Early Childhood Developmental Health Systems

EVIDENCE TO IMPACT CENTER

Strengthening Early Childhood Systems: Resource Flow Strategies

The Early Childhood Developmental Health Systems (ECDHS): Evidence to Impact Center helps local and state systems advance the health and well-being of young children. ECDHS strategies are guided by the Water of Systems Change framework, in which **resource flows** are how money, people, knowledge, information, and other assets are allocated and distributed.[1]

State and local systems leaders, providers[i,2], and other partners can adopt the following evidence- and expert-informed resource flow strategies to support early childhood developmental health.

Systems Change Conditions

The Water of Systems Change framework identifies six conditions that work together to support authentic and lasting systems change, including:

- Policies
- Practices
- **Resource Flows**
- Relationships & Connections
- Power Dynamics
- Mental Models

i Providers include all those who work with young children and their families, including health care, education, social service, and other community-based organizations.

Plan, commit to, and sustain funding to support coordinated, system-wide efforts.

Prioritize sustainable state funding for comprehensive, cross-agency initiatives that include early identification and prevention. Establish a shared vision across state-level child- and family-serving agencies and create a governance structure that sets expectations for collaboration and funding. Explore creating a state Office of Early Childhood or Council of Early Childhood Agencies with funding and decision-making authority.[3]

Identify multiple funding streams and best practices for braiding/blending funds to support comprehensive cross-system outcomes. Funding streams may include sources such as the Title V Maternal and Child Health (MCH) Services Block Grant and other systems building grants from the U.S. Department of Health and Human Services (e.g., Public Health Infrastructure Grant) which prioritize systems building, service coordination, family engagement, and improved maternal and child health outcomes. Commit funding via flexible, multi-year agreements to support long-term work and accommodate changing community context.[4]

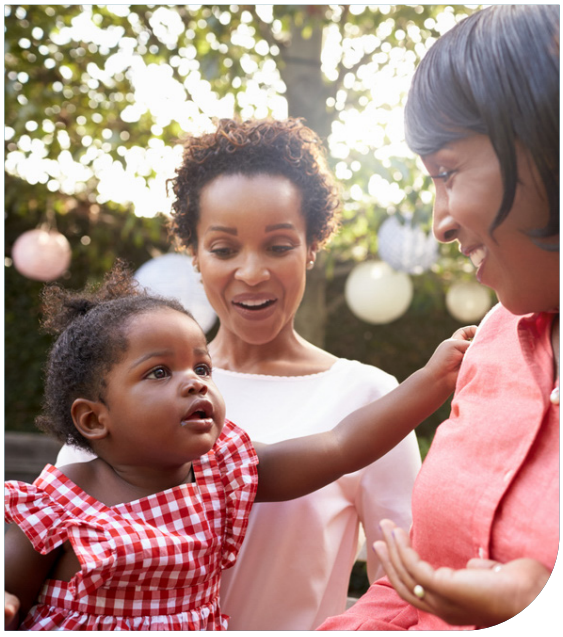
Redirect funding to support greater decision-making ability at the local level. Provide funding with the time and flexibility needed for communities to plan and implement meaningful, long-term systems change.[5]

Fund initiatives that support and grow the early childhood mental health workforce.

Increase the number of health professionals trained to provide prevention and promotion interventions and services. Invest in specialized training in early childhood mental health, such as an Infant Mental Health Endorsement or Certificate. Train licensed medical providers at all levels of care, including community health workers and doulas.[6]

Place childcare health consultants and infant and early childhood mental health consultants in childcare settings. These roles can help childcare providers recognize and address early mental health needs in a setting with more frequent contact with children and families.[6]

Expand the capacity of child psychiatrists to provide consultation and backup for medical and mental health professionals through telehealth systems. Telehealth can help address access challenges in rural areas that may have workforce shortages.[6]



Invest in infrastructure to promote cross-sector data sharing.

Streamline data governance structures for data-sharing agreements, use, privacy, and protections. Ensure processes protect confidentiality, safeguard personal information, and respect Tribal data sovereignty.[7]

Develop shared metrics across the system. Adopt a child health quality strategy and plan to monitor and measure program and child outcomes. Include shared data collection tools measuring a variety of needs (e.g., health, social), shared indicators of success (e.g., National Survey of Children's Health measure of flourishing), and known accountability incentives (e.g., managed care organization quality performance payments, patient-centered medical home accreditation, federal early childhood program standards).[7,8,9,10,11]

Invest in customizable technology to promote cross-sector, real-time data sharing. Establish a patient-level database including whether the child and caregiver(s) were screened, screening results, referrals, service receipt, and use over time.[6] Develop integrated systems that link state-level administrative data to understand program reach and impact, facilitate cross-sector data sharing, support evaluation efforts, and inform future decision-making.[7,10]

Build data mindset and capacity to inform decision-making. Engage in cross-sector continuous quality improvement cycles and share data with care teams, families, and program and policy leaders. Use linked data to inform program activities (e.g., identifying families who are eligible for support programs but not enrolled) or to track early intervention referrals and outcomes across programs.[7]

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