



EXECUTIVE  
Chapter  
**3**  
SUMMARY

**Early Learning-Health Connections**

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# Preface

Race to the Top–Early Learning Challenge (ELC) is the major federal funding initiative seeking to support states in developing high quality early childhood systems, especially targeted to children with high needs. Launched in 2011 as a joint initiative of the U.S. Departments of Education and Health and Human Services, there have been three rounds of major grants under the ELC, with 20 states now participating and funding that totals just over \$1 billion.

This federal initiative had particular meaning to the BUILD Initiative and its founders, members of the Early Childhood Funders Collaborative. For more than a decade, BUILD has served as a catalyst for change and a national support system for state policy leaders and early childhood systems development. Not only did BUILD’s work help shape the federal initiative, but it was also the fulfillment of the founders’ most fervent hopes—that states could create detailed blueprints for an early childhood system, with budgets to support significant infrastructure development. BUILD staff, consultants, and many colleagues in the field rose to the challenge and provided extensive support to states as they applied for, and now implement, the federal opportunity.

The Early Learning Challenge supports states in their efforts to align, coordinate, and improve the quality of existing early learning and development programs across the multiple funding streams that support children from their birth through age five. Through the ELC, states focus on foundational elements of a state system: creating high quality, accountable early learning programs through Quality Rating and Improvement Systems; supporting improved child development outcomes through health, family engagement and vigorous use of early learning state standards and assessments; strengthening the early childhood workforce; and measuring progress.

Thirty-five states plus the District of Columbia and Puerto Rico applied for the 2011 round of the Early Learning Challenge grants with nine states initially and then five more selected from this pool for funding. Sixteen states plus the District of Columbia responded to a new 2013 third round of grants; six were selected.

Round 1: California, Delaware, Maryland, Massachusetts, Minnesota, North Carolina, Ohio, Rhode Island, and Washington

Round 2: Colorado, Illinois, New Mexico, Oregon, and Wisconsin

Round 3: Georgia, Kentucky, Michigan, New Jersey, Pennsylvania, and Vermont

Since the launch of the ELC, grantee states have rapidly moved from concept to implementation. Through this E-Book, we share learnings from the initial implementation of the efforts, highlighting experience, trends, and reflections stemming from the significant federal investment in this strategic work. The chapters are authored by experts who have worked in tandem with state leaders to gather information. By documenting the experience of the states, captured through interviews with state leaders, *Rising to the Challenge* provides a source of learning for all fifty states and territories and puts into practice our leadership commitment to continuous learning in the best interests of the children and families to whom we are all dedicated.



Harriet Dichter  
General Manager and Editor, *Rising to the Challenge*



Susan G. Hibbard  
Executive Director, BUILD Initiative



## Executive Summary

Considerable state momentum exists to develop or enhance systems to link child health (including mental health) with early learning. Late in 2014, pediatrician Jill Sells interviewed representatives of the nine states that received Race to the Top-Early Learning Challenge (ELC) grants and chose to address health promotion. This chapter describes the work of these nine states: California, Delaware, Maryland, Michigan, New Jersey, New Mexico, North Carolina, Oregon, and Vermont. States indicated they focused on health promotion in the ELC for various reasons: a previous health focus in the state; prior experience developing cross-sector networks; and the leadership of pediatricians in public health.

Although each state developed a unique leadership strategy, all states pursued high level engagement of both state agencies and primary care providers. States used leadership groups to help guide or implement their ELC health projects. These were typically multi-disciplinary with both public and private partners. States described intentional cross-sector project management involving multiple layers, from early childhood advisory councils, to sub-committees, to cross-agency leadership.

Eight of the nine states launched projects to expand developmental screening and provide families with referrals and links to appropriate services. Efforts focused predominately on screening within primary care health settings and early childhood programs, with states often seeking to bridge these into one system. A variety of cross-system outreach, training, and implementation projects are being undertaken which demonstrate the challenges and opportunities with regard to supporting families and providers and moving a statewide system forward. Overall, the increase in screening rates is impressive. Oregon nearly tripled the number of children screened in its first project year, and California, Delaware and North Carolina report gains of 48%, 23%, and 9% over two years. Collectively, these four states screened 116,300 more children with high needs in the past year compared to project baseline.

Seven of nine states implemented or enhanced programs that provide consultations to early learning and child care providers. Other projects include expansion of Reach Out and Read, an evidence-based parenting and early literacy program implemented by primary health care providers; making developmental screening a rated factor in the state's Quality Rating and Improvement System (QRIS); and expanding centralized community hubs to link families with infants and young children to health and other services.

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## Health Project Highlights by State

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|-----------|---|
| <b>CA</b> | <p>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.</p> <p>Distributing developmental screening kits with training for early learning providers.</p> <p>Incorporating health and developmental screening as rated elements in its Quality Rating and Improvement System (QRIS).</p> <p>Implementing the Help Me Grow (HMG) model in 22 of its 58 counties.</p>  |
| <b>DE</b> | <p>Implementing developmental screening with primary health care providers.</p> <p>Incenting developmental screening by early learning providers through trainings, free screening resources, and QRIS ratings.</p> <p>Establishing a central Help Me Grow telephone hub that families and providers can call for referrals and connections related to developmental concerns.</p> <p>Tripling the number of early childhood mental health clinicians who consult with early learning programs, prioritizing those in the QRIS.</p> <p>Improving social-emotional knowledge and skill of early learning providers.</p> <p>Using Health Ambassadors for community-based outreach to connect families to services.</p>  |
| <b>MD</b> | <p>Providing online and in-person developmental screening training for child care providers.</p> <p>Expanding early childhood mental health consultation with early learning programs.</p> <p>Expanding the Reach Out and Read parenting and early literacy program in primary health care settings.</p> <p>Strengthening primary care providers' ability to support early childhood mental health in the medical home through telephone consultation and training opportunities.</p>   |
| <b>MI</b> | <p>Using child care consultants to train child care providers in the importance of developmental screening, and encouraging them to talk with families about this.</p> <p>Deploying child care health consultants as part of the QRIS in communities of high need.</p> <p>Deepening use of social-emotional consultants through QRIS in communities of high need.</p> <p>Updating child care licensing standards relating to health and social-emotional health.</p>  |
| <b>NJ</b> | <p>Expanding developmental screening statewide through both health care and early childhood providers; introducing developmental screening as a rated part of its QRIS.</p> <p>Ensuring that children have a medical home and appropriate referrals to early intervention; sharing developmental screening results with primary care providers.</p> <p>Leveraging existing early childhood services, such as Head Start/Early Head Start, to ensure follow-up referrals after developmental screening occurs.</p> <p>Implementing a new approach to sustain child health and mental health consultation by cross-sector statewide workforce training.</p> <p>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).</p> |

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## Health Project Highlights by State

|           |   |
|-----------|---|
| <b>NM</b> | <p>Training early learning providers on developmental screening and how to connect families to primary care providers.</p> <p>Infusing early childhood mental health competencies into early childhood provider training and consultation models.</p> <p>Introducing mental health as a scored part of the QRIS.</p> <p>Training early learning providers to help families understand the role of primary care providers and the medical home and promote well-child checkups and dental visits.</p> <p>Working to increase infant and early childhood mental health competencies and looking at gaps in services when trying to refer families.</p>  |
| <b>NC</b> | <p>Enhancing developmental screening and referral in primary care through a regional health network; incorporating developmental and autism screening into well-child visits.</p> <p>Enhancing 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.</p> <p>Implementing a nurse home-visiting program in its Transformation Zone communities of high needs.</p> <p>Expanding the evidence-based Triple P parenting program to 17 counties, including training for physicians and child care providers.</p> <p>Expanding the Reach Out and Read parenting and early literacy program in primary health care settings in the Transformation Zone.</p> |
| <b>OR</b> | <p>Building a universal developmental screening system with coordination between primary care and early childhood providers.</p> <p>Using developmental screening as an accountability metric in both health and early learning with a goal of universal screening.</p> <p>Training early learning and home visiting providers in developmental screening.</p> <p>Supporting coordination between health, early learning, and education through a new state staff position.</p>   |
| <b>VT</b> | <p>Implementing a universal developmental screening and linkage to services system by blending the silos of education, early intervention, and medical providers into one system.</p> <p>Making developmental screening an accountable health care outcome measure.</p> <p>Creating a shared developmental screening data base accessible to both child care and primary care providers.</p> <p>Funding a new position to coordinate the work of 18 nurses who provide child care health and safety consultation; training them in child development, nutrition, and physical activity.</p> <p>Using Help Me Grow as an umbrella to provide families with an integrated menu of health, social, and educational services.</p>                               |

## Notes on Terminology

**Child Care Health/Mental Health Consultant** A professional with health/mental health expertise who provides consultation to early learning providers.

**Developmental Screening** A method to screen young children for developmental delays using a standardized, validated screening tool. Examples include the [Ages and Stages Questionnaire](#) and the [PEDS \(Parents' Evaluation of Developmental Status\)](#) screening tool, both of which rely on parent input.

**Help Me Grow** A comprehensive system to identify children at risk for developmental delays and connect them to needed services. Help Me Grow is a public-private initiative with a national center and state affiliates.

**(Tiered) Quality Rating and Improvement System (T/QRIS)** A state system to assess and support quality improvement in child care and early learning programs. Required for all states participating in the Early Learning Challenge.

**Reach Out and Read** A parenting support and early literacy program embedded in pediatric preventive care visits for children birth through 5 coordinated by a national non-profit organization with public-private partnerships and state affiliates.

While state leaders reported considerable challenges, particularly around cross-system collaboration and data systems, they also reflected on successes across their varied health projects. A core commitment to health; the engagement of cross-agency leadership and of primary care medical providers; and shared leadership and oversight with a commitment to common goals appear to be key factors for making progress at the intersection of health and early learning. State leaders also emphasize the importance of cultural context, supports for families, supports for providers, and supports to move state systems forward. States are seeing concrete results for children and families, with those far enough long in the ELC reporting impressive gains in child participation in developmental screening.

While it is too early to know the overall impact of the early learning-health work taking place within the Race to the Top-Early Learning Challenge, the excitement about its potential is significant. These states are unequivocal about the importance of health in early childhood, committed to making progress in their own states, and eager to share their experiences with others. By strengthening relationships and building from existing work, these states are leveraging their efforts to assure the optimal health and development of all young children.



## About the Author



**Dr. Jill Sells** is a pediatrician and innovative early childhood health, development, and systems leader. After practicing general pediatrics in the Seattle area, she has spent more than a decade working on population-level strategies to support the health and development of young children in the context of their families and communities. She supported the strategic planning of Washington's Early Childhood Comprehensive Systems Grant and State Early Learning Plan, and serves as an early childhood consultant to SRI International. As a non-profit executive she has created statewide systems to engage doctors in early childhood policy advocacy and integrate early literacy promotion into primary care through Reach Out and Read. Dr. Sells has unique expertise in early childhood systems, particularly at the intersections between health and early learning. She is a clinical associate professor of pediatrics at the University of Washington and serves in early childhood leadership and advisory roles at the national, state, and local levels. She is known for her skills at translating research into policy and practice, and facilitating cross-systems collaboration to improve outcomes for children and families.

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## BUILD Initiative Credits

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