2021 Prenatal-to-3 State Policy Roadmap

Methods and Sources

Effective Strategies

COMPREHENSIVE SCREENING AND CONNECTION PROGRAMS

What are comprehensive screening and connection programs and why are they important?

All references for this section are provided in the Notes and Sources section at the bottom of each webpage. Additionally, search the Prenatal-to-3 Policy Clearinghouse for an ongoing inventory of rigorous evidence reviews, including more information on comprehensive screening and connection programs.

What impact do comprehensive screening and connection programs have?

The following studies meet standards of strong causal evidence to demonstrate the impacts of comprehensive screening and connection program for the health and wellbeing of young children and their families:

A. Dodge, K. A., Goodman, W. B., Murphy, R. A., O'Donnell, K., & Sato, J. (2013). Randomized controlled trial of universal postnatal nurse home visiting: Impact on emergency care. *Pediatrics*, *132*(Supplement 2), S140–S146. https://doi.org/10.1542/peds.2013-1021M

B. Dodge, K. A., Goodman, W. B., Murphy, R. A., O'Donnell, K., Sato, J., & Guptill, S. (2014). Implementation and randomized controlled trial evaluation of universal postnatal nurse home visiting. *American Journal of Public Health*, *104 Suppl 1*, S136-143. https://doi.org/10.2105/AJPH.2013.301361

C. Goodman, W. B., Dodge, K. A., Bai, Y., O'Donnell, K. J., & Murphy, R. A. (2019). Randomized controlled trial of Family Connects: Effects on child emergency medical care from birth to 24 months. *Development and Psychopathology*, *31*(5), 1863–1872. https://doi.org/10.1017/S0954579419000889

D. Dodge, K. A., Goodman, W. B., Bai, Y., O'Donnell, K., & Murphy, R. A. (2019). Effect of a community agency–administered nurse home visitation program on program use and maternal and infant health outcomes: A randomized clinical trial. *JAMA Network Open*, *2*(11), e1914522. https://doi.org/10.1001/jamanetworkopen.2019.14522

E. Minkovitz, C. (2001). Early effects of the HealthySteps for Young Children program. *Archives of Pediatrics & Adolescent Medicine*, *155*(4), 470-479. https://doi.org/10.1001/archpedi.155.4.470

F. Minkovitz, C. S., Hughart, N., Strobino, D., Scharfstein, D., Grason, H., Hou, W., Miller, T., Bishai, D., Augustyn, M., McLearn, K. T., & Guyer, B. (2003). A practice-based intervention to enhance quality of care in the first 3 years of life: The HealthySteps for Young Children Program. *JAMA*, *290*(23), 3081-3091. https://doi.org/10.1001/jama.290.23.3081

G. Minkovitz, C. S., Strobino, D., Mistry, K. B., Scharfstein, D. O., Grason, H., Hou, W., Ialongo, N., & Guyer, B. (2007). HealthySteps for Young Children: Sustained results at 5.5 years. *Pediatrics*, *120*(3), e658–e668. https://doi.org/10.1542/peds.2006-1205

H. Caughy, M. O., Miller, T. L., Genevro, J. L., Huang, K.-Y., & Nautiyal, C. (2003). The effects of HealthySteps on discipline strategies of parents of young children. *Journal of Applied Developmental Psychology*, *24*(5), 517–534. https://doi.org/10.1016/j.appdev.2003.08.004

I. Caughy, M. O., Huang, K.-Y., Miller, T., & Genevro, J. L. (2004). The effects of the HealthySteps for Young Children Program: Results from observations of parenting and child development. *Early Childhood Research Quarterly*, *19*(4), 611–630. https://doi.org/10.1016/j.ecresq.2004.10.004

J. Sege, R., Preer, G., Morton, S.J., Cabral, H., Morakinyo, O., Lee, V., Abreu, C., De Vos, E., & Kaplan-Sanoff, M. (2015). Medical-legal strategies to improve infant health care: A randomized trial. *Pediatrics, 136*(1). https://doi.org/10.1542/peds.2014-2955

How can states effectively implement comprehensive screening and connection programs?

In the absence of an evidence-based state policy lever to ensure the services effectively provide children and families the support they need, we present several choices that states can make to more effectively implement comprehensive screening and connection programs. We identify states as leaders in the implementation of comprehensive screening and connection programs if they:

- Have a high percentage of families who access the programs relative to other states;
- Enact legislation or establish evidence-based programs that can reach families across the state;
- Have had a substantial and long-term implementation of one of the three evidence-based program models; and
- Have implemented a universal program with a similar design to one of the three evidence-based program models.

We performed outreach to each of the three evidence-based comprehensive screening and connection program models — DULCE, Family Connects, and HealthySteps — to collect which states the programs operate in, how many sites in each state, and the number of families served in each state by the program model. To assess if a state serves a high share of families, we calculated the percentage of families served using service data from the three program models, total births data from the CDC Vital Statistics, and population estimates for the number of children under age 3 from the Census Bureau. Additional details on the calculation of this measure can be found below (see Measure 2). States identified as serving a high share of families are those that were in roughly the top ten states for a specific program model.

We also collected information on the types of federal, state, and local funding sources used by each program model to implement the comprehensive screening and connection program in each state the have a presence. Although the most effective way for states to implement and support comprehensive screening and connection programs is unclear from the evidence base, we relied on the expertise and experience of the three evidence-based program models to provide information on states who had provided substantial

support to the implementation of the program, as well as a general history of implementation of the program in each state.

We also identified states in which alternative comprehensive screening and connection programs operate. These programs are similar in design, implementation, and goals to the three evidence-based models included in the Roadmap, however, they have not yet been rigorously evaluated. We drew upon our relationships with state implementers and researchers to identify states where an alternative model is implemented. To determine if a state-based program model meets our criteria to be considered an alternative comprehensive screening and connection model, we used program model materials available online such as program recruitment flyers and program annual summary reports to determine the activities offered, eligibility criteria, implementation status, and goals of the program model. When online materials were unclear, we supplemented our online research with targeted outreach to program models themselves.

We also performed an electronic search using Quorum State between July 1, 2020 and August 15, 2021 to assess legislative progress pertaining to comprehensive screening and connection programs, which are commonly referred to in legislation as "universal home visiting" programs. The main search strategy used combinations of keywords for proposed bills related to comprehensive screening and connection programs ("family connects" OR "healthy steps" OR comprehensive screening OR comprehensive referrals OR screening & referral OR "Durham Connects" OR "help me grow" OR "Project DULCE" or postpartum WITHIN 5 OF "home visit" OR "universal postpartum home visit" OR "universal postpartum visit" OR "universal home visiting" OR "universal home visit"). Research staff conducted searches, analyzed results for relevant state legislation, and summarized state's efforts around comprehensive screening and connection programs at the state level.

Sources:

State	Source
All States	1. Census Bureau, Population Division. (2020). *Annual state resident population estimates for 6 race groups (5 race alone groups and two or more races) by age, sex, and Hispanic origin: April 1, 2010 to July 1, 2019* – sc-est2019-alldata6.csv [Data Set]. Retrieved June 30, 2020 from https://www.census.gov/data/tables/time-series/demo/popest/2010s-state-detail.html 2. Help Me Grow. (n.d.). Affiliates – Help me grow national center. Retrieved on July 15, 2021, from https://helpmegrownational.org/affiliates/list/ 3. J. Quin, Family Connects International, personal communication, April 8, 2021. 4. P. Hampton, Center for the Study of Social Policy, personal communication, February 26, 2021. 5. R. Briggs, ZEROTOTHREE, personal communication, July 12, 2021. 6. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics. (n.d.). Natality public-use data 2016-2019, on CDC WONDER Online Database, October 2020 [Data Set]. Accessed at http://wonder.cdc.gov/natality-expanded-current.html on March 16, 2021.
Alabama	1. J. Tracey, ZEROTOTHREE, personal communication, August 5, 2021.

State	Source
Alaska	(no additional sources)
Arizona	1. J. Tracey, ZEROTOTHREE, personal communication, August 5, 2021.
Arkansas	1. K. Friedman, Family Connects International, personal communication, July 22, 2021.
California	1. J. Tracey, ZEROTOTHREE, personal communication, August 5, 2021.
Colorado	1. P. Hampton, Center for the Study of Social Policy, personal communication, June 16, 2021.
Connecticut	1. J. Tracey, ZEROTOTHREE, personal communication, August 5, 2021. 2. S.B. 1202, 2021 Leg., June Spec. Sess., (Conn., 2021).
Delaware	(no additional sources)
District of Columbia	1. J. Tracey, ZEROTOTHREE, personal communication, August 5, 2021.
Florida	1. J. Tracey, ZEROTOTHREE, personal communication, August 5, 2021. 2. P. Hampton, Center for the Study of Social Policy, personal communication, June 16, 2021.
Georgia	(no additional sources)
Hawaii	1. J. Tracey, ZEROTOTHREE, personal communication, August 5, 2021.
Idaho	(no additional sources)
Illinois	1. A. MacDonald, Family Connects International, personal communication, June 16, 2021. 2. J. Tracey, ZEROTOTHREE, personal communication, August 5, 2021.
Indiana	(no additional sources)
Iowa	1. A. MacDonald, Family Connects International, personal communication, June 16, 2021.
Kansas	(no additional sources)
Kentucky	1. J. Tracey, ZEROTOTHREE, personal communication, August 5, 2021.
Louisiana	1. S.R. 210, 2021 Leg., Reg. Sess., (La., 2021).
Maine	(no additional sources)
Maryland	1. K. Friedman, Family Connects International, personal communication, July 22, 2021. 2. Office of Governor Larry Hogan. (2021, July 6). Governor Hogan announces launch of $72 million maternal and child health care initiative. Retrieved on August 1, 2021, from https://governor.maryland.gov/2021/07/06/governor-hogan-announces-launch-of-72-million-maternal-and-child-health-care-initiative/ 3. J. Tracey, ZEROTOTHREE, personal communication, August 5, 2021. 4. Office of Governor Larry Hogan. (2021, July 6). Governor Hogan announces launch of $72 million maternal and child health care initiative. Retrieved on August 1, 2021, from https://governor.maryland.gov/2021/07/06/governor-hogan-announces-launch-of-72-million-maternal-and-child-health-care-initiative/
Massachusetts	1. J. Tracey, ZEROTOTHREE, personal communication, August 5, 2021.
Michigan	(no additional sources)
Minnesota	1. A. MacDonald, Family Connects International, personal communication, June 16, 2021. 2. J. Tracey, ZEROTOTHREE, personal communication, August 5, 2021.
Mississippi	(no additional sources)
Missouri	1. J. Tracey, ZEROTOTHREE, personal communication, August 5, 2021.
Montana	1. J. Tracey, ZEROTOTHREE, personal communication, August 5, 2021.
Nebraska	(no additional sources)
Nevada	(no additional sources)
New Hampshire	(no additional sources)

State	Source
New Jersey	1. J. Tracey, ZEROTOTHREE, personal communication, August 5, 2021. 2. S.B. 690, 219th Leg., Reg. Sess., (N.J. 2021).
New Mexico	(no additional sources)
New York	1. K. Friedman, Family Connects International, personal communication, July 22, 2021.
North Carolina	1. J. Tracey, ZEROTOTHREE, personal communication, August 5, 2021.
North Dakota	(no additional sources)
Ohio	1. A. MacDonald, Family Connects International, personal communication, June 16, 2021.
Oklahoma	1. J. Tracey, ZEROTOTHREE, personal communication, August 5, 2021.
Oregon	1. A. MacDonald, Family Connects International, personal communication, June 16, 2021. 2. J. Tracey, ZEROTOTHREE, personal communication, August 5, 2021. 3. S.B. 526, 80th Leg., Reg. Sess., (Or., 2019).
Pennsylvania	1. H.B. 227, 2021 Leg., Reg. Sess., (Pa. 2021). 2. J. Tracey, ZEROTOTHREE, personal communication, August 5, 2021.
Rhode Island	(no additional sources)
South Carolina	1. J. Tracey, ZEROTOTHREE, personal communication, August 5, 2021.
South Dakota	(no additional sources)
Tennessee	(no additional sources)
Texas	1. A. MacDonald, Family Connects International, personal communication, June 16, 2021. 2. J. Tracey, ZEROTOTHREE, personal communication, August 5, 2021. 3. S.B. 1520, 2021 Leg., Reg. Sess., (Tex. 2021)
Utah	(no additional sources)
Vermont	1. H. 44, 2021 Leg., Reg. Sess., (Vt. 2021). 2. P. Hampton, Center for the Study of Social Policy, personal communication, June 16, 2021.
Virginia	(no additional sources)
Washington	1. J. Tracey, ZEROTOTHREE, personal communication, August 5, 2021.
West Virginia	(no additional sources)
Wisconsin	1. A. MacDonald, Family Connects International, personal communication, June 16, 2021.
Wyoming	(no additional sources)

How do comprehensive screening and connection programs vary across states?

Data were collected for 2 different measures to assess how states vary in their implementation of comprehensive screening and connection programs. The datasets, calculations, and sources referenced for each state are listed below.

Measure 1: Number of program sites

Definition:
The number of program model sites serving families in each state

Notes:
Data were provided by DULCE for sites as of 2019, by Family Connects for sites as of 2019, and by HealthySteps for sites as of early 2020.

Sources:
1. **DULCE**: P. Hampton, Center for the Study of Social Policy, personal communication, February 26, 2021.
2. **Family Connects**: J. Quin, Family Connects International, personal communication, April 8, 2021.
3. **HealthySteps**: R. Briggs, ZEROTOTHREE, personal communication, July 12, 2021.

Measure 2: Percentage of children/families served

Definition:
The percentage of children/families served in one of the three evidence-based comprehensive screening and connection programs out of all children/families in the state, by program model

Notes:
1. **Numerator**: The number of children or families served by the evidence-based comprehensive screening and connection program
2. **Denominator**: The total number of births/children under age 3 in each state in which the evidence-based comprehensive screening and connection programs operates.
3. Number served data were provided by DULCE as of 2019, by Family Connects as of 2019, and by HealthySteps as of early 2020.
4. The percentage of families served by DULCE is calculated by dividing the number of participants in DULCE in the state in 2019 by the number of all births in the state in 2019. The total number of births in a state in 2019 is determined from CDC Vital Statistics data.
5. The percentage of families served by Family Connects is calculated by dividing the number of participants in Family Connects in the state in 2019 by the number of all births in the state in 2019. The total number of births in a state in 2019 is determined from CDC Vital Statistics data.

6. The percentage of children served by HealthySteps is calculated by dividing the number of participants in HealthySteps in the state in early 2020 by the number of children under age 3 in the state in 2019. The total number of children in a state in 2019 is determined from Census Bureau's Population Estimates dataset (2019 vintage).

Sources:
1. **DULCE**: P. Hampton, Center for the Study of Social Policy, personal communication, February 26, 2021.
2. **Family Connects**: J. Quin, Family Connects International, personal communication, April 8, 2021.
3. **HealthySteps**: R. Briggs, ZEROTOTHREE, personal communication, July 12, 2021.
4. **Children Under age 3:** Census Bureau, Population Division. (2020). *Annual state resident population estimates for 6 race groups (5 race alone groups and two or more races) by age, sex, and Hispanic origin: April 1, 2010 to July 1, 2019* – sc-est2019-alldata6.csv [Data Set]. Retrieved June 30, 2020 from https://www.census.gov/data/tables/time-series/demo/popest/2010s-state-detail.html
5. **Number of Births:** United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics. (n.d.). Natality public-use data 2016-2019, on CDC WONDER Online Database, October 2020 [Data Set]. Accessed at http://wonder.cdc.gov/natality-expanded-current.html on March 16, 2021.