Coordinated Services for Families

An in-depth look at approaches that coordinate early care and education with other health and human services

OPRE Report Number: 2022-82

June 2022

Coordinated Services for Families: An in-depth look at approaches that coordinate early care and education with other health and human services

OPRE Report 2022-82

June 2022

Elizabeth Cavadel, Jessica Harding, and Scott Baumgartner

Submitted to:

Laura Hoard, Project Officer
Tracy Carter Clopet, Project Officer
Office of Planning, Research, and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services

Contract number:
HHSP233201500035I/HHSP23337028T

Submitted by:

Elizabeth Cavadel, Project Director
Mathematica
1100 First St. NE, 12th Floor
Washington, DC 20002

Mathematica reference number:
50685

Acknowledgements

We wish to express our appreciation to our project officers, Tracy Carter Clopet and Laura Hoard, and other federal staff at the Office of Planning, Research, and Evaluation (OPRE) at the Administration for Children and Families (ACF), U.S. Department of Health and Human Services, for their guidance and support. We also benefitted from feedback from the Office of Child Care throughout the phases of data collection described in this report.

We thank the Office of Child Care Regional Program Managers and Child Care and Development Fund State and Territory Administrators for helping to connect us with relevant stakeholders in their jurisdictions to learn about their ongoing efforts to coordinate services.

We also thank the staff from the coordinated services approaches that engaged in our data collection. We invited them to participate at a particularly challenging time given the COVID-19 pandemic, and we appreciate their time and willingness to share information to help support the field.

Many individuals made important contributions to this work. We thank the experts who gave their input on the updated models of coordinated services: Missy Coffey (SRI), Rolf Grafwallner (Council of Chief State School Officers), David Jacobson (Education Development Center), Kim Johnson (California Department of Social Services), and Anne Mosle (The Aspen Institute). We also thank the Mathematica team members who made significant contributions to this work: Nickie Fung, Joanna Nevins, Chris Ross, Emily Sama-Miller, and Louisa Tarullo. Effie Metropoulos, Colleen Fitts and Sharon Clark provided helpful editing and production support.

OPRE's Portfolio on Coordinated Services

This project is part of a portfolio of research focused on coordination of services to support children and families. Projects within this research portfolio address the intentional coordination of two or more services. These projects span OPRE's research portfolios, including child care, Head Start, home visiting, child welfare, and welfare and family self-sufficiency.

More information on OPRE's Coordinated Services projects can be found at: https://www.acf.hhs.gov/opre/coordinated-services-research-and-evaluation-portfolio.

Contents

Tables

Figures

Overview

Introduction

The Administration for Children and Families (ACF) sponsored the Assessing Models of Coordinated Services (AMCS) study to deepen understanding of programs, groups, agencies, or organizations that coordinate early care and education (ECE) with other health and human services (referred to here as coordinated services approaches).

This report describes the study's qualitative data collection, presents models of coordinated services at the state and local level , and reports findings about state and local coordinated services approaches.

Primary research questions

1. Are coordinated services approaches able to coordinate partnerships and service application and delivery? Can we identify key characteristics of these approaches?
2. How do coordinated services approaches intend to reduce barriers and road blocks for families to access services? Are there federal barriers to implementing such approaches?
3. Are approaches that combine ECE, family economic security, and/or other health and human services able to address other child development factors beyond ECE?
4. What have we learned from efforts to integrate enrollment and eligibility processes for health and human services?
5. Are states and/or localities examining service delivery dynamics across ECE programs to assess availability of care slots and services to meet the needs of eligible families? How are they using data to understand service delivery dynamics?
6. How is public and private ECE funding targeted to meet the needs of at-risk children and families? Are there differences in the families that are able to access services?

Purpose

This report helps readers—including states, localities, researchers, and program administrators—learn more about the range of coordinated services approaches that focus on ECE and other health and human services for families. The coordinated services approaches included in the AMCS study were purposively selected and are not representative of, or generalizable to, the broader population of coordinated services approaches for families.

Key findings and highlights

This report describes models of coordinated services. Preliminary models were first introduced in the AMCS model scan report. Those models were further developed and refined after telephone interviews and virtual site visits with some of the coordinated services approaches. The revised models have been renamed to clarify differences among them, and we have expanded the descriptions of key characteristics of the coordinated services approaches within the models.

This report also highlights findings drawn from virtual site visits with eight coordinated services approaches. When relevant, we also drew on information from telephone interviews and the model scan to help clarify or expand on the findings. Key findings include.

- **Coordination and partnerships.** Many different types of partners were involved in the coordinated services approaches. Some coordinated services approaches provided services directly to families, whereas others coordinated with partners to promote systems change—working to transform policies and practices to meet families' needs more efficiently. Strong communication was essential for both types of coordination.
- **Eligibility and enrollment.** Some coordinated services approaches made progress in synchronizing applications and eligibility determination for multiple services, but none of the coordinated services approaches included in the site visits could enroll families directly into multiple services.
- **Data collection and use.** Coordinated service approaches collected and used data, and some made progress sharing data across partners. In general, however, coordinated services approaches and their partners had limited data capacity and infrastructure.
- **Funding.** Coordinated service approaches used multiple funding sources; blending and braiding funding across federal, state, and private sources helped them meet family needs flexibly. However, they had to ensure they were using funds in line with funding restrictions.
- **COVID-19 pandemic.** Coordinated services approaches provided many resources to families during the COVID-19 pandemic. Some coordinated services approaches found that engaging families and coordinating between partners was more difficult virtually, whereas others found that virtual services removed some barriers to engagement.

Methods

The findings in this report are drawn from the three data collection activities of the AMCS study:

1. **Model scan.** A national scan of public information to identify coordinated services approaches that coordinate ECE with other health and human services yielded 40 profiles of coordinated services approaches.
2. **Telephone interviews.** Eighteen (18) coordinated services approaches (out of 40 with completed profiles) participated in telephone interviews.
3. **Virtual site visits.** We conducted virtual site visits to speak to staff at 8 of the 18 coordinated services approaches we interviewed by telephone. At two of the visits, we also spoke to parents.

Glossary

ECE. Early care and education.

Coordinated services approach. An effort by a program or a group of programs, an agency, a department, or other organization focused on coordinating services for children and families with low incomes, at the state or local level.

Model of coordinated services. An exploratory category that describes characteristics that coordinated services approaches have in common. Usually, individual coordinated services approaches were not intentionally following a model.

Executive Summary

Introduction

Ideally, supporting healthy development begins in early childhood. There is a deep scientific foundation for the idea that early childhood is a critical time for building and nurturing skills that promote healthy and successful outcomes later in life (Black et al. 2017; Duncan and Magnuson 2013; McCoy et al. 2017; Shonkoff and Richmond 2009). To support their children's development and optimize their family's well-being, parents need access to high quality early care and education (ECE) services and help with other family needs such as nutrition, parenting skills, or employment.

The range of services available to families are typically provided by different organizations. Consequently, families must navigate multiple eligibility requirements and enrollment procedures, or travel to different locations for the support they need (Adams and Heller 2015; Johnson et al. 2012). This situation, sometimes called "service silos" because each system operates in its own world of eligibility, enrollment, and service provision, can burden families. Siloed services may not have structured communication channels. This can make it challenging for program staff to provide the best possible care for families, because they may not be aware of other services families are receiving, and they may not have access to information about a family's progress or needs outside of the specific service their organization provides. Also, for program staff, managing data and paperwork for different services and systems can be duplicative and burdensome.

To address these challenges, coordinated services approaches combine services and funding streams—often across organizations—to support the needs of families living in poverty and promote children's development (Schumacher 2013; Martinson and Holcomb 2007).

The Assessing Models of Coordinated Services (AMCS) study, sponsored by the Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), was funded in 2018 with the goal of understanding coordinated services approaches that are designed to combine delivery of ECE with other health and human services that work to promote positive outcomes for family economic security, health, mental health, food and nutrition, or housing.

Methods

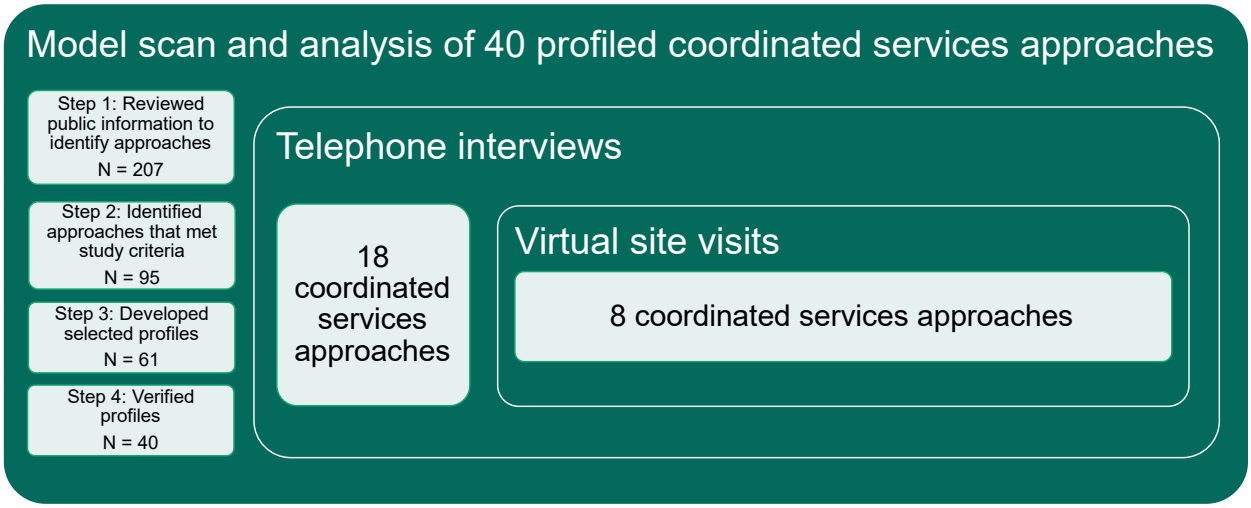
The AMCS study has six research questions:

1. Are coordinated services approaches able to coordinate partnerships and service application and delivery? Can we identify key characteristics of these approaches?
2. How do coordinated services approaches intend to reduce barriers and road blocks for families to access services? Are there federal barriers to implementing such approaches?
3. Are approaches that combine ECE, family economic security, and/or other health and human services able to address other child development factors beyond ECE?
4. What have we learned from efforts to integrate enrollment and eligibility processes for health and human services?

5. Are states and/or localities examining service delivery dynamics across ECE programs to assess availability of care slots and services to meet the needs of eligible families? How are they using data to understand service delivery dynamics?
6. How is public and private ECE funding targeted to meet the needs of at-risk children and families? Are there differences in the families that are able to access services?

Three kinds of qualitative data were collected for the AMCS study through a model scan, telephone interviews, and virtual site visits. These activities were progressively in depth. First, the model scan focused on capturing general information to identify the range of existing coordinated services approaches. The telephone interviews and virtual site visits that followed focused on gathering more in-depth information about a subset of coordinated services approaches identified in the scan. In other words, the data collection design nested both the coordinated services approaches and the information collected at each stage so the activities built on each other (Figure ES.1)

Figure ES.1. Qualitative data collection for the AMCS study



Findings

This report describes models of coordinated services; the models were developed to help identify the variety of ways that coordinated services approaches might operate. These models were initially described in the AMCS model scan report. In this report, we present updated models based on additional information learned during telephone interviews and virtual site visits and on feedback from experts in coordinated services. Updates include revised names for the models of coordinated services to differentiate more clearly between them; expanded descriptions of key characteristics of the coordinated services approaches within the models, and—in some cases—a revised number of coordinated services approaches in each model. State models of coordinated services are in Table ES.1, and local models of coordinated services are in Table ES.2, along with the former names of the models that were used in the model scan report from this project.

Table ES.1. State models of coordinated services

Model name	Number of approaches identified	Key features of the model
State systems change and investment in family services (formerly *state vision*)	7	• Primarily focused on improving alignment of services designed for both parents and children (sometimes called "two-generation" services), these had goals related to the whole family. • Coordinated services approaches in this model had both a state-level and a local-level aspect to coordination. They often took steps to enhance state-level agency coordination and to review (or change) state policies that might inhibit coordination or create challenges for families. • Tended to encourage experimentation and innovation at the local level through pilot projects and/or grants. • Collected individual-level data from parents and children, and used that information for reporting and operational tasks.
State-supported local ECE coordination (formerly *state framework*)	12	• Focused primarily on improving alignment of the early care and education (ECE) system. • Primarily developed through legislation, most operated as public-private partnerships. They received state funds, but functioned semi-independently. • Provided a structure for coordinating local-level ECE across the entire state. Local areas had flexibility within the structure to tailor their services to local needs. • Collected individual-level data to track service uptake, although in some states this only occurred for some programs.
State family services provider (formerly *state direct services*)	5	• State was directly involved in local-level service delivery by developing specific programs or offering specific services in communities (through contracting agencies or state offices). • Coordination between local services was supported by the state. • Had characteristics of other models of coordinated services, such as breaking down agency-level siloes (e.g., Utah Intergenerational Poverty Initiative) and/or reviewing policies (e.g., 'Ohana Nui). • Often intended to collect and track individual-level data, but data use was still limited for some coordinated services approaches included in this model.

Table ES.2. Local models of coordinated services

Model name	Number of approaches identified	Key features of the model
Family-centered coordination (formerly *hub model*)	14	• Designed to increase families' access to necessary services by supporting their engagement with the system, using strategies such as "no wrong door" intake processes and co-location of service-providing partners. • Many coordinated services approaches intended to track families in a combined data system.
Community-oriented collective impact for families (formerly *regional network with backbone*)	11	• A lead—or backbone—agency coordinated partners with the goal of improving community-wide outcomes. • Coordination was primarily administrative and focused on data; the backbone agency's responsibility was as a convener and organizer in charge of collecting data and tracking and reporting outcomes. Many coordinated services approaches in this model did not directly serve families.
Focused coordination (formerly *narrow coordination*)	8	• Tended to involve a small number of service-providing partners working together on a specific program for an identified service population. • Usually funded with grants. • Used one set of enrollment criteria for all components of the coordinated services approach. • Collected data for grant requirements, but data sharing was challenging.

In addition to the models of coordinated services, this report also presents findings across state and local coordinated services approaches. Findings are drawn primarily from virtual site visits with eight (8) coordinated services approaches, supplemented with information from the telephone interviews and model scan. Key findings include:

- **Coordination and partnerships**
  - Some coordinated services approaches provided services directly to families, whereas others worked with partners to promote systems change so that policies and practices would help services meet family needs more efficiently; strong communication was essential across both types of coordination.
  - Many different partners were involved in the coordinated services approaches, with different partnership and governance structures, agreements, and activities, but all of the coordinated services approaches included in the AMCS study focused on building successful outcomes for families with low incomes.
- **Eligibility and enrollment**
  - Some coordinated services approaches made progress in coordinating applications and eligibility determination for multiple services, but none of the coordinated services approaches included in the site visits could enroll families directly into multiple services. The interviewed staff thought coordinating eligibility and application processes for ECE helped families access the type of ECE they preferred and helped communities access more of the federal funding allocated to them, but

some also reported unintended consequences, such as decreased enrollment into certain types of ECE in a community.

- **Funding**
  - Coordinated service approaches used multiple funding sources; blending and braiding funding across federal, state, and private sources helped them meet families' needs flexibly. However, they had to ensure they were adhering to funding restrictions.
- **Data collection and use**
  - Coordinated service approaches collected and used data, and some made progress on sharing data across partners, but overall there was limited data capacity and infrastructure among coordinated services approaches and partners; data sharing was challenging; and several respondents cited concerns about privacy issues when trying to share data. A few coordinated services approaches said they were working on building integrated data systems at the time of the site visits.
- **COVID-19 pandemic**
  - Coordinated services approaches provided many resources to families during the COVID-19 pandemic. Some found that engaging families was more difficult virtually, whereas others found that virtual services removed some barriers to getting families engaged. Similarly, for some coordinated services approaches, the pandemic hindered their ability to coordinate with partners, whereas moving to virtual communication helped others.

Future research and evaluation

The coordinated services approaches included in the AMCS study varied in how they structured their coordinated services, the partners they choose, and the type of coordination they focused on. We captured rich qualitative data about their experiences supporting and serving families. Future research could build on this foundation. In the report, we describe four areas for potential exploration:

- **Partnership processes and strength.** Understanding more about the diversity of partnering arrangements that coordinated services approaches use could help clarify the ways that partnering influences coordination and outcomes.
- **Understanding the differences between coordinated services approaches that primarily coordinate to provide direct services to families versus those that primarily focus on systems-level coordination.** Future research could focus on understanding how the structure of these types of coordinated services approaches might vary (or not) and/or how the types of outcomes each focuses on might affect families.
- **Family voices and parents' experiences.** Coordinated services approaches included in the AMCS study varied in whether and how they incorporated family voices in the design or implementation of their coordinated services approach. Targeted information gathering with coordinated services approaches that have incorporated family voices in formal ways (for example, through parent councils) and informal ways, or with coordinated services approaches that have not incorporated family voices but would like to, could help deepen our understanding of how family input is incorporated into coordinated services approaches.
- **Equity.** Although equity was not a focus of the topics in the AMCS study data collection, coordinated services approaches—with their innovative or collaborative approaches to supporting families and the number of systems or services that intersect—have the potential to influence equitable access to

supports and services, equitable participation, and equitable outcomes for families. Future research could be aimed at understanding the ways that coordinated services approaches influence equity.

I. Introduction

Supporting healthy development begins in early childhood. There is a deep scientific foundation for the idea that early childhood is a critical time for building and nurturing skills that promote healthy and successful outcomes later in life (Black et al. 2017; Duncan and Magnuson 2013; McCoy et al. 2017; Shonkoff and Richmond 2009). To support their children and optimize family well-being, parents need access to high quality early care and education (ECE) services, as well as support for broader family needs such as nutrition, home visiting, parenting skills, or employment.

Typically, different organizations provide different services to families, who must navigate multiple eligibility requirements and enrollment procedures, or travel to different locations for the support they need (Adams and Heller 2015; Johnson et al. 2012). This situation is sometimes called "service silos" because each system operates in its own world of eligibility, enrollment, and service provision. Learning the rules of these different worlds can burden families. Siloed services may not have structured communication between them. This can make providing care for families more challenging because program staff may not be aware of other services families are receiving and they may not have access to information about family progress or needs outside of the specific service they provide. Also, paperwork and data management across different services and systems can be duplicative and burdensome.

To address these challenges, coordinated services approaches aim to fulfill the needs of families living in poverty and support children's development by combining services and funding streams, often across organizations (Schumacher 2013; Martinson and Holcomb 2007).

The assumption behind coordinating services is that if the needs of children and parents are addressed simultaneously, there is a greater likelihood of successfully promoting better outcomes for families (Chase-Lansdale and Brooks-Gunn 2014; Lombardi et al. 2014; Sama-Miller et al. 2017; Meinert and Matthews 2018; Sommer et al. 2018). This can include providing services for children that also benefit parents. For example, high quality ECE that operates through blended funding streams can support children's development, offer choices to parents, and also allow parents to work or participate in training or education. Coordinated services can also include services for both children and parents, such as a workforce training program partnered with a child care center that accepts subsidies to offer parents child care while they participate in the training program. Sometimes, the focus of coordinated services is on enabling families to access a range of services through one enrollment process and/or in one physical location. This reduces burdens on families and enables coordinated services approaches to work with families to support multiple needs.

Box I.1. Coordinated services approaches

An effort by any individual program or group of programs, or by an agency, department, or other organization, that is focused on coordinating services for families with low incomes, at the state or local level.

We use the term "coordinated services approaches" to refer to these efforts because in many cases, the effort involves coordination between multiple programs or agencies. Coordinated services approaches can include a variety of models or configurations for coordinating services for families.◢

Coordinated services approaches can operate at the federal, state, tribal, or local level. Federal or state-level coordination can involve setting policy or program rules; connecting and promoting coordination between agencies and departments at the federal or state level; or leveraging federal or state funding,

technical assistance, or both to facilitate connections between local agencies, departments, or organizations. In some cases, state agencies offer services directly to families. Local-level coordination can involve connecting service providers in a local organization, neighborhood, community, or region, and/or coordinating delivery of services to families.

State-level coordinated services approaches are usually operated by a state agency or department and serve families across the state. Local-level coordinated services approaches tend to be operated by community-based nonprofit organizations and focus on a particular community or region. To carry out their work, both state- and local-level coordinated services approaches develop partnerships. These partnerships can be within the state or local level or operate across state and local levels. For example, state coordinated services approaches might partner across multiple state agencies and some local partners that implement services directly with families; local coordinated services approaches might develop partnerships among several community-based organizations serving families.

Experimental research and evaluation with coordinated services approaches can be challenging, in part because it can be hard to measure the comprehensive system- and community-level change they aim to influence (Tatian and Docter 2020). However, we do have some knowledge based on descriptive studies that points to improved outcomes for children, parents, and systems. Improvements have been observed in families' access to services, children's developmental outcomes, and parents' well-being (Annie E. Casey Foundation 2013; Goodson et al. 2014; Quick et al. 2011; Shelton et al. 2017; Sommer et al. 2018). Some descriptive information also suggests improvements in systems-level outcomes, such as administrative cost savings for benefit programs or collaboration between partners (Goodson et al. 2014; Hoag et al. 2013).

In addition to descriptive studies, two recent impact studies focused on combining ECE with employment training for adults. These studies had mixed results. The Enhanced Early Head Start study did not demonstrate effects for participants overall; however, there were improved employment and economic outcomes for families that were expecting or had an infant younger than 12 months old when they began the program (Hsueh and Farrell 2012). The CareerAdvance evaluation showed positive effects on some parental employment and well-being outcomes and children's attendance in Head Start (Chase-Lansdale et al. 2017).

Assessing Models of Coordinated Services

The Assessing Models of Coordinated Services (AMCS) study, sponsored by the Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families (ACF) in the Department of Health and Human Services (HHS), was funded in 2018 with the goal of understanding approaches that are designed to coordinate ECE with other health and human services, such as those designed to promote positive outcomes for family economic security, health, mental health, food and nutrition, or housing.

The AMCS study has six research questions:

1. Are coordinated services approaches able to coordinate partnerships and service application and delivery? Can we identify key characteristics of these approaches?
2. How do coordinated services approaches intend to reduce barriers and road blocks for families to access services? Are there federal barriers to implementing such approaches?

3. Are approaches that combine ECE, family economic security, and/or other health and human services able to address other child development factors beyond ECE?
4. What have we learned from efforts to integrate enrollment and eligibility processes for health and human services?
5. Are states and/or localities examining service delivery dynamics across ECE programs to assess availability of care slots and services to meet the needs of eligible families? How are they using data to understand service delivery dynamics?
6. How is public and private ECE funding targeted to meet the needs of at-risk children and families? Are there differences in the families that are able to access services?

The research team answered these questions by collecting three kinds of qualitative data, as described in Chapter II.

Box I.2. Examples of other federal investments in coordinated services for families

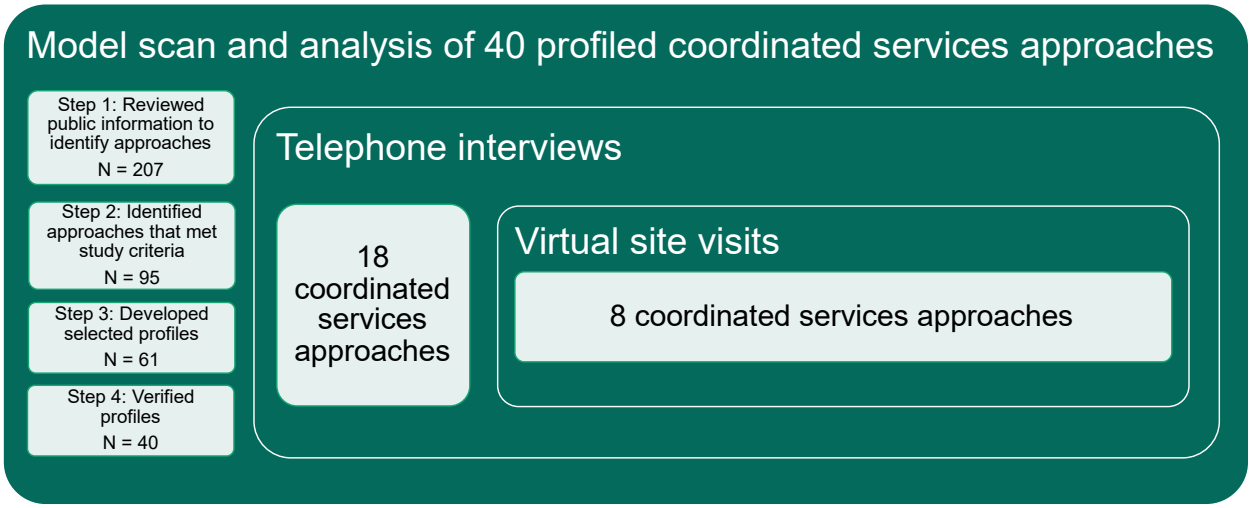
The AMCS study is aligned with recent federal funding efforts such as the U.S. Department of Health and Human Services Preschool Development Grant Birth-to-Five (PDG B–5) program. These efforts support states and territories in planning and designing statewide coordinated systems of care for young children and their families. Similar recent projects funded by ACF include:

- Integrated Approaches to Supporting Child Development and Improving Family Economic Security
- Next Steps for Rigorous Research on Two-Generation Approaches (NS2G)
- Understanding the Value of Centralized Services (VOCS)
- Head Start Connects: Individualizing and Connecting Families to Comprehensive Family Support Services
- Building Capacity to Evaluate Community Collaborations to Strengthen and Preserve Families (CWCC)
- State Temporary Assistance for Needy Families (TANF) Case Studies projects

II. Methods

The AMCS study included three qualitative data collection activities: a model scan, telephone interviews, and virtual site visits. These activities built upon each other with the goal of gathering progressively more in-depth information at each stage. First, the model scan focused on capturing general information from the broadest group of coordinated services approaches. The telephone interviews and virtual site visits that followed focused on gathering more in-depth information about a subset of coordinated services approaches.

Figure II.1. Qualitative data collection for the AMCS study



Model scan

The goal of the model scan was to identify and describe state and local coordinated services approaches. We began with a purposive search and review of publicly available information.[1] This search yielded 207 coordinated services approaches. To be included in the AMCS study, state and local coordinated services approaches had to meet six criteria shown in Box II.1 The most substantive criteria were, that they had to provide ECE services to young children, provide family-focused health and human services other than ECE, and intentionally coordinate multiple health and human services programs for families with low incomes. Of the 207 coordinated services approaches we identified

Box II.1. The AMCS study criteria used to identify state and local coordinated services approaches

1. Currently operated in the United States
2. Had a public website or other documents available for review
3. Served families with low incomes
4. Provided ECE services for children age 5 and younger
5. Provided family-focused health and human services in addition to ECE services
6. Intentionally coordinated multiple health and human services programs◢

[1] Detailed information about the methods for the model scan can be found in the model scan report, available at https://www.acf.hhs.gov/opre/project/assessing-models-coordinated-services-low-income-children-and-their-families-2018-2021.

initially, 95 met all six screening criteria.[2] We consulted with ACF to narrow this group of 95, prioritizing coordinated services approaches that were geographically diverse and had unique structures. That is, in some cases there were multiple coordinated services approaches that were funded through one grant program or provided the same services. For such coordinated services approaches, we selected one to focus on for further data collection. After narrowing the list, we developed profiles for 61 coordinated services approaches, using publicly available information. The level of completeness of the public information varied across the coordinated services approaches.

Topics included in the state and local profiles:[3]

- **General information.** Year created; mission, goals, and vision; overview of how ECE and other health and human services are coordinated
- **Development of the coordinated services approach.** Why the coordinated services approach was developed, and how it has changed over time
- **Size.** Annual number of children and families served
- **Funding sources**. Annual budget; sources; how funds are combined
- **Partners in coordination.** Lead agency, types and names of partners; how partners work together
- **Services.** Intended service population; which ECE and other health and human services are provided; eligibility criteria; how services are coordinated; key outcomes for children, adults, and families
- **Data systems and use.** Collection and use of individual-level and family-level data; data sharing between partners; efforts to integrate data systems
- **Collaboration outputs (state coordinated services approaches only)**. Cost savings; policy changes

We sent the 61 profiles to the coordinated services approaches for verification and completion. We received 40 completed and verified profiles. Fifteen profiles were not returned but had relatively complete publicly available information. The remaining six profiles were not returned and did not include sufficient publicly available information. The 40 verified profiles formed the core group of profiles we analyzed to develop preliminary models, but we also analyzed the 15 profiles that had relatively complete information. We used qualitative coding to identify themes and patterns in topics such as how partners made decisions and what types of outcomes the coordinated services approaches were designed to achieve. These themes and patterns were used to group the 55 coordinated services approaches into preliminary models of coordinated services.[4] These models were refined throughout the other data collection and analysis (as described below) and the updated versions are included in Chapter III of this report.

[2] A map of the 95 approaches can be seen on the website of the Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Available at https://www.acf.hhs.gov/opre/identifying-and-mapping-state-and-local-coordinated-services-approaches.

[3] Profile templates are included in the appendix of the model scan report.

[4] We use the term "preliminary" to refer to the first categorization of coordinated services approaches that was created and presented in the model scan report. More information about the methods for creating those preliminary models can be found in that report.

Telephone interviews

We used information from the model scan profiles to identify 20 coordinated services approaches. We invited these 20 to participate in telephone interviews. Coordinated services approaches were selected to meet several goals, including the coordination of two or more services; geographic diversity; representation across the preliminary models of coordinated services, and, where possible, state and local coordinated services approaches operating within the same state.

Of the 20 coordinated services approaches invited, 19 coordinated services approaches responded and agreed to participate. During our interviews, we learned that one of the coordinated services approaches was recently defunded and would no longer operate in the same way. We dropped it from our analysis, leaving a total of 18 interviewed coordinated services approaches.

We conducted interviews by telephone, separately for each coordinated services approach. Each interview lasted about an hour and typically included a small group of staff from the coordinated services approach. A contact person from each of the included coordinated services approaches was asked to identify the staff most likely to be able to answer questions about the topics of interest (Table II.1). Telephone interviews focused on the same topics covered in the profiles, with the goal of gathering more in-depth information. Interviewers used the completed profile to guide the semi-structured interviews, asking about some topics in more or less depth based on what was already known about the coordinated services approach. Table II.1 shows a list of topics and subtopics for the telephone interviews. The COVID-19 pandemic was ongoing during telephone interviews, and we asked coordinated services approaches to share information about the influence of COVID-19 on the topics in Table II.1.

Table II.1. Telephone interview topics for state and local coordinated services approaches

Topics	Subtopics
Development of the coordinated services approach	• Motivation for the coordinated services approach • History of the coordinated services approach • Evolution over time • Successes and challenges • Influence of federal, state, and local policies and regulations • Input of families
Partners in coordination	• Lead and key partners • Partnership agreements • Communication among partners • Decision making • Building and maintaining buy-in • Changes over time in partnerships • Benefits and challenges of partnerships • Funding specifically for coordination
Services	• ECE and other services • Eligibility and enrollment • State's role in local implementation • State or federal barriers to eligibility and enrollment

Topics	Subtopics
Data systems and use	• Whether and how data are collected • How data are used to understand children's and families' progress • Data sharing • Funding for data
Size	• Changes in size or population served over time

After completing the interviews, we used thematic coding to identify common themes and findings. The goal of the telephone interview analysis was to identify the characteristics of the coordinated services approaches and to see if information from the telephone interviews could add to, or provide more context for, the preliminary models of coordinated services developed during the model scan. Our search for themes was guided by the topics in the interview protocol and the study research questions, with a focus on identifying the ways in which coordinated services approaches partner to provide services to families.

Virtual site visits

The goal of conducting site visits was to get more detailed information from various perspectives about a small group of coordinated services approaches. Site visits were conducted virtually due to the COVID-19 pandemic.[5]

We selected 9 of the 18 coordinated services approaches that participated in telephone interviews for virtual site visits. We selected coordinated services approaches for site visits with the goals of including at least one coordinated services approach from each preliminary model of coordinated services and to have one state and one local coordinated services approach in each included state, when possible. In four states, the study team included one state and one local coordinated services approach. The ninth virtual site visit was with a local coordinated services approach that was the only coordinated services approach we found in that state.

Eight of the nine coordinated services approaches agreed to participate in the virtual site visit. Depending on the size and configuration of the coordinated services approach, each virtual site visit included an average of four interviews. Staff at the coordinated services approaches helped us to determine the most appropriate staff to include in the interviews. We described the goals of the site visits and the topics that would be covered, and we emphasized that, if possible, we would like to speak with staff that represented three different groups: leaders of the coordinated services approach, supervisors, or leaders of programs in the coordinated services approach, and frontline staff (or staff that work most directly with families and communities). Because there were varied configurations of staff at the coordinated services approaches, the specific types of staff included in interviews also varied.

Site visit interviews were conducted one-on-one or in small groups using videoconferencing software (WebEx or Zoom). The number of staff included from each coordinated services approach ranged from 3 to 18. The conversations were semi-structured. A master protocol was tailored to prioritize questions based on what we already knew about the coordinated services approach, the characteristics of the coordinated services approach, and the configuration of staff being interviewed. Topics included in the site visit protocol are in Table II.2. We also asked respondents to share information about the influence of COVID-19 on the topics in Table II.1.

[5] Virtual site visits took place from January through April 2021.

Table II.2. AMCS site visit topics for state and local coordinated services approaches

Topics	Subtopics
Respondent's roles and responsibilities	• Job titles and role in the coordinated services approach
Target population	• Characteristics of the families served • Number of families served • Primary needs of the families served
Services	• ECE and other services provided • Typical family's progression through services • Coordination with partners to provide services • Communication between staff and partners • Family input
Program overview	• Parent or family councils/advisory boards • Goals for families
Eligibility and enrollment	• Ways families find out about the coordinated services approach • Eligibility criteria • Enrollment processes
Staffing and organizational structure	• Staffing structure • Staffing needs • Other organizations or partners involved in the coordinated services approach
Partnership building	• Changes in partnerships over time • Relationships among partners
Data and data systems	• Types of data collected • Ways the coordinated services approach measures success • Data collected on family progress • Needed supports for data collection • Successes and challenges related to data
Funding	• Funding sources • Blending or braiding of funding • Successes and challenges of combining funding • Cost benefits of coordination
Coordination and alignment	• Involvement of federal, state, or local agencies • Federal, state, or local policies • Alignment of policies, procedures, or data
ECE	• Ways that ECE meets the needs of families • Funding for ECE
Best practices, barriers, challenges, and lessons learned	• Respondents' perspectives on the impacts of the coordinated services approach • Lessons learned • Benefits and challenges of coordinated services

In addition to speaking with staff, we sought out parents we could learn more from in terms of how families experience coordinated services. Recruiting parents was a challenge, however. Three of the coordinated services approaches included in the virtual site visits had direct contact with parents. Three

other coordinated services approaches had partner organizations or local affiliated coordinated services approaches that had contact with parents.[6]

We tried to recruit parent participants from all six of these coordinated services approaches. During recruitment, staff of these coordinated services approaches noted that the COVID-19 pandemic meant they either had less direct contact with parents, or that parents were busier and under more stress, making them less likely to participate in a focus group. Ultimately, we had conversations with six parents across two coordinated services approaches.

Interviews with staff on the virtual site visits, like the other qualitative data we collected, were analyzed for themes relevant to the study research questions. We also used information from the virtual site visits about how coordinated services approaches were structured to help refine the models of coordinated services when relevant.

Findings in this report

The next two chapters report findings about the structure and characteristics of the coordinated services approaches included in the AMCS study, including information related to their services, enrollment and eligibility processes for families, funding, and data. First, in Chapter III, we describe the structure and characteristics of the coordinated services approaches by presenting models of coordinated services. In Chapter IV, we report additional findings relevant to the study research questions, primarily drawn from the virtual site visits. We use information from the coordinated services approaches that were included in the model scan and telephone interviews as relevant to provide additional examples or context. However, this report focuses on the site visit approaches as the other approaches are described in earlier reports.[7] We conclude the report with thoughts about future directions for research and evaluation. The appendix includes tables that show the current models presented in this report in relation to the preliminary models that were described in the model scan report.

[6] The other two of the eight coordinated services approaches did not have contact with parents.

[7] The earlier reports can be found here: https://www.acf.hhs.gov/opre/project/assessing-models-coordinated-services-low-income-children-and-their-families-2018-2021.

III. Models of coordinated services

We used multiple forms of data collection and analysis, including conversations with experts, to identify similarities between the coordinated services approaches and create models. Initial models of coordinated services were first described in the AMCS model scan report. These initial models were based on information learned during the analysis of the profiles of coordinated services approaches (55 approaches, as described in section II). After completing telephone interviews (19 approaches) and site visits (8 approaches) with some of the approaches, we used the findings to update the models of coordinated services. We also asked several experts for their feedback on the models. This included staff from OPRE and the Office of Child Care, as well as experts in the field.[8] Their feedback helped us revise and sharpen the model names and descriptions. This chapter presents those updated models. Box III.1 describes how readers can think about the updates to the models of coordinated services in relation to the earlier report. The tables in Appendix A of this report show a crosswalk of the updates made to the models.

The models are designed to be descriptive categories to help identify common components of coordinated services approaches. However, it is important to keep in mind that these models are based only on the coordinated services approaches we collected information on in the AMCS study. Individual coordinated services approaches are unique—they have some similarities, and they also have many differences. We note that the process of categorizing coordinated services approaches and identifying common characteristics was challenging. Each coordinated services approach was fit into one model, however in some cases, characteristics of the approach might overlap with other models.

Box III.1. What implications do the refined models of coordinated services have for the examples and descriptions in the model scan report?

The model scan report reveals rich and useful details about coordinated services approaches included in the AMCS study. These details cover key dimensions of service coordination, drawing from examples of individual coordinated services approaches. These are important to broadly understand how ECE is coordinated with other health and human services in different settings across the country and to contextualize the descriptions of the models of coordinated services.

For this report, experts recommended changes to the models of coordinated services to clarify differences between them. We revised the names and expanded the descriptions of key characteristics of the models of coordinated services based on this feedback. Based on these expanded descriptions and on what we learned collecting more information from some of the coordinated services approaches through telephone interviews and virtual site visits, we recategorized some of the coordinated services approaches. The number of coordinated services approaches that fit each model of coordinated services is updated from the model scan report, with updates shown in the Appendix.

The details in the model scan report remain accurate descriptions and examples of individual coordinated services approaches. Importantly, the preliminary models of coordinated services presented in the model scan report and updated in this report were developed from coordinated services approaches identified in the AMCS model scan. Though each coordinated services approach is ultimately categorized as belonging to one model, all the coordinated services approaches included in the AMCS study are unique and may have characteristics of multiple models. ◢

[8] External experts who provided feedback on the models were Missy Coffey (SRI), Rolf Grafwallner (Council of Chief State School Officers), David Jacobson (Education Development Center), Kim Johnson (California Department of Social Services), and Anne Mosle (The Aspen Institute).

Below, we summarize the six models of coordinated services, three of which operate at the state level and three of which operate at the local level. We give brief examples of some of the coordinated services approaches that fit each model; more detailed examples can be found in the model scan report.[9]

State models of coordinated services

The state coordinated services approaches included in the AMCS study varied in their goals and the supports they provided to families to improve outcomes related to child development, family stability and economic security, and system-level coordination. The coordinated services approaches created statewide coordinated systems of care; encouraged—and funded—local coordination efforts; changed or set new policy; and sometimes provided direct services to families. Across the various goals and ways that state coordinated services approaches serve families, we identified three state models of coordinated services. The AMCS study team titled these as follows: *state systems change and investment in family services* (7 coordinated services approaches); *state-supported local ECE coordination* (12 coordinated services approaches); and *state family services provider* (5 coordinated services approaches). Table III.1 summarizes the three state models of coordinated services and their key features. Following the table, we provide further details and descriptions of the characteristics of the models.

How have the state models of coordinated services changed from the model scan report?

We revised the state models of coordinated services to distinguish between the *state-supported local ECE coordination* (formerly *state framework*) and *state systems change and investment in family services* (formerly *state vision*) models. We worked to clarify the origins of the coordinated services approaches we categorized as belonging to these models and identify the amount of flexibility in service delivery they offered to their affiliated local coordinated services approaches. Revisions to the state models highlight the types of services being coordinated, whether primarily ECE (*state-supported local ECE coordination model*) or services for parents and children (*state systems change and investment in family services* and *state family services provider* models).◢

State systems change and investment in family services

Seven coordinated services approaches included in the AMCS study were grouped into a *state systems change and investment in family services* model. The coordinated services approaches in this model work to benefit the whole family by emphasizing alignment between early childhood and adult services. Coordinated services approaches in this model also tended to have a dual focus on state- and local-level coordination and used individual-level data for reporting and for program operations.

Improving alignment of family services. These coordinated services approaches focused on the idea that the state had to better align services for parents with services for children to improve outcomes for families with low incomes. Coordinated services approaches that fit this model had a two-tiered method of coordinating services—one tier at the state level, and the other at the local level. All of the coordinated services approaches that had characteristics aligned with the *state systems change and investment in family services* model described themselves as having a two-generation mission—that is, serving parents and children, often from the same family.

[9] Please note: these examples were relevant and accurate at the time of the AMCS study data collection, but coordinated services approaches may evolve over time.

Table III.1. State models of coordinated services

Model name	Number of approaches identified	Key features of the model
State systems change and investment in family services (formerly *state vision)*	7	• Primarily focused on improving alignment of services designed for both parents and children (sometimes called "two-generation" services), these had goals related to the whole family. • Coordinated services approaches in this model had both a state-level and a local-level aspect to coordination. They often took steps to enhance state-level agency coordination and to review (or change) state policies that might inhibit coordination or create challenges for families. • Tended to encourage experimentation and innovation at the local level through pilot projects and/or grants. • Collected individual-level data from parents and children and used that information for reporting and operational tasks.
State-supported local ECE coordination (formerly *state framework)*	12	• Focused primarily on improving alignment of the early care and education (ECE) system. • Primarily developed through legislation, most operated as public-private partnerships. They received state funds but functioned semi-independently. • Provided a structure for local-level ECE coordination across the entire state. Local areas had flexibility within the structure to tailor their services to local needs. • Collected individual-level data to track service uptake, although in some states, this only took place in some programs.
State family services provider (formerly *state direct services)*	5	• State was directly involved in local-level service delivery by developing specific programs or offering specific services in communities (through contracting agencies or state offices). • Coordination between local services was supported by the state. • Had characteristics of other models of coordinated services, such as breaking down agency-level siloes and/or reviewing policies. • Often intended to collect and track individual-level data, but data use was still limited for some coordinated services approaches included in this model.

State-level coordination. Coordinated services approaches that fit the *state systems change and investment in family services* model worked to enhance state agency-level coordination and advance changes to policies that create challenges for families. For example, the Georgia Department of Early Care and Learning (DECAL) has consolidated the oversight of all ECE in the state to a single agency and is leading a process of aligning policies across the state's early childhood, income support, workforce development, and community college systems. Two other coordinated services approaches that fit the *state systems change and investment in family services* model, the Maryland 2Gen Initiative and the Colorado Opportunity Project, designated staff to be "2-gen coordinators" to oversee their state's initiative. Colorado Opportunity Project also passed "cliff effect" laws to make sure parents would not lose important family supports, like child care subsidies, when they started working or increased their income just beyond earnings limits (one other approach that fit this model, 2G for Tennessee, also did this).

Local-level coordination. State coordinated services approaches that fit this model sponsored grant programs and pilots to spur innovation and coordination at the local level. For example, GA DECAL has made several rounds of funding available for local organizations and communities to build capacity and implement two-generation programs. Another state coordinated services approach, 2G for Tennessee, has used Temporary Assistance for Needy Families (TANF) funds to provide grants to nearly 30 community-based organizations that are advancing two-generation goals.

Data. Although most coordinated services approaches that fit the *state systems change and investment in family services* model collected individual-level data on parents and children, only one reported that partners shared data. Most coordinated services approaches that fit this model reported that, with their local affiliates, they used data for reporting and operational tasks like referrals and verifying enrollment information.

Box III.2. Minnesota 2-Generation Policy Network

Example of the *State Systems Change and Investment in Family Services* Model

- Minnesota 2-Generation Policy Network (begun in 2016) focuses on supporting innovation in local communities. It is housed in the Minnesota Department of Human Services (DHS). DHS also collaborates with the Future Services Institute (FSI) at the University of Minnesota. Together, they provide community organizations with funding, technical assistance, and evaluation support to develop specific programs.
- Primary goals of the Minnesota 2-Generation Policy Network are improving specified outcomes in communities, such as closing the achievement gap for children entering 3rd grade (primarily children of color and tribal populations) and addressing concerns about the quality of the state's overall workforce. Minnesota 2-Generation Policy Network also focuses on collaborating with state agencies and other partners to understand and address barriers families face. FSI offered a perspective on community interactions, and DHS brought the perspective of the policies and practices that govern services. This allows Minnesota 2-Generation Policy Network staff to work to re-design state systems to meet the needs of families.
- The funding that Minnesota 2-Generation Policy Network uses to support local implementation comes from state and federal sources. Funding from the state Child Safety Division and TANF are two primary funding sources.
- DHS provides five-year grants to cohorts of grantees to develop and implement program prototypes. DHS and FSI partner to provide support jointly to grantees. DHS provides grant funding and staff to support technical assistance and evaluation. FSI staff help with brainstorming and communications about developing and implementing prototypes and supports research and evaluation.◢

State-supported local ECE coordination

We grouped 12 coordinated services approaches in the AMCS study into a *state-supported local ECE coordination* model. Although the other state models of coordinated services also had ECE components, the coordinated services approaches in this model focused on improving the alignment of ECE systems. Key model features were support of local coordination efforts and the collection of individual-level data about families.

State legislation. Coordinated services approaches that fit the *state-supported local ECE coordination* model tended to be created through state legislation. This legislation typically included language that dictated the structure, or framework, of their governing bodies while allowing for variation at the local level. Many of the coordinated services approaches that fit this model operated as public-private partnerships—receiving state funds but operating semi-

independently, with their own boards of directors that included representatives from the state governor's offices and agencies, the legislature, the business community, and others invested in the work.

Improving ECE alignment. These coordinated services approaches focused on improving alignment of early care and education systems. For example, South Carolina First Steps created a single portal and application process for parents to learn about and access early childhood services across the birth-to-5 continuum, including early intervention services, parenting skills support and home visiting, physical and mental health services, food and nutrition, and ECE. Coordinated services approaches that fit this model used a mix of state and federal funds to support their alignment activities.

Local coordination. Coordinated services approaches that fit the *state-supported local ECE coordination* model typically established parameters for local-level coordination, such as the types of services that should be provided and how they would be overseen. Within these parameters, local jurisdictions had flexibility to determine the mix of services they provided (as illustrated by the example in Box III.3). Most coordinated services approaches that fit this model supported local-level boards or committees to identify needs and oversee ECE coordination in all counties or regions statewide.

Data. Many coordinated services approaches that fit the *state-supported local ECE coordination* model reported that they or their local implementation sites collected individual-level data on parents and children to track service uptake, but typically this was only for some of the programs that were part of the coordinated services approach. Some of the coordinated services approaches that fit this model had, or were working on, linking state-level ECE data to state

Box III.3. Oregon Early Learning Hubs

Example of the *State-Supported Local ECE Coordination* Model

- The Oregon Early Learning Hubs began in 2013 through a legislative mandate that authorized the Oregon Early Learning Council in the Oregon Department of Education to create 16 regional and community-based hubs. The council oversees the hubs, each of which is governed by an individual backbone organization and a governance council. The organizations that serve as the individual backbones vary by hub. The 16 regional Early Learning Hubs are responsible for partnering with and coordinating early learning programs in their regions to improve access for children experiencing poverty and underserved populations.
- The hubs primarily receive state funds and Preschool Development Grant, Birth to Five (PDG B–5) funding. Private organizations have also provided funding.
- The state-level ELD staff work closely with the regional hubs and provide technical assistance as needed. The regional hubs are legislatively required to meet high-level targets that fit into systemwide goals developed by the Oregon Early Learning Council (through a statewide plan called Rise Up Oregon: A Statewide Early Learning System Plan). The three systemwide goals articulated by the Council are: (1) children arrive ready for kindergarten; (2) children are raised in healthy, stable, and attached families; and (3) the early learning system is aligned, coordinated, and family centered. The primary strategies regional hubs use to meet those goals are coordinating early learning services and supporting children's enrollment in publicly funded preschool. In the fall of 2020, the Early Learning Hubs began working to coordinate enrollment across Head Start, Early Head Start, and Oregon's state preschool program.
- The state-level ELD staff are in the process of developing a statewide database that could collect outcome data. They are also developing interactive maps to identify priority populations and ECE access challenges in the various regions served by the hubs. This work is ongoing, and at the time of the AMCS site visit, the hubs did not have access to these maps.◢

education data systems so they could track children's long-term outcomes.

State family services provider

Five coordinated services approaches included in the AMCS study were grouped into a *state family services provider* model. In contrast with the other two state models of coordinated services, the coordinated services approaches in this model were directly involved in providing services to families at the local level, including determining which services to provide, designing those services, and/or providing services.

Local service delivery. Instead of providing funding to local communities to develop and implement their own programs, coordinated services approaches that fit the *state family services provider* model offered specific services to families in local communities. Some developed pilot programs in a few local areas. Compared with the other two state models, coordinated services approaches that fit this model were more directive about local-level activities. For example, one coordinated services approach, the Utah Intergenerational Poverty Initiative, identified communities with high levels of intergenerational poverty and developed pilot programs local agencies could implement in those communities. As the state gathered more evidence about the success of the pilots in specific communities, it began to explore how they could eventually be scaled statewide. The Arkansas Career Pathways Initiative operated programs in community colleges across the state to help student parents gain access to high quality ECE programs. Two other coordinated services approaches, the New Jersey TANF Initiative for Parents and the California Home Visiting Program, ran statewide home visiting programs that were offered to people receiving public assistance.

Box III.4. 'Ohana Nui (Hawaii)

Example of the *State Family Services Provider* Model

- 'Ohana Nui (begun in 2016) is a multigenerational coordinated services approach being implemented by the Department of Human Services (DHS) in Hawaii. It was informed by national two-generation programs. 'Ohana Nui provides a framework for human services delivery and created a "no wrong door" approach for families. This means that families can enter the coordinated system of programs through any of the services offered by DHS.
- The vision is to support families in five areas: housing, food, health, education, and social capital. Investing in supports for children ages birth through 5 was also a priority. The service implementation of 'Ohana Nui takes place through pilot programs in selected locations. For example, the state's home visiting program piloted a partnership with the Department of Health to jointly serve families' health and home visiting needs.
- 'Ohana Nui's goal is to blend the federal and state funding the state of Hawaii has available to serve families through coordinated services. 'Ohana Nui also receive private funding through partnerships with businesses and nonprofits.
- DHS partners with the Department of Health and community agencies to implement services through 'Ohana Nui.
- 'Ohana Nui is in the process of supporting a data platform to connect and align eligibility criteria across programs. The state is also working to figure out how to coordinate data across state agencies to track families progress as they participate in services.◢

State-level activities. In addition to organizing service provision, some coordinated services approaches that fit a *state family services provider* model engaged in state-level activities that overlapped with those in the other state models, such as supporting state-agency-level coordination or reviewing policies (both also characteristics of the *state systems change and investment in family services* model) For example, Hawaii's 'Ohana Nui built a close partnership between its state departments of human services and health

to better align their services. The Utah Intergenerational Poverty Initiative developed a statewide intergenerational poverty commission and publishes an annual report on statewide progress toward key indicators of family economic security and child well-being.

Data. For many coordinated services approaches that fit this model, data collection and data sharing were limited at the time the AMCS study was conducted. Most had plans to create integrated data systems to track participants across services, but these were in the early stages of development.

Local models of coordinated services

At the local level, coordinated services approaches focused on helping children and their families achieve their potential and lead secure, stable, and healthy lives. Together, these coordinated services approaches worked to improve families' access to services, align family service providers around shared goals, and ultimately improve outcomes for their target populations. Although the state coordinated services approaches also worked toward similar goals, the local coordinated services approaches tended to do this more directly with families. The local coordinated services approaches ranged from broad, regional efforts that brought service providers together to improve community-wide outcomes, to work focused on a selected set of families in one area, like families living in public housing in a particular neighborhood, those enrolled in a Head Start program, or those who are refugees. We identified three local models of coordinated services: *family-centered coordination* (14 coordinated services approaches), *community-oriented collective impact for families* (11 coordinated services approaches), and *focused coordination* (8 coordinated services approaches).[10] Table III.2 summarizes the three models and their key features. Following the table, we provide more details and descriptions of the characteristics of the models.

How have these models changed since the model scan report?

The local models of coordinated services were revised to create distinctions between the family-centered coordination (formerly *hub model*) and the *community-oriented collective impact for families* (formerly *regional network with backbone*) models. Experts in coordinated services noted that the previously used term "hub" could imply that services for coordinated services approaches that fit this model were co-located, which was not always the case. They also noted that both models served regions of the state. Revisions to the local models of coordinated services emphasize key contrasts: whether service coordination is focused on reducing barriers to access for families (*family-centered coordination* model), whether the coordinated services approach is primarily aimed at improving community-level outcomes (*community-oriented collective impact for families* model), or is focused on a set of families with a single set of enrollment criteria (*focused coordination* model). ◢

[10] These numbers include two approaches that were part of the virtual site visits—South Coast Early Learning Hub and Central Georgia Technical College—and were not part of the initial AMCS model scan.

Table III.2. Local models of coordinated services

Model name	Number of approaches identified	Key features of the model
Family-centered coordination *(*formerly *hub model)*	14	• Designed to increase families' access to necessary services by supporting their engagement with the system, using strategies such as "no wrong door" intake processes and co-location of service-providing partners. • Many coordinated services intended to track families in a combined data system.
Community-oriented collective impact for families *(*formerly *regional network with backbone)*	11	• A lead—or backbone—agency coordinated partners with the goal of improving community-wide outcomes. • Coordination was primarily administrative and focused on data; the backbone agency's responsibility was as a convener and organizer in charge of collecting data and tracking and reporting outcomes. Many coordinated services approaches in this model did not directly serve families.
Focused coordination *(*formerly *narrow coordination)*	8	• Tended to involve a small number of service-providing partners working together on a specific program for an identified service population. • Usually funded with grants. • Used one set of enrollment criteria for all components of the coordinated services approach. • Collected data for grant requirements, but data sharing was challenging.

Family-centered coordination

Fourteen coordinated services approaches included in the AMCS study were grouped into the *family-centered coordination* model, based on their focus on strategies to reduce barriers for families to access services and their intent to track families over time in an integrated data system.

Increasing access to services. The main distinguishing feature of the *family-centered coordination* model was that coordination was designed to increase families' access to necessary services, from the moment families were identified throughout their engagement with the system. Most coordinated services approaches that fit this model streamlined intake processes and then kept in close contact with families to make sure they could access all the services they needed and were able to follow through on referrals. This was designed to reduce barriers for families that needed services. For example, three coordinated services approaches, San Antonio Dual Generation (TX), Garrett County Community Action Committee (MD), and Atlanta Civic Site (GA), had a "no wrong door" approach to intake, meaning that all partners assessed families' needs and directed them to the appropriate services, no matter which partner they engaged with first. Several coordinated services approaches matched each family with a single case manager or a navigator to connect them with services and provide "warm hand-offs" to partner organizations.

Data. Many of the coordinated services approaches that fit a *family-centered coordination* model intended to track clients in a combined data system to enhance service delivery by, for example,

improving warm hand-off referrals. At least four such coordinated services approaches—Camden Promise Neighborhood (NJ), Deer Creek Promise Neighborhood (MS), Garrett County Community Action Committee (MD), and San Antonio Dual Generation (TX)—reported they successfully established data systems later used by multiple service providers. Others ran into difficulties, such as privacy concerns about data sharing or a lack of infrastructure for a data system.

Community-oriented collective impact for families

Twelve coordinated services approaches included in the AMCS study were grouped into a *community-oriented collective impact for families* model. Whereas partners in coordinated services approaches that fit the *family-centered coordination* model aimed to increase families' service access and uptake, partners in coordinated services approaches that fit a *community-oriented collective impact for families* model worked together to achieve common goals related to community-level outcomes.

Role of the backbone agency. A backbone agency, such as a local nonprofit organization, led coordination efforts as a convener and organizer. Backbone agencies typically brought partners together periodically to discuss performance, provide training or technical assistance to partner agency staff, and participate in joint planning. Though it was not one of their primary roles, backbone agencies sometimes directly served families. This was the case with two coordinated services approaches: Strengthening Working Families Initiative in Chicago Southland (IL) and Knox Promise Neighborhood (KY). Partners in the coordinated services approaches that fit this model operated independently for the most part. For example, they had their own intake processes.

Box III.5. Northside Achievement Zone (MN)

Example of the *Family-Centered Coordination* Model

- Northside Achievement Zone (NAZ) is a local partner of the Minnesota 2-Generation Policy Network (began in 2003, coordinated services that were the focus of the AMCS study began in 2011). The overarching goal of NAZ is to stop intergenerational poverty and close the school achievement gap. NAZ focuses on supporting families in Minneapolis along a birth-to-college pipeline. Over time, NAZ has shifted from identifying family needs through parent participation in the TANF program to focusing on enrolling families through ECE partners or K–12 schools. This has allowed NAZ to reach more families and concentrate more on child-focused supports.
- Expanding access to ECE is a key goal of NAZ. At the time of the telephone interviews, NAZ was exploring additional ways to support families through early childhood services. Ideas included identifying supports for prenatal care, including home visiting, and building additional partnerships to successfully reach more families.
- NAZ was initially funded through a federal Promise Neighborhood grant in 2011. This federal funding provided the basis for the coordinated services approach; state and local funding currently support sustainability. In 2015, NAZ began a partnership with the Minnesota 2-Generation Policy Network. Local funding includes funds from private businesses and foundations.
- Partners include local nonprofit agencies and schools. Partnerships involve shared goals, a shared data system, and staff co-location.
- NAZ maintains a shared data system among its partners called NAZ Connect. NAZ also works to support service providers' efforts to make evidence-based decisions about services by using and collecting data to inform choices about services for families. The goal is to have evidence-based services implemented in its own and other communities.◢

Data. One of the backbone agency's main responsibilities was tracking and reporting outcomes. Partners did not typically share data with each other, only with the backbone agency. For example, the backbone agency in one long-standing coordinated services approach, Invest in Children, created an integrated data system to track the families served by all the partners and, working with an evaluation partner, used the data in the system to assess progress on performance indicators that were specified in partner's contracts. The backbone agency also used data on children's outcomes to assess progress on community-wide targets for child well-being.

Focused coordination

Eight coordinated services approaches included in the AMCS study were grouped into a *focused coordination* model. Whereas the other two local models of coordinated services had numerous partners and served all families within a geographic area, coordinated services approaches that fit the *focused coordination* model tended to involve a small number of partners working together on a specific program that focused on an identified population or geographic area.

Partners. In this model, partners worked closely with each other to provide services. One coordinated services approach, Family Futures Downeast (ME), described its partners as "equals," and another, Chicago Young Parents Program (IL), reported the partners shared resources. Several coordinated services approaches mentioned that family services were co-located, such as Head Start within a public housing community, or child care on a college campus where parents were taking courses.

Enrollment. Coordinated services approaches that fit the *focused coordination* model used one set of enrollment criteria for all components

Box III.6. South Coast Early Learning Hub (OR)

Example of the *Community-Oriented Collective Impact for Families* Model

- South Coast Early Learning Hub (SCELH; began in 2015) is one of the 16 hubs that make up the Oregon Early Learning Hubs. SCELH aims to coordinate services for young children and their families through coordinated outreach and eligibility for Oregon's state preschool program (Preschool Promise). SCELH prioritizes families with low incomes and families living in areas that lack child care. It also focuses on making systemic changes in the community through three other projects: prenatal-to-3rd-grade coordination (focused on strengthening connections between ECE, elementary schools, and families); home visiting coordination (to strengthen and expand home visiting); and community investment funds aimed at local projects that work to narrow gaps in services for early childhood. SCELH does not directly provide services to families.
- SCELH receives state funding from the Early Learning Division (ELD) in Oregon and private funding from the Ford Foundation.
- SCELH has multiple state, local, and private partners. To coordinate outreach and eligibility for Preschool Promise, SCELH partners with five local child care providers who are contracted by ELD to provide 86 preschool slots. SCELH also partners with Head Start to move toward coordinated enrollment systems. For the home visiting systems and prenatal-to-3rd-grade alignment projects, SCELH partners with local organizations, including school districts and community-based organizations.
- SCELH shares its data system with Head Start so they can jointly determine family eligibility. It also brings together community-level data, such as census and school district data, to identify areas of need. SCELH relies on external evaluation help from a local university to support data analysis. SCELH shared that tracking success over time is challenging because of the limited data available and the minimal data system infrastructure.◢

of the coordinated services approach. Often this means that families enroll in the overall coordinated services approach and are eligible to receive all of its services without needing to meet separate eligibility criteria for adult and child services. For example, the Chicago Young Parents Program (IL) enrolls young mothers who have children in Head Start or Early Head Start. If mothers are in the target age range and have met the Head Start eligibility criteria, they can participate in all components of the coordinated services approach.

Funding. Most coordinated services approaches that fit the *focused coordination* model were funded with grants. This funding tended to come from federal agencies. For example, the Chicago Young Parents Program (IL) and the New York City Partnership Pilot for Disconnected Youth (NY) were funded with Performance Partnership Pilot grants administered by ACF's Family and Youth Services Bureau. Family Futures Downeast (ME) participated in the Rural IMPACT initiative supported by the U.S. Department of Health and Human Services.

Data. Although these coordinated services approaches may have collected data as a part of their grants, data sharing was challenging. In some cases, representatives reported that privacy statutes, in their opinion, made it difficult to share data safely and securely.

Summary

Although each of the coordinated services approaches included in the AMCS study is unique, we were able to

Box III.7. Central Georgia Technical College

Example of the Focused Coordination Model

- Central Georgia Technical College developed an on-site child care program and support center for student parents, with the goal of helping to reduce barriers to students' successful completion of their associate degrees (CGTC; technical college began in 2012, coordinated services that were the focus of the AMCS study began in 2018).
- CGTC's coordinated services focus began in 2018 when GA DECAL awarded CGTC a TwoGen Innovation grant as part of the state's efforts to connect the early learning, postsecondary, and workforce systems locally. CGTC works with GA DECAL's state coordinated services approach to help student-parents apply for subsidized child care. CGTC also offers those parents an outreach center to support students who are experiencing academic or personal hardship. Student navigators refer them to academic supports or other resources, including on-site services to access publicly funded supports through the Workforce Innovation and Opportunity Act or the Supplemental Nutrition Assistance Program (SNAP). Students receiving SNAP benefits are given one-on-one case management.
- CGTC accesses federal and state funding through its relationship with GA DECAL. CGTC uses a braided funding model to provide child care services and support coordinated enrollment. The funds that are braided include family tuition payments, child care subsidies, and a federally funded grant (Child Care Access Means Parents in School Program). To deal with differences in eligibility for various types of child care funding streams, CGTC has families submit one set of eligibility documents and then braids or "stacks" funding to allow families to participate in child care and the other student-support services. For example, CGTC might use private foundation grants to supplement funding in cases where a family needs services, but does not quality for public funding. In 2019, CGTC received a capacity building grant from GA DECAL to further expand its coordinated services. Some of this funding supported data collection.
- CGTC has limited partners and is primarily comprised of staff within different departments at the technical college. It connects families with the Georgia pre-K program so families have child care beyond graduation.
- Each CGTC program collects its own data to measure progress on student retention and performance. Some programs also collect family surveys to inform supports.◢

identify key characteristics related to goals, funding, and the coordinated services approaches' role in coordination that we used to group them into models. Even so, there was variation between coordinated services approaches with the same model. In particular, coordinated services approaches varied in the extent to which they collected and shared data, and in how partners (both at the state and local level) worked together. Characteristics of specific coordinated services approaches are discussed in more detail in the next chapter.

The models are initial exploratory categories intended to increase understanding about important features of coordinating ECE with other health and human services at the state and local levels. These are not prescriptive categories, nor are they best practices or recommendations for how coordinated services approaches should structure themselves or operate. Developing these models raised additional questions for the AMCS team about key distinguishing features between the models. The examples of the coordinated services approaches that are presented in the next chapter offer a glimpse of how some model features work in practice. Future research could deepen our understanding of key features of the models:

- **How much flexibility do local implementers have in state-level coordinated services approaches?** All of the state models of coordinated services rely, to some degree, on local organizations to implement a coordinated services approach. The coordinated services approaches had varying levels of flexibility for these local organizations. For example, in a *state-supported local ECE coordination* model, local organizations typically conducted needs assessments of their jurisdictions to inform the selection of services they would offer. The *state systems change and investment in family services* model, on the other hand, emphasized local innovation. The *state family services provider* model appeared to offer the least local flexibility, because local implementers were implementing a specific program. There is more to learn about the role of local partners in a state coordinated services approach and about the interactions between state and local partners in coordinated services in general.
- **What is the role of a partner organization or agency in a coordinated services approach?** There was wide variation in the entities involved in coordinated services approaches. The state coordinated services approaches included in the AMCS study were headed by state agencies, public-private partnerships, nonprofits created through legislation, and executive cabinets. The local coordinated services approaches we included in the AMCS study were led by public and private stakeholders, including United Ways, community action agencies, and Head Start agencies. Future research could explore in greater depth how the structure of the lead—or backbone—agency influences the structure of the coordinated services approach.
- **How do coordinated services approaches collect and use data?** Although experts who reviewed the models of coordinated services agreed that using data to measure short- and long-term outcomes is important, particularly for continuous quality improvement, we found limited data use among some coordinated services approaches included in the AMCS study. The coordinated services approaches varied greatly in the data they collected, and in how they used the data and shared them with partners. More details about data are in Chapter IV.
- **How do coordinated services approaches address equity?** The goals of many coordinated services approaches align with some principles of equity, such as increasing access to services and improving outcomes (particularly for families with low incomes); focusing on improving community and structural factors contributing to inequity; and collecting and sharing data about intergenerational poverty and other systemic inequities. However, equity was not a specific focus of our data collection. Among other equity topics, future research could explore whether (and to what extent)

coordinated services approaches support more equitable access in historically underserved communities or reinforce existing structural inequities; how they collect, disaggregate, and use data to understand and address the root causes of inequity; and how they continuously evaluate their effectiveness and adapt their approach to coordinating services through an equity lens.

Going forward, we recommend more work to specify the similarities and differences between models for a larger set of coordinated services approaches. It is not clear whether different models would have different impacts on staff and family experiences, service or funding efficiency, or child and family outcomes. These are all avenues for further qualitative and quantitative data collection.

In the next chapter, we look across the coordinated services approaches included in the AMCS study to dive deeper into what we learned about how the coordinated services approaches structure coordination and partnerships, support eligibility and enrollment, use data, and combine and blend funding.

IV. Key Findings

In this chapter, we describe how the coordinated services approaches included in the AMCS study carried out their work. We focus on findings from the virtual site visits (eight coordinated services approaches), with supporting information and context coming from the broader set of coordinated services approaches in the model scan and telephone interviews. We describe findings overall, but also distinguish between state and local coordinated services approaches when relevant. Specific examples from the coordinated services approaches help illustrate the findings. In these examples, we include the name of the coordinated services model the approach fits (based on the models described in Chapter III).

This chapter covers five topics: coordination and partnerships, eligibility and enrollment, data collection and use, funding, and COVID-19. Key questions related to the topic and their associated findings are listed in a box at the start of each topic discussion, then described in detail in the text. We also describe how some coordinated services approaches incorporated parents' voices (Box IV.12).

Box IV.1. Qualitative research in the AMCS study

The findings described in this chapter are based on qualitative research. Semi-structured interviews helped us dig deeply into topics of coordination and partnerships, eligibility and enrollment, data collection and use, and funding—while maintaining the flexibility to learn about the uniqueness of each coordinated services approach. Consequently, the characteristics of each coordinated services approach guided our conversations; not all questions were relevant for each coordinated services approach. The information we gathered about particular services varied across the coordinated services approaches.◢

Box IV.2. The AMCS study primary research questions (RQs)

1. Are coordinated services approaches able to coordinate partnerships and service application and delivery?
2. How do coordinated services approaches intend to reduce barriers that confront families trying to access services?
3. Are coordinated services approaches that combine ECE, family economic security, and/or other health and human services able to address other child development factors beyond ECE?
4. What have we learned from efforts to integrate enrollment and eligibility processes for health and human services?
5. How are they using data to understand service delivery dynamics?
6. How is public and private ECE funding targeted to meet the needs of at-risk children and families?◢

A. Coordination and partnerships

Box IV.3. Findings about coordination and partnerships (RQs 1, 2, 3)

What were the goals of coordinated services approaches included in the AMCS study, and whom did they serve?

- The goals of coordinated services approaches were to improve outcomes for children, families, communities, and systems.
- They focused on improving outcomes for children and families with low incomes, paying some attention to special populations relevant to their region, such as families affected by the opioid crisis or tribal populations.
- At the state level, they had broad goals and target populations, whereas their local partners often had narrower goals and focused on specific subsets of the populations relevant to their communities.

Who were the partners in coordinated services approaches included in the AMCS study?

- Many different partners were involved, such as state offices or agencies; education partners (ECE settings, school districts, and colleges); local nonprofit organizations; and businesses.

What did coordinated services approaches included in the AMCS study bring partners together to do?

- Some brought partners together to serve families directly. A variety of services were offered that included ECE, home visiting, financial supports, health care, developmental screening and early intervention, or education and job training.
- Some brought partners together to work on building the early childhood system.
- Some provided supports such as technical assistance and funding to partners.

How did partners in coordinated services approaches included in the AMCS study communicate and make decisions?

- Some formalized their partnerships through agreements and memoranda of understanding, whereas others relied on informal partnerships.
- Some used governance councils, boards, and steering committees to help make decisions across partners.
- Frequent communication was used to build trust between partners.

What were the challenges to partnerships in coordinated services approaches included in the AMCS study?

- Local, state, and federal practices and policies could make coordination challenging.
- Partners sometimes had their own goals, activities, and funding requirements in addition to those of the overall coordinated services approach.

What were the goals of coordinated services approaches included in the AMCS study, and whom did they serve?

The AMCS study aimed to identify coordinated services approaches that synchronized ECE with other health and human services, so the goals and target populations of the coordinated services approaches were relatively similar.

The goals of coordinated services approaches were to improve outcomes for children, families, communities, and systems. Coordinated services approaches articulated outcomes for children (for example, "healthy children" and "kindergarten readiness"), families (for example, "successful parents" and "secure and nurturing families"), the broader community (for example, "increased percentage of households with children with all parents in the workforce" and "expanding access to ECE in underserved areas"), and early childhood systems (for example, "increased high quality ECE"). Some coordinated services approaches had more than one goal (Box IV.4).

Box IV.4. Example of the goals of a coordinated services approach

The Oregon Early Learning Hubs (*state-supported local ECE coordination* model), which funded local hubs to coordinate early learning programs in their regions, had goals for children, families, and systems that were driven by Raise Up Oregon, the state strategic plan for early learning:

1. Children arrive ready for kindergarten.
2. Children are raised in healthy, stable, and attached families.
3. The early learning system is aligned, coordinated, and family centered.

The local hubs then had flexibility to decide which goals would be their primary focus and develop additional, more specific goals based on the needs of their community.

Coordinated services approaches focused on improving outcomes for children and families with low incomes, paying attention to special populations relevant to their region, such as families affected by the opioid crisis or tribal populations. All coordinated services approaches in the AMCS study focused on children and families with low incomes. Staff told us they prioritized traditionally marginalized, underserved populations or those experiencing racial, economic, or geographic inequity. Staff also focused on specific populations relevant to their region (Box IV.5).

Box IV.5. Examples of focusing on specific populations

Knox Promise Neighborhood (*community-oriented collective impact for families* model) aimed to increase family engagement in schools in selected neighborhoods. Knox Promise focused on Kentucky counties with high rates of poverty that were affected by the opioid epidemic.

The Minnesota 2-Generation Policy Network (*state systems change and investment in family services* model) started in response to the achievement gap for rising 3rd-grade children of color and tribal populations. It funded local partners, including the White Earth Nation, to develop prototypes of innovative changes that would help the state meet the needs of the whole family.

Coordinated services approaches at the state level had broad goals and focus populations. In contrast, their local partners often had narrower goals and focused on specific subsets of the populations relevant to their communities. Some local partners of the state coordinated services

approaches developed their own strategic plans, with goals adapted to the local context. For example, see the overall goals of the Oregon Early Learning Hubs (*state-supported local ECE coordination* model) in Box IV.4. Similarly, some local partners of state coordinated services approaches set their own eligibility criteria to serve the families in their communities with the most critical needs.

Who were the partners in coordinated services approaches included in the AMCS study?

The coordinated services approaches in the AMCS study had a wide variety of partners—both in number and in type of organization. There were some similarities between coordinated services approaches with the same model. For the most part, however, the number of partners and the types of partners were unique to each coordinated services approach.

Many different kinds of partners were involved in the coordinated services approaches, including:

- State agencies responsible for health, public health, social services, early care and education, education, and the workforce
- Education entities such as ECE settings, school districts, or colleges
- Local area nonprofit organizations such as community mental health agencies, food banks, and housing support organizations
- Local public organizations, such as libraries or recreation centers
- Private businesses

Local coordinated services approaches tended to have more partners than state coordinated services approaches did, and those partners were likely to be community nonprofit organizations. The partners involved also varied; for example, some state coordinated services approaches funded grantees that were different types of organizations (county or municipal governments, tribal entities, and community-based organizations); in turn, these organizations worked with different types of local organizations.

What did coordinated services approaches included in the AMCS study bring partners together to do?

One key way the coordinated services approaches in the AMCS study differed from each other was that some focused on coordination to directly serve families, and others focused on promoting or enacting systems change (Table IV.2). The first type coordinated the work of several organizations that provided direct services to offer child care or other child-focused services along with services for adults, such as employment services. The second type coordinated the work of state or local agencies to change policies or practices—for example, to support enrollment in ECE or to broaden family access to a variety of ECE settings. Some coordinated services approaches engaged in both types of coordination.

Table IV.2. Summary of how coordinated services approaches included in site visits worked with partners

Coordinated services approach (state)	Model	Convened partners to serve families directly	Convened partners to promote systems change
State coordinated services approach			
Georgia DECAL	State systems change and investment in family services	X	X
Minnesota 2-Generation Policy Network	State systems change and investment in family services		X
Oregon Early Learning Hubs	State-supported local ECE coordination		X
Virginia Smart Beginnings	State-supported local ECE coordination		X
Local approach			
Central Georgia Technical College (GA)	Focused coordination	X, including coordination of application and eligibility for services	
Knox Promise Neighborhood (KY)	Community-oriented collective impact for families	X	X
Minus 9 to 5 (VA)	Community-oriented collective impact for families	Coordination of application and eligibility for services only	X
South Coast Early Learning Hub (OR)	Community-oriented collective impact for families	Coordination of application and eligibility for services only	X

Some coordinated services approaches brought partners together to serve families directly. The services they offered varied depending on the coordinated services approach and included ECE, home visiting, financial supports, health care, developmental screening and early intervention, or education and job training. Coordinated services approaches convened partners to offer a variety of services to families, including:

- ECE (for example, Head Start, state-funded pre-K, community-based child care) [11]
- Home visiting
- Financial supports (for example, TANF, Supplemental Nutrition Assistance Program [SNAP], Special Supplemental Nutrition Program for Women, Infants, and Children [WIC], food banks)
- Health care (for example, linkages to health insurance and to mental health care and substance use treatment and prevention)
- Developmental screening and early intervention

[11] Providing ECE services was an inclusion criterion for the AMCS study.

- Education and job training (for example, college courses, SNAP Employment and Training programs, Workforce Innovation and Opportunity Act programs)

Staff said partnerships between multiple organizations helped the coordinated services approaches meet numerous family needs that a single organization may not have been able to support. For example, some organizations that provided ECE worked with partners with expertise in providing mental health services and treatment to support children's behavioral and mental health directly in the home. In another example, partners that provided families with developmental screening and connections to early intervention worked with ECE providers to help these families access child care. Partners that served children in schools worked with financial support organizations and food pantries to meet families' economic needs. There were many ways that coordinated services approaches partnered to serve families directly, including by providing referrals, running joint events or programs, or co-locating staff. Examples of how coordinated services approaches used these strategies can be found in Box IV.6.

Box IV.6. Examples of partnership strategies to directly serve families

Some coordinated services approaches provided referrals to their partners. Georgia DECAL (*state systems change and investment in family services* model) is the state agency responsible for all early childhood programs in Georgia. When families enroll in Georgia DECAL's child care subsidy program, the family support staff at the state agency who handle enrollment also refer families to local organizations in their area to meet broader family needs.

Some coordinated services approaches partnered to run joint events or programs. Knox Promise Neighborhood in Kentucky (*community-oriented collective impact for families* model) partnered with community organizations to help broaden students' experiences outside of school. For example, as part of that program, 3rd graders were able to go to a local community college that offered certified nursing assistant credentials to get a glimpse of college life and explore eventual job paths. Another staff member partnered with a naturalist at a local state park to host a virtual field trip during the COVID-19 pandemic. Partnering helped Knox Promise Neighborhood provide more comprehensive events. For example, Knox's funding restrictions did not allow it to provide food with events or services. By partnering with a local organization that could provide food, the organizations could offer families more comprehensive and attractive services.

Some coordinated services approaches co-located staff across partners. Knox Promise Neighborhood (KY *community-oriented collective impact for families* model) placed staff in district schools in its selected neighborhoods to provide services designed to engage families. Central Georgia Technical College (*focused coordination* model) supported student parents by providing on-campus child care through a department in the college. Faculty, staff, and student parents who attended the college were given priority in enrollment. An on-campus case manager for the SNAP Employment and Training Career Connections and Transitions program also supported SNAP participants studying at the college, including those who were parents.

Some coordinated services approaches brought together partners at the state or local levels in workgroups to focus on systems change for ECE. The groups worked on areas like increasing ECE access or advocating for stronger support for the ECE workforce. The work groups helped ensure partners could collaborate easily and strategize together about how to support ECE for families (Box IV.7 has examples).

Box IV.7. Examples of bringing together partners to work on systems changes

Minus 9 to 5 (VA, *community-oriented collective impact for families* model), which aimed to convene community organizations in five Virginia cities, brought together more than 120 programs and organizations focused on families experiencing economic disadvantages. The programs and organizations Minus 9 to 5 brought together included those providing ECE, home visiting, and developmental screenings for children. It encouraged system collaboration across organizations by convening working groups in six strategy areas: Healthy Homes, Healthy Children; Thriving Families; Early Learning and Development; Community Connections; Data and Knowledge Sharing; and Policy and Advocacy. Each working group included 15 to 20 professionals, such as members of local councils, public schools, health departments, community foundations, and family child care homes. Partners shared that the working groups are a place for dialogue between partners who may be addressing similar issues in different ways. The work groups help identify opportunities, needs, and challenges, and then developed plans to implement solutions. For example, members of the Early Learning and Development work group coordinated local training and professional development opportunities for ECE providers. Partners also worked together on advocacy, including bringing speakers to a city council meeting to advocate against a change proposed by the city that would have decreased the number of children who could be served in family child care homes and reduced ECE access in the region. Programs and providers participating in Minus 9 to 5 also learned about the other services or resources in the field.

Georgia DECAL (*state systems change and investment in family services* model) launched a cross-agency children's advisory council in 2019 that included all child-serving agencies, including the Department of Public Health, the Department of Community Health, and the Department of Behavioral Health and Developmental Disabilities. The council was formed to look at how these programs can align with each other to serve families as part of the PDG B–5 grant needs assessment and strategic plan. Now that the strategic planning process is complete, the full council will meet twice yearly, and several subcommittees in the council will meet quarterly to inform projects related to the PDG B–5 strategic plan. For example, one subcommittee will focus on messaging around the importance of cross-agency work and the return on investment in early childhood programming. Another subcommittee will focus on workforce initiatives and supporting and strengthening the early childhood workforce.

Some coordinated services approaches provided supports such as funding and technical assistance (TA) to partners. All four of the state coordinated services approaches included in the site visits provided funding to some local organizations that were implementing services. Some state and local coordinated services approaches also provided TA to their partners in the coordinated services approach. TA was provided in various ways, including offering trainings on topics such as funding, human-centered design techniques, and equity (Box IV.8) and facilitating peer learning groups. Some coordinated services approaches provided TA specifically to support the development of high quality ECE programs.

Some state coordinated services approaches had staff from intermediary organizations provide TA to local partners. Staff from the intermediaries increased the state's capacity for oversight and provided flexibility in how state coordinated services approaches worked with local partners. In Box IV.8, the Virginia Smart Beginnings (*state-supported local ECE coordination* model) and the Minnesota 2-Generation Policy Network (*state systems change and investment in family services* model) examples

illustrate how intermediary organizations supported partners in some state coordinated services approaches.

Box IV.8. Examples of support and TA

Virginia Smart Beginnings (*state-supported local ECE coordination* model), which funded and supported local partners who worked to improve young children's readiness for school, was in the process of developing a more structured approach to providing TA at the time of the virtual site visit. The Virginia Early Childhood Foundation (VECF) played the role of intermediary between the state, which funded Smart Beginnings, and the local partners that received funding from Smart Beginnings. VECF provided TA to local partners and was in the process of building a separate digital TA platform to support systems building through a suite of TA tools and resources. This platform was intended to leverage resources such as financing and data use toolkits that had been developed already, and organize them by topic. VECF also planned to develop prerecorded modules on topics that Smart Beginnings frequently receives questions on, such as coordinated enrollment structures.

For the Minnesota 2-Generation Policy Network (*state systems change and investment in family services* model), teams of state DHS staff and FSI staff from the University of Minnesota provided joint support to local partners. Those partners were direct services agencies the joint effort funded to develop and pilot prototypes of innovative ways to better meet the needs of whole families.[12] DHS provided grant funding to the partners, as well as staff to support TA and evaluation. FSI staff helped with brainstorming and communications to develop the prototypes and provided support for implementation and research and evaluation.

Georgia DECAL (*state systems change and investment in family services* model) offered 2Gen innovation grants to local programs in the state to support coordination. A DECAL staff member supported five local pilot programs. Three were "capacity-building" grantees and two were "implementation" grantees. Capacity-building grants were for planning coordination, whereas implementation grants were for enacting those plans. The DECAL staff member coordinated quarterly trainings and conversations for the grantees to share updates about their work and communities. The staff member also hosted trainings and meetings at which experts spoke with local partner staff, and DECAL staff shared guidance on how grantees could use the 2Gen grants.

South Coast Early Learning Hub (OR, *community-oriented collective impact for families* model) focused some supports on diversity, equity, and inclusion. South Coast Early Learning Hub, responsible for coordinating early learning services in rural Oregon, was (at the time of the virtual site visit) in the process of launching a pilot six-session diversity, equity, and inclusion training for 20 community leaders from many different sectors.

Knox Promise Neighborhood (KY, *community-oriented collective impact for families* model) supported ECE quality. Staff provided ECE centers with educational materials, training, and coaching to increase the quality of their programs, including helping centers understand Kentucky's Quality Rating and Improvement System (QRIS) and improve their rating so they could receive additional benefits.

[12] For example, one prototype involved enrolling families that were participating in an employment program and expected to qualify for child care subsidies into the subsidies immediately instead of waiting to determine their eligibility.

How did partners in coordinated services approaches included in the AMCS study communicate and make decisions?

Partnerships could be structured in different ways, but frequent communication was considered crucial to ensuring strong partnerships.

Some coordinated services approaches formalized their partnerships through agreements and memoranda of understanding, including when funding was done through contracts. Others relied on informal partnerships. Partnership agreements covered operational guidelines, agreements about data sharing, and referral processes. Box IV.9 gives an example of a coordinated services approach that used formal partnership agreements between the state agency, local partners, and an intermediary organization that provided support to local partners on behalf of the state agency. Other coordinated services approaches did not report having any formal agreements with partners.

Box IV.9. Example of formal partnership agreements

For Virginia Smart Beginnings (*state-supported local ECE coordination* model), the Virginia Early Childhood Foundation (VECF) intermediary organization had a contract with the state Department of Social Services to provide TA and funding to local partners. In addition, VECF had a memorandum of understanding with local partners that outlined the responsibilities of partners, approved use of the Smart Beginnings brand, and delineated the types of support and TA available through Smart Beginnings.

Some coordinated services approaches used governance councils, boards, and steering committees to help make decisions that would apply to all partners. The areas over which governing bodies had jurisdiction differed, but some of them made decisions about spending, the overall vision for the coordinated services approach, and policies. These governing bodies often included representation from different types of organizations across multiple sectors, including state agencies, private businesses, education nonprofits, and religious organizations. The coordinated services approaches used these decision making bodies to ensure a variety of partner voices informed their direction (Box IV.10).

Box IV.10. Example of governing bodies

South Coast Early Learning Hub (SCELH in OR; *community-oriented collective impact for families* model) had a governance board whose members were from a wide range of sectors, including workforce and philanthropy. Hub leaders said they were intentional about having the board engage in real decision making and difficult discussions, including about spending and the big-picture vision. The board was responsible for hiring the SCELH executive director. SCELH also had an advisory committee for each of its areas of focus: ECE coordination, home visiting systems, and prenatal-to-age 3 alignment. For home visiting systems, for example, the advisory committee included directors of home visiting programs, managers of those programs, and direct service providers. At times, it included parents or direct service providers who had received home visiting services. The advisory committee members were often asked to share ideas and get feedback from families with whom they were working to incorporate their voices (Box IV.12), which was one way for coordinated services approaches to consider equity in services. A staff member said having an advisory committee meant the decision-making process was community driven because it included the perspectives of leaders and frontline staff working in home visiting. The staff member considered this community-driven decision-making necessary to ensure partner buy-in and progress.

Coordinated services approaches used frequent communication to build trust between partners. Partners used different strategies for communication, including regular meetings, work groups, and work plans. Staff said frequent communication was necessary to build trust. Building trust ensured each partner had a shared understanding of the overall initiative and its goals. Some coordinated services approaches had strong relationships with partners, particularly in rural areas (Box IV.11). Maintaining frequent communication was important to help the coordinated services approaches make progress when partner organizations experienced staff turnover—having formal communication structures in place instead of relying on personal relationships made continued progress possible. Staff at coordinated services approaches said they needed strong interpersonal skills to build relationships with partners.

Box IV.11. Partnerships in rural communities

Staff at two coordinated services approaches (both *community-oriented collective impact for families* model) operating in rural areas—Knox Promise Neighborhood (KY) and South Coast Early Learning Hub (OR)—said they had strong partnerships because "everyone knows everyone" in their communities. At the same time, the number of partners was limited, and many of them served in multiple roles. For example, staff at Knox Promise Neighborhood said they had five work groups to coordinate different services, but these groups included many of the same people and partner organizations.

Staff from both state and local coordinated services approaches said strong, bi-directional relationships with frequent communication and buy-in at both levels supported coordination. Having state staff involved in meetings and other communications with local partners helped the local partners believe the state was committed to the coordinated services approach. At the same time, the local partners were able to share information about what was happening on the ground with state staff, so state staff could understand local strategies and needs better. Staff of some local coordinated services approaches said these strong relationships allowed them to feel comfortable being open with the state about the challenges they were facing.

Box IV.12. Parents' experiences in coordinated services approaches

We asked staff at all of the coordinated services approaches to describe how they involved parents. We also interviewed six parents from two coordinated services approaches. (A description of the methods is in Chapter II.) To keep the parents' identities confidential, we do not name the two coordinated services approaches. Here, we report findings from the staff and the parents we interviewed about parents' experiences with coordinated services approaches. It is important to keep in mind this information, particularly the information from parents, is based on a small sample.

Coordinated services approaches aimed to have parent voices inform their activities, but some struggled to engage parents. Staff of both state and local coordinated services approaches recognized the importance of parent voices. As one staff member said, "It is possible and necessary to develop relationships and to lift up the voices of people who have been marginalized and haven't been a part of designing the system that doesn't work [so they] can be a part of designing the system that does."

Some coordinated services approaches used surveys, interviews, and focus groups to ask parents about their experiences (with more on this in the section on data later in this chapter). In some coordinated services approaches, parent advisory boards or councils were a more direct way to include parents in decision making. These councils provided feedback on initiatives and services, suggested new programs and services, and/or participated in decision making. However, staff described challenges in involving and engaging parents in the councils, especially during the COVID-19 pandemic, which placed a significant amount of extra pressure on parents. Staff also discussed the need to support and provide training to parents so they had the tools they needed to voice their perspectives, particularly in settings with senior state officials.

Parents expressed satisfaction with the services they received through the coordinated services approaches but were participating in a limited selection of services. In one coordinated services approach, parents used on-site child care while participating in other adult-focused services. They found the on-site component of the child care to be critical in allowing them to participate in services such as job training and assistance in finding job-related resources and scholarships. Parents from the other coordinated services approach received activity kits that provided families with resources to facilitate children's learning during the COVID-19 pandemic. Families appreciated these activity kits and said they helped them provide age-appropriate learning experiences for their children. Two of these families also had older children who were involved in their own virtual activities the coordinated services approach offered during the pandemic. For example, they participated in a child-focused event to increase student motivation. Across both coordinated services approaches, families generally participated in a limited selection of services. For example, families that received activity kits did not receive many additional services beyond the kits, but all of them stated they did not have other or unmet needs.

What were the challenges to the partnerships in the AMCS study?

Local, state, and federal practices and policies sometimes made it hard for partners to coordinate. Coordinated services approaches relied on many partners from different sectors, and each sector had its own policies, directives, and reporting processes or performance measures—many of which were established without coordination in mind. For example, one respondent related that because some parents used Child Care and Development Fund (CCDF) subsidies while they worked during the day, they were

not eligible for child care subsidies in the evening when they attended classes. This regulation unintentionally created a barrier to parents' ability to both work and attend classes. In another example, a respondent said home visiting programs were required to work with coordinated care organizations (networks of providers that serve those receiving Medicaid). However, the home visiting programs each worked with different coordinated care organizations, and each organization had its own policies, so it was difficult for one home visiting program to coordinate with other home visiting programs. Staff also reported that this lack of connection meant organizations did not always have the information they needed to inform families about the services that were available.

Partners in coordinated services approaches focused on their own goals, activities, and funding requirements in addition to those of the overall coordinated services approach. Staff said it was sometimes challenging to coordinate partners that were juggling competing demands. In addition to the shared goals of the coordinated services approach, each partner had its own goals, some of which had existed before the coordinated services approach was formed, and it could be difficult for partners to know what to prioritize. Also, some partners were challenging to engage because each organization had its own priorities. For example, some coordinated services staff reported that it was difficult to engage some K–12 partners in initiatives focused on early learning, because those K–12 partners' goals related to education for older children, and they did not immediately see the benefit to work on early learning too. Other staff reported they believed the child welfare agencies were "insular" and did not want to work with staff from other organizations or agencies because they thought it might take away from their own goals and ways of working with families. In addition, partners could be territorial when they had their own service areas and funding streams, because funders required them to meet specific targets. They worried that by "sharing" target areas or communities with other providers, families might choose one provider over another, and that could influence the other provider's ability to meet its service targets.

Despite these challenges, staff reported several benefits of partnering and coordination (Box IV.13).

Box IV.13. Benefits of partnering and coordination

Staff from coordinated services approaches shared their perceptions of the benefits of partnering and coordination:

- Bringing partners together reduced competition between local organizations (if coordinated services approaches could work together to meet targets for the number of families they served).
- Centralizing conversations about early childhood systems meant fewer duplicated efforts.
- Having partners advocate together for systems change raised awareness in a wider community about the importance of investments and innovation in ECE.
- Working together in partnership meant partners became more familiar with the services other organizations provided and could share that information with families to help them access more services in the community.
- Building partner organizations' knowledge and skills through training and TA increased local capacity.
- Partnering allowed families to receive a more complete set of services, and staff at coordinated services approaches believed partnerships reduced some of the burden on families who would otherwise have to establish their eligibility for and enroll in multiple services.

B. Eligibility and enrollment

Box IV.14. Findings related to eligibility and enrollment (RQs 2 and 4)

How did coordinated services approaches included in the AMCS study aim to change eligibility and enrollment processes?

- Some used coordinated application and eligibility processes to help connect families to services that met their needs. We learned in the site visits, however, that none of those coordinated services approaches could directly enroll families into the services of different types of ECE providers.

What were the challenges to coordinating eligibility and enrollment for coordinated services approaches included in the AMCS study?

- As described further in this section, coordinating application, eligibility, and enrollment sometimes had unintended consequences such as decreased enrollment in some ECE options, which made partners less willing to coordinate this process.

How did coordinated services approaches included in the AMCS study aim to change eligibility and enrollment processes?

Different eligibility criteria for different services can be challenging for families to track and make enrolling burdensome if the families need to provide different documents to establish their eligibility for each service provider. In addition, families may not always know about all the services for which they are eligible. Consequently, some coordinated services approaches implemented coordinated systems for (1) families applying for services, including a universal application process; and (2) determining eligibility, which can include documenting eligibility for multiple services. The coordinated services approaches also saw value in coordinating enrollment, but none of the staff we spoke with at coordinated services approaches said they were doing this at the time of the virtual site visits.

Some coordinated services approaches used coordinated application and eligibility processes to help connect families to services that met their needs; however, at the time of the site visits, none whose staff were interviewed for the study could directly enroll families into different types of ECE providers. Staff noted that coordinated application and eligibility processes could alleviate burdens for families and help them access the kind of services, including ECE, that met their needs. Coordinating these processes for the ECE system was one way to improve access to ECE by providing one place for families to learn about the types of care available, determine the types of care for which they were eligible, and then enroll in the setting. For example, staff said families might prefer Head Start, public pre-K implemented in public schools, or home-based child care funded through subsidies; if families could determine their eligibility for these ECE programs simultaneously, it would be easier for them to choose the type of care they preferred.

Coordinating these processes for ECE could also help communities access all of the available funding. For example, staff said that by ensuring Head Start was fully enrolled, communities could first use all federal funding allocated to their community through Head Start and then use state or local funding to serve families that did not meet eligibility criteria for Head Start. Staff also said coordinating outreach for multiple ECE providers was efficient because local providers did not always have the capacity to create attractive marketing materials; having one organization do it could reduce the cost. The three coordinated

services approaches in the AMCS study that used coordinated application and eligibility systems (Table IV.2) were still in the process of developing these systems.

Box IV.15. Examples of coordinated application and eligibility processes

The South Coast Early Learning Hub (OR, *community-oriented collective impact for families* model) handled outreach and determined eligibility for the state-funded public preschool program and referred families to Head Start. In Oregon, families just above the income eligibility threshold for Head Start are eligible for Preschool Promise. Under the system in place at the time of the site visit, South Coast Early Learning Hub staff could determine a family's eligibility for the Preschool Promise providers in their region. In addition, the state agency in charge of early learning in Oregon had also recently approved a combined documentation process in which documents proving income eligibility for Head Start could also be used for Preschool Promise. The South Coast Early Learning Hub also shared a data system with Head Start providers in its region so they could share families' eligibility information with Head Start providers if the families were interested in that program. The Preschool Promise and Head Start providers then reached out directly to families to complete enrollment. The South Coast Early Learning Hub was in the process of developing a one-stop enrollment process so it would be able to directly help families enroll in Preschool Promise and Head Start providers, as directed by the state early learning department (which oversees the Oregon Early Learning Hubs). At the time of the virtual site visit, South Coast Early Learning Hub's plan was to collect brief information about family interest in ECE services and then have an ECE coordinator from the hub reach out to them to learn more about their child care needs, collect more information needed to determine eligibility, and enroll them with the provider.

Staff at Georgia DECAL (*state systems change and investment in family services* model) use GA Gateway—an integrated eligibility system for families to apply online for federal and state assistance programs. Families can apply for supports such as SNAP, WIC, TANF, and Medicaid through the system. GA Gateway is designed for families to access at home, but can also be accessed through a kiosk in some health departments. The GA Gateway system also provides information about the state child care subsidy program, but does not support enrollment for ECE programs. Nonetheless, families often learn about and apply for the child care subsidy program through GA Gateway. Families then enroll in the child care subsidy program via family support managers in various regions of the state. Once families have enrolled in the child care subsidy program, family support managers work to help them identify potential child care providers, including pre-K or Head Start providers.

What were the challenges to coordinating eligibility and enrollment for coordinated services approaches included in the AMCS study?

These coordinated systems sometimes had unintended consequences for enrollment in certain types of ECE systems and other services.

Staff at some coordinated services approaches reported that coordinating application, eligibility processes, and enrollment sometimes had unintended consequences, such as decreased enrollment in some ECE options, which made partners less willing to coordinate this process. Among the coordinated services approaches that were coordinating ECE application or eligibility processes (Table IV.2), some staff said expanded slots for public pre-K, combined with coordinated eligibility processes, reduced overall enrollment in Head Start or community-based child care in their communities. One staff

member said when parents could choose between Head Start and public pre-K, the public pre-K option was more popular because it offered bus transportation through the public schools, and enrollment in Head Start consequently decreased. (Staff did not bring up any other differences between the programs.) Staff said Head Start grantees were concerned about maintaining their own federal grants, and there was a sense of scarcity and competition between providers in some regions with a lower demand for child care services. Reportedly, some Head Start grantees were unwilling to share waitlists with partners because they were concerned about maintaining full enrollment. Staff said they were discussing efforts to better align services and address this barrier, but believed any changes would need to involve the state agency in charge of early learning. One staff member described a centralized intake process across multiple home visiting agencies. However, the system had not done much marketing, and there was limited community buy-in. Most partners continued to refer families to specific programs instead of using the centralized process. This led to a decision to close the central intake organization.

C. Data collection and use

Box IV.16. Findings on data collection and use (RQs 2 and 5)

What types of data did coordinated services approaches included in the AMCS study collect?

- They collected community data, administrative and case management data, and data from participants about their experiences and needs.

How did coordinated services approaches included in the AMCS study use the data they collected?

- Some used it to identify needs and target services.
- Some used it for continuous quality improvement and to track progress.
- Some shared individual family-level data with their partners.

What were the challenges to collecting and sharing data for coordinated services approaches included in the AMCS study?

- Some needed to enhance their capacity for data collection and analysis.
- Separate data systems and constraints on sharing data presented barriers for some coordinated services approaches.

What types of data did coordinated services approaches included in the AMCS study collect?

Coordinated services approaches collected a wide variety of data about children, families, programs, and communities because of their focus on multiple aspects of family well-being.

Coordinated services approaches collected community data, administrative and case management data, and data from participants about their experiences and needs. Community data included information about areas of high need or available services, such as locations of ECE providers. These data, including census data about area poverty rates, were often publicly available.

Administrative data yielded information about the number of participants being served or receiving certain supports. Examples included the availability of child care slots in a child care center or retention of students in a technical college system. This type of data could range from summary numbers about participation in types of services overall to individual case management data with detailed information about the services specific families received.

Data from participants, staff, and partners about their experiences and needs were collected through interviews, focus groups, and surveys. Participant experience data included surveys of ECE providers and families to understand their experiences in ECE settings, and focus groups with partners to understand the strengths and challenges of working with partners. Collecting data from participants who were served by coordinated services approaches was one way of incorporating parent voices. (Box IV.12 has more about parent experiences in coordinated services approaches.)

How did coordinated services approaches included in the AMCS study use the data they collected?

Some coordinated services approaches used data to identify community needs and target services (Box IV.17). For example, based on community data about the availability of ECE such as lists of licensed providers, some coordinated services approaches concentrated on areas with limited access to ECE. Coordinated services approaches also used data collected through interviews, focus groups, and surveys to learn about unmet family needs and develop services to meet them.

Box IV.17. Examples of using data to identify needs and target services

South Coast Early Learning Hub (OR, *community-oriented collective impact for families* model) compiled community data to ECE and surveyed parents about their preferences for child care to develop an early childhood sector plan. The state early learning department responsible for the Early Learning Hubs then used this plan to allocate state-funded pre-K slots to underserved areas. The South Coast Early Learning Hub also shared these data with community partners, such as Head Start, to use in their community assessments.

Staff said Georgia DECAL's (*state systems change and investment in family services* model) Cross-Agency Child Data System housed participation and assessment data from 10 programs serving children and families, including Early Head Start, Head Start, state pre-K, home visiting, and early intervention programs. The data system also includes publicly available census data and information about ECE providers, such as licensing information. Georgia DECAL used these data to understand needs for ECE at the state and community levels and set funding targets to reduce waiting lists for ECE programs.

For Central Georgia Technical College (*focused coordination* model), the results of a survey of parents using on-site child care revealed a need for evening child care; the college used the results to develop a pilot for that care. The pilot evening care program was conducted for two semesters, allowing student parents to participate in night courses.

Some coordinated services approaches used data for continuous quality improvement and to track progress. Some used data for quality improvement cycles, such as the Plan-Do-Study-Act method of testing an implemented change. Some also used data to track progress over time on key metrics or performance measures, such as ECE attendance, school achievement, and partner satisfaction (Box IV.18). Tracking progress of the coordinated services approach on key metrics was sometimes required for funding. For example, coordinated services approaches that were Promise Neighborhood grantees had

to report selected performance measures to the U.S. Department of Education. Similarly, coordinated services approaches that provided funding (for example, to partners or to their local affiliated coordinated services approaches) sometimes collected data about program implementation and success from partners—for example, to capture the number of participants engaged in grant-funded services.

Box IV.18. Examples of using data for continuous quality improvement and to track progress

Georgia DECAL (*state systems change and investment in family services* model) used the early childhood integrated data system called Cross-Agency Child Data System to study the state pre-K program. An external evaluator found that children who were dual language learners were making significant progress across multiple domains (e.g., literacy, math, behavior) during pre-K, but their performance still lagged behind that of their peers at the end of the program. In response, Georgia DECAL started a six-week summer transition program to prepare dual language learners for kindergarten. Staff thought it had been successful so far based on reading and literacy scores from the administrative data.

Each area of focus for the South Coast Early Learning Hub (OR, *community-oriented collective impact for families* model) had its own key performance indicators, which the hub used to track success and inform decision making. For example, the South Coast Early Learning Hub works to coordinate different home visiting models in the region and conducts an annual survey of home visiting providers to track key performance indicators. When the project started, competition between home visiting programs was very high, with 87 percent of providers responding to the annual survey reporting a sense of competition. Programs were competing for families and funding. South Coast Early Learning Hub used its annual survey to track progress on this metric over time. Interview respondents described what they considered to be an intentional focus on relationships and coordination between programs to collectively serve families that, after five years, resulted in only 11 percent of programs reporting a sense of competition among each other.

Minus 9 to 5 (VA, *community-oriented collective impact for families* model) had a set of nine metrics it planned to use to measure progress toward goals over time. In 2017, staff collected baseline data from publicly available sources about birth weight, access to prenatal care, infant mortality rate, on-time immunizations, wellness visits, kindergarten readiness, kindergarten retention, developmental screenings, and participation in evidence-based home visiting programs. Minus 9 to 5 plans to examine progress on all nine metrics at the end of the initial grant period (Hampton Roads Community Foundation grant) in 2022.

Knox Promise Neighborhood (KY, *community-oriented collective impact for families* model) used the Results-Based Accountability framework—which helps programs use data to make decisions—to track trends and set targets for performance measures based on the previous year's data. Staff met quarterly with partners to share and discuss data, and conducted two "Turn the Curve" meetings a year. During these meetings, staff discussed their progress, tried to identify trends, discussed possible explanations for the trends they found, and brainstormed strategies that might support further success. For example, Knox Promise Neighborhood staff found that in 2019, the number of school transfers had decreased from earlier years. They believed this was related to the work they had done to build relationships with students and improve the students' and parents' connections to their schools. Using academic data, staff also saw that the quality of the region's different schools had grown increasingly comparable.

Some coordinated services approaches shared individual family-level data with their partners. For partners directly serving the same families, staff said it was helpful to track individual families' service receipt and outcomes. Some coordinated services approaches had systems that allowed such tracking and sharing of data (Box IV.19); others were working to develop shared data systems.

Box IV.19. Examples of sharing individual family-level data across partners

Knox Promise Neighborhood (KY, *community-oriented collective impact for families* model) used a case management system called REACH to track family participation and engagement in services. This system collected data on completed home visits and successful parent contacts and compiled other information that staff disseminated to parents. Knox Promise Neighborhood also funded a position at the Kentucky Department of Education that was responsible for pulling and uploading education data, such as children's attendance data and assessment scores, into REACH. Staff then shared information about student assessment scores with partners such as Save the Children; a local college; and local community action agencies to help families access additional services. Knox Promise Neighborhood has memoranda of understanding (MOUs) with the state Department of Education and the three school districts it serves, outlining how the data can be shared. These MOUs also specify the services that Knox Promise Neighborhood provides to the school districts.

As noted, Georgia DECAL's (*state systems change and investment in family services* model) Cross-Agency Child Data System housed the participation and assessment data from most ECE programs in the state. Georgia DECAL shared ECE participation data and some select child assessment data with kindergarten teachers as children entered kindergarten. State agency partners (Georgia DECAL, Division of Family and Children Services, Head Start and Early Head Start grantees, Department of Education, and Department of Public Health) have data sharing agreements or MOUs to share and link data, and a policy manual provides written guidance about using and accessing the data system.[13]

What were the challenges to collecting and sharing data for coordinated services approaches included in the AMCS study?

Some coordinated services approaches and their partners had limited capacity for data collection and analysis. The range of types of data collected and the need to compile and use data across partners made limited data capacity particularly salient for coordinated services approaches. Partners using separate data systems and privacy concerns were barriers to data sharing across partners.

Some coordinated services approaches needed additional capacity for data collection and analysis. The data different coordinated services approaches collected and used varied substantially in content and comprehensiveness. In addition, when coordinated services approaches had multiple partners, staff said that the types of data collected and the capacity for using the data differed across partners. As described in the AMCS study telephone interview brief some coordinated services approaches managed data collection, organization, and analysis for their partners as a way to alleviate burden on those partners directly serving families while also allowing coordinated services approaches to use the data. Although staff employed by the coordinated services approaches made efforts to collect and use data, staff said that

[13] Georgia's Cross-Agency Child Data System Policy Manual is available at http://www.gacacds.com/PDF/CACDSPolicyManual_12_23_19.pdf.

they and their partners were not usually experts in data collection or analysis. In addition, the funds to improve data collection capacity and use were not always already included in the services within the coordinated services approach. Instead, to perform high quality work with data, external capacity or funds sometimes had to be secured (Box IV.20).

Box IV.20. Example of partnering to increase capacity for data collection and use

For the South Coast Early Learning Hub (OR, *community-oriented collective impact for families* model), the Ford Foundation funded researchers at Portland State University to provide evaluation support. For example, the researchers helped hub staff learn about needs in the community and conduct and analyze an annual parent and caregiver survey of families entering kindergarten in their region. Staff found this support to be a helpful addition to their work.

Separate data systems and constraints on sharing data presented barriers for some coordinated services approaches. Staff said that data were often available within partner organizations that served families, but not across partners, so it could be difficult to track information about participants across different services (such as a child who moved from Head Start to public school). In addition, partners often had their own internal data systems, which made it difficult to share data in a manageable way. This issue was also seen as a challenge at the state level. For example, state CCDF, TANF, Medicaid, and SNAP data can be housed separately in states, with no easy way to view or merge data across systems. Hesitation to share data stemmed from privacy and security concerns. Although Knox Promise Neighborhood had a case management system with program and school data (Box IV. 19), staff in the local schools said they had to be intentional about the information they shared with partners and other Knox Promise Neighborhood staff to comply with the Family Educational Rights and Privacy Act (FERPA).

D. Funding

Box IV.21. Findings related to funding (RQs 2 and 6

How were coordinated services approaches included in the AMCS study funded?

- The coordinated services approaches blended and braided a wide variety of federal, state, and private funds.

What were the challenges to funding coordinated services approaches included in the AMCS study?

- There was limited funding for coordination or systems-building activities.
- Restrictions on how funding could be used sometimes made it difficult to coordinate and meet family needs.

How were the coordinated services approaches included in the AMCS study funded?

Given the different services provided by coordinated services approaches included in the AMCS study, the coordinated services approaches used a variety of funding streams.

Coordinated services approaches blended and braided a wide variety of federal, state, and private funds. Staff mentioned using the following funding sources:

- Federal funding streams, including the Workforce Innovation and Opportunity Act (WIOA), TANF, CCDF, Head Start, the Child and Adult Care Food Program (CACFP), and Title IV-B child welfare funding.
- Federal grants, including PDG B–5 funding from the Administration for Children and Families in the U.S. Department of Health and Human Services; Child Care Access Means Parents in School (CCAMPIS), Promise Neighborhoods, Full Service Community Schools, and Innovative Approaches to Literacy grants from the U.S. Department of Education; Corporation for National and Community Service AmeriCorps and AmeriCorps VISTA funding; and Department of Labor Strengthening Working Families Initiative funding.
- State funding, including state pre-K funding and funding for state initiatives, such as infant- and toddler-focused grants, developmental screening grants, and grants to support kindergarten transitions.
- Private funding from foundations, for example the Virginia Early Childhood Foundation, Ford Foundation, and Hampton Roads Community Foundation.

Box IV.22. Examples of blending and braiding multiple sources of funding

Several years ago, Georgia DECAL (*state systems change and investment in family services* model) was responsible for most ECE programs, but the CCDF funding that many centers used was managed by the state Department of Human Services. When the responsibility for managing CCDF funds was transferred to DECAL, it allowed the coordinated services approach to bring in new partners and identify new ways to serve families more flexibly.

Central Georgia Technical College (*focused coordination* model) used the federally funded Child Care Access Means Parents in School (CCAMPIS) grant as a bridge to provide subsidized child care to student-parents during the six- to eight-week period between the start of classes and the start of a long-term funding source, such as a CCDF subsidy.[14]

The Minnesota 2-Generation Policy Network (*state systems change and investment in family services* model) initially funded local partners through grants that used state TANF funding. In a second round of grant funding, the Minnesota 2-Generation Policy Network provided grants made up of both state TANF funds and funds from the Child Safety Division, which allowed for greater flexibility in how funds could be used. One of the Minnesota 2-Generation Policy Network's grantees was also able to leverage a strong partnership with a private funder to obtain Internet hot spots for families in need when the COVID-19 pandemic began.

Staff described the benefits of blending and braiding across these sources of funding. For example, funding staff through multiple grants helped coordinated services approaches sustain their staff instead of losing them when a particular grant ended. Blending and braiding also allowed for more flexibility in

[14] Child Care Access Means Parents in School is a competitive grant from the U.S. Department of Education that can be used to support or establish campus-based child care programs primarily serving the needs of students with low incomes who are enrolled in institutions of higher education. For more information, see the program website at https://www2.ed.gov/programs/campisp/index.html.

using funds to support multiple family needs (Box IV.22). In particular, staff said they could use private funding flexibly to "fill holes" that public funding could not address, because private funding often had fewer restrictions than federal or state funding on how funding could be used.

What were the challenges to funding coordinated services approaches included in the AMCS study?

Coordinated services approaches needed funds for delivery of services and/or coordination activities (see Table IV.5), but some of them found there was limited funding for coordination and restrictions on how funding could be used.

There was limited funding for coordination or systems-building activities. Some staff described challenges in funding the work of coordination; one noted that it was hard to raise money aimed at systems coordination, and another said that funding was often put into providing specific services, which left too little funding for the work of coordinating services.

Restrictions on how funding could be used sometimes made it difficult to coordinate and meet family needs. Some coordinated services approaches described challenges to ensuring they adhered to funding restrictions when multiple state and federal funding sources were combined. For example, in the Minnesota 2-Generation Policy Network example in Box IV.22, state staff had to ensure that grantees were using TANF and Child Safety Division funds for approved uses. In addition, families receiving services sometimes have multiple needs that cannot always be addressed with the funds used for the services provided by a coordinated services approach. For example, staff at one coordinated services approach said transportation needed for families to participate in the services offered was a necessary support that the coordinated services approach was not able to provide.

E. COVID-19 pandemic

Box IV. 23. Key findings related to the COVID-19 pandemic

How did coordinated services approaches included in the AMCS study meet family needs during the COVID-19 pandemic?

- Provided many resources to families, such as educational materials, laptops, and financial supports.
- Some found it hard to engage parents virtually; others found virtual services removed barriers to engagement.

How were partnerships affected by the COVID-19 pandemic?

- Built on existing partnerships to meet needs during the COVID-19 pandemic.
- The COVID-19 pandemic hindered coordination for some, but moving to virtual communication helped others with coordination.

How did the coordinated services approaches included in the AMCS study meet family needs during the COVID-19 pandemic?

Coordinated services approaches that directly served families pivoted to meet families' urgent needs during the COVID-19 pandemic. In addition to providing resources to support families' material needs, some coordinated services approaches provided virtual services to families.

Coordinated services approaches provided many resources to families during the COVID-19 pandemic, such as educational materials, laptops, and financial supports. Staff noted that the existing needs of already vulnerable families became more critical and more widely recognized during the COVID-19 pandemic. Some coordinated services approaches surveyed families to understand their most pressing needs. To address these needs, coordinated services approaches provided new resources to support families, including the following:

- Care packages that contained family activities, such as educational toys and crafts. During virtual events, one coordinated services approach demonstrated how to use the materials with children. Another provided families with a stipend for completing the activities.
- Chromebooks, loaner laptops, and hot spots to fill gaps in community access to the Internet.
- Gift cards and food to meet their material needs, including bringing buses with food into the community.
- Space for virtual learning, including converting classrooms previously used for adult education into spaces that could be used by older children for virtual education while schools were physically closed.

Some coordinated services approaches found it hard to engage parents virtually; others found virtual services removed barriers to engagement. Due to restrictions on meeting in person, some coordinated services approaches shifted to virtual service delivery. They used virtual platforms, such as Zoom, and sometimes supplemented those meetings with one-on-one phone calls. Some coordinated services approaches found that virtual meetings or phone calls did not allow for the same level of interaction as in-person meetings. Some staff struggled to connect with families and keep them engaged virtually. Other staff described having difficulty building trust with families when remotely determining ECE eligibility or enrolling them in child care subsidies. These barriers were compounded when families did not have access to the Internet due to cost or living in rural areas that lacked connectivity. However, staff in at least one coordinated services approach said that by moving to virtual events, they were able to include more families in family engagement activities (Box IV.24).

Box IV.24. Example of virtual engagement during the COVID-19 pandemic

Knox Promise Neighborhood (KY, *community-oriented collective impact for families* model) conducted family engagement activities virtually during the pandemic. Activities included virtual music lessons and lessons on how to use materials and crafts provided to families to promote children's development. Because activities were offered virtually, staff did not have to travel to offer the activities separately in different schools. This allowed staff to offer more activities that families from different schools could all attend together. Staff noticed an increase in engagement; being able to access events and services from home also contributed to a reduction in transportation and child care barriers.

How were partnerships affected by the COVID-19 pandemic?

Coordinated services approaches built on existing partnerships to meet needs during the COVID-19 pandemic. Existing partnerships with health organizations helped staff and the families they served navigate the vaccine rollout and follow other COVID-19 health and safety measures. Partners also built on existing relationships to help meet the funding and personal protective equipment (PPE) needs of ECE

providers. They also helped coordinated services approaches meet families' needs for financial assistance, child care, or other support during the pandemic (Box IV.25).

Box IV.25. Example of partnering to meet family needs during the COVID-19 pandemic

To support families during school closures resulting from the COVID-19 pandemic, Georgia DECAL (*state systems change and investment in family services* model) partnered with the governor's office to administer a program to provide scholarships for families with school-age children. Supporting Onsite Learning for Virtual Education (SOLVE) Program scholarships gave working families funding for child care or support during the day when school was virtual. Staff said the COVID-19 pandemic was an opportunity for Georgia DECAL to build a stronger relationship with the state Office of the Child Advocate—which oversees Georgia's child welfare system—by working together to provide training on trauma-informed care for families and child care workers.

The COVID-19 pandemic made coordination harder for some coordinated services approaches, but moving online helped others with coordination. Some coordinated services approaches' activities slowed because partners had to address urgent day-to-day needs. For example, some coordinated services approaches struggled to engage partners in activities such as leadership councils. In contrast, others found that because services were offered virtually, staff and partners could coordinate to offer families a wider range of options. Even within a single coordinated services approach, staff members had different opinions on whether COVID-19–related restrictions on travel helped or limited collaboration between partners. One staff member said progress on coordination was slower because partners could not meet in person in communities. Another staff member of the same coordinated services approach said COVID-19-related restrictions made partnering easier because virtual meetings could be more efficient within its large service area.

F. Summary of findings

Although each coordinated services approach in the AMCS study was unique, there were common themes:

- **Coordination and partnerships**
  - Some coordinated services approaches provided services directly to families. Others coordinated with partners to change and create policies and procedures to promote systems change. Strong communication was essential in both types of coordination.
  - Many different partners were involved in the coordinated services approaches, with different partnership and governance structures, agreements, and activities, but all of the coordinated services approaches in the AMCS study focused on building successful outcomes for families with low incomes.
- **Eligibility and enrollment**
  - Some coordinated services approaches made progress in synchronizing applications and eligibility determination for multiple services, but none of those included in the site visits could enroll families directly into multiple services. Staff thought coordinating eligibility and application processes for ECE helped families access the type of ECE they preferred and helped communities access more of the federal funding allocated to them, but some also reported

unintended consequences, such as decreased enrollment into certain types of ECE in a community.

- **Funding**
  - Blending and braiding federal, state, and private funding sources helped coordinated services approaches meet family needs flexibly. However, they had to ensure they were using funds in line with funding restrictions.
- **Data collection and use**
  - Coordinated service approaches collected and used data, and some made progress on data sharing across partners. In general, however, coordinated services approaches and partners had limited data capacity and infrastructure; data sharing was challenging; and for several coordinated services approaches, there were concerns about privacy issues when trying to share data. Several were working on building integrated data systems.
- **COVID-19 pandemic**
  - Coordinated services approaches provided many resources to families during the COVID-19 pandemic. For some coordinated services approaches, engaging families virtually was more difficult, whereas others found it removed some barriers to engagement. Similarly, for some coordinated services approaches, the pandemic hindered their ability to coordinate with partners, whereas moving to virtual communication helped others.

V. Future research and evaluation

There was wide variation in how the coordinated services approaches included in the AMCS study structured their coordinated services, the partners they chose, and the type of coordination they focused on. The virtual site visits added depth to themes that were consistent across the larger group of coordinated services approaches included in the model scan and telephone interviews. Future research could build on these themes; and we suggest the following four topics:

- **Partnership processes and strengths.** Qualitative and quantitative research to understand more about the diversity of partnering arrangements that coordinated services approaches use could help clarify how partnering influences coordination and outcomes. Social network analysis is a process that helps identify patterns and interactions among groups. It could be applied to the study of coordinated services approaches to understand the types and strengths of partner relationships.
- **Understanding differences between coordinated services approaches that primarily coordinate to provide direct services to families versus those that primarily focus on systems-level coordination.** One of the ways the coordinated services approaches in the AMCS study differed from each other was in the primary focus of their activities. Our site visit sample was too small to draw generalizations about what these differences mean in the day-to-day practice of a coordinated services approach. Future research could focus on understanding how the structure of these types of coordinated services approaches might vary (or not) and/or how the types of outcomes each works toward might affect families.
- **Family voices and parents' experiences.** Coordinated services approaches in the AMCS study varied in whether and how they incorporated family voice. Further qualitative research with parents who participate in coordinated services approaches—and with parents who may live in the same communities but do not participate in the coordinated services approach—would help reveal parent perspectives. Targeted information gathering with coordinated services approaches that have formally (for example, through parent councils) or informally incorporated family voices or with coordinated services approaches that have not incorporated family voice but would like to, could help deepen understanding of the role of family input in different coordinated services approaches
- **Equity.** Although equity was not a focus of the topics in the AMCS study, coordinated services approaches—with their innovative or collaborative approaches to supporting families and the number of intersecting systems or services—have the potential to influence equitable access to supports and services, equitable participation, and equitable outcomes for families. Research focused on how coordinated services approaches may intentionally or unintentionally influence equity in their states or communities, and/or the ways they conceptualize equity, could provide important information about the potential for strengthening future programs and contextualizing family outcomes.

References

Adams, G., and C. Heller. "The Child Care Development Fund and Workforce Development for Low-Income Parents: Opportunities and Challenges with Reauthorization." Washington, DC: Urban Institute, June 2015. Available at http://www.urban.org/research/publication/child-care-and-development-fund-and-workforce-development-low-income-parents.

Annie E. Casey Foundation. "Community Change: Lessons from Making Connections." Baltimore, MD: The Annie E. Casey Foundation, 2013.

Black, M.M., S.P. Walker, L.C.H. Fernald, C.T. Andersen, A.M. DiGirolamo, C. Lu, D.C. McCoy, G. Fink, Y.R. Shawar, J. Shiffman, A.E. Devercelli, Q.T. Wodon, E. Vargas-Baron, and S. Grantham-McGregor. "Advancing Early Childhood Development: From Science to Scale 1: Early Childhood Development Coming of Age: Science Through the Life Course." *Lancet,* vol. 389, no. 10064, January 2017, pp. 77–90.

Chase-Lansdale, P. L., and J. Brooks-Gunn. "Two-Generation Programs in the Twenty-First Century." *The Future of Children,* vol. 24, no. 1, spring 2014, pp.13–39. Available at https://files.eric.ed.gov/fulltext/EJ1029028.pdf.

Chase Lansdale, P.L., T. E. Sommer, T. J, Sabol, E. Chor, J. Brooks-Gunn, H. Yoshikawa, C. King, and A. Morris. "What Are the Effects of Pairing Head Start Services for Children with Career Pathway Training for Parents?" Washington, DC: Aspen Institute, March 2017. Available at https://www.captulsa.org/uploaded_assets/pdf/CAP-Tulsa-impact-analysis_Ascend_Brief-1_2019.pdf.

Duncan, G. J., and K. Magnuson. "The Long Reach of Early Childhood Poverty." In *Economic Stress, Human Capital, And Families In Asia*, Edited by W.J. Yeung and M.T. Yap, Springer, 2013.

Goodson, B., T. Grindal, C. Darrow, M. Gwaltney, D. Klein Walker, B. Wyant, and C. Price. "Outcomes of Project LAUNCH: Cross-Site Evaluation Findings, Volume II." OPRE Report 2014-88. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2014. Available at https://www.acf.hhs.gov/sites/default/files/documents/opre/launch_outcomes_report_12_29_14_final_508.pdf.

Hoag, S., A. Swinbum, S. Orzol, M. Barna, M. Colby, B. Natzke, C. Trenholm, F. Blavin, G.M. Kenney, and M. Huntress. "CHIPRA Mandated Evaluation of Express Lane Eligibility: Final Findings." Washington, DC: Mathematica Policy Research and Urban Institute, 2013. Available at http://urbn.is/2fTBErX.

Hsueh, J., and M.E. Farrell. "Enhanced Early Head Start with Employment Services: 42-Month Impacts from the Kansas and Missouri Sites of the Enhanced Services for the Hard-to-Employ Demonstration and Research Project." OPRE Report No. 2012-05. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, 2012. Available at https://www.acf.hhs.gov/opre/resource/enhanced-early-head-start-with-employment-services-42-month-impacts-from.

Johnson, D., P. Chung, J. Schroeder, and J. Meyers. "Bridging Silos, Improving Systems." *Foundation Review,* vol. 4, no. 2, 2012, pp. 84–97.

Lombardi, J., A. Mosle, N. Patel, R. Schumacher, and J. Stedron. "Gateways to Two Generations: The Potential for Early Childhood Programs and Partnerships to Support Children and Parents Together." Washington, DC: Aspen Institute, 2014.

McCoy, D.C., H. Yoshikawa, K.M Ziol-Guest, G.J. Duncan, H.S. Schindler, K. Magnuson, R.Yang, A. Koepp, and J.P. Shonkoff. "Impacts of Early Childhood Education on Medium-and Long-Term Educational Outcomes." *Educational Researcher,* S 46, no. 8 (2017): 474–487.

Martinson, K., and P. Holcomb. "Innovative Employment Approaches and Programs for Low-Income Families." Washington, D.C.: The Urban Institute, 2007.

Meinert, K., and H. Matthews. "Parents and Children Thriving Together: The Role of State Agencies in Crafting a Statewide Two-Generation Strategy." Washington, DC: National Governors Association and Center for Law and Social Policy, 2018.

Quick, H., K. Manship, D. Parrish, S. Madsen, E. Lyman-Munt, J. Ernandes, D. Rojas, F. Helsel, C. Howes, and J. Youngok. "Evaluation of the First 5 LA Family Literacy Initiative: Final Evaluation Report." Los Angeles, CA: American Institutes for Research, 2011. Available at https://www.air.org/resource/evaluation-first-5-la-family-literacy-initiative-final-evaluation-report.

Sama-Miller, E., C. Ross, T. Eckrich Sommer, S. Baumgartner, L. Roberts, and P. Lindsay Chase-Lansdale. "Exploration of Integrated Approaches to Supporting Child Development and Improving Family Economic Security." OPRE Report # 2017-84. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2017.

Shonkoff, J. P., Richmond, J. B. "Investment in Early Childhood Development Lays the Foundation for a Prosperous and Sustainable Society." Encyclopedia on Early Childhood Development, 2009. Available at http://www.child-encyclopedia.com/sites/default/files/dossiers-complets/en/importance-of-early-childhood-development.pdf.

Schumacher, R. "Building Communities That Help Youth, Children, and Families Thrive." Washington, DC: Center for the Study of Social Policy, 2013.

Shelton, E., C. Warren, and S. Gehrig. "NAZ 2016 Annual Report: Including Accomplishments Over Five Years as a Promise Neighborhood." Saint Paul, Minnesota: Wilder Research, 2017.

Sommer, Teresa Eckrich, P. Lindsay Chase Lansdale, Emily Sama-Miller, Christine Ross, and Scott Baumgartner. "Conceptual Frameworks for Intentional Approaches to Improving Economic Security and Child Wellbeing." OPRE Report #2018-03. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2017.

Sommer, T.E., C.J. Gomez, H. Yoshikawa, T. Sabol, E. Chor, A. Sanchez, P. L. Chase-Lansdale, and J. Brooks-Gunn. "Head Start, Two-Generation ESL Services, and Parent Engagement." *Early Childhood Research Quarterly,* 2018.

Sommer, T., T.J Sabol, E. Chor, W. Schneider, P.L. Chase-Lansdale, J. Brooks-Gunn, M. Small, C. King, and H. Yoshikawa. "A Two-Generation Human Capital Approach to Anti-Poverty Policy in Head Start." The Russell Sage Foundation Journal of the Social Sciences, 2018.

Tatian, P. A., and B. Docter. "Evaluating Programs and Impact Within Promise Neighborhoods." Washington, DC: Urban Institute, 2020.

Appendix A

Updates to Models of Coordinated Services

This appendix includes two tables that present the models of coordinated services approaches categorized in each model. The first two columns of the tables include the final models as presented in chapter III of this report. The last two columns show the preliminary models developed at the time of the AMCS model scan (as described in the introduction of this report). Italics indicate coordinated services approaches that were recategorized in the updated models. A total of 57 coordinated services approaches are included in these tables (the 55 coordinated services approaches that informed the preliminary models plus two additional coordinated services approaches that were identified during telephone interviews). The in-depth information learned about some of those coordinated services approaches during the telephone interviews and site visits informed the refinement of the models. In the findings described in chapter IV of this report, we primarily focus on the site visit information because the broader set of coordinated services approaches are described in earlier reports (https://www.acf.hhs.gov/opre/project/assessing-models-coordinated-services-low-income-children-and-their-families-2018-2021).

Table A.1. State models of coordinated services approaches

Updated list of the coordinated services approaches in each model (August 2021)	Updated key features of the model (August 2021)	Coordinated services approaches as categorized in the preliminary models presented in the model scan report	Preliminary models: Key features as presented in the model scan report
State systems change and investment in family services (formerly *state vision*)			
7 coordinated services approaches • 2G for Tennessee • Iowa 2Gen Initiative • Colorado Opportunity Project • Connecticut Two-Generational Initiative • Maryland 2Gen Initiative • Minnesota 2-Generation Policy Network • *Georgia's Parents and Children Thriving Together initiatives (DECAL)*[a]	• Primarily focused on improving alignment of services designed for both parents and children (sometimes called "two-generation" services), these had goals related to the whole family. • Coordinated services approaches in this model had both a state-level and a local-level aspect to their coordination. They often took steps to enhance state-level agency coordination and review (or change) state policies that might inhibit coordination or create challenges for families. • Tended to encourage experimentation and innovation at the local level through pilot projects and/or grants. • Collected individual-level data from parents and children, and used that information for reporting and operational tasks.	**6 coordinated services approaches** • 2G for Tennessee • Iowa 2Gen Initiative • Colorado Opportunity Project • Connecticut Two-Generational Initiative • Maryland 2Gen Initiative • Minnesota 2-Generation Policy Network	• Focus on improving the alignment of services for parents and children • Pursuit of statewide policy and administrative changes to facilitate service coordination at the local level • Flexibility given to local jurisdictions to make implementation decisions

Updated list of the coordinated services approaches in each model (August 2021)	Updated key features of the model (August 2021)	Coordinated services approaches as categorized in the preliminary models presented in the model scan report	Preliminary models: Key features as presented in the model scan report
State-supported local ECE coordination (formerly *state framework*)			
No changes	• Focused primarily on improving alignment of the early care and education (ECE) system. • Primarily developed through legislation, most operated as public-private partnerships. They received state funds, but functioned semi-independently. • Provided a structure for local-level ECE coordination across the entire state. Local areas had flexibility within the structure to tailor their services to local needs. • Collected individual-level data to track service uptake, although in some states this only took place in a subset of programs.	**12 coordinated services approaches** • Arizona First Things First • Best Beginnings Alaska • Early Childhood Iowa Stakeholders • South Carolina First Steps to School Readiness • Michigan Great Start Initiative • Mississippi Gen+ Initiative • North Carolina's Smart Start* • Oregon Early Learning Hubs* • Virginia Smart Beginnings • Vermont Parent-Child Centers • Vermont Building Bright Futures • Nebraska Birth to Three Initiative	• Creation of a statewide framework for how services should be coordinated for families • Work with local partners to implement local coordinated services approaches
State family services provider (formerly *state direct services*)			
5 coordinated services approaches • California Home Visiting Program • Utah Intergenerational Poverty Initiative • Arkansas Career Pathways Initiative • 'Ohana Nui (Hawaii) • New Jersey TANF Initiative for Parents	• State was directly involved in local-level service delivery by developing specific programs or offering specific services in communities (through contracting agencies or state offices). • Coordination across local services was supported by the state. • Had characteristics of other models of coordinated services, such as breaking down agency-level siloes (e.g., Utah Intergenerational Poverty Initiative) and/or reviewing policies (e.g., 'Ohana Nui) • Often intended to collect and track individual-level data, but data use limited as yet.	**6 coordinated services approaches** • California Home Visiting Program • Utah Intergenerational Poverty Initiative • Arkansas Career Pathways Initiative • 'Ohana Nui (Hawaii) • New Jersey TANF Initiative for Parents • *Georgia's Parents and Children Thriving Together initiatives (DECAL)*[a]	• Creation of specific programs that coordinated two or more services for families • Implementation of services in local areas across the state

Note. This table includes all the coordinated services approaches that informed the development of the models and therefore includes some coordinated services approaches that are not described in this report. Italics indicate coordinated services approaches that were recategorized in the updated models.

[a] This coordinated services approach was moved from the *state family services provider/state direct services model* based on learning more about the coordinated services approach through the study data collection activities.

Table A.2. Local models of coordinated services approaches

Updated list of the coordinated services approaches in each model (August 2021)	Updated key features of the model (August 2021)	Coordinated services approaches as categorized in the model scan report	Model scan report: Key features of the model
Family-centered coordination (formerly *hub model*)			
14 coordinated services approaches • Maryland Refugee Assistance Program (MD) • Camden Promise Neighborhood (NJ) • Jefferson County Prosperity Partners (CO) • First 5 San Diego (CA) • Deer Creek Promise Community (MS) • MOMS Partnership (CT) • Rochester Strengthening Working Families Initiative (NY) • San Antonio Dual Gen (TX) • SwiftStart (VA) • Thriving Families (MD) • Weinland Park Collaborative (OH) • Northside Achievement Zone (MN) • Buffalo Promise Neighborhood (NY) • Atlanta Civic Site (GA)	• Designed to increase families' access to necessary services by supporting family engagement with the system, using strategies such as "no wrong door" intake processes and co-location of service providing partners. • Many intended to track families in a combined data system.	**16 coordinated services approaches** • Maryland Refugee Assistance Program (MD) • Camden Promise Neighborhood (NJ) • Jefferson County Prosperity Partners (CO) • First 5 San Diego (CA) • Deer Creek Promise Community (MS) • MOMS Partnership (CT) • Rochester Strengthening Families Working Initiative (NY) • San Antonio Dual Gen (TX) • SwiftStart (VA) • Thriving Families (MD) • Weinland Park Collaborative (OH) • Northside Achievement Zone (MN) • Buffalo Promise Neighborhood (NY) • Atlanta Civic Site (GA) • *Cradle to Career Initiative[a] (KY)* • *East Durham Children's Initiative[a] (NC)*	• Emphasis on family-focused service coordination • Streamlined entry into partner services and reduced barriers to access

Updated list of the coordinated services approaches in each model (August 2021)	Updated key features of the model (August 2021)	Coordinated services approaches as categorized in the model scan report	Model scan report: Key features of the model
Community-oriented collective impact for families (formerly *regional network with backbone*)			
11 coordinated services approaches • Invest in Children (OH) • Minus 9 to 5 (VA) • Strengthening Working Families Initiative in Chicago Southland (IL) • StrivePartnership (OH) • Early Childhood Innovation Network (D.C.) • *ARISE (Anchorage Realizing Indigenous Student Excellence)[b] (AK)* • *Everett Freeman Promise Neighborhood [b] (CA)* • *Knox Promise Neighborhood [b] (KY)* • *Cradle to Career Initiative[a] (KY)* • *East Durham Children's Initiative[a] (NC)* • *South Coast Early Learning Hub[c] (OR)*	• A lead, or backbone agency coordinated partners with the goal of improving community-wide outcomes. • Coordination was primarily administrative and focused on data; the backbone agency's responsibility was as a convener and organizer in charge of collecting data and tracking and reporting outcomes. Many approaches in this model did not directly serve families.	**5 coordinated services approaches** • Invest in Children (OH) • Minus 9 to 5 (VA) • Strengthening Working Families Initiative in Chicago Southland (IL) • StrivePartnership (OH) • Early Childhood Innovation Network (D.C.)	• Lead backbone agency convenes organizations in a geographic area around common goals and targets. • Little emphasis is placed on aligning enrollment or intake or reducing access barriers for families.
Focused coordination (formerly *narrow coordination*)			
8 coordinated services approaches • Family Futures Downeast (ME) • New York City Partnership Pilot for Disconnected Youth (NY) • Chicago Young Parents Program (IL) • Durham Housing Authority (NC) • AVANCE-Houston (TX) • Educare Central Maine (ME) • *Great Families 2020[b] (IN)* • *Central Georgia Technical College[c] (GA)*	• Tended to involve a small number of service-providing partners working together on a specific program for an identified service population. • Usually funded with grants. • Used one set of enrollment criteria for all components of the coordinated services approach. • Collected data for grant requirements, but data sharing was challenging.	**6 coordinated services approaches** • Family Futures Downeast (ME) • New York City Partnership Pilot for Disconnected Youth (NY) • Chicago Young Parents Program (IL) • Durham Housing Authority (NC) • AVANCE-Houston (TX) • Educare Central Maine (ME)	• Small group of partner organizations focused on enhancing services for a specific population • Grant funding

Note. This table includes all the coordinated services approaches that informed the development of the models and therefore includes some coordinated services approaches that are not described in this report. Italics indicate coordinated services approaches that were recategorized in the updated models.

[a] These coordinated services approaches were moved from the *family-centered coordination/hub model* to the *community-oriented collective impact for families* model based on learning more about the coordinated services approach through the study data collection activities.

[b] These coordinated services approaches were initially uncategorized in the model scan report because we had limited information about them or because they did not clearly fit into one of the preliminary models. After refining the model descriptions and learning more about them through the telephone interviews and virtual site visits, we were able to fit them within a model.

[c] These coordinated services approaches were identified after the model scan during conversations with other coordinated services approaches as we followed up about the profiles and during telephone interviews.

Mathematica Inc.

Princeton, NJ • Ann Arbor, MI • Cambridge, MA
Chicago, IL • Oakland, CA • Seattle, WA
Tucson, AZ • Woodlawn, MD • Washington, DC

EDI Global, a Mathematica Company

Bukoba, Tanzania • High Wycombe, United Kingdom

mathematica.org