



Implementation of the Ready Ready Initiative in 2024



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Building a System of Care Through Routes to Ready

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A robust body of evidence over the past half a century documents the importance of early childhood experiences for adult outcomes.¹ It shows that support services and programs for families and young children—including home maternal care during the prenatal period, early intervention during infancy and the toddler years, and high-quality care and educational experiences during preschool years—can improve children’s outcomes into the school years and adulthood.

Building on this promising evidence base, the Ready for School, Ready for Life initiative (“the Ready Ready initiative”) in Guilford County, North Carolina aims to support interconnected programs and services for young children and their families with the goal of having children enter kindergarten ready for learning.

This brief describes the Ready Ready initiative’s efforts to “Build a System of Care” and the 2024 status of the implementation of the relevant initiative components. The brief draws on surveys and interviews with staff members at programs in the initiative to describe their perceptions of implementation.² It also includes MDRC’s first reporting on families served, using data from the data system that is shared across program partners. Box 1 provides more information on the study this brief is part of.



Box 1. About This Brief

MDRC’s Readiness of Children for School (ROCS) study is evaluating the implementation of the Ready for School, Ready for Life initiative (“the Ready Ready initiative”) in Guilford County, North Carolina and describing how the well-being of children and families in Guilford County is changing over time.

The ROCS implementation study is designed to provide a broad view over time of the implementation of the Ready Ready initiative and of its Guilford County context — drawing from multiple data sources and reflecting multiple perspectives including families, service providers, initiative partners, and community leaders. Each year from 2023 through 2029, a publication is featuring different aspects of initiative implementation.

This brief is the second annual publication reporting on implementation. It focuses on describing the 2024 implementation of the four components included in the Ready Ready initiative’s efforts to “Build a System of Care.” For summaries of implementation updates for all initiative components and the first report on the outcomes for children in Guilford County, please see *The Guilford ROCS (Readiness of Children for School) Study: Overview*.*

NOTE: *Shira Mattera and Carolyn J. Hill, *The Guilford ROCS (Readiness of Children for School) Study: Overview* (MDRC, 2024).

The Ready for School, Ready for Life Initiative

In 2017, The Duke Endowment secured cofunding from Blue Meridian Partners and chose Guilford County for a regional investment focused on early childhood due to its existing set of programs, providers, workgroups, and funders that focused on prenatal and early childhood support. This set included the Ready for School, Ready for Life organization, which had been convening many of these partners to identify system challenges and opportunities before being designated as the backbone organization of the Ready Ready initiative through this investment.

The Ready Ready initiative aims to bolster interconnections among existing programs in Guilford County and provide sustainable and comprehensive support for families and young children through universal screening for strengths and needs, followed by connections to targeted services. It identifies six guiding values: being family-centered, inclusive, equity-driven, responsive to evidence, transparent, and collaborative. A backbone organization by the same name (Ready for School, Ready for Life) coordinates the initiative.

The eight components of the Ready Ready initiative are organized into three broad areas, as shown in Table 1.³ In 2024, the four components within the “Build a System of Care” area were a centerpiece of the initiative’s implementation efforts. This initiative area is the focus of this brief.

Table 1. Components of the Ready Ready Initiative

<p>BUILD A SYSTEM OF CARE</p> <ul style="list-style-type: none"> • Routes to Ready • Community Navigation • Integrated Data System • Community Alignment 	<p>EXPAND AND IMPROVE SERVICES</p> <ul style="list-style-type: none"> • Program Expansion • Continuous Quality Improvement • Early literacy 	<p>CHANGE SYSTEMS AND BUILD PUBLIC WILL</p> <ul style="list-style-type: none"> • Backbone Organization (Ready for School, Ready for Life organization)
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Building a System of Care: Routes to Ready

The initiative’s four components in the “Build a System of Care” area involve four specific programs that interact with families, as well as systems that support communication and coordination across the programs. Together, the initiative refers to this system of care as *Routes to Ready* (as shown in Table 2).

The *Routes to Ready* component refers to the initiative’s intentional integration of four programs that serve families with young children in Guilford County: Family Connects, HealthySteps, Nurse-Family Partnership, and Community Navigation. The fourth program, *Community Navigation*, is named as its own component of the Ready Ready initiative since it was developed alongside the Ready Ready initiative from a planning process that began in 2017.

Table 2. Routes to Ready Programs and Systems

<p>PROGRAMS</p> <ul style="list-style-type: none"> • Community Navigation • Family Connects • HealthySteps • Nurse-Family Partnership 	<p>SYSTEMS</p> <ul style="list-style-type: none"> • Integrated Data System • Community Alignment: Agency Finder/Community Portal
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The *Integrated Data System* and *Community Alignment* components are systems that support the integration of services under the Routes to Ready umbrella. The *Integrated Data System* aims to enable Routes to Ready program partners to share data about program participants.⁴ *Community Alignment* refers to the initiative’s efforts to compile and maintain a digital directory of programs and services that is available to Routes to Ready program staff members.⁵

The Ready Ready backbone organization supports Routes to Ready integration through direct funding to the four program partners, funding for the development of the Integrated Data System, backbone staff members’ work on Community Alignment, and coordination and implementation support, including through the convening of governance councils and partner meetings.⁶ Ready Ready provides 100 percent of program operations funding for HealthySteps, about 80 percent of funding for

Community Navigation, about 75 percent of funding for Nurse-Family Partnership, and about 65 percent of funding for Family Connects.

Families' Access to Routes to Ready

Families can become connected with Routes to Ready after they consent to participate in the services of Routes to Ready program partners. The staff members in these programs — community navigators, nurses, and child-development specialists — reach, assess, and connect families to community resources.⁷ As Table 3 shows, the four Routes to Ready program partners reach their target populations in a variety of settings and are housed in and operated by three different social service providers. In Guilford County, Community Navigation and HealthySteps are both operated by the same provider while Family Connects and Nurse-Family Partnership are each operated by a different provider. As mentioned above, Community Navigation was developed in conjunction with the Ready Ready initiative and is therefore the only one of the four programs that is not yet an evidence-based model and does not have a national model office that provides guidance and requirements related to program operations.⁸

Table 3. Routes to Ready Programs: Settings and Target Populations

Program	Setting(s)	Target Population
Community Navigation (operated by Children's Home Society of North Carolina)		
<ul style="list-style-type: none"> • Prenatal navigation 	Obstetric offices ^a	Available to all pregnant people in Guilford County
<ul style="list-style-type: none"> • Postnatal navigation 	Pediatric offices ^b	Available to all families in Guilford County with children 0 to 3 years old
Family Connects (operated by the Guilford County Division of Public Health)	Home visits, with first contact at hospitals ^c	Available to all families in Guilford County with children 0 to 6 weeks old or following discharge from a neonatal intensive care unit
HealthySteps (operated by Children's Home Society of North Carolina)	Pediatric offices ^d	Available to all families in Guilford County with children 0 to 3 years old
Nurse-Family Partnership (operated by GenerationEd)	Home visits, with initial contact through referrals ^e	Available to pregnant people in Guilford County who are less than 28 weeks pregnant, first-time parents, not enrolled in another home visiting program, and classified as income-eligible according to North Carolina Poverty Guidelines

(continued)

Table 3 (continued)

SOURCES: MDRC communication with Ready Ready; National Home Visiting Resource Center, “Model Profile: Family Connects” (website: https://nhvrc.org/model_profile/family-connects-2021/, 2025); HealthySteps, “What We Do” (website: <https://www.healthysteps.org/what-we-do/>, 2025); Children’s Home Society of North Carolina, “Community Navigation” (website: <https://chsnc.org/programs-services/community-navigation/>, 2025); GenerationEd, “Healthy Pregnancy & Parenting” (website: <https://gen-ednc.org/healthy-pregnancy-parenting/>, 2025).

NOTES: ^aPrenatal community navigators initially connect with pregnant people at an obstetric visit. Subsequent interactions may or may not occur at obstetric offices.

^bPostnatal community navigators join families at up to four well-child visits between birth and 3 years.

^cFamily Connects nurses provide one to three home visits between birth and six months after first connecting with families at the hospital.

^dHealthySteps specialists join families at pediatric office visits between birth and 3 years.

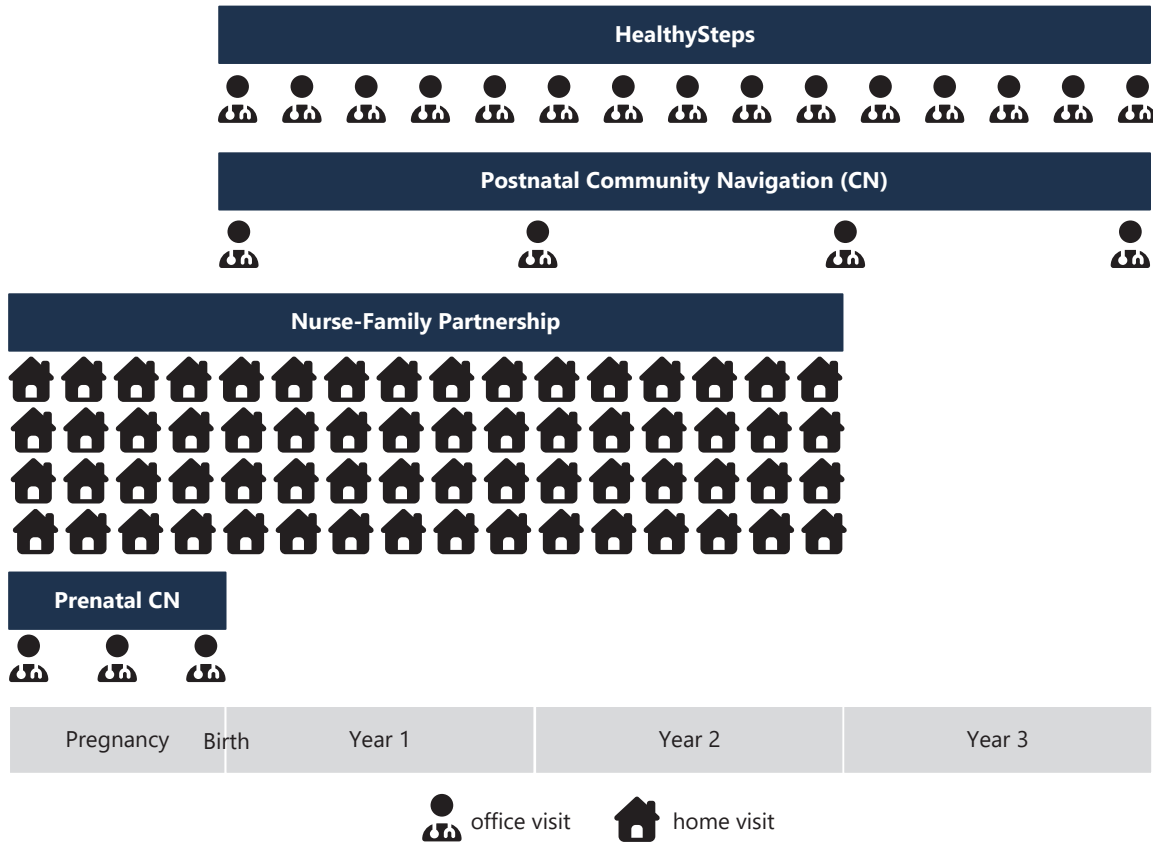
^eNurse-Family Partnership nurses may provide up to 64 home visits starting before birth and continuing until a child is 2.

The initiative envisions multiple access points to Routes to Ready through these four program partners, in both the prenatal and postnatal periods (shown in Figure 1). During the prenatal period, there are two access points: pregnant people are introduced to Routes to Ready through Community Navigation’s presence in obstetric offices or can become connected to Routes to Ready through Nurse-Family Partnership (for people who are pregnant for the first time and meet the other eligibility criteria for Nurse-Family Partnership shown in Table 3). Nurse-Family Partnership home visits are offered weekly to monthly until a child is 2. At the time of a child’s birth in a hospital, families may encounter a third Routes to Ready access point, when Family Connects makes contact with families and offers a follow-up home visit, with the potential for two additional visits as needed. In the postnatal period, there are two additional sets of Routes to Ready access points: through contact with HealthySteps in pediatric offices during well-child visits until a child turns 3, and through pilot tests of the postnatal version of Community Navigation, which has been offered through some pediatric offices.⁹

As shown in Figure 1, the four Routes to Ready programs provide services of varying intensity and duration. In most cases, families may participate in more than one Routes to Ready program to the extent that they or program staff members determine that they would benefit from complementary support; the exception is Family Connects and Nurse-Family Partnership, which have agreed not to serve the same families.

Once families consent to participate in a Routes to Ready program, they are invited to participate in Routes to Ready. When families consent to Routes to Ready, they are consenting to Routes to Ready programs sharing certain information about them to help the programs coordinate care. Program staff members can use this information about families’ needs and services received to work toward the Routes to Ready goals of minimizing service duplication, increasing continuity between services, strengthening the services provided to families, and reducing burdens on families who seek support.

Figure 1. Intended Contact Points of Routes to Ready Programs



SOURCES: MDRC communication with Ready Ready; National Home Visiting Resource Center, “Model Profile: Family Connects” (website: https://nhvrc.org/model_profile/family-connects-2021/, 2025); Children’s Home Society of North Carolina, “Community Navigation” (website: <https://chsnc.org/programs-services/community-navigation/>, 2025); Nurse-Family Partnership, “Overview” (website: <https://nfpinternational.org/nfp-model/>, 2025).

NOTE: This figure displays the maximum potential contact points a family may experience for each program. The number of contact points may be lower for an individual family based on identified need. Community Navigation contact points may occur in multiple segments and may not always occur at medical offices. Families may engage in additional communications with programs outside of these contact points.

Families cannot fully experience the intended integration of services if they do not consent to participate in Routes to Ready. In most cases, parents only need to consent to Routes to Ready once for themselves and once for their children, and can then experience Routes to Ready service integration as their children age. However, one program confirms mothers' wishes to share their information with Routes to Ready partners when they provide consent for their children. Table 4 shows the variation in rates at which families agreed to participate in Routes to Ready for each Routes to Ready program partner that was connected to the Integrated Data System in 2024. (Nurse-Family Partnership was not connected to the Integrated Data System in 2024.)

The overall consent rate of 55 percent and the variation in consent rates across programs suggest there may be room for improvement in how families are introduced to Routes to Ready. The perceptions of Routes to Ready program staff members suggest something similar. In surveys and interviews in 2024, staff members were asked about the Routes to Ready consent process and their own program's consent process. Survey responses of frontline staff members are shown in Figure 2:

- About a quarter of respondents agreed that the Routes to Ready consent process was easy to explain. In contrast, most agreed that the consent processes for their own programs were easy to explain.
- Most agreed that families typically had questions about what it meant to provide consent for Routes to Ready. About half agreed that families had questions about what it meant to provide consent for their own programs.
- Fewer than a quarter agreed that if they were in a family's shoes, they would provide consent to Routes to Ready. The majority said they would provide consent to their own program.

In responses to open-ended survey questions and in interviews conducted with frontline staff supervisors at Routes to Ready programs, program staff members expressed concern that families did not understand what they were consenting to when they provided Routes to Ready consent and that consenting to Routes to Ready was not benefiting families. One staff member shared that "it's difficult, and frustrating, to explain what [Routes to Ready] does provide to them," while another shared that families "are signing up for this program they really don't understand."

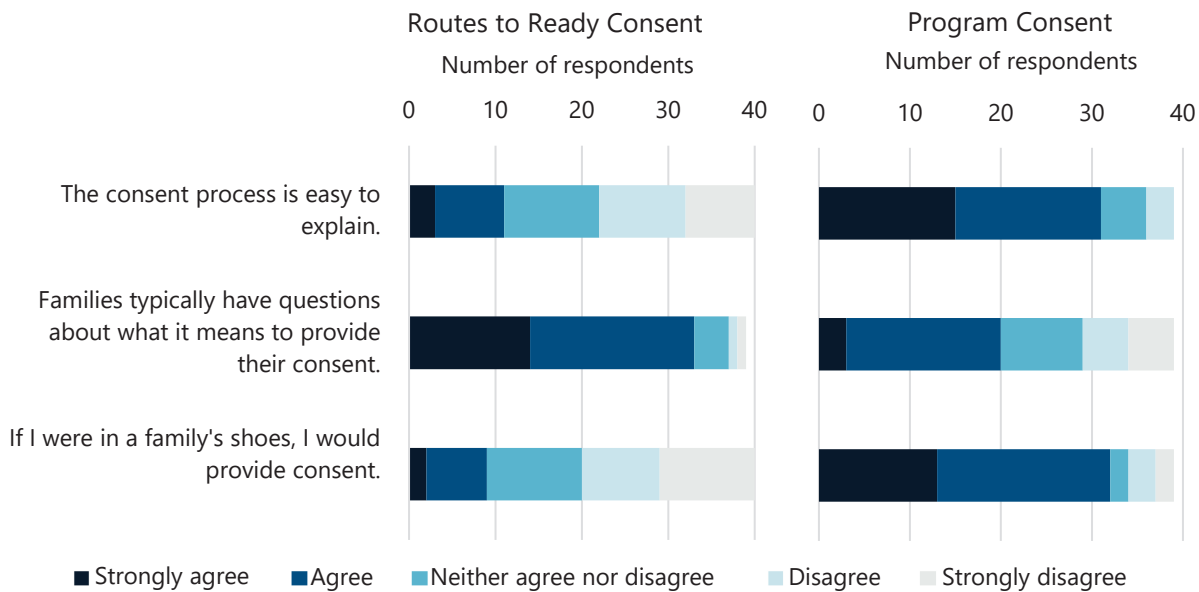
Table 4. 2024 Routes to Ready Consent Rates by Program

Routes to Ready Program	Routes to Ready Consent Rate (%)
Overall	55
Program A	90
Program B	81
Program C	72
Program D	24

SOURCE: MDRC communication with Ready Ready; data from the Integrated Data System's Consent Dashboard.

NOTE: Consent rates for prenatal and postnatal Community Navigation are shown as separate programs.

Figure 2. Staff Perceptions of Consent for Participating in Routes to Ready and for Their Own Program



SOURCE: MDRC survey of frontline staff members at Routes to Ready partner programs.

NOTES: Number of respondents = 40.

Respondents indicated the extent of their agreement to each statement following the questions “Please think about the processes that you use to ask for and obtain a family’s consent to participate in your program. To what extent do you disagree or agree with the following statements?” and “Now please think about the processes and documents that you use to ask for and obtain a family’s consent to participate in/ share data with Routes to Ready partners via the Integrated Data System (IDS). We refer to these processes as ‘the consent process for Routes to Ready.’ To what extent do you disagree or agree with the following statements?” The row labels show the statements provided to survey respondents.

Throughout 2024, the Ready Ready backbone organization continued working with the Routes to Ready partner programs on how families are introduced to Routes to Ready. In October 2024, the backbone organization shared its recommendations for revised talking points about Routes to Ready with the four program partners, aiming to update guidance for how to discuss Routes to Ready and consent to participate in it. Work on these updates continued into 2025. The program partners also discussed a revised consent form for Routes to Ready, which was adopted by some partners in the latter part of 2024.¹⁰

Families Served by Routes to Ready

Two conditions must be met for families to experience Routes to Ready’s intended service integration fully. First, families consent to participate in Routes to Ready (described in the previous section). Second, program partners participate in the systems that enable the sharing of information

about families; through these systems, program staff members can obtain information about families’ needs and services already received when they interact with them.

In 2024, three of the four Routes to Ready partner programs were connected to the Integrated Data System.¹¹ Staff members at these three programs accessed the shared Integrated Data System data from their own programs’ databases. They could access data about families who had provided consent that other Routes to Ready programs had entered and contribute information about the families they served.¹² Two of the programs also accessed the Agency Finder directory of programs and services this way, while the third chose not to integrate the Agency Finder directory into its program data system.¹³

In 2024, the data that programs shared through the Integrated Data System included family contact information and demographic characteristics, family assessment results (identified needs/risks), contacts with Routes to Ready programs, needs and need statuses, and resources shared or referrals and their statuses.

Table 5 shows the number of families who had the potential to experience Routes to Ready service integration fully in 2024. This group of families consented to participate in Routes to Ready and received services from programs connected to the Integrated Data System.

Figure 3 and Table 6 show some information about Routes to Ready families’ demographic characteristics and their identified needs. Figure 3 shows some of the demographic characteristics that the three Routes to Ready programs connected to the Integrated Data System entered consistently: parent and child race/ethnicity, parent age, and child medical insurance coverage.¹⁴ As Figure 3 shows, almost half of parents and children identified as Black or African American, the majority of adult caregivers were between the ages of 20 and 34, and more than 70 percent of children were covered by Medicaid. Additional demographic information that was entered by two or fewer Routes to Ready programs is not shown; these characteristics are parent education, insurance, gender, and marital status.¹⁵

Table 5. Families Served by Routes to Ready, 2024

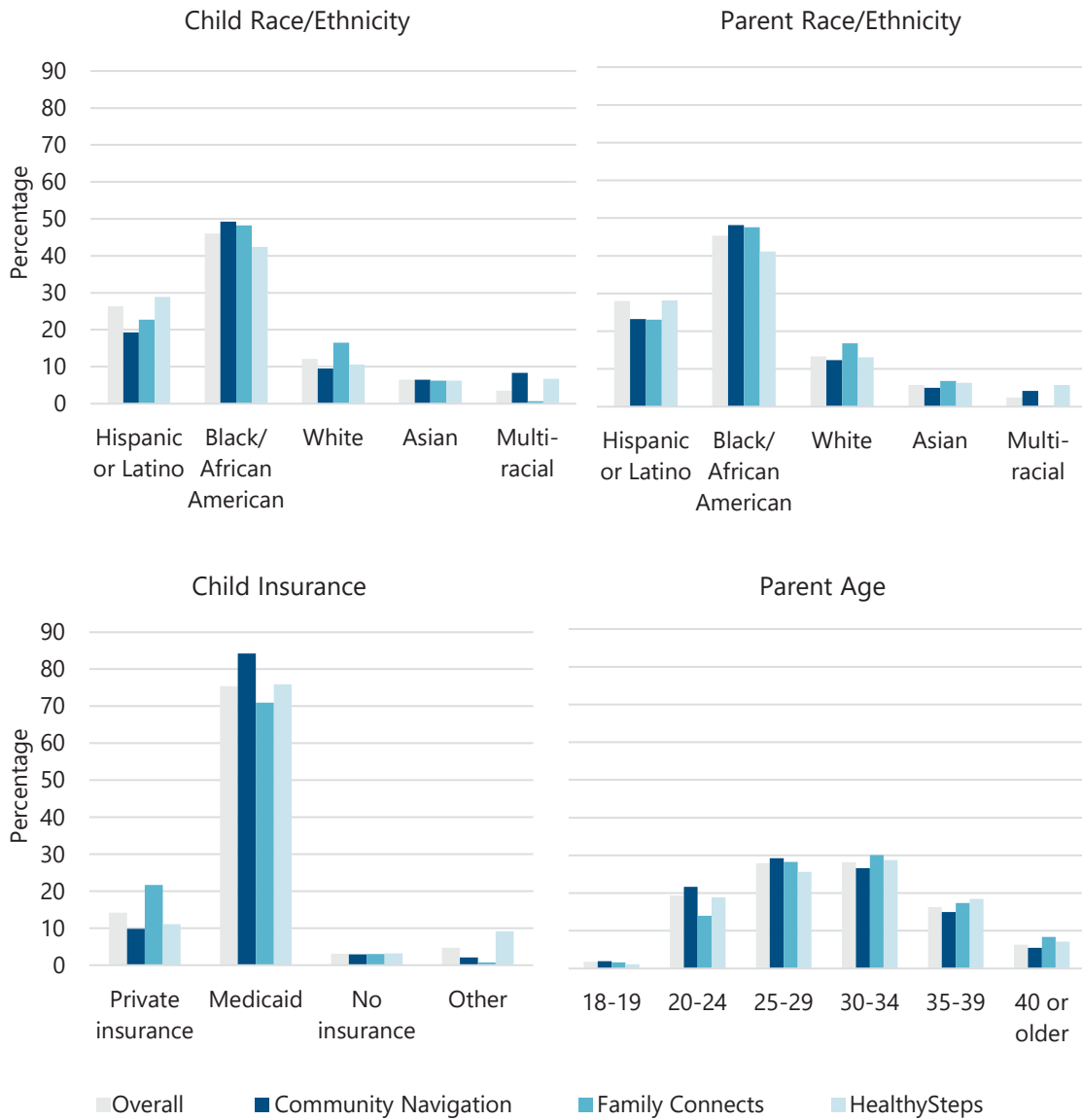
Program	Families Served
Any Routes to Ready program	2,361
Community Navigation	1,392
Family Connects	559
HealthySteps	713
Nurse-Family Partnership	Not applicable

SOURCE: MDRC analysis of Ready Ready Integrated Data System data, 2024.

NOTES: Nurse-Family Partnership was not connected to the Integrated Data System in 2024.

A family can be a client, or a child, or a client with a child or children. Families are counted as served if the client or child has an interaction date or a referral date in 2024. Each family is counted once per row, even if the family was served multiple times by the same program or by multiple programs.

Figure 3. Demographic Characteristics of Families Served by Routes to Ready in 2024



SOURCE: MDRC analysis of Ready Ready Integrated Data System data, 2024.

NOTES: Total families: 2,356 parents, 1,597 children; Community Navigation: 1,392 parents, 337 children; Family Connects: 559 parents, 558 children; HealthySteps: 710 parents, 723 children.

Fewer than 1 percent of children were identified as American Indian, Alaska Native, Native Hawaiian, or Other Pacific Islander. Fewer than 1 percent of children were identified as Middle Eastern or North African, and about 2 percent were identified as some other race.

Table 6. Risks and Needs of Families Served by Routes to Ready

Measure (%)	Family Connects	Community Navigation	Overall
Any mild risk addressed during a visit	98.9	93.1	95.0
Any significant risk requiring follow-up and community referral	56.6	54.9	55.4
Any emergency situation for the family	0.4	1.6	1.2
No risk or immediate needs (across all factors)	0.7	1.1	1.0
Unable to assess any risk or needs (across all factors)	0.0	0.2	0.1
Number of families	456	970	1,426

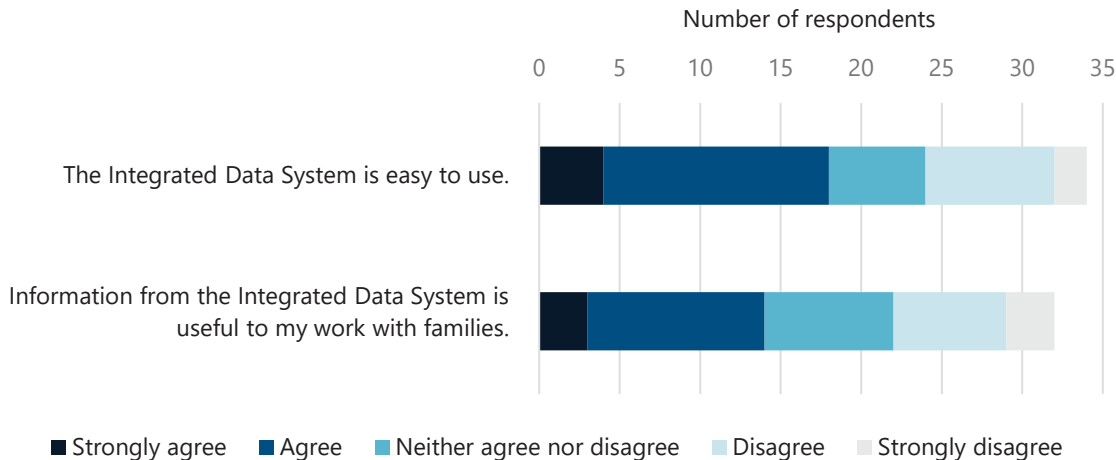
SOURCE: MDRC analysis of Ready Ready Integrated Data System data, 2024.

NOTE: Percentages do not add to 100 because more than one risk or need could be identified.

In 2024, two of the four Routes to Ready program partners assessed family risks in several categories using a formal Matrix Risk Assessment and contributed the data to the Integrated Data System for families who had provided consent.¹⁶ The 12 categories of child and family risk assessed with this matrix are: family and community safety, health care plans, household safety/material support, parenting difficulties, management of infant crying, parent emotional support, childcare plans, infant health, maternal health, parent-child relationship, parent well-being, and substance abuse.¹⁷ Table 6 shows that in more than 90 percent of assessments completed by Community Navigation and Family Connects, a mild risk of some kind was identified that was addressed during a visit. More than 50 percent of assessments identified a significant risk that required follow-up and community referral, typically in the area of household safety/material support.

Facilitating Information Sharing: Integrated Data System Utility and Functionality

As mentioned above, to achieve the Routes to Ready goals of minimizing service duplication, increasing continuity between services, strengthening the services provided to families, and reducing burdens on families, Ready Ready has made efforts to make information available to programs through the Integrated Data System, to make it easier for staff members to find services that families need and to share information about services that families are receiving. In surveys conducted in 2024, frontline staff members who had used the Integrated Data System were asked to report on its overall utility and functionality. As shown in Figure 4, frontline staff members had mixed feelings about the overall utility and functionality of the Integrated Data System, including whether it was easy to use and was useful to their work with families (about half agreed, while almost one-third disagreed).

Figure 4. Perceptions of the Utility and Functionality of the Integrated Data System

SOURCE: MDRC survey of frontline staff members at Routes to Ready partner programs.

NOTES: Number of respondents = 34.

Respondents indicated the extent of their agreement to each statement following the question “Reflecting on your experiences with the Ready Ready IDS in the last three months, to what extent do you disagree or agree with each of the following statements?” The row labels show the statements provided to survey respondents.

In 2024, the Ready Ready backbone organization and its data-systems partner worked with program partners to create new ways for those program partners to view shared data and to streamline data entry, and coordinated with the program partners to discuss decisions about data fields.¹⁸

Intended Functions of the Integrated Data System: Identifying Services for Families and Following up on Referrals

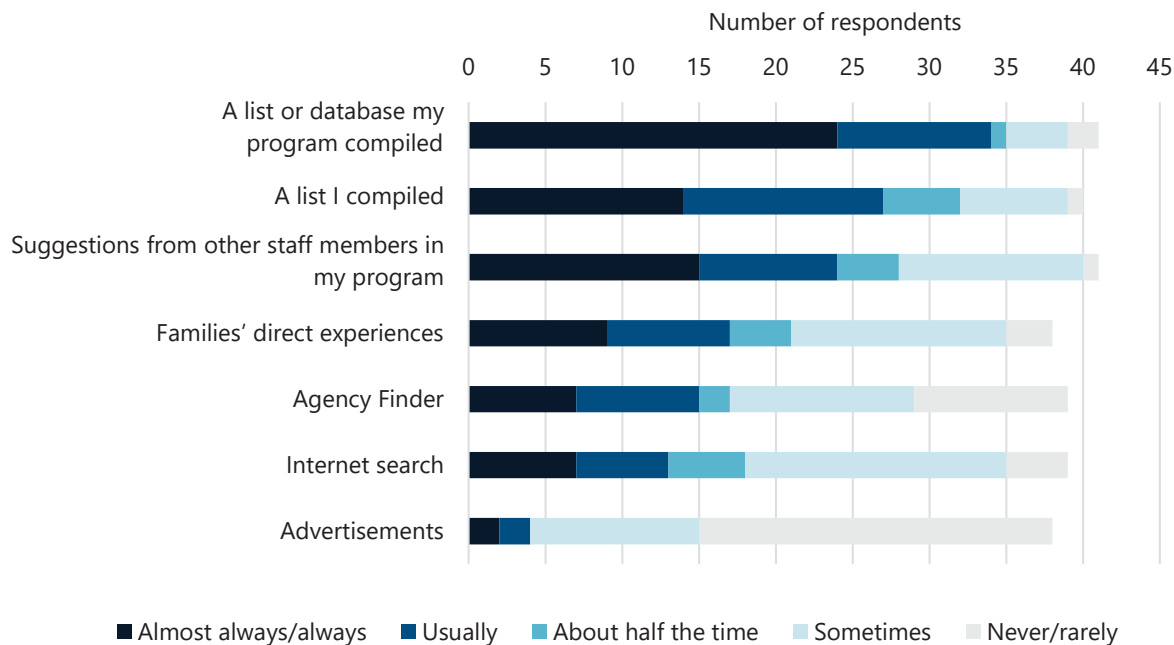
Two of the Integrated Data System’s primary intended functions are (1) facilitating partner program staff members’ ability to find services that families need and (2) sharing information about services that families are receiving with other programs in an effort to minimize duplication and burden for families.

In surveys conducted in 2024, frontline staff members were asked to report on the sources they use to identify services or programs to refer families to. As shown in Figure 5:

- Staff members reported that the four sources they used most frequently to identify services were a list or database from their program, a list they had compiled, suggestions from other staff members, and families’ direct experiences.¹⁹

- They used the Agency Finder less frequently.²⁰ Fewer than half reported that they usually used the Agency Finder to identify services for families, though almost three-quarters reported that they used the Agency Finder at least sometimes.

Figure 5. Sources Used to Identify Referral Services for Families



SOURCE: MDRC survey of frontline staff members at Routes to Ready partner programs.

NOTES: Number of respondents = 41.

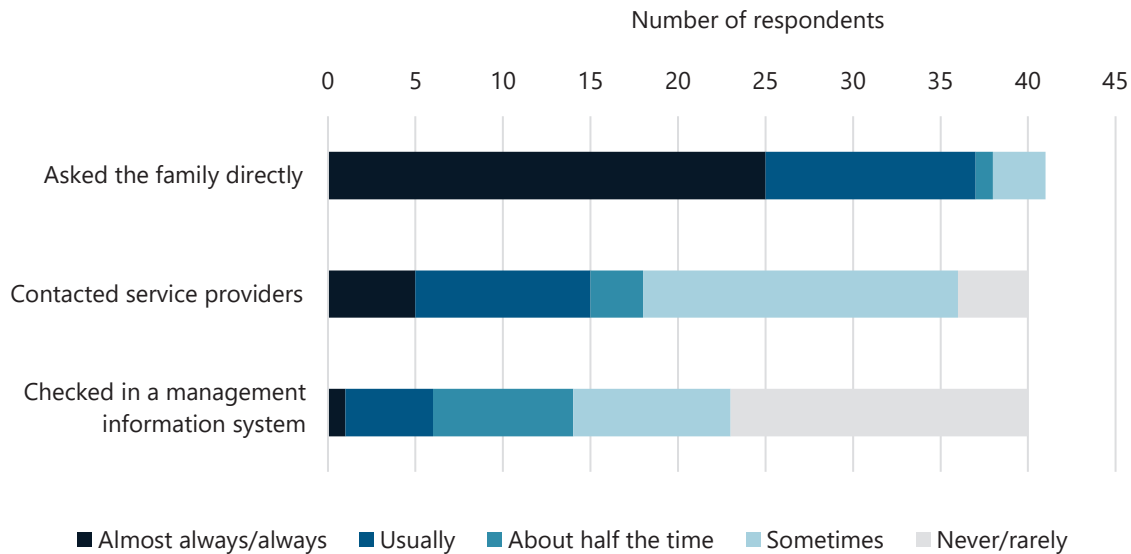
The figure shows responses to the question “Please think about your work in the last three months. To what extent do you use the following sources or resources to identify or find programs and services for family referrals?” The row labels show the source options provided to survey respondents.

In surveys and interviews conducted in 2024, frontline staff members were asked to report on the ways they follow up on referrals they provide to families. As shown in Figure 6:

- Most reported that they almost always or always asked the family directly when following up on referrals.
- Nearly all reported that they at least sometimes asked other service providers, and more than half at least sometimes checked in a management information system.²¹

In 2024, the Ready Ready backbone organization and its data-systems partner continued to work with the Routes to Ready program partners to increase the referral functionality of the Integrated Data System, including adding the ability for programs to update each other’s program-referral statuses. Additional work on referral functionality is planned for 2025 and 2026.

Figure 6. Extent to Which Staff Members Use Strategies to Follow Up on Referrals They Provide to Families



SOURCE: MDRC survey of frontline staff members at Routes to Ready partner programs.

NOTES: Number of respondents = 41.

The figure shows responses to the question “Please think about your work in the last three months. To what extent do you typically use each strategy listed below to follow up on referrals that you provide to families?” The row labels show the strategy options provided to survey respondents.

Summary

In 2024, the “Build a System of Care” area was a centerpiece of the Ready Ready initiative’s implementation efforts. This area includes programs and systems that support the initiative’s *Routes to Ready* component, which refers to the intentional integration of four programs that serve families with young children in Guilford County: Family Connects, HealthySteps, Nurse-Family Partnership, and Community Navigation. The goals of Routes to Ready are minimizing service duplication, increasing continuity between services, strengthening the services provided to families, and reducing burdens on families who seek support. In 2024, three of the four program partners were participating in the Integrated Data System that enables Routes to Ready program partners to share data about participants and aids in achieving the Routes to Ready goals. Two of the four program partners were participating in the shared system’s directory of other programs and services available in Guilford County.

Surveys and interviews with Routes to Ready partner program staff members, as well as Routes to Ready consent rates, indicate some room for improvement in how families are introduced to Routes

to Ready, so that additional families are able to experience the full integration of services that is intended through Routes to Ready.

Surveys with Routes to Ready program partner staff members and MDRC's analysis of the Integrated Data System's data reflect the potential for continued improvements to the Integrated Data System functionality, to increase its ability to fulfill its intended roles as well as perceptions of its utility among the Routes to Ready frontline staff members who are its primary users. Additional improvements to the Integrated Data System are planned in 2025 and 2026.

Notes and References

1. Eric Dearing, Andres S. Bustamante, Henrik Daae Zachrisson, and Deborah L. Vandell, “Accumulation of Opportunities Predicts the Educational Attainment and Adulthood Earnings of Children Born into Low-Versus Higher-Income Households” *Educational Researcher* 53, 9 (2024); Guthrie Gray-Lobe, Parag A. Pathak, and Christopher R. Walters, “The Long-Term Effects of Universal Preschool in Boston” *Quarterly Journal of Economics* 138 (2023): 363–411; Greg Duncan and Suzanne Le Menestrel (eds.), *A Roadmap to Reducing Child Poverty* (National Academies of Sciences, Engineering, and Medicine, 2019); Deborah A. Phillips, Mark W. Lipsey, Kenneth A. Dodge, Ron Haskins, Daphna Bassok, Margaret R. Burchinal, Greg J. Duncan, Mark Dynarski, Katherine A. Magnuson, and Christina Weiland, *Puzzling It Out: The Current State of Scientific Knowledge on Pre-Kindergarten Effects* (Brookings Institution, 2017).
2. Surveys were fielded to 67 frontline staff members (those who work directly with families) from July to September 2024; 64 percent answered some or all questions on the survey. Interviews with three supervisors of frontline staff members were conducted in February 2025.
3. For details of each component see Shira Mattera and Carolyn J. Hill, *The Guilford ROCS (Readiness of Children for School) Study: Overview* (MDRC, 2024).
4. As described later in this brief, families must consent to data sharing. The Ready Ready backbone organization also uses aggregated data from the Integrated Data System to understand programs’ ability to address the needs of families and to identify gaps in services.
5. An abbreviated version of the directory is available to the public.
6. Funding for the four Routes to Ready programs is also provided through the initiative’s Program Expansion component.
7. The Children’s Home Society website provides a brief description of Community Navigation and HealthySteps in Guilford County. See Children’s Home Society of North Carolina, “Community Navigation” (website: <https://chsn.org/programs-services/community-navigation/>, n.d., accessed August 14, 2025) and Children’s Home Society of North Carolina, “HealthySteps Support for Families” (website: <https://chsn.org/programs-services/healthy-steps/>, n.d., accessed August 14, 2025). The Guilford County Health Department website provides a brief description of Family Connects Guilford County. See State of North Carolina Guilford County, “Community Health Services” (website: <https://www.guilfordcountync.gov/government/departments-and-agencies/department-health-and-human-services/division-public-health/community-health-services>, n.d., accessed August 14, 2025). The GenerationEd website provides a description of Nurse-Family Partnership in Guilford County. See GenerationEd, “Healthy Pregnancy & Parenting” (website: <https://gen-ednc.org/healthy-pregnancy-parenting/>, n.d., accessed August 14, 2025).
8. Community Navigation is also being implemented and evaluated with a randomized controlled trial in Durham, NC. See Duke Sanford Center for Child & Family Policy, “Durham Navigation Study” (website: <https://childandfamilypolicy.duke.edu/research-item/durham-navigation-study/>, n.d., accessed July 2, 2025).
9. HealthySteps provides a tiered system for levels of support based on risks/needs. Tier 1: universal services for all families with children ages 0 to 3; Tier 2: short-term support for families with specific, time-limited concerns (in addition to Tier 1 support); Tier 3: comprehensive services for families with more significant risk factors, concerns, or both (in addition to Tier 1 and 2 support). For more information see: HealthySteps, “Tiers and Core Components” (website: <https://www.healthysteps.org/what-we-do/our-model/tiers-and-core-components/>, n.d., accessed July 2, 2025).
10. In 2024, one program continued to use an older version of the Routes to Ready consent form.

11. The three Routes to Ready programs that were connected to the Integrated Data System in 2024 were Community Navigation, Family Connects, and HealthySteps. Plans at the time this brief was written have Nurse-Family Partnership beginning to contribute to the Integrated Data System in 2025.
12. Strict security measures are in place that mean staff members and their supervisors can only view information about the specific clients to whom they are assigned.
13. In 2024, Family Connects chose not to subscribe to the Agency Finder directory available to it through the Integrated Data System, as it maintains its own directory of programs. Family Connects staff members may access the public, more limited version of the Agency Finder.
14. Child gender, child age, and parent primary language were also consistently entered but are not shown in the figure. For reported child gender, not surprisingly, there is a relatively even split between male and female, with few other responses recorded. For parent primary language, more than 70 percent of parents reported speaking English as their primary language. The study team decided not to display child age because the data available did not reflect age at the time of service.
15. Parent education and parent insurance are available from Community Navigation and Family Connects, parent gender is available from Community Navigation and HealthySteps, and parent marital status is available from Family Connects.
16. In 2024, only Community Navigation and Family Connects had adopted the proprietary Matrix Risk Assessment requested as part of Routes to Ready and were contributing the data from this assessment to the Integrated Data System. HealthySteps was not yet completing this proprietary Matrix Risk Assessment in 2024; it plans to adopt the assessment and integrate it into business processes in 2025.
17. “Household safety/material support” refers to families’ access to resources for basic needs. A family with no concerns or immediate needs is defined as having finances and an environment that are adequate for food, shelter, transportation, and equipment for infant care.
18. The data-systems partner (Coastal) is a consulting firm specializing in data management and Salesforce implementation that created and manages the Integrated Data System in partnership with the Ready Ready backbone organization.
19. These sources were used at least half the time by the majority of frontline staff members.
20. Use of the Agency Finder refers both to the directory available to programs through the Integrated Data System and the public, more limited version of the Agency Finder.
21. A management information system is a computer-based system used to capture information about program participants and the activities they engage in with the program’s staff.

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