2026 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
N. Baziyants, G. A., Dodge, K. A., Goodman, W. B., Bai, Y., Murphy, R. A., & O'Donnell, K. (2025). *Promoting Long-Term Parent and Caregiver Mental Health Through Universal Postnatal Nurse Home Visiting: Intervention Effects and Mechanisms of Action.* Prevention Science, 26(6), 921–931. https://doi.org/10.1007/s11121-025-01827-6

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, 2025, and August 15, 2026, 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 2026.

Sources:

State	Source
All States	1. **DULCE:** A. Ermias, Center for the Study of Social Policy, personal communication, June 12, 2026. 2. **Family Connects:** Z. Mirza, Family Connects International, personal communication, June 29, 2026. 3. **HealthySteps:** L. Ptucha, ZEROTOTHREE, personal communication, April 20, 2026. 4. **Help Me Grow**: Help Me Grow. (n.d.). Affiliates – Help me grow national center. Retrieved on July 1, 2026, from https://helpmegrownational.org/affiliates/list/
Alabama	1. Alabama Department of Child Abuse and Neglect Prevention. (2024). *Children's Trust Fund Programs Funded 2024-25.* https://ctf.alabama.gov/wp-content/uploads/2024/09/CTF-Grant-Awards-2024-2025.pdf
Alaska	(no additional sources)
Arizona	(no additional sources)
Arkansas	1. PolicyLab, Children's Hospital of Philadelphia. (2024). *Sustaining HealthySteps: States' Approaches to Financing an Evidence-based Model for Healthy Early Childhood Development.* https://policylab.chop.edu/sites/default/files/2024-08/policylab-sustaining-healthysteps-white-paper.pdf
California	1. First 5 LA. (n.d.) *Strengthening Network: Welcome Baby and Home Visiting*. Retrieved on August 24, 2026, from. http://welcomebaby.labestbabies.org/about-welcome-baby-and-home-visiting/

State	Source
Colorado	1. Illuminate Colorado. (2023*). Prevention Through Expansion: Annual Report 2022.* https://illuminatecolorado.org/wp-content/uploads/2023/09/AnnualReport_2022_FINAL.pdf 2. H.B. 26-1410, 75th General Assembly, 2nd Reg. Sess., (Colo. 2026). 3. K. Friedman, Family Connects International, personal communication, August 26, 2024. 4. Canagarajah, P. (2026). *Memorandum: Technical Correction to Department of Early Childhood Figure Setting Document.* Colorado Joint Budget Committee. https://content.leg.colorado.gov/sites/default/files/FY2026-27_earfig.pdf
Connecticut	1. Connecticut Office of Early Childhood. (2026). *Family Bridge.* https://www.ctoec.org/family-bridge/ 2. H.B. 7287, 2025 Leg., Reg. Sess., (Conn. 2025). 3. The Prenatal-to-3 Policy Impact Center was contracted by Connecticut in 2023 to conduct a performance and outcomes evaluation of Family Bridge through its first 2 years. Adjusted Family Connects participation data for calendar year 2025 reflect the data collection conducted through this study.
Delaware	(no additional sources)
District of Columbia	1. DC Department of Health. (2024). *Notice of Funding Availability, HealthySteps Program.* Community Health Administration. https://communityaffairs.dc.gov/sites/moca/files/dc/sites/moca/publication/attachments/HealthyStepsNOFA_FINAL_0.pdf
Florida	1. H.B. 5001, 2026 Leg., Reg. Sess., (Fla. 2026).
Georgia	(no additional sources)
Hawaii	1. Hawaii Family Support Institute. (n.d.) *The Hawaii Healthy Start Program.* Retrieved on August 24, 2026, from https://www.hawaiifamilysupportinstitute.org/prevention-programs/the-hawaii-healthy-start-program/
Idaho	(no additional sources)
Illinois	1. H.B. 4606, 104th General Assembly, (Ill. 2026). 2. Start Early. (2026). *Celebrating the Passage of H.B. 4606.* https://www.startearly.org/post/celebrating-the-passage-of-hb4606/
Indiana	1. Indiana Department of Health. (n.d.). *My Healthy Baby.* Retrieved on August 24, 2026, from https://www.in.gov/myhealthybaby/
Iowa	1. Iowa Department of Public Health. (n.d.). *1st Five for Providers.* Retrieved on August 24, 2026, from https://hhs.iowa.gov/health-prevention/child-adolescent-health/childhood-screenings 2. H.F. 2782, 91st General Assembly, (Iowa 2026).
Kansas	1. Kansas State Department of Education. (n.d.). *Kindergarten Readiness: ASQ Training.* https://www.ksde.gov/student-success/early-childhood/kindergarten-readiness
Kentucky	(no additional sources)
Louisiana	(no additional sources)
Maine	(no additional sources)
Maryland	1. S.B. 282, 448th General Assembly, Reg. Sess., (Md. 2026).
Massachusetts	1. The Commonwealth of Massachusetts Department of Health. (n.d). *Welcome Family.* Retrieved on August 24, 2026, from https://www.mass.gov/welcome-family
Michigan	1. S.B. 860, 103rd Leg., Reg. Sess., (Mich. 2026).
Minnesota	1. First Born. (n.d.) *Welcome to the First Born Program.* Retrieved on August 24, 2026, from https://firstbornprogram.org/
Mississippi	(no additional sources)
Missouri	(no additional sources)
Montana	(no additional sources)

State	Source
Nebraska	(no additional sources)
Nevada	(no additional sources)
New Hampshire	(no additional sources)
New Jersey	1. A. 5327, 222nd Leg., Reg. Sess., (N.J. 2026). 2. New Jersey Department of Children & Families. (2026*). Family Connects NJ Celebrates Program's Expansion to Six More Counties Across New Jersey.* https://www.nj.gov/dcf/public-information/media-publications/press/260128_fcnj_expansion.shtml
New Mexico	1. First Born. (n.d.) *Welcome to the First Born Program.* Retrieved on August 24, 2026, from https://firstbornprogram.org/ 2. H.B. 2, 57th Leg., 2nd Reg. Sess. (N.M. 2026).
New York	1. S. 9003D, 2025-2026 Leg., Reg. Sess., (N.Y. 2026). 2. A. 8048A, 2025-2026 Leg., Reg. Sess., (N.Y. 2026). 3. S. 7833B, 2025-2026 Leg., Reg. Sess., (N.Y. 2026).
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. 885, 136th General Assembly, (Oh. 2026). 3. H.B. 782, 136th General Assembly, (Oh. 2026). 4. H.B. 635, 136th General Assembly, (Oh. 2026). 5. 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 6. Hammond, T. (2026). *Early Intervention Program Updates.* Ohio Department of Children & Youth. https://dam.assets.ohio.gov/image/upload/childrenandyouth.ohio.gov/Tuesday%20Times/2026/4-April/EI-Program-Updates-4.14.26.pdf 7. Ohio Department of Children & Youth. (2026). *Ohio Announces Expansion of Family Connects Ohio Home Visiting Program.* https://childrenandyouth.ohio.gov/home/news-and-events/all-news/Family-Connects-Expansion
Oklahoma	(no additional sources)
Oregon	1. S.B. 526, 80th Leg., Reg. Sess., Or. 2019). 2. C. Wilcox, Family Connects International, personal communication, August 12, 2022. 3. Oregon Health Authority. (2026). *Family Connects Oregon Guidance for CCOs.* https://www.oregon.gov/oha/HSD/OHP/CCO/Family%20Connects%20Oregon%20Guidance%20for%20CCOs_5.15.26.pdf
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 August 23, 2026, from https://www.tn.gov/health/welcomebaby.html 2. Allied Behavioral Health Solutions, personal communication, July 10, 2025.
Texas	(no additional sources)

State	Source
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 December 31, 2025.
2. Medicaid funding data for HealthySteps are as of April 17, 2026.
3. Medicaid funding data for DULCE are as of December 31, 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:
1. State funding data for Family Connects are as of December 31, 2025.
2. State funding data for HealthySteps are as of April 17, 2026.
3. State funding data for DULCE are as of December 31, 2025.

Sources for Measures 2 and 3:
1. **DULCE:** A. Ermias, Center for the Study of Social Policy, personal communication, June 12, 2026.
2. **Family Connects:** Z. Mirza, Family Connects International, personal communication, June 29, 2026.
3. **HealthySteps:** L. Ptucha, ZERO TO THREE, personal communication, April 20, 2026.

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 2025.

Sources:
1. **DULCE:** A. Ermias, Center for the Study of Social Policy, personal communication, June 12, 2026.
2. **Family Connects:** Z. Mirza, Family Connects International, personal communication, June 29, 2026.
3. **HealthySteps:** L. Ptucha, ZERO TO THREE, personal communication, April 20, 2026.

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 2025 and by HealthySteps as of July 2025.
4. The percentage of families served by DULCE is calculated by dividing the number of participants in DULCE in the state in 2025 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 final birth data. Provisional 2025 state-by-state birth data was not released in time to be accounted for in the 2026 State Policy Roadmap.
5. The percentage of families served by Family Connects is calculated by dividing the number of participants in Family Connects in the state in 2025 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 final birth data. Provisional 2025 state-by-state birth data was not released in time to be accounted for in the 2026 State Policy Roadmap.
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 2025. The total number of children in a state in 2025 is determined from Census Bureau's Population Estimates dataset (2025 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:** A. Ermias, Center for the Study of Social Policy, personal communication, June 12, 2026.
2. **Family Connects:** Z. Mirza, Family Connects International, personal communication, June 29, 2026.
3. **HealthySteps:** L. Ptucha, ZEROTOTHREE, personal communication, April 20, 2026.
4. **Children through age 3:** Census Bureau, Population Division. (2026). *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, 2025* – sc-est2025-alldata6.csv [Data set]. Retrieved July 1, 2026 from https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-detail.html
5. **Number of Births:** Osterman, Michelle J.K., Hamilton, Brady E., Martin, Joyce A., Driscoll, Anne K., & Valenzuela, Claudia P. (June 2026). *Births: Final data for 2024.* National Vital Statistics Reports, 75(2). National Center for Health Statistics, Hyattsville, MD. https://stacks.cdc.gov/view/cdc/252440.

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