

North Dakota Early Childhood Comprehensive System (ECCS)

EVALUATION REPORT 2010

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The focus of the work efforts of the North Dakota Early Childhood Comprehensive System (ECCS) continues to center on organizing its complex collaborative network of 127 partners (i.e., Healthy North Dakota Early Childhood Alliance, HNDECA) into an integrated support system to families and communities aimed at creating and sustaining a positive and nurturing environment for the healthy development and school readiness of children under the age of 9 years. Its strategic planning continues to target five cross-cutting areas common to all states participating in the ECCS initiative. These five priority areas included:

- Access to health insurance and medical home - providing comprehensive physical and child development services for all children in early childhood including children with special health care needs and assessment, intervention and referral of children with developmental, behavioral and psycho-social problems.
- Mental health and social emotional development – availability of services to address the needs of children at-risk for the development of mental health problems and service delivery pathways to facilitate entrance of at risk children into appropriate child development and mental health delivery systems.
- Early care and education/child care – services for children from birth through five years of age that support children’s early learning, health and development of social competence.
- Parent education – services that provide support to parents in their role as prime educators of their children.
- Family support – services that address the stressors impairing the ability of families to nurture and support the healthy development of their children.

Priority this year has been placed created a more integrated network. Concerns among member during the past year highlighted the need for a more formal strategic integration among the five different subcommittees. These subcommittees represent the five cross-cutting areas noted above. The major concern revolved around a perceived disconnect between the activities and accomplishments of each of the subcommittees. In short, the subcommittees felt that the organizational structure of the network created independent units thereby reducing the opportunity to leverage resources, activities, and research efforts. Consensus among the membership was to create a more integrated system that would allow subcommittee members to see how their efforts dovetailed into the efforts of the other subcommittees. Moreover, they wanted a mechanism that would be more useful in assisting the network in a) prioritizing the funding of work activities and b) demonstrating how the activities and successes in one subcommittee interrelated with the other subcommittees. The was accomplished by created an integrated network strategic plan (see Appendix 1)

Integrated Network Strategic Plan:

The integrated network strategic plan was accomplished in two steps and displayed in a matrix (see Appendix 1). First, the activities of the five subcommittees were pooled and grouped into five common

themes. These themes included; 1) training and education, 2) messaging and legislative development, 3) survey development/assessment and reports, data, presentations, 4) integrating support, securing appointment/experts, resource development, and 5) organizing meetings and planning systems. These common themes were useful in organizing activities into overarching categories that provided subcommittee members a clear understanding of the major tasks they wanted to perform during the year.

Second, each of the five subcommittees was placed as independent columns in the matrix. The goals and corresponding activities for each subcommittee was presented as rows within the matrix and organized by theme. This provided a useful reference for network members because they could quickly see the goals each subcommittee wanted to accomplish by theme and their corresponding activities.

The value of this approach was quickly realized because members could see the overlap in activities and research efforts. For example, each subcommittee was interested in conducting a survey to gain insight into a specific issue. This provided the network an opportunity to determine if common audiences could be surveyed which would allow for leveraging of the survey activities by different subgroups. Similarly, several subcommittees were interested in developing messaging. The matrix provided the network a quick visual demonstration of how messaging activities and training could be combined to serve multiple subcommittees. Most importantly, this integrated approach helped network members see the interrelationship between subcommittees, both in terms of their activities and their need for resources.

Work Plan Course Correction:

The learning curve for each subcommittee continues. Perhaps the greatest challenge for the subcommittees and the network as a whole has been in narrowing their focus on specific obtainable goals and corresponding activities. This is best demonstrated in the difficulty the network has had in outlining useful performance indicators. However, the experience network members have gained in two rounds of strategic planning is beginning to pay important dividends. For example, the 2008 work plan contained 13 goals, 67 objectives, and 146 activities. The revised 2009 work plan reduced this significantly by limiting each subcommittee to 3 goals and typically three activities. This was largely due to the integrated strategic approach they adopted. The subcommittees are now paying greater attention to performance and outcome measures. This will be their main focus for the 2010 year activities.

2009 Work Plan Activities and Accomplishments

Access to Health Insurance & Medical Home Subcommittee

Goal #1: To develop an information and referral process, identification and training program.

Performance Measures:

1. Increase the number of individuals using an alternative referral process for program benefits.

Accomplishments:

- A partnership with the Children's Defense Fund was created through the North Dakota Kids Count network to produce an integrated website that serves as a benefits eligibility screening tool. The website is called Bridge to Benefits at <http://nd.bridgetobenefits.org>
Data for the first year which spanned the timeframe from July 2009 to June 2010 are:

<u>Month</u>	<u>Hits</u>
July 2009	290
August	117
Sept.	80
October	50
Nov.	40
Dec.	26
Jan 2010	117
Feb	110
March	65
April	90
May	78
June	79

Total= 1142 hits during the first year of operation

Performance Measures:

2. Increase the amount of information disseminated regarding benefits eligibility.
 - Public relations messages have been sent to families through the Kids Count messaging service regarding the Bridge to Benefits website. The contact list is 1,153 persons and three independent messages have been sent this past year.

Progress toward measureable milestones:

We have successfully achieved our short-term goals of meeting to develop a benefits website and are well on our way to accomplishing our long-term goal of creating a process for people to receive accurate and timely information on benefits eligibility. We are using tracking systems to monitor the usage of the website to assess coverage and success in our education campaigns.

Goal #2: To clarify a needs assessment process and to identify screening needs.

Performance Measures:

1. Obtain consensus among HNDECA membership regarding essential elements of screening and priority needs for screening.

Accomplishments:

A HNDECA Stakeholder was successful in initiating a pilot program for mental health screening of pre-school children in the Fargo/Moorhead metropolitan area as a result of the survey conducted of health care providers in those communities. The innovative pilot program, funded through the Dakota Medical and Robert Wood Johnson Foundations, uses hand-held devices to conduct pre-screening by parents while sitting in the waiting room. Results for the period from November 2009 to April 2010 found 1,276 pre-school age children were screened (647 males and 629 females). A total of 114 of these children (9.7%) screened positive for mental health symptoms on the ASQ test.

- HNDECA has agreed to coordinate efforts with the North Dakota Social and Emotional Development Alliance (NDSEDA) on a survey of all providers in the state to identify which screening tools are currently being used.
- HNDECA will collaborate with the MCH Title V Block Grant core team in forming and strengthening a comprehensive system of age appropriate screening, assessment and treatment for the MCH population.
- Discussion is ongoing among the HNDECA network regarding a statewide survey of health care providers to determine screening practices. Some discussion revolves around use of the Bright Futures curriculum as a plan for implementation for statewide, standardized screening.

Progress toward measurable milestones:

- We continue to make progress on our short-term outcome of building interest in assessment and screening within the state. Some delay in expanding our efforts from our pilot project work to the state is due to the desire to gain more insight from initial results from the pilot project before moving forward. The survey tool we used to assess screening practices, barriers, and knowledge among health care providers will be adapted for the statewide survey.

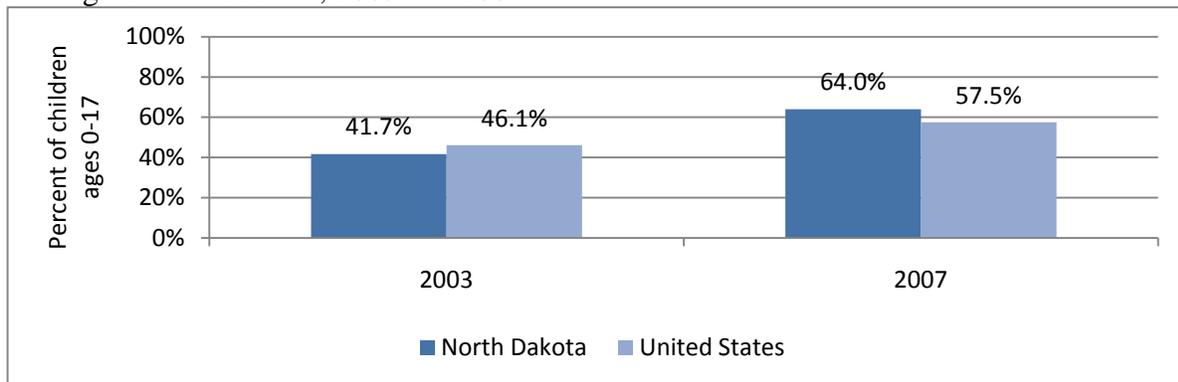
Goal #3: To sustain the Medical Home program.

Performance Measures

1. Increase the proportion of children in North Dakota with a medical home.

The National Survey of Children’s Health (NSCH) creates a composite score regarding medical home based on 19 different survey items. A child qualifies as having a medical home if they have a personal doctor or nurse and meet the criteria for adequate care on every needed component. According to NSCH data, 64 percent of North Dakota children had a medical home in 2007, which is higher than the national average of 58 percent (see Figure 76). Medical home rates have improved; 42 percent of children ages 0 to 17 in North Dakota had a medical home in 2003.

Children Ages 0-17 in North Dakota and the United States: Percent Who Meet Criteria of Having a Medical Home, 2003 and 2007



Source: National Survey of Children’s Health (NSCH)

Accomplishments:

- Share leadership role in Medical Home Learning Collaborative, part of the ND Integrated Services. The results from this effort for the past two years is as follows:
 - 7 Medical Home Pilot Sites in ND
 - 5 Healthy Transition Pilot Sites in ND
 - 2 Curriculum Modules developed (Care Coordination and State & Local Resources)
 - 2 Stakeholder Meetings
 - 12 Learning Collaboratives (Medical Home, Healthy Transition, Family Involvement/Cultural Competence combined)
 - Development of NDIS newsletter
 - 612 Children & Youth with Special Healthcare Needs (CYSHCN) identified
 - 52 Care Plans developed
 - Contributed to School Plans for 433 Children
- Distributed materials and factsheets regarding Medical Home, especially through website and email list serves.
- Developed active partnerships with other medical providers such as the Oral Health Coalition to expand and promote medical home.

Performance Measures

2. Increase policy efforts directed at expanding medical home concept.

- The ND ECCS Program Director serves as an advisory board member to the North Dakota Integrated Services (NDIS) grant project and as a participant in the Learning Collaborative subcommittee.
- The ND ECCS Program Director serves on the MCH Title V Block Grant core team. The MCH Title V Block Grant has identified one of their goals during their next five year project to support quality healthcare through medical homes.

Progress toward measureable milestones:

The ECCS program is collaborating with the North Dakota Center for Persons with Disabilities Integrated Services Grant program to develop medical home care coordination training modules on the Medical Home Approach to care, Health Benefits Counseling, and Screening and Family Involvement. Effective care coordination will provide prompt and consistent access to services along with individualized support based on the family's needs and strengths. Lack of training and skills have been identified as a barrier to effective care coordination in ND by care coordinators, parents, and Title V directors (AAP, 2000; Anonymous, 2000; Title V Directors Survey, 2001). Children with special health care needs (CSHCN) in ND are likely to lack adequate care coordination in the area of communication between their doctors/other providers and schools or other programs. It is estimated that nearly half of CSHCN in ND who needed healthcare providers to communicate with schools and other programs did not receive the level of coordination needs. Training will enable children and youth with developmental disabilities and special health care needs in ND to benefit from trained care coordinators.

The ECCS Program Director continues to participate in the ND Ronald McDonald Care Mobile Advisory Committee. Progress on the care mobile is halted until a clinical service provider can be secured by contract with the care mobile. We're also in the process of completing a work plan to secure state appropriated funds and obtaining letters of commitment from our partners for the Care Mobile. The 2009 ND Legislative Assembly granted \$196,000 to the project for planning and start up costs. In addition, the ND Oral Health Program has written for a HRSA grant to obtain funding for purchasing equipment and paying salaries of those who staff the ND Ronald McDonald Care Mobile.

One difficulty we have in measuring our short term goal is the lag time in data collection. Objective and reliable sources such as the Children's Health Survey typically release data every three years. We are searching for alternative sources that will help us triangulate our data in a more time sensitive fashion. Activity regarding policy and legislation will begin more systematically this fall as the preparations begin for a new legislative session.

Family Support Subcommittee

Goal #1: To recruit parents as HNDECA members (at least 3 per subcommittee) and start each stakeholder meeting with a family story.

Performance Measures:

1. Increase participation of parents in HNDECA

Accomplishments:

- The number of parents attending HNDECA meetings has only modestly increased.
- Discussed ways to gain parental feedback on materials and training, etc. associated with HNDECA

Performance Measures:

2. Increase resources available to parents regarding family support
 - Family Voices of North Dakota (FVND) continues to sponsor and provide Parent to Parent and Parent Navigator Workshops, and Family/Parent Leadership Institute around the state. FVND is a partner and stakeholder with the HNDECA

Progress toward measureable milestones:

We are struggling with finding ways to better engage parents. Obviously, many HNDECA members are parents themselves, but they also represent different interests and/or their organization. Parent participation typically gravitates to a specific interest or activity. Our thinking of the role of parents within HNDECA needs to be reassessed to provide better methods for supporting parental involvement. Unless we are able to recruit parents we are unable to fulfill this goal.

The FVND Parent to Parent Workshops provide parents opportunities for self-evaluation and time to look at their own values, beliefs, and actions. They also have the opportunity to set goals for themselves,

family and community and to be part of a team to work on common goals together. The goals are related to:

- Listening skills
- Communication skills
- Overview of Parent to Parent
- Emotional responses to raising a child with special health care needs
- Community resources and services
- Goal setting
- Collaboration
- Team Building

The FVND Parent Navigator teams are groups of individuals living in a community who are working on community projects together. The teams consist of parents who have children with special health care needs or disabilities as well as professionals who want to assist and be a resource to families. Navigator teams work on community projects and goals as well as assist in sharing information and providing support to other families with the community.

The FVND partners with Pathfinder Family Center, Designer Genes, Children's Special Health Services, and the ND Federation of Families for children's Mental Health to provide the annual Family Leadership Institute. The purpose of the Leadership Institute is to provide family members with the tools to expand their grassroots advocacy efforts through coalition building and mentoring activities. Learning objectives for the Leadership Institute include:

- Increase awareness and understanding of the impact of health issues and services for children and youth with special health care needs
- Promote and support family/professional partnerships
- Increase the families' ability to navigate the complex service system and access needed services
- Provide families with access to information and the opportunities for training
- Provide skills necessary for family support and leadership development by bringing together community resources based upon identified family needs

Each participant is matched with a Leadership Mentor. This is a family who has attended the Leadership Institute in years past. The mentor helps prepare the individual or family for the weekend and to assist them in the days ahead. Each year approximately 25 to 30 individuals participate in the Leadership Institute. It is the hope that the ECCS program will become more involved with the workshops and institute training in the future.

Goal #2: To analyze data from family support efforts and develop a white paper to share the results.

Performance Measures:

1. Expand knowledge base of parents regarding parenting education and family support.

Accomplishments:

- Conducted survey of families with children with special health care needs through Family Voices of North Dakota.
- Combined results from previous survey data and published a comparative report.

Progress toward measureable milestones:

A committee was established and developed a spreadsheet detailing the agencies that families utilize from Healthy Start, Head Start, schools, clinics, hospitals, county social services agencies, state agencies, etc. A telephone survey is currently in progress with different referral scenarios or questions developed by real life examples that have been encountered by families in ND. A consultant was hired by Family Voices of North Dakota (FVND) to place the calls to the agencies and document the discussions and results. The consultant is in the process of making those calls and, once complete, the ECCS program epidemiologist will evaluate and develop a white paper to be shared at meetings with the agencies that were surveyed, and to provide supportive, educational feedback to help these agencies improve their processes.

We have accomplished our short-term goal of gathering anecdotal information on children with special health care needs and reported the findings. The data represented 184 ND families. This data was used in the Title V Maternal and Child Health Needs Assessment in September 2009 and shared with the Title V Stakeholders in February 2010.

Goal #3: To develop a plan for joint education and training for families, agencies and eventually, legislators and policy makers.

Performance Measures:

1. Increase interaction among parents and policy makers regarding parent education issues and needs.

Accomplishments:

- Helped sponsor conference on economic security and brought in legislators to discuss best approaches for targeting legislation.
- Partnered with Cooperative Extension and the Parent Education subcommittee in planning joint education and training activities.
- HNDECA members are collaborating with the ND Children's Defense Fund to utilize our resources to establish contact with parents around the state to participate in HNDECA. Advocacy trainings sessions were held in 6 locations across the state where legislators also attended to hear the messages and respond to questions; there is now a cadre of advocates for mobilization emerging across the state

Progress toward measureable milestones:

This activity is progressing slowly. Perhaps one reason is the significant overlap with similar activities in the Parent Education subcommittee, especially training events and workshops. Secondly, issues that address legislators and policy makers are typically held back until early summer when a better understanding of the pool of candidates for the legislature is known.

There has been success at partnering with external partners (e.g., ND Children's Defense Fund, Cooperative Extension) in more effectively reaching parent groups. The ND Children's Defense Fund is holding Child Advocacy Training Workshops in each of the major cities in April 2010. The intent of these workshops is to energize North Dakotans to take a more active role in their legislative processes, from campaign season (checking out platform statements of the candidates) through the end of the

legislative process to the signing of a bill by the Governor. During these workshops they will be identifying issues for the 2011 Legislative Session. Once the list has been triaged they will be developing white papers, seeking legislators to develop proposed legislation and following the bill through the legislative process and hopefully to passage.

The Children's Defense Fund is interested in issues that affect low income children and their families. The workshops will be addressing the following items:

- The need to be an effective advocate
- Tools for advocacy (times frames for elections, sample letters, samples of testimony, legislative contact information)
- Specific topics for potential advocacy work in 2011 affecting children and their families
- Time with legislators (two legislators will be invited from each region, representing both sides of the isle). They will be asked to talk specifically about what they find most helpful when approached by an advocate. Also, the attendees will have an opportunity to ask questions.

It is important to remember that the ND ECCS program does not advocate nor engage in direct training to advocate. However, we are interested in who attends these trainings so that we may possibly connect with them and involve them in HNDECA.

Mental Health and Social/Emotional Development Subcommittee

Goal #1: To develop a scope and sequence of all available mental health services including screening, assessment, treatment and follow-up.

Performance Measures:

1. Increase the awareness of available mental health services through the creation of a centralized database.

Accomplishments:

- Comprehensive referral lists are being developed for regions within North Dakota. One completed thus far is for the Fargo/Moorhead area
- An effort is underway to develop a flow chart detailing the processes/steps involved from screening to follow-up
- Scheduled update to the "Connection for Families and Agencies," a comprehensive resource document for families with young children ages birth to age eight
- Discussion continues regarding ways to collect data regarding type, quantity and quality of service
- The ND ECCS Program Director serves as an advisory board member to the North Dakota Social and Emotional Development Alliance (NDSEDA)

Progress toward measurable milestones:

One of the greatest barriers to achieving this goal is the lack of common agreement on standards and the rapidly changing field of available referral sources. North Dakota does not have a standard assessment or screening tool, thus care givers are not in common agreement on a tool. Additionally, the constantly changing field of referrals limits one's ability to compile a useful source for referrals. We are exploring

the use of technology (e.g., on-line referral sources) to determine if it might offer a more useful and timely approach to documenting referral options.

The Connection for Families and Agencies resource directory is intended to provide a comprehensive list of agencies, telephone, fax, toll free numbers and web sites for quick reference for services offered to children, women and families. It does not promote or endorse any particular services, agencies or organizations. The goal is to provide information on existing programs, and how these programs may be contacted. Because of the amount of time and work required to update the document, other partners are being solicited to assist in the process. This document is widely utilized by agencies and families; however enhancements to the current document would facilitate better results for the families.

The North Dakota Social and Emotional Development Alliance (NDSEDA) is pursuing the development of a resource packet for providers with a listing of suggested evidence-based mental health screening tools, how to use them, and resources for education on them (provider friendly version of the mental health screening toolkit, including a summary and overview of children's mental health). In addition, they would develop a provider resource list of referral sources and education on how to refer a child for mental health resources and evaluation that is family friendly and inclusive. Plans are to meet with the ND Chapter of the American Academy of Pediatrics regarding their recommendations of evidence bases mental health screening instruments/tools and incorporate those recommendations into the MOA. Discussions have also included the development of a resource list of mental health providers who accept ND Medicaid.

Goal #2: To explore development of training for nurses and other staff for mental health screenings in pre-service and on the job.

Performance Measures:

1. Increase support for mental health training activities among health care providers

Accomplishments:

- Pilot study in Fargo/Moorhead that is collecting information on pre-screening
- Discussion continues regarding appropriate screening tools

Progress toward measureable milestones:

Engaging the health provider community has been limited, especially in terms of designing and conducting training activities. Although the subcommittee is active in promoting webinars and external training opportunities, we continue to explore connections with medical professionals to build the necessary linkages to move the training activities forward. Emphasis will be place on these activities in the future.

The NDSEDA has also identified this as a goal. The HDNECA and NDSEDA groups will collaborate in efforts to move this goal forward in the future.

Early Care and Education Subcommittee Meeting

Goal #1: To educate the leadership and membership of the ND Early Childhood Education Council (NDECEC) about early childhood care and education

Performance Measures:

1. Increase knowledge and support for early learning among policy makers

Accomplishments:

- There are twenty voting members of the ECEC, serving staggered terms of one, two and three years; five members of HNDECA with voting privileges serve on the ECEC (Cheryle Masset-Martz, Linda Rorman, Gwyn Marback, Jennifer Ramey and Sharon Hansen)
- It was agreed that previous goals for training and orientation by HNDECA for the ECEC might be premature; the Steering Committee will make recommendations to the subcommittee in this regard
- The ECCS budget includes funding for Cheryle and one member of the ECEC to attend the national ECCS meeting in August 2010; the Steering Committee recommends inviting one of the legislators.

Progress toward measurable milestones:

The Governor's Early Childhood Education Council (NDECEC) held their first official meetings in January 2010, thus efforts in working with that committee have been delayed. HNDECA members were successful in having four of their nominations selected to serve on the NDECEC. Federal grant funding was discussed during the council's first meeting, however due to the 70 percent federal match requirement leaving the state to provide funds in the amount of \$1,667,000 over a three year period was not plausible. The NDECEC did review the federal legislation and goals and compared them to those of the North Dakota legislation that established the NDECEC. Council members held discussion and three areas regarding the federal and state goals gave rise to their priorities. The NDECEC has created the following three subcommittees to help guide and organize the Council's duties:

Needs Assessment Committee

Identify 3 well defined areas of need

- a) Public and private pre-school offerings for four and five year olds
- b) Child care offerings for 0-3 year olds and ages 4 and up
- c) Early childhood services for pregnant women, infants, and toddlers (1-2 year olds)

Find sources of information for Longitudinal Data Collection

- a) Provider surveys
- b) Kids Count
- c) ND Data Center

Development of Early Childhood Educators Committee

Higher Education

- a) Initiate elementary education, early childhood education, combined major or major-minor combinations including pre-K student teaching
- b) Expand to more campuses than University of North Dakota, Mayville and University of Mary

- c) Develop program to add early childhood education credential after graduating in elementary education

Professional Development

- a) Promote development of a career ladder plan in early childhood education

Participation and Quality Assurance Committee

Increase public awareness of early childhood programs available in North Dakota

Increase availability of quality programs through state funded facility improvement and expansion grants

Expand Quality Rating Program as an incentive to improve the quality of early childhood programs in North Dakota

At the May 2010 HNDECA Early Care and Education subcommittee meeting, there is scheduled discussion regarding this goal and activities. At the time this goal and its activities were discussed, the NDECEC had not yet formed and therefore there was no direction of the council available. Now that the council has been formed and meetings have occurred, HDNECA will realign its goals and activities accordingly to enhance and facilitate those of the NDECEC.

Goal #2: To promote the principles of appropriate early learning.

Performance Measures:

1. Increase knowledge and support for early learning among the public and child care providers

Accomplishments:

- Promoted various early learning awareness activities, webinars, workshops
 - Head Start conference
 - Free mobile information services (National Healthy Mothers, Healthy Babies Coalition)
 - Child Advocacy Training
 - Early Childhood Asset mapping
 - ND Early Childhood Education Council
 - Healthy Futures
 - Zero to Three and Ounce of Prevention Fund
- Media messages have been delivered largely through the Kids Count and Children’s Defense Fund networks.
- Growing Childcare in North Dakota, funded by the legislature in 2009 with federal stimulus dollars (HB 1418), has a focus on professional development and improved quality for childcare providers and programs (both center-based and home-based); and business planning opportunities for existing and new providers; see <http://www.ndchildcare.org/providers/quality-improvement/> for more detailed information.
- Discussion regarding attitude surveys is just beginning.

Progress toward measureable milestones:

We have been effective at developing partnerships to expand training activities, especially through the Cooperative Extension Service, Parent Resource Centers, Nurturing Programs, and Parent Involvement Programs. We continue to expand the number of activities made available to parents and guardians along with parenting materials, resource lists, newsletters, and updated resource guides.

The ND Department of Health, Division of Nutrition and Physical Activity, was recently awarded a cooperative agreement from the CDC. These Recovery Act funds are to reduce risk factors, prevent/delay chronic disease, and promote wellness in both children and adults. Two objectives of the project are to:

- 1) Revise and/or clarify the state child care licensing regulations to address the following:
 - a. Television, video, and computer time are limited
 - b. Child care providers do not withhold active play time as punishment
- 2) Increase physical activity education offerings to child care providers for use in completing the requirements for the Child Development Associate Credential.

The ECCS Program Director has been asked to participate as an advisory committee member for this project. The primary objective of the advisory committee is to provide advice on accomplishing the objectives and activities of the cooperative agreement.

Goal #3: To assure that childcare nurse consultants are part of the infrastructure of childcare settings.

Performance Measures:

1. Increase awareness and support for childcare nurse consultants

Accomplishments:

- Successful in getting legislature to fund child care initiative providing \$500,000 in matching grant support for infrastructure and technical assistance. In addition, \$1.25 million in low interest loan money was provided for lease, remodeling, and equipment purchases for child care facilities.
- With funding from the legislature through June 30, 2011, the ND Child Care Resource & Referral (NDCCR&R) has implemented an incentive program (Child Development Associate (CDA)) to encourage licensed child care providers to continue their education and implement quality programming to support school readiness and healthy, happy children.
- The Child Care Health Consultant program has grown from 2 to 6 nurses providing statewide collaborative consultation based on the “Caring for Our Children” national standards (<http://nrc.uchsc.edu/CFOC/>).
- Title V Maternal and Child Health grant project has selected its priority needs for the next five years. Increasing the number of child care health consultants and school nurses who provide nursing health services to licensed child care providers and schools was identified as one of their priority needs areas.
- Establishment of the School Health Interagency Community Workgroup (SHIW). The ECCS Program Director participates in this workgroup.
- Promoted H1N1 influenza guidance and Managing Chronic Health Needs in Child Care and Schools materials for child-care and early child-care programs.
- Expanded discussion regarding data sharing between departments and data providers.

Progress toward measurable milestones:

Much of our efforts to accomplish this goal have centered on training and data sharing. Survey efforts and policy initiatives will move to center stage as we begin to approach the legislative session. Discussions with public health units and childcare coordinators regarding nurse consultants have been limited. New efforts in school health are being conducted through a SHIW that has been established and includes school nurses and other statewide health professionals. The ECCS Program Director is

participating in SHIW; their first meeting is set for May 4, 2010. The SHIW mission, funded by CDC, is to build State education and health agency partnership and capacity to implement and coordinate school health programs across agencies, within schools and among key partners and organizations. Participation in this process will help to identify areas of collaboration for SHIW and ECCS efforts into the future.

NDCCR&R representatives also participate in the HNDECA. Collaboration between the two groups has been important as we try to gain support from the ND legislature in continuing to fund the CDA credential project. The CDA credential process includes:

- Completion of 120 hours of formal child care training or education.
- Documentation of 480 hours of direct care experience working with children ages 0-5 years in a state approved and/or licensed group care setting.
- Completion of a professional resource file – a collection of 17 specific materials related to the candidate’s work. The resource file also includes a written autobiography and six statements of competence.
- Collection of parent opinion surveys to gather feedback from the parents of children in the candidate’s care.
- A formal observation of the candidate conducted while the candidate is serving as lead teacher or caregiver with a group of children who are in the age range of the candidate’s CDA emphasis area.

In addition, the emerging design of the Quality Rating Improvement System has been completed and will be piloted in eastern ND with funding from the United Way of Cass Clay over the next two years. Members of HNDECA are working with these organizations to promote a positive outcome of this project as well.

As part of the Title V Maternal and Child Health grant project, a needs assessment was completed regarding some of the top perceived needs in ND. At the Title V stakeholder meeting in February 2010, the data surrounding those perceived needs was shared with the group. It’s interesting to note that most of these priority needs could be addressed by child health care consultants and school nurses and thus this priority need surfaced in the top ten priority needs. This was the first step in elevating the value and need for child care health consultants.

The activities of this goal will need to be readdressed and more tightly defined during the upcoming meetings of the Early Care and Education HNDECA subcommittee to better address the goal.

Parent Education Subcommittee

Goal #1. Build Capacity for Parent Education.

Performance Measures:

1. Expand infrastructure and networks that promote and sustain parent education in North Dakota.

Accomplishments:

- Conducted an assessment of the priorities for parent education training.
- Developed and promoted workshops and webinars for parent education including
 - Assessment & Intervention for At Risk Parents with Learning Difficulties
 - Cultural Competence
 - Data Use for Adoptive parents
 - CDC Parent Portal
- Assist in expanding parent education program within the state through the following partners:
 1. **NDSU Extension Service:**
 - Bright Beginnings** - *Understanding and enhancing your young child's growth and development*
 - Father Times** - *A parenting newsletter resource for fathers and father figures of young children*
 - Family & Community Education** - *Several lessons and resources for educators: Attorneys and Judges in ND Focus on Divorce Education; Divorce Education in North Dakota; “Parents Forever” - Education for Families in Divorce Transition; Children Preparing for School Success through Kindergarten Readiness; Confident and Competent North Dakota Financial Educators; “Gearing Up for Kindergarten” – Parents Develop Skills for Helping Children Find School Success*
 - Parent Resource Centers** – *seven regional offices are available for counties across the state to access information and resources on parenting and family life*
 - Parenting Pipeline Newsletters**- *distributed through the schools to parents of children in Kindergarten, 2nd, 4th, 6th, and teens*
 - Kids and Money** – *for young people to learn about financial responsibility*
 2. **Family Voices of North Dakota provides education and support statewide to children with disabilities**
 3. **Parent to Parent** - *P2P is a service that links family members with other families whose children have disabilities or health care needs.*
 4. **North Dakota Health Department** *provides an age-paced, monthly, “Parenting the First Year” newsletter to approximately 8,000 parents of newborns in North Dakota.*
 5. **PATH of North Dakota works with foster parents**
 6. **Head Start** *programs and policies recognize and respect parents as primary educators and nurturers of their children. There are 21 Head Start and Early Head Start Programs (2006-07) in our state serving 3,625 families.*
 7. **Prevent Child Abuse North Dakota:**
 - Prepare and support parents so that they can better care for their children
 - Educate parents, grandparents, neighbors, babysitters and other adults about situations and behaviors that can be harmful to children.
 - Raise public awareness on how all citizens can play a role in the prevention of child abuse and neglect and keep North Dakota’s children safe.

- Develop educational materials and programming to promote nurturing parenting. The “Circle of Parents” program is designed to offer parental support and leadership. The “Nurturing Parent Program” enhances parenting skills and enables parents to identify and talk about feelings and appropriate methods of discipline for birth-4 years, 4-12 years, and adolescents.

Progress toward measureable milestones:

The statewide network of Parent Resource Centers (PRC) has expanded over the last biennium because of legislative appropriation. The Centers offer multiple options for educational classes as well as mutual support groups for parents. Additionally, the PRC network has an extensive print and media materials loan library available for parents and HNDECA members.

Goal #2: Educate policy makers regarding the importance of Parent Education

Performance Measures:

1. Increase knowledge base of policy markers regarding parent education

Accomplishments:

- Collaborative efforts with the Childrens Defense Fund and the North Dakota Economic Security Alliance are moving forward with regard to developing a grassroots network of advocates.
- Training, webinars, and workshops have been conducted to assist in message development.
- Parent to Parent & Parent Navigator workshops have been conducted in each of the State’s eight regions.

Progress toward measureable milestones:

We have been successful at parent education training and advocacy development efforts. As the legislative session approaches, we will concentrate more on message development activities and parent orientations to the legislative process.

The HNDECA members who assume the greatest responsibility for the direct policy/fiscal advocacy activities include Family Voices, Parent Resource Centers, the Federation of Families for Children’s Mental Health, Childcare Resource and Referral, Children’s Defense Fund and others. HNDECA members all work to provide supporting data and documentation for the advocacy efforts.

Goal #3: Increase Parent Education for Tribal Communities.

Performance Measures:

1. Expand resources and opportunities available for Tribal Communities regarding parent education.

Accomplishments:

- Promoted cultural awareness activities through:
 - the ND Indian Child Welfare & Wellness conference
 - the ND Economic Security Alliance Summit
 - poverty alleviation webinar sponsored by CFED

- Cultural Competence and You conference call, sponsored by the National Center for Cultural Competence and National Family Voices
- The ECCS Program Director participates in Early Childhood Health and Wellness Discussion Circles conducted by the ND Head Start State Collaboration Office and at all tribally based Head Start programs.
- *United Tribes Technical College* (UTTC) offers Family and Child Education (FACE) Program – a literacy program that provides information, support and encouragement to American Indian Families to help their children develop optimally.

Progress toward measureable milestones:

We have expanded our efforts to engage Native American parents and encourage them to become more involved with HNDECA. In addition, we have increased our activities to bring cultural sensitivity regarding Native American issues to the forefront of the childcare debate. These efforts are beginning to gain traction.

The ND Head Start Collaboration Office has begun scheduling a series of discussion circle meetings with the State’s Head Start programs located on tribal lands. The first of these meetings was held on April 21st at Turtle Mountain Head Start. The ND Head Start Collaboration Office Director and the ECCS Program Director attended the community forum regarding the importance of nutrition, wellness and preventive health care that the families face in their community. Discussion was based on what the communities have in place, what works and what gaps and needs the community identified to help solve issues on their reservation. We realize that what works in one community does not necessarily work in others, and their needs do vary as well. These meetings are the first step related to this goal in the ND Head Start Strategic Plan.

APPENDIX I: HNDECA Strategic Plan – Integrated Activities 2009

Training and Education:

1. Access to Health Insurance & Medical Home	2. Early Care & Education	3. Parent Education	4. Family Support	5. Mental Health & Social Emotional Development
<p>Goal 1-1: To develop an information and referral process, identification and training program.</p>	<p>Goal 2-1: To teach and influence the leadership and membership of the ND ELC about early childhood care and education.</p>	<p>Goal 3-1: Build capacity for parent education.</p>	<p>Goal 4-1: To recruit parents as HNDECA members (at least 3 per subcommittee) and start each stakeholder meeting with a family story.</p>	<p>Goal 5-1: To develop a scope and sequence of all available mental health services including screening, assessment, treatment and follow-up.</p>
<p>Activity 1-1-a: Convening a program for training.</p>	<p>Activity 2-1-a: Develop a proposal (resolution style) to provide the Lt. Gov. with a daylong training in early childhood.</p> <p>Activity 2-1-b: Repeat the training for the ELC members, once appointed.</p>	<p>Activity 3-1-a: Capture parent’s attention at milestone moments (kindergarten entry) and educate them, via means with which they are comfortable.</p> <p>Activity 3-1-e: Use the “Tupperware” model of education and/or a mutual support network.</p>		
<p>Goal 1-2: To clarify a needs assessment process and to identify screening needs.</p>	<p>Goal 2-2: To promote the principles of appropriate (good) early learning; directly to be used to enhance the others.</p>	<p>Goal 3-2: Educate policy makers regarding the importance of parent education.</p>	<p>Goal 4-2: To partner with Dr. Rathge to analyze data from family support efforts and to develop a white paper to share the results.</p>	<p>Goal 5-2 To explore development of training for nurses and other staff for mental health screenings in pre-service and on the job.</p>
	<p>Activity 2-2-b: Teach</p>	<p>Activity 3-2-a: Educate</p>		<p>Activity 5-2-d: Identify</p>

	legislators by targeting them for direct messages.	about current programs that are successful.		training for physicians to attend.
		Activity 3-2-c: Continue to provide parent leadership training to empower parents as advocates.		Activity 5-2-f: Provide training for nurses and other staff.
		Activity 3-2-e: Conduct training/orientation for parents regarding the legislative process.		
Goal 1-3: To sustain the Medical Home program	Goal 2-3: To assure that childcare nurse consultants are part of the infrastructure.	Goal 3-3: Increase parent education for tribal communities.	Goal 4-3: To develop a plan for joint education and training for families, agencies and eventually, legislators and policy makers.	
			Activity 4-3-b: Develop a training plan.	
			Activity 4-3-c: Conduct the training.	
			Activity 4-3-d: Conduct outreach statewide and through various media methods.	

Messaging and Legislative Development:

1. Access to Health Insurance & Medical Home	2. Early Care & Education	3. Parent Education	4. Family Support	5. Mental Health & Social Emotional Development
<p>Goal 1-1: To develop an information and referral process, identification and training program.</p>	<p>Goal 2-1: To teach and influence the leadership and membership of the ND ELC about early childhood care and education.</p>	<p>Goal 3-1: Build capacity for parent education.</p>	<p>Goal 4-1: To recruit parents as HNDECA members (at least 3 per subcommittee) and start each stakeholder meeting with a family story.</p>	<p>Goal 5-1: To develop a scope and sequence of all available mental health services including screening, assessment, treatment and follow-up.</p>
<p>Activity 1-1-b: Development of public relations messages.</p>	<p>Activity 2-1-g: Seek legislative support in this effort.</p>	<p>Activity 3-2-b: Increase the awareness of the need for Parent Education.</p>		
		<p>Activity 3-2-d: Develop common tools for parents to use in their messages.</p>		
<p>Goal 1-2: To clarify a needs assessment process and to identify screening needs.</p>	<p>Goal 2-2: To promote the principles of appropriate (good) early learning; directly to be used to enhance the others.</p>	<p>Goal 3-2: Educate policy makers regarding the importance of parent education.</p>	<p>Goal 4-2: To partner with Dr. Rathge to analyze data from family support efforts and to develop a white paper to share the results.</p>	<p>Goal 5-2: To explore development of training for nurses and other staff for mental health screenings in pre-service and on the job.</p>
	<p>Activity 2-2-a: Adopt the developmentally appropriate practice (DAP) statement.</p>			
	<p>Activity 2-2-c: Develop simple, memorable media messages (“the more you know”) through ND Dept.</p>			

	of Health media production capability.		
Goal 1-3: To sustain the Medical Home program	Goal 2-3: To assure that childcare nurse consultants are part of the infrastructure.	Goal 3-3: Increase parent education for tribal communities.	Goal 4-3: To develop a plan for joint education and training for families, agencies and eventually, legislators and policy makers.
Activity 1-3-c: Explore development of legislation to support medical home in the future.	Activity 2-3-d: Develop a white paper/report documenting the lack of availability of nurses.		

Survey Development/Assessment and Reports, Data, Presentation:

Access to Health Insurance & Medical Home	Early Care & Education	Parent Education	Family Support	Mental Health & Social Emotional Development
Goal 1: To develop an information and referral process, identification and training program.	Goal 1: To teach and influence the leadership and membership of the ND ELC about early childhood care and education.	Goal 1: Build capacity for parent education.	Goal 1: To recruit parents as HNDECA members (at least 3 per subcommittee) and start each stakeholder meeting with a family story.	Goal 1: To develop a scope and sequence of all available mental health services including screening, assessment, treatment and follow-up.
Activity 1-2-a: Develop survey to assess HNDECA members and others regarding what screenings (for all populations of children) are required, optional and commonly utilized.		Activity 3-1-d: Video production at the ND Dept. of Health.	Activity 4-1-a: Development of resources.	Activity 5-1-a: Develop a survey of screenings that are currently used (mandatory and optional) and are commonly used (evidence-based and otherwise).

<p>Activity 1-2-b: Assess where the gaps are in screening services.</p>				<p>Activity 4-1-c: Meet with Dr. Rathge to identify avenues of assessment, treatment and follow-up.</p>
<p>Activity 1-2-c: Assess the best practices and determine which screenings are evidence based.</p>				
<p>Goal 2: To clarify a needs assessment process and to identify screening needs.</p>	<p>Goal 2: To promote the principles of appropriate (good) early learning; directly to be used to enhance the others.</p>	<p>Goal 2: Educate policy makers regarding the importance of parent education.</p>	<p>Goal 2: To partner with Dr. Rathge to analyze data from family support efforts and to develop a white paper to share the results.</p>	<p>To explore development of training for nurses and other staff for mental health screenings in pre-service and on the job.</p>
	<p>Activity 2-2-d: Develop and administer a survey to assess attitude change.</p>		<p>Activity 4-2-a: Review survey protocol with Dr. Rathge for advice.</p> <p>Activity 4-2-b: Conduct survey.</p> <p>Activity 4-2-c: analyze results.</p> <p>Activity 4-2-d: Report findings to small group of HNDECA to strategize next steps.</p>	<p>Activity 5-2-a: Meet with the ND Board of Nursing regarding scope of practice.</p> <p>Activity 5-2-b: Interpret the data used/found.</p>
<p>Goal 3: To sustain the Medical Home program</p>	<p>Goal 3: To assure that childcare nurse consultants are part of the infrastructure.</p>	<p>Goal 3: Increase parent education for tribal communities.</p>	<p>Goal 3: To develop a plan for joint education and training for families, agencies and eventually,</p>	

			legislators and policy makers.
	<p>Activity 2-3-a: Dust off prior attempts of this goal and assess what worked and what didn't.</p> <p>Activity 2-3-c: Evaluate the value of childcare nurse consultants.</p> <p>Activity 2-3-3: Survey childcare providers regarding their special health needs (swine flu, etc.</p>	<p>Activity 3-3-a: HNDECA can survey membership regarding existing tribal relationships and partnerships to be sure to honor cultural protocol.</p>	

Integrating Support, Securing Appointment/Experts, Resource Development:

Access to Health Insurance & Medical Home	Early Care & Education	Parent Education	Family Support	Mental Health & Social Emotional Development
<p>Goal 1: To develop an information and referral process, identification and training program.</p> <p>Activity 1-1-c: Development of a benefits planning system.</p>	<p>Goal 1: To teach and influence the leadership and membership of the ND ELC about early childhood care and education.</p> <p>Activity 2-1-c: Offer to connect the ELC with the resources they will need, including people resources.</p>	<p>Goal 1: Build capacity for parent education.</p> <p>Activity 3-1-g: Use parents as leaders, presenters and messengers to gain credibility and the interest of their peers.</p>	<p>Goal 1: To recruit parents as HNDECA members (at least 3 per subcommittee) and start each stakeholder meeting with a family story.</p> <p>Activity 4-1-b: Recruit parents, start by asking HNDECA members for recommendations.</p>	<p>Goal 1: To develop a scope and sequence of all available mental health services including screening, assessment, treatment and follow-up.</p> <p>Activity 5-1-b: Partner with state agencies (DPI, and others) who developed the Emotional Disturbance guidelines.</p>

Activity 2-1-d: HNDECA should make recommendations for appointments to the ELC to help avoiding duplication and to promote efficiency.

Activity 2-1-e: Develop a list of local and state experts for the ELC to call on for advice and counsel.

Activity 2-1-f: Develop a 3 ring binder of resource materials and references for use by the ELC members.

Goal 2: To clarify a needs assessment process and to identify screening needs.

Goal 2: To promote the principles of appropriate (good) early learning; directly to be used to enhance the others.

Goal 2: Educate policy makers regarding the importance of parent education.

Goal 2: To partner with Dr. Rathge to analyze data from family support efforts and to develop a white paper to share the results.

To explore development of training for nurses and other staff for mental health screenings in pre-service and on the job.

Activity 5-2-c: Engage physicians to support the goal.

Activity 5-2-g: Agree upon desired/preferred screening tools.

Goal 3: To sustain the Medical Home program

Goal 3: To assure that childcare nurse consultants are part of

Goal 3: Increase parent education for tribal communities.

Goal 3: To develop a plan for joint education and training for families,

	the infrastructure.		agencies and eventually, legislators and policy makers.
Activity 1-3-a: NDECA supports the Integrated Services Grant program as the lead group in medical.	Activity 2-3-b: Bring people together to discuss research needs, identify gaps and share data sources to eliminate duplication.	Activity 3-3-b: HNDECA could invite the participation of Scott Davis, newly hired Executive Director of the Indian Affairs Commission.	Activity 3-3-e: Develop a speaker's bureau.
Activity 1-3-b: Integration of health into other transition activities.	Activity 2-3-g: Define what is "new" programming/funding vs. what can be reprioritized.		

Organizing Meetings and Planning Systems:

Access to Health Insurance & Medical Home	Early Care & Education	Parent Education	Family Support	Mental Health & Social Emotional Development
Goal 1: To develop an information and referral process, identification and training program.	Goal 1: To teach and influence the leadership and membership of the ND ELC about early childhood care and education.	Goal 1: Build capacity for parent education.	Goal 1: To recruit parents as HNDECA members (at least 3 per subcommittee) and start each stakeholder meeting with a family story.	Goal 1: To develop a scope and sequence of all available mental health services including screening, assessment, treatment and follow-up.
Activity 1-2-d: Convene a cross-section of HNDECA members to receive the report and begin of implementation of best practices.	Activity 2-1-h: Encourage the state to apply for the grant funding that is available.	Activity 3-1-b: NDECA sponsored statewide conferences about Parent Education. Activity 3-1-c:		

		Presentations on Parent Education at otherwise-sponsored conferences supported by HNDECA.		
		Activity 3-1-f: Target the most “at-risk” “resource limited” families.		
Goal 2: To clarify a needs assessment process and to identify screening needs.	Goal 2: To promote the principles of appropriate (good) early learning; directly to be used to enhance the others.	Goal 2: Educate policy makers regarding the importance of parent education.	Goal 2: To partner with Dr. Rathge to analyze data from family support efforts and to develop a white paper to share the results.	To explore development of training for nurses and other staff for mental health screenings in pre-service and on the job.
		Activity 3-2-f: Convene a HNDECA sponsored day at the Capitol for parents.	Activity 4-2-e: Convene a meeting with agency leaders and family organizations to discuss survey outcomes and jointly plan changes needed.	Activity 5-2-e: Explore connecting with the “Docs for Tots” program and/or the ND Medical Association and or AAP.
Goal 3: To sustain the Medical Home program	Goal 3: To assure that childcare nurse consultants are part of the infrastructure.	Goal 3: Increase parent education for tribal communities.	Goal 3: To develop a plan for joint education and training for families, agencies and eventually, legislators and policy makers.	
	Activity: 2-3-f: Encourage the AAP to push the Dept. of Health to accept the program.	Activity 3-3-c: HNDECA could convene a community group on each reservation to determine the available gaps, needs and community will for such services.	Activity 3-3-a: Sponsorship of topical calls and training.	

