

# 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.*