AIM STATEMENT	PRIMARY DRIVER	SECONDARY DRIVER

AIM STATEMENT

By July 31, 2021 ECCS Impact Grantees and Place-Based Communities will promote healthy development of children ages birth through age 3 to achieve:

25% relative increase in children birth through age 3 that are achieving age appropriate developmental health in all 5 developmental domains

15% relative decrease in disparity among children birth through age 3 that are achieving age appropriate developmental health in all 5 developmental domains (Select one: age, gender, poverty, or race)

15% relative increase in the proportion of family members of children birth through age 3 that report they read, told stories, and/or sang songs with their child daily

15% relative increase in the proportion of primary caregivers reporting improved social support

10% relative increase in the proportion of families successfully connected to one or more services to address social determinants of health (SDOH)

20% relative increase in the proportion of identified partners that report improved data processes for CoIIN reporting

30% relative increase in the number of new or updated policies that support developmental and relational health promotion

PRIMARY DRIVER

P1: Early Identification of Developmental Needs
Aligned and coordinated community-wide systems promote developmental health and provide early identification of developmental needs for all children & families, especially those that are vulnerable.

P2: Family Engagement
Systems promote and maintain family dignity and integrity by supporting active involvement in identifying, promoting, improving, and managing child developmental health in ways that are meaningful to them.

P3: Address Social Determinants of Health
Systems address social determinants of health, including related needs and stressors, and support families to minimize risk and maximize healthy development.

SECONDARY DRIVER

SD1: Screening is conducted in a variety of settings so all children are assessed (e.g. well-child visits, childcare settings, WIC & SNAP appointments, home visits, etc.

SD2: Screening services use evidence-based tools and methods and seek a full picture of developmental health including SDOH and vulnerabilities.

SD3: Hard to reach families are engaged using a variety of methods.

SD4: Services that provide screening do so in a manner that is timely, efficient, effective family-centered, and equitable.

SD5: Developmental monitoring, screening, and follow-up plans are in place and incorporate work flow and data use.

SD1: Family motivations, strengths, talents and skills are recognized and capitalized upon for families to be key promoters of healthy child development.

SD2: Families have support necessary to access, navigate and promote the developmental health of their children.

SD3: Build trusting relationships between families and professionals.

SD1: Benefits, stressors, and risks associated with SDOH are incorporated into developmental health delivery, monitoring, screening, and follow-up.

SD2: Family coping capacity is addressed and supports confidence in caregiving

SD3: Families are aware of, and have access to services that mitigate stressors associated with SDOH

NICHQ
National Institute for Children's Health Quality

ECCS CoIIN

HRSA
Maternal & Child Health

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PRIMARY DRIVER

P4: Systems Promote Developmental Health and Meet Needs of Children & Families
Services throughout the ECCS that promote developmental health are available, accessible, of high quality, and are used by families.

P5: Linked and Coordinated Systems
Linked and coordinated systems promote continuity, collaboration, and cross-sector sharing in all aspects of monitoring, screening, follow-up, and service delivery while ensuring privacy and legal rights of families.

P6: Advocacy & Policy Change
Systems promote child development and support families through advocacy and policy change at the local, state, and federal level.

SECONDARY DRIVER

P4:

SD1: Services are appropriate, available, accessible, evidence-based, family-centered, equitable, and incorporate family education and celebration of milestones.

SD2: All components of the community-wide system are aware of healthy developmental promotion services and help link families to them.

SD3: Development enhancing activities are provided to families and other caregiving entities (child care, etc.).

SD4: Feedback from parents/caregivers on the quality of services is sought and utilized for improvement.

SD5: Effective care coordination and cross sector communication enhances family access and utilization of services.

P5:

SD1: Data systems support collaboration coordination and continuous improvement

SD2: Interagency data sharing agreements delineate agency and provider responsibilities including sharing and privacy protocols.

SD3: Reliable and effective systems exist to track screening, referral, evaluation, receipt of services, outcome monitoring.

SD4: Cross-sector infrastructure supports on-going training, technical assistance and support for developmental monitoring, screening, and follow-up activities.

SD5: Seamless response to identified needs.

P6:

SD1: Community-based systems collaborate to plan and engage in advocacy creating local programs to enhance child development.

SD2: Policies & reimbursement/payment models provide requirements and/or financial incentives and disincentives, to conduct developmental monitoring, screening, and follow-up in child care, healthcare and other settings.

SD3: State monitoring, screening, referral, and follow-up guidelines, practice standards, protocols and regulations are in place and enforced.

SD4: Families have the social and economic support to promote developmental health.