WOMEN'S AND CHILDREN'S HEALTH POLICY CENTER
JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH

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EARLY CHILDHOOD SYSTEM-BUILDING TOOL:
A Framework for the Role of Title V Maternal and Child Health Programs in Early Childhood Systems

FOR THE NATIONAL CENTER
FOR INFANT AND EARLY CHILDHOOD
HEALTH POLICY

BUILDING STATE EARLY CHILDHOOD
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JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH
WOMEN'S AND CHILDREN'S
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UCLA CENTER
FOR HEALTHIER CHILDREN,
FAMILIES AND COMMUNITIES

ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS
ASSOCIATION OF MATERNAL
AND CHILD HEALTH PROGRAMS

Early Childhood System Building Tool

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For the

National Center for Infant and Early Childhood Health Policy

UCLA Center for Healthier Children, Families and Communities

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Table of Contents

The Early Childhood System Building Tool provides a framework for the roles and contributions of public maternal and child health programs in local and state early childhood systems, as well as a template for describing the contributions of other system partners.

Background

The Early Childhood System Building Tool was developed by the Johns Hopkins Women's and Children's Health Policy Center (WCHPC) for the National Center for Infant and Early Childhood Health Policy at the University of California-Los Angeles. The tool is intended to augment other guidance and technical assistance related to the State Early Childhood Comprehensive Systems Program (SECCS), launched by the federal Maternal and Child Health Bureau (MCHB) to support the work of state Title V Maternal and Child Health Services programs[1] in collaborative system development efforts. The WCHPC has partnered with the UCLA Center and the Association of Maternal and Child Health Programs (AMCHP) to provide policy and technical support and resources for the SECCS initiative.

The Early Childhood System Building Tool was developed with the assistance of a working group with expertise in state and local early childhood system building (see Appendix A). In drafting the tool, the working group and authors drew on a variety of existing resources related to early childhood and school readiness (see Appendix B). In addition, a preliminary draft of the tool was reviewed by numerous state- and local-level practitioners working in public health, education, child care, and other sectors related to early childhood, along with representatives of key national non-profit organizations that provide technical assistance and advocacy for infant and early childhood development, early education, and family support.

The Early Childhood System Building Tool draws from the experiences of states and communities and the knowledge base of existing early childhood initiatives at the local, state, and national levels. What this tool adds to the wealth of existing frameworks, conceptual models, and technical assistance materials is a detailed organizing framework around which public health agencies can systematically plan for and monitor their unique functions and capacities as part of comprehensive early childhood system building and school readiness initiatives.

[1] "State Title V program" refers to the organizational unit accountable for activities undertaken with funds provided to states through the Maternal and Child Health Services Block Grant (Title V of the Social Security Act). These units typically administer other programs for children and families as well (e.g., family planning, early intervention).

Introduction

The SECCS initiative was launched to support states in collaborative early childhood system development, with the ultimate goal of supporting families and children who are "healthy and ready to learn at school entry" (HRSA 2003). In many states, early childhood system building efforts are already underway through partnerships among child-serving agencies, organizations, and sub-systems, often under the rubric of school readiness. In other states, the SECCS grant may provide the impetus for new collaborations and the very beginnings of system formation.

The Early Childhood System Building Tool was created to help strengthen the involvement of the public health sector in early childhood and school readiness initiatives, regardless of the system's current stage of development. The tool provides a framework and helps to establish a common language for collaborative system building efforts. It also provides examples geared toward the particular roles, activities, and vantage point of state and local public health agencies, and state Title V maternal and child health programs in particular. Consequently, this tool can serve as a communications and education tool for conveying to the public, policymakers, and other system partners the unique contribution and significance of maternal and child health programs to the goals of the early childhood system. Likewise, the tool can function as a template for other system partners to describe their own unique roles and activities.

The Early Childhood System Building Tool is framed around **five content areas** identified by the MCHB as central to early childhood comprehensive systems:[2]

- *medical home/access to primary care,*
- *mental health/social-emotional development,*
- *early care and education,*
- *family support,* and
- *parenting education*.

The Early Childhood System Building Tool also is structured along a **child-centered, natural continuum** from *child* and *family* through *community* and *state*, reflecting all of the levels at which the system must function and demonstrating the need to keep the intended beneficiaries of the early childhood system (children and families) central to all that occurs on their behalf. (See Figure 1.)

[2] These content areas are described within the context of the SECCS initiative in a report series published by the National Center for Infant and Early Childhood Health Policy. Reports in the series will be made available in March 2004 at *www.healthychild.ucla.edu/NationalCenter*.

Guiding Principles

Several principles guided the development of this tool, in addition to the child and family focus. The tool is grounded in the public health perspective, but it takes a larger view of system building. While it provides a template for describing the unique contributions of different system partners and sub-systems, this document presents those contributions in the context of **three critical system-level components** that reflect the overarching objective of *system integration*:

- *shared goals,*
- *partnerships, and*
- *strategies.*

The Early Childhood System Building Tool also incorporates the contributions of non-traditional and non-governmental partners. Finally, the Tool takes into account the reciprocal roles of local and state entities and the importance of state-local linkages in building an effective system.

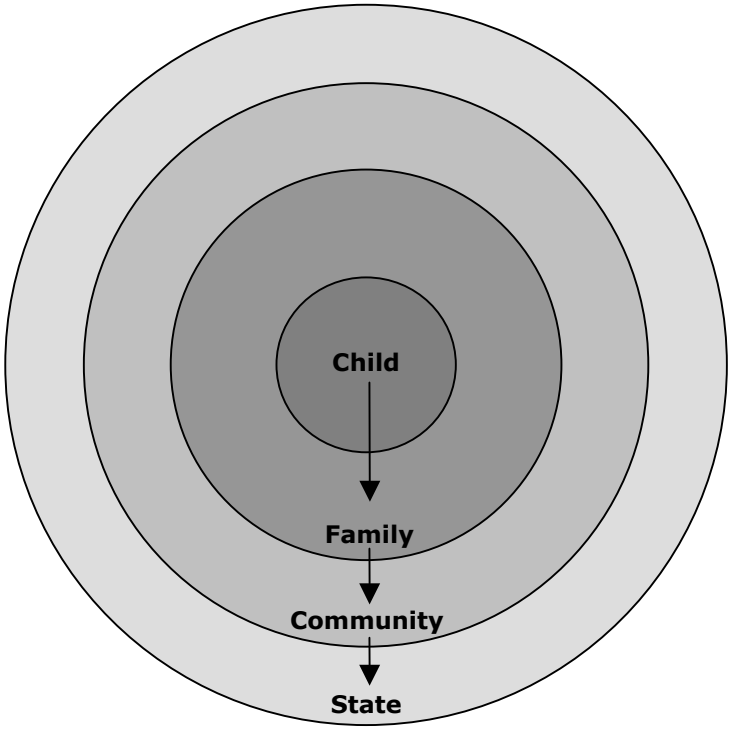


Figure 1. Child-Centered Natural Continuum
The Early Childhood System Building Tool is structured along a natural continuum from child and family to community and state, reflecting all of the levels at which the system must function and demonstrating the need to keep the intended beneficiaries of the early childhood system (children and families) central to all that occurs on their behalf.

Components of the Early Childhood System Building Tool

The Early Childhood System Building Tool is comprised of four sections corresponding to key components of the early childhood system (see Figure 2):

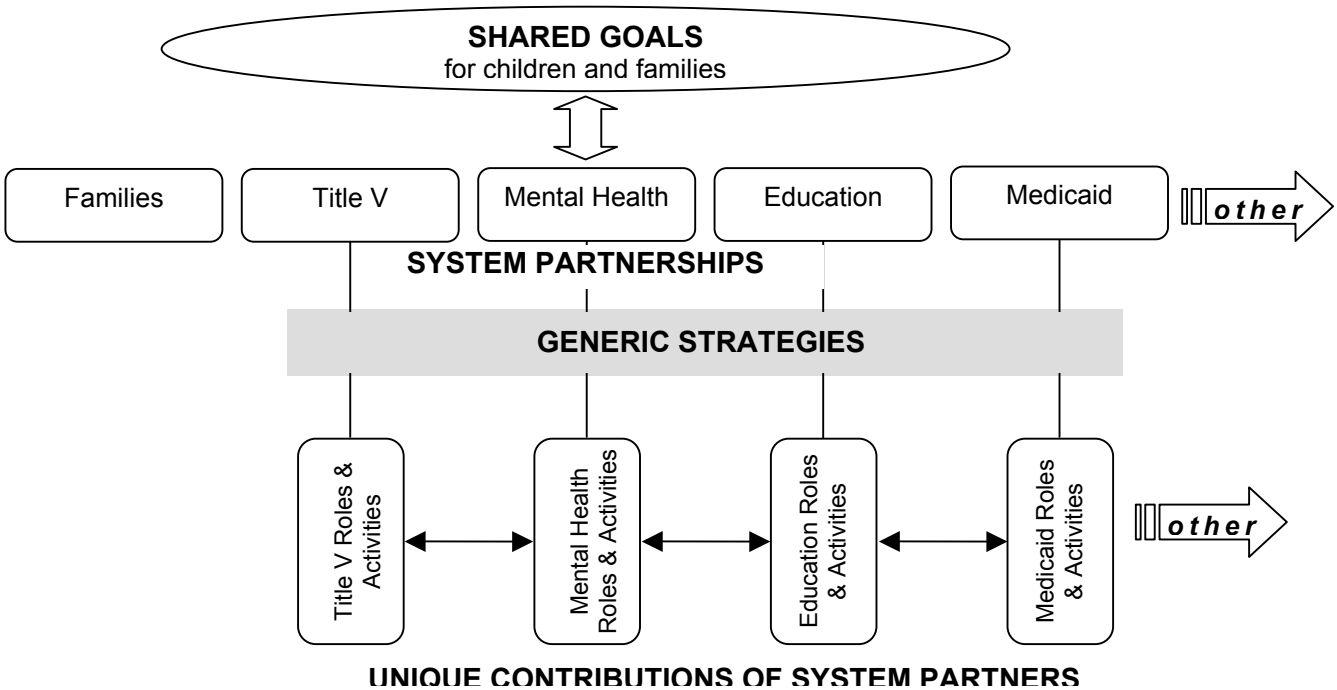
Section I: ***Shared Goals***
These system-level goals, presented with examples of related objectives and outcome measures, represent the overarching aims of interagency, cross-sector collaboration for infants, young children, and their families.

Section II: ***System Partnerships***
This section lays out a range of collaborative relationships that contribute to meeting shared goals. Partners include programs and agencies, specific types of professionals (e.g., pediatricians, child care providers), professional organizations, and community and state-level organizations (e.g., churches, advocacy organizations, employers), as well as the parents and caregivers of infants and young children.

Section III: ***Generic Strategies***
This section describes cross-partner *categories of activities* geared toward meeting system goals.

Section IV: ***Examples of Specific Public Health/Title V Activities***
This section provides a more focused view of the roles and activities of Title V MCH programs in early childhood systems.

Figure 2. Early Childhood System Components



How to Use the Early Childhood System Building Tool

The Early Childhood System Building Tool is not intended to definitively prescribe the goals, outcomes, partnerships, strategies, or activities of the early childhood system or of any system partner, but should be considered a springboard for discussion of these components among system partners.

This tool also is not intended to define a strategic planning process. It is designed as a **supplement and additional resource** for undertaking planning activities under the SECCS grant (and/or in other early childhood system-building efforts).[3] Given that system development in general is rarely linear, the components of this tool are not necessarily used in the order they are presented. Different components may be useful at different stages of system development, and they are designed to be used and adapted flexibly to fulfill a variety of purposes. While the tool is primarily designed for immediate use in the planning phase of the SECCS initiative, it also can be adapted for use in monitoring program development throughout the course of the SECCS grant planning and implementation phases.

The development of this tool began with the articulation of several guiding principles (outlined in the Introduction). So too should every system-building initiative begin by establishing a common vision and/or principles to lay the groundwork for collaborative activities. Many on-line resources and models are available to assist in this process, such as the Maternal and Child Health Bureau's Strategic Plan for Early Childhood Health and *Mobilizing for Action through Planning and Partnerships*, an assessment and planning process developed by the National Association of County and City Health Officials with the Center for Disease Control and Prevention.[4]

Using Section I: Shared Goals

This section highlights a set of goals *common to all partners in early childhood system building.* The goals are grouped by the five content areas of the SECCS grant (medical home, mental health, early care and education, family support, and parenting education), with an additional category for goals that span all programmatic areas.

For each goal, examples of related outcomes are listed. Three key points about these goals and outcomes should be kept in mind:

- Many of the outcomes listed are specific and measurable, but some are more general and can be broken down into more specific indicators.

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[3] The National Center for Infant and Early Childhood Health Policy has produced a guide to strategic planning for SECCS grantees. This report will be made available in March 2004 at *www.healthychild.ucla.edu/NationalCenter.*

[4] View the Maternal and Child Health Bureau's Strategic Plan for Early Childhood Health at *amchp.org/members/center/mchb-earlychild.pdf*. The MAPP process includes a "visioning" module; see *mapp.naccho.org/visioning/index.asp.*

- Further, some are *population-level outcomes* and some are *agency/system outcomes*. In all likelihood, system development efforts will incorporate a mixture of population and agency/system measures with varying purposes for their use (e.g., informing the public, reporting to policymakers, monitoring agency performance, assessing long-term effects).

- Most importantly, this tool is not intended to be prescriptive. In your system-building work you will undoubtedly identify other goals and outcomes that fit your state context and appeal to the specific partners involved.[5] The goals and outcomes provided here can serve as a reference as you embark on the collaborative process of developing shared goals for your early childhood system. Whatever the chosen goals and outcomes, *the common thread should be a focus on the child and family.*

Once basic data collection and analysis plans are well established, consider addressing the unique needs of infants, toddlers, and their families by breaking down appropriate outcomes by age groups (e.g., 0-3, 3-5).

Using Section II: System Partnerships

Once you have established a common vision and articulated system-wide goals, use this section to take stock of who has been part of the discussion and who is missing. Alternatively, this section might be used as a very first step, to expand ideas about who should be "at the table" from the outset. This section also may be useful for identifying stakeholders and developing dissemination plans for information about the SECCS initiative or other early childhood-related activities.

Using Section III: Generic Strategies

The section on generic strategies is intended to serve as the basis for a discussion about the general approaches state agencies and organizations can employ to advance system development efforts. These strategies can be undertaken collaboratively or by individual system partners.

A number of questions can frame discussions about potentially effective strategies:

- Which strategies are feasible for each partner to use, and/or what roles can each partner play?

[5] Many other examples of measurable outcomes, along with information about where to find the data, can be found in Child Trend's *Child, Family, and Community Indicators Book,* available on-line at *www.childtrends.org/PDF/Prop10IndicatorBook.pdf*. Additional data-related resources are identified in The Finance Project's *Indicators of Child Well Being,* available on-line at *www.financeprojectinfo.org/Publications/indicatorsofchildwellbeingresource.htm*. Draft sets of indicators developed as part of the 17-state School Readiness Indicators Initiative can be accessed at *www.gettingready.org*.

- At what level(s) of the natural continuum (child, family, community, or state) are the strategies most effectively directed?
- How might each potential strategy affect the time and resources available for other programmatic and system-building activities?
- Which strategies can be used jointly by multiple agencies and organizations?
- Which strategies might deliver the most "bang for the buck?"

Using Section IV: Examples of Title V/Public Health Activities

This section functions as a template for describing the roles and contributions of specific system partners. The range of potential activities for any system entity depends in part on its particular capacities and resources, the political climate, governmental/agency structure, etc. In this document, examples of Title V activities are used to give ideas about the roles of the maternal and child health/public health agency vis-à-vis other system partners. These examples should be considered in light of the great variability across states and localities; not all will be applicable in every context. Other system partners could use a blank grid to outline their roles and activities as well.

The examples are roughly sequenced along a spectrum from basic/fundamental activities to optimal/ideal activities. Note that some activities listed for the state level also could be carried out at the community level, particularly in large communities. Additionally, not all of the activities listed would be undertaken by the MCH agency alone.

Using the Tool for Educational Purposes

The Early Childhood System Building Tool provides a framework for conveying both the common concerns and the unique responsibilities of different system sectors. As such, it is useful both for internal Title V program strategizing and in cross-agency forums.

As an internal educational tool, this document can be used to orient new state and local MCH staff. It might also be used to inform other program area staff about the goals of the early childhood system, and how these goals relate to their programmatic activities.

As an external educational tool, the tool can be used to inform policymakers about the early childhood system and provide a justification for infrastructure needs. Finally, this tool may be helpful in educating other early childhood system partners about the role of MCH/public health in the early childhood system and school readiness initiatives.

Potential Uses of the Early Childhood System Building Tool

- *Guidance for articulating goals and work plans*
- *Assistance with identifying measurable outcomes*
- *Basis for monitoring and improvement of system-building efforts*
- *Framework for common concerns and unique contributions of system partners*
- *Internal education and orientation tool*
- *External education and communications tool*
- *Justification for infrastructure needs*

Section I: Shared Goals with examples of related outcome measures

SECCS Focus Areas	*Child Outcomes*	*Family Outcomes*
Medical Home	**All children have a source of coordinated, comprehensive, and family-centered primary health care.** *Examples of related outcomes:* — *Number and percentage of children under age 5 with medical homes* — *Immunization rates* — *Number and percentage of children 0-5 receiving vision and hearing screening* — *Number and percentage of children (ages 1-5) receiving dental care* — *Number and percentage of children receiving developmental and behavioral screenings by primary providers* — *Rates of preventable morbidity* — *Rate of early enrollment in Part C/CSHCN* — *Rates of emergency room utilization for non-emergency health needs* **All children are enrolled in public or private health insurance programs.** *Examples of related outcomes:* — *Number and percentage of uninsured children under age 5* — *Number and percentage of uninsured children under 200% of the federal poverty level* — *Number and percentage of uninsured children over 200% of the federal poverty level* — *Number and percentage of eligible children who are enrolled in Medicaid/SCHIP*	**Services and system meet families' needs.** *Examples of related outcomes:* — *Rates of consumer satisfaction, including cost, location, and access to services* — *Numbers of clinics with extended hours* — *Availability of public transportation to providers and facilities* — *Alternative transportation options in areas where public transportation is not available (i.e., rural areas)* — *Number and percentage of parents reporting that they are able to identify a primary provider for their children* — *Utilization rates for pediatric primary and specialty care services* — *Rates of emergency room utilization for non-emergency health needs* — *Family participation in the planning, coordination, and evaluation of care* — *Availability of providers fluent in languages other than English* **Families apply for and access services.** *Examples of related outcomes:* — *SCHIP* — *preventive services* — *women, infants, and young children who are enrolled in WIC (or other relevant programs)* — *adequate to meet demand* **Families are informed consumers of health care.** *Examples of related outcomes:* — *reporting that they requested and received developmental/behavioral assessment from pediatrician* — *access providers and health care facilities (e.g., know the hours of operation, public transportation options, and languages spoken)*

Community Outcomes	*State System/Policy Outcomes*
Medical homes are linked to other community resources. *Examples of related outcomes:* — *Number and percentage of children receiving referrals from their medical homes and subsequently accessing services from community resources* — *Rates of referral to Child Find/Early Intervention programs* — *Information is exchanged among service providers (as feasible given privacy constraints)* — *Provider knowledge of community services* — *Providers and programs have access to comprehensive, updated directories of community resources* **Provider capacity is sufficient to meet community needs.** *Examples of related outcomes:* — *Number and percentage of providers accepting Medicaid, including dental and mental health providers* — *Number and percentage of providers accepting clients on a sliding fee scale* — *Ratios of providers to population for family practice, obstetric, pediatric, and dental care* — *Number of full-service school-based clinics located in preschools and primary schools* — *Number and percentage of pediatric medical and dental providers capable of providing services in languages other than English*	**Health care financing systems provide incentives to community- or hospital-based pediatric practices to operate as medical homes.** *Examples of related outcomes:* — *State Medicaid, SCHIP, and Early Intervention payment rates are adequate to meet needs* — *Number and percentage of practices reporting billing codes and reimbursement rates as barriers to providing a medical home* — *Health and dental care utilization rates for children under age 5* — *Percent of children fully immunized by age two* — *Reimbursement for outreach activities* **Provider capacity is adequate across regions of the state.** *Examples of related outcomes:* — *Number and percentage of providers accepting Medicaid, stratified by region/county* — *Numbers of obstetric, pediatric, pediatric dental and mental health providers stratified by region/county* **Program enrollment indicates adequate utilization of services by families with young children (e.g., for Medicaid, SCHIP, WIC, Part C, Food Stamps).** **Measures of population health status reflect the benefits of providing care in a medical home model.** *Examples of related outcomes:* — *Rate of hospitalization for asthma* — *Numbers of dental visits to hospital emergency departments*

SECCS Focus Areas	*Child Outcomes*	*Family Outcomes*
Mental Health	**All children are routinely assessed for problems or impairments in social-emotional development.** *Examples of related outcomes:* — *Number and percentage of children receiving developmental and behavioral screenings* — *Number and percentage of primary care providers, child care providers, preschool programs, and social service providers providing developmental and behavioral screening for every young child* — *Number and percentage of children enrolled in Medicaid who are assessed for social-emotional development through the EPSDT program* **All children have access to appropriate social-emotional services, and these services are coordinated with the medical home.** *Examples of related outcomes:* — *Number and percentage of children who are referred for and use services for social-emotional problems that are identified through EPSDT screens, well-child visits, or other routine/preventive care* — *Primary care providers are informed about and trained to monitor prevention, intervention, and treatment services received by children under their care* — *Number and percentage of young children who are expelled from child care or schools due to behavioral problems*	**Parents have access to appropriate mental health services, and these services are coordinated with the families' primary care setting.** *Examples of related outcomes:* — *Number and percentage of new parents screened for mental health needs* — *Number and percentage of new mothers who received information on postpartum depression from pediatric or obstetric providers* — *Number and percentage of new parents referred for mental health services who access/utilize those services* **Support groups and other support services are accessible and meet the needs of diverse family cultures and structures.** *Examples of related outcomes:* — *Support groups/community resources are available for a wide range of families (e.g., parents of newborns, adoptive parents, single parents, teen parents, children routinely living in more than one home, homeless families, gay/lesbian parents, grandparents raising grandchildren, foster parents, families experiencing maternal depression)* — *Support groups/community resources are available at locations easily accessible by public transportation and during evening and weekend hours* — *Resources are accessible in languages other than English* — *Assistance with transportation and child care is provided*

Community Outcomes	*State System/Policy Outcomes*
Medical and mental health providers are trained in using developmental and behavioral screening tools. *Examples of related outcomes:* — *Number and percentage of providers using developmental screening tools during routine visits* **Communities support the mental health of all residents.** *Examples of related outcomes:* — *Measure of community members' knowledge and attitudes about mental health care services and mental illness* — *Presence of consultation models linking community mental health agencies to early care/education providers* — *Mental health services are integrated with other community services* — *Measure of community members' awareness of early social-emotional development and its link to school readiness* **Adequate prevention and intervention services are available to all community members.** *Examples of related outcomes:* — *Number of mental health care providers trained to work with young children and families* — *Number of early care and education providers trained to identify and work with infants, children and families with mental health needs*	**Mental health services for young children and families are adequate to meet needs across all regions of the state.** *Examples of related outcomes:* — *Spending on early intervention services for children with MH/MR/DD* — *Level of funding for consultative services* — *Number and geographic distribution of mental health professionals with expertise in early childhood* — *Number and geographic distribution of mental health professionals who can be reimbursed by/ accept Medicaid* — *Medicaid coverage includes diagnoses appropriate for young children and new mothers* — *Spending on mental health services for pregnant and postpartum women, compared to need* — *Spending on mental health services for children in foster care or the child welfare system, compared to need* — *Funding for primary prevention programs*

SECCS Focus Areas	*Child Outcomes*	*Family Outcomes*
Early Care and Education	**All children have access to high-quality and developmentally-appropriate[6] early care and education.** *Examples of related outcomes:* — *Licensing rules include required contracts with Child Care Health and Mental Health Consultants* — *Licensing rules follow recommendations for SIDS prevention and incorporate other National Health and Safety Performance Standards promulgated in "Stepping Stones to Caring for Our Children" (National Resource Center for Health and Safety in Child Care)* — *Number and percentage of infants and young children in licensed child care/preschool[7] facilities* — *Number and percentage of infants and young children in accredited child care/preschool facilities* — *Educational level of caregivers* — *Adult to child ratio* — *Number of children per classroom* — *School readiness assessment* — *Early (<12 months) Part C enrollment* — *Access to early care/preschool settings for children with special health care needs[8]* — *Measure of child care/preschool quality*	**Parents have access to high quality, affordable care that facilitates achievement of their goals (e.g., employment, training/education).** *Examples of related outcomes:* — *Average annual cost of child care/preschool for infants and young children compared to community's median income* — *Number and percentage of single-parent families with infants and young children whose co-pay for subsidized child care is 10% or more of income* — *Availability and cost of child care and preschool for children with special health care needs* — *Employer policies include time and day flexibility and time off to care for sick children* — *Availability of sick-child care* — *Parental report of employment difficulties related to child care problems* — *Employee absenteeism rates* — *Geographic distribution of licensed child care facilities and preschools* — *Parent knowledge of the elements of high-quality, developmentally-appropriate care*

[6] The National Association for the Education of Young Children defines high quality programs as providing "a safe and nurturing environment that promotes the physical, social, emotional, aesthetic, intellectual, and language development of each child while being sensitive to the needs and preferences of families." To be developmentally appropriate, programs must be founded on the current knowledge base about the social, emotional, and cognitive growth of young children. (NAEYC, 1997)

[7] This document uses the term "preschool" to refer to a variety of early childhood educational settings, including Early Head Start, Head Start, and state-funded pre-kindergarten.

[8] This document uses the Maternal and Child Health Bureau's definition of children with special health care needs: Children who have or are at risk for chronic physical, developmental, behavioral, or emotional conditions and who require health and related services of a type or amount beyond that required by children generally.

Community Outcomes	*State System/Policy Outcomes*
An adequate supply of appropriately qualified early care and education providers is available. *Examples of related outcomes:* — Number and geographic distribution of licensed/known early child care and preschool providers — Size of waiting lists for early child care and preschool enrollment — Total number early child care and preschool slots — Number of total early child care and preschool slots in accredited facilities — Availability of child care and preschool referral resources — Average salaries and benefits for child care/preschool providers (as a measure of whether wages are sufficient to attract a stable, trained workforce) — Subsidies and child care assistance are sufficient to allow parents choice of care **Early care and education programs and providers are linked to the overall service system and community resources.** *Examples of related outcomes:* — *Number of Child Care Health and Mental Health Consultants* — *Presence of training programs for developmental and behavioral screening in early child care/education settings and referral to appropriate services* — *Institutionalized links between early care/education and primary care settings* **Businesses support, subsidize, and/or provide child care.** *Examples of related outcomes:* — *Number of businesses with on-site child care* — *Number of businesses that provide child care subsidies*	**Access to pre-school learning opportunities is universal.** **State policies support the availability of high-quality early care and education.** *Examples of related outcomes:* — *Facility and provider standards (e.g., training and credentials, adult-child ratios, licensure requirements)* — *Pre-professional and continuing education/ training for providers* — *Eligibility thresholds and co-payment requirements for child care subsidies* **State policies support blended funding opportunities.** *Examples of related outcomes:* — *State and federal funds used for preschool programs (e.g., Title 1, Head Start, child care)* — *TANF funding supports child care for parents moving into jobs* — *Financial incentives for businesses to invest in child care programming* **State policies address transition challenges and links between early care and education services and programs, including transitions for children in special education services.** *Examples of related outcomes:* — *State policies support coordination between part-day Head Start and pre-K programs, early education programs, and the child care subsidy system* – *State policies facilitate wrap-around child care with part-day preschool programs* – *State policies facilitate children's transitions from early childhood programs into K-12 (e.g., inform parents about the k-12 system, transmit information about children's capabilities and needs to the receiving system)* – *State supports training for parents of children with disabilities about the Individual Family Service Plan process and transition to preschool (IDEA)*

SECCS Focus Areas	*Child Outcomes*	*Family Outcomes*
Family Support/ Self-Sufficiency	**Children's basic needs (e.g., food, shelter, clothing) are met, and parents/caretakers have the support and resources they need to provide a nurturing family environment.** — *Number and percentage of children under five years of age in single-parent households with incomes below 100% of the federal poverty level* — *Number and percentage of children in single-parent households* — *Number of children born to teen parents* — *Number of subsequent births to teen parents* — *Rates of child abuse and neglect* — *Utilization of homeless shelters and food programs by families with children*	**Parents are able to achieve self-sufficiency.** *Examples of related outcomes:* — *Numbers of homeless families with children* — *Numbers of affordable housing units compared to need* — *Number and percentage of families with young children who pay more than 30% of their income for housing* — *Number and percentage of families with young children living below the state self-sufficiency standard or 200% of the poverty level* — *Unemployment rates among families with children* — *Median income for families with children* — *Parental education level and literacy rates* — *Number and percentage of single-parents receiving child support from the non-custodial parent* — *High school graduation rates* — *Number and percentage of 18-25 year olds without a high school diploma or GED* — *Average length of time on TANF and information on job status and income after leaving TANF*

Community Outcomes	*State System/Policy Outcomes*
Families have a meaningful role in the development of policies and programs at the community-level. *Examples of related outcomes:* — *Parent representatives serve on boards, commissions, task forces, and planning groups related to early childhood concerns* — *Rates of parent representatives attending and participating in meetings* — *Routine methods are used to gather input on policies and programs from parents*	**Families have a meaningful role in the development of policies and programs at the state level.** *Examples of related outcomes:* — *Advisory boards include parent representatives* — *Rates of parent representatives attending and participating in meetings* — *Routine methods are used to gather input on policies and programs from parents* — *Parent advocacy groups (e.g., for education, special needs, disabilities) exist and are routinely consulted*
Providers, programs, and services are linked. *Examples of related outcomes:* — *Co-location of services and/or a single point of entry to services* — *Institutionalized referral mechanisms are in place* — *Providers' knowledge of community resources*	**State policies support family self-sufficiency.** — *Eligibility criteria for subsidized child care, Medicaid, WIC, etc.* — *Funding levels for other family support programs and centers* — *Integration of family support activities and services into state-funded preschool and early child care* — *Enforcement of child-support requirements* — *Availability of a refundable dependent care credit* — *Availability of a state earned income tax credit (including size and refund-ability)* — *TANF policies (e.g., eligibility, time limits, benefit levels, work requirements, job training and education provisions) provide sufficient time and supportive services to maximize the number of families that successfully make the transition to economic self-sufficiency*
Preventive and intervention services are accessible and meet a range of family needs. *Examples of related outcomes:* — *Numbers and locations of family support services and centers* — *Availability of support groups for parents and caregivers* — *Domestic violence treatment programs* — *Alcohol/substance abuse treatment programs (including for pregnant women)*	
Communities have adequate economic and social resources to meet the needs of families and children. *Examples of related outcomes:* — *Family mobility (e.g., as measured by school reports)* — *Community unemployment rates* — *Availability, geographic locations, and safety of family-oriented recreational activities (e.g., parks, ball fields, playgrounds, exercise facilities, libraries)*	**Application processes are streamlined and coordinated.** *Examples of related outcomes:* — *Numbers of applications or information systems that integrate demographic data across forms* — *Numbers of programs that use pre-approval for parents who are enrolled in other programs with similar requirements*
Businesses support expanded family-friendly policies. *Examples of related outcomes:* — *Parental and dependent care leave options, including amount of leave time for caregivers of newborns* — *Flexible scheduling to allow parents to meet family obligations* — *Family activities at work sites*	**Family and medical leave policies go beyond federal mandates.**

SECCS Focus Areas	*Child Outcomes*	*Family Outcomes*
Parenting education	**All children are raised in a safe, supportive, and nurturing family environment.** *Examples of related outcomes:* — *Number of books in the home* — *Number and percentage of children who are read to for at least 20 minutes each day* — *School readiness indicators*[9] — *Rates of child abuse and neglect for children under age 5* — *Average length of time in foster care* — *Number of foster care placements for infants, toddlers, and young children* — *Injury rates* — *Rates of helmet use with bicycles* — *Parent knowledge of developmental milestones* — *Measures of children's physical activity and nutrition* — *Participation in recreational and enrichment activities*	**Parents have access to the training and resources they need to support their children's healthy development.** *Examples of related outcomes:* — *Availability and use of home visiting programs* — *Enrollment in parenting courses* — *Parent utilization of community resources* — *Parental support network* — *Parent knowledge and parent-child relationship before and after participation in parenting education programs* — *Programs promote the involvement of fathers and non-custodial parents in their children's lives* — *Breastfeeding rates* — *Number and percentage of parents of children with disabilities who are referred to and use parent support groups and parent training and information centers* — *Number and percentage of parents who report having received information on early literacy and reading to their children*
Cross-Cutting		**Parents receive leadership training to support their participation in decision-making processes for their children's care and for program and system planning activities.**

[9] School readiness indicators may be defined variably by state and national governmental and non-governmental entities.

Community Outcomes	*State System/Policy Outcomes*
Multiple agencies collaborate to provide parenting education services. *Examples of related outcomes:* — *Home visiting programs incorporate parenting education* **Parenting education and support services are accessible and utilized.** *Examples of related outcomes:* — *Availability of parenting education and support programs for families with special needs (e.g., special health care needs, substance abuse)* — *Parenting education and support programs address the needs of non-traditional families (e.g., grandparents raising grandchildren) and immigrants* — *Enrollment in parenting education programs for different subgroups of the community* — *Mechanisms exist for informing families about parenting education opportunities*	**States provide access to training and resources for families.** *Examples of related outcomes:* — *State facilitates the compilation and distribution of information regarding parenting education programs* — *State supports the provision of parenting programs, classes, and materials* — *State uses data and consumer input to determine parenting education needs* — *Funding levels for parenting education programs*

Indicators and performance measures are routinely documented for accountability and quality improvement.

Services, programs, and sub-systems are integrated to create a seamless and "user-friendly" early childhood system.
Examples of related outcomes:
— *Communities have an effective mechanism for coordinating the activities of programs that serve families with young children*
— *Numbers and locations of co-located services*
— *Data and information systems and policies allow information sharing between early childhood programs/services and school systems to facilitate transitions for children and families and ensure the continuity of health care and other developmental supports*

Section II: System Partnerships

Child/Family Level	*Community Level*	*State System/Policy Level*
Parents and legal guardians		
Parenting programs		
Gay/lesbian family services		
Primary health care professionals		Health professional organizations
Dental/oral health professionals		
Public health nurses	Local health agencies	State health agency
	Home visiting programs	
Community health centers		
Hospitals		
School-based clinics		
	Title V program	
	Information and referral services	
Health insurers (public and private)		Health insurance purchasers or programs (e.g., employers, Medicaid, SCHIP)
Mental health care professionals (including infant mental health)	Mental health/child guidance and substance abuse agencies	Mental health agency
	Child health and child mental health consultants	Mental health associations
	Developmental disabilities agency	Psychiatric/psychological professional association
Center- and home-based child care (including kith and kin and informal care) and preschool providers		Child care agency
	Local child care and preschool provider networks	State child care and preschool provider networks
	Child Care Resource and Referral programs/Coordinating Councils	
	Child care quality improvement and subsidy programs	Healthy Child Care America
	Licensing and accreditation agency	
Head Start/Early Head Start programs		State Head Start Association
Early Intervention/Special Education programs		
	Local school system	Education agency
State Pre-K programs	Parent-Teacher Associations	National Association for the Education of Young Children
	Businesses/Chamber of Commerce	Employers
Family resource centers		Associations of Family Resource Providers
		Family Support America
Respite care providers and programs		Respite care provider networks
Human services programs	Human services agency	
	Housing agency	
Homeless shelters		
Food banks	Food security organizations	Food Stamps administering agency
WIC clinics		WIC Program state agency
Philanthropies		
	Nonprofit advocacy/research organizations (e.g., Kids Count, March of Dimes)	
		Community colleges
Job training/employment counseling and support programs		TANF/workforce development
Pastoral counselors	Faith-based organizations	
GED and literacy programs	Cooperative Extension agency	
English as a Second Language classes	Institutions of higher education	
Libraries		
Recreation programs	Transportation programs/agency	
	Local SAFE KIDS Coalition	State SAFE KIDS Coalition
Domestic violence services		
Child protective services		Child welfare agency
	Foster care	Child Welfare League
	Child abuse prevention coalitions	Prevent Child Abuse America
Family court	Police department	Juvenile justice agency

Section III: Generic Strategies

Programs and agencies seeking to build and improve service systems have at their disposal a number of generic strategies that transcend specific categorical interventions or service sectors. These generic strategies might be defined as *cross-partner categories of activities to achieve shared goals and outcomes.*

Programmatic Strategies

The SECCS grant specifies five content areas, each of which can be considered a programmatic strategy:

- ***medical home*****,**
- ***mental health*****,**
- ***early care and education*****,**
- ***family support, and***
- ***parenting education*****.**

States receiving SECCS grants are expected to promote medical homes and their links with other community resources, to integrate mental health with other types of services, to support family self-sufficiency, and to provide education and training opportunities to enhance parent-child relationships—all integral components of a comprehensive early childhood system and proven strategies for increasing the health and well-being of children and families.

Ideally, programmatic strategies will be designed with cross-agency/program collaboration, and the resulting interventions will dovetail with the activities of other system sectors. The ***integration of services*** at the community level, including cross-program training opportunities and co-location of services, is an example of a programmatic strategy that (by definition) is grounded in the principle of cross-agency collaboration. Many other programmatic strategies can be identified, but given the intended use of this tool in states' SECCS planning and implementation, this document focuses primarily on the five SECCS focus areas.

System Strategies

System strategies are geared toward enhancing the capacity of the system in order to reach shared goals and outcomes. All system partners benefit from successful system strategies; regardless of the lead agency or institution, successful system strategies strengthen the environment for supporting early childhood health and well-being.

Some system strategies are aimed at continuous monitoring and improvement of the service system, such as ***accountability and measurement*** and ***quality improvement***.

Others provide the building blocks for carrying out programmatic strategies and activities, such as ***financing*** and ***legislative*** strategies.

Organizational capacity building (e.g., data/analytic capacity, workforce/provider supply and training, leadership development) strengthens the institutions charged with designing and implementing a system of care.

Likewise, ***community capacity building*** enhances the ability of families and communities to participate in policy development and program planning.

Employment-related strategies, such as promoting family leave policies and access to services through work sites (e.g., on-site health, education, and child care services), are geared toward creating workplaces that support employees' family roles and responsibilities and enlist the private sector in the vision for early childhood health and well-being.

Collaboration and ***service system integration*** are at the heart of any comprehensive and effective system.

Finally, none of these system strategies can be wholly successful without some degree of ***constituency building*** and ***communications*** aimed at educating policymakers and increasing public awareness about community needs and resources, the roles of public agencies in meeting needs and leveraging resources, and the attendant infrastructure needs of the system.

The section that follows provides a template for describing how these strategies are put into operation at different levels (child, family, community, and state). The specific activities undertaken to carry out generic strategies will differ by service sector or agency. The examples of activities provided in the next section apply to maternal and child health programs and are intended to stimulate ideas about the roles of the Title V program or public health agency vis-à-vis other system partners. This template can be used by other system partners to outline their roles and activities as well.

System Strategies

Accountability and measurement

Quality improvement

Financing

Legislative

Organizational capacity building

Community capacity building

Employment-related

Collaboration

Service system integration

Constituency building

Communications

Section IV: Examples of Title V/Public Health Activities

	Family Level	*Community Level*
Cross-Cutting	Provide/promote home visiting services for families with young children to facilitate access to all services Involve parents in planning Establish and publicize a single referral mechanism for early childhood services (e.g., a hotline)	Evaluate programs to assess their effectiveness at meeting organizational goals (e.g., staff development, quality, compensation structure) Facilitate information sharing and disseminate best practices regarding building co-located services, including school-based health centers Collect, maintain, and disseminate community asset maps Convene local-level stakeholders to learn about their roles in early childhood system development and how each stakeholder gains from others' contributions Develop community-level structures to coordinate early childhood services (e.g., early childhood leadership councils), with an identified locus of accountability Monitor and document indicators and performance measures Provide consultation and technical assistance to community groups on health issues (e.g., injury prevention, health promotion) Conduct a needs assessment to determine access to care issues, service gaps, and other areas of need for the overall population and for special populations Develop procedures for identifying the primary service coordinator for children to reduce duplication of coordinators and services Support and promote the creation of a 2-1-1 system for a single source of information about and referrals to public and private community services

State System/Policy Level
Convene state-level stakeholders to learn about their roles in early childhood system development and how each stakeholder gains from others' contributions
Fund/oversee/support or advocate for cross-service system initiatives and training opportunities
Promote and support public education campaigns
Designate a coordinator/point of contact (locus of accountability) for early childhood system building
Monitor and document indicators and performance measures
Provide support and resources for secondary/higher education professional programs (e.g., child care, education, nursing, pediatric providers)
Provide technical assistance to local communities on identifying and engaging community partners
Conduct or support state and/or local maternal/infant/child mortality reviews
Provide support and technical resources to local systems to conduct early childhood needs and assets assessments
Recruit decision makers with funding and policy authority into system planning work groups
Develop key messages that allow buy in and common goal setting among different service sectors pertinent to children and families
Promote federal-level collaboration to support state and community early childhood efforts
Provide training and skills building opportunities for agency leaders in coalition building and political advocacy
Educate policymakers about the impact of early childhood initiatives, the need to coordinate these services, and their positive effects on the community
Educate policymakers about current and potential collaboration and integration opportunities
Train consumers to serve as advisors to system building efforts
Identify key indicators/baseline data to collect, measure, and analyze
Conduct a needs assessment to determine access to care issues, service gaps, and other areas of need for an integrated early childhood system for the overall population as well as for special populations (e.g., military families)
Undertake an inter-agency initiative to standardize definitions in data collection and collaborate on a comprehensive early childhood data set
Develop consensus on indicators for early childhood systems
Develop a system of linked data sets that captures key data along the developmental trajectory (e.g., birth certificate, health and developmental assessments, educational assessments)
Work with partners to develop financing strategies for specific focus areas (e.g., all children to receive a behavioral health survey in a medical home)
Pilot a financing mechanism that is more flexible and builds infrastructure among the 5 SECCS core content areas

SECCS Focus Area	*Child Level*	*Family Level*
Medical Home	Provide public health nursing and home visiting services Develop a system using birth certificates to trigger reminders and send materials about well-child visits, immunizations, and developmental "touchpoints" Conduct broad-based parenting education campaigns regarding child development	Educate parents about the concept and components of a medical home Educate parents about their role as a medical care consumer and their right and responsibility to demand high quality, integrated care inclusive of developmental services Conduct outreach activities Educate parents about early childhood oral health and how to find dental care Ensure family participation in coordination of care Promote case management practices provided in the context of the medical home
Mental Health	Conduct screening and intervention for prenatal and postpartum depression and other maternal/infant mental health issues Link mental health services to early care settings through Healthy Child Care America, Head Start, Early Head Start, and Early Intervention	Include a mental health component in home visiting programs Educate new parents about the psychological adjustment to parenthood, domestic abuse, ways to promote children's healthy social and emotional development, and discipline strategies

Community Level	*State System/Policy Level*
Promote and facilitate shared training opportunities Convene local provider groups to educate about the concept of medical home and barriers to achieving it Promote the placement of public health nurses and social workers in pediatric practices Develop easy referral procedures for primary care providers Develop pilot programs to integrate behavioral and emotional surveys into various community provider systems	Disseminate outcomes data on young children's health and development using existing data sets to highlight critical issues Support continuing education for the health provider community on statewide early childhood programs Develop standards for developmental health services assessment and screening Provide in-service training to providers on developmental and behavioral screening tools and anticipatory guidance Study and report on the quality and continuity of children's medical homes Collaboratively develop financing mechanisms to pay for consultative services Convene AAP, medical school and hospital department chairs, and residency program directors to discuss changes to pediatric training Routinely survey parents of children entering kindergarten to assess school readiness, including both academic and health status (e.g., immunization status, tooth decay, injury, abuse, access to care, reading ability, social development)
Promote infant mental health associations Promote co-located services Develop a continuum of services from support groups through inpatient care Support or promote/advocate for pre-professional and continuing education to mental health professionals in early childhood social-emotional development and discipline practices Promote/advocate for the inclusion of early childhood mental health principles and relationship-based service strategies in training of early intervention and special education providers Provide pre-professional and continuing education to primary care providers on infant and child social-emotional development and screening Provide consultation services to child care, preschool, and primary care providers Promote/advocate for a database of qualified early childhood mental health practitioners	Convene a state collaborative on child and family mental health Develop a children's mental health plan laying out short- and long-term recommendations for comprehensive and coordinated prevention, early intervention, and treatment services, with a sub-focus on infants, young children, and their families Promote the inclusion of measures of social and emotional development in school readiness assessments Expand the types of clinicians who are reimbursed under Medicaid or SCHIP for providing psychosocial services to families with young children Expand Medicaid policy to include specific diagnoses and treatment for young children with mental health concerns (e.g., using Zero to Three's Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood) Develop mechanisms for public and private insurance reimbursement for depression screening for pregnant and postpartum women Identify funding mechanisms that do not require a diagnosis for early intervention services for low and moderate-risk children

SECCS Focus Area	*Child Level*	*Family Level*
Early Child Care/ Education	Support inclusive child care and preschool for children with special health care needs and other disabilities Support integration of health, nutrition, and safety promotion activities in child care and preschool settings Support integration of developmental/mental health awareness and assessment in child care and preschool settings Monitor routine school readiness assessments	Educate parents about child care regulations and other important aspects of choosing appropriate child care facilities/providers Support extended-hours and after school care Support extended/enhanced family and maternity leave policies Promote parental involvement in child care and preschool programs

Community Level	*State System/Policy Level*
Ensure that child care resource and referral systems address child care for CSHCN	Aggregate data on outcomes for key early childhood programs
Promote/advocate for the inclusion of issues related to CSHCN, cultural competency, and social- emotional development in training for child care and preschool providers that is provided by other agencies	Promote quality child care through involvement in the development of licensing rules
Support training on early childhood development and parent-child mental health for community providers	Determine a shared vision of early care for all children
Use child health consultants to train child care and preschool providers about developmental and behavioral assessment	Promote child care at worksites
Expand the network of child care health consultants (e.g., by drawing on Healthy Start health managers)	Create incentives for license-exempt care providers to bring children to other early learning programs during the day (e.g., Early Head Start)
Collaborate with the Early Intervention and Child Care programs to fund and evaluate pilot programs that provide behavioral specialists for early care settings	Advocate for increasing child care subsidy eligibility to the federal maximum
Develop a funding mechanism to train in-home, unlicensed care providers in early childhood education and child development	

SECCS Focus Area	*Child Level*	*Family Level*
Family Support		Establish/support a resource "helpline" (such as a 2-1-1 system) Expand home visiting programs for parents/families of infants

SECCS Focus Area	*Child Level*	*Family Level*
Parenting education	Support and promote local babysitting training (e.g., through fire departments, Red Cross, Scouting programs) Promote the presentation of information on child development in high school courses Support and promote training for recreational professionals and volunteers (e.g., safety, child CPR, social-emotional development)	Provide support and education for grandparents raising grandchildren and other non-traditional families (e.g., other relatives, foster parents, step-parents) Develop and distribute effective child development teaching materials for parents Conduct outreach to all parents of newborns Implement programs geared toward helping teen parents identify life stressors and family characteristics that may influence parenting style/discipline practices Develop, with other stakeholders, criteria and standards for parenting education programs Invite parents to trainings that are held for professionals (e.g., on special education) Support pre- and post-natal parenting education programs Develop a series of educational topics for parents and caregivers about developmental milestones Conduct a media campaign that conveys positive cross-cultural parenting strategies Hold an annual conference for parents on current research on parenting and child development

Community Level	*State System/Policy Level*
Promote/advocate for the creation of family resource centers with extended hours and a wide range of services Provide technical assistance (e.g., on best practices, financing strategies) to family resource centers Support and publicize respite care programs for families of CSHCN Co-locate services	Support and model good employer practices for parents Disseminate information to parents on available services Link agencies and facilities serving families under duress (e.g., domestic violence, homelessness, HIV/AIDS, substance abuse) to the network of early childhood health and development services Streamline application processes Develop a web-based database and geographic information system for linking families to local programs and services

Community Level	*State System/Policy Level*
Promote parenting support and education at primary care offices and other locations where families with young children are found (e.g., YM/YWCAs, local health departments, WIC clinics) Promote parenting classes at faith-based and other community-based organizations Promote networks of parenting educators Establish or support a directory of providers of parenting education	Promote best practices in parenting education programs Develop a website for parenting resources Develop and/or enhance a relationship with the state aging agency to collaboratively address the needs of grandparents serving as primary caregivers for their grandchildren Support high-quality home visitation programs through the provision of training and conducting quality assurance reviews

Appendix A
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Appendix C
Using the Early Childhood System Building Tool in Strategic Planning

There are many methods and processes for doing strategic planning. (See Appendix B for selected resources for guidance on strategic planning). The Early Childhood System Building Tool can be helpful at different points in the strategic planning process, regardless of the process you use. The following steps are common to most strategic planning methods. Ideally, each step would be carried out collaboratively with key partners and build on existing work in the state. For each step, suggestions are made for using the Early Childhood System Building Tool as a reference and starting point, and examples of discussion points are provided. The subsequent examples illustrate this process using two goals identified in Section I of the Tool.

1) **Articulate a goal.**
Refer to Section I of the Tool for ideas.

2) **Identify the environment for this goal.**
What initiatives already exist in the state that are related to or affect the identified goal? What political, organizational, fiscal, etc. factors positively and negatively impact this goal? What are the relevant trends in this area?

3) **Identify measurable outcomes and potential data sources.**
Draw from the examples of outcomes in Section I of the Tool as well as from experience in your state. Also see Appendix B.

4) **Identify generic strategies linked to one or more of the outcomes.**
Refer to Section III of the Tool for examples of generic strategies. Some questions to think about/discuss include:
- *At what level (child, family, community, or state) is the strategies most effectively directed?*
- *How time- and resource-consuming is each potential strategy?*
- *Which strategies can be used jointly by multiple agencies and organizations?*

5) **Identify key partners for each strategy and their specific area(s) of accountability.**
Section II of the Tool lists a range of partners at different levels of the system. Discuss which strategies are feasible for each partner to use, and/or what roles each partner can play. Factors to consider include political leverage, turf issues, resource constraints, buy-in and ownership potential, etc.

6) **Identify specific collaborative or partner-specific activities.**
Factors to consider include resource constraints, "bang for the buck," impact on staff resources for other program activities, etc. Identify which partner(s) is responsible for each activity and how each activity is linked to one or more of the outcomes identified in step 3. The group may wish to identify a set of activities specific to the MCH agency/Title V program (see Section IV of the Tool for examples), or activities for various system partners.

7) **Outline a plan for monitoring performance and assessing progress toward relevant population-level goals/outcomes.**
What data collection opportunities already exist that can be used for monitoring progress? How and when will partners report on their progress and activities?

Example 1

1) Goal:

All children are routinely assessed for problems or impairments in social-emotional development.

2) Environment for the Goal:

Related initiatives	Positive factors	Negative factors
Family resource centers	One stop entry point. Community health workers.	Not in all communities. Fragmented funding system.
EPSDT	Serves as a (limited) funding source.	Payment rate for screenings & diagnostics very low; limits pool of providers willing to include social-emotional assessment in their EPSDT screening routines.
Early Intervention	Exists in all counties.	EI staff have limited training in social-emotional/MH development and assessment.
Home Visiting	Research studies used to garner political/funding support.	Very expensive.
ABCD	Potential model to expand to statewide services.	Requires extensive resources; only time-limited philanthropic resources available in the state.
OVERALL	Recognition of importance of early childhood concerns and people have come together around the issue.	Fragmented system of funding for early childhood services. State fiscal downturn.

3) Measurable outcomes and data sources:

- Number and percentage of children receiving developmental and behavioral screening.
  Data source: State-specific data from the NSCH

- Number and percentage of primary care providers, child care providers, preschool programs, and social service providers providing developmental and behavioral screening for every young child.
  Data source: Fielding of PHDS statewide (could be done in a single, unified effort, or have each agency/organization (e.g., EI, AAP, child care, etc.) survey their own group of providers)

- Number and percentage of children enrolled in Medicaid who are assessed for social-emotional development through the EPSDT program.
  Data source: Medicaid—require EPSDT providers to report on relevant HEDIS items

4) Generic Strategies:

- Measurement
- Organizational capacity building
- Financing

5) Key Partners:

School system, especially Early Intervention
Private providers
Community Health Centers
Head Start
State AAP Chapter
Mental Health agency, and state association
Medicaid
Health Plans
Large employers with self-insured plans

6) Specific activities:

Generic strategies	Partners	Activities
Measurement	Medicaid Health Plans Large Employers	Field PHDS """ """
Org Capacity Dev.	EI Preschool Assoc. Child Care Agency Head Start	Provide training workshops on social-emotional development & screening
Financing	Medicaid	Examine potential budget re-sources for state-match for payment rate increase
	MH Agency, & Assoc	Gather info from other states on payment rates & mechanisms
	Advocates	Launch legislative initiative to increase funding to allow for increasing provider payment rates for screening

7) Plan for Monitoring :

Examine data from all sources available in two years and determine the extent of availability and utilization of developmental and behavioral screening services.

Summary/Excerpt: Example 1

Goal	Measurable Outcome	Generic Strategy	Partners	Activity
All children are routinely assessed for problems or impairments in social-emotional development	Number and percentage of primary care providers, child care providers, preschool programs, and social service providers providing developmental and behavioral screening for every young child	Organizational capacity development	• Early Intervention • Child Care Agency • Head Start • Preschool Association	Workshops on social-emotional development and screening

Example 2

1) Goal:

Parents have access to the training and resources they need to support their children's healthy development.

2) Environment for the Goal:

Related Initiatives	Positive Factors	Negative Factors
Family resource centers	One stop entry point. Community health workers.	Not in all communities. Fragmented funding system.
Extension Services	Locally delivered. Classes available to all families in the geographic catchment area.	Not available in all areas of the state.
First Steps	Care coordination exists, and is effective. Referral mechanisms in place.	Emphasis is on medical care coordination. Only available to Medicaid enrolled population.
OVERALL	Recognition of importance of early childhood concerns and people have come together around the issue.	Coordination is difficult.

3) Measurable outcomes and data sources:

- Availability and use of home visiting programs.
  *Data source: A*dministrative data from home visiting program

- Parent knowledge and parent-child relationship before and after participation in parenting education programs.
  Data source: AHEC and Family Resource Center workshop evaluations

- Breastfeeding rates.
  Data source: Ross annual survey and NSCH data

- Number and percentage of parents who report having received information on early literacy and reading to their children.
  Data source: NSCH data

- Number and percentage of parents of children with disabilities who are referred to and use parent support groups and parent training and information centers.
  Data source: Administrative data from state Title V CSHCN program and Family Voices Chapter

4) Generic Strategies:

- Measurement
- Communications
- Organizational capacity building

5) Key Partners:

Parents
Private providers
Community Health Centers
Head Start
State AAP Chapter
Health Plans
AHECS
State Family Voices Chapter
Child Care Centers/Preschools
Hospital Maternity Units
Large businesses in the state

6) Specific activities:

Generic strategies	Partners	Activities
Measurement	Parents FV chapter Family Resource Centers	Design/conduct needs assessment
Communications	Large businesses Media organizations	Media campaign on literacy
	Hospitals Health Plans	Packets to new parents """"
	Governor's Office	State Website
Organizational Capacity Family Development	Resource Centers Dept of Education AHECs	Launch new program: "Reach Out & Read"
	State AAP Chapter, State Title V & CHCs	Promote Bright Futures

7) Plan for Monitoring:

In 4 years, field an abbreviated household survey (using items from the NSCH) to determine progress towards goal, especially for outcomes 3 and 4 above.

Summary/Excerpt: Example 2

Goal	Measurable Outcome	Generic Strategy	Partners	Activity
Parents have access to the training and resources they need to support their children's healthy development	Number and percentage of parents who report having received information on early literacy and reading to their children	Communications	• Large businesses • Media organizations • Hospitals • Health plans • Governor's Office	• Media campaign on literacy • Packets to new parents • State website on literacy and reading

Appendix D
Selected Reference Resources on Strategic Planning and Indicators Development/Use

Strategic Planning and Related Concepts and Methods

Maternal and Child Health Bureau's Strategic Plan for Early Childhood Health
amchp.org/members/center/mchb-earlychild.pdf

NACCHO's MAPP process (includes partnership development, visioning, "forces of change" assessment, identification of strategic issues, formulating goals and strategies, etc.)
mapp.naccho.org/visioning/index.asp

Intensive Technical Assistance Assessment Tool, Smart Start National Technical Assistance Center (includes assessments of collaborative leadership, strategic planning, accountability, existing resources, organizational development, public engagement)
www.ncsmartstart.org/national/assessmenttool.pdf

Systems Change and School Readiness, UCLA Center for Healthier Children, Families and Communities
www.healthychild.ucla.edu/FIRST5CALIFORNIASCHOOLREADINESSTA/materials/systemsChange/SystemsChangeBrief.pdf

Collaboration Toolkit, UCLA Center for Healthier Children, Families and Communities
www.healthychild.ucla.edu/FIRST5CALIFORNIASCHOOLREADINESSTA/CollaborationToolkit.asp

Sustainability Planning Workbook, The Finance Project (*www.financeproject.org)*, $125 (includes 5 modules with tools and worksheets to guide strategic planning with a focus on financing)

Early Childhood Indicators and Data Sources

Measures of School Readiness in National Data Sets, Child Trends
www.childtrends.org/measuresofschoolreadiness.asp

Child, Family, and Community Indicators Book, Child Trends
www.childtrends.org/PDF/Prop10IndicatorBook.pdf

School Readiness Indicator Items and Basic Measures of Progress, Child Trends
www.childtrends.org/files/schoolreadiness&progress.pdf

Indicators of Child Well Being, The Finance Project
www.financeprojectinfo.org/Publications/indicatorsofchildwellbeingresource.htm

School Readiness Indicators Initiative
www.gettingready.org

Results Accountability for Prop 10 Commission: A Planning Guide for Improving the Well-Being of Young Children and Their Families, UCLA Center for Healthier Children, Families and Communities
www.healthychild.ucla.edu/Publications/BuildingCommunitySystemsPubs.asp

Indicators of Children's Well Being (Hauser, Brown, & Prosser, eds.), Russell Sage Foundation (1997)
Rhode Island's Early Intervention Self-Assessment Report
www.health.state.ri.us/family/ei/cimp_manual.pdf

Advancing State Child Indicators Initiative
www.aspe.hhs.gov/hsp/cyp/child-ind98

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