

ECCS-MCHB Prenatal-to-3 Coding Sheet for HMG State Affiliates
Aligned with HRSA Application's
Appendix F: Example Performance and Outcome Measures

The following indicators and measures are illustrative and were provided for applicant consideration in developing their customized data and measurement plans but are not required or exclusive.

Example short-term performance indicators:

1. *State-level early childhood leadership capacity*
 - A. Training and/or engagement of early childhood leaders, by sector and type
 - B. Representation and meaningful engagement of family representatives on early childhood working groups or advisory committees
 - C. Community outreach and engagement efforts

2. *Coordination and alignment between MCH, public financing stakeholders, and other statewide P-3 systems and programs*
 - A. Cross-sector and cross-agency contributions to the development or implementation of an early childhood strategic plan or vision
 - B. Establishment of MOUs or data sharing agreements between critical partners
 - C. Development or improvement of pathways for communication and shared learning across state and local levels
 - D. Development or use of common or coordinated data systems that support system-level quality improvement and planning

3. *Health system capacity to deliver and connect families to a continuum of services that promote early developmental health and family well-being*
 - A. Engagement of P-3 service providers and other state-level or community partners in training or TA related to best practices and practice change strategies related to: family screening and referral, promotion of early developmental health and family well-being, and care coordination/integration of health and other early childhood systems
 - B. Diversity of health providers (e.g., by setting or discipline) engaged in training or TA
 - C. Health provider knowledge of and interest in CIRS
 - D. Training and TA provided to support the development or implementation of data sharing agreements
 - E. Development or use of common or coordinated data systems that support case-level service coordination
 - F. Development or reach of CIRS

4. *P-3 policy and financing improvements*
 - A. Engagement of state-level decision-makers or organizational leaders in policy change efforts
 - B. Progress on P-3 focused policy improvement efforts (i.e., policy changes that improve conditions for young children and their families)
 - C. Progress toward identification, development, or implementation of sustainable financing strategies for early developmental health and family well-being services and integration

5. *Commitment and capacity to address systemic drivers of P–3 health disparities and to advance equity in the early childhood system*
 - A. Degree to which equity and diversity is integrated into statewide strategic planning and implementation
 - B. Degree to which family leaders engaged in planning and advisory roles reflect the diversity of the P–3 communities or sub-populations targeted by the ECCS project
 - C. Data collection and analysis enables identification of disparities in core outcomes
 - D. Evidence of improvement toward or achievement of project equity goals

Example long-term outcome indicators:

6. *State-level assets and infrastructure to support strong, sustainable cross-system coordination and alignment*
 - A. Degree to which early childhood system stakeholders use data to support planning and quality improvement at the system level
 - B. Degree to which early childhood system stakeholders use data for improved service coordination at the case level
 - C. Strength of relationships, based on a network analysis, between P–3 health system partners (e.g., Title V MCH Block Grant recipient, lead behavioral health agency, health provider organizations) and other P–3 serving agencies and organizations (e.g., early care and education, early intervention, child welfare, economic empowerment)
 - D. Number and diversity (by sector, setting, or background) of identified early childhood leaders in the state
7. *Policies, practices, and financing strategies that support the integration of the health system into early childhood comprehensive systems*
 - A. Extent to which there are public payer mechanisms (e.g., Medicaid reimbursement codes) to reimburse for developmental promotion and family well-being services
 - B. Rates of health care providers who report integrating evidence-based early developmental health and family well-being practices and guidance in prenatal and pediatric visits
 - C. Provider and/or target population participation in CIRS
8. *Equity in the early childhood system*
 - A. Equity in family- or system-level outcomes/indicators (according to recipient-selected target population(s) and equity goals)
 - B. Impact of family and community representatives on state-level early childhood working groups or advisory committees
9. *Increased and earlier access to promotion, prevention, and early intervention services*
 - A. Rates of P–3 family participation in preventive health care services (e.g., home visiting programs, well-child visits, routine prenatal visits, well-woman visits)
 - B. Rates of developmental screening for children ages 0–3, and referral to intervention when indicated
 - C. Rates of screening for P–3 parent stress and behavioral health (e.g., depression, anxiety, substance use, intimate partner violence), and referral to intervention when indicated
 - D. Timing of entry into prevention or early intervention services
 - E. Number and diversity of community-based organizations providing population-based early developmental health and family well-being services to P–3 populations