of Education School and Community Nutrition Programs Branch collaborated with the regional USDA office to create improved child care nutrition guidelines for infants and toddlers.⁶⁴
- Early mental health has been integrated into early care and education through the state's Early Childhood Mental Health project. Consultants provide children with mental and behavioral health concerns access to needed supports and help early care and education teachers improve their classroom environments to support children as they learn and prevent behavioral issues.⁶⁵
- The Maryland Model for School Readiness (MMSR) provides a curricular framework for early care and education providers and includes an assessment – the Work Sampling System (WSS) - to determine whether children are fully ready, approaching or still developing readiness for kindergarten⁶⁶.
- The Maryland Early Childhood Data System (ECDS) is used to track data about the state's kindergarteners including the type of early care and education they have received and is disaggregated to provide data by gender, race/ethnicity, and special learning needs.⁶⁷
- The state's Judy P. Hoyer Care and Education Centers (Judy Centers) provide centralized access to early care and education and support services in Title I school districts (areas with high percentages of low-income families) to promote the developmental health of children and the well-being of their families⁶⁸.

⁶¹ Le, V.-N., Kirby, S. N., Barney, H., Setodji, C. M., & Gershwin, D. (2006). *School Readiness, Full-Day Kindergarten, and Student Achievement: An empirical investigation*. Santa Monica, California: RAND Education. [Available online](#).

⁶² Maryland State Department of Education. (2012). *Children Entering School Ready to Learn: Maryland Model for School Readiness 2012-2013*. [Available online](#).

⁶³ Ibid.

⁶⁴ Maryland State Department of Education School and Community Nutrition Programs Branch (2009). *ABC Childcare Nutrition Guidelines*. [Available online](#).

⁶⁵ University of Maryland School of Medicine (2011). *Maryland's Early Childhood Mental Health Consultation Evaluation*.

⁶⁶ Maryland State Department of Education (2012). *Children Entering School Ready to Learn: Maryland Model for School Readiness 2012-2013*. [Available online](#).

⁶⁷ Ibid.

⁶⁸ Maryland State Department of Education (2009). *An analysis of influence of Judy Center services on the Maryland Model for School Readiness (MMRS)*. [Available online](#).

IMPLEMENTATION & ACCOUNTABILITY

Implementation

Because of the variety in proven interventions, states and communities have leeway to find programs that suit local values, opportunities and budgets. The key is to select strategies that have documented effectiveness, assure that they are implemented well and recognize the critical importance of a strong commitment to continuous program improvement.

- *Match expectations with sufficient resources.* Be clear about the goals, purpose and target audience for specific programs. Provide sufficient resources to ensure fidelity to the evidence-based model or modify expectations to accommodate variances.
- *Identifying barriers.* Effective policy development requires the identification of factors that may impede effective implementation.
- *Make provisions for broad-based input.* When involvement will increase the likelihood that the needs of children and families are being met by the policy, engage community stakeholders (children and youth, parents, schools, service providers, faith leaders and community groups) in implementation.
- *Support local capacity and communication.* Provide technical assistance, monitoring and oversight to local programs and agencies. Create opportunities for local-to-local communication, best practice sharing and local input on state policy decisions.
- *Support ongoing evaluation* and continuous program improvement.

Considering Co-Investment

Are we consulting with appropriate experts, advocates and constituents?

Are we ensuring that families being consulted and that their views and experiences are being considered?

Accountability

Evaluation is essential for successful policy implementation and to ensure intended outcomes. Accountability requires determining whether programs are implemented correctly, the right programs and strategies are used, progress is measured appropriately and children and families are benefiting. This is established through both monitoring results (what we are trying to accomplish) and monitoring performance (how we tried to accomplish it).

- *Monitoring Results.* Through data, other information and consultation, it is possible to determine if the results we set out to achieve for children and families have been attained. By reexamining the selected indicators we can measure our progress toward the desired result.
- *Monitoring Performance.* Oversight requires policy-makers to determine if policy objectives have been achieved by focusing attention on the performance of specific programs or agencies. This involves reviewing individual programs and their impact on the lives of the people the program is designed to serve.
- *Assign responsibility for realistic outcomes.* Responsibility for outcomes should be designated based on the appropriate roles, resources and capacity of public and private stakeholders.
- *Establish oversight bodies* that consistently review key actions by state agencies.
- *Measure and report progress* to stakeholders and the community. Require public availability of data to allow administrators, policymakers and the public to measure the state's progress on key outcomes.

Kentucky has developed a flexible, comprehensive assessment and accountability system for the state early childhood standards, which are aligned with early childhood outcomes designated by the Office of Special Education Programs (OSEP). The system allows local early care and education providers to select an assessment tool to continually monitor children's progress based on state standards to assess children's learning, improve programs and collect data for reporting purposes.

FUNDING

In order to ensure that state policies are sustainable it is important to consider ways to both maximize federal and state resources and to utilize public-private partnerships. To that end, there are several opportunities to support state efforts to support children's early healthy development. For example:

State Funding Strategies

Establish Infant Toddler set-Asides. Infant and Toddler Set-asides are used by some states to allocate funds within block grants to improve early developmental health by designating a given percent of the funds exclusively for use in providing services targeting young children and their families. **Illinois** has used a set-aside to successfully fund services to families with infants and toddlers to promote early developmental health. The Illinois State Board of Education's (ISBE) Early Childhood Education Block Grant funds a range of services for children age birth to five and their families by setting aside a portion of a block grant funded through state general revenue funds.

Establish Paid Family Leave. Paid family leave has been funded through payroll taxes in **California, Rhode Island** and **New Jersey**. Similar to the way that Unemployment Insurance is financed, states can utilize payroll tax revenue to assist working families and make maintaining stable employment less difficult for working parents of young children.

Establish an Early Childhood Endowment. The state of **Nebraska** established the [Nebraska Early Childhood Educational Endowment Fund](#), which is an innovative public/private venture. The Nebraska Department of Education provides \$40 million dollars from the Permanent School Fund and an additional 20 million dollars was raised privately. The programs funded through the endowment are administered through the Nebraska Children and Families Foundation. The programs are either family engagement, center-based or a combination of the two and are required to meet Quality Criteria that ensure children are in settings that will provide maximum benefit for their positive development.

Develop Tax Incentives. The state of **Louisiana** established a package of refundable state tax credits designed to enhance the quality of early education in the state, the School Readiness Tax Credit. Through the program businesses with a Louisiana Tax ID can receive a dollar-for-dollar refundable tax credit up to \$5,000 for donations to Child Care Resource and Referral Agencies that hold a contract with the Department of Children and Family Services. Families with a child under 6 who is enrolled in a child care program that participates in [Quality Start](#), the state's QRIS, are eligible for a refundable tax credit based on the star rating of the program. Child care providers that participate in Quality Start are eligible to receive a refundable tax credit based on the number of stars they earn and on the number of children they serve in the Child Care Assistance Program or in foster care. Child care teachers and directors are eligible for a refundable tax credit if they teach in a center that participates in Quality Start. The credit

is based on the level of education the individual has attained, rather than the star level of the program in which she teaches.

Maximize Federal Funds

Child Care Development Block Grants (CCDBG). CCDBG can be used to supplement state general revenue funds for child care assistance for low-income families. Funds may be used for child care services on a sliding fee scale basis, activities that improve the quality or availability of such services, and other activities that realize the goals of the CCDBG. Certain amounts of provided funds must be used for specific purposes: quality expansion; infant and toddler quality improvement; and child care resource and referral, including a national toll-free hotline; and school-age child care activities.

Strong Start for Mothers and Newborns. The [Strong Start for Mothers and Newborns](#) initiative, an effort by the Department of Health and Human Services, aims to reduce preterm births and improve outcomes for newborns and pregnant women.

Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT). The [EPSDT](#) benefit requires states to fund developmental screening, early intervention services and treatment for more serious health conditions.⁶⁹ For children enrolled in Medicaid, EPSDT also can finance case management, developmental services, maternal depression screening and a continuum of other services and supports. States can clarify for families and providers the range of services that can be reimbursed to target the impact of Medicaid funds on the developmental health of young children and their families.

Title V/Maternal and Child Health Program (MCH). MCH funds can be used to finance a wide range of maternal and child health services and programs. Some states use Title V funds to support family support services and to promote the development of comprehensive, coordinated systems of care for children and their families.

Maternal, Infant, and Early Childhood Home Visiting (MIECHV). This [program](#) facilitates collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs.

Family Violence Prevention Grants. The Family and Youth Services Bureau (FYSB) provides [Family Violence Prevention and Services Act \(FVPSA\)](#) grants for states in support of emergency shelter and related assistance for victims of domestic violence and their children.

Systems of Care Grants. The Department of Justice offers [Systems of Care Expansion Implementation Agreement](#) grants to help states improve outcomes for children and families receiving child welfare services through better access to mental health services.

⁶⁹Johnson, K., & Knitzer, J. (2005). *Spending smarter: A funding guide for policymakers and advocates to promote social and emotional health and school readiness*. New York City: National Center for Children in Poverty. [Available online](#).

Child Abuse Prevention Treatment Act. The Basic State Grant program under [Child Abuse Prevention and Treatment Act \(CAPTA\)](#) includes the recommendation that states refer children under age 3 involved in a substantiated abuse or neglect report to IDEA Part C Early Intervention Programs. In most states, this means that referred infants and toddlers receive a comprehensive evaluation to determine whether or not they are eligible for Part C.

Head Start. The [Head Start](#) program grantees are required to assure that children receive developmental screenings and are linked to follow-up testing and treatment for children with development delays or suspected disabilities. Head Start and Early Head Start funding can be used to support this requirement in various ways, including trainings for practitioners and building systems of coordination with mental health, Part C and the child welfare agencies.

Race to the Top Early Learning Challenge. The [Race to the Top Early Learning Challenge](#) provides awards for states leading the way with ambitious yet achievable plans for implementing coherent, compelling, and comprehensive early learning education reform. Some states have received supplemental grants, bringing the total funding per state to between \$10million and \$22 million.

Temporary Assistance for Needy Families (TANF). States can use [TANF](#) dollars to fund preventive programs, such as assessments, that support children's healthy social, emotional and behavioral development while reducing out-of-home placement.

Community Services Block Grant. The [Community Service Block Grant](#) is a formula grant available to states through a Department of Health and Human Services application process. Funds can be used, in part, for strengthening educational opportunities and providing services and activities that help low-income individuals achieve greater participation in the affairs of the community.

Partner with Foundations

The Commonwealth Fund. [The Commonwealth Fund's](#) Assuring Better Child Health and Development (ABCD) Program funds efforts aimed at improving the delivery of early child development services for low-income children and families, particularly those whose health care is covered by state health care programs such as Medicaid. The National Academy for State Health Policy administers the funds and provides technical assistance to states in their creation of models of service delivery and changes to financing of screenings, assessments and care for young children.

The Foundation for Child Development (FCD). [FCD](#) supports the restructuring of preschool through third grade into a well-aligned first level of public education for children (age three to eight). FCD awards an average of 14 grants per year to support research, policy development, advocacy, and communications strategies related preschool-third grade education. New American Children grants focus on stimulating basic and applied research on children (birth through age ten) living in low-income immigrant families.

Ounce of Prevention Fund. In 15 states, the [Ounce of Prevention Fund](#) invests private dollars in innovative programs to support healthy child development and works with states to leverage public funding for replication and expansion of these programs.

March of Dimes. The [March of Dimes](#) state chapters fund grants for programs to improve the health and well-being of pregnant women and their babies.

The W.K. Kellogg Foundation. The Kellogg Foundation provides grants based on their programming framework for [educated kids](#), [healthy kids](#), [secure families](#), [racial equity](#), and [civic engagement](#).

The **Kentucky** Department of Public Health worked in collaboration with the March of Dimes and the Johnson & Johnson Pediatric Institute to launch a community-based preterm birth prevention initiative called Healthy Babies are Worth the Wait to help improve birth outcomes and reduce infant mortality in the state.

FINANCING PRINCIPLES: What Does It Take to Invest in Results?

While the above are financing options to specifically promote early healthy development there are some universal guidelines around funding that should be considered with any results-based public policy initiative.

A compelling vision. Powerful visions – such as clear and compelling goals for improving children’s lives – are magnets for resources.

Aligning financing with results. The goal is to invest in policies, programs and practices that research and experience indicate will contribute to better results for children. Policymakers can act to ensure that desired results drive financing, instead of available funding driving policy and programs.

Effective use of existing resources. The number one financing priority is to use resources that you already have to pay for better results. Fiscally responsible approaches that are accountable to taxpayers focus on spending existing funds in more effective ways.

Packaging financing. No single financing approach will support the change required to achieve ambitious targets for improving children’s lives. The best results are accomplished with financing packages that draw from a wide array of resources, instead of getting stuck on a single funding stream or financing approach.

Leveraging resources. Even small amounts of money can be leveraged to have positive impact. For example, grants from foundations or the federal government can provide seed money for shifting investments.

Local-state-federal-private financing partnerships. Federal policies, funding streams and regulations have an enormous impact on the well-being of state residents. Likewise, communities are dramatically affected by both state and federal financing. While cost shifting across levels of government can have dire consequences, carefully crafted agreements developed in partnership can provide powerful incentives for change.