

Idaho's Comprehensive Early Childhood Plan 2009 -- 2012



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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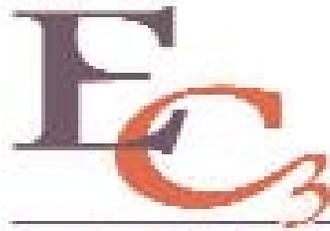
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Early Childhood Coordinating Council

Dear Idahoans:

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

The attached plan and this introduction outlines 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 is 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. Some of the changes are listed below:

- More young children were identified as eligible for early intervention through the Infant Toddler Program
- More young children were enrolled in WIC and CHIP
- One application was developed and implemented for families to apply for multiple services
- Professional development and tracking is available for child care providers and other early childhood professionals
- Rating quality in child care programs is available to help improve parental informed decision making
- Tighter child care regulations passed in the state legislature
- 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 formed
- Alignment of statewide plans for early childhood mental health, inclusion, health, oral health, Head Start, child care and infant toddler early intervention

- Improved access to parent resources through CareLine 2-1-1 and the Internet
- Process for statewide child care complaints

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

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

Please join the Early Childhood Coordinating Council by 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:

Provide leadership and education and 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 rationale and method 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 places 50th in the nation for child up-to-date immunization rates for children less 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 children from birth to 12 months have developmental tracking services (Idaho Infant Toddler Program 2005);
- Services for children and families in Idaho vary based on geographical location (MCH internal and external scan 2005);
- Idaho ranks 52nd 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 of children under age six in Idaho are living in low income households; 25,312 of 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 of 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 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 NBH follow up screen

Target Organizations: Sound Beginnings and Idaho Hospital Association

Gaps/Barriers: Statewide

Supporting Evidence: Data from Sound Beginning shows gap, January 2009



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 5 and under 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
Population: See under **Health** "Unmet Need" 5
Target Organization:
Gaps/Barriers:
Supporting Evidence:

Early Learning/Education and Care

1. Unmet Need: Quality child care
Population: All children 5 and under and their families
Target Organizations: DHW Welfare, State Legislature, UofI, 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-5 years old
Population: All children 5 and under
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 incarcerate 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 re: absence of needed supports such as respite care, Parent to Parent and transition materials
2. Unmet Need: Accessible and affordable health care
Population: See also **Health** “Unmet Need” 1
Target Organization:
Gaps/Barriers:
Supporting Evidence:
3. Unmet Need: Quality child care
Population: See also **Early Learning/Education and Care** “Unmet Need” 1
Target Organization:
Gaps/Barriers:
Supporting Evidence:



Why Should We Care?

All of the 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 is tremendous on our skilled workforce and higher education preparedness.

Basic Building Blocks: Do we know what all young children need?

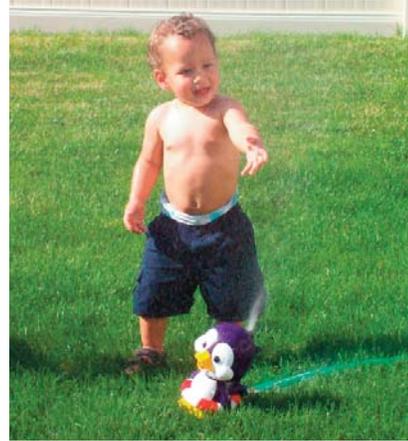
Every child's early development depends on the health and well being of parents, caregivers and the systems that sustain healthy communities. Many of Idaho's families are struggling with the effects of poverty, untreated family mental health problems and recurring exposure to violence and substance abuse. 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 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 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 all 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, 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 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, as well as faith-based and community organizations are critical players in the network that supports families both at the state and local level. They are all players in a system that provides services to families and children, but the missing link has been a common plan with a shared set of goals, outcomes and strategies for attaining those 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 rarely receive adequate financial support or the political clout needed to provide services and supports for vulnerable families. This system's focus is on supporting parents and strengthening efforts to help children become healthier, well prepared to enter the school system and lead productive lives. But 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 some of the following accomplishments:

October 2003, the vision, mission, guiding principles, organizational structure, quarterly meeting dates and identification of existing efforts, funding streams, communication outlets and other pertinent information was determined.

January 2004, a model developed by Johns Hopkins School of Public Health served as the springboard for work by the task force and its four subcommittees.

April 2004, the framework of the plan was developed, as well as the language of the "Shared Goals".

July 2004, the survey was developed and tested prior to implementation on the Web and in the regional areas.

January 2005, 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.

May 2005, the Early Care and Learning Cross Systems implementation grant was written, submitted and awarded.

April 2006, 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.

February - May 2009, the Early Childhood Coordinating Council revised the state plan based on a statewide assessment of all counties and pressing issues.

June 2009, 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 the strengths and progress toward child well-being. Over the past four to five years, significant changes have occurred that will have long-term impact on a generation of children. Some of these changes are listed below:

Over 2,000

child care providers participate in the IdahoSTARS Professional Development System. (IdahoAEYC 2009)

Idaho Association for Infant and Early Childhood Mental Health

began with a group of charter members in June 2009.

Quality Rating Improvement System (QRIS)

for child care is ready for statewide implementation. (IdahoSTARS 2009)

Over 1/2

of all third graders received dental sealants on their teeth in 2001. (MCH External Scan 2005)

98%

of all newborns are screened at birth for hearing difficulties. (EhDI 2008)

3,603

children were served by the Infant Toddler Program in 2008 compared to 2,101 in 1999. (ITP 2008)

Early Learning Guidelines

are accessible for professionals, educators and administrators through a web-based application. (Head Start State Collaboration 09)

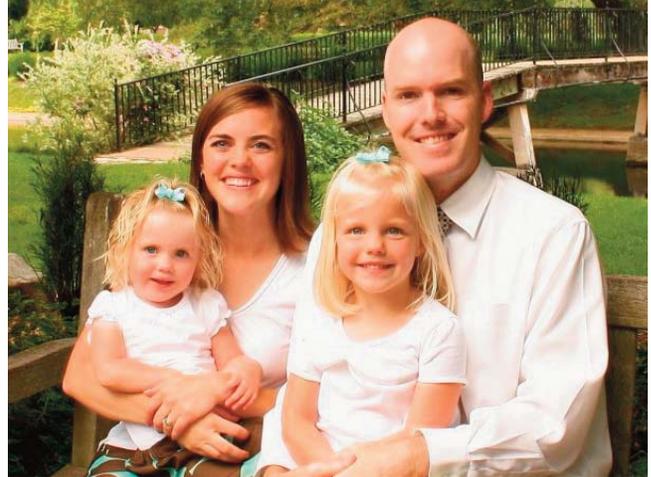
119,009

children are enrolled in CHIP compared to 54,824 in 1999. (Covering Kids and Families 2008)

100%

of birthing hospitals in Idaho participate in Newborn Hearing Screening (Sound Beginnings, 2008)

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 structures.

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:



Health Care



Mental Health
and
Social &
Emotional
Development



Early
Learning /
Education
and
Care



Parent
Education



Family
Support
and
Self-Sufficiency



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 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 the 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 look to their physician to provide them with guidance on child development topics in addition to immunizations, well-baby check-ups and 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, from birth to eight years old and their families.

Short Term Outcomes:

- Children from 19 to 35 months will have up-to-date immunizations
- Medical home training will be available. Carry forward 2005-2008 Medical Home
- Infants will receive a follow up newborn hearing screen when referred
- Eligible children will be enrolled in SCHIP
- Health consultation will be readily available for early childhood programs
- Infants and toddlers will be screened for developmental milestones to assure referral for evaluation for early intervention, if needed
- Well child check ups will be covered by private health insurance in accordance with the AAP periodicity schedule
- Nurses providing pediatric services (includes public health) will provide parental guidance and early developmental screening based on the Bright Futures Guidebook

Activities:

- Work collaboratively with the Idaho Immunization Coalition to disseminate public awareness
- Work collaboratively with IPUL, Idaho Family Practice Initiative and the AAP to offer and/or track medical home trainings
- Request annual reports from the Sound Beginnings Advisory Panel
- Collaborate with Medicaid and the Covering Kids and Families Coalition to disseminate enrollment information
- Continue annual training for Child Care Health Consultants
- Assist with the implementation of electronic ASQ and ASQ SE to increase access and efficiency for young children to be screened
- Meet with Idaho Chapter of AAP and State Department of Insurance to determine next steps for inclusion of well-child check up coverage
- Develop and implement a retrospective survey to determine if nursing practice has changed in screening and parent guidance based on the Bright Futures Guidebook

Indicators:

- By 2012 there will be an increase of 20% of children between 19 and 35 months with up-to-date immunizations
- By 2012 there will be 15 (3 per year) medical home trainings that will include parents and family practice physicians
- By 2011 there will be a 5% increase in the number of children receiving follow up hearing screening
- By 2012 there will be a 10% increase in the number of eligible children enrolled in SCHIP
- By 2012 there will be an increase of 30 people trained in the Healthy Child Care America Model
- By 2011 Part C will implement statewide access to the electronic version of the Ages and Stages Questionnaire
- By 2012 one major insurance company will revamp coverage to include one more well child check ups
- By 2011 a retrospective survey with nurses using *Bright Futures Guidebook* will indicate the tool is useful and used on a weekly basis

Partner:

- Idaho Immunization Coalition
- Idaho Parents Unlimited, DHW-Division of Health and AAP
- DHW-Idaho Sound Beginnings
- DHW-Medicaid-SCHIP
- DHW-ICCP, U of I-CDHD, Idaho AEYC
- DHW-Infant Toddler Program
- Idaho Chapter of AAP and State Department of Insurance, ECCS
- EC3, IPUL, AAP

Idaho's Comprehensive Early Childhood Plan Focus Area: Health Continued

Short Term Outcomes:

- Children will be well-nourished
- A nutrition measurement will be added to the IdahoSTARS Quality Rating Improvement System
- Oral health will improve for young children
- Case management services will be accessible for high at-risk prenatal care
- Prenatal and postpartum depression screening will be conducted

Activities:

- Disseminate information to licensed child care providers regarding eligibility for USDA-CACFP
- Update breast feeding information on ECIC and link information dissemination about breastfeeding with WIC
- Assist WIC with outreach, if needed
- A measure for nutrition will be developed and tested for child care quality rating
- Gather baseline information in 2009 and request a report from the Oral Health Alliance
- Gather baseline information in 2009 and request a report from the Head Start Association annually on the number served in Early Head Start
- Obtain baseline information from hospitals on the availability and use of pre and post natal mental health screening. Survey annually

Indicators:

- By 2012 there will be a 10% increase in the number of licensed child care providers participating in the CACFP Program
- By 2012 the DHW-ECIC webpage will be updated on breastfeeding and linked with WIC
- By 2012 there will be a 5% increase in the number of women and children enrolled in WIC
- By 2012 the child care Quality Rating Improvement System will include a measure for nutrition
- By 2011 there will be a 10% increase in the number of young children receiving routine dental check ups
- By 2012 there will be a 15% increase in the number of high at-risk pregnancies receiving case management services
- By 2012 there will be a 10% increase in the number of Idaho hospitals offering pre and post natal depression screening
- By 2012 there will be a link on the ECIC for maternal depression screening

Partner:

- USDA Food Program-CACFP
- DHW-WIC and FACS
- DHW-WIC
- U of I-CDHD, Idaho AEYC,
- Medicaid-Idaho Smiles, Orah Health Alliance
- Idaho Head Start Association
- Idaho Chapter AAP, EC3
- SECCS, EC3





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 have positive relationships with others, to have self-confidence and the ability to meet change 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 is tied very closely to the relationships the child has with his or her parents and significant caregivers. Children learn to effectively express emotions, make friends and explore the world around them through these relationships (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, sexual, parents who abuse substances, chronic or life threatening health situations, family member 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 Others 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:

Goal 1: 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:

- Infant and Early Childhood Mental Health will have an association and governing body
- An endorsement system with an IECMH professional organization will be implemented in Idaho
- Diagnostic classifications for IECMH will be established and implemented
- Rules will be promulgated to reflect qualifications and reimbursement for IECMH services
- Practice guidelines will be developed and implemented for IECMH professionals
- A statewide list of qualified IECMH providers will be available
- Quality improvement and assurance process will be developed and linked with endorsement and costs

Activities:

- Recruit membership for the Idaho Association of Infant Mental Health
- Purchase and implement endorsement system
- Develop or use existing electronic cross-walk tool with DC:O-3 and DSM IV-R
- Hold a negotiated rule-making session to develop rules and process through state legislature for approval
- Secure a contractor to design, develop and implement IECMH professional development and training
- Encourage and promote IECMH provider's registry with 2-1-1 CareLine
- Secure a contractor to design and implement an IECMH quality improvement process

Indicators:

- By 2011 an Idaho Association for Infant and Early Childhood Mental Health will be formed and fiscally solvent
- By 2012 an endorsement process will be fully implemented
- By 2012 an electronic diagnostic classification will be approved and available for IECMH providers
- By 2012 rules will be promulgated specifying provider qualifications and covered services
- By 2010 a document will be developed specifying knowledge and skills for effective practice
- By 2011 a basic curricula will be identified for in-service training
- By 2012 there will be curriculum content for inclusion of IECMH in higher education coursework
- By 2012 a list of qualified IECMH providers will be available through the 2-1-1 CareLine
- By 2012 a QA process will be linked with the endorsement process
 - By 2012 the costs/utilization of IECMH will be monitored and evaluated

Partners:

- Secure Beginnings Team, Idaho Association for Infant and Early Childhood Mental Health (IECMH)
- Secure Beginnings Team, DHW-Infant Toddler, Idaho Association for IECMH
- Secure Beginnings Team, Idaho Association for IECMH, DHW-Infant Toddler Program, ME
- DHW-Infant Toddler Program, DHW-Children's Mental Health, DHW-ME
- Secure Beginnings Team, DHW-Infant Toddler, Idaho Association for IECMH
- Secure Beginnings Team, DHW-Infant Toddler, Idaho Association for IECMH
- Secure Beginnings Team, DHW-Infant Toddler, Idaho Association for IECMH
- Secure Beginnings Team, DHW-Infant Toddler, Idaho Association for IECMH, Idaho CareLine 2-1-1
- Secure Beginnings Team, DHW-Infant Toddler
- Secure Beginnings Team, DHW-Infant Toddler, DHW-ME

Idaho's Comprehensive Early Childhood Plan Focus Area: Mental Health and Social & Emotional Development Cont.

Short Term Outcomes:

- Children will be screened for social and emotional developmental milestones to assure referral for evaluation for early intervention, if needed
- Public messaging will educate parents and caregivers about the harmful impact of stress on infants and young children

Activities:

- Purchase electronic version of Ages and Stages Questionnaire-Social Emotional
- Develop or purchase a campaign about the impact of stress during the early years

Indicators:

- By 2012 the electronic version of the ASQ-SE will be piloted in medical offices in one area of the state
- By 2012 a messaging campaign will be developed and implemented to inform Idahoans about the harmful impact of stress on young children

Partners:

- DHW-Infant Toddler Program
- Secure Beginnings Team, DHW-Infant Toddler, Idaho Association for IECMH, AmeriCorps*VISTA





Why Is the Quality of Early Learning/Education and Care Important?

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

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. We now have many children spending a majority of their time with caregivers who are not their parents, in either formal or informal settings. 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. Supporting the practical needs of families requires addressing issues of:

- quality child care and the cost for quality;
- early learning opportunities;
- endorsement/credentialing/certification of early childhood professionals, and;
- 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 selecting a quality child care setting promotes school readiness, healthy growth and helps close the gap between children from low income families and affluent families. 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 healthy 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:

- Early Learning Guidelines will be available
- Infants and Toddlers in early intervention programs will reach developmental goals
- Children (0-2) with substantiated abuse/neglect will be screened for health and development
- Children (0-2) will receive early intervention services in natural environments
- Statewide child care licensing will be based on nationally recognized health, fire and safety standards
- There will be a standardized statewide child care complaint system
- Child care technical assistance will be available from VISTAs for municipalities to improve local ordinances
- An infant toddler credential will be available through the statewide professional development system

Activities:

- Complete Early Learning Guidelines with Internet access and training modules for different audiences
- Continue protocol for assessing progress toward outcomes on IFSPs and IEPs for children birth through five
- Screen and refer children for early intervention services if experience maltreatment
- Implement coaching model with two additional teams in areas struggling with natural environments
- Continue to rework licensing bills and rules and refine one year at a time
- Develop and implement a statewide child care complaint process
- Continue to recruit and staff VISTA Weaving Together Idaho Child Care project
- Develop or purchase a child care infant toddler credential system

Indicators:

- By 2010 the Early Learning Guidelines will be completed and available along with training for parents, teachers, child care providers and administrators
- 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
- 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
- By 2010 and annually thereafter the Infant Toddler Program Annual Progress Report will indicate the percentage of children receiving services in the natural environment
- By 2011 legislation will pass and rules will be promulgated to improve statewide child care licensing regulations
- By 2010 there will be a single point of entry for child care licensing complaints
- 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
- By 2012 there will be a curriculum and training developed and implemented to establish an infant toddler child care credential

Partners:

- Head Start Collaboration, DHW-Infant Toddler, SDE-619, Early Childhood Comprehensive Systems
- DHW-Infant Toddler Program, SDE 619, EC3
- DHW-Infant Toddler Program & CFS
- DHW-Infant Toddler Program
- DHW-Welfare & FACS
- DHW-Welfare and FACS, AmeriCorps* VISTA
- DHW-Welfare & FACS, AmeriCorps*VISTA
- U of I-CDHD, Idaho AEYC

Idaho's Comprehensive Early Childhood Plan Focus Area: Early Learning/Education and Care Continued

Short Term Outcomes:

- A child care director credential will be available through the statewide professional development system
- Quality child care will be measurable
- Quality child care will guide reimbursement for child care
- Align early childhood professional development with national and professional standards and organizations.
- Develop and implement articulation agreements for early childhood that branches from high school to PhD
- Training opportunities for early childhood educators will be accessible and coordinated to address cultural competencies
- Early Childhood teachers with a blended certificate will be available
- Head Start teachers and staff will meet education levels according to national standards/requirements
- Early care and education programs will be available to children on a voluntary basis

Activities:

- Develop or purchase a child care director credential system
- Implement statewide QRIS to measure quality
- Determine reimbursement scale based on quality and identify funding to implement
- Align training, coursework and continuing education for all early childhood providers, professionals and teachers including IECMH.
- Higher educational institutions will work across technical college and universities to establish or refresh articulation agreements
- Training will be monitored throughout the state to determine frequency and quantity of culturally competent opportunities
- Develop a mechanism for fund raising that will eventually provide scholarships for those majoring in the early childhood education/early childhood special education blended certificate programs in Idaho
- Head Start Assoc., Collaboration, T/TA will work with program directors to locate educational opportunities for Head Start staff and applicants
- Develop a mechanism for fund raising that will eventually provide local funding for early learning and care programs

Indicators:

- By 2012 there will be a curriculum and training developed and implemented to establish a child care director credential
 - By 2011 a statewide Quality Rating and Improvement System will be implemented
 - By 2012 rules will be promulgated to reimburse ICCP providers with a base level and an increase for quality
 - By 2012 statewide early childhood professional development will be aligned with the national standards, NAEYC and NCCIC guidelines
 - By 2012 there will be at least one new articulation agreement between technical and university level programs.
- By 2012 there will be one annual count of culturally competent training opportunities for EC providers, teachers and professionals
- By 2012 an endowment will be established for ECE/ECSE blended certificate scholarships for Idaho students attending Idaho schools
 - By 2013 Head Start teachers, home visitors and teaching aids will meet the federal requirements for education and experience
 - By 2012 an endowment will be established for early learning and care

Partners:

- U of I-CDHD, Idaho AEYC
- U of I-CDHD, Idaho AEYC
- DHW-Welfare, advocacy organizations
- Consortium for the preparation of early childhood providers, EC3, higher education and Idaho AEYC
- Consortium for the preparation of early childhood providers, higher education, EC3
- EC3
- EC3
- Head Start, T/TA
- EC3



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 learning for life. 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 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, more so for parents struggling with marital, economic, physical and mental health issues, or other stressors. Parents are responsible for providing and monitoring their child's environment; however when a parent lacks the knowledge, skills or resources to adequately perform these fundamental tasks then the child is 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 important to identify developmental delays as early as possible in babies and young children so early intervention services can maximize a child's potential and reduce later risks. Parents need information, support and to be a part of the team during 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 help parents strengthen their ability to help their child 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 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

GOALS:

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:

- Parents will understand how to help their child with early intervention services
- Families will understand the importance of protective factors for their children
- Child development classes will be available for incarcerated parents
- Parent education will be accessible in communities
- Family to Family support will be available
- Parents will have access to Early Learning Guidelines materials
- Early Literacy opportunities will be available
- A county inventory of early childhood services will be available
- Parents will have access to research based parent education, training and resources in multiple languages

Activities:

- Complete annual survey and/or observation to determine parent competencies
- Complete a retrospective survey process annually to determine if family behavior changed
- Locate instructor for incarcerated parents Building Brain Basics class
- Revitalize the Early Childhood Information Clearinghouse with updated information
- A federal grant application will be processed to develop a Family to Family network
- Design, develop and make accessible collateral materials from ELGs
- Locate start-up funding and physicians to implement Reach Out and Read
- Develop dynamic forms for county information accessibility on the ECIC
- Parent education survey to determine resource development

Indicators:

- By 2010 and annually thereafter the Infant Toddler Program Annual Performance Report will continue to show parent competencies in helping their child
- By 2012 through a retrospective survey, families will be able to identify the difference in their behavior due to the Strengthening Families Curriculum
- By 2010 a 16 hour child development class, Building Brain Basics, will be available for incarcerated parents
- By 2010 and annually thereafter the Early Childhood Information Clearinghouse and 2-1-1 will be updated with new resources for parent education
- By 2010 a statewide parent education survey will be completed
- By 2011 parent materials from the Early Learning Guidelines will be developed and distributed to parents
- By 2011 there will be ELG family collateral materials available
- By 2012 there will be a 10% increase in the number of pediatricians offering Reach Out and Read
- By 2010 there will be a matrix of services for each county listed on the Early Childhood Information Clearinghouse and on 2-1-1
- By 2010 a statewide parent education survey will be completed

Partners

- Infant Toddler Program, EC3
- Idaho Children's Trust Fund, Idaho AEYC
- Women's Prison, Criminal Justice Commission Early Childhood sub Committee, EC3
- Idaho CareLine 2-1-1, Early Childhood Coordinating Council, SECCS
- Early Childhood Coordinating Council, AmeriCorps*VISTA
- Idaho Parent's Unlimited, Idaho Federation of Families
- Head Start Collaboration
- EC3, Idaho Chapter AAP
- DHW, EC3
- EC3, AmeriCorps*VISTA

Idaho's Comprehensive Early Childhood Plan Focus Area: Parent Education Cont.

Short Term Outcomes:

- Families will have access to community based substance abuse and treatment programs
- Families of young children participating in community-based substance abuse treatment programs will have access to parent education
- A landscape of parent education opportunities will be available.

Activities:

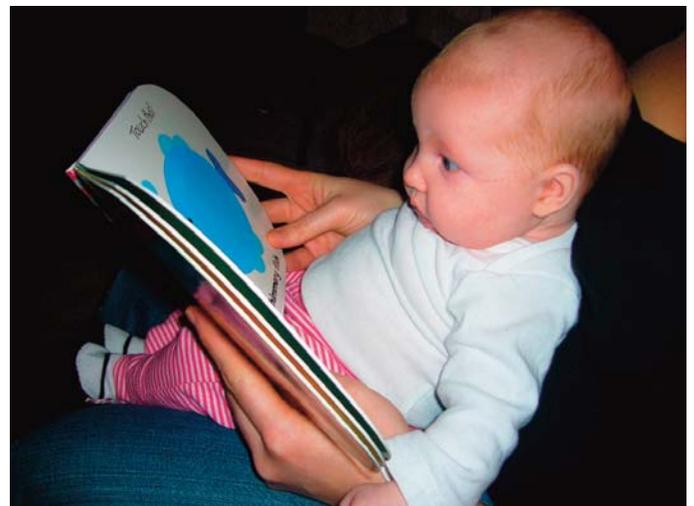
- Monitor listings on 2-1-1 for substance abuse and treatment programs
- Create, test and disseminate packets for parent education about early childhood development
- Conduct a survey with birthing hospitals, school districts and community agencies to determine what programs are available in each county.

Indicators:

- By 2012 there will be a 10% increase in family community based substance abuse and treatment programs listed on 2-1-1
- By 2011 families of young children in the substance abuse treatment programs will receive a packet of information about child development and screening
- By 2011, an inventory of all available parent education opportunities will be complete.

Partners

- Idaho Substance Abuse Authority, 2-1-1
- EC3, AmeriCorps*VISTA
- EC3, AmeriCorps*VISTA





Do Family Needs Change Over Time?

Children live and are nurtured within the context of their families and communities. There are numerous environmental, physical, economic and transportation factors that 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 barely making ends meet. These stressors are broad and can have long term effects. Poverty in particular has been associated with poor child outcomes such as poor language acquisition which affects a child's readiness for school.

The number of substantiated child abuse cases in Idaho has decreased dramatically between 1995-2000 from 10.7 percent to 6.6 percent per 1000 children. This is good news, but there are still far too many children in homes that are not safe.

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, the research clearly demonstrates the positive benefits of fathers and the harmful affects if they are absent.

The responsibility of family economic self-sufficiency resides not only on the head of the household, but on society. Few people strive to be on public assistance. Rather, they strive to be able to provide for the needs of their families. 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. Issues other than economic instability that cause a break down 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

- Resources for young children and their families will be developed at the community level based on the County Assessment Process
- Families will have access to transition materials to assist with transitions from Part C to Part B
- Families and children will have access to tele-visiting when the parent is incarcerated
- Parents will have access to a list of state licensed child care providers through the Internet
- Family to Family support will be available for parents of children with special needs
- Families will have access to health care
- Families will have supports and resources available through web-based programs.
- 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 home training.

Activities:

- Develop a list of opportunities for counties to consider
- Review existing materials and develop if needed, transition materials in English and Spanish for families moving from Part C to Part B 619 program
- Implement tele-visiting technology for parents and children in Ada County
- Develop and implement computer program that will capture all state licensed child care providers for statewide use
- Implement Family to Family support network
- Locate or develop opportunities for families to access and purchase affordable health insurance
- Review and identify family resources on 2-1-1 and ECIC and update with new listings
- Review each state funded community-based substance abuse and treatment program for curriculum and child settings

Indicators:

- By 2012 10% of the counties will increase the number of early learning opportunities offered to young children and their families
- By 2010 materials will be available in English and Spanish to assist families with transitions from IDEA Part C to Part B
- By 2012 the DHW, Ada County Jail and the Department of Corrections will implement tele-visiting for children and their incarcerated parents
- By 2011 the Department of Health & Welfare will have a web-based listing of all state licensed child care providers
- By 2010, if federally funded, Idaho Parents Unlimited will implement a Family to Family support system
- By 2012 the Governor's Task Force on Health Care will generate new and/or expanded opportunities for families to receive health care
- By 2011 public awareness activities regarding family resources will increase by 15 as listed on 2-1-1 and 10 as listed on the Early Childhood Information Clearinghouse
- By 2011 the curriculum used for parenting and young children participating in community-based substance abuse treatment will be reviewed for evidence-based and age appropriateness

Partners:

- Early Childhood Coordinating Council, Head Start Collaboration, County Libraries
- DHW-Infant Toddler Program, State Department of Education-619
- Department of Corrections Early Childhood sub Committee, DHW, EC3
- DHW-Welfare & FACS, U of I-CDHD, Idaho AEYC
- Idaho Parents Unlimited, Idaho Federation of Families
- Governor's Task Force on Health Care
- DHW, ECCS, EC3
- DHW-Substance Abuse Authority, EC3

Idaho's Comprehensive Early Childhood Plan Focus Area: Family Support and Self Sufficiency Cont.

Short-term Outcomes

- Standards for home visiting will be available
- Families and family practioners will have access to and knowledge of medical homes

Activities:

- Review existing standards and prepare Idaho standards that align with evidence-based practice
- Develop and implement training on the importance and implementation of a medical home.

Indicators:

- By 2012 Idaho will have standards to guide the practice of home visiting
- By 2012 Idaho will offer 3 parent trainings on medical home practice

Partners:

- DHW-Maternal Child Health, Early Childhood Coordinating Council, Head Start
- Idaho Parents Unlimited, ECCS, Idaho Family Practioners Medical Home Initiative





Is There a Need For a Comprehensive System for Early Education and Care?

For many years, hundreds of caring leaders in Idaho have conducted business with limited resources to serve the most vulnerable population-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, 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 effectiveness, availability and the 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 woven between 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:

- Data will be reliable and accessible for IDEA Part C Infant Toddler Program
- New funding will be available to support and sustain early intervention
- New funding will be available for early childhood programs, professional development and services
- Early care and education will be defined
- Statewide plans addressing services for young children and their families will be aligned
- Codify the Early Childhood Coordinating Council with updated language
- Utilize the Inventory of Government funded Early Childhood Development and Education
- Programs in Idaho will benefit from the County Assessment Information

Activities:

- Design, develop and implement a data system
- Develop rules for a sliding fee scale and process through the State Legislature
- Pass legislation to bill private insurance for early intervention services
- Secure new funding through federal grants
- Focus groups across the state will be held to deliberate and define "early care and education"
- Continue to meet with partners and align statewide plans for young children and their families
- Develop language for revised code
- The 2009 legislative financial scan of early childhood programs will be reviewed and taken under advisement for planning
- Develop dynamic pages for the ECIC website and load with statistical information

Indicators:

- By 2010 a new data system will be fully functioning for the Infant Toddler Program
- By 2010 rules will be promulgated to establish a sliding fee scale for early intervention services
- By 2012 establish change to code and rules will be established for private insurance company coverage of one or more early intervention services
- By 2012 new funding will be secured for Head Start, Early Head Start, professional development and other relevant programs and services
- By 2012 there will be an agreed upon definition of early care and education, its purpose and accountability
- By 2012 there will be a 20% increase in the number of state plans aligned that impact young children and their families
- By 2012 a revision to code will be made to update to current federal requirements
- By 2009 the EC3 will review and assess all available information gathered that pertains to services and funding in Idaho and plan accordingly
- By 2010 the County Assessment information will be hosted on the Department of Health & Welfare website for state and local use

Partners:

- DHW-Infant Toddler Program
- DHW-Infant Toddler Program, EC3
- DHW-Infant Toddler Program, State Department of Insurance, EC3
- Head Start Association, Head Start Programs, Advocacy Organizations DHW
- Early Childhood Professional Organizations, HS, EC3, Consortium PECP
- Early Childhood Coordinating Council, Head Start Collaboration
- Early Childhood Coordinating Council Policy Committee
- DHW, Early Childhood Comprehensive Systems Director, Early Childhood Coordinating Council
- DHW, Early Childhood Comprehensive Systems Director, Early Childhood Coordinating Council

Idaho's Comprehensive Early Childhood Plan Focus Area: Comprehensive Systems Cont.

Short Term Outcomes:

- Criminal history and background checks will be frequently updated
- Parents will be appointed members of the Early Childhood Coordinating Council
- State Early Childhood related websites will be connected
- Infant and Early Childhood Mental Health will have a training and endorsement process in place

Activities:

- Work with Criminal History Unit to access technology as quickly as available
- Parents will be recruited through IPUL and Infant Toddler Program
- Update the Early Childhood Information Clearinghouse and add external resources
- See activities under social and emotional development

Indicators:

- 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
- By 2009 there will be a 50% increase in the number of parents appointed and participating in the Early Childhood Coordinating Council
- By 2011 the state web sites serving as a resource to families, child care providers and early childhood educators will be connected

Partners:

- EC3, DHW-Criminal History and Background Unit
- IPUL, DHW- Infant Toddler Program. EC3, RECC
- IDHW, EC3, U of I-CDHD



The Idaho Early Childhood Comprehensive Systems Plan was open for public comments from February - 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 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 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 |
| RECC | Statewide Regional Early Childhood Committees |

Support Staff:

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

Acronyms Legend

| | |
|--------|--|
| AAP | American Academy of Pediatrics |
| CACFP | Child & Adult Care Food Program |
| CDHD | U of I Center for Disabilities and Human Development |
| DHW | Department of Health and Welfare |
| EC3 | Early Childhood Coordinating Council |
| ECIC | Early Childhood Information Clearinghouse |
| FACS | Family & Community Services |
| ICCP | Idaho Child Care Program |
| ICTF | Idaho Children's Trust Funds |
| IECMH | Infant and Early Childhood Mental Health |
| IHSA | Idaho Head Start Association |
| IHSCO | Idaho Head Start Collaboration Office |
| IPUL | Idaho Parents Unlimited |
| MCH | Maternal Child Health |
| ME | Medicaid |
| RECC | Regional Early Childhood Committees |
| SECCS | State Early Childhood Comprehensive Systems Grant |
| U of I | University of Idaho |
| USDA | United States Department of Agriculture |
| WIC | Women's Infant Child Nutrition Care |