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## Comprehensive Screening and Connection Programs

Comprehensive screening and connection programs assess the social predictors of health that contribute to long-term child and family wellbeing. The programs use screening tools that identify the needs of children and families, and then connect families to targeted services. Comprehensive screening and connection programs vary across states in terms of models offered, families’ access to programs, and state support. Below is a list of policy considerations for state leaders to help maximize the effectiveness of comprehensive screening and connection programs. **States should consider the implications of these policy choices and their collective impact on equitable access to programs for their state.**

We use the following symbol to highlight where policy choices can promote greater equity. 

Comprehensive screening and connection programs increase families’ access to needed care and services and enhance optimal child health and development, with positive impacts on emergency department visits and vaccination rates.

This checklist covers the following components of implementing comprehensive screening and connection programs:

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<p><b>IMPLEMENTATION</b></p> <ul style="list-style-type: none"> <li>• Statewide goal</li> <li>• Implementation method</li> </ul>	<p><b>FUNDING MECHANISMS</b></p> <ul style="list-style-type: none"> <li>• Federal</li> <li>• State</li> <li>• Health payer reimbursement</li> <li>• Private support</li> </ul>	<p><b>ACCESS</b></p> <ul style="list-style-type: none"> <li>• State- and community-supported program sites</li> <li>• Location of models</li> <li>• Areas of need</li> </ul>

To see the percentage of eligible children under age 3 served in comprehensive screening and connection programs in each state, please view our website.



## Background on Evidence-Based Models

To be considered a comprehensive screening and connection program according to the Prenatal-to-3 Policy Impact Center's criteria, programs must (1) screen families for a range of social, health, and financial needs, and connect the families to appropriate services; (2) be universal and, therefore, available and voluntary to all families in the service area, regardless of income or other eligibility criteria; (3) be initiated by outreach or contact from the program model; and (4) be low touch in service delivery, providing families with a small number of home visits or other short-term contacts between families and the program. Although many local and statewide programs have screening and referral components, three program models have been rigorously studied and demonstrate effectiveness at improving outcomes during the birth-to-3 period:

- **DULCE** is offered in pediatric care settings. This program includes legal partners, Family Specialists, and medical providers. At routine well-child visits, families are screened for any social and economic stressors; if needs are identified, the team works collaboratively with families and follows up with them to ensure service delivery. DULCE is available for families with infants up to age 6 months.
- **Family Connects** is a community-wide nurse home visiting program that initially connects with families in participating hospitals and offers one to three visits to all new parents, offering connections to community services based on identified family need.
- **HealthySteps** takes a team approach in its program model by adding a child developmental specialist into the pediatric care setting for children up to age 3. The program offers different tiers of ongoing supports depending on family need.

This checklist focuses primarily on DULCE, Family Connects, and HealthySteps. States may have alternative program models that may share similar goals to these three evidence-based models and meet the specific needs of the state. However, alternative models have not been evaluated to the same extent as the three evidence-based models, and therefore are not the focus of this checklist.

For example, Help Me Grow is an alternative comprehensive screening and connection program model that is used in 31 states. Implementation varies widely among states, but the overall focus of the program is to help families with young children connect to community resources. Often, families must contact the program rather than Help Me Grow initiating outreach to all families. Other alternative models are also developed on a smaller scale, specifically at the state, local, or community level, and have not been researched extensively.

## Implementation

The number of evidence-based program models offered, as well as the number and location of program sites throughout a state impacts a family’s ability to access comprehensive screening and connection programs. As of 2022, only one state offered all three evidence-based program models to families, although the program models are offered in different communities within the state.



To achieve greater equity, states can use legislative or administrative means to establish universal comprehensive screening and connection programs statewide, ensuring access in regions and communities where families can benefit the most (for example, areas with limited access to services or communities with poor child health outcomes).

### 1. Has your state set a goal to implement comprehensive screening and connection programs statewide?

States may enact legislation or use administrative methods to support evidence-based comprehensive screening and connection programs. In many states, comprehensive screening and connection programs are funded and implemented at the community level. Increasingly, states are developing statewide initiatives, such as Connecticut and Oregon, and have passed legislation to mandate Medicaid coverage of the programs and set Medicaid reimbursement rates for providers.

- Yes, the state has set a goal to implement comprehensive screening and connection programs statewide. (If yes, please complete the table below.)
- No, the state has not set a goal to implement comprehensive screening and connection programs statewide.

**Check applicable boxes below to indicate state-level progress towards implementing comprehensive screening and connection programs statewide.**

	DULCE	Family Connects	HealthySteps	Help Me Grow	Other Alternative Model
<b>Legislation, Long-term Funding</b> State has enacted legislation to fund a program model, together with statewide rollout and implementation over time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Legislation and Temporary Funding</b> State has enacted legislation to allocate state funds to launch small-scale implementation, without long-term funding for future program expansion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Legislative or Administrative Action on Medicaid Reimbursement</b> State has set or increased Medicaid reimbursement rates for providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other, describe:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Funding Mechanisms

Comprehensive screening and connection programs rely on a variety of funding mechanisms. States that successfully implement statewide programs often appropriate state funding to support the programs, leverage Medicaid and federal funding sources, and may rely on local, private, or philanthropic funds to support programs.



Long-term, sustainable funding for evidence-based comprehensive screening and connection programs may help reduce racial and ethnic disparities in outcomes because of the programs' emphasis on addressing social predictors of health.

### 1. What types of funding does your state use to support comprehensive screening and connection programs? Check all that apply


DULCE, Family Connects, and HealthySteps are funded through a combination of federal, state, local, and private support, including reimbursement from health care payers.

	DULCE	Family Connects	HealthySteps	Help Me Grow	Other Alternative Model
<b>Federal Funding Sources</b>					
Maternal, Infant, and Early Childhood Home Visiting (MIECHV)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preschool Development Grants (PDG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Rescue Plan Act (ARPA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>State Funds</b>					
Taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Local or County Funds</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Care Payer Reimbursements</b>					
Medicaid reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managed Care Organization contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health system reinvestment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Private Funds</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other:</b>					
(1) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Not all funding streams listed above are applicable to all program models.

**Access**

**1. Which evidence-based comprehensive screening and connection programs are available to families in your state?** Check all that apply. If possible, identify where programs and sites are state and/or community supported.

 By surveying the availability of both state- and community-supported program sites, states can identify if there is universal access to programs or if access to programs is limited or inequitable compared to need. If the state identifies gaps in access, the state can take action to support programmatic growth in areas without access and with demonstrated need.

Program Model	Number of Sites	State and/or community support	
<input type="checkbox"/> DULCE		<input type="checkbox"/> State	<input type="checkbox"/> Community
<input type="checkbox"/> Family Connects		<input type="checkbox"/> State	<input type="checkbox"/> Community
<input type="checkbox"/> HealthySteps		<input type="checkbox"/> State	<input type="checkbox"/> Community
Other: <input type="checkbox"/> Help Me Grow <input type="checkbox"/> Alternative model(s): _____		<input type="checkbox"/> State	<input type="checkbox"/> Community
<input type="checkbox"/> Not applicable, none of the above.			

**2. If state-supported evidence-based comprehensive screening and connection program models are available in your state, are families across the state able to access programs?**

- Yes, sites are available throughout all regions of the state.
- No, sites are concentrated in limited geographic areas. Please describe:  
\_\_\_\_\_
- Not applicable, the state does not have state-supported comprehensive screening and connection programs.

**3. If sites are limited to certain geographic areas, are these located where there is a demonstrated need for programming?**

- Yes. Please describe:  
\_\_\_\_\_
- The state has not yet fully assessed need in different communities.
- Not applicable, the state does not have state-supported comprehensive screening and connection programs.