



FL Early Childhood Comprehensive Systems (ECCS)
Impact Project

Grant Number# H25MC30342

Florida Association of Healthy Start Coalitions Inc.
2002 Old St. Augustine Road #E45
Tallahassee, FL 32301

FINAL REPORT

Completed by:
Ghia Kelly & Paloma Prata, ECCS Impact Manager
Jennifer Marshall, ECCS Evaluator

Part 1: Program Progress and Outcomes

a. Overall Program Aim:

Florida ECCS has made several major accomplishments over the last five years at the state and community levels related to improving the early childhood system of care and improving the developmental health of young children throughout our state.

State-Level Accomplishments

The first major state-level accomplishment is the strong relationships we have developed with state-level partners, place-based communities, and parent partners through our ECCS state advisory group. The advisory group was created during the first quarter of the grant, and we spent majority of the first year of implementation building trust with partners and communities, creating a shared vision for the project, and ensuring that we had the right people at the table to accomplish the project aim. The advisory group is comprised of over 30 early childhood experts, representatives from six place-based community initiatives, and five parent leaders. We created an advisory group that was both knowledgeable and diverse as it relates to best practices in child developmental health. The group also included state agency representatives and child advocates who played a key role in spreading and sustaining the work of Florida ECCS.

In addition to the advisory group, we also created a state improvement team, a subset of our larger advisory group, which included key partners such as Help Me Grow Florida, Florida Office of Early Learning, our state parent leader, former ECCS consultant/place-based initiative executive director, and our evaluator/data lead from the University of South Florida. The advisory group met bimonthly, and the state improvement team met monthly; both played a significant role in advising and guiding the work of Florida ECCS. These partners have also helped in supporting the place-based communities by providing guidance and technical assistance. Notably, these partners stayed engaged in the work of ECCS for the entire 5-year period with very minimal turnover.

A second major state-level accomplishment is the advancement of racial equity in our work at the state and community levels. We realized early in the project that racial equity was an important area of focus, because racism and implicit bias were significant barriers to parents, particularly parents of color, in accessing developmental screening and early intervention services for their children. Our first step in adopting a racial equity lens was to build the state staff's capacity to lead the racial equity conversation through professional development and training. This included attending phases 1 and 2 of the Racial Equity Institute, participating in the Office of Early Learning's (OEL) Equity Task Force, participating in racial equity webinars, and attending the Collective Impact Convening annually which has a huge equity focus.

Next, we started built the comfort and capacity of our state advisory group regarding racial equity. We started having courageous conversations regarding systemic racism, white privilege, and implicit bias. This process took some time because most partners were not used to having these types of conversations in the context of their early childhood work or in their personal lives. Along with these courageous conversations, we provided the group formal training on

equity and added racial equity to every agenda meeting. Eventually, the group started to embrace racial equity and look for ways to advance equity in their individual organizations. This lens was incorporated into the Florida ECCS driver diagram and used to inform change ideas in our continuous quality improvement (CQI) processes. As a result of our consistent focus on equity work, the Florida Office of Early Learning wrote statewide racial equity training for early learning and early childhood professionals into their Preschool Development Grant proposal. They were one of 20 states awarded the PDG and have conducted equity training and coaching across the state. We embraced racial equity not as something that we *did*, but something that we *became*.

A third major state-level accomplishment of Florida ECCS is amplifying community voice and prioritizing parent leadership. Partnering and co-creating with communities has been one of the most essential and rewarding aspects of our ECCS work. Communities and parents have been involved in the project since the inception and have been instrumental in all of our state and community accomplishments. To operationalize equity in our partnership with parents, we compensated them for their time and paid all related travel expenses utilizing both ECCS and Nemours funding. Additionally, we formally contracted with two state parent leaders and invested in the leadership development of parent leaders through the state advisory group and the direct support we provided to our partnering place-based communities.

We originally only had the two ECCS-funded place-based communities represented on the ECCS state advisory group, but this was expanded to six place-based communities by the second year of implementation. In November 2018, we terminated our contract with the Jacksonville place-based community due to challenges with the implementing agency. We had several communities apply for the ECCS Impact funding who were doing amazing and innovative work in early childhood. We could only fund one community, but we invited all the communities who applied to participate in the ECCS state advisory group because they all had strengths that could help inform our ECCS work. All of the applicants agreed to participate, and our advisory team grew to include: Champions for Children (Tampa), Overtown Children and Youth Coalition (Miami), Lake Maggiore Shores Neighborhood Initiative (St. Petersburg), Achieve Escambia (Pensacola), and the Project HOPE community of focus, Parramore Kids Zone (Orlando).

In addition to engaging parents, we have invested in building the leadership capacity of parents at the state and community levels. We sent five parents from partnering place-based communities to Phases 1 and 2 of the Community Organizing and Family Issues (COFI), a parent-led training academy based in Chicago, Illinois. The COFI model uses parents' strengths and commitment to their children and to their neighborhoods to help make positive change in their own lives, their families, and their communities. It emphasizes the commonalities (rather than the differences) between family and community leadership, and between private and public issues. COFI is a systematic and proven model of how people who are far outside the centers of power, become leaders, build organizations, and win.

The fourth and final major accomplishment of Florida ECCS was the additional funding and support we received from Nemours Children's Health System to implement Phases 1 and 2 of Project HOPE (Harnessing Opportunity for Positive, Equitable Early Childhood Development).

Project HOPE was designed to generate progress toward equitable outcomes for young children (prenatal to age five) and their families by building the capacity of local communities and state leaders to prevent social adversities in early childhood and promote child wellbeing. The Florida ECCS Impact Project was selected as one of three states to receive this funding because of the similar priorities and goals.

The Project HOPE Consortium included BMC Vital Village Network, the BUILD Initiative, and Nemours and was supported by the Robert Wood Johnson Foundation. Project HOPE provided technical assistance on reducing inequities by addressing early childhood adversity through systems alignment, policy, and capacity-building strategies and aimed to disseminate learnings from Project HOPE grantees to scale strategies to improve child wellbeing. Project HOPE allowed us to strengthen and expand the work of Florida ECCS related to social-emotional health promotion, racial equity, community engagement, and parent leadership.

Below are the major state-level Project HOPE activities:

- We provided funding for the Early Learning Coalition of Orange County/ Parramore Kids Zone in Orlando to participate in the NOW (Networks of Opportunity for Child Wellbeing) Project offered through Vital Village at Boston Medical Center. They provided Parramore with tailored technical assistance in order to build knowledge, skills, and provide tools to scale and sustain equitable transformation of early childhood education and health system in their community.
- We hosted a two-day in-person diversity, equity, and inclusion training for our ECCS state advisory group. The training was facilitated by the Institute for Public Health Innovation (IPHI), an organization Nemours contracted with specifically for the Project HOPE equity work.
- We provided professional development opportunities for our state staff, state advisory group members and early childhood professionals across the state such as Racial Equity Institute, Circle of Security, Talking is Teaching, Collective Impact Convening, and COFI Institute.
- We contracted with consultants to assist with our efforts regarding the creation of an integrated data system, early childhood policy change, and social-emotional health promotion. These consultants led workgroups, provided technical assistance to the state advisory group and place-based communities, and created strategic plans to help guide our work.
- Because of the flexibility of the Nemours funding, we were able to compensate parents for their participation in ECCS meetings, workgroups, evaluation activities, and community activities. We established an hourly rate that was equitable and a reimbursement process that was simple and efficient for parents. We were also able to use Nemours funding to provide meals at in-person advisory group meetings and parent meetings and groups.
- We provided a 3-part strategic communications online training series for the ECCS state advisory group and early childhood providers. This training was conducted by the University of Florida Center for Public Interest Communications and assisted those wanting to create change, discover how behavioral, cognitive, and social science can show them how people think, make decisions, and behave. Through use of science,

systems thinking and human-centered design, this training provided participants with tools to create and implement powerful communication. This training and the follow-up coaching were very helpful in teaching our team how to strategically communicate our project goals and early childhood policy priorities to key stakeholders and policymakers.

- We provided ten ECCS state advisory group members with the opportunity to receive professional certification in Trauma & Resilience through Florida State University.

Community-Level Accomplishments

Our two ECCS place-based communities made significant accomplishments towards improving developmental health outcomes for young children, advancing equity, building the leadership capacity of parents, collaborating with cross-sector partners, and strengthening the early childhood system. They did this through Plan Do Study Act (PDSA) cycles, employing the principles of collective impact, adopting a racial equity lens, and intentionally engaging partners and community members.

The first year of implementation was spent building relationships, creating a shared vision for their local ECCS team, engaging parents, and identifying the gaps in their local system of care. Spending time on relationship building and listening to parents proved to be a solid foundation for the place-based communities to build upon. Communities were treated as the experts in their local context and were given the freedom to select the primary drivers they wanted to focus on and the activities they wanted to implement. The state team provided support, guidance, and technical assistance to the place-based communities.

Miami (Liberty City)

The overall progress of the Liberty City ECCS Team reflects the work of a core group of community residents, advocates, and providers. By embracing the Collective Impact framework, Collective Impact Principles of Practice, and the Jemez Principles for Democratic Organizing, they focused on achieving their community aim, coordinating their efforts, and continuous communication. To do this, their team created a 5-point plan that included:

1. Universal high-quality developmental and social-emotional screening for every child, regardless of funding source.
2. Quality professional development for early learning professionals.
3. Universal developmental health campaigns.
4. Local school readiness enrollment/redetermination.
5. Emphasizing social emotional supports for children and their parents.

Liberty City's work occurred through strategic partnerships with residents and community partners. The team constantly sought to understand the needs of the community from a larger segment of the population. For example, they partnered with their MIECHV-funded home visiting program, Nurse-Family Partnership (NFP), to have families complete surveys about their experiences navigating the system. To support local NFP graduates, the Liberty City team provided families with book kits to support child development. Information gathered from these graduations was used to refine their approach. They also worked with their local Help Me Grow

affiliate to host Books, Balls and Blocks in the community to ensure all children received high-quality screening, particularly the screening that does not occur within childcare, such as social-emotional screening and autism screening.

Additionally, the Liberty City team partnered with several local partners to support the Annie E. Casey's Mission North Star initiative; a project designed to understand the needs of young parents. They identified young parents and the parents helped design the initiative and were trained to host focus groups with their peers (the parents were compensated approximately \$50 per hour). The Liberty City team was known throughout their county for their strong local relationships and as their meaningful parent involvement grew, agencies often contacted them as a thought partner on how to engage parents in a way that did not reinforce tokenism. They have also invested in the growth and development of parents, so parents had the capacity to lead the community. For example, one of their parent partners attended the two-part COFI parent leadership organizing training and designed her own training for local parents to increase their civic engagement.

The Liberty City team spent a lot of their time collaborating with local early care and education centers. They believed childcare centers and schools were integral to the health and wellbeing of the community. This partnership provided the team a direct line of communication with young children and their parents, since most families in the Liberty City community enrolled their children in childcare. The team worked closely with schools from workforce development, creating venues for parents and the team to share their policy concerns with respective licensing and funding entities, to discuss teacher compensation, high-quality instruction and piloting efforts designed by the collective.

In the third year of the project, MCI spread their improvement efforts to Overtown, a neighboring community that shared a rich history with Liberty City. The Overtown Children & Youth Coalition (OCYC) was designated as a Florida Children Initiatives, so the two projects shared aligned goals for vulnerable communities. With support and funding from the ECCS state team, OCYC leadership joined the Liberty City ECCS Collaborative Improvement and Innovation Networks (COIIN) team and piloted strategies in Overtown that were successful in Liberty City. The Liberty City team facilitated Circle of Security parent groups in Overtown, and Overtown assisted with Liberty City's COVID-19 response to uplift families. The success of their relationship was grounded in the mutual alignment of organizational goals.

The Liberty City team's efforts for two-generational programming were grounded in their social-emotional work. The team worked with local providers to switch from a child-intake to a family-intake model in which both child and parent needs were considered and connected with services to increase their individual well-being. They also offered Circle of Security (COS) groups to both parents and childcare teachers. The team believed it was important for parents and educators to support young children from similar approaches, which allowed "home" and "school" to reinforce one another. They found value in integrating their COS groups with teachers and parents and allowing them to work through the process together.

Below are the major accomplishments made by the Liberty City team:

- Created a strategic plan based on parent input (focus groups); early care and education directors/owners' input (focus groups/Developmental Screening Survey results) and CoIIN team members input (one-on-one and monthly CoIIN team meetings).
- Created a sustainable approach to ensuring children who are not screened in childcare have an ongoing designated organization to provide screening.
- Provided the Autism Navigator tool to residents in the community through a partnership with the University of Miami, Center for Autism and Related Disabilities. They started out only screening two children in their first month, but they revamped their process and screened a minimum of 25 children per month. 10-20% of Liberty City childcare centers directly screened all of their children as well.
- Led discussions on diversity, equity, and inclusion (DEI). This elevated conversations about racial disparities throughout Miami-Dade County. This resulted in one local funder incorporating strong DEI language into grant opportunities. They also partnered with Planned Parenthood to conduct a Racial Equity Institute two-day training for early childhood partners and participated in the Race to Equity Pre-Summit Workshop in Riviera Beach, FL, which focused on helping leaders to operationalize and institutionalize racial equity within their organizations.
- Strengthened their partnership with Miami-Dade Family Learning Partnership, which included a commitment to increase the number of services provided in Liberty City and seeking out funding to provide universal developmental health promotion.
- Increased the number of private-pay children screened in local childcare programs. MCI learned that approximately 44% of schools only screened subsidized children, resulting in private-pay children not being screened. By spreading awareness on the benefits of screening all children, regardless of payment method, MCI has seen a 36% increase in screening rates.
- Created a parent-led data collection plan for annual NICHQ indicator information that began in April 2019.
- Created a universal developmental health promotion workgroup within their ECCS team.
- Participated in the first countywide grade level reading campaign initiative as part of the early childhood committee and helping to create the early childhood plan.
- Worked collaboratively with community partners to align social emotional health efforts in Liberty City.
- Conducted monthly lunch & learn meetings with Liberty City childcare owner/directors to discuss best practices, new developments in licensing standards, and to share developments in their schools.
- Secured a corporate sponsor to provide manipulatives to childcare centers and caregivers.
- Reviewed the developmental health promotion materials currently available and designed marketing collateral to support developmental health promotion on-the-go.
- Participated in the Circle of Security Facilitators Training, an international research-based parent reflection approach grounded in attachment theory. Three ECCS Liberty City team members were certified as facilitators and provided Circle of Security groups for parents and caregivers of young children in the Liberty City and Overtown communities. The first group was conducted in-person and the second group had to be conducted virtually due to the COVID-19 pandemic. This work occurred with coordination from all agencies who support the mental health and wellbeing of Liberty City children to support alignment and referrals, when necessary

- Facilitated and participated in panels for the No Small Matter documentary, a feature-length documentary film and national engagement campaign that brings public attention about the human capacity for early intelligence and the potential for quality early care and education to benefit America's social and economic future. By doing this, they have been a part of the collective efforts to increase the number of advocates for babies. This has resulted in developing relationships with church officials, tech businesses and PNC Bank. These relationships have directly supported their work. For example, PNC Bank provided them with 5,000 books for the Liberty City community. This work occurred in coordination with their Maternal Child Health/Early Care and Education Advocacy agency.
- The group explored the social emotional needs of children because they recognized that children growing up in Liberty City experienced stressors that often went unspoken, but at times would show up in other ways. By listening to families, schools, and community partners, they implemented a pilot to place play therapists in four of their 40 early care and education centers. This pilot was so well received, they expanded it to ten schools. Once they formally assess the impact of the pilot, they will make modifications and explore the benefits of having a play therapist in 100% of schools in need. This work is executed by local community partners.
- Through the Liberty City team's partnership with the Clinton Foundation, they endorsed them piloting an innovative approach that would allow parents to lead the Talking is Teaching campaign as "Trusted Messengers" instead of early learning professionals. Talking is Teaching is a public awareness and action campaign that aims to support parents and caregivers to talk, read, and sing more with their young children from birth. They trained seven parents and three community partners in the parent-led model. The training was highly rated, seven businesses/community spaces participated in the pilot by posting signage that had a question parents could ask their child on the spot, increasing high-quality engagement. Three of the businesses agreed to host community engagement play dates post-pandemic. They estimate that there were over 100 instances of trained parents, sharing information they learned about child development to members in their network (friends, family, and co-workers).
- Created greater alignment between service providers who support children's social and emotional wellbeing. This included creating a document listing available services, understanding the unique characteristics of each program, and creating a progressive pathway that could support a child and their family wherever they fell on the continuum. This also ensured that providers were not "competing" for clients.
- Based on an assessment provided by the ECCS evaluation team, MCI had exceeded their ECCS aim of a 25% increase in the developmental outcomes of three-year-old children in Liberty City (based on approximately 33% of the overall target population).

Tampa (Town N Country)

Champions for Children (CFC) officially became an ECCS place-based community partner in January 2019. They hired Maggie Sanchez as their ECCS coordinator. Maggie is bilingual and lives in the Town N Country community which helped her build trust with partners and residents. Maggie and her team attended the four-day Circle of Security Parenting Facilitator Training and conducted groups for parents of young children in the Town N Country community. They also

participated in the two-day equity training we provided for the state advisory group in Tallahassee. The Town N Country team focused primarily on building supportive, trusting, and mutually respectful relationships with parents and partners. As a result of their partnerships, they were able to increase the awareness and utilization of services for young children, improved relationships with families, and improved communication between providers.

Below are the major accomplishments made by the Town N Country team:

- Created cross-sector partnerships with Nurse-Family Partnership, Lutheran Services Early Head Start, Healthy Families, Reach-Up Inc., the HART Transit, law enforcement, Tampa Healthcare Centers, WIC, and the Town N Country Public Library.
- The ECCS team partnered with the Growing Up Great Initiative in Town N Country whose mission is to serve children birth to 5th grade through a collective impact model and improve social-emotional development and academic outcomes. Partners include the Hillsborough County Public School District, the Tampa Boys & Girls Club, Hillsborough County Early Learning Coalition, two childcare providers, and the Hillsborough County Early Childhood Liaison. ECCS presentations were conducted with Head Start parents, kinship caregivers and parents involved with local developmental playgroups.
- The Town N Country ECCS team, made up of parents and providers, created an early childhood resource guide for the Town N Country community. The guide was made available in both English & Spanish and was distributed to families at local community events.
- The Town N Country ECCS team decided to adopt the Talking is Teaching Campaign and saturate the community with developmental health promotional materials. After being trained as a “Trusted Messenger”, the ECCS Community Liaison visited local businesses to share details about the campaign and a local laundry mat agreed to post the materials.
- The ECCS staff conducted surveys with community residents about their experiences accessing services related to their children’s health and development and early childhood policies in Florida. The surveys were also translated in Spanish for non-English speaking parents.
- The ECCS coordinator facilitated multiple -week Circle of Security groups for parents in Town N Country. The Circle of Security is a model which promotes early childhood attachment and social-emotional development. They hired a male ECCS community liaison who conducted a Circle of Security group specifically for male caregivers which was extremely successful.
- Champions for Children, the implementing agency of ECCS, offers six weekly developmental playgroups in the Town N Country community for children 0-5 years old. Children were screened at intake using the Ages and Stages Questionnaire (ASQ) and referrals are made to community providers for further evaluation and intervention as needed. When Champions for Children first implemented the ECCS Project in Town N Country in January 2019, the playgroups had less than ten participants on a weekly basis. From June 2019 to August 2019, there were 23 playgroup participants and from September 2019-December 2019, there were 74 participants. This is a significant increase and is the direct result of the parent engagement efforts of the ECCS team.

Florida ECCS has employed and prioritized several specific strategies that helped us achieve the overall project aim. Although communities were given autonomy in the activities they implemented, we ensured that the frameworks and strategies employed were aligned at the state and community levels.

Racial Equity

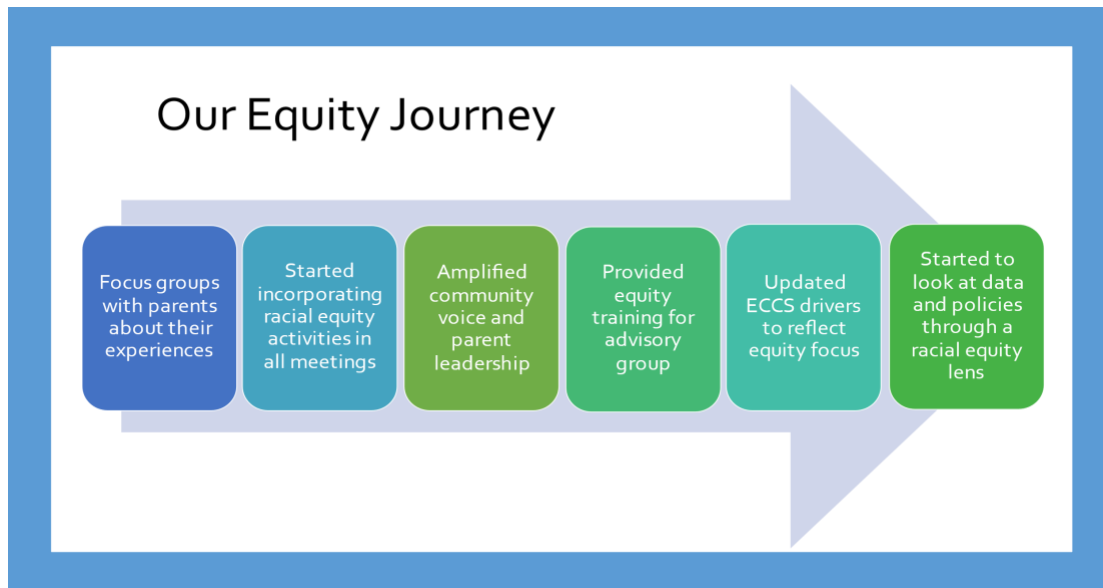
The adoption of a racial equity lens was a priority at both the state and community levels and similar strategies were used. We started with building our staff's capacity to lead the equity conversation. The ECCS state lead attended multiple national trainings on equity, and we had conversations internally about racism and implicit bias. The Liberty City team lead also had significant equity training and internal expertise. The second strategy we employed was facilitating conversations with the state and local teams about racism and barriers that families of color faced when accessing services within the early childhood system of care. The topic of racial equity was added to every ECCS meeting agenda, and this helped partners get comfortable with a somewhat uncomfortable topic. Additionally, we revised our ECCS drivers to ensure that they included racially equitable and inclusive language.

After facilitating conversations on equity, we started providing formal training for our partners on racial equity. We offered a two-day diversity, equity, and inclusion training to the state advisory group conducted by the Institute for Public Health Innovation (IPHI), a consultant for Nemours/Project HOPE. Florida MIECHV offered a groundwater training with the Racial Equity Institute which was also extended to Florida ECCS team members. We also paid for state advisory group members, which includes place-based community representatives, to attend the multiple Collective Impact Convenings which offered a plethora of equity-focused workshops and plenaries. Florida ECCS also supported equity training for the Liberty City and Parramore Heritage communities. Liberty City offered a two-day in-person Racial Equity Institute training for their early childhood partners and Parramore conducted a virtual equity training with IPHI for their parents and providers.

Another significant strategy we employed towards equity was amplifying community voice and prioritizing parent leadership. We found that parents were not being equitably engaged or empowered within the early childhood system. They were asked to volunteer their time while professionals were paid, and accommodations were not made for parents who worked during the day or needed childcare. Parents were also not empowered as decision makers or co-creators. The Town N Country place-based community has a largely Spanish-speaking population which made us expand our equity focus to include ethnic equity and language justice. This population faced unique barriers such as immigration, language barriers, and general distrust of social service providers. We encouraged the implementing agency to hire a coordinator who was from the community and was bilingual and this proved to be key in families engaging in ECCS activities, attending developmental playgroups, and taking a leadership role in their child's health and development. Resources such as the EC-LINC Race Equity & Parent Leadership Manifesto, Stepping Up and Speaking Out: The Evolution of Parent Leadership in Michigan, and Chicago Beyond's "Why Am I Always Being Researched?" have been extremely helpful in our community engagement and parent leadership efforts.

The last strategy we employed was to encourage our partners to start the equity conversation within their organizations. Some partners found it difficult to do this since they worked in bureaucratic organizations, but we provided them tools and resources to do whatever they could to bring awareness to racial inequities and how they impact the children and families they serve. As a result of this strategy, the Florida office of Early Learning (OEL) was able to fund statewide equity trainings through the Preschool Development Grant. Our partnering place-based communities were also able to get many of their partners to start prioritizing equity and considering the impacts of racism and bias in their work.

One of the largest barriers in our advancement of racial equity was not being able to disaggregate early childhood data by race due to not having an integrated data system. We would love to have been able to look at statewide developmental screening and early intervention data to identify differences across races and ethnicities and work with the ECCS state advisory group to create a plan to address them. The creation of an integrated data system is being addressed through PDG so we are hopeful that we will be able to do more towards this through our continued partnership with OEL.



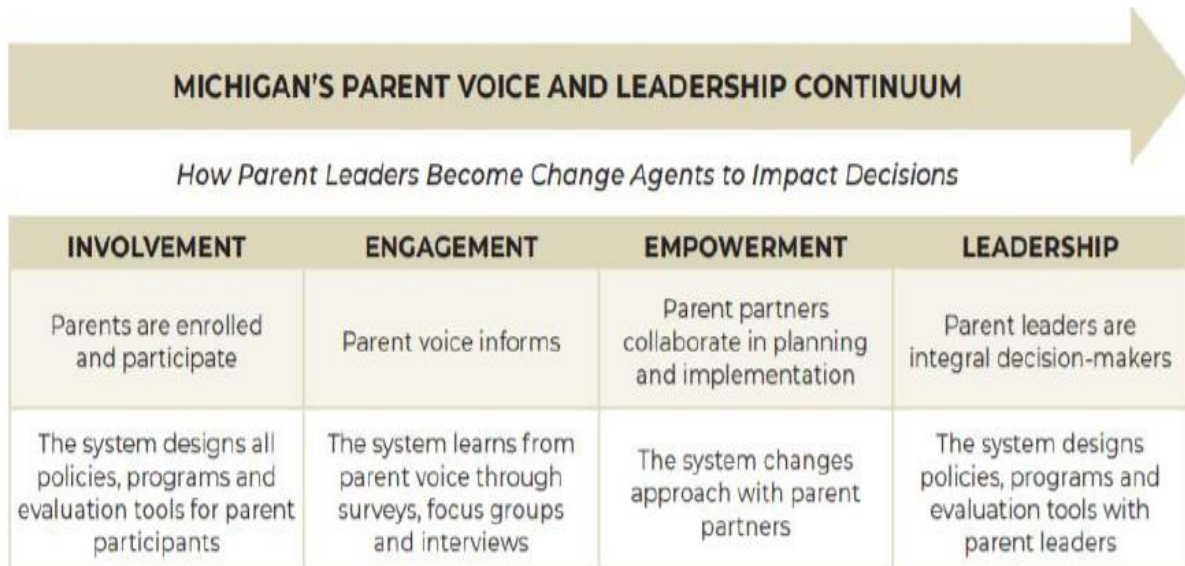
Parent Engagement and Leadership

Our family engagement strategies included inviting parents from our six-partnering place-based communities to participate on the state advisory group and ECCS workgroups to ensure adequate community representation. To operationalize equity in our partnership with parents, we also compensated them for their time and paid all related travel expenses through our Nemours funding. We also contracted with two parent leaders to serve in all state-level activities and to assist with providing support to the parent leaders at the community level. We provided funding and resources to communities over the course of the project to support their parent engagement and leadership efforts.

In addition to engaging parents, we have invested in building the leadership capacity of parents at the state and community levels. We sent five parents from partnering place-based communities

to Phases 1 and 2 of the Community Organizing and Family Issues (COFI), a parent-led training academy based in Chicago, Illinois. The COFI model uses parents’ strengths and commitment to their children and to their neighborhoods to help make positive change in their own lives, their families, and their communities. It emphasizes the commonalities (rather than the differences) between family and community leadership, and between private and public issues. COFI is a systematic and proven model of how people who are far outside the centers of power, become leaders, build organizations, and win.

We were intentional in distinguishing engagement from leadership because many of our partners saw them as one in the same. However, we saw our partnership with parents on a continuum with engagement being a starting point and leadership being the ultimate goal (see Michigan’s Parent Voice and Leadership Continuum). Engagement allowed parent voice to inform our work, but leadership required that we shared power with parents and involve them in decision-making. We were intentional about building trust with parents and making them feel like their input was just as valuable as anyone else on the team. We tried to ensure to the best of our ability that parents felt respected and equitably engaged (provided financial compensation, childcare, etc.)



While we accomplished a lot in our efforts to engage parents and build their leadership capacity, funding proved to be the largest barrier for us. Our ECCS funds were limited and made it difficult to compensate parents who we did not have a contractual relationship with. Without the additional funding from Nemours, we would not have been able to compensate parents for their time, purchase food for meetings, provide childcare services, or provide parent leadership capacity-building opportunities.

System Integration and Alignment

The Florida ECCS grantee is also the Florida MIECHV grantee, and the two grants are managed by the same director within FAHSC. This has allowed a seamless coordination between the two programs. Collaboration with the Title V maternal child health (MCH) agency has also

strengthened. The MCH staff were involved in activities of the ECCS grant, and Florida MIECHV/ECCS leadership collaborated with Title V on the Needs Assessments for the respective organization. Federal Healthy Start was also involved in this process.

Additionally, the Office of Early Learning (OEL), who holds the Preschool Development Grant (PDG) is a key partner of ECCS and collaborated with the director on the application. A shared interest in racial equity, integrating data, and improving infant mental health led to several funded strategies within the PDG. Florida ECCS has also worked closely with Help Me Grow Florida throughout the project and was able to provide funding to support the creation of a social-emotional health brochure for families. The brochure was printed and distributed to Help Me Grow affiliates, ECCS partnering place-based communities, and MIECHV local implementing agencies throughout the state and were well-received by parents and partners.

During the project, ECCS place-based communities worked to strengthen the relationships between their local Part C provider (Early Steps), Help Me Grow affiliate, and MIECHV-funded home visiting programs and to align their efforts to decrease service duplication. This was huge because, prior to the ECCS project, these providers had very little interaction with one another. The relationship between early intervention and home visiting was also strengthened through a MIECHV learning collaborative that focused on child development. Local communities managed to engage these partners beyond just the monthly CoIIN meetings but in the actual ECCS improvement efforts such as PDSA testing, data collection, and ECCS community events. An example of this was the creation of Baby University in New Town, a monthly outreach event that targeted parents of young children and provided dinner for families while also promoting healthy child development. Nurse-Family Partnership, Help Me Grow, and Early Steps all partnered in this event either by providing education and resources to parents or engaging with the children who attended. Another example is the Books, Balls, and Blocks community events which provided developmental screening, two-generational activities for children and parents, and information on developmental health and early intervention.

Integration of Measures and Indicators of Developmental Health Outcomes

While Florida does not have an integrated data system, we were able to accomplish the following regarding the integration of measures and indicators of developmental health outcomes:

- Participation from state agencies, local place-based communities, and the University of South Florida Public Health Evaluation team as part of a data integration workgroup that with University of Pennsylvania developed a toolkit to guide future efforts. This playbook displays ECCS partners from relevant agencies, outlines policies and data sources, and catalogues data integration efforts to date.
- Incorporation and review of vital statistics, Census, and the Florida Home Visiting Needs Assessment data with the local ECCS teams for local planning.
- Engagement and sustained commitment from many partners at the state and local levels to compile and report their developmental screening data, including:

- Florida Office of Early Learning, FDOH Early Steps program, Help Me Grow, and MIECHV/Home Visiting
- Data drawn from the Children's Board of Hillsborough County's integrated database that was able to identify screening outcomes for over 100 children enrolled in eight funded agencies in the Town N Country community

b. Program goals:

1. Strengthen leadership and expertise in continuous quality improvement and support innovation.

Continuous Quality Improvement was a focus of Florida MIECHV which proved helpful during the implementation of ECCS. The former FAHSC Chief Program Officer, Allison Parish, had expertise in CQI and did a great job of building the capacity of the state staff for both Florida MIECHV and Florida ECCS in understanding improvement science, utilize PDSA cycles, and supporting communities in their CQI efforts. We understood that CQI was a new concept for communities, so we made CQI training a deliverable for subcontractors and made ourselves available to conduct trainings and provide technical assistance as needed. We also provided place-based communities resources on CQI and provided access to virtual trainings created by Florida MIECHV. The ECCS project manager reviewed monthly PDSA's submitted by the place-based communities and gave feedback on ways to improve and spread efforts. While the ECCS state team did not conduct formal PDSA cycles, we utilized the strategies of CQI. In the first year of the project, Florida ECCS participated in Florida MIECHV's CQI project on improving child development. This brought together home visitors, Part C providers, and ECCS teams from across the state to discuss ways to improve communication, improve the referral process, and improve system of care.

A major barrier to our CQI efforts was trying to make the model of improvement work within the ECCS structure provided by HRSA and NICHQ. ECCS employed several frameworks such as collective impact, systems change, and the model for improvement but they did not all work together in the way everyone hoped. It was apparent that ECCS was different than other HRSA-funded CoIINs that utilized the Breakthrough Series. Our place-based communities were completing PDSA cycles regularly and collecting the required data, but they did not find the process beneficial to achieving their project goals. Fortunately, ECCS grantees were able to share their concerns with HRSA and they were able to revamp the CoIIN structure so communities could focus on efforts that were meaningful to the children and families they served.

2. Achieve greater collective impact in early childhood systems at the state, county, and community level (include discussion about the most effective structures for, and most important barriers to, coordination between state and community levels).

Collective Impact was a somewhat new framework for the ECCS state staff, but it was something that we easily understood and embraced by the state and local teams. The principles

of collective impact fit nicely with our focus on equity and parent leadership. We utilized both the conditions of collective impact and the principles of practice throughout the project.

Conditions of Collective Impact:

1. **Common Agenda**- created a shared vision and shared language for improving child developmental health with the state and local teams.
2. **Shared Measurement**- engaged partners in all ECCS data collection efforts; asked partners for feedback on measures and their usefulness.
3. **Mutually Reinforcing Activities**- ensured that state and local activities were differentiated yet coordinated and that there was bidirectional learning.
4. **Continuous Communication**- regular communication through email; monthly meetings with state improvement team and bimonthly meetings with state advisory groups; monthly meetings and parent groups with local teams
5. **Backbone Support**- ECCS project manager dedicated fully to supporting partners and communities; provides resources and funding; convenes meetings and other collaborative activities.

Principles of Practices:

1. **Prioritize equity**- We adopted a racial equity lens and worked to advance equity at all levels of the project.
2. **Include community members**- We amplified community voice, engaged parents, and invested in building their ability to lead and advocate for the needs of their children and communities.
3. **Recruit and co-create with cross-sector partners**- The ECCS state team was comprised of maternal health and early childhood experts, child health practitioners, state government, parent leaders, and community representatives. Local teams convened diverse partners including local childcare leaders, businesses, healthcare providers, home visiting, local libraries, community residents and parents.
4. **Use data to learn, adapt, and improve**- Partners participated in annual/biannual data collection; evaluation team collected qualitative data from focus groups and PARTNER surveys and shared results with state and local teams; local team collected data from PDSA cycles and used results to inform their work.
5. **Cultivate leaders with unique system leadership skills**- We invested in the leadership development of parents because we believe they have the capacity to make change at every level of the maternal and early childhood system.
6. **Focus on program and system strategies**- ECCS helped providers shift their focus solely from improving their particular program to improving the entire system. We created maps of the state and local systems in order to identify assets and gaps.
7. **Build a culture that fosters relationships, trust, and respect**- We created a team where everyone was respected, valued, and treated equitably. We made accommodations for parents to ensure that they were able to attend and actively participate in meetings (compensation, childcare, interpreter services, etc.)
8. **Customize for local context**- We treated place-based communities as the experts on their local context and we gave them autonomy to focus on the areas that they saw as most

important in reaching the ECCS aim. We offered communities support, guidance, and resources as needed.

The methods that were utilized to track metrics of collective impact were annual and biannual data collection, compilation, and reflection, focus groups to evaluate utilization and outcomes of driver diagrams/strategies, and annual Program to Analyze, Record, Track Networks and Enhance Relationships Tool (PARTNER Tool) Reports. The annual and biannual data included questions such as parents' perception of improvement in social support within the community, how connected families are to services, new policies that promote or support developmental health, and how many partners are contributing developmental screening data at the state and place-based community level. During this project, focus groups were conducted at community CoIIN meetings and State Advisory meetings to evaluate how the Driver Diagram or other approaches were guiding projects and initiatives to further promote developmental health in a culturally and racially appropriate way. A summative report was compiled comparing PARTNER Tool results across years one through three for the State and Liberty City, and for year one in Town N Country. This report shows the levels of collaboration across CoIIN teams, measures perceived best outcomes, and displays density and trust of partnerships through network maps.

The largest barrier to achieving collective impact was the structure of the ECCS CoIIN. For example, one of the conditions of collective impact is shared measurement but we could not develop shared measures with our team because they were developed for us by NICHQ. This did not inhibit our ability to develop relationships, but it did make data collection difficult. We had partners contribute the monthly and annual/biannual data, but the partners did not feel that the data was helpful to them because they did not play a part in selecting the measures. This was an issue both at the state and community levels.

3. Develop early developmental health promotion, screening, and referral strategies within and across sectors and communities with an emphasis on two-generation approaches (include the extent of health provider and health systems engagement, and related facilitators and barriers).

Florida ECCS worked to integrate early childhood services within and across sectors. For example, the ECCS workgroups focused on policies, data and promoting social-emotional development have not been limited to specific sectors. Indeed, the whole approach of the ECCS Advisory Group was to promote strategies that will work, regardless of the sector or organization. The place-based approach is a strategy that grounded our state-level work in child and family well-being, rather than sector. Strategies that promoted screening parents of young children for depression, and teaching parents how to improve their child's social-emotional development, are examples that are not organization- nor sector-specific. While we already had a coordinated intake and referral system for home visiting (CONNECT) and another one for childcare referrals (Child Care Resource & Referral), we worked with OEL on improving connections between the home visiting and childcare sectors. The intent was not to merge these hubs; we wanted to better educate staff within each sector on how to connect children to the other services.

Additionally, we had an increased focus on education and opportunities for staff around infant mental health and the promotion of early childhood mental health. We collaborated on building the infrastructure for implementing infant and early childhood mental health consultation (IECMHC) sectors. Part of the infrastructure building process was focused on developing a system in which anyone could refer a child, regardless of the sector, and pairing organizations with a trained IECMHC who would evaluate the situation and could potentially provide consultation to more than one organization if the family was involved with more than one (e.g., home visiting and childcare). While FAHSC and OEL (through PDG) led this effort, the Florida Association for Infant Mental Health (who is represented on the ECCS Advisory Group) played a critical role, as did the technical assistance partners who specialize in this area.

Communities employed early developmental health promotion, screening, and referral strategies within and across sectors and communities with an emphasis on two-generation approaches through the following activities:

- Partnered with Help Me Grow and other providers to conduct Books, Balls & Blocks community screening events
- Conducted PDSA's with local childcare centers to improve screening practices and increase screening rates, particularly those not receiving childcare subsidies
- Facilitated developmental playgroups and provided developmental screening
- Provided parents with age-appropriate books and materials for their children
- Conducted in-person and virtual Circle of Security parent groups to promote attachment
- Promoted development through the Talking is Teaching campaign, trained parents as trusted messengers, and engaged local businesses in promotion efforts
- Conducted a pilot within local childcare centers to improve staff capacity to address the social-emotional needs of children
- Offered young children a virtual music summer camp to promote social-emotional wellbeing and give children a creative outlet during COVID-19
- Provided early screening for autism for children through a partnership with the University of Miami, Center for Autism and Related Disabilities.
- Participated in the first countywide grade level reading campaign initiative as part of the early childhood committee and helped to create the early childhood plan
- Facilitated several panels on *No Small Matter*, a feature-length documentary film and national engagement campaign that brings public attention about the human capacity for early intelligence and the potential for quality early care and education to benefit America's social and economic future.

4. Develop spread strategies and adopt new early childhood policies for sustaining the systems developed and innovations and best practices tested or advanced (include the degree of innovation or best practices spread achieved in communities and the state, and what facilitated spread).

One of the ways we spread our ECCS improvement efforts was by adding additional place-based communities to our state advisory group beyond our two ECCS funded sites. This not only amplified community voice in work, but it allowed us to be able to invest in these additional

communities with materials to promote social-emotional development, funding for family engagement activities, and capacity-building opportunities. We also supported the Liberty City (Miami) team in spreading their improvements to their neighboring community, Overtown, through funding and technical assistance. Lastly, we developed a strategy to spread the Talking is Teaching Campaign from Liberty City to two additional communities. Talking is Teaching is a campaign of Too Small to Fail, an initiative of the Clinton Foundation that helps parents recognize their power to boost their children's early brain and vocabulary development through simple, everyday actions.

Through our partnership with Project HOPE, we were able to work very closely with the Parramore Heritage Community and provide targeted technical assistance and support to them based on lessons learned from the ECCS communities as they strengthen their early childhood system and work towards their shared aim. One of the strategies that was piloted in the Parramore Heritage Community was the development a coalition of parent leaders. Their parent lead was one of the parents trained in the COFI model and she was able to share what she learned with other parents in the community, facilitate parent groups, and provide other parenting and leadership resources.

To advance our policy efforts, Florida ECCS hosted a three-part Strategic Communications online training with the University of Florida Center for Public Interest Communications. The purpose of the training was to build the capacity of the ECCS State Advisory Group and other state-level partners in understanding how behavioral, cognitive, and social science can show them how people think, make decisions, and behave. This training provided the team with tools to create and implement powerful communication strategies through the use of science, systems thinking and human-centered design. The topics covered in the training were: 1) The science of what makes people care, 2) The science of story-building/ finding our stories, and 3) Working with policymakers and influential people.

Our state advisory group and early childhood policy workgroup, led by Dr. Allison Pinto (a consultant), worked diligently to complete the Zero to Three Policy Self-Assessment Tool, and establish our ECCS policy priorities. In January 2020, the advisory group gathered for policy deliberations and ultimately established nine early childhood policies priorities that promote child health, family well-being, early learning, and systems building/collaboration (shown below). Those members who were not able to travel to the meeting were able to join virtually and a follow-up survey was conducted to ensure that every member was able to participate and provide feedback. Because our state advisory group and workgroups are comprised of both providers and parents, we are confident that our policy priorities are equitable and community focused. Because of our efforts and the advocacy of FAHSC and other maternal and child health partners, the Florida state legislature passed a \$240M bill extending pregnancy Medicaid from 60 days to 12 months.

Policy Priorities

Health	<ul style="list-style-type: none"> Extend pregnancy Medicaid to 12 months post-partum Depression screening of both mothers and fathers Child dental health
Family Well-Being	<ul style="list-style-type: none"> Graduated subsidy decreases with wages increases to address fiscal cliffs (both for families with babies and for early childhood providers.) Putting a cap on rent and rental increases Father engagement
Early Learning	<ul style="list-style-type: none"> Higher subsidy rates for infant-toddler care.
Systems/ Collaboration	<ul style="list-style-type: none"> Building the capacity of community partners to engage with parents/families in equitable ways, creating standards that include and emphasis on compensation of families, leadership by families, and ownership of efforts by families. Broad-based education on racism for anyone working with families.

COVID-19:

The COVID-19 pandemic has proven to be a significant challenge for the state ECCS team because it impacted our ability to invest in community and family engagement activities, attend national conferences, conduct on-site technical assistance visits, and facilitate in-person advisory group meetings. The uncertainty of the pandemic made it very difficult to reschedule activities so many of them were cancelled and funds reallocated. We tried to conduct as much as we could virtually, but this was not an option for all activities. During the pandemic, we were able to conduct the following virtual activities at the state-level:

- Conducted virtual state improvement team and advisory group meetings
- Attended the virtual Collective Impact Convening along with several of our partners
- Financially supported the creation and statewide distribution of Help Me Grow's social-emotional brochure
- Trained 30 early childhood providers and parent leaders in Circle of Security
- Provided 10 state advisory groups members with trauma and resilience certification through Florida State University
- Conducted virtual story circles with parents across the state related to our policy priority areas and compensated them for their time
- Provided partnering place-based communities with developmentally and culturally appropriate books.

The greatest innovation during COVID-19 came from our partnering place-based communities. Their community activities were halted at the start of the pandemic, but they quickly found ways to keep parents and partners engaged in their ECCS work. The communities conducted virtual Circle of Security groups, drive-thru community events, virtual music summer camps, parent leadership trainings, and ECCS CoIIN meetings. They not only promoted child development, but they made sure that families in their communities had the resources they needed to survive during this stressful and uncertain time. Town N Country is a largely Spanish-speaking

community, so they faced unique barriers in the pandemic due to immigration issues, fear of accessing services due to deportation, and language barriers. Liberty City is made up of low-income, black families who have been trapped in generational poverty due to institutional and structural racism.

The Miami team realized that families in Liberty City and Overtown were under a tremendous amount of stress in general but even more so during the pandemic. They were feeling the full weight of the pandemic, such as working too many hours, not working at all, not having the resources to have their children participate virtually in school, and the realization that contracting COVID-19 could potentially be a death sentence. Families shared with the team that “their stress was stressed”. In response, the Liberty City ECCS team and many of their partnering organizations came up with charitable efforts to support families during this difficult time. The Miami ECCS team assisted families in the following ways:

- **Joy Kits** – A group of families and community partners cleaned their warehouses of resources in order to get them to families in need. This was prioritized in response to families sharing that children did not have enough constructive activities, particularly young children. The team distributed 200 joy kits to families with books, activities, toys and reminders to create moments of joy. Over 80% of recipients shared that it was okay for the Miami ECCS team to remain in contact with them during this time.
- **“In It Together” Challenge** –The team came up with a 14-day social-media challenge to promote family togetherness such as dancing together, singing their favorite children’s song, reading a book, expressing kindness, etc. Each day had an easy activity that any family could complete by posting a picture on social media. Parents who participated were awarded gift cards.

Products:

Two resources were created through the guidance and support of Florida ECCS and are included as attachments in this report.

- **Data Sharing Playbook for Florida Early Childhood Comprehensive Systems Building-** Developed by the University of Pennsylvania’s Actionable Intelligence for Social Policy (AISP) in partnership with the Florida ECCS policy workgroup; AISP developed this Playbook to help Florida ECCS partners share data to support policy and program development, ultimately improving outcomes of the children they serve. This Playbook was guided by the four key principles of the ECCS Data Workgroup: 1) Utilize a strengths-based approach; 2) Collaborate across state- and place-based community initiatives, with efforts being co-developed and co-led with local residents; 3) Focus on equity as a driver for child development promotion in communities; and 4) Be mindful of hierarchies and biases intrinsic to data collection, access, and use.
- **Help Me Grow Social-Emotional Brochure-** Developed and distributed by Help Me Grow Florida through funding provided by Florida ECCS/Project HOPE; Help Me Grow Florida created the brochure for families with young children throughout the state to educate them about social-emotional and promote social-emotional developmental screening. The pamphlet was printed and shipped to Help Me Grow affiliates throughout

the state, MIECHV local implementing agencies, and the ECCS place-based communities.

Part 2: Sustainability

Table 1. Sustainability Strategies, Efforts, Facilitators and Barriers

State level infrastructure			
Category	Sustaining Mechanism	Facilitators	Barriers
State advisory group	New ECCS P-3 funding	Partner commitment; shared vision; existing structure	Competing priorities; staff changes
Early childhood policy	New ECCS P-3 funding; Partnership with policy organizations;	Previous policy work; synergy around policy priorities; FL ECCS being a program within the Florida Association of Healthy Start Coalitions who advocates for maternal and child health	State bureaucracy; Not having direct relationships with policymakers
Equity lens	New ECCS P-3 funding; OEL/PDG equity work	Partner commitment; previous equity work; equity is a national focus	Moving work beyond training; no established statewide integrated data system to identify disparities in early childhood data (in progress)
Community level infrastructure			
Category	Sustaining Mechanism	Facilitators	Barriers
Community ECCS teams	Integration into other work	Engagement and commitment of partners and parents	Lack of funding from new ECCS P-3 grant to support communities
Developmental health promotion	Integration into other work; Parent-led initiatives	Buy-in from partners and parents related to promoting child development; various promotional models/campaigns that can be used;	Lack of funding from new ECCS P-3 grant to support communities

		some existing community-wide efforts (e.g., Talking is Teaching @ Publix supermarket in Miami)	
Communication and coordination between state and community			
Category	Sustaining Mechanism	Facilitators	Barriers
Partnership and bidirectional learning between ECCS, state partners and place-based communities	ECCS State Advisory Group/ P-3 Funding	Existing relationship with place-based communities; previous work to amplify community voice	Lack of funding to support the work of communities and compensate parents as Nemours project ends.
Strengthening coordination between home visiting and early learning	ECCS State Advisory Group/ P-3 Funding; Partnership with FL MIECHV; OEL/PDG	FL ECCS being under the same organization as FL MIECHV; Huge focus on strengthening relationship between home visitors and early learning coalitions in PDG	Getting buy-in at the community level beyond mandatory trainings, etc.
Services, supports and practice changes			
Category	Sustaining Mechanism	Facilitators	Barriers
Circle of Security groups	Integration into other work	Parent response; no cost to parents; trainers can charge organizations to facilitate groups; internationally recognized model	Organizations not having funding to pay trainers; staff-changes; groups may not offer childcare; smaller capacity for virtual groups
Developmental playgroups	Integration into other work	Parent response; no cost to parents; two-generational approach	Much harder to facilitate virtually; COVID-19 concerns if conducted in-person
Talking is Teaching	Integration into other work; Parent-led initiatives	Buy-in from parents, providers, and local businesses; parents can educate other parents; utilizes existing community	Promotional materials are not free

		resources such as laundry mats, convenience stores, supermarkets, bus stops, etc.	
Infant Mental Health Consultation/ Social-Emotional Support	ECCS P-3 funding; OEL/PDG; partnership with Florida Association of Infant Mental Health (FAIMH); community-level partnerships with infant mental health consultants and social-emotional providers	State is recognizing the benefits of IECMHC; state engaging in endorsement process; previous work on this area of focus	Lack of providers and services related to IECMHC; lengthy endorsement process
Family leadership and engagement			
Category	Sustaining Mechanism	Facilitators	Barriers
Organizing parent leaders	ECCS P-3 funding; Creation of statewide parent leadership network; ECCS state parent leader consultants	Commitment of state advisory group to parent leadership; recognition of Florida ECCS for this work	Funding to compensate parents for their time when Nemours funding ends; competing priorities for parents
Capacity-building opportunities for parent leaders	ECCS P-3 funding; Creation of statewide parent leadership network; ECCS state parent leader consultants	Commitment of state advisory group; recognition of Florida ECCS for this work; parents desire for training and leadership development	Funding to compensate parents for their time when Nemours funding ends; competing priorities for parents; offering training at a time that works for parents
Parent compensation	ECCS P-3 funding; Creation of statewide parent leadership network	Commitment of state advisory group to parent leadership and equity; recognition of Florida ECCS for this work	Funding to compensate parents for their time when Nemours funding ends; Getting partners to assist with paying parents they engage with from the network

Providing training & TA to partners on how to equitably engage parents and promote parent leadership	ECCS P-3 funding; Creation of statewide parent leadership network; ECCS state parent leader consultants	Commitment of state advisory group to parent leadership; recognition of Florida ECCS for this work; state-partners wanting to improve their engagement of parents	Partners finding funding to compensate parents; partners embedding parent leadership and compensation into their organizational structure, policies, etc.
--	---	---	---

Part 3: Key Findings from Evaluation

Evaluation questions and study design

The 2016-2021 Florida ECCS evaluation focused on statewide and local capacity to build collective impact and to facilitate small tests of change in policies, protocols and service delivery that support system development from the ground up. With that in mind, the evaluation assessed state and local community team structures and processes, continuous quality improvement (CQI), and use of data for quality improvement in developmental promotion, screening, and referral. Furthermore, Florida adopted a racial equity lens, which was also incorporated into the evaluation. Over the course of the five-year project the evaluation measured ongoing changes in three main areas: 1) community organization and integration through partnership development via an adapted PARTNER survey and other qualitative methods; 2) community team CQI capacity building and implementation evaluated via review of PDSA reports and qualitative methods; and 3) outcomes data tracking, integration, and analysis technical assistance towards reporting and reflection on annual and bi-annual indicators, based on data availability.

The evaluation team worked in collaboration with the state level team and stakeholders as part of the State Improvement Team and State Advisory Committee and followed a community-based participatory evaluation approach with ECCS communities, which included Miami Children’s Initiative in Liberty City, Miami (2016 – 2021), New Town Success Zone in Jacksonville (2016 – 2018), and Champions for Children in Tampa (2019 – 2021). The evaluation team worked with the place-based initiatives by assisting with community assessment and asset mapping, and collecting input and feedback on evaluation questions, methods, and results through conference community visits that happened 1-2 times each year, monthly virtual meetings or calls, participation in ECCS statewide or national meetings and events, and through interviews, focus groups, and surveys.

The evaluation sought to answer the following questions:

- 1. How are coordination and partnership among organizations at the community level occurring?** (Sub-questions: How well do the partners represent all sectors of the system, as well as the diversity of the region? To what extent do network size, density, interagency trust, contribution, and collaboration evolve throughout the ECCS project? What strategies work best to facilitate these efforts?)
- 2. How are the initiatives progressing according to the state indicators and indicators based on local needs?** (Sub-questions: To what degree do local stakeholders believe that

project activities are achieving the desired results? What changes can be observed in program's developmental and perinatal depression screening rates throughout the CoIIN Process?)

- 3. How are local ECCS teams developing and implementing local plans to meet local needs using the CoIIN approach?** (Sub-questions: To what extent are ECCS teams implementing CQI? (use of iterative cycles; prediction-based test of change; small-scale testing; use of data over time; documentation of outcomes through PDSA cycles)? What lessons have been learned (successes, challenges, next steps) throughout the project? What changes to local infrastructure development activities have occurred? How sustainable and replicable are ECCS initiatives, using the CoIIN approach?).

This mixed-methods evaluation utilized a multilevel longitudinal design engaged participants at the state, systems, and community levels. Specific research questions, aligned with the goals of the ECCS proposal, and their corresponding data source and analysis methods are outlined in Table 2. The evaluation design followed Centers for Disease Control and Prevention's (CDC) Framework for Program Evaluation in Public Health, a six-steps method consisting of starting points necessary to build an evaluation suitable for a public health effort.¹ Activities from each of these steps are described in more detail below.

Step 1: Engaging Stakeholders. For the purpose of the evaluation, key stakeholders are the State ECCS Lead, State Improvement Team, Advisory Group, the state and local Collaborative Improvement and Innovation Networks (CoIIN), data team, local leadership, and other local stakeholders (including parent leaders and community leaders). As a way to engage with stakeholders, the Evaluation Team participated in the Advisory Group, improving team, planning and data calls and meetings and conducted site visits to provide technical assistance for data collection and connect with CoIIN teams.

Step 2: Describing the Program. The evaluation blueprint is superimposed on the ECCS Logic Model. Likewise, strategies utilized to measure improvements and goals were aligned with the driver diagram and a corresponding list of potential activities that teams can initiate, also called the change package. Racial equity lens guided the ECCS Leadership and evaluation team on the development of the driver diagram and change package.

Step 3: Focusing the Evaluation Design. This step uses time and resources in an efficient manner while helping to identify the most prominent concerns from stakeholders. As the CoIIN teams and initiatives evolves, this project entails formative, process, and outcome evaluation. The first component of the evaluation of ECCS entails the assessment of community team structure, organization, and systems building. The second component is to measure community team CQI and implementation.

Step 4: Gathering Credible Evidence. This includes collecting information that can be used to provide context and guidance for state and local leads in shaping initiatives and also to track the progress of the project. This is where a mixed-methods approach was utilized, due to the complexity and large-scale of the project. The evaluation team considered information that

¹ Centers for Disease Control and Prevention [CDC], 1999 Available at <https://www.cdc.gov/workplacehealthpromotion/model/evaluation/index.html>

would be helpful to stakeholders involved and used this to guide the development of surveys and focus groups to collect quantitative and qualitative data. As the quantitative data provided a focal point for partners to reflect on, the qualitative data added a story and context to those numbers. Methods utilized are described in Table 2 and linked with project goals, activities and findings.

Step 5: Justifying Conclusions. This step was accomplished by creating presentations that summarize ECCS Evaluation findings from Step 4 to reflect on the progress towards project's goals. The active participation of CoIIN teams in interpreting and finalizing these findings was critical. This step was improved in the national level by convening all participating states to share and compare the efficacy of methods and conclusions with others.

Step 6. Ensuring Use and Sharing Lessons Learned. Dissemination of results, attending calls, webinars and in-person meetings are some of the ways in which this step was fulfilled. The sharing of PDSA Cycle summary report with new sites, was also a way to accomplish this step in the community level. Annual evaluation updates with local community and state were also used to ensure that teams are aware of evaluation methods and findings.

I. Evaluation Implementation

This implementation evaluation was designed and conducted by Dr. Marshall and her graduate research team at the University of South Florida College of Public Health, in full partnership with FAHSC and the state and local ECCS leads. Thus, the measures, methods and timing of evaluation activities were guided by the ECCS CoIIN Teams to align with their community processes (see Table 2). Specifically, this evaluation assessed the growth and development of the CoIIN process and ECCS outcomes among three distinct networks, to include: two place-based community teams (ECCS leads, local community leaders/organizers, public and private health, mental health, social services providers, Early Learning Coalition representative, Early Steps/Part C, Home visiting program representatives, Families with children ages 0-3, Help Me Grow representative, Local funders); and the state-level ECCS team and Stakeholder group (Parent Leaders Consultants, the Office of Early Learning (OEL), Home Visiting programs, Help Me Grow, data and policy workgroups, Healthy Start Coalitions). The evaluation team partnered with ECCS Leads, Advisory Committee, and state and local CoIIN team members to develop a comprehensive driver diagram and change package grounded in racial equity, to assess progress throughout the initiative, and to conduct needs assessments using publicly available data, qualitative methods (interviews, focus groups, community tours) and interactive mapping.

During the 5-year project period, the evaluation was conducted as planned, with a few adaptations and changes. In 2019, New Town Success Zone was no longer participating in ECCS and Town N' Country ECCS began. Also, in Liberty City in 2020, the ECCS CoIIN team lead agency shifted from Miami Children's Initiative to TOUCCH. Adaptations to the evaluation, such as location and timing of specific activities like community tours, surveys and focus groups, were adjusted based on the needs and priorities of the ECCS local and state initiatives and were largely shifted to virtual format during the COVID-19 pandemic. Additionally, the evaluation was focused less on PDSA implementation than on community network/CoIIN team building and engagement. Also, as biannual and annual indicator was not population-wide nor randomly sampled, only general trends in outcomes could be monitored. Data stratified by race or

ethnicity, sex, age, or income were also not available from some agencies. It was notable, however, that data from a large number of developmental screens conducted by a broad array of community partners was consistently collected over time. In spite of these limitations, the evaluation was able to assess processes and outcomes in Florida ECCS implementation as described below.

II. Major findings

The first question ***How are coordination and partnership among organizations at the community level occurring?*** was answered through focus groups, participant observation in CoIIN meetings, guided community tours, and PARTNER network surveys. Literature reviews identified frameworks and strategies associated with community organizing and parent leadership to inform the driver diagram and community capacity building during statewide ECCS meetings and local CoIIN team meetings. The PARTNER survey found that partnerships increased and then were maintained throughout the project, as did trust, parent involvement and the role of the local ECCS CoIIN lead in bringing partners together. Partners reported that having diverse CoIIN team members, meeting regularly, having a shared vision and goals, and particularly parent/resident engagement and leadership were key to ECCS success. These partners represented many community sectors (mental health, community organization/social service, health, research/data, early childhood education/intervention, parent/community). As networks grew (new partners became involved) the density and trust levels reduced at times but remained strong throughout, as did the proportions of cooperative vs. collaborative partnerships. The ECCS participants agreed that these relationships and capacities built over the five years within the ECCS framework will be sustained for years to come and will likely influence partnership approaches (i.e. community-centered, parent/resident-led, equity-driven, cross sector) in other initiatives

The evaluation measured question two - ***How are the initiatives progressing according to the state indicators and indicators based on local needs?*** - by reflecting on biannual and annual data with state and local CoIIN teams which had strong parent and community involvement. It was notable that biannual surveys were distributed to parents in Liberty City by parent leaders, with outstanding participation. The Liberty City team also added questions related to racism violence and COVID-19 stressors during 2020, demonstrating genuine engagement, sensitivity, and trust within the community. Biannual survey collection occurred mostly in conjunction with the many parent engagement activities planned and implemented by ECCS CoIIN partners; these activities continued in creative ways (drop-by, drive through, or virtual events) throughout the pandemic. PDSA cycles completed by the community-based initiatives in 2017 identified barriers that impede team progress in the early years, such as low family participation, inconsistent team participation, low community partner engagement and response rate from potential community partners, ineffective communication and meeting strategies, difficulty in obtaining developmental screening data due to the absence of a local database, duplication of data, parents' limited access to resources and services, lack of education among parents regarding child development, difficulty developing an outreach plan. Nearly all of these issues were tackled throughout the project. The ECCS team helped make families aware of developmental screening and child development, information was better received when in plain

language, parent connections built beyond formal parent meetings (especially through parent leaders), templates for consistent data collection, improved communication with partners and engaging in-person meetings, retreats and events. While specific state policies were not put into place as a result of ECCS, a policy committee was developed to identify priorities, and policy engagement was substantially increased among all partners including parents. Local program and system policies were also a consistent focus for CoIIN teams.

In terms of the annual surveys, much was learned about the strengths of partnerships and the limitations of data collection (as well as lack of data integration in Florida at the state-level compared to other states). One highlight was that the local funder in Hillsborough – The Children’s Board, a local funder of early childhood agencies in Hillsborough County, developed a database for all funded agencies in the county (over 100) and was able to pull aggregate annual indicator data for 8 agencies in 2020. State and local partners contributing screening data were highly committed and responsive. Review of the screening results (largely from children enrolled in home visiting, Help Me Grow, and subsidized child care programs) showed fairly high rates of developmental health consistently throughout the period. Specifically, in Liberty City, which represents high-risk population, these rates were much higher than expected; among ~1,000 children each year (out of ~3,000 in the total population) for whom data was reported, the developmental screening pass rate improved from 63.5% to 79.6%, 79.3% and 78.6% in consecutive years. In Town-n-Country the rates were 73.6% (n=588) in 2019 and 61.6% (n=474) in 2020. At the state level, review of 90,000-128,000 screens each year – primarily conducted by programs serving higher-risk populations - showed a fairly consistent 52% pass rate, which was 66-70% when Early Steps (Part C Early Intervention) was excluded. Developmental screening pass rates were reflected upon with and without Early Steps data as that program exclusively screens children who have been identified with developmental concerns. The state rate was consistent across years and suggests room for improvement. Rates of parents’ connection to services and supports, remained high throughout, while proportion who read, told stories, and/or sang songs to their child daily was inconsistent. Data from the FL MIECHV Needs Assessment demonstrate that Poverty and Employment are considered at-risk indicator in Town N’ Country, with some areas having up to 41% of births below poverty. In Liberty City, indicators at-risk include employment, education and home ownership. In Liberty City the percentage of births below poverty range from 19-82% across census tracts. Interactive mapping, windshield and walking tours identified a plethora of community assets, and supported development of the strengths-based asset-building approach embraced by community teams.

The answer to the third question, ***How are local ECCS teams developing and implementing local plans to meet local needs using the CoIIN approach?***, was that ECCS has maintained consistent and authentic engagement with a diverse array of committed partners at the state and local levels, including strong parent and community leaders to plan and implement a wide array of activities to meet local needs. ECCS activities were informed by the driver diagram, PDSAs, parent feedback and CoIIN meeting planning to include providing services, physical space, educational resources, meetings, information sessions for parents, and developmental screening. Interactive mapping facilitated by the evaluation teams helped CoIIN teams to determine the initial infrastructure and assets within the community, helping to determine best placement of

events/outreach and to discuss strengths and needs in the community for planning purposes. The evaluation team also conducted interviews with parent leaders, who described the many ways that they were active in ECCS, including in the planning of new initiatives, participating in workshops, helping with biannual and other survey data collection, and sharing resources with other parents in the community. Overall, parent leaders described challenges such as lack of knowledge about systems of care and available resources, low confidence, language barriers and competing commitments/limited time impacting their involvement in parent leadership and their personal leadership development. Parent leaders also provided recommendations for community partners/agencies to support meaningful parent involvement and leadership initiatives. Community partners can build rapport by increasing authentic and inclusive interactions with community members in addition to providing accessible resources/supports in the form of services, educational materials, and information for parents and their children. PDSA reviews found that collaborative events to promote developmental activities, screening and parent engagement were successful in increasing parent participation and active leadership. These events were designed to be family-centered and culturally appropriate. Local contacts/community networks created an infrastructure (i.e. subcommittees) for organizing events/activities as well as communication. Communication occurred through emails and monthly meetings. Engaging community programs and early care and education/child care programs was successful. Engaging pediatric offices was more difficult.

III. Usage and dissemination

Throughout the five years, evaluation findings were shared with the state team, place-based communities, ECCS evaluation teams from other states, key stakeholders, and other professional groups. The evaluation team traveled to ECCS communities in Miami, Jacksonville and Tampa, and participated in state ECCS meetings in Tallahassee and Central Florida. The evaluation team developed a website (<https://health.usf.edu/publichealth/chiles/eccs>) on which to post the published reports and presentations that were shared in local, state and national ECCS meetings, as well as other local and national conferences and through publications in academic journals (see Appendix). As a result of Florida ECCS, cross-agency collaboration at the state level, strong place-based community initiatives, and parent leadership have become a consistent part of the ECCS 2021-2026 prenatal to three plan. These efforts are also woven into projects funded by the OEL (now the Division of Early Learning) through the Preschool Development Grant, the Florida Association for Infant Mental Health, Help Me Grow, and through other FDOH initiatives. Furthermore, place-based community initiatives have expanded/replicated and parent leadership networks are growing.

Table 2. Evaluation questions, data sources, activities and findings.

Evaluation Questions	Data Sources, Activities & Analyses	Findings
ECCS Goal 1: Enhancing early childhood comprehensive systems (ECCS) building and demonstrating improved outcomes in population-based children’s developmental health and well-being indicators using a Collaborative Improvement and Innovation Network (CoIIN) approach		
<p>1. How are coordination and partnership among organizations at the community level occurring?</p> <p>a. How well do the partners represent all sectors of the system, as well as the diversity of the region?</p> <p>b. To what extent do network size, density, interagency trust, contribution, and collaboration evolve throughout the ECCS project?</p> <p>c. What strategies work best to facilitate these efforts?</p>	<p>Data sources: Academic Literature, White papers, PARTNER Survey</p> <p>Activities & Analyses:</p> <ul style="list-style-type: none"> • Focus groups • Literature review • PARTNER Survey analysis: Descriptive statistics, examine pre-post changes in interagency trust, collaboration, agreement on outcomes, etc. as measured by PARTNER Tool. • Thematic qualitative content analysis: grounded theory, selective coding, constant comparison 	<ul style="list-style-type: none"> • Literature review identified frameworks and strategies associated with community organizing and parent leadership. • PARTNER survey found that CoIIN partnerships increased and then were maintained throughout the five years, with early increases in trust and a demonstrated role of the local ECCS CoIIN lead in bringing partners together. • PARTNER analysis and focus group analyses found that diversity of CoIIN team members, regular meetings and updates, shared vision and goals, and particularly parent/resident engagement and leadership were key to ECCS success. • 1a. Partners represented different service sectors which included: mental health, community organization/social service, health, research/data, early childhood education/intervention, parent/community. These sectors represent a high level of diversity in ECCS stakeholders and partner agencies. • 1b. Network size, density, trust, contribution, and collaboration evolve in different manners depending on the state and local community. In the state level, both density and trust decreased from year 1 to year 2, while the level of collaboration and contribution maintained as mainly cooperative for both years. For New Town there was an increase of trust, density, and cooperative collaboration from year 1 to year 2, with the levels of contribution remaining similar for both years. For Liberty City, the density remained the same when comparing year 1 to year 3, while trust increased. Both level of cooperative collaboration and contribution remained similar for the three years. For Town N’ Country there was a decrease in density but increase in trust from year 1 to year 2, with mainly cooperative collaboration and a stable level of contribution. • 1c. When accounting for the state and local levels of partnership, aspects that contributed the most to maintain or improve the level of collaboration included: exchanging information, sharing resources, bringing

		together diverse stakeholders, meeting regularly, creating informal relationships, and having a shared mission/goal.
<p>2.How are the initiatives progressing according to the state indicators and indicators based on local needs?</p> <p>a.To what degree do local stakeholders believe that project activities are achieving the desired results?</p> <p>b.What changes can be observed in program’s developmental and perinatal depression screening rates throughout the CoIIN Process?</p>	<p>Data sources: PDSA reports, Public & Program Data, Focus group transcripts, Community Needs Assessment using MIECHV data</p> <p>Activities & Analyses:</p> <ul style="list-style-type: none"> • Data on PDSA adherence, data collection and outcomes were not analyzed quantitatively due to the small number of sites (data) and diversity of PDSA tests of change. However, descriptive summaries were created and reflected on during focus groups. • Spatial analysis, GIS Mapping • Thematic qualitative content analysis: grounded theory, 	<ul style="list-style-type: none"> • 2. Analysis of annual and biannual indicators found that a wide array of local and state programs has consistently contributed data throughout the project period. These include those most involved in developmental screening: Office of Early Learning (subsidized childcare and universal pre-k/school readiness), Help Me Grow, MIECHV home visiting, Healthy Families Florida, Early Steps, Nurse Family Partnership, Champions for Children, Hillsborough Children’s Board, Parent as Teacher, Early Childhood Council, Tampa Bay Crisis Center, Jewish Community Services, United Way, Head Start Collaboration Office. While specific state policies were not put into place as a result of ECCS, a policy committee was developed to identify priorities, and policy engagement was substantially increased among all partners including parents. Local program and system policies were also a consistent focus for CoIIN teams. • At the state level, review of 90,000-128,000 screens each year showed about 52% pass rate, 66-70% when Early Steps (Part C Early Intervention) was excluded. This rate was consistent and suggests room for improvement. In the ECCS communities, which represent high-risk populations, these rates were much higher. Liberty City, among ~1,000 children each year (out of ~3,000 in the catchment area), the developmental screening pass rate improved from 63.5% to 79.6%, 79.3% and 78.6% in consecutive years. In Town-n-Country the rates were 73.6% (n=588) and 61.6% (n=474). • In terms of Annual Indicators on developmental screening, the lessons learned are that these data are difficult to compile as the state and local programs are siloed in different agencies. Many don’t routinely collect data on children who pass screens (vs. tracking those who fail and are being referred) or demographic data (race, ethnicity, gender, income). • Data from the FL MIECHV Needs Assessment demonstrate that Poverty and Employment are considered at-risk indicator in Town N’ Country, with some areas having up to 41% of births below poverty. In Liberty City, indicators at risk include employment, education, and home ownership. Interactive mapping, windshield and walking tours identified a plethora of

	<p>selective coding, constant comparison</p> <ul style="list-style-type: none"> • Collection of annual indicator data on developmental screening and biannual indicator data on parent's experiences regarding social support, connection to services that address social determinants of health, and frequency of talking, reading, or singing to their children. • Data from the Florida MIECHV program needs assessment was used to explore current needs of the two ECCS community-based initiatives in Florida, Town N' Country and Liberty City 	<p>community assets, and supported development of the strengths-based asset-building approach embraced by community teams.</p> <ul style="list-style-type: none"> • 2a. Biannual indicators demonstrate an increase in survey response, and approximately 80% of parents in each community reporting improved social support. An increase in the proportion of families reporting connection to services one or more services that address social determinants of health. The data also demonstrate a decrease in the number of families reporting that they talk, read, or sing to their children every day of the week. • The takeaway from biannual indicator collection is that these are completed and collected by parent leaders. Some of these were collected during community events in which parent leaders were able to reach out to other parents in the community to learn more, this conversation in itself was transformative for some. In addition, as a response to the COVID-19 pandemic and other events regarding to social equity and justice, questions revolving these themes were added to the Biannual indicators survey, allowing the evaluation team and community leaders to better understand what some challenges and positive situations are faced by parents in the community. • PDSA cycles completed by the community-based initiatives in 2017 identify barriers that impede team progress. These included family participation in initial survey, inconsistent team participation in the initial month, community partner engagement, low response rate from potential community partners, ineffective communication and meeting strategies, difficulty in obtaining developmental screening data due to the absence of a local database, duplication of data, parents access to resources and services, lack of education among parents regarding child development, difficulty developing an outreach plan. • Some of the lessons learned from the PDSA cycles include: ECCS team helped make families aware of developmental screening and issues related to child development, information is better received when in plain language, parent connection beyond formal parent meetings, creation of data template for data collection, improve communication with partners, use local network and in-person meeting to improve connection with
--	---	---

		<p>partners, host retreats to update teams and keep them excited about current and incoming projects.</p> <ul style="list-style-type: none"> • 2b. Because these data are not population-wide, it is difficult to discern changes over time. Developmental screening pass rates have remained stable. Connection to services and supports for families has increased or remained stable. The annual screening data was less useful as the compiled data are not de-duplicated. The program did not formally conduct/evaluate maternal depression screening. • Annual indicator data for the state demonstrate consistency on the number of children birth to three who were achieving the five domains of developmental health. In Liberty City, the proportion increased from 2017 to 2018, then remained consistent until 2020. For Town N’ Country the number of children passing the developmental screen decreased.
<p>ECCS Goal 2: Developing collective impact expertise, implementation, and sustainability at the state, county, and community levels.</p>		
<p>3. How are local ECCS teams developing and implementing local plans to meet local needs using the CoIIN approach?</p> <p>a. To what extent are ECCS teams implementing CQI? (use of iterative cycles; prediction-based test of change; small-scale testing; use of data over time; documentation of outcomes through PDSA cycles)?</p> <p>b. What lessons have been learned (successes, challenges, next</p>	<p>Data sources: PDSA reports, PARTNER Survey, Focus group and windshield and walking tour transcripts, transcripts of Interviews with Parent Leaders, Maps (virtual, GIS, interactive)</p> <p>Activities & Analyses:</p> <ul style="list-style-type: none"> • PDSA Data Analysis – descriptive statistics, content analysis • PARTNER Survey analysis (see above) 	<ul style="list-style-type: none"> • 3. Local ECCS Teams have conducted monthly meetings consistently with local partners as a way to keep them updated on the ECCS Impact project current activities and to plan future initiatives. Local teams also assured that the evaluation team and parent leaders would participate in these meetings to optimize ECCS activities development. Local partners participation in ECCS activities happened in different manners and included: providing services, physical space, education resources, meetings, educational sessions for parents, conduct developmental screening, etc. Parent leaders also had the opportunity to participate in different ways, including in the planning of new initiatives, participating in workshops, helping with some data collection, and sharing resources with other parents in the community. • 3a. The evaluation examined and reflected back to the impact project local PDSA efforts through reviews and summaries of PDSAs. These reviews found that collaborative events to promote developmental activities, screening and parent engagement were successful in increasing parent participation and active leadership. These events were designed to be family-centered and culturally appropriate. Local contacts/community networks created an infrastructure (i.e. subcommittees) for organizing events/activities as well as

<p>steps) throughout the project?</p> <p>c. What changes to local infrastructure development activities have occurred?</p> <p>d. How sustainable and replicable are ECCS initiatives, using the CoIIN approach?</p>	<ul style="list-style-type: none"> • Thematic qualitative content analysis: grounded theory/ Constant Comparison • Interview with Parent Leaders from the community-based initiative followed by qualitative content analysis • Interactive mapping conducted using virtual tours, walking tours, Graph Information System (GIS) mapping, and focus groups 	<p>communication. Communication occurred through emails and monthly meetings.</p> <ul style="list-style-type: none"> • 3b. Engaging community programs and early care and education/childcare programs was successful. Engaging pediatric offices was more difficult. • 3c. Interview with parent leaders demonstrate that: they view their roles as very important, and that the support from community partner agencies is very important to them, they question whether their efforts contribute to enhancing child, family, and community outcomes, view community/partner agencies minimally involved. Overall, parent leaders described challenges such as lack of knowledge about systems of care and available resources, low confidence, language barriers and competing commitments/limited time impacting their involvement in parent leadership and their personal leadership development. Parent leaders also provided recommendations for community partners/agencies to support meaningful parent involvement and leadership initiatives. Community partners can build rapport by increasing authentic and inclusive interactions with community members in addition to providing accessible resources/supports in the form of services, educational materials, and information for parents and their children. • Interactive mapping was also used to determine the initial infrastructure of community-based initiatives. This allowed for a better understanding of community infrastructure and resources, and to add context. Lessons learned from this activity permitted that other evaluation and ECCS activities would account for the perspective of community members and how they view and live in that community.
---	---	--

Appendix: ECCS Evaluation Publications, Reports and Presentations (Available at: <https://health.usf.edu/publichealth/chiles/eccs/evaluation>)

Publications:

- Marshall, J., Ade, C., Hume, E., Prieto, C., Delva, J., Geffrard, C., Kaushik, S., & Martin-Bynum, N. N. (revisions under review, *Journal of Social Services Research*). Interactive Mapping: A Method for Engaged Community Assessment.
- Marshall, J., Hume, E., Prieto, C., Ade, C., Delva, J., Geffrard, C., Dias, E., & Stein Elger, R. (revisions under review, *Infants and Young Children*). Evaluation Strategies for Florida’s Early Childhood Comprehensive Systems Impact Project.

Reports:

- Jones, G., Stein Elger, R., Pacheco Garillo, M., & Marshall, J. (2021). The Florida Early Childhood Comprehensive Systems (ECCS) Impact Project Parent Leadership Report.
- Stein Elger, R., Pacheco Garillo, M., & Marshall, J. (2021). Town N Country Partner Report: Years 1 and 2. Collaboration Analysis for Town N Country CoIIN Team, 2021.
- Prieto, C., Ade, C., Hume, E. & Marshall, J. (2019). 2019 Town 'n' Country ECCS Community & CoIIN Meetings.
- Prieto, C., Hume, E., & Marshall, J. (2019). Town N Country Partner Report. Collaboration Analysis for Town N Country CoIIN Team, Year 1.
- Hume, E. & Marshall, J. (2019). Early Childhood Comprehensive Systems (ECCS) Impact Project: Year 3 State-Level Partner Report.
- Hume, E. Prieto, C., & Marshall, J. (2019). Early Childhood Comprehensive Systems (ECCS) Year 3 PARTNER Report: Collaboration Analysis for Miami Children's Initiative.
- Delva, J., Ade, C., Geffrard, C., Marshall, J. (2018). Florida's Early Childhood Comprehensive Systems Impact Project: Mind Mapping Report.
- Geffrard, C., Delva, J., & Marshall, J. (2018). Early Childhood Comprehensive Systems PARTNER Report: Collaboration Analysis for the New Town Success Zone.
- Ade, C., Delva, J., & Marshall, J. (2018). Early Childhood Comprehensive Systems PARTNER Report: Collaboration Analysis for Miami Children's Initiative.
- Delva, J. & Marshall, J. (2018). Early Childhood Comprehensive Systems Florida PARTNER Report: Collaboration Analysis For The ECCS State Leadership Network.
- Kaushik, S., Hume, E., Delva, J., & Marshall, J. (2017). Early Childhood Comprehensive Systems Plan-Do-Study-Act Summary: New Town, 2017
- Hume, E., Kaushik, S., Delva, J., & Marshall, J. (2017). Early Childhood Comprehensive Systems Plan-Do-Study-Act Summary: Liberty City, 2017
- Delva, J., McMahon, A., Fross, M., Patil, A., Ajisope, O., & Marshall, J. (2017). Florida Early Childhood Comprehensive Systems (ECCS) Program Evaluation Baseline Partner Report: 2017 Collaboration Analysis For The New Town Success Zone.
- Delva, J., McMahon, A., Fross, M., Patil, A., Ajisope, O., & Marshall, J. (2017) Florida Early Childhood Comprehensive Systems (ECCS) Program Evaluation, 2017 Baseline Partner Report: Collaboration Analysis For The ECCS State Leadership Network.
- Marshall, J. (2017). Florida CCS State and Local Travel Teams –Learning Session #1 Focus Group Summary Report.
- Marshall, J. (2017). Local Place-Based Initiatives in Hillsborough County, Florida.

Presentations (Available at: <https://health.usf.edu/publichealth/chiles/eccs/evaluation>):

- Stein Elger, R., Jones, G., Pacheco, M., & Marshall, J. (2021). Florida ECCS: Parent Leadership Evaluation Preliminary Results. ECCS State Advisory Meeting. Available at <https://health.usf.edu/publichealth/chiles/eccs/evaluation>
- Menon, M., Urlacher, E., Stephens, K., Matthews, I., Vishnubhakta, V., Marshall, J., & Kelly, G. (2021, submitted). Promising Practices in Early Childhood Systems Development from the Early Childhood Comprehensive Systems (ECCS) Impact Program. Society for Research in Child Development.
- Menon, M., Urlacher, E., Stephens, K., Matthews, I., Vishnubhakta, V., Marshall, J., & Kelly, G. (2021, submitting). A framework for building early childhood systems: ECCS implementation in Alaska, Delaware and Florida. Association of Maternal and Child Health Programs (AMCHP).
- Stein Elger, R., Nabadduka, M., Prieto, C., Hume, E., & Marshall, J. (2020, accepted). Florida Early Childhood Comprehensive Systems Impact Project: Utilizing interactive mapping to assess a communities' assets towards children's health and development. American Public Health Association Annual Meeting. San Francisco, CA. Presenting Virtually.
- Prieto, C, Hume, E., & Marshall, J. (February, 2020). Florida Early Childhood Comprehensive Systems Impact Project: Utilizing interactive mapping to assess a communities' assets towards children's health and development. USF Research Day, Tampa, FL.
- Stein Elger, R., Nabadduka, M., Prieto, C, Hume, E., & Marshall, J. (February, 2020). Evaluation Community Change Initiatives: The Florida Early Childhood Comprehensive Systems Impact project. USF Research Day, Tampa, FL.
- Marshall, J., Hume, E., & Prieto, C. (2019). Evaluation Community Change Initiatives: The Florida Early Childhood Comprehensive Systems Impact project. (poster presentation). Association of Maternal Child Health Programs (AMCHP), Crystal City, VA.
- Marshall, J., Kelly, G., Delva, J., Ade, C., Geffrard, C., & Dias, E. (2019). The Early Childhood Comprehensive Systems Impact Project: Florida's Collaborative and Innovative Approach to Supporting Child Development. (poster presentation). Association of Maternal Child Health Programs (AMCHP), San Antonio, TX.s:
- Geffrard, C., Delva, J., Ade, C., Dias, E., Kaushik, S., Hume, E., & Marshall, J. (February 2019). Florida's Early Childhood Comprehensive Systems Impact Project: Evaluating Place-Based Initiatives through a Racial Equity Lens. (Poster). USF Health Research Day, Tampa, FL.
- Hume, E., Delva, J., Ade, C., Geffrard, C., Dias, E., Kaushik, S., & Marshall, J. (February 2019). Florida's Early Childhood Comprehensive Systems Impact Project: Collaborative Analysis for State and Place Based Community Networks. USF Health Research Day, Tampa, FL.
- Marshall, J., Kelly, G., Delva, J., Ade, C., Geffrard, C., & Dias, E. (March 2019). The Early Childhood Comprehensive Systems Impact Project: Florida's Collaborative and Innovative Approach to Supporting Child Development. (Poster), MCHP 2019 Annual Conference, San Antonio, TX.

- Marshall, J., Brady, C., Kelly, G., Parish, A., Delva, J., & Ade, C. (November 2018). Florida's Early Childhood Comprehensive Systems Impact Project: A Collaborative Approach to Supporting Child Development. (Poster), American Public Health Association 2018 Annual Meeting, San Diego, CA.
- Delva, J., Ade, C., Geffrard, C., Dias, E., & Marshall, J. (November 2018). Florida Early Childhood Comprehensive Systems (ECCS) Impact Project: Evaluation Strategies for Place-based Initiatives to Improve Child Development. (Poster presentation), American Public Health Association 2018 Annual Meeting, San Diego, CA.
- Delva, J., Ade, C., Geffrard, C., Dias, E., & Marshall, J. (September 2018). Florida Early Childhood Comprehensive Systems (ECCS) Impact Project: Evaluation Strategies for Place-based Initiatives to Improve Child Development. (Poster presentation), USF Chiles Symposium 2018 Annual Meeting, West Palm Beach, FL.
- Delva, J., Ade, C., Apollon, C., Bello, T., Geffrard, C., & Marshall, J. (April 2018). Florida Early Childhood Comprehensive Systems (ECCS) Impact Project: Evaluation Strategies for Place-based Initiatives to Improve Child Development. (Oral presentation), USF Chiles Symposium 2018 Annual Meeting, Tampa, FL.
- Delva, J., & Marshall, J. (Feb 2018). Florida Early Childhood Comprehensive Systems (ECCS) Impact Project: Evaluation Strategies for Place-based Initiatives to Improve Child Development. (Poster presentation), USF Health Research Day, Tampa, FL.
- Jean-Baptiste, E., Campos, E.A., Bjoerke, A., Parra, C., Ciceron, V., Delva, J., Sayi, T., Patel, S., Fross, M., & Marshall, J. (Nov 2017). "Florida Early Childhood Comprehensive Systems (ECCS) Impact Project: Evaluation Strategies for Place-Based Initiatives." poster presentation, American Public Health Association Annual Meeting, Atlanta, GA.
- Marshall, J., Brady, C., Kelly, G., Parish, A., Jean-Baptiste, E., & Campos, E.A. (Nov 2017). Florida's Early Childhood Comprehensive Systems Impact Project: Supporting Child Development from the Ground Up. Poster presentation, American Public Health Association Annual Meeting, Atlanta, GA.
- Jean-Baptiste, E., Campos, E.A., Bjoerke, A., Parra, C., Ciceron, V., Delva, J., Sayi, T., Patel, S., Fross, M., & Marshall, J. (Nov 2017) The Florida Early Childhood Comprehensive Systems (ECCS) Impact Grant: Evaluation Strategies for Two Place-based Initiatives. Oral presentation, Community Indicators Consortium, St. Petersburg, FL.

Part 4. Recommendations for Future ECS Initiatives:

Grantee Engagement and Co-Creation

It is important that future ECS grantees be engaged from the beginning so they can help to develop strategies, measures, timelines, etc. It is expected that the project structure be in place but there should be flexibility so that grantee feedback can be incorporated. Co-creating with grantees will ensure that the project goals, activities, and data are meaningful and beneficial to

those leading the work in their state. The more grantees feel included in the development of the project, the more successful they are likely to be in their efforts.

Trust and Relationship Building

One of the barriers we experienced in our participation in the ECCS CoIIN was being expected to build a team with state and community partners but not being given the time to build trust and develop a shared vision. It took ECCS Impact states the first year of implementation to do this but there was no mechanism in place to capture this. In systems building initiatives, grantees should be given adequate time for trust and relationship building and there needs to be a way for them to report their activities related to partner engagement and collaboration. We were able to build solid partnerships with our key partners such as Help Me Grow Florida, Florida Office of Early Learning, FL MIECHV, Part C, Title V, communities, and parents but we experienced challenges engaging physicians/ health providers and Medicaid. For this reason, support and technical assistance should be provided to grantees on team building, engaging the health sector, keeping partners engaged, etc.

Meaningful Meetings

It is very easy for grantees to feel inundated with meetings, calls, and webinars when participating in a project they have received funding to implement. Meetings can start to feel redundant and like a waste time when they occur to meet a quota rather than to meet the needs of the grantees. For this reason, it is recommended that quality of meetings be prioritized over the quantity of meetings. This will maximize the level of engagement from states and help the meetings feel purposeful. It is also recommended that a diverse group of national consultants and experts be available to provide training and technical assistance to states.

Performance Measures and Evaluation Questions

It is recommended that measures and evaluation questions be created *with* grantees rather than *for* them. States have different data capacities so that should be considered when selecting measures. Some of the data collection activities were challenging for us because our state did not have an early childhood integrated data system. Also, feedback from state and local partners needs to be solicited to ensure that what is being collected from organizations is mutually beneficial. This will give organizations more motivation to participate in and prioritize ECCS data collection efforts.

Parent Engagement

It is recommended that training and technical assistance be provided to grantees on how to equitably engage parents in the work and how to amplify the voices of those with lived experience. We have learned from our experience that many programs use the engagement language but lack strategies to engage parents in an intentional and empowering way. Another important aspect of this is providing adequate funding to support parent engagement such as compensation, childcare, translation, travel accommodations, etc.

Abstract

PROJECT TITLE: Florida ECCS Impact Project

STATE: The Florida Association of Healthy Start Coalitions, Inc. (FAHSC), the nonprofit organization administering the Florida Maternal, Infant and Early Childhood Home Visiting (MIECHV) initiative for the state, provided oversight for the successful implementation of the ECCS Impact grant.

PLACE BASED COMMUNITIES: Taking on United Childhood Challenges Harmoniously (TOUCCH, Inc.) in Miami and Champions for Children (CFC) in Tampa are the two Florida place-based communities who participated in the national ECCS Impact Project. TOUCCH's work was focused in Liberty City, a high-need, predominantly African American community in Northwest Miami. CFC focused their ECCS improvement efforts in the Town N Country neighborhood, a largely Spanish-speaking community in Northwestern Hillsborough County.

PURPOSE AND GOALS OF PROJECT: The purpose of the Florida ECCS Impact Project is to enhance early childhood systems building and demonstrate improved outcomes in children's developmental health and family well-being at the state and community levels using a Collaborative, Improvement, and Innovation Network (CoIIN) approach and collective impact framework. An additional goal of the Florida ECCS Impact Project is to advance racial equity and amplify community and parent voice.

KEY STRATEGIES/METHODOLOGY: In order to achieve the project goal of enhancing early childhood systems building and improving children's developmental health and family well-being, we adopted a racial equity lens, developed diverse ECCS teams at the state and local levels that included both partners and parents, utilized the conditions and principles of collective impact, and amplified community voice by giving parents decision making power and building their leadership capacity.

The state advisory group improved the early childhood system by promoting developmental and social-emotional health and providing promotional materials to communities, working with partners to develop an early childhood integrated data system, identifying early childhood policy priorities and advocating for policy change, strengthening coordination between early learning, home visiting, and early intervention, and equitably engaging communities and parents at all levels. The ECCS evaluation team supported these activities by conducting community tours, parent focus groups, PARTNER surveys, collecting and analyzing annual and biannual data from state and community partners, and presenting on the work of Florida ECCS at state and national conferences.

Place-based communities started their work by learning from the experiences of families in navigating the early childhood system through focus groups and surveys. Based on this information, they started conducting Plan-Do-Study-Act (PDSA) cycles in the areas of their local system where gaps were identified. The Miami team focused primarily on advancing racial equity, building the leadership capacity of parents, strengthening relationships and communication between early childhood partners, promoting child developmental health, building the capacity of early learning providers to address the social-emotional needs of young children, and improving screening practices for children not receiving subsidized childcare. The

Tampa team focused primarily on improving community participation in developmental playgroups and developmental screening, improving kindergarten readiness by promoting early learning and child development, building trust with community residents, promoting language justice, and building the capacity of parents to address the developmental needs of their children through two-generational approaches.

FUTURE PLANS/SUSTAINABILITY: Florida ECCS will sustain and expand most of their state-level work through ECCS Prenatal-to-Three funding. Place-based communities will no longer be funded but will continue to participate in and be supported by the state advisory group. The state team will continue to advance racial equity and parent leadership through the creation of a statewide parent leadership network. Racial equity, infant mental health, policy, and coordination between home visiting and early learning will be sustained through ECCS P-3 and other early childhood initiatives such as Preschool Development Grant. Place-based communities will continue to convene their local early childhood teams, promote child developmental health through parent groups and community activities, and champion equity and parent leadership.

RESULTS/OUTCOMES: As a result of our work, we were able to gain state and national attention for our equity and parent leadership approach. We were able to assist with advocating for the extension of pregnancy Medicaid from 60 days to 12 months postpartum. We assisted Help Me Grow Florida with the creation and distribution of a social-emotional brochure for families throughout the state. We intentionally engaged parents and communities at all levels and made sure that their voices were amplified in our work. Our place-based communities built trusting relationships with families, strengthened partnerships between early childhood providers, promoted child development and social-emotional health, improved screening practices and screening rates in local early learning centers, implemented two-generational approaches, and improved parent capacity to identify and advocate for the developmental needs of their children.

KEY LESSONS LEARNED: We learned that we cannot improve the health and well-being of families from marginalized populations and communities without addressing the impacts of systemic and institutional racism. We also learned that engaging and empowering parents is a key strategy in improving the early childhood system. Lastly, we learned that collaboration is not enough, but we must create a shared vision and ensure that activities are mutually reinforcing in order for there to be lasting change.

CONTACT INFORMATION:

Paloma Prata, CPO
pprata@fahsc.org

Cathy Timuta, CEO
ctimuta@fashc.org
Florida Association of Healthy Start Coalitions
2002 Old St. Augustine Rd. #E45
Tallahassee, FL 32301