

## **KANSAS**

Goal 1 - To ensure that all Kansas children have access to health insurance and medical homes (regular source of health care).

Objective 1.1 Increase the % of births to women having received adequate prenatal care.

Every home visitor in Kansas participates in basic home visitation training which includes prenatal information.

Increase in the number of families enrolled prenatally in home visitation programs.

Plan for universal prenatal screening for all pregnant women.

Increase in prenatal care.

Improved birth outcomes for mother and baby. (Low birth weight)

Increase in the number of children with health insurance.

Increase in the number of Medicaid providers.

Objective 1.2 Increase the number of children in Kansas who have health insurance.

Medicaid/SCHIP outreach and enrollment is incorporated into basic home visitation training.

Increase in the number of children with health insurance coverage.

Objective 1.3 Increase the number of children in Kansas who have a regular source of medical and dental care.

Implementation of universal newborn screening.

Increase in physician knowledge about early intervention services.

Increase in number of families reporting medical homes.

Increase in the number of children with special health care needs with a medical home.

Increase in use of telemedicine to facilitate high quality care.

Increase in health literacy knowledge of parents.

Increase in the number of providers, parent educators, and parents trained in nutrition and fitness curriculum and milestones appropriate to the age of the child.

Decrease in number of unnecessary ER visits.

Increase % of children birth through age 5 in early care and education programs that are cavity free.

Increase % of children/families receiving oral health education.

Increase in oral health activities across the State.

Number of nurses by county.

% of children fully immunized by age 2.

Goal 2 - To fully integrate mental health and social-emotional development into the early childhood system in Kansas (mental health and social-emotional development).

Objective 2.1 Increase the capability of early childhood, early care and education, and mental health professionals and families to identify, address, and prevent social-emotional problems in early childhood.

Identify best practices in infant-toddler mental health.

Increase in provider/educator awareness of social-emotional development.

Develop competencies on mental health/social-emotional development for professionals working with young children.

Objective 2.2 Increase the early identification of children who need mental health services.

Increase in number of early care and education professionals trained in infant-toddler mental health issues.

Increase in the number of professionals trained in SEST screening and other valid and reliable social-emotional screening tools such as the ASQ:SE.

Increase in number of screenings and needed referrals for evaluation.

Increase in availability and access to infant-toddler mental health services.

Objective 2.3 Develop a system to provide mental health services so that young at-risk children and families receive needed services.

Implementation of Mental Health Consultation statewide.

Increase in participation of mental health providers across early childhood.

Increase in the number of professional development events for mental health providers on infant-toddler mental health statewide.

Objective 2.4 Increase the State's ability to assess social-emotional readiness skills and abilities.

Local and state professionals use school readiness data and other data to promote social-emotional skills and abilities of young children.

Increase in participation in social-emotional screening of children.

Goal 3: To develop a comprehensive and coordinated early childhood care and education system in Kansas encompassing Birth-5 (early care and education services).

Objective 3.1 Increase the number of children of all abilities receiving high quality early care and education.

Increase in quality of early care and education programs.

A quality rating system is developed and implemented.

A tiered system of SRS child care subsidies is linked to QRS ratings.

Increase in parental access to information about quality early care and education programs.

100% of facilities that partner with universal PreK meet at least 3 stars on the QRS rating scale.

A comprehensive statewide professional development plan is developed and implemented.

Increase in the number of early care and education programs that have a parent education component.

Increase in the number of early care and education programs using evidence based curriculum.

Increase in the number of early care and education providers trained to provide care to children with special health care needs.

% of primary providers with CDA or degree.

Number of child care enforcement citations by county.

Objective 3.2 Increase the number of early care and education programs that are available for all children.

All day voluntary kindergarten is funded.

Increase in funding for three and four year old programs.

Increase in number of children enrolled in preschool programs.

Increase in the proportion of children in poverty served by early care and education programs.

Meet demand for infant and toddler slots in early care and education settings.

Increase in child care slots for children with special needs.

A coordinated public awareness message and campaign developed that results in an increased number of positive media coverage.

Capacity of child care centers by county.

Number of Early Head Start programs.

Number of Head Start programs.

Objective 3.3 Increase the effectiveness of transitions from early care and education to kindergarten through high quality classroom learning environments.

Increase in the number of teachers trained to support school readiness domains (knowledge of skills and abilities).

Increase in the number of teachers trained to provide appropriate supports and education to all young children.

Complete Kansas Early Learning Document “how to use” sections and disseminate as a complete document.

Increase in the number of early childhood professionals trained on the Early Learning Guidelines and Standards.

Increase in the number of high quality early care and education programs as determined by the QRS.

Development of professional developmental modules based on Kansas Quality Standards, Core Competencies, and Early Learning Document.

Objective 3.4 Strengthen relationships between families, early care and education programs, schools, and communities.

Technical assistance needs of communities are identified.

Communication strategy to engage hard-to-reach parents is developed.

Increase in family involvement for all families with early care and education settings.

Goal 4: To educate and mentor parents about childhood health, development, and education (parent education).

Objective 4.1 Increase the number of programs that promote parent education on the school readiness developmental domains: physical health, social-emotional development, communication and literacy, mathematical knowledge, and symbolic development.

Develop training for providers and educators on parent education, involvement and engagement.

Increase in public and parental awareness of School Readiness domains.

Increase in number of parent education programs.

Objective 4.2 Increase the quality and scope of parent education programs.

Every home visitor in Kansas participates in basic home visitation training.

Identify and implement best practices to increase parental involvement.

Increase in parental involvement in their child’s early care and education experiences.

Increase the number of parents enrolled in evidence based parent education programs.

Increase in parental and family literacy and parental engagement in more language and literacy promoting behaviors with their children.

Increase in access to earned income tax credits for low income parents.

Decrease in unnecessary use of hospital ER and clinic visits as a result of parent education programs, including the Parent Health Literacy Project.

Increase in parental knowledge of child development, parenting skills, and confidence in advocacy.

Goal 5: To promote a system that helps families develop and utilize both intellectual and material resources to prepare their children for school and life (family supports).

Objective 5.1 Increase the number of mothers who are high school graduates.

Increase in graduation rates for women with young children.

Increase in resources available for programs that provide adult and continuing education programs.

Decrease in truancy rates.

% of live births to mothers with a high school diploma or higher.

Objective 5.2 Increase the number of children living in homes free of violence.

Implement the Kansas Strengthening Families Plan.

Increase family protective factors.

Increase in the public awareness messages that focus on more positive proactive/prevention messages.

Increase in options for quality care and education for families needing sick care, shift work care, care for children with special health care needs, and respite care.

Child welfare and foster care professionals become involved in the KECCS plan.

Crime rate per capita.

Objective 5.3 Increase the number of children living in families that can afford basic necessities.

Increase in the number of eligible families receiving services.

Increase in the number of children, including foster children, enrolled in Head Start, Four Year Old At Risk, and other targeted programs that provide free preschool to support parents in their work and training.

Increase access to child care for low income children. (# of subsidies for child care)

Increase in coordination of services between SRS and State agencies.

Increased access to food assistance programs.

Median monthly income.

% of kindergarteners receiving free and reduced school lunch.

% of children under age 18 living below poverty level.

Objective 5.4 Increase the affordability of early care and education programs for all families.

Financing structures for early childhood services developed.

Early childhood policies supported and barriers removed.

Voluntary Kansas Preschool Program is in place and available to all families.

Median cost of infant-toddler and preschool age child care.

Average number of families in receiving child care assistance.

## **LOUSIANA**

### **Health Insurance and Medical Homes**

#### *Short Term*

Number/percent of Medicaid children receiving KIDMED services

Number/percent of children enrolled in Medicaid for State

Number of Medicaid/ Community care providers

Number of primary care providers trained in medical home

#### *Long Term*

Percent of children in the state who are uninsured

Percent of children with an identified healthcare provider

Percent of children with adequate immunizations by 2 years old

All children immunized appropriately at school entry.

### **Social emotional development and mental health**

#### *Short Term*

Number of children and families served through the ECSS Program

Number of children screened for psycho-social risk factors

Percent of NFP eligible women served

Number of mental health professionals trained in infant mental health

Number of children and families served through ECSS

*Long Term*

Percent of children with behavior problems at school entry  
Rate of substantiated child abuse and neglect  
NFP outcome measures

**Early care and education**

*Short Term*

Average teacher- to- child ratio in pre-k through first grade classrooms  
Percent of eligible children receiving child care subsidies  
Percent of 3 and 4 year old enrolled in a center-based early childhood care and education program  
Percent of infants and toddlers in poverty who are enrolled in Early Head Start

*Long Term*

Percent of NAFCC accredited family child care homes  
Percent of NAEYC accredited child care centers  
Percent of early childhood teachers with a BA degree and specialized training in early childhood

**Parenting education and family support**

*Short Term*

Number of women, families and children receiving TANF support  
Number of “Best Practice” parent education programs in the state

*Long Term*

Percent of children living in families where no parent has full-time, year round employment  
Percent of children living in poverty  
Rate of substantiated child abuse and neglect

**Financing**

*Short Term*

Number of state funded programs for early childhood programs which serve the 0 to 5 years of age population

*Long Term*

Percentage of state’s budget dedicated to programs which serve children in the 0 through 5 age range  
State’s national ranking(s) for children’s health and well-being

**School Readiness Indicators:**

National School Readiness Indicators  
Mother’s Education Level  
% of births to mothers with less than a 12th grade education  
Births to Teens  
# of births to teens ages 15-17 per 1,000 girls  
Child Abuse and Neglect  
Rate of substantiated child abuse and neglect among children birth through five  
Children in Foster Care

% of children birth through five in out-of-home placement (foster care) who have no more than two placements in a 24-month period

Young Children in Poverty

% of children birth through five living in families with income below the federal poverty threshold

Supports for Families with Infants and Toddlers

% of infants and toddlers in poverty who are enrolled in Early Head Start

Health Insurance

% of children birth through five without health insurance

Low Birthweight Infants

% of infants born weighing under 2,500 grams (5.5 pounds)

Access to Prenatal Care

% of births to women who receive late or no prenatal care

Immunizations

% of children ages 19-35 months who have been fully immunized

Children Enrolled in an Early Education Programs

% of 3- and 4-year-olds enrolled in a center-based early childhood care and education program (including child care centers, nursery schools, preschool programs, Head Start programs, and pre-kindergarten programs)

Early Education Teacher Credentials

% of early childhood teachers with a bachelor's degree and specialized training in early childhood

Accredited Child Care Centers

% of child care centers accredited by the National Association for the Education of Young Children (NAEYC)

Accredited Family Child Care Homes

% of family child care homes accredited by the National Association for Family Child Care (NAFCC)

Access to Child Care Subsidies

% of eligible children birth through age five receiving child care subsidies

Class Size

Average teacher/child ratio in pre-k through first grade classrooms

Fourth Grade Reading Scores

% of children with reading proficiency in fourth grade as measured by the state's proficiency tests

## **MASSACHUSETTS**

- Increase in # of children screened for all health and developmental issues
- Systematic plan in place to ensure screening fully implemented
- Agencies will have access to validated screening tools and resources related to early identification of I/ECMH issues
- Families of young children have increased access to information about options and have support in accessing those options
- State agency leaders and families have increased knowledge of medical home concept for children with behavioral/mental health issues
- Health consultants have increased knowledge of medical homes for young children

- Primary care pediatricians in CHCs have an increased knowledge in using the PEDS screening tool
- Infants and toddlers receive valid, evidence-based screenings and assessments in the most appropriate setting
- CCHCs and MHCs will have a greater awareness of OH issues for infants and young children
- Head Start children statewide will have greater access to dental home
- Families of infants and young children will have greater awareness of OH issues
- Strong agreement among key leaders on strategies to be pursued
- Increased awareness of importance of early promotion of children's healthy development and prevention, identification and treatment re: mental health concerns
- Strong agreement among key leaders on strategies to be pursued
- Increased awareness of importance of early promotion of children's healthy development and prevention, identification and treatment re: mental health concerns of both mother and child
- Increase awareness of current capacity of mental health and health consultants
- Increase awareness of promising funding mechanisms
- Data used by Interagency Workgroup in planning ECMH systems and responding to Omnibus CMH Legislation
- Expansion of on-site I/ECMH consultation models and other preventative MH services
- Increased # of professionals trained
- Increased availability of resources and supports to enhance the consultation services provided to child care settings by mental health professionals
- Mental health clinicians report better skills and knowledge to work effectively in early education and care settings
- Increased use of mental health consultation models to provide ongoing support to early education and care workforce
- Regular screening incorporated into practice for early identification of social-emotional concerns
- Screening activities increased
- Use of mental health consultation increased
- Increased access of services, especially for children involved with DSS
- Strong agreement among key leaders on strategies to be pursued
- Common competencies of EEC and EI enable collaboration and common career lattice
- Enhanced awareness of ECE community to CCHC workforce
- Greater representation and connection by CCHC's through registry
- Increased awareness of ECE staff on health and safety issues/best practices, especially re: HIV
- Increased # of consultants trained
- Increased awareness of professionals across the early childhood sector of health issues, such as obesity
- Activities that promote the S/E health and physical well-being of infants and young children continue to be supported
- Providers are more knowledgeable about health and safety issues
- Enhanced provider medication administration knowledge and protocols
- Increased participation and input by family members and community leaders
- Increased participation of FFNs in MFNs
- Increased linkages of DSS and other providers/partners to child development expertise of EC

programs/systems

- Best practices identified through EEC and MECCS pilots shared
- Frontline staff increased capacity to work effectively with families of young children

### **MISSOURI: Draft**

% of victims with repeated substantiated child abuse/neglect.

% of children under six in poverty.

% of Head Start families accessing at least one of specified family services.<sup>2</sup>

% of Head Start parents employed.

During its Planning Phase, the Strengthening Families Initiative is developing indicators that may be inserted into this section of the ECCS Action Plan when completed.

% of school districts increasing participation in Parents as Teachers for high need families.

% of Medicaid enrollees whose age is less than one year who received at least one initial or periodic screening.

% of Head Start mental health consultations with parents about an enrolled child.

Number of high quality early childhood programs.

% of children entering kindergarten who were assessed to have average or above average school readiness skills.

% of eligible families accessing Early Head Start/Head Start.

Number of quality inclusive preschool opportunities for children with special needs.

Number of early childhood providers receiving diversity training.

% of young children without health insurance.

% of children with special health care needs age 0-5 who receive coordinated, ongoing, comprehensive care within a medical home.

% of children screened for lead.

% of 19-35 month olds who have received full schedule of age appropriate immunizations against measles, mumps, rubella, polio, diphtheria, tetanus, pertussis, haemophilis influenza, and hepatitis B.

% of Head Start enrollees with a source of continuous accessible dental care at the end of the enrollment year.

% of young children on MC+ that access mental health services.

% of children almost always coping with failure and frustration at kindergarten entry.

Number of children screened for emotional, social, behavioral, and developmental factors through the Healthy Children and Youth Program.

% of child care providers participating in Child Care Orientation Training (CCOT) social-emotional module

### **VIRGINIA**

#### **Home:**

- #/% of eligible children covered under Medicaid and FAMIS
- #/% of children with health insurance
- #/% of families under and over 200% of poverty level not enrolled in HI programs
- % of mothers receiving early prenatal care
- #/% of low birth weight babies
- # elevated lead levels in children under 6 and % tested

#### **Behavioral Health and Social-Emotional Development:**



## Indicators Work Group 4: ECCS Grantee Meeting, March 12-13, 2008

- #/% enrolled in Head Start and Virginia Preschool Initiative
- #/rate of founded/unfounded cases of child abuse/neglect and assessments
- #/rate children under 6 entering and exiting foster care
- # enrolled in home visitation programs (CHIP, Healthy Families)
- **#/% of children with early enrollment in Part C**

### **Early Care and Education:**

- #/% of kindergarteners identified as needing additional intervention under the Early Reading Initiative
- #/% eligible receiving child care subsidies

### **Parent Education:**

- #/rate of births to teen mothers
- #/% of mothers with less than a 12<sup>th</sup> grade educational level

### **Family Support:**

- Number & % of families with young children living below the state standard or 100 or 200 percent of the poverty level
- % children under 6 living in poverty
- % children receiving free lunch subsidies in public preschool
- Eligible/enrolled in WIC
- Median income for families with children.