



# State Issues and Innovations in Creating Integrated Early Learning and Development Systems

A Follow-Up to Early Childhood 2010:  
Innovations for the Next Generation



U.S. Department of Health and Human Services  
U.S. Department of Education





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# Foreword

August 2011

**I**t is with great pleasure that we release **State Issues and Innovations in Creating Integrated Early Learning and Development Systems**—highlights from the Federal Early Childhood 2010: Innovations for the Next Generation (EC 2010) meeting held in Washington, D.C., in August 2010. Both the report and the meeting represent our continued commitment to working together across the Departments of Health and Human Services and Education to enhance the quality of early learning and development programs that will lead to improved health, social, emotional, and cognitive outcomes for children and families.

The EC 2010 meeting began with the joint announcement by Secretaries Sebelius and Duncan that the Early Learning Interagency Policy Board (IPB) would be established to strengthen federal coordination efforts. Since its inception, the IPB has held a number of successful meetings bringing together the administration's leadership in early learning and development from the Department of Education, Department of Health and Human Services, White House Domestic Policy Council, and the Office of Management and Budget.

As we continue our coordination efforts to improve the quality of all federal early learning and development programs, we hope this document will reflect the work begun at the EC 2010 meeting and will serve to inform similar state and local systems building efforts focused on increasing positive outcomes of young children and their families.

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# Executive Summary

This paper discusses an “**integrated state early learning and development system.**” Such a system would:

- Consist of interrelated services and systems that work toward a common goal: to ensure the healthy growth and optimal development of young children within their families and communities.
- Include early care and education; early intervention and special education; health, mental health, and nutrition; and services to strengthen and engage families in their children’s development and learning.

EC 2010 sought to encourage state efforts to build such systems for children from birth through age 8.



**E**arly Childhood 2010: Innovations for the Next Generation (EC 2010) brought together policymakers and experts from across the United States to improve collaboration and partnership at the federal, state, and local levels in support of integrated state early learning and development systems for children from birth through age 8. Sponsored jointly by the U.S. Departments of Health and Human Services (HHS) and Education (ED), EC 2010 convened state and local partners from a range of programs across the two federal departments, along with other key stakeholders and federal staff. At the start of the event, HHS Secretary Kathleen Sebelius and ED Secretary Arne Duncan welcomed approximately 1,800 participants and outlined their shared vision for the future of state early learning and development systems in this country. Jack P. Shonkoff, director of the [Center on the Developing Child](#), presented an overview of the scientific basis for policies that promote integrated early learning and development. Participants discussed a range of issues about building integrated state early learning and development systems in plenaries, workshops, and state team meetings.

This Executive Summary, derived from a full report, highlights what state leaders are thinking about and how they are intentionally beginning to build such systems. Commissioned by the Substance Abuse and Mental Health Services Administration (SAMHSA) at HHS, the report draws on themes from state team discussions, and information shared at EC 2010 and post-EC 2010 interviews conducted through January 2011. Six interrelated themes emerged during the EC 2010 state team discussions:

**1. Coordinated State Leadership:** Some states are adapting governance structures to coordinate and align their early learning and development services. They are:

- **Linking early care and education; early intervention and special education; health, including behavioral health;\* nutrition; and family support systems:** Some states share authority for early childhood governance across sectors at the state level or with local public or private boards or partnerships. Another approach is to coordinate one-stop local entry points to multiple systems for families.
- **Creating a policy and practice framework for a prenatal through age 8 continuum:** Some states are widening their agendas to better address the needs of infants, toddlers, and expectant mothers. Another approach strengthens preschool through grade 3 alignment and transitions across systems. Some states are beginning to develop a continuum that links policies and programs from prenatal through grade 3.

- **Leveraging new policy and funding opportunities presented by state Early Childhood Advisory Councils (ECACs):** Some states are incorporating ECACs into their consolidated early care and education governance structures. Most use ECACs to fuel existing cross-agency efforts, often pulling in new partners across sectors to start with discrete tasks.

**2. Effective Use of Data:** Many states are moving toward the creation of unified data systems that support state early learning and development system goals. They are:

- **Assessing state data-capacity to describe children, families, programs and progress:** Some states are determining current data capacity and options for integration. Tapping into a neutral agency devoted to data analysis is a strategy in several states.
- **Investing in state data capacity to guide planning, policy, and continuous program improvement:** State activities include determining how to collect and use child assessment data appropriately; building capacity to use assessment data to improve early childhood program practice; linking child-, family-, and provider-level data to guide policy and target technical assistance that improves provider quality; and using data to inform families and the public.



\*The term “behavioral health” in this report refers to a state of mental, emotional being or choices and actions that affect wellness. Behavioral health problems include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, serious emotional disturbances, suicide, and mental and substance use disorders. This includes a range of problems from unhealthy stress to diagnosed and treatable diseases like serious mental illnesses and substance use disorders, which are often chronic in nature but that people can and do recover from. The term is also used to describe the service systems encompassing the promotion of emotional health; the prevention of mental and substance use disorders, substance use, and related problems; treatments, and services for mental and substance use disorders; and recovery support.

- **Leveraging federal investments in state education longitudinal data systems (SLDS) by including early childhood and workforce data:** Some states are developing agreements to share data between child-serving agencies; attaching unique student identifiers to early childhood datasets; including data from programs serving children birth to age 3; or linking data on the early care and education workforce to the SLDS.

**3. Systemic Quality Improvement:** Many states are developing standards, supports, and incentives to strengthen practitioner and provider capacity that promotes child well-being in early care and education programs (including child care centers and family child care homes, Head Start and Early Head Start, state prekindergarten programs, and early intervention or special needs services). They are:

- **Developing and implementing research-based, cross-cutting standards:** Some states are working on early learning guidelines and standards by moving toward a birth to age 8 continuum or implementing them in professional development and family and community engagement efforts. A number of states find ways to require linkages across their early learning and development systems through provisions in program standards. Another strategy reexamines the strength, reach, and enforcement of state child care licensing standards. Several states are aligning their early learning or program standards with those that are nationally recognized, such as the Head Start Program Performance Standards or the accreditation standards of the National Association for the Education of Young Children (NAEYC). Some are revising early learning or program standards to be more inclusive of children with disabilities or special needs, more culturally and linguistically appropriate, or to take advantage of language readiness of young children by supporting dual language development in early care and education.
- **Creating an integrated professional development system that is linked to standards and provides pathways and rewards for advancement:** A few states are creating statewide professional development systems that enable movement from entry level to advanced degrees and linkages to higher levels of compensation. At least one state has convened a planning group in coordination with leaders from outside the early care and education system. Related strategies include requiring core competencies for all professionals working directly and indirectly with children; promoting credentials to recognize specialized expertise that cuts across sectors; building higher education capacity; and standardizing the quality of training, consultation, and on-site support.
- **Making sure low-income and vulnerable children have access to high-quality early care and education:** Some states are helping providers serving vulnerable children to meet and maintain high-quality program standards such as the federal Head Start Program Performance Standards or those of a high-quality state prekindergarten program. A few states are creating or reserving some high-quality child care slots for low-income children receiving child care subsidy assistance. Some states ensure that low-income children may access highly rated programs in the state quality rating and improvement system (QRIS).

#### 4. Partnerships with Families and Communities:

Some states promote early learning and development by engaging, supporting, and being responsive to families and communities. They are:

- **Adopting a strength-based approach to engaging families within the components of state early learning and development systems:** Some states promote family strengthening across early learning and development system sectors. Approaches include integrating family engagement and support into program standards and fostering parent leadership and involvement in policy development.
- **Working with communities to increase family-friendliness and connect services to local child-serving organizations:** States use various approaches that include holding community and parent café discussions; attaching family engagement and support resources to schools serving vulnerable children; and supporting family, friend, and neighbor caregivers at the community level.
- **Leveraging new federal investments in and building infrastructure to support home visiting:** Some states are preparing to make the most of the new federal Maternal, Infant, and Early Childhood Home Visiting program by coordinating existing home visiting programs; developing a home visiting infrastructure (common quality standards, professional development and procedures for centralized intake, screening, referral and technical assistance); and considering how to integrate home visiting with early care and education services.

#### 5. Physical and Behavioral Health Integration:

Some states are integrating child and family health services, including infant and early childhood behavioral health, across their early learning and development systems. They are:

- **Integrating health promotion, including access to Medicaid and health insurance, a medical home, and good nutrition:** A few states leverage federal investments in health reform and Medicaid to expand coverage to more children and families. State strategies to promote children's health include raising the quality of primary pediatric care and working with early care and education providers to promote good health and nutrition.
  - **Developing a coordinated system of screening, referrals, and follow-up services:** Several states have revised state-determined rules for use of federal Medicaid or Children's Health Insurance Program (CHIP) funds to pay for standardized, age-appropriate screening, assessment, and other critical services. Another approach coordinates systems of care to ensure effective referrals and access to services. A targeted strategy used by several states expands access to the federal Early Head Start program, which requires developmental screening, referrals, and follow-up for participating poor and low-income infants and toddlers.
  - **Integrating infant and early childhood mental health consultation and identification of maternal depression across systems:** State activities include assessing gaps in services; conducting integrated infant and early childhood mental health planning across all state child-serving agencies; and providing infant and early childhood mental health consultants to child-serving programs. Some states use innovative strategies to identify and address parental depression.
- 6. Children with Multiple Risks:** Some states meet the needs of children with multiple serious risk factors such as child abuse, parental substance abuse and exposure to violence, and children who are at risk of toxic stress. They are:

- **Ensuring access to high quality early care and education, early intervention, infant and early childhood behavioral health care for children involved in child welfare:** Some state strategies include creating partnerships between child welfare systems and Early Head Start programs; prioritizing children in the child welfare system for child care subsidy assistance; and ensuring children (including infants and toddlers) in the child welfare system have access to screening and treatment for behavioral and mental health needs. Some states have taken steps to increase knowledge of infant and toddler development and their implications for child welfare and judicial system decisions.
- **Making connections between maternal substance abuse treatment and supportive services for children:** Some states address this difficult issue by including children when mothers need residential substance abuse treatment. Some state-local initiatives target intensive support for substance-exposed newborns and their families. A few states provide respite child care through eligibility for child care subsidy assistance to parents in substance abuse treatment programs.
- **Building capacity of child-serving agencies and communities to identify and address early childhood trauma:** States are starting to grapple with this challenge. Approaches to addressing this issue include integrating various state administrative datasets, working with federally administered risk factor survey data to inform state efforts, and educating the child welfare workforce about the signs and impact of early childhood trauma. Another state-to-local strategy involves educating and empowering communities to interrupt the negative cycle of adverse early childhood experiences.



By convening Early Childhood 2010, HHS and ED sought to highlight and encourage innovative and integrated state early learning and development systems. Many state examples detailed in the full report show an array of approaches and activities now underway, with numerous opportunities for state leaders to learn from each other. Even in challenging times, states can develop unique approaches to a range of issues, including coordinating state leadership; using data effectively; developing systems of quality improvement; partnering with families and communities; integrating health and behavioral health across systems; and addressing the needs of children with multiple risks to their development.

*For specific examples of all state approaches mentioned, see Chapters 1-6. Contact information for most state examples may be found in Appendix C: Selected State Contacts by Theme.*



# Introduction

This report discusses an “**integrated state early learning and development system**.” Such a system consists of interrelated services and systems that work toward a common goal: to ensure the healthy growth and optimal development of young children within their families and communities. It would include early care and education; early intervention and special education; health, mental health and nutrition; and services to strengthen and engage families in their children’s development and learning. EC 2010 sought to encourage state efforts to build such systems for children from birth through age 8.



**E**arly Childhood 2010: Innovations for the Next Generation (EC 2010), a meeting held in Washington, D.C., in August 2010, brought together policymakers and experts from across the United States to improve collaboration and partnership at the federal, state, and local levels in support of integrated state early learning and development systems for children from birth through age 8. Sponsored jointly by the U.S. Departments of Health and Human Services (HHS) and Education (ED), the meeting brought together state and local partners from a range of programs across the two federal departments, along with other key stakeholders and federal staff (see EC 2010 Participants, p. 12). The conference was designed by federal partners (see Appendix B: Federal EC 2010 Partners) to showcase innovative state and local strategies within and across early learning, health, and family engagement and support systems. The agenda included plenaries, workshops, and state team meeting time. It was a unique opportunity for state and local leaders across the field to learn from each other.

The Substance Abuse and Mental Health Services Administration (SAMHSA) commissioned this report to capture the spirit and themes from this event and to foster continued innovation in building integrated early learning and development systems to serve children and families. Drawing in part on themes from state team discussions and information shared at EC 2010 and post-EC 2010 interviews conducted through January 2011 with state and national leaders, this report provides a snapshot of how some state leaders are beginning to build integrated state early learning and development systems.

*We're all here today because we believe you can't climb the ladder of opportunity if the first rung is missing.... It's our job to take the wide range of programs that families depend on and shape them into a seamless, high quality early learning and development system where every family can choose the program that works best for them and no family has to compromise on quality.*

HHS SECRETARY KATHLEEN SEBELIUS

*We also believe education must be the great equalizer the one true path out of poverty for disadvantaged children....*

*We challenge all of you to reach beyond your individual programs for the benefit of the whole child.*

*We urge you to do even more to integrate your approaches, coordinate resources, and share data and effective practices.*

*We invite you to tell us how we can help you do that better.*

ED SECRETARY ARNE DUNCAN



## Shared Vision and Activities at the Federal Level

In keynote addresses, HHS Secretary Kathleen Sebelius and ED Secretary Arne Duncan welcomed approximately 1,800 participants and outlined their shared vision for the future of early learning and development in this country.

Secretary Sebelius thanked the crowd, saying, “It’s a great sign for America’s children that so many of you are here today for this unprecedented conversation about how we can work together to reach *more* children with *more* effective programs that meet *more* of their needs.” Secretary Sebelius underscored the importance of addressing the needs of the whole child, saying, “It’s critical for early childhood education programs to have the best teachers and lesson plans. But the teacher and lesson plan don’t matter if the children are too hungry or sick or distracted to pay attention in class.” Secretary Sebelius acknowledged that larger economic forces would challenge her listeners, but she urged them to press forward, making “sure every dollar gives our children the biggest boost possible, funding high-quality programs that meet all of our children’s needs.” Promoting early childhood health and development is a priority in the [2010-15 HHS Strategic Plan](#).

Secretary Duncan said, “Education is the one true path out of poverty for disadvantaged children.” He pointed to mounting evidence that quality early learning programs work, and that “with the right support, any child can learn and thrive, regardless of poverty, challenges at home, neighborhood violence, disability, or any other obstacle.” However, Secretary Duncan went on to say, “One program, one organization, one federal department working alone can never be enough to address the multiple needs of children, families, and communities. We have to work together over a sustained period, from birth to grade 3 and beyond.”

The secretaries described how the agencies they lead have each taken steps to increase integration at the federal level: “We know we must walk the walk,” said Secretary Duncan. Activities have included:

- **Defining system components:** Both agencies had staff work together through Interdepartmental Study Groups to develop shared definitions and identify quality characteristics for each component of an early learning and development system: program standards; early learning standards and guidelines; comprehensive assessment systems; workforce and professional development; family engagement; health promotion; and data systems.
- **Listening to the early learning and development field:** The agencies collaborated on a series of meetings across the country entitled [Listening and Learning about Early Learning](#). Jacqueline Jones, senior advisor on early learning to the secretary of education, and Joan Lombardi, deputy assistant secretary and interdepartmental liaison for early childhood development, listened to experts in the field, key stakeholders, and members of the public. The four sessions addressed: preschool to grade 3 structures, workforce and professional development, family engagement, and standards and assessment.
- **Coordinating federal policy:** Both secretaries announced the formation of a new Early Learning Interagency Policy Board to increase coordination, effectiveness, and outcomes for children across HHS and ED and their respective federally-funded early learning programs. Secretary Duncan stated, “We’ll also charge the board with better coordinating research, technical assistance, and data across the two departments—so that the folks who run programs across the country will have an easier time blending federal funds to support children and families.”

## Scientific Support for Health and Early Learning

The next speaker gave an overview of the scientific basis for policies that promote integrated early learning and development. In his keynote address, Jack P. Shonkoff, director of the [Center on the Developing Child](#) at Harvard University, underscored how critically important the early years are to the success of an individual’s life course. In the 10 years since the seminal book *From Neurons to Neighborhoods* was released, scientific research has further demonstrated that early experiences are built into the human body; and that prolonged experiences of “toxic stress” in the early years can lead to long-term disruptions in brain architecture and life-long physical health consequences. “Toxic stress occurs when a child experiences strong, frequent and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support.”<sup>1</sup>

Shonkoff shared findings from a new report: *The Foundations of Lifelong Health are Built in Early Childhood*. As an example, he stated that undernourishment in the prenatal stage and low birth weight predisposes a child to later obesity due to adaptations the body makes to account for that adversity. Stable, responsive relationships; safe and supportive environments; and appropriate maternal nutrition from preconception give children strong foundations for future physical and behavioral health. Policies and programs should be designed to strengthen the capacities of children’s caregivers and communities to attend to these critical foundations of health.<sup>2</sup>

## EC 2010 PARTICIPANTS

### U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### Administration for Children and Families

Administration on Developmental Disabilities

- Developmental Disabilities Grant Programs grantees

Children's Bureau

- Community-Based Child Abuse Prevention (CBCAP) grantees
- Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment (EBHV) grantees
- Prevention Discretionary grantees (National Quality Improvement Center on Early Learning and Development, Nurse Home Visiting, Rigorous Evaluations of Existing Prevention Programs)

Office of Child Care

- Child Care and Development Fund (CCDF) grantees)

Office of Head Start

- Head Start State Collaboration Directors

Office of Planning, Research & Evaluation

#### Centers for Disease Control and Prevention

#### Health Resources and Services Administration

Maternal and Child Health Bureau

- Early Childhood Comprehensive Systems (ECCS) grantees

#### Substance Abuse and Mental Health Services Administration

- Women, Children & Family Treatment Program grantees
- Project LAUNCH grantees
- Systems of Care grantees

### U.S. DEPARTMENT OF EDUCATION

#### Office of Special Education and Rehabilitative Services

- IDEA State Grants for Infants and Toddlers, Part C Coordinators
- IDEA State Preschool/619 Coordinators
- State Interagency Coordinating Council (SICC) Chairs for Part C of the IDEA

#### ADDITIONAL PARTICIPANTS

- Early Childhood Specialists in State Departments of Education
- State Advisory Council Coordinators
- State Child Care Administrators
- State Head Start Association Presidents
- State Pre-K Administrators

Looking to the future, Shonkoff called for an integrated approach across health, education, human services, and economic development systems to realize change in three promising domains for innovation for future generations by:

- Reducing social and emotional barriers to learning;
- Enhancing the healthy development of children by transforming the lives of parents; and
- Re-conceptualizing the health dimension of early childhood policy and practice.

The strength of the science and the urgency of Shonkoff's keynote resonated with many participants. Themes from his address filtered into subsequent workshops and state team discussions.

### Building on EC 2010

One goal of EC 2010 was to promote dialogue across the early learning and development field and act as a catalyst for future innovations. To that end, time was set aside for invited participants to meet in state teams with federal staff and federally funded technical assistance (TA) staff facilitating and taking notes. In one session, state teams were invited to discuss "horizontal" alignment of birth through age 5 early learning and development programs, focusing on one or more of seven key components discussed by the before-mentioned federal Interdepartmental Study Groups: program standards, early learning standards and guidelines, comprehensive assessment systems, workforce and professional development, family engagement, health promotion, and data systems. In a second session, state teams were invited to discuss "vertical" alignment, the building of a prenatal through age 8 early learning and development continuum. Teams were also free to choose other discussion topics. The nature of these discussions varied widely from state to state.

This report is organized around six interrelated themes that emerged during the EC 2010 state team discussions:

1. **Coordinated state leadership:** Adapting state governance to coordinate and align early learning and development services.
2. **Effective use of data:** Creating unified data systems that support state early learning and development goals for children and families.
3. **Systemic quality improvement:** Developing and maintaining standards, supports, and incentives to strengthen practitioner and provider capacity to promote child well-being in early care and education.
4. **Partnerships with families and communities:** Promoting early learning and development by engaging, supporting, and being responsive to families and communities.
5. **Physical and behavioral health integration:** Integrating child and family health services (including infant and early childhood behavioral health services) across the state early learning and development system.
6. **Children with multiple risks:** Meeting the needs of children with multiple risk factors such as child abuse, parental substance abuse, exposure to violence, or toxic stress.

This report provides a brief background on each theme, followed by illustrative examples of the strategies states are using to address them. While system components are similar across states, this report does not suggest that one state strategy fits all. Building integrated systems in states is in itself a unique developmental process that is not always linear, as economic, political,<sup>3</sup> and social forces change. Also, the themes of this document primarily reflect topics discussed by EC 2010 state team participants and the author's subsequent exploration of related issues and interviews

conducted through January 2011 with state and national leaders. It captures just some of the many system-building activities currently underway in states. The federal government does not necessarily endorse any of the included state policy examples.



### WHAT IS STATE SYSTEM-BUILDING?

Evaluators of state system building suggest that leaders examine five areas for a more integrated system:

- **Context** Improving the governmental environment that surrounds the system in order to produce policy and funding changes needed to create and sustain it.
- **Components** Establishing high performance programs and services within the system that produce results for system beneficiaries.
- **Connections** Creating strong and effective linkages across system components that further improve results for system beneficiaries.
- **Infrastructure** Developing support systems needed to function effectively and with quality.
- **Scale** Ensuring that a comprehensive system is available to as many people as possible in order to produce broad and inclusive results for system beneficiaries.

Adapted from: Julia Coffmann, *A Framework for Evaluating Systems Initiatives*, (2007).

