school success (National Research Council and Institute of Medicine, 2000). The brain is strengthened by positive early experiences, especially stable relationships with caring and responsive adults, safe and supportive environments, and adequate nutrition (Center on the Developing Child at Harvard University, 2010). Negative experiences and toxic stress in the early years can disrupt brain development and can have significant irreversible damage on the immature brain (Shonkoff & Garner, 2012). Children who have a disability or are exposed to risk factors such as poverty, abuse and neglect, maternal depression, parental substance use disorder, and poor relationships with caregivers are most susceptible to suffering the effects of negative experiences (Centers for Disease Control and Prevention (CDC), 2016; Center on the Developing Child, 2007).

Intervening early to support families in developing positive relationships with their infants and toddlers can promote good parenting practices and healthy development. Equipping parents with the appropriate tools and knowledge to act early and advocate for their children is essential. Additionally, early detection and appropriate developmental and behavioral services and supports are critical to significantly improve school readiness, academic success, development, and overall well-being. Effective early childhood interventions can provide a variety of supports for infants and toddlers and their families that may be in the form of learning activities, therapeutic interventions, social-emotional supports, or family education and training on parenting, child development, and health and wellness. High-quality services and supports can change a child's developmental trajectory and ultimately improve outcomes for children, families, and communities (Tout, Halle, Daily, Albertson-Junkans, & Moodie, 2013).

Early childhood programs, like the MIECHV Program and the IDEA Part C Program, can help build a strong foundation that puts young children, particularly vulnerable children, on a path to success. Both the MIECHV and IDEA Part C Programs build on decades of research showing that home visiting and early intervention services, when provided to eligible children and families, can reduce health care costs, reduce rates of child maltreatment, increase family self-sufficiency, and increase developmental and educational gains (HHS Report to Congress, 2016; Avellar, et al., 2016; The Executive Office of the President of the United States, 2014).

While the MIECHV and IDEA Part C Programs have different goals and support the delivery of distinct services, both programs support families within a system of comprehensive services, and implement evidence-based interventions and strategies to improve rates of developmental and behavioral screening and outcomes for children and families (See Appendix A). Understanding the complementary activities of these two programs may enable providers to identify opportunities for coordination to better link families with appropriate services and supports.

The Maternal, Infant, and Early Childhood Home Visiting Program

In 2010, Congress amended Title V of the Social Security Act to create the Maternal, Infant, and Early Childhood Home Visiting Program to support voluntary, evidence-based home visiting services for at-risk pregnant women and parents with young children up to kindergarten entry.[1] MIECHV is administered by the Health Resources and Services Administration (HRSA) in

[1] Social Security Act, Title V, Section 511(c) (42 U.S.C. § 711(c)).

partnership with the Administration for Children and Families (ACF). HRSA administers MIECHV grants to 50 States, D.C., and five territories. ACF administers the Tribal Home Visiting Program, which is funded through a 3 percent MIECHV set aside, and provides State grant funds to tribal organizations to develop, implement, and evaluate home visiting programs in American Indian and Alaska Native communities (HHS, 2013). Through their MIECHV funding, States, territories, and tribal entities, have the flexibility to tailor the program to meet the specific local needs of at-risk communities as identified in a Statewide needs assessment. Awardees must give priority in providing services[2] under the program to the following eligible families:

- Families who reside in at-risk communities in need of such services, as identified in a statewide needs assessment;
- Low-income families;
- Families with pregnant women under age 21;
- Families that have a history of child abuse or neglect or have had interactions with child welfare services;
- Families that have a history of substance abuse or need substance abuse treatment;
- Families that have users of tobacco products in the home;
- Families that are or have children with low student achievement;
- Families with children with developmental delays or disabilities; and
- Eligible families that include individuals who are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States.

Additionally, States and territories have the flexibility to choose how to spend MIECHV grant funds, as long as the majority of funds are utilized to implement evidence-based home visiting models.[3] While there is some variation across evidence-based home visiting models, trained professionals in all home visiting programs meet regularly with expectant parents or families with young children in their homes to support building strong, positive caregiver relationships. Home visitors also evaluate families' needs and provide voluntary services tailored to those needs, such as:

- Teaching parenting skills and modeling effective techniques,
- Promoting early learning in the home with an emphasis on positive interactions between parents and children and the creation of a language-rich environment that stimulates early language development,
- Providing information and guidance on a wide range of health topics including breastfeeding, safe sleep position, injury prevention, and nutrition,

[2] Social Security Act, Title V, Section 511(d)(4).

[3] HHS, Administration for Children and Families, Home Visiting Evidence of Effectiveness (HomVEE). Available at: http://homvee.acf.hhs.gov.

- Conducting screenings and providing referrals to address postpartum depression, substance abuse, and family violence,
- Screening children for developmental delays and facilitating early diagnosis and intervention for autism and other developmental disabilities, and
- Connecting families to other services and resources as appropriate.

Through the MIECHV Program, States, territories, and tribal entities work to improve children and family outcomes, which were defined in legislation. These target outcomes include:

- Improved maternal and child health,
- Prevention of child injuries, child abuse, or maltreatment, and reduction of emergency department visits,
- Improvement in school readiness and achievement,
- Reduction in crime or domestic violence,
- Improvements in family economic self-sufficiency, and
- Improvements in the coordination and referrals for other community resources and supports.[4]

To this end, one key objective of the MIECHV Program is to collaborate with health and early learning partners to establish appropriate linkages and referral networks to other community resources and supports to help meet the needs of eligible families living in at-risk communities in every State.[5] Evidence-based home visiting programs can help children and families get off to a better, healthier start.

The Early Intervention Program for Infants and Toddlers with Disabilities

The Early Intervention Program for Infants and Toddlers with Disabilities under IDEA Part C was authorized in 1986 and is administered by the Office of Special Education Programs within the Office of Special Education and Rehabilitative Services. The IDEA Part C State program must be available to all infants and toddlers and their families that reside in the State and meet the State's eligibility requirements for IDEA Part C services.[6] States receiving support under the IDEA Part C Program are required to make early intervention services available to infants and toddlers with disabilities, birth through age two, and their families.

Under the IDEA Part C Program, States receive financial assistance to:[7]

- Develop and implement a Statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families;

[4] Social Security Act, Title V, Section 511(d)(1).

[5] Social Security Act, Title V, Section 511(d)(3)(B).

[6] http://idea.ed.gov/

[7] 20 U.S.C. 1431(b).

- Facilitate the coordination of payment for early intervention services from Federal, State, local, and private sources (including public and private insurance coverage);
- Enhance State capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families; and
- Encourage States to expand opportunities for children under 3 years of age who would be at risk of having substantial developmental delay if they did not receive early intervention services.

In order to receive IDEA Part C Program funds, States must have a comprehensive child find[8] and referral process in place to identify infants and toddlers with disabilities. The State lead agency must ensure that the State awardee of a MIECHV grant is included as part of the IDEA Part C State child find system.[9] However, local home visiting programs can make a referral to the IDEA Part C State program at any time even if the home visiting program is not part of the State's child find efforts.

Eligibility for IDEA Part C State program services varies across States, but, in general, to be eligible for services, children must be less than three years old[10] and meet one of two eligibility criteria.[11] The first criterion is that the child is experiencing a developmental delay (as defined by the State) in one or more of the following domains: physical development, cognitive development, communication development, social or emotional development, or adaptive development. Under the second criterion, infants and toddlers can be eligible for services under IDEA Part C if diagnosed with a physical or mental condition that has a high probability of resulting in developmental delay. Additionally, at the State's discretion, it may also establish a third criterion for eligibility -- if infants or toddlers would be at risk of experiencing developmental delay(s) if early intervention services were not provided.[12] A State may expand this criterion to include a child who is at risk of experiencing developmental delays because of biological or environmental factors that can be identified. If a State chooses to serve at-risk infants and toddlers and their families, the State must provide a definition of "at-risk" and provide a description of the early intervention services that will be provided under IDEA Part C State programs to serve infants and toddlers that meet the State's definition. In addition, at the State's option, the State may make early intervention services available to children with disabilities beyond age three until the beginning of the school year following their fourth or fifth birthdays (generally when children enter kindergarten).

For infants and toddlers eligible for services, the IDEA Part C Program makes funds available for States to provide early intervention services and supports through an Individualized Family Service Plan (IFSP) to address the developmental needs of infants and toddlers with disabilities.

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[8] 34 CFR §303.302(a)(1)(2)(i)(ii)(3).

[9] 34 CFR §303.302(c)(1)(ii)(B).

[10] Under 34 CFR §303.211, IDEA gives States the discretion to extend eligibility for Part C services to children with disabilities who are eligible for services under section 619 (Preschool Grants) and who previously received services under Part C, until such children enter or are eligible under state law to enter kindergarten or elementary school and the State can choose to serve such children until the beginning of the school year following their fourth or fifth birthday.

[11] 34 CFR §303.21.

[12] 34 CFR §303.21(b).

The IFSP is developed by parents and a team of professionals. The IDEA Part C regulations list the types of services that may be provided to eligible infants and toddlers and their families. However, this list is not exhaustive and States have the flexibility to provide other services that a child and family may need to meet specified developmental outcomes.[13,14] To the maximum extent appropriate, these services must be provided in the child's natural environment such as the home, as opposed to a clinical setting, and should focus on working with and supporting family members and caregivers to enhance their child's development and learning. IDEA Part C services can include:

- Family education and counseling, and home visits;
- Special instruction;
- Speech pathology and audiology;
- Occupational therapy;
- Physical therapy;
- Psychological services;
- Service coordination;
- Nursing services;
- Nutrition services;
- Social work services;
- Vision services;
- Assistive technology devices and services.

Emergent Opportunities for Collaboration and Coordination Between MIECHV Awardees and IDEA Part C State Programs to Address Family Risk, Improve Early Detection, and Support Children's Development

MIECHV awardees and IDEA Part C State programs have the opportunity to align and coordinate service design and delivery in order to maximize services to infants and toddlers with disabilities. This coordination is critical as many of the social and environmental factors that impact families prioritized for services by MIECHV, such as prenatal drug exposure, child maltreatment, and homelessness, also put infants and toddlers disproportionately at risk for experiencing developmental delay.

Parental Substance Abuse and Prenatal Substance Abuse Exposure

Approximately 11 percent of newborns have prenatal substance abuse exposure (e.g., drugs or alcohol) yet an estimated 95 percent of these infants are sent home from the hospital without being identified or referred for early intervention, home visiting, or other support services

[13] 34 CFR §303.13.

[14] 34 CFR §303.13(d).

(Young, et al., 2009). Between 2000 and 2012, researchers and public health officials saw a steep increase in the number of infants exposed to substances prenatally who develop neonatal abstinence syndrome (NAS). Although data on long-term developmental outcomes are limited, children affected by NAS may have experienced poor fetal growth, preterm birth, longer neonatal intensive care unit hospital stays, poor postnatal growth, and a constellation of withdrawal symptoms (CDC, 2016). At the same time, their parents are dealing with the consequences of substance use disorder. Ensuring that families have access to a comprehensive, coordinated system of prevention and intervention supports can optimize outcomes for this vulnerable population. Within that system, there are tremendous opportunities for coordination across MIECHV awardees, IDEA Part C State programs, and other service providers to effectively and efficiently support families struggling with the consequences of substance use disorder.

Child Maltreatment

Child maltreatment is linked to substantial risks to the appropriate development of children and is associated with physical injuries, delayed physical growth, and behavioral issues, which may be further complicated by caregivers who are struggling with substance use disorder, domestic violence, and mental illness (Child Trends, 2016). The Child Abuse Prevention and Treatment Reauthorization Act of 2010 (CAPTA)[15] requires States that receive CAPTA funds to develop policies and procedures to refer children under the age of three who are involved in a substantiated case of abuse or neglect to the IDEA Part C State program to determine eligibility for services. Although family participation is voluntary, IDEA has complementary language, requiring States receiving IDEA Part C Program funds to refer for early intervention services any child under the age of three who is (1) the subject of a substantiated case of child abuse or neglect; or (2) identified as directly affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure.[16] As noted above, MIECHV awardees must give priority to high-risk populations defined in statute, which include families that have a history of child abuse or neglect or have had interactions with child welfare services. Researchers suggest that effective implementation of CAPTA may require consideration of structured collaboration opportunities to address the needs of families with substantiated cases of child maltreatment (Barth, et al., 2007). The complex needs of families with a substantiated case of child abuse or neglect presents a unique opportunity for collaboration across MIECHV and IDEA Part C State programs.

Homelessness

The experience of homelessness can have long-term negative consequences for the health and overall well-being of families with young children. In the United States, children under five are the most likely age group to experience homelessness, [17] with children under one year of age being the most common age group to enter shelters and transitional housing programs.[18] Infants and toddlers experiencing homelessness are more likely than other children to have low birth

[15] http://www.acf.hhs.gov/cb/focus-areas/child-abuse-neglect.

[16] 34 CFR §303.303(b)(1) and (2).

[17] https://www.acf.hhs.gov/sites/default/files/ecd/echomelessnesspolicystatement.pdf.

[18] https://www.acf.hhs.gov/sites/default/files/ecd/echomelessnesspolicystatement.pdf.

weight, developmental delays, and emotional and behavioral challenges, yet they are greatly underrepresented in early childhood and home visiting programs (McCoy-Roth, Mackintosh & Murphey, 2012). In addition, caregivers of homeless children may experience physical and behavioral health challenges as a result of homelessness that make parenting more difficult (David, Gelberg, & Suchman, 2012). The joint HHS/Department of Housing and Urban Development/ED *Policy Statement on Meeting the Needs of Families with Young Children Experiencing and At Risk of Homelessness*[19] suggests that cross-system collaboration is critical across all programs and systems that interact with families during early childhood, as no single program or system can meet all of the needs of young children and families experiencing homelessness. Both MIECHV and Part C State programs are uniquely situated to support this vulnerable population.

Research demonstrates that early detection of developmental and behavioral issues and the use of appropriate intervention supports and services significantly improve a child's school readiness, academic success, and overall well-being. Both the MIECHV and IDEA Part C Programs share a common commitment to ensuring that young children are screened and referred for appropriate services as early as possible. MIECHV awardees, for example, collect data on the percentage of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool. Data are also collected on the percentage of children with positive screens for developmental delays who receive services in a timely manner. Under the IDEA Part C Program, each State must implement a comprehensive child find system to ensure that all infants and toddlers with disabilities in the State are identified, located and evaluated. State and local MIECHV awardees and IDEA Part C State programs can leverage this shared commitment to align, coordinate, and share resources to improve early detection and identification of children with disabilities and developmental delays, and make needed early intervention services available.

CHALLENGES TO BUILDING COLLABORATION AND COORDINATION BETWEEN MIECHV AWARDEES AND IDEA PART CSTATE PROGRAMS

Effectively responding to the needs of infants and toddlers with disabilities requires MIECHV awardees, IDEA Part C State programs, and other relevant programs to collaborate at the State and local levels. As with MIECHV, the IDEA Part C Program is based on strong evidence, experience, and the implementation of evidence-based interventions with infants and toddlers and their families. The distinct but aligned goals and requirements of each program actually complement each other, and collaboration between the programs can ensure that families of infants and toddlers with disabilities are receiving the services and supports to meet their individualized needs. However, States indicate that there can be many challenges to such coordination. For example, some States have indicated that, since the IDEA Part C State program is not identified as an evidence-based home visiting model under MIECHV, there are misunderstandings regarding whether and how the programs can collaborate in delivering services to families of infants and toddlers with disabilities. Another challenge impacting collaboration is the lack of sufficient capacity in States and in at-risk communities to provide

[19] http://www.acf.hhs.gov/ecd/joint-policy-statement-on-meeting-the-needs-of-families-with-young-children-experiencing-and-at-risk-of-homelessness-released.

home visiting services. For example, limitations in MIECHV funding can result in some children in at-risk communities having limited or no access to home visiting services, including families receiving early intervention services.

To address challenges to collaboration, States need a coordinated strategy to maximize the impact of both programs and to utilize program data to guide decisions that could best support that collaboration. However, many States are in varying stages in the development of a coordinated strategy to ensure programs effectively work together to best meet the needs of families (National Governors Association, 2011). The outcomes of a recent survey of 41 IDEA Part C State programs indicated that MIECHV awardees and Part C State programs could improve the quality of service delivery by collaborating around activities such as: workforce development, development of aligned policies and service delivery procedures, use of shared facilities, and data sharing and integration (IDEA Infant Toddlers Coordinator Association, 2016). Without strategic planning and effective systems in place to facilitate coordination across the programs, services may operate in silos, and children and vulnerable families may not receive needed supports and services.

RECOMMENDATIONS FOR STATES AND LOCAL COMMUNITIES TO ADVANCE COLLABORATION AND COORDINATION BETWEEN MIECHV AWARDEES AND IDEA PART C STATE PROGRAMS

Several States and local communities are leading the effort to strengthen collaboration between MIECHV awardees and IDEA Part C State programs by exploring opportunities to coordinate services. While the approaches to collaboration among State and local communities vary, there are common themes across programs including: committed leadership, an intentional focus on collaboration, and systematic planning to develop policies and practices that seamlessly connect families to the array of services that may be needed.

The following recommendations are based on interviews with 10 States[20] that have been working to develop strong MIECHV awardee and IDEA Part C State program collaborations. These recommendations can support activities that will lead to enhanced collaboration between MIECHV awardees and the IDEA Part C State program at the State, territory, tribal entity, and local levels to increase the quality of early childhood systems and services for infants and toddlers with disabilities. The reference to these recommendations and specific States does not imply approval of specific State policies by either ED or HHS.

Recommendation 1: Set a Statewide Vision for Collaboration Across Early Childhood Providers

MIECHV awardees and IDEA Part C State programs, in collaboration with health and early learning partners at the State level, have the opportunity to jointly develop a Statewide vision. This vision should be comprehensive and coordinated across systems of care and supports for infants and toddlers with disabilities and their families, especially those who are at greatest risk. States and local communities can begin this process by ensuring that State and local leaders, and

[20] Connecticut, Iowa, Massachusetts, Montana, North Carolina, New Jersey, Ohio, Texas, Washington, and West Virginia.

their teams, understand the goals and requirements of both programs and how services are delivered. With greater understanding of the programs, leaders can set a vision for collaboration by reviewing data, assessing service needs, mapping out available services and supports, identifying gaps, and exploring opportunities for collaboration as well as challenges that inhibit collaboration. These steps will facilitate the development of an aligned vision and a joint plan that clarifies the intended outcomes and the roles of State and local home visiting and IDEA Part C State programs to make progress toward achieving outcomes through policy, funding, and service delivery.

Recommendation 2: Establish Shared or Partnering State Organizational and Leadership Structures

Effective collaboration requires skilled leadership, positive relationships, clear communication, and shared vision and values. One way to achieve effective collaboration is through joint State-level administration of both MIECHV and the IDEA Part C State programs within the same State lead agency. Programs that are jointly administered may benefit from a unified vision that sets connected priorities for both programs and guides program operation.

In States where this type of alignment is not possible, another way to achieve effective collaboration is through intentional partnerships across State program leadership. A commitment to partnership at the leadership level and a unified vision can significantly enhance collaboration and coordination of services. States should consider strategies to facilitate ongoing planning and implementation at senior leadership levels representing MIECHV awardees and IDEA Part C State programs.

SPOTLIGHT on CONNECTICUT

In 2013, Connecticut established an Office of Early Childhood (OEC) by combining programs from five separate agencies. The goal was to have a single agency, overseeing a coordinated system of early childhood care, education, and support to families and young children. The Family Support Division within OEC includes the IDEA Part C administration, the state and federally-funded home visiting programs, the State's Help Me Grow program, the administration of the Community Based Child Abuse & Prevention (CBCAP) grant, and additional programs focused on child abuse prevention. The Division Director holds the titles of both Part C Director and the MIECHV Director.

Through shared or partnered State leadership structures, programs may be more likely to:

- Establish regular meetings, making it easier to build relationships and engage in discussions about program activities;
- Engage in decision making that takes the needs of both programs into account;
- Implement shared organizational goals, strategic plans, and guidance;
- Establish shared data systems;
- Continuously engage in quality improvement activities; and
- Leverage funds.

Recommendation 3: Build on Interagency Advisory Groups

State and local leaders should use interagency advisory groups to explore and promote greater collaboration among programs and service providers. Advisory groups, such as the State Advisory Councils on Early Childhood Education and Care initially sponsored by the ACF[21], the State Interagency Coordinating Council (SICC), and the Early Childhood Comprehensive Systems funded by the Maternal and Child Health Bureau provide a major opportunity for participants to learn more about each other's programs, including funding streams, program standards, limitations, eligibility requirements, populations served, monitoring activities, and desired outcomes. Cross-agency workgroups can help eliminate structural, historical, and attitudinal barriers to collaboration and ensure services are better aligned by leveraging resources, streamlining activities, and implementing quality improvement strategies. Interagency groups can also support programs in providing a coordinated system of supports to families and their young children and by making policy and practice decisions that meet the needs of multiple stakeholders.

The IDEA Part C Program requires that each State establish a SICC, appointed by the Governor of the State, for the purpose of advising and assisting in the implementation of the IDEA Part C State program. The required membership includes a wide representation of early childhood professionals and may include representative(s) from MIECHV awardees or their local implementing agencies. MIECHV awardees can convene advisory groups and participate in State and local early childhood advisory councils.

Recognizing the benefit of interagency groups, both SICCs and MIECHV advisory groups should review membership to ensure that representation from MIECHV awardees and IDEA Part C State programs are included. To foster greater collaboration between these programs, SICCs and advisory groups are encouraged to:

- Analyze needs assessment, demographic, and service delivery data to identify gaps in service, support comprehensive planning, develop priorities, and make data-driven decisions on how to better support collaboration between MIECHV awardees and IDEA Part C State programs;
- Support programs in developing a Statewide strategy to promote effective collaboration at all levels;
- Review MIECHV and IDEA Part C State performance data and support programs in developing joint measures and strategies to improve on those measures;
- Explore ways to braid MIECHV and IDEA Part C funds to increase collaboration and enhance sustainability;
- Develop and disseminate policies that promote MIECHV awardee and IDEA Part C State program collaboration at all levels and monitor their implementation; and
- Engage the public in support of collaboration as a key ingredient of a high-quality comprehensive early childhood system.

[21] http://www.acf.hhs.gov/ecd/early-learning/state-advisory-councils.

Recommendation 4: Develop Centralized Intake, Screening, and Referral Systems

States should consider implementing centralized intake, screening, and referral systems at State, regional, or local levels as an effective way to ensure that families have timely access to appropriate services that meet their needs. A centralized intake system can lead families through the process of identifying eligible services by:

- Promoting coordinated universal screening of pregnant women and infants and toddlers;
- Establishing an efficient system to receive screening results and referrals from community partners;
- Ensuring timely referrals between MIECHV awardees and IDEA Part C State programs and obtaining parental consent (when needed) to share personally identifiable information across the two programs to improve coordination and allow for follow-up information;
- Providing a feedback mechanism to referring providers;
- Reducing duplication of services by maintaining a centralized database; and
- Streamlining referrals that connect pregnant women and families with needed MIECHV and IDEA Part C Program services and resources.

Centralized Intake and the Help Me Grow (HMG) Model

Help Me Grow is a non-federal system that assists States in identifying children at risk for developmental and behavioral concerns and then helps families find community-based programs and services (e.g. Home Visiting and Part C). HMG is a system that helps to build collaboration across sectors, including health care, early care and education, and family support.

Through comprehensive physician and community outreach and centralized information and referral centers, families are linked with needed programs and services. Ongoing data collection and analysis helps identify gaps in and barriers to the system.

A common barrier to implementing a centralized intake, screening, and referral system is that each program relinquishes some control over intakes and referrals. To overcome this barrier, MIECHV awardees and IDEA Part C State program leadership should invite appropriate stakeholders to contribute to the system's development to ensure that requirements of both programs are met while addressing those concerns.

For those with a centralized system in place, State and local leaders should assess if current structures and procedures are aligned with their shared vision of support for infants and toddlers with disabilities and their families, especially those at greatest risk. Specifically, States and local leaders should evaluate the effectiveness of the centralized intake, screening, and referral system in providing streamlined access to necessary services for families. These services should include basic screening to identify home visiting and IDEA Part C State program eligibility and appropriateness, and flow of communication between programs and the referral source.

As MIECHV awardees and IDEA Part C State programs seek to provide timely and appropriate referrals to families, centralized, or even coordinated, screening and referral systems can serve as important opportunities for quality improvement. MIECHV awardee and IDEA Part C State

program leadership can leverage the successes of resources such as the Home Visiting Collaborative Improvement and Innovation Network[22] to build on existing work.

Recommendation 5: Develop Policies and Procedures on Dually Enrolling Families and their Young Children in MIECHV and IDEA Part C State Programs when Appropriate and Available

State and local leaders of MIECHV awardees and Part C State programs should develop policies and procedures on dual enrollment of qualified families in both programs when both programs are available in a given community.[23] Some States provide both home visiting and early intervention services to families. In other States, if a child is eligible for IDEA Part C State program services, families may not receive simultaneous services from MIECHV awardees.

MIECHV and IDEA Part C State program leaders can map services and supports offered by both programs, and analyze the feasibility of a dual enrollment model to seamlessly meet all the needs of a family and avoid duplication of efforts. Dual enrollment requires consideration of the evidence-based home visiting models implemented in the State and the intended outcomes of those models, and how such outcomes align with IDEA Part C State program services. Additionally, program leaders should analyze the number of eligible families at the local level in need of services and the capacity of local programs to meet that need. In development of policies and procedures to support dual enrollment, program leaders should consider:

- Provider capacity to deliver services in communities of need;
- The needs of families within communities and how the programs address those needs;
- Reasons why it would be beneficial for families to receive services from both programs;
- How the programs are financed; and
- The structures in place or needed to support dual enrollment.

Review of data is critical to this work. If State leaders are unclear of the best approach to dual enrollment, consideration should be given to testing community-based pilot projects to learn more about the benefits and challenges of dual enrollment and how to improve service coordination. In States where children are dually enrolled, coordination across both programs on policies, enrollment forms, data sharing, and other areas is critical to leveraging funding to provide services and improve outcomes for these children and families.

Recommendation 6: Identify Opportunities for Collaborative Service Delivery

When provided to the same family or in the same at-risk communities, MIECHV and IDEA Part C program services should be coordinated. Goals, boundaries, and coordination strategies must be clearly spelled out to staff and families.

[22] Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN) available at: http://hv-coiin.edc.org/

[23] State awardees of the Federal Home Visiting Program implement evidence-based home visiting services in at-risk communities identified in a statewide needs assessment.

One important opportunity for coordinated service delivery is through the IFSP. While the IFSP is a family plan with parents as major contributors in its development, other team members include the child's service coordinator, IDEA Part C State program therapists and providers and, with parental consent, can also include home visitors, medical personnel, therapists, child development specialists, social workers who are knowledgeable about the child's needs, and other relevant service providers. The IFSP can also serve as a tool to connect families with other services such as home visiting services, regardless of whether those services are paid for by IDEA Part C State programs. Although evidence-based home visiting services, such as those that are provided through MIECHV, are not services that are eligible to be funded through IDEA Part C State programs, an IFSP can identify other services that could benefit the child and family. If other services -- such as MIECHV services -- are not being provided, a description of the steps the service coordinator may take to assist the child and family in securing those services can be included in the IFSP.

SPOTLIGHT ON WEST VIRGINIA

West Virginia is learning that when home visiting and IDEA Part C programs are knowledgeable of each other's requirements, it is easier to identify further areas of collaboration. IDEA Part C added the West Virginia Home Visiting Program as a member of the West Virginia Early Intervention Interagency Coordinating Council (ICC). West Virginia's ICC brings together a broad array of stakeholders to develop a greater understanding of the needs of young children and families and the programs designed to support them. Areas of collaboration that have been enhanced through adding home visiting to the ICC membership include: coordination of professional development activities; design of a plan for distributing Learn the Signs Act Early materials across early childhood programs; and planning for a pilot process to investigate local coordination of services between the MIECHV and IDEA Part C programs.

MIECHV and IDEA Part C State program leaders should seek out opportunities to provide guidance to local programs on strategies for ongoing communication and coordination among providers serving families. In identifying opportunities for collaboration and coordination, MIECHV and IDEA Part C State program leadership may want to consider:

- Exploring service delivery models where providers offer services under both programs. As an example, in some communities, IDEA Part C contractors also receive State home visiting contracts. Since the same local entity is providing both services, coordinated relationships across providers can be more effective.
- Encouraging home visitors and IDEA Part C early intervention service providers to be active team members in the development of the IFSP for families (with parental consent, where required).
- Using home visiting providers as special instructors who meet the personnel standards and certification requirements under the IDEA Part C Program.
- Reviewing the structure of the States' system of payments[24] under IDEA Part C to examine ways that MIECHV awardees and IDEA Part C State program early intervention providers can effectively collaborate.

[24] 34 CFR §§303.510, 303.520, and 303.521.

- Supporting MIECHV awardee and IDEA Part C State program provider participation in initial visits for newly enrolled families to develop an early and ongoing plan for collaboration that meets the needs of families.
- Implementing a referral mechanism that allows vulnerable infants and toddlers who are found to be ineligible for IDEA Part C State program services to be automatically referred to their local home visiting program.

Recommendation 7: Expand on Early Childhood Longitudinal, Integrated Data Systems

State agencies typically collect and maintain data from MIECHV awardees and IDEA Part C State programs in separate data systems. States should consider sharing or integrating data across these programs to enhance collaboration and improve services to families with young children. Effective integration or systematic data sharing across MIECHV awardees and IDEA Part C State programs may facilitate answers to joint policy questions, collaborative decision-making, and aligned program improvement strategies. Data integration or sharing may also allow States to better understand the intersections between MIECHV awardee and IDEA Part C State program services and identify where collaborative efforts can be strengthened to improve child and family outcomes.

Stakeholders from both programs should be engaged as part of this discussion to determine the level of data-sharing that would be most beneficial given how programs are structured in each State. Planning related to data sharing or integration should include a review of data currently collected by each program, how data are collected, processes to ensure data quality, and additional data needed to answer questions of interest. Before any data sharing or integration occurs, States should refer to Federal and State data confidentiality and privacy laws to ensure compliance, including the confidentiality provisions in the IDEA Part B and Part C regulations, the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA).[25]

Data-sharing between MIECHV and IDEA Part C State programs would generally require prior written parental consent to allow disclosure of personally identifiable information (PII). If such data were shared, either on an individual or aggregated basis, an explicit data sharing agreement may be required and helpful in identifying the purposes for sharing data, the roles and responsibilities of both programs, and how the programs would provide guidance to staff who have access to such any PII. Additional information and examples of how States are addressing data integration and data privacy can be found in the joint HHS/ED report *The Integration of Early Childhood Data*[26] and in *Understanding the Confidentiality Requirements Applicable to IDEA Early Childhood Programs Frequently Asked Questions*.[27]

[25] Federal confidentiality requirements include, but are not limited to, those in, FERPA, 20 USC 1232g and 34 CFR Part 99, the confidentiality provisions in Parts B and C of the IDEA, 20 USC 1417 and 1442, 34 CFR §§ 300.610 through 300.626 (IDEA Part B) and 34 CFR §§ 303.400 through 303.417 (IDEA Part C regulations), and the HIPAA Privacy Rule, 45 CFR Part 160.

[26] http://www2.ed.gov/about/inits/ed/earlylearning/files/integration-of-early-childhood-data.pdf. http://www2.ed.gov/about/inits/ed/earlylearning/files/integration-of-early-childhood-data.pdf.

[27] http://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/idea-confidentiality-requirements-faq.pdf. http://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/idea-confidentiality-requirements-faq.pdf.

Recommendation 8: Utilize Cross-Sector Professional Development

The quality of MIECHV awardee and IDEA Part C State program workforce impacts the effectiveness of the interventions delivered and the capacity to work collaboratively to provide coordinated and comprehensive services that improve outcomes for infants and toddlers with disabilities and their families. To support greater collaboration between programs, States should develop a cross-sector professional development system for personnel who work in these and other early learning programs.

States can begin by identifying leaders across both programs to create a shared workforce professional development plan that identifies the knowledge, skills, and competencies needed among home visitors and IDEA Part C personnel to deliver high-quality services. Competencies should include a focus on collaborative service delivery. With such a plan, States can assess how the current workforce development initiatives align with competencies and promote effective service coordination.

Joint professional development opportunities for home visitors and IDEA Part C State program providers should promote better understanding of specific professional responsibilities and provide concrete strategies for collaborative service delivery. Some States hold joint conferences for MIECHV awardee and IDEA Part C State program providers, and offer cross-sector online learning modules. Other States have centralized training registries that provide a single entry point for all professionals who serve infants and toddlers and their families. States should consider funding requirements of both programs when supporting cross-sector professional development.

CONCLUSION

The MIECHV and IDEA Part C Programs provide comprehensive services and supports for families in many of our nation's communities. Strong partnerships can improve the ability of the MIECHV and IDEA Part C State programs to meet the complex needs of vulnerable infants and toddlers and their families. Coordination will depend on strong and trusting relationships and a commitment from all levels of leadership to advance a more integrated service delivery system. In addition, coordination and collaboration can also maximize service delivery and resources, ensure that families get needed services, and ultimately improve outcomes to change the developmental trajectory of vulnerable infants and toddlers. Several States are developing strategic efforts to align and coordinate across both programs, and in doing so are working to build a stronger, comprehensive system of service delivery in at-risk communities (Johnson, 2009; Shumacher, 2011). Maximizing resources through collaboration ensures that the most vulnerable infants and toddlers and their families get the services they need to thrive.

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Appendix A: Maternal, Infant, and Early ChildhoodChildhood Home Visiting Program and IDEA Part C Programs

	MIECHV	IDEA PART C
Authorizing Statute	Social Security Act, Title V, Section 511	Individuals with Disabilities Education Act, Part C, 20 U.S.C. 1431 et seq.
Purpose of Program	The Maternal, Infant, and Early Childhood Home Visiting Program is a federally funded program that provides assistance to States, territories, and tribal entities to develop and implement evidence-based, voluntary home visiting programs that best meet the needs of their communities; and gives pregnant women and families with young children up to kindergarten entry, particularly those considered at-risk, necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn.	The IDEA Part C Program is a federally funded program that provides financial assistance to States to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families. The IDEA Part C Program also provides assistance to States to enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of all children, including historically underrepresented populations, particularly minority, low-income, inner-city, and rural children, and infants and toddlers in foster care.
Funding Structure	Formula grants to the 50 States, District of Columbia, Puerto Rico, the four outlying areas, and cooperative agreements awarded through competition to tribal entities.	Formula grants to the 50 States, District of Columbia, Puerto Rico, the four Outlying Areas, tribal entities through the Department of the Interior**.**
Program Administration	States and territories have the flexibility to tailor the program to serve the specific needs of at-risk communities identified in a statewide needs assessment. By law, States and territories must spend the majority of their MIECHV Program grants to implement evidence-based home visiting models. State and territory program fact sheets can be found at http://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-state-fact-sheets	The IDEA Part C Program in each State must include a single line of responsibility in a Lead Agency designated by the Governor that is responsible for the general administration and supervision of programs and activities. Contact information for IDEA Part C Lead Agencies and State Part C Coordinators can be found at www.ectacenter.org
Identification and Referral	States and territories must develop policies and procedures to recruit, enroll, disengage, and re-enroll home visiting services participants with fidelity to the model(s) implemented. States and local communities develop and utilize a wide array of recruitment and intake strategies to serve eligible families. Awardees must also coordinate with comprehensive statewide early childhood systems to support the needs of families, and establish appropriate linkages and referral networks to other community resources and supports.	Each State's IDEA Part C program must have a comprehensive Child Find system that ensures all infants and toddlers with disabilities who are eligible for early intervention services are identified, located, and evaluated including Indian infants and toddlers with disabilities residing on a reservation; infant and toddlers with disabilities who are homeless, in foster care, and wards of the State. The Child Find system must be coordinated with all other major efforts to locate and identify children by other State agencies responsible for administering the various

	MIECHV	IDEA PART C
		education, health, and social service programs, including home visiting programs.
Service Area	State and territory awardees must implement home visiting programs in at-risk communities identified in a statewide needs assessment, and prioritize services to low-income families, teen parents, families with a history of drug use or child abuse and neglect, families with children with developmental delays or disabilities, and military families.	IDEA Part C is a statewide, comprehensive, coordinated, multidisciplinary, interagency system.
Focus of Services	Designed to enhance the capacity of a family to improve maternal and child health, prevent abuse and neglect, encourage positive parenting, promote child development and school readiness, reduce crime and domestic violence, improve family economic self-sufficiency, and improve coordination and referrals for other community resources and supports.	Designed to meet the developmental needs of the eligible child and enhance the capacity of a family to meet the developmental needs of an infant or toddler with a disability
Age of Children Served	Prenatal through kindergarten entry, although this will vary based on the evidence-based home visiting model used.	Infants and toddlers under three years of age. States have the discretion to extend eligibility for Part C services beyond age three to children with disabilities who are eligible for services under IDEA section 619 (Preschool Grants) and who previously received services under Part C, until such children enter or are eligible under state law to enter kindergarten or elementary school, as appropriate. If a State elects to do so, it must have a written policy as part of its grant and eligibility documentation.
Service Setting	Services and supports primarily take place in the family's home or place of residence.	IDEA Part C requires that early intervention services be provided, to the maximum extent appropriate, in natural environments as determined by the IFSP team. These services can be provided in another setting only when the IFSP team determines that the early intervention services cannot be provided for the infant or toddler in a natural environment. The natural environment includes the home and community settings where children would be participating if they did not have a disability.
Service Plan	State and territory awardees must spend the majority of their Program grants to implement evidence-based home visiting models, with up to 25 percent of funding available to implement promising approaches that will undergo rigorous evaluation. Family service plans are typically developed in partnership between families and home	The Lead Agency must ensure the development, review, and implementation of an Individualized Family Service Plan (IFSP) is carried out by a multidisciplinary team, which includes the parent. The IFSP must include a statement of the measurable results or measurable outcomes expected to be achieved for the child.

	MIECHV	IDEA PART C
	visitors, and may include other team members working with the family.	The IFSP must include a statement of the specific early intervention services, based on peer-reviewed research (to the extent practicable), that are necessary to meet the unique needs of the child and the family in supporting the needs of the child to achieve the outcomes for the child identified in the IFSP.
Services Provided	States and territories implement activities in fidelity to an evidence-based home visiting model that meets HHS criteria for evidence of effectiveness or a promising approach. While there is some variation across the models (e.g., some programs serve expectant mothers as well as parents with young children while others only serve families after the birth of a child), all models share some common characteristics. In these voluntary programs, trained professionals meet regularly with expectant parents or families with young children in their homes, building strong, positive relationships with families who want and need support. Home visitors evaluate the families' needs and provide services tailored to those needs, including teaching parenting skills, promoting early learning, providing information on a wide range of topics, conducting screenings and providing referrals (including developmental screening), and connecting families to other resources and services as appropriate. A list of models that meet the HHS criteria for evidence of effectiveness and are eligible for implementation under the MIECHV Program may be accessed at: http://homvee.acf.hhs.gov/HRSA/11/Models_Eligible_MIECHV_Grantees/69/.	Services are provided based on a determination of eligibility by the IFSP team and their review of the information provided. Although not an exhaustive list, IDEA Part C services may include: • Assistive technology • Audiology • Family training, counseling, and home visits • Health services • Medical services • Nursing services • Nutrition services • Occupational therapy • Physical therapy • Psychological services • Service coordination • Sign language and cued language • Social work services • Special instruction • Speech-language pathology • Transportation and related costs • Vision services
Interagency Advisory Groups	Awardees must ensure that home visiting is part of a continuum of early childhood services through project planning and service coordination at State, territory and/or local levels. To that end, awardees convene and participate in State and local early childhood advisory groups. Awardees must ensure involvement in home visiting project planning, implementation, and/or evaluation by representatives of a number of State agencies through development of memoranda of understanding, including with the State's IDEA Part C and Part B Section 619 lead agency(ies).	IDEA Part C Interagency Coordinating Councils are required in every State receiving funding. Contact information for State ICC Chairs can be found on the Early Childhood Technical Assistance Center (ECTA) website www.ectacenter.org

	MIECHV	IDEA PART C
Sources for Technical Assistance	An overview of technical assistance providers and resources is available at: http://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-technical-assistance#providers	The Early Childhood Technical Assistance Center (ECTA): www.ectacenter.org The Center for Parent Information and Resources (CPIR): www.parentcenterhub.org The Center for IDEA Early Childhood Data Systems (DaSy): http://dasycenter.org/

Appendix B: IDEA Part C Lead Agencies as of July 1, 2016

	STATE/TERRITORY	PART C LEAD AGENCY
1	Alaska	Alaska Department of Health and Social Services (ADHSS)
2	Alabama	Alabama Department of Rehabilitation Services (ADRS)
3	Arkansas	Arkansas Department of Human Services (ADHS)
4	American Samoa	American Samoa Department of Health (DOH)
5	Arizona	Arizona Department of Economic Security (DES)
6	California	Department of Developmental Services (DDS)
7	Colorado	Colorado Department of Human Services (CDHS)
8	Connecticut	Connecticut Office of Early Childhood (OEC)
9	District of Columbia	Office of the State Superintendent of Education (OSSE)
10	Delaware	Department of Health and Social Services (DHSS)
11	Florida	Florida Department of Health (FDOH)
12	Georgia	Georgia Department of Public Health (DPH)
13	Guam	Guam Department of Education (GDOE)
14	Hawaii	Hawaii Department of Health (DOH)
15	Idaho	Idaho Department of Health and Welfare (IDHW)
16	Illinois	Illinois Department of Human Services (IDHS)
17	Indiana	Indiana Family and Social Services Administration (FSSA)
18	Iowa	Iowa Department of Education (IDE)
10	Kansas	Kansas Department of Health and Environment (KDHE)
20	Kentucky	Kentucky Cabinet for Health and Family Services (CHFS)
21	Louisiana	Louisiana Department of Health and Hospitals (DHH)
22	Maine	Maine Department of Education (MDE)
23	Maryland	Maryland State Department of Education (MSDE)
24	Massachusetts	Massachusetts Department of Public Health (DPH)
25	Michigan	Michigan Department of Education (MDE)
26	Minnesota	Minnesota Department of Education (MDE)
27	Missouri	Missouri Department of Elementary and Secondary Education (DESE)
28	MP (CNMI)	Commonwealth of the Northern Mariana Islands Public School System (PSS)
29	Mississippi	Mississippi State Department of Health (SDH)
30	Montana	Montana Department of Public Health and Human Services (DPHHS)
31	Nebraska	CO-LEADS: Nebraska Dept of Education (NDE) & Nebraska Department of Health and Human Services (DHHS)
32	Nevada	Nevada Department of Health and Human Services (DHHS)
33	New Hampshire	New Hampshire Department of Health and Human Services (DHHS)
34	New Jersey	New Jersey Department of Health (DOH)

	STATE/TERRITORY	PART C LEAD AGENCY
35	New Mexico	New Mexico Department of Health (DOH)
36	New York	New York State Department of Health (DOH)
37	North Carolina	North Carolina Department of Health and Human Services (DHHS)
38	North Dakota	North Dakota Department of Human Services (NDDHS)
39	Ohio	Ohio Department of Developmental Disabilities (ODODD)
40	Oklahoma	Oklahoma State Department of Education (OSDE)
41	Oregon	Oregon Department of Education (ODE)
42	Pennsylvania	Pennsylvania Departments of Education and Public Welfare, Office of Child Development and Early Learning (OCDEL)
43	Puerto Rico	Puerto Rico Department of Health (PRDH)
44	Rhode Island	Rhode Island Executive Office of Health and Human Services (EOHHS)
45	South Carolina	South Carolina First Steps to School Readiness (FSSR)
46	South Dakota	South Dakota Department of Education (DOE)
47	Tennessee	Tennessee State Department of Education (DOE)
48	Texas	Texas Department of Health and Human Services Commission (HHSC)
49	Utah	Utah Department of Health (DOH)
50	Virginia	Virginia Department of Behavioral Health and Developmental Services (DBHDS)
51	Vermont	Vermont Agency Of Human Services (AHS)
52	Virgin Islands	Virgin Islands Department of Health (VIDH)
53	Washington	Washington State Department of Early Learning (DEL)
54	West Virginia	West Virginia Department of Health and Human Resources (WVDHHR)
55	Wisconsin	Wisconsin Department of Health Services (DHS)
56	Wyoming	Wyoming Department of Health (WDH)
57	Department of Interior/Bureau of Indian Education (BIE)	Department of Interior/Bureau of Indian Education (BIE)

Appendix C: Maternal, Infant, and Early Childhood Home Visiting Formula Grant Lead Agency

	MIECHV Program	MIECHV Program Lead Agency
1	Alaska	Alaska Department of Health and Social Services
2	Alabama	State of Alabama Department of Children's Affairs
3	Arkansas	Arkansas Department of Health
4	American Samoa	America Samoa Department of Health
5	Arizona	Arizona Department of Health Services
6	California	California Department of Public Health
7	Colorado	Colorado Department of Human Services
8	Connecticut	Connecticut Office of Early Childhood
9	District of Columbia	Government of District of Columbia
10	Delaware	Executive Office of The Governor of Delaware
11	Florida	Florida Association of Healthy Start Coalitions Inc.
12	Georgia	Georgia Department of Human Resources
13	Guam	Government of Guam - Department of Administration
14	Hawaii	Hawaii Department of Health
15	Idaho	Idaho Department of Health And Welfare
16	Illinois	Illinois Department of Human Services
17	Indiana	Indiana State Department of Health
18	Iowa	Iowa Department of Public Health
10	Kansas	Kansas Department of Health and Environment
20	Kentucky	Kentucky Cabinet For Health & Family Services
21	Louisiana	Louisiana Department of Health and Hospitals
22	Maine	Maine Department of Health and Human Services
23	Maryland	Maryland Department of Health & Mental Hygiene
24	Massachusetts	Massachusetts Department of Public Health
25	Michigan	Michigan Department of Community Health
26	Minnesota	Minnesota Department of Health
27	Missouri	Missouri Department of Health and Senior Services
28	MP (CNMI)	Commonwealth Healthcare Corporation
29	Mississippi	Mississippi Department of Human Services
30	Montana	Montana Department of Public Health and Human Services
31	Nebraska	Nebraska Department of Health and Human Services
32	Nevada	Nevada Department of Health and Human Services
33	New Hampshire	New Hampshire Department of Health and Human Services
34	New Jersey	New Jersey Department of Health and Senior Services
35	New Mexico	New Mexico Department Of Children, Youth And Families
36	New York	New York State Department of Health

	MIECHV Program	MIECHV Program Lead Agency
37	North Carolina	North Carolina Department of Health & Human Services
38	North Dakota	Prevent Child Abuse North Dakota
39	Ohio	Ohio Department of Health
40	Oklahoma	Oklahoma State Department of Health
41	Oregon	Oregon Department of Human Services
42	Pennsylvania	Pennsylvania Department of Human Services
43	Puerto Rico	Puerto Rico Department of Health
44	Rhode Island	Rhode Island Department of Health
45	South Carolina	The Children's Trust Fund of South Carolina
46	South Dakota	South Dakota Department of Health
47	Tennessee	Tennessee Department of Health
48	Texas	Texas Health and Human Services Commission
49	Utah	Utah Department of Health
50	Virginia	Virginia Department of Health
51	Vermont	Vermont Agency of Human Services
52	Virgin Islands	Virgin Islands Department of Health Group
53	Washington	Washington State Department of Early Learning
54	West Virginia	West Virginia Department of Health and Human Resources
55	Wisconsin	Wisconsin Department of Children and Families
56	Wyoming	Wyoming Parents As Teachers National Center, Inc.

Federal Resources

Birth to 5: Watch Me Thrive!:
http://www.acf.hhs.gov/ecd/child-health-development/watch-me-thrive

Centers for Disease Control, National Center on Birth Defects and Developmental Disabilities:
https://www.cdc.gov/ncbddd/actearly/

U.S. Department of Education, Office of Special Education Programs (OSEP), Part C IDEA:
http://www2.ed.gov/programs/osepeip/index.html

U.S. Department of Health and Human Services, Health Resources and Services Administration, Early Childhood Comprehensive Systems (ECCS):
https://mchb.hrsa.gov/earlychildhoodcomprehensivesystems

U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal, Infant, and Early Childhood Home Visiting Program:
http://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview

U.S. Department of Health and Human Services, Office of Administration for Children and Families, Child Abuse Prevention and Treatment Act (CAPTA):
https://www.acf.hhs.gov/sites/default/files/cb/capta2010.pdf

U.S. Department of Health and Human Services, Office of Administration for Children and Families, Tribal Home Visiting Program:
http://www.acf.hhs.gov/ecd/home-visiting/tribal-home-visiting