

**Early Learning-Health Connections:  
Race to the Top Early Learning Challenge State Projects**

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Nine states that received Race to the Top-Early Learning Challenge grants chose to address health promotion: California, Delaware, Maryland, Michigan, New Jersey, New Mexico, North Carolina, Oregon, and Vermont. Eight of these states launched projects to expand developmental screening and provide families with referrals and linkages to appropriate services. Seven implemented or enhanced programs that provide consultations to early learning and child care providers. Other projects include expansion of Reach Out and Read, developmental screening as a rated factor in the state’s QRIS; and expanding centralized community hubs to link families with infants and young children to health and other services.

<b>Health Project Highlights by State</b>	
CA	<ul style="list-style-type: none"> <li>• Implementing the California Statewide Screening Collaborative to promote and deliver effective and well-coordinated health, developmental and behavioral screenings for young children, birth to age 5, through medical providers and early childhood educators.</li> <li>• Distributing developmental screening kits with training for early learning providers.</li> <li>• Incorporating health and developmental screening as rated elements in its Quality Rating and Improvement System (QRIS).</li> <li>• Implementing the Help Me Grow (HMG) model in 22 of its 58 counties.</li> </ul>
DE	<ul style="list-style-type: none"> <li>• Implementing developmental screening with primary health care providers.</li> <li>• Incentivizing developmental screening by early learning providers through trainings, free screening resources, and QRIS ratings.</li> <li>• Establishing a central Help Me Grow telephone hub that families and providers can call for referrals and connections related to developmental concerns.</li> <li>• Tripling the number of early childhood mental health clinicians who consult with early learning programs, prioritizing those in the QRIS.</li> <li>• Improving social-emotional knowledge and skill of early learning providers.</li> <li>• Using Health Ambassadors for community-based outreach to connect families to services.</li> </ul>
MD	<ul style="list-style-type: none"> <li>• Creating a diverse cross-sector workgroup to increase the use of validated developmental screening instruments statewide.</li> <li>• Providing online and in-person developmental screening training for child care providers.</li> <li>• Expanding early childhood mental health consultation with early learning programs.</li> <li>• Partnering with local Early Childhood Councils to expand the Reach Out and Read parenting and early literacy program in primary health care settings.</li> <li>• Strengthening primary care providers’ ability to support Early Childhood Mental Health in the medical home through telephone consultation and training opportunities.</li> </ul>
MI	<ul style="list-style-type: none"> <li>• Using Child Care Consultants to train child care providers in the importance of developmental screening, and encouraging them to talk with families about this.</li> <li>• Deploying Child Care Health Consultants as part of the QRIS in communities of high need.</li> <li>• Deepening use of Social-Emotional Consultants through QRIS in communities of high need.</li> <li>• Updating child care licensing standards relating to health and social-emotional health</li> </ul>

## Health Project Highlights by State

NJ	<ul style="list-style-type: none"> <li>• Expanding developmental screening statewide through both health care and early childhood providers; introducing developmental screening as a rated part of its QRIS.</li> <li>• Ensuring that children have a medical home and appropriate referrals to early intervention; sharing developmental screening results with primary care providers.</li> <li>• Leveraging existing early childhood services such as Head Start/Early Head Start, to ensure follow-up referrals after developmental screening occurs.</li> <li>• Implementing a new approach to sustain child health and mental health consultation by cross-sector statewide workforce training.</li> <li>• Expanding community-based intake hubs as a single point of entry to link families with children to local supports and services (pregnancy to age 8).</li> </ul>
NM	<ul style="list-style-type: none"> <li>• Training early learning providers on developmental screening and how to connect families to primary care providers.</li> <li>• Infusing early childhood mental health competencies into early childhood provider training and consultation models.</li> <li>• Introducing mental health as a scored part of the QRIS.</li> <li>• Training early learning providers to help families understand the role of primary care providers and the medical home; and to promote well-child checkups and dental visits.</li> <li>• Working to increase infant and early childhood mental health competencies and looking at gaps in services when trying to refer families.</li> </ul>
NC	<ul style="list-style-type: none"> <li>• Enhancing developmental screening and referral in primary care through a regional health network; using ABCD program coordinators to provide ongoing support to incorporate developmental and autism screening into well child visits.</li> <li>• Enhanced its Child Care Health Consultation program by adding more staff, adding a new coaching model for its consultants, and developing a new app for data capture.</li> <li>• Implemented a nurse home-visiting program in its Transformation Zone counties, which are communities of high needs.</li> <li>• Expanding the evidence-based Triple P parenting program to 17 counties, including training for physicians and child care providers</li> <li>• Expanding the Reach Out and Read parenting and early literacy program in primary health care settings in the Transformation Zone.</li> </ul>
OR	<ul style="list-style-type: none"> <li>• Building a universal developmental screening system with coordination between primary care and early childhood providers.</li> <li>• Using developmental screening as an accountability metric in both health and early learning with a goal of universal screening.</li> <li>• Training early learning and home visiting providers in developmental screening</li> <li>• Transforming state and local health and early learning systems; supporting coordination between health, early learning, and education through a new state staff position</li> </ul>
VT	<ul style="list-style-type: none"> <li>• Implementing a universal developmental screening and linkage to services system by blending the siloes of education, early intervention, and medical providers into one system</li> <li>• Making developmental screening an accountable health care outcome measure.</li> <li>• Creating a shared developmental screening data base accessible to both child care and primary care providers.</li> <li>• Funding a new position to coordinate 18 nurses who provide child care health and safety consultation; training them in child development, nutrition, and physical activity.</li> <li>• Using Help Me Grow as an umbrella to provide families with an integrated menu of health, social, and educational services.</li> </ul>