Early Childhood Developmental Health Systems

EVIDENCE TO IMPACT CENTER

Strengthening Early Childhood Systems: A Collection of State and Community Strategies in Action



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Introduction

This collection of practical, evidence-informed strategies is designed to help state and local leaders build stronger systems that make a difference for young children and families.



Key Takeaways

1. **Throughout pregnancy and early childhood, families need a variety of supports to flourish.** However, they often do not receive the services they need when they need them. Building and strengthening the early childhood systems that surround young children and families is hard work, and no single program or partner can do it alone.

2. **Programs serving families play a vital role in the early childhood system to bridge gaps**. These programs ensure services are coordinated, accessible, and responsive to the needs of children and families.

3. **The 13 strategies in this collection address common challenges to systems change where barriers to action are significant.** Organized into four priority areas, they include field-tested strategies, examples of the strategies in action, resources, and metrics to help your system get started.

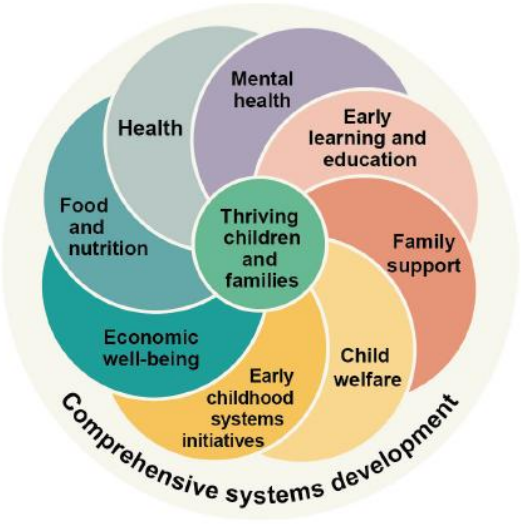
4. **Each strategy is family-centered, evidence-informed, and grounded in real-world implementation,** highlighting approaches developed and put into practice by families, communities, and states. Explore which strategies best fit your community's current priorities, test them on a small scale, and build on what you learn as you move toward more family-centered systems.

5. **When early childhood systems work well, they identify the needs of children and families early and connect them to support that respects their voices and choices.** The connection between early development and school readiness has lasting effects. Systems that promote flourishing help set children up for long-term educational, developmental, health, and economic well-being.

What Is an Early Childhood System and Why Does It Matter?

An early childhood system is the network of programs, services, policies, infrastructures, and relationships that collectively support children's health, development, and well-being from before birth through age 5. These systems span health, early intervention, home visiting programs, education, child welfare, and other human services.[i,ii] At their core, early childhood systems aim to ensure every child—regardless of geography, background, income, or ability—has access to coordinated, developmentally supportive care that is responsive to family needs. Building these systems is difficult. Funding is spread across numerous federal, state, and local streams.[iii] Efforts to align governance structures, data systems, and service pathways have gained traction, but few communities can sustain this kind of coordination without sufficient funding. As a result, families frequently experience firsthand the gaps created when programs are not designed to work together.

Vision of the early childhood system



Coordination gaps among early childhood system partners can lead to system failures. Developmental screening offers an example. It is one of the clearest ways to identify delays early. Yet parent surveys show only 1 in 3 young children are screened each year,[iv] and many children with an identified delay face barriers to accessing the services they need.[v] These gaps can have lasting consequences for children and families. For state and local leaders, the link between early development and school readiness has important implications. Children who flourish are more likely to be healthy and ready for school.[vi] Systems that promote flourishing help set children up for long-term educational, developmental, and economic well-being.[vii, viii] Nationally, about 30 percent of children aged 6 months to 5 years meet all four criteria for "flourishing," meaning they regularly feel connected to caregivers, stay curious, bounce back from setbacks, and experience joy.[vi] Tracking flourishing helps systems see whether they are closing these gaps. See the callout box on the right for how to track flourishing in your community.

Flourishing – A Valuable System Measure

As you work across the four priority areas in this resource, consider tracking flourishing in your community—a composite measure of children's positive well-being and development. The Child Flourishing Index uses caregiver reports of the child and is predictive of school readiness and other child health and development outcomes.

Partner with pediatric primary care settings to gather data on the percentage of children aged 6 months to 5 years in your community who meet the criteria for flourishing. The National Survey of Children's Health offers state-level data for comparison and a broader context for how your early childhood system affects child development. It complements the strategy-specific, process-focused metrics included in each section of this collection.

What This Resource Brings to the Field

The ECDHS: Evidence to Impact Center's work builds on foundational resources that offer broad approaches for early childhood systems building (see the callout box below).[ix,x,xi] This collection draws on new field-based experience and learning to translate broad systems thinking into practical strategies and metrics for a well-functioning early childhood system. It is organized around four key areas, identified by the field as priorities with significant barriers to action. Each priority below opens with an overview, the problem, why it matters, and the opportunity it presents.

Accessible, Integrated Services

Shared Ownership and Infrastructure

Data-Informed Decision-Making

Flexible Funding Approaches

In total, this resource offers 13 strategies that state and local systems can use to drive progress. Strategies were selected based on three guiding principles:

- **Family-centered**. Families are active partners in systems work, with meaningful roles in co-designing services, shaping system decisions, and informing continuous improvement.
- **Evidence-informed**. Recommendations draw on the Center's findings from literature reviews, focus groups, and interviews with state, community, and family leaders and practitioners.
- **Grounded in real-world implementation**. Each strategy features an example from a community actively implementing it, showing not only what a strategy is but how it plays out in practice.

Of these principles, the family-centered lens holds special significance. Across the collection of strategies, this lens shows up as family engagement, family voice, and co-designed systems with families. It is woven across the priority areas and reflected in the strategies and examples throughout.

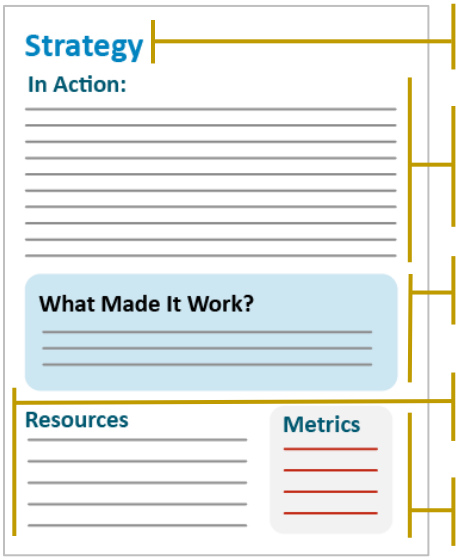
Foundational Resources for Early Childhood Systems Building

- The Water of Systems Change provides a conceptual framework that identifies six interacting conditions that systems must address to achieve structural, relational, and transformative change.
- The Early Childhood Systems Building Resource Guide offers a series of chapters covering core systems-building topics, including leadership, governance, financing, program design, and continuous quality improvement, each with practical tools and actionable steps
- Collective Impact identifies five conditions necessary for cross-sector coordination to achieve large-scale social change: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations.
- The **Early Childhood Systems Performance Assessment Toolkit** offers a framework of five dimensions necessary for a well-functioning early childhood system, along with performance measures to assess progress in each area.

See Appendix B for additional resources and tools.

Using This Resource

This resource is designed for anyone working to improve early childhood systems for young children and families, from experienced state and local leaders to those earlier in their systems-building journey. This may include, but is not limited to, state agency employees, community representatives, nonprofit leaders, and family leaders. The collection translates evidence into actionable strategies organized around four priority areas, each containing the same elements:



Strategy: An evidence-informed approach used by state and local teams to drive progress

In Action. Real-world examples from states and communities demonstrating how the strategy has been applied across different contexts

What Made It Work: Factors state and local teams identified as critical to their success

Resources: Tools and materials including brief descriptions and direct links

Metrics: Potential measures and indicators to track progress and support learning over time

There is no one way to use this resource. Start where your system is and build from there. A few ways to get started are listed below.

- Focus on what families and community partners identify as the greatest need, or on the priority area most relevant to your current work.
- Find an example that resonates with your community context and explore related strategies.
- Review the metrics to determine whether you are already collecting data in a particular area.

Strategies and examples in this resource reflect the specific contexts of the states and communities where the work was conducted. Adapt these strategies to fit your community context and make them your own. For example, the Accessible, Integrated Services strategy—*Expand comprehensive screening across early care, health, and home visiting settings*—highlights how Colorado leveraged philanthropic funding for oral health to train child care health consultants to conduct oral health, vision, hearing, and developmental screenings. Previously, screening had been limited to physicians. State and local systems could ask a similar question for other early childhood and family screenings, such as "Which workforce members, beyond those traditionally responsible, could be trained to help?" To explore this, consider reviewing existing scope-of-practice policies to determine who could adopt screening duties, identifying training or credentialing options for additional workforce members, and piloting the change with a small group before expanding it system-wide. After selecting an approach, track its effect on child screening rates over time, and consider whether that effect varies by setting, such as rural, suburban, or urban communities.

As you explore these strategies, consider using Plan-Do-Study-Act (PDSA) cycles to test them on a small scale. Study what you learn, refine your approach before expanding, and continue making improvements over time. Consider using a PDSA worksheet to plan and document a test of change, from your first prediction through what you learn.



Priority Area 1: Accessible, Integrated Services

This priority area focuses on making early childhood developmental health services available, reachable, and well-coordinated for families.

The problem. The earliest years, from pregnancy through early childhood, shape lifelong health and development. Yet many families cannot easily access the services their children need, even when those services exist. Fragmented systems, workforce shortages, and inconsistent referral processes leave families without a clear path to care, and few systems give families a role in shaping the services meant to serve them.

Why it matters. Families are more likely to access the services they need when those services work well together. Children are less likely to miss critical windows for early intervention, and families build greater trust in systems reflecting their voice.

The opportunity. Effective early childhood systems help address the root causes of chronic disease by screening children early for health and developmental needs, connecting families to care before concerns worsen, and linking them with a trained workforce that can meet their needs. Better coordination across programs reduces duplication and extends systems' reach. When states and communities center the family experience in shaping services, care becomes more responsive and trusted.

Strategies

Formalize roles for families in the co-design and delivery of services

Hire or train workers to fill gaps in support services for families

Expand comprehensive screening across early care, health, and home visiting settings

Strengthen relationships and standardize referral processes to improve care coordination

Strategy: Formalize meaningful roles for families in the co-design and delivery of early childhood developmental health services.

In Action: Maui County

The need. Kākou for Keiki (K4K), a community collaborative in Maui County, Hawai'i, recognized that the local early childhood system lacked meaningful structures to integrate family and community input into the design and delivery of services, limiting its ability to reflect the needs of the communities it serves.

Actions taken. K4K developed family-centered pathways for family leaders to actively participate in early childhood systems change as essential partners alongside other professionals. K4K created Family Leader Coordinator positions to co-design an internal family leadership infrastructure customized for Maui County, leveraging lessons from Hawai'i's Early Childhood Comprehensive Systems initiative. The resulting Family Advocacy System outlines engagement opportunities, formal roles and responsibilities, and change efforts. It serves as a proof of concept for family leadership development, demonstrating how to recruit, train, and support family leaders. Examples include facilitating Caregiver Talk Story groups for mothers and Pā Pōhaku peer support groups for fathers, supporting developmental health screening, assisting with outreach and operations, and participating in state and national convenings.

Results. Family leaders were embraced by K4K member organizations as essential partners and saw themselves as part of a community working to improve services. All member organizations committed to centering family voice as a principal agreement of participation, and some adopted or strengthened their family leadership practices.

What Made It Work?

- **Funding provided adequate, flexible compensation options and logistical support for family leaders.**
- **Trust between system and family leaders allowed K4K to co-design a mutually beneficial program that could evolve as needs and opportunities changed.**
- **Lasting relationships and a shared vision among partners who valued population-level outcomes over organization- or program-specific wins were key to success.**

Resources

Transforming Pediatrics for Early Childhood (TPEC): Elevating Family Engagement, Leadership, and Storytelling in Clinical Practice. This collection of practical tools and resources helps pediatric care teams foster authentic partnerships with families.

Parent, Family, and Community Engagement Framework for Early Childhood Systems Assessment Workbook. This team-based tool helps to assess family engagement across seven early childhood system components and to develop an action plan from the findings. Use it to understand where your system currently stands before identifying co-design priorities.

Pennsylvania Office of Child Development and Early Learning Family Leadership Toolkit. This practical toolkit helps state-level professionals and family leaders build and sustain family leadership organized around seven building blocks, including recommended practices, a best practices checklist, and sample tools.

Metrics

 # Number of system-level design decisions in the past year (e.g., service model selection, shared protocol adoption, new initiative launch) where documentation shows family or community members participated in deliberation before the decision was made.

% Percentage of family or community members who participated in system-level design in the past year and reported their input was considered in the final decision.

Strategy: Identify gaps in support services for families and hire or train workers (e.g., community health workers, family specialists, doulas) to best fill those gaps, build trust, and strengthen family engagement.

In Action: New Jersey

The need. The New Jersey Chapter of the American Academy of Pediatrics (NJAAP) identified gaps in access to early childhood developmental health services within pediatric practices. Providers recognized the need for enhanced screening, care coordination, and family support but lacked the time and capacity to deliver these services as part of routine care.

Actions taken. New Jersey implemented the HealthySteps model at four pediatric primary care practices. With support from the HealthySteps National Office and NJAAP, practices hired HealthySteps Specialists at each site. To complement this role and further strengthen family support within these settings, SPAN Parent Advocacy Network, a New Jersey-based nonprofit, also hired and co-located Family Resource Specialists (FRSs)—parents of children with special health care needs or parents who have experience with early childhood systems—at each site. SPAN managed all FRS hiring and training, reducing the administrative burden on practices. FRSs are trained in child development, family engagement, and interactive reading techniques. They also facilitate family-centered assessments and identify family liaisons to serve on practice-level Patient and Family Advisory Councils, elevating family voices within practices and across state early childhood systems.

Results. Practitioners see FRSs as vital team members who free them to focus on clinical tasks only they are trained to do. FRSs also allow HealthySteps Specialists to focus on families who could benefit from more comprehensive services. Their presence has strengthened practice culture and teamwork. Families have someone they can connect with for support beyond physical health questions as they navigate complex systems of care.

What Made It Work?

- **Hiring and training FRSs with direct experience in their communities strengthened trust and engagement, offering peer support that resonated with families navigating similar challenges.**
- **Clear roles and workflows let providers focus on clinical care while FRSs handled coordination and connected families to community resources.**

Resources

Agency for Healthcare Research and Quality Integrating Behavioral Health and Primary Care Playbook. This collection of practical resources helps health care teams integrate behavioral health services into their practice, from initial planning through implementation, financing, and outcome tracking.

A Pathway for Sustaining Community Health Workers In Pediatric Primary Care In Washington. This policy brief and case study examines how pediatric practices can sustain community health workers. It includes an analysis of Washington state's Medicaid community health worker benefit, billing challenges, and multiple funding paths.

Metrics

% **Percentage of pediatric practices and community-based settings** that have at least one worker (e.g., community health worker, family specialist, doula) who actively provides support services to families. *Health centers: Consider using UDS Table 5, Lines 24–28, to report on this measure*.

% **Percentage of pediatric practices and community-based settings** within a defined initiative that have completed the Integration Practice Assessment Tool (IPAT) at baseline and at annual follow-up, with scores reflecting maintained or improved level of integration.

Strategy: Expand comprehensive screening across early care, health, and home visiting settings to reach more children and families and ensure timely connection to services.

In Action: Colorado

The need. Data reviewed by Assuring Better Child Health and Development (ABCD), a Colorado-based nonprofit, and its partners revealed the gaps in state screening for child development, social-emotional and behavioral well-being, and social factors that affect health. The greatest need was in the San Luis Valley, where access to early intervention and behavioral health services was limited.

Actions taken. Colorado expanded access to screening across two settings: primary care and universal pre-K sites. In primary care, the HealthySteps model was expanded to two rural practices in the San Luis Valley, extending developmental and behavioral health screening for children and caregivers in communities with limited access to services. The Early Childhood Council of the San Luis Valley secured philanthropic funding from dental insurer Delta Dental to bring screenings to three universal pre-K sites in the region, one school-based, one center-based, and one home-based. Oral health screening had previously been limited to physicians, so Delta Dental trained child care health consultants (CCHCs)—medical professionals such as registered nurses, nurse practitioners, or physicians who help licensed child care programs meet health and safety standards—to perform these screenings. CCHCs then traveled to each site to conduct oral, vision, hearing, and developmental screenings for children.

Results. Families with identified concerns are connected to early intervention, behavioral health, and oral health resources. In the San Luis Valley, 66 children received screenings. Statewide, from 2025-2026, CCHCs conducted 991 oral health screenings, and 23 percent resulted in referrals.

What Made It Work?

- **Partnering with a large health system already implementing HealthySteps in two clinics helped Colorado expand the model to additional clinics more efficiently.**
- **Training CCHCs to expand screening capacity across mixed child care settings helped reach home-based programs that often have limited resources.**
- **Having a dedicated community connector helped build new relationships between families and the health system, fostering the trust and engagement needed for screening and care.**

Resources

Getting Started Guide: Implementing a Screening Process. This fillable, step-by-step worksheet helps pediatric practice teams design screening workflows tailored to their practice and the families they serve.

Change Package for Community Health Centers Part 2: Early Childhood Developmental Surveillance and Screening. These ten actionable ideas help strengthen developmental surveillance and screening, including customizable sample tools such as checklists, scripts, and electronic health record templates.

Home Visiting Collaborative Improvement and Innovation Network Developmental Promotion Playbook. This home visiting resource features a key driver diagram; a change package of tested strategies and linked examples; and a measurement system to guide developmental screening, referral, and follow-up practices.

Metrics

% Percentage of children screened for developmental or social-emotional concerns at least once during the reporting year.

% Percentage of caregivers screened for behavioral health needs or social factors at least once during the reporting year.

% Percentage of early childhood system partners with a documented screening process, including tool selection, workflow development, and referrals to services.

Strategy: Strengthen relationships and standardize referral processes (e.g., shared workflows, clarified expectations, feedback loops) with partners to improve care coordination for families.

In Action: Los Angeles County

The need. In Los Angeles (LA) County, children and families living in communities with high enrollment in Medicaid and the Children's Health Insurance Program (CHIP) lacked consistent access to developmental screenings and care coordination. Many pediatric practices had limited workforce capacity, standardized processes, and community relationships to ensure timely referrals and follow-through.

Actions taken. The County of Los Angeles, Department of Public Health partnered with Children's Hospital Los Angeles to place trained "Family Partners," or caregivers with experience parenting young children, in pediatric practices serving young children and families. Family Partners provide peer support and education and build relationships with regional early intervention hubs to help families navigate the referral process and follow through on next steps. To standardize care coordination, LA County developed referral processes embedded directly into practice workflows. When families are not ready to engage in services after a developmental screening, Family Partners continue to check in with caregivers to help facilitate future follow up and ensure that families remain connected to support.

Results. Following implementation, developmental screenings and referrals to early childhood services increased. LA County is now assessing sustainability and expanding this approach to additional practices county- and statewide, leveraging the public health and health systems partnership as a model.

What Made It Work?

- **Family Partners' real-world experiences help them build trusting relationships with families, making families feel comfortable and confident in following through on referrals for developmental delays.**
- **Integrating Family Partners into care teams, backed by pediatrician buy-in and a strong physician-Family Partner relationship, helps transform how clinics serve families.**
- **Bringing Family Partners into Children's Medical Services' existing meetings with regional centers created a direct link to the county's public health infrastructure, strengthening a pathway that already existed rather than building a new one.**

Resources

Change Package for Community Health Centers, Part 3: Early Childhood Development Care Coordination and Linkage. These nine actionable ideas can help strengthen care coordination and linkage for young children and families, including customizable sample tools such as referral-tracking templates, warm handoff protocols, and care transition plans.

Transforming Pediatrics: Tools to Support the Early Childhood Development Care Continuum in Practice, Section 4. Create Community Relationships and Improve Referrals. This set of tools helps pediatric practices strengthen referral systems and build partnerships with community-based organizations. It includes a readiness assessment checklist to identify gaps and build internal processes for care coordination and referrals and implementation guidance for building relationships with external referral partners.

Metrics

% **Percentage of children and families connected to services** within [X] days following a referral.

Sites should establish a defined number of days based on their context and population served.

% **Percentage of caregivers reporting** a positive care navigation experience.



Priority Area 2: Shared Ownership and Infrastructure

This priority area focuses on building the governance structures, formal roles, and relationships that support organizations in functioning as a coordinated system rather than a collection of independent programs.

The problem. Early childhood programs and services are often loosely connected, with organizations operating in parallel rather than in partnership. Families are frequently brought into planning processes too late to meaningfully shape decisions, and family leadership roles often lack compensation, clear expectations, and long-term support.

Why it matters. Governance structures, formal agreements, and sustained family leadership roles turn systems change from something that depends on individual relationships and goodwill into something the system can count on. Institutional commitments remain steady through staff turnover and shifting priorities, so progress is not lost or stalled as conditions change.

Strategies

Hire, train, and sustain family leaders in formal positions

Develop a culture of collaboration and trust

Develop or participate in governance structures and cross-sector bodies

The opportunity. Shared ownership transforms relationship-dependent efforts into durable infrastructure. States and communities can build lasting systems change by formalizing family leadership roles, engaging backbone organizations to coordinate partner efforts, and building cross-sector governance structures. These structures outlast any single program, partner, or funding cycle.

Strategy: Hire, train, and sustain family leaders in formal positions within community-level organizations and state-level agencies.

In Action: Vermont

The need. Vermont recognized the need to deepen families' role in the Developmental Understanding and Legal Collaboration for Everyone (DULCE) program. DULCE is an evidence-based, universal program that integrates early childhood, health, and legal services to support infants from birth to 6 months of age and their families.

Actions taken. Vermont expanded and centralized family partners across the DULCE network by creating a sustainable, statewide family advisory committee aligned with the Vermont Parent Child Center Network's family advisory efforts. To support recruitment and onboarding, Vermont partnered with a technical assistance provider to develop a clear overview of the Family Advisor role and expectations. Their Family Advisory Council brings together two Family Advisors per DULCE site. The Family Advisors meet monthly under coordination from the Vermont Child Health Improvement Program to provide feedback and advice on DULCE implementation, screening, surveys, and related processes. Input is shared directly with state agency and program leadership to inform ongoing systems-level decision-making. Family Advisors receive a stipend for each session. Meetings are held remotely to improve access and participation, and children are welcome to attend.

Results. Family Advisors value the Family Advisory Council as an opportunity to connect with other parents of young children, share advice, validate concerns, and normalize experiences. Their feedback has directly informed program decisions, including adaptations to screening approaches and the development and review of resources for families and providers. The Family Advisory Council has also created opportunities for Family Advisors to develop resources for other families in Vermont, professionalize their role, and co-present at conferences.

What Made It Work?

- **Centralizing Family Advisors into a dedicated council shifted the power dynamic, giving families a stronger collective voice and a space where they felt more in charge of providing feedback.**
- **Moving from individual site-based advisors to a statewide council ensured continuity. Even after a Family Advisor left a site, the council remained intact and accessible to all sites.**

Resources

TPEC: Elevating Family Engagement, Leadership, and Storytelling in Clinical Practice. This collection of practical tools and resources helps pediatric care teams foster authentic partnerships with families, including guides for defining family leader roles, recruiting, and onboarding.

Person and Family Engagement (PFE) Toolkit: A Guide for Measure Developers. A roadmap for successful engagement with PFE partners, offering an easy-to-follow, comprehensive guide to implementing best and standard practices for PFE. The toolkit includes printable, online-friendly tools, templates, and handouts to start engaging PFE partners, as well as PFE scenarios.

Metrics

 # Number of family leaders* participating in governance roles who report being active in decision-making.

**Family members trained and engaged in system leadership roles.*

% Percentage of family leaders participating in governance roles who report receiving structured onboarding, ongoing support, and compensation commensurate with their roles.

Strategy: Engage a backbone organization to develop a culture of collaboration and trust through partner convening and shared action.

In Action: Maryland

The need. Maryland recognized that early childhood mental health expertise across the state was disconnected. There was no shared structure to align efforts or build collaboration among partners.

Actions taken. As the convening organization, Johns Hopkins University (JHU) brought together early childhood mental health efforts across JHU, the University of Maryland, and Kennedy Krieger Institute, along with the state infant mental health association and existing state investments. Together, partners leveraged existing infrastructure, including the Behavioral Health Integration in Pediatric Primary Care program and a telehealth-based Project ECHO (Extension for Community Healthcare Outcomes) network, to build shared knowledge across efforts that had not previously been coordinated. Partners also established a Project Advisory Board with representation from government, payors, providers, and families to identify and address barriers to sustaining early childhood services. These collaborative efforts helped facilitate the hiring of several early childhood developmental and behavioral specialists trained in HealthySteps, the Chicago Parent Program, and Mothers and Babies. Through ongoing reflective supervision, specialists continued to strengthen their skills, building a qualified workforce that can extend and train others while improving the quality of care for children and families.

Results: Partners conducted a landscape scan to inform the state's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) work. This resulted in a concrete plan to meet state requirements and positioned partners to use shared data and expertise to advance early childhood systems priorities. Pediatric practices are also conducting social-emotional screenings more regularly, with some increasing their comfort with offering social needs screening.

What Made It Work?

- **Trusted, experienced leaders brought credibility to the work, building buy-in and momentum across sectors.**
- **Reliable follow-through built trust, as partners consistently met their commitments.**
- **Regular touchpoints sustained collaboration, including weekly meetings with early childhood developmental and behavioral specialists and quarterly Project Advisory Board convenings.**

Resources

Gives, Gets, and Constraints Tool. This structured reflection tool from the Tamarack Institute helps newly formed cross-sector teams identify individual and organizational contributions, needs, and limitations before defining a shared vision, ensuring each member's hopes and constraints are heard and integrated into team goals and working principles.

Backbone Support Assessment Worksheet. This rating tool helps partnerships evaluate and select backbone support organizations by assessing candidates across key capacities, including vision, convening, alignment, measurement, accountability, and fund development.

Metrics

 # Number of cross-sector partners who report mutual trust and shared ownership in collaborative decision-making.

% Percentage of family leaders who report feeling trusted and respected as equal partners in early childhood system decision-making.

Strategy: Develop or participate in governance structures and cross-sector bodies that align goals, address policy barriers, and strengthen early childhood systems.

In Action: Arkansas

The need. Arkansas faced significant gaps in access to early childhood development services. Provider shortages and low developmental screening rates across many rural counties highlighted the need to build a stronger, more connected early childhood infrastructure through cross-sector collaboration.

Actions taken. The University of Arkansas for Medical Sciences (UAMS) launched Transforming Health outReach for Infants and Children (THRIVE P-5) to improve access to early childhood development services in pediatric and family medicine settings. Rather than building a new infrastructure, UAMS joined Excel by Eight (E8), a statewide convener that brings together partners to advance systems change, address policy barriers, and strengthen early childhood resource networks. Through E8, UAMS engaged relevant subcommittees and connected with the Arkansas Children's Care Network (ACCN). The team also provided regular THRIVE P-5 updates to E8 work groups and the Arkansas Chapter of the American Academy of Pediatrics.

Results. Through its participation in E8, UAMS connected with billing and data professionals through ACCN, strengthening cross-sector relationships and data capacity across the early childhood system.

What Made It Work?

- **Bimonthly meetings and monthly newsletters kept partners updated on policy priorities and each other's work, helping them stay aware of policy changes and identify new resources to share with families.**
- **A shared vision and mission—co-created by families, community leaders, state agencies, providers, and others—gave partners a common foundation for aligning their work.**

Resources

Cross-Sector Engagement Tool. This fillable worksheet helps early childhood leaders identify, prioritize, and engage the cross-sector partners needed to advance systems change at the state and community levels.

Early Childhood Systems Building Resource Guide: Understanding Systems Building. For state and territory leaders new to early childhood systems building, this introductory guide defines what a system is, outlines the five areas that systems initiatives typically target, and reviews common approaches and themes across systems-building models. Linked resources help readers assess strengths and opportunities within their own system.

Metrics

 # Number of sectors actively engaged (e.g., contribute at a defined frequency through participation, collaboration, decision-making, or shared action) in the system's cross-sector governance body.

Y/N The cross-sector governance body has established and maintains a shared agenda, aligned goals across partners, and documented policies or procedures to guide its work with these reviewed or updated at least annually. *Assess Yes/No for each element.*



Priority Area 3: Data-Informed Decision-Making

This priority area focuses on how systems build the agreements and tools needed to use data as a shared resource for coordination, learning, and improvement.

The problem. Data in early childhood systems are often siloed within individual organizations or programs. Data-sharing agreements and integrated systems are frequently absent. Data collection often reflects funder or institutional priorities rather than the questions and outcomes that matter most to families and communities.

Why it matters. When decision makers cannot see across their own system boundaries, children fall through the gaps between referral and service, and improvement efforts lack the shared evidence base needed to drive meaningful change for children and families.

Strategies

Build and align data infrastructure within and across organizations

Partner with families and community leaders across the data lifecycle

Conduct cross-sector continuous quality improvement projects

The opportunity. When data functions as a shared resource across programs and organizations, the entire system benefits. Providers spend less time on duplicative data entry, families navigate programs more smoothly, and decision makers gain the accurate and timely information needed to drive meaningful improvement. States and communities that invest in shared data infrastructure and engage families and community leaders in shaping it are better positioned to track outcomes, close gaps, and make the case for what works.

Strategy: Build and align data infrastructure within and across organizations in the early childhood system so all partners can use data for coordination, improvement, and decision-making.

In Action: Washington

The need. Washington recognized the need to understand available data to support the evaluation of its early childhood system and to make that data accessible to state and local decision makers.

Actions taken. The Washington ECDHS Implementation Site assessed data needs and assets by convening evaluators across state early childhood initiatives to identify shared metrics for systems-level evaluation and storytelling, while partnering with local organizations to define outcomes, measures, and data sources supporting ECDHS pilot projects. With support from their Early Childhood Comprehensive Systems technical assistance providers, the team hosted office hours on system evaluation to help partners establish shared priorities, align metrics, and strengthen data-sharing practices to better understand how various initiatives are advancing the early childhood system. Partners also contributed data and expertise to support the implementation and evaluation of state-level efforts, including the state's Early Learning Coordination Plan and Prenatal to Three Coalition activities.

Results. A key priority was sharing data with partner communities to support decision-making and close the data feedback loop. This produced two resources: (1) an inventory of state and local child and family health data, including contextual and experiential information on community strengths and opportunities and (2) an online story map for partner communities to use to identify future priorities, strengthen partnerships, and apply for additional funding. The team is also developing a Child Health Data Dashboard featuring county-level data on health outcomes, health-related social needs, and available supports.

What Made It Work?

- **Incorporating data and evaluation from the start of ECDHS implementation and using data continuously throughout the initiative with iterative learning drove quality improvement.**
- **Co-design with communities and partners was used to develop community-informed tools.**
- **Aligning, coordinating, and sharing data across ECDHS community partners and related state initiatives strengthened collaboration and consistency.**

Resources

Change Package for Community Health Centers Part 2: Early Childhood Developmental Surveillance and Screening. These ten actionable ideas strengthen developmental surveillance and screening, including suggestions to improve and streamline electronic health records.

Early Childhood Integrated Data Systems Toolkit. This toolkit helps state teams plan, develop, or enhance their early childhood integrated data systems. It is organized around seven components: purpose and vision, project planning and management, engagement, data governance, system design, data use, and sustainability.

The 10 Fundamentals of Coordinated State Data Systems. This research brief details 10 fundamental elements that support the utility of a state early childhood data system.

Metrics

Y/N The system conducted a data needs or asset assessment to identify available data across the early childhood system. *Assess Yes/No and review or update annually.*

 # Number of shared data products, tools, or resources made available to partners to support coordination, improvement, or decision-making.

Strategy: Partner with families and community leaders across the data lifecycle, so data reflects community priorities and informs decisions and practice changes that are meaningful to families.

In Action: Massachusetts

The need. While Massachusetts has long engaged families to strengthen early childhood systems at the state level, local providers were less likely to engage families to inform care. As a result, providers had limited insight into families' experiences with screening, referrals, and service navigation, making it harder to identify and address delays early.

Actions taken. Building on a Family Partner model established through federal Project LAUNCH funding, Massachusetts sought to expand Family Partners, trained professionals who draw on their experience as caregivers parenting young children, into more pediatric practices. Family Partners participated in all steps of the data lifecycle through quality improvement, helping care teams identify priorities, review and interpret data, challenge assumptions, and assess how proposed changes would affect families. PDSA and reporting templates reinforced this approach by documenting when and how family voice informed tests and strategies. A Family Advisory Committee (FAC) of caregivers from participating practices provided an additional channel for reviewing proposed changes and identifying where provider assumptions did not align with families' experiences.

Results. Family input helped pediatric practices rethink their assumptions and improve processes, including how they introduced, explained, and followed up on developmental screening. With Family Partners and the FAC involved in reviewing data and shaping changes, improvements were more responsive to family priorities, leading to more meaningful, family-centered pediatric care.

What Made It Work?

- **Pediatric practices were prepared for the Family Partner role by securing pediatric clinical champions, clearly defining the role, and providing clinical and reflective supervision.**
- **Training on continuous quality improvement and the data process was provided upfront to the Family Partners and the FAC, with access to a peer resource to address questions.**
- **Trust was built with families through transparent communication and by consistently sharing how family input was used.**

Resources

Change Package for Health Centers Surveillance and Screening Change Idea: Establish a Family Advisor Role to Inform and Co-design Developmental Surveillance and Screening Processes. This structured guide walks through the five steps needed to establish a family advisor role: get ready, plan and practice, review and refine, expand, and sustain.

Data Resources for Families. This resource library helps families understand the importance of data and how their data are used and organized around three areas: understanding data systems, how families are included in data system processes, and how data are shared with families.

Hosting a Data Walk Tool. This facilitation guide describes how to host a structured, interactive process in which community residents, service providers, and other partners review and interpret data together in small groups to build shared understanding and use various perspectives to inform community action.

Metrics

 # Number of state and local data governance bodies or continuous quality improvement teams that include at least one compensated family or community member with defined roles in data interpretation, decision-making, and ensuring transparency in how data are used and shared.

Strategy: Conduct cross-sector continuous quality improvement (CQI) projects to improve coordination, reduce inefficiencies, and achieve better outcomes for children and families.

In Action: Chickasaw Nation

The need. Chickasaw Nation partners including the Department of Health, Division of Public Health and Department of Family Services, Integrated Services observed that pediatric sites were independently implementing HealthySteps and missing an opportunity to work together. Partners needed a familiar framework that practices already valued to provide a natural pathway to collaboration and consistent feedback on implementation progress.

Actions taken. Partners identified the common practice of CQI as a tool to improve coordination across pediatric and family services. Chickasaw Nation established a Champions workgroup of HealthySteps Specialists, pediatric clinic staff, and partners from the Division of Public Health and Department of Family Services to plan and implement CQI projects. Shared CQI metrics provided a structure for formalized partnerships around common goals, while encouraging all implementation site staff to take an active role. The workgroup stayed connected through a shared message board and concise meeting summaries and maintained flexible agendas to respond to emerging priorities. Each month, members reviewed select HealthySteps fidelity metrics and other data to identify CQI opportunities. Rising rates of food insecurity, for instance, emerged as a common concern. While practices served families from surrounding counties, food resource lists were limited to each clinic's immediate location. Practices developed a CQI project to expand the counties covered and understand the frequency of needed updates in their resource lists.

Results. Chickasaw Nation's cross-sector CQI approach demonstrates that staying curious and adapting as understanding evolves can uncover root causes and drive better outcomes for children and families. Over time, practices adopted quarterly updates to food resource lists that covered a broader geographic area, and families, in turn, reported lower rates of food insecurity.

What Made It Work?

- **Creating a consistent, open space made CQI participation easy, regardless of CQI knowledge, experience, position, or availability.**
- **Identifying CQI topics helped illuminate early successes to build momentum and buy-in with a mindset that the project is successful as long as you learn something.**

Resources

CQI Toolkit: A Resource for Maternal, Infant, and Early Childhood Home Visiting Program Awardees. This nine-module toolkit helps programs build CQI capacity. Each module includes facilitation guides, slides, and hands-on participant activities covering core CQI concepts and methods.

Rapid Learning: Methods to Examine and Improve Social Programs. This report and video presentation introduces rapid learning methods, including a definition, a framework of questions for designing a rapid learning approach, and suggested steps to promote iterative, data-informed program improvement.

Partnering With Families in CQI: The Maternal, Infant, and Early Childhood Home Visiting Program. This tip sheet outlines a continuum of stages and strategies for engaging participants and families in CQI efforts, ranging from ad-hoc engagement, such as surveys and focus groups, to family leadership roles such as leading or co-leading improvement initiatives.

Metrics

% **Percentage of CQI projects** completed in the past year that included active participation from two or more sectors.

% **Percentage of CQI-tested changes** in place 6 months after implementation



Priority Area 4: Flexible Funding Approaches

This priority area focuses on how early childhood systems can align and make better use of the funding streams that support children and families.

The problem. Funding for early childhood developmental health is spread across programs with different eligibility requirements, reporting demands, and priorities. Fee-for-service payment models are poorly aligned with preventive and relationship-based care, and many smaller community-based organizations lack the administrative infrastructure to access funding.

Why it matters. When payment models prioritize reactive treatment for diagnosed conditions rather than preventive, relationship-based care across communities, the systems that families depend on remain underfunded and difficult to sustain over time.

The opportunity. Early childhood systems have multiple funding streams that can be strategically aligned to improve outcomes. States and communities that educate on the cost-effectiveness and benefits of prevention, blend and braid funding across programs, pursue value-based payment models, and reduce administrative barriers for smaller organizations can sustain preventive, relationship-based care and direct more resources to the families and communities that need them most.

Strategies

Promote value-based payment models for relationship-based care

Blend and braid funding to support and sustain the early childhood service system

Direct resources to community-driven work

Strategy: Promote value-based payment models supporting preventive, relationship-based care through child-focused incentive metrics.

In Action: Oregon

The need. Pediatric primary care plays a critical role in addressing young children's medical and social needs. Value-based payment models incentivize specific types of care and activities when providers achieve targets for selected performance metrics. State and national health care performance metrics typically focus on standard preventive services, such as well-child visits, screenings, and immunizations. Such metrics do not capture access to or provision of the full range of intervention services needed for young children.

Actions taken. The Oregon Pediatric Improvement Partnership (OPIP) developed a performance metric adopted by Oregon's Medicaid health plan to incentivize improvements in developmental services for young children. OPIP-supported learning collaboratives with local primary care providers informed the metric by intensively examining family experiences, practice quality data, and frontline provider perspectives to gain a robust understanding of family access to developmental services. OPIP also provided site-level implementation support and workflow standardization to help practices build capacity for on-site early childhood developmental services, including hiring and training integrated behavioral health clinicians and community health workers. Practices then implemented social-emotional screening and standardized referral and follow-up processes. The resulting metric measures the percentage of Medicaid members ages 1–5 who receive social-emotional intervention or treatment services, with practices earning increased payments for meeting improvement targets.

Results. All participating pediatric practices adopted social-emotional screening, improved screening rates, and increased the number of children receiving follow-up intervention services

What Made It Work?

- **Adopting the principle that children are the North Star ensured metrics and efforts were aligned with what children need.**
- **Measuring and incentivizing needs that emerged from families, providers, and practice data led to value-based payments tied to metrics that were important to all.**
- **Prioritizing billable and reimbursable services was essential to sustainability.**

Resources

Financial Sustainability Action Sheet for Practice-Level Early Childhood Strategies. This fillable planning tool helps states and communities assess and pursue financing approaches for sustaining early childhood developmental health services in pediatric practice settings, spanning Medicaid, value-based payment, and federal and non-federal funding sources.

Integrated Care for Kids (InCK) Model: Evaluation Report 2. This federally commissioned evaluation report documents how seven InCK Model award recipients designed and implemented alternative payment models for Medicaid-enrolled children and youth aged 0 to 20, including each site's payment structure, quality measures, financial incentives, and implementation challenges. Readers interested in real-world pediatric alternative payment model design and implementation should focus on Chapter 3.

Metrics

 # Number of early childhood developmental health programs or services that earn incentive payments through a value-based payment arrangement.

Strategy: Blend and braid federal, state, and local funding to support and sustain the early childhood service system.

In Action: Maui County

The need. Funding for early childhood services is often limited. Organizations serving young children and their families frequently compete for funding in an uncoordinated manner, leaving each with insufficient funds to meet the needs of children and families.

Actions taken. As community organizations strengthened their relationships through membership in Kākou for Keiki (K4K), a community collaborative in Maui County, Hawai'i, partners recognized opportunities to combine efforts to honor their shared vision and goals for young children in the county. They used their collaborative meetings to share funding opportunities each partner planned to pursue and to co-develop programming that no single entity could achieve on its own. Together, K4K identified the best match for each opportunity and strategized how to partner on each to support cross-sector efforts. Members began integrating K4K into their grants across funders, and K4K formalized its fiscal sponsorship with Maui Family Support Services, Inc. to continue pursuing grant opportunities as a collaborative. Each member organization could then contribute in ways that fit its capacity without becoming overextended.

Results. K4K has successfully braided federal, state, and county funding throughout the ECDHS grant period to support K4K activities. Its member organizations have collaborated on deliverables for several entities, including the Preschool Development Grant, Early Head Start, the American Academy of Pediatrics, and the Maui County Office of Economic Development, among others.

What Made It Work?

- **Trust and integrity in cross-sector relationships grew through individual connections that evolved into organization-level collaboration.**
- **Regular meeting spaces fostered connections and strengthened them over time, with enough structure in place to strategize effectively.**
- **Having a coordinator to hold the structure in place between meetings and across partners allowed members to focus on what they do best (the service delivery) without having to also manage the backbone operations.**

Resources

Medicaid and Title V: Considerations When Braiding Funds. This brief provides an overview of Medicaid and the Title V Maternal and Child Health Block Grant programs and practical considerations for braiding funds across the two sources, including identifying shared goals, understanding each program's scope and eligibility, addressing administrative challenges, and aligning policies and reporting requirements.

Metrics

 # Number of distinct federal and state funding streams actively braided or blended to support a single early childhood initiative.

Braiding Federal Funding to Expand Access to Quality Early Care and Education and Early Childhood Supports and Services: A Tool for States and Communities. This tool helps states and local communities navigate the process of braiding, blending, and layering multiple federal funding streams for early care and education. It covers eight key aspects of the process from identifying funding streams and aligning eligibility requirements through developing governance structures and supporting braiding at the provider level. This tool focuses specifically on early childhood education funding streams, and users seeking to braid funding more broadly across health, home visiting, and other early childhood services may need to adapt its guidance.

Strategy: Direct resources to community-driven work through collaborative contracting approaches to position communities as the drivers of change.

In Action: Washington

The need. Contracting processes can be complex and time-intensive for states and community-based organizations. This can delay implementation, limit participation by smaller organizations, and reduce the time and resources available for community-driven early childhood systems work.

Actions taken. To advance ECDHS goals, Washington used a collaborative contracting approach grounded in co-design, shared decision-making, transparency, and communication, building on lessons from the Early Childhood Comprehensive Systems initiative. The Core Implementation Team (CIT) established the overall ECDHS approach and expectations and contracted with statewide community-based organizations to support county-level partners. The CIT then collaborated with interested communities to co-design strategies, timelines, and deliverables tailored to local contexts. Communities with the necessary infrastructure submitted proposals, which the CIT reviewed for alignment with ECDHS. Once proposals and budgets were finalized, statewide organizations worked directly with county-level partners to develop and execute contracts that reflected local contexts while advancing shared goals, strategies, and outcomes.

Results. This collaborative contracting model strengthened partnerships throughout the contracting process, accelerated the flow of resources to communities, and helped focus time and resources on community-driven early childhood systems work. It also made implementation more efficient by aligning activities and reporting with local goals, rather than requiring communities to carry out state-directed work.

What Made It Work?

- **Trusted relationships and existing infrastructure supported a coordinated, community-responsive contracting process.**
- **Community-based partners helped shape contract statements of work, ensuring deliverables and timelines reflected local priorities, capacities, and implementation contexts.**
- **State partners supported a shared framework and provided guidance while working alongside communities to advance ECDHS goals in alignment with local contexts.**

Resources

Results-Driven Contracting: An Overview. This brief provides an overview of results-driven contracting, a continuum of practice that includes identifying specific goals to be achieved by a key procurement; aligning procurement vehicles, contract types, and requirements with these goals; and measuring the outcomes, impacts, and/or cost-effectiveness of contracted activities. It describes the continuum and offers best practices for procurement.

Metrics

 # Number of communities or community-based organizations receiving funding or subawards to implement community-defined activities.

Time from award receipt to execution of community agreements or subawards.

Conclusion

Early childhood systems have the potential to give every young child a strong start. But this potential depends on families, programs, providers, and other partners working together strategically to envision and build a well-functioning system. No single program or partner can succeed alone. Progress requires shared ownership, coordinated infrastructure, and sustained commitment across sectors. Our children deserve no less.

This resource shares tested strategies that local and state systems can adopt and adapt to enhance their efforts in promoting early childhood developmental health. Recommended strategies are built *with* families and communities rather than *for* them, drawing on lessons learned through implementation across a range of states and communities. Key takeaways offer foundational values for all early childhood systems to consider—from those just starting a collaborative effort to those already making great progress in helping young children flourish.

Making space for all voices takes time and can feel overwhelming. Work with all partners to set realistic expectations, embrace incremental change, and celebrate your progress.

Keys to Success

- **Start Small and Grow**. Begin where your system is. Test strategies at a small scale, learn from what you find, and build from there.
- **Center Families**. Partner with families as co-designers and decision-makers from the outset. Authentic family engagement makes all other strategies more effective.
- **Sustain Collaboration**. Build structures to sustain collaboration. Shared governance, cross-sector agreements, and backbone supports move the system beyond individual relationships and toward collective impact.
- **Share Data**. Treat data as a shared resource and an essential component of your work. When partners across programs and organizations have access to the same information, they can coordinate referrals, track outcomes, and drive improvement together.
- **Leverage Funding for Efficiency**. Pursue flexible funding approaches that make better use of existing resources across programs, reduce administrative burden on smaller community-based organizations, and sustain the preventive, relationship-based care families need.

Looking Forward

This resource brings together wide-ranging systems efforts across states, communities, and Tribes, yielding meaningful, measurable progress for children and families. Yet there is still more to learn about how to strengthen and sustain these efforts. Three areas for future learning include:

1. **How to shift mindsets** among systems leaders, providers, and partners toward genuine family-centered care (e.g., shared decision-making and co-design with families),
2. **What financing structures best promote** preventive, relationship-based early childhood developmental health care, and
3. **How to build, retain, and fairly compensate** the early childhood workforce that makes this work possible.

State and local leaders can also build on these areas by partnering with programs funded by Title V; the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program; Transforming Pediatrics for Early Childhood (TPEC); Early Childhood Comprehensive Systems (ECCS); the Infant-Toddler Court Program (ITCP); and Individuals with Disabilities Education Act (IDEA) Parts B and C. Each brings distinct expertise, resources, and relationships to early childhood systems work. States can join governance bodies, build shared data infrastructure, and align funding where program requirements allow. Local systems can standardize referral processes, conduct cross-sector CQI projects, and engage home visiting, early intervention, pediatric, and other system partners. The Aligning Early Childhood Systems: Ten Recommendations and a Roadmap for Action is an excellent resource to help partners coordinate more strategically while still maintaining their distinct roles. Deeper alignment, including greater attention to children and youth with special health care needs, can accelerate progress on all three priorities above and build toward a more coordinated, sustainable system that supports every child and family.

The earliest years offer a window of opportunity to support a lifetime of health and wellbeing. Investing in coordinated, family-centered early childhood systems does not just improve services today; it shapes children's trajectories for years to come.



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About the Early Childhood Developmental Health Systems (ECDHS): Evidence to Impact Center

The Health Resources and Services Administration (HRSA) at the U.S. Department of Health and Human Services (HHS) launched the Center to improve the health and well-being of young children and their families. The Center provided technical assistance, resources, and expert support to three ECDHS implementation sites and eight Transforming Pediatrics for Early Childhood (TPEC) Hubs. Strategies and examples in this resource emerged from the Center's collaborative work with state, community, and Tribal teams. Learn more about the ECDHS: Evidence to Impact Center's work.

Appendices

Appendix A. References

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Appendix B. Resources and Tools

This appendix compiles foundational resources, select ECDHS: Evidence to Impact Center resources, and the tools and resources referenced throughout this resource. Each entry lists the resource name, the organization that developed it, and a brief description to help you decide whether it fits your system.

A Pathway for Sustaining Community Health Workers In Pediatric Primary Care In Washington | Health Management Associates. This policy brief and case study examines how pediatric practices can sustain community health workers, including an analysis of Washington state's Medicaid community health worker benefit; the billing code challenges that limit payment; and four funding pathways practices can pursue: enhanced screening payment rates, commercial insurance, value-based payment for evidence-based models, and regional care coordination funding.

Aligning State Agencies to Support Better Health and Well-Being in Early Childhood and Across the Lifespan | Center for Health Care Strategies. This brief describes a nine-step framework, detailed further in the companion resource A Framework for Aligning State Systems to Improve Health and Well-Being Outcomes, that state agencies can use to align early childhood and Medicaid systems. Drawing on examples from 13 states, it walks through practical steps including establishing conditions for collaboration; engaging families and community partners; mapping current systems and funding; identifying levers for change such as policy, financing, and data; and monitoring impact over time.

Backbone Support Assessment Worksheet | Forum for Youth Investment. This rating tool helps partnerships evaluate and select backbone support organizations. Teams score candidate organizations on a 1 to 5 scale across 15 attributes, including vision, alignment, convening, measurement, accountability, and fund development. Five of these align with Kania and Kramer's widely cited "Six Activities of Backbone Support Organizations."

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 | Mathematica. This tool helps states and local communities navigate the process of braiding, blending, and layering multiple federal funding streams for early care and education. It covers eight key aspects of the process, from identifying funding streams and aligning eligibility requirements to developing governance structures and supporting braiding at the provider level. This tool focuses specifically on early childhood education funding streams; users seeking to braid funding more broadly across health, home visiting, and other early childhood services may need to adapt its guidance.

Change Package for Community Health Centers: Integrating the Early Childhood Development Continuum of Care in Clinical Practice | ECDHS: Evidence to Impact Center. This change package provides community health centers and pediatric practices with an evidence-informed set of actionable ideas for integrating the Early Childhood Development Continuum of Care, focusing on promotion and prevention, surveillance and screening, care coordination and linkage, and early intervention. It includes a key driver diagram and tools to guide testing and scaling of changes.

Collective Impact Toolkit | Tamarack Institute. Originally defined by Kania and Kramer in the Stanford Social Innovation Review (2011), this framework identifies five conditions necessary for cross-sector coordination to achieve large-scale change: a common agenda, shared measurement, mutually reinforcing activities, continuous communication, and a backbone support organization. This toolkit expands the framework into a practical, chapter-by-chapter guide for applying each condition.

Comprehensive Early Childhood System-Building: A Tool to Inform Discussions on Collaborative, Cross-Sector Planning | Early Childhood Systems Working Group. This facilitation and planning tool helps state and community leaders build a comprehensive early childhood system across health, early learning, and family support. It outlines six strategies to improve system functioning: recruit and engage partners, coordinate leadership, finance strategically, align standards, support improvement, and ensure accountability, each with a set of considerations to guide planning conversations.

Conceptualizing and Measuring Collaboration in the Context of Early Childhood Care and Education | Child Trends. This research brief presents a logic model for understanding cross-sector collaboration in early care and education, covering inputs (i.e., stakeholder commitment, design components); process components (e.g., norms, authenticity, support); and outcomes at the state, service, and family/child levels. It also reviews 32 existing measures of collaboration from health care, public administration, and psychology. Only one measure was developed specifically for early childhood, and reliability or validity data are incomplete for roughly half.

Continuous Quality Improvement Toolkit: A Resource for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Awardees | Design Options for Home Visiting Evaluation, James Bell Associates. This nine-module toolkit was prepared for the U.S. Department of Health and Human Services, the Health Resources and Services Administration, and the Administration for Children and Families to help MIECHV Program awardees and other early childhood and human service programs build continuous quality improvement capacity. Each module includes a facilitation guide, presentation slides, and hands-on activities. The modules cover core concepts: using data to identify improvement topics, building a team and culture of continuous improvement, setting specific and measurable goals, applying the Plan-Do-Study-Act process, process mapping, and sustaining gains over time.

Cross-Sector Engagement Tool | ECDHS: Evidence to Impact Center. This fillable worksheet helps early childhood leaders identify, prioritize, and engage the cross-sector partners needed to advance systems change at the state and community levels. Teams can use it to map current partnerships, assess mutual value and engagement levels, and identify potential obstacles to collaboration.

Data Resources for Families | DaSy: The Center for IDEA Early Childhood Data Systems. This curated collection of resources, drawn from DaSy and partner organizations across the early intervention and early childhood field, helps families understand why data matter and how their data are used. Resources are organized around three areas: understanding data systems, how families are included in data system processes, and how data are shared with families.

Developmental Promotion Playbook | Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN). This home visiting resource includes a key driver diagram, a change package of tested strategies and linked examples, and a measurement system to guide developmental screening, referral, and follow-up practices. Organized around four primary drivers—standardized screening, workforce competency, community referral connections, and data tracking—it includes 10 measures teams can use to track progress toward improving timely developmental support.

Early Childhood Integrated Data Systems Toolkit | **Statewide Longitudinal Data Systems Grant Program State Support Team.** This toolkit helps state teams plan, develop, or enhance their early childhood integrated data systems (ECIDS). It includes a self-assessment tool; background guidance; and best-practice resources organized around seven components: purpose and vision, project planning and management, stakeholder engagement, data governance, system design, data use, and sustainability. The toolkit also addresses how to align ECIDS work with a state's broader P-20W+ system, a statewide data system spanning early childhood through postsecondary education and the workforce.

Early Childhood Social-Emotional Development Billing and Coding | **ECDHS: Evidence to Impact Center.** This guide helps pediatric providers screen for social-emotional development concerns during well-child visits. It includes a table of billing and diagnosis codes for screening perinatal depression, developmental, autism, and social-emotional and social driver concerns in children aged 1 month to 5 years, along with case vignettes that show how to apply the codes in practice.

Early Childhood Systems Building Resource Guide: Understanding Systems Building | **Child Care State Capacity Building Center**. This introductory chapter of the Early Childhood Systems Building Resource Guide orients state and territory leaders new to systems building. It defines what a system is, outlines the five areas systems initiatives typically target, and reviews common approaches and themes across systems-building models. Linked resources help readers assess strengths and opportunities within their own system.

Family Engagement in Systems Assessment Tool (FESAT) | **Family Voices.** This structured assessment measures how family engagement is integrated into system-level initiatives. Staff and family leaders can complete the assessment together and use the results to identify strengths and opportunities to strengthen family engagement practices.

Family Leadership Toolkit | **Pennsylvania Office of Child Development and Early Learning.** This practical toolkit helps state-level professionals and family leaders build and sustain family leadership. It is organized around seven building blocks—communication, recruitment, orientation, training, engagement and retention, compensation, and measurement and evaluation. Each building block includes recommended practices, a best practices checklist, and sample tools drawn from Pennsylvania's experience.

Financial Sustainability Action Sheet for Practice-Level Early Childhood Strategies | **ECDHS: Evidence to Impact Center.** This fillable grid, originally developed for teams funded by the TPEC program, helps state and community teams sustain early childhood development services in pediatric practice settings. Teams research and assess financing approaches for feasibility in their state, then use the grid to document a policy priority and an action plan for pursuing approaches fitting their context.

Getting Started Guide: Implementing a Screening Process | **ECDHS: Evidence to Impact Center**. This fillable, step-by-step worksheet helps pediatric practice teams design a screening workflow tailored to their practice and the families they serve. It walks teams through seven steps, from identifying current screening tools and a practice champion to mapping the workflow, engaging staff, and connecting with program supports.

Gives, Gets, and Constraints Tool | **Tamarack Institute**. This structured reflection tool helps newly formed cross-sector teams identify individual and organizational contributions, needs, and limitations and envision what success looks like before defining a shared vision. The tool ensures each member's hopes and constraints are heard and integrated into team goals and working principles.

Hosting a Data Walk Tool | **Tamarack Institute.** This facilitation guide focuses on hosting a data walk, a structured process originally developed by the Urban Institute, in which community residents, service providers, and other partners rotate through small-group stations to review data, discuss its meaning, and connect their insights to community action. The guide covers setting goals, selecting participants, choosing a manageable set of data points, writing discussion questions, and facilitating dialogue and reflection. It also includes a real-world example.

Integrated Care for Kids (InCK) Model: Evaluation Report 2 | **Abt Associates.** This federally commissioned evaluation report documents how seven InCK Model award recipients designed and implemented alternative payment models for Medicaid-enrolled children and youth aged 0 to 20 years, including each site's payment structure, quality measures, financial incentives, and implementation challenges. Readers interested in real-world pediatric alternative payment model design and implementation should focus on Chapter 3.

Integrating Behavioral Health and Primary Care Playbook | **Agency for Healthcare Research and Quality.** This collection of practical resources helps health care teams integrate behavioral health services into their practice, from initial planning through implementation, financing, and outcome tracking. It also includes a self-assessment checklist to gauge readiness before starting.

Mapping Partnerships to Engage Families Tool | **Family Voices.** This worksheet is helps organizations identify existing family engagement groups, assess their capacity and alignment with agency goals, and prioritize partners for deeper collaboration. Teams work through the steps of identifying existing groups; analyzing organizations' missions and readiness; mapping relationships to agency goals; prioritizing engagement levels; and recording each partner's contact information, type of influence, and their roles along a continuum from inform to co-create.

Medicaid and Title V: Considerations When Braiding Funds | **Center for Health Care Strategies.** This brief provides an overview of the Medicaid and Title V Maternal and Child Health Block Grant programs and practical considerations for braiding funds across the two sources, including identifying shared goals, understanding the scope of each funding source, assessing perceived obstacles to braiding, and aligning policies and reporting requirements.

Parent, Family and Community Engagement Framework for Early Childhood Systems Assessment Workbook | **National Center on Parent, Family, and Community Engagement**. This team-based tool is designed to assess family engagement across seven early childhood system components and build an action plan from the findings. Use it to understand where your system currently stands before identifying co-design priorities.

Partnering With Families in Continuous Quality Improvement | **Design Options for Home Visiting Evaluation, James Bell Associates.** This tip sheet for MIECHV Program awardees focuses on partnering with participants and families in continuous quality improvement efforts. It presents a continuum of stages and strategies, adapted from a scale developed by Cincinnati Children's Hospital and Medical Center, ranging from ad-hoc engagement, such as surveys and focus groups, to family leadership roles such as leading or co-leading improvement initiatives.

Person and Family Engagement Toolkit: A Guide for Measure Developers | **Centers for Medicare and Medicaid Services (CMS)**. This step-by-step guide helps organizations engage patients, families, caregivers, and consumers in the development of health care quality measures. It walks developers through strategic planning, selecting an engagement approach, recruitment, onboarding, facilitation, and follow-up. It also includes ready-to-use templates, planning tools, and work examples throughout.

Rapid Learning: Methods to Examine and Improve Social Programs | **Office of Planning, Research, and Evaluation, Administration for Children and Families.** This report and companion video introduce rapid learning methods for testing and improving social programs. They define rapid learning, offer a framework of questions to help design the right approach for a given program, and outline steps federal agencies can take to integrate effective rapid learning into evaluation and improvement efforts.

Results-Driven Contracting: An Overview | **Government Performance Lab, Harvard Kennedy School.** This brief provides an overview of results-driven contracting, a continuum of practice that includes identifying specific goals for a key procurement; aligning procurement vehicles, contract types, and requirements with those goals; and measuring the outcomes, impacts, and/or cost-effectiveness of contracted activities. It describes a six-stage maturity model for advancing procurement practice and offers best practices to improve competition, staffing, accountability, and regulatory efficiency.

Strengthening Early Childhood Systems: Applied Strategies From the Water of Systems Change Framework | **ECDHS: Evidence to Impact Center.** Grounded in the Water of Systems Change framework, this resource series outlines strategies for six interconnected conditions to drive meaningful and lasting early childhood systems change: policies, practices, resource flows, relationships and connections, power dynamics, and mental models. Each resource offers research- and expert-informed strategies, along with practical actions that state and local health systems can use to support early childhood developmental health.

The 10 Fundamentals of Coordinated State Data Systems | **Child Trends**. This research brief details 10 fundamental elements of a coordinated state early care and education data system: a unique child identifier, child-level demographic and developmental data, the ability to link to K-12 and other systems, a unique program site identifier, program site quality data, a unique workforce identifier, workforce demographic and professional development data, a state governance body, and transparent privacy and security policies.

The Water of Systems Change | **FSG.** This framework identifies six conditions that shape how systems function, organized across three levels: structural (policies, practices, resource flows), semi-explicit (relationships, power dynamics), and implicit (mental models). The framework argues that lasting systems change requires shifting conditions at all three levels, not just the most visible ones, and that funders and other change agents should examine how their own practices and assumptions contribute to the systems they aim to change.

Transforming Pediatrics: Embedding the Early Childhood Development Continuum of Care in Clinic Operations | **ECDHS: Evidence to Impact Center.** This toolkit offers a range of tools (e.g., workflows, billing guidance, strategies for building community relationships) to help pediatric practices operationalize the Early Childhood Development Continuum of Care, which focuses on promotion and prevention, surveillance and screening, care coordination and linkage, and early intervention.

Transforming Pediatrics for Early Childhood: Developing Sustainable Policy, Financing, and Payment Strategies | **ECDHS: Evidence to Impact Center.** This toolkit offers practical resources to help organizations finance programs and strategies that support the health of young children. The toolkit can be used by early childhood professionals and teams, such as health department administrators and program managers, who support pediatric practices to advance early childhood developmental services.

Transforming Pediatrics for Early Childhood: Elevating Family Engagement, Leadership, and Storytelling in Clinical Practice | **ECDHS: Evidence to Impact Center.** This toolkit brings together practical strategies and resources to help pediatric care teams foster authentic partnerships with families. The toolkit is organized into common steps a clinic might take on its journey to strengthen family engagement, leadership, and storytelling.

Transforming Pediatrics for Early Childhood: Illustrative Financing and Payment Mechanisms | **ECDHS: Evidence to Impact Center.** This report highlights strategies used by states, Tribal Nations, and communities to operationalize and finance individual components of the Early Childhood Development Continuum of Care. These include promotion and prevention, surveillance and screening, care coordination and linkage, and early intervention. The report includes examples of how programs have structured, funded, and scaled components of the continuum. It also examines broader health care financing mechanisms.

Appendix C. Approach to Developing This Resource

The ECDHS: Evidence to Impact Center developed this collection of strategies through a participatory process. The goal was to hear directly from implementers, including state, local, and family leaders, rather than to build this resource solely from the Center's perspective.

The process began with a concept mapping project in the summer of 2025. Family leaders and representatives from ECDHS Implementation Sites, TPEC Hubs, and community health centers first completed a free listing activity, in which they listed as many responses as they could to the prompt, "What are the components necessary to build and support an early childhood developmental health system?" This activity generated 88 concepts. Participants then sorted and rated these concepts for importance and feasibility. The Center used Group Wisdom software to map the results. The Center then held five virtual discussions, two with community health centers and three with ECDHS Implementation Sites and TPEC Hubs, to review the results together and interpret their meaning.

At the beginning of 2026, the Center's evaluation staff examined the gap between the importance and feasibility ratings for each concept. Concepts with a gap of 1 point or more on a 5-point scale emerged as areas where the field saw a high need but faced real barriers to action. The Center grouped these concepts thematically, resulting in 11 groups for further exploration.

The Center reviewed each group against findings from the Center's learning agenda, including an evidence compendium; literature reviews; site-level data; and focus groups and interviews with pediatricians, community leaders, and family leaders. This review narrowed the 11 groups to 5 candidate priority areas: Meaningful and Continuous Family Engagement; Availability, Access, and Integration of Services; Shared Governance and Infrastructure; Flexible Funding Approaches; and Data Sharing and Informed Decision-Making. The Center and HRSA agreed to integrate family engagement more fully throughout the remaining priority areas rather than treat it as a standalone area. Priority area names and strategy language continued to evolve throughout this process; the current names appear throughout this resource.

In the spring of 2026, after presenting several candidate strategies for each priority area, Center partners collaborated to consolidate strategies, identify relevant field-based examples, and identify resources across the four priority areas. Partners reviewed the strategies and provided feedback; some contributed more directly by identifying resources and examples from ECDHS Implementation Sites and TPEC Hubs. Representatives from each Center partner organization served on a Blueprint Advisory Workgroup throughout this process.

Finally, in the summer of 2026, the Center engaged site representatives to confirm the accuracy of examples, gather additional implementation details, and collect insights into the factors that influenced state and community success in implementing each strategy within its specific context.