Helping Communities and States Promote Healthy Child Development
HELPING COMMUNITIES AND STATES PROMOTE HEALTHY CHILD DEVELOPMENT

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Acknowledgements

The Placed-Based Initiatives to Promote Healthy Child Development: Communities of Practice Project is a national initiative funded by Nemours, The California Endowment and an anonymous donor. Its purpose is to create a learning community of innovative and exemplary cross-sector children’s initiatives to identify promising policies and practices for replication at the state and local level. This policy paper, an outcome of this project, was written by Karen VanLandeghem, a health policy and program consultant to the Project. Debbie Chang, Jennifer Bonney, Amy Fine, Anne DeBiasi, Robert Phillips and Ann Segal provided invaluable guidance and input into the development of the policy paper. Many thanks are extended to the leaders of the state and local level initiatives that are participating in the project who took time out of their busy schedules to review and comment on this document: Uma Ahluwalia, Gwen Angalet, Tana Ebbole, Mark Friedman, Cathlin Gray, Jodi Hardin, Alyce Mastrianni, and Judith Meyers. Finally, many thanks to Bill Bentley and Joanna Bogin for their thoughtful insights and review.
HELPING COMMUNITIES AND STATES PROMOTE HEALTHY CHILD DEVELOPMENT

EXECUTIVE SUMMARY

Our nation is experiencing an unprecedented opportunity for promoting healthy child development and well-being. There is a renewed focus on the unique needs of children and their families, ongoing recognition of the early years as being a critical foundation for healthy child development, and reforms in key systems such as health care and education. At the same time, states and communities are experiencing dramatic demographic changes with greater numbers of families living in or near poverty, influxes in the number of immigrant families, and increases in those who are uninsured or underinsured. Furthermore, many children experience poor health and education outcomes in spite of our nation’s wealth and investments. Childhood chronic diseases such as obesity are on the rise and greater numbers of children are deemed as being ill-prepared to enter school. State budget shortfalls and dwindling public and private funding combined with changing demographics mean that many states and communities are serving more families, in greater need, with fewer resources.

Children and their families come into contact with services and programs in multiple systems from the moment they are born until they become young adults – health care, child care, education, parks and recreation, and for some, child welfare and juvenile justice. Each of these systems has the opportunity to promote healthy child development and to meet the needs of children and families, particularly those who are at-risk for poor outcomes, by providing or connecting them to appropriate services and supports. Yet, these systems are often fragmented, under resourced and ill-equipped to meet their many needs. Furthermore, the existing systems perpetuate silos between state and local agencies and organizations, many of whom serve the same children and families, and lack a focus on the needs of the “whole child”.

For more than three decades, national reports have recommended building comprehensive systems that coordinate and integrate health, education and human services programs to improve child and family outcomes. The need for attending to the whole child is based on the understanding that health care alone is not sufficient to promote healthy child development. Child health and well-being are influenced by multiple factors including family, community (e.g., child care, schools), environment (e.g., availability of clean air, safe parks), and society.
Leaders at the federal, state and local level are advancing initiatives to integrate programs, services and supports for children and families. For instance, the Obama Administration recently directed federal agencies to identify examples of where federal investments are helping states and communities integrate programs across multiple sectors (i.e., a “place-based strategy”) by breaking down federal silos that impede cross-sector work. Some states and communities are developing initiatives to build comprehensive systems for healthy child development that are multi-faceted, community-based and well-integrated. While the focus of these initiatives varies, they have much in common. They all recognize the need to strengthen families, improve the work of child-serving systems, coordinate and integrate efforts, and extend interventions to address broader community, environmental, and socio-economic factors that impact child outcomes. There is much to be learned from the experiences of these initiatives.

The Place-based Initiatives to Promote Healthy Child Development: Communities of Practice Project, funded by Nemours, The California Endowment and an anonymous donor, is designed to create a learning community of innovative and exemplary children’s initiatives in order to identify promising policies and practices for spread (i.e., replication) at the state and local level. This paper is the first in a series of documents addressing lessons learned from state and local level initiatives involved with this project. It provides an overview of the key issues regarding comprehensive, integrated child and family systems and specific policy recommendations to advance this important work at the federal, state and local level.

Policy Recommendations to Build Comprehensive, Integrated Child and Family Systems

Leadership at the national, state and local levels is essential to building comprehensive, integrated systems for children and their families. The following policy recommendations are grounded in lessons learned by the Communities of Practice Project and build upon recommendations advanced by recent national reports related to this work from Nemours, The California Endowment, and their partners.

Create High-Level Leadership that Ensures Children are a Top Priority

1. Promote high-level leadership, visibility and support for building and strengthening comprehensive systems for healthy child development at the federal, state and local level. This includes the following:
   - Create senior level administrator positions (e.g., Secretary for Children) and/or entities (e.g., children’s cabinets; advisory commissions, councils or task forces) to provide leadership and promote coordinated supports, services and joint accountability for child and family outcomes among key public and private agencies and organizations.
- At the federal level, create a senior-level advisor for children within The White House or a high-level Deputy Secretary for Children at the U.S. Department of Health and Human Services (HHS) with the authority to oversee and promote greater federal coordination and integration of all federal programs related to children and their families.

- At the federal level, create an independent, national children’s advisory council whose role would include: 1) creating a common set of national child and family outcomes; 2) making recommendations for how to achieve these outcomes through transformed child systems, and 3) guiding the newly created Deputy Secretary for Children in the development and implementation of the outcome measures and recommendations for systems improvement.

Create a Shared Vision and Common Goals with Joint Accountability for Improving Child and Family Outcomes

1. Use public and private investments (e.g., grant funding) in child and family programs at the federal, state and local level to promote collaboration among systems that improve services and child outcomes, and to reduce silos. This includes requiring that states and communities develop or use an existing high-level entity (e.g., councils, commissions) that is comprised of child-serving agencies and organizations to provide leadership, promote coordinated supports and services, and have joint accountability and shared decision making for healthy child development.

2. Require through statute, rules and/or regulations at the federal, state and local level that key child-serving programs coordinate program and policy efforts.

3. Develop a common set of child and family indicators that are population-based and quality-focused with shared accountability for achieving child and family outcomes among key public and private child-serving agencies and organizations at the national, state and local levels.
   - Invest in comprehensive, shared outcome and performance measures for tracking progress across programs and services.
   - Invest in data systems that allow for state and cross-county comparisons for child and family outcomes.

Build and Sustain the Infrastructure Necessary for Systems Change

1. Promote the development of federal, state and local level infrastructure for comprehensive child and family systems among child-serving agencies and organizations as part of public and private investments (e.g., grant funding) at the federal, state and local levels. This includes the following:
   - Require through public and private grants and initiatives that child-focused agencies and organizations jointly develop comprehensive results-based frameworks and plans, or build upon existing ones, and engage in shared decision making to advance common goals for healthy child development.
   - Fund the infrastructure necessary to support comprehensive child and family systems building (e.g., staffing, data capacity to develop, track and measure child outcomes, training and technical assistance, state and community planning, and other resources).
2. Continue to invest in federal initiatives that promote and advance comprehensive child systems development at the state and local level such as the Substance Abuse and Mental Health Service Administration’s Project LAUNCH Initiative and the Maternal and Child Health Bureau, Health Resources and Service Administration’s State Early Childhood Comprehensive Systems Initiative.

3. Provide technical assistance to the state and local level for building and strengthening comprehensive child and family system models.

**Create Greater Financing and Programmatic Flexibility in Public and Private Programs through Existing and New Funds**

1. Create collaborative public/private applications at the federal, state and local levels for funding and related decision-making processes.

2. Provide greater financing flexibility (e.g., blending and braiding of public and private funds, flexible funding to wrap services around child and family needs, flexibility in state and local match requirements) to support states and communities in creating comprehensive child and family systems for healthy child development.

3. Create a new federal Trust Fund for Children, with a dedicated source of funding that is administered by a Deputy Secretary for Children. States and communities could use the funds to transform existing children’s programs and promote innovation in support of comprehensive systems for children and their families.

4. Encourage the use of waiver processes to enable states and communities to apply for cross-agency waivers and/or to waive requirements that impede development of comprehensive systems (e.g., reporting requirements, eligibility requirements).

5. Identify dedicated funding sources to promote prevention. Use health care reform* to promote and improve healthy child development and strengthen comprehensive systems for children and their families through a range of prevention initiatives. These include provisions that:
   - Establish a special prevention fund to help improve preventive services for children and promote greater linkages between clinical and community preventive services.
   - Establish grants to advance community-based improvements that will benefit children’s health.
   - Require an essential health benefits package that covers pediatric services including developmental screening, care coordination and preventive and wellness services.
   - Require health plans to cover well child care, immunizations and developmental screening with no cost-sharing.

6. Provide greater programmatic flexibility to states and communities in determining core program priorities and local service delivery mechanisms while holding them accountable for healthy child development outcomes.

7. Allow states and communities to use one set of child and family outcome measures to meet federal and state program requirements.

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*Most of these provisions passed as part of the Patient Protection and Affordable Care Act, which was signed into law on March 23, 2010 and became Public Law No. 111-148.*
INTRODUCTION

Our nation is experiencing an unprecedented opportunity for promoting healthy child development and well-being. Across the country, there is a renewed focus on the unique needs of children and their families, ongoing recognition of the early years as being a critical foundation for healthy child development\(^1\), and reforms in key systems such as health care, education, and early care and education to better meet the needs of children and families. Advances in science and technology and escalating health care costs, for many conditions that are preventable and often begin in childhood\(^2\), have led to a renewed focus on preventing chronic conditions – the most common and costly of all health problems but also the most preventable.\(^3,4\)

At the same time, states and communities are experiencing dramatic changes in the demographics of families with influxes in the number of immigrant families\(^5\), greater numbers of families living in or near poverty\(^6\), and increases in those who are uninsured or underinsured\(^7\). In addition, there are significant increases in the number of children with chronic preventable conditions (from 1.8 percent in the 1960’s to more than 7 percent in 2004)\(^8,9\). For instance, childhood obesity has more than tripled in the last 30 years.\(^10,11\) For the first time in our history, the United States is raising a generation of children who may live sicker, shorter lives than their parents.\(^12\) Furthermore, between one-quarter and one-third of children are ill-prepared to enter school with a significant number of these children experiencing emotional and behavioral problems.\(^13\) In a recent national study, prekindergarten expulsions – many for emotional and behavioral problems – exceeded those for children in grades K-12.\(^14\) State budget shortfalls and dwindling public and private funding combined with changing demographics mean that states and communities are serving more families, in greater need, with fewer resources.

Children come into contact with services and programs in multiple systems from the moment they are born until they become young adults – health care, early care and education, education, youth development (e.g., parks and recreation, community organizations) and for some, child welfare and juvenile justice.\(^1\) Each of these systems has the opportunity to meet the needs of children and families, particularly those who are at-risk for poor outcomes, by providing or connecting them to needed services and supports. Yet, these systems are often under resourced. They operate in program ‘silos’ that are not well connected to each other leading to fragmentation of programs and services, potential duplication of effort, and complex systems that families must navigate when they need help. In addition, some systems such as health care and mental health continue to be primarily oriented towards treating rather than preventing disease resulting in significant costs to the health care system with minimal return on investment.\(^15\) Compared to other industrialized countries, the United States ranks 18\(^{th}\) in overall child well-being despite our nation’s wealth.\(^16,17\)

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1. Throughout this document we use the term “child and family systems” to refer to a range of systems, programs, services and supports for children and their families that include but are not limited to child care, education, health, public health, mental health, parks and recreation, and child welfare.
Given these realities, old ways of doing business whereby health, education and human services at the federal, state and local level operate in programmatic silos make little programmatic or economic sense. Many of the children who fall behind in school are likely the same children who lack health insurance coverage, experience significant health problems because of a lack of preventive care, and whose families end up needing costly and high-end interventions and supports. Recognizing the economic repercussions of fragmented child and family serving systems and the need to maximize resources, many policymakers are making reforms in health, education and human services part of broader economic development efforts. Businesses and families want to locate in communities that are safe, have good schools, and access to an array of health, recreation and social supports. Moreover, the Obama Administration recently directed federal agencies to identify examples of where federal investments are helping states and communities integrate programs across multiple sectors (i.e., a “place-based strategy”) by breaking down silos that impede cross-sector work.

Some states and communities have established initiatives to build comprehensive systems for healthy child development that are multi-faceted, well-integrated, and community-based. While the focus of these initiatives varies (e.g., improved health, school readiness, healthy development, healthy communities), they have much in common. They all recognize the need to strengthen families, improve the work of child and family systems, coordinate and integrate efforts, and extend interventions to address broader community, environmental, and socio-economic conditions for children and families. There is much to be learned from the experiences of these initiatives.

Much of the work of implementing federal systems reforms will fall to states and communities over the next decade as it has with federal programs such as the Children’s Health Insurance Program and No Child Left Behind. States and communities will be able to harness the opportunities brought by these system reforms in building and enhancing comprehensive systems for children and their families.

*The Placed-Based Initiatives to Promote Healthy Child Development: Communities of Practice Project*, funded by Nemours, The California Endowment and an anonymous donor, is designed to create a learning community of innovative and exemplary cross-sector children’s initiatives to identify promising policies and practices for spread (i.e., replication) at the state and local level. This paper is designed to inform federal, state and local programming and policymaking building on the lessons learned from state and local initiatives involved in this project (herein referred to as the Communities of Practice Project). As the first in a series of documents on this topic, it provides an overview of the key issues regarding comprehensive, integrated child and family systems for healthy child development. Subsequent papers will explore and expand upon the concepts outlined in this document.
WHY COMPREHENSIVE, INTEGRATED SYSTEMS FOR CHILDREN AND THEIR FAMILIES ARE NEEDED

For more than three decades, national reports have recommended building comprehensive systems to improve child and family outcomes by coordinating and integrating health, education and human service programs. The existing system perpetuates silos between state and local agencies and organizations, many of whom serve the same children and families, and lacks a focus on the needs of the “whole child”. The need for attending to the whole child is based on the understanding that health care alone is not sufficient to promote healthy child development. Child health and well-being are influenced by multiple factors including family, community (e.g., child care, schools), environment (e.g., availability of clean air, safe parks), and society. (See Figure 1.)

Children and their families need access to comprehensive, integrated and quality-driven services that collectively promote healthy child development, intervene early before problems become severe, and ensure access to needed treatments and supports. By integrating child-serving systems, the effectiveness of programs and services can be maximized, more children can be reached, families can find supports more readily, and duplication of effort can be reduced.

Additionally, there is growing evidence that this comprehensive approach results in improvements to child health and well-being outcomes.

Figure 1. Key Influences on Children’s Health
In the best of circumstances, states and communities are left with the challenging and time-consuming task of integrating multiple complex public and private programs – each with their own unique set of reporting requirements, rules and regulations – into a comprehensive, seamless system of care. The end result is typically a complex maze of programs and services, with oftentimes different eligibility requirements, that families must navigate for help. The current system for children and families is a patchwork of disconnected programs, policies and funding authorities without clear accountability or performance goals. The foundation and very existence of the system can be threatened by a change in leadership, loss of grant funding, or change in program priorities.

Compounding this issue, the need for building comprehensive and integrated service delivery systems for children and families is a difficult concept to convey to policymakers and other key decision makers at the state and local levels. Progress is often measured and best understood in terms of numbers of children served rather than improved child and family outcomes. Policy change is often crisis-driven rather than focused on preventing the factors that led to the crisis. Consequently, many investments remain problem specific with little opportunity or priority to build and sustain effective service delivery systems that collectively focus on improving child and family outcomes.

In spite of recognizing the need for comprehensive, integrated approaches to programming and policymaking, many public and private agencies and organizations continue to foster programmatic silos. The reasons for this ineffective programming and policymaking phenomenon are many. Congress authorizes and appropriates funding for federal programs through numerous congressional committee structures that are not well integrated or coordinated. Federal agencies are often held to congressional funding requirements that are problem specific. Private foundations are often beholden to boards or trustees who may be interested in making a mark in the field with initiatives that focus on one area that is highly visible, thereby neglecting to consider or integrate with broader efforts. State and local program administrators, confronted with the complexities of integrating multiple public and private funding streams, may find it easier to stick to “business as usual” by implementing categorical programs rather than broader initiatives aimed at building comprehensive, integrated systems that work for children and their families.

In general, a place-based initiative refers to efforts and/or investments (e.g., government, philanthropic) that are targeted to a specific geographic area or place rather than on one specific issue or cause. Place-based initiatives promote coordination, collaboration and integration across sectors, and engage communities in the decision-making process. Place-based initiatives also consider how social problems are interconnected. They recognize that the places where children and their families live, learn, work and play have a significant impact on outcomes in health, education and overall well-being.

According to a 2009 White House Memorandum on the topic, “place-based policies leverage investments by focusing resources in targeted places and drawing on the compounding effect of well-coordinated action. Effective place-based policies can influence how rural and metropolitan areas develop, how well they function as places to live, work, operate a business, preserve heritage, and more. Such policies can also streamline otherwise redundant and disconnected programs.”

family outcomes. Also, critical funding for infrastructure and capacity-building activities such as data collection and reporting, staffing, training, technical assistance, and state and community-wide planning is in short supply and often seen as an add-on to direct services which are typically considered more essential.

The practice of narrowly focused policymaking and program investments can lead to inefficiencies and inequities in access to health and human services and supports between states, regions, and even within the same county. Families can experience numerous barriers to services and supports including different eligibility requirements for public programs, multiple settings that must be accessed for help, and lack of comprehensive information on the availability of services and supports. Ultimately, these barriers create inequities and directly lead to differences in child and family outcomes.

“Municipalities need to think about building comprehensive health, education and human service delivery systems the same way they do other important infrastructure such as water or roads. We wouldn’t build a new water system and then stop the water flow to residents after three years because we didn’t have the money to maintain and expand the system. We can’t do that with health and human service delivery systems for children and families either.”

- Gaetana Ebbole, Chief Executive Officer, Children’s Services Council of Palm Beach County, Florida

**Key Barriers to Building Comprehensive, Integrated Child and Family Systems**

Numerous barriers hinder the ability of systems and sectors to collectively address the needs of children and their families. State and local initiatives that are participating in the Communities of Practice Project identified the following barriers.

- Lack of unified leadership, commitment and support at the Federal, state and local level for comprehensive, integrated child and family systems.
- Public and private programs that lack priority, funding, and program requirements for building comprehensive, integrated child and family systems.
- Multiple public (e.g., federal, state) and private programs that have their own unique and oftentimes burdensome reporting requirements that hinder integration and collaboration among the different systems and providers who care for children and their families.
- Federal financing regulations and requirements that can impede fiscal leveraging at the state and local level and that lack the flexibility needed to tailor programs and services to child and family needs.
- Public and private funders that judge and reward program effectiveness based on the numbers of services provided to children and their families rather than on improved child and family outcomes.
- Lack of understanding about “what works” with regard to systems building and how to effectively implement cross-sector work, including the range of services needed by children and their families and key factors affecting outcomes.
- Competing interests and priorities among child-serving systems and agencies that view systems integration as their domain. This can result in unnecessary competition among agencies, lack of clarity about roles and responsibilities, and potential duplication of effort.
- Lack of state data that is reported cross-agency and by county to inform collective decision making among state and local child-serving agencies. This leaves local agencies and organizations needing to collect their own community-level data without the resources or wherewithal to do so.
Decades of research and experience provide important principles and strategies for guiding the development and implementation of comprehensive, integrated child and family systems. These themes are evident in federal programs such as Head Start and the proposed Early Learning Challenge Fund and in national initiatives such as Community Schools, the Early Childhood Comprehensive Services (ECCS) System Initiative and Project LAUNCH. (See the text box on page 24 for information about these and other federal programs and initiatives.) Furthermore, they are evident in the successes of state and local level initiatives such as those participating in the Communities of Practice Project.

Comprehensive state and local initiatives each have their own unique vision and goals for improving child and family outcomes but many goals are common. These goals include decreasing gaps in school readiness and academic achievement, and increasing the number of children who are born healthy, live in safe, stable, and supportive families, enter school ready to learn and have access to a medical home.

**Key Principles that Guide Comprehensive, Integrated Child and Family Systems**

Several overall principles guide and serve as a framework for developing, implementing and sustaining this work. Many comprehensive, integrated child and family systems address the following principles.

- **Focus on improving outcomes for children and families.** Comprehensive child and family systems at the state and local level focus on collectively improving child and family outcomes as their overall goal. Accountability is shared among agencies in several ways including: comprehensive, shared outcome and performance measures for tracking progress across systems; common reporting standards, definitions and shared information systems; and a cross-cutting evaluation plan for monitoring system impact over time.

- **Reach children and their families in the multiple community-based and natural settings where they live, learn and play.** These settings include early care and education programs (e.g., child care centers, Head Start programs, preschools), primary care (e.g., pediatricians, family physicians), schools, and community-based organizations and programs (e.g., Boys and Girls clubs, park and recreational programs, after-school programs). Behaviors and health are influenced by multiple factors and at multiple levels – individual behaviors; family, living and working conditions; and the broader physical, social and political environments in which children live, learn and play. Providing services in natural settings like homes, pediatrician’s offices, schools and child care centers increases the likelihood of reaching and maintaining contact with children and families who can face many barriers to receiving services in the community.

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2. In this document we refer to “principles” as overarching areas or beliefs that guide this work and are fundamental to its effectiveness. “Strategies” are aspects of the work itself—common areas of practice and/or policy change among the Projects—that have been found to be critical to developing, implementing and sustaining this work.
Ensure that programs, services and supports for children and their families are family-centered, culturally competent, strengths-based and responsive to the needs of children and their families. Parents and other family caregivers (e.g., grandparents, aunts and uncles) are the primary teachers in a child’s life. As such, their engagement in the development and implementation of child and family systems is essential. Too often programs and services are developed without family input and adequate consideration for their needs. This can result in programs that do not fully or effectively meet the needs of children and their families. Programs, services and supports should be tailored to reach children in multiple areas (e.g., rural, urban, suburban) and address language, income and other barriers (e.g., lack of transportation) that can affect access to services.

Ensure that children have access to a comprehensive system of supports and services that promote child health and well-being, prevent health issues, and intervene early before problems become severe. Integrated child and family systems ensure that children and their families have access to a continuum of promotion, prevention, early intervention as well as treatment programs, services and supports. In doing so, these systems build on the unique strengths of child-serving sectors, recognizing that no one agency or organization needs to provide all supports and services to all children. Rather, a comprehensive system ensures that families have access to a range of services and supports and that there is “no wrong door” when it comes to accessing them.

Recognize that all children and their families need access to interventions that promote their health and well-being while acknowledging that some interventions should be targeted to those children and families with the greatest need or at highest risk for problems. For example, many leaders in the oral health community now recognize the importance of promoting comprehensive public health efforts that have been shown to prevent tooth decay (e.g., preventive dental care, community water fluoridation) while targeting intensive intervention efforts to those children at high risk for dental caries, the disease that causes tooth decay. This overall approach – where systems of care align resources to the most appropriate at-risk population – is becoming more common with other chronic health conditions including obesity prevention and treatment. Conversely, by only focusing on the needs of at-risk children and families, systems can perpetuate programmatic silos where high-need groups receive primary focus at the expense of broader efforts to promote healthy child development and intervene early before problems become severe. Child-serving systems that have historically served very high-need children and families – systems such as mental health and child welfare – are now recognizing the importance of addressing prevention and early intervention in addition to providing treatment.

Acknowledge that infrastructure and systems development are essential elements of a high quality, comprehensive child and family-focused service delivery system and a legitimate focus for investment. There are numerous infrastructure and systems development components that are essential to effective child and family service delivery systems. They include: data capacity (e.g., data hardware and software, data systems development), training and technical assistance, staffing, and community engagement and planning (e.g., convening of key partners, development of comprehensive frameworks and plans).
Recognize that partnerships built upon mutual trust and a common vision for children and families are a critical foundation to comprehensive systems. No single agency or organization can provide the full range of programs, services and supports that children and their families need for healthy development. Partnerships can help utilize the expertise within specific systems to meet child and family needs, minimize duplication of effort between agencies and organizations, and maximize public and private investments. Moreover, they can be a powerful, unified voice for advancing or changing policies and practices in support of comprehensive, integrated child and family systems.

Ensure that efforts to build comprehensive child and family systems are sustained. Many innovative child programs and initiatives have failed because of lack of funding, a leadership change, or change in program priorities. Effective and longstanding initiatives are intentional about identifying and implementing strategies, at their inception and ongoing, that will sustain efforts.

Core Strategies for Building Comprehensive, Integrated Child and Family Systems

Building comprehensive child and family systems involves realigning numerous child and family systems towards collectively achieving common goals and outcomes. Each of these systems has their own mission and mandate that must be met and mix of programs and services that typically are provided. Child system transformation involves helping these systems recognize that they can still meet their mission and mandate while realigning their work to collectively focus on improving child and family outcomes.

There is no single path to comprehensive child and family system development but rather common strategies that many leaders at the state and local level have found essential to this work. Those strategies most common to the Communities of Practice Project projects are discussed below along with highlights of selected efforts. Project summaries and contacts for further information are in Appendix A.

Create High-Level Leadership that Ensures Children are a Top Priority

High priority, visibility and support for healthy child development from senior state and local level policymakers and administrators (e.g., governors, legislators, mayors, and school superintendents) are essential to the development, implementation and sustainability of comprehensive, integrated child and family systems. Leadership and a strong commitment to healthy child development can:

- promote partnerships and collaboration among key child-serving agencies;
- change policies and practices in support of systems building;
- build the infrastructure for systems development; and
- help ensure the sustainability of efforts.
Finally, agencies or organizations that can serve as a “neutral party” should be utilized to lead and coordinate systems building efforts. Neutral parties can play a crucial role in child health system transformation because they can be a catalyst for change and can often advance the work more readily than agencies or organizations that may be perceived as being narrowly focused or having a hidden agenda. The entity that is best able to play this role will be different in every state and locality; nonetheless, it is an important consideration and strategy for advancing this work.

**Strategies include the following:**

- Create children’s cabinets, commissions or advisory councils comprised of the key agencies and organizations that serve children and their families.

- State oversight for Colorado’s Comprehensive Early Childhood Systems Building Initiative resides within the Office of Lieutenant Governor Barbara O’Brien, a testament to its high-level visibility and support within state government. On February 11, 2010, Governor Ritter formalized his Administration’s commitment to ensuring all young children in Colorado are healthy and ready for school by establishing an Early Childhood Leadership Commission by Executive Order. The 30-member commission will ensure and advance a comprehensive service delivery system for children birth to eight and their families; advise on creating better data systems that will inform policy, funding and accountability; improve the quality of and access to early childhood support services; and promote public-private and federal-state-local coordination to improve outcomes for children and their families. The commission will include representatives from nonprofits, businesses, state agencies, local government and school districts, early childhood service providers, and parents.

- The **California Children and Families Act** created a program in the state for the purposes of promoting, supporting, and improving the early development of children from the prenatal stage to five years of age. The program, also known as **First 5**, was created in 1998 by Proposition 10 as the result of an advocacy effort led by Rob Reiner, the actor and child advocate. Proposition 10 adds a 50-cent tax to each pack of cigarettes sold and distributes these funds to a state First 5 Commission and also to local communities through the state’s 58 counties, all of which have created their own local First 5 County Commissions. Collectively, First 5 is dedicated to improving the lives of California’s young children and their families through a comprehensive system of education, health services, childcare, and other crucial programs. Funds are used to address the local child development needs of communities statewide.

For example, the **Children and Family Commission of Orange County** was established in 1999 and, with support from California’s Proposition 10, funds a variety of programs to advance strategic goals including: pediatric health care services, school readiness programs, home visitation services to new families, early literacy programs, school nurses, transitional shelters and support services for homeless families with young children, and dental caries screening, prevention and treatment.
- Identify and nurture champions and leaders for healthy child development and the need for comprehensive child and family systems.
- As part of Delaware Lieutenant Governor Denn’s Kids Agenda for 2009, a law was recently passed requiring private insurance companies doing business in Delaware to cover medically appropriate developmental screening tests for children from birth through age three.

**Create a Shared Vision and Common Goals with Joint Accountability for Improving Child and Family Outcomes**

Results-based frameworks and plans that provide an overall vision and common goals for healthy child development can be a roadmap for systems change with many benefits. They can: 1) unify disparate agencies and organizations into sharing ownership of the initiative and collectively advancing child and family systems change, 2) clearly define goals and short and long-term objectives that are achievable, 3) delineate roles for child-serving agencies and organizations, 4) help agencies and organizations know when they are making progress, and 5) provide a shared framework across agencies for evaluating the impact of efforts and assessing improvements to child and family outcomes. Focusing efforts on improving outcomes helps ensure that agencies and organizations have a shared vision while recognizing the unique role they play in making change happen.

**Strategies include the following:**

- Develop a core set of child and family outcomes that are common across multiple child-serving agencies and hold these agencies jointly accountable for improving outcomes.
  - The Children’s Services Council of Palm Beach County, in partnership with child-serving agencies and organizations in the county, developed an early childhood framework and logic model with key indicators for child health and well-being. The framework guides the development and implementation of council initiatives and activities within the county. The indicators have helped the council demonstrate county-wide impact of collective efforts. For example, due to the county’s Healthy Beginnings prenatal services, 305 out of 766 infants at-risk of being born prematurely were carried to full term. This is an expected return on investment of $22,875,000 for the county! The council works in partnership with other councils and organizations to create a state-wide early childhood framework so all work in the state has a consistent set of indicators.
  - The Children and Families Commission of Orange County is an active member of the Orange County Children’s Partnership, a 22-member advisory body that includes representatives of all county agencies and departments. The purpose of the committee is to facilitate prevention, early and ongoing intervention support to meet children’s physical, developmental, mental, social and emotional needs; foster children’s academic achievement through supportive services; and promote economic vitality for communities, children and families. A key project of this committee is to produce an annual Conditions of Children report providing a comprehensive picture of children on 28 indicators to serve as a baseline from which to measure future progress and track changing conditions.
Develop comprehensive frameworks and plans for healthy child development using a broad-based group of child-serving agencies and organizations. This also includes requiring or giving preference in public and private funding initiatives to those communities that have such a framework and/or plan.

- The work of Colorado’s Comprehensive Early Childhood Systems Building Initiative began in the 1990’s building upon two policy and planning efforts: 1) a local child care pilot project to improve access to quality child care that in 2007 evolved to the creation of a statewide system of local councils focused on child health, mental health, early learning, and family support and parent education, and 2) state-level comprehensive systems planning that culminated in the development of the Early Childhood Colorado Framework, which was supported by the Federal Maternal and Child Health Bureau’s Early Childhood Comprehensive Systems Initiative. The Framework is designed to help public and private partners at the state and community level advance their work for children and families using a common vision and core goals. It is also intended to assist communities and individual sectors (e.g., health care, child care, schools) in aligning and integrating their work. In 2008, The Colorado Trust, a private foundation, announced a $5 million, five-year initiative to support local early childhood councils in integrating physical and mental health strategies in their local early childhood systems building efforts.

**Build the Infrastructure for Systems Change**

Infrastructure and capacity for systems integration are essential for transforming child-serving systems. Many well-intentioned efforts have failed or had short “shelf lives” because some of the most crucial elements to their success – data capacity for tracking and reporting on results, staffing, technical assistance and training, and state and community engagement and planning – were not supported or seen as a priority.

**Strategies include the following:**

- Build comprehensive, cross-sector data systems that can track and assess program impact on child and family outcomes.

  The Children’s Services Council of Palm Beach County, in partnership with child-serving agencies and organizations in the county, has developed an integrated data system across key child and family service delivery systems and for clients served by the Council. This effort enables the Council to track the impact of its investments and programs on improving outcomes for child health and well-being.

  As the result of a partnership with the local school district, all infants born in Palm Beach County now receive a student identification number that follows the child from infancy throughout childhood (school). This number enables the council and other county agencies to evaluate the impact of efforts to improve outcomes such as school readiness and overall child health and well-being. Finally, the council is in the process of working with consultants to develop a data warehouse that will serve as a depository for data systems from multiple county-level child-serving agencies (e.g., education, public health, human services).
- Fund states and communities for planning processes that engage key stakeholders in collectively developing and implementing a comprehensive framework and/or plan.

  - The **Connecticut Community Planning Partnership Initiative** is a $1.85 million public/private partnership that supported 23 communities in Connecticut to develop comprehensive early childhood plans. A group of these communities received additional funds for a focused health component. The initial planning grants supported community planning, technical assistance, process documentation and project management in each of the selected communities. While each of the 23 communities developed its own vision, goals, outcomes and core set of strategies, four common areas of focus emerged across the communities: 1) early health and development (e.g., education of providers about the importance of developmental screening), 2) readiness for school (e.g., quality child care standards), 3) early school success, and 4) family support (e.g., parent education about child development and early literacy).

- Work with “non-traditional” partners (e.g., the business community) in addition to those in the health, education and human services areas to broaden the reach of and support for child and family systems development.

  - The **Evansville (Indiana) Vanderburgh School Corporation (EVSC) School Community Council, Center for Family, School and Community Partnerships**, a school district implementing the Community Schools concept (see the text box on page 24), began a new partnership with Old National Bank in February 2009. The bank provided the council with a new building enabling all of the school-community programs to be housed under one roof and thereby promoting greater collaboration and integration. The school-community programs that are administered from this building are: 1) after school and summer enrichment, 2) early childhood education, 3) extended daycare center programs, 4) family support services (e.g., parenting education, literacy programs, financial literacy), 5) health and wellness services, 6) school-community council, 7) student support service (e.g., mentoring, counseling and crisis management), and 8) Southwest Indiana College Access Network (SICAN) which provides service and support to encourage students to pursue college.

- Build community capacity to support community leaders and stakeholders in making policy and practice changes on behalf of children and in building comprehensive, integrated child and family systems.

  - **Nemours**, a children’s health system, provides focused assistance to stakeholders at the community level in Delaware in order to help improve policies and practices for healthy child development and ensure the sustainability of community efforts. For example, Nemours created a Child Care Learning Collaborative that supported 28 large child care centers with tools and materials (e.g., tool kits) to use in aligning their policies and practices to new state child care regulations for health and wellness.
Building comprehensive child and family systems takes significant investment in resources that are sustained over numerous years. Short-term programs or initiatives are not likely to have longstanding impact on the complex systems that serve children and their families. Sustainability involves embedding multi-pronged public and private strategies in targeted settings and communities, and ensuring that these strategies have inherent longevity.

**Strategies include the following:**

- **Embed high-level governance structures** (e.g., children’s commissions, advisory councils, task forces) in state statute or county code thereby helping to ensure that initiatives can withstand changes at the state and local level (e.g., leadership, funding).

- **The Children’s Services Councils of Palm Beach, Martin and Hillsborough Counties (Florida)** were created in 1986, 1988 and 1988, respectively, through local referendum that was the result of 1986 state legislation enabling any of Florida’s 67 counties to create special taxing districts for children. Each council is comprised of a 10-member board of directors – five serve by virtue of their local position and five are appointed by the Governor. While each council is unique, four goals are common for the children that they serve: 1) born healthy, 2) free from abuse and neglect, 3) eager and ready to learn when they enter school, and 4) reading at grade level by the end of third grade.

- **Linkages to Learning** (LTL) was established as a result of a Montgomery County (Maryland) council resolution that directed the county government, school system, and human service providers to develop a system of accessible, cross-disciplinary services located within local community schools for elementary and middle school-age children and their families. The goal was to better meet the needs of county families, many of whom earned low wages and were immigrants. In response to the resolution, the county’s Department of Health and Human Services and a coalition of private non-profit agencies serving children and families created Linkages to Learning. To promote program growth and ensure its sustainability, the council asked that further expansion be done within the framework of a strategic plan. The LTL strategic plan was developed by a multi-agency planning group and approved by the Council through FY 2006. Today, LTL operates in 28 elementary and middle school sites in Montgomery County. Six of these sites are also co-located with school-based health centers. This program has created an integrated “no wrong door” approach for families to access needed social and health services within the larger county public-private system of care.
• Build state and local coalitions to engage a wide range of stakeholders in promoting healthy child development, identify advocates for systems change, and help embed and institutionalize the work of systems change as part of state and local level efforts.
  
  Nemours provided technical assistance and support to help launch The Sussex Child Health Promotion Coalition, a group of over 55 member organizations representing child and youth advocates, schools, higher education institutions, businesses, government agencies, healthcare organizations and the media. The Coalition serves one of Delaware’s poorest areas. Nemours organized a learning collaborative of 14 county organizations to help develop coalition-building, planning and evaluation skills, coalition materials, and continuous networking opportunities for coalition members to share their knowledge and expertise. The organization is working to build or support additional coalitions throughout Delaware with the goal of reaching most of the state’s 170,000 children.

• Create social marketing campaigns to educate policymakers, consumers and other key audiences about healthy child development. For policymakers and key decision makers, this also entails educating them about the importance of and need for collectively improving child and family outcomes.
  
  Nemours developed the 5-2-1 Almost None campaign to promote healthy eating habits and physical activity in children and increase the impact of statewide and community-based health promotion efforts, based on research and evidence-based practice. The campaign encourages children to:
  
  - Consume five or more fruits and vegetables each day.
  - Limit screen time to less than two hours each day.
  - Participate in physical activity for at least one hour each day.
  - Limit sugar-sweetened beverages, especially soft drinks, fruit and sports drinks, to no more than two servings each week (almost none).

Maximize Public and Private Resources

Child and family programs, services and supports are funded by numerous public and private sources at the federal, state and local level. At least thirty major federal funding sources were available to support young children’s growth and development in 2008; federal funding accounted for approximately two-thirds of all federal and state funding for early care and education and family support. As previously discussed, many federal funding sources are categorical programs which typically provide little flexibility to the state and local level for integrating programs and services. In spite of significant barriers to systems integration, leaders at the state and local level are using numerous strategies to maximize public and private resources.
Strategies include the following:

- Blend and/or braid public and private programs at the federal, state and local level.
  - The Alameda County (CA) Children’s Screening Assessment, Referral and Treatment (SART) system blends funding from multiple federal, state and county sources to create a comprehensive system that promotes healthy child development and provides early identification and follow-up supports for children with developmental and/or social emotional concerns. Services include standardized developmental screening in county pediatric practices and child care programs, a triage phone line to link families with appropriate services, family navigation to help families find appropriate services and supports, follow-up assessments based on identified needs, and community-based treatment service.

- SART builds on the existing county and community service delivery system using the flexibility of First 5 funding to develop the infrastructure for this integrated system. First 5 dollars were used to leverage additional funds through federal and state programs including Title IV-E, Medicaid and California Proposition 63 Mental Health Services Act. Additional funds have been identified through grants and First 5 funding to cover the cost of services for those children not covered by Medi-Cal, the state’s Medicaid program. Alameda County also has received a Federal Substance Abuse and Mental Health Services Administration (SAMHSA) Project LAUNCH grant and a SAMHSA Children’s System of Care grant which provide additional services and supports. From its inception, SART has had strong support from multiple county partners including Health Care Services (public health and behavioral health care), social service agencies, city health and human service departments, the Alameda County Child Care Planning Council, Alameda County Special Education Local Planning Areas, the Family Resource Network (Part C Early Intervention), Early Head Start and Head Start grantee agencies, and the Regional Center of the East Bay.

- Leverage funding (e.g., state and local match requirements) in ways that maximize investments and build comprehensive systems of care for children and families.
  - The role of the Children’s Services Councils of Palm Beach, Martin and Hillsborough Counties (Florida) in creating and transforming child health systems has evolved over the years since their inception. Early on, the Councils funded programs that were issue focused with few requirements for programs to coordinate or integrate with other related efforts in the county. After several years of this approach, it became clear that more comprehensive and strategic approaches to funding were needed in order to improve child and family outcomes. The councils now recognize the leveraging power that they have in creating comprehensive systems of care by making targeted and strategic investments that are focused on improving child and family outcomes. For example, the Children’s Services Council of Palm Beach County leverages some of its resources through the local early learning coalition in order to maximize federal match from the state’s Child Care Development Block Grant funds. The county receives 50 cents in federal match for every $1 of funds invested in early care and education efforts at the county level.
Create state waiver processes to enable leaders at the local level to apply for a waiver of state law and/or rule that impedes systems building at the community level.

Local Early Childhood Councils in Colorado can apply for a waiver of state rule in order to increase the quality, accessibility, capacity and affordability of early childhood services as a result of a 2007 state law (HB07-1062). This waiver process has been in effect for the past 10 years and has evolved since that time; it originally started as a more narrowly focused pilot program that was created by state statute to increase the availability of child care services. The purpose of these waivers, as defined by the state legislature, is to help “overcome barriers and inflexible requirements” thought to be posed by various early childhood funding sources at the state level. Since 1997, the Colorado Department of Human Services has received 142 waiver requests, many of which were for similar policy issues.

Many of the waivers that have been granted over the past 10 years have resulted in changes to state law and policy. Perhaps most important, the waiver process has been a powerful tool and leveraging point for local level engagement and creative problem solving for strengthening child and family systems. The process of researching and applying for the waiver has empowered local early childhood councils to better understand state policies and rules and to identify solutions to both real and perceived barriers. Indeed, some local level agencies and organizations identified key barriers to systems integration through the waiver process but in other cases, the process resulted in the recognition that a state waiver was not necessary to improve local level child and family systems.

What is “Blending” and “Braiding” of Funds?

**Blending Funds:** Blending of funds is a term commonly used to describe a state or local financing mechanism whereby funding from multiple sources (e.g., public and private federal, state, and local) is pooled, making the sources in some ways indistinguishable. Blending funds can be problematic because agencies can lose control over funds and the ability to track funds to the service-delivery point may be lost. Thus, blending funds is often more politically difficult than the newer approach of braiding.

**Braiding Funds:** When braiding funds, funding streams remain visible but are used in common to give greater strength, efficiency, and/or effectiveness to programs. Braiding allows resources to be tracked more closely for the purpose of accounting to federal and state program administrators. It thus recognizes the categorical nature of existing programs and avoids some of the conflicts that can arise in blended funding pools. Braided funding approaches tap into the larger funding sources in a manner that allows both for accountability and local flexibility in meeting individual children’s needs.

POLICY RECOMMENDATIONS FOR BUILDING COMPREHENSIVE, INTEGRATED CHILD AND FAMILY SYSTEMS

Reforms in health care, early care and education and other areas provide an important and unique opportunity for promoting comprehensive, integrated systems for healthy child development. Much of the work of implementing these reforms will fall to states and communities and play out over the next decade. Leadership at the national, state and local levels is essential to maximize existing programs and the opportunities afforded by these reforms to develop and strengthen comprehensive, integrated systems for children and their families.

The principles and strategies outlined in this paper provide important implications for policy changes to foster child health system transformation at the federal, state and local levels. The policy recommendations outlined below are grounded in these strategies and build upon recommendations advanced by recent national reports related to this work from Nemours, The California Endowment, and their partners. Finally, these recommendations are relevant at the federal, state and local level. Because the federal level has a unique opportunity and critical role to play in leading and advancing this work, specific federal recommendations are included throughout.

Create High-Level Leadership that Ensures Children are a Top Priority

1. Promote high-level leadership, visibility and support for building and strengthening comprehensive systems for healthy child development at the federal, state and local level. This includes the creation of:
   - Senior level administrator positions (e.g., Secretary for Children) and/or entities (e.g., children’s cabinets; advisory commissions, councils or task forces) to provide leadership and promote coordinated supports, services and joint accountability for child and family outcomes among key public and private agencies and organizations.
   - At the federal level, create a senior-level advisor for children within The White House or a high-level Deputy Secretary for Children at the U.S. Department of Health and Human Services (HHS) with the authority to oversee and promote greater federal coordination and integration of all federal programs related to children and their families.
   - At the federal level, create an independent, national children’s advisory council whose role would include: 1) creating a common set of national child and family outcomes; 2) making recommendations for how to achieve these outcomes through transformed child systems, and 3) guiding the newly created Deputy Secretary for Children in the development and implementation of the outcome measures and recommendations for systems improvement.

2. Create or identify within federal, state and local agencies and departments senior level staff whose responsibility it is to lead, promote and strengthen cross-sector initiatives.
Create a Shared Vision and Common Goals with Joint Accountability for Improving Child and Family Outcomes

1. Use public and private investments (e.g., grant funding) in child and family programs at the federal, state and local level to promote collaboration among systems that improves services and child outcomes, and to reduce silos. This includes requiring that states and communities develop or use an existing high-level entity (e.g., councils, commissions) that is comprised of child-serving agencies and organizations to provide leadership, promote coordinated supports and services, and have joint accountability and shared decision-making for healthy child development.

2. Require through statute, rules and/or regulations at the federal, state and local level that child-serving programs coordinate program and policy efforts.

3. Develop a common set of child and family indicators that are population-based and quality-focused with shared accountability for achieving child and family outcomes among public and private child-serving agencies and organizations at the national, state and local levels. This includes the following:
   - Invest in comprehensive, shared outcome and performance measures for tracking progress across programs and services.
   - Invest in data systems that allow for state and cross-county comparisons for child and family outcomes.

Build and Sustain the Infrastructure Necessary for Systems Change

1. Promote the development of federal, state and local level infrastructure for comprehensive child and family systems among child-serving agencies and organizations as part of public and private investments (e.g., grant funding) at the federal, state and local levels. This includes the following:
   - Require through public and private grants and initiatives that child-focused agencies and organizations jointly develop comprehensive results-based frameworks and plans, or build upon existing ones, and engage in shared decision making to advance common goals for healthy child development.
   - Fund the infrastructure necessary to support comprehensive child and family systems building (e.g., staffing, data capacity to develop, track and measure child outcomes, training and technical assistance, state and community planning, and other resources).

2. Continue to invest in federal initiatives that promote and advance comprehensive child systems development at the state and local level such as the Substance Abuse and Mental Health Service Administration’s Project LAUNCH Initiative and the Maternal and Child Health Bureau, Health Resources and Service Administration’s State Early Childhood Comprehensive Systems Initiative.

3. Provide technical assistance to the state and local level for building and strengthening comprehensive child and family system models.
Create Greater Financing and Programmatic Flexibility in Public and Private Programs through Existing and New Funds

1. Create collaborative public/private applications at the federal, state and local levels for funding and related decision-making processes.

2. Provide greater financing flexibility (e.g., blending and braiding of public and private funds, flexible funding to wrap services around child and family needs, flexibility in state and local match requirements) to support states and communities in creating comprehensive child and family systems for healthy child development.

3. Create a new Federal Trust Fund for Children, with a dedicated source of funding that is administered by a Deputy Secretary for Children. States and communities could use the funds to transform existing children’s programs and promote innovation in support of comprehensive systems for children and their families.

4. Encourage the use of waiver processes to enable states and communities to apply for cross-agency waivers and/or to waive requirements that impede development of comprehensive systems (e.g., reporting requirements, eligibility requirements).

5. Identify dedicated funding sources to promote prevention. Use health care reform* to promote and improve healthy child development and strengthen comprehensive systems for children and their families through a range of prevention initiatives. These include provisions that:

   ▪ Establish a special prevention fund to help improve preventive services for children and promote greater linkages between clinical and community preventive services.
   ▪ Establish grants to advance community-based improvements that will benefit children’s health.
   ▪ Require an essential health benefits package that covers pediatric services including developmental screening, care coordination and preventive and wellness services.
   ▪ Require health plans to cover well child care, immunizations and developmental screening with no cost-sharing.

6. Provide greater programmatic flexibility to states and communities in determining core program priorities and local service delivery mechanisms while holding them accountable for healthy child development outcomes.

7. Allow states and communities to use one set of child and family outcome measures to meet federal and state program requirements.

*Most of these provisions passed as part of the Patient Protection and Affordable Care Act, which was signed into law on March 23, 2010 and became Public Law No. 111-148.
Highlights of Selected Federal Programs and National Initiatives that Promote Comprehensive Child and Family Systems

- **The Build Initiative**: The Build Initiative supports state efforts to create comprehensive early childhood systems – coordinated, effective policies that address children’s health, mental health and nutrition, early care and education, family support and parenting programs, and services for children with special needs. The Initiative helps each participating state coordinate and integrate its programs, policies and services that promote children’s well-being from birth to age five.

- **Community Schools Initiative**: The Coalition for Community Schools, established in 1997, is an alliance of over 180 national, state, and local organizations representing education (K-16), youth development, community planning and development, family support, health and human services, government and philanthropy, as well as national/state/local community school networks. The Coalition advocates for community schools as the vehicle for strengthening schools, families and communities so that together they can improve student learning.

- **Early Childhood Comprehensive Systems Initiative**: The Early Childhood Comprehensive Systems Initiative (ECCS), administered by the Maternal and Child Health Bureau, Health Resources and Services Administration (HRSA), is designed to assist states and territories in building and implementing comprehensive statewide systems of care to promote positive early development and early school success for young children. These grants began with a Strategic Plan for Early Childhood that called on State Title V Maternal and Child Health programs to foster the development of cross-agency early childhood systems development planning.

- **Early Learning Challenge Fund**: The Early Learning Challenge Fund is a national proposal to reform the country’s early learning system. If passed by Congress, the initiative would be administered as a collaboration between the U.S. Department of Education and the Administration for Children and Families, U.S. Department of Health and Human Services (HHS). It would promote several components of a model early learning system including: 1) aligned early learning and development standards; 2) systems to facilitate screening and referrals for health, mental health, disability and family support; and 3) a coordinated data infrastructure to collect information on where young children spend their time and program effectiveness.

- **Head Start and Early Head Start**: Child health and developmental services, mental health and nutrition are a central focus of the Federal Head Start and Early Head Start programs. For instance, the Head Start Program Performance Standards require programs to ensure that children receive all recommended well-baby care and treatment for health problems, among other standards regarding provision of services (e.g., health, parental involvement, nutritional, social and transition to school). State Advisory Councils on Early Childhood Education and Care were established in the Head Start Reauthorization Act of 2007 to assess needs across programs serving children 0-6 and develop recommendations for collaboration.

- **Help Me Grow**: Help Me Grow is a universal system that provides a user-friendly mechanism for identifying children from birth to the age of eight for developmental or behavioral problems and connecting them to appropriate resources in a timely manner. First developed in Connecticut, the program is being replicated in several states nationwide with support from The Commonwealth Fund.

- **Project LAUNCH**: Project LAUNCH, administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), is designed to promote the wellness of young children ages birth to 8 years of age by addressing the physical, emotional, social and behavioral aspects of their development through enhancements to and coordination of child-serving systems in communities across the country. To model the cooperation it requires from grantees, SAMHSA is working in partnership with the Administration for Children and Families, Centers for Disease Control and Prevention, and HRSA to guide the development of the initiative and integrate Project LAUNCH with other federal programs.

- **Strengthening Families**: Strengthening Families is a cross-system approach to preventing abuse and neglect and promoting optimal development for all children, organized around five research-based protective factors. Several national organizations and over half of all states are building a network of programs and strategies to embed a Protective Factors approach into their work with children and families.

Conclusion

Child and family systems transformation will not occur through any one strategy, initiative or policy change at the federal, state or community level. Instead, it will require leadership to reach agreement on a common set of outcomes and to create a multi-pronged, multi-sector strategy that is implemented over time. The strategy must be designed to build and sustain systems change and remove roadblocks to integrating programs, services and supports for children and their families. While the efforts highlighted here are having a significant impact on advancing comprehensive, integrated child and family systems, they are the exception to the rule. Greater attention to and investments in comprehensive child and family services and supports, and the strategies and tools for making those happen, are needed at the federal, state and local levels from the public and private sectors.

ABOUT THE PLACE-BASED INITIATIVES TO PROMOTE HEALTHY CHILD DEVELOPMENT: COMMUNITIES OF PRACTICE PROJECT

The Place-based Initiatives to Promote Healthy Child Development: Communities of Practice Project, supported by Nemours, The California Endowment and an anonymous donor, was created in 2009 to systematically and collaboratively share information about comprehensive, integrated child and family systems for healthy child development and identify promising policies and practices needed to advance these efforts in additional states and communities. The Project is comprised of two groups of high level leaders: 1) eight state and local level teams representing successful, multi-sector initiatives that promote healthy child development, and 2) a small, select group of national leaders with expertise in developing, spreading and advocating for policy, program and systems change to better meet the needs of children. The state and local level initiatives are: 1) Children and Families Commission of Orange County (California), 2) Children’s Services Councils of Palm Beach, Martin and Hillsborough Counties (Florida), 3) Connecticut Community Planning Partnership Initiative, 4) Early Childhood Colorado Framework, 5) Evansville Vanderburgh School Corporation School Community Council, Center for Family, School and Community Partnerships (Indiana), 6) First Five Alameda County (California), 7) Linkages to Learning (Montgomery County, Maryland), and 8) Nemours (Delaware). The efforts of national, state and local cross-sector initiatives are being featured in four invitation-only national meetings and issue briefs that highlight meeting issues and themes, and outline policy recommendations for comprehensive, integrated child and family systems for healthy child development. Brief descriptions of the eight state and local Projects and contacts for further information are in Appendix A. This project, led and managed by Nemours Office of Policy and Prevention, is under the co-direction of Amy Fine, consultant, and Jennie Bonney, Senior Program and Policy Analyst, with overall guidance and strategic input from Debbie I. Chang, Vice President of Nemours.
APPENDIX A: COMMUNITIES OF PRACTICE PROJECT SUMMARIES AND CONTACT INFORMATION

The Children and Families Commission of Orange County was established in 1999 by the Orange County Board of Supervisors and is supported by funds from California’s Proposition 10. The Commission supports organizations that provide health, education and development services to young children and their families and funds a variety of programs to advance strategic goals including: pediatric health care services, school readiness programs, home visitation services to new families, early literacy programs, school nurses, transitional shelters and support services for homeless families with young children, and dental caries screening, prevention and treatment. The Commission’s priority is to fund and support the most needed and effective services so that children group up great – healthy and ready to learn. For more information contact: Alyce Mastrianni, Director, Program Development and Evaluation, Children and Families Commission of Orange County; phone: (714) 834-3916, e-mail: alyce.mastrianni@cfcoc.ocgov.com.

The Children’s Services Councils of Palm Beach, Martin and Hillsborough Counties (Florida) were created in 1986 and 1988, respectively, through local referendum that was the result of 1986 state legislation enabling Florida counties to create special taxing districts for children. While each Council is unique, four goals are common for the children that they serve: 1. Born healthy, 2. Free from abuse and neglect, 3. Eager and ready to learn when they enter school, and 4. Reading at grade level by the end of third grade. For more information contact for Palm Beach County: Tana Ebbole, Chief Executive Officer, Children’s Services Council of Palm Beach County; phone: 561-740-7000, e-mail: tana.ebbole@cscpbc.org; Martin County: David Heaton, Executive Director, Children’s Services Council of Martin County; phone: 772-288-5758, e-mail: dheaton@cscmc.org; Hillsborough County: Luanne Panacek, Chief Executive Officer, Children’s Board of Hillsborough County; phone: 813-204-1705, e-mail: mbusi@childrensboard.org.

The Connecticut Community Planning Partnership Initiative is a $1.85 million public/private partnership that supported 23 communities in Connecticut to develop comprehensive early childhood plans. While each of these communities developed its own vision and goals, four areas of focus are common among the communities: 1) early health and development (e.g., education of providers about the importance of developmental screening), 2) ready for school (e.g., quality child care standards), 3) early school success, and 4) family support (e.g., parent education about child development and early literacy). For more information contact: Judith Meyers, President and CEO, Child Health and Development Institute of Connecticut; phone: 860-679-1520, e-mail: Meyers@adp.uchc.edu.

The Early Childhood Colorado Framework was developed in 2008 to synthesize and integrate several years of systems building efforts in Colorado into a plan that provided a collective vision, guided next steps in systems work, and linked work to outcomes. The Framework is intended to help all state and community partners see how their work contributes to the greater picture of all children in Colorado being valued, healthy and thriving. Early Childhood Systems Building work in Colorado occurs at both the state and community level and includes a statewide system of early childhood councils. For more information contact: Jodi Hardin, Early Childhood Systems Specialist, State of Colorado; phone: 303-866-4713, e-mail: jodi.hardin@state.co.us.
The **Evansville Vanderburgh School Corporation School Community Council, Center for Family, School and Community Partnerships** was established in 1991 to promote schools as places of community to enhance child and family development. The partnership is comprised of over 75 community agencies with grants totaling over $22.5 million dollars since its inception. Eight core programs are administered by the Center: 1) after school and summer enrichment, 2) early childhood education, 3) extended daycare center programs, 4) family support services (e.g., parenting education, literacy programs, financial literacy), 5) health and wellness services, 6) school-community council, 7) student support service (e.g., mentoring, counseling and crisis management), and 8) Southwest Indiana College Access Network (SICAN) which provides service and support to encourage students to pursue college. For more information contact: Cathlin Gray, Associate Superintendent, Evansville Vanderburgh School Corporation; phone: 812-435-8457, e-mail: Cathlin.gray@evsc.k12.in.us.

**First Five Alameda County**, funded by California’s Proposition 10, supports a county-wide continuous prevention and early intervention system that promotes optimal health and development, narrows disparities and improves the lives of children 0 to 5 and their families. Programmatic investments are targeted in seven overall areas: 1) Integrated Child Care Quality System, 2) Community-Based School Readiness, 3) Home-Based Family Support, 4) Coordinated Screening, Assessment, Referral and Treatment, 5) Child Health Promotion, 6) Provider Capacity Building, and 7) Community-Based Parent/Child Activities. For more information contact: Mark Friedman, CEO, First 5 Alameda County; phone: 510-875-2424; e-mail: mark.friedman@acgov.org.

**Linkages to Learning** (LTL) was established in 1993 in Montgomery County, Maryland, by the county’s Department of Health and Human Services and a coalition of private non-profit agencies serving children and families. At that time, the Montgomery County Council had directed the County government, school system, and human service providers to develop a system of accessible, cross-disciplinary services located within local community schools in order to better meet the needs of county families, many of whom earned low wages and were immigrants. Today, LTL operates in 28 school sites in the county. Six of these sites are also co-located with school based health centers. This program has created an integrated “no wrong door approach” for families to access needed social and health services within the larger county public-private system of care. For more information contact: Uma Ahluwalia, Director, Montgomery County Department of Health and Human Services; phone: 240-777-1198, e-mail: uma.ahluwalia@montgomerycountymd.gov.

**Nemours** is one of the nation’s largest pediatric health systems operating treatment, research and training programs located in Delaware at the Nemours/Alfred I. duPont Hospital for Children and outpatient clinics throughout the Delaware Valley and northern and central Florida. It was created in 1936 as a charitable foundation through the estate of Alfred I. duPont, the well-known inventor and industrialist, who sought through his fortune to “provide care and treatment for crippled, but curable children and care for the elderly, in both instances with priority being given to residents of Delaware.” Today the Trust’s primary beneficiary is The Nemours Foundation, a 501(c)(3)-designated educational and charitable foundation which conducts activities through its children’s health service institutions. In November of 2002, the Nemours Board expanded the Foundation’s mission resulting in the establishment of a new Nemours operating division, Nemours Health and Prevention Services (NHPS). The goal of NHPS is to effect long-term changes in policies and practices that promote child health and to leverage community strengths and resources to have the greatest impact on the most children. NHPS is working in partnership with other key child-serving agencies and organizations in Delaware to build and implement a comprehensive and integrated approach to child health. For more information contact: Norma Everett, Program and Policy Analyst II, Nemours Health and Prevention Services; phone: 302-444-9100, e-mail: noeveret@nemours.org.


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39. Farrow F and Ebbelo T. Principles and Themes from the meeting Forum on Place Base Initiatives: Bridging Services for Young Children at the Local Level. Battle Creek, MI: W.K. Kellogg Foundation. May 2009.


