

Early Childhood Summit

BSC National Energy Center
August 9th & 10th, 2011

Summit Outline – Based on the six activities of the “Building Ready States: A Governor’s Guide to Supporting a Comprehensive, High-Quality Early Childhood State System” and the five components of the HNDECA.

	Coordinate Early Childhood Governance	Build an Integrated Professional Development System	Implement a Quality Rating and Improvement System	Develop a Coordinated, Longitudinal Data System	Align Comprehensive Early Learning Guidelines and Standards	Integrate Funding Sources to Support System Development
Access to Health Insurance & Medical Home	ND Medical Home team (AAP) in place.	NDIS website established. Care Coordination Curriculum. FamNet Health Benefits Counseling training. Medical home state team, NDCPD and funding to implement	NDIS pilot sites conduct assessments to provide benchmarks for their progress. The Medical Home Index is a self-assessment that measures the Medical Home-ness of a site. The Parent Perception Survey is	Assure that all families have access to health insurance and a Medical Home. Monitor whether FPL is at effective rate to cover our most vulnerable. Assure that all families are being referred to family	Early and continuous screening for developmental delays.	Support systems development that provide High-Quality Early Childhood director service delivery. State funding for healthcare outreach. Program staff collaboration. Funding through the state’s Health Information Exchange (HIE).

Early Care & Education		<p>Medical Home in ND.</p> <p>Health Benefits Planning Training Held/Grant applied for through HRSA.</p>	<p>administered to determine family satisfaction and opinion of the provider, practice and care their child receives.</p> <p>CSSH and partners have rating systems to monitor Medical Home.</p> <p>Health Benefits Planning for families of children with special health care needs.</p>	<p>organizations to assist them in accessing health insurance and medical home.</p>	
	<p>Early Childhood Education Council (ECEC) in place.</p> <p>Develop needs EC certifications, degrees, etc...for birth to age eight</p>	<p>ND Early Childhood Professional Development Plan in place. Registry to be launched in May 2011.</p> <p>Align and integrate the Federal Head</p>	<p>Cass County piloting QRIS.</p> <p>Integration of the Head Start Performance Standards into the QRIS System.</p>	<p>ECEC outlining formation needed in state data system.</p> <p>Governor's Office establishing the "cradle to career" model for high quality education and</p>	<p>All early childhood training aligned with ELG. Specific training.</p> <p>Alignment document exists between the ND ELG/ND Kindergarten Standards/HS</p>

Family Support	within the ESPB, ECHEC, & other training systems.	Start & Early Head Start Federal Training and Technical Assistance Systems across the others. Assure that all professional development is provided training on children with special health care needs to help address low number of providers who will care for children with health care needs and this shortage.		care.	CD ELF. Have all the branches of State Government formally adopt the ND ELG (birth to Three and Three Through Five) in writing and incorporate across the state.
	State legislation includes families on the ECEC. Family involvement on HDNECA.	ND Parents as Co-Trainers Project at the University of ND (funded through Part C and Part B). Develop	Family Voice of ND's survey entitled "In Search of an Answer" should be expanded and continued to include all agencies to		Data system implementation to assure that families are referred to family support organizations/in other words system that

Mental Health/Social Emotional Development		medical education project with families, to assure that nurses, ancillary staff, physicians understand dynamics of families of children with special health care needs.	further promote Family Centered Care, respectfulness and responsiveness.	includes this as a check list to assure that referrals are made and appropriate follow up no matter where entry to systems comes.	care needs.
		Utilize the Nurtured Heart Model to build EC mental health Professional across service delivery systems.	QRIS level four focused on provider-child relationships.		
Parent Education	Assure that Parent Education for families of children with special health care needs is an ongoing priority through topical calls,	Assure that family organizations are an integral part of building professional development “nothing about us without us”.	Develop assurances that children with special health care needs receive the information they need in a timely and effective manner,	ND Kids Count	ND Parent Network/PIRC/Schools/Community Access

	trainings, social networking including access for families in the most rural area of the state and tribes are reached.	NDSU Extension and PIRC in place.	including those in the most rural areas and tribes.
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Summit Suggestions: Parent Survey, Handouts and Information that is parent friendly in regard to Comprehensive Early Learning Guidelines and Standards, declaration of partnership between parents and educators.