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Bridging Silos, Improving Systems

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Keywords: System, systems building, early childhood, health, child health, early-childhood councils, foundations.

Key Points

- Systems that provide services to children tend to operate in silos; foundations can play a role in helping bridge these silos by supporting “systems building” efforts.
- Using examples from two foundations and two communities, this article explores the challenges and lessons learned in systems building work.
- Educating grantees and other community members about systems and systems building is a critical first step in the process.
- Supporting systems building requires an iterative process and foundations should continuously reinforce the importance of systems building activities.

Introduction

To be healthy and prepared for school, many young children – and their families – need a variety of support services, such as early childhood education, nutrition programs, family support, and health care (Coffman & Parker, 2010). In theory, these services can be woven together to produce a coordinated system that addresses the needs of children. Yet, in practice, the systems providing these services operate in silos – driven by disconnected funding streams, misaligned resources, or a lack of systemic coordination. The result, all too often, is a “parallel play” stage of development” (Fine & Hicks, 2008) where systems operate alongside one another but rarely if ever interact. Children, however, do not live in silos. They live across and between them. The resultant

effect of this systems-disconnect leaves families with limited access to services, community agencies duplicating services, and children ultimately missing out on services to support their healthy early development.

Foundations can play an influential role in bridging these silos by investing in strategies that support operationally disparate systems of care to function more cohesively. Thus, rather than solely targeting direct service provision or program delivery, some foundations have begun to focus their investments on changing and strengthening the local systems within which programs and services operate. Accordingly, funders are increasingly investing in strategies that better support the “whole” child by integrating health, education, and other human-services systems (Grantmakers for Children, Youth and Families, 2008). For some foundations, this approach has been characterized as systems-building, a dynamic process of improving how the “parts” of a system or set of systems operate and interact with one another to achieve long-term, sustained change.

While there has been significant work done to understand systems building, there is still much to learn about what this looks like in practice, the attendant challenges, and in particular, the role that foundations can play in advancing this approach to philanthropy.

This article seeks to unpack these issues, using case examples from two foundations: The Colorado Trust and the Children's Fund of Con-

necticut. Based on our on-the-ground practices in designing, managing, and supporting local systems building strategies between the early childhood education and child-health sectors, we share reflections on the process, challenges, and lessons learned; these reflections are grounded in our implementation experiences, not in specific evaluation data. In particular, we will discuss our experience implementing a systems building strategy from a community-based focal point. Both Colorado and Connecticut are examples of foundations choosing to make very deliberate investments in local communities to support systems building from a bottom-up, community-driven approach rather than as a top-down, state-driven directive. By supporting communities to systemically and intentionally work across sectors to achieve shared outcomes, foundations are not merely funding programs, but are investing in the work behind the work – supporting communities to assess resources, identify gaps to be filled, and minimize the duplication of services.

Systems and Systems Building

What is a system and systems building? Scholars and practitioners have grappled with developing rich and complex descriptions of what actually constitutes a system. Holland (1998) defined a system as “a configuration of interacting, interdependent parts that are connected through a web of relationships, forming a whole that is greater than the sum of its parts.” Similarly, Meadows (2008) defined a system as “an interconnected set of elements that is coherently organized in a way that achieves something.”

As this and other definitions indicate, interactive and interconnected “parts” that produce a common outcome comprise the core elements of a system. These “parts” can entail programs, services, or standards of operation. A system’s parts ultimately comprise the whole; and it is the linkages between the attending parts (e.g., “the processes and interrelationships that hold the parts together”) that allow the whole to be realized (Williams & Hummelbrunner, 2010) and for the system to adapt to change and operate effectively within the community (Hodges, Ferreira, Israel, & Mazza, 2006; Coffman & Parker,

2010). The interaction between parts is as crucial as the individual parts themselves. In this regard, systems are inherently dynamic, not static, (Ferris & Williams, 2010; Hargreaves, 2010), and this interactive quality contributes to the effectiveness of the system of care in providing quality services to children and families across multiple service sectors.

By supporting communities to systemically and intentionally work across sectors to achieve shared outcomes, foundations are not merely funding programs, but are investing in the work behind the work – supporting communities to assess resources, identify gaps to be filled, and minimize the duplication of services.

Within the human services sector, a system of care refers to “aligned networks of structures, processes, and relationships that are grounded in values and principles that provide families with access to services and supports across administrative and funding jurisdictions” (Hodges, Ferreira, Israel, & Mazza, 2007). Within the early childhood system, this means that systems, such as health, are aligned and work in concert with mental health, early learning, and family-support systems to provide an array of services regardless of where the service originates (National Technical Assistance Center for Children’s Mental Health, 2011). The Health Resources and Services Administration (HRSA) lists five key components for a comprehensive early-childhood system: access to health care and medical homes; social-emotional development and mental health; early care and education; parenting education; and

TABLE 1 Description of Early Childhood Councils

Early Childhood Councils
Colorado's Early Childhood Councils are collaboratives of individuals and organizations working to build a comprehensive, coordinated early-childhood system to connect children and families to quality services within a county or group of counties. The goal of the councils is to change the way early-childhood stakeholders work through collaborative planning, networking, funding, coordination, and implementation. The councils focus on systems building to improve outcomes for Colorado children in four areas: early learning; family support and parent education; social, emotional, and mental health; and health.
The goal is to create optimal developmental outcomes for young children by fully developing each of these areas, or systems, and ensuring that the programs and services in all four systems connect and support one another. Across the state, more than 1,000 council members representing more than 600 organizations working within the four systems collaborate to find ways to make the overall system work better for children and families.
Colorado's Early Childhood Councils are a legislative expansion of the Consolidated Child Care Pilots that existed in the state from 1997 to 2006. Thirty councils are active in 55 of Colorado's 64 counties. For more information: www.cde.state.co.us/early/ECC.htm

family support.¹ Indeed, systems can operate at multiple levels and in multiple domains, be it a social, organizational, or human service system.²

Since services are provided within a community setting, the system of care must also be sensitive to local conditions (Hodges et al., 2006; National Technical Assistance Center for Children's Mental Health, 2011), including the context in which local policies, funding, and community stakeholders operate.

The term "systems building" refers to improving both the individual parts of the system and, more importantly, how the parts interact (Coffman & Parker, 2010). In some instances, systems building

may require establishing a new system by creating parts (services, programs, and infrastructure) where none existed before or creating new relationships (referral systems, shared data, and other cross-organizational coordination). In other instances, systems building may be more about systems change, or improving an "existing system that is fragmented, informal or missing key pieces" (Coffman & Parker, 2010, p. 1). Systems building is both an important precursor to long-term, sustainable improvements and an ongoing activity to ensure sustainability of a quality system of care in which systems are interdependent, interact with each other, align with family- and community-based values and principles, and are sensitive to local conditions. Theoretically, by increasing both the availability and coordination of services, families will be better able and more likely to secure the services their children need. In this regard, systems building is a central process for ensuring the availability and sustainability of an effective system of care through the continuous improvement of cross-system relationships and a focus on a common outcome that benefits children and families.

Systems Building: Colorado and Connecticut

So, what does systems building look like in practice? The following section provides two examples of funders' efforts to implement a multi-site, systems building strategy between local early childhood and health systems.

Colorado

In 2008, Colorado's health system was not meeting the health care needs of low-income children. Ranked 44th among states for the percentage of uninsured children (ages 0-17) and 51st for the percentage of uninsured children living at or below 200 percent of the federal poverty level, Colorado also was in the bottom quartile (42nd) when it came to health care equity, taking into account childhood health care disparities by income, insurance status, and race/ethnicity (The Commonwealth Fund, 2008). This was also a period during which the state achieved the national distinction of having the fastest rate of increase of children falling into poverty (Colorado Children's

¹ See www.mchb.hrsa.gov/programs/earlychildhood/comprehensivesystems.

² See <http://www.pegasus.com/systems-thinking.html>.

FIGURE 1 Early Childhood Colorado framework

EARLY CHILDHOOD COLORADO PROVIDES A FRAMEWORK THAT:

- Recognizes the needs of the whole child and family.
- Communicates the vision for comprehensive early childhood work.
- Focuses on specific measurable outcomes.
- Guides, organizes, and focuses the actions and accountability of public and private stakeholders.

THIS WORK IS GUIDED BY THE FOLLOWING PRINCIPLES:

- Be child-focused and family-centered.
- Recognize and respond to variations in cultures, languages, and abilities.
- Use data to inform decisions.
- Build on strengths of communities and families.
- Focus on children from birth to age 8.
- Promote partnerships.
- Act at state, local, and statewide levels.

For more information contact
EarlyChildhoodTeam@capitol.state.co.us

Campaign, 2010). Despite the increased demand for services, complex state fiscal constraints limited available resources. Any financing that was available to support young children often occurred in the form of a multitude of disconnected funding streams.

The lack of a coordinated system of care for children fueled the inefficient use of scarce resources, resulting in frequently duplicative services and many young children with limited access to key services. At that same time, the state of Colorado was finalizing its vision for a systemic approach to supporting the healthy development of young children and, in turn, developed the Early Childhood Colorado Framework (see Figure 1). The framework outlined the efforts needed by state, local, public, and private stakeholders to create positive changes in the lives of young children and their families. It identified specific, measurable access, quality, and equity outcomes related to: early learning; family support and parent education; social, emotional and mental health; and health.

The Trust adopted Coffman's framework, which provided the councils with a common language to use during their planning phase and in their implementation grant applications and helped to ensure that they remained focused on systems building.

The Colorado Trust is a statewide, health-conversion foundation dedicated to achieving access to health for all Coloradans. The Trust partners with individuals, organizations, agencies, and communities across Colorado in shared efforts to expand health coverage and improve the health care sys-

tem. Unlike other grant strategies that supported health care agencies to increase direct services to improve children's access to healthcare, The Trust identified the opportunity to support local early-learning systems to reach out to their local child-health systems and begin to collaborate using the Early Childhood Colorado Framework as a guide. As a result, The Trust developed a new strategy, the Early Childhood Health Integration Initiative, to provide grants to local communities to support their efforts to build a more effective and sustainable system for delivering care to children, with the long-term objective of producing improved child-health outcomes. A key component underlying The Trust's grantmaking approach was the belief that children and families access services primarily in their local communities. As such, they are typically limited to the services and resources within their community. Accordingly, building a stronger and more integrated system at the local level was an essential step toward addressing the unique needs and circumstances of each community. This systems building approach to grantmaking required the development of new collaborations between local early-learning and child-health partners and new or codified processes to deliver services, share data, increase programmatic efficiencies, and, ultimately, re-think how to serve children in a more coordinated and cohesive fashion.

Operationalizing Systems Building

The Colorado Trust identified Colorado's statewide network of Early Childhood Councils as key community agents to execute this strategy (see Table 1). Though the councils initially were created to enhance the quality of child care, the state had expanded their role to include health, social and emotional development, and family support and parent education. Colorado's system of 30 community-led collaboratives represented 55 of the state's 64 counties and served a wide array of children and families, particularly low-income or high-need children and families. As collaboratives, the councils work to strengthen the foundation of early-childhood systems by focusing on building and supporting partnerships, changing policy, building public engagement, creating shared accountability, and increasing knowledge

of and access to community resources. Once a service gap has been identified, the councils work with partners to help fill the gap.

To implement the strategy and provide a conceptual framework for the councils, The Trust adopted a systems building framework developed by Julia Coffman (2007). This framework provided the councils with a common language to use during their planning phase and in their implementation grant applications and helped to ensure that they remained focused on systems building. According to this framework, systems building efforts typically address one or more of the following five areas:

- Context - improving the political environment that surrounds the system, so it produces the policy and funding changes needed to create and sustain it.
- Components – establishing high-performance programs and services within the system that produce results for system beneficiaries.
- Connections – creating strong and effective linkages across system components that further improve results for system beneficiaries.
- Infrastructure – developing the supports systems need to function effectively and with quality.
- Scale – ensuring a comprehensive system is available to as many people as possible, so it produces broad and inclusive results for system beneficiaries.

The Trust's Early Childhood Health Integration Initiative focused on the systems building areas of components, connections, and infrastructure. These areas were chosen as starting points that councils could pragmatically engage.

The Trust also provided six-month planning grants to the councils to inform the creation of their health integration implementation plans. For most of the councils, systems build-

ing required a paradigm shift to conceptualize and design a plan of action that moved beyond traditional program implementation to a more comprehensive "mental model" of interdependent interaction between themselves and health partners. The councils reported that the planning process was essential in both adopting a systems mindset and pragmatically developing or solidifying partnerships with the local health community. For example, many reported that grant applications typically require already established partnerships, which inherently limit opportunities to engage new key stakeholders, especially when the typical timeframe to respond to a request for proposal is relatively short. As such, by providing ample time to identify and cultivate health partners, the councils were better prepared to develop and implement a more robust cross-systems strategy (Schroeder, 2011). For The Trust, the planning process allowed grantee experiences and perspectives to be taken into consideration before the grant strategy was implemented. As well, the planning process was especially salient in light of power imbalances that often exist between funder and grantee. The commodity of time was central to building a relationship between potential grantees and The Trust.

Supporting local systems building involves a paradigm shift that requires stakeholders, grantees, and funders to think and act in less static, short-term ways and with a more systemic, long-term approach.

Concurrently, as the state's first private partner to commit statewide funding to support the councils, Trust staff also cultivated a public-private partnership at the state level with the lieutenant governor's office and the state departments of human services, education, and public health and

environment – agencies that provide resources and support to the councils –to ensure that funding to local communities would support systems building at the local level and be aligned with the state’s systems-building efforts. In turn, The Trust regularly convened state partners, which allowed for the sharing of tools and resources, aligning and leveraging of reporting requirements, and collaborating in the provision of technical assistance. Collectively, these activities help to ensure greater alignment between state-level partners, the councils and The Trust.

The planning process and overarching systems building framework have contributed to the councils’ capacity to implement systems-focused action plans. The councils have stepped outside of their traditional boundaries to engage local health partners in planning, implementation, and sustainability of services. These cross-system activities have resulted in the development of new programs and opportunities to create shared data and referral systems and align standards of service delivery. At the same time, challenges persist in operationalizing systems building. Most of the councils were accustomed to designing and implementing a programmatic intervention, which often existed only insofar as the specific program grant funds were available. Supporting local systems building involves a paradigm shift that requires stakeholders, grantees, and funders to think and act in less static, short-term ways and with a more systemic, long-term approach.

To help capture the ongoing lessons learned, The Trust is in the midst of an evaluation of the strategy, focused on how local early childhood and health systems are better integrated. The evaluation employs a participatory approach to engage the councils in the design, collection, and interpretation of data. As evaluation findings emerge, the hope is that the participatory approach will foster greater ownership among the councils and yield opportunities to apply the findings to improving their efforts.

Early Childhood Council of La Plata County

Located in the southwest corner of Colorado

(Durango is the county seat), La Plata County has a population of about 50,000 – 7,189 of whom are children under age 12. Since its inception in 1997, the Early Childhood Council of La Plata County focused on improving the quality of early-learning programs and had never had a health care representative join the council. During the planning phase of the Early Childhood Health Integration Initiative, the council convened 58 stakeholders, representing 37 agencies and programs, to conduct the required needs assessment and identify the health outcomes they wanted to address and strategies to pursue.

Working with local health partners, the council has developed the Community Access and Referral Enrollment System (CARES), a sliding-fee-scale program to increase access to medical, dental, and mental health services by offering discounted care to the underinsured. Five eligibility centers have been established throughout the county to provide standardized screening, eligibility determination, and certification for clients. Less than a year after the program was implemented in June 2011, the Early Childhood Council of La Plata County has enrolled 20 health care providers in CARES who provide discounted care for more than 500 children and families with incomes between 251 percent and 400 percent of the federal poverty level. The council also formed the Pediatric Health Care Home Coalition to increase communication and collaboration among medical and nonmedical early-childhood service providers, decrease duplication, and increase early intervention. As a result of its early childhood health integration project, this council has new relationships with hospital personnel, health care providers, and other health-system stakeholders.

Connecticut

Though a smaller state with a higher per capita income than Colorado’s, Connecticut’s child-health systems rank in the second quartile according to the Commonwealth Fund’s scorecard (Commonwealth Fund, 2008) and it has the highest achievement gap between low-income and non low-income students in the country as measured by performance on reading and math test scores

FIGURE 2 Child Health and Development Institute of Connecticut Framework

Health Services in the Early Childhood System

in fourth and eighth grade (Connecticut Commission on Educational Achievement, 2010). There is an increasing consensus that for children to succeed in school and reduce this achievement gap, it is important to begin in the earliest years and that a comprehensive, community-based approach is a significant strategy. With the support of both public and private funders, more than 50 communities throughout Connecticut are developing and implementing comprehensive community plans for young children from birth through age eight that encompass early care and education; social, emotional, behavioral, and physical health; and family supports.

The Children’s Fund of Connecticut, a public charitable foundation, has played an active role in this endeavor. In 1998, the fund created the Child Health and Development Institute of Connecticut (CHDI) to serve as its operating arm to advance the fund’s mission of developing comprehensive, community-based health and mental health systems of care for children and families. Together, the fund and CHDI work to advance policy, systems, program, and practice changes that will improve systems for children and families. This includes working to ensure that all children and families have access to quality health and mental health care, that health and mental health systems are fully integrated, that the linkage between

health/mental health systems and other child and family serving systems are strengthened, and that innovations in child-serving systems are identified and developed to inform policy, systems, and practice in Connecticut.

In keeping with this agenda, the Children's Fund, very much in partnership with other funders, has used its resources to assure that health is fully integrated into state and local efforts to develop early childhood systems. This has been accomplished through a number of approaches, including creating resources for policymakers, practitioners, and community collaboratives; partnering with other funders to provide grants to communities and provide technical assistance for systems development and practice change; funding model programs; supporting research and disseminating the findings; and working at the state level on policy reforms needed to support local systems building.

Resources

CHDI has developed a framework for child-health services that articulates the role of the child-health system in supporting the healthy development and school readiness of Connecticut's children (Dworkin, Honigfeld, & Meyers, 2009). The framework supports a vision that every child in Connecticut will receive high-quality health promotion and prevention services within a family-centered medical home, and will have timely access to community-based services and supports as needed and where needed to assure optimal development. The framework articulates the full continuum of child-health services, from primary care to highly specialized services, picturing child-health services as a series of three building blocks – universal services, selective services, and indicated services – while emphasizing the critical need for linkages across service sectors through care coordination (see Figure 2). The resulting system, when integrated, should ensure optimal healthy child development and school readiness.

Recognizing that the framework may not be sufficient to guide local communities in developing a comprehensive early childhood system, CHDI

subsequently prepared a tool kit, providing practical step-by-step information to assist communities with their planning (Honigfeld, Meyers, & Macary, 2011). The four-step process outlined in the guide involves

- determining the major child-health issues experienced by young children in a community,
- identifying and collecting data consistent with a results-based accountability framework,
- engaging child-health providers in working with community collaboratives to promote school readiness, and
- evaluating the effectiveness of a health collaborative in reaching its population results and system objectives.

Each step in the process is supported by a straightforward set of tools that identify key measurements and provide comparative performance benchmarks and data sources that are either publicly available or collectable with simple surveys.

Grants to Communities

Through a public/private partnership, funding and technical assistance to communities has helped advance the local system-building efforts. The William Caspar Graustein Memorial Fund, a private foundation; the Children's Fund of Connecticut; and the Connecticut Department of Education together have provided funding to 38 communities to develop and implement comprehensive, cross-sector, early-childhood plans. The Children's Fund contribution has supported the specific inclusion of health issues (broadly defined to include oral and mental health in addition to physical health). As a result of this collaboration, health is interwoven throughout the community efforts, including in the goals, strategies, and outcomes.

Examples of specific programs funded, integral to supporting community-based systems building efforts in Connecticut, include Child FIRST and Educating Providers in the Community (EPIC).

Child FIRST is an evidence-based approach that provides screening services in a variety of early-childhood settings to children and mothers to assess for socio-emotional concerns, refer to the appropriate services, and follow up with families to ensure that their needs are addressed through local service providers through an intensive, in-home intervention and other needed services and supports (Lowell, Carter, Godoy, Paulicin, & Briggs-Gowan, 2011). Child FIRST has received substantial grant support from the Robert Wood Johnson Foundation and state and local funders for model development and replication in nine sites throughout Connecticut. EPIC, funded primarily by the Children's Fund, provides office-based education to pediatricians, using an academic detailing approach, to more effectively function as medical homes and enhance screening, prevention, and intervention strategies that engage the child-health provider in working directly with other key service systems (Dworkin et al., 2009).

Each of these programs has demonstrated success in not only ensuring that more families receive needed services, but that more providers engage in a system of care approach that connects health, mental health systems, early care and education, and family-support services so that a continuum of quality care exists and meets the needs of children and families.

Supporting Research and Policy

The Children's Fund has provided grants for research and evaluation that have played a role in informing systems building efforts. One such study evaluated the results of providing mental health consultation to child care centers (Gilliam, 2007). A second study of compliance with health and safety standards in early care and education settings produced results that have been instrumental in shaping systems improvements aimed toward assuring that licensed child care centers and family day care homes meet the health needs of all children in their care. The research findings were instrumental in support for the creation of a curriculum on medication administration for child care providers and efforts to strengthen a system of health consultation to provide training

and support to child care providers on this medication administration as well as a range of other concerns (Crowley & Rosenthal, 2009).

Each of these programs has demonstrated success in not only ensuring that more families receive needed services, but that more providers engage in a system of care approach that connects health, mental health systems, early care and education, and family-support services so that a continuum of quality care exists and meets the needs of children and families.

Foundations are uniquely positioned to also affect policy development in their role as nonpartisan, trusted sources of influence, resources, and information, and this has certainly been true for funders in Connecticut with regard to early-childhood systems building. This is reflected in the public/private partnership support for the community efforts now fully embedded in the state's plans for developing a comprehensive early-childhood system in Connecticut as reflected in legislation signed into law in 2011. The new law calls for philanthropy to partner with government to plan and implement the new system. In response, a group of funders created the Connecticut Early Childhood Funders Collaborative under the auspices of the Connecticut Council of Philanthropy. The collaborative has pooled money to provide a match to state funding, which provides an opportunity to help inform the process and assure that policy issues pertinent to an integrated, community-based system are fully considered and included in decisions about

governance at the state and local level, program standards and quality, research and data development, financing, and provider and practitioner support.

Role of Foundations in Systems Building and Lessons Learned

Young children require health, early learning, family support, and other services to ensure their healthy development. While in theory these support services should be coordinated to create a system of care that can address the needs of the “whole” child, in practice the systems providing these services operate in silos. If the goal of a state or community is to ensure that children receive the supports they need, achieving this goal requires a systemic, multi-sector, approach because children are touched by a variety of systems, and no one system, or silo, can be expected to achieve this goal on its own.

Foundations are uniquely positioned to also affect policy development in their role as nonpartisan, trusted sources of influence, resources, and information.

The challenge, however, of getting systems to begin to collaborate is that while systems may be fully aware that they are targeting the same population of children, each system – early learning, education, health, mental health, parent support – has its own traditions, language, culture, and practice. Recognizing the need to work together is merely the first step. Creating the conditions to pursue a cross-systems approach requires a paradigm shift – moving from interagency competition for resources to developing relationships that allow for joint planning, coordination, and integration of services.

Foundations are in a unique position to be able to act as catalysts for such a paradigm shift, because

they can encourage systems that don't traditionally collaborate to come together. They can encourage and support new partnerships, provide time and space for planning, and provide resources to help establish new system infrastructures or strengthen existing ones.

Key lessons for foundations that are considering systems building work include:

Paradigm Shift

- The paradigm of systems building may be new to many. Ensuring ample time, resources, and guidance to engage in an educational process is important, especially since systems building can be thought of both as a mental model for how and why to foster change and a deliberate activity that must be directly engaged.
- The paradigm shift is a slow, iterative process that varies by the context of local communities and the stakeholders who engage in the systems building process. In this regard, a one-size-fits-all approach is not likely possible. Funders need to be adaptable and understand that variations in local context greatly contribute to how systems building unfolds.
- Foundations must adopt a systems building mindset and remain focused on the system as the “unit of change,” rather than solely focusing on program-service delivery. In this regard, expectations about the expected outcomes and commensurate time horizon of a systems building strategy must be clearly defined.
- Foundations that engage in systems building should define in clear and practicable terms what they conceptualize as systems and systems building. Providing a conceptual definition and framework helps to ground and guide the prospective work of grantee organizations. It also allows for a shared language and, perhaps more importantly, a mental model of how and to what end organizations implement their work.

- Language matters. When bringing together stakeholders across different systems, an oft-neglected aspect of collaboration is the language used to convey ideas. Foundations should be aware of these potential language barriers and provide commensurate time and support. For example, in Colorado many of the Early Childhood Councils found it difficult to understand the nomenclature and terms used by their health partners. The same word – “provider,” for example – meant something different for council members and for health partners.

Time, Resources, and Opportunity

- Foundations should take into account the readiness of potential grantees to undertake systems building. Requiring a facilitated planning process or planning grant can help assess organizational and system readiness.
- Foundations must explicitly focus grant requirements on systems building activities that support effective implementation of high-quality programs and connections across systems, as opposed to solely focusing on the funding of individual programs. Key questions for funders to consider include: Is the work being funded addressing specific systems outcomes? If the work is programmatic, is there a particular method of implementation that will ensure that the program informs and changes how the system functions? Will funding the program help create lasting change by creating new connections? During the grant-review process, the filter that was used was “when the grant ends, what will have changed? What can be sustained?”
- Systems building requires that foundations take an iterative approach to working with grantee organizations. Although it can be quite time consuming for foundation staff, the time invested in carefully moving forward pays great dividends in sparking local, innovative solutions. Indeed, what may appear as intractable state or regional problems may be very solvable at the local level.

Local-State Collaboration

- Aligning and continually collaborating with state-level partners is essential in coordinating limited foundation and state funds. For example, The Trust sought to build off of the state’s current systems-focused, data-collection efforts by using similar data-collection domains, while also allowing for opportunities to drill deeper into emerging topic areas.

When bringing together stakeholders across different systems, an oft-neglected aspect of collaboration is the language used to convey ideas. Foundations should be aware of these potential language barriers and provide commensurate time and support.

Conclusion

Funding systems building is both a challenge and unique opportunity for foundations. Though complex on a variety of levels, the payoff may yield long-term results. Through our systems building strategies, we hope to have a better understanding of the extent to which this approach is an effective and sustainable method for setting the stage for improved child-health outcomes. Yet, we know there is still much to be learned and that there are many unanswered questions. Foremost of those, does a systems building approach ultimately improve child-health outcomes? These distal effects have yet to be realized. Further, given the heterogeneity of community context and organizational capacity, how can foundations best establish systems building success indicators or benchmarks? And, what steps can foundations take to best ensure that community-based practices in systems building are sustained at the local level? In the end, we believe local communities

can serve as unique laboratories of systems building. Funders can serve as catalysts for these laboratories and through them ultimately find ways to better serve the needs of children and families.

We know there is still much to be learned and that there are many unanswered questions. Foremost of those, does a systems building approach ultimately improve child-health outcomes?

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