Early Childhood Developmental Health Systems

EVIDENCE TO IMPACT CENTER

Strengthening Early Childhood Systems: Policy Strategies

The Early Childhood Developmental Health Systems (ECDHS): Evidence to Impact Center helps local and state systems advance the health and well-being of young children. ECDHS strategies are guided by the Water of Systems Change framework, in which **policies** are rules, regulations, and priorities that guide actions of governments, institutions, and organizations.[1]

State and local systems leaders, providers[i,2], and other partners can adopt the following evidence- and expert-informed policy strategies to support early childhood developmental health.

Systems Change Conditions

The Water of Systems Change framework identifies six conditions that work together to support authentic and lasting systems change, including:

- **Policies**
- Practices
- Resource Flows
- Relationships & Connections
- Power Dynamics
- Mental Models

i Providers include all those who work with young children and their families, including health care, education, social service, and other community-based organizations.

Establish common standards and procedures for early childhood programs, screening, and family engagement.

Align and streamline early childhood policies and processes. Standardize eligibility (e.g., income, work requirements) and access to services. Include standards for promoting healthy development in childcare licensing and quality rating.[3]

Establish system-wide standards and tools for universal screening of young children, mothers, and families. Convene stakeholders to select validated screening tools for trauma, child development, behavioral health, and social needs that affect health. Develop implementation protocols and align standards with the Preventative Pediatric Health Care Screening Schedule.[4]

Implement a formal family engagement policy to support authentic engagement of family members as leaders and partners. Establish family roles, compensation structures, and training opportunities. Set communication expectations and standards for ongoing family partnership in the design, delivery, and accountability of coordinated services. Include approaches to engage families from different backgrounds. Create processes to map family experiences in systems to identify access points and gaps.[4]

Maximize financing opportunities at the state and local levels.

Leverage Medicaid to promote early childhood developmental health. Partner with managed care plans to cover broader preventive services (e.g., expanded care teams that include community health workers) or contract with pediatric providers using team-based care. Pursue Medicaid waivers that prioritize early childhood development. Consider separate billing and payment for social-emotional and developmental screenings. Allow nonspecific diagnosis codes for early mental health visits.[5]

Encourage investment in "value-added" services. Work with Medicaid managed care organizations to invest remaining capitation funds in services that support children's social and emotional development, such as developmental screening, group parenting programs, and home visiting.[5]

Establish payment parity across provider types. Create service-based payment schedules that allow all qualified behavioral and mental health providers to submit for medical insurance reimbursement, regardless of licensure type.[6]

Incentivize screening, referral, and follow-up. States can auto-assign more beneficiaries to plans that perform well on children's social and emotional development, link pay-for-reporting and pay-for-performance incentives to performance benchmarks, and offer bonus payments for high-quality well-child visits and reporting.[7]

Center early childhood developmental health in payment models. Adopt updated payment and program models, such as Advanced Medical Homes, that offer care coordination beyond traditional medical services, or child-focused alternative payment models that include a measure for kindergarten readiness.[8]

Prioritize a strong workforce so that integrated care can be delivered widely.

Finance and structure residency and fellowship slots to promote developmental health. Allocate state and local health care funding to create specialized positions in integrated care settings. Place community pediatrics residents and fellows on community action teams focused on developmental health. Provide additional training in infant and early childhood mental health for pediatric, family practice, and child psychiatry positions.[6]

Recruit, hire, and fairly compensate community members in care coordination roles. Consider Medicaid, government grants, and other funding sources to pay parent consultants as care coordinators.[9]

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