



ACCELERATING ACTION AND GAINING TRACTION IN EC SYSTEMS BUILDING INITIATIVES:

Policies to Solidify, Institutionalize, and Formalize Advancements for Sustainability

Case Studies from the ECCS Impact CollN, 2021

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The Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network (ECCS CoIIN) was a five year effort (August 1, 2016 through July 31, 2021) to strengthen systems to improve population level early childhood developmental health and family well-being in 28 communities across 12 states. The aspirational aim of this program was to increase age-appropriate developmental skills among three-year-old children and reduce developmental disparities. The goals that were prioritized in order to move towards the aspirational aim included:

- ▶ Create a Common Agenda/Shared Vision and Strategies
- ▶ Develop Shared Data Systems
- ▶ Promote Aligned and Mutually Reinforcing Activities
- ▶ Provide Backbone Support and Mechanisms for Continuous Communication Between State and Community
- ▶ Disseminate EC Development/Systems Information
- ▶ Integrate Early Developmental Promotion, Screening, Referral, Linkage, and Developmental Processes across and within sectors and communities
- ▶ Build Care Coordination Capacity
- ▶ Support Continuous Learning and Improvement Efforts
- ▶ Develop and Maintain Partnerships and Networks
- ▶ Family Leadership
- ▶ Build Public Will
- ▶ Advance Policies and Mobilize Funding to Sustain System Improvements

The Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network (ECCS CoIIN) was a nationwide initiative to improve outcomes in population-based children’s developmental health and family well-being, funded by the Health Resources & Services Administration’s (HRSA) Maternal and Child Health Bureau (MCHB).



Overview of ECCS CoIIN

An expanding body of scientific evidence points to the critical importance of early childhood experiences (prenatal through age three) in setting the foundations for lifelong health and well-being. At the same time, there is a growing awareness that an increasing proportion of young children and families are falling behind: that inequities related to race, place, and income for the youngest children and their families are all too common and too often translate into lifelong disadvantages in health, education, economic success, and general well-being. As a result, in communities and states across the country, there is a growing movement to develop coordinated, effective, and high-quality systems to support all parents and give all young children an optimal start. ECCS CoIIN is one of these systems-building initiatives.

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Introduction

The Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network (ECCS CoIIN) Impact Grantees (IGs) and Place-Based Communities (PBCs) implemented several successful activities and strategies at both the state and community levels that they wanted to sustain beyond the life of the grant, such as improving developmental screening in various settings (e.g., early childhood education settings, family engagement and leadership; integrated data systems; establishment of a permanent early childhood council; and increased participation in council meetings). One of the original secondary aims of the ECCS CoIIN was to test innovative Early Childhood systems change ideas, develop spread strategies, and adopt new Early Childhood policies for sustaining the systems developed during this project that improve children’s developmental health and family well-being. This aim was updated with the development of the ECCS Logic Model under Policy Transformation: to include policy development and improvement are key to support, accelerate, and sustain an early childhood system.

The Coordinating Center, in partnership with ECCS CoIIN grantees, developed and implemented a broad definition for ECCS CoIIN policy work. It includes any written document that includes “actionable steps” or dedicated support that helps promote, solidify, or institutionalize a practice or procedure for the intention of formalizing, enhancing and/or sustaining the effort. Policy development or changes influenced by the ECCS work can be in the form of laws, regulations, funding mechanisms, assigned staff tasks, procedures, administrative actions, or practices by or influencing any of the partner agencies or organizations or supporting any of the population involved in the ECCS CoIIN effort.

This brief describes successful approaches the ECCS CoIIN IGs and PBCs employed to advance policies and mobilize funding to sustain system improvements. It also includes three state-level policy examples of how they sustained various efforts of the ECCS CoIIN work within their states.



What Accelerated Action and Gained Traction?

The ECCS CoIIN includes multiple stakeholders, agencies, and organizations working with IGs and PBCs to facilitate positive changes in early childhood practices and systems. Sustaining and spreading these changes can be challenging and requires an intentional focus in multiple areas. In order to create and support their focus, the ECCS CoIIN Coordinating Center provided IGs and PBCs with information and resources centered on sustaining their work, including the creation of a Sustainability Guide Toolkit, based on the Collective Impact framework, to help grantees intentionally plan for maintaining practices and policies and a Policy Action Guide to provide a process for identifying, analyzing, and prioritizing policies that can influence systemic improvements and lead to improved development and health of infants and young children. Using these tools, ECCS CoIIN IGs and PBCs accelerated systems change by advancing policies and mobilizing funding to sustain system improvements at both the state and local levels and utilizing a community-based approach to policy implementation and spread, leveraging communities as authentic partners.

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ECCS States Create Systems Change by Advancing Policies and Mobilizing Funding to Sustain System Improvements at Both the State and Local Level

The ECCS CoIIN IGs and PBCs understood that intentional planning for sustainability helps grantees further define their work and determine levels of commitment. Therefore, ECCS CoIIN IGs and PBCs were encouraged to develop sustainability plans at both the state and local levels.

It is also known that developing policies, procedures, and implementing practice changes helps sustain the work in communities and states. Policies that solidify, institutionalize, and formalize advancements are key to sustainability and may result in sustained practices, processes, and established relationships. Guidance for ECCS CoIIN IGs and PBCs makes it clear that planning for sustainability should begin very early in the project, as these strategies and processes can take many years. It is critical to begin having conversations with stakeholders early in the grant cycle to develop a plan and build sustainability efforts. Making sustainability a priority and planning for it can help IGs and PBCs define critical short- and long-term strategies; develop messages to attract and make the best use of human, financial, and in-kind resources; and obtain input and buy-in from partner agencies, organizations, and key stakeholders (Batan, Butterfoss, Jaffe, & LaPier, n.d.).¹

The ECCS CoIIN IGs and PBCs used various methods and strategies to sustain the work and make progress toward promoting developmental health of infants and toddlers, such as:

- ▶ Building self-sustaining networks that include ongoing communication, relationships with key partners at the state and local levels, data sharing, and shared projects
- ▶ Providing ongoing support from individual and backbone organizations to help sustain the work, such as convening groups and maintaining two-way communication
- ▶ Developing policies at the program level
- ▶ Revising or aligning program regulations rather than formal legislation
- ▶ Aligning goals, coordinating processes, and connecting to communities
- ▶ Aligning different funding streams



Examples of policy efforts to sustain the work included developing or implementing policies or embedding procedures within local agencies or organizations, developing memorandums of understanding (MOUs) or agreement (MOAs) among agencies/ organizations, or developing data sharing agreements. In addition, some states were successful at implementing legislation, executive orders, or embedding efforts within state plans or federal grant applications/plans, such as using one county's or program's success to promote statewide adoption for developmental screening, developing family engagement through policy, developing and sustaining shared data systems, and using ECCS data as a key indicator of performance to support the National Performance Measure Six (NPM 6) in the Maternal Child Health Block grant.

¹Batan, M., Butterfoss, F.D., Jaffe, A., & LaPier, T. (n.d.) Healthy communities' program: Sustainability planning guide. Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/nccddphp/dch/programs/healthycommunitiesprogram/pdf/sustainability_guide.pdf

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Examples of Key “Small P” Policy and “Big P” Policy Levers for the ECCS CoIIN Grantees

“Small P”	“Big P”
<ul style="list-style-type: none"> ▶ Programmatic/organizational policies or procedures <ul style="list-style-type: none"> ▶ MOUs ▶ Data sharing agreements 	<ul style="list-style-type: none"> ▶ State/Federal Government Legislation <ul style="list-style-type: none"> ▶ Executive orders ▶ Medicaid state plans ▶ MCH Block Grant

The ECCS CoIIN data and state case studies that follow reflect some of the successes with policy development to help sustain the work:

- ▶ During ECCS CoIIN, 65 percent enhanced or implemented policies
- ▶ Policy development or enhancement focused on programs and regulations rather than formal legislation
- ▶ Transformation occurred through goal alignment, process coordination, and connecting to communities
- ▶ A key lever and recommendation area was aligning different funding streams

For more information on the data results, please see the Data brief title of the [ECCS Final Evaluation Report](#).

Challenges and Opportunities that Impact, Solidify, Institutionalize, and Formalize Policy Advancements

As the Coordinating Center has worked with the ECCS CoIIN states, several factors that may impact a state’s progress towards implementing policies has been identified, most notably state-specific contexts such as the location of the ECCS Coordinator/State Lead position within the state infrastructure, the political/public will within the state, and the state’s key levers for policy change. The ECCS Coordinator/State Lead were more successful when he or she had the ability to partner with and opportunity for discussions with core early childhood program leaders such as Medicaid, EPSDT, Early Intervention, Head Start, preschool and childcare leaders; and also were in a position to impact policy development or revisions and lead efforts to build political will regarding early childhood issues. Additional key variables to consider is the level of involvement of the state backbone organization in other early childhood initiatives and projects, and the availability of funding to support the ECCS CoIIN work. Other challenges faced by the ECCS CoIIN states and communities have been staff turnover, dynamics/buy-in/ support of local and state advisory groups, competing priorities, data collection efforts, lack of resources/referral sources for children identified with developmental concerns, lack of sustainable funding, and the long-term nature of system-building. Identified opportunities for success within ECCS CoIIN states have included an increased awareness of the importance of early childhood development, screening, referral, and follow-up; recognition of the need to align related projects and initiatives; the importance of parent involvement/ leadership; and the need for focused TA to support states’ momentum.



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Case Study 1

A Community-Based Approach to The Initiative's Work Leads to Policy Implementation and Spread (Communities as Authentic Partners)

The **ECCS Delaware team** implemented a statewide policy change through agency regulations requiring all birth-to-five early childhood education programs (ECE) to use the Ages and Stages Questionnaire (ASQ®) for developmental screening, a culmination of the work started in the Colonial School District, one of the ECCS community teams. The policy creation promoted collaboration among all 19 Delaware school districts across the state to commit to creating a developmental screening page on all ECE school district program websites with links to the ASQ® screener for parents' use (free of charge) and subsequent referral and early intervention processes through the ASQ® online system. The Delaware Department of Education Office of Early Learning holds and maintains the subscription to the online Ages and Stages Questionnaire (ASQ®) program through Brookes Publishing.

Members of the ECCS team also worked with community leaders, advocates, and legislators to support the passage of legislation, which would require all licensed child care facilities to provide developmental screens for all enrolled children birth to age five. [DE-House Bill 202](#) passed this summer and will be effective on July 1, 2023.



Case Study 2

State Level Partnerships with Local-Level Systems Sustain Developmental Screening Efforts Through Medicaid Policy Development and Revisions

The **ECCS Louisiana team** built on and enhanced work initiated through the state's Title V Maternal Child Health Block grant and Project LAUNCH grant to sustain and expand efforts to strengthen developmental screening in the state. In partnership with the Louisiana Young Child Wellness Council (YCWC) Developmental Screening (DS) Workgroup, the team piloted the implementation of the Title V Louisiana Developmental Screening Guidelines (LDSG)—a Title V initiative to elevate certain developmental domains and recommended tools—and promoted a toolkit for providers in the two ECCS communities (Vermilion and Morehouse parishes). Over the course of the ECCS project period, ECCS project staff engaged healthcare providers in the parishes of focus to test universal screening and data collection around screening practices in order to facilitate targeted practice-level improvement activities. This toolkit led to the creation of a [comprehensive online developmental screening quality improvement toolkit](#). This toolkit is designed to help providers implement the LDSG and integrate high quality developmental screening and referral processes into day-to-day practice. Using a quality improvement (QI) framework, the toolkit supports practitioners to implement small scale tests of change, with the ultimate goal of implementing the changes across the entire practice to improve the way healthcare is delivered. The LDSG meet the recommendations of the AAP and Medicaid, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, for eligible children under the age of 21. The link provides an overview of the Louisiana Developmental Screening Guidelines and Developmental Screening Initiative, [\[Developmental Screening Toolkit Homepage | Department of Health | State of Louisiana \(la.gov\)\]](#).



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As part of efforts to memorialize and strengthen organizational readiness for strategic interagency work between the state Title V and Medicaid agencies related to early childhood development, in 2017, the Title V director updated the Title V/Title XIX Memorandum of Understanding and took concerted steps to enhance the partnership with the state Medicaid program. In addition to redeveloping the interagency agreement, BFH created positions to support the development of shared goals and coordination of aligned work. One such role was the creation of an Early Childhood Systems Strategy Manager (ECSSM) who helped document and advance an early childhood policy agenda. This policy agenda drew on the learnings from historical Title V, Project LAUNCH and ECCS activities, and was refined in consultation with Kay Johnson, a consultant with deep familiarity with how policy issues can be operationalized in Medicaid. A key function of the ECSSM role was to ensure consistent presence in the meetings and processes that the state Medicaid agency uses to inform their policy decisions and improvement efforts.

This approach of defining, communicating, and refining a specific policy and action agenda together with system partners has begun to yield important alignment of efforts in and outside of government. In 2019, the BFH team presented the LDSG and Developmental Screening policy work to the Medicaid Pediatric Quality Committee. The presentation included specific recommendations for policy changes and improvement work. This focused proposal prompted the committee to formally recommend the adoption of QI initiatives around comprehensive developmental screening. Elevating the work of the local ECCS teams in a Medicaid Quality Forum was also significant and advanced deliberations around the inclusion of developmental screening as an incentive measure for the 2020 Medicaid Managed Care Organization (MCO) contracts. A culmination of the ECCS-related work with Medicaid has been the opportunity for Title V and ECCS project leadership to support a new pediatric medical director role in Medicaid and the unbundling of the EPSDT billing codes related to developmental screening. In January 2021, Medicaid issued a new policy that compensates providers for conducting screening with certain evidence-based instruments in some key domains including general development, autism, and social-emotional health of the child and caregiver. Louisiana's ECCS team hopes that this change will promote best-practice screenings and allow for the monitoring and data analysis of completed developmental and social-emotional screenings. To support implementation, the ECCS team and other BFH staff partnered with Louisiana Medicaid and the Louisiana Chapter of the AAP to develop a three-part webinar series on the newly revised Louisiana Developmental Screening Guidelines and the new Medicaid policy on developmental screening reimbursement. This was a concerted group effort with many contributing strategies that hold the promise of strengthening the systems of care for children in the state.

Case Study 3

State Partnership with Local-Level Systems Sustain Family Engagement and Developmental Screening Awareness Through Policy Development

The **ECCS Indiana team** was successful at sustaining family engagement and involvement through developing a Family Engagement Policy. Members of the ECCS team received training and technical assistance on the [Family Engagement in Systems Assessment Tool \(FESAT\)](#). The FESAT is a tool created by Family Voices, through funding from the Lucile Packard Foundation for Children's Health, to assess and improve family engagement at the systems level. Following the training and technical assistance provided, the team engaged additional local team partners to determine next steps and reviewed local organizational policies and efforts related to family engagement. Partners also shared resources and information, including existing family advisory boards that would assist the ECCS team in learning more about successful local efforts with families. The ECCS evaluation team made the FESAT a fillable survey that was distributed to all local partners about family engagement efforts for those participants who were unable to participate in some of the smaller work group activities to contribute and share their ideas. Based on the survey results, the John Boner Neighborhood Centers (JBNC), the local backbone agency, created a draft Family Engagement Policy to support the involvement, engagement, empowerment, and leadership of parents and families in activities and strategies of ECCS and related tasks within the early childhood field. The JBNC agency policy provides a position description and summary of job expectations, activities, and preferred qualifications.



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The team also developed a **Family Engagement Policy Guide**, along with the JBNC policy that includes definitions of family leader/parent/caregiver, history of the Indiana ECCS CollN, purpose, pay policy, and training opportunities and provides the framework to ensure authentic engagement of family members as leaders and experts in the field of early childhood, ensuring that their voices, perspectives, experiences, and expertise is included to further improve early childhood systems and efforts within the community and across the state. The draft policy and guide were shared with the local team, the state advisory board, the ECCS Coordinating Center Technical Assistance team, and other stakeholders to gather feedback. These efforts offered several perspectives and provided comprehensive feedback and questions, including the target audience, how to appropriately gather family feedback on the policy, and how to use the policy and guide more broadly at both local partner agencies as well as at the state level. The ECCS community lead is currently incorporating all feedback into a revised draft to reshare before finalizing the product.



Through a quality improvement process in 2018, the **ECCS Indiana team** determined that the families in the local target community had to leave the catchment area to receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) services. The families had to travel to another area in the metro community to make their appointments and receive services. State and local team leaders worked with both state and local WIC agencies and were able to establish a WIC clinic in the John Boner Neighborhood Center. The clinic opened in November 2017, offering services two days a week. This WIC office offers developmental screening by including the ASQ® and ASQ®:SE in their welcome packets and parents are provided some education and background about the ASQ®. Parents are encouraged to complete an ASQ® while at the clinic but are not required to do so. The ECCS evaluation team worked with the local community to develop a checklist to monitor how many families and children were completing the screening or were previously screened. The ECCS team is developing policies for the implementation and completion of the ASQ® questionnaires at all local WIC clinics and implementation of the ASQ® family access portal for use by medical professionals and families.

Case Study 4

Trust of State Leaders Recognized by State Elected Officials and Helped Create Legislation to Formalize Early Childhood Council

The **ECCS Utah team** was recognized for their experience, expertise, and leadership with enhancing the early childhood system in the state. In 2011, the previous success of the ECCS grant work led to the Governor designating the existing ECCS State Team, located in the Utah Department of Health, Bureau of Child Development, to function as the State Advisory Council on Early Care and Education, which resulted in the creation of Early Childhood Utah (ECU). This designation helped lay the foundation for the success and implementation of the current ECCS CollN team efforts.

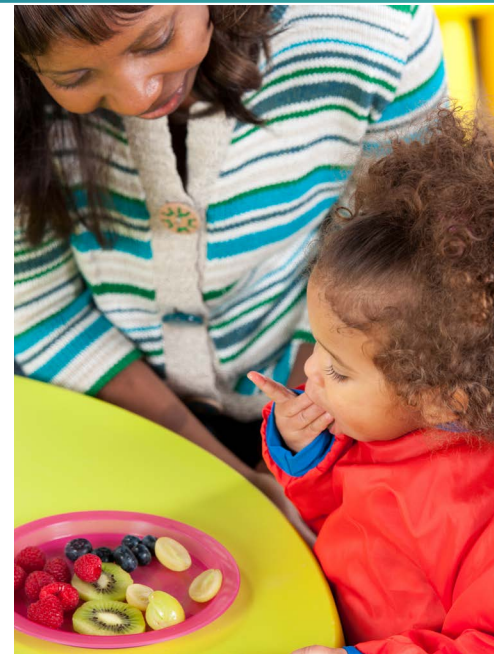


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The Early Childhood Utah (ECU) Advisory Council is comprised of leaders from children's health and mental health, early care and education, and parent resource programs. There are two co-chairs of the Council, and the State ECCS Impact Grantee staff at the Department of Health facilitates the Early Childhood Utah Advisory Council. The Council's purpose is to promote statewide coordination and collaboration among a wide range of early childhood programs and services to ensure that Utah children enter school healthy and ready to learn.²

- ▶ The mission of the Utah ECU is to “promote and support a strong foundation of health and wellbeing so that all children enter school ready to learn and go on to lead healthy, happy and productive lives.” The mission is accomplished by “helping families and early childhood programs understand child developmental milestones and how to use the Ages and Stages Questionnaires®, third edition (ASQ®-3) and the Ages and Stages Questionnaires®: Social-Emotional, second edition (ASQ®:SE-2) to support optimal child development; by coordinating and facilitating the work of the ECU to improve systemwide collaboration and coordination to ensure young children enter school healthy and ready to learn; and by developing data systems and a data infrastructure in order to effectively collect, analyze, and use data to drive smart and effective policy, funding, and programmatic decisions”.³



A major accomplishment of the ECU was the development and implementation of an Early Childhood Integrated Data System (ECIDS), which integrates early care and education data from participating agencies and programs that provide services to families with young children. The intent of ECIDS is to help identify and evaluate long-term outcomes attributed to early childhood investments. Utah's ECIDS is hosted by the Utah Department of Health (UDOH) and brings together data from multiple sources through collection, integration, maintenance, storage, and reporting. Utah's ECIDS helps state and local leaders identify gaps and trends and understand how to best support young children and their families.

- ▶ “ECIDS is designed to assist early childhood programs and stakeholders meet the following objectives:
 - Evaluate long-term health and education outcomes for children who participated in early care and education programs (ECE)
 - Improve child outcomes and the quality of ECE programs by promoting data driven decisions
 - Answer key policy questions regarding ECE programs and services, such as whether families have access to resources, which children and families are or are not being served, characteristics of various early childhood programs demonstrating positive outcomes, utilization data and ultimately analyzing the educational and economic returns of early childhood investments
 - Provide data that is timely, relevant, accessible, and easy to use
 - Improve the ability of agencies to participate in funding opportunities that require data on children, ECE professionals, and ECE programs⁴

The **ECCS Utah team** has been successful with building on the previous ECCS grant activities, as well as expanding participation in the ECU meetings using a virtual platform during the COVID-19 pandemic. Following is a description of those efforts.

² <https://earlychildhoodutah.utah.gov/advisory.php>

³ <https://earlychildhoodutah.utah.gov/index.php#about>

⁴ <https://ecids.utah.gov/home/about>

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The previous ECCS grant provided the foundational funding for ECIDS development, which included the initial integration of data from Vital Records, WIC, MIECHV Home Visiting (legacy data), IDEA Part C Early Intervention, Child Care Subsidy and Head Start. The current grant helped fund recent enhancements, such as including ASQ® data, and supported annual maintenance. Other grant funding supported enhancements to ECIDS, such as the integration of the new Home Visiting database along with improved data features, such as the ability to further disaggregate ECIDS dashboard reports. The Utah ECCS team is seeking additional funding to sustain/maintain ECIDS and for additional enhancements, including the proposed new ECCS grant.

The ECCS Utah team reported that the move to virtual ECU meetings during the COVID-19 pandemic allowed more people to attend and participate in the advisory council meetings (from approximately 15 to 45 people attending) and this has started additional meetings on different topics to help push other agenda items forward (e.g., infant mental health). Successes strategies of the ECCS Utah Team included facilitating the ECU Advisory Council and participation with the Governor's Commission on Early Childhood that helped foster many relationships with partners, such as increasing engagement of health providers, which was beneficial to achieving and aligning grant goals with their work. The team reported an increase in health providers enrolled and using the ASQ® enterprise account. The team is hopeful that the ASQ® results and increased provider education efforts will encourage more providers to enroll in the ASQ® enterprise system. The team also reported that engaging in conversations and collaboration with Early Childhood providers across the state helped facilitate the spread of strategies within communities and across the state. The team accomplished this by attending various meetings, training providers, and getting providers and agencies enrolled and using the ASQ® on a regular basis across the state. In addition, the team reported that the ASQ® Training of Trainers (TOT) seminar from Brookes was vital to increasing the number of trainers in the state and getting the appropriate people trained to be trainers of the TOT seminar, which allowed for the training to occur monthly and upon request. Overall, the team reported that this grant has expanded the use of the ASQ® screening tools across the state and these efforts helped lead the Governor's Commission on Early Childhood to adopt the ASQ® screening tools as the recommended screener for the state.



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Conclusion

This brief illustrates the importance of states focusing on both “Little P” and “Big P” policy efforts to sustain the work of developing a comprehensive early childhood system. States can help sustain their efforts by using any of the examples described above and by implementing any of the following strategies:

- ▶ Identify gaps, barriers, inequities, and needed policy change at the state level
- ▶ Articulate and/or prioritize policies that can improve developmental promotion for infants and young children
- ▶ Improve the strategic approaches used by early childhood system-building leaders to identify and further the adoption of policy solutions
- ▶ Improve the analytical ability to measure the impact of policies developed
- ▶ Promote practice changes at the partner organization level (i.e., when developmental screening is implemented at a new organization, project staff assist organizations in making a policy change to ensure their processes remains even if staff turnover occurs)
- ▶ Institutionalize a procedure through the establishment of a policy (i.e., development of a Standard Operation of Procedure [SOP] for implementing the ASQ® in the clinic site)
- ▶ Solidify partnerships through formal policy supports (establish and ensure MOUs are current and contain information and data to make informed decision-making strategies)
- ▶ Evaluate the legislative actions and budget recommendations presented by the Governor and the Legislature to determine whether it effectively meets the needs of the state’s young children and their families
- ▶ Advocate for specific changes to state and federal level policies, including in the fields of Education, Medical, and specifically Medicaid, Home Visiting, and Child Welfare
- ▶ Provide training opportunities to identify strategies for communicating policy priorities to policymakers
- ▶ Establish Early Childhood Governance that creates legislatively mandated structure (Committee, Commission, Council, etc.) to work collaboratively to coordinate opportunities and access to Early Childhood programs
- ▶ Seek and obtain diverse and alternative funding to support community level and state level Early Childhood initiatives

This case study is one of six developed through the ECCS CoIIN initiative. This series of six case studies identify key accelerators of early childhood system building, highlighting what was learned from the ECCS CoIIN Initiative and sharing bright spots of states and communities. All six case studies can be found at <https://www.nichq.org/project/early-childhood-comprehensive-systems-collaborative-improvement-and-innovation-network-eccs>

