

ARIZONA

Parent Education Coordinating Board is coordinating services in the state
Eligibility Wizard (EW) is developed for statewide use
Online course on protective factors is available for use by administrators and staff of early childhood programs
Annual screenings are completed for each child enrolled day care setting
Behavioral Specialists will be available to early care programs
Mental health consultants will be available for early care programs
Child health information forms are used in all child care programs
Immunization registry is accessible to all child care programs
Group trainings on medical home concepts
Statewide Quality Rating System is implemented for child care programs
Public education campaign to highlight high quality programs
Tracking system for professional development will be implemented statewide
Implement components of the Strengthening Families Initiative

CONNECTICUT

(A new practice-based Medical Home Initiative for Children & Youth with Special Health Care Needs (CYSHCN) was rolled-out on July 1, 2007 and replaced the regional center-based format)

- # of new medical home practices engaged
- Family participation on Medical Home Advisory Council (MHAC)
- Frequency of MHAC meetings
- # of parents trained through CT's Parent Leadership Training Institute to serve as advocates in their community
- # of pediatric care providers involved in Ages & Stages (A&S) training of trainers
- # of child care health consultants (CCHC) trained
- # of child care centers that have on-site health consultation
- # of Early Childhood Cabinet meetings attended by ECP staff
- # of Early Childhood Cabinet subcommittee workgroup meetings attended

KENTUCKY

Two "Healthy Start Trainer" positions are supported to continue efforts statewide on training Healthy Start in Childcare Consultants and provide/develop additional access to health insurance.

Materials on the importance of medical homes, as well as how to access health insurance are available for Healthy Start in Childcare Consultants.

All Healthy Start in Childcare Consultants are educated about various health insurance options in the state and pass this knowledge onto early care and education providers and parents.

Information about Kentucky Children's Health Insurance Program is included in Childcare Subsidy Program mailings, and parents are more knowledgeable about KCHIP.

Increased awareness of the Devereux Early Childhood Assessment and social and emotional health of young children in early care and education settings.

Increased knowledge among all new Healthy Start Consultants on current health information and child care standards.

Developed at least one training per district or county on protecting children who are exposed to drugs.

Increased knowledge among early care and education providers on protecting children who are exposed to drugs.

KECCS Project is sustained beyond the implementation grant period.

Project Director monitored guidelines included in the contract.

Healthy Start trainers submitted quarterly reports to the Project Director to include: Medical Home training dates, number of trainings, number in attendance, and evaluation results.

Healthy Start trainers submitted quarterly reports on the Devereux Assessment Tool Awareness activities, which include tracking of telephone consultation, email consultation, regional meetings, conferences/trainings, and newsletters.

OHIO: DRAFT--list will change

Goal 1: Caregivers and parents of young children will have increased knowledge of the importance of a medical home and access to health care

- Increase in percentage of children with health insurance and medical home
- Increase in percentage of children with a medical home
- Increase county coordinators' knowledge of other programs serving young children and their families
- Increased use of EPSDT developmental screening

Goal 2: The importance of social-emotional development of young children will be promoted through public awareness, education, and advocacy.

- Toolkit rated as effective through participant survey
- Increased knowledge of resources regarding social-emotional development
- Increase in children who are screened and referred appropriately (contractor)
- Increased parent knowledge of child development
- Increased Parent Educators' knowledge of curriculum for 3-5
- Increased referrals to appropriate mental health services

Goal 3: Linkages will be established between the health care and early care and education communities.

- Child care providers report increase in knowledge and/or change in practice
- Improved ITERS scores on health items
- Strategies for improvement implemented
- Increased resources made available to families
- Increased early childhood professionals' knowledge of health and safety standards
- Increased use of best practice guidelines among early childhood professionals
- Providers report changes in practice and/or policy

- Participants report increased knowledge of inclusion strategies [for children with special health care needs]
- Child care providers report increased willingness to include children with special needs
- Goal 4: State systems will support planning, development, and implementation of effective collaboration.
- Established linkages maintained
- Parents and providers have increased knowledge of infant and toddler development
- Level of use maintained or increased (Help Me Grow website)
- Increased public awareness of the importance of children's early years
- Parents' increased access to resources
- Increase in parents' and providers' knowledge of how to deal with challenging behaviors
- Use of helpline maintained or increased
- Increased resources available to families
- Level of use increased [website for families of CSHCN]

Evaluation approach: Selected Benchmarks

1. Medical home and SCHIP promoted at 85% of initial consultations by CCHCs
2. Web-based directory of resources for CSHCN publicized to 300 child care providers annually
3. Four regional meetings conducted with 250 county-based coordinators of early childhood services
4. Determine effectiveness of Triple P curriculum
5. 400 ECE professionals & 300 Help Me Grow home visitors trained on ASQ & ASQ-SE annually
6. Child care providers demonstrate increased willingness to include children with special needs

Benchmark: Medical home and SCHIP promoted at 85% of initial consultations by CCHCs

- Evaluation: Increase in percentage of children with health insurance and medical home

Benchmark: Publicize web-based directory of services and resources for CSHCN via CCHC network to 300 child care providers annually

- Evaluation: Increase in percentage of children with a medical home

Benchmark: Dissemination of 300 copies of the listing of health care providers who participate in Medicaid/SCHIP

- Evaluation: Increase in percentage of children with a medical home

Benchmark: Five regional meetings conducted with a minimum of 250 attendees annually

- Evaluation: Increase county coordinators' knowledge of other programs serving young children and their families

Benchmark: Report generated with recommendations

- Evaluation: Increased use of EPSDT
- Evaluation to be determined Year 2 based on report

Benchmark: Tool kit created by group of early childhood professionals and state agency stakeholders

- Evaluation: Tool kit rated as effective through participant survey

Benchmark: Three hundred tool kits distributed through trainings presented in 4 regions of the state

- Evaluation: Increased knowledge of resources regarding social-emotional development

Benchmark: Four hundred early care and education professionals trained on ASQ and ASQ-SE

annually

Benchmark: Three hundred Help Me Grow home visitors trained on ASQ and ASQ-SE annually

- Evaluation: Increase in children who are screened and referred appropriately (contractor)

Benchmark: PAT BTL utilized with 4000 children.

- Evaluation: Increased parent knowledge of child development

Benchmark: Funding request submitted.

Benchmark: If funded, 15 group sessions conducted.

- Evaluation: Increased parent knowledge of child development

Benchmark: 15 additional PAT BTL group sessions conducted

- Evaluation: Increased parent knowledge of child development

Benchmark: 15 PAT BTL group sessions conducted

- Evaluation: Increased parent knowledge of child development

Benchmark: 40 to 50 Parent Educators trained

- Evaluation: Increased Parent Educators' knowledge of curriculum for 3-5

Benchmark: PAT BTL utilized with 4000 children.

- Evaluation: Increased parent knowledge of child development

Benchmark: Funding request submitted.

Benchmark: If funded, 15 group sessions conducted.

- Evaluation: Increased parent knowledge of child development

Benchmark: 15 additional PAT BTL group sessions conducted

- Evaluation: Increased parent knowledge of child development

- Expand to two more community settings.

Benchmark: 15 PAT BTL group sessions conducted

- Evaluation: Increased parent knowledge of child development

Benchmark: 40 to 50 Parent Educators trained

- Evaluation: Increased Parent Educators' knowledge of curriculum for 3-5

Benchmark: One thousand consultations conducted annually

- Evaluation: Child care providers report increase in knowledge and/or change in practice

Benchmark: Health component developed through HCCO

- Evaluation: Improved ITERS scores on health items

Benchmark: Report generated with recommendations for improvement and expansion

- Evaluation: Strategies for improvement implemented

Benchmark: Participation by HCCO nurses in at least nine community fairs

- Evaluation: Increased resources made available to families.

Benchmark: A minimum of 150 consultations/trainings completed annually

- Evaluation: Child care providers report increase in knowledge and/or change in practice

Benchmark: Report generated with recommendations for improvement and expansion

- Evaluation: Strategies for improvement implemented

Participation by HCCO dietitians in at least four community fairs.

- Evaluation: Increased resources made available to families

Benchmark: Training presented for 200 participants

- Evaluation: Increased early childhood professionals' knowledge of health and safety standards

Benchmark: Two hundred copies of Stepping Stones distributed

- Evaluation: Increased use of best practice guidelines among early childhood professionals

Benchmark: CCHCs make contact and offer consultation to 100% of programs participating in the initiative

Indicators Work Group 5: ECCS Grantee Meeting, March 12-13, 2008

- Evaluation: Providers report changes in practice and/or policy
- Benchmark: CCHCs contact 100% of Infant-Toddler Specialists serving their region
- Benchmark: CCHCs offer consultation to 100% of child care programs assigned to "high intervention" category
- Evaluation: Providers report changes in practice and/or policy
- Benchmark: Twenty master trainers trained and 300 child care providers provided with training/TA.
- Evaluation: Participants report increased knowledge of inclusion strategies
- Evaluation: Child care providers report increased willingness to include children with special needs
- Benchmark: Training/TA provided to 300 additional child care providers
- Evaluation: Child care providers report increased willingness to include children with special needs
- Benchmark: Implementation plan completed with identified lead agencies for activities
- Evaluation: To be determined based on plan
- Benchmark: Active membership maintained
- Evaluation: Established linkages maintained
- Benchmark: E-mail updates sent to Task Force semiannually
- Evaluation: Established linkages maintained
- Benchmark: Two thousand copies disseminated
- Benchmark: Six trainings conducted throughout state for 300 participants, including child care providers, home visitors, families and community professionals
- Evaluation: Parents and providers have increased knowledge of infant and toddler development
- Benchmark: Website launched and maintained.
- Evaluation: Level of use maintained or increased
- Benchmark: One thousand copies of "Early Years Last a Lifetime" materials printed and distributed to families, early care and education professionals, businesses and school professionals.
- Evaluation: Increased public awareness of the importance of children's early years
- Benchmark: Resources and links provided to OHPIN
- Evaluation: Parent's increased access to resources
- Benchmark: "Preventing and Responding to Challenging Behaviors in Children" training promoted to child care providers and families via HCCO and HMG.
- Evaluation: Increase in parents and providers' knowledge of how to deal with challenging behaviors
- Benchmark: Statewide hotline maintained.
- Evaluation: Use of helpline maintained or increased
- Benchmark: 150,000 copies distributed to families through HMG, community fairs, medical facilities and private businesses.
- Evaluation: Increased resources available to families
- Benchmark: Website maintained and promoted wherever appropriate
- Evaluation: Level of use increased

WISCONSIN

Objective 1.1 By August 2008, a minimum of 50 families will have requested and received parenting information or referrals to early childhood services from the Maternal and Child

Health Hotline.

Objective 1.2 By August 2008, two new early childhood initiatives proposed by policy makers will be politically and financially supported by the state legislative body.

Objective 2.1 By August 2008, 18 medical home leaders will increase their knowledge of best practices for providing a medical home for young children and their families.

Objective 2.2 By August 2008, 50 early care and education providers will utilize a health care consultant or access health resources on the Think Big. Start Small website.

Objective 2.3 By August 2008, 25% of early care and education programs will voluntarily comply with the quality rating scale.

Objective 2.4 By August 2008, 40% of infants, toddlers and preschoolers receive special education services in natural environments and settings with non-disabled peers.

Objective 2.5 By August 2008, 75% of Wisconsin counties have at least one identified infant and young child mental health resource.

Objective 2.6 By August 2008, 25 early care and education providers will utilize a mental health consultant.

Objective 2.7 By August 2008, 50% of counties will have developed a detailed description of the Family Support services available in their community.

Objective 2.8 By August 2008, a statewide clearinghouse has been developed and made available to families that include contact information for self-sufficiency resources in their communities.

Objective 2.9 By August 2008, there will be a commitment from 25 community service agencies, faith-based groups, private schools, civic clubs and YMCANWCA) to provide parenting resources to their members.

Objective 2.10 By August 2008, there will be a commitment from 25 community service agencies, faith-based groups, private schools, civic clubs and YMCANWCA) to provide training or education materials to parents on how to maintain a positive relationship with their child.

Objective 3.1 By August 2008, at least 50 early childhood professionals have participated in a cross training session with colleagues in the identified early childhood component areas on the topic of developmental screening.

Objective 3.2 By August 2008, recommendations are developed to increase diversity in the early childhood workforce by a work group that reviewed available data and reflective strategies.

Objective 3.3 By August 2008, an inventory of current training and technical assistance entities and funding sources will provide a foundation for a statewide system of technical assistance.

Objective 4.1 By August 2008, a state level and regional level structure focused on early childhood receives input from 25% of locally-based early childhood councils.

Objective 4.2 By August 2008, a minimum of two new "cross departmental" policies that promote comprehensive early childhood services are in place.

Objective 4.3 By August 2008, a minimum of \$50,000 in new public and/or private funding will support services for a comprehensive early childhood system.

Objective 4.4 By August 2008, 25% of businesses surveyed across the State meet the minimum criteria to be considered a "family-friendly" workplace.

Objective 4.5 By August 2008, an infrastructure for developmental screening across the early childhood components and age span is developed.