

ECCS Integration Work Plan as of December 2008

ECCS Program Work Plan	
1. Goal: Develop a state level entity for early care and education that builds a statewide network and assures agency collaboration.	
Objectives:	Activities
1.1. Identify other states who have successfully established Early Childhood state entity	
1.2. 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.	1.2.a. Study Wyoming (multi-agency efforts), Pennsylvania (management team), and Nebraska models
	1.2.b. Explore potential ways to organize: the creation of a task force appointed by the Gov. similar to the P-16 Education Task Force, the Children's Services Coordinating Committee (CSCC) legislation, a Children's Cabinet for Early Childhood that can be used as a clearing house and for networking, and the Interagency Coordinating Council (ICC)
1.3. Identify the vision, role, and tasks of an entity of Early Care and Education	
1.4. Educate the policy makers regarding the importance of a comprehensive early childhood system	1.4.a. Inform Governor of HNDECA and plan
	1.4.b. Involve legislators
	1.4.c. Involve department heads and administration teams
	1.4.d. Develop resources and strategies to inform decision/policy makers about ELG and their value.
1.5. Develop funding matrices indentifying federal, state, and local funding options+B32 (to include private)	1.5.a. Analyze current funding
	1.5.b. Identify possible blending, braiding, and pooling of resources and new sources of funding
	1.5.c. Engage stakeholders around funding and financial issues
	1.5.d. Carry findings to the Governor, program administrators, and legislators
	1.5.e. Compile cross-program data to see what funding we have and don't have
1.6. Develop tools that describe HNDECA and how its work relates to a state entity that support a comprehensive EC system	1.6.a. Write an executive summary
	1.6.b. Write history

	1.6.c. Identify activities
	1.6.d. Complete plan
	1.6.e. Distribute to stakeholders
	1.6.f. Determine economic impact
	1.6.g. Complete white paper (orientation)
1.7. Deepen relationships with current and future partners	1.7.a. Revisit and revise HNDECA ground rules
	1.7.b. Convene upper management meeting among relevant governmental entities
	1.7.c. Develop MOU's to address funding, policy, and regulatory issues
1.8. Develop data matrices for federal, state, and local programs (to include private)	1.8.a. Engage agencies and entities
	1.8.b. Determine service availability and gaps
	1.8.c. Develop plan to eliminate unnecessary duplication and fill service gaps
1.9. Develop and implement campaigns to increase public understanding and public will	
1.10. Sustain HNDECA as it seeks to plan and implement an official early childhood state entity	1.10.a Secure funding

ECCS Work Plan for Early Care and Education Component	
2. Goal: Increase school readiness through the development and implementation of policies that promote high quality early care and education.	
Objectives:	Activities
2.1. 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	2.1.a. Complete draft.
	2.1.b. Edit draft into manageable size and format.
	2.1.c. Align developmental domains with kindergarten standards
	2.1.d. Seek public comment.
	2.1.e. Revise based on input and comment; finalize publishable document.
	2.1.f. Seek approval for distribution.
	2.1.g. Post on DHS and other websites. Circulate hardcopy as appropriate.
2.2 Develop Birth to Three Early Learning Guidelines.	2.2.a. Seek expertise of state and national PITC staff to assist in editing infant-toddler guidelines.
	2.2.b. Seek funding from the Bush Foundation.
2.3. Collaborate with implementation of voluntary Early Learning Guidelines (ELG) for all licensed programs and other care and education programs.	2.3.a. Establish a work group to coordinate implementation, awareness activities, funding, and quality assurance.

	2.3.b. Develop and deliver training for child care services providers & teachers to include overview & strategies of ELG's into current programs .
	2.3.c. Integrate ELG into current and future training for Early Childhood providers.
	2.3.d. Integrate Early Learning Guidelines into appropriate post-secondary education programs for pre-service and in-service practitioners.
	2.3.e. Develop resources and strategies to inform parents about ELGs.
2.4. Develop an education campaign to reach the public and policy makers on the importance of early childhood years. SHOULD THIS MOVE UNDER #1 GOAL???	2.4.a. Involve community, state and federal agencies in planning and implementing community early childhood education awareness campaigns.
	2.4.b. Investigate outlets to have regular messages regarding topics of interest to parents of young children (e.g. TV, newspaper, radio).
	2.4.c. Collaborating with United Way Organizations to encourage comprehensive approaches (i.e. Success By Six) to reach the public.
	2.4.d Add policymakers to audience.
	2.4.e Early childhood professionals and advocacy groups to come together around a message. Plan Head Start and NDAEYC Conference for Fall 2008 in Fargo around early care and education issues. Invite NDCCPI. Consider Frameworks as a pre-conference event.
2.5. Establish a network of specialized early childhood health consultants who will provide health, wellness and safety for early care and educational settings.	2.5.a. Request Dept of Health fund child care health consultants in their future legislative requests.
	2.5.b. Develop sustainability plan beyond the availability of TANF funds
2.6. Explore a pre-service training requirement for licensed childcare providers. This training would also be made available for non-licensed childcare providers.	2.6. a. Propose revised rules to include pre-service training for all providers that fall under early childhood services NDCC.
2.7 Implement an early childhood professional development plan that includes career pathways, incentives, and a quality improvement and rating system (QRIS).	2.7.a Seek outside funding (e.g. Bush Foundation) to be completed by DHS. (Action plans to be added to work plan when complete)
	2.7.b. Develop sustainability plan beyond the availability of TANF funds
2.8 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.	2.8.a. Develop a QRIS including enhancement support for providers.
	2.8.b. Develop sustainability plan

3. Goal: Establish critical pathways, including checks and balances, for licensure standards and practices to assure uniformity of delivery statewide.	
Objectives:	Activities
3.1. Research the development of a formula for caseload standards	Collaborate with County Directors to develop caseload standards for North Dakota
3.2. Research the development of a policy that requires new regulatory staff to attend new licensor training within the first year of employment and requires continuing education in early care and education, annually.	Work with Early Childhood Services State Team to develop policy for proposed revisions to policy manual.
3.1 Add a peer quality assurance system to county and regional staff.	Research and develop models of QA one for licensing staff and another for ECS Reg sup staff to be added to ECS Policy Manual
3.3. Research the potential for reorganizing licensing responsibility to a regional level	Discuss possibilities with relevant groups

ECCS Work Plan for Early Care and Education Component	
4. Goal: Make available and accessible comprehensive, individualized children’s mental health services statewide, inclusive of tribal communities.	
Objectives:	Activities
4.1. Develop a Mental Health Screening Toolkit.	4.1 Examine MH Screening Tool Kit. Assignment: Review MH Screening Toolkit and provide feedback.
4.2. Develop a statewide, multi-system, family inclusive training initiative regarding direct screening administration and/or referral, targeted to key audiences.	4.2.1 Link with State SEDA
	4.2.2 Add a MH screening protocol to be completed through 2-1-1 system (Pediatric Symptom Checklist online per MHAND approval),
	4.2.3 Identify what screenings are happening for 0-5 children via database,
	4.2.4 Identify what agencies/organizations could add MH screening component,
	4.2.5 Conduct training of mental health toolkit to all audiences and offer CEU's as appropriate.

	4.2.6 Educate, inform and persuade families of the importance and availability of mental health screening through a public awareness campaign (early learning guidelines). Include training for all foster care providers, child care providers, disability professionals, group care staff and prevention & early identification professionals and Roughrider Conference attendees. Approaches used should be sensitive to unique cultural/other differences among audiences.
4.3. Develop a comprehensive resource/referral listing of persons and agencies that will provide mental health screening and services.	4.3.1 Informational brochure
	4.3.2 Put listing online
	4.3.3 Train school counselors to do screenings
	4.3.4 Create an intervention toolkit to include such strategies as Love and Logic, Conscious Discipline, Positive Beginnings, Early Learning Guidelines Social/Emotional.
	4.3.5 Develop routine depression screening opportunities for mothers of children under the age of 6
4.4. Develop a universal pathway for lifespan transitions based on eligibility, services and reimbursement.	Include training for all foster care providers, group care staff and prevention & early identification professionals.
4.5. 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.	4.5.1 Refer to Early Learning Guidelines to expand and identify a list of age-appropriate social/emotional activities.,
	4.5.2 Connect with Policy Matters to include Mental Health,
	4.5.3 Meet with state agency leaders to get commitment and buy-in.,
	4.5.4 Develop a legislative action plan, and draft legislation as appropriate that addresses mental health of young children and prepare for the next legislative session.
4.6. 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.	4.6.1 Informational brochure,
	4.6.2 2-1-1 system,
	4.6.3 Television PSA's (tap into national campaign for PSA--Early Childhood Mental Health),

	4.6.4 Present at community and organizational events, in services and trainings. (4.6.1 - 4.6.4 DMF is developing an anti-stigma campaign regarding children's mental health for the Cass/Clay area.)
4.7. Decrease the number and percent of young children who are expelled from childcare or schools due to behavioral problems.	4.7.1 Collect data concerning the number of children with challenging behaviors that have been expelled from childcare or schools. Assignment: Create a survey addressing expulsions to be given to childcare providers and early childhood programs. Distribute survey and assess data.
	4.7.2 Utilize what was learned from the dismissal survey and include that information in the provider training programs.
4.8. 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.	4.8.1 Speakers- Bureau,
4.8. 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.	4.8.2 Continue to support and expand funding Technical Assistance and training for all who have children in their care.

5. Goal: Encourage all communities to involve families in planning and implementing children's mental health programs and services.	
Objectives:	Activities
5.1 Expand and enhance parent-to-parent support and parents as trainers/teacher through face-to-face, emails and telephone options.	5.1.1 Seek and institutionalize funding to support/expand parent-to-parent connections such as Family Voices, Federation of Families, Family to Family. Include parents, and grandparents in Early Childhood Mental Health trainings, including the annual Pathfinders conference.
	5.1.2 Use systems already in place for trainings such as Family Connections Conference.
	5.1.3 Utilize the outreach planning grant to reach families and providers
5.2 Obtain proclamations to increase communities' awareness about Mental Health.	5.2.1 Create plan to support Mental Health month (May).
	5.2.2 Develop routine depression screening opportunities for mothers of children under the age of 6.

5.3 Hold/host public events, pizza parties, open houses and block parties to gain attention and gather support.	5.3.1 Develop a "calendar event planner" tool. Include Mental Health in Week of the Young Child activities (April). Seek funding/support for community event to increase awareness about Early Childhood Mental Health (May).
5.4 Identify a Positive Behavioral Supports (PBS) program model or pilot community and funding to implement.	5.4.1 Work with DPI (Drinda Olsen) re: existing and new programs.
5.5 Teach PBS to all in the community.	Connect with communities involved in PBS and incorporate Early Childhood.

ECCS Work Plan for Access to Health Insurance and Medical Home Component

6. Goal: 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.

Objectives:	Activities
6.1. 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.	6.1.1 Toolkit was available through Covering Kids and Families and had ability to be personalized to according to needs. Needs to be updated with new legislative changes.
	6.1.2 Develop a comprehensive Fact Sheet regarding healthcare options
6.2. Educate families and professionals utilizing toolkit.	Ongoing, will need to include changes
6.3. Develop a plan for ongoing education and training for outreach and enrollment activities to include childcare providers and/or develop alternate funding/training plans.	6.3.1. Reach every school, every year,,
	6.3.2 Media, 6.3.3. Providers (child care, HS/EHS, Medical etc.) ~ Broaden the system with input from other agencies.
	6.3.3: Distribute educational material to physicians to alert them to healthcare coverage and Medicaid buy-in programs.
	6.3.4: Educate parents and families about healthcare coverage options on a continuous basis.
6.4. Identify and gather parents, caregivers and professionals to identify the gaps and barriers in health care coverage for children.	6.4.1 100% Access (DoH), , ,
	6.4.2 Input from various agencies
	6.4.3 Review of denial/closure/gaps

	6.4.4 Monitor immunization rates to determine/assess the impact of the immunization policy changes that took effect January 1, 2008.
6.5. Assess the need for a mobile health unit for provision of medical care.	6.5.1 Identify targeted audiences.
	6.5.2 Collaborate with Ronald McDonald Charities on their efforts.
	6.5.3 Identify other, additional partners and potential sources of support.
6.6 To increase the number of EPSDT screenings statewide.	(It was agreed that education, including general education regarding early intervention, is important as an activity to support this increase. Such education can be done by parent/professional partners, Health Tracks, via the Medicaid Pediatric Task Force. [Donene will research who, from Medicaid, is the leader of this group] through fact sheets and other print materials and through topical information calls such as those sponsored by Family Voices. Target audiences will include families, physicians, nurses, medical providers, case managers and County Social Services staff.)

7. Goal: 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).	
Objectives:	Activities
7.1. Evaluate existing medical/dental home availability in North Dakota. Definitions vary for medical and dental home concept.	7.1.1 Starting a collaborative program to assess the dental needs of children in the Head Start program (modeled after a national program)..
7.2 Identify and secure funding to build infrastructure to support medical home in ND.	7.2.1 Develop a training to meet the components of a medical/dental home model.
	7.2.2. Provide developed training to interested parents, physicians, primary care providers and dentists.
	7.2.3. Offer professional development opportunities for medical/dental professionals including therapists and clinic managers focusing on capacity building for medical/dental homes.
	7.2.4. Offer technical assistance, materials and support to providers and payers to maximize funding/reimbursement for medical/dental home services. *These activities will be dependent upon funding and the start of the pilot projects once they have been established.
7.3 Implementation of the medical home model in ND.	7.2.1 Split medical and dental (educate separately)

	7.2.2 ND Medical Home Project Team attend AAP Medical Home Training in Florida (summer 2007) and develop training plan
	7.2.4 Explore funding opportunities for pilots
	7.2.5 Look at Three Affiliated Tribes project of child support data to reflect on medical data (not receiving services) as a model.
	7.2.6 Develop an evaluation plan to monitor the Medical Home model in ND.

ECCS Work Plan for Parenting Education Component	
8. Goal: 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.	
Objectives:	Activities
8.1. Collaborate on building common, positive messages about parenting and parenting education.	8.1.1 To develop and disseminate a bi-monthly education sheet with positive messages about parenting.
	8.1.2 To expand on PCAND month to engage communities and families to focus on positive parenting techniques.
	8.1.3 All Parent Resource Centers (PRC) are using a common template from newsletters and articles to make them easily recognizable and more frequently read and consulted.
8.2. Connect parents with learning about the availability of parenting education through the development of a statewide parenting network.	8.2.1 To create and disseminate resource lists for communities, agencies and other entities to assure proper referrals for parenting education.
	8.2.2 Resource guide from DoH/Head Start Collaboration ("A Connection for Families and Agencies")
	8.2.3 Enhance PRC capacity in each region and in tribal communities
	8.2.4 Develop a statewide network for communications and advocacy messages
	8.2.5 Continue to evaluate the need for state level entity/presence for parent education.
	8.2.6 Develop a statewide network for PRCs and have them all utilize the same curriculum, programs and offerings statewide.
8.3. Identify best practices for reaching parents for information sharing.	

	8.3.2 Utilize prenatal classes, MOPS, WIC etc. for distribution of handouts and educational materials, home visiting and Healthy Families programs.
8.4 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).	8.4.1 Establish statewide family-centered best practices within each PRCs, which includes services and/or resources regarding; health care, finance & budget courses, child care assistance, etc.
	8.4.2 Family Support Advocates will explore opportunities to establish state funding for contract projects and seek support of legislative champions.
	8.4.5 To promote awareness of the program and its services in Burleigh/Morton county to increase referrals. • 8.4.5b: To sustain the program over time.

9. Goal: Increase parent leadership through education and support.	
Objectives:	Activities
9.1. Conduct parent leadership training for parents. (Parent Ed/Family Support)	9.1.1 Devils Lake Training - FVND network grant will do leadership training PREVENT project.
	9.1.2 A statewide conference for parent leadership will be convened annually and will include a track for general issues and a track for special needs/health issues through pooling of resources, group alignment on common issues, assuring follow up with parents after the event and creating a repository for parents/developing a mentorship system.
	9.1.3 Parent Leadership training will be made available from Family Voices of ND through a mini-grant from HNDECA.
	9.1.4 Continue to develop and nurture the Circle of Parents programs
9.2. Identify and contact existing agencies, organizations and coalitions for ideas, assistance and to gain their involvement in this education and support process.	
9.3. Evaluate the need for state level entity (presence for parent education)	NDCPD, Rural Health, FVND - developing strategic plan for CSHCN. PCAND Training

10. Goal: Develop a statewide network for parenting education.

Objectives:	Activities
10.1 Look to other states for implementation models.	Various newsletters.
10.2 Collaborate among agencies with similar efforts/interests/responsibilities.	
10.3 Develop a comprehensive listing of available programs, where they are located and how they are funded.	10.3.1 Develop an interactive internet map 10.3.2 Share "A Connection for Families and Agencies." (also see 8.2.2)
10.4 Obtain support from the Governor.	10.4.1 Governor Hoeven's office is now represented on the Stakeholder and Steering Committees.
10.5 Develop a statewide network for communications and advocacy messages.	10.5.1 The ND Center for Persons with Disabilities (NDCPD) along with FVND and F2F, will apply for a Rural Health Grant (\$180K per year for 3 years) to expand parent training and family support connections. Partners will include successful parent advocates as trainers.
10.6 Evaluate the need for state level entity/presence for parent education.	
10.7 Develop a statewide network for PRC's.	
10.8 Develop a statewide advisory committee, to assist in developing a plan for statewide coverage using positive, common messages about parenting and parent education.	

11. Goal: Partner with the media and other community organizations to educate parents.

Objectives:	Activities
11.1. Increase the number of positive media messages about parenting education (MEDIA is inclusive of internet, print, TV, radio).	11.1.1 MT example - If \$ sell ideas through commercial and radio. MT example- Pool our free stuff to send out. Change balance and stigma of "babysitting" vs. "professional provider."
	11.1.2 Explore hiring or contracting with a development director to research and solicit funds for family support and advocacy efforts.
	11.1.3 An anti-stigma campaign is being developed regarding children's mental health by the Federation of Families for Children's Mental Health (FFCMH) through a mini-grant from HNDECA.
	11.1.4 Develop a partnership with Title I schools who are now required to provide parent education as part of their funding.

ECCS Work For Family Support Component

12. Goal: Develop and promote a strong partnership between HNDECA partners, County Social Services (CSS) and families.

Objectives:	Activities
12.1. Increase communication flow between DHS, County Social Services, related agencies and family organizations	12.1.1: Family advocates will speak with economic assistance leaders to discuss issues of concern and the possibility of meeting with regional representatives for further dialogue.
	12.1.2: To create a county social service-driven referral process for family referrals to family support organizations.
	12.1.3: Discuss potential for inclusion of family support presentations/training for county eligibility worker trainings.
12.2. Family support advocates will provide feedback to providers regarding trends and issues that are impacting services to children and families.	12.2.1 Conduct regional pilot surveys with cold calls to agencies and report back and use the results
	12.2.2 Use the results of the study completed in 12.2.1 to raise consciousness of the effects on families of calling for help and begin to implement changes to mitigate the problems.

13. Goal: Provide routine in-home services for all parents of young children.

Objectives:	Activities
13.1. Increase the availability of Early Head Start in ND.	13.1.a. No funding currently available; continue to seek funding avenues.
13.1.2 Increase the availability of Right Tracks in ND.	13.1.b. No funding currently available; continue to seek funding avenues.
13.2. Monitor the study being done by the Healthy Families organization in Grand Forks for best practices potential.	
13.3 Increase resources to allow for multiple home visits to assure progress.	
13.4 Convene home visitors across agencies and sectors to enhance service, avoid duplication and assure that home visiting is intentional and family-centered.	Adoption of best practices from PA particular to prevention and development of bill draft.
13.5 Enhance resources for County Social Services for provision of more in-home services.	Adoption of Allegany Model
13.6 Promote utilization and full implementation of Health Tracks	Train providers of health tracks services and families

