



**ZERO to THREE**  
Early connections last a lifetime

Arizona Early Childhood Task Force  
Family Support Subcommittee  
February 10th 2017

National Perspectives on Family Support  
Initiatives





## Family Support Initiatives: Topics to Consider

- **Universal vs. targeted services**
- **Coordinated intake and referral to comprehensive supports**
- **Professional development for family support professionals**
- **Medicaid financing for home visiting**
- **Strengthening role of family support programs in promoting:**
  - Coordinated system of developmental screening and referral; and
  - Continuum of infant-early childhood mental health (prevention, promotion, diagnosis, treatment)



## Universal vs. Targeted Services

**Given limited budgets, consider how to maximize impact of resources:**

**Are communities targeting programs to those who would most benefit?**

- Review evidence base to better understand best match between interventions and target populations
- Are systems in place to screen and refer families to services that they need?

**Consider a continuum model** where light-touch universal support also serves as an opportunity to screen and refer to more intensive interventions:

- Emerging state/local strategy in **Massachusetts, Illinois, Durham NC** offers universal one-time voluntary nurse home visit with referrals to other services, as needed.

# Coordinated Intake and Referral to Comprehensive Supports



ZERO TO THREE

## Coordinated state or regional processes make better use of resources and match interventions to families' needs. Promising models include:

- Centralized intake to connect families to services that match their needs (ex. *New Jersey regional intake system*, universal one-time home visits)
- Common forms (applications, screening tools, referral forms) and data systems across programs and services (ex. *Georgia common screening tool and database to track referrals*)
- Centralized telephone access point to connect children and their families to needed services (*Help Me Grow model – state or regional*)
- Community hubs to deliver multiple services to families in a single location (*Maryland Judy Centers*)
- Local staff who help families navigate multiple services (ex. *Oklahoma Community Connectors*)



## Professional development systems can build capacity of family support workforce.

- Develop cross-system core knowledge and competencies that show applicability for family support professionals (*ex. Nebraska*)
- Consider implementing career pathways for infant-toddler specialists or family support workers (*ex. Iowa integrated professional development system for family support professionals*)
- Work with higher education to increase cross-disciplinary course offerings (*Ex. NM family infant toddler track for home visiting and Part C professionals*)
- Develop joint training opportunities for various family support and early childhood and/or health professionals on cross-cutting topics. (*ex. Virginia trainings, combined professional conferences*)



# Medicaid Financing for Home Visiting

**Financing Options within Medicaid:** Through one or more of these mechanisms, states are drawing on Medicaid funding for home visiting programs:

- Targeted case management
- Administrative case management
- Enhanced prenatal benefit
- Include in managed care contract
- Traditional Medicaid service
- Waivers

## **But consider...**

- Uncertainty about federal Medicaid policy
- Home visitors must be eligible Medicaid providers
- Administrative complexity and state-specific policy context

## **More information available:**

[http://www.nashp.org/sites/default/files/medicaid.financing.home\\_visiting.programs\\_0.pdf](http://www.nashp.org/sites/default/files/medicaid.financing.home_visiting.programs_0.pdf)

<https://www.americanprogress.org/issues/early-childhood/reports/2017/01/25/297160/medicaid-and-home-visiting/>

# Strengthening Role of Family Support Programs: Developmental Screening



ZERO TO THREE

**Promote coordinated approach to developmental screening across health, early care and education, and family support programs.**

This may include:

- Common screening tools
  - Coordinated professional development approach
  - Coordinated referral process and data system
- 
- Consider financing/incentives to increase rate of developmental screening in various settings.

# Strengthening Role of Family Support Programs: Mental Health



ZERO TO THREE

**Continuum of early childhood mental health supports (prevention, promotion, diagnosis, treatment). Where can family support programs play a role?**

- Embed information on early childhood mental health in parenting information geared at all families.
- Build family support workforce capacity and knowledge in early childhood mental health. Consider expanded role of early childhood mental health endorsement.
- Expand early childhood mental health consultation to support home visiting programs (*Louisiana, Colorado* models)



## Discussion Questions

- Do you have questions for ZERO TO THREE?
- What additional information would be helpful?



**ZERO to THREE**  
Early connections last a lifetime

Amanda Szekely  
Senior State Technical Assistance  
Specialist  
[aszekely@zerotothree.org](mailto:aszekely@zerotothree.org)

---