

North Dakota ECCS Logic Model 2008

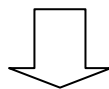
Inputs and Resources

HNDECA Members, Committees & Resources	Strategic Planning Process	Federal Support & Consultants	ECCS Coordinator & Consultants	Existing Programs, Services & Support	Technology: website, tool kits, tracking systems
--	----------------------------------	-------------------------------------	--------------------------------------	--	---



Goal 1: Expand Early Child Care and Education
Objective 1.1: Develop a state level entity for early care and education that builds a statewide network and assures agency collaboration.
Strategies:
1. Identify other states who have successfully established Early Childhood state entity.
2. Review existing models from within ND and other states that have experienced success in networking and collaboration efforts at the state level and formulate new list of tasks to be performed by this state level entity/person.
3. Identify the vision, role, and tasks of an entity of Early Care and Education.
4. Educate the policy makers regarding the importance of a comprehensive early childhood system.
5. Develop funding matrices identifying federal, state, and local funding options+B32 (to include private).
6. Develop tools that describe HNDECA and how its work relates to a state entity that support a comprehensive EC system.
7. Deepen relationships with current and future partners.
8. Develop data matrices for federal, state, and local programs (to include private).
9. Develop and implement campaigns to increase public understanding and public will.
10. Sustain HNDECA as it seeks to plan and implement an official early childhood state entity.
Objective 1.2: Increase school readiness through the development and implementation of policies that promote high quality early care and education.
Strategies:

1. Monitor and provide input on the development of voluntary Three to Six Early Learning Guidelines through the process of public comment and public forums, if available.
2. Develop Birth to Three Early Learning Guidelines.
3. Collaborate with implementation of voluntary Early Learning Guidelines (ELG) for all licensed programs and other care and education programs.
4. Develop an education campaign to reach the public and policy makers on the importance of early childhood years.
5. Establish a network of specialized early childhood health consultants who will provide health, wellness and safety for early care and educational settings.
6. Explore a pre-service training requirement for licensed childcare providers. This training would also be made available for non-licensed childcare providers.
7. Implement an early childhood professional development plan that includes career pathways, incentives, and a quality improvement and rating system (QRIS).
8. Develop and secure funding for a Quality Rating and Improvement System (QRIS) to assist parents in making informed choices relative to early care and education.
Objective 1.3: Establish critical pathways, including checks and balances, for licensure standards and practices to assure uniformity of delivery statewide.
Strategies:
1. Research the development of a formula for caseload standards.
2. Research the development of a policy that requires new regulatory staff to attend new licensure training within the first year of employment and requires continuing education in early care and education, annually.
3. Add a peer quality assurance system to county and regional staff.
4. Research the potential for reorganizing licensing responsibility to a regional level.



Outcomes
Immediate:
<ul style="list-style-type: none"> • Increased statewide program support for early child care and educational programs. • Increased overall quality of child care and school readiness. • Increased awareness and support from legislators and the public for a comprehensive early childhood system. • Increased consistency in measuring quality within the child care licensing system.

- Increased number and proportion of quality trained and motivated child care providers.

Long-term:

- Affordable and accessible high quality child care for all children in North Dakota.
- All children in North Dakota will be ready for school prior to entrance.

Performance Measures for Evaluation of Success:

- Increase in the number of children attending early care and education programs with high quality rating.
- Increase in the number of children ages 3 to 4 who enroll in early childhood care and education programs that have fully implemented research-based curriculum.
- Annual increase in funding for Child Care Assistance.
- Increase in the number of early childhood teachers with a bachelor’s degree and specialized training in early childhood.
- Increase in the number of licensed family and group child care facilities accredited by the National Association for Family and Child Care (NAFCC).
- Caseload formula established that recognizes ND realities (distance travel) and includes recommendations from national organizations.
- The establishment of an orientation and annual in-service licensing professional development policy.
- A peer-review quality assurance system is in place to increase uniformity of licensing.

Goal 2: Advance Children’s Mental Health and Social-Emotional Development

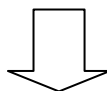
Objective 2.1: Make available and accessible comprehensive, individualized children’s mental health services statewide, inclusive of tribal communities.

Strategies:

1. Develop a Mental Health Screening Toolkit.

2. Develop a statewide, multi-system, family inclusive training initiative regarding direct screening administration and/or referral, targeted to key audiences.

3. Develop a comprehensive resource/referral listing of persons and agencies who will provide mental health screening and services.
4. Develop a universal pathway for lifespan transitions based on eligibility, services and reimbursement.
5. Develop a partnership among the DHS, systems partners and legislators to shift thinking & make a commitment to comprehensive planning and development of mental health services.
6. Conduct a public relations campaign, using social marketing methods, to assure that the public is educated and becomes supportive of accessible mental health care for children. Take away stigma.
7. Decrease the number and percent of young children who are expelled from childcare or schools due to behavioral problems.
8. Develop a network of mental health professionals to provide training and technical assistance to anyone with children in their care; for individual children and their families, using culturally relevant approaches.
Objective 2.2: Encourage all communities to involve families in planning and implementing children's mental health programs and services.
Strategies:
1. Expand and enhance parent-to-parent support and parents as trainers/teacher through face-to-face, emails and telephone options.
2. Obtain proclamations to increase communities' awareness about Mental Health.
3. Hold/host public events, pizza parties, open houses and block parties to gain attention and gather support.
4. Identify a Positive Behavioral Supports (PBS) program model or pilot community and funding to implement.
5. Teach PBS to all in the community.



Outcomes
Immediate:
<ul style="list-style-type: none"> • Increased knowledge and positive attitudes among community members and families regarding mental health services and mental illness. • Increased access to support groups by diverse family cultures and structures.
Long-term:
<ul style="list-style-type: none"> • Parents and organizations that service children will foster positive social-emotional environments best suited for identifying social, emotional, and behavioral risks in children. • Most appropriate intervention strategies will be use to both treat and prevent serious mental health problems in North Dakota's children.
Performance Measures for Evaluation of Success:

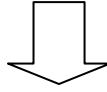
- Increased number and percent of children receiving developmental and behavioral screening.
- Increased number and percent of children referred for services based on screening outcomes.
- Increased number and percent of children receiving recommended services based on screening.
- Decreased number and percent of children who are expelled from childcare or schools due to behavioral problems.
- Increased number of families participating in children’s mental health programs.

Goal 3: Increase Children’s Health Insurance and Access to Medical Home
Objective 3.1: Influence systems change to reduce the number of children with no healthcare coverage and increase and sustain comprehensive healthcare coverage for all North Dakota children, ages 0-8.
Strategies:
1. Identify and gather a diverse group to research and review available data, best practices, prepare a report and designate a team to create and distribute a Toolkit for Training to connect to healthcare coverage.
2. Educate families and professionals utilizing toolkit.
3. Develop a plan for ongoing education and training for outreach and enrollment activities to include childcare providers and/or develop alternate funding/training plans.
4. Identify and gather parents, caregivers and professionals to identify the gaps and barriers in health care coverage for children.
5. Assess the need for a mobile health unit for provision of medical care.

Objective 3.2: Increase the number and percent of children under age eight who have a medical home and the number of health and dental care provider practices that incorporate the seven medical home core components (care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally effective).
Strategies:
1. Evaluate existing medical/dental home availability in North Dakota. Definitions vary for medical and dental home concept.

2. Identify and secure funding to build infrastructure to support medical home in ND.

3. Implementation of the medical home model in ND.



Outcomes

Immediate:

- Increase awareness of the need to insure all children in North Dakota.
- Increase awareness of the need for establishing a medical home for all North Dakota children.
- Increased recognition regarding the value of preventative health strategies.

Long-term:

- All North Dakota children will have access to comprehensive health care.
- All North Dakota children will have a medical home.
- All medical homes in North Dakota will provide access, family centered, continuous, comprehensive, coordinated, compassionate care delivered in a culturally competent environment.

Performance Measures for Evaluation of Success:

- Increased number and percent of children with health insurance.
- Increased number and percent of children who have a medical home.
- Increased number and proportion of toddlers who receive EPSDT periodic screening.
- Increased number and proportion of young children who complete the basic series of age appropriate immunizations.
- Increased number and proportion of children receiving oral health care.

Goal 4: Increase Parent Education and Family Support

Objective 4.1: Assure that all parents, and persons in a parental role of children prenatally through age eight, have access to parenting education by increasing availability and accessibility statewide in ND.

Strategies:
1. Collaborate on building common, positive messages about parenting and parenting education.
2. Connect parents with learning about the availability of parenting education through the development of a statewide parenting network.
3. Identify best practices for reaching parents for information sharing.
4. Expand the scope and capacity of Parent Resource Centers (PRC) and other family support agencies/organizations/departments in North Dakota. (needs to be inclusive of all agencies/organizations/departments).

Objective 4.2: Increase parent leadership through education and support.
Strategies:
1. Conduct parent leadership training for parents. (Parent Ed/Family Support)
2. Identify and contact existing agencies, organizations and coalitions for ideas, assistance and to gain their involvement in this education and support process.
3. Evaluate the need for state level entity (presence for parent education)

Objective 4.3: Develop a statewide network for parenting education.
Strategies:
1. Look to other states for implementation models.
2. Collaborate among agencies with similar efforts/interests/responsibilities.
3. Develop a comprehensive listing of available programs, where they are located and how they are funded.
4. Obtain support from the Governor.
5. Develop a statewide network for communications and advocacy messages.
6. Evaluate the need for state level entity/presence for parent education.
7. Develop a statewide network for PRC's.
8. Develop a statewide advisory committee, to assist in developing a plan for statewide coverage using positive, common messages about parenting and parent education.

Objective 4.4: Partner with the media and other community organizations to educate parents.

Strategies:

1. Increase the number of positive media messages about parenting education (MEDIA is inclusive of internet, print, TV, radio).

Objective 4.5: Provide routine in-home services for all parents of young children.

Strategies:

1. Increase the availability of Early Head Start in ND.

2. Increase the availability of Right Tracks in ND.

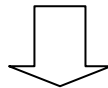
3. Monitor the study being done by the Healthy Families organization in Grand Forks for best practices potential.

4. Increase resources to allow for multiple home visits to assure progress.

5. Convene home visitors across agencies and sectors to enhance service, avoid duplication and assure that home visiting is intentional and family-centered.

6. Enhance resources for County Social Services for provision of more in-home services.

7. Promote utilization and full implementation of Health Tracks



Outcomes

Immediate:

- The development of a more supportive statewide program serving parents.
- The implementation of a successful statewide mechanism for informing families about parent education.
- Increase in general satisfaction among consumers, parents and families regarding services accessibility, consistency and reliability statewide.
- All in-home service provision is carefully coordinated and provided in the manner the family wishes to receive it.

Long-term:

- All parents will have access to a comprehensive, culturally appropriate, parent-led program that improves parenting skills, promotes parent leadership, and establishes the most appropriate environment for child-rearing.
- All parents will have access to available resources that enable them to nurture and support healthy development of their children.

Performance Measures for Evaluation of Success:

- Increased access and availability of parenting education within North Dakota.
- Increased number of parents on boards, commissions, and task forces.
- Increased number of parents who are legislative advocates.
- Increased number of parents who lead local parent education efforts.
- Increased attendance by representatives of HNDECA, County Social Services, and families at joint collaborative meetings.
- Increased joint sponsorship of training and educational programs.
- Increased number and distribution of in-home services activities.