



ASTHO Early Brain Development

Self-Assessment Tool



How to Use This Tool

This tool is designed to help state and territorial public health leaders, staff, and partners assess their jurisdictions' early brain development-related policy and programmatic landscape. This assessment tool is designed to be user-friendly for a wide variety of individuals, including staff at state or territorial health agencies, employees of governmental or private organizations, or other researchers working on early childhood development. The tool lays out public policy options and approaches that states and territories can take to support healthy early brain development.

Though focused on the state and territorial level, use of this tool is not limited only to individuals working in governmental public health. Its broad framing and applicability is designed to enable any interested individual to easily use it to assess current strengths and accomplishments in a state or territory. The questions below will help to identify and compile a jurisdiction's current early brain development policies and programs. Using the tool can also help identify and prioritize gaps and possible directions for future work. The tool is aimed at assessing state- or territory-wide policy combinations and approaches instead of evaluating the processes or outcomes of specific public health activities. Appendix A provides a summary version of this tool that can help users gather results and more concisely display summary data about which jurisdictional approaches are or are planned to be in place.

The list of approaches and examples included below is not comprehensive, but rather designed to provide a snapshot of some of the tools and techniques that states and territories might use. The approaches range from discrete programs with formal methodologies to more general approaches that may be tailored to a particular jurisdiction's needs. Moreover, many of these approaches are currently being implemented across the country. This means that although some approaches have been successfully put into place, there may not yet be long-term evidence regarding their outcomes. Therefore, this tool may help states and territories implement diverse early learning programs and policies and generate further evidence on how to support young children and their families.

Introduction

Between conception and roughly three years of age, the human brain undergoes more rapid development than it does at any other time during our lives. Experiences during the prenatal period and early years have an outsized impact on how the brain develops relative to any other point in time. Physical and neurological changes in the brain during early childhood help set the trajectory for later health outcomes. Factors that influence development include adverse childhood events and toxic stress, exposure to environmental toxins, having a safe and clean physical environment, relationships with caregivers, and access to timely and appropriate healthcare. Brain development can have lasting impacts on mental health as well as physical well-being, such as an individual's later chances of developing chronic conditions such as hypertension or cardiac disease.

Early brain development is a major factor in not only an individual's long-term health, but also in his or her ability to learn, achieve, and succeed. Ensuring healthy early brain development can directly help improve population health outcomes and can support early literacy and enhance school readiness. Many of the tools and techniques that support healthy brain development for physical and mental health also form the foundation for successful lifelong learning.

Given the numerous consequences of early brain development, ensuring optimal early brain development must be a collaborative effort. State and territorial health agencies have an essential role to play in early brain development. This includes applying a population-wide approach to preventing poor child development, engaging key stakeholders proactively and preventively to address risk factors for adversity, and serving as a trusted resource on children's health concerns. Many other agencies support early brain development, such as departments of education, human services, and Medicaid agencies. Since all these agencies' services can trace back to and impact health as social determinants, public health agencies must take a leading role in championing early brain development.

Program and Policy

Categories and Approaches

Engaging Families and Building Caregiver Capacity

Parents and caregivers are their children’s first teachers, playmates, and support systems. A nurturing, supportive, and caring environment at home is centered on caregivers’ capacities to respond to their children and provide them with the interaction necessary for healthy early brain development. At the state and territorial public health level, home visiting programs, mental health screening and services, and targeted efforts to help caregivers develop skills to care for infants can all help build this foundation for successful early childhood brain development.



Home Visiting

[Evidence-based home visiting](#) provides pregnant women and families with the resources and skills they need to raise physically, socially, and emotionally healthy children. These programs focus on women and families at greatest risk for poor health and life outcomes. States and territories can develop and implement evidence-based home visiting programs that build caregiver capacity and help caregivers of young children to establish healthy home environments and build healthy relationships. As with all interventions, home visiting should prioritize groups and populations for which evidence suggests the intervention will have the greatest benefit.

Programs and Policies in Place

The spaces below can be used to note programs and policies in this area in addition to or outside the focuses of the approaches below. It is also a space to capture the connections between approaches and opportunities for future work.

Universal home visiting programs provide support to parents of newborns regardless of income or socioeconomic status. This program complements existing home visiting programs focused on families at risk of experiencing conditions that may make it more challenging to parent, such as poverty.

 **Example:** Family Connects

Home Visiting *continued*

One way in which home visiting can support early brain development is through a team approach. In this model, a maternal and child health nurse, a mental health clinician, and a community health worker conduct home visits to provide comprehensive family needs assessments and connect families to appropriate services and resources.

▶ Example: Massachusetts Early Intervention Parenting Partnerships

Family supports based on home visiting models can expand beyond the home to various setting such as schools, hospitals, and faith-based organizations. Broadening the format and locations can provide clients with additional support, such as group connections that help create support structures among families dealing with similar challenges.

▶ Example: Parents as Teachers



Caregiver Mental Health and Maternal Depression

Caregiver mental health needs can pose challenges to providing safe, responsive, and nurturing environments for young children. Services that address caregivers' unmet mental health needs can help ensure healthy relationships that promote children's social and emotional health.

Programs and Policies in Place

The spaces below can be used to note programs and policies in this area in addition to or outside the focuses of the approaches below. It is also a space to capture the connections between approaches and opportunities for future work.

Well-child and adult visits with healthcare providers are an opportunity to identify maternal depression early and address barriers to depression recognition, screening, assessment, and referral.

▶ Example: Postpartum Depression Screening Quality Improvement Project

States and territories can implement programs that allow pediatricians to bill for maternal depression and other mental health screenings and services for both caregivers and children. (This may require engaging with Medicaid policies and payment for services via the child's coverage.)

▶ Example: Maternal Depression Screening in Medicaid

Caregiver Mental Health and Maternal Depression *continued*

Counseling caregivers about the impact that toxic stress and adverse childhood experiences (ACEs) have on early brain development can better help caregivers understand how to protect children from the harmful effects of stressful environments.

 **Example:** Positive Parenting Program



Supporting Early Language Nutrition and Bridging the Word Gap

Helping parents and caregivers understand the importance of nurturing, interactive relationships that provide children with their earliest learning opportunities is key to laying a solid foundation for language acquisition and later success in life. Language exposure and language acquisition in the early years supports healthy brain growth and is a core factor in school readiness and grade-level achievement.

Programs and Policies in Place

The spaces below can be used to note programs and policies in this area in addition to or outside the focuses of the approaches below. It is also a space to capture the connections between approaches and opportunities for future work.

Pediatric healthcare providers can educate parents and caregivers about early language exposure and encourage them to read to and engage with their children daily.

 **Example:** Reach Out and Read

Creative early learning tools and materials can help parents and caregivers foster positive early childhood learning and healthy brain development.

 **Example:** Vroom

Early learning programs and campaigns can educate caregivers and family members about the importance of talking to their children every day and about the impact that language nutrition has on early brain development and lifelong success.

 **Example:** Talk With Me Baby



Building Resiliency, Protective Factors, and Preventing Adverse Childhood Experiences and Trauma

Adverse childhood experiences (ACEs) and toxic stress impact lifelong health and future opportunities. Identifying ACEs and sources of toxic stress, and finding ways to prevent their recurrence or to bolster protective factors that lessen their impacts, can reduce barriers to healthy early brain development.

Programs and Policies in Place

The spaces below can be used to note programs and policies in this area in addition to or outside the focuses of the approaches below. It is also a space to capture the connections between approaches and opportunities for future work.

Statewide models that enhance agency collaboration can build on existing programs that already focus on early identification of sources of adversity and enhance connections to services for these at-risk children and families.

▶ Example: Help Me Grow

Pediatricians can use assessment tools and resources to better identify and care for children who have been exposed to ACEs or toxic stress.

▶ Example: American Academy of Pediatrics Clinical Assessment Tools

Bridging the Word Gap

Language nutrition is a key component of early brain development and requires a child to be exposed to rich language through positive language interactions. Both the number and variety of words spoken to a child in the first three years of life contribute to healthy brain development. [Research shows](#) that by age three, children from poorer families have heard an average of 30 million fewer words than children from wealthier families. Because of the importance of language development and vocabulary acquisition for later success in life, interventions are needed to help close this word gap.

Partnerships and Workforce Development

Improving early brain development requires collaboration between state and territorial health agencies' own staff and the broader workforce that supports childhood development, including healthcare providers, education and child care providers, and human services staff. Within health agencies, programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) can help expand the reach of early brain development efforts. Given the common goals and intervention settings for early brain development work that public health and early education share, coordinated approaches and trainings across these agencies are key.



Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Integrating early childhood development screenings into WIC programs is one way to expand the reach of services. Because this program provides nutrition services to low income, at-risk women, infants, and children ages 5 and under, working with WIC is a way to maximize the impact of existing contact with groups that can benefit from early brain development supports.

Programs and Policies in Place

The spaces below can be used to note programs and policies in this area in addition to or outside the focuses of the approaches below. It is also a space to capture the connections between approaches and opportunities for future work.

States and territories can use CDC's "[Learn the Signs. Act Early.](#)" campaign to educate WIC beneficiaries about early child development.

▶ **Example:** WIC Developmental Milestones Program

State and territorial health agencies can incorporate language assessment tools and early brain development materials into WIC nutrition education visits as part of a broader early brain development initiative.

▶ **Example:** Talk With Me Baby

Technological innovations can help caregivers learn about positive parenting techniques and can provide creative and easy reminders and tools that can help improve responsive interactions with their children.

▶ **Example:** The Bridging the Word Gap Challenge Winners



Healthcare Providers

Integrating early brain development programs into pediatric care provides an opportunity to support a strong caregiver-child relationship, which is critical for healthy brain development. Because physicians, nurses, and other medical staff regularly see families and children, these providers can be effective partners in promoting positive parenting during the early years.

Programs and Policies in Place

The spaces below can be used to note programs and policies in this area in addition to or outside the focuses of the approaches below. It is also a space to capture the connections between approaches and opportunities for future work.

Healthcare professionals can encourage families to read to their children by providing the tools necessary to foster language nutrition and create language-rich family interactions.

▶ Example: Books Build Connections Toolkit

Health professionals can use well-child visits to support early brain development by fostering caregiver capacity. Pediatricians can inquire about and provide recommendations about the child's home environment, foster healthy child development by teaching parents about signs and milestones, and improve parenting confidence through support and encouragement.

▶ Example: The First 1,000 Days: Bright Futures Examples for Promoting Early Brain and Child Development

Pediatric practices can provide more holistic checkups by integrating mental health services into infants' and young children's primary care visits.

▶ Example: Early Childhood Mental Health Toolkit



Early Child Care and Early Education

Quality early child care and education is a core component of a strong start for later success in life. Evidence suggests that evidence-based early childhood care standards and programs are associated with improved early brain development outcomes. Policymakers can support early brain development by considering policy approaches that bridge public health programs and early child education.

Programs and Policies in Place

The spaces below can be used to note programs and policies in this area in addition to or outside the focuses of the approaches below. It is also a space to capture the connections between approaches and opportunities for future work.

Early Head Start is a federally funded program that provides early childhood education and comprehensive services for vulnerable, low-income pregnant women and their children under age 3.

▶ Example: Georgia’s Department of Early Care and Learning Early Head Start—Child Care Partnership

States and territories can create early learning and development benchmark guidelines to provide information on what children should be able to do and learn at different developmental stages.

▶ Example: Washington State Early Learning and Development Guidelines

States and territories can improve the quality of early child care and early childhood education programs by implementing quality rating improvement systems, including using incentives or mandatory licensing requirements.

▶ Example: Better Beginnings

Structured cross-sector communication and outcomes-focused partnerships allow key stakeholders in early care and education to come together to discuss and implement ways to create quality improvements in this field.

▶ Example: Early Care and Education Learning Collaborative



Hospitals and Health Systems

Health systems form a major point of contact between infants, caregivers, and health professionals. Establishing formal partnerships (e.g., memoranda of understanding) with health systems can leverage this contact to help families become better informed about and better able to support healthy early brain development.

Programs and Policies in Place

The spaces below can be used to note programs and policies in this area in addition to or outside the focuses of the approaches below. It is also a space to capture the connections between approaches and opportunities for future work.

Hospitals and health agencies can work together to strengthen and expand home visiting programs within states and territories. This can include creating a coordinated home visiting network and training and evaluating existing programs.

▶ Example: Arkansas Home Visiting Network

Hospitals and community organizations can partner to identify and address social and environmental risks that can impact early childhood development.

▶ Example: FINDconnect

Cross-Agency Partnerships to Improve Early Brain Development

Early brain development can be addressed by multiple agencies and departments within a state. Instead of having silos where individual groups address early brain development, state agencies can partner to create efficient, coordinated, and sustainable change. For example, to train the workforce to teach parents and caregivers how to better provide language nutrition, the Georgia Department of Public Health (GDPH) and the Georgia Department of Education, as well as other key partners, developed [Talk With Me Baby](#), an initiative to encourage better language development.

The Talk With Me Baby leadership organization has engaged with researchers, public health workers, governmental leaders, educators, and nurses, among other stakeholders, to bring a wide range of expertise to the table. For example, GDPH worked with the Marcus Autism Center to develop a short video that played in waiting rooms at every WIC clinic. GDPH also partnered with the University of Georgia to tailor the Talk With Me Baby curriculum to different audiences and workforce settings. These organizations continue to partner and work on language nutrition development and program implementation.

Program Funding and Sustainability Approaches

A challenge for any public health program is ensuring financial sustainability over multiple years and funding cycles. In some cases, public health missions and activities overlap among one another or with other, outside programs. This can enable blending or braiding of funding sources, such as Medicaid or private insurance reimbursement for early brain development interventions. In other cases, coordinating grant funding streams and finding new and innovative income sources can help ensure that programs have the resources to continue work.



Payment and Incentive Programs and Policies

States and territories can improve the focus on early brain development by adopting payment policies that reward providers for using evidence-based services that improve early child development. Policymakers can better address the needs of children with Medicaid coverage through payment and delivery innovations that target improvements in children's care.

Programs and Policies in Place

The spaces below can be used to note programs and policies in this area in addition to or outside the focuses of the approaches below. It is also a space to capture the connections between approaches and opportunities for future work.

State and territorial Medicaid programs can align their Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits with the evidence-based periodicity schedule developed by the American Academy of Pediatrics, in conjunction with Bright Futures guidelines.

▶ **Example:** Early and Periodic Screening, Diagnostic, and Treatment Coverage in the Medicaid Benefit for Children and Adolescents

Medicaid programs can reimburse medical providers for maternal depression screening services as part of the EPSDT benefit if this service is done during a well-child visit. Although states and territories are not required to cover this service, 13 state Medicaid programs currently provide coverage of maternal depression screenings.

▶ **Example:** Utilizing Texas Medicaid For Postpartum Depression Screening

Caregiver Mental Health and Maternal Depression *continued*

Pay for success initiatives can incentivize specific target outcomes or processes. These initiatives can be applied to home visiting and similar programs. However, jurisdictions should consider the level and types of risk exposure for participants when designing these initiatives.

▶ Example: Connecticut Maternal, Infant, and Early Childhood Home Visiting Rate Card Pilot



Federal Grant Programs

A variety of federal grant programs can be used to fund early brain development initiatives. This type of funding source provides an opportunity to form partnerships with other early child development agencies and organizations to strengthen existing early childhood and brain development efforts. Many federal grant programs allow states and territories significant flexibility to tailor the programs and funds to their own needs and goals.

Programs and Policies in Place

The spaces below can be used to note programs and policies in this area in addition to or outside the focuses of the approaches below. It is also a space to capture the connections between approaches and opportunities for future work.

States and territories have used the Early Childhood Comprehensive Systems Impact Grant program to strengthen early childhood care systems. For states currently participating in this program, this funding can be used to develop collective impact expertise and improve early childhood care efforts. The grant will be recompleted in 2021, and until then, other states are also able to work collaboratively with recipient states to share lessons learned.

▶ Example: Delaware's Early Childhood Comprehensive Systems Initiative

Funding Early Childhood Development

States and territories can structure funding to provide early childhood development programs. To focus on the ages of zero to three, states and territories can utilize the [infant toddler set-aside model](#) to designate specific funding within the overall state funding stream for early childhood programs. For example, Illinois used its early childhood education funding to provide [preschool and research-based birth-to-three programs](#).

PROGRAM AND POLICY CATEGORIES AND APPROACHES

Early Detection and Treatment of Developmental Delays and Disabilities

States and territories can use federal funds from the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program to strengthen existing systems of services and to build new comprehensive early childhood systems.

▶ **Example:** [Great Start Georgia](#)

Federal Grant Programs *continued*

The U.S. Department of Health and Human Services' Administration for Children and Families manages several grant programs that support early brain development initiatives and goals. For example, at the site below, users can search for terms such as "early childhood" or "home visiting," or filter by categories as appropriate.

▶ **Example:** [Administration for Children and Families Grants and Funding](#)

Early Detection and Treatment of Developmental Delays and Disabilities

Developmental delays and disabilities, such as autism spectrum disorders, can inhibit optimal early brain development. However, if children are diagnosed early enough, support and services can greatly improve their outcomes. Health agencies can support awareness of these conditions through related screening tools which can bolster connections to appropriate treatment and services.



Parent and Provider Screening Tools

Pediatricians and family physicians see young children more often than many others in the health workforce. This routine screening can allow medical professionals to identify children with development delays and enable early access to treatment, intervention, and services.

Programs and Policies in Place

The spaces below can be used to note programs and policies in this area in addition to or outside the focuses of the approaches below. It is also a space to capture the connections between approaches and opportunities for future work.

Parent-completed screening tools can help providers identify developmental progress and developmental delays in children.

▶ **Example:** [Ages and Stages](#)

Parent and Provider Screening Tools *continued*

Provider-administered screening tools provide in-depth information about, and evaluations of, developmental delays in children. These tools can inform connections or referrals to appropriate services as needed.

▶ **Example:** Brief Infant-Toddler Social and Emotional Assessment



Public Health Programs

Public health programs, campaigns, and interventions educate individuals about early brain development and may help promote healthy behavior change. By raising awareness of early milestones and providing targeted services, health agencies can improve recognition and treatment of developmental delays and disabilities.

Programs and Policies in Place

The spaces below can be used to note programs and policies in this area in addition to or outside the focuses of the approaches below. It is also a space to capture the connections between approaches and opportunities for future work.

Public health campaigns can improve early detection of developmental disabilities and connect children and families to appropriate services.

▶ **Example:** Learn the Signs. Act Early.

Early child care licensing or quality recognition programs can incorporate evidence-based healthy early childhood development practices into their early childhood educator training requirements.

▶ **Example:** Eat. Move. Talk!

Early Screening Can Support Effective Interventions

While all children should receive developmental screening, and although screenings are eligible for reimbursement through Medicaid or the Children’s Health Insurance Program, reimbursement rates vary widely from state to state. The reimbursement rate can be a barrier to screening if it does not incentivize providers to offer the screenings.

Half of all states and territories report their screening [data](#), and the listed state screening rates range from 1.6 percent of eligible children to 77.5 percent of eligible children. There are numerous opportunities for states and territories to not only improve developmental screening rates, but also to better assess and measure their current screening rates.

Public Health Programs *continued*

Environmental exposures, most notably to lead, can inhibit healthy early brain development. Public health agencies can screen children for lead exposure; test water, soil, dust, and paint samples; and may be able to perform home visits to educate families on eliminating or limiting lead exposure.

 **Example:** CDC Lead Exposure Prevention Tips

Evaluation and Metrics

Objective, accurate, timely, and relevant metrics are crucial to determining if investments at the policy and program levels are needed and effective. Policymakers can assess overall population health metrics and interventions already in place in a state or territory in order to identify areas of greatest need and target resources appropriately. For programs already in place or being rolled out, states and territories can consider employing cost-effective results measurement techniques to help enable ongoing improvement.




Statewide Assessments

To better assess the availability of services and support for infants, toddlers, and their families, states and territories can use evaluation methods, like needs assessments, to determine gaps in early childhood care. Some current programs, including home visiting programs and the [Preschool Development Grants](#), make their needs assessments publicly available. To inform future directions and funding decisions, states and territories should evaluate their programs and policies to determine if initiatives are successfully accomplishing their goals and improving population outcomes.

Programs and Policies in Place

The spaces below can be used to note programs and policies in this area in addition to or outside the focuses of the approaches below. It is also a space to capture the connections between approaches and opportunities for future work.

By benchmarking current services offered against evidence-based guides, state policy leaders can assess their current early childhood systems and set priorities for improvement.

 **Example:** Infants and Toddlers in the Policy Picture: A Self-Assessment Toolkit For States

Statewide Assessments *continued*

Comparing one jurisdiction's work to that of other jurisdictions is a useful way to benchmark current work. Using a two-generation model, states and territories can assess if they are reaching benchmarks concerning child and family well-being.

▶ Example: National Center for Children in Poverty State Policy Profiles

Statewide dashboards for key public health and education metrics can simplify and streamline data reporting to key stakeholders, including governors, legislators, and the public at large. Informed by more detailed data systems at the departmental level, public health staff and others can use summary-level key indicators to quickly report program outcomes and justifications for continued funding and support.

▶ Example: Michigan Open Data Dashboards

State and territorial health agencies can better understand the health status and needs of children in their communities by utilizing national and state-level data on child health and development.

▶ Example: National Survey of Children's Health



Program Process and Outcomes Assessments

There are several universal developmental milestones that most children reach at certain ages during their early years. Within states' and territories' early childhood development programs, it is necessary to have mechanisms in place to assess children's progress in these programs and to determine if programs are successful.

Programs/Policies in Place

The spaces below can be used to note programs and policies in this area in addition to or outside the focuses of the approaches below. It is also a space to capture the connections between approaches and opportunities for future work.

States and territories can measure use of specific evidence-based approaches by including them in quality standards and then evaluating the number or percentage of programs that meet those standards.

▶ Example: Delaware Office of Early Learning

Program Process and Outcomes Assessments *continued*


Literacy and vocabulary exposure and acquisition metrics assess elements of early brain development and can be incorporated into programs or evaluated through the educational system.

 **Example:** Providence Talks

Program uptake and receipt rates can show if investments are reaching children in need. They can be measured through, for example, percentages of children enrolled in early care programs or receiving appropriate supports and services.

 **Example:** Florida Healthy Start

The percentages of children in programs who are reaching appropriate socioemotional developmental [milestones](#), such as levels of gesturing, vocalizing, and speaking in full words, can help assess overall program efficacy.

 **Example:** Kids Matter: Improving Outcomes for Children in Washington State

Conclusion

Moving investments upstream to the earliest years of childhood has the potential to improve lifelong health outcomes through better brain and socioemotional development. This tool is designed to help states and territories recognize and enhance the early brain development work that they are already doing, identify gaps and opportunities, and prioritize funding and resources for further interventions that would be best suited for their target populations.

It is important to note that each jurisdiction's unique demographics and health indicators are also key inputs into this tool. While the tool may identify a policy approach yet to be implemented in a state or territory, the lack of current use alone may not be sufficient justification to apply that approach. State and territorial health agencies should carefully consider their jurisdictional gaps and opportunities, apply costs and benefits to all policy decisions, and factor in the outsized impact that early childhood investments have relative to other, later interventions.

Appendix A: Summary of Self-Assessment Tool Results

The summary below aims to both provide the user with a quick means of collecting the results of the self-assessment above and allow an easier visualization of current strengths and gaps. The check boxes below indicate the presence or absence of an approach in current practice or policy. For example, an approach could be labeled as not being currently present (present check box left empty), but planned for later implementation (planned box checked). Please note that this summary checklist is not intended to produce a “score” of approaches in place versus the total possible approaches, because the tool is not comprehensive, and some approaches in some sections are similar to others, creating some degree of duplication.

This summary can also be used as a planning tool. Users can enter the date of the self-assessment and identify the programs or policies they wish to have in place in the future (the “planned state”). The retrospective column can be used to make this work time-bound (i.e., by what date do you want to implement these planned approaches?). Users can enter the time duration from the original assessment or a future date and revisit this tool to conduct a retrospective self-assessment in the final column.

Program and Policy Categories and Approaches	Current State	Planned State	Retrospective
Date: [Self-Assessment Date]			months from Self-Assessment Date
Engaging Families and Building Caregiver Capacity			
Home Visiting			
Implement universal home visiting programs to provide support to parents of newborns, regardless of income or socioeconomic status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create a home visiting team of nurses, mental health clinicians, and community health workers to improve assessments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expand home visiting programs to connect with families in new settings in order to provide additional support to parents and children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Mental Health and Maternal Depression			
Implement programs that allow pediatricians to bill mental health screenings and services for both caregivers and children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Program and Policy Categories and Approaches	Current State	Planned State	Retrospective
Incorporate caregiver mental health screenings into well-child visits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide counseling and advice to caregivers about toxic stress and ACEs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting Early Language Nutrition and Bridging the Word Gap			
Train pediatric providers to educate caregivers about early language acquisition and positive parenting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share creative early learning tools and materials that help caregivers foster positive early childhood learning and healthy brain development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Resiliency and Protective Factors and Preventing Adverse Childhood Experiences and Trauma			
Build on existing systems and resources to create comprehensive, trauma-informed systems for at-risk children and families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Train pediatricians to use assessment tools and resources to better identify and care for children exposed to ACEs or toxic stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partnerships and Workforce Development			
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)			
Use CDC's "Learn the Signs. Act Early." campaign to educate WIC participants about early child development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incorporate language assessment tools and early brain development information into WIC nutrition education visits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilize technological innovations to help caregivers learn about positive parenting techniques and improve interactions with their children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Program and Policy Categories and Approaches	Current State	Planned State	Retrospective
Healthcare Providers			
Train healthcare professionals to encourage families to read aloud to their children by providing the tools to create language-rich interactions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourage pediatricians to support early brain development in well-child visits by screening for risks and promoting positive parenting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrate mental health services for both children and caregivers into infants' and young children's primary care visits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Child Care and Early Education			
Provide Early Head Start Programs that offer early childhood education and comprehensive services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create statewide early learning and care benchmarks for different development stages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implement quality rating improvement systems to improve the quality of early child care and education programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster cross-sector collaboration to convene key stakeholders in early care and education and implement joint improvement efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals and Health Systems			
Strengthen health agency and health system collaboration to expand the reach of home visiting programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner with health systems and community organizations to screen at-risk children and families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Program and Policy Categories and Approaches	Current State	Planned State	Retrospective
Program Funding and Sustainability Approaches			
Payment and Incentive Programs and Policies			
Align state and territorial Medicaid EPSDT benefits with evidence-based guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remove barriers and increase options for Medicaid reimbursement of maternal depression screenings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implement pay for success initiatives to incentivize improvements in maternal and child health outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Grant Programs			
Use federal Early Childhood Comprehensive Systems Impact Grant funds to strengthen early childhood care systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in the federal MIECHV program to build comprehensive early childhood systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in Administration for Children and Families grant programs to support early brain development initiatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Detection and Treatment of Developmental Delays and Disabilities in Children			
Parent and Provider Screening Tools			
Create or share screening tools for caregivers to use to identify developmental progress and delays early.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create provider screening tools for developmental delays in order to connect children to appropriate services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Programs			
Use public health campaigns to improve early detection of developmental disabilities and connect children and families to related services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Program and Policy Categories and Approaches	Current State	Planned State	Retrospective
Train early childhood educators in evidence-based early childhood development practices and integrate them into early care programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevent lead and other harmful environmental exposures that can inhibit early brain development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation and Metrics			
Statewide Assessments			
Benchmark current services offered against evidence-based guides to assess current early childhood systems and set priorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create comparisons with other jurisdictions to benchmark current early brain development work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implement a statewide dashboard for key public health and education metrics to simplify and streamline data reporting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilize national and state-level data on child health and development to better understand the health status and needs of children in your jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Process and Outcomes Assessments			
Include specific evidence-based approaches in program evaluations and quality metrics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incorporate literacy and language acquisition metrics into programs to assess elements of early brain development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measure program uptake and receipt rates to determine if investments are reaching children in need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess percentages of children in programs reaching socioemotional developmental milestone as part of overall program evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>