

# Improving Children's Health and Well-being by Integrating Children's Programs

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The views expressed are those of the authors and not necessarily those of First Focus, Nemours or NORC.

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# Executive Summary

All children should have the opportunity to grow up healthy. To that end, a number of U.S. federal agencies are charged with promoting and protecting child health and well-being. These agencies have historically operated programs that, although beneficial, run in parallel, rather than functioning as parts of an integrated system.<sup>1</sup>

There is growing recognition that federally-funded children's programs could benefit greatly from increased collaboration and integration.<sup>2</sup> We are at a critical crossroads for improving the way programs are designed and implemented for children and their families and have an unprecedented opportunity to adjust the current "siloed" approach. During this time of expanding demand for children's services and severe constraints on federal, state and local budgets, there are numerous administrative approaches that can improve collaboration and integration across programs that serve America's children and youth, resulting in improved outcomes for child health and well-being.

The recommendations presented in this paper highlight strategies that can be adopted administratively to improve the design, implementation, and evaluation of all children's programs, including new programs created under the Patient Protection and Affordable Care Act (Affordable Care Act) and other funding opportunities. These efforts will also enhance the integration of state and local efforts to promote the health and well-being of children. The recommendations fall into three categories:

## Program Design and Applications

- Children's programs should use a multi-sector approach that acknowledges that children are touched by sectors across health, education and social services. Whenever feasible, programs should include a focus on a community based population health approach.
- Federal agencies should collaborate on the development of children's funding announcements to assure multi-sectoral input starting at the beginning of the program design. Review panels should also be multi-sectoral (e.g., health, family support, education) to assure comprehensive approaches to program selection and implementation.
- Children's program applications should reflect engagement by key stakeholders such as the commitment/signature of the governor, other state and local leaders of child related programs, or the head of the Children's Board or through memorandums of understanding (MOUs) among partner organizations.
- New children's programs should allow a portion of administrative funds to be used for infrastructure development such as systems development, staffing and data exchange where appropriate.
- Children's programs should be designed and implemented in order to generate and use the best available evidence and develop best practices.

- In order to assure effective program implementation at the state and local level, applicants for funding of children’s programs should be encouraged to identify and report federal, state, or local laws, policies, regulations, or other requirements that would impede the program in achieving its goals as part of their applications for federal funds.

### **Coordinated Federal Approaches**

- The federal government should develop a core needs assessment for program applications serving children.
- The federal government should develop a common evaluation framework with a core set of process, quality and outcome measures that can be used consistently across children’s programs.
- The federal government should build a cross-sector Technical Assistance (TA) center/learning community to provide coordinated TA for child health and well-being programs.
- The federal government should assess related funding for children’s programs and encourage integrated funding from multiple public and private sources. This can be done through the use of the development of comprehensive early childhood budgets, common and complementary eligibility and service definitions, common conditions of participation for service providers, common approaches to calculating program payments and project awards, and complementary oversight and performance accountability measures.

### **Federal Leadership**

- The federal government should create a White House Office of Child Well-being that is charged with coordinating children’s programs across the federal government.

# I. Introduction and Background

NORC at the University of Chicago is pleased to present this report to First Focus, the Nemours Foundation, The California Endowment and Voices for America's Children on "Improving Children's Health and Well-being by Integrating Children's Programs." The purpose of this paper is to identify policies that can be adopted administratively to improve collaboration and integration across programs serving America's children and youth, resulting in improved outcomes for child health and well-being.

There is a growing recognition that federally-funded children's programs could benefit greatly from increased collaboration and integration. We are at a critical crossroads for improving the way programs are designed and implemented for children and their families and have an unprecedented opportunity to enhance the efficiency of programs and improve the lives of our children:

- A 2009 White House memo laid out the importance of breaking down programmatic silos and utilizing strategies such as place-based initiatives to increase collaboration across sectors. The memo charges the heads of the executive departments and agencies to reexamine and retool existing policies and programs for a changed context. Furthermore, it discusses the importance of investing in ways that encourage similar types of collaboration at the local level. The memo stresses the importance of changing policies in order to allow place-based initiatives and other types of collaboration to flourish.<sup>3</sup>
- In addition, in passing the Patient Protection and Affordable Care Act (ACA)<sup>4</sup>, Congress recognized the need to enhance collaboration and integration across programs, particularly those serving children. Congress created multiple new programs specifically targeted to children's health and well-being and spelled out new requirements for collaboration and integration across federal and state agencies. These programs take a new approach to collaboration and integration in program design and implementation. Appendix A outlines a number of the new children's programs mandated by ACA and highlights the collaboration, integration, coordination and linkages required under the law.
- This paper is also informed by the discussion at two of the meetings of the Children's Outcomes Project (COP)<sup>5</sup>, funded by Nemours, The California Endowment and an anonymous donor. The COP promotes the work of multi-sector, place-based initiatives to improve the health and well-being of children. The COP learning community is comprised of state- and community-based teams plus a select group of national program, policy and advocacy experts. The purposes of the COP are twofold: (1) to help the place-based, multi-sector COP teams advance innovative policies and practices for children in their communities and states; and (2) to inform federal policy to better support multi-sector, place-based initiatives focused on the health and well-being of children. The COP project demonstrates the importance of multi-sector initiatives and is paving the way for policy change to allow these types of initiatives to continue to evolve.<sup>6</sup>

This paper identifies administrative opportunities and provides specific examples of model policies, based on what has been done at the federal, state and local levels, to improve collaboration and integration across child-serving programs at all levels. Improved collaboration and emphasis on specific outcomes for children and youth, such as reduced obesity, school-readiness and other health, human services and education outcomes, provide unprecedented opportunities for the federal government, in partnership with state and local governments as well as the private sector. These actions are specifically designed to improve the way we deliver services to children and their families.

## Barriers to Comprehensive Approaches

For years, experts in the field have advocated the use of comprehensive approaches to child health and well-being.<sup>7,8</sup> Collaborative approaches to health and well-being not only offer optimum outcomes to individuals, but these integrated approaches are also efficient strategies for all sectors and agencies involved in the partnerships. Integrating child-serving systems has the potential to maximize the effectiveness of programs and services. Through these efforts, more children can be reached, families can find supports more readily, and duplication of effort can be reduced.<sup>9</sup> There is also growing evidence that this comprehensive approach results in improvements to child health and well-being outcomes.<sup>10</sup> The child health system in the U.S. has historically operated with programs running in parallel rather than in an integrated system.<sup>11</sup> This “siloed” approach to funding programs for children has resulted in missed opportunities at a time of expanding demand for children’s services and severe constraints on federal, state and local budgets. In 2009, the federal government spent almost \$250 billion on children’s programs, including \$173 billion in mandatory spending and \$76 billion on discretionary spending.<sup>12</sup> Exhibit 1 displays the breakdown of this spending. These funds supported numerous individual programs at the federal, state and local levels, yet most of these programs operate with limited collaboration or integration. While these programs have had significant positive impact for children and their families, at points they have not operated in the most efficient manner, because they often require similar but separate information systems, needs assessments and evaluations even though the many of the programs share the same goals and serve the same child.

## Exhibit 1: Breakdown of 2009 Federal Spending on Children's Programs

Category	Examples of Programs Included	Funding Amount
<b>Child Welfare</b>	Child Abuse Prevention and Treatment, Adoption Opportunities, Abandoned Infants Assistance, Foster Care, Social Services Block Grant, Community Services Block Grants, Adoption Assistance, Promoting Safe and Stable Families, Child Welfare Services, Mentoring Children of Prisoners, Social Services Research, Youth at Risk, Child Welfare Training	\$8.6 Billion
<b>Education</b>	Title I Grants to Local Education Agencies, Special Education Grants to States, Head Start, State Grants for Improving Teacher Quality, Child Care Entitlement to States, Child Care and Development Block Grant, Impact Aid, State Grants for Career and Technical Education	\$53.6 Billion
<b>Health</b>	Medicaid, Maternal and Child Health Block Grant, Payments to States for Home Visitation, CHIP, Vaccines, Community Health Centers, National Institute for Child Health and Human Development, Environmental Health and Injury Prevention, Healthy Start	\$61.5 Billion
<b>Housing</b>	Tenant Based Rental Assistance, Project Based Rental Assistance, Low Income Home Energy Assistance, Public Housing Operating Fund, Homeless Assistance Grants, Consolidated Runaway and Homeless Youth Program, Rural Housing Assistance Grants	\$16.7 Billion
<b>Income Support</b>	Temporary Assistance to Needy Families, Disability, Supplemental Security Income, Disability Trust Fund, Compensation and DIC	\$56.8 Billion
<b>Nutrition</b>	Child and Adult Care Food Program, Supplemental Nutrition Assistance Program, School Lunch Program, Special Supplemental Program for Women, Infants and Children, School Breakfast Program	\$49.1 Billion
<b>Safety</b>	Juvenile Justice Programs, Safe Routes to School, Consumer Product Safety Commission, Violence in Schools Prevention, Missing Children Program, Mentoring	\$971 Million
<b>Training</b>	Workforce Investment Act Youth Training Programs, Job Corps, Youth Build, Young Parents Employment and Training Demonstration Program	\$1.93 Billion

These problems are further complicated by the fact that federal programs traditionally provide child-related funding through a variety of mechanisms: directly to state agencies; to state agencies as a pass-through to county and local governments; and directly to community-based providers or organizations. This can lead to coordination, integration and communication challenges within federal and state agencies. For example, the federal government awards money to states for maternal and child health which is generally distributed to providers across the state. In contrast, the federal government provides support directly to community health centers, school districts, and local health departments which are then accountable directly to the federal government and not to the state government. In these cases, state agencies are excluded from the award process including the selection of specific local programs and program oversight over the local entity. Community health centers, for example,

**The United States is ranked second to last among 21 developed countries for overall child well-being and is ranked last for children's health and safety. Spain is ranked 5<sup>th</sup>, Italy is 8<sup>th</sup>, Germany is 11<sup>th</sup> and France is 16<sup>th</sup>. Only the United Kingdom is ranked below the U.S.**



apply directly to the federal government for funding and may not be integrated with other state health and human service programs unless the state primary care association works closely with the state programs on behalf of the health centers across the state.

Most children encounter myriad systems throughout the course of their development, including health care, child care, and education, as well as many others.<sup>13</sup>In order for these systems to be effective, especially for at-risk youth and children with special needs, systems and the programs associated with them must be connected to one another and focus on the “whole child” and their communities, rather than on separate aspects of child health and well-being. We have room to improve our current system, as the United States is ranked second to last among 21 developed nations in overall child well-being, and is ranked last for children’s health and safety.<sup>14</sup>

Policy-makers have recently taken specific actions to implement this approach by including mandates on collaboration and integration in new programs. This “call to action” can begin to enhance the efficiency of children’s programs by designing and implementing new programs using a collaborative and integrated approach. The following sections present examples of innovative collaboration in past and current programs, discuss new programs created by the ACA, and give specific recommendations to create collaboration and integration among programs serving children.

## Methodology

In creating the recommendations for this paper, we researched past programs that lay out specific guidance to grantees regarding collaboration and cross-sector designs. We used the guidance language developed by the funders of these programs to illustrate ways in which similar types of collaborations can be included in future policies and programs. We did not look at the activities and approaches of individual grantees, as the recommendations in this paper focus on administrative approaches to collaboration.

The Recommendations section builds on these innovative approaches that should be considered in designing and implementing new programs created under ACA and other new funding opportunities.

## Innovative Approaches to Program Integration

Although most children’s programs have not historically included language and requirements for collaboration and integration, there have been some notable exceptions. In this section we discuss several previously funded federal programs and two new ACA programs that encourage collaboration and have a “whole child” perspective. The two ACA programs were included because they have already either issued guidance (in the case of the Home Visiting Program) or a report about their implementation (in the case of the National Prevention, Health Promotion and Public Health Council). In addition, we draw examples from two privately funded initiatives that promote multi-sector, integrated systems for children to illustrate what the federal government can do to achieve better integration across programs. Exhibit 2 details the funder and program recipient for the programs discussed. A brief overview of the programs is then provided. The Recommendations build on these models and suggests utilizing strategies and lessons learned from these programs in newly created and future Federal children’s programs.

## Exhibit 2: Selected Examples of Programs that Highlight Collaboration

Name	Lead Funder	Program Recipient
<b>Previously Funded Programs</b>		
Build Initiative and Early Childhood Systems Development	Early Childhood Funders' Collaborative (ECFC) <sup>15</sup>	States
Children's Outcomes Project (COP)	Nemours, The California Endowment and an anonymous donor	N/A
State Early Childhood Comprehensive System Program (ECCS)	Health Resources and Services Administration, US Department of Health and Human Services	States and territories in addition to any public or private entity, including an Indian tribe or tribal organization or a faith-based or community-based organization.
Linking Actions for Unmet Needs in Children's Health (Project LAUNCH)	Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services	State and territorial governments and federally recognized American Indian/Alaska Native Tribes and tribal organization.
Promise Neighborhoods	US Department of Education	Communities
<b>New ACA Programs</b>		
Maternal, Infant and Early Childhood Home Visiting Program	Health Resources and Services Administration, US Department of Health and Human Services	States, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, and non-profit organizations, if the state has not applied by 2012. Funds and programs are then directed toward high-risk communities and populations.
National Prevention, Health Promotion, and Public Health Council (NPHPPHC)	US Department of Health and Human Services	N/A

***The Build Initiative and Early Childhood Systems Development, Child and Family Policy Center***<sup>16</sup>. The Build Initiative is supported by the Early Childhood Funders' Collaborative which supports state efforts to prepare young children for successful futures. The Build Initiative and Early Childhood Systems Development were launched in May of 2002 to create teams of early childhood leaders from inside and outside government. In 2006, a systems framework to detail the components, characteristics and interrelatedness of needs for a comprehensive early childhood system was developed. Build has developed a common theory of change and defined the early learning system to include health, family support, early care and education, and special needs services. As a grant recipient of the program, each state has taken its own approach to systems development. Examples of these actions include creating state agencies and offices, cabinet appointments, and development of comprehensive data systems.

***Children’s Outcomes Project (COP)***<sup>17</sup>. As noted earlier, the COP promotes the work of multi-sector, place-based initiatives to improve the health and well-being of children. The COP learning community is comprised of state- and community-based teams plus a select group of national program, policy and advocacy experts. The purposes of the COP are twofold: (1) to help the place-based, multi-sector COP teams advance innovative policies and practices for children in their communities and states; and (2) to inform federal policy to better support multi-sector, place-based initiatives focused on the health and well-being of children. The COP project demonstrates the importance of multi-sector initiatives and is paving the way for policy change to allow these types of initiatives to continue to evolve.<sup>18</sup>

***State Early Childhood Comprehensive Systems Program (ECCS)***<sup>19</sup>. ECCS was launched in 2003. In creating this comprehensive approach, there was recognition that the proliferation of separate early childhood programs left significant gaps in the service systems that needed to be addressed. Additional efforts and strong leadership were needed to work across multiple and diverse systems to achieve collaborative partnerships that aligned early childhood service system priorities and integrated their funding streams in order to maximize health, mental health, early care and education, parenting education and family support benefits to the children, families and communities served.

The ECCS grants are aimed at assisting states and territories in the planning, development, and implementation of collaborations and partnerships to support families and communities in their development of children who are healthy and ready to learn at school entry. In addition to states, territories, and tribal organizations, other public and private entities, such as faith- or community-based organizations are the intended grant recipients of this program. One of the key components of this innovative program is that systems must be multi-agency and comprised of the key public and private agencies that provide services and resources to support families and communities in providing for the healthy physical, social and emotional development of all young children.

***Linking Actions for Unmet Needs in Children’s Health (Project LAUNCH)***<sup>20</sup>. The goal of Project LAUNCH is to create a shared vision for the wellness of young children that drives the development of federal, state, territorial, tribal and local networks for the coordination of key child-serving systems and the integration of behavioral and physical health services. Program recipients, who include states, territorial governments, and tribal organizations, are asked to build on their existing health, behavioral health and social service systems to develop and implement plans for young child wellness. The project is grounded in the public health approach, working towards coordinated programs that take a comprehensive view of health. The program defines “wellness” as a state of positive physical, emotional, social, and behavioral health.

Grantees must develop a cross-agency fiscal strategy to promote sustainability of the infrastructure developed through the grant, reduce program redundancy and support the incorporation of evidence-based programs and practices. They must also create integrated state service system planning and oversee Councils on Young Child Wellness, including health, mental health, child welfare, Medicaid, substance abuse prevention, early childhood and state Title V (Maternal and Child Health) agencies, a representative from the office of the governor or chief executive of the state and representation from families from the target population.

***Promise Neighborhoods<sup>21</sup>***. The Promise Neighborhoods Initiative was created in 2009 to transform whole neighborhoods and improve educational and developmental outcomes for children in those neighborhoods. Communities receive grants directly from the program to implement these changes. The purpose of the grants is to transform communities by ensuring that data on outcomes are communicated and analyzed on an ongoing basis by leaders and members of the community. The initiative is also designed to integrate programs and break down agency silos so that solutions are implemented effectively and efficiently across agencies. A key aspect of this program is that it offers a continuum of solutions, including programs, policies, practices, services, systems and supports that result in improved outcomes for children from cradle-through-college-to-career. These solutions are based on the best available evidence, are seamlessly integrated, and include both academic programs and family and community supports.

In September, 2010, the Department of Education announced that 21 nonprofit organizations and institutions of higher education will receive Promise Neighborhoods planning grants. With the one-year grants, the recipients will create plans to provide cradle-to-career services that improve the educational achievement and healthy development of children. The planning grants of up to \$500,000 will support the work in a diverse set of communities in major metropolitan areas, small and medium-size cities, rural areas, and one Indian reservation. To address the challenges faced by students living in communities of concentrated poverty, Promise Neighborhoods grantees and their partner organizations plan to provide services from early learning to college and career, including programs to improve the health, safety, and stability of neighborhoods, and boost family engagement in student learning. The winners of the Promise Neighborhoods planning grants emphasize partnerships among community-based organizations, service providers, schools and districts, colleges and universities, cities, local leaders and others. In subsequent years, contingent on the availability of funds, the Department of Education intends to conduct competitions for implementation grants, as well as competitions for new planning grants.

***New ACA Program Opportunities***. As noted above, we highlight two new ACA programs because program guidance or reports have already been issued for these programs. Information on other ACA programs that have not yet issued program guidance or reports but that are used as examples throughout the paper, can be found in Appendix A.

***Maternal, Infant and Early Childhood Home Visiting Program<sup>22</sup>***. This new funding opportunity under ACA is designed to strengthen and improve the programs and activities carried out under Title V (the Maternal and Child Health Block Grant), to improve coordination of services for at-risk communities, and to identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities. At-risk communities will be identified through a statewide assessment of needs and of existing resources to meet those needs. This program requires participating entities to utilize evidence-based home visiting models and provides an opportunity for states and the federal government to work together to deploy proven programs and build upon the existing evidence base. Eligible program recipients include states, tribal organizations, and non-profit organizations, the last of which is eligible if their state has not applied to the program by 2012. The program allows for continued experimentation with new models and evaluation of both new and existing approaches so that, over time, policy makers and practitioners will have more refined information about the approaches that work best, how

different approaches work for different kinds of target populations or targeted outcomes, and the relative costs and benefits of different models.

***National Prevention, Health Promotion and Public Health Council<sup>23</sup>***. In recognition of the importance of prevention and health promotion, Congress created the National Prevention, Health Promotion and Public Health Council under ACA, chaired by the Surgeon General. The new Council consists of various cabinet secretaries, directors, and administrators of federal departments that relate to prevention, health promotion, and public health. It is supported by an advisory group that provides guidance to the Council about lifestyle-based chronic disease prevention and management, integrative health care practices, and health promotion with representatives from a variety of stakeholder organizations, including private, public (all levels), and nonprofit as well as experts and practitioners in the field. The Council is charged with taking a community health approach to prevention and wellness and developing a strategy that identifies and prioritizes actions across many sectors to address the leading causes of death and disability. It will focus on actions that are grounded in science-based prevention recommendations and guidelines and will prioritize interventions and policy according to measurable goals outlined in Healthy People 2020. The Council is charged with considering and incorporating interventions in various sectors including, health, public health, housing, transportation, in-school and outdoor education, the workplace, and the environment and is directed to bring attention to the role of prevention, health promotion, and wellness to promote the well-being of individuals and communities.

## II. Recommendations

The federal government has an opportunity to redesign programs serving children and their families. While there have been notable program initiatives that recognize the importance of collaboration and integration across children's programs, there is an opportunity to apply these principles consistently across the federal government. With the passage of the ACA and a commitment to collaboration at the federal level, there is an unprecedented opportunity to actively change the approach to supporting children's programs to emphasize collaboration, integration, evidence-based models, interoperable information systems and community health approaches to enhance the effectiveness of children's programs.

The following recommendations offer practical, administrative approaches to enhance collaboration and integration across federal programs serving children. Each recommendation includes selected examples of these approaches that could be applied more widely. The recommendations encompass three major themes: Program Design and Applications, Coordinated Federal Approaches and Federal Leadership. While the following recommendations focus on administrative actions that can be taken by federal agencies, effectively implementing this new approach may ultimately require a Presidential or OMB directive that would direct all federal agencies to adopt these new approaches to program integration. In addition, several recommendations refer to the "federal government" taking action. In these cases, implementation may require actions by the President, OMB or the new entity discussed in the last recommendation.

## Program Design and Application

### Encourage Comprehensive Approaches that Address the Child, their Family and the Community

*Recommendation: All children's programs should use a multi-sector approach that acknowledges that children are touched by sectors across health, education and social services. Whenever feasible, programs should include a focus on a community based population health approach.*

While many programs address one aspect of child health and well-being, few take a comprehensive approach to the child, their family and the community. A community-based population health approach encourages work across multiple sectors serving children and their families, looking beyond any single sector or solution. This approach can enhance program coordination and integration by taking a comprehensive view of health and well-being, including the physical, emotional, social and behavioral aspects of wellness and seek to improve outcomes at the individual and community levels. This also supports the Administration's principles on increasing the impact of government support by leveraging place-conscious planning and place-based programming.

- **The Children's Outcomes Project** The COP promotes the work of multi-sector, place-based initiatives to improve the health and well-being of children. The COP learning community is comprised of state- and community-based teams plus a select group of national program, policy and advocacy experts. The purposes of the COP are twofold: (1) to help the place-based, multi-sector COP teams advance innovative policies and practices for children in their communities and states; and (2) to inform federal policy to better support multi-sector, place-based initiatives focused on the health and well-being of children. The COP project demonstrates the importance of multi-sector initiatives and is paving the way for policy change to allow these types of initiatives to continue to evolve.<sup>24</sup>
- **Promise Neighborhoods** requires grantees to integrate programs and break down agency "silos" so that solutions are implemented effectively and efficiently across agencies. The program also stresses a continuum of solutions and defines this to include programs, policies, practices, services, systems and supports that result in improving outcomes for children and are linked and integrated seamlessly. This seamless integration means solutions that have common outcomes, focus on similar milestones, and address time and resource gaps that create obstacles for students. Grants are intended to support the development of a continuum of cradle-through-college-to-career solutions designed to result in positive outcomes for all children within target communities.

- The **National Prevention, Health Promotion and Public Health Council** plans to “take a community health approach to prevention and wellness — identifying and prioritizing actions across many sectors to reduce the incidence and burden of the leading causes of death and disability.” While their charge is not limited to children, this public health approach sends an important message that no single program can solve the complex challenges facing children and their families without working across the spectrum of programs serving this population.
- **Project LAUNCH** works towards coordinated programs that take a comprehensive view of health, addressing the physical, emotional, social and behavioral aspects of wellness. The program notes that a public health approach addresses the health needs of the population rather than only addressing the health problems of individuals. This approach seeks to improve outcomes at the individual and community levels by addressing risk factors that can lead to negative outcomes.

## Collaborate on Funding Opportunities

*Recommendation: The White House should direct Federal agencies to collaborate on the development of children’s funding announcements to assure multi-sectoral input starting at the beginning of the program design. Review panels should also be multi-sectoral (e.g., health, family support, education) to assure comprehensive approaches to program selection and implementation.*

Traditionally, individual agencies develop their own funding announcements and conduct independent reviews of each set of applications. This can often lead to redundancy and lack of coordination across programs even though the programs may serve similar purposes, grantees may overlap from program to program, and the same child, family or community may ultimately be served by multiple programs. These problems are further complicated by the fact that federal programs traditionally provide child-related funding directly to state agencies; to state agencies as a pass-through to county and local governments; and directly to community-based providers or organizations. This can lead to coordination, integration and communication challenges within federal, state and local agencies. For example, the federal Maternal and Child Health block grant funds go to states which then use these funds to support a broad range of state and local providers who often merge these funds with other funding sources. In other cases, federal agencies provide support directly to communities or school districts which are then accountable to the federal government and not the state government. In these cases, state agencies may not be involved in program design or oversight. An example of a direct federal grant to local providers is the Head Start program which is administered by HHS. HHS awards grants directly to local public agencies, private non-profit and for-profit organizations, Indian Tribes and school systems for the purpose of operating Head Start programs at the community level.

Multi-sectoral coordination at the program design phase and during the review of grant applications can help reduce redundancy and enhance coordination and integration from the initiation of the grant. This approach can help assure that every child focused program is designed to effectively meet the full physical, social and emotional range of children’s needs.

- In creating the **National Prevention, Health Promotion and Public Health Council**, Congress emphasized the need to develop a strategy that coordinates efforts within and across federal departments and agencies relating to prevention, health promotion, and public health. The Council recognizes that federal departments and agencies must align their missions and assets in order to effectively enhance community health and wellness. In reporting on its initial activities, the Council notes that its success “will be determined, in part, by its ability to generate, align, and focus collaboration among governmental and nongovernmental partners in the development and implementation of prevention and wellness initiatives and programs.”<sup>25</sup>
- In its announcement for the new **Maternal, Infant and Early Childhood Home Visiting Program**, HRSA and ACF issued a joint funding announcement, sending an important message that collaboration starts at the federal level. The two agencies, in collaboration with other federal agencies, recognize that the goal of an effective, comprehensive early childhood system is broader than the scope of any one agency. They emphasize that coordination of services with other agencies is an essential characteristic of successful state and local programs and that collaboration at all levels of government is critical for effective, comprehensive home visiting and early childhood systems.<sup>26</sup> The Home Visiting Program also requires intra-agency collaboration among federal agencies including ACF, Centers for Disease Control and Prevention (CDC), National Institute of Child Health and Human Development, Office of Juvenile Justice and Delinquency Prevention, and Institute of Education Sciences of the DOE. To ensure that home visiting is part of a continuum of early childhood services within the State, the application emphasizes coordination to the extent possible with the strategic plan developed by the Head Start State Advisory Council as well as with: the State’s child care agency; education agency; the State’s agencies administering the Family Violence Prevention and Services Act and STOP Violence Against Women funds; the State’s child welfare agency; and the State’s Individuals with Disabilities Education Act (IDEA) agencies.<sup>27</sup>
- In the grant announcement for the state **ECCS Program**, HRSA’s Maternal and Child Health Bureau (MCHB) supported a multi-agency state effort to build an integrated system of services focused on children and their families. To develop the program, federal staff formed the **Federal Partners’ Early Childhood Systems Workgroup** in 2007 which included Head Start, Child Care and MCHB. In 2008, the group expanded to include the Children’s Bureau and the Substance Abuse and Mental Health Services Administration (SAMHSA), as well. Currently, the Workgroup includes the original partners in addition to the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE), Office of Juvenile Justice Delinquency Prevention, DOE Office of Special Education Programs and CDC. The goal of the Workgroup is to foster the development of early childhood systems integration to bridge the services and systems gaps created by multiple, siloed funding streams. In addition, the Workgroup supports state and community efforts to build early childhood service systems that address the critical components of access to comprehensive health services and medical homes,



mental health and social-emotional development of young children, early care and education, parenting education and family support.

## Require Coordination Among Key stakeholders and Support of State Officials in Children's Program Applications.

*Recommendation: Children's program applications should reflect engagement by key stakeholders such as the commitment/signature of the governor, other state and local leaders of child related programs, or the head of the Children's Board or through memorandums of understanding (MOUs) among partner organizations.*

Many states have begun to recognize the need to coordinate and integrate programs serving children. Some states have created state children's cabinets or children's boards specifically to coordinate children's programs. Despite these innovative state efforts, federal grants to states do not consistently require the engagement and commitment of key stakeholders across state government agencies. Requiring the support of key stakeholders (e.g., senior state officials, state official on children's cabinets or boards, representative from a COP team, community-based organizations from multiple sectors) on individual grant applications will enhance the commitment to program collaboration and integration and assure that key stakeholders are committed to comprehensive approaches to child health and well-being. These steps will enhance coordination and integration across all programs serving children and their families within the state.

- The **Home Visiting Program** requires each state's governor to designate the state entity that will apply for and administer the program on behalf of the state. The program guidance also notes that regardless of the entity or entities designated by the Governor, the application must contain the concurrence (through letters of support) of the Directors of the State's Title V agency; agency for Title II of the Child Abuse Prevention and Treatment Act (CAPTA); Single State Agency for Substance Abuse Services; and Head Start State Collaboration Office.
- The new ACA **Community Transformation Grants** will require grantees to demonstrate a history or capacity to develop relationships necessary to engage key stakeholders from multiple sectors within and beyond health care and across a community, such as healthy futures corps, health care providers and YMCA's.
- The **Promise Neighborhoods** guidance requires applicants to secure a commitment from local, state and federal government leaders to develop an infrastructure of policies, practices, systems and resources that supports the goals of the program. These goals include building a continuum of academic programs and family and community supports, from the cradle-through-college-to-career, with a strong school or schools at the center and integrating programs and breaking down agency "silos" so that solutions are implemented effectively and efficiently across agencies. In addition, to be eligible for an award, an applicant must demonstrate that it has established a commitment from one or more entities in the public or private sector to provide matching funds or in-kind donations for the planning process.

- **Project LAUNCH** requires grantees to create a Council on Young Child Wellness, an integrated state service system planning and oversight group, that includes representatives from health (including the private sector), mental health, child welfare, Medicaid, substance abuse prevention, early childhood and state education (including Early Head Start, Head Start, Title V agencies), the office of the governor or chief executive of the state and families from the target population. LAUNCH grantees form Young Child Wellness Councils that engage key players across the child-serving system by convening early childhood partners to integrate and coordinate programs, policies, data, and funding. The grantees join with families and public and private partners to assess communities and identify unmet needs. The Councils create strategic plans that guide their use of five prevention and promotion strategies and substance abuse prevention strategies drawn from current research: developmental assessments in a range of child-serving settings; integration of behavioral health into primary care settings; mental health consultation home visiting; and family strengthening and parent skills training.
- The **ECCS program** emphasizes the importance of increasing the involvement of senior state officials in the program. The program requires that the new systems must be multi-agency comprising the key public and private agencies that provide services and resources to support families and communities in providing for the healthy physical, social and emotional development of all young children. ECCS projects are expected to coordinate their systems building work through a State Multi-agency Early Childhood Team composed of a core membership including the state ECCS coordinator and representatives from the Community-Based Child Abuse Prevention Program, Home Visiting Programs, State Child Care Administrators, Head Start State Collaboration Directors, the state agency responsible for children’s mental health, state’s director of early childhood education, SAMHSA’s Project LAUNCH and ACF’s Home Visiting Grants. These teams are also encouraged to include other public and private partners.

## Support Effective Program Infrastructure

*Recommendation: All new children's programs should allow a portion of administrative funds to be used for infrastructure development such as systems development, staffing and data exchange where appropriate.*

Programs today are hampered by severe budget constraints that threaten basic program infrastructure such as staffing and systems development. Infrastructure and systems development including data capacity (e.g., data hardware and software, data systems development), training and technical assistance, staffing, and community engagement and planning (e.g., convening of key partners, development of comprehensive frameworks and plans) are essential elements of a quality, comprehensive child and family-focused service delivery systems.<sup>28</sup> This is particularly critical for states and communities that require enhanced data and analytic capacity to identify and address special populations, such as low income children or children with special health care needs or to target local geographic areas that require enhanced interventions. These types of targeted efforts often fail because crucial elements – staffing, training, technical assistance and data capacity for tracking and reporting on results – were not supported.<sup>29</sup>

Many of the **COP** participants have argued that infrastructure and capacity for system integration are essential for transforming child-serving systems. One of the COP initiatives, the Children's Services Council of Palm Beach County, partnered with the child-serving agencies in the county to develop an integrated data system across key child and family service delivery systems. This enables the Council to assess the effectiveness of its programs in improving child outcomes.

Despite the growing evidence that information sharing can enhance program coordination and integration and improve services for children and their families, few grant programs provide funding for infrastructure. For example, health information technology (IT) in the form of personal and electronic health records (PHRs and EHRs) is one tool that can enhance appropriate information sharing across programs serving the same child and their family. Providing portable laptops with information across programs empowers individual case workers to better serve the child and their family and provide information about other services within the community. In order to support future sharing of information across systems serving children, new funding opportunities should allow funding for interoperable systems development to allow data sharing and analysis across programs for each child and their family, emphasizing appropriate privacy and security laws and regulations. Systems should be built to provide timely data for real time program management and continuous improvement. In addition, the federal government could ease the burden on states and communities by establishing universal definitions across some of the largest children's programs.

- The **ECCS** program encourages the development of program infrastructure as the base of the MCH pyramid of health services. These activities are directed at improving and maintaining the health status of all women and children. This is done by providing support for development of health services standards/guidelines, training, data and planning systems. "In the development of systems of care, it should be assured that the systems are family centered, community based and culturally competent."<sup>30</sup>

- **Project LAUNCH** provides funds for infrastructure development for children and their families. Programs must articulate their plan to address infrastructure, required services and supports, key activities and concepts of service provision, including a plan for sustainability. Grantees are required to report performance on infrastructure development including policy development; workforce development (training); financing; organizational restructuring; accountability; types/targets of practices, and cost efficiency.
- **Promise Neighborhoods** is designed to transform communities by supporting the infrastructure needs of grantees, working with local governments, and to build the infrastructure of policies, practices, systems, and resources needed to sustain and “scale up” proven, effective solutions across the broader region beyond the initial neighborhood. The program requires applicants to describe how they will plan, build, adapt, or expand a longitudinal data system that measures indicators for all children, disaggregated by subgroups. The program also requires applicants to describe how they will link the longitudinal data system to other data systems; and make the data accessible to program partners, researchers, and evaluators while abiding by federal, state and other privacy laws and requirements. Additionally, the program recognizes that data are critical for real time information for program management by requiring applicants to describe how they will use data for continuous program improvement and document lessons learned and best practices.
- The **National Prevention, Health Promotion and Public Health Council** recognizes that “interventions can only be as effective as the systems that implement them.”<sup>31</sup> The Council emphasizes that quality state, local, and federal public health infrastructure is critical to success including data collection, analysis, policy, epidemiology, and performance management capacity. The Council notes that improved linkages between the public health and health care systems are needed to address the challenges facing our health care system today, including the coordination of care.
- The **Build Initiative** provides support to develop information systems for early childhood systems development, linkages to state longitudinal data systems for students, neighborhood-level data capacity, and ethnically and language specific data. For example, one state is developing an Early Learning Network to bring together early childhood data across programs and services in order to support both implementation and continuous improvement within public systems and making data available for external researchers. Another state is developing a comprehensive cost simulation to determine how much is currently being spent across their early childhood system to determine the total number of children served in public programs and the cost per participant.

## Assure Evidence-based Approaches

*Recommendation: All children's programs should be designed and implemented in order to generate and use the best available evidence and develop best practices.*

While many programs fund innovative approaches in providing services to children, not all require that those approaches are based on the best available evidence. The Institute of Medicine (IOM)<sup>32</sup>, for example, developed the L.E.A.D. framework, to guide the use of evidence in decision making about obesity prevention policies and programs. Short for Locate Evidence, Evaluate it, Assemble it, and Inform Decisions. This framework is intended to facilitate innovative approaches to generating, identifying, evaluating, and compiling evidence—taking a broad, transdisciplinary perspective. The framework is designed to encourage decision-makers and researchers to look at obesity from a systems perspective in order to understand it as a complex, population-based health problem. The framework emphasizes that each type of evidence should be evaluated using criteria for assessing quality that are appropriate and established for that type of evidence with a focus on available research methods for studying population-based problems. The L.E.A.D. framework also focuses on using evidence in an open and transparent way in a real world context to inform decisions.

The **COP** devoted one of its meetings of the learning community to the role of data, outcomes, evidence and evaluation. Participants shared information about promising evaluation tools and concrete policy solutions at the local, state and federal levels to address shared barriers. One of the lessons learned from that meeting is that local initiatives can benefit from data at all stages of their program planning, implementation and evaluation and data capacity issues exist for local communities to collect, analyze and store needed information.

This approach to generating and using the best available evidence could serve as a model across children's programs. It would encourage evidence-based approaches and also encourage programs to be designed to collect evidence to support continuous improvement and replication based on emerging evidence.

- The **Home Visiting Program** emphasizes evidence-based approaches to care. The program requires states to utilize evidence-based home visiting models in order to deploy proven programs and build upon the existing evidence base. The program allows for continued experimentation with new models and evaluation of both new and existing approaches so policy makers and practitioners will have better information about the approaches that work best, how different approaches work for different kinds of target populations or targeted outcomes, and the relative costs and benefits of different models. The program will also be eliciting public comments on evidence-related criteria so that they can develop evidence-related criteria for home visiting programs.

## Identify Federal/State barriers

*Recommendation: In order to assure effective program implementation at the state and local level, applicants for funding of children's programs should be encouraged to identify and report federal, state, or local laws, policies, regulations, or other requirements that would impede the program in achieving its goals as part of their applications for federal funds.*

Existing federal, state or local laws, policies or regulations often thwart program goals. While it is ultimately the responsibility of the federal program managers to understand these barriers, barriers are often inadvertent and impact effective implementation at the local delivery level. In addition, some of these barriers may be real but many perceived barriers can be clarified by the federal managers if they are raised early by the grant recipients in the program development process.

The **COP** identified a number of barriers to integration including, but not limited to, federal financing regulations that impede fiscal leveraging, multiple public and private programs that have their own unique reporting requirements and lack of data that is reported by county to inform local child serving agencies. These barriers may be inadvertent but can require legal or policy changes. Clarification by the federal government or funding agency also may remove the perceived or real barriers. By requiring a continuous dialogue with states, counties and other grantees, federal partners can reduce the burden on state and local program implementation and help limit state by state variation in policy interpretation and program implementation.

- The **Promise Neighborhoods** guidance requires applicants to describe how they plan to identify federal, state or local policies, regulations, or other requirements that may impede the program from achieving its goals. The perceived impediments must be reported to the Department and other relevant agencies.
- **Project LAUNCH** requires grantees to describe the potential barriers to successful conduct of the proposed project and how they will overcome them.

## Coordinated Federal Approaches

### Consolidate Needs Assessments

*Recommendation: The federal government should develop a core needs assessment for all program applications serving children.*

Most child focused programs require a needs assessment by statute or by program guidance. While many of these assessments require cross-sector information about other child-focused programs, each grant lays out its own unique requirements for the assessment. Not only does this create a burden on states and communities to reinvent the wheel for every grant application, it serves as a disincentive to creating a single, comprehensive assessment that can address all programs serving children within the state or community. Instead of requiring a separate needs assessment for each program, the federal government could develop a core needs assessment that could be amended to include additional program-specific requirements for each program. This approach would reduce burdens on state/communities by not requiring a new unique needs assessment for every grant application and would facilitate coordination across all programs serving children. Ideally, the federal government could provide information to each state and community on existing grants and previously conducted needs assessments to enhance the content and integration with new needs assessment. The following are examples of individual program needs assessments that could be streamlined if there was a core needs assessment for children that could then add additional, specific requirements for each program:

- The **ECCS** program requires applicants to include a matrix of what service integration activities currently exist within the state and the status and capabilities of those services. It requires that applicants conduct a needs assessment that describes the needs to be met by the State ECCS project. The needs assessment must describe and document target organizations and populations and their unmet needs using demographic data to support the information provided. The needs assessment must also discuss any relevant gaps and/or barriers that the project hopes to fill and/or overcome.
- **Promise Neighborhoods** planning grantees are required to conduct a comprehensive needs assessment of children along the cradle-through-college-to-career continuum. This assessment must include the collection of data for specified academic and family and community support indicators for children in the geographic area proposed to be served.
- The **Home Visiting Program** specifically requires a statewide needs assessment that is separate from the needs assessment required under the Maternal and Child Health (MCH) Services Block Grant. The law specifies that this needs assessment be coordinated with and take into account the needs assessments required by other child focused programs including the Title V MCH Block Grant program, the communitywide strategic planning and needs assessments of the Head Start Act, and the inventory of current unmet needs and current community-based and prevention-focused programs and activities under the **Child Abuse Prevention and Treatment Act (CAPTA)**.

## Develop a Consistent Evaluation Framework

*Recommendation: The federal government should develop a common evaluation framework with a core set of process, quality and outcome measures that can be used consistently across children's programs.*

While most programs require evaluation, each program sets out its own set of requirements. A core set of measures that are common across multiple programs serving children are rarely used. Even when the same measure is used, it may not be defined consistently with the same numerator and denominator. Not only does this create a burden on grantees, it yields results that cannot be aggregated and analyzed across programs. This results in redundancy in information collection and creates missed opportunities to understand the impact of programs on child health and well-being. It also hampers the identification of best practices and the development of evidence-based models.

There is growing recognition of the need to develop a core set of measures that can be used consistently across children's programs and some programs are taking steps to address this challenge. This type of consistent information is also critical to program replication and scaling up of innovative models to more comprehensive approaches at the state and local level. The core set would be used by all programs and each program could then add its own customized measures in addition to the core set.

A few programs have begun to take steps in this direction:

- **Project LAUNCH** notes that a state grantee that is also a recipient of the ACF Home Visitation grant and/or HRSA ECCS grant must provide assurance that they will create a linkage between the activities of these grants, including use of common measures and indicators where possible.
- The **ECCS** program requires applicants to have appropriate joint multi-agency measures (process, immediate, long-term outcome) for evaluation.
- The **Build Initiative** uses interactive evaluation strategies. The initiative requires grantees to create an evaluation framework for assessing progress on all aspects of systems building, from context (mobilizing public will and public policy actions), to components (evidenced-based programs and practices), to connections (cross-system coordination and collaboration), to infrastructure (accountability and quality improvement structures), to scale (capacity to achieve results at a population-wide level).



## Coordinate Technical Assistance

*Recommendation: The federal government should build a cross-sector Technical Assistance (TA) center/learning community to provide coordinated TA for child health and well-being programs.*

Most grant programs designed to improve children's health and well-being include customized technical assistance. TA can range from webinars or websites to complex one-on-one technical assistance and resource centers. TA serves an important function to effective program implementation but separate TA efforts for individual programs are costly and perpetuate a siloed approach to program development and implementation. With the advent of electronic methods for information sharing, there is growing recognition of the need to provide cross-sector TA that will leverage expertise across disciplines, maximize resources and reduce duplication. Coordinated TA can help improve program design, cross program collaboration, and evaluation in addition to reducing redundancy and cost at the program and recipient levels.

States and communities also need assistance in identifying and tracking the growing number of funding opportunities for children emerging from the American Recovery and Reinvestment Act (ARRA) and ACA as well as other new programs. Some of these programs involve direct funding to states; some pass funds through states for counties and local organizations, and others directly fund communities or community-based organizations. Other new funding initiatives provide indirect support for child related programs such as payment incentives for pediatricians and dentists serving Medicaid children who meaningfully use electronic health records.

In order to help potential grantees and stakeholders working with children, the federal government could create a child specific electronic clearinghouse that would include new funding opportunities, proposed and final regulations, new federal, state and local grant recipients that can help inform existing and new grantees about other programs available and funded for children in their locales. As implementation of ACA and other new programs accelerate, it will be important for agencies to work proactively across the federal government and with states and communities to communicate about programs designated for state and local support. The myriad of emerging funding will also require strong communication within states to assure that local programs are able to proactively engage with states as new funding opportunities arise.

This new tool will also need to specify who is eligible to apply for and receive program funding, including states, counties, communities, community based organizations and direct providers, so that eligible applicants know about potential funding sources. A comprehensive clearinghouse for children's programs will also be important with multiple anticipated changes in governors and state legislators. The clearinghouse will provide an easy to use resource for children's program funding so states can continue the momentum of applying for funds and implementing programs during administration changes.

While there are some existing resources such as grants.gov that provide some of this information, these sites are often cumbersome and non-specific.

- The **Build Initiative** notes that collaborative approaches with other initiatives and organizations, including networking through a learning community, enable individual state leaders to provide TA to their peers. Under this initiative, federal partners are using a variety of strategies to expand partnership and collaboration including:
  - Holding monthly federal partner conference calls;
  - Sharing access to partners early childhood systems TA and policy center products;
  - Opening participation in early childhood system webinars and networking topic conference calls to all federal partners and state early childhood system team members; and
  - Developing a communications portal to support information sharing and resource development for the federal partners and the state early childhood system teams.
- The **Home Visiting Program** anticipates providing technical assistance in several areas including: conducting needs assessments, strategic planning, collaboration and partnerships, communication and marketing, fiscal leveraging, implementing and supporting home visiting programs that meet requirements for evidence of effectiveness, selecting home visiting model(s) to meet the target populations' needs, data and information systems, quality assurance, workforce issues, strategies for coordinating and providing technical assistance to programs within the state, training, outreach, sustainability, and evaluation. The program also plans to customize technical assistance to meet needs identified by states.
- As noted earlier, the **COP** is a learning community of multi-sector, place-based initiatives and national experts. The participants have the benefit of learning from a broad range of individuals from program administrators to state officials to advocates. The participants offer local, state and national perspectives. In addition, the participants represent various sectors – health, early care and education and family support. The teams and national leaders provide cross-sector technical assistance to other teams, facilitating information sharing and insights across child-serving sectors.

## Create Common Program Criteria and Allow Blended/Braided Funding

*Recommendation: The federal government should assess related funding for children's programs and encourage integrated funding from multiple public and private sources. This can be done through the development of comprehensive early childhood budgets, common and complementary eligibility and service definitions, common conditions of participation for service providers, common approaches to calculating program payments and project awards, and complementary oversight and performance accountability measures.*

In 2009, the federal government spent almost \$250 billion on children's program for child welfare, education, health, housing, income support, nutrition, safety and training. Funding for these programs involves a significant number of federal agencies and departments representing numerous separate programs. Most of these programs provide funds to states, counties, localities and individuals and many programs likely touch the same child and family yet funding is rarely coordinated and integrated across programs. This is particularly challenging to states and localities that must apply separately for each grant and cannot comingle or integrate funding across programs that ultimately serve the same child or family.

Fiscal analyses and comprehensive children's budgets can help to answer important questions about early childhood systems. They can provide information to foster informed decisions among policymakers, understand the amount and purposes of current spending on young children and trends over time, and identify gaps and unnecessary or duplicative spending. These efforts are critical for building a state or community fiscal infrastructure to support and sustain early childhood comprehensive system plans.<sup>33</sup>

One critical challenge to creating integrated funding by states and communities is the absence of

### **Fiscal analysis can help to answer:**

1. What dollars are allocated to services and programs for young children and their families?
2. What is the source of these funds?
3. Is spending increasing or decreasing?
4. How might we blend and braid local, state, federal, and private funds to address unmet needs and promote the optimal development of our youngest children?

common criteria across program requirements including common definitions of the target population (e.g., a child with special needs, educationally handicapped, with a disability, a migrant or is homeless); common service expectations and requirements (i.e., case management in a school health clinic, case management coverage eligible for Medicaid payment in schools); common definitions of qualified providers (e.g., state law allows school nurses to put sealants on teeth while CHIP dental insurers only pay for sealants when done in a dental office by a dental professional); and different criteria for the design of a program (e.g., hours of operations, location requirements, rules on accessibility, makeup of advisory boards).

The federal government could ease the burden on states and communities by identifying and reconciling these definitions across some of the largest children's programs and identifying where the federal government will align programs on definitions of eligible children, what they will pay for and what they will exclude, definitions of qualified providers, planning and operational requirements, and data collection and reporting requirements, in order to identify

opportunities to better align the programs. The federal government also could encourage the use of waivers under current law to allow states and communities to leverage funds or waive program requirements. Where the federal government does not have the authority to create common requirements (e.g., states authorize qualified providers for dental services) they can identify these issues for states in the form of guidance and best practices.

- The **Promise Neighborhoods** guidance provides a rare example of how a federal program requires applicants to demonstrate how they can secure and integrate funding streams from multiple public and private sources. This is based on the philosophy of the the White House Neighborhood Revitalization Initiative which is designed to align the requirements of federal programs so that local communities can more readily braid together different funding streams.<sup>34</sup>
- **Project LAUNCH** requires grantees to develop a cross-agency fiscal strategy to promote sustainability of the infrastructure developed through their grant, reduce program redundancy and support the incorporation of evidence-based programs and practices.
- The **ECCS program** requires grantees to develop an early childhood system financial scan and discuss efforts to braid and/or blend early childhood funding streams. In a report on the ECCS program, Kay Johnson notes that policy decisions are more likely to have traction if they are informed by a clear understanding of the fiscal context.<sup>35</sup>

## Federal Leadership

### Enhance Children's Leadership

*Recommendation: The federal government should create a White House Office of Child Well-being that is charged with coordinating children's programs across the federal government.*

Currently more than 20 states have established state children's cabinets, councils and commissions.<sup>36</sup> These entities represent a change in the approach to coordinating and integrating children's programs. The goals of these organizations include greater coordination, collaboration and efficiency in the provision of children's and youth services. They are intended to improve the quality and effectiveness of child-related programs and are designed to promote collaboration and integration across child-related programs at the state level.

The federal government should take a similar step and establish a new office within the White House to improve coordination and integration across children's programs at the federal level.<sup>37</sup> The new office should be charged with developing a comprehensive vision and strategy for child well-being and establishing a set of goals that cut across all children's programs. The new office should have authority to coordinate and integrate children's programs, promote a common vision, engage all stakeholders, create shared accountability and assess and align policies and resource allocations. It could review all grant programs to states, counties and community-based organizations and assure that programs are appropriately child focused, coordinated and

integrated across the life-spectrum of children. It could also support a cross-sector TA center that would enhance collaboration across all programs serving children.

The new office could identify all relevant programs across federal departments that impact child well-being and develop an annual consolidated children's budget. This budget would help assess program overlap, gaps and opportunities for collaboration and streamlining of existing grant programs. The office should also be charged with developing a model template for needs assessments, quality and other outcome measurements. The office could have limited authority to make planning and implementation recommendations to the President, influence policy and direct/redirect resources. The office should also serve as a focal point for external relations with states and non-governmental children's organizations.

The new office could also proactively identify key child-related issues that cut across multiple agencies and programs and convene federal agencies to come together to address key policy issues and challenges that impact these programs, such as children with special health care needs. Part of this effort would be used to assure that all relevant programs include appropriate policies to assure that special populations or issues are treated comparably across the programs. The office could also create standing work groups on child health matters that carry high medical, social and educational costs and around which programs and services tend to cluster so that issues can be flagged and dealt with in advance to the greatest extent possible. An example might be the impact of health reform on children.

Additionally, the office could consolidate best available evidence standards that can be shared across programs in addition to core data, measures and evaluation methodologies to assure the development of consistent evidence-based models by identifying gaps in evidence and creating models for collection and consensus building on best available evidence. In addition, the office could be charged with developing child impact assessments for proposed regulations and legislation. This type of assessment would involve examining proposed policies, programs, regulations and legislation, to determine their potential impact on children and whether they effectively protect children to allow for child and youth-focused policy planning and decision making.<sup>38</sup>

There are several precedents for these types of federal coordinating bodies:

- The **Office of the National Coordinator for Health Information Technology (ONC)** was first established administratively in April 2004 and then legislatively by the The Health Information Technology for Economic and Clinical Health (HITECH) Act in 2009. Its purpose is to provide leadership for the development and nationwide implementation of an interoperable health information technology infrastructure to improve the quality and efficiency of health care.<sup>39</sup> The National Coordinator is charged with coordinating federal health IT policies and programs, relevant executive branch agencies, and public and private entities.<sup>40</sup> ONC must develop, maintain, and direct a Strategic Plan to implement HIT in both public and private sectors.<sup>41</sup>
- The **White House Office of National Drug Control Policy (ONDCP)** was established by the Anti-Drug Abuse Act of 1988. The purpose of ONDCP is to establish policies, priorities, and objectives for the Nation's drug control program. The goal of the office is to reduce illicit drug use, manufacturing, and trafficking, drug-related crime and violence, and drug-related health consequences. To achieve these goals, the Director of ONDCP is charged with producing the National Drug Control Strategy. The Strategy directs the Nation's anti-drug efforts and establishes a program, a budget, and guidelines for cooperation among Federal, state, and local entities. ONDCP also evaluates, coordinates, and oversees both the international and domestic anti-drug efforts of executive branch agencies and ensures that such efforts sustain and complement state and local anti-drug activities. The Director advises the President regarding changes in the organization, management, budgeting, and personnel of Federal Agencies that could affect the Nation's anti-drug efforts.<sup>42</sup> The ONDCP also maintains a clearinghouse that serves as a resource for statistics, research data, and referrals useful for developing and implementing drug policy.<sup>43</sup>
- The **Federal Interagency Forum on Child and Family Statistics (Forum)** was created by Executive Order in 1994 to foster coordination and collaboration in the collection and reporting of federal data on children and families. The Forum includes representation from the Departments of Agriculture, Commerce, Defense, Education, Health and Human Services, Housing and Urban Development, Justice, Labor, Transportation, and multiple agencies including the National Science Foundation, The Office of Management and Budget and the Environmental Protection Agency.<sup>44</sup>

- First Lady Michelle Obama launched the *Let's Move* campaign in February 2010 to solve the childhood obesity epidemic within a generation. This campaign takes a comprehensive approach that builds on effective strategies, and mobilizes public and private resources in every sector impacting the health of children. One of the key strategies of this initiative is to foster collaboration among the leaders in government, medicine and science, business, education, athletics, community organizations and more.<sup>45</sup> As part of the *Let's Move* campaign, the **White House Task Force on Childhood Obesity** recently outlined an interagency action plan and coordinated strategy to combat childhood obesity.<sup>46</sup> The plan makes recommendations for parents/caregivers, schools, and public and private sectors to improve the habits, conditions, and environments throughout various stages of childhood.<sup>47</sup>
- In recognition of the importance of collaborating around a common priority, Congress established the **National Prevention, Health Promotion and Public Health Council (Council)** and the development of the National Prevention and Health Promotion Strategy under ACA. The law requires that the Strategy establish actions within and across federal departments and agencies. The Council is chaired by the Surgeon General and includes Cabinet Secretaries and Administrators of a broad range of federal departments including the Departments of Health and Human Services, Agriculture, Education, Transportation, Labor, Homeland Security, Environmental Protection Agency, and Interior in addition to the Office of National Drug Control Policy, Domestic Policy Council and the Corporation for National and Community Service.

### III. Conclusions

The federal government is at a crossroads for redefining programs serving children and their families. There are numerous administrative approaches that can improve collaboration and integration across programs that serve America's children and youth, resulting in improved outcomes for child health and well-being. With the passage of ACA and a commitment to collaboration at the federal level, there is an unprecedented opportunity to actively change the approach to supporting children's programs to emphasize collaboration, integration, evidence-based models, interoperable information systems and population health approaches to enhance the effectiveness of children's programs.



## Appendix A: Selected Healthcare Reform Programs<sup>48</sup>

Program	Description	Collaboration, Coordination and Linkage Mandates	Eligible Recipients/ Participants
Pediatric Accountable Care Organization Demonstration Project; Sec. 2706	Authorizes a participating State to allow pediatric medical providers that meet specified requirements to be recognized as an accountable care organization (ACO) for purposes of receiving incentive payments. The State must apply to participate in the demonstration project. The State then works with the Secretary to establish guidelines for the quality of care provided by ACOs and to set an annual minimal level of savings in expenditures. To receive the incentive payment equal to a portion of the amount of excess savings (as determined by the Secretary), ACOs must meet performance guidelines established by the Secretary and achieve savings greater than the annual minimal savings level established by the State. The Secretary may also establish a cap on incentive payments to an ACO.	<p>PERFORMANCE GUIDELINES.—The Secretary, <i>in consultation with the States and pediatric providers</i>, shall establish guidelines to ensure that the quality of care delivered to individuals by a provider recognized as an accountable care organization under this section is not less than the quality of care that would have otherwise been provided to such individuals.</p> <p>MINIMUM PARTICIPATION PERIOD.—A provider desiring to be recognized as an accountable care organization under the demonstration project shall enter into an <i>agreement</i> with the State to participate in the project for not less than a 3-year period.</p>	<b>States</b> distribute and administer the incentive payments to <b>pediatric medical providers</b> that also can be recognized as <b>accountable care organizations</b> .
Maternal, Infant, and Early Childhood Home Visiting Program <sup>49</sup> ; Sec. 2951	Strengthens and improves the coordination of services for at-risk communities and to identify and provides comprehensive services to improve outcomes for families who reside in at-risk communities. Early childhood home visiting programs offer voluntary, in-home services to families with children from prenatal to kindergarten. Visitors are trained professionals in an area of child development that advise parents on their child's health and development, and often connect families to other community.	<p>COORDINATION WITH OTHER ASSESSMENTS.—In conducting the statewide needs assessment required under paragraph (1), the State Government shall coordinate with other appropriate needs assessments conducted by the State Government, including the needs assessment required under the Head Start Act, and the inventory of current unmet needs and current community-based and prevention-focused programs and activities to prevent child abuse and neglect, and other family resource services operating in the state</p> <p>Requires that states conduct a separate needs assessment that identifies communities with concentrations of high-risk factors and assess the quality and capacity of existing programs.</p>	States, Indian Tribes, Tribal Organizations, and Urban Indian Organizations, and Non-profit organizations, if the state has not applied by 2012 funds and programs are directed toward at-risk and high-risk communities and populations.

Program	Description	Collaboration, Coordination and Linkage Mandates	Eligible Recipients/ Participants
<p>Establishing Community Health Teams to support the patient-centered medical home; Sec. 3502</p>	<p>Creates a program to establish community-based interdisciplinary health teams to support primary care practices within the hospital service areas of eligible entities through grants or contracts. The funds must be used to either establish health teams to provide support services to primary care providers or provide capitated payments to primary care providers.</p> <p>Eligible entities must submit a plan for achieving long-term financial sustainability within 3 years and for incorporating prevention initiatives and patient education and care management resources into the delivery of health care.</p>	<p>The Secretary shall establish a program to provide grants to or enter into contracts with eligible entities to <i>establish community-based interdisciplinary, inter-professional teams ("health teams")</i> to support primary care practices within the hospital service areas served by the eligible entities.</p> <p>A health team shall: establish <i>contractual agreements with primary care providers</i> to provide support services; <i>collaborate with local primary care providers</i> and existing State and community based resources to coordinate disease prevention, chronic disease management, transitioning between health care providers and settings and case management for patients, including children; <i>in collaboration with local health care providers</i>, develop and implement interdisciplinary, inter-professional care plans that integrate clinical and community preventive and health promotion services for patients, including children, <i>incorporate health care providers, patients, caregivers, and authorized representatives</i> in program design and oversight; and provide <i>support necessary for local primary care providers to coordinate</i> and provide access to high-quality health care services, preventive and health promotion services, appropriate specialty care and inpatient services, and pharmacist-delivered medication management services.</p>	<p>State or State-designated entity or an Indian tribe or tribal organization that meets statutory requirements. These eligible entities provide the funding to primary care providers.</p>
<p>National Prevention, Health Promotion, and Public Health Council (NPHPPHC)<sup>50</sup>; Sec. 4001</p>	<p>Chaired by the Surgeon General, the NPHPPHC is charged with developing a National Strategy that identifies and prioritizes actions across many sectors to address the leading causes of death and disability. These actions will be science-based interventions that relate to various sectors involving prevention, health promotion, and public health. The Council aims to bring attention to prevention, establish a cohesive federal response, and align the public and private sectors to shift the social norm toward health promotion.</p>	<p>Consists of various cabinet secretaries, directors, and administrators of federal departments that relate to prevention, health promotion, and public health.</p> <p>Takes a community-health approach to prevention and wellness.</p>	<p>N/A</p>

Program	Description	Collaboration, Coordination and Linkage Mandates	Eligible Recipients/ Participants
School-Based Health Center (SBHC) <sup>51</sup> ; Sec. 4101	Establishes a program to award grants to support the operation of school-based health centers. Preference is given to grants for school-based health centers that serve a large population of children eligible for benefits under the State Medicaid or CHIP programs. A SBHC is a health clinic located in a school and provides primary health care services administered by a sponsoring facility (e.g. a hospital, public health department, school district, non-profit health care agency). Services are provided without concern for a student's ability to pay.	The SBHC will be integrated into the school environment and will <i>coordinate</i> health services with school personnel as well as with other community providers co-located at the school. A defining characteristic of a SBHC is that it is organized through school, community, and health provider relationships.	School-based health centers or a sponsoring facility of a school-based health center
Community Transformation Grants (CTG); Sec. 4201	Helps fund and support the implementation, evaluation, and dissemination of evidence-based community preventive health activities, policies, and programs to reduce chronic disease rates, prevent the development of secondary conditions, and address health disparities. At least 20% of grantees will be state or local governments and community-based organizations.	To be eligible to receive a grant an entity shall--demonstrate a history or capacity, if funded, to develop relationships necessary to engage key stakeholders from <i>multiple sectors</i> within and beyond health care and across a community, such as healthy futures corps and health care providers.	State and local governmental agencies and community-based organizations
Demonstration Program to Improve Immunization Coverage; Sec. 4204	Awards grants to states to improve the provision of recommended immunizations for children, adolescents, and adults. These grants support implementing interventions recommended by the Task Force on Community Preventive Services. Interventions must be evidence- and population-based for high-risk populations.	To be eligible for a grant, a state shall submit to the Secretary an application including a State plan that describes the interventions to be implemented under the grant and how such interventions match with local needs and capabilities, as determined through consultation with local authorities. Use of funds: (I) immunization information systems to allow all states to have electronic databases for immunization records	States appropriate funds to high-risk populations.

Program	Description	Collaboration, Coordination and Linkage Mandates	Eligible Recipients/ Participants
Childhood Obesity Demonstration Project; Sec. 4306	Develops a comprehensive and systematic model to reduce childhood obesity. The model will identify behavioral risk factors, identify clinical preventive and screening benefits, provide ongoing support to target these risk factors, and be designed to improve health outcomes. Funds will be used to carry out community-based activities (partnerships) including school-based activities, educational, counseling, promotional and training activities through local health care delivery, and training and supervision for community health workers.	<p>The Secretary, in consultation with the Administrator of the Centers for Medicare &amp; Medicaid Services, shall conduct a demonstration project to develop a comprehensive and systemic model for reducing childhood obesity...</p> <p>Use of funds: (i) forming <i>partnerships</i> with entities, including schools and other facilities providing recreational services, to establish programs for after school and weekend community activities that are designed to reduce childhood obesity</p> <p>Use of funds: (ii) forming partnerships with daycare facilities to establish programs that promote healthy eating behaviors and physical activity</p> <p>In awarding grants under paragraph (1), the Secretary shall give priority to awarding grants to eligible entities-- (G) that submit plans that exhibit <i>multi sectoral</i>, cooperative conduct that includes the involvement of a broad range of stakeholders, including community-based organizations, local governments, local education agencies, the private sector, state or local departments of health, accredited colleges, universities and community colleges, health care providers, and state and local departments of transportation and city planning.</p>	A city, county, or Indian tribe, a local or tribal educational agency, an accredited university, college, or community college, a Federally-qualified health center, a local health department, a health care provider, a community-based organization, or any other entity determined appropriate by the Secretary.

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- <sup>14</sup> UNICEF. (2007). Innocenti Research Centre Report Card 7: An Overview of Child Well-Being in Rich Countries. Retrieved from: [http://www.unicef-irc.org/publications/pdf/rc7\\_eng.pdf](http://www.unicef-irc.org/publications/pdf/rc7_eng.pdf)
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- <sup>26</sup> Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program, Supplemental Information Request for the Submission of the Statewide Needs Assessment.
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- <sup>28</sup> Karen VanLandeghem,,*Helping Communities and States Promote Healthy Child Development*
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