2025 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*, S136-127. 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. Goodman, B.W., Dodge, K.A. (Nov. 5, 2016). A Low-Cost RCT of a Universal Postnatal Nurse Home Visiting Program: Durham Connects. Final Report. Prepared for the Laura and John Arnold Foundation. *Duke University Center for Child and Family Policy*. https://osf.io/3ys4m
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). 97-106.https://doi.org/10.1542/peds.2014-2955

K. Goodman, W.B., Dodge, K.A., Bai, Y., Murphy, R.A., & O'Donnell, K. (2021). Effect of a universal postpartum nurse home visiting program on child maltreatment and emergency medical care at 5 years of age: A randomized clinical trial. *JAMA, 4*(7), e2116024. https://doi.org/10.1001/jamanetworkopen.2021.16024

L. Dodge, K. A., Goodman, W. B., Bai, Y., Best, D. L., Rehder, P., & Hill, S. (2022). Impact of a universal perinatal home-visiting program on reduction in race disparities in maternal and child health: Two randomised controlled trials and a field quasi-experiment. *The Lancet Regional Health - Americas, 15*, 100356. https://doi.org/10.1016/j.lana.2022.100356

M. Baziyants, G. A., Dodge, K. A., Bai, Y., Goodman, W. B., O'Donnell, K., & Murphy, R. A. (2023). The effects of a universal short-term home visiting program: Two-year impact on parenting behavior and parent mental health. *Child Abuse & Neglect, 140*, 106140. https://doi.org/10.1016/j.chiabu.2023.106140

What are the key policy levers to support 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 identified three key policy levers that states can implement to increase participation of eligible families. The policy levers include:

- Establish a state goal to implement comprehensive screening and connection programs statewide,
- Use Medicaid funding for the programs, and
- Provide state funding for the evidence-based programs.

We 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 they 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. We also used program websites to determine what states known programs operate. 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 August 15, 2024 and August 15, 2025 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 "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.

This section also contains the sources for the information presented in the individual state Roadmaps.

Measure 1: Statewide comprehensive screening and connection program

Definition:
Yes/No the state implements a statewide comprehensive screening and connection program.

Note:
1. Statewide program data are as of July 2025.

Sources:

State	Source
All States	1. **DULCE:** S. Houshyar, Center for the Study of Social Policy, personal communication, May 29, 2025. 2. **Family Connects:** C. Turbyfill, Family Connects International, personal communication, April 4, 2025. 3. **HealthySteps:** L. Ptucha, ZEROTOTHREE, personal communication, April 7, 2025. 4. **Help Me Grow**: Help Me Grow. (n.d.). Affiliates – Help me grow national center. Retrieved on July 30, 2024, from https://helpmegrownational.org/affiliates/list/
Alabama	(no additional sources)
Alaska	(no additional sources)
Arizona	(no additional sources)
Arkansas	(no additional sources)
California	1. First 5 LA. (n.d.) Strengthening Network: Welcome Baby and Home Visiting. Retrieved on September 19, 2025, from. http://welcomebaby.labestbabies.org/about-welcome-baby-and-home-visiting/
Colorado	1. Illuminate Colorado. (2022). Family Connects Colorado to Offer Free Home Visiting to All Families Starting Late 2022. https://www.illuminatecolorado.org/family-connects-colorado-to-offer-free-home-visiting-to-all-families-starting-late-2022/ 2. S.B. 25-206, 76th Leg., Reg. Sess., (Colo. 2025) 3. K. Friedman, Family Connects International, personal communication, August 26, 2024.
Connecticut	1. S.B. 6, 2025 Leg., Reg. Sess., (Conn. 2025).
Delaware	(no additional sources)
District of Columbia	(no additional sources)

State	Source
Florida	1. S.B. 2500, 2025 Leg., Reg. Sess., (Fla. 2025).
Georgia	(no additional sources)
Hawaii	1. Hawaii Family Support Institute. (n.d.) *The Hawaii Healthy Start Program.* Retrieved on September 19, 2025, from https://www.hawaiifamilysupportinstitute.org/prevention-programs/the-hawaii-healthy-start-program/
Idaho	(no additional sources)
Illinois	(no additional sources)
Indiana	(no additional sources)
Iowa	1. Iowa Department of Public Health. (n.d.). *1st Five for Providers.* Retrieved on September 19, 2025, from https://hhs.iowa.gov/health-prevention/child-adolescent-health/childhood-screenings
Kansas	(no additional sources)
Kentucky	(no additional sources)
Louisiana	(no additional sources)
Maine	(no additional sources)
Maryland	1. H.B. 334, 2025 Leg., Reg. Sess., (Md. 2025). 2. S.B. 156, 2025 Leg., Reg. Sess., (Md. 2025).
Massachusetts	1. The Commonwealth of Massachusetts Department of Health. (n.d). Welcome Family. Retrieved on September 19, 2025, from https://www.mass.gov/welcome-family
Michigan	(no additional sources)
Minnesota	1. First Born. (n.d.) Welcome to the First Born Program. Retrieved on September 19, 2025, from https://firstbornprogram.org/
Mississippi	(no additional sources)
Missouri	(no additional sources)
Montana	(no additional sources)
Nebraska	(no additional sources)
Nevada	(no additional sources)
New Hampshire	(no additional sources)
New Jersey	1. S.B. 2026, 221st Leg., Reg. Sess., (N.J. 2025). 2. The State of New Jersey. (2025, June 30). *Governor Murphy signs Fiscal Year 2026 budget into law.* Retrieved on September 19, 2025, from https://nj.gov/governor/news/news/562025/approved/20250630d.shtml
New Mexico	1. First Born. (n.d.) Welcome to the First Born Program. Retrieved on September 19, 2025, from https://firstbornprogram.org/ 2. H.B. 2, 57th Leg., Reg. Sess. (N.M. 2025).
New York	1. A.B. 1963, 2025 Leg., Reg. Sess., (N.Y. 2025). 2. S.B. 6469, 2025 Leg., Reg. Sess., (N.Y. 2025).
North Carolina	(no additional sources)
North Dakota	(no additional sources)
Ohio	1. The Office of Governor Mike DeWine. (2024, April 10). *Governor DeWine Delivers 2024 State of the State Address, Announces New Initiatives to Help Ohio's Children Thrive.* https://governor.ohio.gov/media/news-and-media/governor-dewine-delivers-2024-state-of-the-state-address-announces-new-initiatives-to-help-ohios-children-thrive 2. H.B. 7, 136th General Assembly. (Oh. 2025). 3. H.B. 96, 136th General Assembly. (Oh. 2025). 4. Groundwork Ohio. (2025, July 1). *Budget summary: What this means for Ohio's youngest children.* Retrieved on September 19, 2025, from https://www.groundworkohio.org/post/budget-summary-what-this-means-for-ohio-s-youngest-children

State	Source
Oklahoma	1. K. Friedman, Family Connects International, personal communication, July 22, 2021.
Oregon	1. S.B. 526, 80th Leg., Reg. Sess., (Or. 2019). 2. C. Wilcox, Family Connects International, personal communication, August 12, 2022.
Pennsylvania	(no additional sources)
Rhode Island	(no additional sources)
South Carolina	(no additional sources)
South Dakota	(no additional sources)
Tennessee	1. Tennessee Department of Health. (n.d.). *Welcome Baby.* Retrieved on September 19, 2025, from https://www.tn.gov/health/health-program-areas/fhw/welcome-baby.html 2. Allied Behavioral Health Solutions, personal communication, July 10, 2025.
Texas	(no additional sources)
Utah	(no additional sources)
Vermont	(no additional sources)
Virginia	(no additional sources)
Washington	(no additional sources)
West Virginia	(no additional sources)
Wisconsin	(no additional sources)
Wyoming	(no additional sources)

Measure 2: Medicaid funding for comprehensive screening and connection programs

Definition:

Yes/No the state uses Medicaid funding to support comprehensive screening and connection programs.

Notes:

1. Medicaid funding data for Family Connects are as of March 12, 2025.
2. Medicaid funding data for HealthySteps are as of April 7, 2025.
3. Medicaid funding data for DULCE are as of May 29, 2025.

Measure 3: State funding for comprehensive screening and connection programs

Definition:

Yes/No the state uses direct state funding to support comprehensive screening and connection programs.

Notes:

4. State funding data for Family Connects are as of March 12, 2025.
5. State funding data for HealthySteps are as of April 7, 2025.
6. State funding data for DULCE are as of May 29, 2025.

Sources for Measures 2 and 3:

1. DULCE: S. Houshyar, Center for the Study of Social Policy, personal communication, May 29, 2025.

2. Family Connects: C. Turbyfill, Family Connects International, personal communication, April 4, 2025.
3. HealthySteps: L. Ptucha, ZERO TO THREE, personal communication, April 7, 2025.

How does access to comprehensive screening and connection programs vary across states?

Data were collected for two different measures to assess how states vary in their implementation of comprehensive screening and connection programs. 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, the number of sites in each state, and the number of families served in each state by the program model. To assess the share of families served in a state, 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 4 from the Census Bureau. The datasets, calculations, and sources referenced for each state are listed below.

Measure 4: Number of program sites

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

Notes:
Data were provided by DULCE, Family Connects, and HealthySteps for sites as of 2024.

Sources:

1. **DULCE:** S. Houshyar, Center for the Study of Social Policy, personal communication, May 29, 2025.
2. **Family Connects:** C. Turbyfill, Family Connects International, personal communication, April 4, 2025.
3. **HealthySteps:** L. Ptucha, ZEROTOTHREE, personal communication, April 7, 2025.

Measure 5: 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 through age 3 in each state in which the evidence-based comprehensive screening and connection programs operates.
3. Number served data were provided by DULCE and Family Connects for calendar year 2024 and by HealthySteps as of May 2024.

4. The percentage of families served by DULCE is calculated by dividing the number of participants in DULCE in the state in 2024 by the number of all births in the state in 2024. The total number of births in a state in 2024 is determined from CDC Vital Statistics provisional birth 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 2024 by the number of all births in the state in 2024. The total number of births in a state in 2024 is determined from CDC Vital Statistics provisional birth data.
6. The percentage of children served by HealthySteps is calculated by dividing the number of participants in HealthySteps in the state in 2024 by the number of children under age 4 in the state in 2024. The total number of children in a state in 2024 is determined from Census Bureau's Population Estimates dataset (2024 vintage). In 2021, HealthySteps asked sites, "Approximately how many children birth – 3 are seen at this practice annually?" Children up to age 4 can be included in this count, so we included children up to age 4 in the denominator of this measure.[1]

Sources:

1. **DULCE:** S. Houshyar, Center for the Study of Social Policy, personal communication, May 29, 2025.
2. **Family Connects:** C. Turbyfill, Family Connects International, personal communication, April 4, 2025.
3. **HealthySteps:** L. Ptucha, ZEROTOTHREE, personal communication, April 7, 2025.
4. **Children through age 3:** Census Bureau, Population Division. (2025). *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, 2020 to July 1, 2024* – sc-est2024-alldata6.csv [Data set]. Retrieved June 30, 2025 from https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-detail.html
5. **Number of Births:** Hamilton, Brady E., Martin, Joyce A., & Osterman, Michelle J.K. (April 2025). Births: Provisional data for 2024. Vital Statistics Rapid Release Report Number 38. National Center for Health Statistics, Hyattsville, MD. https://dx.doi.org/ 10.15620/cdc/174587.

[1] R. Briggs, ZEROTOTHREE, personal communication, August 24, 2022.