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BUILDING BRIDGES:
A Comprehensive System for Healthy Development and School Readiness

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BUILDING STATE EARLY CHILDHOOD COMPREHENSIVE SYSTEMS SERIES, NO. 1

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BUILDING STATE EARLY CHILDHOOD COMPREHENSIVE SYSTEMS SERIES

This series of reports is designed to support the planning and implementation of the Maternal and Child Health Bureau (MCHB) State Early Childhood Comprehensive Systems (SECCS) Initiative. The series was edited by Neal Halfon, Thomas Rice, and Moira Inkelas. The reports were written by a team of experts to provide guidance on state policy development within the SECCS Initiative. Policy reports on crosscutting themes include strategic planning, communications strategies, financing, results-based accountability, cultural proficiency, and data analysis and use. Policy reports on programmatic topics include medical home, parenting education, family support, infant mental health, and dental health.

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INTRODUCTION

Rapidly expanding scientific knowledge in the field of childhood development re-emphasizes the importance of the child's early years. Early childhood experiences, which are shaped by families and communities, influence future development and learning. Early childhood is increasingly understood as a time of great opportunity for optimizing health and positive developmental outcomes over the lifetime. The landmark 2000 Institute of Medicine (IOM) report *From Neurons to Neighborhoods* synthesizes a growing body of research from the neurosciences and the disciplines of child development and education, and presents recommendations intended to assure that all children have the opportunity to realize their potential.[1] *From Neurons to Neighborhoods* also considers how optimal health and development can be encouraged through appropriate personal and population health services, early education, mental health care, and family support services.

The current evidence, summarized in the report's 10 Core Concepts for Early Childhood Development (see Figure 1), makes clear that for all children to attain their optimal development certain conditions are required, not optional. These include:

- Structured, dependable, nurturing relationships with parents and other caregivers.
- Families with adequate resources to provide safe, nurturing environments that meet the child's physical, emotional, and educational needs.
- Health care, developmental, and education services practiced by those who can identify potential risks and address potential problems at the earliest possible time, which makes intervention most effective.

The growing consensus on the importance of early childhood for lifelong development has increased momentum across communities, states, and nations to utilize new approaches to enhancing early childhood outcomes. There is also a growing belief across disciplines that the achievement of optimal development by all children will be made possible only by multisector, multidisciplinary systems building that addresses the needs of individual children in the context of their families and communities. Additional enthusiasm has been generated by major international, national, and, in the United States, state-level initiatives involving resources and creative methods that promote young children's health and well-being. In England, Canada, Australia, and in North Carolina and California, for example, major initiatives have been launched to reengineer service systems, streamline service pathways, and improve prevention and intervention services for young children.

National Momentum Toward a Holistic View of Promoting Early Childhood Development

There is increasing national momentum toward improving service systems for young children, based on a growing body of evidence about the role of healthy development in assuring school readiness and lifelong learning capacity. In the early 1990s, the U.S. Department of Health and Human Services launched Healthy and Ready to Learn an ambitious childhood initiative the premise of which was that healthy development and academic achievement are linked. With the neuroscientific breakthroughs and broader understanding of the importance of brain development during the child's early years that emerged in the 1990s, many initiatives garnered new support: Head Start was expanded, Early Head Start launched, and Healthy Child Care America and many complementary programs created.

Promoting the healthy development of young children has always been a goal of the federal Maternal and Child Health Bureau (MCHB) and state MCH/Title V programs. Now there is not

FIGURE 1

The 10 Core Concepts for Early Childhood Development

1. Human development is shaped by a dynamic and continuous interaction between biology and experience.
2. Culture influences every aspect of human development and is reflected in childrearing beliefs and practices designed to promote healthy adaptation.
3. The growth of self-regulation is a cornerstone of early childhood development that cuts across all domains of behavior.
4. Children are active participants in their own development, reflecting the intrinsic human drive to explore and master one's environment.
5. Human relationships are the building block of healthy development.
6. The broad range of individual differences among young children often makes it difficult to distinguish normal variations and maturational delays from transient disorders and persistent impairments.
7. Children's development unfolds along individual pathways whose trajectories are characterized by continuities and discontinuities, as well as by a series of significant transitions.
8. Human development is shaped by the continuous interplay among sources of vulnerability and sources of resilience.
9. The timing of early experiences can matter, but more often than not the developing child remains vulnerable to risks and open to protective influences throughout the early years of life and into adulthood.
10. The course of development can be altered in early childhood by effective interventions that change the balance between risk and protection, thereby shifting the odds in favor of more adaptive outcomes.

Source: From Neurons to Neighborhoods: The Science of Early Childhood Development (2000). Institute of Medicine.

only new momentum for improving the organization and delivery of early childhood health development services and systems at a national and state level, but also a growing convergence in the policy goals of several human service sectors (education, child care, child welfare, mental health) focused on healthy development and school readiness. In 1997, the National Education Goals Panel reframed the concept of "school readiness" to include schools being ready for children; families and community consciously supporting the transition to school; and children being ready to attend school.[2] Children's readiness for school is no longer defined in terms of academic achievement, but as their overall physical, emotional, cognitive, language, and social development during their first five years. This reframed understanding of school readiness now powerfully aligns the goals of the education sector with those of the MCH community. It also portrays for a broader audience (e.g., the public, businesses, multiple service sectors) the importance of promoting healthy development and optimal school readiness within a family and community context.

Why Focus on Improving Systems

There is a clear need for reducing gaps and improving coordination of early childhood services. Deficiencies in our current delivery systems are preventing many young children from attaining optimal health and development:

- Pediatric health care providers fail to identify developmental delays in many children. Some

FIGURE 2

Status of Young Children in the U.S.

Risk factors

- A risk factor to child health and well-being can be defined as an activity or characteristic of the child, family, or community that is associated with a negative outcome (e.g., a high level of violence in the community and intentional injuries among young children).
- Risk factors measure family and child's access to resources, earlier development, and input from family or non-parental sources.
- As the number of risk factors increases, the likelihood of adverse outcomes increases, and the effect of the risk factors is multiplied.[5, 21]
- Almost 30 percent of families in the United States have two or more risk factors for adverse child outcomes. Eleven percent have two risk factors, and 19 percent have three or more.[6]

Family Income and Resources

- Young children from low-income families are at greater risk for poor health and developmental outcomes.
- About 35 percent of children four to 35 months of age live in households with an income of $25,000 or below. Relatively few young children (14%) are in households with an income greater than $75,000.[7]
- Among mothers of children age four to 35 months, 21 percent have less than a high school degree and 34 percent have only a high school degree.[7]

Health Status

- Most young children in the United States (85%) are reported to be in excellent or very good health, while about three percent have a disability.[8]
- While relatively few children have an identified disability, nearly half of parents of young children have at least one concern about their child's physical or behavioral development.[7]
- More than 50 percent of developmental problems are not identified until school entry.[9]
- About 37 percent of white children have one or more risk factors compared to 66 percent of African-American and 72 percent of Hispanic children.[10]

Access to Health Care

- Most young children (89%) have private or public insurance, and many uninsured children are actually eligible for a public program but have not been enrolled.[11] For example, in California 79 percent of uninsured children zero to five years old are eligible for but not enrolled in a public program.[12]
- Hispanic children are twice as likely as other children to be uninsured.[7]
- About 32 percent of Hispanic children go to community health centers or public clinics for care, compared with about 12 percent of non-Hispanic white children.[7]
- Mothers with uninsured children, as well as mothers with less than a high school education, are more than three times as likely as other mothers to have no prenatal care in the first trimester of pregnancy.[10]

Medical Home and Health Care Quality

- Nearly all young children have a usual source of well-child care. However, fewer than one half of children four to 35 months of age (46%) see a particular person for well-child care.[7]

continued

FIGURE 2 continued

Status of Young Children in the U.S.

- Parents of uninsured children are less likely to receive counseling about parenting issues that influence the child's health and development.[12]
- Fewer than half of parents ever recall their child's development being assessed by the health care provider, although professional guidelines call for assessments at most visits.[13]
- About 11 percent of children zero to five years old with special health needs lack a personal physician. Almost 16 percent did not receive needed care within the past year, and 21 percent report that the quality of coordination between their child's physician and other providers is only fair or poor.[14]

Parenting and Early Experiences

- Data from parents of children three to five years old show a low rate of daily reading to young children (56%), far short of the professional recommendation of daily reading between parent and child.[15]
- Longitudinal studies note that disparities in high school achievement are associated with differences at school entry and with the time parents spent reading to their child prior to school entry.[16, 17]
- With as many as 20 percent of parents with young children reporting depressive symptoms, research shows that parents are less likely to engage in the pro-developmental, child-rearing behaviors of reading to, playing with, and hugging their children, and are also more likely to be irritable and critical with their children and to use coercive discipline.[10]
- About half of parents of young children report wanting more information about discipline and guidance from their child's pediatric provider.[18]

Early Care and Education

- Fewer young Hispanic children age three to five years (40%) than white (59%) and African-American (64%) children attend an early childhood program.[8]
- The quality of U.S. child care is inadequate to provide an optimal developmental environment for young children. A national study found that only eight percent of infant classrooms and 24 percent of preschool classrooms were of good or excellent quality. Ten percent of preschool programs and 40 percent of infant programs provide poor quality. About 70 percent of centers actually compromise a child's ability to enter school ready to learn.[19]

have suggested that more than 50 percent of children with developmental problems are not identified until school entry or later.[3]

- Failure to identify and address developmental problems in the early years imposes significant costs (e.g., $30,000 to $100,000 per child, much of which is taken out of education budgets).[4]
- Poor access to health care due to financial and health-system structural barriers, and low levels of coordination among service providers.
- Because there is a significant gap in the availability of mental health services for young children, many children who would benefit from early intervention go without services.
- An overall lack of coordination among the many different state agencies that provide early care and education, health, and social services also strongly affects the organization and delivery of services and programs at the local level, and impairs integration and coordination among local agencies and service providers.[20]

Figure 2 summarizes the status of young children in the United States and discusses some of the salient measures of need.

Contribution of the SECCS Initiative

The federal MCHB launched the State Early Childhood Comprehensive Systems (SECCS) Initiative in 2003 to enable state MCH agencies to collaborate with other agencies and stakeholders in developing comprehensive early childhood service systems. The SECCS Initiative is designed to help state MCH programs:

- Build strong multisector leadership that can work effectively with these multiple and diverse service systems to improve the effectiveness, availability, and quality of early childhood services; and
- Plan and ultimately implement more family-centered, coordinated, prevention-oriented, and adequately financed systems of services to support the health and development of young children.

States will receive grants to achieve two specific goals:

- **Goal 1:** Provide leadership for the development of cross-service systems integration partnerships for early childhood;
- **Goal 2:** Support states and communities to build early childhood service systems that address the critical components of access to: 1) comprehensive pediatric services and medical homes; 2) socioemotional development and mental health services for young children; 3) early care and education; 4) parenting education; and 5) family support.

This initiative presents a remarkable opportunity to improve the access and quality of services needed by all young children and families. It can also improve the systems of specialized services required by subgroups of young children and families who have more intensive needs due to medical conditions, developmental disabilities or socioeconomic problems. States will have the opportunity to create new strategies for bridging multiple funding streams and create new collaborative partnerships for service system integration that supports the efforts of families and communities to foster the healthy development of young children.

The following five service components must be reflected in SECCS Initiative strategic plans:

1. Access to health insurance and a medical home
2. Early care and education/child care
3. Mental health and socioemotional development
4. Parent education
5. Family support services

Each of the service components is addressed in detail following the discussion of Principles.

Opportunities for the Initiative to Improve Systems of Care

As sectors that provide services to children come to share a common set of outcomes and a common vision for attaining those outcomes, they will also create an opportunity to improve the delivery of these services and to integrate them into systems of care that are more responsive and more effective. Through their SECCS Initiative, federal and state MCH agencies and organizations have an enormous opportunity to capitalize on this convergence of interest. MCHB has long recognized the role of community services and systems in promoting young children's health and well-being and improving family function. MCHB also has a long history of systems building for such traditional target populations as newborns and children with special health care needs (CSHCN). Since responsibility for the child and family services that influence early health and development is divided across numerous sectors (e.g. health, education, social services) and programs, a more coordinated approach is necessary if early childhood services are to be delivered in an effective, efficient, and accessible manner. MCHB's SECCS Initiative is designed to plan for and build a more comprehen-

sive and integrated system among the current uneven, and often ineffective, mix of services.

Federal and state maternal and child health programs are well positioned to launch this important initiative. State MCH agencies can capitalize on the traditional strengths of the maternal and child health community, which include partnerships with state-level agencies and local constituents, participation of parents and other stakeholders in systems-building activities, and familiarity with health and development indicators to direct systems-planning, service integration, and service delivery. Because many state MCH agencies directly manage some programs with direct service and coordination functions targeted at young children and their families, such as the Individuals with Disabilities Education Act (IDEA) Part C and Title V services for CSHCN, state MCH agencies are also in a key position to help coordinate systems-building and reengineering efforts.

The SECCS Initiative is intended to be consistent with and supportive of other complementary early childhood initiatives at the state and national level. For example, many states are currently implementing provisions of the Leave No Child Behind legislation (PL 107–110), a significant program that puts a high value on improving academic achievement during the traditional K–12 school years. Growing understanding of the importance of preschool years on long-term academic performance can help create a policy and programmatic bridge between the SECCS Initiative and Leave No Child Behind.

At the same time, there are notable challenges to achieving the vision and goals of the SECCS Initiative. Planning and developing effective approaches will require a strategic framework that can address challenges in communication, leadership, coordination, finance, accountability, and measurement. For example, effective leadership will be required both within state MCH agencies and also from other service sectors that will be collaborators (e.g., child care, education). State MCH leaders will need to align goals, policies, and procedures with those of collaborating state agencies as well as with those of their partners at the local level. MCH agencies will also need to collaborate with other agencies and sectors to build public will in support of early childhood issues, as well as the political will to usher in changes to traditional service systems. The state MCH agencies in some states with no existing early childhood initiatives may find an open playing field with willing partners. Other state MCH agencies will encounter the complexities of enhancing the MCH role in a context of existing statewide early childhood initiatives that may have been launched with little knowledge of the potential contribution that MCH agencies and service providers can make to a more coordinated effort.

Goal of This Report

This report is designed to help state MCH agencies, as well as leaders in state education and social service agencies, to develop and advance strategies to accomplish the goals of the SECCS Initiative. We address a set of principles that these agencies can use to advance their planning process, reach out to new partners, develop collaborative strategies, and build a foundation for the implementation phase of the SECCS Initiative.

The report begins by presenting a framing metaphor that has been useful to the strategic planning efforts of states and communities to engage different service sectors in a collaborative effort to achieve common goals. A set of core principles that can guide change strategies and help to establish criteria for systems development and reform strategies follows the framing metaphor. The five essential components of the SECCS Initiative are reviewed and considerations for how they can be addressed are included. Finally, 10 strategies that SECCS grantees can use to maximize their chances of success are recommended.

CREATING A COMMON FRAMEWORK FOR SYSTEMS BUILDING

Bridge Building as Metaphor

One way to help a diverse set of services, programs, sectors, and players come together around a common vision is to consider how the SECCS Initiative will help states *build a bridge from birth to school*. We have found this easily understood metaphor valuable in creating a more common understanding about the intent, vision, and goals of early childhood systems building.

A bridge is a structure created to connect what is disjointed or disconnected, to speed and enhance movement or interchange, and to encourage interactions. Bridges can facilitate and maintain relationships and connections that under ordinary circumstances might not be possible. Bridges

FIGURE 3

The Bridging Metaphor for State Early Childhood Comprehensive Systems Building

Bridging concepts are those that can be used to facilitate the development of a common vision and direction. Bridging concepts can often be used as part of a strategy to reframe an issue or approach to broaden interest, appeal, connections and relationships. There are several potential bridging concepts with regard to health, education and child development. School readiness and healthy development is used by many states as an organizing framework to bridge service sectors involved in early childhood.

Bridging strategies are approaches that can be utilized by different sectors attempting to create a common approach to a problem. In the context of the SECCS Initiative, a bridging strategy might attempt to connect the organization and delivery of services across the different program elements (e.g. health care, child care, mental health, family support, and parenting education) at different levels of system function (e.g. individual, practice/site/program, system, policy).

Bridging pathways are new service delivery pathways that are developed to provide more coordinated methods of accessing different services. For example, a community-based bridging pathway can be created by establishing a mechanism to coordinate the delivery of developmental assessments and interventions with the delivery of early care and education at a school-based family resource center. A bridging pathway is an intentional set of connected steps that help families through what would otherwise be a maze of disconnected programs.

Bridging platforms are the places or providers that deliver linked or integrated early childhood services. Examples of possible platforms are the pediatric office and early care and education providers, but they become platforms only when linked to multiple community programs and resources for young children and families. One of the most comprehensive models of a bridging platform is a family resource center that has the mission of connecting families to a variety of services: health, mental health, social services, family support, parenting education, and early care and education.

Bridging tools are methods that can be used to put bridging strategies, platforms, or pathways into place. For example, a collaborative planning technique like Asset Based Community Building can bring representatives from multiple sectors into a joint visioning and goal-setting exercise. A master contract can be used to de-categorize funding streams to allow more flexibility and create new financial incentives based on pooling the resources of different programs.

continued

also evoke a notion of *providing safe passage over difficult terrain and predictable hazards*. The science of early childhood has clearly demonstrated that all children need safe passage in both the family and community contexts as they face life's predictable challenges. Bridges also require common community resources to be built and remain secure. Finally, building a bridge opens up to everyone in the community the opportunity to achieve safe passage.

Use of the Bridging Concept for Building Systems of Services

The bridge metaphor has two meanings for the SECCS Initiative goals of building and improving the performance of early childhood. The first relates to the *pathways* that children and families can travel to learn about and/or receive services to help achieve optimal health and development. For instance, having a resource in the community provides a pathway for parents to follow to receive services. Also, community resources, having relationships, and specific agreements about referring clients also constitute a pathway, and co-located services can constitute a bridging *platform*. Second, the metaphor relates to *strategies and tools* for connecting diverse and often unrelated service sectors into a new structure. Throughout the report, as we describe potential approaches to achieving the goals of the SECCS Initiative, we will employ the bridge metaphor to discuss recommended principles, as well as bridging concepts, strategies, pathways, platforms, and tools necessary to the success of this effort. These interrelated concepts are described in Figure 3.

PRINCIPLES OF SYSTEMS DEVELOPMENT AND SERVICE DELIVERY

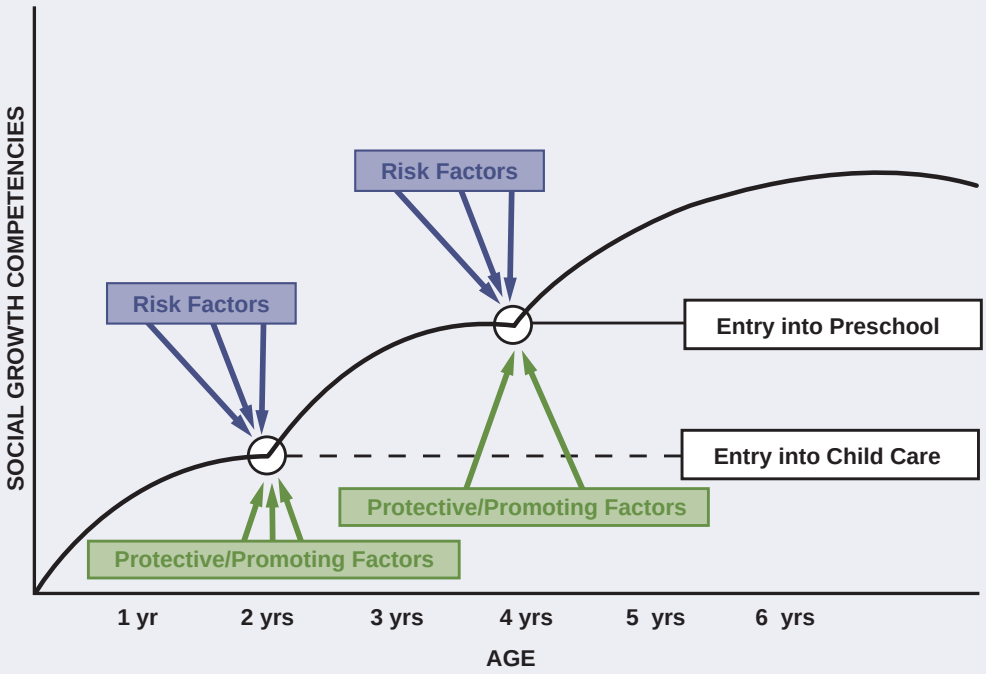
States can increase their chances of success with the SECCS Initiative by adopting a set of key principles for building bridges for young children. The following principles are recommended for reshaping a system of services that will promote optimal health and development of all young children, and address the determinants within the child's family, community, and societal context. Each principle is based on evidence, scientific principles, and best practices in the field.

1. ***Health and development can and should be optimized for all children.*** As outlined in *From Neurons to Neighborhoods*, recent brain research suggests that all children can benefit from enriched, supportive, nurturing environments that minimize negative experiences and other risks and maximize positive experiences and other protective factors. All children experience periods associated with being more developmentally vulnerable. Some of these vulnerabilities are very predictable and are associated with life transitions such as starting preschool or a mother going back to work while the child is still young. Figure 4 depicts the "developmental trajectory" of a child and the potential for risk or protective/promoting factors to alter that trajectory, using the example of socioemotional development.

This developmental trajectory is an explicit representation of how experiences in childhood translate into adult functional status, achievement, and outcomes. A growing body of scientific data from longitudinal studies indicates that enhancing developmental trajectories for all children in the early years has the greatest potential for helping them to achieve their full potential in adulthood. Building systems that have the greatest likelihood of optimizing developmental and school readiness trajectories must seek to maximize the potential positive inputs and minimize the negative inputs that push a child's developmental potential into a lower trajectory. While the focus of many targeted services, such as the IDEA, is on children who are at higher risk because of a specifiable problem or condition (e.g., prematurity and developmental delay), there is a relatively large proportion of children in "low-risk" families where developmental risks are not being identified and addressed,

FIGURE 4

Transitions and Turning Points of Socioemotional Development



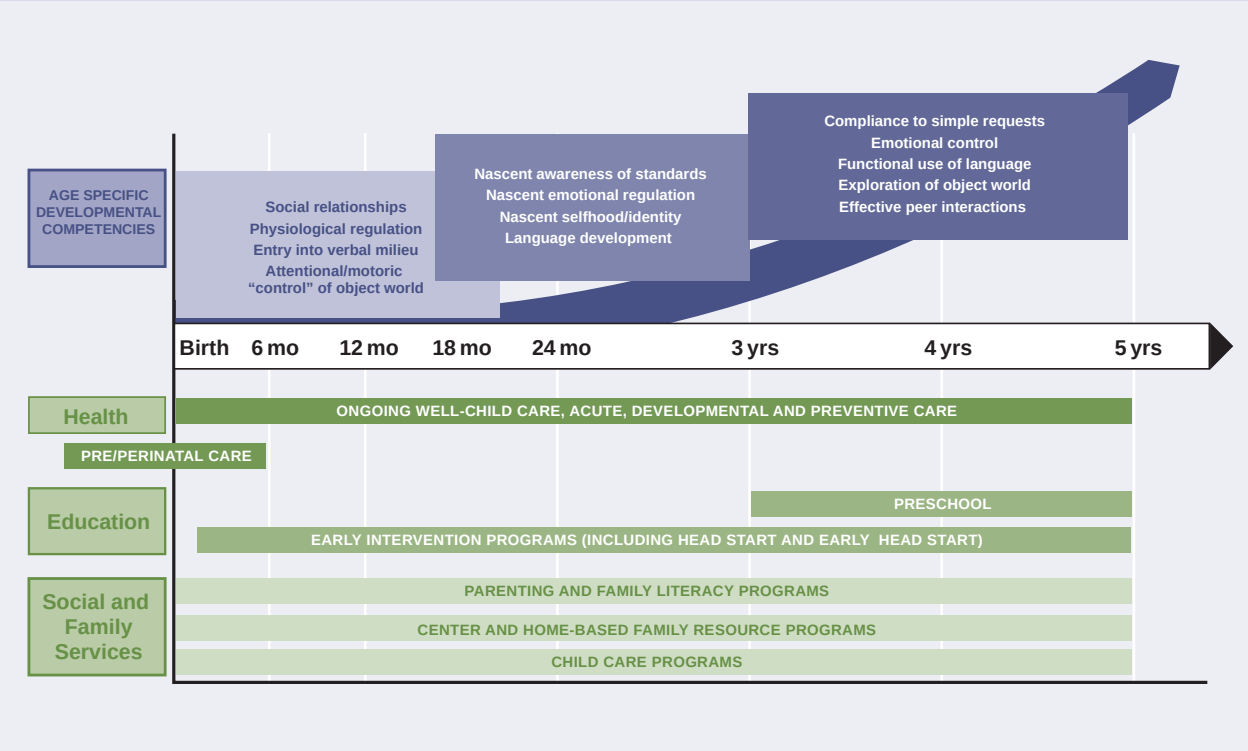
developmental problems are being missed, and trajectories lowered.

The organization, structure, and financing of early childhood services and programs need to reflect an understanding of the fundamental and determinative role of the developmental trajectory for immediate and long-term consequences. An early childhood service system must support connections over time between children and family members, between families and community institutions, and between service providers within communities. The infrastructure to support these bridges must include data collection, financing strategies, policy development, cross-agency planning, and performance measurement.

The maternal and child health community has a rich tradition of universal programs (e.g., newborn screening, prenatal care access) but has also focused substantial resources on systems building for at-risk populations. This tradition of creating systems of care for subpopulations of children does not have the universal scope needed to appeal to a broad range of partners. Focusing on at-risk populations could even pose an obstacle to the broader partnering that will be needed in the SECCS Initiative. Promoting development and well-being in all young children requires integrating universal and targeted population-based approaches. Ensuring that all children have access to services through multiple entry points throughout early childhood is necessary if the needs of particular children and families are to be identified and met. Therefore, to provide appropriate health, early care, and education, family support, and other services in a way that optimizes children's development,

FIGURE 5

Readiness to Learn Trajectories and Supports that Influence School Readiness



Source: Halfon N, McLearn KT. Families with Children Under 3: What We Know and Implications for Results and Policy. In: Halfon N, McLearn KT, Schuster MA, eds. *Child Rearing in America: Challenges Facing Parents with Young Children.* New York: Cambridge University Press; 2002:367-412.

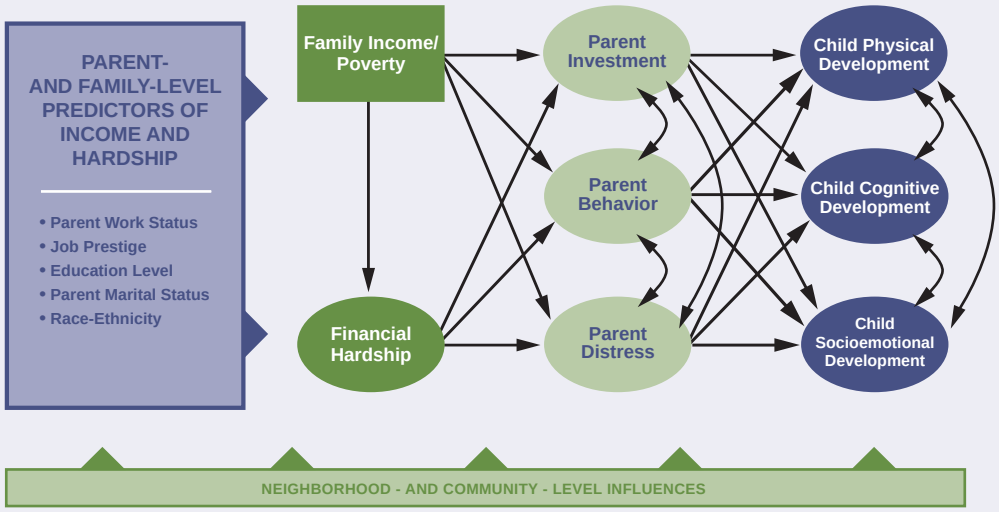
there needs to be a way of coordinating the services provided by different sectors. Figure 5 depicts the different health, education, social, and family service sectors that offer resources and services needed to optimize a child's developmental trajectory.

2. ***Families are a central focus of young children's health and development.*** Simple positive developmental activities in the home, such as reading together, creative play, and story telling, contribute to young children's healthy development and school readiness. At the same time, children may not get all that they need when their parents lack information about positive developmental activities, experience social isolation, practice poor health habits, and are unable to access available community supports. Children are vulnerable to these effects due to the important role of parents as direct caregivers, educators, role models, and mediators of societal and peer influences. Figure 6 depicts the pathway through which family resources influence the content and quality of family relationships, and a child's physical, cognitive, and emotional development.

Community norms can be a forceful incentive to parent behavior, characteristics, and preparation for parenting. Norms that emphasize the personal and family obligation to provide the best possible future for children can lead to more responsible decision making before as well as during parenthood.

FIGURE 6

Family Pathways that Influence Child Health and Developmental Outcomes.



Source: National Center for Children in Poverty (NCCP).

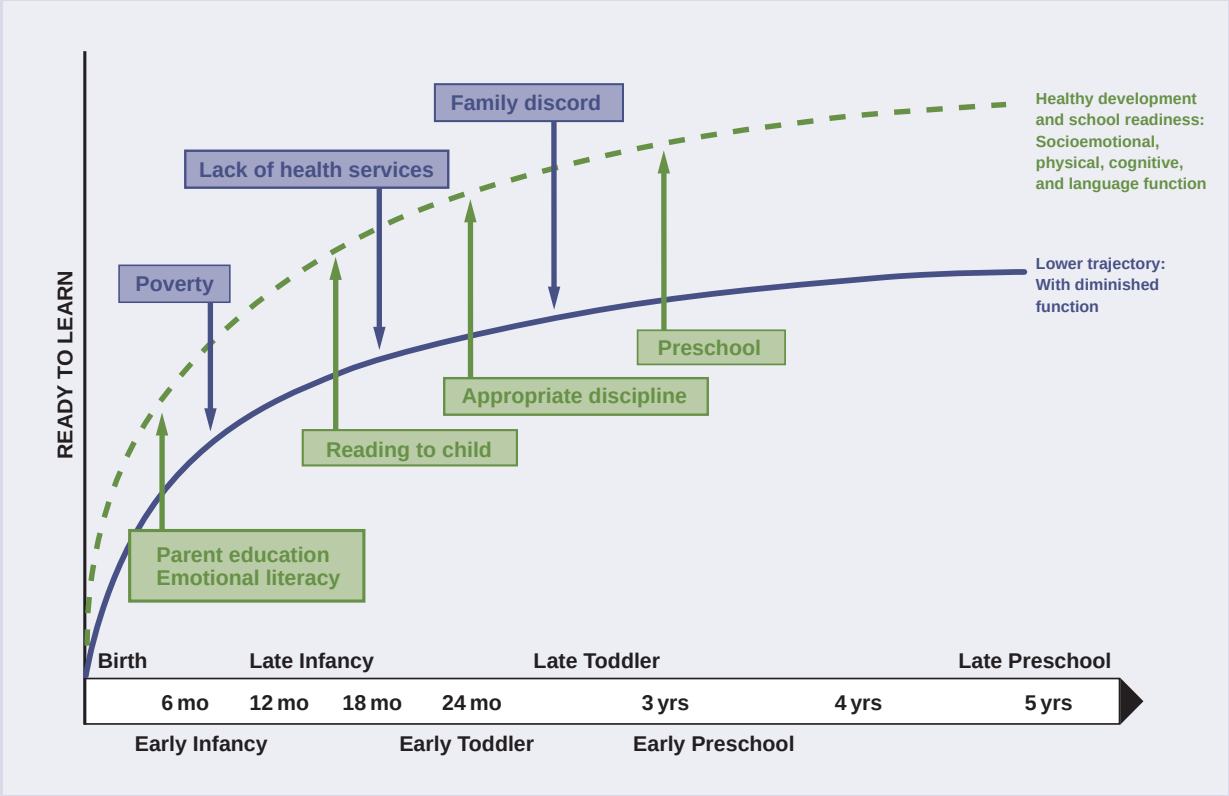
It is widely accepted that parents can best meet the needs of their children when supported by an appropriate set of community-based services and norms that encourage responsible parenting.

3. ***All families can benefit from guidance and support.*** Raising young children is challenging for all families.[21] Irrespective of income and education, parents of young children need assistance providing the physical, educational, emotional, and social support that their children need. The universal need of families for support in raising children is a powerful bridging concept that can unite different sectors and their respective constituencies. While family capacities to obtain needed assistance and support may differ, the kinds of support and services that families with young children need are widely shared (e.g., appropriate health care, child care, preschool, play areas). To provide services that address the continuum of potential needs of families with young children, service systems must balance the provision of targeted high-intensity services such as early intervention for children with developmental disabilities, with more universal services such as high-quality child care and parent education as ways of optimizing young children's development. These strategies reflect the risk and protective/promoting factors that can enhance or depress a child's developmental trajectory (Figure 7).

4. ***Child development is a shared public responsibility.*** For multiple service sectors (e.g., health, education, social services) to develop and implement a more coordinated and comprehensive sys-

FIGURE 7

Strategies to Improve Healthy Development and School Readiness Trajectories



Source: Halfon N, McLearn KT. Families with Children Under 3: What We Know and Implications for Results and Policy. In: Halfon N, McLearn KT, Schuster MA, eds. *Child Rearing in America: Challenges Facing Parents with Young Children.* New York: Cambridge University Press; 2002:367-412.

tem for young children, each sector will need to share a common set of goals and more systematic set of approaches to promoting child development. Building bridges from birth to school will require buy-in and participation from a broad group of individuals and organizations, ranging from parents of young children to individuals without children, business owners, employers in general, and government at all levels. For the SECCS Initiative to be successful, public- and private-sector stakeholders need to understand their role in early childhood supports, particularly as it relates to later performance in school and longer-term as productive, working adults. A broad-based shift in awareness and a heightened degree of public engagement are necessary to foster the societal commitment needed to allocate public resources to meeting the needs of young children.

5. ***"Developmentally informed" public policy and related investments must be sustained.*** Many public policies are concerned with building social and human capital. One of the greatest opportunities to build individual human potential is through investing in young children's optimal development.[22] This occurs through services and programs that directly address the specific needs of children or those that strengthen parental and other influences on a child's developmental pathway. Still other services and strategies are important for minimizing risks to which children may be exposed.

Representing the developmental pathway of a child as a functional trajectory—specifically, the child's growing ability to achieve—illustrates how risk and protective factors influence healthy development and school readiness.

6. ***Strong and innovative leadership is needed.*** The importance of early childhood experiences, along with the role of prevention and health promotion services, is broadly appreciated. Many communities already have the experience or desire to build early childhood service systems. But systems building is a complex process. It demands leadership that can create a common vision, build relationships across sectors, and create bridges between funding streams and program activities. Leaders will be needed at all levels (practice, program, service system, and state and county administrative agencies) who are committed to advancing service system integration, monitoring progress, and encouraging systems change:

- Leadership is needed from the maternal and child health community to capitalize on the growing momentum behind early childhood initiatives and to align its traditional goals and activities with expanding opportunities in early childhood health and development.
- Leadership will be needed from other sectors to support a more comprehensive and integrated service systems-building approach.
- It will take leadership to convince policymakers to take the bold steps required to facilitate and encourage the integration of the services from multiple sectors that affect early childhood development.

7. ***Systems should be held accountable for outcomes.*** Methods must be in place to monitor progress toward creating a system of early childhood services and improving child and family well-being. Accountability should be focused on ensuring that resources lead to accomplishing projected outcomes. Showing the changes in how services are provided could further this goal. An ideal system of accountability would cover all of the service sectors involved. This will require shared data systems, data collection mechanisms, and data analysis. A Results-Based Accountability Framework focused on early childhood service systems has been used by several states and communities.[23]

8. ***A complex and changing society will require diverse approaches to service delivery.*** Cultural competence has become an important focus of maternal and child health initiatives and programs, especially those aimed at reducing disparities in health outcomes. The recent report from the Institute of Medicine, *Unequal Treatment*, clearly articulates how important cultural competence can be to improving health care quality generally. The quality of early childhood services and of the systems delivering those services are even more dependent on cultural competence. Child-rearing practices are perhaps one of the most culturally determined of all human behaviors, passed on from generation to generation. One of the most important conceptual breakthroughs in the science of child development is the understanding of how the eco-cultural environment shapes family and parent behaviors and choices, and thereby their child's experiences.[24]

An appreciation of our complex and changing society must inform strategic approaches to cultural competence. Race/ethnicity is only one of many issues that must be considered. Those involved in developing the SECCS strategic plans in states should also consider marginalized populations (e.g. those living in a rural setting, dependent populations), CSHCN, and children growing up in alternative or non-"nuclear family" settings. The ability of the system as a whole to achieve its projected outcomes is linked to the capacity to provide culturally relevant services. For a service system to be acceptable and effective, it must be culturally relevant and responsive to diverse child-rearing beliefs and expectations.

continued

THE FIVE SERVICE COMPONENTS OF THE SECCS INITIATIVE

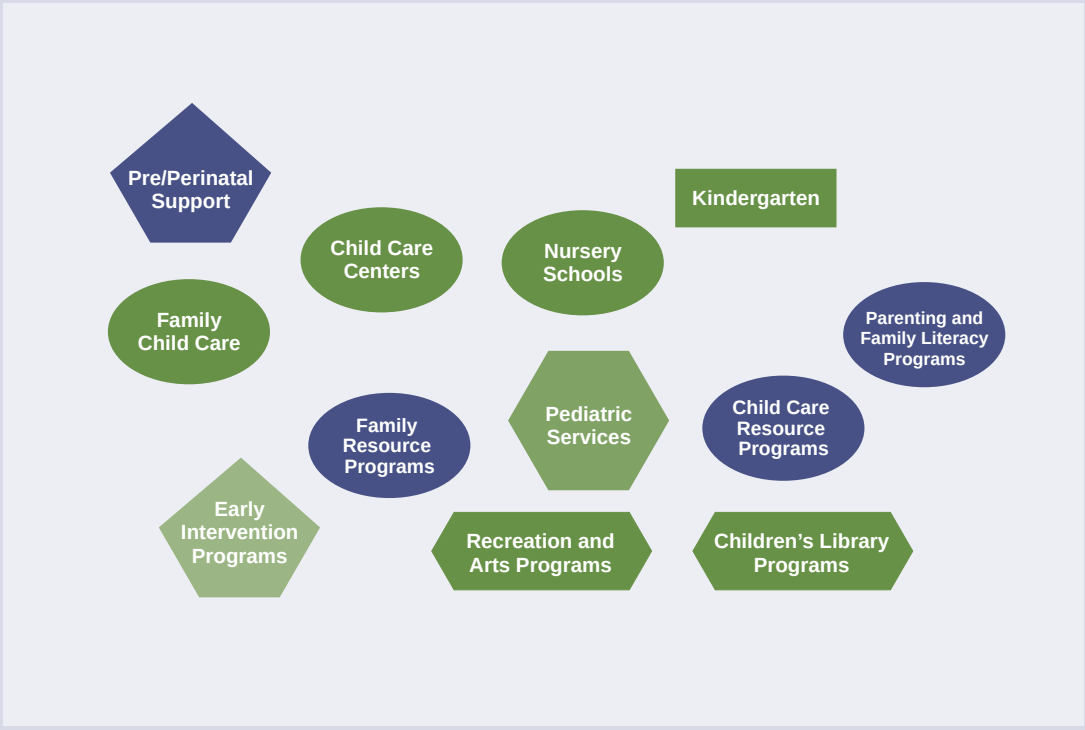
Achieving the goals of healthy growth, development, and school readiness for all children in early childhood requires an early childhood service system that can provide five critical service components:

1. Providing access to health care and medical homes for all children, including those with special health care needs.
2. Providing greater capacity to support the socioemotional development and mental health of young children through enhanced prevention, identification, and treatment.
3. Supporting child care, early care, and education providers of all types in promoting young children's development.
4. Supporting parents in their role as the prime educators of their children.
5. Supporting families in their efforts to break the cycle of poverty and other life stressors that negatively affect their ability to raise healthy children who are ready to learn at school entry.

As we begin to consider each of the components of the SECCS Initiative, it is important to recognize that when a parent ventures out into the current service delivery world and attempts to access the potpourri of disconnected programs, the experience can not only be frustrating but can stymie their best efforts to get what they need for their child. Figure 8 depicts just some of the many

FIGURE 8

Community-Based Early Childhood Services: A Fragmented Approach to Service Delivery



programs providing early childhood services. While essential building blocks, the lack of coordination between them results in a fragmented approach to service delivery. As we review each of the five essential components of this initiative, we also discuss some of the organizational and positioning strategies that must be considered at a state and local level to achieve a coordinated early childhood system. Many of these separate services and service sectors must be linked and connected to create service delivery pathways that are more functional.

Medical Home/Pediatric Health Care

Pediatric health care plays an important role in addressing specific acute and chronic health conditions and in providing important preventive and developmental services. Therefore, access to effective and appropriate pediatric health care services is a key component of any early childhood system. Yet we know that the pediatric health services that many young children receive are inadequate. There are many service gaps, unmet needs, and missed opportunities to address important health and developmental issues. For example:

- Data from the 2000 National Survey of Early Childhood Health (NSECH) shows that many parents of young children do not receive anticipatory guidance from their physicians about important developmental and behavioral issues.[7] Only half of all children under three years of age routinely receive developmental assessments. Many parents have concerns about their children's health that are not addressed by pediatric clinicians.
- Studies of access to care for families with young children demonstrate that Hispanic and African-American parents are more likely to report unmet needs for anticipatory guidance and lower levels of satisfaction with well-child care.[25]
- Hispanic families who face language and cultural barriers are most likely to report not receiving desired counseling and education in pediatric visits.[26]

Current Gaps There are many reasons why the quality of early childhood pediatric care is not what it needs to be. These include barriers faced by pediatric providers, such as insufficient time and reimbursement; insufficient training; and unfamiliarity with tools to help providers effectively target care based on a family's needs. There also are significant organizational and delivery system barriers. An example is the lack of connections between the pediatric office and community-based assessment and between treatment and support services for children once a developmental, behavioral, or emotional problem has been identified. In Maine, Washington, Utah, Vermont, and North Carolina, health departments and state Medicaid programs have launched pediatric health service performance improvement initiatives whose objective is improved delivery of all early childhood health services, particularly preventive and developmental services. Improvements include changes in contracting and reimbursement strategies for pediatric services and quality improvement approaches.

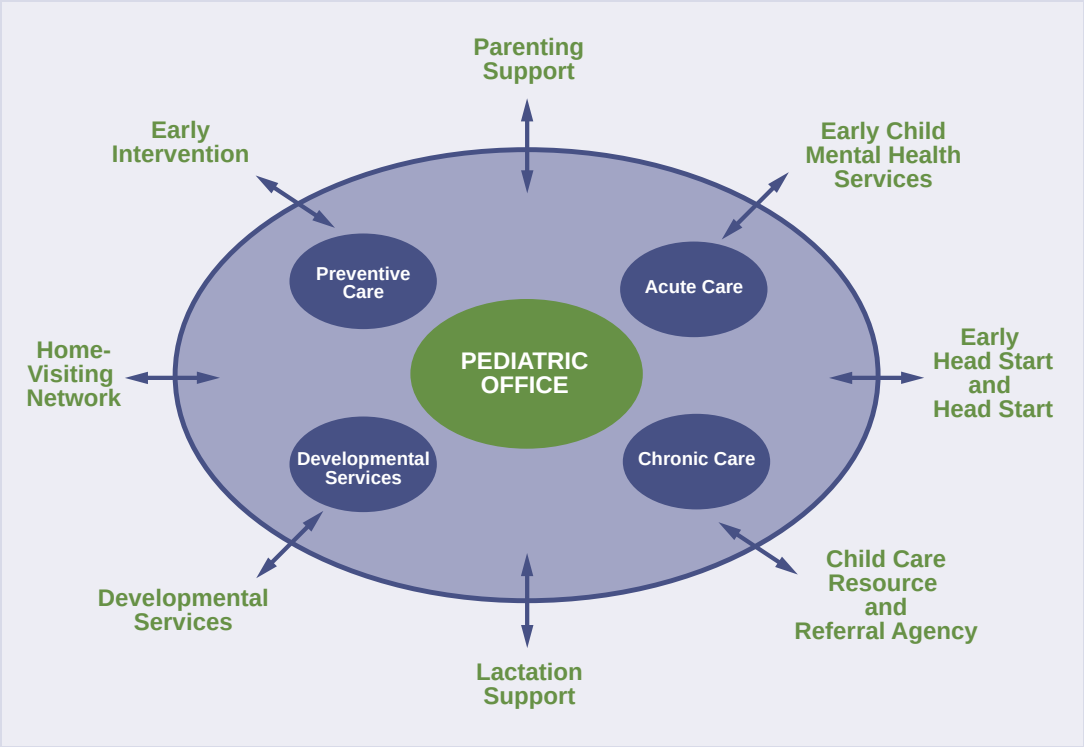
Improving the Medical Home as a Bridging Platform The establishment of a medical home for all young children is one of the SECCS Initiative's goals for service-system improvement. The medical home concept was created by the American Academy of Pediatrics as a way of reframing the modern role of the pediatric provider in a changing health care system. Having a medical home for every young child means that there is a single place that takes responsibility for promoting that child's health and development. The American Academy of Pediatrics has defined the medical home as a place (not necessarily an individual) that directly provides or assures accessible, family-centered, continuous, comprehensive, and coordinated care that is compassionate and culturally effective. The most basic element of the medical home concept is a regular source of health care from a pediatrician or family physician who is familiar with the child's developmental and medical history. While used most extensively to describe the care needed for CSHCN, the medical home concept is also

essential to improving access to developmental services for all young children. These services include educating parents about how to help their young child grow and develop, early identification of risks or delays, intervention when problems are identified, and coordination of care for children who are referred for treatment and intervention.[27]

In Figure 9 the pediatric office is depicted as a bridging platform. Its core services are acute medical care, chronic illness care, preventive care, and the delivery of developmental services, including assessment; guidance and education; intervention; and care coordination. This figure shows how developmental services provided within the office can be functionally connected to a range of community-based service providers, agencies, and sectors to enhance developmental service delivery. This level of community connectivity is a performance goal of the medical home: high-quality early childhood health services connected to the rest of the early childhood system.

FIGURE 9

Pediatric Medical Home: A Hub Connecting Community-Based Early Childhood Developmental Services



As the medical home becomes a bridging platform for better partnerships and linkages between pediatric medical care providers and community programs (e.g., mental health, child care), it will be more capable of supporting families to provide access to appropriate parenting education, as well as surveillance, screening, assessment, and follow-up for developmental problems. Increasing the proportion of children who have a primary care arrangement that meets the medical home definition is an essential step toward reducing current gaps in developmental services delivery. This may

require a cultural shift within MCH agencies to move from a medical model targeting the needs of a subpopulation of children to a universal, population-based service system that is grounded in developmental surveillance and connectivity between private and public sectors.

Highlighting the roles of service providers from the other five essential components in establishing connectivity is also a critical step in the development of SECCS plans. Functionally, each service sector can place itself in a diagram similar to Figure 9 showing how that sector's providers can bridge gaps between services. Just as a child's primary care provider needs to be networked with community resources, each of those community resources must be networked with the medical home and with each other. For instance, early care and education settings are effective platforms for identifying possible developmental concerns and educating parents not only about development, but also about the need to follow up with their child's pediatric provider. Having the providers in each sector see its contribution will help establish feedback relationships to the benefit of the medical home. It also can establish feedback loops to improve the service quality of all sectors.

Examples of Improving the Medical Home in States, Localities, and Practice The SECCS Initiative presents opportunities for state MCH agencies to support comprehensive, continuous care through the medical home model. One example of a county-level early integration program that partners with state Title V and Medicaid agencies is the Seattle and King County's Kids Get Care (KGC) program in Washington state.[28, 29] The KGC program has trained over 3000 health care professionals and community agency staff to conduct developmental and oral health screenings using HRSA Healthy Communities Access Program funds with the aid of developmental surveillance tools created by the program. As part of a new bridging service delivery pathway, the KGC program uses community-based staff as "wise watchers" performing scanning or surveillance and linkages to services, and clinic-based case managers to increase connectivity between community, pediatric, and oral health care providers.

Another example of a bridging strategy for young children's developmental services is the Denver General Hospital and Clinics system (Figure 10). In this system, the child's medical home at the public primary care clinics is linked to a second tier of services that provides more centralized developmental assessment and coordination of referrals and interventions for children identified with or at risk for developmental disabilities. The direct connection of surveillance, screening, and assessment to the IDEA system for treatment creates a supportive infrastructure in a community that allows children's medical homes to focus on their strengths: health promotion, assessment, and referral of children with developmental risks or problems. Funding comes from Title V (through IDEA Part C) and supports a developmental services pathway between medical homes and services that are more specialized.

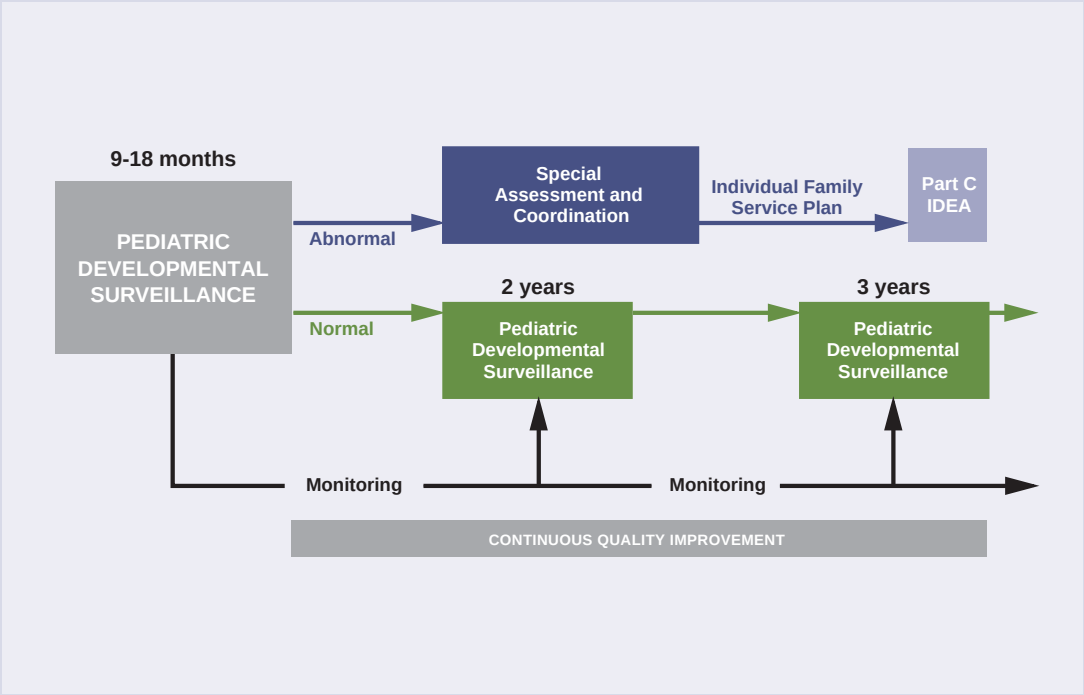
Mental Health and Socioemotional Development

The importance of socioemotional development to overall child development is summarized in the conclusion of *From Neurons to Neighborhoods*: "How a young child feels is as important as how they think." Socioemotional development serves as the scaffolding on which many other capacities are built. It determines how a child forms attachments, builds self-esteem, and develops her or his identity. Supporting children as they move toward their social and emotional milestones can not only prevent later mental health problems, but also establish a positive trajectory for achievement throughout the child's lifetime. The recent *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda* shows that many serious and common adult mental health problems have their origins in early childhood.[30]

continued

FIGURE 10

Denver Health System General Pediatrics Model: A Multi-Step Surveillance, Assessment, and Referral Pathway Connecting Pediatric Providers with Part C Services



Current Gaps The current system of services is not meeting the needs of young children. For example:

- It is estimated that about one in five children has a mental, emotional, or behavioral disorder and that 70 percent of these children do not receive mental health services.[31]
- Teacher and parent reports also suggest the level of unaddressed risk for mental health problems that exists in the preschool population. In one study, 46 percent of kindergarten teachers observed that at least half of their class has socioemotional or academic problems upon transitioning to school.[32]

Current efforts to identify children with mental health or developmental delays fail to recognize the majority of children who would benefit from assistance. Not only are children with diagnosable disorders and delays not identified and treated, but many more children who exhibit early signs of being "at risk" for socioemotional problems go unnoticed. Like other areas of children's health, there are shortages of qualified, culturally competent providers; deficient systems for providing preventive, surveillance, and early identification services; and a general lack of incentives, time, and training.[21] Even where programs have established appropriate services, such as Part C of IDEA, in many states the thresholds for eligibility have been set relatively high. Not all children at risk for developmental and emotional problems, meet the criteria for Part C services.

Improving Access to Developmental, Mental, and Socioemotional Services An effective system of services for mental health promotion, surveillance, and intervention will require expanded roles of health professionals and child care and early education workers. Health care providers are an important regular source of contact for families with young children. Models, tools, and information are available to enable pediatric providers to improve the provision of anticipatory guidance and developmental surveillance in their practices.[33, 34] Many of these improvements can create time efficiencies that do not require significant outlays of money or resources for more personnel.

Family- and center-based child care providers are another major point of contact for young children. For instance, child care workers can assist parents by providing education about child development and positive parent-child interaction. Additionally, child care settings offer the opportunity for providers or other health professionals (e.g., mental health consultants) to conduct surveillance of children and intervene or refer at-risk children to appropriate diagnostic services through their medical home or local early intervention program. Unfortunately, most child care settings and child care providers do not have the knowledge and skills to identify children who need services or the relationship to appropriate service providers. There are currently not nearly enough early childhood mental health consultants available to train child care providers and consult with child care agencies.

Examples of Improving Mental Health Services in States, Localities, and Practice The SECCS Initiative encourages collaboration among the many agencies and programs that provide mental health services for young children and their families. Improving coordination between various state agencies can diminish the adverse effects of parental mental health conditions on young children. Aligning various funding sources, encouraging collaboration, building on existing programs, and supporting data collection activities are additional strategies to guide the state's effort to improve services. Maternal and child health agencies can also empower parents to de-stigmatize mental illness through public education. Agencies can also increase access to privately and publicly funded counseling and social services at locations such as WIC sites, child care centers, and schools.

At a practice level, the SECCS Initiative can improve the availability and provision of mental health assessment and interventions at common sites of early childhood service delivery. Mental health consultants/family service coordinators at pediatric offices, such as those found in Vermont's Children's Upstream Project (CUPS), work to identify families in need and coordinate intervention and treatment following assessment.[35] The Day Care Plus program of the Parent Intervention Centers at the Positive Education Program (PEP) in Cuyahoga, Ohio, trains child care staff to provide optimal learning environments in child care settings not specifically designed for young children with challenging behavioral conditions.[35] These examples, and those that link pediatric offices with community programs, can facilitate behavioral and mental health screenings.

The state of Florida offers a continuum of mental health services through a multilayered system. At the first level, young children receive prevention services to strengthen parent-child relationships. At the second level, children at risk for developing mental or behavioral conditions are provided with early intervention services, and those children suffering from more serious problems receive specialized mental health treatment at the third level. The Florida Legislature has funded three projects focused on making mental health services accessible at various locations from multiple providers. Additionally, the state has changed its Medicaid guidance to allow for family therapy and has added new diagnostic codes for conditions that affect children from birth to age five.

continued

Child Care and Early Education

One of the important conceptual shifts over the past decade is the recognition that learning begins at birth. All experiences, both positive and negative, play some role in shaping the developing brain and future physical, cognitive, and emotional development. This developmental view of human learning is different from theories focused on a maturational process, in which different capacities and functions are triggered at genetically predetermined stages of maturation. Given current understanding of the dynamic interactions driving cognitive and emotional development, it is no longer either sufficient or acceptable to view child care as a place for keeping children healthy and safe and ignore it as an important learning environment.

This new understanding of the importance of child care as a place that nurtures social and emotional development while offering structured early learning opportunities has led to changing the use of common terms such as "preschool" and "child care" to "early care and education." The new terminology is not merely conceptual and semantic, but driven by major demographic and economic changes. The number of women in the workforce increased from 18.4 million (just under 30% of the total labor force) in 1950 to 66 million (nearly 47%) in 2001.[36, 37, 38] About two thirds (65%) of mothers with children under the age of six years are employed.[39] In the U.S. today, 75 percent of children (13 to 14 million) are in some form of child care, including formal and informal care.[40] Infants and toddlers tend to be in less formal child care arrangements, while older children are more likely to attend more formal, center-based care.[41]

Current Gaps Child care has to be improved so that more young children benefit from the opportunities that only high-quality child care can provide. Several studies have shown that quality experiences at a child care center positively affect children's development and readiness for school.[42] Early care and education affects not only cognitive but also socioemotional well-being. Examples of the need for improvement include:

- A 1993–1995 study of 401 child care centers in four states showed that 86 percent were of "mediocre" or "poor" quality, and 12 percent received the lowest rating for failing to provide children with sufficient opportunities to learn and to meet their health and safety needs.[43]
- All settings must be targeted for improvement given the range of settings in which children receive care. Hispanic children under the age of six years are least likely to attend a center-based program (20%) and most likely to be cared for by a parent (53%). African-American children are slightly more likely than white children to attend an early childhood center (41% vs. 35%).[44] Cultural preferences and language barriers explain some of these choices.

Improving Health and Development through Early Care and Education Child care and early education providers can both serve as an entry point into a more integrated early childhood service system and help to ensure the optimal development of young children by providing positive learning experiences during developmentally sensitive time periods. Children spend considerable amounts of time in child care. About 41 percent of children under the age of five years spend 35 or more hours per week in child care or non-parental care.[45] Parents often develop important and trusting relationships with their children's caretakers and rely on them for transmitting knowledge, skills, and values to their children. Well-trained providers can use this opportunity to provide high-quality care, monitor a child's development, and provide parents with guidance on child development, parent-child interactions, and resources that can support families

Examples of Building Early Care and Education Linkages in States, Localities, and Practice At the state level, the SECCS Initiative encourages state agency programs involved in early care and education to work together as part of a comprehensive early childhood system that promotes overall

child development. For instance, the Kansas Early Head Start Expansion (EHS) Initiative uses TANF funds to increase EHS across the state and enhance the quality and cultural relevance of child care by providing career development opportunities for child care providers.[46] The California Childcare Health Linkages Project (a Healthy Child Care America program) uses health professionals to provide health and safety consultation and workshops and to coordinate screenings for child care agencies in counties throughout the state.[47] This includes mental health consultation, increased access to care, and training on healthy practices and procedures, and supports providers that care for CSHCN. Both of these programs increase the developmental potential of children by addressing the educational content and quality of services provided in child care, and specifically child health and child safety issues in child care settings.

An effort in Chicago, supported by EHS, welfare reform funds, and the Ounce of Prevention Fund, links child care centers and preschools with other community services to create an integrated, comprehensive early childhood system of care. The Educare Center offers children under six years a full-day child care program and connects families to an intensive home visiting program and health clinic.[48] Credentialed teachers work with young children on language and early literacy skill building as well as encourage socioemotional development. Linkages to health and social services show that the child care center connects young children and their families to needed services.

As part of preparing a state SECCS Initiative strategic plan, it will be important to consider how early care and education services can be expanded and strengthened; how the linkage to health care, mental health services, and family support and education can be fortified; and how disparities in the availability and quality of early care and education services can be addressed. Many new and exciting possibilities are also emerging to build upon. Many child care agencies and school districts currently offering preschool and other early education services are beginning to expand their available services, transforming early education centers into comprehensive family resource centers.[49] Some child care centers are also figuring out how to create better connections with pediatric providers, sharing information and participating in developmental assessments.

Parenting Education

Parenting education encompasses a broad range of programs and services that can enhance parent knowledge about appropriate child-rearing; provide skills and tools to increase parenting effectiveness around specific routines and behaviors; and help parents to create an appropriate learning and socioemotional environment so that children are provided with all the assets they need to thrive and potential risks to development are minimized, if not eliminated. Parenting education is an opportunity to strengthen the parent-child relationship. Parents learn about activities and practices that support child development; gain information about potential difficulties; and are connected to the resources to support them through difficult periods. Parents learn about child-rearing by modeling how they themselves were raised, through parenting classes as expecting or new parents, and through counseling and advice from peers as well as from health and social service professionals. Because child-rearing beliefs and practices are deeply rooted in cultural norms, parenting programs, information, and key messages should be responsive to cultural differences and tested for acceptability.

Improving Access to Parenting Education The SECCS Initiative provides an opportunity to shape parenting practices through population-based messaging and targeted communications. Parenting education programs and services reside in numerous state agencies and programs. Overall coordination is not the responsibility of any single agency. For example, parenting education activities are part

of adult education classes provided by school districts and paid for by state allocations for adult education, parenting classes are offered by health plans for new parents and paid for by Medicaid or private health insurance packages, parenting education is part of Head Start or Early Head Start, and parenting education programs are offered by community and faith-based organizations. Many states have the capacity to fund parenting education through child care programs, adult education programs or state Medicaid programs, among others. For example, several states include prenatal classes and child rearing classes as part of the covered benefits in their Medicaid programs.

In addition to parenting education programs that target individual parents, several other methods can be used to more generally raise awareness of an issue or increase public and parent knowledge about child development and child health promotion activities. Public education campaigns can help raise population awareness as a whole about certain issues. School curriculum that includes parenting and family life information can disseminate important messages to young people and may help form their expectations of parenthood prior to having children. There also are significant and often missed opportunities for service providers to conduct parenting education in their one-on-one contacts with parents. Pediatricians, other health professionals, child care and early education professionals, home visitors, family support service staff, and others can provide information to parents. Parenting education can take place as well through a variety of other channels—workshops, newsletters, books, and public service announcements.

Parenting education programs and services can also encompass a variety of topics. Topics can be either broad—covering child development as a whole—or specific, covering individual topics like how to prevent common injuries, the importance of reading to young children, and the impact of substance abuse or domestic violence on young children, etc. Data from recent national surveys suggest that not all parents avail themselves of parenting education programs or services. Data from the 2000 NSECH showed that 66 percent of parents reported ever taking a prenatal birth class, a common way that parents receive education. Attendance varies by race/ethnicity and by health insurance.

Evaluation of parenting education provided by pediatric health care providers suggests that didactic parenting education sessions based on the provider or profession's agenda (e.g., parents with a one-year-old should learn about toilet training) are less effective than parenting education approaches that are responsive to the issues actually facing parents during their everyday caregiving.[50] The notion of a teachable moment, a time when a parent is particularly receptive to new information, has been championed by several recently tested approaches to parenting education.[33, 51] The very successful Reach Out and Read program, which has been documented to enhance not only parent-child literacy activities but also the language capacity and early literacy of young children, utilizes shared reading experiences as a teachable moment during pediatric office visits.

As with providers of other services in the early childhood system, parent educators should be aware of the many services that exist to support families and be able to assist families in accessing them. A network of services where all providers understand the basic relevance of each member can help ensure that parents gain entrance into the broad system and have their multiple needs met when they arise.

Examples of Improving Parenting Education in States, Localities, and Practice The MCH Early Childhood Development and Parenting Education Program of the Oklahoma State Department of Health promotes optimal child development and improves parent interaction with young children under age six.[52] The program provides parenting education on child development and guides parents in building stronger family relationships. Parents learn about developmental assessments, play and learning activities, and have opportunities to ask questions.

The South Carolina Partnerships for Children is a collaboration of service providers at the local level that offers a family support program in primary care settings.[53] The program joins public health providers with family support service providers through the South Carolina Department of Health and Environmental Control. Family support and pediatric staff work together providing information to families on various topics at a health care center. Assistance with follow-up to care is provided, as well as linkages to other early childhood services. Partnerships with other organizations, including Healthy Families South Carolina, the South Carolina Medical Association, and the state Medicaid agency reduce duplication of services and provide families with continuous and comprehensive care.

At the practice level, the Reach Out and Read Initiative is helping physicians take advantage of a "teachable moment" to promote parent-child reading together. This initiative helps parents understand the importance of reading in the child's growth and development. Having a physician deliver this message about reading has been shown to increase parent-child reading. In addition, using a well-child pediatric visit to model reading behavior between parent and child not only improves the relationship between the physician and parent, but also gives parents an important skill. A recent study on reading indicates that when primary care physicians give an age-appropriate book to a child, they communicate the importance of early childhood reading and book sharing, and increase the likelihood that parents will read to their children.[54]

Family Support

The range of services that can support families is as broad as the stressors that can affect them. These are services that support economic self-sufficiency (e.g., WIC, food stamps, transportation assistance); address substance abuse risks and problems; educate about domestic violence; and offer case management and home visiting. Many family support services do not address the health and well-being of children directly—rather, they address children's health and development needs by supporting family development pathways that enhance a family's capacity to provide the resources their children need. A growing array of family support services can also be used as access points to the broader service system that supports children and families. Family support services can be provided through targeted programs such as nurse home visitation programs to support pregnant and newly parenting mothers. This approach has been quite successful and cost-effective for high-risk populations.[55, 56] Family support services can also be provided through integrated delivery platforms, such as family resource centers, that have the capacity to provide a comprehensive and well- integrated set of health, early care and education, parenting education, and family support services. Family support can also be aided by a set of more integrated policies and procedures that facilitate access to services and programs and minimize the red tape that families with multiple needs encounter when attempting to utilize more than one public service system.

For example, if state and local policies are going to more effectively support the family pathways to optimal child health and development, states and local communities must consider how well their policies are supporting each component of this path. Figure 3 depicts how family economic status can affect parenting behaviors and capacities that directly and indirectly have an impact on child health and developmental outcomes.

To provide the inputs necessary to mediate the economic conditions that act as stressors on family life, states and local communities can provide nutrition support through Food Stamps, WIC, National School Breakfast and Lunch programs; child care subsidies through the Child Care Development Fund (CCDF); TANF; and housing subsidies such as Section 8 housing, the Low Income Home Energy Assistance Program (LIHEAP) and other housing supports.

continued

Examples of Improving Family Support in States, Localities, and Practice The Educare Center in Chicago represents an example of how private dollars can leverage public commitment. The partnership includes Irving Harris, The Ounce of Prevention Fund, the Head Start program, Chicago Public Schools, and other state-level and private donors, and has developed a multi-service center that enrolls children and families in an array of early childhood development, health, nutrition and family support services.

The Educare Center links child care and preschool with other services provided in the community to create an integrated, comprehensive early childhood system of care. The Educare Center offers children under six a full-day child care program and connects families to an intensive home visiting program and a health clinic. Credentialed teachers work with young children on language and early literacy skill building as well as encourage socioemotional development. Linkages to health and social services show that the child care center connects young children and their families to needed services.[57] The program has an emphasis on language and socioemotional development and supports the ability of young parents to stay in school or to move from welfare to work. Families enrolled in the Educare Center have access to the centers parent support groups, and self-sufficiency and adult education series. The Educare Center also includes: low child/staff ratios, literacy development, an arts program, infant mental health services, nutrition consultation, primary care health services for children and families.

The Hope Street Family Center was established in 1992 as a collaboration between the University of California, Los Angeles and California Hospital Medical Center. Located at a large birth hospital in downtown Los Angeles, Hope Street is a family resource center that integrates home visitation with comprehensive center-based early childhood education, child care, parenting, health services, adult education, and family literacy services. The Hope Street home visitation program is part of a national effort to promote the overall health, social, emotional, cognitive, and physical development of children zero to five years of age while simultaneously enhancing family self-sufficiency and the capacity of families to nurture and care for their young children. The target population for home visitation services includes pregnant women, infants, toddlers, and preschool-aged children, who meet federal low-income guidelines, and live within the service area of central Los Angeles.

Hope Street sets staffing standards to maximize effectiveness. Qualities and characteristics used to guide staff hiring include: (a) linguistic and cultural competence, (b) an understanding of how to serve young children within the context of their family, (c) experience in providing home-based services, and (d) a willingness to acquire new skills and expand one's area of expertise. Home visitors are required to have a minimum of a bachelor's degree in the areas of early childhood education, social work, psychology, nursing, or a related field. The program also utilizes a supervisory team with master's degrees in psychology, social work, early childhood education, and nursing. This mix of backgrounds and areas of clinical expertise encourages staff to employ multidisciplinary approaches in planning, developing, and implementing home visitation services.

The home visitation program utilizes a locally developed curriculum that draws heavily upon the Partners in Parenting (PIPE) and Creative Curriculum (Trister-Dodge). The content of the home visit is the result of weekly planning between the parent and the home visitor and is based upon an assessment of family interests, needs, and strengths in the areas of health and nutrition, child development and parenting, education and training, family relationships and community supports, and the physical home environment.

Many of the fathers in the families who receive home visitation services are working and therefore unable to participate in home visits conducted during the day. Through the Daddy and Me playgroups and the Dads and Kids Saturday activities, the program makes a special effort to ensure that fathers have opportunities to spend time with their young children, in ways that strengthen the development of healthy, positive relationships.

The Hope Street Family Center is supported by funds from the U.S. Department of Health and Human Services, Head Start Bureau; California Department of Education; City of Los Angeles; Los Angeles County Children and Families First, Prop 10 Commission; California Hospital Medical Center Foundation; UniHealth Foundation; Catholic Healthcare West Southern California; and a variety of private donors and foundations.[57]

STRATEGIC ENGAGEMENT PROCESS

The SECCS Initiative is intended to enhance the ability of state maternal and child health agencies to lead—or collaborate with other state agencies—in the creation of an integrated early childhood service system. The initiative's five components represent the necessary service areas for addressing the needs of young children and their families. The current array of early childhood service programs, agencies, and sectors do not necessarily share the same visions, policies, procedures, and practices. The considerable fragmentation in the current system means that adopting a more comprehensive and integrated approach will require agreement on a set of principles. It also requires consensus on a set of strategic objectives that can form the basis of a collaborative visioning, planning, and implementation process. Bringing different systems and sectors into a more effective alignment will require a shared commitment to:

- Work effectively and intensely with families with young children.
- Promote access to a full continuum of services and programs that includes but is not limited to the five components of the SECCS Initiative.
- Create a better understanding and public awareness of the risks and challenges that families with young children face and the need to build cross-disciplinary and cross-sector capacity to support the development of community assets that can promote the optimal development of all children.
- Monitor and improve the full range of developmental assets that families and communities need to promote the healthy development of all children.
- Create the opportunity for families to obtain the knowledge, skills, tools, and relationships they need to positively affect their child's healthy development.

What follows are 10 key strategies that states and local communities can adopt to achieve their planning and implementation goals once these have been created. The strategies are grouped into three areas of the strategic engagement process: planning, services, and infrastructure. Through consideration of each of the 10 strategic activities and sub-activities, maternal and child health programs can progress toward the very difficult task of systems change and "building bridges."

Strategies for Collaborative Planning

An inclusive strategic planning process can lay the groundwork for a successful and sustainable initiative. Engaging different partners, stakeholders, and leaders in the planning process helps to create buy-in and a sense of ownership. It also ensures that the planning process includes the key decision makers who ultimately collaborate on implementation. State MCH and other state-level leaders can

use the SECCS Initiative as an opportunity to build a strong early childhood agenda through visioning, leadership, and relationship-building.

Strategy 1: Create a common vision.

The vision created through each state's initiative is what the early childhood system would look like if all goals of the collaborative planning partners were met.[58] The vision is deliberately idealistic and provides a method of aligning different organizations and stakeholders when their particular goals, strategies, and services seem to be disparate. Consensus on a common vision for young children enables stakeholders to visualize their potential contribution to the systems-building process. This can facilitate the re-allocation of resources or reengineering certain aspects of a program or delivery system. The bridge-building metaphor may be useful in considering what bridging concepts, strategies, tools, platforms, and pathways can be utilized to move forward.

Pursue the development of a common vision both within and across service sectors.

The creation of an integrated system of services for children and families will require that representatives from multiple service sectors create a common vision of what the comprehensive system will look like. The vision includes what services are included, how services will be accessed, and how the components of the service system will target either high-need families with young children or be more universal in scope. Each sector will need to determine how their sector contributes to the overall goals of the partnership. The representatives of each sector will need to examine their goals, policies, procedures, and practices to ensure that the incentives they create are aligned with promoting their unique and common vision. A potentially useful exercise is for each to consider and make explicit their bridging concepts and strategies, as well as what bridging pathways and tools might help to create the early childhood service system.

Create a common language to clearly communicate ultimate desired outcomes and maximize the buy-in from critical partners.

Creating a common vision among different groups involves communication and common language. A well-developed strategic internal and external communication effort is a prerequisite for the success and effectiveness of this initiative, particularly in the planning stage. Given many potential partners and the different language that each may use to discuss the same issues, a common language needs to be developed. At the same time, partners need to recognize and value their differences. Metaphors such as "bridge building," "nurturing" and "nutrition," and "planting" and "growing" all evoke cognitive frames of a flourishing future. These terms can be utilized to shape internal and external communication strategies, including key messages, framing strategies, and short- and long-term public information campaigns.[59]

Over the past five years communications experts have examined the use of such metaphors to help communicate the importance of early child development and early learning to various audiences and stakeholder groups.[60] The results of this work would suggest that the language for framing the SECCS Initiative may need to differ for internal (state MCH agencies) and external (non-MCH) audiences. For internal purposes, it may be useful for state MCH programs to talk about systems change and to use technical terms such as "integration" and to refer to child development. Maternal and child health professionals may already see the broader context of early childhood as inclusive of all five components. Part of reaching a broader set of stakeholders includes reframing the traditional focus of MCH agencies so that messaging focuses on broader notions such as "school readiness." Consequently, for external communication with partners and other community-based stakeholders, it may be more effective to frame the initiative as one that promotes "nurturing communities for young children" or a similar and understandable message focused on promoting health,

education, and well-being. Such a frame may challenge the preconceived notions of responsibility, roles, and target populations. More limited terms such as "child health" may not engage professionals in education and other sectors in a common vision or mission. Ultimately, deliberately contouring the message to different audiences builds the case for broad early childhood systems integration and shared public responsibility for creating the bridges that will optimize the health and development of all children.

While it is important to reflect the holistic nature of early childhood development and the factors that influence it, the focus on the role and importance of the health sector should not be lost. Use of terminology that can bring multiple sectors together behind a common goal should serve as a communications strategy. Leadership from the MCH community will be needed to ensure that the contribution of health to desired outcomes for young children is understood by collaborators.

Lessons in effective communication about early childhood can be drawn from ongoing initiatives. To support the numerous major early childhood initiatives on-going in states and other countries, research has recently been completed to better guide communication strategies. This includes in-depth focus groups and cognitive testing of different messages about brain development, school readiness, child care, and other key program components. A separate report in this series, Framing Early Childhood Development: Strategic Communications and Public Preferences, addresses this important and emerging area of research and its application to the SECCS Initiative.

Strategy 2: Ensure or provide leadership within and across sectors.

As grantees, state MCH directors have the explicit role in the SECCS Initiative of providing leadership for this systems-building process, or of supporting other leaders in the creation of a plan for a comprehensive, integrated early childhood service system. Three activities support this strategy.

Provide and support leaders within the MCH community.

State MCH directors and their staff will need to communicate to their own community the role of maternal and child health in a comprehensive early childhood and family service system. MCH will need to move forward the necessary strategic planning and implementation activities. The plans designed by the MCH community should include efforts to identify existing leaders, train new leaders, and foster the development of leaders at all levels. Leadership development can help to engage other partners and maintain the role of the public health sector in the SECCS and other comprehensive initiatives.

In many states, MCH programs provide an entry point to early childhood services through programs for high-risk newborns, IDEA Part C, and initiatives such as Healthy Child Care America. Programs for CSHCN are an example of how state MCH agencies have used systems-building strategies to advance the quality of health care that young children receive. CSHCN programs have built integrated systems of care with a clear focus and a set of easily understandable principles of community-based, collaboratively built infrastructure; strong partnerships with parents and providers; population-based case finding; provider capacity assessment and support; and quality standards setting. State MCH agencies can build upon these successes in their leadership roles.

The leadership capacity of state MCH agencies varies. However, all agencies will benefit from establishing a plan to develop leadership capacity. This plan would include the number and type of leaders that will be needed, the skills that will be needed (whether these exist or will need to be acquired), whether the leaders will be representative of the target population, how the leaders will support each other and the coordinating person/agency, and the ways in which leaders will be committed to the initiative's goals. The University of Kansas's Community Tool Box discusses the devel-

opment of leadership and numerous other topics that will be of value to SECCS planners.[58]

Provide or support leadership across other service sectors.
SECCS grantees have the opportunity to determine the best role for the MCH community in each state's current early childhood environment. In some states, early childhood systems-building efforts are underway, but not all include the active participation of the MCH community. In other states there may be no agenda to support a comprehensive early childhood service system. One important strategy to consider is the support and development of leadership from complementary and potential partnering sectors. For example, to create a broader early childhood initiative in a state where the major focus has been on child care and preschool, it would be useful to approach the child care and preschool leadership to discuss the commonality of desired outcomes and the possibility of broadening the existing focus. Having an educator serve as the spokesperson for expanded developmental screening and more effective medical homes can help move the issue onto the agenda more easily than the same message coming from the heath sector.

This part of the strategic engagement process will help determine the capacity and interest of other service sectors in participating in the initiative. It will also determine the extent of common ground and the potential for developing a common vision. In all states, the maternal and child health community will be able to contribute its expertise to the overall partnership and to other sectors as they engage in activities that reflect the community's strengths—involving parents, utilizing data to track progress, etc. The overall plans of the partnership, and the partners' specific plans, should include efforts to identify existing leaders, train new leaders, and support the development of leadership skills at all levels and among all service sectors.

Strategy 3: Build relationships and partnerships with agencies representing the sectors necessary to establish an integrated, comprehensive child and family service system.

A collaborative strategic planning process is important to establishing first relationships, and then partnerships, coordination, integration, and comprehensiveness.

Engage key stakeholders representing critical service sectors, policymakers, and populations.
Some examples of key partners in this process include parents and providers who offer first-hand experience regarding the actual workings and effectiveness of a service system for children and families. State departments and agencies whose mission involves the five components (health, mental health, social services, education, and child care) will be important in the systems-building initiative. Representatives from community organizations, family advocacy groups, and professional organizations, such as the American Academy of Pediatrics or the local state chapter of the National Association for the Education of Young Children (NAEYC), are also important to the planning process. Private-sector resources include businesses and employer organizations that may not commit resources but can become engaged and donate time, expertise, and political support. Looking at the planning process as one that has both breadth (in terms of multiple service sectors) and depth (from state to county and local engagement) will help MCH leaders craft an inclusive plan with greater potential for successful implementation and sustainability.

Good partners are not limited to those with fiscal resources. Potential partners may also offer services that expand the breadth of the initiative, improve the quality of available services, have a particular expertise that fills a critical gap, or offer needed leadership and political support. Engaging key partners involves creative approaches and rests on commitment to the initiative's goals, mission, and vision. The SECCS planning grants are specifically designed for states to begin or improve an engagement process that reaches out to all key strategic partners.

Ensure representation and engagement at the level of authority able to commit resources, modify policies, and make critical organizational decisions.

For the SECCS Initiative in a given state to be effective, the partnerships established will need to include not only broad representation but also representation at a level of authority that will facilitate change. Successful change will require some degree of "top-down" authority dedicated to the vision of the SECCS Initiative.

Service-Related Strategies

The following three strategies encourage planning for service delivery with an understanding that families are nested in communities, and communities are nested in a larger, more complex set of policy contexts. The ecological model of human development in Figure 11 explains how a hierarchy of different contexts, often represented by different concentric circles, represents the interactions that take place between the child, family, community, and larger society. A comprehensive early childhood service system must be structured to address these multilevel interacting influences on children's development.

Strategy 4: Devise strategies that focus on the assets and needs of the entire family in the context of a community-building approach.

Parents provide the immediate environment in which early development occurs. The parents' health, education, and available resources can act as either protective or risk factors for their child's development. Therefore, any strategies that target the child should include the critical context of the family. For instance, a child whose mother is suffering from domestic violence may develop behavior difficulties that have an impact on the child. Attempting to correct the child's behavior without resolving the domestic violence situation is likely to be unsuccessful.

While it is important that the services that are needed in a community are available, it is also important to consider the connections between services. Does each agency conduct intake assessments? Does each agency refer families to other services when a need is identified? Do services coordinate care-giving? One promising integrated service platform is the family resource center. This is a single location that provides various services in the same location, if not under the same organizational umbrella, and thereby facilitates inter-service coordination. Where it is not possible for services to come together under one roof or in one organization, different service providers can work to coordinate services, conduct and follow-up upon referrals, reduce duplication, and create a "virtual" family resource center. Each of these models serves as a "family resource center."

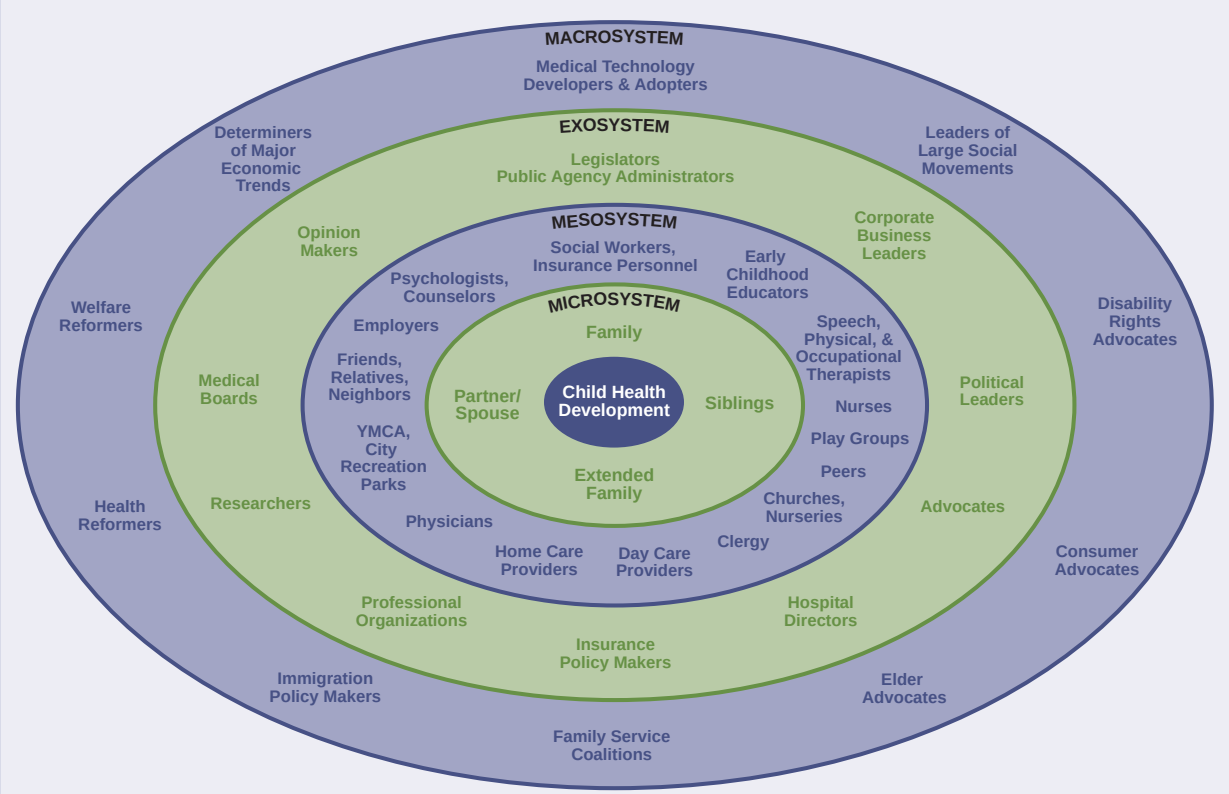
For example, if a family resource center helps develop population-focused health and development promotion and prevention services that target family pathways to child development, they may also encourage and partner with other organizations and agencies to provide or facilitate the provision of other community-wide services that enhance the functioning of all families (e.g., injury prevention program, early literacy programs, additional child care capacity). In this way, family resource centers can build the community-based assets that support all families as well as those with specific risks and needs.

Strategy 5: Support community-building activities that enhance local capacity to sustain an integrated system for children and families.

Approaches that incorporate a community-building agenda have the potential for a much greater ultimate impact on the system of service delivery. Rather than simply providing more services to families, a community-building approach invests in the local infrastructure and attempts to build capacity by helping the community improve its own ability to enhance the developmental assets

FIGURE 11

Ecological Model of Health Development



Source: Adapted from Bronfenbrenner U. The ecology of human development: Experiments by nature and design (1979). Cambridge, MA: Harvard University Press.

of all its members. Community-building approaches focus on how to integrate early childhood systems-building efforts with other community needs. For example, in Los Angeles an organization called New Schools, Better Neighborhoods, with funding from the Los Angeles First 5 Commission, is working with local communities as they build new schools. Many of these new school sites are becoming mixed-use, sustainable developments, with schools, early care centers, family resource centers, parks, housing and business development all taking place in a coordinated fashion. The result is a neighborhood revitalization approach where a set of new early childhood assets is embedded into a network of other vital community resources. In this way, true local capacity is enhanced by integrating early childhood services into a coordinated multi-use site.

Another community-building strategy that takes advantage of the strategic role that bridging platforms can play is to create comprehensive, community-based family resource centers as a means of delivering an integrated portfolio of early childhood and family support services. Community-based family resource centers can serve as the service delivery platform for a range of early childhood and family support services by integrating independent services into a coherent service delivery pathway. A family resource center (or school readiness center) can incorporate health, mental health, medical home, parent support and education services under one roof. There is a growing

number of effective examples of this approach, including Ounce of Prevention in Chicago, the Hope Street Family Center in Los Angeles, and many others. In each case, these multidisciplinary, multilevel, multisector delivery platforms become anchors for any bridging strategy.

To develop a comprehensive community-based family resource center, a community must be able to knit together several existing categorical programs into a more integrated funding mechanism. In many locales this is accomplished by blending and integrating funds in the "back office." In Monroe County, New York, a policy experiment has been going on for the past eight years as the state of New York is providing to the Monroe County Health Department a master contract that essentially blends the funds from six different categorical funding streams into one "master contract" with one set of reporting mechanisms and a greater focus on outcomes. This is the kind of policy innovation that could help transform the kind and quality of funding available to support more coordinated approaches.

The SECCS Initiative focuses on building systems. While improved child and family outcomes are the ultimate goal of the initiative, the planning and implementation activities are also intended to improve programs and systems of services. It is important to keep this focus in mind so that measures of progress focus on how well the system performs, and not just on outcomes that are not expected to dramatically change during the beginning years of the initiative.

Strategy 6: Support activities that address public opinion and the views and priorities of opinion leaders and key government leaders.

National public opinion largely supports optimizing child development. Public education efforts can maintain this support and help to focus the public on how to optimize child development, as well as provide impetus to modify societal influences on child development. The SECCS Initiative has the potential to continue reshaping governmental support for early childhood, as well as increase the priority given to early childhood issues by American society.

Use a strategic communications process.

Often when a new initiative is launched, communicating the vision, intent, and the strategies to support the initiative is more of an afterthought. Sometimes communications, rather than being strategic, can merely be about dissemination or outreach. Strategic communications includes a range of messaging strategies that target the general public or specific audiences and that are developed in tandem with the planning and implementation of an initiative. A communications strategy might entail a public education component that reaches broad sections of society with important messages about child health and development. States might find public- or private-sector partners willing to assist in crafting a public information campaign targeted at key audiences: parents and families, services providers from different service sectors, communities and community-based organizations, and various other stakeholders. For instance, the California First 5 Children and Families Commission has an ongoing statewide media campaign highlighting the roles of certain behaviors in supporting optimal child development. The campaign includes television advertising, billboards, a newsletter, and a "new parent kit" that is available to all new parents throughout the state and contains videotapes of parent education information, a local resources list, and other items for new parents (e.g., baby thermometer).

Seek high-level political support.

The support of a state governor's office has been cited as a critical factor for the success of current state-level early childhood initiatives and appears in many of the SECCS Initiative proposals (e.g., Illinois). Elected officials, including the governor, may support the formation of an early childhood advisory group or a more specific (e.g., child care) task force. These groups may have considerable

power if given policy-making influence or control of resources and funding. Champions in political office or public opinion leaders will be critical in the planning and implementation of, and ultimately in sustaining, a system of services that is comprehensive and integrated.

Infrastructure-Related Strategies

Strategy 7: Focus SECCS planning on filling gaps in infrastructure, and not exclusively on service expansion.

Although there is a clear need for additional early childhood services in many communities and among specific populations, the existing system's gaps need attention before extensive service expansion is conducted. Significant improvement is needed in communication between services sectors, flow of information, and family-friendly features that allow maximal access to, appropriateness of, and participation in services.

Review system design, system access, and service use from the user's perspective.

Even if services abounded or were seamlessly delivered, from the parent's perspective it may still be difficult to know what represents a concern that should be addressed and who can serve as a resource. Substantial resources are now being invested simply to help families and providers navigate cumbersome eligibility processes and complex systems. Better planning is needed in order to address existing barriers to information flow between providers, referral of families, and general coordination of services at the community level. Also, pediatricians and other professionals who see children regularly should be encouraged to expand their awareness of community resources and use tools (e.g., a parent checklist) to elicit what resources a parent might need.

Coordinate data collection, data sharing, and data-driven outcomes-based planning.

Many state agencies and service providers collect information about families. As a result, much of this information is redundant. Therefore, coordinating data collection and sharing data could assist agencies in developing service delivery mechanisms that are more efficient, effective, and cost-effective. For instance, the Kentucky Cabinet for Children and Families conducts the Child and Family Services program, which utilizes uniform intake forms and team client service planning among the Cabinet's Family Support, Child Support, and Permanency and Protection divisions.[61] Further information about the use of data for planning and performance measurement can be found in a forthcoming report in this series.

Strategy 8: Consider financing strategies that enhance sustainability through making better use of existing resources, maximizing public revenue, creating more flexibility in existing categorical funding, and building public-private partnerships.

Financing for the sustainability of an integrated, comprehensive early childhood service system is one of the primary challenges facing grantees in the SECCS Initiative. The Washington, DC-based Finance Project, which served as the program and technical assistance support center for the Carnegie Foundation's Starting Points Program, has prepared a companion to this report entitled *Strategic Financing: Making the Most of the State Early Childhood Comprehensive Systems Initiative* to help state grantees address this significant challenge.[62] The report details the four financing approaches listed in the heading above, explains specific strategies relating to each approach, and illustrates how these have been used.

Strategy 9: Facilitate accountability through results-based planning and the use of data for continuous quality improvement with regard to both process and outcome measures.

Results-based planning is a framework for strategic planning that focuses participants on results and the utilization of data to measure progress toward these results. Results-based accountability plan-

ning is an iterative process of bringing together a broad range of stakeholders to choose and state results in plain, universally understandable language, choosing indicators to measure progress, considering what works and crafting a coherent strategy for the chosen population, implementing that strategy, and using performance measurement to ensure that results are achieved. Data that are used should be informative and accepted by those to whom it is directed and who are expected to make the ultimate changes. The results involved in this planning process are based on the vision that the partners establish (see Strategy 1).

Results-based accountability has been utilized in many nations, states, and venues. A companion report entitled *Results Accountability for State Early Childhood Comprehensive Systems: A Planning Guide for Improving the Well-Being of Young Children and Their Families* is a resource for state grantees.[62]

New ways of gathering only enough information to justify an improvement are also newly available. The National Initiative for Children's Healthcare Quality (NICHQ) uses a structured approach to improving the process of health care for young children. Supported largely by private foundation funds, NICHQ has developed a simple but powerful improvement method that uses a manageable data collection process to lead to rapid change. NICHQ is currently leading one such improvement process funded by MCHB focused on improving medical homes for children.

Strategy 10: Utilize promising practices in early childhood service systems to shape the design of integrated systems.

The last 20 years have witnessed the development of promising strategies for supporting child and family well-being through integrated services. For example, Healthy Steps for Young Children is a pediatric practice-based strategy that adds capacity to pediatric offices—in the form of new personnel who help assess children's development and provide parenting education.[63] A number of communities across the U.S. have implemented the Healthy Steps demonstration model with positive results in parent activities with their young child. An example of a community-wide effort to improve the pathways of developmental services is the Denver Health System General Pediatrics Model (Figure 7). In Denver, both Title V case management and IDEA Part C funds are being used to create an uninterrupted pathway from child surveillance and identification of potential developmental difficulty to assessment, treatment, and case management. Another example of improved pathways to early childhood services is the Help Me Grow Initiative in Connecticut. Each of these strategies has undergone evaluation and is known to be effective. These strategies have yet to be generalized to many communities but have an evidence base that is worthy of consideration by SECCS grantees.[21]

CONCLUSION

The federal MCHB's SECCS Initiative builds upon the considerable momentum that has spawned early childhood systems-building activities across the United States and in many other countries around the world. The SECCS Initiative is designed to capitalize on these existing activities and to position the maternal and child health community to play an important role in creating an integrated system of services that is understandable, accessible, and appropriate for all children and families.

This report focuses on bridging concepts, platforms, pathways, strategies, and tools that can be used by SECCS grantees to achieve the goals of the initiative. This report has presented a set of principles that states can use to advance their planning process, reach out to new partners, develop collaborative strategies, and build a foundation for the implementation phase of the SECCS Initiative. Through a strategic engagement process that addresses communication, leadership, coordination, finance, accountability, and measurement challenges, SECCS grantees and their partners can work together and achieve optimal healthy development and school readiness for all children.

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