Improving the Odds through Early Childhood Comprehensive Systems

Kay Johnson
Director, Project THRIVE
National Center for Children in Poverty

Improving the Odds

Focusing on Policy to Support ECCS

Established at the National Center for Children in Poverty (NCCP), Project THRIVE is a public policy analysis and education initiative to promote healthy child development.

- This work is supported through a cooperative agreement with the Maternal and Child Health Bureau, HRSA-DHHS.
- THRIVE provides policy education and analysis for the state Early Childhood Comprehensive Systems Initiatives (ECCS)

Policy Thinking Across ECCS

Core Components

- 5 core components:
  - Access to Health Care and Medical Homes
  - Social-Emotional Development and Mental Health
  - Early Care and Education Services
  - Parenting Education
  - Family Support Services

Health /Medical Home + Mental Health/ Social-Emotional

State Policy Choices to Promote Access

- Medicaid/SCHIP income eligibility at or above 200% of poverty (41 states in 2006).
- Medicaid/SCHIP 12-month continuous eligibility
- Medicaid/SCHIP presumptive eligibility/ temporary coverage during eligibility determinations (12 states in 2005).
- Supplement federal WIC funds to reduce waiting lists for pregnant women and young children (9 states in 2006)

Health /Medical Home + Mental Health/ Social-Emotional

State Policy Choices to Promote Quality

- Achieve national benchmark that 80% of children in Medicaid receive at least one EPSDT screen annually (7 states in 2005 for toddler and preschool age children).
- EPSDT periodic visits schedules consistent with AAP standards / Bright Futures guidelines.
- Require use of objective developmental screening tools in EPSDT/SCHIP.

State Policy Choices to Promote Access

- IDEA Part C Early Intervention Program eligibility includes at-risk children (6 states in 2006).
- IDEA option to provide early intervention services for children birth to five (no states).
- CAPTA requirement to refer all children birth to three with substantiated cases of child abuse and neglect to Part C implemented statewide.
- Title V Children with Special Health Care Needs (CSHCN) includes children with physical, developmental, and mental health conditions.
Special Needs & More Vulnerable

State Policy Choices to Promote Quality

- Permit use the DC:0-3 for Medicaid/SCHIP reimbursement (5 states in 2006).
- Require newborn screening for 28 recommended conditions (18 states in 2006).
- Require newborn hearing screening (30 states in 2006).

Early Care and Education

State Policy Choices to Promote Quality

- Require adult-child ratios and maximum class size for infants, toddlers, and 3-4 year olds consistent with professional standards. (8 states for toddlers and 14 states for 4-year-olds in 2005).
- Implement child care quality rating system.
- Implement early learning standards or developmental guidelines for infants and toddlers (19 states in 2005).

State Policy Choices to Promote Access

- Child care subsidies eligibility at or above 200% of poverty (16 states in 2006).
- Child care subsidy - annual re-determination/continuous eligibility (20 states in 2006).
- Refundable state dependent care tax credit (13 states in 2005).
- Supplement federal Head Start funds to reduce waiting lists (16 states in 2006).
- State-funded pre-kindergarten program (39 states in 2006).

Parenting Education + Family Support

State Policy Choices to Promote Quality

- Paid family (medical/ maternity) leave (6 states in 2004).
- TANF work-requirement exemption for single parents from pregnancy until child reaches age 1 (28 states in 2003).
- TANF reduced work requirements for parents with children under age 6 (18 states in 2003).
- State allowance for parents in school to qualify for child care subsidies (45 states in 2005).
- State personal income tax exemption for single-parent families living below the poverty level (36 states in 2006).
- State maintenance of co-payments for child care subsidies at or below 10% of family income (28 states in 2006).

State Policy Choices to Promote Access

- Develop statewide capacity for Parent Information Center for children with disabilities and special health care needs.
- Use state “warm-lines” and “hot-lines” to provide extended parent resource and referral.
- Support local family resource centers with state funding.

For more information or questions, contact us at Project THRIVE
046-284-9633
thrive@nccp.org

Kay Johnson, MPH, EdM Project Director
Jane Knitzer, EdD Director, National Center for Children in Poverty
Leslie Davidson, MD, MPH Senior Health Advisor
Suzanne Theberge, MPH Research Analyst