



## Aspen Early Childhood and Health Forum

Aligning and Streamlining Systems to  
Secure Better Outcomes for Families

*“For all parents, everything is for the love of their children and the investment in their family.”*

– Anne Mosle, Vice President, The Aspen Institute, and Executive Director, Ascend

Our country is experiencing a dramatic shift in its approach to tackling intergenerational poverty as state and local leaders across the nation are making it their priority to implement solutions that drive change. State leaders, from governors and their cabinets to key staff in the offices of early learning and childcare, child support, SNAP, TANF, and WIC, along with critical partners from the social sector and community are leveraging the two-generation approach (2Gen) to advance outcomes for children and families.<sup>1</sup> Legislation and budget appropriations passed at the federal level early this year are fueling innovative approaches with historic levels of new funding for state and local governments through an array of programs serving children and parents with low income.<sup>2</sup> As gubernatorial elections play out in 36 states and three territories, new leaders will inevitably bring additional opportunities as well as challenges.

Against this backdrop, Ascend at the Aspen Institute has continued to solidify its role as the national hub for breakthrough ideas and collaborations that address the needs and strengths of children and parents together in order to help families reach their full potential, commonly referred to as the two-generation (2Gen) approach. A critical piece of Ascend’s 2Gen work is its focus on sharing insights, innovations, and models taking place in states to advance whole-family success and well-being by producing more effective, efficient, and equitable outcomes for children and families, especially those with low incomes. For the past five years, Ascend has brought state teams—along with researchers, policymakers, communication experts, and the philanthropic community—together to look at how best to

**Ascend at the Aspen Institute is the national hub for breakthrough ideas and collaborations that address the needs and strengths of children and parents together. Ascend takes a two-generation approach to its work and embraces a commitment to racial equity and to a gender lens in its analysis.**

<sup>1</sup> See [States Leading the Way](#), Practical Solutions that Lift Up Children and Families from Ascend at the Aspen Institute.

<sup>2</sup> See [New Federal Opportunities to Advance 2Gen](#) from Ascend at the Aspen Institute.



meet the needs of families, children, and parents concretely to get better results. Participants explore innovations and best practices and identify opportunities to scale systems changes and new supports that embrace and enhance the 2Gen approach. The cross-agency leadership teams that participate in these convenings include health directors, early childhood leaders, and staff from human services, who share perspectives from all sides of the issues at hand.

In the summer of 2018, Ascend gathered more than two dozen state and national policy experts and other leaders in the fields of health and early learning at its Aspen Meadows Campus in Aspen, Colorado, to discuss the growing opportunity to leverage the 2Gen approach at the state level and determine how best to take promising new innovations to scale. The objectives of this convening were to:

- ❖ Learn from state leaders about promising innovations and the opportunities, challenges, and priorities for replicating these efforts;
- ❖ Identify potential strategies around funding opportunities and strategies that have engaged leaders at the state and federal levels and determine how to prioritize them; and
- ❖ Identify strategies that support alignment across systems.

To spur thinking and ideas, leaders from Colorado, Georgia, South Carolina, and Washington presented best practices and led conversations about how to take pieces of these efforts to scale. The session built on a similar convening in the summer of 2017 with three of the states—Colorado, Georgia, and South Carolina—offering updates and lessons learned from the past year, while Washington set a new marker for moving forward in the year ahead. Federal policymakers recommended additional opportunities to leverage new resources at the state and local level and practitioners shared experiences from the field. To support state and local leaders in implementing the ideas discussed, communications experts offered insights into messages likely to resonate with diverse audiences to widen the base of support. Representatives from the David and Lucile Packard Foundation, the Robert Wood Johnson Foundation, and the Bill and Melinda Gates Foundation were on hand to explore the role of philanthropy in bringing these ideas to scale.

After discussing the current political context, opportunities before them, and potential implications of the unprecedented number of gubernatorial elections this year, the participants worked together to identify specific actions leaders at the local, state, and federal level can *keep* doing, *start* doing, or *stop* doing to get systems alignment and services right for children and families.

**This report summarizes these recommendations and shares examples from four states that are leading the way.** As many states—including two of those who participated in this discussion—get set to undergo a leadership transition, while others continue to hone their approach to lifting up children and families, these ideas are intended to spark additional exploration and ensure that all states continue to build on the tremendous current momentum toward helping all families succeed.

## ■ ■ ■ MOVING FORWARD

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As the field rapidly advances to give more families a clear path to upward mobility, states and local communities have a growing opportunity to address intergenerational poverty and support families' economic stability. After learning more about programs that are working, discussing remaining gaps, and hearing from practitioners and other experts in the field, participants of the Aspen Early Childhood and Health Forum broke into small groups to discuss how to accelerate progress. The groups identified specific things federal, state, and local leaders can *keep doing*, *start doing*, or *stop doing* to remove barriers and accelerate success. Each group presented its ideas to the other participants for additional feedback and discussion.

This report offers a snapshot of these recommendations. These ideas demonstrate how states—whether lead by Republican or Democratic governors—are leveraging current opportunities and include tips for replicating these approaches and taking them to scale.

### ■ Things to **KEEP** Doing

Innovation is happening at the federal, state, and local level to support positive outcomes for children and families. Things that are going well and should be continued and expanded include:

- ❖ **Programs that provide continuous feedback loops with parents.** For example, [Reach Out and Read](#) offers parents guidance as well as the actual tools to regularly engage with their infants, toddlers, and preschoolers in a way that promotes critical early brain development. In [multiple evaluations](#), parents report the program works for them and their children.
- ❖ **Momentum at all levels and across the fields of academia, business, nonprofits, government, health, and philanthropy toward addressing current challenges through solutions that embrace, integrate, and advance the 2Gen approach.** Throughout the country, 2Gen is taking hold as an increasing number of states and communities are finding it a successful approach to addressing the needs of children and families. As a leader in 2Gen applications, Colorado was the first state to create a statewide Office of Early Childhood (OEC). The shift fostered collaboration and coordination at the state level and between the state and local communities. From an executive order in Maryland to create a 2Generation Commission, to legislation in Connecticut to improve coordination and outcomes, to judicial responsiveness in Utah to bring systems together to work with families, more and more states are identifying opportunities to bring programs together on behalf of families. With 37 states now actively engaged in adopting 2Gen programs, 2Gen is a national movement with strong and ever-growing support throughout the United States (for more examples on 2Gen momentum across state agencies and departments, as well as community-based nonprofits, see [States Leading the Way: Practical Solutions that Lift Up Children and Families](#)).



- ❖ **An interest in and willingness to convene to share ideas and explore opportunities to address local barriers from the state and national level.** For example, Colorado uses [C-Stat](#)—a performance management system—to assess every Colorado Department of Human Services (CDHS) program, determine what is working, and identify opportunities to improve performance outcomes. Measuring the impact of day-to-day efforts enables CDHS to make more informed, collaborative decisions to align efforts and resources to affect positive change at every level.
- Creative approaches to **funding innovative solutions**, including **engaging local philanthropy** to fill funding gaps. Through its [Columbus 2025 Plan](#), Project LAUNCH Georgia (See State Innovations: Georgia) is engaging businesses, academic institutions, health centers, and local philanthropy to support an ambitious plan to increase prosperity, reduce poverty, and improve quality of life in Georgia’s Chattahoochee Valley region.

### ■ Things to **START** Doing

*“So many of our families had so many adults working with them already – a probation officer, pediatrician, parent coach – each one was setting goals for the family and giving parenting advice. Each program had a different understanding of the family. . . Instead, they needed to start working as a team and set common goals.”*

– Dr. Ryan Padrez, Medical Director, The Primary School

To build on what is working, solidify the tremendous progress the field has made in recent years, and continue to move forward include the following, there are a number of things federal, state and local leaders can start doing:

- ❖ **Increase collaboration among federal, state, and local agencies.** Put systems in place that bring local innovation up to the state and federal level. Empower leaders at the local level to establish strategies around early care and health for children and help them access resources from the federal government to implement these strategies. Federal offices can support this approach by considering opportunities to rethink the regional office structure to allow federal offices to play more of a technical assistance role for states (such as in Region I of the Administration for Children and Families, where leadership has designed a “whole families” strategy to support the six states in the region in identifying approaches to more effectively serve children and their parents together across TANF, SNAP, Medicaid, and early childhood). In Colorado, [regional representatives](#) offer counties guidance on how to be compliant, navigate state systems, and access new resources. The federal government could adopt a similar model to help states navigate federal resources while maintaining their autonomy.

Federal agencies can also support state success by taking a systems-view of funding (e.g. develop a waiver request that works across systems) and changing the yield curve on grants to make the timing work for states. Although all states have access to the same federal funding, they implement it differently and need help determining how best to make



available funds work for their unique state and local needs. Funders, in their role as neutral conveners, can play an important role in encouraging states to share strategies with each other. As state agencies find ways to connect and collaborate, access to data and the ability to link data to allow adaptations is also important.

- ❖ **Expand the tent and think more broadly about who to bring to the table.** All levels of government can promote more cross-agency solutions by adding more groups to the discussion, while being careful not to create silos (i.e., maternal health and mental health need to be at the same table). Agencies can start by viewing the role of administrators across all departments and at all levels in the context of how best to support both children and health programs (not just one or the other). For example, the Department of Labor, Department of Justice, and the Department of Housing and Urban Development each need to understand their role in advancing outcomes for children and families. Forming a federal commission or interagency collaborative will help ensure alignment between systems. Similarly, states can create Early Childhood Leadership Commissions (ECLC) to guide their strategic thinking. [Colorado's ECLC](#) works with more than 100 partners throughout the state—including businesses, nonprofits, advocacy groups, early childhood councils, government agencies, and philanthropic partners—to streamline and improve programs and services for pregnant women, children birth to age 8, and their families across all sectors.

Additionally, establishing business collaboratives will bring the business voice to the conversation and help leverage resources for state and local efforts. When developing Project LAUNCH, Georgia included local businesses in the planning process to directly address challenges in the communities where they do business. (See State Innovations: Georgia)

- ❖ **Cast a wider funding net.** For programs that are either hard to fund directly or outside the purview of common funding streams, there may be more creative funding solutions. On the health side, Medicaid is not the only funding stream available. By thinking about the definition of health and what it means for children and families, states may identify and explore other potential funding sources, such as the [Maternal and Child Health Services Block Grant](#) and health dollars distributed under the Centers for Disease Control and Prevention (CDC). With the right argument, states may even secure funds from the Federal Reserve.
- ❖ **Clearly define goals and focus more explicitly on the language used to frame different issues.** Adopt and promote a shared understanding of definitions and terms and be mindful about the use of words like equity, opportunity, fairness, and wellness. Choosing words that work for a particular audience is also important. In some cases, the messages need to resonate with individuals who do not want to invest money in this issue. Messages, especially at the federal level, need to promote a bipartisan approach. As states streamline services and bring different programs together, it is important for the different programs to use the same language and have a shared understanding of different terms (see appendix A



for Ascend’s glossary of terms).

- ❖ **Establish interim outcomes and quality process measures** (it’s not all about impact outcomes). At the state level, define system outcomes in addition to outcomes for kids. Establish an aspirational instructional structure for outcomes based on shared goals that help bring people together to reach those goals. Address pain points through shared solutions and bring in the philanthropy voice as a convener.
- ❖ **When new innovations work, make sure they stick.** Identify and implement ways to hardwire 2Gen approaches into agencies and systems to ensure they persist beyond political changes. For example, the data sharing system in Georgia (see State Solutions: Georgia) is led by the [Georgia Children’s Cabinet](#), which is consistently chaired by the state’s first lady. This ensures continued progress regardless of which party is in office. As Election Day approaches, Colorado is working with all gubernatorial candidates to keep these issues front and center regardless of who becomes the state’s next governor. Additionally, states need to establish sustainability plans that map out how programs will continue after the initial funding is gone. Philanthropy can help by providing funds for coaching across party lines and supporting strategic planning for state and county governments.
- ❖ **Embrace flexibility.** Of the nine major funding streams going into early childhood, states have complete flexibility in where the money goes and should not assume they have to do things in a certain way because, “that’s the way it is.” Eligibility levels may vary, but states have latitude to make programs work together—and change things that are not working. However, as states exercise more flexibility, they must take steps to ensure they do not lose fidelity of systems and processes that are working.

Instead of trying to retrofit opportunities into existing relationships, states must be open to building new partnerships. To leverage new funding opportunities, states need to complete a full assessment of where they are at and their ability to successfully complete the proposed activities. This is an opportunity to identify new partners and develop an approach that works for what is coming next, rather than what has already happened. In some cases, states may also need to pass on opportunities that they are not ready for or that don’t meet their needs. Georgia Voices keeps a matrix of which departments are applying for what funds. If an RFP comes along that it is not eligible for, it passes it along to another department and offers support to ensure the funds still go toward programs that are supporting children and families throughout the state.

- ❖ **Celebrate milestones and successes** and highlight when valuable things happen. A more celebratory culture will generate an additional level of support and secure stronger buy-in for issues across party lines. At Colorado Department of Human Services (DHS) weekly C-Stat performance management meetings, the heads of every county department within DHS come together to review problems, identify solutions, and discuss ways to measure solutions once they are in progress. If a solution succeeds, they celebrate. If it fails, they talk about why and find another solution. DHS also recognizes counties that consistently meet

their C-stat goals with the [C-Stat Distinguished Performance](#) awards.

- ❖ **Prioritize the consumer voice** to recognize and push for quality child care and quality health care. Listen to parents and enlist their help in determining what role government and businesses should play in setting the context in which parents can raise their children well. At the local level, work directly with chambers of commerce to help employers engage in this conversation. Project LAUNCH Georgia is guided by [Young Child Wellness Councils](#) at the state and local level that engage a variety of stakeholders to develop strategies for improving outcomes for young children and their families. These councils work directly with parents to pinpoint and address unmet needs.
- ❖ **Strengthen the capacity for evidence-based decision making.** As states build an evidence base that is practice based (rather than happening in a laboratory), they may require technical assistance. States may also benefit from looking at some efforts through a quality improvement lens and having the discipline to move on to a new approach when something is not working. By putting much of the decision-making authority at the county level, South Carolina's First Steps to School Readiness (see State Innovations: South Carolina) allows each partner to try different practice-based approaches and use models that best meet local needs.
- ❖ **Move beyond a center-based approach to child care and early learning.** Populations who cannot use center-based care, including families with non-traditional work hours, need alternatives that work for their schedules. In Georgia, faith-based institutions are working to address this challenge by forming coalitions of retired school teachers who are willing to provide child care for people who need it but cannot afford it. South Carolina is examining child care deserts in the rural south and engaging rural stakeholders to develop solutions that meet their unique needs.
- ❖ **Tackle data issues at the state level.** The federal government provided funding to states for data systems in health care and early childhood, but the systems are not as effective as they could be. Although fixing these systems is a nonpartisan issue, privacy issues make it too complicated for the feds to take on. By stepping up and dealing with their own data systems, states can solve the issues that are most important to them. South Carolina is currently considering a data warehouse that, when fully operational, will track kids from preschool to the time they enter employment and identify trends—such as the number of working-age individuals who have college degrees or industry credentials or high school graduates who obtain jobs within five to ten years of graduation (see South Carolina: State Innovations to learn how South Carolina is tackling its data challenges).
- ❖ **Include state legislatures in problem solving approaches, not just the executive branch.** State legislatures have appropriations authority and need to be brought into the conversation. The Colorado state legislature can often compel providers to do things that institutions cannot. There are more people to influence in the legislature than the executive branch. A tight message that resonates with this broader audience is critical. See the



messaging guidance below for tips on how to create messages that resonate across the aisle.

- ❖ Prioritize aligning services over funding. While dollars are necessary to support innovation and programs, too much focus on money can lead to a series of check-offs and miss the spirit of the intention. Instead, states will make better progress—and ultimately secure sustainable financing—by prioritizing service alignment. Washington created its new [Department of Children, Youth and Families](#) (DCYF) to better align services and promote whole-person wellness.

### ■ Things to **STOP** Doing

*“Getting the Department of Education’s Office of General Counsel and CMS general counsel to agree on how to braid and blend services shouldn’t be as hard as it is.”*

– Joshua Baker, Director, South Carolina Department of Health and Human Services

While there is much the field can do to expand its progress, ending habits and practices that are counterproductive could give solutions that address the needs of children and families an even more powerful trajectory. As the 2018 Aspen Early Childhood and Health Forum drew to a close, participants offered tips for practices that are hindering progress and should be avoided:

- ❖ Positioning **screening as punitive** instead of emphasizing the benefits of preventative screening and why it is important.
- ❖ **Conflating language.** Medicaid, public health, and medication are all different things. It is important to be clear and deliberate about language and share a common understanding of terms.
- ❖ **Talking about programs** instead of talking about how to ensure families are making a living wage. This work is not about creating more programs and services, it is about creating economic security for families. This means remaining accountable to the people we are serving, being thoughtful about who we bring to the table, and thinking deliberately about equity.
- ❖ **Reinventing the wheel** and putting funds toward ineffective bureaucracies. Instead, look for opportunities to build on what past administrations have done that have value and, where appropriate, focus investments on updates to existing programs.
- ❖ **Leaving out the family voice** and trying to tell parents what they need and how to raise their children.



## ■ ■ ■ VOICES FROM THE FIELD: PERSPECTIVES FROM PRACTITIONERS

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*“Despite rapid expansion of knowledge about science, toxic health, public health and prevention, and early brain development, we are not seeing the outcomes we should be seeing.”*

– Dr. Dipesh Navsaria, Associate Professor of Pediatrics, School of Medicine and Public Health,  
University of Wisconsin-Madison

Leading practitioners working to strengthen the intersection of early childhood and health face a variety of opportunities and barriers as they work to navigate how best to advance child and family policies at the community, state, and federal level in the current political environment.

Dr. Ryan Padrez is an assistant clinical professor of Pediatrics at Stanford University’s School of Medicine and the medical director at [The Primary School](#), an integrated health and education model that serves low income children and families in East Palo Alto, California. By bringing together children, parents, educators, pediatricians, and family support services starting at birth, the program aims to create a personalized system of health for each child to thrive.

As an association professor of pediatrics at the University of Wisconsin-Madison’s School of Medicine and Public Health, Dr. Dipesh Navsaria blends the roles of physician, occasional children’s librarian, educator, public health professional, and child health advocate to serve the needs of underserved populations in Wisconsin. He is also the founding medical director of [Reach Out and Read Wisconsin](#).

Dr. Padrez and Dr. Navsaria joined Dr. Steven Dow, executive director of [CAP Tulsa](#)—a community action agency focused on providing high-quality early education services to young children as well as a range of services designed to improve the economic status of their parents—to offer insights into how best to leverage opportunities and address challenges to promote child and family well-being. All three practitioners agreed that, more than money, clinicians are motivated by mission. To transform the health care system so that payment is not the only driver, practitioners offer the following recommendations:

- ❖ To build trust with the people they are working with, practitioners need time to interact with families and connect with their children. Programs like [Reach Out and Read](#) and [Healthy Steps](#) help physicians connect with children and their families.
- ❖ Insurers need to come to the table, engage with practitioners and families, and develop a shared understanding about how to create a health system that works for everyone.
- ❖ A top way to help parents—and in turn their children—succeed is by advancing parents’ economic stability. By connecting parents with career coaching, training, and job opportunities in the Tulsa area, CAP Tulsa works to improve parents’ education and economic wellbeing and make them more attentive to their own health care needs, which it believes will in turn allow parents to better meet their children’s health and development needs.
- ❖ A coordinated system that goes beyond the walls of a clinic or hospital, brings multi-disciplinary teams together, and draws on the strengths of families, teachers, and health



care providers will go farther toward improving the lives of kids and help clinicians avoid burn out. This means empowering teachers to be part of a child’s health care team and working with and not around parents. At The Primary School, all parents participate in a group wellness coaching program that promotes social cohesion, brings children together, and supports parents’ wellbeing while also assessing what programs parents really want.

- ❖ The Primary School also works to braid funding across the state and leverage services in the community to avoid duplication and promote early interventions that lead to better, more cost-effective outcomes. For example, early access to speech therapy for kids who need it gives those kids a stronger start in school and requires less spending on intervention later.
- ❖ Moving funding in Medicaid and CHIP away from a fee-for-service model and instead trusting that people will try to do the best job they can with the families they are working with will give clinicians more latitude to meet families where they are and provide the services they need the most.
- ❖ The health care system is the one universal way to reach children. Broadening the definition of health to encompass cognitive, social, and emotional needs—then holding health care providers responsible for making young children healthy from this broader perspective—will improve outcomes for children and families with low income.

## ■ ■ ■ STATE INNOVATIONS

### ■ STATE INNOVATIONS: COLORADO

The Great Recession hit hard for Colorado residents, particularly children. The state experienced the third-fastest increase in child poverty rate in the country. In response, Governor John Hickenlooper implemented several programs to cut Colorado’s child poverty rate by five percent in five years. During that time, Colorado also became a leader in adopting the 2Gen approach to address the needs of children and families.

Most recently, Hickenlooper announced the 2GO, a new pilot program. Led by the Colorado Department of Human Services (CDHS), the program aims to support innovative ways of ensuring Colorado families achieve both educational and economic success. The effort will provide 10 communities across the state with \$100,000 grants each to plan and implement Two Generation (2Gen) approaches to policy or programs. With CDHS already serving as a model for the rest of the country for how to embed the 2Gen approach into all of its services, the new grant program aims to help communities identify and leverage 2Gen opportunities at the local level. 2GO grants will go to projects that build community readiness and collaboration to better serve families and ensure whole family outcomes. Following an initial planning stage, grant recipients will receive funding to pilot their ideas for proof of concept and effectiveness. Up to four years of additional funding may be available for successful projects.

With Governor Hickenlooper term-limited, the state will swear in a new governor at the start of 2019. To ensure programs that have proven successful in lifting up children and families continue to thrive under any elected official, leaders in the field are working to do a better job

of not just saying what the programs look like, but instead focusing on how children are better off as a result of implementing these programs. For example, Colorado is one of eight states participating in a five-year federal pilot program aimed at addressing challenges surrounding child support—including finding ways to get noncustodial parents more involved in their children’s lives. Launched in 2015, the [Colorado Parent Employment Project \(CO-PEP\)](#) offers parenting classes, teaches job skills, and assists clients in modifying child support orders. More than 900 parents joined COPEP in the program’s first six months, with 68 percent of those who received enhanced services finding full-time employment and 77 percent paying child support.

## ■ STATE INNOVATIONS: GEORGIA

Georgia was one of the first states to create a stand-alone state agency focused on child development and early education. To enhance its cross-agency system and promote better outcomes for children and families, the state built a [cross-agency child data system \(CACDS\)](#) that takes child-level data from all birth-to-five programs in the state and matches it across all systems throughout the state to determine which children are getting what services from where and when. Gaining a better picture of who in the state has access to what has pinpointed some barriers to access. By combining and mapping the data, Georgia discovered that areas in which there is a high concentration of children in poverty often lack service providers, including Head Start. As a result, children and their families must travel a far distance to receive services. With these insights, Georgia was able to change the way it administers child care subsidies and give more funds to high quality providers who meet standards and are located in areas where there is a great need, but no services. Georgia credits data systems as a primary way for different agencies to work together.

To streamline the way in which it connects families with services, the Georgia Department of Community Health brought different state agencies together to create an interactive service map that presents all the different services in a way that is easy for both families and providers to understand. The online map breaks down the services offered across all agencies into a series of flow charts that make it easier for physicians as well as parents to determine how best to move from one to the next. Users answer a series of questions (e.g., Does your family have health insurance? Are you eligible for Georgia Medicaid?) as the system flows from one program to the next (Are you pregnant? Do you have a child with special needs?). The end result is a tailored map of services and available resources the user can print and use to help navigate the process.

Through Project [LAUNCH](#) (Linking Actions for Unmet Needs) the Georgia Department of Public Health (DPH) is using this interactive service map to build a system of care throughout the state that is focused on improving the social, emotional, and behavioral health among children birth to age eight and promoting safe, supportive, and nurturing families. Currently being piloted in Muscogee County—one of the most at-risk counties in the state—Project LAUNCH promotes collaborative efforts among agencies that serve children at the state and local level.

## ■ STATE INNOVATIONS: SOUTH CAROLINA

The South Carolina First Steps to School Readiness—the state’s comprehensive early childhood education initiative—is both a 501c3 nonprofit and a state agency. Each of South Carolina’s 46 counties houses a First Steps Partnership responsible for meeting local needs and identifying collaborative opportunities to help young learners through programs that provide early intervention, strengthen families, improve children’s health and well-being, increase the quality of early care and education, and help transition rising kindergarteners into school. These individual offices operate as separate nonprofits. They each have their own board of directors—made up of local leadership and people in the community—their own strategic plan, and the discretion to operate in a way that best meets the needs of the local community. If something is not working, the local chapter is able to pick a different model that works better. As a result, each office can tailor its services to directly meet the needs of local families.

South Carolina was also one of the first states in the nation to put all of its data in one place. The state is currently considering a data warehouse that, when fully operational, will track kids from preschool to the time they enter employment and identify trends—such as the number of working-age individuals who have college degrees or industry credentials or high school graduates who obtain jobs within five to ten years of graduation—to inform future programs and funding decisions. Although the state needs to overcome privacy concerns and sharing agreements among different databases before using the tool to its full potential, the infrastructure and model for comprehensive data collection is in place.

## ■ STATE INNOVATIONS: WASHINGTON

To better align services to promote whole-person wellness, Washington created the Department of Children, Youth and Families (DCYF), the state’s lead agency for state-funded services that support children and families to build resilience and health, and improve educational outcomes. DCYF oversees several services previously delivered by the Department of Social and Health Services and the Department of Early Learning while bringing behavioral health under the state’s health care authority. By restructuring how it serves at-risk children and youth, the state aims to produce better outcomes throughout all Washington communities.

The Washington State Health Care Authority (HCA), the largest health care purchaser in the state, is transforming health care by integrating physical health and behavioral health services to give Washington residents access to better health and better care at a lower cost. HCA recently secured infrastructure money to build out nine Medicaid Service’s Accountable Communities of Health (ACH). As funds are starting to flow into the ACHs, the state is beginning to identify different transformation practices and has set eight different potential projects to pursue. Each ACH is required to define how behavioral health will be delivered in the primary care setting and how the community is addressing the opioid crisis. The ACHs must then select at least two additional projects, or they have the option of implementing all eight. ACHs are not a grant, but rather a critical component of how services are delivered. Each ACH has to do something to earn the funds. Washington views the ACHs as an opportunity to build bridges across different services.

As the ACHs get projects off the ground, HCA is bringing evidence-based home visiting into strategies aimed at closing the gaps between health and education services and is exploring opportunities to use Medicaid financing for home visiting as a way to align childhood services. Washington realized early on that Medicaid will not fund home visiting in its entirety, but by bringing different agencies together and braiding funds, states can make it work.

## ■ ■ ■ CONCLUSION

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New funding streams and the upcoming Midterm elections will bring a variety of opportunities to integrate 2Gen into policies and programs to improve economic stability for families. To embrace and leverage these opportunities, the field needs to remember:

- ❖ **Sustainability is important.** As states put new systems and programs in place, they must do so with an eye toward ensuring programs are sustainable and scalable. This means securing long-term funding as well as a strong pipeline of people who will carry out the vision, even as leadership changes.
- ❖ **Equity and community are also critical to progress.** Leaders at the federal, state, and local level must apply an equity lens to everything they do and ensure they are creating systems and programs that communities want—not just ones they think will meet their needs.
- ❖ **A unified effort will yield the greatest success.** Breaking down the silos that are hindering progress and pulling everything together into one cohesive ask will take the field much farther than splintering efforts that pull against one another.
- ❖ **Language is important.** The health field and the early childhood and early learning field have made progress, but they still are not speaking the same language. Coming to an agreement on core words like equity and quality will foster deeper conversations and enable the field as a whole to communicate more successfully to a broader audience.
- ❖ **Families must remain at the center.** All outreach efforts must make it clear that this is about getting it right for American families because at its core, that is what really matters.

## Appendix A: List of participants

### **Bryan Amick**

Acting Deputy Director  
South Carolina Department of Health and Human Services

### **Joshua Baker**

Director of Operations  
South Carolina Department of Health and Human Services

### **Dr. Katherine Beckmann**

Program Officer  
The David & Lucile Packard Foundation

### **Kristin Bernhard**

Deputy Commissioner for System Reform  
Georgia Department of Early Care and Learning

### **Dr. Scott Berns**

President and CEO  
National Institute for Children's Health Quality (NICHQ)

### **Reggie Bicha**

Executive Director  
Colorado Department of Human Services

### **Shannon Blood**

Program Manager  
Washington State Health Care Authority

### **Heather Bond**

Assistant Chief, Medicaid Regulatory Services and Compliance  
Georgia Department of Community Health, Division of Medicaid

### **Rahil Briggs**

National Director  
Healthy Steps

### **Dr. Jennifer Brooks**

Senior Program Officer  
Bill & Melinda Gates Foundation

### **Jamie Bussel**

Program Officer

Robert Wood Johnson Foundation

**Andrea Camp**

Senior Strategic and Policy Consultant  
Communications Consortium Media Center

**Shannon Christian**

Director, Office of Child Care  
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**Donna Cohen Ross**

Associate Director  
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**Marquita Davis**

Deputy Director- Early Learning  
Bill & Melinda Gates Foundation

**Martha Davis**

Senior Program Officer  
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## Appendix C: Additional Resources

- ❖ Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network ([ECCS CoIIN](#)) is a multiyear initiative aimed at increasing age-appropriate development skills among three-year-olds and reducing developmental disparities by improving early childhood service systems in 12 states. In each of the participating states, community leaders, researchers, healthcare providers, and family partners work together to identify new approaches to enhancing early childhood system. States share findings with each other and identify opportunities to coordinate efforts and take new ideas to scale.
- ❖ The [What Works Clearinghouse \(WWC\)](#) reviews the existing research on different programs, products, practices, *and* policies in education. Its goal is to provide educators with the information they need to make evidence-based decisions when determining what works in education.
- ❖ The Department of Labor’s [Clearinghouse for Labor Evaluation and Research \(CLEAR\)](#) aims to make research on labor topics more accessible to practitioners, policymakers, researchers, and the public more broadly so that it can inform their decisions about labor policies and programs. CLEAR identifies and summarizes different types of research, including descriptive statistical studies and outcome analyses, implementation, and causal impact studies.
- ❖ The [Office of Planning, Research, and Evaluation \(OPRE\)](#) studies programs under the Administration for Children and Families and the populations they serve through rigorous research and evaluation projects. These include program evaluations, research syntheses and descriptive and exploratory studies.
- ❖ The [Results First Clearinghouse Database](#) is an online resource that brings together information on the effectiveness of social policy programs from nine national clearinghouses. It applies color-coding to the clearinghouses’ distinct rating systems, creating a common language that enables users to quickly see where each program falls on a spectrum from negative impact to positive impact.
- ❖ The [California Evidence-Based Clearinghouse for Child Welfare \(CEBC\)](#) is a critical tool for identifying, selecting, and implementing evidence-based child welfare practices that will improve child safety, increase permanency, increase family and community stability, and promote child and family well-being.
- ❖ [Social Programs That Work](#) identifies programs found in rigorous studies to produce sizable, sustained benefits to participants and society. The project aims to enable policy officials and others to readily distinguish these programs from the many others that claim to have such evidence.