Building Capacity for Change

A Playbook for Growing Early Childhood Reform Programs Using a Collective Impact Framework

Based on the Rockefeller Institute of Government's First 1,000 Days on Medicaid Partnership Project

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Executive Summary

This *Building Capacity for Change* "playbook" highlights practices and strategies that proved to be effective in supporting the rollout and implementation of certain programs under the New York State Department of Health's *First 1,000 Days on Medicaid Initiative*, a series of evidence-based reforms aimed at improving health and social outcomes for expectant parents, young children, and their families. Recognizing that advancing the health and well-being of the state's youngest citizens requires a well-coordinated comprehensive strategy,[1] the Rockefeller Institute of Government partnered with the Department of Health (DoH) to develop and incorporate a framework of collective impact—bringing the strengths and resources of organizations across program and policy sectors together to work toward a shared goal—for selected reforms that were being piloted in target communities across the state.

This playbook is designed as a guide for Medicaid providers and other early childhood health practitioners, local community organizations, and state policymakers on how collective impact strategies can be used to promote cross-sector coordination and align resources in ways that advance maternal and early childhood outcomes. Wisdom and evidence gained from working with providers, partner organizations, and families in the field as these Medicaid reforms were rolled out are discussed, and supporting data and project outcomes resulting from efforts embracing a strategic collective impact approach are presented.

Findings of the Rockefeller Institute's *First 1,000 Days on Medicaid Partnership Project* include the following:

- In the initial half-year following the full-scale launch of the early literacy initiative, seven clinical practice locations took part in the pilot program, implementing, expanding, and/or enhancing the Reach Out and Read program. These sites conducted 9,000 well-child visits (for children aged zero to five), six times the anticipated service numbers.
- Nearly 7,300 books were distributed to young children in these six months, more than double the projected distribution for an entire year.[2]
- Home visitation programming to families with children zero to three increased by more than 10 percent during the first year of implementation of reform activity in pilot sites.
- The number of families that were identified as eligible and connected to early childhood health resources increased by more than 20 percent.
- A cross-sector referral system designed to increase comprehensive care and coordination was established in four counties to share information between community organizations, Medicaid service providers, and families.
- All programs piloted in sites working with the Rockefeller Institute's *First 1,000 Days on Medicaid Partnership Project* expanded their local partnership scope beyond that initially targeted by the Department of Health.
- Multiple periodic learning collaboratives—which brought together participating service providers and partner organizations to discuss challenges, reveal solutions, and share best practices—posted a satisfaction rate of 100 percent for these sessions.

Playbook Format

The *Building Capacity for Change* playbook is organized into four main parts: background on New York's *First 1,000 Days on Medicaid Initiative* to offer context for the depth and breadth of this bold reform effort; a discussion of the collective impact framework and strategies for implementing it in local areas where social service reforms are piloted; and two sections describing project activities in local areas piloting two *First 1,000 Days on Medicaid* reforms. The COVID-19 pandemic and related shutdowns—including in-person service-provision sites—had a dramatic impact on the initiation, full implementation, and continuation of many of the reforms originally scheduled to be piloted in the field by DoH during the first quarter of 2020. Its "Promoting Early Literacy through Local Strategies" pilot, which connects pediatric Medicaid providers with the Reach Out and Read program, was eventually fully implemented, albeit for a much shorter period than the three-year plan originally envisioned. And after various COVID-19-related restrictions were lifted and some technical obstacles overcome, DoH combined three reforms originally scheduled for independent piloting—home visiting, peer navigation, and cross-sector data-sharing—into one, called the "Maternal Infant Care Initiative" and launched it in mid-2022. A separate centering pregnancy reform

initiative was launched before a mandated pause due to the COVID-19 pandemic and was not restarted; some initial collective impact work was done in these sites while the reform was underway.

DoH's *First 1,000 Days on Medicaid Initiative* and the Rockefeller Institute's related *First 1,000 Days on Medicaid Partnership Project* take a comprehensive approach to improving the wellness of Medicaid-recipient families with children aged zero to three. Paired with this comprehensive intent, this playbook is designed as a single, holistic approach to incorporating collective impacts into new site seeding, site expansion, and statewide expansion of these piloted reforms.

The practice of embedding a collective impact framework and strategies (backbone support, common agenda, shared measurement, continuous communication, and mutually reinforced activity) in a cross-sector, state-level demonstration pilot is discussed using examples from the field and emphasizing the importance of building authentic partnerships. Approaches to adapting collective impact training to meet the needs and interests of the providers and their communities while applying a data-driven and results-oriented approach are explained. Strategies for creating programmatic sustainability through relationship development and partnership building also are outlined.

Introduction

Too often thoughtful and innovative demonstration projects or study pilots implemented in real-world settings fall short of providing their promised impact. This is often due to limited resources, inadequate support, or other issues that frequently come with such programs being seen as "temporary." Pilot projects that *do* make it through the implementation phase often are found to be unsustainable and are rarely fully scaled for similar reasons: inadequate coordination among participating parties; disparate agendas among key stakeholders; insufficient permanent funding. Noting that these challenges exist and could threaten the expansion of promising reform models being tested as part of the New York State Department of Health's *First 1,000 Days on Medicaid Initiative*, a partnership was formed between the Rockefeller Institute of Government and DoH to: (1) embed collective impact into piloted reforms to foster cross-sector long-term commitment and support for the effort; (2) study the impact of systems-level coordination on systems-level change; and, (3) document, observe, and capture shared learning and wisdom from the field that resulted in increases in health and well-being of families served. This partnership project would also contribute to the limited literature on best practices and approaches to systems change in the policy areas of DoH's pilots, link this research and experience to state policy, and create a guide designed to support replication and expansion, including statewide expansion, of successful *First 1,000 Days* pilots.

Addressing complex educational, social, and public health issues requires a strategy that reflects and incorporates shared goals, accountability, collaboration, and resource alignment across sectors and among key stakeholders at every level.[3] The *Building Capacity for Change* playbook highlights local pilot reform efforts that

have demonstrated remarkable progress, even while experiencing unparalleled and ongoing disruptions associated with the COVID-19 pandemic. Against daunting odds, local leaders, practitioners, and state officials committed to working together to create better services and improve Medicaid delivery systems for New York's infants, toddlers, and their families. The playbook emphasizes the importance of advancing change by leveraging the structural power of communities using a bottom-up, deliberate, and strategic approach. Specifically, the Rockefeller Institute's team embraced a collective impact framework for its *First 1,000 Days on Medicaid Partnership Project* to facilitate systems coordination in an approach of broad-sector community problem-solving. Examples of partnership building to address gaps in resources and expand capacity are illustrated throughout this playbook.

New York's *First 1,000 Days on Medicaid Initiative*

Investing in programs targeted to the first 1,000 days of a child's life—a time during rapid formative brain development—can dramatically improve the health and well-being of an individual over a lifetime.[4] Recognizing the critical role that New York's Medicaid program plays in covering health and wellness services for more than half of the state's youngest citizens, in 2017, the state's Department of Health first convened more than 200 critical stakeholders to develop and launch its new *First 1,000 Days on Medicaid Initiative*. The group was tasked with making recommendations that would transform the state's early childhood Medicaid system in ways to improve child health and developmental outcomes, specifically targeting the earliest years of a child's life.

The stakeholder group—representing various sectors of early child development from across the state, including education, child welfare, health, and mental health—developed a comprehensive multipoint proposal, detailing promising evidence-based practices and interventions to reenvision early childhood service delivery in New York. Through a process of discussion, collaboration, and voted selections, 10 reforms were deemed the highest priority to enact. Among these recommendations were five programmatic reforms that were to be piloted in selected communities across the state (see following page).[5] These five reforms were to become the focus of the Rockefeller Institute team's *First 1,000 Days on Medicaid Partnership Project*.

There was consensus among the group that the *Initiative* must incorporate a strategy to address the existing deeply fragmented early childhood system, recognizing that programs serving young children throughout the state historically operated in silos, driven by competitive funding, limited resources, and unaligned community-level goals. Acknowledging this need for greater alignment at every level of early childhood programming, the workgroup committed to working with a collaborative mindset and looked for opportunities to leverage the strengths of their organizations and link together with other entities throughout each phase of planning the *Initiative*. For example, The Schuyler Center for Analysis and Advocacy and The Children's Agenda, two statewide child advocacy and policy organizations, agreed to take on

the public support strategy. The groups used their platform and resources to promote the *First 1,000 Days on Medicaid Initiative* for full funding during negotiations on the state budget. The organizations developed policy briefs and collected and distributed testimonies that supported funding for the project to be included and remain in the state budget at a time when New York State Medicaid was grappling with a $4 billion-dollar-plus deficit. Moreover, they actively advocated, both directly and indirectly, to embed the initiative into the state's Medicaid policy.

As a result of strong cross-sector support for the *Initiative*, New York's 2018–19 Enacted Budget included $2.9 million in total Medicaid funds toward the *First 1,000 Days Initiative* (including $1.45 million in state funds), growing to $11.6 million (including $5.8 million in state funds) the following year. The funding was rolled over into subsequent years as DoH planned the rollout of the *Initiative* and then further as the implementation of the piloted programs was paused during the COVID-19 pandemic.

While securing financial commitments for the *Initiative* certainly was a major win for the workgroup, policymakers recognized that a truly coordinated approach among state, local, and service-delivery entities would be needed to properly implement the reforms slated to be piloted in local communities. Committed to collaboration, DoH and its stakeholder consortium leveraged existing resources to stretch their capacities, improve operational efficiencies, and mitigate the cost. As one example, DoH engaged local managed care organizations to leverage their existing fiduciary relationship with healthcare providers to disseminate funds, support the development of contracts needed to implement the reforms and increase project oversight and accountability.

Continuing a coordinated push for these reforms, support emerged from groups such as Raising New York, a new statewide coalition focused on advancing policies that support low-income children and families. Raising New York aligned its three-year project plan with the *First 1,000 Days on Medicaid Initiative*, increasing awareness of the project's goals among its 30-plus membership organization and stressing alignment of action to these shared goals. DoH's Office of Health Insurance Programs and Office of Quality and Patient Safety supported the project by developing and conducting an evaluation plan for the piloted initiative in consultation with stakeholder groups.

First 1,000 Days on Medicaid Initial Reform Recommendations for Local Pilot Projects:

Early Literacy through Local Strategies

Launch one or more three-year pilot programs to expand the use of the Reach Out and Read program via pediatric primary care outlets. Medicaid funding is provided through mainstream managed care organizations to pediatric primary care providers sufficient to conduct the program.

Statewide Home Visiting

Expand home visiting programs that have demonstrated improved outcomes, seeking to ensure the sustainability of home visiting so that every eligible child and pregnant woman receives services, if desired. Initially designed to be launched in three high-risk perinatal communities, matching families to a home visiting program or other community-based supports that best fit their needs and eligibility.

Peer Family Navigators

Launch four pilot programs at primary care office sites and five others in community settings, such as homeless shelters, drug treatment programs, and other sites, to provide peer family navigator services that help hard-to-reach families connect to early childhood health resources.

Develop a Data System for Cross-Sector Referrals

In at least three communities, develop a hub-and-spoke data system that will enable screening and referrals across clinical and community settings.

Expansion of Centering Pregnancy

Target communities of poorest birth outcomes and support obstetrical providers serving Medicaid patients in adopting a centering pregnancy group-based model of prenatal care. The model is designed to enhance pregnancy outcomes through a combination of prenatal education (gestational development, healthy behaviors) and social support.

Rockefeller Institute's *First 1,000 Days Partnership*

For more than four years, the Rockefeller Institute of Government worked closely with the New York State Department of Health to enhance the success of piloted programs under the Department's ambitious reform initiative. To maximize coordination and collaboration at every level, the Rockefeller Institute team provided collective impact training to engage communities in thoughtful ways to strengthen existing relationships and build new partnerships (a full list of participating partners and related activities can be found in Appendix A). Guided by a shared vision of creating a well-connected reliable system of care for families with young children, the *First 1,000 Days on Medicaid Partnership Project* coalesced internal and external program resources to increase the success of piloted initiatives and enhance the health and well-being of these families.

Unfortunately, program shutdowns and restrictions implemented in response to the COVID-19 crisis severely impacted the rollout, operations, and early results of the *First 1000 Days on Medicaid* pilot programs. The Rockefeller Institute project team remained active, working with whatever pilot sites existed, and providing training and developing community partners in anticipation of program activity. DoH's June 2021 relaunch and funding of most of the pilot programs—the Early Literacy pilots was welcomed and well-received, though the late start provided much less time for the projects to prove themselves in the field than originally envisioned. Still, the foundational work by the Rockefeller Institute project team and vigorous activity coordinated with the relaunch of the pilots showed exciting signs of initial success.

The Promoting Early Literacy pilot expanded Reach Out and Read (ROR) services to seven counties throughout the state, contracting with managed care organizations to support the work. A collective impact approach was used to train providers and partners and, leveraging the support from local literacy organizations, in less than a year of full operation the three-year goal of the number of children served was more than doubled. The goal on the number of books to be distributed was exceeded on an annual basis, and projections for the annual total showed that, in just one year, the number of books distributed would exceed the three-year goal by nearly 45 percent. An expansion in the number of pilot sites from three to seven helped achieved these goals. In recognition of both program delays and early success once fully launched, DoH extended the pilot end date to June 2023, providing an additional year of funded program activity.

The Maternal Infant Care Initiative (MICI) pilot—a combination of the original three pilots on home visitation, peer navigation, and data coordination—experienced similar success once programming officially began in July 2021. Aligned with the collective impact model, 10 pilots were launched in four counties, supported by seven managed care organizations and two community-based organizations. In 10 months, the MICI pilots serviced 99 percent of the Rockefeller Institute's ambitious project goal. Other milestones, such as connecting families to home visiting programs, showed a doubling of expectations.

During the short period that the Centering Pregnancy pilot was in operation (September 2019–March 2020), the goal of mothers participating was achieved and well exceeded. The program was placed on pause due to the pandemic because of what DoH determined was a serious health risk associated with the group-meeting style of the model and then was paused indefinitely in July 2021 while the DoH reevaluated the approach to and options for improving maternal birth outcomes. The *First 1000 Days* leadership team at DoH noted that the goal of improving maternal birth outcomes was being realized through the successful MICI pilots, in part by placing community health workers in maternal settings, and additionally stated that new, direct investments in maternal birth supports were being made as a result of promising early results of the MICI pilots.

Detail on the success of the *First 1000 Days* piloted reforms at the conclusion of the Rockefeller Institute's project activity appears later in this playbook.

Key Strategies for Successful Implementation and Expansion of Pilot Projects

Successful programming and implementation of pilot community reform programs require a strategic approach to ensure optimal outcomes upon which eventual program expansion can occur. Developing a comprehensive implementation plan, including resource allocation, timelines, and stakeholder engagement is vital for effective execution. Additionally, scaling up a pilot initiative built for long-term success requires a flexible and adaptable mindset, coupled with a willingness to learn from challenges faced during initial program implementation.

Below are the sequential stages of program implementation followed in our *First 1,000 Days on Medicaid Partnership Project* we found to be essential for successful project implementation, continuation, and growth.

Phase I

- **Convene Cross-Sector Stakeholders to Define the Problem**: It is important to facilitate a convergence of stakeholders from diverse sectors of the focus area—both the geographic area of clients to be served and influencers in the public policy sector—to collectively identify and define the underlying challenges facing the target community. This helps ensure that a variety of perspectives on both challenges and potential solutions are considered, and signals to the community and policymakers that the effort is inclusive.
- **Develop a Shared Vision and Shared Goals:** A collaborative process of hearing and evaluating perceived problems and potential solutions leads to a clear definition of a unified vision, the establishment of shared goals, and consensus among stakeholders to support the overall effort.
- **Develop a Program Model**: A comprehensive program model developed by the cross-sector stakeholder group should outline key action components and strategies necessary for the effective implementation of these components.
- **Identify Measurements and Define Key Performance Indicators:** Common measurement metrics and key performance indicators should be established that are designed to assess progress at specific milestones. This will help ensure ongoing alignment of the effort toward the specified shared program objectives.
- **Secure Ongoing Buy-In from Key Stakeholder Groups:** Circle back to critical stakeholder groups to foster commitment and collective ownership of the *Initiative*'s goals, strategies, and evaluation plan.

Phase II

- **Test and Evaluate the Program Model:** Assess the program model through pilot implementation and thorough evaluation of this "trial run" to gather valuable insight about potential issues with broader-scale rollout. Refine the model based on this insight to increase its effectiveness.
- **Share Results:** Share results and insights from the pilot rollout, along with the revised plan for full implementation, with the community. This will foster understanding, build trust, and garner support for the *Initiative*'s continued expansion and impact.
- **Secure Investments for Sustaining the Effort:** Seek local, regional, and state partnerships in both funding and implementation roles that will provide the necessary resources to ensure the *Initiative*'s sustainability and long-term success.
- **Create an Expansion Plan:** Develop a comprehensive expansion plan that outlines the strategic steps, resource allocation, and timelines required to effectively replicate and scale-up the *Initiative*.

Phase III

- **Implement Strategy Based on a Capacity Model:** Expand the pilot initiatives and execute the strategy based on a capacity model, ensuring a well-planned and scalable approach that aligns with available resources and capabilities.
- **Ensure Ongoing Project Monitoring:** Continuously monitor and assess the project's progress and outcomes to identify areas for improvement, make data-driven decisions, and ensure the initiative remains on track toward its objectives.

Throughout these phases, the *First 1,000 Days on Medicaid Partnership Project* relied on the use of collective impact strategies, training, and sharing of best practices to build a path to continuing success. This collaborative approach, described in more detail below, is a key component for the sustainability and growth of locally seeded and grown initiatives, such as the reforms piloted under DoH's *First 1,000 Days on Medicaid Initiative*.

Collective Impact Strategy

"Collective Impact" is a framework built on the premise that no one organization is capable of solving deeply rooted, complex, and historic social issues, and that meaningful and sustainable change requires both cross-sector collaboration and representation from groups that, while impacted, have traditionally been overlooked or excluded.[6] The framework promotes systematic cohesion by galvanizing multiple sectors and organizations around a single action-and-outcome agenda. Participants are challenged to reimagine their organizational policies and practices to build the foundation for systematic change. Common goals, outcomes, data collection, and progress monitoring metrics are developed collectively and universally adopted across sectors. It is silo destruction in practice.

Collective impact (CI) is characterized by five core principles:

- **Common Agenda:** Agreeing upon a shared vision for change that includes a common understanding of the problem and a joint approach to a solution.
- **Shared Measurement Systems:** Collectively identifying how success is measured and what indicators and data are necessary to monitor progress.
- **Mutually Reinforcing Activities:** Coordination of activities among multiple organizations to support a common goal.
- **Continuous Communication:** Establishing a culture of transparency and collaboration by creating routine opportunities to communicate.
- **Backbone Organization:** Identify an entity to organize, manage, and facilitate the project.

Some of the most effective CI-supported efforts are characterized by the strength of this last principle, a backbone organization and/or leader that creates a centralized infrastructure, providing staff support, leadership, and project coordination to and among stakeholders. For the Rockefeller Institute's *First 1,000 Days on Medicaid Partnership Project*, a project leader was chosen who had a record of success building and leading local- and state-level coalitions, as well as expertise in early childhood policy, strategic partnerships, relationship development, and project management. StriveTogether, a national leader in advancing social change through collective impact, provided training and ongoing coaching, and technical assistance to the project director to ensure fidelity to the collaborative framework.

The project leader provided collective impact training to pilot sites, including providers and community-based organizations that had been recruited and enlisted as partners, and gave regular briefings on progress, challenges, and successes to affiliated groups and state-support entities related to the effort. Often acting as the liaison between multiple sectors, the project leader played a critical role in establishing a culture of collaboration, communication, and accountability.

The leadership and support of a backbone organization and project leader are critical to build cross-sector consensus and effectively implement and advance projects such as those that were piloted in localities across New York State as part of the *First 1,000 Days on Medicaid Partnership Project*.

Preparing for CI Training

Before engaging in CI training, there must be a consensus among key stakeholders that: (1) a problem exists; and, (2) committing to working together is the most effective way to address the issue.[7] Broad cross-sector participation in the development of the multipoint *First 1,000 Days on Medicaid Initiative* established the commitment to collaboration among the stakeholders, providing the needed foundation for the development of a CI training plan. To ensure buy-in and support for this next step, the project leader worked with DoH's *First 1,000 Days* policy team and its stakeholder and service-provider workgroups to establish core tenets for the effort, identify training needs for those in the field, and agree on the desired outcomes.

High-profile state-level projects often receive considerable amounts of public scrutiny, and the *First 1,000 Days on Medicaid* effort was no exception. Even the most promising initiatives can be derailed by the loss of crucial support and cohesiveness across organizations enlisted as part of the effort. Therefore, prior to initiating collective impact training, the project leader engaged in strategic relationship building activities with the *First 1,000 Day*s project staff and community stakeholders. Specific activities included developing guiding principles to establish a culture of transparency, committing to routine meetings to ensure a shared understanding of project goals, establishing joint commitments to the solutions identified for targeted problems, identifying training and support needs, and securing commitments to provide this support.

Regular meetings opened lines of communication and facilitated opportunities to identify ways to continuously adjust and strengthen the project and align internal efforts and resources. For example, while developing the training plan, the project leader developed and partook in opportunities to engage and cultivate relationships with potential *First 1,000 Day* pilot partners by participating in informational state-led webinars. In this and other ways, collaboration was fostered, transparency was underscored, and authentic relationships were built that effectively laid the groundwork for advancing collective impact strategies. Trust is integral to capacity building and strong relationships are essential to collective community involvement. These initial relationship-development efforts proved to be key in the ability to plan and carry out effective collective impact training. Pilot leaders understood the value of a truly coordinated effort and were eager to engage their partners to strengthen the model and expand their ability to better serve families.

Adapting the Model

While CI requires the entire project ecosystem to have a shared vision for change, implementation of the framework within separate components of the initiative requires specific activities that are tailored to address particular and prioritized areas of social change. For example, providing home visiting services to families with young children and embedding early literacy supports into a well-child visit are two separate strategies that directly align with a shared vision to improve kindergarten readiness. Stakeholders of both policy areas should be included in high-level collaborative CI efforts, but specific activities and training, such as identifying cultural training opportunities for

home visitors or building partnerships with libraries, are distinctly individual efforts necessary for addressing the nuances of each goal in each community. An important step is to separately identify each of these key and differing components, and then develop separate training plans and strategies for action as needed.

No matter the differences, efforts tailored to each component remain crucial to the overall collective success of the initiative. The CI training plan must be nimble enough to adapt as new needs arise, and new community partners bring new strengths to the effort, and to encompass the variety of outcomes typically desired for early childhood services reform.

The BUILD Initiative,[8] an organization dedicated to developing and supporting early childhood systems, offers an insightful visual representation of a comprehensive early childhood system, all facets of which will need to be captured in an effective CI training plan for locally piloted policy reforms:

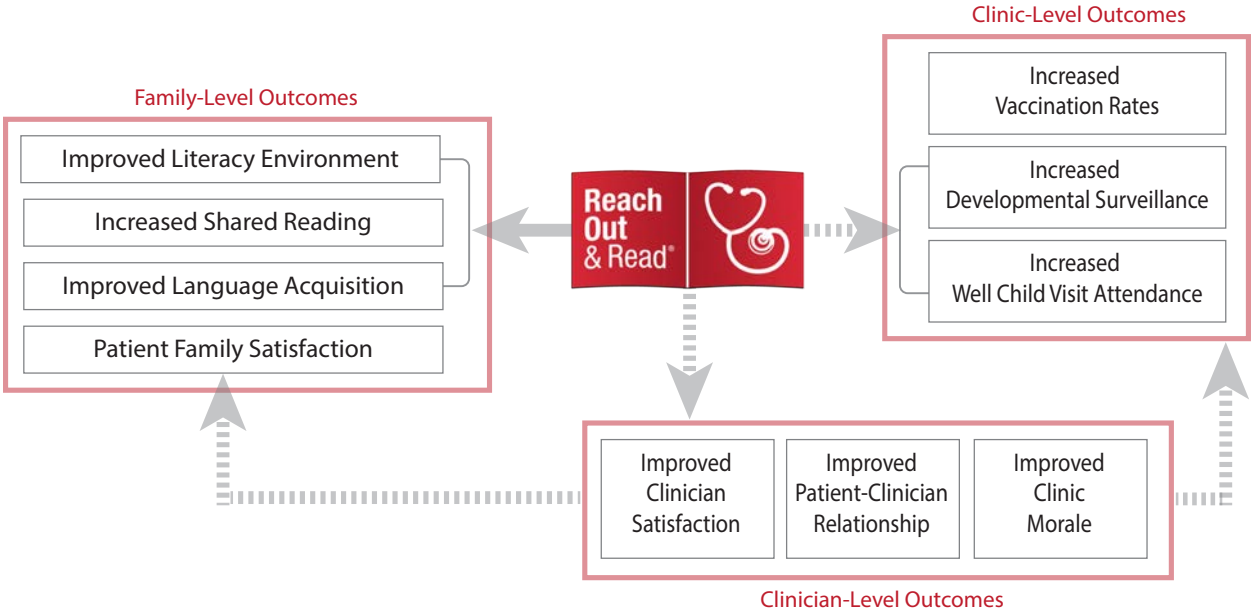
SOURCE: "Our Approach," The BUILD Initiative, https://buildinitiative.org/approach/. Graphic used with permission.

With this approach in mind, the following sections discuss how the Rockefeller Institute's *First 1,000 Days on Medicaid Partnership Project* implemented and adapted collective impact strategies to the Early Literacy and Maternal Infant Care Initiative pilot efforts under New York State DoHs' *First 1,000 Days on Medicaid Initiative*.

First 1,000 Days Pilot #1: Early Literacy

After some starts and stops in the early days of the COVID-19 pandemic, in June 2021, New York State DoH officially launched the early literacy component of its *First 1,000 Days on Medicaid Initiative*, the Promoting Early Literacy through Local Strategies pilots. This part of DoH's Medicaid redesign plan focused on improving the well-being of young children and families by targeting kindergarten readiness through improved access to educational services and support systems for participating families with prekindergarten-aged children. Reach Out and Read (ROR), a national evidence-based early reading not-for-profit organization, was selected to advance the state's early literacy strategy, partnering with pediatric health practices serving Medicaid populations. ROR worked closely with DoH's *First 1,000 Day*s policy team and, acting as the collective impact backbone organization, the Rockefeller Institute's *Partnership Project* team, which managed the project.

Reach Out and Read is a pediatric primary care, clinic-based model that promotes early reading and provides culturally and developmentally appropriate books for children from birth to age five as a part of the well-child visit.[9] The three main components of the program include: (1) volunteers who read aloud to children in the waiting room; (2) counseling by the pediatrician to parents about literacy development; and, (3) providing books to the children free of charge. The efficacy of the model is backed by research, which suggests that ROR programming is linked to higher language scores for participating children and changes in parental behavior and attitudes toward reading aloud.[10] Studies of ROR also suggest that the benefits of the program extend beyond early literacy development, providing evidence of higher attendance for well-child visits and improved clinic culture and parent-provider relationships.



SOURCE: Image prepared by Danielle Erkoboni, MD, MSHP, Principal Investigator of the Literacy Lab @ Children's Hospital of Philadelphia. Image used with permission.

The recommended implementation of this initiative, initially planned for the first quarter of 2020, called for launching "one or more" three-year pilot sites to test the effectiveness of the strategy with the hopes of reaching up to 1,500 children at each site (early conversations estimated that at most three sites would be launched). While the official launch of the local pilot site was put on hold due to the COVID-19 pandemic and related shutdowns, the Rockefeller Institute project team began building the collective impact framework with key stakeholders, and with the support of DoH *First 1,000 Day*s staff, to learn the collaborative strategies that would ensure a successful launch once the suspension was lifted. The project director conducted a resource and landscape analysis to map resources in various localities across the state that would support the implementation of the initiative and met regularly (virtually) with pilot providers to provide initial training and technical support. DoH worked with state leaders and facilitated contracts with managed care organizations to develop a distribution plan and conducted research and preplanning during this period.

Despite the unintended challenges posed by the year-and-a-half pause, there were unintended benefits realized as work done to identify, build, and prepare providers and communities for a CI-structured approach allowed multiple potential ROR pilot sites to be trained and the initiative to hit the ground running when it launched. Not just one or three, but seven pilot sites across the state were implemented; some sites had a preexisting ROR effort. These sites were coached on implementing a CI approach to foster a more robust development of community partners.

Collective Impact Approach to Early Literacy

At a time when the state was still experiencing ongoing consequences associated with the COVID-19 pandemic, ROR's built-in administrative support as an evidence-based national model aided in structuring the initiative to implement effective processes and measure outcomes. Additionally, existing relationships with literacy communities statewide proved beneficial in the identification of potential local community partners, facilitating communication with key stakeholders, and galvanizing community support for the initiative.

ROR worked closely with the Rockefeller Institute and DoH to convene key stakeholders and facilitate dialogue between coalition leaders and providers that served to better understand existing challenges and to develop a common and universally supported action agenda. ROR was able to help the *Partnership Project* team accelerate the initial collective impact planning and resource development process by having a readily available inventory of literacy resources and activities taking place across the state.

Notable Initiative

City's First Readers

City's First Readers (CFR)[11] is a collaboration of nonprofit organizations in New York City leveraging neighborhood resources and community programming to foster literacy development for children birth to five years old. CFR hosts parent workshops to support families with tools to develop early reading skills. They also partner with public libraries and organizations such as the Arab-American Family Support Center to provide culturally relevant programming and other supports.

The Rockefeller Institute's *Partnership Project* team met individually with literacy coalitions and initiatives across the state to align local efforts toward the broader statewide *First 1,000 Days* goal of kindergarten readiness and improved literacy outcomes in underserved communities. Collaborative models were developed at the pilot sites designed to cultivate community engagement and ownership of the issue. The sites were ready for action. The CI model, however, requires that key stakeholders from a variety of affected sectors first have a clear understanding of the problem being addressed and the multiple facets of that problem. The *Partnership Project* team went to work.

Defining the Problem

As is the case in many states, the early-literacy landscape in New York offers comprehensive programs, authentic support, involved advocates, and, in many cases, a challenge that is largely owned by the local community. Still, many of these well-intentioned and often successful (by certain measures) programs operate in their own silos. Indeed, when DoH and the Rockefeller Institute's *Partnership Project* team convened stakeholders around the *First 1,000 Days* early literacy reform initiative, providers identified cross-sector information sharing and system navigation as one of their greatest challenges.

Notable Initiative

United for Brownsville

United for Brownsville (UB)[12] is a family-led collaborative dedicated to transforming the early childhood systems in the Brownsville neighborhood of Brooklyn. The initiative aims to eradicate system inequity in early childhood services to ensure that all children can flourish. UB has a strong track record of building partnerships and collaboration between local parents and service providers. The initiative offers a variety of programs for families and boasts transformative projects, such as Learning Landscapes, which were developed in response to the COVID-19 pandemic to support children's learning and development at home, without screening exams. The collaboration is supported by an "early intervention ambassador" who serves as the point person for addressing the developmental needs of children from zero to 36 months.

Coalition leaders shared that the wealth of services, information, and resources they typically provide often are lost when families move out of the provider service area or neighborhood. The United for Brownsville family-led collaborative, as one example, noted that it received reports of misdiagnoses related to literacy capabilities, with parents having difficulty securing appropriate referrals due to the lack of an effective comprehensive data-sharing system across New York City. And despite the close proximity of boroughs in New York City, systemic fragmentation of service provision caused some of the most basic community supports to be out of reach for underserved families. For example, library cards and accounts are not accepted across the city. Therefore, families that move from, say, Brooklyn to Manhattan are required to reapply for a new library card, requiring validation of identity and sometimes proof of residency, employment, school attendance, or property tax payment. It is easy to see the burdens such requirements can place on low-income, transient, and/or homeless families that simply are trying to ensure that their child has a book to read.

Collective Problem-Solving

Home to more than half of *First 1,000 Days*' early literacy pilot sites, New York City is large, densely populated, and families relocating from borough to borough commonly occurs as the needs of their family and available resources demand. Better coordination of services and cross-sector information sharing was prioritized as the common action agenda item for partner organizations at these pilot sites. Working with the *Partnership Project's* leader, ROR hosted regularly scheduled meetings to align its resources in ways that would help address this issue. During these meetings, community partners discussed how they were working with providers in their neighborhoods to individually keep track of their clients in the absence of a more comprehensive integrated data-sharing system.

Notable Initiative

NYC Reads Initiative

NYC Reads Initiative[13] is an alliance of several organizations working to support East New York, East Harlem, and South Jamaica to enhance the literacy culture in those neighborhoods and improve literacy outcomes for young children. The project offers a variety of cross-sector resources by working with organizations such as ParentChild+, public libraries, and City Year.

For example, a representative of the Brownsville Multi-Service Family Health Center shared that she is able to track many of her transient families if they use any of the municipal shelter systems in the city, and can then help ensure that the families know about and can contact local early literacy resources through her organization's services and abilities to make connections. Families that do not use the shelter system, however, can be harder to locate if they move or drop out of touch with service providers. "Sometimes I have to get very creative to find individuals to make sure they are going to their appointments and receiving the services they need," the representative noted. "And sometimes, you have to get the services to them. Going to the library is not the primary concern for a family who's hungry, so I bring the library to them," they said. The Center creates "library nooks" in places their families frequent, such as homeless shelters and outdoor community spaces. ROR worked with the Brownsville Center to strengthen its tracking of families through connections it has with local pediatric clinics.

To further strengthen program linkages with transient families, one ROR provider partnered with the Women, Infant, and Child (WIC) program, a service that has extensive data and outreach capacity to find hard-to-reach families. The ROR pilots also established partnerships with local colleges and universities to help families with service navigation and to locate and participate in other early literacy resources aligned with kindergarten readiness goals. A partnership with New York University, for example, created opportunities for families to register for new library cards and accounts during their pediatric appointments.

While these creative solutions were limited in scope and sometimes only temporary, advancing the collective impact framework sees ROR and the literacy coalitions working together on a more permanent answer to ensuring transient families have direct access to local and free early literacy resources. For example, in one of the *Partnership Project's* last collective impact convenings in New York City, one partner shared a possible solution: Unite New York and the Unite NYC project.[14] This free

technology platform enables community-based organizations to send and receive electronic referrals for services, with a design to encourage addressing the social service needs of families comprehensively. The platform is supported by a New York-based team and is focused on community engagement, network health, and better access for communities. The *First 1,000 Days* early literacy pilot site coalitions, led by ROR, are exploring this promising longer-term solution.

Improvements are just starting to come in: Reach Out and Read reports that their data suggest that pilot families in New York City who received library cards and ROR services were more likely to read at home, read more different types of books, and ask more questions while they read. Even in just a relatively short time period, a collective impact approach seems to have advanced progress in improving early childhood literacy for typically marginalized families.

Evaluation Strategy

The *Partnership Project* team worked with each early literacy pilot site to develop a common and collaboratively supported program evaluation process. Elements include: the extent to which data is being used to inform cross-sector collaboration among healthcare and educational services; improvements in estimated health outcomes from advanced early literacy; and, increases in provider/practice engagement and the engagement of health insurance plans to support these efforts.

Measures/Indicators:

- Number of children seen for well-child visits.
- Number of children that are provided an age-appropriate book.
- Number of families that are provided education and guidance on access to local resources that support early literacy.

Notable Initiative

Neighborhood Health Center

The Neighborhood Health Center[15] in Buffalo, New York, is a beacon of community health and wellness, prioritizing the holistic well-being of individuals and families. Understanding the vital role of early literacy in child development, the center has forged a robust partnership with Reach Out and Read to provide comprehensive early literacy support to families they serve. Through this collaboration, healthcare professionals at the Neighborhood Health Center integrate literacy promotion into their pediatric visits, offering guidance to parents and caregivers on the importance of reading aloud to young children. By leveraging their position as trusted healthcare providers, the Neighborhood Health Center empowers families to embrace reading as a joyful and educational experience, nurturing a strong foundation for lifelong learning. This remarkable collaboration between the Neighborhood Health Center and Reach Out and Read exemplifies the principles of collective impact and demonstrates their shared commitment to nurturing the minds of the youngest members of the Buffalo community.

Outcomes

During the first six months of full program implementation of the early literacy pilot initiatives, Reach Out and Read reports that across all seven clinical practice pilot sites:

- 9,019 well-child visits took place, an increase in the number of children served more than six-fold from the program's initial expectations.
- 7,257 books were distributed in six months, in half the time more than doubling an initial estimate of 3,667 books over the course of one full year of program implementation. If this initiative continues to be piloted for its original design of three years and similar results are realized, these pilots will top original predictions of total book distribution by four times.

First 1,000 Days Pilot #2: Maternal Infant Care Initiative

The *First 1,000 Days on Medicaid*'s Maternal Infant Care Initiative (MICI) incorporates three reform efforts: peer family navigation; home visitation; and the development of a cross-sector referral system. The initiative selected local communities in which to pilot these reforms where, together, they focused on the overarching goal of improving maternal and child health outcomes.

The home visiting component is a "light touch" approach, offering various in-home services, such as parenting coaching, breastfeeding assistance, and early childhood development support. Peer family navigators focus on assessing the unique and culturally sensitive needs of families, then making connections to these services through state, local, or community providers, including mental and behavioral health, housing, food assistance, and transportation programs.

Home visiting service providers and navigators are a mix of nurses, licensed clinical/master social workers, and community health workers. They work with obstetricians and pediatricians to conduct social determinants of health screenings to make referrals to community organizations and providers. This comprehensive model of service provision then is supported by a new (and still largely in-development) cross-sector referral system that is designed to facilitate data and information sharing between community service and clinical settings.

Building Alliances Among Competitors

Unlike the linear early literacy program that has a singular operating structure in the ROR model, the MICI pilot is made up of multiple national, state, and local programs and providers. Therefore, adapting MICI to a collective impact framework required consensus building with organizations that often compete for scarce funding and resources. Organizations with varying metrics, operating models, and implementation strategies were challenged to coordinate their efforts to collectively and more effectively improve outcomes for expectant parents and young children.

Regular meetings coordinated with the *Partnership Project* team and facilitated by the leadership of the *First 1,000 Days* program and policy team at DoH set the standard for and implemented an efficient process for ongoing communication. A structured and inclusive meeting framework that was designed to create opportunities for community-based stakeholder organizations was used to contribute and commit to a shared vision. Using this approach, individual differences that were typically used to set organizations apart primarily for funding purposes instead were now being used to bridge gaps in resources, parlaying the particular strengths of each organization into a combined effort and highlighting where overlapping efforts could be realigned to expand reach and impact. These meetings also oriented providers and community groups to the goals and objectives of the MICI model, providing an opportunity for each organization to identify roles and responsibilities.[16] What had been a crowded and often contentious service-delivery field was now working together much more like a team in these pilot areas.

Early Capacity Building

Leveraging the existing resources of organizations in partnership with each other to expand capacity is a key component of a collective impact strategy. Prior to the implementation of the MICI pilots, the Rockefeller Institute's project leader worked with the leadership of DoH's *First 1,000 Days* team to develop a statewide resource map identifying all relevant local community organizations that would be natural stakeholders in reform areas being promoted by the MICI pilots. The resource map was used to help locate project sites, identify potential partners, and leverage the activity and resources of existing efforts whose impact could be magnified by partnering together under MICI.

One particular resource, the New York State Home Visiting Coordination Initiative (HVCI), which is facilitated by Prevent Child Abuse New York (PCANY), proved to be an ideal opportunity for a partnership that could initiate and orient MICI providers to the collective impact model, and provide fertile ground for collective impact training efforts. HVCI's aim to promote collaboration across home visiting programs in the state to improve resource sharing, create training opportunities for service providers, and increase the quality of programming was directly aligned with the outcome goals of the MICI pilot and the *Partnership Project*'s collective impact process goals. The *Partnership Project* leader worked with HVCI in the latter's effort to launch a series of community summits across the state using the popular SWOT (strengths/weaknesses/opportunities/threats) analysis, a strategic planning technique designed to gather input from providers, parents, and programs on how to better support families.

A partnership between the Rockefeller Institute's *Partnership Project* and PCANY significantly expanded the capacity to organize and facilitate collective impact training in communities where MICI pilots would be launched. PCANY's education platform and role as a convener provided direct access to state and local home visiting programs, along with a diverse and inclusive committed network of community stakeholders and parents. The HVIC provided a neutral environment that fostered honest and authentic

conversations among participants. And the SWOT approach created opportunities to align efforts and for bidirectional learning between providers and parents.

Joint Efforts: Collective Impact & SWOT

The chosen approach effectively engaged parents, providers, and home-visiting organizations in the first three pillars of collective impact (common agenda; shared measurement; mutually reinforcing activities). The process aided participants in identifying their collective core strengths (S) and weaknesses (W) in addition to broader opportunities (O) and threats (T). Information collected was used to define the problem (weaknesses and threats) and create a shared vision (strengths and opportunities) to solve the agreed upon problem. This ultimately produced the pilot groups' common action agenda.

Additionally, while differing evaluation metrics among the organizations were identified as a weakness and potential threat during the analysis, as participants continued to brainstorm, opportunities to collectively measure progress emerged and established a shared measurement strategy. Differing activities and varied approaches to program implementation also were identified as potential weaknesses. However, as the group engaged in creative problem-solving strategies, they realized that this diversity was one of their greatest assets. Working together to coordinate mutually reinforcing activities was embraced as a way to create substantially greater progress in systemic change and sustainability.

Notable Initiative

SUNY Downstate Medical

SUNY Downstate Medical Center's[17] OB/GYN and Pediatrics[18] departments have embraced the principles of collective impact to enhance their ability to serve patients and families, ensuring high standards of care and increasing efficiency. By recognizing the interconnectedness of their work and the shared goal of improving health outcomes, these departments established a collaborative approach that leverages the strengths and expertise of both teams. Through regular communication, joint planning, and data sharing, they ensure seamless coordination of care for expectant parents and their newborns. This collaborative model embraces the role of peer family navigation, too, enabling comprehensive and integrated healthcare delivery, one that focuses on preventative services, early intervention, and holistic support. By aligning their efforts, sharing resources, and engaging community partners, SUNY Downstate Medical Center's OBGYN and Pediatrics departments maximize their impact, improve patient experiences, and achieve better health outcomes for mothers and their babies.

Collective Impact Training

For the MICI pilot sites, the *Partnership Project*'s leader also collaborated with community organizations and pediatrics and OB-GYN clinics to set aside time allocated for routine professional development to provide collective impact training. Data and experiences from the home visitation groups' efforts were used as an effective launching point to develop a shared vision for the MICI initiative for these organizations. Activities that aligned with the goals of MICI were identified and strategies to enhance these activities that mutually reinforced their organizational efforts were adopted. As one example, a local home visiting program identified an opportunity to collaborate with the region's developmental milestone initiative to increase developmental screenings and connect families with services as early as possible.

Because the MICI pilots inherently involved a diverse array of service providers, collective impact implementation strategies were adapted and varied according to region and organizational needs as necessary. For example, one region implemented the ROC Family Teleconnects Model, which used registered nurses to conduct screenings for mental health and social determinants of health risk factors. Identified families then were referred to established peer family navigators or licensed mental health or social workers enlisted in the MICI pilot who then, in turn, make a warm handoff to community-based organizations providing the necessary services. Another medical center partnered with a community-based organization to identify and serve high-risk pregnant mothers and children in the MICI pilot target range (ages zero to three). The local organization and the medical center established lines of communication and data-sharing agreements to ensure families remain connected to services that meet their needs.

Evaluation Strategy

Each MICI pilot area now has an integrated (and HIPAA-compliant) web-based cross-sector referral system that is designed to enable screening and referrals across clinical and community settings. MICI pilot peer family navigators and licensed service provider partners collect data on a monthly basis and report on the following:

- Number of encounters with patients
- Number of unique individuals
- Number of light-touch visits
- Number of CBO, education, healthcare, and home visiting referrals
- Patient type (child, pregnant person, postpartum person, caregiver, other)
- Proportion of referrals in pending, waitlisted, declined, and closed statuses
- NY Acts Early project measures

As these pilots, launched only in mid-2022, generate more program participant data, the DoH *First 1,000 Days* team is prepared to analyze this information and use results to strengthen and build upon the programs.

Notable Initiative

Comprehensive Interdisciplinary Development Services

The Comprehensive Interdisciplinary Developmental Services, Inc. (CIDS)[19] program in Chemung County in New York's Southern Tier offers an example of how collective impact can significantly enhance support for young children and families. Recognizing the multifaceted needs of children in their early developmental stages, CIDS has implemented a collaborative approach that brings together a diverse range of local stakeholders and service providers. The agency is dedicated to creating and implementing an integrated system of identification, referral, and single-source access to child development services. By fostering partnerships among community and social organizations, CIDS creates a seamless network of support.

Ongoing Challenges

Enduring consequences of the COVID-19 pandemic threatened the initial implementation of the MICI pilots and some of these consequences linger today. Labor shortages, prolonged disruptions to preventative care, and a general heightened mistrust of the healthcare system among people of color were some of the greatest concerns reported by providers participating in the pilot program. While needs for underserved populations—particularly low-income Black and Latinx families—were at an all-time high, hesitancy and skepticism within these populations of the medical sector contributed to low patient attendance and steadily declining health outcomes. Prior to the pandemic, DoH reported that Black mothers were five times more likely to die of pregnancy-related causes than white women due to discrimination and health inequities, and the *First 1,000 Days on Medicaid* team feared even worse outcomes following the pandemic.[20]

Recognizing this, providers in the MICI pilots collaborated with community organizations and adopted inclusive and diverse recruitment practices to address staffing shortages while hiring peer family navigators and community health workers reflective of the communities they served. These were intentional efforts to start bridging cultural and service-provision gaps that existed between the local healthcare systems and historically disadvantaged communities. MICI pilot participants focused on strengthening patient-provider relationships, and peer family navigators increased capacity through patient care coordination and addressing immediate and long-term needs by tapping into food, childcare, education, health, and mental health services.

Ownership and Community Engagement: Proof Point

Inflation and nationwide shortages in products such as baby formula, diapers, and thermometers caused the prices of these products to skyrocket. Moreover, reduced work hours and job loss due to business closures caused by the pandemic made it nearly impossible for some families to afford these basic infant necessities. One pilot community harnessed the power of partnerships to address these shortages and meet the needs of expectant parents and families with young children.

Pilot leaders partnered with religious groups, neighborhood coalitions, and youth organizations such as Big Brothers/Big Sisters to initiate and organize community drives for donations of baby essentials to be given to families in need. These collaborations, organized and often sparked by MICI pilot participants, are forming the foundation for lasting partnerships seeking to improve and coordinate health program service delivery to underserved communities.

Providers and pilot leaders also worked with community organizations to recruit diverse talent to expand their organizations' staffing capacities to improve their ability to meet the culturally diverse needs of the families they serve. Community-based organizations can play a key role in ensuring access to information about issues, services, and solutions in ways that are culturally rooted and relevant.[21] Having pilot participants partner with these community organizations to provide staffing creates

another route that health service providers are using to make culturally sensitive connections to the communities they serve.

MICI Pilot Initial Outcomes

- Without even a full first year in operation, MICI pilots already have exceeded their first-year goal of 1,800 unique patient encounters (1,847).
- All regions doubled their total patient encounters from previous service levels.

Given the positive results seen already and tremendous reports of support since the MICI pilots were launched, the New York State Department of Health is hoping to significantly increase funding for peer navigation service providers in the near future.

First 1,000 Days Pilot #3: Centering Pregnancy

The first of DoH's *First 1,000 Days on Medicaid* to fully launch—increasing centering pregnancy services—was also the shortest-lived. In mid-2019, the Centering Healthcare Institute (CHI) was awarded a contract to build a "pipeline of 'ready centers,'" targeting 12 existing centering pregnancy sites for significant expansion as Medicaid-focused pilot sites (a sizable increase from the three sites in DoH's original plan). The Rockefeller Institute's *Partnership Project* team began working with the pilot sites immediately, and collective impact strategies began being implemented. However, the shutdowns required by the COVID-19 pandemic, and the significant challenges of effectively providing maternal and pregnancy services, such as ultrasounds remotely, caused the state Department of Health to put the program on pause in early 2020. The pilot program has yet to be restarted.

Experience-Based Policy Options for Program Growth

The Rockefeller Institute's *First 1,000 Days on Medicaid Partnership Project* paired comprehensive, strategic, in-the-field collective impact training for selected communities where Medicaid program initiatives were being piloted. These reforms—each specifically designed to improve the health outcomes of pregnant women and children from birth to three years old and supported by community partnerships built on a collective impact framework—showed measurable progress, even in light of the COVID-19 pandemic that wreaked havoc on vulnerable populations and the medical care community, and limited time that the programs were operating.

Pilot programs are designed as "test cases" to ensure that reforms envisioned as successes live up to that goal when implemented in the field and enlist program providers and participants. The programs piloted under the New York State Department of Health's *First 1,000 Days on Medicaid Initiative* have passed this test. Results and experiences gathered by the *Partnership Project* team now can serve to inform more permanent Medicaid policies and practices. Specifically:

- Comprehensive early literacy efforts such as the Reach Out and Read program can be paired with *every* pediatric clinic *statewide* that serves a designated percentage of Medicaid patients.
    - The use of collective impact strategies to enlist a variety of local community organizations focused on improving early language development skills could be made a condition of the program.

    - ♦ Collective impact training for both clinic staff and local Reach Out and Read providers could be made a funded part of the expansion effort.

- A funding increase for peer family navigators and community health workers sufficient to provide such services in all pediatric settings *statewide* that serve a designated percentage of Medicaid patients is justified by success in pilot communities.
- The *First 1,000 Days* MICI pilot can be expanded to add one to eight new pilot sites across the state in the next step of testing success for statewide expansion.
- Increased Medicaid payments for evidence-based home visiting programs could be authorized, and exploration of potential scope-of-practice changes that would allow non-clinician home visits to be Medicaid-billable could be explored and enacted as warranted.
- The further development of cross-sector data systems could be coordinated with related social determinants of health and value-based payment efforts to increase likely impact.
- A new prenatal care pilot could be launched in place of the discontinued centering pregnancy pilot. The state Department of Health's *First 1,000 Days* policy team has begun exploring the options for such a restart.
    - ♦ Implementation of the new model could include screening and referral for social determinants of health services (environment, housing, educational attainment, etc.)

And finally,

- DoH's Medicaid and *First 1,000 Days* leadership teams are exploring the launch of a new community health worker benefits program for services targeting the maternal population. While sufficient funding to include and expand the MICI pediatric community as part of this new initiative does not exist under the current-year budget, policymakers and agency staff could make strengthening and expanding services for young children a program priority and work to invest in this initiative.

Conclusion

The Rockefeller Institute's *Partnership Project* provided key field support, strategic direction, and evaluation that helped make the piloting phase of the New York State Department of Health's bold *First 1,000 Days on Medicaid Initiative* a success. The Department's leadership and commitment to allowing the development of collective impact implementation strategies resulted in the development of new community partnerships among service providers, improved alignment across systems and sectors, and strengthened capacity to provide certain Medicaid-funded services in participating communities. Some of the measurable outcomes are highlighted in this playbook.

While initial results from piloted reforms appear quite promising, early childhood policy and program stakeholders, the state's Department of Health, and the Rockefeller Institute's *Partnership Project* team agree that: (1) more work needs to be done to build partnerships and strengthen service delivery to sustain the progress that has been made; and, (2) the *First 1,000 Days on Medicaid* piloted programs should be expanded statewide if the unmet needs of disadvantaged young children and their families are to be more fully met. Currently, 59 percent of all births in the state each year are to mothers receiving Medicaid services; expansion of the early literacy and maternal, infant, and child initiative programs to all eligible families will have a significant impact on tens of thousands more expectant parents, babies, and toddlers.

APPENDICES

Appendix A: Partners and Related Initiatives and their Activities

Initiative	Overview	Funding	Leadership	More Info
Rockefeller Institute's *First 1,000 Days* Partnership Project	Building and training *First 1,000 Days* communities; learning collaborative that identifies common lessons across First 1,000 Days pilot sites; pilot project evaluations.	Pritzker Children's Initiative	SUNY's Rockefeller Institute of Government	Press Release[22]
Raising New York	Statewide coalition advancing policies that support families of infants and toddlers (1) Improving access to health and developmental care; (2) Improving access to high-quality affordable child care; (3) Helping more parents become financially secure; and (4) Building a system that works together for families (cross-system, cross-sector).	Pritzker Children's Initiative and Early Childhood Partners NYC	Co-chaired by Melodie Baker (impactSTATS Inc.); Kate Breslin (Schuyler Center); and Heather Briccetti (The Business Council of NYS). Staffed by The Education Trust—New York	Raising New York[23]
Preschool Development Grant Birth Through Five	Promoting a mixed-delivery system provides access to high-quality, equitable, and comprehensive early care, and learning environments and services essential for healthy development and lifelong success.	Joint Federal HHS and DoE Funds	The New York State Council on Children and Families	NYS Council on Children and Families: Preschool Development Birth Through Five (NYSB5)[24]
Home Visiting Coordination Initiative	Model-neutral space for home visitors, supervisors, and administrators to discuss opportunities and challenges at the community and state level and learning opportunities—such as webinars—for providers to learn and expand skill sets in the current and pressing topic areas needed to best support families' success.	New York State Assembly	Prevent Child Abuse New York	HOME | Mysite[25]
NY Regents Early Childhood Blue Ribbon Committee	Recommendations to transform NY's birth to age eight early care and education system through: (1) Comprehensive Services for Children and Families; (2) Strengthening the Early Childhood Workforce; and (3) Statewide Supports and Infrastructure.	New York State Education Department	New York State Education Department	Recent News (2018) | New York State Education Department[26]
Moving on Maternal Depression	Center for Law and Social Policy (CLASP) is collaborating with states to advance policies that improve maternal depression prevention, screening, and treatment among mothers with young children.	Health Foundation for Western and Central NY; CLASP	New York State Office of Mental Health and the Schuyler Center	Moving on Maternal Depression[27]

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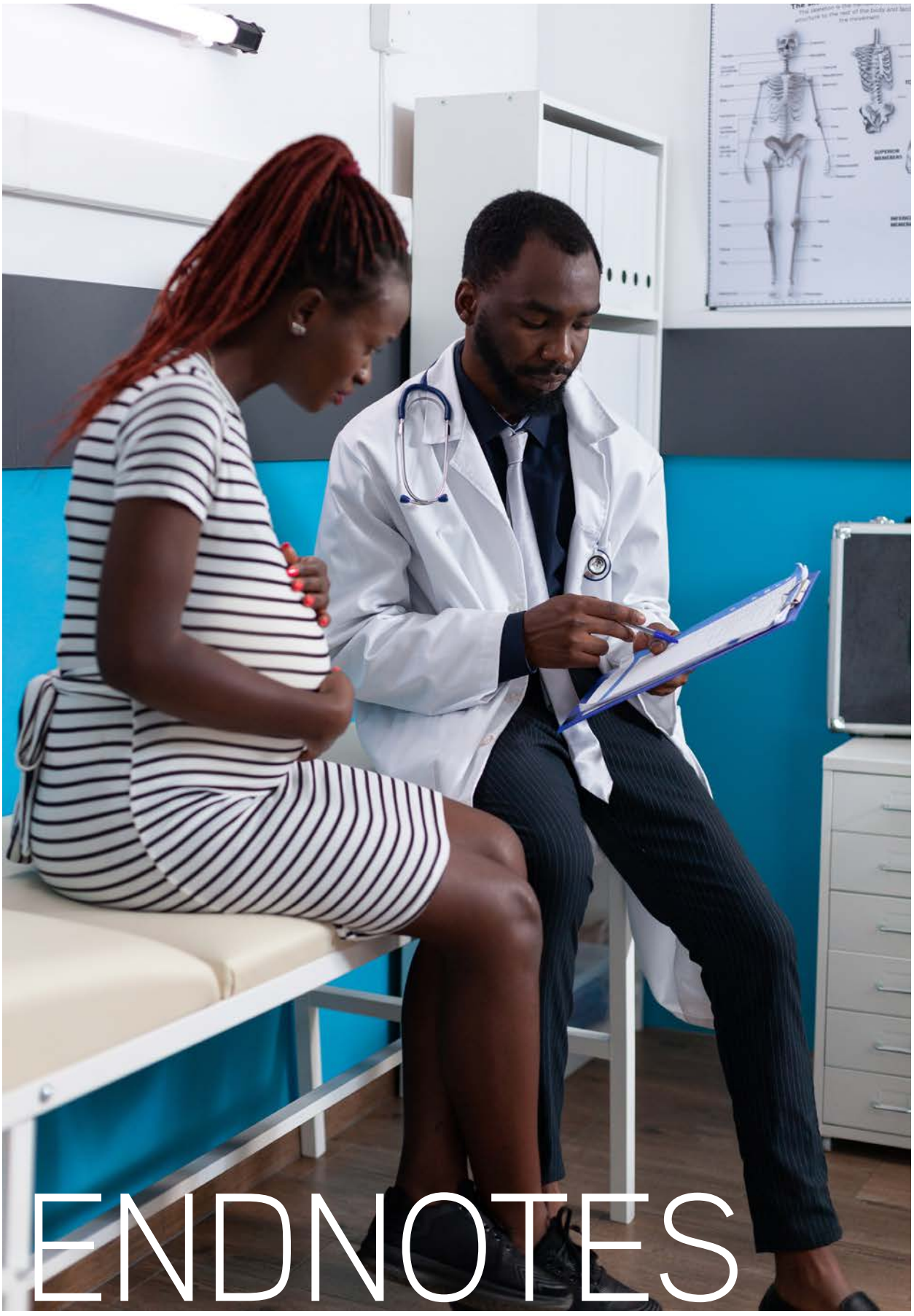

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