Spending Smarter
A Funding Guide for Policymakers and Advocates to Promote Social and Emotional Health and School Readiness

Checklist

The following Checklist is reprinted from: Spending Smarter: A Funding Guide for Policymakers and Advocates to Promote Social and Emotional Health and School Readiness, by Kay Johnson and Jane Knitzer. Spending Smarter is designed to help state legislators, agency officials, families, and other advocates think strategically and take steps to meet the challenge of utilizing existing funding streams to promote the social and emotional health and school readiness of young children. The framework and content of Spending Smarter is designed to help state and local leaders maximize the impact of federal funding and feel confident that they are using existing resources in the most effective way.

Full copies of the report and other resources to help promote school readiness are available from the web site of the National Center for Children in Poverty, www.nccp.org.
The Spending Smarter Checklist: A Guide for Policymakers, Families, Advocates, and Service Providers

Below are a set of questions for state officials, families, advocates, and practitioners that can help drive a strategic approach to strengthening social and emotional school readiness and building early childhood mental health capacity. No state has implemented all of these recommendations, but together they provide a framework for prioritizing state and local action.

1. Does your state have a cross-agency strategic planning group to build strategic early childhood mental health capacity? Does the planning group:
   • Include families? Providers?
   • Link to a larger early childhood/school readiness planning process?
   • Include a dedicated fiscal planning group?

2. Does the state cross-agency strategic agenda include explicit efforts to build overall system capacity? Does your state:
   • Map how each system currently supports prevention, early intervention, and treatment services?
   • Map gaps in existing community-based programs or early childhood mental health initiatives across the state?
   • Create incentives for community-based, cross-agency training initiatives?
   • Implement targeted collaborations across IDEA Part C (Individuals with Disabilities Education Act), child welfare, and early childhood programs?
   • Build common definitions across programs for young children at risk of early school failure and/or developing social and emotional disorders?
   • Ensure family/two-generation treatment for the most vulnerable (e.g., promoting collaboration across child and adult mental health, substance abuse, and domestic violence programs)?
   • Pay for treatment for adults in the context of home visiting programs and comprehensive early childhood programs?
   • Use smaller grant programs strategically to promote system-building capacity (e.g., Foundations for Learning; Safe and Drug Free Schools; Early Learning Opportunities; and Good Start, Grow Smart)?

3. Is your state maximizing the impact of Medicaid/SCHIP? Does your state:
   • Require/permit EPSDT age-appropriate screening and diagnostic tools for infants, toddlers, and preschoolers that are sensitive to social, emotional, and behavioral issues?
   • Pay for covered services delivered in a range of community-based settings?
   • Include separate definitions and billing codes for developmental assessment/screening and diagnostic evaluations?
   • Use state matching funds strategically with Medicaid to support behavioral and mental health consultation in child care and home visiting programs?
   • Provide reimbursement for parent-child therapy?
   • Cover necessary services for social and emotional needs under the SCHIP benefits package?

4. Is your state maximizing the impact of Title V Maternal and Child Health Services Block Grant? Does your state:
   • Use Title V’s flexible funding strategically to cover services and supports for families and other caregivers that cannot be provided through Medicaid (e.g., cross-training)?
   • Explicitly include children who are at increased risk for developmental, behavioral, or emotional challenges according to the state definition of Children with Special Health Care Needs (CSHCN)?
   • Maximize the potential of the State Early Childhood Comprehensive Systems (ECCS) planning grants, including a focus on the most vulnerable?
   • Use the flexibility under Title V to develop and/or finance programs for maternal depression or other two-generation treatment strategies?
5. Is your state maximizing the impact of the Child Care and Development Fund (CCDF) to promote social and emotional health and school readiness? Does your state:
   - Define explicit strategies to promote social and emotional health and school readiness competencies in children and improve the skills of caregivers in the state’s CCDF plan?
   - Use CCDF funds to support training for the early childhood community on social, emotional, and school readiness issues?
   - Ensure that the highest-risk young children are in high-quality child care settings?
   - Use CCDF funds to support early childhood mental health consultation through the quality set-aside? Use other funds?

6. Is your state maximizing the potential of special education programs on behalf of infants and toddlers at risk of developmental delays and on behalf of preschoolers with identified disabilities? Does your state:
   - Ensure appropriate social and emotional assessments in IDEA Part C Child Find screening activities, as well as in comprehensive, developmental, multidisciplinary evaluations?
   - Use the option to extend IDEA Part C eligibility to at-risk infants and toddlers, with emphasis on social, emotional, and environmental risk factors?
   - Identify infants and toddlers exposed to substance abuse, domestic violence, and maternal depression as a high-risk group? Extend eligibility for Part C services?

7. Is your state maximizing the impact of the new CAPTA amendments? Does your state:
   - Require collaboration across public health agencies, child protection systems, and community-based programs to provide child abuse and neglect prevention as well as treatment services?
   - Have a mechanism to ensure that screenings of young children at risk who have experienced abuse or neglect and/or witnessed domestic violence lead to interperiodic reviews, assessments, and/or referrals for early intervention?
   - Require that all children from birth to age 3 entering the foster care system be assessed through the IDEA Part C Early Intervention program?

8. Does your state maximize the impact of programs serving the most vulnerable families with young children? Does your state:
   - Use Title IV-B funding to create two-generation child mental health and behavioral interventions for families with young children in or at risk for foster care placement?
   - Use TANF grant dollars for family counseling, service coordination, substance abuse treatment, family support, and training activities?
   - Transfer TANF funds to the CCDF or the SSBG to jump-start behavioral and mental health early childhood consultation strategies?
   - Strategically use funds from family violence/domestic violence, substance abuse, prevention, treatment, and community-based family resource and support to promote treatment and two-generation strategies targeted to families with young children?