



PROJECT BRIEF

Aligning Early Childhood Services in Communities

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Many communities are working in various ways to strengthen early childhood systems, including the alignment of services. The ultimate goal is for all babies to be born into communities of opportunity that provide them with what they need, where they need it, and when they need it. To achieve this, communities need equitable, seamless, and sustainable systems of care that promote the health and well-being of every child and family.

This brief examines the efforts of communities in aligning services, including structures, processes, funding, technology, and relationships. Their work focuses on improvements at two levels: the experiences and outcomes of families who rely on early childhood programs, as well as the design and efficacy of the community's early childhood system.

The findings presented are based on focus groups, surveys, and interviews in shared communities, where two or more of the Model Convening Project partners have affiliates/sites. More information about the four partners (Family Connects, Help Me Grow, Nurse-Family Partnership, and ZERO-TO-THREE'S HealthySteps) and links to other publications by the Model Convening Project are provided at the end of this brief.

Community Experiences and Insights

This section focuses on different approaches to service alignment and the particular contributions of technology and relationships. It also offers insights into ways that early childhood providers and systems are responding to the “double pandemic” of COVID and racial injustice.

APPROACHES TO ALIGNING SERVICES

Interviewees identified a variety of approaches to aligning services in ways that benefit young children and families and strengthen the early childhood system. While not an exhaustive list, these include in-house alignment; cross-agency administrative alignment; and cross-agency facilitated alignment.

In-house alignment occurs when a service-providing organization operates multiple early childhood programs in a manner that supports referrals and service coordination among those programs. For example, [Carolina Health Centers \(CHC\)](#) serves a seven-county area in South Carolina. CHC is a Federally Qualified Health Center, which receives federal funds to provide primary care services in underserved areas and uses a sliding fee scale based on ability to pay. CHC administers and coordinates several early childhood programs, including HealthySteps and three home visiting programs: Nurse-Family Partnership, Parents as Teachers, and Healthy Families America. HealthySteps serves as the agency’s early childhood hub by assessing families’ needs and referring them to the home visiting programs that best match those needs.

Cross-agency administrative alignment occurs when a single or merged administrative entity provides funding, guidance, and oversight to a local early childhood system or a significant aspect of that system. For example,

- In Florida, the [Children’s Services Council \(CSC\) of Palm Beach County](#) was established in 1986 as an independent special district funded by local property taxes. Its mission is to plan, fund, and evaluate prevention and early intervention programs and to promote public policies that benefit all Palm Beach County children and families. Its Healthy Beginnings system is a

multi-agency initiative with centralized intake and referral that offers a comprehensive, coordinated set of direct services to expectant parents and families with children up to 5 years old. CSC funds provider agencies for services such as home visiting, mental health counseling, group prenatal care, parenting, and Part C early intervention. In addition to funding, providers in the network receive professional development, technical assistance, computer equipment, communications and marketing, and legal assistance.

The Healthy Beginnings System, launched in 2009, was designed to align the provider network and to centralize intake and screening into two entry agencies—Healthy Mothers, Healthy Babies for expectant families and Home Safe for families with young children. Entry agencies reach out to families, conduct screening and assessment, and refer to needed services. A data system follows the families from initial contact through participation in Healthy Beginnings’ funded programs.

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—Laura Kender, past ELA Chair

- In California, [First 5 San Bernardino](#) and [First 5 Riverside](#) are county-level early childhood commissions funded by tobacco taxes generated by Proposition 10, the California Children and Families Act, approved by voters in 1998. The act created a system of programs that promote, support, and improve the early development of children from prenatal to 5 years old. In 2017, these two contiguous counties joined to design and launch [Help Me Grow Inland Empire \(HMGIE\)](#). The two county commissions jointly fund the implementation of HMGIE, which is operated by Loma Linda University Children’s

Hospital. Its mission is to connect all children and families with prevention and early intervention services. During a planning phase, the perspectives of community partners were sought in order to design a model that builds on current services and is responsive to family needs. A steering committee, composed of representatives of both First 5s and Loma Linda and supported by a consultant, makes decisions about the design and scale and addresses challenges that arise.

Cross-agency facilitated alignment occurs when multiple organizations collaborate to better serve families with young children. The organizations' early childhood programs remain administratively separate but have a shared understanding of their respective roles. In many communities, early childhood providers participate in coalitions or councils where they share information and collaborate on particular activities. Some of these groups focus specifically on early childhood, while others focus more broadly on resources that affect all children and families. Many groups have little or no funding to support their work and rely primarily on the time and resources of their members. Some communities have been able to pursue system building and alignment on a larger scale. For example,

- In Guilford County, North Carolina, the [Get Ready Guilford Initiative \(GRGI\)](#) aims to improve outcomes and reduce disparities in five key areas: (a) planned and well-timed pregnancies; (b) healthy births; (c) on-track infant and toddler development at 12, 24, and 36 months; (d) school readiness at kindergarten; and (e) success by third grade. The initiative is spearheaded by [Ready for School, Ready for Life](#), a local nonprofit organization, and supported by the Duke Endowment, with a substantial investment by Blue Meridian, a national partnership of impact-driven philanthropists. GRGI includes the expansion of three early childhood programs (Family Connects, HealthySteps, and Nurse-Family Partnership); the addition of a Community Navigators program; and the creation of a shared database to enhance system access, service coordination, and system planning and evaluation.
- In Monroe County, New York, the [Early Childhood Development Initiative \(ECDI\)](#) is a broad-based coalition working to ensure that

every child in Greater Rochester has the foundation to succeed in school and in life. In 2016, ECDI recognized the need to develop a plan for an integrated early childhood system. Over the next five years, [The Children's Agenda](#), a local child advocacy organization, led development of the All Kids Thrive framework with significant collaboration from Children's Institute, United Way of Greater Rochester, Rochester Area Community Foundation, Rochester's Child, and other partners. All Kids Thrive is Rochester's model for a system of comprehensive, integrated early childhood supports at a scale to fully meet the needs of all children and parents. The framework has been endorsed by 21 organizations in Monroe County and serves as the foundation for the early childhood system's fundraising and public policy advocacy.

- In Tarrant County, Texas, the [Early Learning Alliance \(ELA\)](#) supports organizations working together to help all young children succeed in school and in life. The ELA has more than 50 cross-sector partners, including nonprofit organizations, businesses, educators, and government leaders in the Fort Worth area. Member organizations sign a letter of commitment and pay dues. ELA's leadership team is comprised of 19 heads of agencies, and strategic plans are updated every few years. Over 30 funding sources support early childhood collaboration in Tarrant County.

In 2017, the ELA spearheaded an infant-toddler developmental screening collaboration in partnership with [My Health My Resources \(MHMR\)](#) of Tarrant County. In 2019, MHMR, in partnership with the ELA and Tarrant County Public Health, launched [Help Me Grow North Texas](#), the first Help Me Grow affiliate in the state. Help Me Grow North Texas is now phasing in a region-wide approach across 18 counties. Stakeholders in each community decide how they want to implement the model using a replication roadmap tool. Tarrant County is also providing support to five other cities, with the goal of establishing Help Me Grow statewide.

OTHER ESSENTIAL SUPPORTS FOR ALIGNING SERVICES

In addition to the structures, processes, and funding described in the examples above, early childhood systems rely heavily on technology and relationships. Together, these two resources support and animate early childhood systems the way that connective tissue animates the body.

Shared data systems, telehealth, and other technologies have been used to varying degrees by early childhood service providers for some time. The COVID restrictions on in-person contact have accelerated the adoption of technology to bridge the gaps, with the potential of having longer-term effects on system design and delivery. Examples include the following:

- **Information and access.** Internet-based centralized access points for local early childhood services have become increasingly common. It was the first priority of [Help Me Grow Long Island \(HMG-LI\)](#) during its initial planning year in 2017. Working with a stakeholder group that included local call centers and service providers, the centralized access point (CAP) was launched in January 2019. About one year later, the CAP was put to the test when the nation's first COVID-19 diagnosis was made in New York City. "Once New York shut down in March 2020 to slow the spread, more families than ever needed help," said Melissa Passarelli, HMG-LI Coordinator. Most families served by the CAP identify as being Hispanic or Black and live in communities most affected by COVID-19 and its economic fallout. The volume of contacts with the CAP nearly quadrupled during the early months of the pandemic, with most of the increase due to families' basic needs.
- **Virtual services and meetings.** The pandemic also triggered a major shift from in-person to virtual services, which many believe will continue on some level after restrictions are lifted. In North Carolina, Leonard Lawson is in charge of developing the integrated data system for GRGI. "If you are trying to reach people to give non-profit services without thinking about how your services interact with their smartphones, you're missing a big part of your target population," said Lawson. According to the Pew Research Center,



four out of five adults in the United States have smartphones. For one in four Black and Hispanic adults, smartphones are their only access to the Internet. Across all races, dependency on smartphones alone increases as income decreases.

Early childhood service providers have rapidly increased their virtual capacities in a variety of ways. In South Carolina, CHC used a "mileage-to-minutes" strategy after nearly all home visits became virtual, transferring the money saved in mileage to paying families for extra mobile phone minutes. The national office of Nurse-Family Partnership saw telehealth visits soar to more than 90% of its family visits. In response, they partnered with ATG (Action Technologies Group) and Verizon to provide cell phones to families they served who didn't have digital devices. Across the country, programs are assessing their options for post-pandemic operations to determine how much of a role virtual services could and should play.

Virtual technology has also made it easier for local, state, and national partners to work together. Michelle Simmons, a HealthySteps Specialist in Navajo County, Arizona, said virtual meetings are increasing the ability of rural partners to collaborate within and beyond their communities. "I was actually able to join a committee to help organize one of the state early childhood conferences," said Simmons. "Before the pandemic, they wanted rural representation at their in-person meetings, but I couldn't justify the time and travel expense to my agency."

Service tracking and coordination. Loma Linda University Children’s Hospital, in conjunction with HMGIE, built an electronic data system for screening. Both Ages and Stages questionnaires and a social determinants of health questionnaire were included in the platform, as well as a wellness map of community and health care resources. Because the electronic form can be easily completed on a computer, tablet, or smartphone, the platform can be used by early childhood and health care providers or by parents directly. The data system is tied to electronic health records so that community providers can enter information into patient records without breaching Loma Linda privacy protocols. In addition, Loma Linda launched an Access Center in April 2020, which offers screenings, referrals, linkages to services, and follow-up to families who call or e-mail the center.

A pilot was launched in 2019 in two pediatric clinics—Riverside University Health System and Social Action Community Health System in San Bernardino—as well as Loma Linda University Children’s Hospital. HealthySteps Specialists in Riverside have parents complete the screenings on iPads, which automatically enter the data into the electronic health record. The health care provider reviews the family’s information with them. Nurse-Family Partnership nurses are being trained on the system, too, with the vision of having all information about a child’s health and development and their family’s services in one place. HMGIE is incorporating data and learnings from the pilot phase into a plan for scaling and spreading to six additional geographic areas, with the hope of eventually covering the entire two-county region.

- **Measuring impact.** The ELA has adopted Results-Based Accountability for organizations to measure impact and communicate community outcomes. The community scorecard is a web-based platform into which providers enter their own data. The scorecard tracks data on both publicly available population-level demographics and performance measures. Data is disaggregated and analyzed by race. Collaborative groups review the data to inform planning and appropriate allocation of resources and services. (Additional

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—Phyllis D’Agostino, *Community Alignment Specialist at Family Connects*

resources about outcome measurement are included at the end of this brief.)

“Build it and they will come” is not enough, according to interviewees. Across communities, they emphasized the importance of **relationships** between and among parents, service providers, and other stakeholders in developing early childhood systems that work for all families.

- **Navigators** add the human touch to service alignment through one-on-one support to families in securing resources they need. They are especially valuable in reaching out to families in historically marginalized communities. In Guilford County, North Carolina, GRGI is developing a system of program-based and community-based navigation, in which early childhood service providers (Family Connects, HealthySteps, and Nurse-Family Partnership) provide developmental assessments, referrals, and support for the families they serve. Community Navigators are being hired to partner with obstetric and/or pediatric practices in Guilford County to implement the universal screening process and serve those families not served by the existing early childhood programs.
- **Parent partners and leaders** enhance alignment in several ways. For example, they often serve as informal navigators among friends and family members who are pregnant or have young children. Fatimah Jeffrey, a Nurse-Family Partnership graduate and parent leader in Edison, New Jersey said, “When parents are involved or engaged, they’re more than likely to tell other expecting parents, ‘Hey listen, I’m with this program and this is what’s happening.’ It makes parents feel important and part of something.”

Parent leaders are also valuable advisors on system-building issues. Denise Brown, a Nurse-Family Partnership graduate in Jacksonville, Florida, is a parent leader currently involved with an Early Childhood Comprehensive Systems (ECCS) initiative in her state. “I’ve also sat at a lot of tables that say we need to have parents, to be hearing their opinions and their voices so that we can make necessary changes,” Denise said. “Currently, I’m excited to be working with Healthy Start and ECCS to help navigate different system changes in Florida to make sure people are getting the care they need; for instance, with early detection of depression during pregnancy, and after pregnancy, and for fathers, too, because fathers go through depression and so many people overlook the fathers.”

- **Partnerships between service providers** include a variety of efforts to bridge silos by engaging diverse partners to work on shared concerns. To implement Help Me Grow North Texas, the ELA has created cross-sector subcommittees that meet at least quarterly. For example, the provider support and training subcommittee is creating a comprehensive cross-sector training strategy

to ensure that all early childhood providers have the professional development they need. “We’ve learned that we have to develop our subcommittees to be cross-sector to the extent that even our co-chairs have to be cross-sector,” said Laura Kender, Chief of Early Childhood Services at MHMR and a past ELA Chair. “Whether you’re talking about family engagement, provider support, or racial equity, you’re talking about the whole system.”

Some affiliates of Family Connects and Help Me Grow have staff members who spend most of their time on developing relationships with diverse organizations that serve families with young children. The process requires time and authenticity, according to Phyllis D’Agostino, a Family Connects Community Alignment Specialist in Forsyth County, North Carolina: “With babies, their first developmental task is trust, just like with collaboration, your first developmental task is trust. You have to build a mutual relationship even if nothing comes of it. I have to hear you; I have to be dependable; I have to not have ulterior motives; and it has to be mutual. If you don’t have that none of this works.”

Questions for Communities to Consider

1. What motivates your community to want to strengthen alignment of early childhood services?
2. How are service providers, families, and other interested stakeholders working together to align early childhood services in your community?
3. What funding sources, initiatives, or other resources can be leveraged to support aligned early childhood services?
4. What approach is your community using or could it use to align services—in-house, administrative, or facilitated alignment?
5. How has your community shifted from in-person to virtual services and meetings during the pandemic, and what aspects do you hope to maintain long-term?
6. What approach is your community using or could it use to develop a centralized mechanism for families with young children to access needed services?
7. How can your community work toward development of a shared data system to track children’s healthy development and families’ services and to measure impact?

The Role of National Offices

The four Model Convening Project partners view early childhood service alignment as essential on three levels. First, a fully aligned service system reduces barriers, improves access, and increases equity so that young children and families receive the support they need. Second, aligning services maximizes resources, enabling providers to reach more families and to provide the level of support that each family needs. Finally, an aligned system instills confidence among community members, policymakers, and funders that early childhood systems are a wise investment.

The national offices of the four Model Convening Project partners support service alignment in multiple ways. Much of the guidance to affiliates and sites is general in nature because **community contexts** are so localized and variable. Factors that influence collaboration include the people, organizations, resources, structures, systems, cultures, and politics present in each community.

All national offices advise affiliates/sites to learn about available resources for families in the community and to develop reciprocal referral relationships with other service providers. In all models, development of an **environmental scan** and **referral relationships** are part of the training and technical assistance provided to new affiliates/sites as part of the onboarding process. The steps an affiliate/site has taken must be documented as part of implementation planning.

There may be more guidance around collaboration in communities when intensive system-building initiatives are underway. This is especially true for Help Me Grow and the **systems framework** it provides. New Help Me Grow affiliates must create workgroups of community partners around each of their core components: centralized access points, family and community outreach, child health provider outreach, and data collection and analysis. Fidelity to the Help Me Grow model includes four key activities within each of the four components, most of which require collaboration. Examples include updating of the resource directory on a quarterly basis, networking meetings with community partners, and community events and trainings. The outreach activities are community-wide and intended to be a vehicle to support all models in connecting families to needed services.



Collaborative activities that are required or encouraged by all four national offices include the development of **community resource directories**, many of which are online and available to the public. Another key activity is to regularly seek input from the community by developing a **community advisory board** and/or partnering with an existing early childhood collaborative group to serve as advisors. The models are also increasing their efforts to incorporate **parent partners and leaders** in program outreach, planning, and evaluation activities.

Collaboration with other programs is included in **model fidelity assessments**. HealthySteps has a tracking system to measure fidelity. "Care coordination and systems navigation" is a HealthySteps core component, with model fidelity requiring that sites conduct a community resource assessment, develop a community resource directory, build relationships with community resource and referral agencies, support family connections to referral sources by closing the loop on referrals, and have a system for tracking referrals.

Nurse-Family Partnership scores model elements, which include the advisory board, according to a rubric, and sites submit quarterly reports on fidelity to the model components. Help Me Grow affiliates submit an annual fidelity assessment of the sixteen key activities,

and each site signs an affiliation agreement annually affirming it will implement the model with fidelity.

In addition to supporting collaboration among affiliates and sites, the national offices of the four models collaborate with a wide range of **other national organizations** to advance the wellbeing of young children and their families. The level of collaboration can range from time-limited initiatives to ongoing collaborative groups and organizational mergers.

To Learn More

MODEL CONVENING PROJECT RESOURCES

[Hand in Hand Framework](#). *The Hand in Hand Community Framework for Early Childhood Collaboration* is a guide based on the experiences and insights of communities where two or more Model Convening Project partners have affiliates/sites. It includes a detailed description of the framework, questions for communities to consider, and examples of how the framework applies to four communities.

[Hand in Hand Story Bank](#). These stories were developed by the Model Convening Project in partnership with local affiliates, based on interviews with families, service providers, and other stakeholders. Stories that relate to this brief include the following:

- “Community Alignment in Guilford County, North Carolina” describes efforts to align and strengthen collaboration among early childhood programs in the Greensboro area, with leadership from the Get Ready Guilford Initiative.
- “Creating a Centralized Access Point on Long Island, New York” is based on an interview with Melissa Passarelli, Help Me Grow Long Island Coordinator, about lessons learned in the development of a centralized access point for early childhood programs and its role in responding to families’ basic needs during COVID-19.
- “Building Relationships in Service to Families” is based on an interview with Phyllis D’Agostino, who reflected on her many years of experience supporting pregnant women and families with

young children, including her current work with Family Connects in Forsyth County, North Carolina.

- “Striving for Racial Equity in Tarrant County, Texas” describes the work of the Early Learning Alliance to help all children in the Fort Worth area achieve success in school and in life and to eliminate disparities that undermine child well-being.
- “Meeting Parents Where They Are” is based on an interview with Denise Brown from Jacksonville, Florida, who shared her experience as a parent and advice on how to support the development of parent leaders.
- “Parent Leadership in Early Childhood Systems: Lessons Learned from Three Communities” describes efforts to strengthen parent leadership in ways that promote racial equity and inclusion in Liberty City, Florida; Kent County, Michigan; and Multnomah County, Oregon. This story was co-produced by the Model Convening Project and the National Collaborative for Infants & Toddlers Capacity-Building Hub.

OTHER RESOURCES

Responses to COVID-19

- [Using Help Me Grow to Support Families Through COVID-19](#) is a report by the Help Me Grow National Center that describes the various ways affiliates have employed seven key elements of the Help Me Grow model to support families impacted by COVID-19.
- [“Opening ‘so many doors for families’: COVID-19 underscores importance of wraparound care for new moms and children,”](#) by Jayne O’Donnell, *USA TODAY*, October 20, 2020, includes interviews with staff and parents from HealthySteps and Nurse-Family Partnership.

Outcome Measurement

- [“Prenatal-to-Three Outcomes Framework Brief,”](#) published by the National Collaborative for Infants & Toddlers, summarizes a set of evidence-based metrics developed to track the health and development of children prenatal to

age 3 with data that is comparable and reliable across states, communities, and diverse families.

- [“NCIT Data Case Story: Addressing Data Challenges to Track Progress on Community Initiatives,”](#) published by the National Collaborative for Infants & Toddlers, highlights efforts in Dauphin County, PA; Minneapolis, MN; and Tarrant County, TX, to tailor the NCIT Outcomes Framework to meet the unique needs of the children, families, programs, and services in their areas.
- [The IMPACT \(Integrated Measurement, Program Assessment, and Collaborative Tools\) Measures Repository](#) will be a centralized, regularly updated web-based repository and search engine, dedicated to informing and educating various stakeholders in the field (e.g., program developers, practitioners, community members, child care providers, social entrepreneurs, and

academic researchers). The IMPACT Measures Repository is currently being created and will include an exhaustive list of measures that can be used to evaluate the efficacy and effectiveness of programs supporting caregivers and their young children. These include measures of infant and early child development (0-5 years of age), child care quality, parent-child interaction, and caregiver health and well-being.

ABOUT THE MODEL CONVENING PROJECT

Four national, evidence-based early childhood models are exploring ways to have a greater impact on young children and their families in communities where their programs overlap:

- [Family Connects](#) is a population-based health program that enhances the local network of care by providing nurse home visits to all parents of newborns during the first month of life. During the visit, the nurse provides information, conducts health assessments, and makes connections to community resources that are needed.
- [HealthySteps](#), a program of ZERO TO THREE, integrates a child development expert into the pediatric primary care team to promote nurturing parenting and healthy development for babies and toddlers, particularly in areas where there have been persistent inequities for families with low incomes and families of color.
- [Help Me Grow](#) supports communities in strengthening their early childhood systems through centralized access points, family and community outreach, child health care provider outreach, and data collection and analysis.
- [Nurse-Family Partnership \(NFP\)](#) provides nurse home visits to first-time moms and children living in poverty or with other risk factors. Services are provided prenatally to the child’s second birthday.

The project is a multi-year initiative, with leadership and facilitation from [ZERO TO THREE](#) and funding from the [Pritzker Children’s Initiative](#). While the four models were the starting point for the project, their local experiences reveal a broad range of community partners who play important roles in early childhood collaboration. For links to additional stories and briefs from the Model Convening Project, see our [Hand in Hand Directory](#).