Early Childhood Developmental Health Systems

EVIDENCE TO IMPACT CENTER

Strengthening Early Childhood Systems: Mental Model 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 **mental models** are deeply held beliefs and assumptions that shape how we think, act, and communicate.[1]

State and local systems leaders, providers[i,2], and other partners can adopt the following evidence- and expert-informed mental model 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.

Revisit practices to challenge assumptions, realign values, and sustain innovation.

Examine common perspectives about systems change that shape decision-making. Encourage leaders and partners to think critically about existing assumptions that guide current systemic efforts (e.g., linear vs iterative approaches, deficit vs strength-based thinking, expertise and decision-making imbalances).

Understand current beliefs before implementing new practices. Set aside time to explore assumptions about how and why practices will work. Validate these assumptions with systems partners and families, then obtain feedback to inform decisions on new practices.[3]

Foster an environment that values prevention. Engage partners in discussions about the importance of developmental promotion, family-engaged developmental monitoring, and universal screening, even when resources are limited.[2] Emphasize how screening can strengthen prevention by building relationships and trust between providers and families.[4]

Build institutional commitment to sustain innovative strategies. Short-term funding often supports new strategies (e.g., pilot projects), and systems may resist maintaining these strategies once funding is gone. Before these projects are complete, plan for continued investment in effective strategies that work to maintain progress and prevent disruption when funding periods end.[5]

Understand and practice authentic collaboration.

Approach collaboration with an open mindset. Collective action involves multiple partners with different perspectives and approaches. Take time to find common ground and establish a creative base for collaboration.[6] Consider using a trained third-party facilitator to help create an environment that encourages an open mindset.

Stay flexible with project goals. Systems change work is not linear. As collaboration moves forward, workplans and deliverables may need to change. Encourage partners to develop flexible plans that emphasize communication, relationship-building, and continuous improvement.[4]

Adopt a mindset that prioritizes community experience in systems efforts.

Build community trust by partnering with those being served. Create opportunities for community members and families to share their perspectives on system challenges and help shape planning strategies (e.g., invite family leaders to serve on a Medicaid Beneficiary Advisory Committee, adopt the Engagement in Action framework). Supporting families to lead in the process can result in solutions designed with—and by—the people they are meant to serve.[5]

Identify system issues from the community perspective. Dedicate time and resources to learn how families and communities perceive the system. Use their feedback to develop strategies, rather than focusing on downstream strategies that are easily identifiable but often miss underlying or short-term issues. This approach can reveal significant challenges experienced by families that may otherwise be overlooked by system leaders.[5]

References

1 Kania J, Kramer M, Senge P. *The Water of Systems Change*. FSG; 2018.

2 Passarelli M, Howe E, Walchenbach S, Therriault, C. *A Roadmap for Advancing Family-Engaged Developmental Monitoring*. Help Me Grow National Center & Association of University Centers on Disabilities; 2023.

3 Epstein A, Lieberman AF, Briscoe A, Rosen N. *Whole-Family Wellness for Early Childhood: A New Model for Medi-Cal Delivery and Financing.* California Children's Trust; 2019.

4 Cohen J, Roderick Stark D, Colvard J. Advancing Infant and Early Childhood Mental Health Policy in States Stories from the Field. ZERO TO THREE; 2019.

5 The Child and Adolescent Health Measurement Initiative. *Attachment E: A Starting Point Policy Playbook to Advance the Engagement In Action (EnAct!) Framework.* Mississippi Thrive!; 2023.

6 Social Ventures Australia, The Front Project, and ARACY. *Early Years Catalyst Synthesis Report: Summary of Evidence and Insights.* Early Years Catalyst; 2024.

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