



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

**POLICY STATEMENT TO SUPPORT THE ALIGNMENT OF HEALTH  
AND EARLY LEARNING SYSTEMS**

**NOTE: Examples are Not Endorsements**

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**POLICY STATEMENT TO SUPPORT THE ALIGNMENT OF HEALTH  
AND EARLY LEARNING SYSTEMS**

**PURPOSE**

The purpose of this Policy Statement is to support States and communities in their efforts to better coordinate, align, and enhance health<sup>1</sup> and early learning systems<sup>2</sup> to promote the healthy development, early learning, and well-being of all children from birth to Kindergarten entry in the United States. This statement is intended for State and local policy-makers and administrators of systems, agencies, and programs responsible for children’s health, social-emotional development, and early learning to understand their role and take steps to improve the integration of services for young children.

The first years of life build the foundation for life-long health and wellness, educational achievement and economic security. A child’s health directly affects her or his ability to learn, grow, and thrive. Similarly, high-quality early learning opportunities for children have long-term positive impacts on their health, even into adulthood. Access to quality healthcare, nutrition, safe environments, and stable, nurturing, and stimulating relationships with parents and caregivers are each critical to building a strong early childhood foundation.

Too often our health care and early learning systems operate in silos, missing key opportunities to maximize both the health and early learning outcomes of children. Coordination and alignment between health systems and early learning systems have the potential to help ensure that each child’s needs are identified, referrals to needed services are made and completed, services are not duplicated, and the messages that families hear are clear, aligned, and consistently reinforced to ensure that children and their families thrive. Recent advancements in health care access and service delivery, coupled with increased

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<sup>1</sup> For the purpose of this document, *health* is understood to mean a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (as defined by the [World Health Organization](#)). Consistent with this definition, but recognizing that a rapid developmental trajectory is the distinguishing characteristic of childhood, the [Institute of Medicine](#) defines children’s health as “the extent to which an individual child or groups of children are able or enabled to a) develop and realize their potential; b) satisfy their needs and c) develop the capacities to allow them to interact successfully with their biological, physical and social environment.” For the sake of brevity, throughout this document “health” refers to the full range of health constructs, including physical health, developmental, social, emotional and behavioral health, oral health, nutrition, and physical activity. Similarly, “health care” and “health systems” refers to physical, mental and behavioral health care, oral health care, nutrition supports, and developmental services that include appropriate screening and referral and the entities that directly provide or indirectly support the provision of that care, which are not always included in more narrow definitions of health care.

<sup>2</sup> *Early learning systems* include early childhood programs and services that provide early care and education to young children birth through age five, including, but not limited to public and private child care, Head Start, and public, private, and faith-based Pre-Kindergarten/preschool programs, and services provided under Part C and Part B of the Individuals with Disabilities Education Act (IDEA), as well as home visiting and parenting programs that support a parent’s positive engagement with a child.

public investment in early learning provide an opportunity to more comprehensively address how our health and early learning systems work together to address children's needs. This statement provides policy and program recommendations from the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Education (ED) to improve young children's access to needed services and transform service delivery systems to improve the health and early learning outcomes for all children.

This joint policy statement aims to:

- Highlight the importance of aligning and coordinating early childhood health and early learning systems so that together they establish a solid foundation for school-readiness as well as long-term health for all children.
- Provide recommendations and guidance to States and communities to promote the alignment and coordination of health and early learning systems.
- Identify resources and share promising practices that inform and support States, communities, and families in collaborative efforts to provide a foundation for healthy development and well-being in early childhood.

## **OVERVIEW**

### ***The Science of Early Childhood Development and Importance of Health and Early Learning Systems***

The early years of a child's life are critical for building the foundation of learning, health, and wellness needed for success and productivity in school and later in life, and early experiences can affect children's health and educational outcomes throughout their lives.<sup>i,ii</sup> All children need optimal nutrition, positive nurturing relationships, and safe and stable environments to ensure they have the foundations in place to achieve a future of good health, academic success, and social well-being.<sup>iii,iv</sup>

Children whose health needs (including physical, mental, development, and nutritional needs) are not met will struggle to learn. Research has found that the social-emotional and behavioral health of infants, toddlers, and young children is linked to school readiness and achievement, as well as long-term health outcomes. Poor oral health and nutrition are linked to poor school attendance and performance.<sup>v,vi,vii</sup>

Early childhood education also plays an important role in improving children's long-term health and wellness.<sup>viii,ix</sup> Studies consistently find that high-quality early learning programs have positive impacts on children's outcomes, and multiple studies have shown long-term effects on important life outcomes in late adolescence or early adulthood.<sup>x</sup> Early learning programs such as the Head Start program and the Chicago Child Parent Center program made significant improvements in health and health behaviors for participants, such as reduced rates of depression, teen pregnancy, obesity, smoking, and substance use.<sup>xi,xii</sup> In addition, the Abecedarian preschool program<sup>3</sup> also produced encouraging results for children who participated in the program; analysis demonstrated long-term positive effects on participants' health even as adults, including significantly lower rates of hypertension and obesity compared to those who did not

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<sup>3</sup> The Abecedarian preschool program was a high-quality early learning program implemented in North Carolina in the 1970s. The program offered year-round, full day educational programs for children from about three months of age until five years old. Participants of the program have been studied since their participation, and researchers have found significant, long-term positive effects as a result of program participation.

participate in the Abecedarian program.<sup>xiii</sup> Additionally evidence-based home visiting programs such as those funded through the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) which support children as well as their parents in their homes, have been found to have significant impacts on children’s health, including reduction in visits to medical emergency centers, and reduction in later substance use and smoking.<sup>xiv,xv,xvi</sup>

While it is crucial to ensure that every child has the supports he or she needs to grow up healthy and thriving, some children face more adversity than others. Brain science illuminates the pathways between early childhood adverse childhood experiences and negative educational and health outcomes. Poverty, hunger, trauma, homelessness, discrimination, disability, abuse, and neglect can disrupt healthy development and drive disparities for children over the long-term.<sup>ii,v</sup> For instance, children who grow up in poverty—especially those who experience deep poverty, live in poverty for multiple years, or grow up in areas of concentrated poverty or disadvantage— are more likely to have poorer outcomes than their higher-income peers in terms of health, mental health, academic achievement, employment and social well-being, and younger children are often the most vulnerable to the negative effects of poverty.<sup>xvii,xviii,xix,xx,xxi</sup>

The foundation for mental health and wellness is also built early in life. The social, emotional, and behavioral health of infants, toddlers, and young children is linked to school readiness and achievement, relationships with peers and adults, and long-term health outcomes.<sup>v</sup> And returns on investment in early interventions in health and early learning are significant; by addressing health and development early in children’s lives, it is possible to reduce the need for more expensive corrective measures in later years.<sup>xxii,xxiii</sup>

### ***Coordinating and Aligning Health and Early Learning Systems to Improve Outcomes***

Together the country’s health and early learning systems serve nearly all young children and their families, and therefore are important mechanisms for reaching all children. These systems and early learning and health care providers have an integral role to play in ensuring that all children—particularly the most vulnerable children—have access to the healthy environments, caregiving, supports, and services they need to thrive, and that these programs are coordinated and aligned to achieve maximum positive impact.<sup>v,xxiv</sup>

As States and communities work to expand access to preventive health services, invest in health care innovation, and make important health delivery system improvements, they should carefully consider how early learning programs and agencies can connect with health systems to better support the holistic needs of our youngest children. Health systems have a crucial role to play in addressing the social determinants of health<sup>4</sup>, and connecting families with the supports they need to lessen the impact of growing up in disadvantage.<sup>xix</sup> Increased public investments in early learning have been made in recent years at the Federal, State, and local levels. Federal investments include the Race to the Top-Early Learning Challenge, the MIECHV Program, new Early Head Start-Child Care Partnerships and Early Head Start Expansion, and the Preschool Development Grants program. Additionally, there have been renewed

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<sup>4</sup> The social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

efforts to improve the quality of early care and education programs and services, such as through the revised Head Start Program Performance Standards, implementation of the reforms enacted in the Child Care and Development Block Grant of 2014 and CCDF Final Rule published in September 2016, and implementation of Results Driven Accountability for the early intervention and special education programs under the Individuals with Disabilities Education Act (IDEA). Attention to children’s health is a critical component of each of these Federal investments and initiatives, with specific requirements for early learning programs to identify needs and connect children and families to needed services and/or health supports.

Promotion of healthy development and wellness is best achieved with well-coordinated efforts starting early in life—even before a child is born—as nutrition and health during a woman’s pregnancy and the first years of a child’s life are crucial for long-term health outcomes.<sup>v</sup> Coordination and alignment between the health and early learning systems has the potential to help ensure that every child’s unique needs are identified, referrals to needed services are made and completed, services are not duplicated, and the messages that families hear from both health and early learning providers are clear, aligned, and consistently reinforced to ensure that children and their families thrive. Examples of how this coordination can be achieved are included below within the recommendations for States and communities. We recognize, however, that some of these recommendations are aspirational, and without additional resources allocated to these activities, communities will encounter challenges as they work to implement the recommendations.

## VISION

The U.S. Department of Health and Human Services and the U.S. Department of Education envision a nation where all children enter school healthy and ready to learn. We aspire to achieve the following:

**All children meet optimum health and developmental milestones when they come to school** by means of:

- Universal and continuous access to age-appropriate health care (including physical, developmental, mental health care, oral health, and specialized services) and access to healthy, nutritious food and regular physical activity.
- Universal access to high-quality early learning opportunities that meet the unique needs and preferences of children and their families.
- Early detection, management, and treatment of developmental, social-emotional, behavioral, or physical delays or disabilities, including special health care needs, including timely and appropriate referrals and follow-up services.

**All families are able to provide safe, positive and nurturing experiences for their children** by means of:

- Supports that enable parents and caregivers to provide for children’s social-emotional, physical, and intellectual development and build strong families.
- Strong networks of social connections, including positive relationships with all health and early learning providers (including home visitors), health care providers, and early learning personnel.
- Protections, guidance, and supports to prevent, and promote resiliency in the face of poverty, depression, exposure to violence, family substance use, or other challenges.

**All children and their families live in healthy and supportive communities with:**

- Culturally competent and coordinated systems of health, early learning, and social services that meet the needs of children and their families.
- Accessible, affordable, and healthy food.
- Safe spaces for play and active living to promote physical activity.
- Accessible, high-quality early care and education programs.
- Specialized services and supports as needed to support health and development.

What follows are recommendations that outline specific actions States and communities can take to strengthen and align efforts to increase access to needed health and early learning services, in order to realize this vision. Many of these actions will require additional public or private investment to accomplish; however, the recommendations each point to relevant resources or existing federal guidance that may support local efforts.

## **RECOMMENDATIONS FOR STATES AND COMMUNITIES**

### **RECOMMENDATION 1: Build on existing structures to establish and sustain coordination and alignment across health and early learning programs and systems at the State and local levels.**

It is imperative that States and communities build and support systems to facilitate connections across agencies and programs to measure and improve service coordination, strengthen referral and follow-up, and avoid duplication. Coordination facilitates unified intervention or treatment plans and allows diverse providers to more effectively serve the same family.

Cross-system collaboration and alignment is time-consuming and resource intensive, and often not sufficiently funded. For example, the various programs and services that serve children and their families in the earliest years of life target slightly different issues or populations, employ individual strategies, and report on distinct sets of outcomes. While some programs, such as Head Start, are required to identify community partners and collaborate across systems, many other local early learning providers and programs do not have the infrastructure or resources on their own to coordinate with other relevant providers in their State or community. Pediatric primary health care providers, for example, have limited time in each well-baby or well-child visit, and often do not have financial resources in place to support coordination of child or parent services or referrals. Despite these barriers to coordination and alignment, there are numerous steps below that States and communities can take to support this work in order to better serve children and their families.

- ***Build on and support existing State and local coordinating bodies to support the coordination of health and early learning systems, creating a shared vision to drive policy change and enhance services for young children.*** The Improving Head Start School Readiness Act of 2007 authorized the creation or designation of [State Advisory Councils on Early Childhood Education and Care \(SACs\)](#) in order to develop high-quality, comprehensive systems of early childhood development and care for children, from birth to school entry. These governor-appointed SACs were required by law to include representatives from across early childhood health, mental health, and education programs. There are numerous other examples of statewide and local coordinating bodies that could play such a leadership

role, including the Health Resources and Services Administration's (HRSA) [Early Childhood Comprehensive Systems \(ECCS\) Impact](#) grants, the Substance Abuse and Mental Health Services Administration's (SAMHSA) [Comprehensive Community Mental Health Services for Children and Their Families Program](#), and [State Interagency Coordinating Councils](#), the last of which is required by the IDEA Part C program. Find out what these councils are working on and suggest ways to work together on improving coordination and alignment of health and early learning.

- ***Align professional development requirements for all professionals working with young children.*** The National Academy of Science, Engineering, and Medicine's recent report, [Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation](#), recommends consistent quality and coherence of professional learning supports during ongoing practice for all professionals working with children from birth through age 8. These efforts should include developing common language and guidelines for interdisciplinary, cross-agency professional training in early childhood health, development, and early learning; drawing from established principles and competencies; making sure that all providers who come in contact with young children and their families are communicating the same messages using similar and understandable language about children's health, development, education; and other important domains so that messages to families are consistently reinforced to improve children's outcomes.
- ***Prioritize and support, in compliance with applicable privacy laws and regulations, cross-agency data sharing, alignment, and integration across health and early learning systems and programs in order to improve communication between providers of services.*** Integrated data systems at the State or community level can support providers in improving the quality of services families receive. A more comprehensive understanding of young children's needs and history can help providers better serve them, ensure families' comprehensive needs are met, avoid duplication of efforts, support referrals between programs, and reduce burden by limiting the number of forms families fill out and data staff enter.<sup>xxv</sup> These data systems require forethought and planning and can also support cross-system Continuous Quality Improvement (CQI) and research efforts. HHS and ED recently released [The Integration of Early Childhood Data: State Profiles and Report](#), which highlights how States have designed and implemented partial early childhood integrated data systems (ECIDS), and includes recommendations, strategies, and resources to identify all appropriate stakeholders and protect the privacy of children and their families.<sup>5</sup>
- ***Expand evidence-based home visiting programs as a crucial link between health and early learning systems to support at-risk families.*** Home visiting programs bridge the gaps between health, early learning, family support, and parenting interventions. The [Maternal, Infant, and Early Childhood Home Visiting \(MIECHV\) Program](#) builds upon decades of research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in

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<sup>5</sup> Any integration of data across systems must comply with applicable State and Federal privacy laws including, but not limited to, the Family Educational Rights and Privacy Act (FERPA), 20 USC 1232g and 34 CFR Part 99, the confidentiality provisions in Parts B and C of the IDEA, 20 USC 1417 and 1442, 34 CFR §§ 300.610 through 300.626 and 34 CFR §§ 303.400 through 303.417, the Privacy Rule under the Health Insurance Portability and Accountability Act (HIPAA), and the Head Start Program Performance Standards. There are also other Federal, State, local, and program-specific laws.



the first years of life improve the lives of children and families by promoting maternal and child health, preventing child abuse and neglect, supporting positive parenting, and promoting child development and school readiness.<sup>xxvi</sup> One of the core components of each home visiting intervention is the role of the home visitor in helping to identify the strengths and risks of each family and helping families connect to local resources and supports in times of need in order to address the social determinants of health and development.<sup>xxv</sup> HHS developed an [\*Informational Bulletin: Coverage of Maternal, Infant, and Early Childhood Home Visiting Services\*](#) which clarifies Medicaid policy and can support States in designing a benefit package to provide home visiting services to pregnant women and families with young children who are Medicaid or the Children’s Health Insurance Program (CHIP) beneficiaries, further supporting the integration of social services, early learning, and health care supports and systems.<sup>xxvii</sup> The Departments also encourage States to develop collaborative partnerships between the MIECHV and the IDEA Part C programs to ensure that early childhood services and supports for infants and toddlers with disabilities and their families are comprehensive.

**RECOMMENDATION 2: Expand, coordinate, and streamline health and early learning enrollment processes for families eligible for multiple public benefits to minimize barriers to families accessing health and early learning services.**

Families with young children often must navigate complex, duplicative, and burdensome systems and requirements to access public assistance and other programs. Coordinated and efficient efforts for enrollment (and re-enrollment) of families in Medicaid, CHIP, or Qualified Health Plans, early learning programs, nutrition education and support programs (e.g., Supplemental Nutrition Assistance Program (SNAP) and the Supplemental Nutrition Program for Women, Infants, and Children (WIC)), and other means-tested programs such as Temporary Assistance for Needy Families (TANF) can improve access to early learning, health and other family services to support children’s healthy development.

- ***Coordinate, simplify, and streamline applications for available benefits to ensure vulnerable young children and their families have access to needed health and early learning programs and benefits.*** State agencies can avoid duplication by aligning and streamlining applications for means-tested programs and benefits, and to the degree possible, allowing families to apply for multiple programs with the same application. Programs to consider streamlining include Medicaid, CHIP, TANF, SNAP, the Child Care and Development Fund (CCDF), WIC, and the National School Lunch Program, among others. In order to achieve accurate determination of eligibility for Medicaid, CHIP, and premium tax credits and cost sharing, many States may also take advantage of time-limited [Federal funding](#) to support integrating human service eligibility determination into expanded health data systems. These aligned application systems help to ensure that there is “no wrong door” for families to access the services they need, and that all families receive the same information about the benefits available to them, regardless of where they go to find help.<sup>xxviii</sup>
- ***Maximize the use of strategies such as Express Lane Eligibility (ELE) and Presumptive Eligibility to accelerate and streamline program enrollment and help ensure vulnerable young children and their families have access to needed health and early learning programs.*** While 91 percent of all children eligible for Medicaid and CHIP are now enrolled, nearly two-thirds of uninsured children (62.1 percent, or approximately 2.8 million in 2014)—remain eligible for CHIP or Medicaid but are not enrolled.<sup>xxix</sup> To efficiently enroll and renew eligible children in the programs, States can choose to

determine eligibility for Medicaid and CHIP based on State income tax information or family income information they get from other programs through the [Express Lane Eligibility](#) option. States can also choose to implement [Presumptive Eligibility](#), under which State Medicaid agencies can authorize certain “qualified entities” (which could be health care providers, community-based organizations, or schools) to screen for Medicaid and CHIP eligibility and immediately enroll pregnant women and children who appear to be eligible without having to wait for their application to be fully processed by the State.

- ***Deploy health coverage enrollment assisters, such as Navigators or other enrollment counselors, in child care and other early learning settings.*** States and communities can employ the use of health coverage enrollment assisters, such as Navigators or certified application counselors in early learning settings (including child care, preschools and other social service and community settings) to help enroll children and their families in health insurance. Navigators and certified application counselors can help families determine eligibility, and apply for health insurance. Early childhood providers can reach out to local organizations and invite Navigators or other experts to speak to parents and caregivers during regular pick-up or drop-off hours for children, or host special events to connect families to care.
- ***Align timelines for recertification of benefits and support continuous eligibility.*** The Child Care and Development Block Grant Act of 2014 established a minimum 12-month eligibility re-determination period for families who receive child care subsidies through CCDF regardless of changes in income (as long as income does not exceed the Federal threshold of 85 percent of State median income) or temporary changes in participation in work, training, or education activities. Similarly, States have the option to guarantee a full year of coverage to children in CHIP and Medicaid by providing 12 months of [continuous eligibility](#), regardless of changes in family circumstances (like income or household size). As of November 2016, 25 States have opted to provide this coverage to children enrolled in Medicaid, and 27 States offer it to children enrolled in CHIP. While families are required to recertify annually, continuous eligibility ensures that children have access to the care they need, and helps health care providers develop relationships with children and their families. This also reduces administrative costs associated with termination and reenrollment of the same children, reduces health care costs as a result of better continuity of care, and reduces burden on families, which can in turn improve outcomes for children.<sup>xxx</sup>

**RECOMMENDATION 3: Implement innovative approaches to coordinate, co-locate, and integrate comprehensive services for young children to meet families where they are.**

Coordination and alignment can happen more easily when programs and services for young children and their families are “co-located,” meaning that they are located in the same place. Co-location improves the likelihood that providers share information about families they are serving, and removes the time- and resource-intensive burden of families traveling to multiple locations to receive the services they need, especially in rural areas and for low-income families. For example, co-location may provide ready access to behavioral health clinicians who can perform diagnostic assessments when mental health concerns are suspected, may build on relationships that are already in place, and may also help to de-stigmatize certain mental and behavioral health services that families might be reluctant to access.<sup>xxxi</sup>

- ***Embed health supports in early learning settings.*** States and communities can work to support children’s health needs within the early learning settings where children spend most of their day, and where there are frequent opportunities to interact with working parents and families. Early learning providers can enhance health services in early learning settings by building strong partnerships with health providers in the community, bringing in health consultants, embedding staff from partner organizations in child care or other early learning settings, or working with local health providers to provide key services and screenings (such as hearing and vision screenings, developmental and behavioral screening, dental sealants and fluoride varnishes). States and communities can seek local funding and partnership support for these efforts, or target resources from the [Title V Maternal and Child Health Services Block Grant Program](#) or other flexible funding streams to deploy health consultants in early learning settings.

While not always focused on preschool-aged children, school-based health centers are another model for embedding health supports in education settings.<sup>6</sup> States and communities can promote the expansion of school-based health centers in elementary schools, and encourage these centers to serve preschool- and school-aged children enrolled in the school, and also the broader community, including parents, infants, and toddlers who may be siblings of students at the school. In December 2014, the Centers for Medicare and Medicaid Services (CMS) issued a [Letter to State Medicaid Directors Re: Medicaid Payment for Services Provided without Charge \(Free Care\)](#) clarifying that school districts can be reimbursed for school health services by obtaining Federal Medicaid funding for student health services provided by school-based health centers. In January 2016, HHS and ED released a [Letter to Chief State School Officers and State Health Officials](#) with an accompanying toolkit of resources to support State health and education leaders to coordinate health and education services for school-age children, and many of those themes and recommendations are applicable for the early childhood period as well.

- ***Integrate social-emotional and behavioral supports (including Infant and Early Childhood Mental Health Consultation), and parenting services in health and early learning settings.*** Because so many children have frequent contact with a pediatric health care provider<sup>xxxii</sup>, this setting is uniquely suited to help identify and address social-emotional and behavioral health needs that a family might otherwise see as stigmatized and, therefore, decline to seek help.<sup>xxxiii</sup> Co-locating or fully integrating mental health professionals and parenting supports and interventions into pediatric health care settings builds on the caring relationship a family already has with the primary care provider with whom nearly every child has contact.<sup>xxxiii,xxxiv</sup> Research has highlighted primary care settings as a promising setting for promoting parenting behaviors associated with healthy child development outcomes, particularly for infants and toddlers.<sup>xxxv</sup> Health care providers can implement programs and interventions that are designed to support children and families and can be delivered during a well-

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<sup>6</sup>School-based health centers provide a full-array of age-appropriate health care services including primary care, mental/behavioral health care, dental care, and other supports. School-based health centers collaborate with school administrators, teachers, families and support staff to ensure the partnership meets student needs efficiently, effectively, and seamlessly, and help minimize the time students are out of school at the doctor, as well as the time that parents are away from work. They are often operated as a partnership between a school and a community-based organization, and many receive funding from HRSA’s Health Center Program.

child visit, in a waiting room or another natural context where children and families are already spending time. CMS recently released an [Informational Bulletin re Maternal Depression Screening and Treatment: A Critical Role for Medicaid in the Care of Mothers and Children](#) clarifying that health care providers can bill Medicaid for maternal depression screening provided during pediatric well-child visits, as well as related treatment services where the child is present.

Research indicates that an estimated 9 to 14 percent of young children from birth to age five experience social and emotional problems that negatively affect their functioning and development.<sup>xxxvi</sup> These problems can be challenging for early learning providers to deal with and may lead to the child being inappropriately suspended or expelled from early learning settings due a teacher’s misunderstanding of or inability to handle certain challenging behaviors, even though early learning settings can also be an effective platform for supporting social-emotional and behavioral development.<sup>xxxvii,xxxviii,xxxix,xl</sup> States and communities can work to build the capacity of the early learning workforce to support children’s social-emotional and behavioral development by expanding mental health consultation and mentor coaching services for caregivers and teachers, engaging inclusion specialists, providing parenting supports and promoting the use of age-appropriate positive behavioral interventions and supports, or other effective social-emotional strategies.<sup>xli</sup> Although there is not a single funding source nationally to support Infant and Early Childhood Mental Health Consultation (IECMHC)<sup>7</sup>, many States and communities are finding new ways to identify and access strong private and public funding sources and to blend and braid funds to fund and sustain IECMHC.<sup>xlii</sup> In 2014 HHS and ED issued a [Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings](#) which highlighted evidence-based interventions and approaches that prevent expulsion, suspension, and other ineffective discipline practices, including early childhood mental health consultation and positive behavior intervention and support strategies. In 2015 SAMHSA (in partnership with HRSA and ACF) established the [Center of Excellence for IECMHC](#) to support States, tribes, and communities in using IECMHC as a tool for promoting mental health and school readiness, and to provide resources and tools in implementing, evaluating, and sustaining high quality mental health consultation services and systems.

- ***Support place-based initiatives and community-wide innovative, data-driven, and population-focused interventions that serve children and families.*** Communities can maximize the impact of their programs for all young children and their families by implementing community-focused “place-based” initiatives to support program coordination and integration. Community leaders can identify an existing responsible agency or entity, often known as a “backbone organization,” to provide accountable and transparent leadership for coordination and collaboration, local data coordination, and quality improvement activities. Developing and using shared data across programs is a crucial component of that work. Many Federal place-based initiatives include an emphasis on early childhood, including [Promise Zones](#), [ECCS Impact](#), [Promise Neighborhoods](#), [Rural IMPACT](#), [Full](#)

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<sup>7</sup> SAMHSA’s [Center of Excellent on Infant and Early Childhood Mental Health Consultation](#) (IECMHC) describes IECMHC as a capacity-building practice that involves a collaborative relationship between a mental health consultant and a caregiver (such as a child care provider, home visitor, teacher, or parent). IECMH consultants help build caregivers’ knowledge and skills to promote healthy social and emotional development, prevent behavioral issues, and identify and address developmental and behavioral challenges.

[Service Community Schools](#), and [Choice Neighborhoods](#). And others, like [Project LAUNCH](#), [MIECHV](#), and the [Early Head Start-Child Care Partnerships](#) focus on the early childhood years entirely. There are numerous non-Federal examples of these initiatives, including the [Harlem Children’s Zone](#) and [Magnolia Place Community Initiative](#), which are working to improve life outcomes for children and families by supporting coordination and integration of services at the community-level.

- ***Pilot and expand innovative health care and financing models that promote coordination and alignment between health and early learning services.*** Pediatric health care providers have a vital role to play in connecting the children in their care with supports and resources they need in their communities. Health care practices should be knowledgeable about the broad set of resources that children and families need and seek to connect children and families to them—including early learning programs—through the employment of care coordinators, community health workers, and other staff, and work to increase the comprehensiveness of services that are offered in pediatric and family medical homes<sup>8</sup> to meet the needs of the child as a whole person within the context of a complex environment.<sup>xliii</sup> States can pursue Medicaid waivers, Medicaid State Plan amendments, as well as potential funding opportunities from the Centers for Medicare and Medicaid Innovation (CMMI) to implement and test system changes to better coordinate care between health and early learning systems. Some States and communities have seized opportunities to “braid” together funds from different funding streams to support innovative approaches to aligning health and early learning.
- ***Ensure continued comprehensive health services for children as they transition from early childhood programs to school settings.*** Preschool children—especially those with special health care needs or disabilities—more successfully transition into kindergarten when their schools (including preschool and kindergarten teachers) and families prepare for it together.<sup>xliiv</sup> School districts may include in their Title I plans strategies for assisting preschool children in the transition from early childhood education programs to local elementary school programs. Schools can use Title I funds to support these activities and ensure that school systems, States, and teachers work together so that children’s special health care needs or disabilities are systematically planned for as they transition to school. States can also provide transition guidance to school districts and schools on health and wellness, and promote school-based health centers, community school efforts, and other investments in comprehensive services within elementary schools. School districts can provide similar guidance to their schools, as well as specific guidance about how to align with the health systems in their communities. By coordinating transition efforts, infant and toddler, preschool, and elementary programs can help children maintain the gains they made prior to kindergarten.

**RECOMMENDATION 4: Build universal screening, referral, and linkage systems to ensure that all children receive age-appropriate screenings to detect possible health, developmental, sensory and behavioral needs or delays or disabilities; that all families are assessed for health and well-**

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<sup>8</sup> The American Academy of Pediatrics defines “[medical home](#)” as an approach to providing comprehensive primary care that facilitates partnerships between patients, clinicians, medical staff, and families. A medical home extends beyond the four walls of a clinical practice and includes specialty care, educational services, family supports, and more.



**being (including maternal depression, family violence, and food insecurity); and that appropriate referrals and follow-up takes place.**

Primary care providers have near universal access to young children and their families through pediatric well-visits. For example, in 2013, 91 percent of children under age six received a well-child visit within the past year. As a result, pediatric providers are well-positioned to identify potential health and developmental delays. As many as one in four children through age five are at risk for a developmental delay or disability, and less than half of disabilities and delays are identified by the time of school entry, even though nearly 11 million children under age five are in some non-parental child care arrangement, and 35 percent of those children are in center-based care.<sup>xlv,xlvi</sup> Early identification of developmental delays and other risks allows for earlier intervention, leading to more effective and less expensive treatment during the preschool years, and reduced future health and special education costs in later childhood. Health and early learning providers (including home visitors) have the opportunity to engage with families and identify special needs as early as possible.

- ***Ensure appropriate well-child screening and assessments are conducted for all children, using validated screening and assessment tools.*** The American Academy of Pediatrics (AAP) recommends that all pediatric health care professionals conduct development surveillance at all well-child visits, followed by standardized developmental screening tests at regular intervals.<sup>xlvii</sup> States are required to provide screenings at regular intervals that include health and developmental history and assessment of physical and mental health for all children enrolled in Medicaid through the Early and Periodic Screening Diagnostic, and Treatment (EPSDT) benefit, and well-child screening is mandatory for all children enrolled in CHIP. Newborn hearing and vision screenings and appropriate early intervention programs are a crucial component of screening and surveillance, and are included in the American Academy of Pediatrics' [Bright Futures Recommendations for Preventive Pediatric Health Care](#) (periodicity schedule). In order to ensure that all providers who interact with young children have access to the tools they need to provide universal, age-appropriate developmental and behavioral screenings, HHS and ED launched [Birth to 5: Watch me Thrive!](#), a coordinated Federal effort to encourage healthy child development, universal developmental and behavioral screening for children, and support for the families and providers who care for them.
- ***Implement systems for providers to make effective, appropriate referrals and ensure that follow-up and feedback occurs once developmental and other needs have been identified.*** Studies show a gap between screening, referral, comprehensive assessment, and interventions for children with developmental risks and delays, particularly for low-income children.<sup>xlviii</sup> The IDEA Part C and Part B, Section 619 programs are one of the primary sources of funding for evaluation of, and services for, infants, toddlers, and preschool children with disabilities. For children suspected of having a disability or delays, States and communities should encourage and support coordination between health care providers and IDEA-funded services to ensure that appropriate referrals are made by health care providers to the child find components under IDEA and that there is appropriate follow-up. States are encouraged to develop a standard form that health care providers can use to refer children for evaluation for IDEA Part C and Part B services, and can choose to utilize a universal referral form developed by the AAP and the Tracking, Referral and Assessment Center for Excellence with funding from ED: [TRACE Practical Guide: A Universal Referral Form for Use by Primary Referral Sources](#). It is critical to get input from local IDEA providers and other stakeholders on the

form to ensure buy-in and acceptance by all who may need to use the form. In some cases, adding a parent consent provision to the referral form will enable appropriate follow-up to the referral source. Additionally, the Office of Special Education Programs funds [Parent Training and Information Centers](#) to help families navigate the early intervention and special education systems. States and communities are encouraged to use single point of entry models designed to reduce service fragmentation and support both parents and providers.

- ***Encourage child health and early learning providers to partner with families to screen for social determinants of health and connect families to appropriate resources.*** [Social determinants of health](#) are conditions in the environments in which people are born and live that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Given that these conditions (such as family resources, safe housing, access to healthy food, quality of education, access to job opportunities, public safety, access to health care services, and more) have critical impacts on health and early learning capacities of young children, child health and early learning providers should screen for risk factors, including housing instability, food insecurity, heat, safe water and sanitation, and other needs, and provide appropriate referrals and follow-up where possible. The Center for Medicare and Medicaid Innovation (CMMI) is testing through their Accountable Health Communities model how systematically screening Medicare and Medicaid beneficiaries—including children—to identify and address their health-related social needs will impact total health care costs, improve health, and quality of care over time.
- ***Encourage child health and early learning providers to support families' efforts to monitor their child's development and to celebrate developmental milestones.*** Partnering with families to share information, elicit parental concerns and family needs and promote positive parenting is a crucial part of a universal surveillance and screening system. Resources are available to help parents track their child's development and act early if they have concerns, and help families find the supports they need in their area. States, communities and providers can disseminate and utilize the resources from the Center for Disease Control and Prevention's (CDC) [Learn the Signs. Act Early.](#) initiative, which aims to improve early identification of children with autism and other developmental disabilities so children and families can get the services and support they need as early as possible. Families can also directly contact the [Early Intervention Program for Infants and Toddlers with Disabilities](#) or local school district in their community for more information on IDEA services if they are concerned about their child's development.
- ***Promote universal screening for child development risk factors such as maternal depression and intimate partner violence and ensure effective referral and follow-up.*** Children raised by a mother with clinical depression may be at risk for long-term physical and behavioral health consequences. Research has found that these children may perform lower on cognitive, emotional, and behavioral assessments than children of non-depressed mothers.<sup>xlix</sup> These children are also at risk for later mental health problems, social adjustment difficulties, and difficulties in school. Screening for maternal depression and providing necessary referrals and follow-up for treatment is essential to address and prevent these disparities and to improve outcomes for the entire family.<sup>xlix</sup> As noted above, the CMS [Informational Bulletin: Maternal Depression Screening and Treatment](#) provides guidance on Medicaid's role in providing care for mothers with depression and their children.<sup>1</sup> Pediatric health

care providers should also screen for other important risk factors, including intimate partner violence, housing status and stability, and substance use (before, during, and after pregnancy), and refer for services as needed, since these are associated with negative health outcomes for infants and young children such as low birth weight.<sup>li</sup> The [US Preventive Services Task Force \(USPSTF\)](#) reviewed the evidence on the benefits and harms of screening for depression and screening for intimate partner violence, and based on that evidence, recommends these screenings for women of childbearing age, accompanied by adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. Early learning programs also have an opportunity to screen for these risks. For example, a number of Head Start and Early Head Start programs are successfully screening for parental depression, and nurses, social workers, home visitors, and other professionals can be trained to administer standardized, validated screening tools and follow up with families about the results.<sup>lii</sup> Similarly, the [MIECHV](#) program requires screening for intimate partner violence and maternal depression, which is completed by home visitors or other partnering professionals. SAMHSA's [Depression in Mothers: More Than the Blues – A Toolkit for Family Service Providers](#) is designed for community-based providers to deliver background information about depression. It offers ideas that providers can use daily when helping mothers, and their families, who may be suffering from depression. It includes a section on the importance of screening and referring mothers with more serious depression and provides tools that can help identify needs for a referral for mental health services. Despite this endorsement, there are still barriers to providers conducting these screenings. States and communities can support providers by identifying validated screening instruments, providing concrete strategies and interventions, and educating about the screening and referral process.<sup>liii</sup>

**RECOMMENDATION 5: Ensure that children’s nutrition, physical activity, and oral health needs are addressed in early learning programs and by health providers.**

Good nutrition, oral health, and physical activity are crucial for children’s long-term educational and health outcomes. Food insecurity, which is more prevalent in households with young children under age six, is linked to poor health, education, and social-emotional and self-regulations outcomes, with hunger affecting a child’s ability to concentrate in a learning setting.<sup>liv</sup> Research has also linked oral health to chronic absenteeism and poorer school performance.<sup>lvi</sup> Many young children spend more time in early care and education settings than in any other setting besides the home. Therefore early learning providers have an opportunity to look out for children’s physical and oral health needs, and ensure that children receive healthy food and are engaged in physical activity to set the stage for healthy long-term development. Like early learning providers, health professionals also have the opportunity to engage with families, identify needs, and provide referrals and resources to support families in their efforts to feed and support their children’s healthy development. States and communities can support healthy nutrition, oral health, and physical activity for young children through a variety of strategies:

- ***Promote good nutrition and prevent and address food insecurity by ensuring children and families have access to the supports and benefits they need to provide good nutrition.*** The AAP recommends pediatricians screen for food insecurity.<sup>lvii</sup> States and communities can encourage early learning and health care providers to screen children and families for food insecurity, and refer children and families to food and nutrition resources as needed, such as SNAP, WIC, and community-based



nutrition education and support programs such as the Summer Feeding Program. Head Start plays an important role in screening for food insecurity, and connecting families to resources and a number of non-Federal programs can also connect families to the services they need. States and communities can also encourage breastfeeding, which has been linked to health benefits for both the mother and the baby, and is recommended by the AAP.<sup>lviii</sup> Numerous Federal programs such as WIC, MIECHV, and Head Start support breastfeeding, and the CDC has developed a [CDC Guide to Strategies to Support Breastfeeding Mothers and Babies](#) with strategies targeted at communities and local providers. Finally, States and communities can also work to ensure that all eligible early care and education providers are enrolled in USDA's [Child and Adult Care Food Program](#) (CACFP), which provides nutritious meals and snacks to more than 3.3 million children each day. States can also utilize SNAP-Education funding to, among other things, implement nutrition and physical activity strategies in early learning settings using interventions that support policy, systems, and environmental changes.

- ***Embed culturally competent nutrition and physical education into early learning settings and early childhood workforce professional development.*** States and communities can embed nutrition and physical education topics in training for early learning professionals. The Child Care and Development Block Grant Act of 2014 requires that all child care providers participate in pre-service and ongoing health and safety training, and States and communities can ensure that best practices in nutrition and physical education are covered. States and communities can use and disseminate [Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education](#), which represent the minimum health and safety standards experts believe should be in place where children are cared for outside of their homes. States, communities, and providers can also work to prevent early childhood obesity and support activity and nutrition, using the resources from the CDC's [Spectrum of Opportunities](#), which provides a framework for obesity prevention in early childhood settings, and the [Let's Move! Child Care](#) initiative, which supports child care and early learning providers to make positive changes in their programs to work toward a healthier future for children.
- ***Encourage all health and early learning programs to promote and support oral health.*** Good oral health is established early in life and is crucial to success in school and lifelong health and well-being. Studies have found that children with poor oral health are more likely to experience dental pain, miss school, and perform poorly in school, yet a significant number of children have unmet dental care needs—particularly children from low-income families and children with special health care needs.<sup>lix, lxi</sup> The AAP's Bright Futures [Guidelines for Oral Health Promotion](#) provide a roadmap for pediatric health care providers to engage with and support families, and to directly provide oral health education and preventive dental care. Early learning settings and school-based oral health services provide an additional opportunity to teach, practice, and nurture positive oral health skills and activities, including routine tooth brushing, healthy and appropriate bottle-feeding habits, reducing exposure to sweetened foods and drinks to help prevent tooth decay, and other recommended activities that can lead to a lifetime of good oral health. Head Start provides a [comprehensive oral health approach](#) for the children they serve, including supporting preventive and primary oral health care, and coordination with dental providers. Other early learning programs, including child care and pre-k programs, should adopt similar approaches and standards to the extent possible, using the Caring for Our Children [Special Collection on Oral Health](#).

**RECOMMENDATION 6: Support and engage with families consistently to improve long-term health and education outcomes.**

Family and parent engagement is a common and crucial thread that runs through each of the preceding recommendations. Research shows that family engagement has powerful effects in the context of health, early learning, child welfare, and other areas of early childhood development.<sup>lxii</sup> State and community efforts to coordinate and align services across early childhood programs and systems can be more effective when families, family advocates, and community-based organizations that have existing relationships with families are involved and engaged early and often. The National Academies also recently published a report, [Supporting the Parents of Children Ages 0-8](#), outlining the research on effective parenting practices and interventions to support positive parenting, as well as recommending how government agencies can better support parents to support their children’s healthy development. The following are other specific strategies that States and communities can take to engage families to support health and early learning outcomes.

- ***Engage families as partners in the design, delivery, and accountability of coordinated early childhood services.*** Strategies to engage families include: identifying and reaching out to the most vulnerable families of young children to ensure their inclusion in decision-making; ensuring meaningful parent and family participation on advisory councils and boards of child-serving programs, including family perspectives in policy development and alignment efforts across health and early learning; and engaging families to actively support their children’s development and learning. The HHS-ED [Policy Statement on Family Engagement: From the Early Years to the Early Grades](#) outlines the latest research, best practices, and principles of effective family engagement, as well as specific recommendations and resources for implementing family engagement practices across systems and within programs.
- ***Promote health literacy in health and early learning settings.*** Parents’ health literacy is associated with important health outcomes for children.<sup>lxiii9</sup> Understanding health information and knowing how to act on it presents a significant challenge for many low-income families, first-time parents, families unfamiliar with the dominant language, culture, and systems of the United States, and families experiencing a range of other stressors. In addition, low health literacy may contribute to unnecessary utilization of health services, especially emergency room visits, and costs the United States billions of dollars each year.<sup>lxiv, lxv</sup> Connecting families with young children to parenting and health literacy resources through medical home and early education programs has the potential to empower parents, enhance confidence and self-esteem, and lower medical costs due to inappropriate use of services. Head Start has developed a number of [resources](#) early education providers can use to support the health literacy of families, and the CDC has developed [National Health Education Standards](#) for preschool through grade 12.
- ***Take a two-generation approach to supporting children and their families together in health and early learning programs and systems.*** Two-generation programs and systems focus on addressing needs of vulnerable children and their parents together. The two-generation approach is built on

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<sup>9</sup> [Healthy People 2010](#) defines Health Literacy as the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

theory and evidence that children's health, mental health, and educational outcomes vary based on their parents' health and wellness, educational attainment, income, and other factors. By supporting parents' economic security, educational attainment, and decision making skills, children's outcomes improve as well, so that the impact of the two-generation intervention is greater than the sum of its parts. A number of Federal programs incorporate the two-generation approaches, such as Head Start, MIECHV, Project LAUNCH and Rural Integration Models for Parents and Children to Thrive. Other early learning programs have begun adopting this framework to improve outcomes for the entire family.

## **CONCLUSION**

The U.S. Department of Health and Human Services and U.S. Department of Education Joint Policy Statement to Support Alignment of Health and Early Learning Systems brings forward guidance based upon the science of early childhood, the recognition of the health foundations for early learning, and emerging evidence and promising practices for States, communities, and providers who touch the lives of infants, young children and their families. By taking up these recommendations, States and communities will bring the Nation closer to our vision that all children have safe, stable, nurturing relationships and environments and enter school healthy and ready to thrive.

## **ALIGNING HEALTH AND EARLY LEARNING – SUPPLEMENTAL RESOURCES**

[Administration for Children and Families’ \(ACF\) National Center on Early Childhood Health and Wellness](#). This national center advances best practices for linking health and early childhood education systems, health care professionals, and families. The goal is to maximize resources for developing and coordinating comprehensive health and wellness services within early childhood education (ECE) settings.

[CMS and HRSA Joint Informational Bulletin: Coverage of Maternal, Infant, and Early Childhood Home Visiting Services](#). This joint Bulletin informs States about resources available to help them meet the needs of pregnant women and families with young children, specifically with respect to home visiting services.

[State Advisory Councils: Advancing Work Beyond Federal Financing](#). This joint HHS and ED policy statement provides guidance to State Advisory Councils on Early Childhood Education and Care on sustaining Federal and state investments, and advancing work that supports the coordination of quality, comprehensive systems of early care and education at the state level.

[The Integration of Early Childhood Data: State Profiles and a Report from the U.S. Department of Health and Human Services and the U.S. Department of Education](#). This joint report helps States refine their capacity to use existing administrative data from early childhood programs to improve services for young children and families and provides technical assistance and other resources available to States as they develop early childhood integrated data systems.

[Additional Guidance to States on the OMB Circular A-87 Cost Allocation Exception](#). This joint guidance from HHS and the U.S. Department of Agriculture (USDA) clarifies that States may take advantage of Federal funding to support integrating human service eligibility determination into health data systems that have been expanded in order to enable accurate determination of eligibility for Medicaid, CHIP, and premium tax credits.

### **School Integration Resources**

[InsureKidsNow.gov](#). This website has multiple resources for connecting kids to health care coverage, outreach materials on Medicaid and CHIP eligibility and enrollment, and resources for States, communities, providers, and parents, as well as [examples](#) of how communities around the country are connecting eligible children to Medicaid and CHIP through schools or other community settings.

[Connecting Kids to Coverage National Campaign: School-Based Outreach and Enrollment Toolkit](#). This toolkit is a resource to support States and communities to connect with local schools, child care, and Head Start settings to support enrollment in health care, providing specific suggestions and guidance for who to reach out to in schools, and provides examples of how this work is happening across the county.

[Healthy Students, Promising Futures: State and Local Action Steps and Practices to Improve School-Based Health](#). This guidance and [toolkit](#), developed jointly by HHS and ED, offers resources and suggests

practical steps to help State and local stakeholders take action to strengthen the link between health and education.

[Letter to State Medicaid directors on Medicaid Payment for Services Provided without Charge \(Free Care\)](#). This letter, issued by CMS, clarifies that Medicaid reimbursement is available for covered services that are provided to Medicaid beneficiaries including in schools and other agencies, regardless of whether the provider charges for the service or provides “free care,” as long as other Medicaid requirements are met.

### ***Innovation, Integration, and Access in Health Care Delivery Settings***

[Patient-Centered Medical Home Resource Center](#). This center features evidence, examples, and lessons learned from primary care practices that have transformed their approach to organizing and delivering care.

[National Center for Medical-Legal Partnerships \(NCMLP\)](#). This center, funded in part by a cooperative agreement from HRSA, embeds lawyers and paralegals alongside health care teams to detect, address and prevent health-harming social conditions for people & communities. NCMLP provides technical assistance to health centers and medical practices that are interested in starting a medical-legal partnership and provides other support.

[The Center for Medicare & Medicaid Innovation](#). This center supports the development and testing of innovative health care payment and service delivery models.

[Institute of Medicine Report on Primary Care and Public Health: Exploring Integration to Improve Population Health](#). This report, funded by the CDC and HRSA, identifies a set of core principles derived from successful integration efforts – including a common goal of improving population health, as well as involving the community in defining and addressing its needs.

[The Medical Home and Head Start Together](#). This fact sheet (from the Head Start National Center on Health) provides recommendations and suggestions for how health professionals can partner with Head Start and Early Head Start Programs.

[HealthCare.gov](#). This website has a search tool to help individuals find the help they need to apply, pick a plan, and enroll for health care, as well as [information](#) about where to find help signing up for health insurance.

[Continuous Eligibility for Medicaid and CHIP Coverage](#). This guidance clarifies that States have the option to provide children with 12 months of continuous coverage through Medicaid and CHIP, even if the family experiences a change in income during the year.

[Express Lane](#) and [Presumptive Eligibility](#). These strategies, described at the Medicaid.gov website, support States efforts to efficiently enroll (and re-enroll) children in the Medicaid and CHIP.

### **Promoting Health and Safety in Early Care and Education Settings**

[Caring for Our Children: National Health and Safety Performance Standards, Guidelines for Early Care and Education Programs Third edition \(2011\)](#). This resource is a collection of 686 widely accepted standards used in early learning environments across the country that represent the best evidence, expertise, and experience in the country on quality health and safety practices and policies. [The Caring for Our Children Guidelines](#) (Standard 1.6.0.1) outlines the important role a child care health consultant can play in supporting and promoting the health and development of children, families, and staff to ensure a healthy and safe child care environment. Many states ([such as North Carolina](#)) have developed directories of local child care health consultants.

[Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education](#). This resource represents the minimum health and safety standards experts believe should be in place in early learning settings and anywhere children are cared for outside of their homes. It is intended as a resource for States and other entities as they work to improve health and safety standards in both licensing and quality rating improvement systems (QRIS), and to support continuous quality improvement in early learning programs as they move to higher levels of quality and improve the overall health and well-being of all children in out-of-home settings.

### **Meeting Behavioral and Mental Health Needs**

[ADHD in Young Children](#). This CDC report provides information and resources to support clinical guidelines that recommend behavior therapy for young children with ADHD first, before trying medication.

[CMS Informational Bulletin: Maternal Depression Screening and Treatment: A Critical Role for Medicaid in the Care of Mothers and Children](#). This Bulletin clarifies the pivotal role Medicaid can play in identifying children with mothers who experience depression and the consequences that come about because of this depression. This resource also, and connects mothers and children to the help they need.

[CMS Informational Bulletin: Prevention and Early Identification of Mental Health and Substance Use Conditions](#). This Bulletin helps inform States about resources available to help them meet the needs of children under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, specifically with respect to mental health and substance use disorder services.

[The Center of Excellence \(CoE\) for Infant and Early Childhood Mental Health Consultation](#) (IECMHC). This center, funded by SAMHSA, HRSA, and ACF, supports States, Tribal Nations and communities in using IECMHC as a tool for promoting mental health and school readiness. States, tribes, and communities can access resources from the CoE to develop or enhance IECMHC in order to expand the capacity of mental health consultation in the early childhood workforce to support the behavioral health needs of infants and young children.

[National Center of Early Childhood Health and Wellness, Mental Health Resources](#). This ACF center provides resources to ensure children, families, and Head Start staff have access to mental health prevention and intervention services and materials.

[The SAMHSA-HRSA Center for Integrated Health Solutions \(CIHS\)](#). This center promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in specialty behavioral health or primary care provider settings. CIHS provides training and technical assistance to community behavioral health organizations, community health centers, and other primary care and behavioral health organizations, and has a number of publicly available resources.

[The Positive Behavioral Interventions and Supports \(PBIS\) Technical Assistance Center](#). This center has resources on establishing, scaling-up, and sustaining the PBIS framework in [early childhood programs](#).

[Technical Assistance Center on Social Emotional Intervention for Young Children \(TACSEI\)](#). This center has resources on evidence-based practices for improving the social-emotional outcomes of young children. It has developed a variety of training resources for implementing the [Pyramid Model](#). One such resource is [Depression in Mothers: More Than the Blues - A Toolkit for Family Service Providers](#), designed for community-based providers, including those in home visitation programs; workers in the WIC program; and staff in Early Head Start, Head Start, and other child care programs. The toolkit delivers background information about depression and offers ideas that providers can use daily when helping mothers, and their families, who may be suffering from depression. It also includes useful resources and handouts for mothers with depression.

[National Resource Center for Mental Health Promotion and Youth Violence Prevention](#). This center, funded by SAMHSA, offers resources and technical assistance to states, tribes, territories, and local communities to promote the overall well-being of children, youth, and their families.

### **Encouraging Healthy Child Development**

[Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs](#). This joint ED/HHS policy statement sets a vision and provides recommendations to States, local educational agencies (LEAs), schools, and public and private early childhood programs for increasing the inclusion of infants, toddlers, and preschool children with disabilities in high-quality early childhood programs. It also includes numerous resources for serving children with disabilities. (Published September 2015).

[Birth to 5: Watch Me Thrive!](#) This initiative is a coordinated effort led by HHS and ED to encourage healthy child development, universal developmental and behavioral screening for children, and support for the families and providers who care for them. *Birth to 5: Watch Me Thrive!* consolidates free, publicly available materials from a wide array of Federal agencies and non-Federal partners, while offering new resources (including a compendium of research-based developmental screening tools) appropriate for use with children under the age of 5 across a wide range of settings. Early learning providers, pediatricians, home visitors, child welfare case workers, behavioral health professionals, early intervention specialists, and other social service partners can use these resources to learn about features of



each available screening tool, including cost, administration time, quality level, training required, and age range covered.

[Learn the Signs. Act Early.](#) This CDC initiative aims to improve early identification of children with autism and other developmental disabilities so children and families can get the services and support they need. Regular parent engagement around developmental monitoring gives parents an opportunity to observe developmental delays on their own, empowering them to raise concerns, ask for a developmental screen if concerned, and take action where needed. Materials can be used in different service delivery systems and settings that serve young children, including early care and education, home visitation, WIC clinics, pediatric settings, early intervention programs, prenatal clinics and maternal and child health programs.

- [Act Early Ambassadors.](#) *Learn the Signs. Act Early* has 45 Act Early Ambassadors that work with their State, territorial and national partners to improve early identification and childhood systems by enhancing collaborative efforts to encourage developmental monitoring, developmental and behavioral screening, and referral to early intervention services. Act Early Ambassadors expand the reach of the "Learn the Signs. Act Early" program, and come from professions with medical, child development, developmental disability, special education, and early intervention expertise.
- [Watch Me! Celebrating Milestones and Sharing Concerns.](#) This free online training for early care and education providers aims to help identify children who might need extra help in their development, and provides tools and best practices for monitoring the development of children in child care and talking about it with their parents.

[Recommendations for Preventive Pediatric Health Care.](#) This resource, developed by the American Academy of Pediatrics and Bright Futures, contains recommendations designed for children who have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion.

[EDHI-PALS.](#) This web-based national directory of pediatric audiology facilities also links to information, resources, and services for deaf and hard-of-hearing children.

### ***Screening for Social Determinants of Health and Connecting Families to Care***

[The American Academy of Pediatrics.](#) This resource has identified a number of simple [screening tools](#) that health care providers can use to talk to families and assess for basic needs, including food insecurity, income, and safe environments.

[The National Center for Medical-Legal Partnerships.](#) This center has developed a customizable and free screening tool health care providers can use to assess for needs that negatively impact health and that could be addressed through civil legal actions (i.e., lawsuits).

[Health Leads.](#) This non-Federal program works with health care organizations to support them as they connect patients to the community-based resources that they need to be healthy, such as nutrition programs like SNAP and WIC, transportation benefits, as well as other services.



[Safe Environment for Every Kid \(SEEK\)](#). This resource utilizes pediatric primary care as an opportunity to help prevent child maltreatment by training professionals through online videos and other materials to utilize the SEEK parent questionnaire to screen for parental depression, substance abuse, major stress, intimate partner violence, food insecurity, and harsh punishment. The parent questionnaire is completed in advance and given to the health professional at the start of a regular check-up. In collaboration with a social worker, health professionals address common problems, including by providing referrals to community resources.

### **Physical Activity and Nutrition in Health Care and Early Learning Settings**

[Child and Adult Care Food Program](#) (CACFP). This USDA program provides nutritious meals and snacks to infants and children as a regular part of their day care. A variety of public or private nonprofit child care centers, Head Start programs, outside-school-hours care centers, and other institutions which are licensed or approved to provide day care services participate in CACFP; for-profit centers that serve lower income children may also be eligible.

[Nutrition and Wellness Tips for Young Children](#). This resource provides tips for early care and education providers caring for children ages 2 through 5 years old.

[CDC's Spectrum of Opportunities](#). This resource, targeting obesity prevention in early care and education settings provides a framework for States and communities to help early learning facilities meet national obesity prevention standards. This resource identifies 11 ways States and communities can embed healthy nutrition and physical activity standards and supports for those standards into the early care and education system.

[The SNAP-Ed Interventions Toolkit](#). This toolkit is designed to help States identify evidence-based obesity prevention programs and policy, systems, and environmental change strategies to include in their [SNAP-Ed](#) plans. It features numerous nutrition and physical activities strategies and interventions that states can implement using their SNAP-Ed funding.

[Let's Move! Child Care](#). This website provides a number of free resources for early childhood providers to improve child nutrition and physical activity and support obesity prevention. The website includes training resources as well as train-the-trainer supports and materials to assist child care and preschool providers across all kinds of early care and education settings, including family child care homes, centers, Early Head Start and Head Start programs, preschool, tribal programs and faith-based programs.

- [The State and local leaders site](#) contains resources for State and community leaders to learn how to implement childhood obesity prevention strategies for child care and early education settings, starting with creating a plan to prevent childhood obesity.
- The [Let's Move Child Care Checklist Quiz](#) is a self-assessment tool for providers to identify goals to work toward.

Examples of nutrition and physical activity assessment tools for early care and education providers include:

- The [Nutrition and Physical Activity Self Assessment for Child Care](#) helps child care providers assess their own capacity, identify areas for improvement and use resources and training to make positive changes to their program through five simple steps.
- The [Contra Costa Self Assessment Questionnaire](#) was developed by the Contra Costa Child Care Council as a resource to help child care providers assess their own practices and support best practices for nutrition and physical activity.

### **Oral Health Resources for Early Learning and Health Providers**

[National Maternal and Child Oral Health Resource Center](#). This center is funded by the Maternal and Child Health Bureau at HRSA and supports health professionals, program administrators, educators, policymakers, and others with the goal of improving oral health services for pregnant women, infants, children, adolescents, and their families. These [resources](#) are developed for both parents and professionals, and include curricula for school-based oral health promotion, Head Start teachers, pediatricians, and health care providers.

[Oral Health in Child Care and Early Education, 3<sup>rd</sup> edition](#). This resource provides an extensive list of best-practice standards for early care and education providers on oral health practices, education and training, feeding and nutrition, and other topics.

[National Center on Early Childhood Health and Wellness](#) This ACF center provides an extensive collection of resources for Head Start and other early care and education providers to support good oral health of children.

### **Family Engagement, Health Literacy, and Parenting Supports**

[Policy Statement on Family Engagement: From the Early Years to the Early Grades](#). This joint policy statement from HHS and ED provides recommendations to early childhood systems and programs on family engagement, as well as numerous resources to support family engagement.

[National Center on Parent, Family, and Community Engagement](#). This ACF center, jointly administered by the Office of Head Start and the Office of Child Care, supports family well-being, effective family and community engagement, and children's school readiness. The Center focuses on training and technical assistance and resource development.

[National Center on Early Childhood Health and Wellness](#). This ACF center has health literacy and family engagement resources that can help grantees when working with families and staff members who are becoming partners in their health care decision-making process.

[The Well-Visit Planner tool](#). This tool, developed by the Child and Adolescent Health Measurement Initiative, supports families to complete well-child visits, become familiar with what is expected at each visit, identify and prioritize their health risks and concerns before the visit, and reinforce the role of the parent as the experts for their child's needs, including those related to health.

[Compendium of Evidence-Based Parenting Interventions](#). This package of resources for States, schools, and early childhood programs helps identify and implement parenting interventions that have a research base and are responsive to local needs.

[Center for Parent Information and Resources \(CPIR\)](#). This center serves as a central resource for families of children with disabilities. The site includes links to parent centers in States that provide information and training about disabilities; parent and child rights under IDEA and other relevant laws; and other local and national resources.

[Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities](#). Developed by the CDC, this resource highlights five key strategies to prevent child abuse and neglect, namely, strengthening economic supports to families, changing norms to support positive parenting, providing quality care and education early in life, enhancing parenting skills to promote healthy child development and intervening to lessen harm and prevent future risk.

[Essentials for Parenting, Toddlers and Preschoolers](#). This free, online training resource developed by the CDC addresses common parenting challenges and supports parents in building safe, stable, nurturing relationships and environments for their children. Additional resources include articles with skills and techniques, frequently asked questions, fun and engaging videos demonstrating skills for interacting positively with their child, and free print resources.

[Bright Futures/Child Care Health Partnership Handouts for Parents](#). These family-friendly handouts, available from Healthy Child America, provide parents with tips on age-appropriate child objectives and related activities for child care programs to focus on.

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