

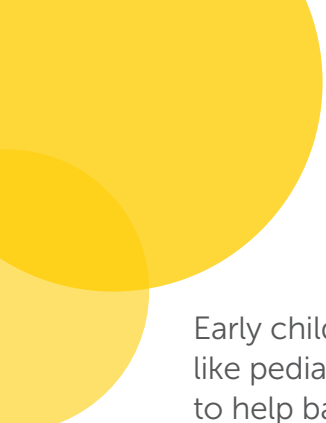


Early Childhood
Developmental
Health Systems

EVIDENCE TO
IMPACT CENTER



**Strong
Systems,
Healthy
Families:
State and
Community
Approaches to
Support Young
Children**



Early childhood development systems are networks of organizations and services – like pediatric care, family support, and early childhood education – that work together to help babies, toddlers, and their families grow and thrive. These systems work best when government services, families, and communities collaborate. When systems are comprehensive and well-designed, they can help create a positive, lasting impact on young children’s healthy development and ensure that families receive the services they need, when they need them. However, meaningful systems change requires time, careful planning, and commitment to make sure the impact lasts and can be measured.

The [Early Childhood Developmental Health Systems \(ECDHS\): Evidence to Impact Center](#) works with three **Implementation Sites in Colorado, Maui County, and Washington** to strengthen and expand early childhood systems in their states and communities. With support from the ECDHS: Evidence to Impact Center, the Implementation Sites develop and test innovative strategies for strengthening systems that support healthy families, including:

1. **Promoting early developmental health and well-being.**
2. **Connecting services like maternal and child health, early childhood education, and other social services so families experience seamless care.**
3. **Lifting up family and community leadership.**
4. **Using data to inform policymaking and the distribution of resources.**
5. **Finding and investing in long-term solutions that support sustainability.**



How Each Implementation Site Improves Health Outcomes for Families

Each Implementation Site includes representatives from different areas, including state agencies, systems-building coalitions, community groups, and family-support organizations. This team structure ensures they can improve practices for young children at the local and state levels. The Implementation Sites focus on areas like infrastructure, policy, financing, care coordination, and workforce.



The Sites work to make lasting changes in how systems support children and families in their states and communities. They have developed action plans that explain how they will support and involve families, communities, and health providers, and how they will address challenges that may slow down their goals. See the following table to learn more about each Site's team, goals, and example action steps.

Implementation Sites



1. COLORADO

TEAM LEAD: [Colorado Nonprofit Development Center's Assuring Better Child Health & Development](#)

TEAM REPRESENTATION: [Colorado Department of Early Childhood](#), [Healthier Colorado](#), [Ability Connection Colorado](#), [Valley-Wide Health Systems](#), [University of Colorado, School of Medicine](#), [Colorado Department of Public Health & Environment](#), [Colorado Chapter of the American Academy of Pediatrics](#), Jessica Esquibar – Community Connector/Family Leader

REGION OF FOCUS: San Luis Valley

GOALS:

- Increase access to high-quality, sustainable early childhood developmental and behavioral health services in primary care settings.
- Equip a highly trained workforce of experts to implement strategies that ensure high-quality systems.
- Engage community partners in the development and dissemination of strategies for enhancing system approaches.
- Leverage existing policies to support the scaling and sustainability of an early childhood developmental health systems model and develop a policy agenda.

ACTION STEPS:

- Expand the [HealthySteps](#) model and provide support to existing HealthySteps sites.
- Establish a closed-loop electronic referral between health systems and Early Intervention Colorado to support effective referral system and coordination of services for children (birth to three) and their families.
- Build trust with the community and families by establishing a Family Co-Design Workgroup, collaborating with local leaders and organizations, expanding the role of a community coordinator, and building partnerships through higher education.
- Coordinate with existing early childhood systems initiatives, incorporate family and community voice data into policy plans, and connect with other states implementing systems-building models.

2. MAUI

TEAM LEAD: [Kākou for Keiki](#)

TEAM REPRESENTATION: [Maui Family Support Services](#), [State of Hawaii Department of Health](#), [Association for Infant Mental Health in Hawai'i](#), [Kalauokekahuli](#), [Keiki O Ka `Āina Family Learning Centers](#), [Imua Family Services](#), [Maui Economic Opportunity, Inc.](#)

REGION OF FOCUS: Maui County (islands of Maui, Moloka'i, and Lāna'i)

GOALS:

- Strengthen and expand the infrastructure of Kākou for Keiki – an early childhood systems collaborative – to scale systems building across Hawai'i.
- Establish a local system for early childhood developmental promotion, screening, referral, and linkage that engages an 'ohana-centered (or family-centered) approach in alignment with the Early Childhood Comprehensive Systems family leadership development efforts.

ACTION STEPS:

- Establish a comprehensive screening kiosk in Maui's only federally qualified health center.
- Identify how to collect and share data related to early childhood developmental screening, referral, and linkage.
- Increase access to services that are relevant and responsive to Maui families, such as funding a doula mentorship program, training therapists in Child Parent Psychotherapy, and developing [Talking Is Teaching](#) materials that reflect local perspectives and suit local needs.

3. WASHINGTON

TEAM LEAD: [Washington State Department of Health](#)

TEAM REPRESENTATION: [WithinReach - Help Me Grow Washington](#), [First 5 Fundamentals - Washington](#), [Communities for Children](#), [Washington Chapter of the American Academy of Pediatrics](#), [Washington State Health Care Authority](#), [Washington State Department of Children, Youth and Families](#)

REGION OF FOCUS: Grant County, Grays Harbor County

GOALS:

- Develop and maintain capacity for early childhood developmental health system planning, implementation, evaluation, and sustainability.
- Increase local and state capacity to connect families to a continuum of services that promote early developmental health and family well-being, beginning prenatally.
- Support integrated cross-sector data systems and analyze strategies that inform policy, resource allocation, and plans to scale to other communities in the state.

ACTION STEPS:

- Conduct community partner outreach to promote family and community leadership and coordinate local navigators to improve early developmental health and family well-being.
- Align with existing early childhood systems initiatives, screening initiatives, and infant and early childhood mental health efforts.
- Identify opportunities to leverage existing datasets and resources and conduct evaluation activities to identify key metrics and outcomes.

Technical Assistance to Advance Systems-Building Efforts

The ECDHS: Evidence to Impact Center provides support to each Implementation Site to carry out their action plans, test resources and approaches, understand strengths and opportunities, include family voices, advance data collection and evaluation, and plan for long-term sustainability.

The Center offers support through:

- Regular meetings with each Site team;
- Peer learning events;
- In-person site visits;
- Small-group consultations and trainings with subject matter experts; and
- Curated resources and tools.



The ECDHS: Evidence to Impact Center is led by ZERO TO THREE in partnership with the American Academy of Pediatrics, Help Me Grow National Center, Family Voices, James Bell Associates, and Thrive Center for Children, Families, and Communities at Georgetown University. Learn more about the ECDHS: Evidence to Impact Center at earlychildhoodimpact.org.

This program was made possible through the support of the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$5,300,000 with 0% financed from non-governmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).
