

Aligning State Agencies to Support Better Health and Well-Being in Early Childhood and Across the Lifespan

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TAKEAWAYS

- Early childhood is a critical window of opportunity to support strong development and lifelong health.
- States are uniquely positioned to align investments and programs in early childhood and Medicaid systems that support young children and their families.
- This brief describes a framework that state leaders across health, human services, and other agencies can use to align early childhood and Medicaid systems.

The lifelong foundations of health and well-being are built in the earliest years of life. Young children can develop strong minds and bodies when their basic needs are met — including adequate food, health care, education, and access to safe and stable places to live and play — and when they have engaged and responsive caregivers.¹ Many families, however, face challenges providing for their children’s basic needs and securing the health, social, and economic supports necessary to help their family thrive. In particular, many families of color and families living in rural communities are deeply impacted by poverty and the stress caused by structural racism and/or from living in resource-limited environments.²

State agencies are uniquely positioned to align the investments, programs, policies, and systems that can support the healthy growth and development of young children.³ Home visiting, nutrition programs, early childhood and caregiver mental health supports, Medicaid, CHIP, childcare subsidies, and special education services, for example, are fully or partially financed by the federal government but administered at the state level. While each of these programs shares the goal of supporting young children, they have siloed funding, program requirements, and regulations that can lead to confusion for families, duplication of services, and missed opportunities to align programs to holistically support children and families.

As part of the [*Aligning Early Childhood and Medicaid*](#) initiative, supported by the Robert Wood Johnson Foundation, the Center for Health Care Strategies (CHCS) partnered with 13 cross-agency state teams representing Medicaid and other agencies responsible for early childhood services to explore opportunities for states to better align their systems.⁴ Drawing from these states' experiences and the expertise of key partners — including the National Association of Medicaid Directors, ZERO TO THREE, and Social Determinants of Health Consulting — CHCS and Gretchen Hammer from the Public Leadership Group developed [*Aligning State Systems for Improved Health and Well-Being Outcomes: A Framework for Collaborative Change*](#) (Framework).⁵ This brief describes the Framework and outlines how states and their partners can apply this tool to align their policies, programs, and systems that serve young children and their families.

Background: Understanding State-Based Early Childhood and Health Services

Early Childhood Services. State early childhood services support young children and their families to foster healthy development and help provide opportunities for children to reach their full potential. These services are supported by federal, state, and local government investments as well as by family out-of-pocket contributions. Major components of such services typically include:^{6,7}

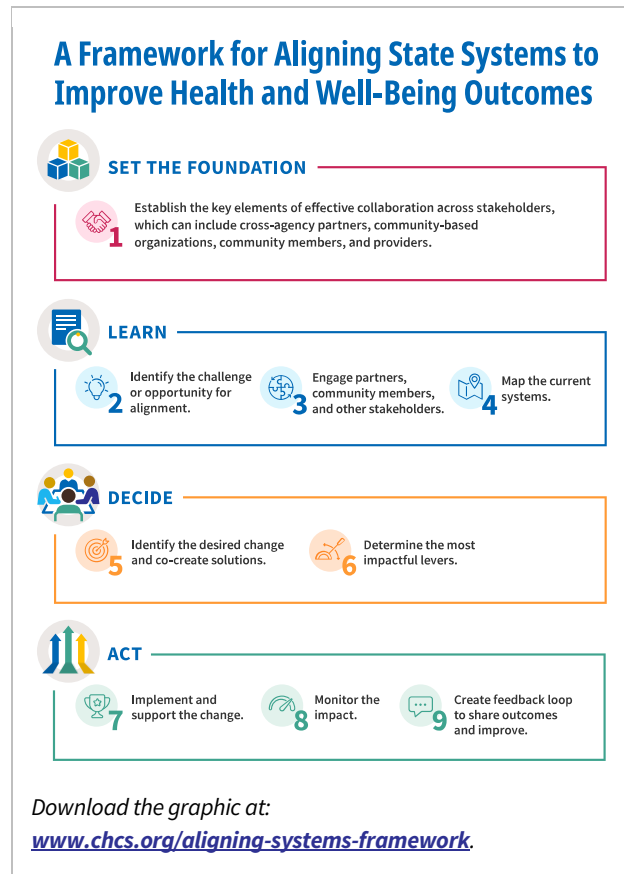
- **Family strengthening and support programs**, including home visiting, parent education to support healthy child development, infant and early childhood mental health promotion efforts, as well as programs and child welfare systems designed to support child safety and prevent child maltreatment.
- **Family economic security and stability supports**, including federal and state tax credits and policies, cash assistance, child support programs, and other programs to help support basic needs, such as food and housing.
- **Early care and learning programs**, including access to high-quality and affordable early care and education, private and public childcare and preschool programs, early intervention and special education services, and early relational and emotional development to ensure parent knowledge and engagement in early learning.

Child Health Services. Health services include policies, programs, and infrastructure that provide health insurance coverage and access to health care services that promote the healthy physical, social, emotional, and cognitive development of children, and help address any health-related concerns. The system is supported by federal, state, and local government investments as well as by employer and family out-of-pocket contributions. Major components of such services typically include:

- **Health insurance coverage**, including Medicaid, CHIP, and private insurance, that offers economic protection for families from major medical expenses and supports access to health services and medications.
- **Primary health promotion and prevention services**, including services provided by primary care, behavioral health, and dental providers that include preconception, prenatal, and postpartum care; immunizations; screenings; and early relational and development guidance and support.
- **Specialized health services** that address urgent health needs, such as injuries or illnesses, complex and chronic health conditions, and developmental delays or other concerns.

Practical Steps for Systems Alignment and Collaborative Change

Alignment work is hard work. State agencies are often short on capacity and time, usually operate in siloes, answer to different stakeholders, have distinct cultures across sectors, and deal with complex policies and financing regulations. This Framework outlines steps state agencies can take in coordinating and aligning early childhood and health services, policies, and programs to better serve young children and their families. The Framework spotlights nine practical steps to support early childhood, Medicaid, public health, and other state agencies in collaboratively engaging and working with sister agencies, community partners, providers, and families to identify misalignment and gaps and to co-create solutions for more effective services.



SET THE FOUNDATION

1. Establish the Key Elements of Effective Collaboration

Establishing collaboration across stakeholders, including cross-agency partners, community members, community-based organizations (CBOs), and/or providers, is a first step for alignment. System alignment requires dedicated and sustained effort as well as leadership because agencies, providers, and other partners have to be willing to change and think about doing their work differently.⁸ Following are some of the foundational elements needed to support effective collaboration and positive systems change across state agencies and other key partners.⁹



- **Vision and Commitment** — A belief that all children and families, especially families facing complex life circumstances, structural inequities, and other barriers to opportunities, can be better served to reach their highest potential.
- **Knowledge and Shared Purpose** — A shared understanding of the strengths, challenges, and opportunities of children and families as well as the programs and systems that serve them, and a set of priority outcomes that the group is working toward together.

- **Trustworthy, Authentic, and Equitable Relationships** — Meaningful and nurtured connections between families, community partners, and those who are acting to implement the changes and systems alignment.
- **Mechanisms for Collaboration** — Effective governance and decision-making structures, open communication channels, resource sharing, and a data and accountability framework that assesses and monitors systems change for families, including for diverse and underserved populations.
- **Influential and Adaptive Leadership** — Responsiveness to the larger political and societal context of the systems alignment as well as willingness to advance systems change even when goals shift, and outside factors exert influence on the work.

[Relationships must be formalized to be sustainable.] It's a matter of having the policy, expectations, and MOUs set while you have people in positions who are willing to create those relationships in order to hold on to relationships in the long run.

- State agency participant

As states progress through the stages of systems alignment, ensuring that these elements for effective collaboration are set up is critical for sustained progress and success.

STATE EXAMPLES • Establish the Key Elements of Effective Collaboration

The **Illinois** team used existing mechanisms for collaboration, including cross-agency standing meetings, to focus on alignment of post-partum support programs and to collaborate on opportunities for systems improvement.

The **Alaska** team leveraged trustworthy relationships to inform their alignment efforts — including staff with dual roles in public health and in the early childhood system model Help Me Grow, as well as a long-standing community partner to authentically engage service providers and outreach to community members.¹⁰

LEARN

2. Identify the Challenge or Opportunity for Alignment

Systems alignment efforts should center on supporting children, adults, and families to maximize the benefits from the programs and services they are eligible to receive. Without intentional efforts to align across agencies, services can be duplicative, difficult to navigate, or less than fully responsive to what people need. States can identify and quantify systems alignment challenges and opportunities through:



- Structured needs assessments;
- Formal evaluations;
- Program monitoring, reporting, or review panels;
- Listening sessions, forums, hearings, and other forms of feedback and input where families, communities, providers, or policymakers can raise issues and identify solutions;
- Evaluated customer service center calls to identify trends in issues facing families or providers; and
- Cross-program dashboards that help multiple state agencies or divisions see and analyze cross-systems data on children and families they serve.



There can be different entry points [to building relationships between Medicaid and early childhood] depending on where a state has momentum, who is at the table, or what level they're at.

- State agency participant

STATE EXAMPLES • Identify the Challenge or Opportunity for Alignment

In **North Dakota**, Medicaid agency staff collaborated with the Department of Health to redesign their Early and Periodic Screening, Diagnosis, and Treatment benefit based on a legislatively mandated evaluation and additional Medicaid beneficiary input gathered as part of the AECM project.¹¹

In **Rhode Island**, the inter-agency Rhode Island Longitudinal Data System — which connects data from early childhood, health, education, workforce, and other systems to inform policymakers and researchers — helped agency staff identify concerns about the relationship between missed well-child visits and experiences of child abuse and neglect.¹²

In 2020, the **Vermont** Legislature established the Maternal Mortality Review Panel to conduct a comprehensive, multidisciplinary assessment of maternal deaths in the state to identify risk factors and inform recommendations for system changes to improve health outcomes.¹³

3. Engage Partners, Community Members, and Other Stakeholders

Engaging families, beneficiaries, and community members is critical for any systems alignment efforts since they are the ones most impacted by programs and policies. Recognizing the value of patient and family engagement, agencies that serve children, adults, and families increasingly focus on opportunities for co-creation with program beneficiaries, including through human-, equity-, and participatory-centered design.^{14,15,16} This is in line with a proposed rule from the Centers for Medicare and Medicaid (CMS) to require Medicaid agencies to form and support Beneficiary Advisory Groups to advise on operations of Medicaid programs.¹⁷



Types of community engagement can range from informing, consulting, and involving, to engaging and collaborating, all the way to empowering community members (see **Exhibit 1**) at the highest end of the engagement spectrum.^{18,19} Across this spectrum, there are different strategies states and community partners can use to involve varied stakeholders, including families and beneficiaries as well as service providers, in systems alignment efforts.²⁰

Partnering with CBOs with existing cultural and linguistic competency as well as the trust of the community can help engage families, communities, and providers authentically and effectively. Best practices when conducting engagement activities include providing adequate compensation for community members’ time as well as travel reimbursements and no-cost childcare when needed to make it more equitable and feasible for individuals living with low-incomes to participate.²¹ State agencies can also benefit from outside technical assistance or neutral facilitators that can help the various partners and stakeholders bring in different perspectives, build consensus, and identify useful tools and processes for alignment efforts.



It’s important to first hear and empathize with those who experience the systems first-hand, and to learn how systems are, or are not, meeting people’s needs.

- Technical assistance provider

Exhibit 1. Spectrum of Community Engagement

INFORM, CONSULT, INVOLVE	ENGAGE, COLLABORATE	EMPOWER
<ul style="list-style-type: none"> ✓ Listening sessions, focus groups, interviews, surveys, or public comment periods – Time-limited public engagement sessions or opportunities to learn. ✓ Ad-hoc townhalls, parent cafés, or forums – Regular and predictable meetings; open to all or targeted for one group of stakeholders. ✓ Standing stakeholder meetings – Regular and predictable meetings with stakeholders, often staffed by state agency staff. 	<ul style="list-style-type: none"> ✓ Working committees – Committees that are formally named with specific members, including public members, which focus on a defined task and may be open to the public. ✓ Human-centered design activities – Journey mapping or similar activities where families and/or providers can help identify pain points and potential solutions. 	<ul style="list-style-type: none"> ✓ Advisory councils/boards – Groups with governance or decision-making authority, often appointed by people outside the state agency, and which can include public members with lived experiences. ✓ Hired positions – Individuals with lived experiences are hired in agencies or other policy-making entities to inform and guide systems change from the inside.
<p>INCREASING ENGAGEMENT AND IMPACT ON THE DECISION</p>		

Source: Adapted, International Association for Public Participation, [Spectrum of Public Participation](#); Groundwork Ohio, Center for Family Voices, [Spectrum of Family Voice Participation](#)

STATE EXAMPLES • Engage Partners, Community Members, and Other Stakeholders

Engaging and learning from providers can inform systems alignment as well. The **Oklahoma** team heard from early childhood mental health clinicians that the limit of one visit for the completion of the evaluation was insufficient to assess the unique needs of very young children and their families. To address this issue, they explored ways to increase the number of allowable visits to complete a psychiatric diagnostic evaluation for young children. The state team worked with a statewide association of pediatric mental health providers to survey members and identify policy, administrative, and coverage challenges that providers face when assessing and providing treatments for children under five.

The **Alaska** state team worked with a community partner to recruit a variety of providers supporting pregnant individuals with substance use disorders for the state's journey mapping activities. They collectively decided to make donations to women's shelters, using available grant funds for alignment, so the providers knew there was something coming back to help their communities right away.

4. Map the Current Systems

Another critical step to create better alignment between systems is to map how current programs function to examine user experience, operations, reach, and connections across services as well as current investments within and across agencies. States can use a variety of approaches to map systems:



- **Journey mapping** is a human-centered design that can help state agencies map the journey and experiences of families, beneficiaries, and/or providers through systems. It helps identify how children and their families navigate specific systems and where challenges, structural inequities, and other pain points may exist.²²
- **Program mapping** is used to catalog and crosswalk existing programs and services across sectors that benefit similar populations or redress similar issues. This process can be relatively simple and can include compiling a list of key federal and state programs focused on young children, the implementing agency for the program in the state, and key state initiatives or programs.
- **Fiscal mapping** is a beneficial tool to help inventory all current investments and funding mechanisms directed toward a specific population, service array, or intervention.²³ Looking across multiple and sometimes complex funding streams can help decision-makers better understand how to leverage financial resources and align services to make it easier for families to navigate systems and use needed services. Fiscal mapping activities can also be used to look at racial breakdowns and utilization rates of funded services.



Each state organizes and implements early childhood and health programs and services differently. Some states have consolidated the administration of early childhood programs into one office; some have formal governance, coordinating councils, or children’s cabinets that can include state agency and other stakeholders; and others have informal relationships between state agency staff that implement programs for young children and families.²⁴ No matter what organizational structure exists in a state, states can take the time to map their systems that serve young children and their families. States involved in *Aligning Early Childhood and Medicaid* found success conducting mapping activities for some or all the following programs:

[Alignment efforts can break down silos.] We do good work but, with tunnel vision and agency silos, we spin our wheels and don’t impact outcomes.

- State agency participant

- Title V Maternal and Child Health Block Grant²⁵
- Maternal, Infant and Early Childhood Home Visiting Program (MIECHV)²⁶
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)²⁷
- Supplemental Nutrition Assistance Program (SNAP)²⁸
- Child Welfare and Maltreatment Prevention²⁹
- Office of Early Childhood Development³⁰
- Office of Child Care Programs³¹
- Early Intervention — IDEA Part C³²
- Medicaid and CHIP³³

STATE EXAMPLES • Map the Current Systems

The **Alaska** team, in partnership with expert facilitators, used virtual journey mapping activities with state agencies, providers, and parents with lived experiences to better understand the experiences of pregnant individuals affected by substance use disorder, identify obstacles to accessing needed care, and compile collectively derived solutions to improve services and outcomes.^{34,35}

The **Illinois** team — in response to legislation requiring that the Medicaid program add coverage for home visiting and doula services — mapped those services and others that support maternal care and early childhood during the postpartum period to identify overlaps and drop offs in services; and to ensure alignment across populations served, service definitions, and new provider types.³⁶

The **Minnesota** team conducted fiscal mapping on early childhood programs in Hennepin County (which includes Minneapolis) that were used by diverse families, including those impacted by incarceration, parental disabilities, and/or mental health issues, who received Medicaid and were served by multiple other systems.³⁷ In the past, Hennepin County largely focused on services for the individual child or the parent without taking into consideration the larger family dynamics that impact their lives. The county was able to use fiscal mapping to assess and improve how two-generational approaches could be implemented across programs and agencies to support families more holistically.

DECIDE

5. Identify the Desired Change and Co-Create Solutions

Once states better understand the challenges and opportunities in their systems by engaging beneficiaries, families, and providers, as well as mapping cross-system resources, they can identify actions to align services to more effectively meet the needs of children and families. Co-creating solutions with those relying on early childhood and Medicaid systems to meet their needs is a crucial step toward impactful change.



One way to identify actions that states can take is to think about the kind of positive change they want to create for children and families. Positive systems change to better serve children and families can happen through three distinct types of efforts.³⁸

- **Increasing the capacity of systems by improving:**
 - Access to services — provide additional program slots, increased services, or more equitable and affordable access to services, particularly for underserved populations;
 - Quality of services — develop improvements to ensure the services meet the needs of the individuals served and drive the desired outcomes; and
 - Comprehensiveness — create enhancements to services so they meet the full needs of the population(s) served.
- **Improving connections between services by enhancing:**
 - Linkages between services — make clear connections, improve referral, and foster warm handoffs between services that are delivered sequentially as a child develops or as family needs change; and
 - Alignment of services — coordinate services delivered from different sectors at the same time and in multigenerational ways to support family needs.
- **Adding new services to meet an identified need by:**
 - Implementation of new programs or new program components — purposefully introduce new services or programs to fill a gap.

STATE EXAMPLE • Identify the Desired Change and Co-Create Solutions

In **Rhode Island**, after identifying a need to improve connections between services and exploring care coordination and referral system options, the state launched Healthy Tomorrows — an initiative focused on strengthening relationships between pediatricians and home visiting staff to improve referrals, service coordination, and access to support services and basic needs services.³⁹ The initiative is supported by the Department of Health and the Patient Centered Medical Home-Kids program (at the Care Transformation Collaborative of Rhode Island), which itself is contractually supported by Rhode Island's Medicaid managed care organizations both programmatically and financially.

6. Determine the Most Impactful Levers

All state-funded early childhood and Medicaid programs that serve young children and families have laws, regulations, and policies that govern the services; funding amounts that determine capacity and sustainability; and program implementation structures and procedures. These are the foundational structures that undergird how programs are shaped and implemented as well as the levers that states can change to improve alignment and outcomes for children and families.



Cross-agency teams have a number of levers they can use to align systems including:

- **Laws, regulations, and policy** — Change the rules and regulations of programs.
- **Financing** — Add incentives, eliminate constraints, and increase accountability.
- **Program structures** — Align program administration, provider, and contract requirements.
- **Procedures** — Ensure operational processes are aligned within or across systems components.
- **Culture, norms, and knowledge** — Establish performance and collaboration expectations and ensure alignment among beneficiaries, providers, staff, administrators, and other stakeholders.
- **Data** — Agree on shared data, measurement, and tracking approaches across systems.

STATE EXAMPLE • Determine the Most Impactful Levers

The **Oregon** team wanted to encourage alignment between the state’s early childhood and health systems. The Oregon Health Authority worked in partnership with early childhood state agency partners and child health advocates to define the Health Aspects of Kindergarten Readiness, and as a lever, they created an incentive for Medicaid providers conducting well-child visits and preventive dental visits that can support kindergarten readiness as well as social and emotional development supports for children enrolled in Medicaid.⁴⁰

ACT

7. Implement and Support the Change

Change management strategies — including transparency, clearly defined timelines, celebrated small wins, mechanisms for communication, and training, among others — are important to smoothly implement and navigate transitions or changes, whether it is an iterative change or a transformational change. It is crucial to focus on both the process side (e.g., streamlined processes, revised job roles, or newly built infrastructure for example) and the human side as well (e.g., addressing staff reticence for change, getting buy-in, or meeting training needs).⁴¹ To implement and support changes, there is a need to effectively engage beneficiaries and



families impacted by systems changes, as well as service providers, agency staff, and other stakeholders also impacted by newly aligned services and systems.

Implementing and supporting systems change go hand in hand. States can also leverage available federal policies to support their statewide alignment efforts. In 2021, the American Rescue Plan Act provided states the option to extend Medicaid coverage for up to 12 months in the postpartum period. The Consolidated Appropriations Act of 2023 made this option permanent and, as of March 2024, 45 states have taken action to implement this coverage extension.⁴² As part of alignment efforts, many states moved to support that change by increasing access to services for individuals in the postpartum period, including adding doula supports, improving treatment for postpartum depression screening and treatment, and engaging with managed care organizations and providers to improve clinical quality.⁴³

STATE EXAMPLE • Implement and Support the Change

In seeking new ways to support the alignment of cross-agency programs, AECM state teams used partner and stakeholder meetings, developed communications channels, and created training modules to keep critical partners engaged and informed. For example, after **North Dakota's** redesign of their EPSDT benefit, they created a member outreach section and a provider toolkit on their EPSDT website and are meeting regularly with local public health units to support continued alignment on prevention efforts.⁴⁴

8. Monitor the Impact

In implementing new ways to align cross-agency programs, it is important to identify how to effectively measure the impact of alignment using a strategic evaluation approach. States can measure impact, for example, by assessing beneficiary, family, and provider experience and outcomes, as well as by monitoring systems efficiencies and operations. Since some alignment efforts across early childhood and health systems impact both the child and the caregiver, states can also consider opportunities to use a two-generation approach to measure outcomes for both generations, drawing from the work of Ascend at the Aspen Institute.⁴⁵ Recommended approaches include measuring and accounting for outcomes for children and parents in education, workforce, economic assets, health and well-being, and social capital.



STATE EXAMPLE • Monitor the Impact

Nevada's team relied on available data systems to inform and monitor their alignment efforts focused on improving family access to home visiting programs through Medicaid, in addition to other funding sources. The state's Office of Analytics, which produces extensive data and analytics for all programs within the Department of Health and Human Services, regularly releases data dashboards and reports that include current health statistics and trends, as well as current program statistics, including the number of children receiving early childhood mental health services and families participating in the Nevada Home Visiting Program.⁴⁶ Stakeholders can submit data requests for unique inquiries to assess the impact of policy and program changes.

9. Create Feedback Loop to Share Outcomes and Improve

Ongoing feedback loops with community members and providers engaged in alignment efforts are needed to foster continued partnerships and to share the impacts of alignment and systems change. States can use regularly convened stakeholder meetings, CBO partner community convenings, legislative briefings and town halls, among other forums to share learnings and outcomes; celebrate progress and successes; and hear from stakeholders about impacts, ongoing challenges and new opportunities that can be collaboratively addressed to improve system performance.



STATE EXAMPLE • Create Feedback Loop to Share Outcomes and Improve

The **North Dakota** team worked with a university research team with equity expertise and staff capacity to broadly survey Medicaid beneficiaries from diverse populations to understand family experiences with child well-visits and access to required benefits under EPSDT, as well as to recruit individuals for more in-depth focus groups. The North Dakota team and their university partner created a feedback loop to share with families who had provided feedback a summary of the engagement findings as well as some of the family-generated solutions being considered by the state.

Conclusion

The prenatal and early childhood periods help set the foundation for health and well-being across the lifespan. The services and funding streams that support early childhood well-being span state agencies, budgets, and oversight mechanisms, and thus need concerted alignment efforts to maximize their impact. Aligning across early childhood and Medicaid state systems can improve health and well-being outcomes, particularly for children of color and children living in poverty dealing with structural inequities and unmet health-related social needs.

Cross-agency state teams and partners can use the nine elements shared in this brief to guide their current or future systems alignment efforts. State activities include working with trusted community partners to engage and co-create solutions with beneficiaries and families they serve who have lived experiences as well as service providers; collaborating with state colleagues and other partners to identify, map, and rectify misalignment and gaps; fostering trustworthy relationships and buy-in across sectors; and developing and implementing more effective programs and services. Smaller proof point alignment projects can be good entry points to lead to early wins that can motivate policymakers and stakeholders to tackle more complex and long-term alignment efforts.



ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. CHCS supports partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit www.chcs.org.

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