



AMCHP

Aligning Early Childhood Systems: Ten Recommendations and a Roadmap for Action

A Resource for Strengthening Coordination across
Title V, MIECHV, ECCS, and Healthy Start Programs

Anna Corona Romero, MPH, CPH
Paige Bussanich, MS
Maura Leahy, MPH, CHES

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BACKGROUND

Federal investments in early childhood span multiple agencies and funding streams, each contributing to a shared vision of improved outcomes for children and families (Table 1). Within this broader landscape, the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) plays a unique health-driven role in advancing system-level approaches that connect programs, services, and data across the health, early learning¹, and community services sectors. This resource focuses on a subset of MCHB investments that, when aligned, create necessary infrastructure for coordinated, statewide early childhood systems and strengthens states' ability to address early drivers of health and support long-term well-being.

The MCHB-administered Title V Maternal and Child Health (MCH) Services Block Grant plays a central role in coordinating and aligning statewide MCH programs and investments (Table 1). The Title V National Outcome Measures (NOMs) related to child flourishing, school readiness (also referred to as "healthy and ready to learn"), and the prevention of adverse childhood experiences (ACEs) function as shared "North Stars" across early childhood programs. Together, they establish a common direction for cross-sector collaboration and provide a clear framework for aligning programs and resources to advance positive early childhood outcomes.



¹As defined by the U.S. Department of Education, the term "early learning" used throughout this resource includes early childhood programs and services that provide early care and education to young children birth through age five.



Table 1: A Snapshot of Federal Early Childhood Investments and their Alignment with Title V National Outcome Measures

AMCHP		Title V Outcome Measures		
		School Readiness	Flourishing	ACEs
SHARED MEASURES ACROSS PROGRAMS				
MIECHV, ECCS SEED, & Healthy Start	Well-child visit	X	X	X
MIECHV & Healthy Start	Breastfeeding		X	
	Intimate partner violence – timely screening & referral			X
	Caregiver depression – timely screening & referral			X
	Postpartum visit			X
	Safe sleep			X
MIECHV & ECCS SEED	Timely developmental screening & referral	X	X	
INDIVIDUAL PROGRAM MEASURES				
MIECHV Measures	Early Language and Literacy activities	X		
	Parent-Child Interaction	X	X	
	Child maltreatment & injury			X
	Pre-term birth	X	X	
	<u>TIMELY screenings</u>			
	• Behavioral concern inquiries	X		X
	• Caregiver anxiety ²			X
	<u>COMPLETED referrals</u>			
	• Caregiver anxiety ²			X
ECCS SEED Measures	Child flourishing	X	X	X
	Timely screenings and referrals for whole family health needs	X	X	X
	Care coordination – Families receive appropriate services	X	X	X
Healthy Start	Healthy & safe infant/toddler care practices	X	X	X
-Maternal, Infant, and Early Childhood Home Visiting (MIECHV) -Early Childhood Comprehensive Systems: Scaling Effective Early Childhood Systems Development (ECCS SEED) -ECCS SEED is the most current iteration of MCHB's ECCS program.				

² Beginning 10/1/2026, MIECHV programs will be required to report data on the Caregiver Anxiety screening and referral measure within 90 days of enrollment (postnatal) or 90 days of birth of child (if enrolled prenatally).

MCHB INVESTMENTS AS BUILDING BLOCKS OF AN INTEGRATED EARLY CHILDHOOD SYSTEM

Although each of the programs below operates under distinct statutory authorities, they share a common purpose to ensure families have the support they need to promote healthy development and prevent early adversity. Each program contributes to this goal through complementary roles that span direct services, community-based support, and system-building efforts. When aligned, these investments position states to build more cohesive early childhood systems that advance flourishing, readiness, and prevention of adversity (Figure 1).

- **Title V Maternal and Child Health (MCH) Services Block Grant³**

Title V is the nation's longest-standing investment in MCH and serves as the connective tissue across statewide MCH programs and services. Through its needs assessment process, performance measurement framework, and authority to convene partners, Title V functions as a statewide strategist by guiding alignment around shared priorities and outcomes. This positioning enables coordination across agencies and programs, thus supporting collective action toward the National Outcome Measures (NOMs) related to flourishing, school readiness, and prevention of adverse childhood experiences (ACEs).

- **Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program⁴**

The MIECHV program supports families during pregnancy and early childhood through evidence-based home visiting services. It focuses on strengthening parent-child relationships, promoting healthy development, identifying needs early, and connecting families to community-based services and supports. In addition to direct services, MIECHV contributes to broader systems efforts by generating data and insights about family needs and effective strategies. These insights can guide sustainability and continuous improvement efforts across MCH programs while supporting alignment with statewide priorities that impact families.

- **Healthy Start (HS) Program⁵**

HS supports communities in improving maternal and infant health outcomes before, during, and after pregnancy. It focuses on communities that experience worse maternal and infant health outcomes by addressing factors that influence family well-being, such as access to coordinated health services, transportation, housing, nutritious food, and behavioral health supports. Through community-based approaches, HS provides outreach, care coordination, and connections to clinical and social services that support family well-being and early relationships. Its emphasis on community engagement and local partnerships helps ensure services are responsive to community needs and strengthens connections between families and the broader system of care. HS complements other MCHB investments by strengthening community-level coordination and helping link families to services across sectors such as health care, early learning, housing, nutrition supports, behavioral health, and social services. This reinforces broader efforts to align early childhood and perinatal systems.

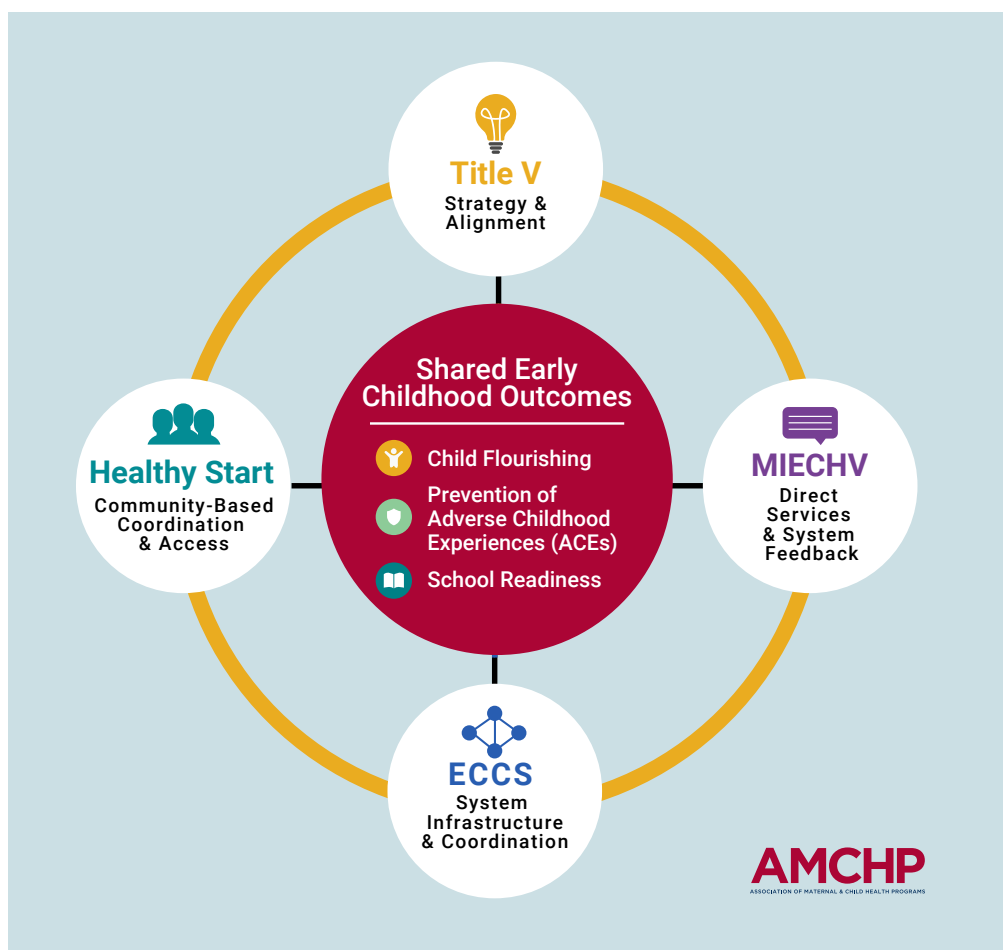
- **Early Childhood Comprehensive Systems: Scaling Effective Early Childhood Systems Development (ECCS SEED)⁶**

ECCS SEED strengthens early childhood systems by supporting coordinated intake and referral systems, evidence-based early childhood health and development approaches, and cross-sector leadership. The program focuses on improving how health care, early learning, human services, and family-serving systems work together to identify family needs early, connect families to supports, and promote healthy child development. Guided by family leadership and community partnerships, ECCS SEED helps build and sustain coordinated systems of care that can be expanded across communities. Its emphasis on statewide leadership, policy development, financing, and systems alignment complements and reinforces Title V's role in coordinating statewide early childhood efforts.

³Health Resources and Services Administration, Maternal and Child Health Bureau. *Title V Maternal and Child Health Services Block Grant Program*. Available at: <https://mchb.hrsa.gov/programs-impact/title-v-maternal-child-health-mch-services-block-grant>. Accessed June 2026. ⁴Health Resources and Services Administration, Maternal and Child Health Bureau. *Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program*. Available at: <https://mchb.hrsa.gov/programs-impact/maternal-infant-early-childhood-home-visiting-miechv-program>. Accessed June 2026. ⁵Health Resources and Services Administration, Maternal and Child Health Bureau. *Healthy Start Program Fact Sheet*. Available at: <https://mchb.hrsa.gov/sites/default/files/mchb/about-us/mchb-healthy-start-factsheet.pdf>. Accessed June 2026. ⁶Health Resources and Services Administration, Maternal and Child Health Bureau. *Early Childhood Comprehensive Systems (ECCS) Program*. Available at: <https://mchb.hrsa.gov/programs-impact/early-childhood-systems/early-childhood-comprehensive-systems>. Accessed June 2026.

Title V, MIECHV, Healthy Start, and ECCS each serve distinct roles within early childhood systems while contributing to shared priorities. When aligned, they support a more coordinated system of care that promotes family well-being and positive early childhood outcomes.

**Figure 1:
The Complementary Roles
of MCHB Investments
in Achieving Shared
Outcomes for Early
Childhood**



ALIGNMENT REQUIRES INTENTION

As illustrated above, Title V, MIECHV, Healthy Start, and ECCS programs are designed to play complementary roles in advancing shared early childhood outcomes. However, alignment across these programs does not happen automatically. At the state level, there are persistent structural challenges that can limit coordination across programs and reduce their collective impact.

In many states, early childhood efforts remain separated by funding streams, administrative structures, and data systems. Fragmented systems mean families must navigate multiple entry points, duplicative eligibility processes, and complicated service pathways. These challenges create inefficiencies and make it harder to provide coordinated support that helps prevent adversity and advances flourishing and readiness.

Strengthening alignment across Title V, MIECHV, Healthy Start, and ECCS programs requires intentional action. Leaders of these programs are well positioned to assess where these challenges exist and identify opportunities to better connect programs, streamline and standardize processes, and align efforts around shared priorities. For a deeper exploration of common challenges and strategies to address them, see AMCHP's resource [Title V MCH Services Block Grant Needs Assessment: A Window of Opportunity for Early Childhood Health](#).

For simplicity, the term "state(s)" will be used throughout this resource and includes each state of the United States, the District of Columbia, territories, freely associated states, and Tribes.



HOW TO USE THIS RESOURCE

Addressing challenges to alignment requires intentional action. This resource is designed to support states in strengthening how Title V, MIECHV, Healthy Start, ECCS and other relevant early childhood partners work together in practice. Grounded in a qualitative analysis (2019) and lessons learned from intensive technical assistance to states seeking to align these programs (2020-2024), this resource includes two complementary components:

1. A set of ten recommendations that describe key conditions and approaches that support stronger alignment across programs.

2. A practical Roadmap tool that offers step-by-step guidance to help states initiate or strengthen collaboration across early childhood investments toward shared outcomes, including assessing current efforts and taking concrete steps forward.

States can use the recommendations and the Roadmap tool to help partners coordinate more strategically while still maintaining their distinct roles. These resources are intended to be useful regardless of where a state is starting. Some may already have alignment efforts underway and are looking to strengthen or refine them, while others may be earlier in the process and working to build collaboration across programs for the first time. By using these resources, early childhood leaders can take practical steps toward more coordinated systems that better support families and advance shared outcomes.



Readers can use this resource to:

Understand common challenges and opportunities for alignment

Self-assess current approaches to coordination and alignment

Identify and implement strategies to strengthen alignment toward shared early childhood outcomes

TEN RECOMMENDATIONS FOR STRENGTHENING EARLY CHILDHOOD SYSTEMS COORDINATION

INTRODUCTION

The recommendations below describe ways states can build the partnerships, structures, and shared processes needed to align early childhood programs and strengthen statewide systems. The recommendations are grounded in findings from an environmental scan and qualitative analysis of Title V, MIECHV, and ECCS program materials, as well as lessons learned through technical assistance with six state teams working across programs. While the original analysis focused on Title V, ECCS, and MIECHV programs specifically, the themes reflected in the recommendations are broadly applicable across early childhood and MCH efforts. Additional details on the methods and findings from this analysis are available in [Appendix A](#).

For simplicity, the term “state(s)” will be used throughout this resource and includes each state of the United States, the District of Columbia, territories, freely associated states, and Tribes.

HOW TO USE THESE RECOMMENDATIONS

These recommendations are intended to help you understand how well your state’s early childhood programs work together. The recommendations are designed to support reflection on how current systems, partnerships, and ways of working help or hinder coordination across programs with shared goals. Most states will identify both strengths and areas of improvement.

RECOMMENDATIONS

1 Align implementation efforts around a shared statewide vision for early childhood systems.

Align implementation efforts around existing statewide early childhood priorities, strategic plans, and shared goals wherever possible. A shared direction helps partners coordinate activities, reinforce complementary roles across programs, and sustain work across agencies over time. As noted in the background section of this resource, shared priorities focused on child flourishing, school readiness, and the prevention of ACEs offer strong opportunities for collaboration, since federally funded early childhood programs contribute in different but complementary ways towards achieving these outcomes. As emphasized in AMCHP’s [Title V MCH Services Block Grant Needs Assessment: A Window of Opportunity for Early Childhood Health](#) resource, Title V MCH and Children & Youth with Special Health Care Needs (CYSHCN) programs are uniquely well-positioned to lead efforts to develop a statewide vision of early childhood if one does not exist. ECCS programs are also uniquely positioned to contribute to this work through their focus on statewide systems coordination, partnership development, family leadership, and long-term systems planning.



2 Promote state agency structure, leadership, and governance that supports early childhood systems building.

Early childhood systems building programs and initiatives, including Title V, MIECHV, Healthy Start, ECCS, and other related early childhood efforts are often administered across multiple agencies, divisions, or departments. When programs are housed within the same agency, shared leadership and administrative structures can reduce burden on program staff and make coordination easier. However, many states have longstanding organizational structures that are not easily changed. Regardless of where programs are housed, states can strengthen collaboration through intentional cross-program structures such as regular interagency meetings, joint planning efforts, aligned advisory councils, and shared implementation teams. Strong state-level leadership support is also critical for advancing a shared statewide early childhood vision because it can help reduce administrative burden across programs, improve implementation and coordination efforts, support policy changes that reinforce cross-program collaboration, and sustain long-term systems alignment across agencies and departments.

Supportive resources for this recommendation can be found in [Appendix B](#).

3 Map and align current and future funding opportunities.

Examine the unique roles of each program and initiative in supporting the state's early childhood vision and identify new opportunities for funding alignment and partnership. Understanding where and how funds flow across different early childhood programs can help states identify gaps, reduce duplication, and uncover opportunities to braid or align funding in ways that advance and sustain shared goals.

Supportive resources for this recommendation can be found in [Appendix B](#).

4 Enhance partnerships with and optimize the role of Medicaid.

Clearly define Medicaid's role in paying for services for young children and in supporting stronger early childhood systems. Medicaid is a foundational financing and service delivery component of the early childhood system, covering a large proportion of young children and serving as a key access point for preventive, developmental, and behavioral health services. As such, it plays a critical role in promoting early identification, intervention, and ongoing care for young children and their families. Strong partnerships between Medicaid and early childhood programs can improve coordination of care, align service delivery across systems, and help make programs more sustainable.

Supportive resources for this recommendation can be found in [Appendix B](#).

5 Use partnerships to support systems building.

Assess the purpose and role of relevant partners and define expected outcomes of those partnerships. When different partners understand their unique role(s) within the system, they will be better able to share responsibilities and improve collaboration. For a high-level visual of the roles each early childhood program is well positioned to play, see [Figure 1](#) on page 6.

Supportive resources for this recommendation can be found in [Appendix B](#).

6 Use system-level strategies to enhance alignment and coordination.

The following examples highlight evidence-based, system-level strategies that states can explore and implement to strengthen coordination across early childhood programs.



Examples of evidence-based, system-level strategies include:

- **Centralized Intake and Referral Systems:** Single point-of-entry mechanisms that streamline how families access services like home visiting, health care, and developmental support. For example, the [Help Me Grow Central Intake and Referral System](#) connects families with young children to community resources, developmental screenings, and early intervention programs.
- **Early Childhood Integrated Data Systems:** Collects, integrates, maintains, stores, and reports information from early childhood programs across multiple state agencies that serve children and families from birth to age 8. See [Appendix B, Recommendation #7](#) for more in-depth resources.
- **Infant-Toddler Court Program:** Works to change child welfare practices and improve the early developmental health and well-being of infants, toddlers, and their families through the use and spread of research-based infant-toddler court teams.
- **Transforming Pediatrics for Early Childhood Program:** Focuses on improving pediatric primary care and connecting the health system to broader early childhood efforts to ensure all families are connected to the support they need.
- **Reach Out and Read:** Integrates guidance about reading into pediatric practices, advises families about the importance of building healthy relationships, and shares books that serve as a catalyst for healthy childhood development and family bonds.
- **Well Visit Planner:** A family engagement-based approach within the context of the pediatric well-visit designed to improve the quality and positive impact of early childhood health promotion and preventive services for all children and families.
- **PlayReadVIP:** A dyadic program supporting early relational health at the time of pediatric check-ups through one-on-one visits with a non-clinical coach who uses videotaping with strengths-based real-time review, family-centered goal setting, and developmentally appropriate toys, books, and tools.
- **Smart Beginnings:** A tiered model utilizing two research-proven parenting interventions that combines universal primary prevention delivered through pediatric primary care and targeted secondary intervention to support early relational health, child development, and school readiness.
- **Evidence-Based Home Visiting Models:** States can leverage matching state funds to build upon federal MIECHV resources to expand access to home visiting services for pregnant women and families with young children. This includes universal home visiting models such as [Family Connects](#).
- **The Empower Program:** Provides a 50% reduction in childcare licensing fees, in exchange for voluntary implementation of ten health and nutrition standards.
- **The Connections Program:** Provides infant and toddler diapers to promote improvement in key children's health indicators such as immunizations, well child visits, and developmental screening.
- **Healthy Beginnings at Home:** Provides rental assistance, housing navigation, and care management for pregnant women experiencing housing instability to increase positive health outcomes for moms and babies.

7 Align measures and data systems to promote shared accountability.

Develop collaborative data agendas, integrated data systems, and/or shared performance measures to better understand the needs of young children and families. It is important for any collaboration to have a shared understanding not only of each program's priorities, but also of data and reporting requirements to promote shared accountability for early childhood systems building. [Table 1](#) can serve as a starting point for identifying areas of alignment across programs, while existing frameworks such as the [Medicaid Child Core Set](#) can serve as starting points for identifying shared priorities, measures, and opportunities for collaboration across programs. Spending time to map these requirements and formalize data partnerships can reduce duplicative efforts, make it easier to identify gaps, track progress, and demonstrate the impact of early childhood programs.

Supportive resources for this recommendation can be found in [Appendix B](#).

8 Invest in family leaders and engagement at all levels.

Support the development of local and state family leadership and networks. Families and caregivers should be meaningfully included as partners and decision-makers across early childhood systems building efforts, including in planning, governance, implementation, and evaluation activities. States should select a model or framework for family partnership, as well as a strategy for assessing the quality and impact of family engagement across all levels of the early childhood system. Engaging families as leaders from the beginning helps ensure that programs and policies reflect family priorities and experiences, increases the relevance and use of services, and supports more sustainable systems change.

Supportive resources for this recommendation can be found in [Appendix B](#).

9 Strengthen state-local coordination.

Early childhood systems are most effective when state and local implementation are connected. Establish bidirectional communication and feedback loops between community, local, and state-level stakeholders to support collaboration and shared problem solving in early childhood systems building.

Supportive resources for this recommendation can be found in [Appendix B](#).

10 Commit to improving outcomes for all young children and their families.

Early childhood systems building programs and initiatives should work to improve outcomes for all families. These efforts should focus on strengthening core system functions that support positive outcomes including:

- ✓ Increasing access to services, particularly in rural areas, and bringing in rural-specific partners to early childhood programs.
- ✓ Building and maintaining an early childhood workforce that reflects the population it serves.
- ✓ Examining existing policies and structures to identify how they can be improved to better meet families' needs.
- ✓ Ensuring that data collection includes measures and disaggregated data to monitor differences in health outcomes.



CONCLUSION:

These recommendations describe the conditions that make collaboration across early childhood programs more effective and sustainable and should be advanced alongside efforts to improve population-level outcomes such as school readiness, child flourishing, and the prevention of ACEs. The Roadmap Tool that follows is a practical, use-what-you-need guide for busy early childhood leaders to launch, refine, or strengthen collaboration with other program leaders around shared state-level goals.



A ROADMAP FOR IMPROVED ALIGNMENT: A TOOL FOR COLLABORATION AMONG FEDERALLY- FUNDED EARLY CHILDHOOD INITIATIVES

BACKGROUND:

This guide was originally developed in 2019 and is rooted in a collaborative systems change approach. From 2020–2024, AMCHP staff worked closely with six states, providing intensive technical assistance to pilot this guide as a tool for early childhood program leaders seeking to strengthen alignment across other federally-funded early childhood programs. The steps presented here have been refined based on the lessons that emerged from those pilots.

For simplicity, the term “state(s)” will be used throughout this resource and includes each state of the United States, the District of Columbia, territories, freely associated states, and Tribes.

HOW TO USE THIS GUIDE:

This guide is designed to support states in establishing or strengthening a core cross-program collaboration team. The steps are intended to be completed over time, often over 6–12 months, and can be adapted based on a state’s starting point and priorities. Each step includes:

1. Purpose and rationale.
2. Activities to complete with your core collaboration team (“core collaboration team” is defined in *Step 1 – Prepare for Strategic Collaboration*).
3. Outputs to document.

To make this guide actionable, we encourage teams to intentionally document their progress throughout the process. Consider maintaining a shared folder, workspace, or other accessible location where collaboration members can:

- Record decisions, outputs, and reflections generated during each step of the process. Maintaining organized records promotes continuity during staff transitions, preserves institutional knowledge, and supports long-term sustainability of the collaboration.
- Track progress and accountability over time, including completed activities, upcoming priorities, and shared responsibilities.
- Capture feedback, lessons learned, and evolving perspectives from leadership, families and/or caregivers, and collaboration members as the work progresses.

THROUGHOUT THE PROCESS:

1. Review each step together. If your core collaboration team has already completed it, move on. If not, use that step to guide your next set of actions. Complete the activities together, using the guide to spark discussion and structure your work.
2. Document outputs in the core collaboration team’s agreed upon shared location (folder, workspace, or other accessible location).
3. Review your outputs regularly to keep momentum, prepare for leadership updates, and reflect on lessons learned.
4. Share your completed outputs with decision makers to demonstrate readiness for institutionalization and long-term investment in the collaboration.
5. Use your documented outputs to onboard new staff or new members of your core collaboration team.

Step 0

SCAN FOR EXISTING COORDINATING BODIES AND STRATEGIC PLANS

Purpose: Determine whether a statewide entity (such as a council, committee, or task force) or an existing strategic plan is guiding coordination of federally-funded early childhood initiatives.

Why this matters: To maximize resources, it's important to build on existing infrastructure to avoid duplication and leverage momentum.



Important to know

States approach early childhood coordination in different ways. In some states, formal offices or agencies within the executive branch are charged with streamlining early childhood systems. In other states, cross-sector councils or task forces provide strategic coordination across programs. In addition to these structures, many states use strategic planning processes to guide coordination across early childhood investments. These plans may be led by specific programs, such as Title V or MIECHV needs assessments or other federally supported planning efforts, and often serve as a shared framework for aligning priorities, activities, and outcomes across agencies and partners. From 2020–2025, for example, twenty states developed ECCS strategic plans, which are designed to support cross-sector coordination and strengthen statewide early childhood systems.

Activity:

☐ Determine whether your state has an existing coordinating body (such as a statewide council, committee, taskforce, etc.) and/or strategic plan focused on strengthening early childhood systems.

- If you are already part of an existing coordinating body: Review the remainder of this tool to assess if there are opportunities to strengthen how the coordinating body functions.
- If a coordinating body exists, but you/your team are not involved: Identify how your team can align and contribute to that effort and who to contact to get engaged.
- If no coordinating body exists: Consider how your team or agency can initiate a core collaboration effort and use this tool to begin building a team that can expand over time.

Outputs:

- A shared understanding of whether an existing coordinating structure or plan is in place.
- A clear determination of your group's role, depending on whether an existing coordinating structure is in place.

Tip: States organize early childhood governance in different ways. To explore examples of state prenatal-to-three governance structures, visit the [Prenatal-to-3 Policy Impact Center's overview of state early childhood governance structures](#).

Step 1

PREPARE FOR STRATEGIC COLLABORATION

Purpose: Lay the groundwork for collaboration by assembling a core collaboration team, securing leadership support, and establishing decision-making, participation, and communication processes.

Why this matters: Strategic collaboration is more effective when there is a clear foundation in place. Establishing shared expectations, roles, and support at the outset helps partners work better together, make decisions more effectively, and sustain efforts over time. Taking time to prepare also creates the conditions for meaningful participation and coordination across programs.

Activities:

- ☐ Assemble a small core focus team that includes at least one representative from each program you seek to align. This team will drive the development of a shared strategy and establish the working structure for implementation. At least one person on this team should represent the family/caregiver experience of navigating the early childhood system.
- ☐ Secure and confirm leadership support so the collaboration is recognized as a priority and approved as an appropriate use of agency resources. This will help protect the collaboration and its progress from disruption due to leadership or staffing changes.
- ☐ Agree on a decision-making approach (e.g. autocratic, consultative, democratic, consensus). Clarity around how decisions are made builds efficiency and trust (ACF Early Childhood Systems Building Resource: [Group Decision-Making Styles](#)).
- ☐ Begin planning for meaningful family/caregiver involvement, including how you will compensate participants, address common challenges (such as transportation, childcare, internet access, and ensuring their perspectives are equally valued), and provide orientation and ongoing support.
- ☐ Establish accountability processes for the team. Agree on a meeting cadence and clarify roles, such as who will manage scheduling, develop agendas, facilitate meetings, document decisions, and coordinate follow-up.
- ☐ For additional tips on practical ways to build early momentum, see [Appendix C](#).

Outputs:

- Core team roster.
- Leadership support confirmed.
- Decision-making approach documented.
- Initial plan for caregiver and family involvement.
- Established collaboration operating structure and accountability processes (e.g., meeting cadence, defined roles, and documented responsibilities).

Step 2

DEFINE THE SHARED AIM (NORTH STAR)

Purpose: Establish a unifying aim, or “North Star”, that reflects shared values, aligns partner priorities, and provides a measurable goal to guide and track the collaboration’s work.

Why this matters: Collaboration is more effective when partners are working toward a clearly defined, shared aim. A common direction helps align efforts across programs, guide decision-making, and support tracking progress toward shared outcomes. It also provides a foundation for sustained coordination over time. Shared aims are often strongest when they build on existing partnerships, strategic priorities, and areas of momentum across systems.

Activities:

- ☐ Surface shared values and guiding principles, including partners’ hopes and concerns about the collaboration, how the group will work together, and each partner’s big picture vision for transforming the state’s early childhood system.
- ☐ Have each partner share current programmatic priorities, goals, outcome measures, and available data sources (e.g., state, local, and program-specific data).
- ☐ Conduct a resource inventory to identify what each core team member can bring to the collaborative (e.g., funding, staff time, data, strong relationships with families and communities).
- ☐ Discuss what momentum, partnerships, strategic priorities, and existing system-building infrastructure already exist across the state that could guide and sustain the collaboration’s work toward a shared aim.
- ☐ Identify and discuss potential shared aims. Apply agreed-upon criteria, such as whether the aim is:

Consider school readiness, child flourishing, and prevention of adverse childhood experiences as shared “North Star” outcomes. Figure 1 shows how MCHB’s early childhood investments are designed to work together, with each program contributing to these specific outcomes in different ways.

- Specific, measurable, realistic, and time-bound
- Grounded in available or attainable data
- Motivating to partners
- Aligned with each initiative’s goals and mandates
- Rooted in what families say they want and need

- ☐ Select a *North Star* aim. As appropriate, consider pairing the outcome aim with a complementary process aim related to strengthening and sustaining the collaboration.
- ☐ Confirm the identified North Star with leadership across participating initiatives.
- ☐ Agree on how progress will be monitored and communicated, including indicators, baselines, targets, review cadence, and a simple shared narrative for communicating the aim.
- ☐ Formalize your collaboration team’s plans and processes for recruiting, compensating, and meaningfully engaging families and caregivers (e.g., use inclusive meeting practices, group agreements around treating families/caregivers as equal team members). Pennsylvania’s [Family Leadership Toolkit](#) outlines many of these steps.

Outputs:

- Documented North Star aim that reflects shared values and aligns with partner priorities.
- Optional process aim(s) tied to strengthening collaboration conditions.
- Agreed-upon indicators to monitor progress toward the selected aims.
- Defined monitoring approach, including review cadence and roles.
- Shared narrative describing the collaboration's purpose, intended impact, and how success will be measured.
- Established plans for paying families/caregivers for their expertise and minimizing other financial challenges to their participation (e.g., transportation, childcare).
- Recruitment and onboarding process for families/caregivers who join the core collaboration team and team commitments to co-design and co-lead with families and caregivers.

Notes:

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Step 3

MAP THE CURRENT VS. IDEAL (FUTURE) STATE

Purpose: Develop a shared understanding of how the early childhood system currently functions, identify strengths and challenges, and describe how the system would ideally operate to achieve the selected North Star.

Why this matters: System mapping helps collaborators move beyond individual program perspectives to a shared, action-oriented view of the system.

Activities:

- ☐ Onboard caregivers and family participants so they can meaningfully engage. Provide orientation to the state's early childhood systems. Show them how they fit into your collaborative and remind them that core collaborative team members are always there to answer any questions they have.
- ☐ Define the scope of the system to be mapped, including which components are in focus (e.g., home visiting, primary care, financing, referrals, eligibility, data sharing).
- ☐ Map current system interactions using a structured system-mapping approach aligned with your agreed upon scope. Select the tool that best fits your context, such as:

[The Title V Information System Dashboard](#) is a helpful starting point to understand your state's maternal and child health systems. Navigate to the "Priorities and Measures" tab > select "State Application/Annual Report" > select your state > select the first "view" link to access your state's Title V Block Grant application and report. Use the table of contents to navigate to relevant sections, such as Health Care Delivery System.

- Problem mapping (e.g., [Iceberg Model](#), [Water of Systems Change](#)): surfaces underlying system drivers and conditions.
- Network mapping: maps who connects to whom (e.g. [relationship mapping](#) or [social network mapping](#)).
- [Process mapping](#) or [journey mapping](#): visualizes how families move through services.
- Whole systems mapping: illustrates how the system works overall (e.g. [ecosystem mapping](#)).

- ☐ Summarize system map insights: based on your maps, identify existing strengths and resources within the system as well as challenges and limiting conditions.
- ☐ Describe and/or visualize the ideal state: How would the system function if the North Star were achieved? How would it be different for families, providers, and other key actors in the system? Do all core team members share the same vision of a well-functioning early childhood system?
- ☐ Validate the ideal state description with organizational and program leadership to ensure feasibility and alignment. Ensure that the input of families/caregivers is included in this description.

Outputs:

- Defined system scope.
- Current-state system map.
- System strengths and challenges summary.
- Ideal (Future) state description or visualization, validated by leadership and reinforced by family/caregiver insights.

Step 4

ACTION PLANNING

Purpose: Translate the North Star and system-mapping insights into a focused, phased action plan with clear priorities, roles, timelines, and feedback loops.

Why this matters: A shared aim and understanding of the system are most useful when they are translated into coordinated action. A clear plan helps partners align their efforts, define roles, and make steady progress over time. It also supports ongoing learning and adjustment as the work evolves.

Activities:

- ☐ Compile and review key outputs from earlier steps, including the North Star aim, system map, strengths and opportunities, and ideal (future) state description.
- ☐ Prioritize system challenges and opportunities across short-, medium-, and long-term timelines (e.g., 6 months, 1 year, and 5 years) and identify actions to address challenges and advance opportunities.
- ☐ Translate priority areas into clear objectives and define measurable indicators for each objective to track progress. Ensure that the collaborative practices shared decision-making when selecting these objectives. Engaging with a neutral facilitator in this and subsequent steps can help to ensure resulting outputs reflect balanced perspectives.
- ☐ Identify and group specific activities that will advance each objective, focusing on actions within the collaboration's influence.
- ☐ Assign roles and responsibilities for each activity using a RACI matrix (Responsible, Accountable, Consulted, Informed). Consider co-leadership of major activities to create a sense of shared accountability. Ensure meaningful roles and responsibilities for families and caregivers, including leadership and facilitation opportunities.
- ☐ Develop a plan for how you will clearly communicate progress on activities (especially with those under the "informed" category of the team's RACI matrix).
- ☐ Establish an implementation and learning cadence, such as monthly progress check-ins and quarterly data or indicator reviews.
- ☐ Launch early activities using [Plan-Do-Study-Act \(PDSA\) cycles](#) to test, learn, and adapt before scaling.

Outputs:

- Phased objectives and indicators across 6-month, 1-year, and 5-year horizons.
- Documented action plan linking objectives to specific activities.
- Completed RACI matrix outlining roles and responsibilities across partners.
- Defined plan for communicating progress on activities.
- Defined implementation and learning cadence (check-ins, reviews, and feedback loops).
- Initial PDSA test plans for early actions.

Step 5

INSTITUTIONALIZE THE COLLABORATION

Purpose: Ensure the collaboration is sustained over time by embedding it in formal structures, policies, and practices that extend beyond individual leaders, short-term funding, or shifting priorities. Once your core collaboration team feels well-established, you can consider expanding the scope and membership of your collaborative.

Why this matters: Collaboration is more likely to be sustained when it is built into how systems operate, rather than relying on individual relationships or short-term efforts. Establishing formal structures, roles, and processes helps maintain continuity over time, even as leadership, staffing, or priorities change. This supports more consistent coordination and protects progress that has already been made.

Activities:

- ☐ Strengthen continuity and institutional memory by establishing practices that reduce reliance on individual participants, such as:
 - Ensuring there is more than one representative from each participating initiative or program.
 - Encouraging participating initiatives to formally include collaboration participation and responsibilities within relevant staff roles, job descriptions, and work plans.
 - Engaging with multiple family members/caregivers with different experiences.
 - Maintaining an updated orientation packet to onboard new members efficiently.
 - Conducting an annual evaluation to assess team members' satisfaction with the collaborative and identify areas for improvement.
 - Fostering an environment of shared leadership and decision-making.
 - Establishing a process for checking in with team members when participation or agreed-upon responsibilities become challenging.
 - Exploring options for institutionalizing the collaboration based on your state's context and capacity.
 - Options may include, but are not limited to: establishing a memoranda of understanding (MOU) among participating agencies/organizations, establishing interagency agreements, formalizing the group as a leadership-mandated task force, and/or formally designating a backbone organization.
- ☐ Engage decision makers and position the collaboration for sustained investment and formalization by:
 - Sharing the completed strategic and action plans as evidence of readiness and momentum.
 - Highlighting early wins and lessons learned to demonstrate value and impact.
 - Framing institutionalization as a necessary step to sustain progress and protect investments.

Outputs:

- Sustainability/continuity plan, including the selected institutionalization mechanism(s) aligned with state or jurisdictional context.
- Leadership commitments or endorsements to formalize and sustain the collaboration.

Notes:

[illegible]



Notes:

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APPENDIX A: Methods + Findings from 2019 Qualitative Analysis

With support from the HRSA's Maternal and Child Health Bureau, AMCHP developed actionable strategies and recommendations to increase collaboration among Title V, MIECHV, and ECCS within states to create meaningful change and accomplish shared early childhood goals.

The qualitative analysis that informed this resource involved three sequential stages:

1. Gathering data using an environmental scan of state MCH Services Block Grant documents by accessing the Title V Information System (TVIS) and conducting key informant interviews and focus groups.
2. Coding the environmental scan documents using a qualitative data analysis software.
3. Analyzing qualitative data from the coding process into key themes and recommendations to improve early childhood collaboration.

Environmental Scan:

AMCHP staff conducted an environmental scan, beginning with searches of all 59 fiscal year 2019 Title V Block Grant applications using TVIS, MIECHV plans and reports, and ECCS performance narratives (for states with ECCS grants). AMCHP staff also conducted key informant interviews and three focus groups of Title V, MIECHV, and ECCS program staff and relevant program-specific experts to identify: factors that facilitate or inhibit collaboration between these three programs; opportunities for improved collaboration among early childhood investments; characteristics of ideal partnerships with early childhood agencies or organizations to achieve target early childhood outcomes; and support needs to engage effectively with early childhood and public health stakeholders to advance early childhood priorities. These interviews and focus groups were recorded and then transcribed.

Coding the Qualitative Data:

Based on the environmental scan, a subset of 18 states was identified based on their current early childhood programming. The qualitative analysis was conducted for 12 states that have current Title V, MIECHV, and ECCS grants and six states that did not have a current ECCS grant but have ongoing early childhood systems building efforts. To conduct the qualitative analysis, Title V Block Grant applications, MIECHV plans and reports, and ECCS performance narratives (for states with ECCS grants) from the environmental scan were reviewed. AMCHP partnered with external MCH consultants from the Center for the Study of Social Policy and Johnson Group Consulting, Inc. to conduct an expert qualitative analysis of the data.⁷

The external qualitative analysis experts used MaxQDA qualitative data analysis software to code data from the environmental scan based off a codebook that AMCHP staff designed. The codebook was updated and adapted as the external MCH consultants identified common themes and missing topics.^{8,9} Two members of the consultant team independently coded the data to ensure quality, reliability, and validity of the coding process. This qualitative data analysis process consisted of a series of iterative steps, which included reading, coding, displaying, reducing, and interpreting.^{10,11,12}

⁷ Willis, D., Johnson, K. (April 2020). *The collaboration and alignment of MCHB's early childhood investments through Title V, MIECHV, and ECCS Impact programs: A qualitative analysis*. Prepared for AMCHP by the Center for the Study of Social Policy and Johnson Group Consulting, Inc. ⁸ Neuendorf, K. A. (2002). *The content analysis guidebook*. Thousand Oaks, CA: SAGE Publications. ⁹ Crabtree, B. F. & Miller, W. L. (1999). "Using codes and code manuals: A template organizing style of interpretation." In *Doing qualitative research* (2nd edition). Crabtree, B. F. and Miller, W. L. (eds.). Thousand Oaks, CA: SAGE Publications. ¹⁰ Ulin, P. R. & Robinson, E. T. (2005). *Qualitative methods in public health: A field guide for applied research*. Tolley EE (eds.). San Francisco, CA: Jossey-Bass. ¹¹ Pope, C., Ziebland, S., & Mays, N. (2000). Qualitative research in health care: Analysing qualitative data. *BMJ*. 320, 114-116. ¹² Miles, M. B., & Huberman, M. A. (1994). *Qualitative data analysis: An expanded sourcebook*. (2nd Edition). Thousand Oaks, CA: SAGE Publications.

Analyzing and Interpreting Coded Data:

The qualitative analysis team used a two-stage analysis approach to interpret the results of the coded data and translate the findings into high-level themes and recommendations for action. In the first stage, two MCH professionals highly experienced in MCH programs' context and frameworks discussed, described, and identified the key themes that emerged directly from the output of coded documents. They then added additional comments to the coded documents to underscore themes and illustrative examples. In the second stage, with the support of the qualitative research software, these same professionals used coded results on specific topics to identify patterns, trends, and frequencies of occurrences (e.g., for many, some, or only a few states), to then draw conclusions about the most common findings and lessons learned. Note that the qualitative analysis had several limitations. Due to the highly structured nature of the data collected for the analysis, some elements of a state's early childhood work were not included in the analysis. Therefore, the results cannot be used to compare states that have ECCS grants to states that do not. In addition, this study had a small sample size and limited representation in focus groups and interviews; thus, results from that aspect of the qualitative analysis may not be generalizable to other states and jurisdictions.

FINDINGS:

Importance of a Shared Vision

States that have clear early childhood visions have more collaborative early childhood investments. Without a shared statewide early childhood vision, states' early childhood program investments are more likely to be siloed and function as individual programs. A shared vision was often created by leadership groups that report to the Governor's office (like the Department of Early Childhood) or a cross-agency, state-level leadership body (such as an early childhood coordinating council).

- Title V MCH programs are recommended leaders of early childhood systems building efforts. Title V is recognized as a convener and collaborator that can provide key infrastructure and backbone support. This supports the creation or strengthening of shared investments and greater coordination.
- MCH programs that have long-standing partnerships in state government have greater influence and opportunity to advance early childhood systems building.
- Collaboration is weaker in states that have not made early childhood a long-standing priority. States that experience comparatively greater turnover in leadership and their early childhood workforce also face challenges with maintaining momentum and strengthening collaboration across early childhood investments.

IMPACT OF STATE STRUCTURE AND GOVERNANCE

The structure of state governance and individual leadership has a major impact on early childhood systems building.

- Collaboration is facilitated in states where early childhood investments are all located in the same division, department, or building. When early childhood programs are siloed across different agencies, there is less alignment and collaboration.
- States that have intentionally coordinated or merged early childhood advisory councils and committees experience greater collaboration, alignment, and shared resources among early childhood programs.
- Strong leadership and experience with systems building are crucial elements for advancing early childhood program collaboration. Strong leaders demonstrate the ability to clearly articulate a vision for early childhood systems building; are experienced in building and developing partnerships and collaborations across agencies and departments; and have experience in cross-sector settings (e.g., clinical, public health, and early learning).



ALIGNMENT OF FUNDING OPPORTUNITIES

States that align grants and funding across early childhood programs have a more coordinated early childhood system focus. Opportunities to partner with philanthropic groups or organizations that focus on early childhood systems building can enhance efforts. Untapped opportunities exist to partner with Medicaid on early childhood and on transforming systems of care for young children.

TARGETED TOPIC AND PRACTICE INITIATIVES DRIVE COLLABORATIONS

States use technical assistance and training on relevant early childhood topics (such as breastfeeding, developmental screening, maternal depression screening, school readiness, and child flourishing) to drive collaborations among early childhood programs. Cross-system training is typically driven by specific program funding, with some driven by collaborations with external partners, such as Help Me Grow.

ALIGNED DATA, INDICATORS, AND METRICS DRIVE CHANGE

A collaborative data agenda or shared measures drives collaboration and partnership among childhood investments for decision-making, programs, and policy. Some early childhood data efforts focus on a shared goal or measure; others focus on integrated data approaches and data systems. ECCS provides an opportunity to align and integrate data processes because of the program's emphasis on creating linked and coordinated data systems to promote developmental health in early childhood.

PARTNERSHIPS FOR PURPOSE

Partnerships were widely noted as essential for systems building, but were used to varying degrees. Several potential partnerships were

reportedly underused, including Medicaid, the pediatric medical home, and engagement of the broader child health sector.

PARENT LEADERSHIP AND ENGAGEMENT

Early childhood systems building efforts aim to assess and improve family engagement in systems-level initiatives to ensure that the voices of individuals, families, and communities are included when policies and practices governing these services are created. Many early childhood programs have requirements for family engagement and ensuring parents and caregivers have a voice at advisory and community leadership boards. However, family engagement strategies vary widely across programs, and the impact of family participation can be difficult to measure and is rarely formally documented.

COMMUNITY-INFORMED SYSTEMS BUILDING

Input, feedback, and alignment between state and local leadership is important for early childhood systems building; however, the extent to which states are informed by communities varies. Some early childhood state programs are informed by community councils or collaboratives; others created local structures and state support for community collaboratives. Community leaders often know their community needs better than the state leadership. Trusted communication is key but it can be challenging to balance different agendas and the state and local relationships.

SILOED FUNDING AND REPORTING RESULTS IN LESS SYSTEMS DEVELOPMENT

Some states noted successful efforts to combine, or braid, different sources of funding to sustain early childhood systems building; however, many faced challenges. Challenges include varied grant/funding reporting structures, different requirements for data and performance reporting, and silos in funded activities.

Appendix B: Supportive Resources for the Ten Recommendations for Coordinated Early Childhood Systems

Recommendation	Supportive Resources
2 Promote state/ jurisdiction agency structure, leadership, and governance that supports early childhood systems building.	Early Childhood Governance: A Toolkit of Curated Resources to Assist State Leaders (<i>Preschool Development Grant Birth-5 TA Center</i>). This toolkit is for state leaders and focuses on how they can use governance as a key strategy for strengthening early childhood systems.
3 Map and align current and future funding opportunities.	Fiscal Mapping: • Fiscal Mapping for Early Childhood Services: How-To Guide and Data Collection Tool (<i>Center for Health Care Strategies</i>) • The Fiscal Mapping Process (<i>RAND</i>; developed for youth behavioral services, but translatable to other systems) • Early Childhood Finance Toolkit (<i>Preschool Development Grant Birth-5 TA Center</i>): Curated resources to provide state leaders with guidance and support as they develop and/or refine a more comprehensive and aligned fiscal system in multiple early childhood settings. • Example of braided and blended funding: B'More for Healthy Babies
4 Enhance partnerships with and optimize the role of Medicaid.	Interagency agreements (IAAs) and memoranda of understanding (MOUs) can be used to formalize shared goals, roles, and data-sharing practices between Medicaid, public health, and early childhood programs. • Primer on Medicaid and Title V IAAs: Medicaid and Title V Interagency Agreements: Enhancing Efficiency and Service Coordination (<i>Center for Maternal and Child Health Medicaid Partnerships</i>). • Medicaid and Title V: Considerations When Braiding Funds (<i>Center for Maternal and Child Health Medicaid Partnerships</i>): This brief explores how braiding funds can help state agencies align resources more effectively to provide higher quality, coordinated services for women and children. • Leverage Opportunities + Speak the Medicaid Language: A Workbook for Title V (<i>Catalyst Center</i>): This workbook, originally developed for Title V, also helps to demystify Medicaid and breaks down different Medicaid benefits and levers. What Makes an Early Childhood-Medicaid Partnership Work? and Engaging Families and Providers When Aligning Early Childhood and Medicaid Systems: State Lessons (<i>Center for Health Care Strategies</i>): Outlines strategies for partnering with Medicaid and lessons learned for engaging families and providers in the process. Early Childhood and Medicaid: Opportunities for Partnering (<i>Nemours Children's Health System</i>): Describes strategies for and challenges to partnering with Medicaid. Aligning State Systems for Improved Health and Well-Being Outcomes: A Framework for Collaborative Change (<i>National Association of Medicaid Directors</i>): Offers a framework with nine key activities to help states coordinate Medicaid, public health, and early childhood systems around shared child and family outcomes.

...Continued

Recommendation	Supportive Resources
5 Use partnerships to support systems building.	Before/while developing a collaboration: ✓ Network Mapping: This mapping exercise will help determine what groups/people should be included in your collaboration. This short video from the <i>National MCH Workforce Development Center</i> provides an overview of the process. ✓ Balance of Petals: This mapping exercise helps identify key partners to engage, clarify their contributions, and highlight how each benefits from the collaboration. This short video from the <i>National MCH Workforce Development Center</i> provides an overview of the process. After a collaboration is developed: ✓ Wilder Collaboration Factors Inventory: This free online collaboration assessment will assess how your collaboration is doing on different collaborative success factors such as trust, communication, shared vision, and leadership. ✓ Collaborative Effectiveness Assessment Activity: Assess the strengths and weaknesses of your collaboration. ✓ RACI Matrix (Responsible, Accountable, Consulted, Informed): Clarifies roles across programs, prevents duplication of efforts, and increases accountability among partners. ✓ Interagency Partnerships: A Compendium of Measurement Instruments (James Bell Associates): A summary resource with additional instruments that can be used to assess the depth and quality of partnerships.
7 Align measures and data systems to promote shared accountability.	Memoranda of Understanding (MOUs): MOUs are data sharing agreements that clarify what data are shared and how they will be used. • This sample data sharing MOU (Early Childhood National Centers) is a sample inter-agency MOU. • <i>The Virginia Early Childhood Foundation</i> has several examples of state and local MOUs. Data and Reporting Requirement Mapping: early childhood partners can map their reporting requirements (e.g., program objectives, measurement frameworks, reporting measures) and identify areas of potential overlap. • Review the Background Section of this resource to understand measures that early childhood investments are required to report on and/or advance. • Familiarize yourself with the Medicaid Child Core Set measures that all states are required to report. • Maximizing Impact: Using New Title V Measures to Advance Early Childhood Work (AMCHP and the Child and Adolescent Health Measurement Initiative) explores how Title V NPMs and NOMs can help Title V programs elevate their systems-level EC work. Supportive Resources for Early Childhood Integrated Data Systems (ECDIS): • What is an Early Childhood Integrated Data System? • The Title V Early Childhood Data Integration Toolkit (AMCHP) is a collection of resources to assist state agencies and MCH program leaders as they plan for and begin integrating data into ECIDS. This toolkit includes use tip sheets, use cases, and state examples.

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Recommendation	Supportive Resources
8 Invest in family leaders and engagement at all levels.	A Guide for Organizations on Engaging Family and Parent Leaders in Early Childhood Systems (<i>Center for the Study of Social Policy</i>): This resource provides ideas, strategies, and approaches to inspire and challenge early childhood organizations, nonprofits, and community groups to promote parent and family leadership within early childhood systems.
	Parent Engagement and Leadership Assessment Guide and Toolkit (<i>Center for the Study of Social Policy and the EC-LINC Outcomes and Metrics Initiative</i>): This resource is designed specifically around increasing the engagement of families of young children.
	Parent, Family, and Community Engagement Framework (<i>Head Start</i>): This resource is a roadmap for how programs can engage families from a program's foundation.
9 Strengthen state-local coordination.	Roadmap to Early Childhood Success: Strengthening State & Local Alignment (<i>National League of Cities</i>): This PN3-focused resource includes questions to ask yourself, tips for getting started, case studies, and other helpful resources.
	Early Childhood System Performance Assessment Toolkit (<i>Center for the Study of Social Policy and the EC-LINC Outcomes and Metrics Initiative</i>): This toolkit helps to assess how well an EC system is working across state and local levels. It can support state and local teams to evaluate performance, identify areas for improvement, and create shared EC goals.

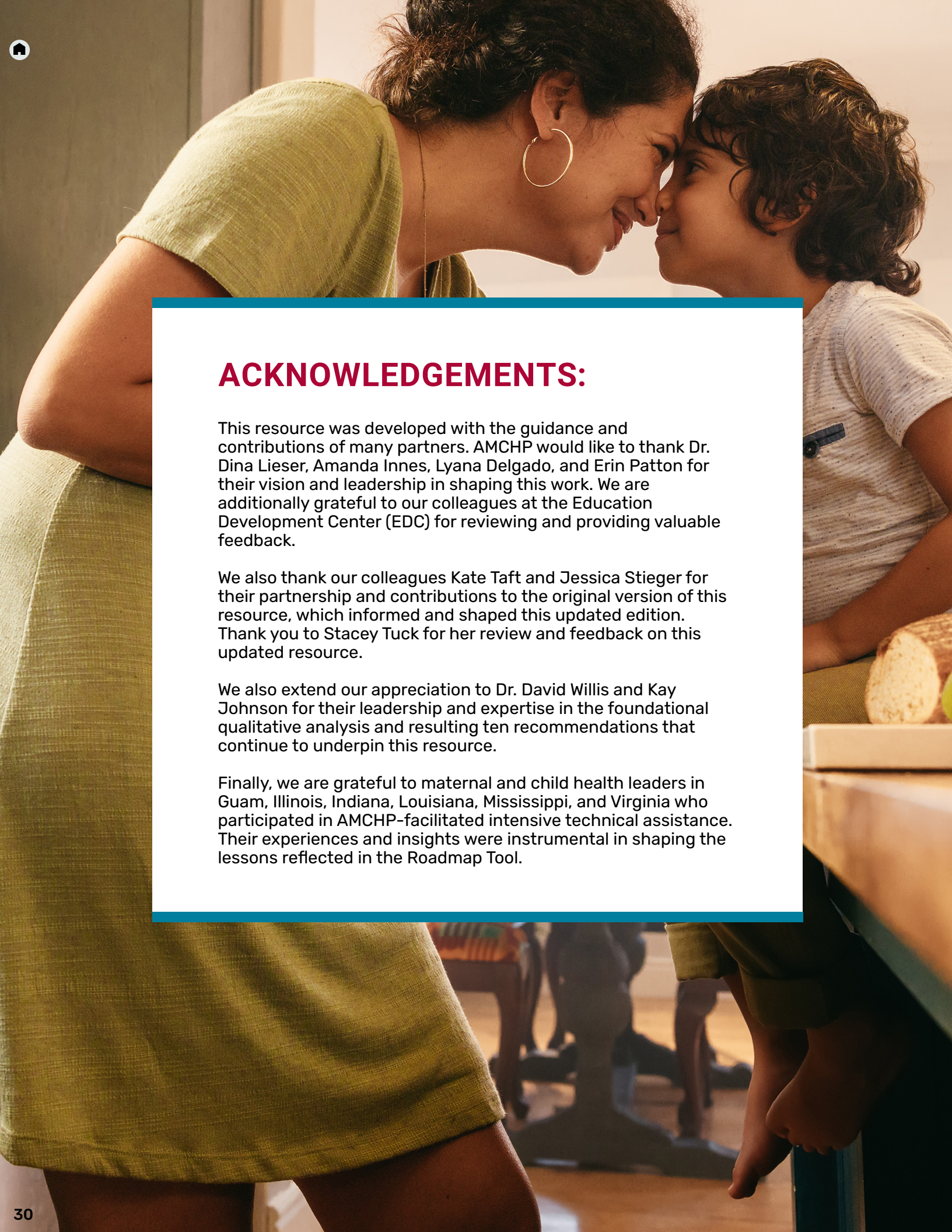


Appendix C: Practical Ways to Build Early Momentum

The activities below can help teams operationalize [Step 1](#) of the Roadmap Tool and build shared understanding early in the collaboration. Use or adapt based on your context, capacity, and existing relationships.

- ✓ **Joint leadership retreats:** Convene cross-program leaders for one or two days (annually or at launch) to set shared priorities and address system-level and/or collaboration challenges.
- ✓ **“Get to Know You” sessions:** Host one or more early meetings focused on building shared understanding across programs. Suggested agenda topics include:
 - Program history, goals, and major initiatives
 - Populations served, including eligibility and priority groups
 - Guiding frameworks (performance measures and required data collection, statutory or funding requirements)
 - How programs engage families and communities
 - Current challenges and opportunities for collaboration
 - Areas of overlapping priorities or shared goals
- ✓ **Commit to early follow-up actions, such as:**
 - Scheduling recurring check-ins (quarterly at minimum), with rotating hosts to promote shared ownership
 - Maintaining a living “collaboration summary” in a shared workspace to document program goals, shared priorities, and early wins and reduce knowledge loss due to staff turnover
- ✓ **As collaboration matures,** consider introducing shared tools such as actor maps, joint calendars, or simple dashboards to track alignment and progress.





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ABOUT AMCHP:

The Association of Maternal & Child Health Programs (AMCHP) is a national resource, partner, and advocate for state public health leaders and others working to improve maternal and child health public health systems. AMCHP's mission is to advance the health of women, children, youth, families, and communities by strengthening governmental public health and deepening community partnerships. We envision a nation committed to the unfettered wellbeing of women, children, youth, families, and communities so they may thrive.

For more information, visit www.amchp.org

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