

Infrastructure to Support Integration Between Early Childhood and Maternal-Child Health Systems of Care



*Early Childhood Comprehensive Systems
Driver Diagram and Change Package*



Early Childhood Systems
TECHNICAL ASSISTANCE & COORDINATION CENTER

Contents

- Introduction** 1
- Purpose**..... 1
- Definitions**..... 2
- Ingredients for Improvement** 3
- Using the Change Package** 3
- Driver Diagram** 5
- Change Package** 6
 - Primary Driver: Partnerships 6
 - Primary Driver: Communication 9
 - Primary Driver: Governance 11
 - Primary Driver: Data, Monitoring, CQI 14
 - Primary Driver: Financing 18
 - Primary Driver: Standards 21
- References**..... 24
- Additional Resources** 24

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Introduction

The prenatal-to-three (P-3) period is a critical time of growth for young children and their families. However, many families encounter circumstances that make it difficult to provide a safe and nurturing environment in which their children can thrive. They could benefit from comprehensive, coordinated supports and services from family-serving organizations and effective early childhood and maternal-child health (MCH) systems of care. Yet, historical and on-going systemic structural barriers in coordination, equity, and reach contribute to widening disparities in maternal health and infant and early childhood health, development, and school readiness. Initiatives to align and integrate these systems are often disconnected from state-level planning and administrative bodies. Policies, financing strategies, and practices within state agencies tend to exist within silos, resulting in a lack of alignment. Often there are barriers to sufficient leadership, direction, and capacity to partner effectively to reach families early and equitably. Strong, sustainable infrastructure is necessary to support integration between early childhood and MCH systems so inequities can be reduced, and positive outcomes for all can be achieved in early childhood development and family health.¹

Purpose

This driver diagram and change package is intended for use by Early Childhood Comprehensive Systems (ECCS) Health Integration P-3 awardees to inform continuous quality improvement (CQI) projects, focused on developing or strengthening infrastructure to support integration between their state's early childhood and MCH systems. The early childhood system may encompass, but is not limited to, home visiting, early care and education, family and social supports, income assistance and basic needs, child welfare, and employment training and education. The MCH system may encompass, but is not limited to, organizations and providers including Medicaid, federally qualified health centers (FQHCs), health systems, hospitals, clinics, private practices, obstetricians, gynecologists, pediatricians, family practice physicians and advanced practice providers, community health workers (CHWs), doulas, dental providers, mental or behavioral health professionals, substance use disorder providers, and postpartum support or recreation groups. The purpose of the ECCS Health Integration P-3 program is to build integrated maternal and early childhood systems by bringing together health, early care and education, child welfare, and other human services and family support program partners—as well as community leaders and families—to achieve agreed-upon goals to help children and families thrive and to develop seamless systems for children from the P-3 period. This change package will help ECCS awardees build the strong and sustainable state-level infrastructure necessary to integrate the early childhood and maternal and child health systems of care.

1 Infrastructure to Support Integration Between Early Childhood and Maternal-Child Health Systems of Care

Definitions

Term	Definition
CONTINUOUS QUALITY IMPROVEMENT	A systematic approach to continuously examining the processes and outcomes of a program using regular data collection and change testing to achieve measurable improvement.
CHANGE PACKAGE	An evidence-informed collection of actionable change ideas that are known to produce the desired result in a process or system.
DRIVER DIAGRAM	A visual display of an improvement theory showing what “drives” or contributes to the achievement of a project aim; helps break down large CQI projects into smaller, more manageable pieces.
SMART AIMS	Desired outcomes that are specific, measurable, achievable, relevant, and time-bound.
SMARTIE AIMS	Desired outcomes that are specific, measurable, achievable, relevant, time-bound, inclusive, and equitable.
PRIMARY DRIVERS	System-level components which contribute directly to achieving the aim.
SECONDARY DRIVERS	Components which influence primary drivers.
CHANGES	Ideas that are believed to result in improvement.
CHANGE TOOLS	Specific examples or resources to support tests of change.
MEASURES	Key data indicators that are used to monitor progress and assess improvement.

Ingredients for Improvement

To achieve system-level results, there are three “must-haves”² that your team should review and discuss. These include:

1 WILL

The urgency, buy in, and motivation to improve; “We must do what it takes!”

2 IDEAS

Alternatives to the status quo; changes to the way things are currently done.

3 EXECUTION

The ability to carry out change effectively and make improvements.

Awardees can discuss these elements with their partners to identify strengths and opportunities for growth. The Early Childhood Systems Technical Assistance and Coordination Center (ECS-TACC) team can provide technical assistance to support awardees in building the will; testing change ideas; identifying custom measures; and using CQI methods, tools, and resources. Please contact your ECS-TACC Technical Assistance Specialist (TAS) for assistance, support, or more information on this change package.

Using the Change Package

This driver diagram and change package provides concrete ideas to support change in the levers described in the *ECS-TACC Health Integration Framework*. The framework provides foundational concepts and broad strategies to improve coordination and alignment between EC and MCH systems. Awardees are advised to review the framework to better understand how to move toward health integration that advances a common vision for early developmental health and family well-being, including improved experiences and outcomes for young children and their families. Another resource to support health integration is the ECS-TACC [Early Childhood Partnerships with Maternal Child Health Delivery Systems, including Medicaid \(PDF\)](#) change package, which presents detailed change ideas to improve collaboration between EC and MCH systems and providers. Because strong and sustainable state-level infrastructure relies on building meaningful and effective system-level partnerships, awardees are advised to review the partnerships change package and consider if improvement is needed in this area before beginning efforts to advance infrastructure.

Awardees can use this driver diagram and change package to develop CQI projects with unique aims and custom measures (e.g., number of shared data elements, number of financing policies implemented) related to the changes they test. In particular, awardees are encouraged to tailor the change package aims to be [SMARTIE](#) (specific, measurable, achievable, relevant, time-bound,

inclusive, equitable). Examples (see below) might include specifying certain processes or adding a priority population.

- ◆ Increase the strength and sustainability of state-level ECS and MCH infrastructure to improve well-child visit completion rates among populations that have been underserved.
- ◆ Increase the number of family-centered policies, financing, and practice changes implemented in ECS and MCH systems to advance use of universal preventive screening and interventions for priority P-3 populations.

At the time of this publication, no single measurement tool has been identified that seamlessly aligns with the aims and associated drivers in this change package; however, awardees are encouraged to explore ways to modify existing measures and tools for use in their improvement efforts. The Georgia Health Policy Center created a repository of tools for cross-sector aligning in the [Compendium of Measures](#) that may be used to review and select measurement tools. Additionally, numerous tools may be used throughout the continuum of collaboration building. For example, [The Base Set](#) is a group of questions used to assess if the collaborative is functioning at a very basic level. [The Featured Set](#) aims to assess whether the collaborative is functioning well. Finally, [The Group Assessment for Aligning Systems for People \(GrAASP\)](#) can be used to rate the status of the collaborative on multiple dimensions while allowing for group discussion and consensus building with partners on the ratings.³

While the change package summarizes numerous drivers and changes, choosing a subset of these can help awardees strategically focus efforts while ensuring the project feels manageable. Using the change package to guide discussions can help create a culture of collaboration by enabling each partner to identify their own strengths and opportunities. The group can determine which additional individual and/or collective actions to take to positively impact the project aims. Awardees are encouraged to start reviewing the drivers and corresponding changes with their partners by discussing the questions below.

- 1 What items are we already doing well?

- 2 Where are our opportunities to improve?

- 3 Of those opportunities, how much time and effort might be needed to demonstrate improvement? Is the potential impact high or low?

- 4 How can we prioritize the drivers and changes to achieve our most urgent goals?

- 5 Do we need to work on some changes before others? (sequencing)

- 6 How will we delegate these changes?

A change package is a resource that should be referenced during CQI project planning and revisited frequently. It is intended to be a living document, one that awardees can edit and adapt as needed. Depending on progress and lessons learned, additional drivers/changes may be addressed over time, existing ones may be refined, and others may be added.

Driver Diagram

A driver diagram is a visual display of an improvement theory showing what “drives” or contributes to the achievement of a project aim. This tool helps break down large CQI projects into smaller, more manageable pieces.

Aims <i>Desired outcomes that are specific, measurable, achievable, relevant, and time-bound.</i>	Primary Drivers <i>System-level components which contribute directly to achieving the aim.</i>	Secondary Drivers <i>Components which influence primary drivers.</i>
<p>By MM/DD/YY,</p> <ol style="list-style-type: none"> 1. Increase the strength and sustainability* of state-level infrastructure and capacity to support integration between early childhood and maternal-child health systems of care. 2. Increase the number of family-centered policies, financing, and practice changes implemented to advance equitable outcomes for the P-3 population (XX toYY). <p>*Using the Group Assessment for Aligning Systems for People (GrAASP)³ or a similar tool for assessing systems infrastructure</p>	Partnerships**	Inclusive family leadership
		Community and provider collaboration
		Leadership commitment and engagement
	Communication	Planning
		Outreach
		Messaging
	Governance	Intentional power sharing
		System organization and culture
		Shared vision and goals
	Data, Monitoring, CQI	Equity-centered approach
		Data systems and tools
		Data sharing and consent
		Metrics and reporting
	Financing	CQI and monitoring
		Equity-centered approach
		Fiscal planning
Standards***	Aligned and sustainable funding	
	Operational policies and procedures	
	Workforce development	
Screening and linkage to services		

**Developing strong and sustainable state-level infrastructure requires building meaningful and effective system-level partnerships. Please review the full range of detailed drivers and change ideas described in the ECS-TACC [Early Childhood Partnerships with Maternal Child Health Delivery Systems, including Medicaid \(PDF\)](#) change package to assess strengths and opportunities for improvement.

***Standards refer to expectations or requirements around how services are delivered (e.g., training requirements, screening and referral protocols).

Change Package

A change package is an evidence-informed collection of actionable change ideas that are known to produce the desired result in a process or system.

Primary Driver: Partnerships

Secondary Drivers <i>Components that influence primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Inclusive family leadership*	<ul style="list-style-type: none"> • Create a state family leadership framework that centers lived experiences, considering the community’s relevant issues, needs, and most useful strategies • Utilize a family leadership toolkit to create family leadership action plans that implement the state framework • Develop a menu of opportunities that match strengths and interests of family leaders; include job titles and descriptions • Ensure diversity of the community being served is reflected in leadership and workgroups (e.g., race, ethnicity, age, language, income, education level, geography, gender, sexual orientation, parenthood, housing) • Develop strategies to reach and invite parents/family members with lived experiences or directly impacted by ECS and MCH services, including fathers and groups that are traditionally underrepresented • Engage community organizations and providers that have trusting relationships with priority populations (e.g., tribal organizations, FQHCs, CHWs, churches, local MCH coalitions, doulas, postpartum groups, lactation consultants, homeless shelters, domestic violence organizations) to identify and engage family leaders • Provide comprehensive training, skill development, and mentorship to family leaders • Compensate family leaders for expertise as well as costs incurred as a result of participation (e.g., time, childcare, travel, meals, lodging, technology); help families understand applicable tax implications • Create mechanisms for monitoring progress and impact of family leadership, including transparency and accountability 	<ul style="list-style-type: none"> • Keeping Families at the Center of Children’s Health Care (Family Voices) • Example: North Carolina Family Engagement and Leadership Framework (North Carolina Early Childhood) (PDF) • Parent Engagement and Leadership Assessment Guide and Toolkit (Center for the Study of Social Policy [CSSP]) • Program Quality Roadmap for Family & Community Engagement (Root Cause) (PDF) • Webinar: Engaging Families in Advocacy: Strategies, Practices, and Lessons from the Field (ZERO TO THREE [ZTT]) • Roadmap to Inviting, Engaging, and Including Patient/Family Partners in Quality Improvement and Other Related Initiatives (National Institute for Children’s Health Quality [NICHQ]) • Cross-Agency Partnerships for Health Equity: Understanding Opportunities Across Medicaid and Public Health Agencies (Center for Health Care Strategies [CHCS]) • Community Engagement Assessment Tool (Wisconsin Department of Health Services) • Parent Cafés (Be Strong Families) • Parent Leader Network (CSSP) • Working Together for Racial Justice and Inclusion (Community Tool Box) • Family Leadership Self-Assessment for System-building Collaboratives (FRIENDS National Resource Center) (PDF)

Secondary Drivers <i>Components that influence primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Community and provider collaboration	<ul style="list-style-type: none"> • Construct a visual map of current and potential partners, including their “tables” or members, strategic agendas, system-level initiatives, and workgroups • Consider where the opportunity to advance health integration is optimized by working to join and align with existing initiatives rather than developing new ones • Assess which partners are currently represented and who needs to be included; identify ways each partner might contribute to collective success • Engage diverse partner groups (e.g., public and private agencies, families, multiple service sectors) in decision-making about early childhood policy development and procedures • Reach out to state chapters of the American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG), American Academy of Family Physicians (AAFP), and other health care organizations • Connect with early childhood advisory bodies or children’s cabinets • Participate in local professional conferences to network with individuals who have influence and possible partners 	<ul style="list-style-type: none"> • Building Effective Health System-Community Partnerships: Lessons from the Field (CHCS) (PDF) • Action Tools: Mapping Assets, Identifying Partners, Policy Barriers, and Opportunities, Being Part of the Policy Conversation (Center for Health and Health Care in Schools) (PDF) • Creating and Maintaining Coalitions and Partnerships (Community Tool Box) • Growing Your Capacity to Engage Diverse Communities by Working With Community Liaisons and Cultural Brokers (Family Voices) (PDF) • Bridging the Cultural Divide in Health Care Settings: The Essential Role of Cultural Broker Programs (Georgetown University Center for Child and Human Development, National Center for Cultural Competence) • Building Early Childhood Systems in a Multi-ethnic Society (Great Lakes Equity Center) • Cross-Agency Partnerships for Health Equity: Understanding Opportunities Across Medicaid and Public Health Agencies (CHCS) (PDF) • Infants and Toddlers in the Policy Picture: A Self-Assessment Toolkit for States (ZTT) • Early Childhood System Performance Assessment Toolkit (CSSP) • Tools for Measuring Collaboration (Broadleaf Consulting) (PDF)

Secondary Drivers <i>Components that influence primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Leadership commitment and engagement	<ul style="list-style-type: none"> • Assess leaders’ availability (i.e., time, capacity, resources) to engage in the ECCS initiative, including ECCS leads • Determine the level of commitment needed to be successful from each partner • Make strong and clear requests of leaders (e.g., document in writing, describe the need, gain commitment) • Work with decisionmakers at partner organizations to ensure participating staff have permission, clear expectations, dedicated time, and adequate resources to engage in the initiative • Identify influential provider champions from each partner who will advocate for the initiative within their organizations and within the communities • Develop tangible and visible strategies for champions to advocate for the initiative (e.g., talking points, sharing progress, networking with and engaging others, social media messaging) • Establish memoranda of understanding (MOUs) with identified specific points of contact between health care and early childhood organizations 	<ul style="list-style-type: none"> • Role of Leadership in Person-Centered Engagement at the Organizational Level (Center for Consumer Engagement in Health Innovation) • What Is Adaptive Leadership? (WDHB) • Building Leadership Toolkit (Community Tool Box) • Increasing Participation and Membership (Community Tool Box) (PDF)

*Efforts to build inclusive family leadership should include a clear framework that moves toward equitable, authentic, and family-led engagement, with all the tools and resources needed to increase their leadership capacity in their communities and in maternal and early childhood systems building. Please review the drivers and change ideas described in the ECS-TACC [Family Leadership to Inform Maternal and Early Childhood Systems](#) change package to assess strengths and opportunities for improvement.

Primary Driver: Communication

Secondary Drivers <i>Components that influence primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Planning	<ul style="list-style-type: none"> • Map outreach and communication goals, include partners, providers, and families • Establish clear and bi-directional communication loops between partners and team members • Develop a communication plan for partners that describes expectations, mechanisms, and frequency • Utilize system structures and tools (e.g., listserv; RACI matrix; templates; links to shared documents such as agendas, notes, progress updates) to facilitate ongoing communication • Ensure communication tools and other media reflect equity, diversity, and inclusion of populations served • Develop a plan for partners to regularly report progress, celebrate successes, and share challenges with strategies to address them 	<ul style="list-style-type: none"> • Creating a Community Resource Guide and Contact List (Agency for Healthcare Research and Quality [AHRQ]) • Personalized Community Referral Platform (NowPow) (PDF) • Resource Referral Guide Template (Health Leads) • Template, Example, & Definitions: What Is a RACI Chart? (teamgantt) • Developing a Plan for Communication (Community Tool Box) (PDF) • A Guide to Diversity, Equity and Inclusion in Communications (Forbes) • The Diversity Style Guide • Ethical Storytelling
Outreach	<ul style="list-style-type: none"> • Determine how partners, communities, and families obtain relevant information (e.g., Do partners, communities, and families prefer social media over newsletters or email; do they use a combination of mediums?) • Conduct surveys or interviews with partners to assess their awareness and perceived value of the ECCS initiative, as well as their organizational priorities and goals • Develop an outreach strategy and an engagement plan tailored to your audiences, include partners, providers, and families • Work with relevant partners to determine if there are opportunities for ECCS to join and align with existing initiatives to influence decision-making, agenda-setting, and strategic pathways 	<ul style="list-style-type: none"> • Practical Playbook II: Building Multisector Partnerships That Work (Practical Playbook) • Leveraging Community Knowledge through Community-Based Participatory Research (CHCS) • Participatory Approaches: Stakeholder Engagement in Precision Home Visiting (Home Visiting Applied Research Collaborative) • Template: Engagement Plan (Patient-Centered Outcomes Research Institute) (PDF) • Leading by Convening: A Blueprint for Authentic Engagement (Idea Partnership) (PDF)

Secondary Drivers <i>Components that influence primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Messaging	<ul style="list-style-type: none"> • Identify the “hook” or value proposition that is most likely to motivate Medicaid and MCH system partners • Example “hooks” that may engage AAP chapters, child health improvement partnerships, children’s hospital ambulatory care groups, and primary care providers include transforming medical homes, improving well-child visits, and augmenting use of universal preventive screening and interventions • Example “hook” to engage FQHCs may be introducing components of the high performing medical home for young children in Medicaid • Determine target audiences (e.g., internal/external partners, public health/prenatal/pediatrics, administrators/providers/support staff) and tailor messages to these specific groups • Develop communication tools (e.g., elevator speech, 1 page summary, social media toolkit, slide deck) summarizing the initiative’s purpose, partners, and goals • Ensure communication tools and other media reflect the populations served and are culturally responsive • Elevate provider voices across an array of disciplines • Amplify community stories and narratives 	<ul style="list-style-type: none"> • Messaging Guides-Making the Case for Infant and Toddler Policy Priorities (Think Babies, ZTT) • Communications to Promote Interest (Community Tool Box) • Talking About Early Childhood Development, A FrameWorks Communications Toolkit (FrameWorks) • Amplifying Family Voice to Advance Equitable Outcomes for Young Children (Groundwork Ohio) (PDF)

Primary Driver: Governance

Secondary Drivers <i>Components that influence primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Intentional power sharing	<ul style="list-style-type: none"> • Assess power dynamics among partners (e.g., federal/state, state/county, ECCS and community organizations) • Assess power dynamics among team members (e.g., administrator/provider, provider/client, employee/family leader) • Identify existing ways families are engaged or power is shared; build on these efforts • Establish a structure for decision makers to intentionally share power with people who have been underrepresented by elevating their voice and influence • Provide families opportunities and support to partner and influence decisions at every level and in diverse ways • Include family representation in all decision-making bodies • Make visible to families how their contributions impacted decisions and priorities • Support family leaders to become co-creators and co-facilitators of the work • Identify a person or position well connected to both ECCS and health systems/payors who can foster power sharing • Identify a person or position well connected to both providers and families who can foster power sharing (e.g., patient advocate, family educator, CHWs, cultural brokers) • Develop a forum (e.g., email address, discussion board) where partners can provide feedback anonymously • Engage an ombudsman to raise concerns and assist with resolution of conflicts 	<ul style="list-style-type: none"> • Manifesto for Race Equity & Parent Leadership in Early Childhood Systems (CSSP) (PDF) • The Spectrum of Community Engagement to Ownership (Facilitating Power) (PDF) • Fostering Distributed Leadership (Harvard University Center on the Developing Child) • Participatory Budgeting Project • Centering the Margins: A Framework for Equitable and Inclusive Social Policy (New America) (PDF) • Engaging Families in Program and Policy Development to Advance Health Equity (CHCS) • A Toolkit for Centering Racial Equity Throughout Data Integration, Toolkit Activity 1: Who Should Be at the Table? (Actionable Intelligence for Social Policy, University of Pennsylvania) • Reflection Tool on Parent Partnership and Diversity, Equity, and Inclusion in Your Organization (National Parent Leadership Institute [NPLI]) • Co-Developing Solutions with the Community: The Power of Human-Centered Design (CHCS)

<p>Secondary Drivers Components that influence primary drivers.</p>	<p>Changes <i>Ideas that will result in improvement.</i></p>	<p>Change Tools <i>Specific examples or resources to support tests of change.</i></p>
<p>System organization and culture</p>	<ul style="list-style-type: none"> • Identify and map the relevant early childhood system actors and the team resources, using actor mapping processes and tools • Develop multi-tiered, bi-directional partnerships that begin at the executive level and run parallel throughout and between partner agencies • Create a multi-level, diverse interagency steering committee and governance structure with clear decision-making processes; include provider-level representatives (e.g., midwives, , pediatricians, OB/GYNs, pediatric nurse practitioners, family practice physicians) • Establish and support a Family Advisory Council or family-led subcommittee • Assess the political climate and its influence on each committee member • Establish a sense of inclusion and belonging for all committee members • Identify and encourage self-exploration of implicit bias among committee members; offer assessment and training • Train committee members in cultural responsiveness • Train committee members in emotional intelligence • Develop committee guidelines that (1) consider the people who have been oppressed or marginalized and (2) are accessible, flexible, and revisited before each meeting • Be transparent about how steering committee decisions are made 	<ul style="list-style-type: none"> • A Roadmap for Collaboration among Title V, Home Visiting, and Early Childhood Systems Programs (Association of Maternal & Child Health Programs [AMCHP]) (PDF) • Guide to Actor Mapping (FSG) (PDF) • Developing an Organizational Structure for the Initiative (Community Tool Box) • Early Childhood Governance: A Toolkit of Curated Resources to Assist State Leaders (SRI Education) (PDF) • Early Childhood Governance Models (Child Care Technical Assistance Network) • What Makes an Early Childhood Medicaid Partnership Work? Insights from Three Cross-Sector Collaborations (CHCS) (PDF) • Infants and Toddlers in the Policy Picture: A Self-Assessment Toolkit for States (ZTT) • Early Childhood System Performance Assessment Toolkit (CSSP) • Example: Atlanta Regional Collaborative for Health Improvement (Robert Wood Johnson Foundation) • Enhancing Cultural Competence (Community Tool Box) • Implicit Association Test (Project Implicit) • Implicit Bias Training Modules (Kirwan Institute, Ohio State University [OSU]) • CME Course: Unconscious Bias in Medicine (Stanford Medicine) • Family Advisory Council Checklist (Lucile Packard Foundation for Children's Health) • Parent Advisory Committee Training (National Family Support Network) • Example: Children's Cabinet Minnesota (Minnesota Management and Budget) • Othering & Belonging Institute (University of California, Berkeley)

Secondary Drivers <i>Components that influence primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Shared vision and goals	<ul style="list-style-type: none"> • Complete a landscape analysis to assess partner programs, goals/priorities, funding, data, workforce; include evidence-informed programs as many communities who are underrepresented in services are served through these • Examine how cross-agency goals may or may not align • Identify existing policy levers and/or initiatives with which to possibly align • Leverage current state Medicaid/Child Health Insurance Program (CHIP) priorities and initiatives • Create or update an existing strategic plan to include shared SMART goals and objectives for: cross-sector collaboration, equity, child and family outcomes, system outcomes, and trauma-informed care • Establish (or leverage existing) diverse, multi-level subcommittees/workgroups to advance the objectives outlined in the strategic plan • Develop or leverage existing subcommittees/advisory groups specific to Medicaid and prenatal and pediatric health providers • Direct subcommittees to develop or update existing action plans 	<ul style="list-style-type: none"> • Early Childhood System Performance Assessment Toolkit (CSSP) • Interagency, Cross-Sector Collaboration to Improve Care for Vulnerable Children: Lessons from Six State Initiatives (Health Management Associates) (PDF) • Developing Strategic and Action Plans (Community Tool Box) • Prenatal to Three Outcomes Framework (National Collaborative for Infants & Toddlers [NCIT], Child Trends) (PDF) • Strengthening Connections: State Approaches to Connecting Families to Services (ZTT) • Example: Early Childhood Action Plan (North Carolina Department of Health and Human Services [NCDHHS]) • Example: Early Childhood Action Plan (Durham Children’s Initiative)

Primary Driver: Data, Monitoring, CQI

Secondary Drivers <i>Components that influence primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Equity-centered approach	<ul style="list-style-type: none"> Engage community members in the collection and use of data Collect qualitative data to add depth and understanding to quantitative data Collect and use family experience, engagement, and satisfaction data Apply awareness of equity in data visualization practices Define goals for data collection and develop dissemination plans to promote transparency and family partnership Implement a standard process and training for accurate collection and entry of race, ethnicity, and language (REAL) data for the workforce and all participants, ensuring participants understand why and how REAL data are being collected and utilized (e.g., <i>We Ask Because We Care</i> initiatives) Frame program data in the context of historical and current policies and systems of oppression and community-level structural factors, using both qualitative (e.g., conversations with parents impacted by the inequity) and quantitative (e.g., Life Course metrics, Child Opportunity Index, Index of Concentrations at the Extremes) methods that promote transparency Complete racial equity impact assessment and take action to address any identified areas Apply the Cycle of Engagement principles 	<ul style="list-style-type: none"> Do No Harm Guide: Applying Equity Awareness in Data Visualization (Urban Institute) (PDF) The Data Equity Framework (We All Count) How to Embed a Racial and Ethnic Equity Perspective in Research (Child Trends) (PDF) Applying a Health Equity Lens to Analyze Performance Data and Inform CQI Work (James Bell Associates [JBA]) (PDF) Centering Racial Equity Through Data Integration Toolkit (Actionable Intelligence for Social Policy, University of Pennsylvania) (PDF) How to Ask About Sexuality/Gender (Vanderbilt University) Racial Equity Toolkit: An Opportunity to Operationalize Equity (Government Alliance on Race & Equity) (PDF) Powering Health Equity Action with Online Data Tools: 10 Design Principles (PolicyLink and EcoTrust) (PDF) Collecting Data (Community Tool Box) Racial Equity Data Roadmap (Massachusetts Department of Public Health) Improving Health Equity Through Data Collection and Use (Health Research and Educational Trust) (PDF) Racial Equity Impact Assessment Toolkit (Race Forward) Equity Impact Review Tool (King County, WA) Cycle of Engagement (Child & Adolescent Health Measurement Initiative [CAHMI])

Secondary Drivers <i>Components that influence primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Data systems and tools	<ul style="list-style-type: none"> • Develop an accessible and transparent tool (e.g., data dashboard) to monitor progress on SMARTIE goals and long-term outcomes • Leverage, tailoring as needed, and apply existing platforms that promote family-engaged, cross-system data sharing • Incorporate language in vendor contracts to support the design of interoperability in data systems 	<ul style="list-style-type: none"> • One Step at a Time: The Benefits of an Incremental Approach to the Integration of Home Visiting and Other Early Childhood Data (Child Trends) (PDF) • Strategies for Financing the Integration of Home Visiting and Early Childhood Data Systems (Child Trends) (PDF) • Early Childhood Integrated Data Systems (ECIDS) Toolkit (Institute of Educational Science) • The 10 Fundamentals of Coordinated State Data Systems (Child Trends) • Linking Child-Level Data Across ECE Programs: 2018 State Data Systems Interactive Map (Child Trends) • Example: NC Early Childhood Action Plan Data Dashboards (NCDHHS) • Example: Child Adversity and Well-Being Dashboard (CA Essentials for Childhood Initiative) • Example: Data Catalog (DataOhio) • Example: DAISEY (Iowa Family Support)

Secondary Drivers <i>Components that influence primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Data sharing and consent	<ul style="list-style-type: none"> • Develop a plan for whom, what, when, and how data will be shared • Establish a data sharing agreement / inter-agency agreement / business associate agreement to formalize elements of the data sharing plan • Create data exchange standards 	<ul style="list-style-type: none"> • Massachusetts Launches Cross-Agency Data Sharing Agreement to Improve Coordination Across State Agencies (Third Sector) (PDF) • Strengthening the Title V–Medicaid Partnership: Strategies to Support the Development of Robust Interagency Agreements between Title V and Medicaid (National Academy for State Health Policy [NASHP]) (PDF) • Developing Data Exchange Standards for MIECHV Home Visiting Programs (Office of Planning, Research, and Evaluation [OPRE] and Health Resources and Services Administration [HRSA]) (PDF) • Common Education Data Standards (CEDS) • Privacy and Security Considerations When Integrating Home Visiting Data (Child Trends) • Steps for Obtaining Consent from Stakeholders to Share Home Visiting Data (Child Trends) (PDF) • Example: Los Angeles County Data Hub (Data Across Sectors for Health)

Secondary Drivers <i>Components that influence primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Metrics and reporting	<ul style="list-style-type: none"> • Assess what relevant data each partner currently collects and how data are collected, entered, reported, and used • Examine differences by subgroups to identify health disparities (e.g., social and ethnic background, gender, sexual orientation, parenthood status, socioeconomic status, education, housing, employment, geographic area, first language) • Consider geocoding data to speak to equity • Establish aligned metrics between partners, including shared standard definitions of data elements • Identify baselines and SMARTIE goals (as applicable) for selected metrics • Provide partners with data collection and reporting guidance for selected metrics 	<ul style="list-style-type: none"> • Engaging Stakeholders in Home Visiting Data Integration Efforts (Child Trends) (PDF) • Identifying Home Visiting Data to Integrate with Other Early Childhood Data (Child Trends) (PDF) • Developing Policy Questions to Guide Integration of Home Visiting and Other Early Childhood Data (Child Trends) (PDF) • Measures on Parental Capacity and Child Development (Chapin Hall, University of Chicago) (PDF) • Example: Northwest Ohio Pathways HUB (Georgia Health Policy Center) • Example: New York HV Data Mapping and Shared Outcomes (Schuyler Center for Analysis and Advocacy) (PDF)
CQI and monitoring	<ul style="list-style-type: none"> • Incorporate systems of CQI and monitoring into the strategic plan • Develop mechanisms for monitoring progress including metrics, communication, method, and frequency of reviews • Set regular intervals to review and update key documents such as the strategic plan, action/work plans; identify who is responsible for updating them • Identify a CQI champion at each partner • Provide CQI training for partners 	<ul style="list-style-type: none"> • Evaluating the Initiative (Community Tool Box) • Quality Improvement 101 (NICHQ) • Quality Improvement 102 (NICHQ) • CQI Toolkit: A Resource for MIECHV Awardees (JBA) • Quality Improvement Essentials Toolkit (Institute for Healthcare Improvement [IHI])

Primary Driver: Financing

Secondary Drivers <i>Components that influence primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Equity-centered approach	<ul style="list-style-type: none"> • Identify gaps in resources where increased funding is warranted to address the needs of the families (e.g., through systems maps) • Allocate robust resources to center family leadership, including, payment for families’ full participation and expertise, ongoing leadership development, and hiring parents for key roles • Use financial incentives to encourage accountability in advancing health equity goals and associated practices (e.g., pay for outcomes) • Build flexibility into recipient contracts to allow for a more community-driven approach • Minimize reporting requirements to reduce burden and focus on only what is necessary to address the priorities 	<ul style="list-style-type: none"> • Accelerating Child Health Care Transformation: Key Opportunities for Improving Pediatric Care (CHCS) (PDF) • Example: Recommendations of the Home Visiting Tack Force (HVTF) to the Illinois Commission on Equitable Early Childhood Education and Care Funding regarding the Illinois Home Visiting System (HVTF Executive Committee) (PDF) • Example: Parent Leadership and Voice in Michigan: An Evolving Commitment (National Home Visiting Resource Center [NHVRC]) (PDF) • Example: Stipend Request Form and Information - Early Childhood Policy Council (California Health and Human Services)

Secondary Drivers <i>Components that influence primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Fiscal planning	<ul style="list-style-type: none"> • Create a cross-agency fiscal map of relevant funding streams and payment systems; examine how they may support or impede coordination • Identify opportunities to align payment systems, metrics, and financial incentives with desired outcomes • Assess will and capacity to coordinate funding • Develop a fiscal plan that describes current funding streams, opportunities and considerations for aligning and leveraging funding, and new funding that may be needed • Consider funding strategies to sustain the project over time 	<ul style="list-style-type: none"> • Fiscal Mapping for Early Childhood Services: How-To Guide and Data Collection Tool (CHCS) • Prenatal to Five Fiscal Strategies • Fostering Social Emotional Health through Pediatric Primary Care: A Blueprint for Leveraging Medicaid and CHIP to Finance Change (CSSP) • Using Fiscal Mapping to Clarify the Landscape of Early Childhood Services: Initial State Lessons (CHCS) • State and Federal Funding Streams for Early Childhood (Healthy Families America) (PDF) • Resource Collection: Fiscal Strategies: Efficiencies, Innovations, and Revenue Generation (BUILD Initiative) • Example: Preconception to Age 5 Blueprint for Funding and Advocacy (Cradle to Career, Fresno County, CA) (PDF) • Example: Washington State Home Visiting Services Account (ZTT)

Secondary Drivers <i>Components that influence primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Aligned and sustainable funding	<ul style="list-style-type: none"> • Advance efforts to better align system financing with ECS whole family approaches and systems development capacity • Identify options for Medicaid funding of relevant early childhood health promotion and prevention services • Identify existing and potential federal, state, and private funding sources for early childhood health promotion and prevention services; strategize potential ways to leverage, blend, or braid them together • Communicate the value of aligned funding to decision-makers across sectors • Work with Medicaid to define and incentivize high performing medical homes for young children, including Medicaid managed care contracts. • Work with Medicaid to ensure effective reimbursement rates for practices offering a continuum of early childhood development services, including screenings for general development, social-emotional development, autism-spectrum disorder, perinatal depression and social determinants of health • Work with state’s Title V agency to allocate funds from the 30 percent of the Title V MCH Block Grant funding dedicated to preventive and primary care for children to strengthen pediatric medical homes for all young children • Consider applying for Special Projects of Regional and National Significance (SPRANS) grants • Explore private foundation and private sector funding opportunities • Work with Medicaid to cover the additional costs and scope of services related to high performing medical homes as part of FQHC prospective payment system (PPS) or alternative payments methodologies, including use of supplemental payments where appropriate • Consider ways to calculate costs, benefits, and return on investment • Develop return on investment or cost benefit analysis messaging and communication strategies to use in conversations with current and potential funders 	<ul style="list-style-type: none"> • Finance-Related Resources to Help States Improve Maternal and Infant Health (NASHP) • Opportunities for Medicaid to Transform Pediatric Care (NICHO) (PDF) • Medicaid Early Childhood Innovation Lab (CHCS) • Title V-Medicaid IAA/MOU for All States (HRSA) • Financing Workbook (ReThink Health) • Payment for Progress: Investing to Catalyze Child and Family Well-Being using Personalized and Integrated Strategies (CAHMI) (PDF) • Braiding Federal Funding to Expand Access to Quality Early Care and Education and Early Childhood Supports and Services: A Tool for States and Local Communities (Office of the Assistant Secretary for Planning and Evaluation [ASPE]) • Example: Maryland Medicaid 1115 HealthChoice Waiver (Maryland Department of Health) • Example: Oregon’s Yamhill Community Care Organization (Georgia Health Policy Center) • Measuring and/or Estimating Social Value Creation (Bill & Melinda Gates Foundation) (PDF) • Toward Standardization of Benefit-Cost Analyses of Early Childhood Interventions (RAND Corporation) • High Return on Investment (Center for High Impact Philanthropy)

Primary Driver: Standards

Secondary Drivers <i>Components that influence primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Operational policies and procedures	<ul style="list-style-type: none"> • Explore policies and procedures across organizations and sectors to understand how they support or impede coordination (e.g., program eligibility, confidentiality, data sharing) • Facilitate listening sessions to understand how current policies and practices impact families • Create guidelines that clearly define roles and responsibilities of partners, committees, team members, family leaders • Ensure policies reflect equity, diversity, and inclusion of populations served • Clearly define which processes are standardized and describe in detail each step of the process • Standardize project activities in existing infrastructure, such as templates for meeting agendas and regular communications • Build family leadership into contracts, workplans, and scopes of work from the beginning of a project • Use tools such as a process map or decision tree to ensure shared understanding of roles, expectations, and processes • Train facilitators in conducting effective meetings • Assign meeting roles in advance 	<ul style="list-style-type: none"> • Improving Organizational Management and Development (Community Tool Box) • Emergent Learning Platform (Fourth Quadrant Partners) • Influencing Policy Development (Community Tool Box) • Meeting Facilitation Best Practices and Talking Tips (Strategic Training Solutions) (PDF) • 50+ Ideas for How to Improve Diversity and Inclusion in the Workplace (LinkedIn) • Effective Coalition Meeting Checklist (Jennifer Redmond Knight) (PDF) • Accessible Meeting and Event Checklist (Cornell University, Division of Human Resources) (PDF)

Secondary Drivers <i>Components that influence primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Workforce development	<ul style="list-style-type: none"> • Develop cross-system core knowledge and competencies • Develop joint training and ongoing professional development opportunities • Offer CEUs to incentivize participation in cross-training and professional development opportunities • Leverage licensing and credentialing mechanisms to integrate training • Promote specialized credentials such as infant-toddler developmental specialists or family support workers • Work with higher education to increase cross-disciplinary course offerings • Create a cross-system mentorship or peer pairing program • Develop hiring practices to promote workforce diversity • Provide regular opportunities for staff to ask questions, raise concerns, and share ideas • Designate and train staff leads to support family leadership 	<ul style="list-style-type: none"> • IECMHC Toolbox (Substance Abuse and Mental Health Services Administration [SAMHSA]) • Cross-Sector Core Competencies (ZTT) • Core Knowledge & Competencies for Early Childhood Professionals: New Jersey's Unified Professional Development System (Professional Impact NJ and NJ Council for Young Children) (PDF) • Partnering with Parents: Training for Staff (Institute for the Advancement of Family Support Professionals) • Supporting Parents as Leaders on the Policy Council (Head Start Early Childhood Learning and Knowledge Center) • 11-Step Roadmap for Increasing Diversity Through Recruitment (WorkforceHub)

Secondary Drivers <i>Components that influence primary drivers.</i>	Changes <i>Ideas that will result in improvement.</i>	Change Tools <i>Specific examples or resources to support tests of change.</i>
Screening and linkage to services	<ul style="list-style-type: none"> • Create and maintain a directory of community services • Assess current systems to determine whether they are effective and are reaching all parents, particularly those living in communities experiencing glaring health disparities • Increase use and/or knowledge of the early childhood system among health care providers • Connect existing MCH provider systems with community-focused centralized access points • Develop or enhance two-way referral processes between the health care system and the early childhood system • Align screening tools (e.g., child development, perinatal depression, social determinants of health) across system partners • Align screening time points with the Bright Futures Periodicity Schedule • Establish organizational agreements and informed consent forms that facilitate sharing of screening results and referrals among early childhood and MCH system partners • Develop protocols and process maps to specify how screening and referrals will be conducted 	<ul style="list-style-type: none"> • Creating a Community Resource Guide and Contact List (ASPIRE) • Strengthening Service Coordination Between Home Visitors and Pediatric Primary Care Providers (NHVRC) • Resource Referral Guide Template (Health Leads (PDF)) • A Systems Model to Develop a Comprehensive Approach to Early Childhood Systems Building (Help Me Grow) • Screening Technical Assistance Resource (STAR) Center (AAP) (PDF) • Coordinating Medical Homes and Community Services (AAP) (PDF) • Well-Visit Planner (CAHMI)

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