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PLANNING FOR THE STATE EARLY  
CHILDHOOD COMPREHENSIVE  
SYSTEMS INITIATIVE (SECCS):  
An Environmental Scan of Opportunities  
and Readiness for Building Systems

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This series of reports is designed to support the planning and implementation of the Maternal and Child Health Bureau (MCHB) State Early Childhood Comprehensive Services (SECCS) Initiative. The reports are written by a team of experts to provide guidance on state policy development within this initiative. The policy reports on cross-cutting themes include strategic planning, communications strategies, financing, results-based accountability, cultural proficiency, and data analysis and use. The policy reports on programmatic topics include medical home, parenting education, family support, infant mental health, and dental health.

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## **The State Early Childhood Comprehensive Systems (SECCS) Initiative**

The federal Maternal and Child Health Bureau (MCHB) launched the State Early Childhood Comprehensive Systems (SECCS) Initiative in 2002 to enable state MCH/Title V directors to collaborate with partner agencies and stakeholders in developing comprehensive early childhood service systems. The SECCS Initiative is designed to help state MCH programs:

- Build the strong leadership capacity and skills base to work effectively with these multiple and diverse service systems; and
- Plan and ultimately implement more family-centered, coordinated, prevention-oriented, and adequately financed systems of services to support the health and development of young children.

States will receive grants to achieve two specific goals:

- **Goal 1:** Provide leadership for the development of cross-service systems integration partnerships for early childhood;
- **Goal 2:** Support states and communities to build early childhood service systems that address the critical components of access to 1) comprehensive pediatric services and medical homes; 2) socioemotional development and mental health services for young children; 3) early care and education; 4) parenting education; and 5) family support.

This initiative presents a remarkable opportunity to improve the access and quality of services needed by all young children and families. It can also improve the systems of specialized services required by subgroups of young children and families who have more intensive needs due to medical conditions, developmental disabilities, or socioeconomic problems. States will have the opportunity to create new strategies for bridging multiple funding streams and create new collaborative partnerships for service system integration that supports the efforts of families and communities to foster the healthy development of young children. In part, SECCS builds on the state and local systems-building initiatives supported through MCHB's Community Integrated Services Systems (CISS) grants, with a new focus on healthy development and school readiness.

This landmark initiative has been launched at a time when there are tremendous new opportunities to improve the healthy development of young children. The brain research revolution of the past decade has highlighted the great potential for optimizing early development, and there is a growing evidence base of proven interventions and a range of promising practices for improving and integrating services. At the same time, the SECCS Initiative also faces challenges that accompany the launch of any new program during tough fiscal times. Given the need to develop an effective strategy for building a statewide early childhood system, the SECCS Initiative includes a two-year planning phase that is followed by an implementation phase.

### ***The Planning Phase***

Achieving the desired outcomes of the SECCS Initiative will require addressing the deficits and gaps in the current service systems. This may entail redirecting resources, pooling existing funds, and creating new procedures and service delivery pathways to enable young children and

their families to more easily navigate existing health and social services. The complexity of the current array of early childhood services dictates that strategic planning must be state-specific, accounting for the unique way that services are and can be delivered in each state. A planning phase enables SECCS grantees to bolster their capacity and build strong relationships prior to implementation. The planning phase needs to take into account the state and national contexts in which the planning process will occur. This report outlines the national and state environment and summarizes the opportunities and challenges that need to be taken into account as states move forward to develop comprehensive early childhood systems. Examples of opportunities and challenges include the following:

#### Developing a clear vision, set of goals, and objectives

- SECCS grantees need a vision for the role of MCH in the system-building effort. Understanding how MCH programs can leverage their capacities (including skills, knowledge, resources, and planning) will enable the state to strategically maximize the potential of these resources.
- A clear vision that reflects the intent of the SECCS Initiative is also the first critical step to engaging multiple state agencies and stakeholders in the planning process. Creating a vision and set of objectives that can galvanize multisector interest is important, considering the inherently collaborative nature of the planning process within the systems-building effort.

#### Learning from promising practices and national resources

- Improving access, quality, and integration of early childhood services is becoming a “growth industry” in the U.S.
- Several states have developed early childhood initiatives containing many of the components of the SECCS Initiative and are beginning to see the positive results, thus demonstrating the feasibility of meeting the SECCS objectives.
- Many promising practices that address systemic barriers—such as the connecting of pediatric providers to the growing number of early childhood programs and resources in the community—have been tested in many community settings and are ready for replication and diffusion.
- The tools for building early childhood systems are increasingly well understood. Specific processes have been developed for creating the building blocks of a systems initiative, and include: (1) building integrated service delivery platforms, (2) constructing simple pathways to help children obtain services along a need-based continuum, and (3) financing services in a manner that encourages timely, preventive, integrated delivery.

#### Building leadership capacity

- The complexity of integrating early childhood services demands leadership from both state and local MCH.
- Buy-in and active leadership from other sectors and stakeholders will be essential during the planning and implementation phase. Without commitment and a shared understanding of the vision, objectives, and activities, the challenges of reallocating resources and streamlining administrative procedures could be more difficult to achieve. Success will also hinge on the ability to communicate the initiative’s goals in a way that engages key

sectors and sells the planning process as a way of meeting the goals and desired outcomes of disparate sectors.

Thus states can use the planning phase to crystallize a vision that will engage not only the MCH community but also other partners and stakeholders, develop leadership capacities, take stock of the tools and methods available to them, and create accountability mechanisms to keep an implementation process moving effectively.

### **The Value of an Environmental Scan**

There is significant activity at the federal, state, and local level focused on young children. There are a number of federal programs with dedicated funding that are currently utilized by states to provide an array of early childhood programs in the areas of health, nutrition, child care and early education, and family functioning and support. Many agencies and respective stakeholders play an important role in ensuring that these funding streams and programs are used effectively to promote optimal health and developmental outcomes among young children.

This environmental scan is meant to provide states with essential information about the challenges and opportunities they face, as well as important information about potential resources that can be used to assure success. The scan provides an assessment of state capacities to improve their early childhood service systems, including both an assessment of resources and capacities that are available to state MCH programs. The scan also assesses how each component of the initiative is positioned on the national policy landscape, where states might find resources at the national level, and information on the broader environment within the specific state and nationally. A review of promising practices, potential and emerging resources, and likely barriers in the planning process is also included. This report demonstrates the existence of considerable assets both at the national level and in each state and territory participating in the SECCS Initiative. These include innovative programs in the five component areas of the initiative.

This report outlines the national and state environmental context for the SECCS Initiative in supporting MCH strategic planning in early childhood systems building. This strategic context has implications for roles, relationships, and activities within a planning process and ultimately an implementation process.

- Understanding the “internal” context of state MCH capacities will enable state grantees to build their own knowledge and skills in preparation for engaging and then working actively with others in later years of the initiative.
- Understanding the “external” context means becoming familiar with the interests, resources, and leveraging opportunities of other partner agencies and stakeholders at the state level, as well as learning about opportunities and promising practices at the national level. This external environment shapes the options, results, and potential opportunities for states.

This environmental scan examines some of the national policy opportunities that will be of use while constructing a state comprehensive system of early childhood services. The scan also provides a synopsis of state assets as well as some of the common and unique challenges faced by state MCH agencies. These are based on a survey of state MCH directors and the early childhood initiatives underway in each state that was conducted in 2002 prior to the SECCS planning phase. Finally, we highlight several states and discuss their activities based on information gleaned from the survey of state MCH directors and their SECCS grant proposals. This environmental scan provides insight into the current context in which state MCH directors and their partners are launching their planning efforts. It is a resource to SECCS grantees and also provides a baseline to which state MCH achievements can be compared over time.

### **Opportunities for Collaboration, Leveraging, and Improvement in the Five Component Areas**

State initiatives, policies, and programs are all influenced by the policy context in which they emerge. Consequently, it is important for federal and state MCH to understand both the internal and external policy and programmatic contexts. Creating state strategic plans for building an early childhood system will require not only an understanding of the state-of-the-art in early childhood service delivery and systems but also an ability to partner with other sectors and service systems. Key areas for systems building include the five essential components of the SECCS Initiative:

1. Access to health care and a medical home;
2. Early care and education;
3. Mental health and socioemotional development;
4. Family support services; and
5. Parent education services.

There are unique opportunities in each of these areas for establishing more effective platforms and pathways. For each of the five core components, the following are described:

- The importance of each core component to desired outcomes for young children;
- The relationship to MCH;
- How each component fits into the SECCS Initiative;
- Examples of promising practices that are the state-of-the-art;
- Resources that are available to states in their strategic planning process.

#### ***Access to Health Care and a Medical Home***

There is general consensus that all young children need affordable health insurance, comprehensive benefits, and a medical home. For a medical home to function well it must be able to provide essential acute care, chronic care, preventive care, and developmental services. The medical home must also be a source of information for parents and child care providers, serve as a hub of health connectivity to a range of community-based services that promote and enhance developmental health capacities, and have a commitment to quality improvement with measurable accountability. The medical home concept has become a central component of a child health reform agenda.<sup>1</sup>



The medical home concept is being used to reframe the role and function of pediatric offices in order to meet the current needs of young children and their families. For the past 90 years the modern pediatric office has been largely a self-contained and medically focused enterprise, with services primarily centered on treating acute and chronic medical conditions and the provision of preventive services such as immunization and screening for anemia. When the pediatric provider had to connect with an outside resource, it was usually a hospital or specialist for children with more severe or special needs. While this arrangement has been very effective for acute and chronic medical needs, it was not designed to address the range of developmental, psychosocial, and family issues that constitute a significant proportion of primary care. As knowledge has increased about the range of behavioral, family, community, and environmental influences on early childhood health and development, practice recommendations and guidelines—such as Bright Futures—have broadened in scope with a great focus on family and community assessment and intervention. It has become clear that the self-contained and isolated model for pediatric practices is inadequate to address the current determinants of health and development for young children. The changing context of families has led to a greater complexity of problems that are not easily evaluated or treated. In addition, as evidence accrues on the effectiveness of pediatric counseling in topic areas such as safety, health behaviors, and developmental concerns, family expectations are also growing. Many parents of young children would like more information from their pediatric provider, and they report unmet needs for counseling and guidance around developmental, behavioral, and mental health issues.

Evidence of the need for improvement is found in the 2000 National Survey of Early Childhood Health (NSECH):<sup>2</sup>

- Only half of parents (45%) say that the development of their young child has been assessed by their pediatric provider.
- Nearly half of parents have concerns about their young child's behavior (48%), speech (45%), and social development (42%). These concerns are important to address given that previous studies suggest that about 70 percent of children with developmental problems at kindergarten entry could have been identified earlier but were not.
- Many parents are not being counseled on key topics in growth and development despite expressing great interest in this information to help them in their parenting.
- About 40 percent of parents of young children have not discussed the importance of reading with their pediatric provider, and only 52 percent read daily with their young child.

Trends in the evolving determinants of health in young children, coupled with current gaps in pediatric care, have created the need for a reorientation of pediatric care toward complex developmental issues as well as a restructuring of the pediatric practice itself. To achieve better outcomes, pediatric providers need to change how their practice is structured and how it functions. Structural change within the primary care setting for young children is needed not only to improve the counseling and guidance that is part of developmental services but also to expand capacity for connectivity with community resources.

A medical home definition that captures what young children need implies a broader scope of practice. Goals of a medical home for young children should include the early identification of children with developmental problems as well as the provision of services that prevent

developmental, behavioral, and psychosocial problems and promote optimal development. Many young children with developmental problems do not qualify for public programs but still have needs for parenting programs and social services.

The SECCS Initiative has adopted the medical home concept as a way of improving health care access and developmental services. Within the practice, physicians need to do a better job of bringing resources (such as parent education) into the practice, and also linking children to services in the community. From a community planning perspective, it is important to help link pediatric practices with the diagnostic and follow-up functions that Title V and/or Individuals with Disabilities Education Act (IDEA) Part C can provide. Considerations for MCH planning within the SECCS Initiative include the following:

- Increasing the proportion of children who have a primary care arrangement that functions as a hub for developmental services is essential for reducing current gaps in developmental services delivery.
- Within the practice, pediatric providers need more efficient ways of providing the assessment and the counseling care for all young children and their parents.
- There is a need to move from a medical model targeting individual risk factors to a universal, population-based service system that is grounded in developmental surveillance and connectivity between private and public sectors.
- MCH can facilitate this shift by using (or encouraging the use of) public funds to improve the “pathways” of developmental services by helping pediatric providers find appropriate community services for young children identified with possible problems.

Fortunately, there are many promising strategies that the SECCS Initiative can build from. Some strategies focus on how child health-centered practices can improve their internal processes of delivering care. Other strategies focus on what communities can do to help pediatric providers do a better job of using community resources (e.g., for parent education) and of identifying and referring those children who need additional supports and services. Examples of strategies by which MCH can advance systems building in developmental services for young children include the following:

- **Partnering county-level programs with state Title V and Medicaid agencies.** The Seattle and Kings County’s Kids Get Care (KGC) program in Washington State<sup>3</sup> is one such example. The KGC program has trained over 2,300 health care professionals and CBO staff to conduct developmental and oral health screenings through Early and Periodic Screening, Diagnosis and Treatment (EPSDT) activities and developmental surveillance tools created by the program. As a systems change initiative that guides families through screening, risk assessment, and linkages to services, case managers are assigned to assist families and increase connectivity between pediatric and oral health care providers.
- **Creating supportive infrastructure in a community that allows children’s medical homes to focus on their strengths: health promotion, assessment, and referral of children with developmental risks or problems.** Title V funding (through IDEA Part C) enables pediatric providers in the Denver General Hospital and Clinics system to assess development and refer children with developmental disabilities for treatment in an organized system. Primary care clinics are linked to a second tier of infrastructure that provides centralized developmental assessment and coordination, which connects to the

IDEA system for treatment of children with developmental disabilities. This is an important example of what interagency partnerships through SECCS can achieve, using a vision of what the system should look like and building from current funding streams to enhance the functioning of the overall system.

- **Drawing attention to the need for improving developmental services by disseminating information on quality and access.** The Child and Adolescent Health Measurement Initiative (CAHMI) developed the Promoting Healthy Development Survey (PHDS) to identify gaps in the quality of health and developmental services for young children. Five states (Maine, North Carolina, Utah, Vermont, and Washington) have used this tool to report on and ultimately improve care. PHDS measures of care include: anticipatory guidance, health information, follow-up for those children at-risk, assessment of smoking/substance abuse, assessment of well-being and safety in the family, family-centered care, and helpfulness and effort of care provided. This information gets the attention of providers and also can engage Medicaid, health plans, and even policy-makers in an effort to improve care through supports to providers as well as financing.
- **Supporting families by educating parents and providing access to additional services through primary care offices.** The Healthy Steps Initiative began in 1995, with support from The Commonwealth Fund, to improve the quality of well child care visits by training medical professionals in child development and guiding parents of young children. Moreover, Healthy Steps modifies primary care offices to establish connections to other community services. This presents additional opportunities to refer families to other support services that emphasize prevention such as home visiting, a child development telephone information line, and education materials. Healthy Steps creates opportunities to access care and information at the primary care office by building relationships between medical staff and families. Findings of the evaluation show increased satisfaction of parents as well as improved parenting practices around child safety and positive developmental interactions (e.g., reading together daily).

Other current resources and initiatives underway include:

- **Assuring Better Child Health and Development (ABCD).** Funded by The Commonwealth Fund, the ABCD program is a four-state initiative to enhance developmental services for young children from low-income families. Four states in the initiative (North Carolina, Utah, Vermont, and Washington) are attempting to increase the number of developmental services provided to poor children, improve parents' and pediatricians' knowledge of child development, and change Medicaid policy to promote expansion of these services. The ABCD program has identified workable assessment tools and effective ways of changing practice.<sup>4</sup>
- **National Initiative on Children's Healthcare Quality (NICHQ) Breakthrough Series on the Medical Home.** This is a MCHB-funded collaborative learning initiative from NICHQ that includes 10 teams of state Title V program leadership and providers within the state to improve elements of the medical home. This collaborative is generating tools for improving the "medical homeness" of pediatric practices by (1) implementing the medical home concept in pediatric practices and (2) building the capacity of state Title V programs to support and extend the approach following the project period.<sup>5,6</sup>

- **The Medical Home Improvement Project.** This resource center provides tools for assessing “medical homeness” and for improving the comprehensiveness, family-centeredness, and coordination of care for children. By focusing on the care needed for children with special health care needs (CSHCN), the change concepts put forward by the Medical Home Improvement Project are largely limited to improvements needed for children with disabilities than for those required by young children universally.<sup>7</sup>

### *Early Care and Education*

It is increasingly understood that learning begins at birth and that brain development in early childhood sets the stage for later achievement. As parents face growing pressures to spend less time with their children and more time in the workforce, the role of child care is growing and changing. The importance of early care and education is partly driven by major demographic and economic changes. The number of women in the workforce has increased from 18.4 million (29.6% of total labor force) in 1950 to 66 million (nearly 47%) in 2001<sup>8</sup>. About two-thirds (65%) of mothers with children under the age of six are employed.<sup>9</sup> In the U.S. today, 75 percent (13 to 14 million) of children under age five are in some form of either formal or informal care.<sup>10</sup>

There is a growing body of evidence indicating that all aspects of the child care environment influence how children learn and develop. Therefore, it is no longer sufficient for child care arrangements to be “storage facilities” that only keep young children “healthy and safe.” Instead, early child care plays an essential role in supporting children’s cognitive, socioemotional, and physical development. Children spend considerable amounts of time with providers, with 41 percent of children under five years of age spending 35 or more hours per week in child care or nonparental care.<sup>11</sup> Parents often develop important and trusting relationships with their children’s caretakers and rely on them for transmitting knowledge, skills, and values to their children. Because child care providers are often the only professionals with training in early childhood development who regularly interact with parents of young children, these providers can serve as an entry point into the broader early childhood service system. Well-trained providers can provide high-quality care, monitor a child’s development, and provide parents with guidance on child development, parent-child interactions, and resources that can help parents optimize their young child’s development.

The SECCS Initiative envisions a broad, comprehensive, family-centered, and community-based approach to providing early childhood services. Supporting children’s early learning with educational experiences that foster cognitive, emotional, social, and skills development is considered an essential precondition for optimal health and development. Child care providers not only play an essential primary caregiving and educational role, but they also can have a potential role in identifying and referring for treatment those children with health conditions, developmental disabilities, and certain risk factors. Many child care providers are expanding their delivery models and integrating their early care and education activities. By incorporating family support and development services, they are establishing even broader service delivery platforms that combine an array of early childhood services (i.e., health, mental health, and socioemotional development, parent education, and family support).

Promising models for an expanded vision of early care and education include:

- **Linkages between primary care providers and child care.** Healthy Child Care America (HCCA) is a national collaborative effort between pediatric professional and early childhood education and care providers that seeks to improve the health and safety of children in child care. Working through their partnership with the American Academy of Pediatrics (AAP), HCCA seeks to increase community pediatrician involvement in providing high-quality child care and promoting children's health and well-being. Technical assistance, educational and resource materials, speaking engagements, and access to early childhood special interest groups are provided to AAP member physicians and early childhood education and care providers.<sup>12</sup> As an example of HCCA activities, Pennsylvania's Early Childhood Education Linkage System (ECLS) provides technical assistance and other materials that are gathered from thousands of health consultants who are collaborating with care providers throughout the state.
- **School-based family resource centers providing quality early learning opportunities.** The Elizabeth Street Learning Center in Cudahy, California (East of Los Angeles) is a model site for the Urban Learning Centers, and one of the eight designs for the New American Schools of the 21<sup>st</sup> Century. Surrounded by a predominantly Hispanic population, it serves over 3,000 prekindergarten through 12<sup>th</sup> grade students. The center has a parent cooperative child care center for parents attending adult school as well as parenting classes, Head Start and Preschool class rooms. The center has a full-service Community Health Center that has a full-time nurse practitioner and rotating physicians from pediatrics, family care, and OB-GYN. In addition, there is a Family Resource Center located on the Elizabeth Street Learning Center campus that provides additional learning supports and parent education programs. This Family Resource Center also coordinates volunteer training, handles case management for all social service referrals, and provides counseling from an on-site psychologist and social worker.<sup>13</sup>
- **Connecting the home and child care site through child health and development information sharing between parents and staff.** Better communication between parents and early care and education staff helps to identify parental concerns, provides parents with the child development information they need to improve their parenting practices, and connects parents with the primary health care their child needs. A framework and toolkit have been developed by the Centre for Community Child Health in Melbourne, Australia.

Several organizations are at the forefront of integrating early care and education into a more holistic service system. These include:

- **Zero to Three:** Functioning initially as an advocacy group and now as a national resource on research for the first three years of life, this organization is currently involved with many projects, including: a professional journal, *Zero to Three*, a fellowship program, and an annual conference. They provide training and consultation through the Early Head Start National Resources center and their Center for Program Excellence. Their policy center is a non-partisan effort committed to promoting healthy growth and development of children

through publishing information from their national, state, and community initiatives, projects, and partnerships.

- **National Association for the Education of Young Children (NAEYC):** Started 75 years ago, the NAEYC is the one of the largest organizations committed to quality in early care and education. Comprised of early childhood educators, their action center promotes national, state, and local public policies that support a system of well-financed, high quality early childhood education programs in a range of settings, including child care centers, family child care homes, and schools. They sponsor conferences and support others put on by their affiliates. They also focus on improving professional preparation and development for individuals who care for zero to eight through their *Professional Preparation and Program Review*. NAEYC also has the jurisdiction to accredit high-quality care facilities and programs.

Sources of information about these and other promising practices for the SECCS Initiative and can be found on several Websites.<sup>14</sup>

### ***Mental Health and Socioemotional Development***

Research on brain development is uncovering how the risks for psychopathology emerge in early childhood, how the pathways for adolescent and adult mental health problems begin early in childhood, and the important role of a child's early socioemotional environment on their long-term emotional health. In the conclusion of the landmark report, *From Neurons to Neighborhoods*, the authors summarize their findings with the statement; "how a young child feels is as important as how they think." It is increasingly recognized that socioemotional development serves as the scaffolding on which many other developmental capacities are built, including both cognition and language.

*From Neurons to Neighborhoods* concludes that healthy early development depends on nurturing and dependable relationships. A child's healthy emotional development can be challenged if, for example, a parent suffers from an untreated mental health or substance abuse problems. Unfortunately, we know that current health services do little to assess these determinants of early childhood development or to help parents obtain appropriate preventive and intervention services. The service system lags far behind our knowledge of its importance and long-term consequences. Often mental health problems in young children go unrecognized because the first line providers, including pediatricians and child care providers, do not recognize or address young children's mental health and behavioral problems. The *Surgeon General's Report on Children's Mental Health* describes the problem of an inadequate provider base for assuring appropriate and effective mental health services. For young children in particular, service delivery systems are under-funded, under-developed and inadequate to address the complex individual and family determinants of the developmental problem.

A roadmap for MCH emerges from the *Surgeon General's Report on Mental Health in 2000*, which calls for:

- Developing appropriate prevention, treatment, assessment, and intervention programs that can ensure those young children with mental health and behavioral problems, or who are at risk for these problems, are identified early and receive the appropriate services.

- Identifying and addressing parental problems that place young children at risk for impaired emotional development. For example, maternal depression is a common problem that adversely affects children's cognitive development as well as social competence. Children whose mothers experience depression are at risk themselves for developing depression, anxiety, and other conduct disorders.

Socioemotional development and the prevention of behavioral, developmental, and mental health problems is a major focus of the SECCS Initiative. The SECCS Initiative has the potential to support:

- Greater awareness of the importance of early childhood mental health, and the economic, social and educational cost of failing to address these needs;
- Development of better assessment, early intervention, prevention, and treatment programs and service delivery pathways focused on children's emotional development and mental health problems;
- Integration of preventive and mental health promotion services into early care and education as well as primary health care services so that young children's positive socioemotional development as well as the identification and treatment of their behavioral, developmental, and mental health conditions receive greater attention in each of these sectors;
- Use of new population-based indicators of positive socioemotional development in early childhood, the prevalence and burden of these conditions, and the performance of the health care system in addressing these important health care needs.

Promising models for incorporating mental and socioemotional development concerns into integrated service systems for young children include:

- Florida: The state of Florida offers a continuum of mental health services through a multilayered system. At the first level, young children receive prevention services to strengthen parent-child relationships. Children at risk for developing mental or behavioral conditions are provided early intervention services at the second level, and those children suffering from more serious problems receive specialized mental health treatment at the third level.
- Louisiana: The Office of Mental Health (OMH) operates the Early Childhood Supports and Services (ECSS) program, which identifies at-risk children **age zero to five** and provides services and supports to promote their early brain development. More information on Louisiana's children's mental health program can be found in the state profile section of this report.
- California: Funded by the First 5 California Children and Families Commission, the Infant, Preschool, and Family Mental Health Initiative (IFMP) offers mental health services directed toward young children in eight demonstration counties, in recognition of the dearth of available services for young children. Through training events, families and professionals receive training and education to strengthen parent-child relationships. The program also is striving to strengthen linkages between services of state, county, and community programs to enhance coordination.
- Illinois Mental Health Task Force: The Illinois Violence Prevention Task Force convened a task force to address children's mental health issues for Illinois. Over 100 people from

various backgrounds and professions worked over a period of a year to assess mental health needs of Illinois children and developed recommendations to create a coordinated, comprehensive children's mental health system including prevention, early intervention and treatment for children **age zero to 18**. The report, released in April 2003, can be accessed on the Ounce of Prevention Fund Website.

Major organizations working on the development of mental health services for children include:

- **National Center for Child Traumatic Stress** This new multisite collaborative was developed to improve mental health services and has created a framework that conceptualizes much of trauma in children (and its associated need for services) as a consequence of community-level factors rather than a child's pathology.
- **Children's Mental Health Foundations and Agencies Network** Has identified the gaps between what is known about risk and protective factors for early childhood socioemotional development and the programs that currently exist to address them.
- **National Center for Children in Poverty (NCCP)** The NCCP is documenting effective strategies and policy opportunities for promoting the socioemotional health of young children and their families.
- **National Mental Health Association (NMHA)** The National Mental Health Association is the country's oldest and largest nonprofit organization addressing all aspects of mental health and mental illness. With more than 340 affiliates nationwide, NMHA works to improve the mental health of all Americans through advocacy, education, research and treatment, especially the 54 million people with mental disorders
- **Center for Effective Collaboration and Practice** Funded by SAMSHA (Substance Abuse and Mental Health Services Administration) to promote promising practices in children's mental health, the Center publishes a series on promising practices for children's mental health services. Their monograph *Promising Practices in Early Childhood Mental Health* can be accessed on their website.

Sources of information about these and other promising practices for the SECCS systems-building initiative include:

- National Center for Child Traumatic Stress<sup>15</sup>
- Zero to Three<sup>16</sup>
- National Institute of Mental Health<sup>17</sup>
- National Center for Children in Poverty<sup>18</sup>
- Children's Mental Health Foundations and Agencies Network<sup>19</sup>
- Bright Futures in Practice: Mental Health<sup>20</sup>
- National Mental Health Association<sup>21</sup>
- Center for Effective Collaboration and Practice<sup>22</sup>
- Ounce of Prevention Fund<sup>23</sup>

### ***Family Support***

Young children's family and community environments have a dramatic influence on their health and development. Bronfenbrenner, a renowned researcher in this field, has outlined the community/neighborhood as well as family influences on young children. Neighborhood factors such as parks, safety, violence, and social cohesion all influence the ability of families to be



effective caregivers to their young children. Neighborhoods characterized by high levels of poverty, high proportions of single-parent households, high levels of student drop-out rates, and high male unemployment are considered “severely distressed” and are unlikely to provide families with an optimal environment to raise their children. The number and percentage of children and adults living in severely distressed neighborhoods increased by nearly a third between 1990 and 2000. The number of children living in severely distressed neighborhoods rose from 3.4 million in 1990 to 4.4 million in 2000, with the number of adults rising from 7.7 million to 10.0 million during the same time period. The family context has its own direct impact. For example, cognition and other developmental measures are greater for infants whose parents can interpret child behavior and respond appropriately. Children in low-income families are at greater risk for poor nutrition, medical problems, lower cognitive achievement, and behavioral problems. The association of parental educational attainment with children’s achievement and behavior is well-documented in the child development research literature.

The goal of family support is to help parents develop and utilize available psychological and material resources to enable them to nurture and support the healthy development of their children. Family support seeks to enhance parents’ skills, social networks, social supports, and community linkages that serve as buffers against stress and isolation. Family support can be described as a philosophy or set of guiding principles, framed by its goals, the strategies it employs, and the platforms used to deliver services. As a philosophy, it:

- Operates from an ecological perspective that recognizes the interdependent nature of families’ lives.
- Recognizes that all families deserve support in raising their children.
- Seeks to complement and network with existing services.
- Works in partnership with families and is community-based.
- Focuses on the promotion of wellness and the prevention of problems.
- Promotes equality and respect for diversity.

For most of the first half of the 20th century, family support came in the form of direct monetary assistance through state-based Widows and Orphans programs that evolved by 1935 into Aid for Families with Dependent Children. By the 1960’s other in-kind (non-monetary) supports became more available as part of the Great Society programs, including Food Stamps and Head Start. In response to changing demographic trends, including increases in single-parent households and women’s participation in the workforce, policy in the 1970’s, 80’s, and 90’s assumed a greater focus on a broader definition of family support. For example, Part C of the IDEA ensures that families who have infants or toddlers with disabilities are provided an Individualized Family Service Plan (IFSP) to identify the most important supports the children and families need. Family support began to include services such as child care, adult education, language acquisition, peer support, and substance abuse prevention. Also at this time, a grassroots movement spearheaded the development of a common set of family support principles around serving entire families in a non-judgmental and highly inclusive way. During this period however, programs existed largely independently of one another and were built around specific “high-risk” populations or problem areas such as children’s disabilities, and family poverty or substance abuse.

Family support employs a variety of strategies or links with a comprehensive and integrated set of community-based services that include: adult education, employment development, literacy and language acquisition, parent education, family court and legal services, substance abuse/domestic violence prevention, peer support, counseling, crisis intervention, child care, family advocacy, transportation, translation, legal assistance, assistance in obtaining public benefits, case management, and resource and referral services.

Modern-day family resource centers (FRCs) are an emerging service delivery platform for directly providing or brokering family support services. While resembling the settlement houses that were common in urban environments at the turn of the 20<sup>th</sup> century, modern FRCs can be located in schools, hospitals or a variety of community-based settings such as churches, housing projects, and recreation centers.<sup>3</sup> FRCs serve as “one-stop” community-based hubs that are designed to improve access to information and to provide direct and referral services on site or through community outreach and home visitation. Evolving models are organized collaboratives drawing from federal, state, county, regional, city, and community programs. These models are seeking to integrate these supports so that services are more efficient and families have improved access to comprehensive, culturally appropriate, and coordinated services.

The SECCS Initiative aims to build leadership and collaboration around services for children and families that are guided by the principles of family support (e.g., family-centered, coordinated, prevention-oriented, etc). Family support, as an approach in recent years, has focused on delivering services universally to all families through integrated and comprehensive (one-stop) platforms such as community, health, or school-based FRCs. Furthermore, elements of other areas of support (i.e., Part C, Healthy Start) are increasingly taking a comprehensive family support service model. Several federal programs that are administered by states and localities (such as Part C of IDEA, and Early Head Start) already have strong family support principles and approaches built into the program. Since many family support programs are either funded or administered by private-sector **and/or** non-health agencies (schools, child welfare, Early Head Start), it will be necessary for state MCH programs to evaluate the extent of current family support resources and assets at the state and local level, to determine how best to develop strategic partnerships that will guarantee ongoing participation in further SECCS activities.

Examples of promising practices focused on providing comprehensive, integrated services to families based on family support principles include:

- **Ounce of Prevention** The Educare Center is an example of how private dollars can leverage public commitment. This effort combines resources and funding from the Irving Harris Ounce of Prevention Fund, federal government Head Start, local government (Chicago Public Schools), state government, other private donors, and people from the community to enroll children and families in an array of early childhood development, health, nutrition, and family support services.
- **Hope Street Family Center.** Located in central Los Angeles, this center provides family support and early learning services to young children and their families, focusing on Latino families in an area where there are many new U.S. residents. Hope Street Family Center illustrates how an array of health, education, early childhood, parenting, and social services can be blended into a central location delivering services through a coherent strategy for

improving child and family outcomes. Key features include: joint staffing, interactive referrals, and co-locations build connections among Early Head Start, Even Start, Parent and Child Together, Extended Day Family Childcare Network, an array of health and nutrition services, after-school mentoring programs for school-age siblings of preschool participants, efforts to involve parents and residents, and home visiting nurses. *Services and supports* are culturally sensitive and responsive to clients with diverse backgrounds and languages. Hope Street trains and uses multidisciplinary, culturally competent teams of service providers. *Community-based child welfare services* reach out to families affected by child abuse and neglect in order to ensure that they receive intensive child welfare services, including home visits by public health nurses. *Early childhood literacy development* enables Hope Street to offer family literacy programs, early childhood education, and training to help child care providers develop the emerging language skills of infants and toddlers. *Links to other services* are a central component of Hope Street's success. Hope Street has formal partnerships and agreements to share facilities, staff, and funding with the Los Angeles School District, the county Department of Health Services, the University of California-Los Angeles, and the California Hospital Medical Center.<sup>24</sup>

- **Nurse Home Visitation Program** This program, developed by Dr. David Olds, was recently named the Nurse-Family Partnership (NFP). The NFP is a two-year nurse visiting program targeting low-income first-time mothers that aims to improve pregnancy outcomes, child health and development, and maternal life course. The NFP is being replicated nationwide by the National Center for Children, Families and Communities (NCCFC), which is an interdisciplinary Center based at the University of Colorado Health Sciences Center. Currently over 22 states operate the NFP program.

Major organizations and their websites include

- Family Support America<sup>25</sup>
- Family Support Council<sup>26</sup>
- National Center for Family Support<sup>27</sup>
- Pew Partnerships<sup>28</sup>
- Family Resource Programs (FRP) Canada<sup>29</sup>
- Richmond County Community Support Center<sup>30</sup>
- New Hampshire Children's Trust Fund<sup>31</sup>
- National Center for Early Development and Learning<sup>32</sup>
- National Network of Family Resiliency<sup>33</sup>
- National Parenting Information Network<sup>34</sup>
- Parents as Teachers National Center, Inc<sup>35</sup>
- Ready to Learn<sup>36</sup>
- Step by Step: Parenting Birth to Two<sup>37</sup>
- Zero to Three<sup>38</sup>
- Center for Effective Parenting<sup>39</sup>
- Child Trends<sup>40</sup>
- Child Welfare League of America: Family-Centered Practice Program<sup>41</sup>
- National Center for Children in Poverty<sup>42</sup>
- National Center for Family Literacy<sup>43</sup>
- The Finance Project<sup>44</sup>

- UCLA Center for Healthier Children, Families and Communities<sup>45</sup>

### ***Parenting Education***

Parenting education is designed to help parents understand what kinds of activities and parenting practices influence their child’s development; learn about potential difficulties; and gain entry to resources to support them through difficult periods. Parents can learn about child rearing through parenting classes as expecting or new parents, and through counseling and advice of peers as well as health and social service professionals.

Parenting education can be accomplished through a variety of means—classes, one-to-one conversations (e.g., with home visitors), workshops, newsletters, books, public service announcements—and cover a variety of topics. Topics can be broad and cover child development as a whole, or specific and cover individual topics like how to prevent common injuries, the importance of reading to young children, the impact of substance abuse or domestic violence on young children, among other topics. As with the providers of other services in the early childhood system, parent educators should be aware of the many services that exist to support families, and be able to assist families to access them.

The SECCS Initiative provides an opportunity to shape how parents, communities, and society influence parenting practices through population-based messaging and targeted communications. Public education campaigns can help raise the awareness of the population as a whole about certain issues; school curriculum can reach young people with important messages and may help form their expectations of parenthood prior to having children. Pediatricians, other health professionals, child care and early education professionals, home visitors, family support service staff, and others can provide targeted information to parents.

Examples of promising practices include:

- **The MCH Early Childhood Development and Parent Education Program of the Oklahoma State Department of Health**<sup>46</sup> promotes optimal child development and improves parent interaction with their young children under the age of six. The program provides parent education on child development and guides parents to build stronger family relationships. Parents learn about developmental assessments, play, and learning activities, and have opportunities to ask questions.
- **The South Carolina Partnerships for Children**<sup>47</sup> is a collaboration of service providers at the local level that offer a family support program at primary care settings. The program joins public health and family support service providers through the South Carolina Department of Health and Environmental Control. Family support and pediatric staff work together to provide information to families on various topics at a health care center. Assistance in follow-up for care is provided, as well as linkages to other early childhood services. Partnerships with other organizations, including Health Families South Carolina, the South Carolina Medical Association, and the state Medicaid agency, reduce duplication of services and further provide families with continuous and comprehensive care.

- At the practice level, the **Healthy Steps for Young Children<sup>48</sup> Initiative**, funded by the Commonwealth Fund, provides infant developmental specialists to work with primary care practitioners. The specialist improves the quality of pediatric health care by providing opportunities for parents to talk about their child’s health and development and encourage positive parenting practices. Parents learn about child development and parenting. Not only is Healthy Steps a parent education program, but it is integrated into the medical practice and the broader network—providing referrals to community resources.
- The national **Reach Out and Read Initiative** is helping physicians take advantage of a “teachable moment” to promote reading. This initiative helps parents understand the importance of reading for the child’s growth and development. Having a physician deliver the message about reading has been shown to increase parent-child reading. In addition, using a well-child pediatric visit to model the reading behavior between parent and child not only improves the relationship between the physician and parent but also gives parents an important skill. Several studies of the Reach Out and Read program show that modeling the reading behavior in the physician practice, as well as providing books to parents, is associated with increased and more frequent reading.
- The Minnesota **Early Childhood Family Education Program (ECFE)** enrolls parents and children from birth to kindergarten-age to support families and the ability of all parents to support the health, growth, and development of their children. The program is available to all Minnesota families and is funded by local levies. Participants in the program tap into and share information and develop skills for creating a healthy environment for their children. Parents also address their children’s communication and problem-solving skills, ability to express feelings, etc. Engaged as both teachers and learners, parents are also involved in program development. Classes are provided in a variety of locations, including schools, apartment complexes, shelters, churches, and shopping and community centers. Acknowledging that all families need assistance, the program has no income eligibility criteria, and more than 265,000 parents and children were involved in the program in 1996.<sup>49</sup>

## Overview of MCH Opportunities and Challenges

The SECCS Initiative provides an impetus for states to take a comprehensive and analytic look into how they can better serve the needs of young children and their families. There is a unique opportunity to consider how promising practices from across the nation can be deployed within the grantee states. At the same time, given the complexity of services for young children and their families, and the far-reaching vision of the SECCS Initiative, state MCH programs face a number of challenges during the planning process.

**Table 1** presents some general internal and external opportunities and challenges that an early childhood systems planning process is likely to encounter. Each state can analyze its own opportunities and challenges as part of the planning process in the SECCS Initiative. States should consider the following:

- It may be useful to make opportunities and challenges explicit and specific to an individual state, so that each of these issues can then be addressed in a deliberate manner during the SECCS grantee’s planning process.
- Evaluating the internal challenges and opportunities can enable a state MCH program to understand what strengths it can build upon, and what knowledge and expertise need to be acquired during the planning process.
- Evaluating the external challenges and opportunities enables a state MCH program to identify, select, and engage strategic partners in a collaborative effort, and to best position the initiative within the state and local context.
- Each of the **opportunities and challenges** can be viewed in light of the five SECCS Initiative components. For instance, professional training can benefit pediatricians, child care workers, family-based child care providers, parent educators and family support providers that provide parenting education, etc.
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**Table 1 Key Opportunities and Challenges of the MCHB State Early Childhood Comprehensive Systems (SECCS) Initiative**

	Internal (MCH)	External (State, Community)
Opportunities	<ul style="list-style-type: none"> <li>• To expand and integrate an MCH focus on prenatal and early childhood years, by developing continuums of early childhood services</li> <li>• To provide data, and information management expertise for key early childhood and school readiness initiatives</li> <li>• To develop vision and leadership (federal, state, and local levels) on early childhood</li> <li>• To adapt population-based planning tools for the purposes of improving care for all young children</li> <li>• To apply knowledge, skills, and expertise in systems building and integration (e.g., for CSHCN, Community Integrated Service System (CISS)) to new populations</li> <li>• To capitalize on statutory authority for many early childhood programs, including Part C, which has an outreach and surveillance mission</li> <li>• To build upon a tradition of involving families (a powerful constituency and base for the initiative)</li> </ul>	<ul style="list-style-type: none"> <li>• To bring a health component to emerging state school readiness and other early childhood initiatives emerging outside of MCH</li> <li>• To provide and improve available data relevant to school readiness and other early childhood initiatives (i.e., the MCHB National Survey of CSHCN; the National Survey of Early Childhood Health; other external data sources)</li> <li>• To take a leadership role in health systems planning and service delivery at state and community level</li> <li>• To develop relationships and partnerships with other agencies, organizations, and providers (i.e. Healthy Child Care America)</li> <li>• To adopt a more comprehensive vision and planning process (including health) for community-based initiatives</li> <li>• To capitalize on “school readiness” framing as addressing the physical, mental, socioemotional capacities that are the traditional focus of MCH</li> <li>• To build upon federal partnerships through MCH Partnership for Information and Communication (PIC) with National Council of State</li> </ul>

**Table 1 Key Opportunities and Challenges of the MCHB State Early Childhood Comprehensive Systems (SECCS) Initiative**

	Internal (MCH)	External (State, Community)
Challenges	<ul style="list-style-type: none"> <li>To incorporate early childhood systems building into professional training programs and technical assistance centers that facilitate diffusion of ideas brought forth through an early childhood initiative</li> <li>To utilize state and local-focused organizations (e.g., AMCHP, CityMatCH) to facilitate collaborative learning processes and accelerate the strategic planning process</li> <li>Limited existing funding and categorical nature of funding and programs</li> <li>Major MCH focus on special needs populations (i.e. CSHCN) rather than universal programs available to all children</li> <li>Capacity of MCH agencies to conduct strategic planning, data collection, evaluation, and quality improvement</li> <li>MCH not always well-positioned politically to lead a statewide initiative</li> <li>Data limitations; do not have equivalent of the CDC Youth Risk Behavior Surveillance System (YRBSS) for early childhood in place</li> </ul>	<ul style="list-style-type: none"> <li>Legislatures (NCSL), National Governors Association (NGA), National Academy for State Health Policy (NASHP), and with other federal agencies such as Department of Education, and Administration for Children and Families (ACF)</li> <li>To provide input to the No Child Left Behind Initiative</li> <li>MCH is potentially under-recognized for the contributions they can make to initiatives arising from other sectors</li> <li>Traditional MCH framing (CSHCN; disparities) may not motivate all potential partners</li> <li>Fragmented system for early childhood programs and service delivery in several states and communities</li> <li>Limited sharing across agencies, organizations, and providers of experiences and successes</li> <li>Different language, culture, and practice between early childhood service delivery providers</li> </ul>

Several more detailed examples of opportunities and challenges in specific areas include the following:

Leadership Role of MCH

The SECCS Initiative gives additional weight to MCH programs that are involved with existing early childhood initiatives, and can help uninvolved programs become involved. Furthermore, the initiative serves as an opportunity for MCH programs at the state and local levels to develop their organizational capacity in terms of current relationships and authority to assume a lead position in new or existing early childhood efforts. The MCH program can bring to existing efforts a vision of integrated early childhood services and useful knowledge of effective platforms and bridging services.

## Integrating Population-Based and Population-Specific MCH Services

MCH has a strong tradition of providing population-based services as well as creating systems of care for children with special health care needs. State MCH programs reach 27 million families and have contact with 60 percent of women who are pregnant, and nearly all newborn children. Additionally, MCH also emphasizes safety net services for low-income children and families with special health care needs. MCH has particular talents in engaging parents and other stakeholders in the process of meeting needs. The multiple focus gives MCH considerable skills that could serve as the foundation for an integrated system. However, the path of integration for different, entrenched foci could present considerable challenges. Furthermore, the focus of all state MCH agencies is not uniform.

- For example, in certain states, MCH agencies manage IDEA Part C and thus have the resources as well as the statutory responsibility to implement the full continuum of comprehensive early intervention services. Part C provides a powerful mechanism to achieve the more universal assessment requirements for young children’s health and development. In states with more limited MCH purview over health and developmental services, there may be the need for a “culture shift” within MCH to move away from a medical model targeted to a specific population’s needs and towards strategizing around a universal, population-based system with components of surveillance and connectivity between public and private sectors.
- Where appropriate, given the state MCH agency’s current responsibilities, the success of the initiative may require that MCH “rebrand” itself using clear messages of optimizing children’s well-being rather than more limiting messages of special needs and low-income populations.

## Framing MCH Issues to Engage Partners

The terminology used by state MCH programs to describe a new state SECCS Initiative (or to bring a new focus to an ongoing initiative) may need to be tailored to the new audiences.

- For example, in the context of internal MCH planning, it is meaningful to use terms such as “integration” when talking about systems change. For communication with partners and community-based stakeholders, it might be more effective to frame the initiative as promoting health and well-being.

Another example of the importance of language comes in discussing the possible linkages of child care with health care. Language that clearly links child care and health care must be used with state policy leaders to bridge the gap between these two sectors.

## **Assessment of Existing Early Childhood Initiatives (EECI): Findings from the 2002 Survey of MCH Directors**

The National Center for Infant and Early Childhood Health Policy conducted a survey in 2002 to provide a profile of existing early childhood initiatives within states, the degree to which state MCH agencies are engaged in these initiatives, and the opportunities and challenges faced by early childhood initiatives and by state MCH agencies as they look to the planning phase of the SECCS Initiative.



## Highlights of the Survey

The results of the survey showed that:

- Most states had multiple existing initiatives that target early childhood;
- Participants included both the public and private sectors;
- Leadership was most often provided by interagency coordinating councils, state MCH agencies and the child care sector;
- Funding was most often reported from the state MCH agency, and the child care and education sectors;
- Children age one to five were the most often cited targets of existing initiatives; and
- Child care and early education were the most frequently cited services, followed by family support.

The SECCS Initiative is well-positioned to capitalize on the number and nature of existing initiatives to:

- Improve coordination among multiple initiatives;
- Enhance public awareness of these initiatives and the support of state political leaders;
- Expand funding sources to include the health services and private sectors;
- Broaden the focus of initiatives to include pregnant women; and
- Integrate additional services, including
  - mental health services for parents, infants and toddlers,
  - prenatal care, dental care and efforts designed to increase access to medical homes,
  - adult and family literacy,
  - social services, and
  - home visiting.

Systems building at the level intended by the SECCS Initiative will be confronted by multiple challenges. States reported the extent to which each of the following issues may be barriers:

- Financing
- Strategic use of data
- Integrating particular service sectors
- Technical assistance requirements
- Strategic planning needs
- Collaboration
- Leadership.

### ***Data Collection Methods***

In February of 2003, fifty-one states/territories received a written request to participate in a State MCH Director survey on statewide early childhood initiatives. The letter explained the purpose of the survey and provided instructions to complete the survey. A total of 38 of 51 states/territories responded online or by email or fax. States that did not respond by a specific date received at least one follow-up phone call to encourage participation.

The survey consisted of 19 main questions with subsections that included multiple choice and open-ended responses. On most sections, respondents had the option of choosing an 'other' category to respond. The first several questions asked respondents about background information on a major statewide initiative such as the target population receiving services. Respondents then reported on areas of focus within four component areas: school readiness, health care, mental health, and family support. Then participants were asked to select organizations that led/govern and financially support the statewide initiative. Several questions inquired about MCH involvement and partnerships with other organizations. The survey concluded by asking about the challenges anticipated by states in the planning and/or implementation of the SECCS Initiative.

### Limitations of the Survey

The survey was sent to 51 states and territories, but not all recipients returned the survey. For this reason, results cannot be generalized to all states. In addition, errors in the data may have entered through the application of the survey: as a self-administered survey there is less control over how each question is interpreted by a respondent. Also, the survey was sent to state MCH Directors and asked respondents to discuss one initiative from many that may be ongoing in their state. Data relating to questions about MCH involvement, leadership, and financing must be interpreted carefully, as these data may be influenced by the greater likelihood that MCH report their involvement with initiatives with which they are involved, lead, or to which they contribute financially.

### Findings from the 2003 Survey

Findings from the survey of state MCH directors on early childhood initiatives are presented in these major areas:

- Participants in current state early childhood initiatives
- Leadership, partnership, and financial support
- Target population(s)
- Components of the initiatives
- Level and type of state MCH program involvement
- Current partners and sources of financial support and resources
- Perceived challenges during the SECCS planning phase

## Participants in Current State Early Childhood Initiatives

State MCH programs reported on existing early childhood initiatives and the scope of collaboration with the public and private sectors. First, states indicated if *“there is currently some type of state-level early childhood initiative underway in their state. This could range from a targeted effort to improve the quality of child care to a comprehensive effort to integrate health, education, and social services for young children and their families.”*

Almost all states (97% that replied) reported having some type of state-level early childhood initiative underway in their state. One state reported not having an initiative but did complete other sections of the survey. The vast majority of states (82%) reported multiple statewide early childhood initiatives in their state. States with multiple initiatives were asked to select the most comprehensive initiative in responding to subsequent questions about initiative target population and components. Consequently the findings presented here relate only to the single, most comprehensive initiative in each of the states.

Respondents were also asked to indicate if the chosen initiative *“involves the public sector,” “involves the private sector,” “receives a high level of political support,”* and *“receives a high level of public support.”* Public and private agencies have a large presence in these initiatives, with nearly all (97%) involved at least one public agency. Most (87%) indicated public/private involvement and reported that the initiative involves the private sector.

Clearly, most SECCS grantees are launching a planning process in the midst of ongoing initiatives that may have different visions, goals, and partners than each other and the SECCS Initiative. Many states will be challenged to convince existing initiative leaders to embrace the vision and goals of SECCS, and will face strategic decisions about which objectives can be woven into the fabric of ongoing initiatives.

Half of all states reported general public support, and nearly half (45%) reported political support. This finding suggests that many SECCS grantees will need to consider how to garner public support for their activities as well as build political support for their systems-building efforts, as political and public support are critical to these efforts.

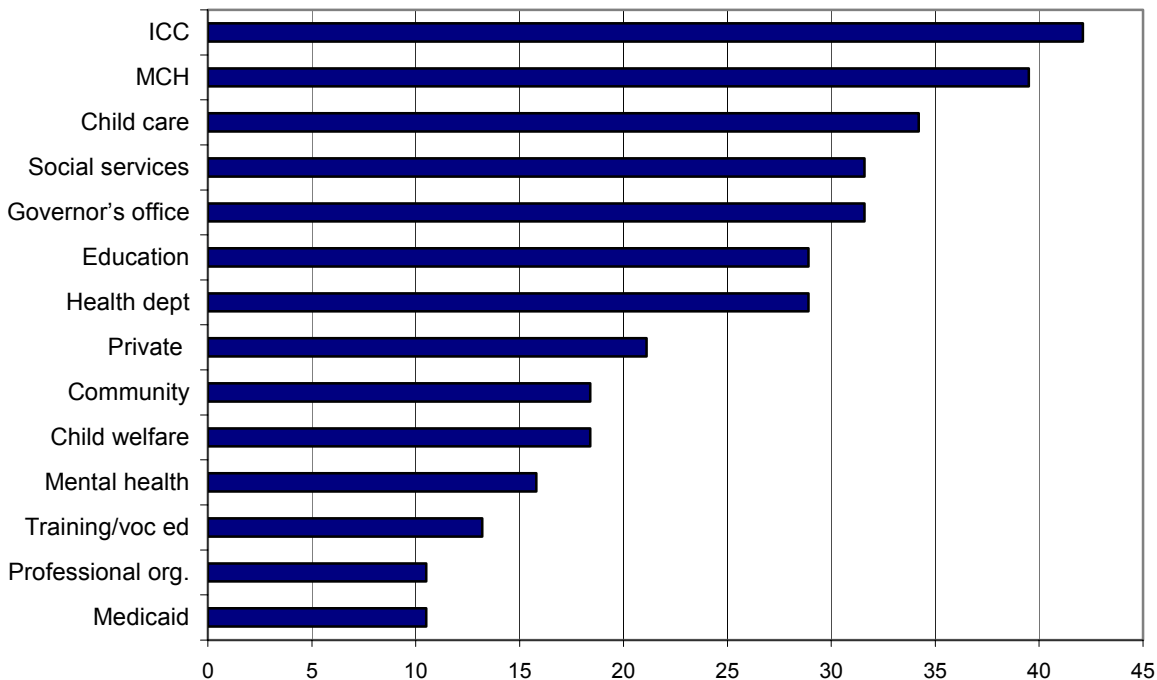
### ***Leadership, Partnership, and Financial Support***

Survey respondents were asked, *“Is this initiative being led/governed or financially supported by any of the following state-level or county/local-level offices or agencies?”* Respondents were presented a list of agencies and asked to mark “yes” or “no” to indicate if the agency “Led/Governed” and “Financially supported” the initiative.

Forty-two percent (42%) of respondents indicated that an interagency coordinating council led or governed the state’s initiative, 40 percent indicated that the state MCH agency had a leadership position, and 34 percent indicated that a representative of the child care sector led/governed the initiative. Mental health, Medicaid, and professional organizations were among the least frequently reported lead agencies. Training/vocational education, Medicaid, and professional

organizations were among the least mentioned agencies. **Figure 1** shows which organizations are providing leadership and governance in the state initiatives.

**Figure 1: Organizations Leading/Governing the State Early Childhood Initiative**

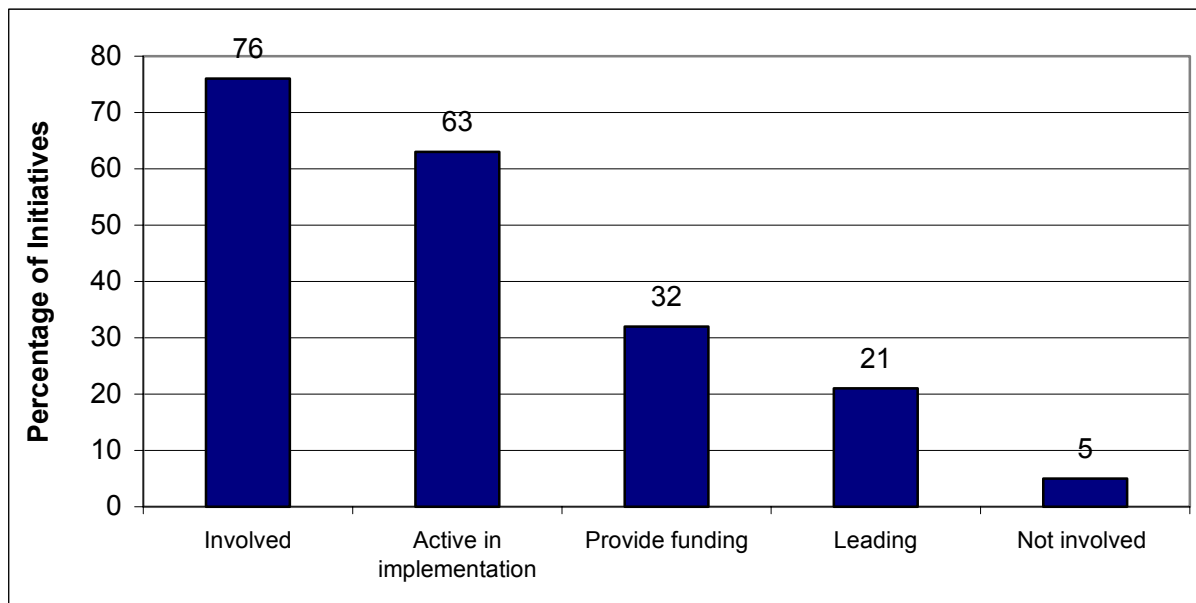


It is important to remember that while nearly 40 percent of state MCH Directors that responded to the survey indicated a leadership position, this data is subject to various forms potential error and interpretation:

- Respondents may have misunderstood the question.
- Of multiple initiatives in which the state MCH agency is involved, the respondent may have chosen that activity in which the agency has a leadership role .
- The state MCH agency may share leadership of the initiative with other agencies/organizations.
- The state MCH agency may lead a subcomponent of a broader initiative.

While subject to error, this measure is encouraging as it shows that state MCH agencies are aware of the need for MCH involvement and leadership in early childhood initiatives. The current involvement of the MCH community can provide a foundation that state MCH agencies can expand upon through the SECCS Initiative.

**Figure 2: State MCH Agency Role in Current Initiative**



An additional question explored how the MCH agency “has been or is currently involved in this initiative.” **Figure 2** shows the extent to which MCH agencies are playing roles in the initiatives:

- Three-fourths of states (76%) reported some level of state MCH program involvement in planning and development of the initiative. Only 5 percent (n=2) of respondents stated that MCH agency was not involved with the state initiative.
- Almost two-thirds (63%) reported that the MCH agency was an active collaborator involved with implementation.
- Nearly one-third (32%) of respondents reported that the MCH agency provided funding.

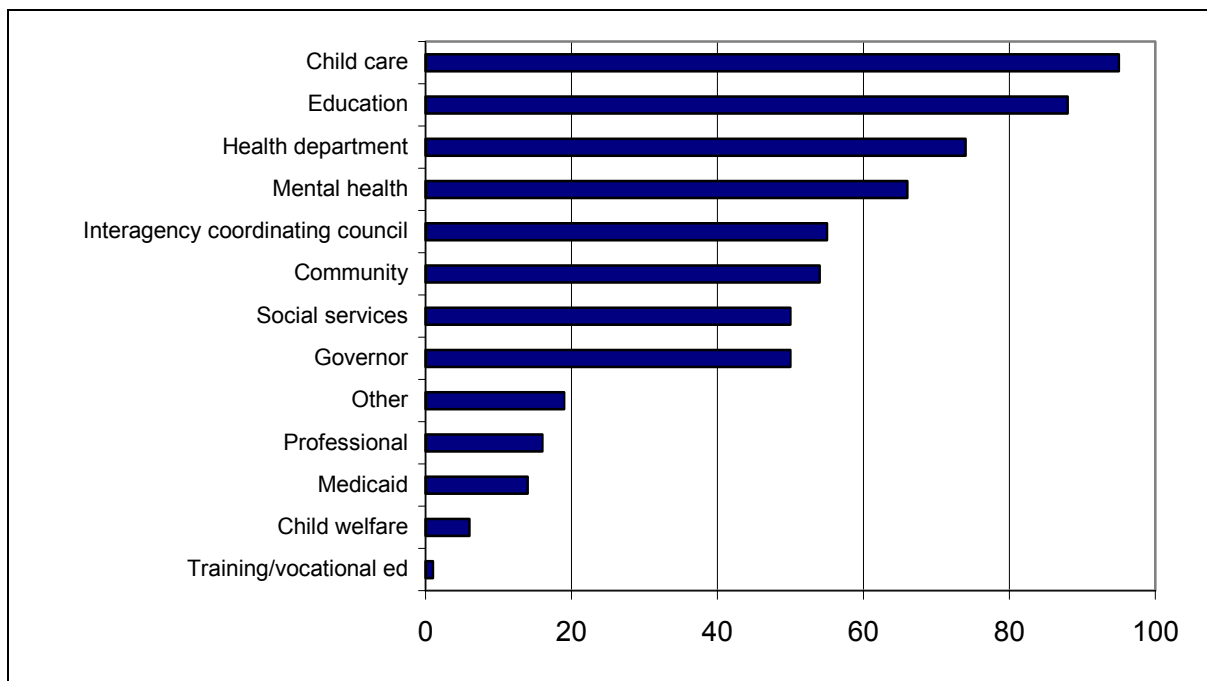
The leadership and involvement data indicate that a majority of state MCH programs have an active leadership role in state early childhood initiatives and are active participants. Many state Title V programs provide fiscal resources to support these initiatives. The SECCS Initiative offers states a further opportunity to contribute resources, expertise, as well as an expanded vision of a comprehensive early childhood system based on the five critical components. These contributions enable Title V programs to influence the direction, strategies, and policies of state early childhood initiatives. For those states who have yet to be engaged in state-level early childhood initiatives, active participation is a critical first step. This participation will enable other sectors to become familiar with the assets and expertise that the Title V agency can bring to these efforts. Several states’ SECCS grant proposals show how grantees can leverage their involvement with existing initiatives. Please see the state profiles of Illinois, Colorado and Georgia at the end of this report.

Respondents were asked to anticipate their top five partners for the SECCS Initiative. **Figure 3** shows how respondents ranked the list of potential partners. Relative importance was weighted

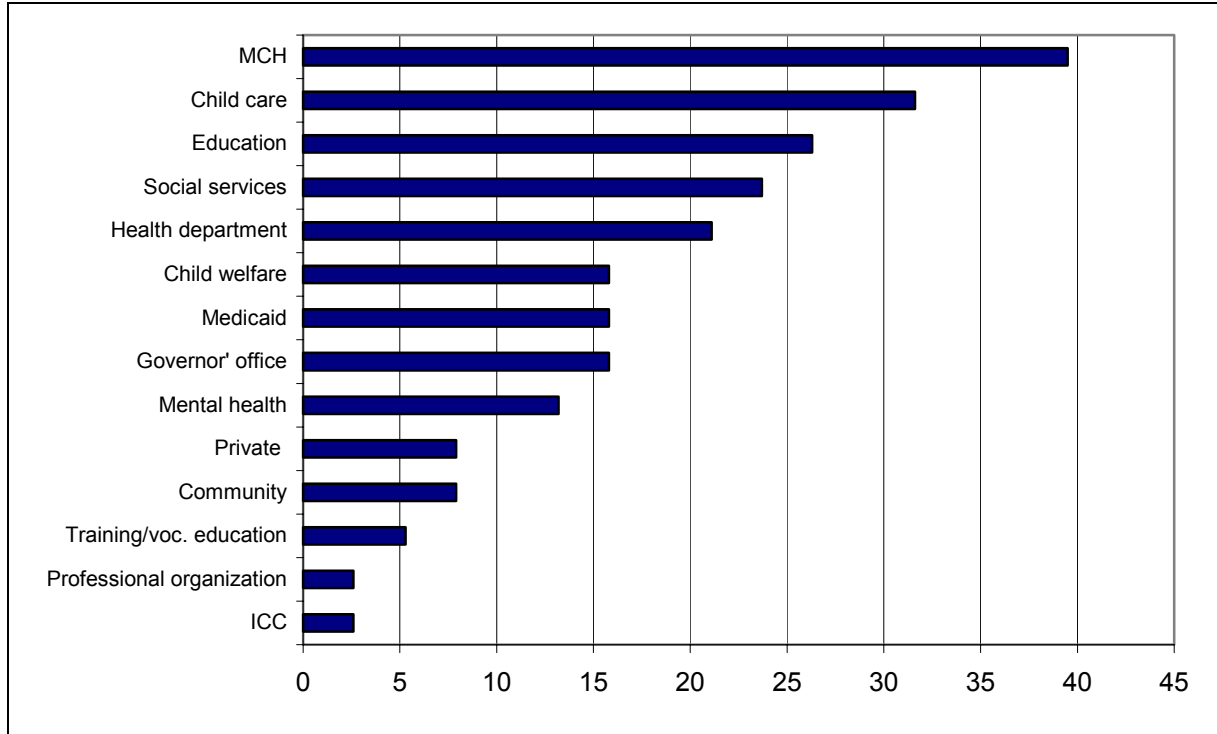
on the frequency with which the entity was mentioned across states, as well as how an agency ranked within each state.

- Child care, education, and the health department were ranked highest.
- Medicaid, child welfare, and training/vocational education were among the lowest ranked.
- Interagency coordinating councils (ICC) appeared moderately ranked across states because they were not involved in all states, but were highly ranked in those states in which they played some role.
- Among states that reported involvement of the Governor’s office and/or an ICC, these organizations were ranked highest.

**Figure 3: Relative Rank of State-Level Agencies/Organizations in the SECCS Initiative**



**Figure 4: Organizations Providing Financial Support to the State Early Childhood Initiative**



Although the contribution of an interagency coordinating council was not highly ranked among potential partnering entities (**Figure 4**), such councils played important leadership roles where they existed. Given that many states' SECCS Initiative activities will be layered on top of existing systems-building efforts, agencies may want to increase their level of leadership on such councils, work through them to align vision and goals, and/or create such a council where it does not exist.

As noted at the beginning of this section, respondents were asked to identify which agencies, including the state MCH agency, provided funding for the existing initiative. The MCH agency, child care, and education sectors were the most cited (40%, 32%, 26%, respectively). Considerable opportunities exist for the expansion of existing initiatives to include funding from other sources. Although reported by 23 percent and 21 percent, respectively, social and health services' financial involvement in activities could clearly be increased. Similarly, the existing funding structures of Medicaid, child welfare, and mental health can lend dollars to an early childhood service system. Finally, involvement of the private sector, community, and professional organizations will be critical to the long-term sustainability and ownership of a service system.

While it is important to note that the MCH/child and family health, child care, and education organizations were among the most frequently reported financial supporters to the state initiative, it is important to remember that financial resources are not the only contributions agencies can make. For instance, private employers can align their employment practices with family-friendly

policies (e.g., paid time off to care for a sick child), choose to purchase health insurance through pooling arrangements, provide information about child and family services, etc. Training institutions can align their curricula and schedules to enhance the quality and availability of workers in the child care/early care and education field, medical field, etc. Professional organizations can align their policies and recommendations to bring their members' practice in line with SECCS goals. Finally, particular attention should be given to the involvement, and financial involvement, of the Governor's office, as high-level political support has been mentioned as a critical component to the success of an early childhood initiative.

It is important to note that although state MCH agencies ranked high in leadership and funding, the survey was targeted to state MCH agencies, and this high involvement relative to other sectors may represent the fact that the MCH community completed the survey. Regardless, the leadership, involvement, and funding levels reported are important and the opportunities that they present remain relevant.

### ***Target Populations***

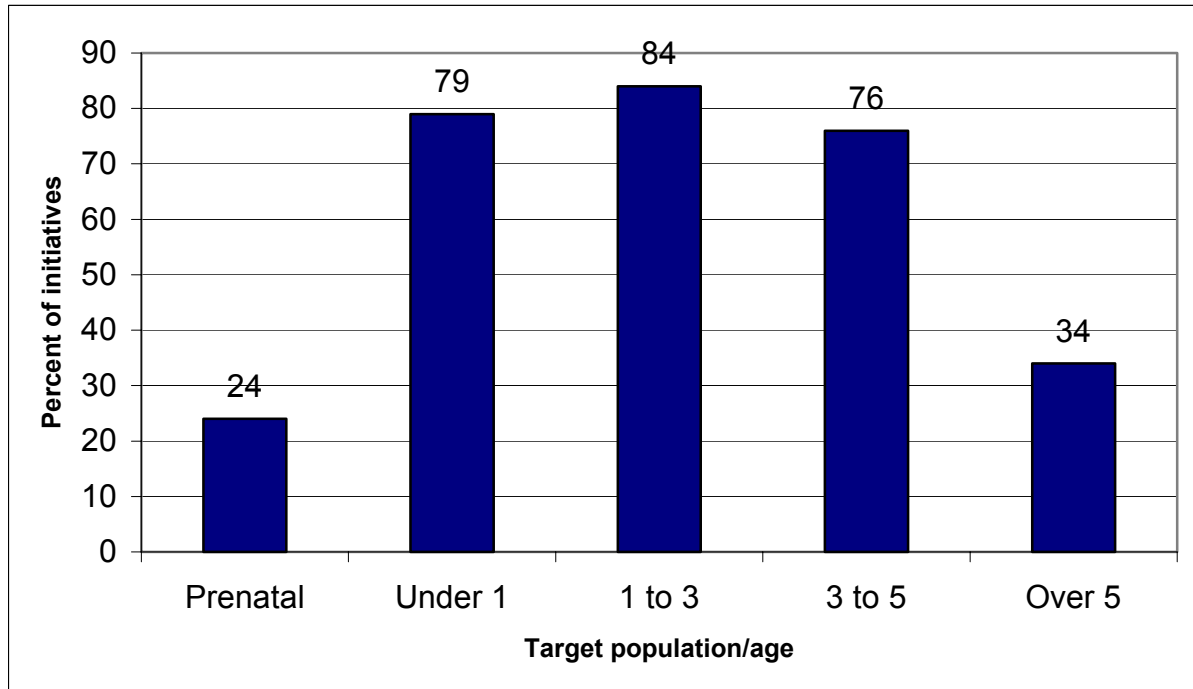
Respondents were asked to "*please indicate the target population of this initiative*" by identifying which of the following were included: pregnant women, children less than one year old, children between one and three years of age, children between three and five years of age, children older than five, and other populations. Approximately 80 percent of states reported that the initiative in their state focused on young children from birth to five years of age (**Figure 5**). While more respondents—84 percent (n=32)—indicated that their initiative focused on children age one to three, the difference between this age group and the under one year group (79%, or 30 respondents) and the age three to five group (76%, or 29 respondents) was not significant. Respondents were able to choose multiple age categories.

Roughly one-third of respondents (34%) indicated that the early childhood initiative included a target population of children over the age of five. This may indicate that these early childhood initiatives are directly linked to later childhood years—perhaps reflecting that the initiatives focus broadly and include non-health-related factors. Fewer respondents reported on initiatives that look backward toward pregnancy and prenatal care: only 24 percent (n=9) of respondents targeted services for pregnant women and/or provided prenatal care.

The survey only asked about one initiative, and states may have another initiative that does target pregnant women. Nevertheless, the prenatal period impacts both the health of the child and parents' later behaviors. It is critical to ensure that the planning and coordination from the SECCS Initiative includes pregnant mothers and programs targeting this population. The fact that one-third reported inclusion of children over five in the initiative shows that some states have broad-based initiatives for which early childhood is only a part of the broader effort.



**Figure 5: Populations Targeted in Existing Early Childhood Initiatives**



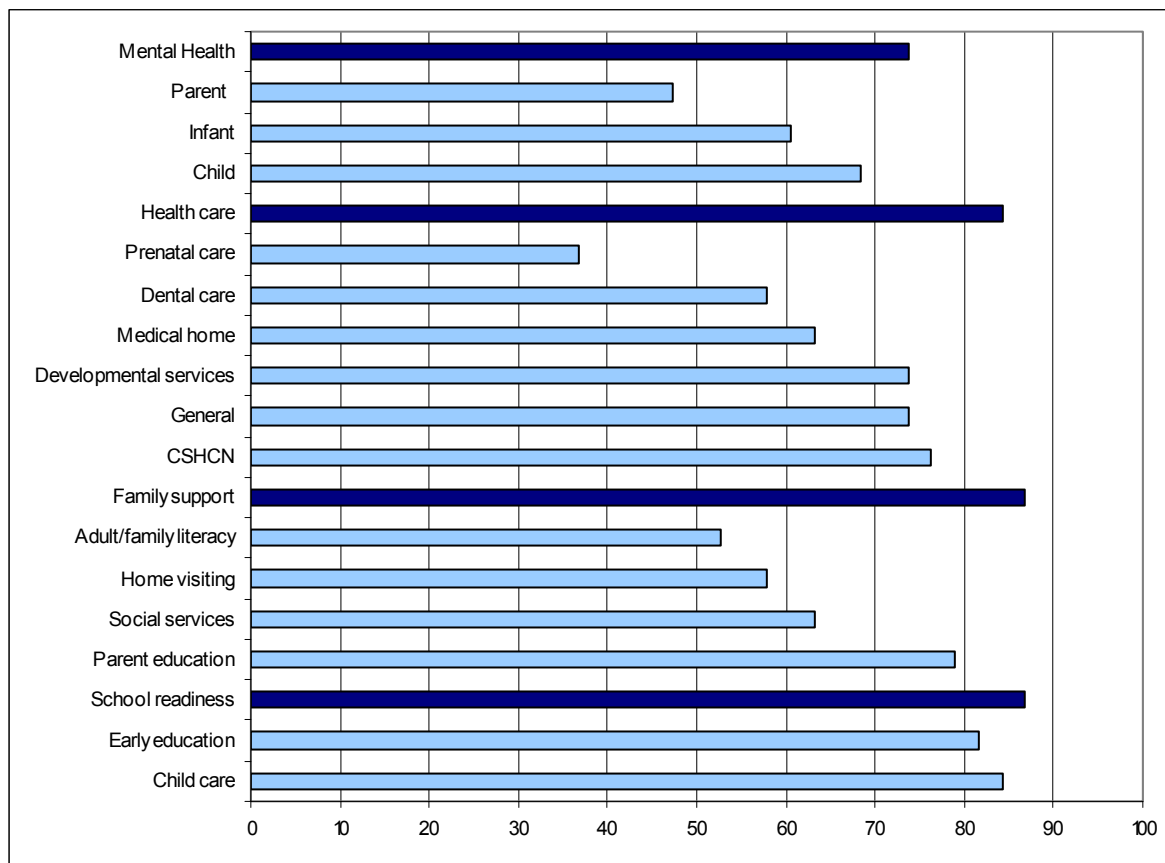
Answers to the questions analyzed above indicate that the MCH agencies nationwide are involved in many existing early childhood initiatives. Given the low percentage of initiatives currently addressing prenatal care, the MCH agencies appear well-positioned to utilize their expertise and access to influence the inclusion of prenatal care. The apparent lack of coordination may be the result of having a separate initiative addressing prenatal care that was not the initiative cited in the survey. Regardless, as prenatal care is an integral part of early childhood well-being, it should also be an integral part of a comprehensive early childhood system.

### ***Components of the Initiative***

Respondents of the survey were asked which of a list of components/areas of focus were included in the initiative, and were asked to check all of those that applied.

- 87 percent indicated school readiness
- 87 percent indicated family support
- 84 percent indicated health care
- 74 percent indicated mental health
- Nearly 80 percent indicated parent education.

**Figure 6 Components of Current Initiatives**



While these percentages were uniformly high, respondents were also asked about significant sub-components of each category. This sub-component inquiry was performed to produce a more refined picture of the sectors and services included in the current early childhood initiatives.

- As mentioned earlier in this report, the mental health of the parent has a direct bearing on the well-being of the child, and the ability of the child to access needed services. Yet only 47 percent of initiatives included parent mental health services within their current initiative.
- Only about two-thirds of initiatives included mental health services for infants (61% of initiatives) or for young children specifically (68% of initiatives).
- As noted previously, prenatal care was not included in many initiatives, and was reported to be a component in 37 percent of initiatives.
- Dental care over the past decades has shifted from a model of treating acute problems to preventing acute problems, with new opportunities for preventing children’s risk for dental caries—the most prevalent chronic problem in school-age children—through dental care for the mother prenatally as well as for the young child. Yet only 58 percent of initiatives included dental care.
- Medical homes can provide valuable cross-service linkage—referring young children and parents to services, providing counseling and education, and identifying

developmental problems early rather than leaving them unaddressed until school entry—yet only 63 percent of initiatives included access to medical homes within the initiative.

The family support component was included in 87 percent of state initiative. Fewer states included the specific components of adult/family literacy (53%), home visiting (58%), and social services (63%). Parent education was the most commonly mentioned family support activity (79%). Parent education is an example of a SECCS Initiative component that can be offered in different modes and address many different topics, although it generally helps parents to gain parenting skills and knowledge about early childhood development.

It is clear that there are considerable efforts occurring in most states around all of these components. Coverage in some areas could be enhanced. The fact that multiple sectors are involved in ongoing initiatives suggests that SECCS planners will be challenged to integrate their efforts within the existing ones. Although a challenge, it is also an opportunity for SECCS planning to fill gaps or move agenda items forward that are stalled, lack resources, or otherwise need a greater impetus for progress to occur. (See Illinois in the State Profiles section).

Because of the diversity in experience among the states in their systems-building efforts, there is a wide range of examples to learn from. These efforts can provide examples of approaches states can take toward the integration of all five components, as well as approaches states can take within each component. A SECCS grant proposal for each of the components was selected and profiled later in this report (See Promising Planning Opportunities).

A series of reports published by the National Center for Infant and Early Childhood Health Policy in 2003 will address the planning issues that state SECCS grantees will face in confronting many of the reported gaps in these core components:

- A report on infant mental health will attempt to define these services and will identify key agencies involved with infant mental health.
- A report on the medical home will show how the medical home can support child development optimization for all children through a network of early childhood services.
- Reports on family support will discuss educating parents with the tools for effective advocacy for their children's needs. Home visiting will be highlighted as a mode of support. These services support a child's development.
- A report on dental care will examine the state-of-the-art in early childhood dental care.

### ***Challenges to Planning and Implementation of SECCS***

Survey respondents were asked to select from a list the potential obstacles which they felt would be "*challenges to planning and/or implementing the SECCS Initiative.*" Understanding the barriers perceived by states is helpful for identifying the specific support that states will need during the planning process. These supports range from strategies for engaging partners to obtaining technical assistance on specific aspects of planning. The following were the most cited challenges to systems building through the SECCS Initiative:

- Financing (90%)
- Integrating particular service sectors (68%)

- Data management (61%)
- Technical assistance needs (42%)
- An MCH-specific strategic plan for early childhood (34%)
- Leadership (32%)
- Collaboration (26%)

This demonstrates that few states are concerned with their ability to collaborate with other partners or to provide the basic leadership required to launch their planning effort. Many more states—two-thirds or more—reported that some of the concrete aspects of planning an integrated system were significant barriers. Obtaining or applying data to the planning process, integrating some of the key service sectors, and financing a reengineered service systems are all considered important barriers by the majority of states.

The implications of these findings for state progress in some of these key areas are discussed further in the following paragraphs.

### Financing

Even during periods of relative prosperity, changing the allocation of resources and coordinating substantial changes with other agencies can be difficult. Attempting to accomplish the same task in times of budget crisis can be particularly difficult. Nearly all states (90%) reported that financing was an obstacle. The following specific financial barriers were cited frequently by states:

- Shortage of funds (82%)
- Inflexible funding (76%)
- Difficulty combining existing funding streams (71%)
- Administrative barriers (66%).

A set of tested strategies can be used by states to overcome some of the financing barriers to improved service systems. As developed by Hayes et al. (2003), the general approaches include:

- **Using scarce resources most effectively.** This approach seeks to redirect spending from less effective to more effective programs and services, and from higher-cost to lower-cost approaches. Often increased efficiency is sought in administrative and management processes.
- **Maximizing public funding.** This approach involves maximizing existing sources of funds, as well as generating new revenue for early childhood services.
- **Increasing flexibility in categorical funding.** This approach increases the alignment and coordination of separate funding streams or removes restrictive requirements that impair access to certain subgroups.
- **Developing strong partnerships.** Establishing partnerships among the many people and organizations in a community with a stake in young children's outcomes—e.g., state and local government agencies, providers, business and foundation partners, schools, community leaders, early childhood advocates, and parents—can reduce or eliminated

many barriers. For instance, established partnerships can facilitate the reallocation of resources when current resources are inadequate and tackle the administrative obstacles of bringing separate funding streams together. Partnerships also help communities to leverage both funding and other important resources, such as leadership and technical expertise.

#### Data Collection and Monitoring Activities

The planning framework for SECCS grantees is based on achieving outcomes for children and families. Given the collaborative nature of the initiative, and the broad scope of platforms and pathways that follow from the SECCS planning process, the challenges related to data collection will be considerable. Many states (61%) indicated that a current lack of data for needs assessment and monitoring progress would be a barrier to the planning process.

Some of the likely challenges to data collection and utilization include:

- A lack of valid and reliable indicators regarding some domains of early childhood;
- The need to agree upon common and meaningful outcome and process indicators,
- Legal issues regarding data exchange;
- The limitations of existing technology and the cost of new technology;
- The time and cost requirements for implementing data collection activities.

Useful indicators will capture how well activities and plans are being implemented, and what the outcomes on the system are. Because systems change rather than child outcomes is the goal of the planning phase, intermediate indicators of how policies and procedures have changed will be critical to assessing the success of planning and implementation.

There are opportunities to link early childhood MCH data sources, and possibly connect with other population and service sector data collection efforts. By linking all of this data, it [could] be possible to map population “trajectories” in growth and development. Given their history of using data and indicators, MCH agencies are well positioned to evaluate how data can be collected and used for the initiative. There are examples from several states where this process is underway. In some states, data linkage projects are allowing MCH to link birth certificate data with other early childhood data (e.g., Miami/Dade) or to link child health surveillance with measures of content and quality of early childhood health services (e.g., Maine and Washington’s use of the Promoting Healthy Development survey).

Current efforts can help overcome some of the barriers associated with measurement:

- The Promoting Healthy Development and National Survey of Early Childhood Health have been used to measure indicators of early childhood health and development and can be expanded upon to create valid and reliable indicators.
- Numerous agencies in this and other countries are actively engaged in identifying, testing, and promoting indicators of early childhood health and development that can be agreed upon (e.g., Child Trends, the School Readiness Indicators Project).
- Many agencies already collect and may share data providing an infrastructure to support more advanced and comprehensive efforts (e.g., HEDIS, the NCQA Health Plan Employer Data Information Set).

The need to collect and share data on early childhood presents an excellent opportunity to expand the existing early childhood data collection efforts to present a comprehensive and multi-layered view of child and family health. An assessment of early childhood health that is comparable at the national, state, local, plan, and practice levels would provide a powerful means to assess the current state of children and families, as well as the improvement process. An annual MCH report with meaningful early childhood indicators for the state could create the momentum for improvement.

### Engaging and Integrating Multiple Service Sectors

The fundamental premise of the SECCS Initiative is that only cross-sector strategies can achieve the MCHB vision for early childhood systems. As a result, the SECCS Initiative places great emphasis on partnering and collaboration. Only one-quarter of states reported that collaboration would serve as a barrier. Many more states (68%) felt that the actual engagement of partners would be a challenge. Engaging the private sector and the mental health sector was considered to be the greatest specific challenge within this category:

- Private sector (42%)
- Mental health (40%)
- Medicaid (29%)
- The Governor's office (29%)
- Training/vocational education agencies (26%)
- Social services (24%)

The perceptions of certain sectors as more easily engaged than others likely reflects the fact that some sectors have not yet partnered with MCH or have resisted partners in the past. There are some promising strategies from other states for engaging key sectors. Examples of strategies that offer potential partnering for state MCH include:

- **Working with the private sector.** Several states have made significant headway in engaging health professional organizations, such as the state chapter of the American Academy of Pediatrics (AAP), as well as private-sector physicians as part of health care improvement initiatives. Examples include states in the Commonwealth ABCD initiative.
- **Working with the mental health sector.** Obtaining quick information about the health and development of young children entering the foster care system is a struggle for social workers as they try to make the best placement. The Comprehensive Assessment and Treatment Services (CATS) program at the University of Kentucky in Lexington, partly supported by TANF and Adoption Assistance, uses a multidisciplinary team to provide the mental health evaluations that social workers often cannot get or that traditionally have not been done by mental health professionals experienced in early childhood. Judges and social workers are enthusiastic about the information they receive, and the assessments are used not only for placement decisions but for helping the child access the care recommended by the assessment.<sup>50</sup>
- **Working with Medicaid.** In several states, Medicaid is part of efforts to help pediatric providers improve the content and quality of care to young children and their families. The Commonwealth Fund developed the ABCD Initiative to encourage state leadership and innovation. Several ABCD states are increasing their capacity to provide

preventive and developmental services for young children, with a particular focus on the EPSDT program.<sup>51</sup>

These partnering concerns reflect the need for the grantees to conduct their own environmental scan to assess their internal capacity as well as the capacity of their existing and potential partners. Once these scans are completed, the grantees need to prepare and execute a communication strategy. While there are difficulties in trying to engage other stakeholders, the process can be easier if state MCH has a good understanding of the possible MCH roles in a more comprehensive system of early childhood services, and what roles the partners can play. The communications strategy will be useful as MCH shares its vision of how the different sectors can contribute to the system and refines that vision based on the inclusion of other sectors in the planning.

### Leadership

About one-third of states (32%) indicated a current lack of buy-in from key leaders and stakeholders as a challenge to the future SECCS planning process. For these states, leadership will play a particularly important role in the planning period as MCH seeks to engage the essential partners in the state initiative. Leadership in the SECCS Initiative will be important in several ways to all states, even those that do not anticipate substantial difficulty in engaging the key partners. Leadership from MCH will be necessary to encourage all of the vital sectors and stakeholders to understand why the SECCS Initiative vision is actually congruent with their own mission and goals. Leadership will also be necessary as the planning process commences and each sector is asked to consider future resource allocations, collaborative decision-making, and continued discussions around changing the way business is done.

### Planning and Technical Assistance

More than half of state MCH agencies (55%) indicated a lack of internal capacity relating to planning needs such as staffing, buy-in, and expertise. About one-third (34%) indicated a lack of an internal strategic plan for early childhood development systems-building efforts. About 42 percent indicated a lack of technical capacity to support planning, implementation, and/or monitoring progress.

This information underscores the need for MCH to confront the issue of staff understanding and buy-in related to the MCH role in a comprehensive early childhood service system. While many MCH agencies are already engaged in a comprehensive initiative, many are not. The reported needs for technical assistance reflect some uncertainty over how to involve the disparate sectors that may not be accustomed to working together, as well as the complicating factor of multiple agencies leading their own existing early childhood initiatives.

Several products developed for the SECCS Initiative will help states with both the internal and the external engagement process:

- ***Resources to Results*** is a strategic planning tool designed to assist state MCH plan strategically for a new initiative or to become involved in other planning processes already underway in the state. It can be used to provide a *roadmap* (what types of things should the partners look at), a *checklist* of process elements to address, an *educational tool* to help participants in the planning process understand the different

components of a comprehensive plan for young children and families, and a “*stalemate buster*” to help get planners moving again when they are unable to reach a consensus.

- ***Strategic Communications*** is a report about messaging that shows state MCH how they can engage staff internally, as well as other sectors and the constituencies within the state, in a systems-building process. This report provides state MCH with ways to work through attitudinal barriers or problems that result from other sectors and constituents who do not understand the SECCS vision or strategies because of the complexity or the language used to “sell” the initiative.

### **Promising Planning Opportunities within the SECCS Initiative: Examples from States**

As the SECCS Initiative planning commences, there are a number of state initiatives to observe for ideas and as examples of promising developments. The following descriptions of state initiatives are examples of how SECCS grantees intend to launch their state planning processes. These examples show the kinds of strategies that may be effective and should be monitored as the planning process continues.

#### ***Colorado: An Example of Leveraging a Current Initiative, Public Engagement, and Addressing Primary Care and the Medical Home***

The Colorado Department of Public Health and Environment (CDPHE) proposes to leverage the extensive systems-building work that has already been conducted in the state. The Early Childhood State Systems Team is a broad-based group of public and private partners whose mission is closely aligned with the purposes and intentions of this grant and will oversee the planning process. This team is closely aligned with a state legislative initiative to improve systems for young children called the Consolidated Child Care Pilot Initiative and is already positioned politically to garner the political support of the Colorado state legislature. The process will build on the Smart Start assessment conducted in 2002, which defined gaps for moving ahead on comprehensive early childhood system development. The CDPHE recognizes the high degree of local control in decision making, and indicates that state-level efforts to provide leadership, coordination, etc. will need to build on this independence. The CDPHE will have five main focus areas during the SECCS Initiative:

- Build infrastructure for systems-building (e.g., contract with a systems-building coordinator, create a collaborative planning infrastructure, expand the pool of involved stakeholders, create a shared vision, share SECCS-related information on the web).
- Complete a strategic planning process encompassing the five areas (e.g., access to insurance and medical home) and including indicators to monitor and improve planning.
- Create an organizational structure for local early childhood councils in all regions of Colorado.
- Develop a public engagement campaign.
- Explore options for sustainability.

The Colorado proposal capitalizes on the extensive early childhood systems-building work already active in the state, an extensive network of partners, and a tradition of local control. A Child Care Commission established by the Colorado General Assembly is preparing a *Blueprint*



*for an Early Childhood System* with 10 goal areas, including public engagement. Specific recommendations are expected to be addressed to policy makers, businesses, communities, parents, families, early childhood professions, and programs for each goal area. These recommendations may serve as a foundation for the SECCS Initiative.

### Primary Care and the Medical Home

At least two sets of activities in Colorado are directed toward improving access to health care and increasing the availability of medical homes to all children. First, a coalition led by the Colorado Community Health Network, Catholic Charities, and the Colorado Children's Campaign utilizes funds from the Robert Wood Johnson Foundation's Covering Kids and Families (CKF) grant program. Aiming to increase enrollment into state health insurance programs, CKF leads outreach efforts and strategies to overcome barriers.

Second, the CDPHE leads the Health Care Program for Children with Special Needs (HCP), a medical home initiative that supports coordinated care. Also, as part of its activities, the HCP formed the Medical Home Advisory Board to increase awareness and encourage family involvement and coordination of care. The HCP will be applying for a grant from the MCHB to assess the usefulness of certain screening questions for the identification of children with special health care needs in a primary care setting. In addition, the HCP may participate in a Medical Home Learning Collaborative through the National Initiative for Children's Healthcare Quality; as part of this process, three private health care practices will examine ways to build medical homes and serve as models for practices throughout the state. Finally, the Colorado Interagency Coordinating Council, led by the Colorado Department of Education, serves an advisory role for the Part C system.

The following efforts support Colorado's vision of a medical home for all children:

- A Medical Home is not just a building, house, or hospital, but a team approach to providing health care. A Medical Home originates in a primary health care setting that is family-centered and compassionate. A partnership develops between the family and the primary health care practitioner. Together they access all medical and non-medical services needed by the child and family to achieve maximum potential. The Medical Home maintains a centralized, comprehensive record of all health-related services to promote continuity of care.
- Children with special health care needs (CSHCN) may have many professionals invested in their physical and emotional well-being. Coordination of care is an essential activity to assure communication and planning amongst team members, including family, primary health care practitioners, specialists, community programs, and insurance plans.<sup>52</sup>

### ***Georgia: Leveraging Current MCH Staff Dedicated to Systems Building***

The proposal submitted by the Department of Human Resources utilizes considerable in-kind staff support to focus funds on information gathering, communication and training for those involved in the SECCS and parallel work. The SECCS Initiative in Georgia will be overseen by a steering committee and supported with component-specific work teams that will assess needs,

strengths, and develop strategic plans within each component. Leaders of each team will interact with the other teams and be responsible for coordinating across sectors.

The work teams are led by agencies that have already been active in early childhood systems-building efforts. Key participating agencies include:

- Georgia Chapter of the American Academy of Pediatrics
- Georgia Office of School Readiness
- Georgia Department of Human Resources, Division of Family and Children Services
- Georgia Early Learning Initiative
- Center for Child Well-being
- Governor's Council on Developmental Disabilities
- Family Connection Partnership

The existing systems-building efforts active in the state are intended to allow the SECCS resources to enhance the existing planning efforts rather than create a new process. Funds are dedicated to informing the component-specific strategic planning process, holding a workshop on cultural competency, holding a symposium on early childhood, and facilitating communication at and between meetings.

### ***Illinois: Building on a Current Initiative***

The Illinois Title V program has been participating in a collaborative project to develop a comprehensive system of services for families with young children since 1998. The project, known as the Birth to Five Project (BT5), has been led by the Ounce of Prevention Fund—a public/private partnership organized in 1982 to promote the well-being of infants, children, and families. Because of these efforts, Illinois was selected in 2002 as one of four states to receive funding from the Early Childhood Funders' Collaborative for the Build Initiative. SECCS funds will be used to advance the work of Department of Human Services proposes to utilize SECCS Initiative funds to leverage existing early childhood work being done in the state, specifically the BT5 and Illinois' participation in the Build Initiative. SECCS funds will be used to advance the work of the BT5 by elaborating work plans for those components that fall within the scope of the SECCS Initiative. Also, SECCS funds will support parent focus groups, four medical home training projects, and 20 training programs each for both socioemotional development and perinatal depression.

Five of the BT5's standing committees will be involved in the effort:

- Systems Coordination—increases awareness, access and coordination of prevention programs and services.
- Government Interagency Team—addresses cross-agency, state-level issues impacting children and families; consists of senior representatives from the Governor's Office, seven state and federal agencies addressing child and family issues, the City of Chicago, and senior staff from the Ounce of Prevention.
- Child Health and Development—provides advice and recommendations for policies/strategies to improve the child development services conducted in health care settings. Representation includes local health departments, health professional associations, government agency staff, and community health centers.

- Socioemotional Health—provides advice and recommendations for policies/strategies to address mental health needs for young children and their families. Representation includes IDEA Part C, prevention programs, child advocacy organizations, health care professionals, early childhood mental health clinicians, and government agency staff.
- Training and Workforce Development—provides advice and recommendations for developing a trained workforce to staff early childhood programs as well as support training for professionals already in the field.

The Illinois proposal maximizes the effect of the limited planning funds available by utilizing existing systems-building infrastructure and addressing needs that are relevant to the SECCS Initiative. This is also an important step toward ensuring sustainability.

***Kentucky: Enhancing Early Care and Education***

The Cabinet for Health Services and the Department of Public Health proposes to utilize SECCS funding to expand upon the current KIDS NOW Early Childhood Initiative. Since 1999, the KIDS NOW Early Childhood Initiative has allowed Kentucky to build upon preexisting programs, including KCHIP, WIC, Healthy Start, and the Kentucky Preschool Program. The state proposal submitted to the MCHB aims to examine current services and identify potential service gaps within the five component areas. The proposal also contains plans to strengthen early childhood development system infrastructure by assessing current database systems and planning for data integration. Through linkage of major data systems, the project hopes to identify service gaps and focus on program improvements.

Kentucky’s KIDS NOW presents opportunities to improve access and quality of child care for all children. Subsidies are provided to increase reimbursement and help make child care more affordable for families. In addition to increasing accessibility, the state has created the STARS for KIDS NOW program to formally recognize quality early care and education centers. The program promotes quality improvement and accountability by highlighting early care and education centers that score highly on quality standards.

Kentucky’s KIDS NOW Initiative provides a platform for partnerships and building upon preexisting programs in early care and education. The Scholarship Fund for Childcare Providers addresses quality of care by helping to build capacity through increasing provider training and knowledge. Furthermore, the Increased Licensing Personnel program supports improvement in the quality of child care provider education. The Healthy Start in Childcare program trains child care providers in health, safety, and nutrition and present additional opportunities to build the capacity of child care staff. Through all of these programs, more children receive early care and education from qualified staff with expertise in child development.

***Louisiana: Focusing on Infant and Early Childhood Mental Health***

The Louisiana Office of Public Health proposes to apply the SECCS Initiative funding to the Louisiana Children’s Cabinet with the support of the state’s MCH and CSHCN Programs. Starting within the Governor’s Office in 1998, the Children’s Cabinet of Louisiana consists of the secretaries of several state departments including the Departments of Social Services, Health and Hospitals, and Education. The Cabinet assists in coordinating the budgeting and planning of programs and services for children and their families. The overall goals of Louisiana’s Early

Childhood Comprehensive Systems Initiative are to assess the needs of children and develop systems integration efforts and partnerships that address each of the five component areas of the SECCS Initiative. Current recommendations call for the expansion of several existing early childhood programs including LaCHIP, the Nurse Family Partnership Program (NFP), and the Early Childhood Supports and Services (ECSS) program.

The Office of Mental Health (OMH) operates the Early Childhood Supports and Services (ECSS) program, which identifies at-risk children zero to five years of age and provides services and supports to promote their early brain development. Linking across various service areas and referring children to needed care, ECSS is an example of a multiagency collaboration. Future strategic planning efforts will reflect the design and implementation of ECSS to further develop similar programs across the state.

In addition to taking advantage of opportunities for collaboration and leadership within state agencies, the ECSS and OMH have partnered with the Tulane University Department of Psychiatry to offer workforce development training in infant mental health to nurses and public health staff. This statewide program aims to meet the educational needs and improve the expertise of those professionals who provide care for young children and refer those children to additional services and supports. The program is based on the concepts that better identification of socioemotional and relationship issues enables improved supporting of the whole family, and that training can improve the expertise of mental health professionals in the psychosocial development of young children.

### ***Maine: Developing a Common Vision for Systems Building***

The state of Maine's Department of Human Services, through the Maine Early Childhood Comprehensive Systems grant, will build on the state's 2002 Children's Forum to:

- Expand current membership in the taskforce responsible for children's planning,
- Develop a senior state government management team,
- Assist the development of a new State Division of Children and Families—a priority of the Governor,
- Coordinate existing resources, data, and expertise to ensure a common language among stakeholders, and
- Involve professional associations to strengthen medical and dental homes.

The vision of the Taskforce includes a focus on developmental optimization for all children: "All children in Maine live, grow, and learn in a safe, nurturing, healthy and appropriately stimulating environment in order to reach their highest potential." The Taskforce will utilize the "Future Search" planning process to form consensus-based vision, mission, and action plans.<sup>53</sup>

The SECCS Initiative capitalizes on previous investments in a home visiting network, health promotion through prevention, and begins at an auspicious moment as a proposal for universal health care coverage is expected.

### ***North Carolina: Providing Pervasive Family Support***

The North Carolina Department of Health and Human Services (DHHS) proposes the establishment of an Early Childhood Taskforce that will include numerous public, private and

non-profit agencies, many of which have an existing relationship with the DHHS. The Taskforce will participate in the planning process and assist with implementation. The Taskforce will prepare the strategic plan during the first year of the grant and disseminate it during the second year.

Currently, nine organizations coordinate family support services. The North Carolina SECCS process will help to establish consensus around the outcomes used to evaluate the effectiveness of family support services and will promote the establishment of a local or regional triage system or systems. These triage systems will be used to assure that families receive the type and intensity of services needed. In addition, they will help existing efforts at systems integration.

Examples of existing family support providers in North Carolina include the Exceptional Children's Assistance Center, which assists families in obtaining and understanding the various services available for children with disabilities and special health care needs. Services include the Parent Information Line, a website, workshops, and informational materials.

The Family Support Network of North Carolina is comprised of 16 community-based organizations covering 56 counties and housed in service providers (e.g., Neonatal Intensive Care Units, Developmental Evaluation Centers, and Family Resource Centers). The Network also has a Central Directory of Resources for the state early intervention system and allows caretakers, family members, and providers to access information about conditions, resources, and organizations. These two are only a sample of the multiple services provided by the Network.

Finally, North Carolina is home to at least 23 intensive home visiting projects for first-time, teen mothers. Funding is combined from numerous sources including state health, early intervention, social services, juvenile justice, and education agencies, foundations, and local sources. The projects are overseen by an advisory board consisting of project funders, advocacy groups, the Smart Start partnership, and the Divisions of Mental Health, Developmental Disabilities and Substance Abuse Services.

### ***Rhode Island: Enhancing Parent Education through Multiple Platforms***

The Rhode Island Department of Health proposes to lead the collaborative effort of the Rhode Island Early Childhood Comprehensive Systems (RIECCS) Project—Successful Start. The RIECCS Project will build upon and improve integration across a system of services that encompass the five component areas of the SECCS Initiative. In addition, the Rhode Island KIDS COUNT organization will work in partnership with RIECCS.

The RIECCS Project aims to take advantage of opportunities to refer or educate parents about child development through the multiple service providers that regularly see young children: community-based programs, medical homes, and child care providers.

Although several programs currently exist in Rhode Island that provide parent education to specific populations (e.g., adolescent mothers, parenting grandparents), gaps and obstacles include services offered at inconvenient times for the target population (e.g., during weekend and weeknight hours). The Department of Children Youth and Families (DCYF) contracts with 14 providers across Rhode Island to offer these services. Other community-based organizations

conducting parent education include the Rhode Island Parent Information Network (RIPIN), Family Voices, the Parent Support Network, Parents as Teachers, and Prevent Child Abuse Rhode Island. In order to help families navigate the service system, RIECCS seeks to increase the availability of parent education services as well as integrate these services with existing early childhood service providers.

## **Conclusions**

Most states are participating in the planning phase of the SECCS Initiative. Some states have significant early childhood initiatives currently underway, such as those states that have already launched school readiness initiatives (e.g., California, Rhode Island, North Carolina, and Georgia). In some states with preexisting early childhood initiatives, MCH is an important planning participant or leader. In other states, however, MCH is not involved or has a less significant role. For example, some states with early childhood initiatives have launched these efforts from the Governor's office, and some state initiatives are principally based in education or other non-MCH sectors. The National Center for Children in Poverty "Map and Track" project shows how the presence and scope of early childhood initiatives varies across the states.<sup>54</sup> Other states have much less activity in the early childhood area.

Given these varying degrees of involvement, MCH agencies can maximize their impact by building their internal capacity to lead and contribute. By pursuing this strategy, MCH agencies can effectively offer their substantial expertise to early childhood systems development. Part of capacity-building requires that MCH strategic planning address the "external" context. State MCH programs will need to undertake planning activities within the context of any ongoing early childhood initiatives, and will need to communicate its roles and contributions to the partner agencies and stakeholders involved in systems development. This "external" communications strategy will need to be developed or strengthened in many states to ensure that all key stakeholders—including physicians and other health professionals in addition to state-level agency partners—are engaged in the process.

The collaborative planning process will require establishing a common vision across sectors and relating it to each sector and agency specifically; it will require leadership and a common language. Planning and implementation will need to address the child, family, community, and societal context. Finally, SECCS grantees may work to fill gaps in infrastructure, support the sustainability of the new system, and encourage the accountability of the system to achieving results through data collection, performance measurement, and iterative planning. Many states face common barriers that may require more systematic solutions, while other barriers are state-specific and relate to the particular structure and context of early childhood services in a given state.

Fortunately as states undertake planning in the early childhood initiative, there are many national resources and promising practices that can be drawn upon. The following products are published by the National Center for Infant and Early Childhood Health Policy to support states:

Reports on vision and strategic engagement:

*Building Bridges*

*Environmental Scan*

Tools for building early childhood service systems:

*Results-Based Accountability*

*Financing*

*Strategic Planning*

*Cultural Competency*

*Strategic Communications*

*Use of Data for Systems-Building*

Achieving comprehensive services in the core components:

*Early Childhood Education*

*Parent Education*

*Family Support*

*Health Care Access and the Medical Home*

*Mental Health and Socioemotional Development*

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