Helping Communities and States Spread and Scale Up Integrated, Place-Based Initiatives for Children

The California Endowment

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HELPING COMMUNITIES AND STATES SPREAD AND SCALE UP INTEGRATED, PLACE-BASED INITIATIVES FOR CHILDREN

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The Children's Outcomes Project (COP) promotes the work of multi-sector, place-based initiatives to improve the health and well-being of children. The project is supported by Nemours, The California Endowment and an anonymous donor. This brief, an outcome of the project, was originally drafted by Karen VanLandeghem, an independent consultant to the COP. Debbie Chang, Jennie Bonney, Amy Fine, Anne De Biasi and Daniella Gratale provided guidance and input into the development of this paper. Many thanks are extended to the participants of the COP who shared their experiences and took time out of their busy schedules to review and comment on this document.

I. EXECUTIVE SUMMARY

The American Recovery and Reinvestment Act (ARRA) (P.L. 111-5) and the Affordable Care Act (ACA) (P.L. 111-148) made significant investments in health promotion and disease prevention, over and above what is already being invested at the national, state and local levels. From ARRA's Communities Putting Prevention to Work initiative to the ACA's Community Transformation Grants, for example, the U.S. is making an unprecedented investment in community-based prevention programs. It is incumbent upon Congress and the federal agencies administering these grants to ensure that grantees are maximizing the use of funding and ultimately spreading and scaling up the most effective interventions in order to optimize health and wellness. One way of accomplishing this is to examine the exemplary work that has already been done in spreading and scaling place-based prevention interventions for children. Much can be learned from the participants in the Children's Outcomes Project (COP).

About this Issue Brief

The Children's Outcomes Project (COP) is a learning community that promotes multi-sector, place-based initiatives that work on behalf of children and youth. The COP includes state- and community-based initiative teams (see Appendix A for a summary of each initiative and contact information) plus select national program and advocacy experts. The COP: (1) provides a safe and supportive forum for information sharing, joint learning and collaborative action among local, state and national leaders working to improve the health and well-being of children in their communities and nationwide; (2) helps multi-sector, place-based initiatives in general—and COP teams in particular—advance innovative, integrated and effective policies and practices for children in their communities and states ; and (3) informs federal policy to better support multi-sector, place-based initiatives focused on improving the health and well-being of children. The project is funded by Nemours, The California Endowment and an anonymous donor.

As part of this effort, the COP convened a series of national, invitation only meetings to explore the lessons learned by the state and local initiatives. This brief summarizes findings and recommendations from the second COP meeting, which was held in Oakland, CA on January 19-21, 2010. This issue brief: 1) discusses why a focus on spreading and scaling up are important for place-based initiatives; 2) identifies strategies for spreading and scaling up innovations that have been used by the groups involved in the Children's Outcomes Project; and 3) outlines lessons learned and recommendations for enhancing spread and scale at the national, state and local levels. It is not intended to serve as a "how to" manual but rather to highlight key strategies in spreading and scaling up innovations for healthy child development.

What are Spread and Scaling Up?

For purposes of this issue brief, the COP uses the following definitions:[1]

- **Spread:** Spread involves implementing an innovative program or initiative in more sites to reach more people. Generally, spread involves the addition of multiple sites within the same service sector or in multiple service sectors.

- **Scaling Up:** "Scaling up" typically entails increasing the number of sites or initiatives for an innovation but also involves systemic supports (e.g., policies, funding) to support the innovation. Scaling up implies the type of systemic change that is necessary to ensure durability and sustainability of innovative efforts.

Why are Spread and Scaling Up Important?

Many initiatives do not gain widespread use or achieve sustainable change because they fail to do two things—implement broader systems change (e.g., changes in financing, policies and regulations) and generate the necessary infrastructure support (e.g., staffing, training, technical assistance) to support that change.[2] Spreading and scaling up can help turn short-term and targeted interventions into long-term, systemic change with a broader reach for the many systems that serve children and their families. Spread and scaling up are best achieved when there is a commitment upfront to making the necessary long-term policy and practice changes that can help ensure deep and sustained change (system change) and building system capacity (infrastructure).

Lessons Learned

The participants involved in the Children's Outcomes Project (i.e., place-based initiative leaders and national experts) identified lessons learned in their work, including:

- **Account for spreading and scaling during the planning stages of an intervention or initiative.** Innovations can advance more rapidly if spreading and scaling up are anticipated in the planning stages of an innovation and throughout its implementation.

- **Cultivate diverse partnerships and mechanisms for continued community engagement.** Cultivating strong and long-term partnerships is a central element for effective spreading and scaling up. The strongest partnerships include participation from public and private partners at all levels of government and across various sectors.

- **Select interventions that have replicable features but are adaptable to meet the individuals needs of the community in which they are being implemented.**

  – Interventions that are candidates for expansion must have some replicable features (e.g., overall goals and target audience). At the same time, they must be adaptable so that they can meet the individual needs of the community in which they are being implemented.

- **Accompany policy changes with training and technical assistance.** Policy change is important for the spreading and scaling of an initiative, but policy change alone is not enough. It must be accompanied by training and technical assistance to ensure that the policy changes are implemented in an optimal way.

- **Focus on achieving maximum impact with deep, system-wide change.** To optimize the impact of an innovation, state and local leaders may want to target spreading and scaling up to those areas (e.g., states, regions, counties, individual grantees) where the impact of the intervention can be maximized, both in terms of systems change and achieving early outcomes or "wins."

- **Identify systems and settings that are most likely to impact desired outcomes and then focus spreading and scaling up of efforts on those areas.** For the initiatives participating in the COP, the systems with the greatest potential to improve child outcomes are the places where children live, learn and play such as child care, primary care (e.g., pediatricians, family physicians), schools and youth organizations (e.g., parks and recreation). Working within these settings and with these systems is critical to success for initiatives serving children and families.

- **Conduct data collection, develop measures to assess impact on outcomes and include a strong evaluation component.** In order to make the case for spreading and scaling an intervention, it is necessary to demonstrate its effectiveness. Building in strong evaluation measures from the outset is critical. It is important to begin with clarity on the impact the program is intended to achieve, a sound theory of change, program design and a rigorous program evaluation to demonstrate the program's effectiveness. A sound data collection system is necessary to provide data for both program management and continuous improvement for program evaluation.

- **Provide ongoing support and capacity for spreading and scaling up.** Because systems change takes time, it must be supported by investments in infrastructure (e.g., staffing, training, technical assistance) during the initial phases of spread and as interventions are scaled up.

II. WHAT CAN OPTIMIZE THE SPREAD AND SCALING UP OF AN INNOVATION? APPROACHES FROM THE LITERATURE

Leaders at the federal, state and local level often fund pilots and demonstration projects in an effort to test innovations before they are advanced and expanded to additional sites and/or settings. While such programs can provide important services and supports for children and their families, many of them do not lead to widespread use or sustainable change. One of the reasons is that many efforts fail to impact broader systems transformation—changes to the financing structures and policies, and investments in infrastructure (e.g., staffing, data capacity) necessary for supporting long lasting change.[3] Furthermore, taking an innovative model to scale is a complex and long-term process involving at least six key stages: 1) scoping, 2) design, 3) prototype, 4) piloting, 5) spreading, and 6) scaling up.[4]

Research and practice indicate that spread and scaling up are best achieved when there is a commitment upfront to building system capacity and making the necessary changes to policy and practice that can help ensure deep and sustained change. A noted researcher in the field of evidence-based implementation refers to this approach as establishing "transformation zones" with interventions – taking a "vertical slice" of the system that is small enough to be manageable but large enough to include all aspects of it (e.g., practice, policy, workforce, financing).[5] Once an intervention is shown to be successful, it can be extended to additional parts of the child-serving system or "zones." Implicit in this approach is the need to build infrastructure (e.g., staffing, training, technical assistance), plan for the sustainability of efforts, and evaluate the impact of the interventions systems change and improved child and family outcomes.

Effective scaling up involves changes to a system that address four interrelated dimensions:

1) depth, 2) sustainability, 3) spread, and 4) a shift in ownership.[6] Specifically, these four dimensions refer to the following:[7]

- **Depth:** Transformation that goes beyond changes to surface structures or procedures to changes that alter the culture, norms, and beliefs within a system.
- **Sustainability:** Scaled-up innovations need to be long-lasting. Reforms need to focus on strategies to assist child-serving systems in sustaining effective programs, particularly when resources dissipate or are no longer available.
- **Spread:** Effective scaling up focuses not only on the importance of spread to additional sites (horizontal spread) but also to comprehensive change in policy and practice at all levels (vertical spread) and within programs or systems. This dimension recognizes that expanding a reform to multiple settings is a necessary but insufficient condition for scale.
- **Shift in ownership:** In order to be considered "at scale", ownership must shift so that a reform is no longer externally controlled but transformed so that is fully owned by a child-serving system.

III. HIGHLIGHTS OF SPREAD AND SCALING UP APPROACHES FROM THE CHILDREN'S OUTCOMES PROJECTS

Regardless of the approach or framework, the experiences of the Children's Outcomes Project participants suggest that there is no single path to spread and scaling up of innovations for healthy child development but rather a series of stages and phases that occur over time. The following examples highlight some of the approaches that national, state and local participants involved in the COP have used to spread and scale up model initiatives. In most cases, these efforts continue to evolve and are still in the process of being taken to scale.

National Initiative Highlights

- **The Coalition for Community Schools Initiative:** The Coalition for Community Schools Initiative is an alliance of over 180 national, state and local organizations that has helped lead and engage school systems and their communities in establishing community schools. Community schools are places and partnerships where schools work together with health and human service agencies, youth development groups, community service organizations, local government, higher education and other groups to improve student learning and develop strong families and healthier communities.[8] The Coalition works at the community level to engage local school systems and communities in embracing the Community Schools strategy. At the national level, scaling up community schools for the Coalition has involved four core elements: (1) organizing learning communities of local leaders and Community Schools initiatives; (2) building state community schools; (3) sharing the community school strategy through national coalition partners who are involved with education, youth development, health and human services; and (4) a policy strategy for advancing Community Schools in the reauthorization of the Elementary and Secondary Education Act and other legislation.

Lessons Learned

- Engaged "grasstops" leaders in a community to achieve buy-in from key stakeholders who could influence policy and practice change.
- Engaged partners at all levels of government, from the local to the national level, and ensured that policy change was a part of the strategy to achieve sustainable change.

- **Help Me Grow:** *Help Me Grow* is a comprehensive, statewide, coordinated system of early identification and referral for children at risk for developmental and behavioral problems. The HMG model works with pediatric healthcare practices, early care and education providers and parents to promote early detection of at-risk children and link children and families to community services and supports that promote healthy development. The initial HMG pilot, launched in Hartford Connecticut in 1998 as a physician-only helpline, yielded promising results that demonstrated the efficacy of the service delivery model. Based on the strength of these results, the Connecticut legislature funded a statewide replication of the Hartford Pilot. Data and lessons learned from the pilot project were used to inform advocacy for statewide expansion and to address system changes as the model was spread and scaled up in the state. The Connecticut *Help Me Grow* model was replicated in Orange County California in 2005 and, with support from the Commonwealth Fund, in five additional states: Kentucky, Colorado, Oregon, South Carolina and New York. In May 2010, HMG received a grant from the WK Kellogg Foundation to launch the HMG National Technical Assistance Center, which will replicate the model in ten more states. At the end of 2013, a total of 17 states will be *Help Me Grow* affiliates. This enhanced national replication effort will focus on helping each new HMG affiliate develop four core components (centralized telephone access point, community outreach, physician outreach, and data collection) and three structural requirements (an organizing entity, a strategy for expanding statewide over time, and the capacity and commitment to develop a structured data collection and monitoring system).

Lessons Learned

- Piloted in one community, focusing first on engaging one sector – Pediatric primary care practices. Then expanded to multi-sector engagement and scaled up to become a statewide model.
- Promoted multi-sector engagement at the community level through monthly breakfast meetings among participating agencies and practices.
- Promoted cross-sector collaboration and dialogue between key agencies and organizations (e.g., health, early care and education, family support).[9] Although replication may be initiated at the local level, efficiencies and economies of scale make a strong case for statewide integration.
- Achieved scaling and sustainability at the state level by blending and braiding financial and administrative resources across agencies, and across both public and private sectors.
- For national replication, identified the elements of the model that are essential to successful implementation (i.e., core components and structural requirements), and developed technical assistance and tools to help each new affiliate succeed.

- **Strengthening Families Initiative:** During its inception, Strengthening Families, a cross-system approach to preventing child abuse and neglect and promoting optimal development, initially underwent a year-long planning process to review the research on the evidence-base for preventing child abuse and neglect. Through that process, the initiative created the Core Protective Factors Framework – a framework that was developed to guide its work at the national, state and local level. When it came time for implementation, the Initiative was piloted in seven states where the potential for early success and positive impact on systems would be the greatest. The Initiative's year-long planning process and the targeting of early efforts at sites with the greatest potential for success were instrumental in helping to ensure optimal spread and scaling up of the Initiative. Today, Strengthening Families is being used in 32 states with wide implementation in the cities of Chicago and Los Angeles.[10]

Lessons Learned

- Invested time on the front end, in a planning process, which included developing a comprehensive framework to guide and support the work.
- Started with the places where families already go (e.g., schools, child care) and built on existing programs and strategies.
- Developed and disseminated tools, training and technical assistance for state and local partners to implement and evaluate the effectiveness of efforts

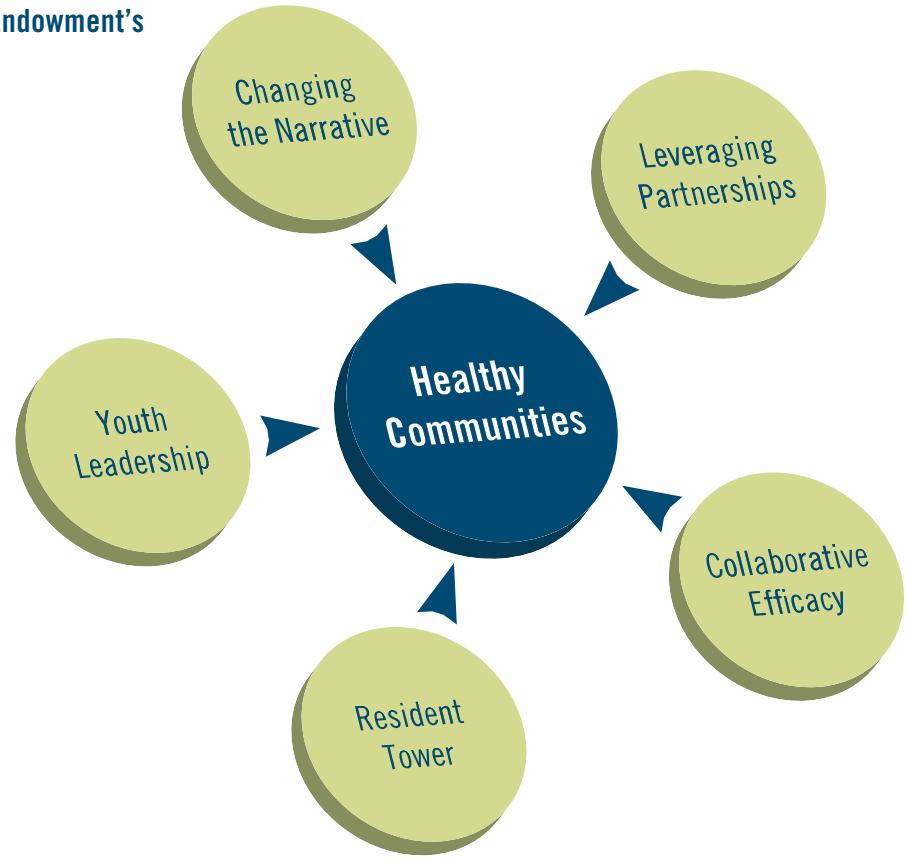
IV. STATE INITIATIVE HIGHLIGHTS

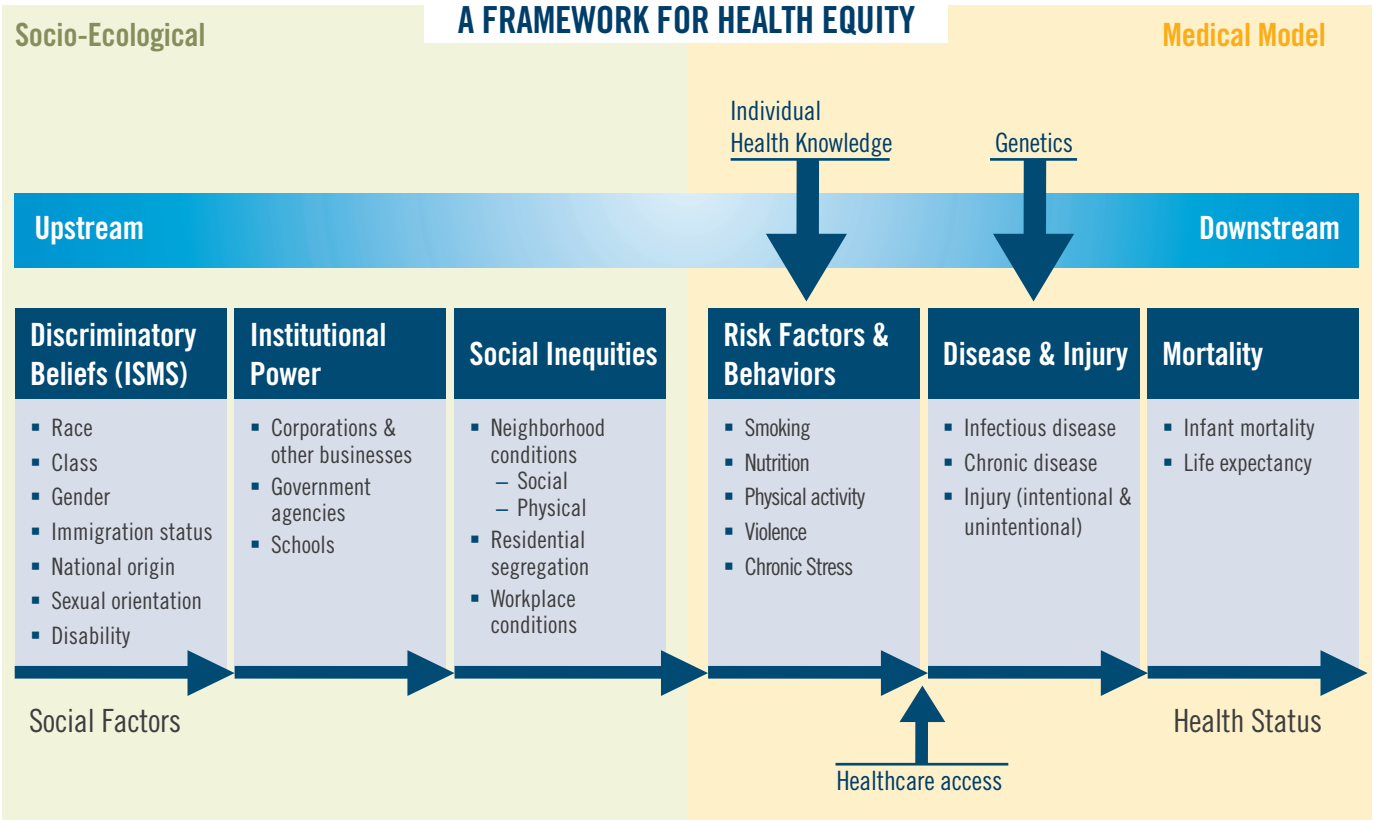
The California Endowment: In developing its model for improving child and family health, The California Endowment engaged in a strategic process to identify core child health outcomes for focus and a related "theory of change" for transforming child-serving systems in California. This process included considerations for how to best spread and scale up projects, and then share the best practices identified by these efforts.

Lessons Learned

- Used the flexibility of its foundation funds to help grantees maximize and leverage public and private investments by synthesizing 14 site logic models, internal TCE local program officer strategies, a Logic Model analysis of the 14 sites and a cross-walk with TCE's statewide policy agenda.
- Using a bottom-up approach is enabling the foundation to create "orbits" or domains of work that allow for statewide strategy to be developed as well as the creation of affinity groups from amongst the 14 sites and affiliated policy advocates and experts.

Figure 1: The California Endowment's Framework for Change





– Adapted by ACPHD from the Bay Area REgional Health Inequities Initiative, Summer 2008

- The work of **Colorado's Comprehensive Early Childhood Systems Building Initiative** began in the early 1990's and was formalized at the local level in 1997 when eight Consolidated Child Care Pilots were created to focus on improving access to quality child care in Colorado. The work of these pilot projects expanded over time, eventually leading to 2007 legislation that created a statewide system of local early learning councils. There has been concurrent state-level systems building efforts with strong linkages between the two.

Lessons Learned

- Promoted public and private partnerships at the state and local level. They are an essential factor in the effectiveness of spread and scaling up of the ongoing work of the Initiative, which is still going to scale.
- Ensured that the innovations employed are:[11]
  - able to positively impact child and family health and well-being;
  - replicable and not isolated to a certain community or population;
  - adaptable and flexible to meet individual community needs;
  - meaningful to families, policymakers and other key stakeholders;
  - able to promote specific action at the state and/or local level and to produce solutions to problems affecting children and their families;
  - evidence-based; and
  - measurable in terms of its impact on children and their families.

- **Nemours,** a children's health system, chose to address childhood obesity as its first prevention effort in Delaware by using a "surround sound" approach to reach most of the state's 200,000+ children. Spread and scaling up of promising initiatives differed based on the opportunities in various service sectors and geographic areas. Spread and scaling up were goals from the earliest start up work with pilot projects at the local level.

Lessons Learned

- Focused on policy and practice change together in multiple sectors. For example, Nemours found opportunities to lead with practice change in four child care centers and then used that change as a model for scaling up to more far-reaching policy change through child care licensing regulation changes.
- Built community capacity by creating an infrastructure for training and skill-building such as a coalition, collaborative or training institute. For example, Nemours' collaboration with the University of Delaware's Institute for Excellence in Early Childhood is broadly spreading healthy eating and physical activity recommendations through child care provider training.
- Effectively engaged strategic partnerships by:
  - developing strong relationships with influential community groups;
  - clearly defining roles among the partners;
  - understanding the partner's reason for involvement; and
  - providing the partners with data, tools, training, and support to implement the recommended changes.

- The **Evansville (Indiana) Vanderburgh School Corporation (EVSC) School Community Council, Center for Family, School and Community Partnerships** is the third largest urban school district in Indiana and serves many low-income children; more than half (58 percent) of the district's student population qualify for free or reduced price lunch. The school district first piloted the Community School model in one school in 1994, expanded to an additional ten schools in 2000 and then district wide in 2005. Evaluation was a key factor for spread and scale. For this initiative, the school district strategically aligned the evaluation of the Community Schools work with the overall EVSC Strategic Plan: efforts to promote child health and support families were directly linked to outcomes for student achievement in the district. To support the evaluation, the district created a district data warehouse with community input, implemented a Performance Management System to track and monitor progress, and created an assistant superintendent of research and evaluation.

Lessons Learned

- Included a strong evaluation component and invested in data collection and management. Data from this effort has been instrumental in helping to spread and scale up the Community School model in the district.

- **Linkages to Learning (LTL)** was established in 1993 in Montgomery County, Maryland, by the county's Department of Health and Human Services and a coalition of private non-profit agencies serving children and families. At the time, three pilot sites were established with *existing resources* – a core strategy in the initial start-up and spread of the project. Scaling up of the initial project resulted in the first two LTL school-based health center sites in 1997. A community-agency advisory group was established in 1999 and produced a strategic plan for the expansion of the initiative; an expanded advisory group was established in 2005 that made recommendations for further expansion and systemic supports of LTL school-based health centers. LTL is now operating in 28 sites across the country, 5 of which are school-based health centers. A secondary school-based wellness center also has opened as a result of these efforts and a plan to expand the current school-based health/wellness centers in the country budget and facility plans.

Lessons Learned

- Focused not just on the number of sites while scaling up, but also on the evolving roles and responsibilities of staff coupled with improved capacities within a system to better meet the needs of children and families.
- Recognized that spreading and scaling up involve the adaptation, modification and improvement of principles and processes—not just the replication of projects.
- Recognized that a critical factor in scaling up is the impact and change made to child-serving systems, not merely the 'scale' of the program or budget.
- Expanded political support from local to national leadership; extended partnerships that are mutually beneficial and expanded the network of services that contribute toward sustaining the program.

"Excellence is never an accident; it is always the result of high intentions, sincere effort, intelligent direction, skillful execution, and the vision to see obstacles as opportunities."

– Aristotle as paraphrased by Cathlin Gray,
Associate Superintendent, Evansville Vanderburgh School Corporation

V. IMPLICATIONS FOR POLICY AND PRACTICE

The participants involved in the Children's Outcomes Project, while each unique in their approach to spreading and scaling up of innovations for healthy child development, identified some common lessons from their work. This information, outlined below, can provide guidance to policymakers, state and community leaders, child advocates and others can use to help effectively spread and scale up an intervention or initiative. These strategies include the following:

- **Account for spread and scaling up during the planning stages of an intervention or initiative.** Initiatives aimed at improving the health and well-being of children can be enhanced and more rapidly advanced if spreading and scaling up are considered from the outset and throughout implementation. Intentionality enables leaders to proactively consider and plan for the social, political and organizational context in which interventions are implemented and innovation can occur and be sustained over time. This includes consideration for all levels of practice and policy (e.g., federal, state, local) that might hinder or support an innovation from advancing and plans for resource capital (e.g., workforce, staffing, infrastructure).[12]

- **Cultivate diverse partnerships and mechanisms for continued community engagement.** Cultivating strong and long-term partnerships is a central element for achieving spreading and scaling up. Strong partnerships include participation from public and private partners at all levels of government, across various sectors.

- **Select interventions that have replicable features but are adaptable to meet the individual needs of the community in which they are being implemented.** Interventions that seem ripe for spreading and scaling up must have some replicable features. At the same time, they must be adaptable to the differing conditions of new sites so that they can meet a community's unique needs.

- **Accompany policy changes with training and technical assistance.** Policy change is important for the spreading and scaling of an initiative, but policy change alone is not enough. It must be accompanied by training and technical assistance to ensure that the policy changes are implemented in an optimal way.

- **Focus on achieving maximum impact with deep, system-wide change.** To optimize the impact of an innovation, state and local leaders may want to target spreading and scaling up to those areas (e.g., states, regions, counties, individual grantees) where the impact of the intervention can be maximized both in terms of systems change and achieving early success. Ideally, efforts would target a cross-section of the child and family-serving system, focusing on the intervention **and** the infrastructure that is necessary for change, rather than a narrow program area alone. This overall approach can help target limited resources and accelerate positive change in the system.

- **Identify systems and settings that are most likely to impact desired outcomes and then focus spreading and scaling up of efforts on those areas.** For the participants in the COP, the systems with the greatest potential to improve child outcomes are the places where children live, learn and play such as child care, primary care (e.g., pediatricians, family physicians), schools and youth-oriented organizations (e.g., parks and recreation).

- **Conduct data collection, develop measures to assess impact on health and include a strong evaluation component.** In order to make the case for spreading and scaling an intervention, it is necessary to demonstrate its effectiveness. Building in strong evaluation measures from the outset is critical. It is important to begin with clarity on the impact the program is intended to achieve, a sound theory of change, program design and a rigorous program evaluation to demonstrate the program's effectiveness. A sound data collection system is necessary to show results for both program management and continuous improvement for program evaluation. These features should be in place and must be adaptable to the changes that will occur as a result of spreading and scaling up the initiative.

- **Provide ongoing support and capacity for spread and scaling up.** While targeting efforts for maximum impact may lead to early success, systems change takes time. As such, it must be supported by investments in infrastructure during the initial phases of spread and as interventions are scaled up. The COP participants provide ongoing support for spread and scaling up of innovations by:

  - continuing to invest, financially and with staff resources, in the implementation and expansion of the initiative,

  - developing tools (e.g., tool kits, guidelines and materials) and resources (e.g., technical assistance, training) to advance spread and to enhance and deepen the change,

  - maintaining and expanding partnerships with key partners (e.g., state and community based agencies that serve children and their families, foundations, policymakers),

  - continuing to educate policymakers and other key leaders about the importance of healthy child development and the impact of interventions, and

  - using data, evaluation findings and lessons learned to inform decision making and to make continuous improvements to promising interventions.

VI. CONCLUSION

Spreading and scaling up involves focusing not just widely (e.g., more programs or program sites) but also deeply, to make lasting systemic changes to the policies, practices and structures that support and promote healthy child development. Indeed, in order for child and family interventions to be spread and taken to scale, the broader environment in which programs and services operate needs to be considered and changed. Finally, to sustain support and capacity for an intervention, project leaders and their key partners will want to make an ongoing commitment to deepening the focus and expanding the changes brought by the innovation through continual transformational thinking, alignment of resources to strategy and the growing of strategic partnerships.[13]

VII. APPENDIX A: CHILDREN'S OUTCOMES PROJECT SUMMARIES AND CONTACT INFORMATION

The **Children and Families Commission of Orange County** was established in 1999 by the Orange County Board of Supervisors and is supported by funds from California's Proposition 10. The Commission supports organizations that provide health, education and development services to young children and their families and funds a variety of programs to advance strategic goals including: pediatric health care services, school readiness programs, home visitation services to new families, early literacy programs, school nurses, transitional shelters and support services for homeless families with young children, and dental caries screening, prevention and treatment. The Commission's priority is to fund and support the most needed and effective services so that children group up great – healthy and ready to learn. For more information contact: Alyce Mastrianni, Director, Program Development and Evaluation, Children and Families Commission of Orange County; phone: (714) 834-3916, e-mail: alyce.mastrianni@cfcoc.ocgov.com.

The **Children's Services Councils of Palm Beach, Martin and Hillsborough Counties (Florida)** were created in 1986 and 1988, respectively, through local referendum that was the result of 1986 state legislation enabling Florida counties to create special taxing districts for children. While each Council is unique, four goals are common for the children that they serve: 1. Born healthy, 2. Free from abuse and neglect, 3. Eager and ready to learn when they enter school, and 4. Reading at grade level by the end of third grade. For more information contact for Palm Beach County: Tana Ebbole, Chief Executive Officer, Children's Services Council of Palm Beach County; phone: (561) 740-7000, e-mail: tana.ebbole@cscpbc.org; Martin County: David Heaton, Executive Director, Children's Services Council of Martin County; phone: (772) 288-5758, e-mail: dheaton@cscmc.org; Hillsborough County: Luanne Panacek, Chief Executive Officer, Children's Board of Hillsborough County; phone: (813) 204-1705, e-mail: mbusi@childrensboard.org.

The **Connecticut Community Planning Partnership Initiative** is a $1.85 million public/private partnership that supported 23 communities in Connecticut to develop comprehensive early childhood plans. While each of these communities developed its own vision and goals, four areas of focus are common among the communities: 1) early health and development (e.g., education of providers about the importance of developmental screening), 2) ready for school (e.g., quality child care standards), 3) early school success, and 4) family support (e.g., parent education about child development and early literacy). For more information contact: Judith Meyers, President and CEO, Child Health and Development Institute of Connecticut; phone: (860) 679-1520, e-mail: Meyers@adp.uchc.edu.

The **Early Childhood Colorado Framework** was developed in 2008 to synthesize and integrate several years of systems building efforts in Colorado into a plan that provided a collective vision, guided next steps in systems work, and linked work to outcomes. The Framework is intended to help all state and community partners see how their work contributes to the greater picture of all children in Colorado being valued, healthy and thriving. Early Childhood Systems Building work in Colorado occurs at both the state and community level and includes a statewide system of early childhood councils. For more information contact: Jodi Hardin, Early Childhood Systems Specialist, State of Colorado; phone: (303) 866-4713, e-mail: jodi.hardin@state.co.us.

The **Evansville Vanderburgh School Corporation School Community Council, Center for Family, School and Community Partnerships** was established in 1991 to promote schools as places of community to enhance child and family development. The partnership is comprised of over 75 community agencies with grants totaling over $22.5 million dollars since its inception. Eight core programs are administered by the Center: 1) after school and summer enrichment, 2) early childhood education, 3) extended daycare center programs, 4) family support services (e.g., parenting education, literacy programs, financial literacy), 5) health and wellness services, 6) school-community council, 7) student support service (e.g., mentoring, counseling and crisis management), and 8) Southwest Indiana College Access Network (SICAN) which provides service and support to encourage students to pursue college. For more information contact: Cathlin Gray, Associate Superintendent, Evansville Vanderburgh School Corporation; phone: (812) 435-8457, e-mail: Cathlin.gray@evsc.k12.in.us.

First Five Alameda County, funded by California's Proposition 10, supports a county-wide continuous prevention and early intervention system that promotes optimal health and development, narrows disparities and improves the lives of children 0 to 5 and their families. Programmatic investments are targeted in seven overall areas: 1) Integrated Child Care Quality System, 2) Community-Based School Readiness, 3) Home-Based Family Support, 4) Coordinated Screening, Assessment, Referral and Treatment, 5) Child Health Promotion, 6) Provider Capacity Building, and 7) Community-Based Parent/Child Activities. For more information contact: Mark Friedman, CEO, First 5 Alameda County; phone: (510) 875-2424; e-mail: mark.friedman@first5ecc.org or Janis Burger, Deputy Director (510)875-2420, e-mail: janis.burger@first5ecc.org.

Linkages to Learning (LTL) was established in 1993 in Montgomery County, Maryland, by the county's Department of Health and Human Services and a coalition of private non-profit agencies serving children and families. At that time, the Montgomery County Council had directed the County government, school system, and human service providers to develop a system of accessible, cross-disciplinary services located within local community schools in order to better meet the needs of county families, many of whom earned low wages and were immigrants. Today, LTL operates in 28 school sites in the county. Five of these LTL sites are also co-located with school based health centers. This program has created an integrated "no wrong door approach" for families to access needed social and health services within the larger county public-private system of care. For more information contact: Uma Ahluwalia, Director, Montgomery County Department of Health and Human Services; phone: (240) 777-1198, e-mail: uma.ahluwalia@montgomerycountymd.gov.

Nemours/Delaware. Nemours is one of the nation's largest pediatric health systems offering an integrated spectrum of clinical treatment, research, advocacy and prevention services that extend to all the families in the communities it serves throughout the Delaware Valley and in northern and central Florida. In Delaware, Nemours Health and Prevention Services (NHPS) is working in partnership with key child-serving agencies and organizations to build and implement a comprehensive and integrated approach to child health. NHPS, together with then-Governor Ruth Ann Minner and 125 Delaware leaders launched a multi-year, state-wide campaign in 2007 to "Make Delaware's Kids the Healthiest in the Nation." The campaign continues to encourage and celebrate the efforts of schools, child care centers, communities, health professionals, parents and other leaders to improve the motivation, ability and opportunity for children to eat right and be more physically active. The emphasis of the campaign is twofold: it focuses on policy and practice changes that can enable Delaware's children to lead healthier lives; and it supports parents and children in their efforts to adopt healthier lifestyles in all the places that children live, learn and play. The campaign's focus on achieving child health outcomes and evaluating this comprehensive, multi-sector effort has been critical. Preliminary results from the years 2006-2008 show a leveling off of child overweight and obesity prevalence rates state-wide. For more information, contact: Norma Everett, Program and Policy Analyst II, Nemours Health and Prevention Services; phone: (302) 444-9100, e-mail: noeveret@nemours.org.

VIII. ENDNOTES

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