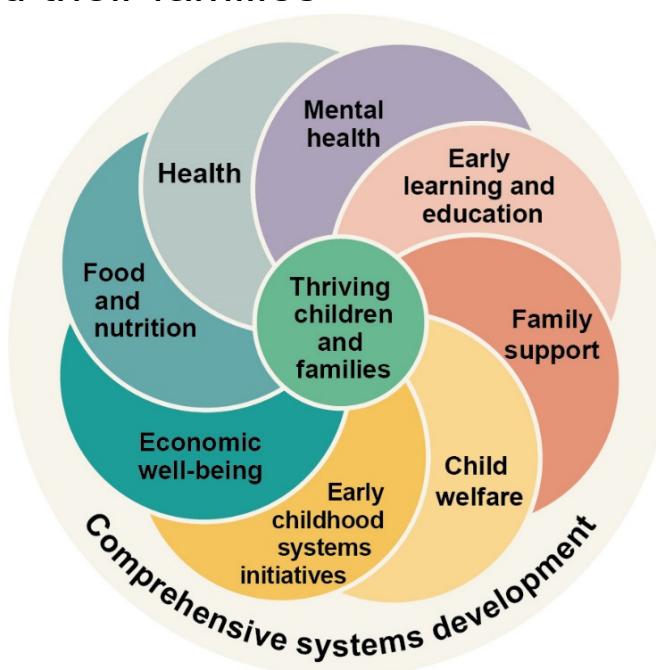


Early Childhood Systems Collective Impact Project

Findings from reviews of statutes, regulations, and guidance from 36 federal programs supporting expectant parents, young children, and their families

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I. Introduction

Inspired by a call from the field, leaders across federal agencies, including the U.S. Departments of Health and Human Services, Education, and Agriculture, have identified a shared vision for improving health and well-being outcomes for young children and their families. Yet long-standing barriers at the federal level—including lack of sufficient and meaningful coordination and alignment—impede the development of a unified, comprehensive early childhood system at the state and local levels.

Funded by the Health Resources and Services Administration’s Maternal and Child Health Bureau (MCHB) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE), the Early Childhood Systems (ECS) Collective Impact Project aims to help advance a unified system and a coordinated approach to implementation of early childhood programs. In pursuit of this goal, the ECS Collective Impact Project team¹ conducted a targeted review of 36 federal programs that support expectant parents, young children (birth to age 8), and their families. Of the 36 programs, 3 are in the U.S. Department of Agriculture (USDA), 1 is in the U.S. Department of Defense (DOD), 6 are in the U.S. Department of Education (ED), 25 are in the U.S. Department of Health and Human Services (HHS), and 1 is in the U.S. Department of the Interior (DOI). Exhibit I.1 lists all 36 programs by department. Our review of statutes, regulations, and guidance documents focused on five key program elements, which were determined to be important potential levers for coordination and improved outcomes: (1) program eligibility, (2) needs assessments, (3) outcomes and performance measures, (4) well-being metrics, and (5) equity. The project team identified the statutes and regulations for review and federal partners confirmed the relevancy of the documents. In response to an inquiry from the project team, federal program staff identified guidance documents between January and March 2022.²

The project team used information from the review to develop three products that complement one another—a [catalog](#) of program requirements; a [crosswalk](#) based on the catalog with an overview of the requirements; and this [synthesis](#) document, which covers key findings from the crosswalk.³ (See Appendix A for a glossary of terms used in this synthesis.) Because the catalog’s fields for outcomes and performance measures contain similar information to the fields for well-

ECS Collective Impact Project Review Products

The [catalog](#) contains detailed information on how federal statutes, regulations, and guidance documents each address the five key program elements for each of the federal programs.

The [crosswalk](#) provides an overview of the requirements across programs based on aggregating the detailed catalog information across federal statutes, regulations, and guidance documents to highlight dimensions of the five key program elements.

The [synthesis](#) document covers key findings from the crosswalk on whether and how programs align in their requirements regarding eligibility, needs assessments, performance and well-being metrics, and equity.

¹ The ECS Collective Impact Project team consists of staff from Mathematica and the Center for the Study of Social Policy. Throughout this document, “the project team” refers to the ECS Collective Impact Project team.

² For information on how statutes, regulations, and guidance were identified for this review, see [Overview of methods for Early Childhood Systems Collective Impact Project catalog and crosswalk of federal programs supporting expectant parents, young children, and their families](#). Occasionally, federal program staff identified additional guidance documents during their review of the catalog in summer 2022.

³ For more information on how federal, state, tribal, and local government policymakers and program directors can use the catalog, crosswalk, and synthesis, see [How to use the Early Childhood Systems Collective Impact Project catalog and crosswalk to align and coordinate federal programs supporting expectant parents, young children, and their families](#).

being metrics, the crosswalk and this synthesis combine these two key program elements. The catalog and crosswalk entries and synthesis findings are representative of the information included in the reviewed statutes, regulations, and guidance documents. Therefore, the absence of information on any element does not necessarily mean the program does not address the element. Rather, documents that were not reviewed might have captured that information. Additionally, any overarching, non-program specific statutes or regulations that would affect implementation of these programs were not reviewed and are not reflected in the catalog, crosswalk, or synthesis. Federal program staff performed multiple rounds of review of the catalog for accuracy and one round of review for the crosswalk. The project team accepted the final round of suggested edits.

The ECS Collective Impact catalog, crosswalk, and synthesis complement one another. These products are intended to support policymaker at the federal and state level, program administrators, researchers and evaluators, and technical assistance providers in identifying opportunities to improve alignment and coordination across federal programs. A user can start with the synthesis to obtain counts of how prevalent requirements are across programs. They can then use the crosswalk to identify programs with or without certain requirements. The catalog provides more detailed information on statutory, regulatory, or guidance language. Alternatively, users could first review the catalog to gain a clear understanding of the requirements for how a program addresses the five key program elements and flexibilities that exist, then use the crosswalk and synthesis to examine whether other programs have similar requirements. The synthesis also contains examples of unique program features related to alignment, coordination, and equity that agencies might want to consider incorporating into other programs. This synthesis answers the following types of questions—two of which are broad across program elements and four that are specific to a program element:

- What are the requirements on the five key program elements?
- Where are the program element requirements articulated—in statutes, regulations, or guidance documents?
- How do the means-tested eligibility thresholds compare across programs with thresholds?
- How many programs require that needs assessments engage families and participants and what are examples of such engagement?
- How many programs are required to report to the federal government data on well-being measures, such as children’s psychological and social development, child health and functioning, or family socioeconomic well-being?
- Which programs have specific measures of equity and what are those measures?

*Note that these materials **should not** be used as a comprehensive or authoritative source for program or policy requirements or guidance. Users are advised to consult the relevant federal, and where applicable, state/local/Tribal or other implementing agency for guidance.*

The findings are organized in the next four chapters—Eligibility (Chapter II), Needs Assessments (Chapter III), Performance and Well-being Measures (Chapter IV), and Equity (Chapter V). Although Chapter V of this synthesis includes key findings specifically related to equity, we also include equity findings in other sections. Chapter VI presents conclusions on the synthesis findings.

Exhibit I.1. Reviewed federal programs serving expectant parents, young children, and their families

Federal program	Department/agency
Child and Adult Care Food Program (CACFP)	U.S. Department of Agriculture (USDA), Food and Nutrition Service
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	
Supplemental Nutrition Assistance Program (SNAP)	
Military Child Care	U.S. Department of Defense (DOD)
21st Century Community Learning Centers (21st CCLC)	U.S. Department of Education (ED)
Child Care Access Means Parents in Schools (CCAMPIS)	
Improving Basic Programs Operated by Local Educational Agencies (Title I, Part A)	
Individuals with Disabilities Education Act (IDEA) Part B Section 619	
Individuals with Disabilities Education Act (IDEA) Part C	
Title VI of the Elementary and Secondary Education Act—Indian, Native Hawaiian, and Alaska Native Education	
Child Care and Development Fund (CCDF)	U.S. Department of Health and Human Services (HHS), Administration for Children and Families
Child Support Program	
Child Welfare Services Program (Title IV-B, Subpart 1 of the Social Security Act)	
Community-Based Child Abuse Prevention (CBCAP) Grants	
Early Head Start	
Head Start	
Preschool Development Grant Birth through Five (PDG B-5)	
Temporary Assistance for Needy Families (TANF)	
The Federal Foster Care Program and the Prevention Services Program (Title IV-E of the Social Security Act)	
Tribal Maternal, Infant, and Early Childhood Home Visiting (TMIECHV)	
Essentials for Childhood	U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention
Learn the Signs. Act Early.	
Children's Health Insurance Program (CHIP)	U.S. Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services
Medicaid	
Early Childhood Comprehensive Systems (ECCS) Program	U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration
Early Hearing Detection and Intervention (EHDI) State Programs	
Family-to-Family Health Information Centers	
Health Center Program	
Healthy Start	
Infant Toddler Court Program (ITCP)	
Maternal and Child Health (MCH) Block Grant (Title V)	
Maternal, Infant, and Early Childhood Home Visiting (MIECHV)	
Infant and Early Childhood Mental Health Grant Program	U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration
Linking Actions for Unmet Needs in Children's Health (Project LAUNCH)	
Mental Health Block Grant	
Family and Child Education (FACE)	U.S. Department of the Interior (DOI), Bureau of Indian Education

Note: The programs are in alphabetical order by department, agency, and program name.

II. Eligibility

The eligibility field in the ECS catalog describes requirements for three levels of program eligibility: 1) eligibility requirements for states to receive funding, 2) eligibility requirements for programs to receive funding, and 3) eligibility requirements for individuals to participate in a program. In some cases, it also includes priority populations. The crosswalk indicates whether the federal funds go directly to states, which other entities can receive funds (including through subawards), means-tested eligibility requirements, cross-program eligibility, and characteristics considered when determining eligibility for program participants.

Key findings

- Across the 36 programs, there is variation in whether funds are administered by state agencies, tribal governments, or local entities and whether federal government funds flow directly to states, tribal governments, or local entities.**
 - In 16 of the 36 programs (1 in DOD, 2 in ED, and 13 in HHS), funds flow from the federal government directly to entities other than states.
 - In 12 programs (2 in USDA, 1 in ED, and 9 in HHS), funds are administered at the state level, and states do not have any sub-recipients.
 - In 8 programs (1 in USDA, 3 in ED, and 4 in HHS), funds flow from the federal government to a state entity (for example, a state education agency or department of health) before a state awards funds to an implementing entity (for example, a tribal government, local education agency, or child care program). The eligible entities—including sub-recipients—are usually required in statute.
- While all 36 programs serve families with young children, there is variation in how each program defines its service population based on statute.**
 - Fourteen programs (1 in USDA, 2 in ED, and 11 in HHS) support children ages 8 or younger and do not provide support to older children. Sixteen programs (2 in USDA, 1 in DOD, 3 in ED, and 10 in HHS) supporting young children also support children older than 8. Reviewed materials do not specify the ages of children supported in six programs (1 in ED, 4 in HHS, and 1 in DOI) (see Exhibit II.1).
 - Fifteen programs (1 in USDA, 1 in ED, 12 in HHS, and 1 in DOI) use a two-generation approach.⁴

⁴ A “two-generation approach” brings together multiple programs and services to support both parents and children in low-income families. Also known as whole-family approaches, two-generation strategies may be implemented by federal, state, or local government agencies or by non-governmental organizations as a means of aligning resources

Automatic eligibility means that having a certain characteristic automatically makes a person eligible for the program.

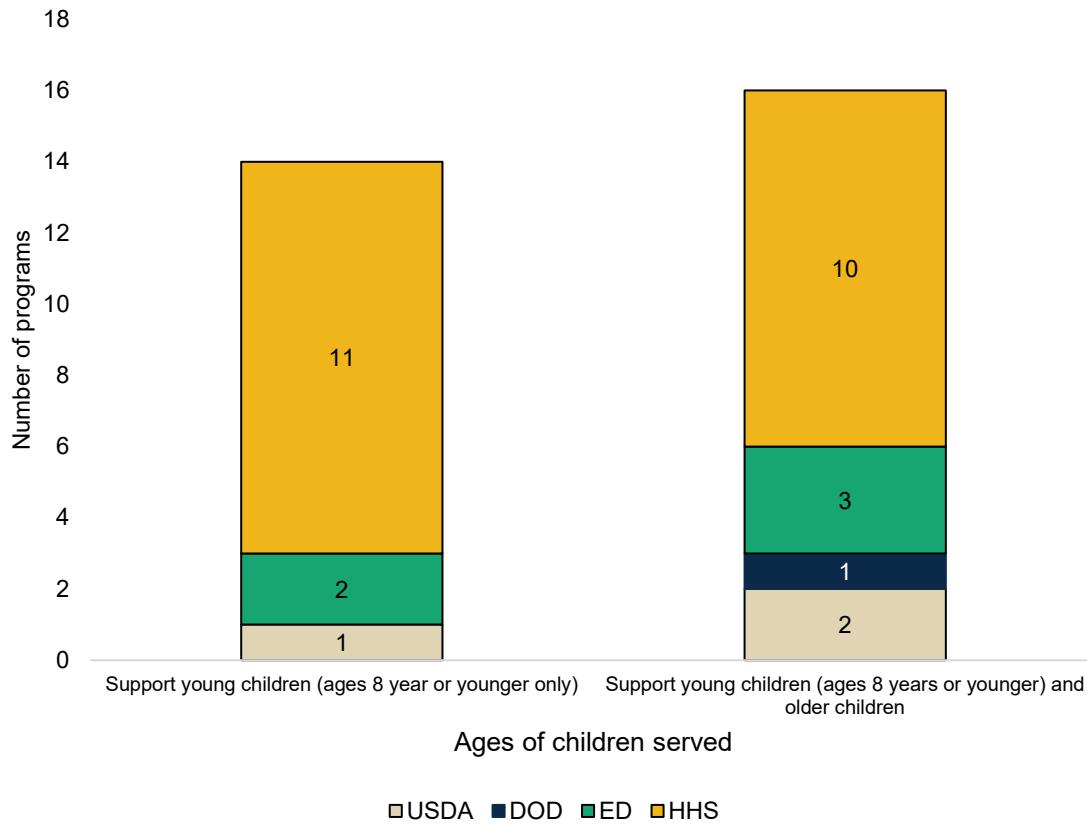
Cross-program eligibility means that eligibility for one federal program provides eligibility for another federal program.

Priority status means having this characteristic confers priority status to receive services; for example, a program might have to enroll all interested people with this characteristic before enrolling others.

Means-tested requirements describe the income and asset threshold a family must be at or below to be eligible to receive services, or more generally, the financial status used to determine eligibility.

- Thirteen programs (1 in USDA and 12 in HHS) support expectant parents.
- Seven programs (1 in USDA, 1 in ED, and 5 in HHS) provide automatic eligibility, and 1 HHS program provides priority status to children living in foster care. Five programs (1 in USDA, 1 in ED, and 3 in HHS) provide automatic eligibility and 1 HHS program provides priority status to children experiencing homelessness. One HHS program provides automatic eligibility and 2 HHS programs provide priority status to families with a history of child abuse or neglect.

Exhibit II.1 Just over half of programs reviewed support younger and older children



Note: Reviewed materials do not specify the ages of children supported in six programs (1 in ED, 4 in HHS, and 1 in DOI).

- For 14 of the 36 programs, there are means-tested eligibility requirements to receive services, either for individuals or for communities or schools, including programs that receive the most funding from Congress (for example, Supplemental Nutrition Assistance Program [SNAP], Temporary Assistance for Needy Families [TANF], and Medicaid).
 - Ten programs have means-tested eligibility requirements for individuals, ranging from 100 to 200 percent of the federal poverty line (see Exhibit II.2). The means-tested threshold is in reviewed statutes (as well as regulations or guidance) for 7 programs, only in reviewed regulations for 1

to promote economic opportunity, to reduce poverty, and to build family self-sufficiency. Pairing supports for children and parents can potentially lead to better outcomes compared to delivering each service separately.

Programs were characterized as having a two-generation approach based on reviewed documents and the program websites.

program, and was not specified in the reviewed documents of 2 programs due to state discretion in determining eligibility. Five of the 10 programs allow states some choice in setting the means-tested thresholds for the program (2 in statute, 1 in regulation, and 2 in guidance).

Exhibit II.2. Individual means-tested eligibility thresholds

Program name	Funding department and agency	Means-tested threshold	State discretion in setting means-tested threshold?
Early Head Start	U.S. Department of Health and Human Services, Administration for Children and Families	Income equal to or below 100 percent of the federal poverty line . In addition, a program may enroll as many as 35 percent of participants from families below 130 percent of the federal poverty line [S, R, G].	No
Head Start	U.S. Department of Health and Human Services, Administration for Children and Families	Income equal to or below 100 percent of the federal poverty line . In addition, a program may enroll as many as 35 percent of participants from families below 130 percent of the federal poverty line [S, R, G].	No
Supplemental Nutrition Assistance Program (SNAP)	U.S. Department of Agriculture, Food and Nutrition Service	A household's gross monthly income must be no more than 130 percent of federal poverty line [R, G].	Yes [G]
Child and Adult Care Food Program (CACFP)	U.S. Department of Agriculture, Food and Nutrition Service	Participants with household incomes at or below 130 percent of the federal poverty line are eligible for free meals. Those with household incomes between 130 and 185 percent of federal poverty line are eligible for reduced-price meals, per requirements in the Richard B. Russell National School Lunch Act [S, R, G].	No
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	U.S. Department of Agriculture, Food and Nutrition Service	Income equal to or below 185 percent of the poverty line , per requirements in the Richard B. Russell National School Lunch Act [S, R, G].	Yes [R]
Children's Health Insurance Program (CHIP)	U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services	Income equal to or below 200 percent of the federal poverty line [S, R, G].	No
Child Care Access Means Parents In Schools (CCAMPIS)	U.S. Department of Education	A student is defined as having a low income if they are eligible to receive a Federal Pell Grant or would otherwise be eligible except if they failed to meet the requirements because they are enrolled in a graduate or first professional course of study or in the United States for a temporary purpose [S, G].	No
Child Care and Development Fund (CCDF)	U.S. Department of Health and Human Services, Administration for Children and Families	Income equal to or below 85 percent of the state's or tribe's median income [S, R, G].	Yes [S, R, G]
Medicaid	U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services	Not specified in reviewed documents due to state discretion in determining eligibility.	Yes [S, R, G]
Temporary Assistance for Needy Families (TANF)	U.S. Department of Health and Human Services, Administration for Children and Families	Not specified in reviewed documents due to state discretion in determining eligibility.	Yes [G]

Notes: Programs are grouped by the type of poverty indicator used. The federal poverty line varies by the number of persons in the household.

[S] indicates the definition was found in a statute. [R] indicates the definition was found in a regulation. [G] indicates the definition was found in guidance.

- The 22 programs that do not have means-tested thresholds tend to do the following:
 - Provide services unique to a population (for example, children with disabilities, children who are American Indian and Alaska Native, children in the welfare system, and children supported through child support)
 - Provide health services to anyone needing them (for example, Infant and Early Childhood Mental Health Program)
 - Use federal funds to build systems (for example, Early Childhood Comprehensive Systems Program and Preschool Development Grant, Birth through Five)
- **For 10 of the 36 programs, participation in another federal program supporting young children and families provides eligibility.**
 - Among the 10 programs with cross-program eligibility, the most common program for which participation confers eligibility to another program is TANF, with 5 programs granting eligibility to children if their families receive TANF benefits (Child and Adult Care Food Program; Special Supplemental Nutrition Program for Women, Infants, and Children [WIC]; SNAP; Early Head Start; and Head Start). TANF has reciprocal eligibility only with SNAP; participation in the other 4 programs does not provide eligibility for TANF.
 - Participation in Supplemental Security Income (SSI) and SNAP each provide eligibility to four other programs.
 - Most of the cross-program eligibility requirements are in statute or regulation; however, SNAP guidance (and not statute or regulation) states that participation in TANF or SSI provides eligibility to SNAP.

III. Needs Assessments

The needs assessment fields in the catalog cover whether the program requires needs assessments; the frequency and timing of the needs assessment; and data elements, methods, and objectives of the needs assessments. The crosswalk indicates the needs assessment characteristics, data sources, uses, data elements, and populations for whom the data must be disaggregated.

Key findings

- **Needs assessments are required in 25 of 36 programs (1 in USDA, 1 in DOD, 4 in ED, 18 in HHS, and 1 in DOI).** Another 2 programs' guidance documents recommend conducting needs assessments as part of an application process, but the assessments are not required.
- **All 27 programs that include a needs assessment have guidance documents that describe components of the needs assessment.** In 10 of the 27 programs, requirements and descriptions of the needs assessments are provided only in the guidance documents. The 17 statutes that specify requirements for needs assessments tend to focus on when needs assessments are required and what types of data should inform the needs assessment. Most statutes do not specify who should be involved in the needs assessments.
- **Needs assessments are most often required or recommended as part of an application to receive federal funding (1 in USDA, 3 in ED, 12 in HHS, and 1 in DOI).**
 - Seven of the requirements are in statute. In addition to including a needs assessment as part of an application, statute requires that the needs assessments must be updated annually for 3 HHS programs.
 - Six HHS programs are only required to conduct a needs assessment after receipt of funds, with 4 program requirements in statute and 2 in guidance. Early Head Start and Head Start grantees are not required to conduct a needs assessment at the time of application, but statute requires they conduct an annual needs assessment after receiving funds.
- **The stated purposes of needs assessment outlined in documents vary, including both strategic planning and program improvement in 7 programs, for strategic planning only in 10 programs, and for program improvement only in 1 program.**
- **Who may be involved in a needs assessment varies. Among the community groups categorized, four HHS programs require or encourage⁵ participation in the needs assessment from all three groups—families and participants,⁶ communities, and other organizations that provide early childhood services.** See the text box below for an example of family and widespread community involvement in needs assessments.

⁵ Some guidance documents use language such as “must” when discussing characteristics of needs assessments to indicate it is required; other guidance documents use language such as “should” which reflects it is encouraged. Within the same guidance document, sometimes both “must” and “should” are used for different characteristics.

⁶ In some of the reviewed programs, families are participants and are included in the needs assessments (for example, Tribal Maternal, Infant, and Early Childhood Home Visiting). In others, the program does not support families directly but includes them in the needs assessment (for example, Improving Basic Programs Operated by Local Educational Agencies).

Example of family and widespread community involvement in needs assessments

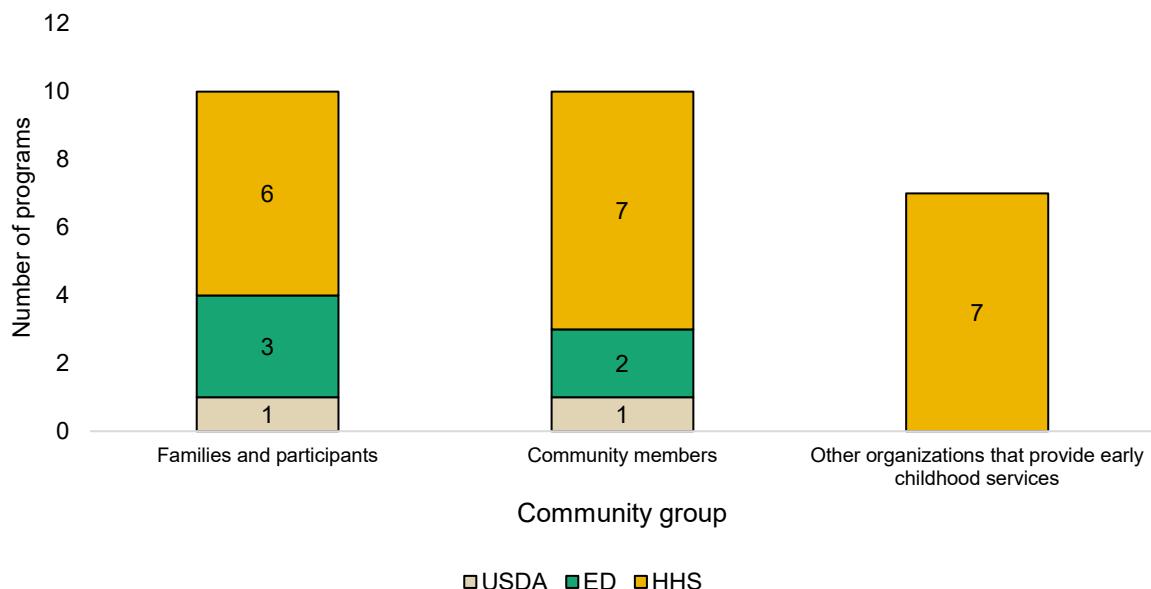
Four HHS programs encourage participation in the needs assessment from families and participants, communities, *and* other organizations that provide early childhood services:

1. Child Care and Development Fund
2. Child Welfare Services Program
3. Community-Based Child Abuse Prevention (CBCAP) Grants
4. Federal Foster Care Program

For example, as part of their application for annual funding for Community-Based Child Abuse Prevention Grants, states must assess community assets and needs through a planning process that involves parents, local public agencies, local nonprofit organizations, and private sector representatives in meaningful roles.

- More programs may include one or two of these groups (see Exhibit III.1):
 - Ten programs (1 in USDA, 3 in ED, and 6 in HHS) require or encourage *families and participants* to be involved with the needs assessment. In 2 of those 10 programs (both in HHS), family and participant engagement is required or encouraged in statute or regulation (as opposed to only guidance in the other 8 programs).
 - Ten programs (1 in USDA, 2 in ED, and 7 in HHS) require or encourage *community members* to be involved with the needs assessment. In 4 of those 10 programs (all in HHS), community engagement is required or encouraged in statute or regulation (as opposed to only guidance in the other 6 programs).
 - Seven programs (all in HHS) require or encourage *other organizations that provide early childhood services* to be involved in the needs assessment. In 4 of those programs, involvement of other early childhood services is required or encouraged in statute or regulation (as opposed to only guidance in the other 3 programs).
- **Five programs (all in HHS) require or encourage needs assessments to include discussion of the strengths of the community.** Two of the programs' requirements are in statute, two are in regulation, and one is only in guidance. None of the program requirements define "strengths of the community."
- **Seven programs (all in HHS) require or encourage a discussion of service coordination and referrals and systems-level planning and partnership.**
 - Needs assessments in 4 programs require or encourage only a discussion of service coordination and referrals (all in HHS).
 - Of those 11 programs that require or encourage a discussion of service coordination and referral, one (Maternal, Infant, and Early Home Visiting [MIECHV]) requires that states coordinate with and take into account other needs assessments conducted by the state (the requirement is in statute). The other 10 programs have the flexibility to coordinate, as statute does not prohibit coordination. Requirements around discussing service coordination and referral are in statute for 5 programs and in guidance only for 6 programs.

Exhibit III.1. Programs are required or encouraged to involve different community groups in needs assessments



- **Twenty programs require or encourage including other systems-level data elements in the needs assessment.**
 - The most common systems-level measures that needs assessments should include are community-level data on service availability (13 programs—1 in USDA, 2 in ED, and 10 in HHS; required in statute or regulation for 10 of the 13 programs) and participation and engagement with services (13 programs—1 in ED and 10 in HHS; required in statute or regulation for 8 of the 13 programs).
 - Less commonly required or encouraged systems-level data elements in needs assessments are program quality (6 in HHS; required in statute or regulation for 5 programs), assessment of workforce capacities (1 in ED and 5 in HHS; required in statute for 1 of the 6 programs), data infrastructure (4 in HHS; required in statute for 1 program), and participant and family satisfaction (only in guidance for 1 program in HHS). See the text box for an example of a needs assessment that includes family satisfaction.

Example of a needs assessment that includes family satisfaction

The Access and Visitation grant program—funded under HHS' Child Support Program—does not require a needs assessment, but HHS recommends one that includes family satisfaction. States are encouraged to engage in a needs assessment to understand the adequacy of the court's response to parental problems with access and visitation. They are asked to identify the main problems that parents encounter in these areas, the most helpful interventions, and any population groups not currently being served.

- **Based on agency mission, needs assessments vary on whether and how they collect data about individuals or programs that would benefit from services.**
 - Measures on child cognitive development, linguistic development, and school readiness are required or encouraged most commonly for ED programs (3 programs, 2 of which are in statute or regulation), but also for 2 HHS programs (1 of which is in statute).
 - Eight HHS programs and 1 USDA program require or encourage that needs assessments include child health and functioning data (required in statute or regulation for 5 programs).
 - Seven HHS programs and 1 ED program require or encourage that needs assessments include data on family socioeconomic well-being. Five programs have requirements in statute or regulation.
 - No programs' needs assessments require collection of data on children's social development (for example, family, peer relationships, social skills, and behavior problems).
- **For 14 of the 27 programs that require or recommend a needs assessment, at least one data element reported in the needs assessment must be disaggregated by a participant characteristic.** Seven programs have requirements for disaggregation in statute or regulation.
 - At least one measure is required or encouraged to be disaggregated by race or ethnicity for 10 programs (1 in USDA, 2 in ED, and 7 in HHS; required in statute or regulation in 4 of the 10 programs).
 - Seven programs (2 in ED and 5 in HHS; required in statute or regulation in 3 of the 7 programs) require or encourage disaggregation by income status.⁷
 - Eight HHS programs require or encourage disaggregation by geographic area, which varies in definition (for example, it might identify the area as rural or define it based on county or zip code). Four programs have requirements in statute or regulation.

⁷ For example, a state might be asked to discuss disparities in access by community poverty level.

IV. Performance and Well-being Measures

The catalog's fields for outcomes and performance measures focus on measures that programs must collect and report on. Elements include frequency and timing of measures; descriptions of measures related to young children, families, and systems; and collection methodology. In addition, the catalog includes descriptions of child and family well-being measures that programs collect. The crosswalk indicates measure characteristics, data sources, data elements collected and reported, and categories for disaggregating the data. Because the catalog's fields for outcomes and performance measures contain similar information to the fields for well-being measures, the crosswalk combined these two key program elements, and we discuss them together in these findings.

Key findings

- **Across the 36 programs, statutes and regulations range on the specificity of performance and well-being measures that are required for grantees⁸ to report to the federal government.**
 - For most programs, statutes and regulations contain general categories of measures and guidance documents define exact measures and how each should be calculated. For example, the statute for ED's 21st Century Community Learning Centers program requires that states and local programs collect data on "state assessment results and other indicators of student success and improvement, such as improved attendance during the school day, better classroom grades, regular (or consistent) program attendance, and on-time advancement to the next grade level" (20 U.S.C. 7173). ED has created specific Government Performance and Results Act indicators that grantees (that is, states) must report to ED.
 - For 4 programs (1 in USDA and 3 in HHS), guidance documents allow for grantees to choose from a menu of potential outcomes or choose their own exact metrics that fall under a given category.
 - WIC is the only program whose statute allows for bonus payments based on outcome data. Specifically, the Secretary of Agriculture can provide performance bonus payments to up to 15 state agencies with the highest proportion of breast-fed infants or the greatest improvement in proportion of breast-fed infants.
- **Programs administered within the same department tend to be more aligned than programs administered by different departments in how child and family outcomes are measured.** However, even within departments, measures for similar

Example of a data collection that could be better aligned: **Breastfeeding**

Healthy Start guidance requires that grantees report on the percentage of infants that are (a) ever breast fed or fed pumped breast milk and (b) breastfed or fed pumped breast milk at 6 months of age. An additional 3 HHS programs' guidance documents do not define an exact metric for "breastfeeding," though note that data need to be reported on the outcome.

⁸ Although the statutes, regulations, and guidance documents require grantees to report data, if the grantee (for example, a state agency) issues subgrants, it is the state agency's responsibility to collect the data from its subgrantees to report, in aggregate, to the federal government. For example, in ED's 21st Century Community Learning Centers program, state education agencies receive funds from ED, and state agencies then award subgrants to school districts or other entities. ED requires the states to report certain data, and the state must collect the data from its subgrantees to report accurately.

outcomes may not be collected with identical methods. See the text box for an example of how data collected about breastfeeding could be better aligned across programs.

- **Child outcomes.** The child outcome categories most commonly reported to federal agencies (by at least 30 percent of programs) are child health and functioning (17 programs—2 in USDA, 1 in DOD, and 14 in HHS; required in statute or regulation for 13 of the 17 programs); social development (14 programs—4 in ED and 10 in HHS; required in statute or regulation for 5 of the 14 programs); cognitive development, linguistic development, and school readiness (13 programs—5 in ED and 8 in HHS; required in statute or regulation for 10 of the 13 programs); and psychological development (11 programs—2 in ED programs and 9 in HHS; required in statute or regulation for 6 of the 11 programs). The least commonly reported child outcome category is child maltreatment (required for 7 HHS programs; required in statute or regulation for 5 programs).
- **Family outcomes.** The family outcome categories most commonly reported to federal agencies are family socioeconomic well-being (1 program in USDA and 9 in HHS; required in statute or regulation for 6 of the 10 programs), maternal physical and mental health (8 HHS programs; required in statute or regulation for 4 programs), and early relational health and positive parenting strategies (9 HHS programs; required in statute or regulation for 6 programs).
- **HHS tends to require reporting on more system-level measures than other federal agencies.** The number of programs (and agencies) requiring reporting varies by the specific system-level measure (see Exhibit IV.1).
 - For 29 of the 36 programs (2 in USDA, 1 in DOD, 5 in ED, 20 in HHS, and 1 in DOI), grant recipients must report to the federal government on individual participation and engagement with services. For 19 of these programs, requirements are in statutes and regulations.
 - The most commonly reported system measures are service coordination and referral (2 in ED and 16 in HHS; required in statute or regulation for 10 of the 18 programs), program quality (14 in HHS and the DOD and ED child care programs; required in statute or regulation for 9 of the 16 programs), service availability (7 in HHS and the DOD and ED child care programs; required in statute or regulation for 5 of the 9 programs), systems-level planning and partnerships (10 in HHS; required in statute or regulation for 5 programs), and workforce capacities (1 in ED and 9 in HHS; required in statute or regulation for 4 of the 10 programs).

Example of a program collecting data on participant and family satisfaction

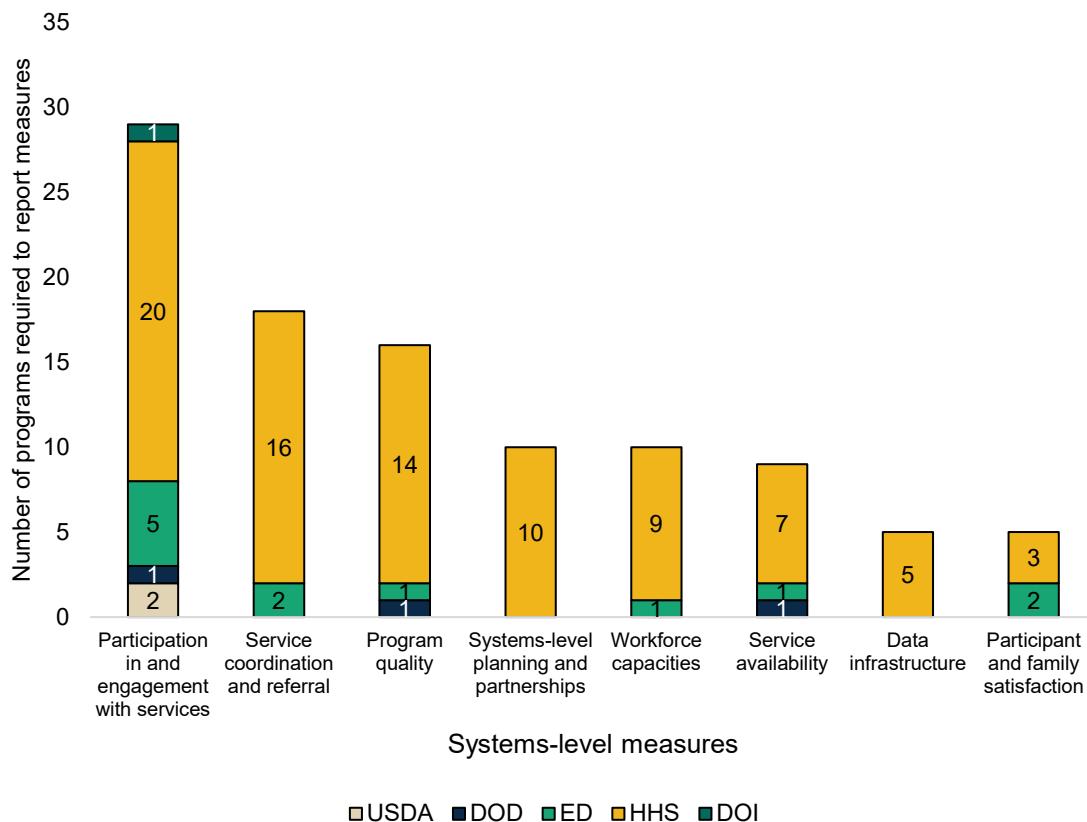
Five programs define performance measures related to participant and family satisfaction in guidance documents:

1. CBCAP [also in statute]
2. Family-to-Family Health Information Centers
3. Individuals with Disabilities Education Act (IDEA) Part B Section 619
4. IDEA Part C
5. Mental Health Block Grant

For example, Family-to-Family Health Information Centers must report on the percentage of families served that report center information and services prepared them for working with professionals. IDEA Part B grantees must report the percentage of parents with a child receiving special education services that report schools facilitated parent involvement as a means of improving services and results for their child.

- The least commonly reported system measures are data infrastructure (5 in HHS; required in statute for 1 program) and participant and family satisfaction (2 in ED and 3 in HHS; required in statute or regulation for 1 of the 5 programs). See the text box for an example of a program collecting data on participant and family satisfaction.

Exhibit IV.1. Programs report on a range of systems-level measures



- **Almost all (34 of 36) programs require at least one performance or well-being measure to be reported annually; 8 of those programs must also report data at another time period.** Two programs (1 in USDA and 1 in HHS) require that grantees report data monthly.
- **Twenty-six of the 36 programs must report or collect at least one performance or well-being measure that is disaggregated by participant characteristics.** Seventeen programs have requirements for disaggregation in statute or regulation.
 - At least one measure must be disaggregated by race or ethnicity for 24 programs (2 of the 24 programs specifically support American Indian and Alaska Native populations). All 3 reviewed USDA programs must disaggregate data by race or ethnicity. Five of 6 ED programs and 16 of 25 HHS programs must disaggregate data by race or ethnicity.
 - Ten programs (2 in USDA, 2 in ED, and 6 in HHS) require disaggregation by income status.⁹
 - Eight programs (1 in USDA, 1 in ED, and 6 in HHS) require disaggregation by geographic area, which varies in definition and might be determined by rurality, county, or zip code.

⁹ For example, programs that do not use means-testing might be asked to report separately on the outcomes of children from families with low incomes.

V. Equity

The catalog's equity field describes whether statutes, regulations, or guidance use the words "equity" or "equitable," or whether there are core concepts of equity implicit within the text. As we discuss in prior sections, the catalog also captures whether data from needs assessments or on performance and well-being must be disaggregated by participants' characteristics. The project team coded for five ways to promote equity¹⁰ and determined whether measures on access and participation, quality of services, or outcomes must be disaggregated. The crosswalk also highlights equity goals and explicit outcome measures of equity.

Key findings

- **Fifteen programs (4 in ED and 11 in HHS) have specific equity goals.** See examples of equity goals in the text box.
 - The equity goals for 4 ED programs and 1 HHS program are in statute. The equity goal in statute for the HHS program is authorized under an education statute (Preschool Development Grant, Birth through Five is authorized under the Every Student Succeeds Act).
 - The equity goals for the other 10 HHS programs are in guidance. Seven of these programs are administered by the Health Resources and Services Administration and 3 are administered by the Substance Abuse and Mental Health Services Administration. These goals are mostly health-focused (for example, aligning with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care).

Examples of equity goals

- The statutory purpose of *Improving Basic Programs Operated by Local Educational Agencies (Title I, Part A)* is "to provide all children significant opportunity to receive a fair, equitable, and high-quality education, and to close educational achievement gaps" (§6301).
- As described in its FY2021 Notice of Funding Opportunity, a goal of the *Early Childhood Comprehensive Systems (ECCS) Program* is to "increase state-level capacity to advance equitable and improved access to services for underserved P–3 populations," with an objective to "set specific and measurable P–3 health equity goals in the statewide early childhood strategic plan" (pp. 1–2).
- As described in its FY2019 Funding Opportunity Announcement, *Linking Actions for Unmet Needs in Children's Health Grant Programs (Project LAUNCH)* must align with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care. These standards advance health equity, improve quality, and help eliminate health care disparities (pp. 51–52).

¹⁰ The review coded the following five ways to promote equity: (1) incorporate cultural and linguistic practices, (2) include families and participants in needs assessment, (3) require families and participants to have a leadership role, (4) include community members in needs assessment, and (5) require community members to have a leadership role. The crosswalk also includes open-field columns for other engagement with families and participants and other engagement with community members.

- **Five programs, including 3 of the 13 programs with specific equity goals, require reporting on specific measures of equity**—for example 1 program in USDA and 1 in ED report on access to services, and 1 program in ED and 2 in HHS report on equity in outcomes. Three of the program requirements are in statute, and 2 are in guidance. (Exhibit V.1 lists the exact measures and location of requirements for these 5 programs.)
- **Seven programs (1 in DOD, 1 in ED, and 5 in HHS) require families and participants to have a leadership role in program implementation.** Three programs have requirements in statute or regulation. One of those three programs also requires that community members have a leadership role and the requirement is in statute.
- **Three HHS programs must disaggregate data on access and participation, quality, and outcomes.** Section IV on performance and well-being measures details information on how programs disaggregate measures by participant characteristic. Aggregated to the category level,
 - Twenty-nine programs (3 in USDA, 4 in ED, and 22 in HHS) must disaggregate access and participation data.
 - Four HHS programs must disaggregate service quality data.
 - Fifteen programs (4 in ED and 11 in HHS) must disaggregate outcome data.

Exhibit V.1. Specific measures of equity

Program	Funding department and agency	Measure
Supplemental Nutrition Assistance Program (SNAP)	U.S. Department of Agriculture (USDA), Food and Nutrition Service	The program's relative fairness to households with (a) different income levels, (b) different age compositions, (c) different sizes, (d) different regions of residence [S]
Individuals with Disabilities Education Act (IDEA) Part B Section 619	U.S. Department of Education (ED)	Disproportionate representation of racial and ethnic groups in special education and related services to the extent the representation is the result of inappropriate identification. Significant disproportionality in identification, placement, and disciplinary removals. [S]
Title VI of the Elementary and Secondary Education Act—Indian, Native Hawaiian, and Alaska Native Education	U.S. Department of Education (ED)	The difference between the percentage of American Indian and Alaska Native students in grades 3 through 8 at or above the proficient level in reading and mathematics on state assessments and the percentage of all students scoring at those levels [G]
Early Childhood Comprehensive Systems (ECCS) Program	U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration	<ol style="list-style-type: none"> 1) State has set specific and measurable goals/objectives for P–3 health equity (Yes/No) 2) Proportion of identified P–3 health equity goals in active implementation status or achieved [G]
Healthy Start	U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration	Infant mortality (IM) disparities, racial or ethnic groups with the highest IM rates, excess infant deaths [G]

Notes: Programs are ordered alphabetically by department, agency, and program name.

[S] indicates the measure was found in a statute. [G] indicates the measure was found in guidance.

VI. Conclusion

This synthesis includes key findings from the catalog and crosswalk on whether and how programs are aligned in their requirements regarding eligibility, needs assessments, outcomes and performance measures, child and family well-being outcomes, and equity. In general, needs assessment requirements, performance and well-being measures, and equity goals in programs serving young children tend to be more similar when the same federal department operates those programs than when those programs are operated by different federal agencies. This finding is likely a reflection of the departments' differing missions and cultures. Despite the challenge of working across departments, improved alignment of requirements and guidance is key to enabling states to develop more coordinated early childhood systems.

This synthesis also revealed the need for additional research on alignment, coordination, and equity. This synthesis primarily analyzed the alignment of key program elements by agency and by location of the requirements (that is, statute, regulation, or guidance). Further research could examine alignment along different dimensions of the catalog and crosswalk. For example, research could examine if 2-generation programs tend to have more aligned needs assessment and performance measures or if programs that serve only children younger than 5 are more likely to include families in needs assessments compared to programs that also serve children older than 8.

Further research could examine the extent to which programs—both within and between federal departments—have identical needs assessment indicators, needs assessment time frames, performance indicators, reporting time periods, and data collection methodologies. Finally, although 13 programs have specific equity goals, this project did not review how federal agencies hold grantees accountable for meeting those goals or the technical assistance that agencies might provide to help meet them. Future research could examine the extent to which technical assistance documents about equity are aligned across programs. It could also look at whether federal programs have similar strategies to hold grantees accountable for achieving equity in access, quality, and well-being outcomes. Future research can also include additional programs such as those specifically related to housing and/or substance use.

More granular analysis of specific program measures and needs assessments, including data definitions, could result in the development of a streamlined and coordinated needs assessment and compendium of measures that programs can use collaboratively in the future. This effort represents a significant and necessary step towards a coordinated federal approach to improving early childhood development and family well-being. Expansion of this work, along with a process to update the information gathered to date, would be valuable for achieving this vision.

Appendix A

Glossary

Automatic eligibility means that having a certain characteristic automatically makes an individual eligible for the program.

Child health and functioning measures include birth outcomes, child's growth, physical health, nutrition, and use of health services such as immunizations.

Child maltreatment measures include reducing abuse and neglect of children.

Cognitive development, linguistic development, and school readiness measures include intellectual, language, and academic functioning; grades; student achievement tests; and school attendance.

Community-level data on service availability measures refers to data collected at the community level about topics such as access to critical supports and safe, supportive communities.

Cross-program eligibility means that eligibility for one federal program provides eligibility for another federal program.

Data infrastructure measures include the establishment of shared data systems.

Early relational health and positive parenting strategies measures include knowledge of child development, safety and disciplinary practices, promotion of learning and child development, and parental engagement.

Family socioeconomic well-being measures include income and earnings, receipt of means-tested public assistance, and access to resources such as housing and transportation, employment and educational attainment, access to health insurance, and receipt of child support.

Maternal health measures include pregnancy or childbirth complications, substance use during pregnancy, prenatal visits, and postpartum depression.

Means-tested requirements describe the income threshold a family must be at or below to be eligible to receive services, or more generally, the financial status used to determine eligibility.

Parental well-being measures include mental and emotional wellness and relationship stability.

Participant and family satisfaction measures capture family feedback about how they feel about the services available.

Participation in and engagement with services measures include increased participation in services and family engagement with programming.

Priority status means having this characteristic confers priority status to receive services; for example, a program might be required to enroll all interested individuals with this characteristic before enrolling others.

Program improvement (as a use of a needs assessment) includes needs assessments whose objectives or stated uses are to improve program implementation.

Program quality measures include quality of early learning programs or health care quality based on participant surveys.

Psychological development measures include emotion understanding, self-efficacy, self-regulation, and self-esteem.

Service coordination and referrals measures include improvements in the coordination and referrals for other community resources and supports.

Social development measures include peer relationships, social skills, and behavior problems.

Strategic planning (as a use of a needs assessment) includes needs assessments whose objectives or stated uses are to inform program planning or a grant application.

Systems-level planning and partnerships measures include system-level strategic plans and new partnerships.

A **two-generation approach** brings together multiple programs and services to support both parents and children in low-income families. Also known as whole-family approaches, two-generation strategies may be implemented by federal, state, or local government agencies or by non-governmental organizations as a means of aligning resources to promote economic opportunity, to reduce poverty, and to build family self-sufficiency. Pairing supports for children and parents can potentially lead to better outcomes compared to delivering each service separately.

Workforce capacities measures include staff competencies, demonstrated through training or formal education.

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