

# IDAHO'S COMPREHENSIVE EARLY CHILDHOOD PLAN

## 2009 - 2012

*A SYSTEMS APPROACH TO:*

**HEALTH**

**EARLY EDUCATION**

**CHILD CARE**

**SOCIAL AND EMOTIONAL  
DEVELOPMENT**

**PARENT EDUCATION**

**FAMILY SUPPORT**

**FOR ALL CHILDREN  
BIRTH THROUGH EIGHT  
AND THEIR FAMILIES**



SPONSORED BY:

IDAHO'S EARLY CHILDHOOD COORDINATING COUNCIL (EC3) AND BY THE STATE EARLY CHILDHOOD COMPREHENSIVE SYSTEMS (SECCS) GRANT FROM THE MATERNAL AND CHILD HEALTH BUREAU (TITLE V, SOCIAL SECURITY ACT), HEALTH RESOURCES AND SERVICES ADMINISTRATION, DEPARTMENT OF HEALTH AND HUMAN SERVICES.

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Dear Idahoans:

One of the roles assigned to the Early Childhood Coordinating Council is to develop and implement a statewide plan for early childhood in the state of Idaho. The State Early Childhood Comprehensive Systems (SECCS) Plan has been in effect since 2005.

The attached plan and this introduction outline some of the revisions to the initial plan of a monitoring progress and information gathering. It responds to statewide needs and how to address identified issues. The updated plan will be in effect from summer of 2009 through fall of 2012. This plan is built on scientific evidence, best practices, and expertise from across the state.

Between 2005 and 2009, many systems changes occurred in Idaho that will benefit young children and their families for years to come. Below are some of these changes:

- More young children were identified as eligible for early intervention services through the Infant Toddler Program.
- More young children were enrolled in WIC and CHIP.
- A single application was developed and implemented for families to apply for multiple services.
- Professional development and tracking was made available for child care providers and other early childhood professionals.
- Rating quality in child care programs was introduced to help improve informed parental decision-making.
- The state legislature passed tighter child care regulations.
- Council and advisory groups for early childhood merged to reduce the possibility of duplication of efforts and improve government efficiencies.
- Early Learning Guidelines were developed for children birth through 5 with K-12 alignment.
- A statewide infant and early childhood mental health association was formed.
- Statewide plans were aligned for early childhood mental health, inclusion, health, oral health, Head Start, child care and infant toddler early intervention.
- Access to parent resources was improved through CareLine 2-1-1 and the Internet.
- Process for statewide child care complaints.

This Council recognizes the parent's primary responsibility for meeting the needs of their children by providing many learning opportunities. We also understand that there is a vast difference in parental skills and abilities and the availability of resources to support families.

The purpose of the statewide Early Childhood Comprehensive Systems Plan is to develop partnerships and collaborate to assure that service delivery systems meet the needs of families with young children. The plan not only looks at an array of service delivery systems, it also connects stakeholders and builds upon natural resources to help families in meeting the needs of their children.

Please join the Early Childhood Coordinating Council in understanding the critical components of health, social and emotional development, early learning and care, parent education and family self-sufficiency, and how young children thrive, develop and learn.

Thank you.

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# IDAHO'S COMPREHENSIVE EARLY CHILDHOOD PLAN



## **Mission:**

To provide leadership and education and to coordinate resources for Idaho's young children and their families.

## **Vision:**

All Idaho's young children are healthy, nurtured by families with quality learning opportunities, and supported by community resources.



## EXECUTIVE SUMMARY

The Idaho Comprehensive Early Childhood Plan provides the method and rationale for coordinating and improving the delivery of critical services and networks of support for young children and their families. It also provides the blueprint to integrate the services and supports into effective, responsive systems. Families of young children need a system that responds to their needs because:

- Idaho ranks 50th in the nation for up-to-date immunization rates for children younger than 36 months (*CDC Report, 2009*);
- Idaho children are less likely to have a medical home than children living elsewhere (*MCH internal and external scan 2005*);
- 15.3% of Idaho children from birth to 12 months have developmental tracking services (*Idaho Infant Toddler Program 2005*);
- Services for children and families in Idaho vary significantly based on geographic location (*MCH internal and external scan 2005*);
- Idaho ranks 52nd in the nation in standards for child care (*NARA Report, 2009*);
- Idaho does not fund pre-K programs except for the 3-5 year-old special education program (*SDE, 2009*);
- Idaho's living wage for two working adults and two children is \$66,362 (*The 2008 Job Gap, December 2008*);
- 73,159 children under age six in Idaho are living in low income households; 25,312 children under age six in Idaho are living in poverty;
- Children living in low income and impoverished households are less apt to be prepared for school and life-long learning;
- Failure to identify and address developmental problems in the early years imposes significant costs, including remediation [e.g., \$30,000 to \$100,000 per child, much of which is taken out of education budgets, (*James Heckman, Invest in the Very Young, 2000*)];
- It's more cost effective for families, the community, and government to invest in healthy child development than to treat problems later in life (*James Heckman, Invest in the Very Young, 2000*); and
- Success in a modern economy starts at birth, not at the school doors (*Shonkoff & Phillips. Neurons to Neighborhoods, 2000*).



The following unmet needs were identified through stakeholders, a 44 county assessment process, Early Childhood Coordinating Council (EC3) members, and others. The needs were prioritized and categorized by the EC3 and placed under the appropriate heading in the State Early Childhood Comprehensive Systems (SECCS) Plan.

## Health

1. *Unmet Need:* Accessible and affordable health care  
Population: Young children and their families  
Target Organization: DHW Medicaid, DHW Welfare  
Gaps/Barriers: Statewide gap / resources, unemployment and underemployment  
Supporting Evidence: Governor's Task Force Report 2008, County Assessment 2008-09
2. *Unmet Need:* Comprehensive developmental screening and monitoring  
Population: All children from birth to age five  
Target Organization: DHW, SDE, IAAP, IAFP  
Gaps/Barriers: Statewide gap / coordinated screening with routine medical exams  
Supporting Evidence: There is a low billing rate for screening activities through Medicaid, Medicaid Report 2008
3. *Unmet Need:* Nutrition for young children  
Population: All children in child care settings  
Target Organizations: DHW Welfare, IdahoSTARS  
Gaps/Barriers: Statewide gap / Licensed child care setting eligible  
Supporting Evidence: In Idaho, state licensing is not required unless there are 13 or more children in a setting. In January 2009, approximately 1400 child care settings were licensed. Based on the number of child care settings voluntarily registered in the Professional Development System, less than half of all settings are licensed according to Idaho AEYC-IdahoSTARS Report 2009
4. *Unmet Need:* Immunization rate  
Population: Young children from 19 to 35 months  
Target Organizations: State Immunization Coalition  
Gaps/Barriers: Statewide / Attitude and resources  
Supporting Evidence: State and national report indicating Idaho immunization rates for young children have fallen below 70% (CDC Website 2009)
5. *Unmet Need:* Pre- and post-partum depression screening and referral  
Population: Women post delivery  
Target Organizations: Idaho Hospital Association and IA-OBGYN  
Gaps/Barriers: Statewide  
Supporting Evidence: Survey of all hospitals in Idaho 2008, PRATS Survey 2006
6. *Unmet Need:* Follow-up Newborn Hearing Screening  
Population: Infants needing follow-up hearing screen  
Target Organizations: Sound Beginnings and Idaho Hospital Association  
Gaps/Barriers: Statewide  
Supporting Evidence: Data from Sound Beginning shows gap, January 2009

## UNMET NEEDS (CONTINUED)



### Infant and Early Childhood Mental Health/ Social and Emotional Development

1. *Unmet Need:* Service delivery system for infant and early childhood mental health  
Population: Infants and young children birth through age 5 and their families  
Target Organization: DHW  
Gaps/Barriers: Statewide gap / resources, rule promulgation  
Supporting Evidence: Statewide County Assessment 2008-09
2. *Unmet Need:* Screening and referral for pre- and post-partum depression  
See under **Health:** Unmet Need 5

### Early Learning/Education and Care

1. *Unmet Need:* Quality child care  
Population: All children birth through age 5 and their families  
Target Organizations: DHW Welfare, State Legislature, U of I, Idaho AEYC  
Gaps/Barriers: Statewide gap / political will, resources  
Supporting Evidence: NACCRRRA ranked Idaho as #52 in child care, County Assessment 2008-9 indicates quality child care is high on the priority list of challenges and needs, Kids Count Policy Brief on Child Care 2008
2. *Unmet Need:* Integrated learning opportunities for children from birth to 5 years old  
Population: All children birth through age 5  
Target Organizations: SDE, DHW, Head Start, IdahoSTARS  
Gaps/Barriers: Statewide gap / policies and procedures, political will, resources  
Supporting Evidence: Boise State University Study on Pre-K in Idaho, 2008
3. *Unmet Need:* Common language and understanding of child development  
Population: Parents, early childhood educators, grandparents, care providers, students in early childhood education  
Target Organizations: DHW, SDE  
Gaps/Barriers: Statewide gap / recognition of early learning guidelines in place of standards for 3-5 year olds  
Supporting Evidence: Standards for 3-5 special education are used by school districts for IEP development, County Assessment 2008-09

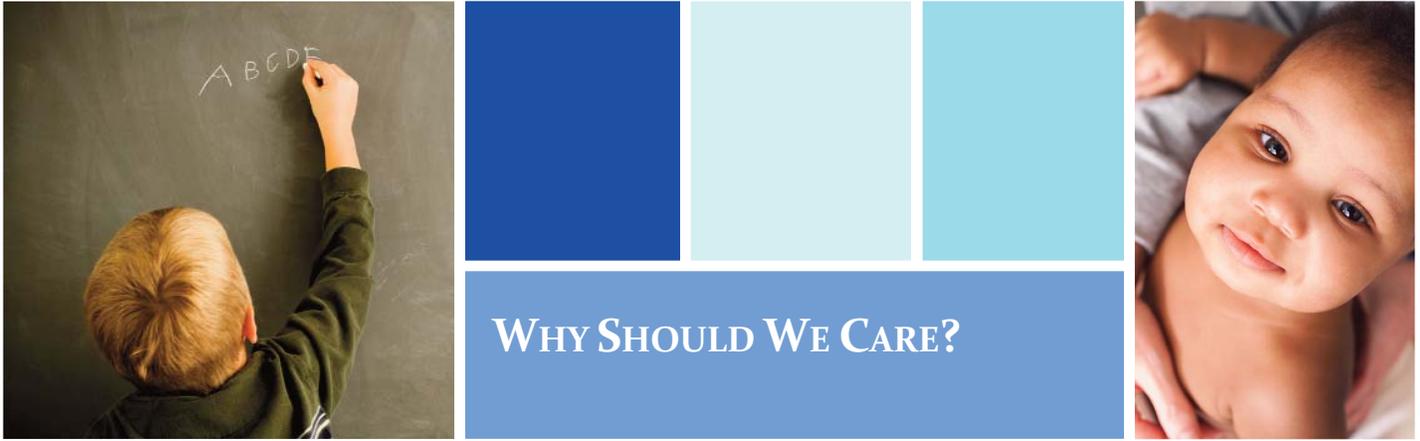
## Parent Education

1. *Unmet Need:* Parent education--common language and understanding of child development  
Population: See **Early Learning/Education and Care:** Unmet Need 3  
Target Organizations: School districts, health districts, DHW, university programs  
Gaps/Barriers: Statewide public awareness campaign  
Supporting Evidence:
2. *Unmet Need:* Parent education resources  
Population: Parents of children from birth to 5 years  
Target Organizations: DHW, SDE, Idaho Children's Trust Fund  
Gaps/Barriers: Statewide gap / geography, resources  
Supporting Evidence: County Assessment 2008-09, 2-1-1 CareLine Report
3. *Unmet Need:* Education and resources for incarcerated parents  
Population: Incarcerated parents  
Target Organizations: DOC, DHW  
Gaps/Barriers: Statewide gap / geography, resources  
Supporting Evidence: Survey conducted Aug-Nov 2008 by DHW and DOC to determine status of children and incarcerated parents

## Family Self Sufficiency

1. *Unmet Need:* Supports for families of children with disabilities  
Population: Families of children with disabilities  
Target Organizations: Idaho Parents Unlimited, DHW  
Gaps/Barriers: Statewide gap/ resources  
Supporting Evidence: Anecdotal information regarding the absence of needed supports such as respite care, Parent to Parent, and transition materials
2. *Unmet Need:* Accessible and affordable health care  
See **Health:** Unmet Need 1
3. *Unmet Need:* Quality child care  
See **Early Learning/Education and Care:** Unmet Need 1





All of these unmet needs impact children, families, communities, and the state. The impact begins with remedial services when children enter school. The cost is evident when examining the school drop-out rate and the juvenile justice system. The impact on our skilled workforce and higher education preparedness is tremendous.

### **Basic building blocks: Do we know what all young children need?**

Every child's early development depends on the health and well being of parents, caregivers, and the systems that sustain healthy communities. Many of Idaho's families are struggling with the effects of poverty, untreated family mental health problems, and recurring exposure to violence and substance abuse. Every child needs structured, dependable, nurturing relationships with parents and other caregivers. Every child needs health care developmental and education services delivered by people who can identify potential risks and address potential problems at the earliest possible time, when intervention is most effective. Every child needs a family with adequate resources to provide a safe, nurturing environment which meets physical, emotional, and educational needs.

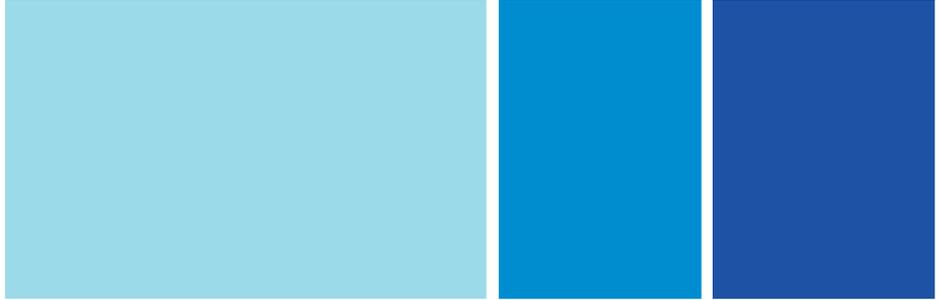
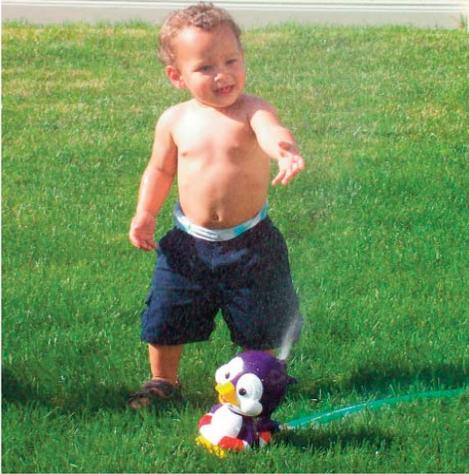
## HOW CAN WE MAXIMIZE THE BENEFIT FOR CHILDREN BY MAXIMIZING THE SUPPORT FOR FAMILIES AND COMMUNITIES?



Families are the cornerstone of humanity and the basic building blocks of our communities. They are currently one of the nation's most fragile organizations--as evidenced by the fact that over half of marriages in America end in divorce, with significant impact on children. Couple the effects of divorce with the fact that most adults have no formal education in parenting, yet they are responsible for caring for the most vulnerable and impressionable segment of the population, and we increase the risks for healthy families.

Idaho's families come in many varieties, sizes, cultures, backgrounds, and religions, but they have one thing in common: their children all require a set of basic building blocks in order to develop well. The building blocks that children need often cannot be provided exclusively by their parents during the critical first years of their lives. Parents need a system of support including grandparents and other extended family, neighbors, friends, faith communities, caregivers, and the community. While the general perception is that most of Idaho's early care and learning services are targeted at children from a lower socio-economic status, the truth is that all children benefit from the services and programs offered in communities across the state. Just as a family needs a support system, so do the communities and local organizations that serve them.

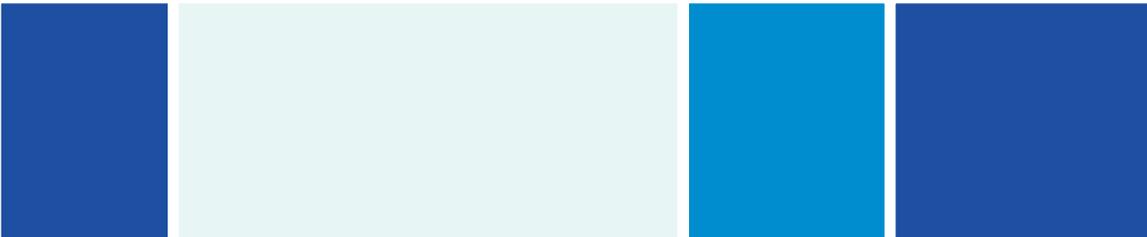
State organizations, business and corporate partners, governmental agencies, and faith-based and community organizations are all critical players in the network that supports families at both the state and local level. They are part of a system that provides services to families and children, but this system needs a common plan with a shared set of goals, outcomes, and strategies for achieving desired outcomes.



## WHY DOES IDAHO NEED TO INVEST IN EARLY LEARNING/EDUCATION AND CARE?

Early education and care services and programs in communities across the state have had a positive impact on Idaho’s families. They are well-established, but they rarely receive adequate financial support or the political clout needed to provide services and supports to vulnerable families.

This system’s focus is on supporting parents and strengthening efforts to help children become healthier and prepare them to enter the school system and lead productive lives. However, essential elements which enable this work are missing--specifically, statewide coordination of the infrastructure, which is the foundation of the “system” for early care and learning.



## WHAT IS THE PURPOSE OF IDAHO’S STATE PLAN?



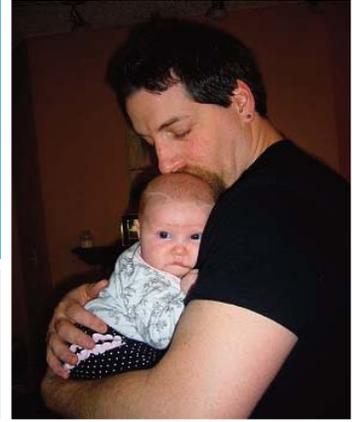
Idaho’s Comprehensive Early Childhood Plan is designed to connect all stakeholders that serve families of young children at the state and local levels. This plan is based on critical components, guiding principles, and shared goals along with outcomes, indicators, and partnerships to guide implementation.

## PLANNING PROCESS

The official planning process began in August 2003 and concluded in May 2005; however, preliminary work started in October 2002. The Office of the Governor took the lead in convening, facilitating, and managing the work of the task force. A grant from the Health Resources and Services Administration's Bureau of Maternal Child Health provided the funding, and the planning process was marked with the following accomplishments:

|                          |   |
|--------------------------|---|
| <b>October 2003</b>      | The vision, mission, guiding principles, organizational structure, quarterly meeting dates were determined; and existing efforts, funding streams, communication outlets and other pertinent information were identified. |
| <b>January 2004</b>      | A model developed by Johns Hopkins School of Public Health served as the springboard for work by the task force and its four subcommittees.   |
| <b>April 2004</b>        | The framework of the plan was developed, as well as the language of the "Shared Goals."   |
| <b>July 2004</b>         | The survey was developed and tested prior to implementation on the Web and in the regional areas.   |
| <b>January 2005</b>      | The task force invited all potential partners and lead agency representatives to review the work to date, and many committed to assist with plan implementation.  |
| <b>May 2005</b>          | The Early Care and Learning Cross Systems Implementation Grant was written, submitted, and awarded.   |
| <b>April 2006</b>        | An Executive Order deemed the Early Childhood Coordinating Council as the single entity to continually assess, plan, and implement a sustainable statewide plan for young children and their families.                    |
| <b>February-May 2009</b> | The Early Childhood Coordinating Council revised the state plan based on a statewide assessment of all counties and pressing issues.  |
| <b>June 2009</b>         | A second three-year cycle of federal funding was awarded to Idaho for continued early childhood planning and implementation.  |

## IS EARLY CHILDHOOD PROGRESSING AND CHANGING IN IDAHO?

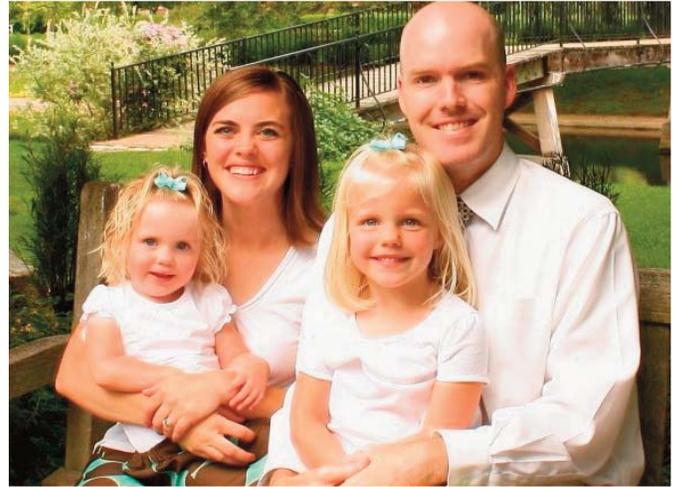


In stating our current needs for young children and their families in Idaho, it is also important to look at our strengths and progress toward child well-being. Over the past four to five years, significant changes have occurred that will have long-term impacts on a generation of children. Some of these changes are listed below:

|  |  |   |
|--|--|---|
| <p><b>Over 2,000</b><br/>child care providers now participate in the IdahoSTARS Professional Development System.<br/>(IdahoAEYC, 2009)</p>   | <p><b>Idaho Association for Infant and Early Childhood Mental Health</b><br/>began with a group of charter members in June 2009.</p> | <p><b>Quality Rating Improvement System (QRIS)</b><br/>for child care is ready for statewide implementation.<br/>(IdahoSTARS, 2009)</p> |
| <p><b>Over 50%</b><br/>of all third graders received dental sealants on their teeth in 2001. (MCH External Scan, 2005)</p>   | <p><b>98%</b><br/>of all newborns are screened at birth for hearing difficulties.<br/>(EHDI, 2008)</p>                               | <p><b>3,603 children</b><br/>were served by the Infant Toddler Program in 2008 compared to 2,101 in 1999.<br/>(ITP, 2008)</p>           |
| <p><b>Early Learning Guidelines</b><br/>are accessible for professionals, educations, and administrators through a web-based application.<br/>(Head Start State Collaboration, 2009)</p> | <p><b>119,009 children</b><br/>are enrolled in CHIP compared to 45,824 in 1999.<br/>(Covering Kids and Families, 2008)</p>           | <p><b>100%</b><br/>of birthing hospitals in Idaho participate in Newborn Hearing Screening.<br/>(Sound Beginnings, 2008)</p>            |

An **Early Childhood Special Education Blended Certificate** is available for early childhood teachers, blending early childhood and early childhood special education from birth to third grade. (Idaho Early Childhood Information Clearinghouse, 2005)

## WHAT ARE IDAHO'S GUIDING PRINCIPLES?



The following principles helped guide the development of the Plan and are viewed as essential to its implementation:

### **Quality Matters**

Children benefit when social, physical, emotional, educational, and home environments are enriched with access to quality child care, appropriate community structures, and policies that are reinforced at the state level.

### **Relationships Matter**

Children benefit when positive relationships are developed and everyone works together at all levels of government and in their communities.

### **Resources Matter**

Children benefit when we focus on improving the resource base for families and communities, specifically the resources that support early childhood systems including the financial and organizational structure.

### **Results Matter**

Children and families benefit when resources are utilized on research and best practice models.



## WHAT ARE IDAHO'S EARLY LEARNING AND CARE COMPONENTS?

Six "Focus Areas" were used as the basis to develop the goals for Idaho's Comprehensive Early Childhood Plan. Those areas are:

HC

**Health Care**

MH

**Mental Health and  
Social & Emotional  
Development**

EL

**Early Learning/  
Education and Care**

PE

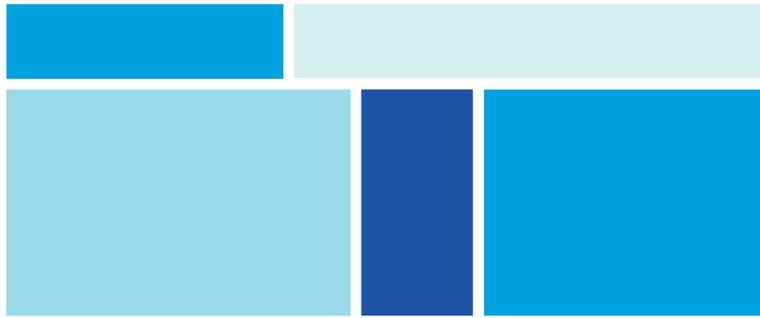
**Parent Education**

FS

**Family Support and  
Self-Sufficiency**

CS

**Comprehensive  
Systems**



## WHY IS HEALTH CARE IMPORTANT?

Most parents have spent time cradling their sick or injured child and have experienced the feeling of helplessness that accompanies these events. For parents with the economic means, including health insurance, these incidents are a mere bump in the road; for others, a single significant injury or prolonged illness could mean bankruptcy. In a recent report by the Covering Kids and Families Project, the number one reason for personal bankruptcy is a lack of adequate health insurance.

Ideally, every child should have a single place that takes responsibility for overseeing and coordinating their health and development—a medical home. Parents rank health care providers high on the list of those they respect and listen to, and they look to their physician for guidance on child development topics in addition to immunizations, well-baby check-ups, and other health issues.

In Idaho a dramatic paradigm shift needs to occur to reduce the number of health care related barriers, addressing the health insurance gap for poor working families, early diagnosis of developmental delays, and the delivery of health care, dental care, and mental health services to rural and frontier communities.

The health care focus area addresses both the issues of access to medical care including the availability of affordable insurance, as well as the capacity of a community to provide for the health needs of their citizens.

### The shared goals in this segment of the Plan are:

Families of young children have a regular health care provider who oversees their health care and refers them to other services and resources as needed.

All young children receive appropriate health-related services for optimal health and development.

# IDAHO'S COMPREHENSIVE EARLY CHILDHOOD PLAN FOCUS AREA: HEALTH

## GOALS:

**Goal 1:** Families of young children have a regular health care provider that oversees their health care and refers them to other services and resources as needed.

**Goal 2:** All children receive appropriate health related services for optimal health and development.

## Target Audience:

All Idaho's children ages birth to eight years old and their families

| Short Term Outcomes   | Activities  | Indicators   | Partners   |
|---|---|--|--|
| Children from 19-35 months will have up-to-date immunizations.  | Collaborate with the Idaho Immunization Coalition to disseminate public awareness.  | By 2012, the number of children between 19-35 months with up-to-date immunizations will increase by 20%.   | Idaho Immunization Council                                 |
| Medical home training will be available. Carry forward 2005-2008 Medical Home.  | Work with IPUL, Idaho Family Practice Initiative, and the AAP to offer and/or track medical home trainings.   | By 2012, there will be 15 medical home trainings (3 per year) that will include parents and family practice physicians.                                | Idaho Parents Unlimited, DHW-Division of Health, AAP       |
| Infants will receive a follow-up newborn hearing screen when referred.  | Request annual reports from the Sound Beginnings Advisory Board.  | By 2011, there will be a 5% increase in the number of children receiving follow-up hearing screening.  | DHW-Sound Beginnings                                       |
| Eligible children will be enrolled in SCHIP.  | Collaborate with Medicaid and the Covering Kids and Families Coalition to disseminate enrollment information.   | By 2012, there will be a 10% increase in the number of eligible children enrolled in SCHIP.  | DHW-Medicaid-SCHIP   |
| Health consultation will be readily available for early childhood programs.   | Continue annual training for Child Care Health Consultants.   | By 2012, there will be an increase of 30 people trained in the Healthy Child Care America Model.   | DHW-ICCP, U of I-CDHD, Idaho AEYC                          |
| Infants and toddlers will be screened for developmental milestones to assure referral for evaluation for early intervention, if needed.                                   | Assist with the implementation of electronic ASQ and ASQSE to increase access and efficiency for young children to be screened.                                       | By 2011, Part C will implement statewide access to the electronic version of the Ages and Stages Questionnaire.  | DHW-Infant Toddler Program                                 |
| Well-child checkups will be covered by private health insurance in accordance with the AAP periodicity schedule.  | Meet with Idaho Chapter of AAP and State Department of Insurance to determine the next steps for inclusion of well-child checkup coverage.                            | By 2012, one major insurance company will revamp coverage to include one more well-child checkup.  | Idaho Chapter of AAP, State Department of Insurance, SECCS |
| Nurses providing pediatric services (including public health) will provide parental guidance and early developmental screening based on <i>Bright Futures Guidebook</i> . | Develop and implement a retrospective survey to determine if nursing practice has changed in screening and parent guidance based on <i>Bright Futures Guidebook</i> . | By 2011, a retrospective survey with nurses using <i>Bright Futures Guidebook</i> will indicate that the tool is useful and is used on a weekly basis. | EC3, IPUL, AAP   |

IDAHO'S COMPREHENSIVE EARLY CHILDHOOD PLAN  
 FOCUS AREA:  
 HEALTH (CONTINUED)



| Short Term Outcomes  | Activities  | Indicators  | Partners                                    |
|--|---|---|---|
| Children will be well-nourished.   | Disseminate information to licensed child care providers regarding eligibility for USDA-CACFP.  | By 2012, there will be a 10% increase in the number of licensed child care providers participating in the CACFP Program.  | USDA Food Program-CACFP                     |
|  | Update breastfeeding information on ECIC and link information dissemination about breastfeeding with WIC.                                   | By 2012, the DHW-ECIC webpage will be updated on breastfeeding and linked with WIC.                                       | DHW-WIC, FACS                               |
|  | Assist WIC with outreach, if needed.  | By 2012, there will be a 5% increase in the number of woman and children enrolled in WIC.                                 | DHW-WIC                                     |
| A nutrition measurement will be added to the IdahoSTARS Quality Rating Improvement System. | A measure for nutrition will be developed and tested for child care quality rating.   | By 2012, the IdahoSTARS Quality Rating Improvement System will include a measurement for nutrition.                       | U of I-CDHD, Idaho AEYC                     |
| Oral health will improve for young children.   | Gather baseline information in 2009 and request a report from the Oral Health Alliance.   | By 2011, there will be a 10% increase in the number of young children receiving routine dental checkups.                  | Medicaid-Idaho Smiles, Oral Health Alliance |
| Case management services will be accessible for high at-risk prenatal care.                | Gather baseline information in 2009 and request a report from the Head Start Association annually on the number served in Early Head Start. | By 2012, there will be a 15% increase in the number of high-risk pregnancies receiving case management services.          | Idaho Head Start Association                |
| Prenatal and postpartum depression screening will be conducted.                            | Obtain baseline information from hospitals on the availability and use of pre- and post-natal mental health screening. Survey annually.     | By 2012, there will be a 10% increase in the number of Idaho hospitals offering pre- and post-natal depression screening. | Idaho Chapter AAP, EC3                      |
|  |   | By 2012, there will be a link on the ECIC for maternal depression screening.  | SECCS, EC3                                  |

Please see page 36 for legend of acronyms



## WHY IS THE SOCIAL AND EMOTIONAL DEVELOPMENT OF YOUNG CHILDREN IMPORTANT?

The first years of life create the foundation for a child's ability to form positive relationships with others, to have self-confidence, and the ability to meet changes and challenges successfully. Healthy social and emotional development is necessary for success in school and in life.

In order to grow and learn, children need good mental health as much as they need good physical health. Social and emotional health are closely tied to the relationships the child has with his or her parents and significant caregivers. Through these relationships, children learn to effectively express emotions, make friends, and explore the world around them (Zero to Three, 2005).

Poor social and emotional health risk factors include: overburdened families, homelessness, living with caretakers who are unable to provide adequate care, abuse (physical, emotional, or sexual), parents who abuse substances, chronic or life-threatening health situations, family members with severe or persistent mental illness, and multiple out-of-home placements (e.g. foster care, adjudicated children).

The Mental Health and Social and Emotional Development focus area of the Plan addresses the capacity of families and communities to support healthy social and emotional development of young children through prevention, intervention, and treatment. The goals, outcomes, activities, and indicators for this focus area have been carefully integrated with the Infant Early Childhood Systems of Care (Building on Each Other's Strengths) Plan to ensure the intent, planning, and language is consistent between the two strategic documents.

**The shared goal in this segment of the Plan is:**

**Families of young children have access to social and emotional screening, and when needed, assessment and age-appropriate follow-up care.**

IDAHO'S COMPREHENSIVE EARLY CHILDHOOD PLAN FOCUS AREA:  
**MENTAL HEALTH AND  
 SOCIAL & EMOTIONAL DEVELOPMENT**

**GOALS:**

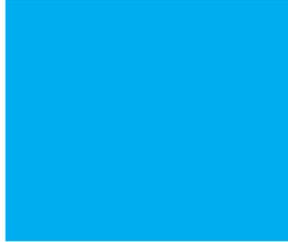
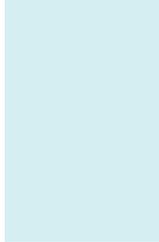
Families of young children have access to social and emotional screening, and when needed, assessment and age-appropriate follow-up care.

**Target Audience:**

All Idaho's children ages birth to eight years old and their families

| Short Term Outcomes   | Activities  | Indicators  | Partners  |
|---|---|---|---|
| Infant and Early Childhood Mental Health will have an association and a governing body.     | Recruit membership for the Idaho Association of Infant Mental Health.                                     | By 2011, an Idaho Association for Infant and Early Childhood Mental Health will be formed and fiscally solvent. | Secure Beginnings Team, Idaho Association for IECMH                                 |
| An endorsement system with an IECMH professional organization will be implemented in Idaho. | Purchase and implement endorsement system.  | By 2012, an endorsement process will be fully implemented.  | Secure Beginnings Team, DHW-Infant Toddler, Idaho Association for IECMH             |
| Diagnostic classifications for IECMH will be established and implemented.                   | Develop or use existing electronic crosswalk tool with DC:O-3 and DSM IV-R.                               | By 2012, an electronic diagnostic classification will be approve and available for IECMH providers.             | Secure Beginnings Team, Idaho Association for IECMH, DHW-Infant Toddler Program, ME |
| Rules will be promulgated to reflect qualifications and reimbursement for IECMH services.   | Hold a negotiated rulemaking session to develop rules and process through state legislature for approval. | By 2012, rules will be promulgated specifying provider qualifications and covered services.                     | DHW-Infant Toddler Program, DHW-Children's Mental Health, DHW-ME                    |
| Practice guidelines will be developed and implemented for IECMH professionals.              | Secure a contractor to design, develop, and implement IECMH professional development and training.        | By 2010, a document will be developed specifying knowledge and skills for effective practice.                   | Secure Beginnings Team, DHW-Infant Toddler, Idaho Association for IECMH             |
|   |   | By 2011, a basic curricula will be identified for in-service training.  | Secure Beginnings Team, DHW-Infant Toddler, Idaho Association for IECMH             |
|   |   | By 2012 there will be curriculum content for inclusion of IECMH in higher education coursework.                 | Secure Beginnings Team, DHW-Infant Toddler, Idaho Association for IECMH             |

IDAHO'S COMPREHENSIVE EARLY CHILDHOOD PLAN  
 FOCUS AREA:  
 MENTAL HEALTH AND SOCIAL & EMOTIONAL  
 DEVELOPMENT (CONTINUED)



| Short Term Outcomes  | Activities  | Indicators   | Partners  |
|--|---|--|---|
| A statewide list of qualified IECMH providers will be made available.  | Encourage and promote IECMH provider's registry with 2-1-1 CareLine.              | By 2012, a list of qualified IECMH providers will be available through the 2-1-1 CareLine.   | Secure Beginnings Team, DHW-Infant Toddler, Idaho Association for IECMH, Idaho CareLine 2-1-1 |
| Quality improvement and assurance process will be developed and linked with endorsement and costs.   | Secure a contractor to design and implement an IECMH quality improvement process. | By 2012, a QA process will be linked with the endorsement process.   | Secure Beginnings Team, DHW-Infant Toddler  |
|  |   | By 2012, the costs/utilization of IECMH will be monitored and evaluated.   | Secure Beginnings Team, DHW-Infant Toddler, DHW-ME  |
| Children will be screened for social and emotional developmental milestones to assure referral for evaluation for early intervention, if needed. | Purchase electronic version of Ages and Stages Questionnaire-Social Emotional.    | By 2012, the electronic version of the ASQ-SE will be piloted in medical offices in one area of the state.                               | DHW-Infant Toddler Program  |
| Public messaging will educate parents and caregivers about the harmful impact of stress on infants and young children.                           | Develop or purchase a campaign about the impact of stress during the early years. | By 2012, a messaging campaign will be developed and implemented to inform Idahoans about the harmful impact of stress on young children. | Secure Beginnings Team, DHW-Infant Toddler, Idaho Association for IECMH, AmeriCorps*VISTA     |

Please see page 36 for legend of acronyms

# WHY IS THE QUALITY OF EARLY LEARNING/ EDUCATION AND CARE IMPORTANT?



Research about learning during the youngest years shows the positive benefits of quality early childhood experiences. Part-day preschools and full-day preschools provide rich learning environments and developmentally appropriate curriculums; enhance a child’s social, emotional, and cognitive development; and are directly linked with school readiness. Children with special needs gain substantial benefits from early intervention programs, in particular.

In the past, children were cared for primarily by their parents until they entered school. Economic, social, and family factors have changed over the last generation. Now, many children spend a majority of their time in either formal or informal settings with caregivers who are not their parents. A significant percentage of a working family’s budget is spent on child care, while the options for quality child care in most areas of the state have not kept up with demand. To support the practical needs of families, the following issues must be addressed:

- Quality child care and the cost for quality;
- Early learning opportunities;
- Endorsement/credentialing/certification of early childhood professionals;
- Laws that provide for safe and caring environments for the majority of young children in Idaho.

Quality child care is not inexpensive. It requires considerable time, effort, and expertise. But a quality child care setting promotes school readiness, healthy growth, and helps to close the gap between children from low-income families and affluent ones. Language acquisition, better cognitive and literacy outcomes, and fewer behavioral problems occur when children are placed in environments that promote and support all aspects of their social, emotional, physical, and cognitive development. Unfortunately, relatively few child care settings are equipped to provide the necessary elements of quality programs.

The Early Care and Learning Focus Area addresses child care, preschool, and family learning opportunities.

**The shared goals in this segment of the Plan are:**

**Young children have access to high quality childcare, when needed.**

**Young children access early learning opportunities to support school readiness and their optimal development.**

# IDAHO'S COMPREHENSIVE EARLY CHILDHOOD PLAN FOCUS AREA: EARLY LEARNING/EDUCATION AND CARE

## GOALS:

**Goal 1:** Young children have access to high quality child care, when needed.

**Goal 2:** Young children have access to early learning opportunities to support school readiness and their optimal development.

## Target Audience:

All Idaho's children ages birth to eight years old and their families

| Short Term Outcomes   | Activities  | Indicators  | Partners  |
|---|---|---|---|
| Early Learning Guidelines will be available.  | Complete Early Learning Guidelines with Internet access and training modules for different audiences.       | By 2010, the Early Learning Guidelines will be completed and available along with training for parents, teachers, child care providers, and administrators.                           | Head Start Collaboration, DHW-Infant Toddler, SDE-619, Early Childhood Comprehensive System |
| Infants and toddlers in early intervention programs will reach developmental goals.                           | Continue protocol for assessing progress toward outcomes on IFSPs and IEPs for children birth through five. | From 2009-2012, annual Infant Toddler and State Department of Education reports will be reviewed by the EC3 to determine the impact of early intervention services on child outcomes. | DHW-Infant Toddler Program, SDE 619, EC3  |
| Children (0-2) with substantiated abuse/neglect will be screened for health and development.                  | Screen and refer children for early intervention services if they experience maltreatment.                  | By 2012, all children referred for abuse/neglect will be screened through the IDEA Part C Infant Toddler Program to determine the need for additional services.                       | DHW-Infant Toddler Program, CPS   |
| Children (0-2) will receive early intervention services in natural environments.                              | Implement coaching model with two additional teams in areas struggling with natural environments.           | By 2010 and annually thereafter, the Infant Toddler Program Annual Progress Report will indicate the percentage of children receiving services in the natural environment.            | DHW-Infant Toddler Program  |
| Statewide child care licensing will be based on nationally recognized health, fire, and safety standards.     | Continue to rework licensing bills and rules and refine one year at a time.                                 | By 2011, legislation will pass and rules will be promulgated to improve statewide child care licensing regulations.   | DHW-Welfare and FACS  |
| There will be a standardized statewide child care complaint system.   | Develop and implement a statewide child care complaint process.   | By 2010, there will be a single point of entry for child care licensing complaints.   | DHW-Welfare and FACS, AmeriCorps*VISTA  |
| Child care technical assistance will be available from VISTAs for municipalities to improve local ordinances. | Continue to recruit and staff VISTA Weaving Together Idaho Child Care project.                              | By 2010, a "best practice" ordinance will be developed and available for city and county governments to consider under the local option in Idaho Code 39-1109 Day Care Licensing.     | DHW-Welfare and FACS, AmeriCorps*VISTA  |
| An infant toddler credential will be available through the statewide professional development system.         | Develop or purchase a child care infant toddler credential system.  | By 2012, there will be a curriculum and training developed and implemented to establish an infant toddler child care credential.  | U of I-CDHD, Idaho AEYC   |



IDAHO'S COMPREHENSIVE EARLY CHILDHOOD PLAN FOCUS AREA:  
**EARLY LEARNING/EDUCATION AND CARE**  
 (CONTINUED)

| Short Term Outcomes   | Activities   | Indicators  | Partners   |
|---|--|---|--|
| A child care director credential will be available through the statewide professional development system.                 | Develop or purchase a child care director credential system.   | By 2012, there will be a curriculum and training developed and implemented to establish a child care director credential.             | U of I-CDHD, Idaho AEYC  |
| Quality child care will be measurable.  | Implement statewide QRIS to measure quality.   | By 2011, a statewide Quality Rating and Improvement System will be implemented.   | U of I-CDHD, Idaho AEYC  |
| Quality child care will guide reimbursement for child care.   | Determine reimbursement scale based on quality and identify funding to implement.  | By 2012, rules will be promulgated to reimburse ICCP providers with a base level and an increase for quality.                         | DHW-Welfare, advocacy organizations  |
| Align early childhood professional development with national and professional standards and organizations.                | Align training, coursework, and continuing education for all early childhood providers, professionals, and teachers including IECMH.   | By 2012, statewide early childhood professional development will be aligned with the national standards, NAEYC, and NCCIC guidelines. | Consortium for the Preparation of Early Childhood Providers, EC3, higher education, Idaho AEYC |
| Develop and implement articulation agreements for early childhood that branches from high school to PhD.                  | Higher educational institutions will work across technical colleges and universities to establish or refresh articulation agreements.  | By 2012, there will be at least one new articulation agreement between technical and university level programs.                       | Consortium for the Preparation of Early Childhood Providers, higher education, EC3             |
| Training opportunities for early childhood educators will be accessible and coordinated to address cultural competencies. | Training will be monitored throughout the state to determine frequency and quantity of culturally competent opportunities.   | By 2012, there will be one annual count of culturally competent training opportunities for EC providers, teachers, and professionals. | EC3  |
| Early childhood teachers with a blended certificate will be available.  | Develop a mechanism for fundraising that will eventually provide scholarships for those majoring in the early childhood education/early childhood special education blended certificate programs in Idaho. | By 2012, an endowment will be established for ECE/ECSE blended certificate scholarships for Idaho students attending Idaho schools.   | EC3  |
| Head Start teachers and staff will meet education levels according to national standards/requirements.                    | Head Start Association, Collaboration, T/TA will work with program directors to locate educational opportunities for Head Start staff and applicants.  | By 2013, Head Start teachers, home visitors, and teaching aids will meet the federal requirements for education and experience.       | Head Start, T/TA   |
| Early care and education programs will be available to children on a voluntary basis.                                     | Develop a mechanism for fundraising that will eventually provide local funding for early learning and care programs.   | By 2012, an endowment will be established for early learning and care.  | EC3  |

Please see page 36 for legend of acronyms



## DO PARENTS WANT INFORMATION ABOUT HOW THEIR CHILD GROWS AND LEARNS?

From its first breath, a baby is learning. Within the first year of life, a child’s brain is actively engaged in the “mapping” process of making connections that will be the foundation of lifelong learning. This brain development is greatly influenced by a child’s experiences, which often occur in interactions with parents, family members, and caregivers. Very few adults receive adequate training for the most crucial responsibility they will undertake: shaping and influencing the life of a totally dependent human being. Everything an infant needs must be provided by someone, and nurturing relationships are critical.

The most active learning period in a child’s life often occurs at the same time many young parents are still learning how best to provide for their families. During this crucial time, they may not have the information or supports to help their child develop socially, emotionally, cognitively, educationally, or physically.

This plan is based on the premise that children are learning every waking moment from their parents through observation, hearing and touching. Raising children is difficult in the best of circumstances, even more so for parents struggling with marital, economic, physical and mental health issues, or other stressors. Parents are responsible for creating and monitoring their child’s environment; however, when a parent lacks the knowledge, skills, or resources to adequately perform these fundamental tasks, the child can be negatively impacted. The positive supports provided by parent education services and programs can reduce worry and anxiety while encouraging the “good stuff” that parents want to nurture in their children.

When healthy development is a concern, it is important to seek screening and intervention services. It is crucial to identify developmental delays as early as possible in babies and young children so that early intervention services can maximize a child’s potential and reduce later risks. Parents need information and support, and they need to be actively involved in screening, diagnosis, and treatment for a child with special needs.

Parent education includes a broad range of services and programs that can support parents and increase their knowledge about appropriate child development. Information about important topics like guidance, play, regulating behavior, language, and early literacy is available to enable parents to encourage their child to thrive. Community, church and home visitor programs, Head Start, and extended family can offer support so babies and parents thrive.

The Parent Education Focus Area addresses the knowledge, skills, and supports that parents and caregivers need to help their child develop in a healthy and secure manner.

**The shared goal in this segment of the Plan is:**

**Families and caregivers of young children have access to information, resources, and support to help them raise healthy, strong children.**

# IDAHO'S COMPREHENSIVE EARLY CHILDHOOD PLAN FOCUS AREA: PARENT EDUCATION

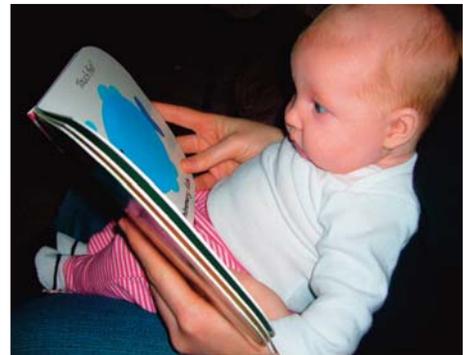
## GOAL:

Families and caregivers of young children have access to information, resources and support to help them raise healthy, strong children.

## Target Audience:

All Idaho's children ages birth to eight years old and their families

| Short Term Outcomes   | Activities  | Indicators   | Partners  |
|---|---|--|---|
| Parents will understand how to help their child with early intervention services. | Complete annual survey and/or observation to determine parent competencies.                   | By 2012 and annually thereafter, the Infant Toddler Program Annual Performance Report will continue to show parent competencies in helping their child.  | Infant Toddler Program, EC3   |
| Families will understand the importance of protective factors for their children. | Complete a retrospective survey process annually to determine if family behavior has changed. | By 2012, families will be able to identify the difference in their behavior due to the Strengthening Families Curriculum through a retrospective survey. | Idaho Children's Trust Fund, Idaho AEYC                                       |
| Child development classes will be available for incarcerated parents.             | Locate instructor for a Building Brain Basics class for incarcerated parents.                 | By 2010, a 16-hour child development class, Building Brain Basics, will be available for incarcerated parents.   | Women's Prison, Criminal Justice Commission Early Childhood Subcommittee, EC3 |
| Parent education will be accessible in communities.                               | Revitalize the Early Childhood Information Clearinghouse with updated information.            | By 2010 and annually thereafter, the Early Childhood Information Clearinghouse and 2-1-1 will be updated with new resources for parent education.        | Idaho CareLine 2-1-1, EC3, SECCS  |
| Family to Family support will be available.                                       | A federal grant application will be processed to develop a Family to Family network.          | By 2010, a statewide parent education survey will be completed.  | EC3, AmeriCorps*VISTA   |
| Parents will have access to Early Learning Guideline materials.                   | Design and develop collateral materials from ELGs and make accessible to the public.          | By 2011, parent materials from the Early Learning Guidelines will be developed and distributed to parents.   | Idaho Parents Unlimited, Idaho Federation of Families                         |
|   |   | By 2011, there will be ELG family collateral materials available.  | Head Start Collaboration  |



**IDAHO'S COMPREHENSIVE EARLY CHILDHOOD PLAN**  
**FOCUS AREA:**  
**PARENT EDUCATION (CONTINUED)**

| Short Term Outcomes  | Activities  | Indicators  | Partners  |
|--|---|---|---|
| Early literacy opportunities will be available.  | Locate start-up funding and physicians to implement Reach Out and Read program.   | By 2012, there will be a 10% increase in the number of pediatricians offering Reach Out and Read.   | EC3, Idaho Chapter AAP                                |
| A county inventory of early childhood services will be available.  | Develop dynamic forms for county information accessibility on the Early Childhood Information Clearinghouse.                                | By 2010, there will be a matrix of services for each county listed on the Early Childhood Information Clearinghouse and on 2-1-1.                     | DHW, EC3  |
| Parents will have access to research-based parent education, training, and resources in multiple languages.                          | Conduct a parent education survey to determine resource development.  | By 2010, a statewide parent education survey will be completed.   | EC3, AmeriCorps*VISTA                                 |
| Families will have access to community-based substance abuse and treatment programs.   | Monitor listings on 2-1-1 for substance abuse and treatment programs.   | By 2012, there will be a 10% increase in family community-based substance abuse and treatment programs listed on 2-1-1.                               | Idaho Substance Abuse Authority, Idaho CareLine 2-1-1 |
| Families of young children participating in community-based substance abuse treatment programs will have access to parent education. | Create, test, and disseminate packets for parent education about early childhood development.   | By 2011, families of young children in substance abuse treatment programs will receive a packet of information about child development and screening. | EC3, AmeriCorps*VISTA                                 |
| A landscape of parent education opportunities will be available.   | Conduct a survey with birthing hospitals, school districts, and community agencies to determine what programs are available in each county. | By 2011, an inventory of all available parent education opportunities will be completed.  | EC3, AmeriCorps*VISTA                                 |

Please see page 36 for legend of acronyms



## DO FAMILY NEEDS CHANGE OVER TIME?

Children live and are nurtured within the context of their families and communities. Numerous environmental, physical, economic, and transportation factors can work against what we hope every child and their family will have: a safe, nurturing and healthy life. Stressors can affect a parent or caregiver’s ability to provide for the basic needs of their children, especially when they are struggling to make ends meet. These stressors are broad and can have long-term effects. Poverty in particular has been associated with child outcomes like poor language acquisition, which affects a child’s readiness for school.

The number of substantiated child abuse cases in Idaho has decreased dramatically from 10.7 percent in 1995 to 6.6 percent in 2000. This is good news, but there are still far too many children in homes that are unsafe.

Idaho’s divorce rate is consistently higher than the national average. The effects of the income disparity between males and females is accentuated when a female is the sole provider for her household. Also, research clearly demonstrates positive benefits of a father’s presence in a child’s life, and the negative effects of their absence.

The responsibility of family economic self-sufficiency rests not only on the head of the household, but on society as a whole. Few people want to be on public assistance; most are striving to independently provide for the needs of their family. Federal and State funded services that can help support and guide a family to a more stable and prosperous future include WIC, food stamps, transportation assistance, and home ownership programs. Just as increasing the support system for families is critical for creating opportunities for advancement, decreasing risk factors that harm children is just as critical. Other issues that can cause a breakdown in the resiliency of the family include substance abuse, child abuse, domestic violence, mental health concerns, and divorce.

The Family Support and Self-Sufficiency Focus Area addresses the protective factors that enhance a family’s environment or risk factors that diminish their capacity to meet basic needs.

**The shared goals for this segment of the Plan are:**

**Parents and caregivers meet the basic needs of children.**

**Families, communities, businesses, and the state work together to establish strategies and procedures that support families of young children.**

# IDAHO'S COMPREHENSIVE EARLY CHILDHOOD PLAN FOCUS AREA: FAMILY SUPPORT AND SELF-SUFFICIENCY



## GOALS:

- Goal 1:** Parents and caregivers meet the basic needs of children.
- Goal 2:** Families, communities, businesses and the state work together to establish strategies and procedures that support families of young children.

## Target Audience:

All Idaho's children ages birth to eight years old and their families

| Short Term Outcomes  | Activities   | Indicators   | Partners   |
|--|--|--|--|
| Resources for young children and their families will be developed at the community level based on the County Assessment Process. | Develop a list of opportunities for counties to consider.  | By 2012, 10% of counties will increase the number of early learning opportunities offered to young children and their families.                | EC3, Head Start Collaboration, county libraries                  |
| Families will have access to transition materials to assist with transitions from Part C to Part B.                              | Review existing materials; if needed, develop transition materials in English and Spanish for families moving from Part C to Part B 619 program. | By 2010, materials will be available in English and Spanish to assist families with transitions from IDEA Part C to Part B.                    | DHW-Infant Toddler Program, State Department of Education-619    |
| Families and children will have access to tele-visiting when the parent is incarcerated.   | Implement tele-visiting technology for parents and children in Ada County.   | By 2012, the DHW, Ada County Jail, and the Department of Corrections will implement tele-visiting for children and their incarcerated parents. | Department of Corrections Early Childhood Subcommittee, DHW, EC3 |
| Parents will have access to a list of state licensed child care providers through the Internet.                                  | Develop and implement a computer program that will capture all state licensed child care providers for statewide use.                            | By 2011, the DHW will have a web-based listing on all state licensed child care providers.   | DHW-Welfare and FACS, U of I-CDHD, Idaho AEYC                    |
| Family to Family support will be available for parents of children with special needs.   | Implement Family to Family support network.  | By 2010, Idaho Parents Unlimited will implement a Family to Family support system (if federally funded).                                       | Idaho Parents Unlimited, Idaho Federation of Families            |

IDAHO'S COMPREHENSIVE EARLY CHILDHOOD PLAN  
 FOCUS AREA:  
 FAMILY SUPPORT AND SELF-SUFFICIENCY  
 (CONTINUED)



| Short Term Outcomes  | Activities  | Indicators   | Partners  |
|--|---|--|---|
| Families will have access to health care.  | Locate or develop opportunities for families to access and purchase affordable health insurance.                  | By 2012, the Governor's Task Force on Health Care will generate new and/or expanded opportunities for families to receive health care.   | Governor's Task Force on Health Care  |
| Families will have supports and resources available through web-based programs.  | Review and identify family resources on 2-1-1 and ECIC and update with new listings.                              | By 2011, public awareness activities regarding family resources will increase by 15 on 2-1-1 and by 10 on the ECIC.  | DHW, ECCS, EC3  |
| Families will have access to community-based substance abuse and treatment programs that use evidence-based and age-appropriate curriculum for parents and young children. | Review each state-funded community-based substance abuse and treatment program for curriculum and child settings. | By 2011, the curriculum used for parents and young children participating in community-based substance abuse treatment will be reviewed for evidence-based research and age appropriateness. | DHW-Substance Abuse Authority, EC3  |
| Standards for home visiting will be available.   | Review existing standards and prepare Idaho standards that align with evidence-based practice.                    | By 2012, Idaho will have the standards to guide the practice of home visiting.   | DHW-Maternal Child Health, EC3, Head Start  |
| Families and family practitioners will have access to and knowledge of medical homes.  | Develop and implement training on the importance and implementation of a medical home.                            | By 2012, Idaho will offer 3 parent trainings on medical home practice.   | Idaho Parents Unlimited, ECCS, Idaho Family Practitioners Medical Home Initiative |

Please see page 36 for legend of acronyms

## IS THERE A NEED FOR A COMPREHENSIVE SYSTEM FOR EARLY EDUCATION AND CARE?



For years, hundreds of caring leaders in Idaho have worked with limited resources to serve the most vulnerable population of our community: young children and their families. While their efforts are recognized and applauded, there is considerable benefit to be gained by enhancing coordination, sharing resources, and developing mutually beneficial strategies to support the vision we have for all Idaho's young children. The only way to maximize the outcomes for all children is to maximize the delivery system for services and programs that serve them and their families. To accomplish this, we need to develop a multi-disciplinary and multi-sectoral approach, or "systems approach," to better resource and deliver critical services and supports to those who need them.

The Early Childhood Comprehensive Systems Focus Area serves to tie together the five critical issue areas of the plan. It is designed to work effectively with complex organizational structures, policies, procedures, and systems to improve the effectiveness, availability, and quality of early care and learning services.

An overall improvement in coordination, communication, and cooperation among the various state agencies, early childhood associations, and others who provide services to families of young children will positively affect the way services and programs are delivered to children within the context of their families, and at the community level.

The Early Childhood Comprehensive Systems Focus Area is the thread that connects the five focus areas and supports their implementation. Each of the five Focus Areas could be implemented as a separate piece; however, comprehensive services for families requires an expanded view of the system as a whole.

### The two shared goals in this segment of the Plan are:

**Assure linkages and coordination among providers and programs that serve families of young children.**

**Establish and use outcomes and indicators to assess and monitor change in the health and well-being of families of young children.**

# IDAHO'S COMPREHENSIVE EARLY CHILDHOOD PLAN FOCUS AREA: COMPREHENSIVE SYSTEMS

## GOALS:

**Goal 1:** Assure linkages and coordination among providers and programs that serve families of young children.

**Goal 2:** Establish and use outcomes and indicators to assess and monitor change in the health and well-being of families of young children.

## Target Audience:

All Idaho's children ages birth to eight years old and their families

| Short Term Outcomes   | Activities  | Indicators   | Partners   |
|---|---|--|--|
| Data will be reliable and accessible for IDEA Part C Infant Toddler Program.                        | Design, develop, and implement a data system.   | By 2010, a new data system will be fully functioning for the Infant Toddler Program.   | DHW-Infant Toddler Program   |
| New funding will be available to support and sustain early intervention.                            | Develop rules for a sliding fee scale and process through the State Legislature.                | By 2010, rules will be promulgated to establish a sliding fee scale for early intervention services.                                       | DHW-Infant Toddler Program, EC3  |
| New funding will be available for early childhood programs, professional development, and services. | Pass legislation to bill private insurance for early intervention services.                     | By 2012, changes to code and rules will be established for private insurance company coverage of one or more early intervention services.  | DHW-Infant Toddler Program, State Department of Insurance, EC3           |
|   | Secure new funding through federal grants.  | By 2012, new funding will be secured for Head Start, Early Head Start, professional development, and other relevant programs and services. | Head Start Association, Head Start Programs, advocacy organizations, DHW |
| "Early care and education" will be defined.   | Focus groups across the state will be held to deliberate and define "early care and education." | By 2012, there will be an agreed-upon definition of "early care and education," its purpose, and accountability.                           | Early Childhood Professional Organizations, Head Start, EC3, CPECP       |
| Statewide plans addressing services for young children and their families will be aligned.          | Continue to meet with partners and align statewide plans for young children and their families. | By 2012, there will be a 20% increase in the number of aligned state plans that impact young children and their families.                  | EC3, Head Start Collaboration  |
| The Early Childhood Coordinating Council will be codified with updated language.                    | Develop language for revised code.  | By 2012, a revision to code will be made to update to current federal requirements.  | EC3 Policy Committee   |



IDAHO'S COMPREHENSIVE EARLY  
CHILDHOOD PLAN FOCUS AREA:  
COMPREHENSIVE SYSTEMS  
(CONTINUED)



| Short Term Outcomes   | Activities  | Indicators  | Partners   |
|---|---|---|--|
| Utilize the Inventory of Government Funding Early Childhood Development and Education.  | The 2009 legislative financial scan of early childhood programs will be reviewed and taken under advisement for planning. | By 2009, the EC3 will review and assess all available information pertaining to services and funding in Idaho and plan accordingly.   | DHW, SECCS Director, EC3   |
| Programs in Idaho will benefit from the County Assessment Information.                  | Develop dynamic pages for the ECIC website and load with statistical information.   | By 2010, the County Assessment Information will be hosted on the Health and Welfare website for state and local use.  | DHW, SECCS Director, EC3   |
| Criminal history and background checks will be updated frequently.                      | Work with Criminal History Unit to access technology as quickly as available.   | By 2012, a wrap-back system will be available through the Idaho State Police to facilitate a voluntary, frequent, and cost-effective way to update criminal history for early childhood caregivers and educators. | EC3, DHW-Criminal History and Background Unit                              |
| Parents will be appointed members of the Early Childhood Coordinating Council.          | Parents will be recruited through IPUL and Infant Toddler Program.  | By 2009, there will be a 50% increase in the number of parents appointed to and participating in the Early Childhood Coordinating Council.  | IPUL, DHW-Infant Toddler Program, EC3, Regional Early Childhood Committees |
| State early childhood-related websites will be connected.                               | Update the Early Childhood Information Clearinghouse and add external resources.  | By 2011, the state websites serving as resources to families, child care providers, and early childhood educators will be connected.  | EC3  |
| Infant and early childhood mental health will have a training and endorsement in place. | See activities under <b>Social and Emotional Development.</b>   | See indicators under <b>Social and Emotional Development.</b>   | DHW, EC3, U of I-CDHD  |

Please see page 36 for legend of acronyms

The Idaho Early Childhood Comprehensive Systems Plan was open for public comments from February to May 2009. The final plan was reviewed by the following stakeholders:

|                  |   |
|------------------|---|
| Nick Arambarri   | Regional Director, Department of Health and Welfare (DHW)                 |
| Melissa Bandy    | Infant Toddler Specialist, Zero To Three, Head Start Technical Assistance |
| Stan Burton      | Executive Director, Idaho Head Start Association                          |
| Tim Corder       | Idaho State Senator   |
| Mary Dunne       | Director, Idaho School for the Deaf and Blind                             |
| Doug Fagerness   | Director, North Idaho College Head Start Program                          |
| Steven Felix     | Pediatrician, Idaho Chapter of the American Academy of Pediatrics         |
| Janice Fletcher  | Professor, University of Idaho  |
| Ida Gustin       | Program Manager, Early Childhood Learning Center                          |
| Diane Helton     | Division of Child Welfare, DHW  |
| Trista Hibbard   | Parent Representative   |
| Todd Hurt        | Child Protection/Mental Health Manager, DHW                               |
| Sherry Iverson   | Program Director, St. Luke's Regional Medical Center                      |
| Mary Jones       | Program Manager, Infant Toddler Program, DHW                              |
| Carolyn Kiefer   | Director, Head Start State Collaboration                                  |
| Phylis King      | Idaho State Representative  |
| Joan Krosch      | State Department of Insurance and EC3 Co-chair                            |
| Estela Lopez     | Director, Idaho Community Council   |
| Maggie Machala   | Physical Health Director, South Central Health District                   |
| Karen Mason      | Executive Director, Idaho Association for Education of Young Children     |
| Carrie Mori      | Idaho Infant and Early Childhood Mental Health Association                |
| Bonnie Moses     | Parent Representative   |
| Ellen Neff       | Instructor, College of Southern Idaho                                     |
| Robin Pewtress   | Division of Medicaid, DHW   |
| Amber Seipert    | Parent Representative and EC3 Co-chair                                    |
| Roger Sherman    | Idaho Children's Trust Fund   |
| Diewuke Spencer  | Title V, Maternal Child Health  |
| Tricia Sturgis   | Parent Representative   |
| Marybeth Wells   | Special Education Coordinator, State Department of Education              |
| Gene Sue Weppner | State Child Care Administrator, DHW                                       |
| Regional Members | Statewide Regional Early Childhood Committees                             |

**Plan Compilation and Report:**

|                        |   |
|------------------------|---|
| Lorraine Evans Clayton | State Early Childhood Comprehensive Systems<br>Early Childhood Coordinating Council |
|------------------------|---|

**Support Staff:**

|                     |   |
|---------------------|---|
| Cara Abdo Sherburne | AmeriCorps*VISTA Member -- Design       |
| Emily LaRocco       | Administrative Assistant, DHW -- Design |
| Cailin O'Farrell    | AmeriCorps*VISTA Member                 |
| Erin Rudd           | AmeriCorps*VISTA Member                 |
| Aubrey Erwin        | Administrative Assistant, DHW -- Design |



## LEGEND OF ACRONYMS

|                   |   |
|-------------------|---|
| <b>AAP</b>        | American Academy of Pediatrics                                    |
| <b>CACFP</b>      | Child Adult Care Food Program                                     |
| <b>CDHD</b>       | Center for Disabilities and Human Development--U of I             |
| <b>CPECP</b>      | Consortium for the Preparation of Early Childhood Professionals   |
| <b>CPS</b>        | Child Protective Services   |
| <b>DHW</b>        | Department of Health and Welfare                                  |
| <b>DOC</b>        | Department of Corrections   |
| <b>EC3</b>        | Early Childhood Coordinating Council                              |
| <b>ECIC</b>       | Early Childhood Information Clearinghouse                         |
| <b>FACS</b>       | Family and Community Services                                     |
| <b>IAFP</b>       | Idaho Association of Family Physicians                            |
| <b>ICCP</b>       | Idaho Child Care Program  |
| <b>ICTF</b>       | Idaho Children's Trust Fund                                       |
| <b>Idaho AEYC</b> | Idaho Association for the Education of Young Children             |
| <b>IECMH</b>      | Infant and Early Childhood Mental Health                          |
| <b>IHSA</b>       | Idaho Head Start Association                                      |
| <b>IHSCO</b>      | Idaho Head Start Collaboration Office                             |
| <b>IPUL</b>       | Idaho Parents Unlimited   |
| <b>MCH</b>        | Maternal Child Health   |
| <b>ME</b>         | Medicaid  |
| <b>NACCRRRA</b>   | National Association of Child Care Resource and Referral Agencies |
| <b>SCHIP</b>      | State Children's Health Insurance Program                         |
| <b>SDE</b>        | State Department of Education                                     |
| <b>SECCS</b>      | State Early Childhood Comprehensive Systems Grant                 |
| <b>U of I</b>     | University of Idaho   |
| <b>USDA</b>       | United States Department of Agriculture                           |
| <b>WIC</b>        | Women's Infant Child Nutrition Care                               |

