Early Childhood Comprehensive Systems Plan

VISION

A culturally responsive, comprehensive and accessible service delivery system for young children that links service providers, empowers families, and engages communities.

Early Childhood Comprehensive Systems Plan

State of Alaska

2006

OVERVIEW:

The purpose of the Early Childhood Comprehensive Systems (ECCS) Project is to build and implement systems that support families and communities in raising healthy children who enter school with a strong foundation and optimal development. This five-year initiative is funded through a federal Health Resources and Services Administration (HRSA) grant and facilitated through the Office of Children's Services in the Alaska Department of Health and Social Services.

The first two and one-half years of the ECCS project focused on developing the statewide Early Childhood Comprehensive Systems Plan. The next two and one-half years will be focused on implementation (April 2006-September 2008).

The Alaska ECCS Plan will provide direction in Alaska for the development of public policy for young children. It can be used as a tool to move the agenda for young children forward in Alaska. The investments that we make for young children today will pay big dividends in the future.

> The time is long overdue for state and local decision makers to take bold actions to design and implement coordinated, functionally effective infrastructures to reduce the long-standing fragmentation of early childhood policies and programs.
>
> National Research Council, Institute of Medicine. (2000) *From Neurons to Neighborhoods- The Science of Early Childhood Development,* National Academy Press

Table of Contents

IMPORTANCE OF THE EARLY YEARS:

Experts in child development know now more than ever before about the critical importance of the early childhood years in establishing the foundation for healthy growth and development. Rapidly expanding scientific knowledge in the field has revolutionized thinking about how the brain develops, how the mind works, and how children learn. Early childhood experiences influence future development and learning in powerful and long lasting ways.

The Board on Children, Youth and Families of the National Research Council and the Institute of Medicine tasked the Committee on Integrating the Science of Early Childhood Development with "updating scientific knowledge about the nature of early development and the role of early experiences and to disentangle such knowledge from erroneous popular beliefs or misunderstandings." The Committee was also directed "to discuss the implications of this knowledge base for early childhood policy, practice, professional development, and research." The findings were published in From Neurons to Neighborhoods: The Science of Early Childhood Development (2000). Included in this extensive discussion of the research on early development are four overarching themes:

- All children are born wired for feelings and ready to learn.
- Early environments matter and nurturing relationships are essential.
- Society is changing and the needs of young children are not being addressed.
- Interactions among early childhood science, policy, and practice are problematic and demand dramatic rethinking.

The early years represent a period of tremendous opportunity. Central nervous system development begins prenatally. When a child is born, the neural pathways in the brain that influence learning and development begin rapidly forming. Although all periods of development are important, brain growth and development are most profound the first three years of life. Learning begets learning and the foundation for intellectual, emotional and moral development which is established during these early years becomes the basis for future growth and learning. This is also a period of risk for children. Children who do not receive the care and nurturing required for optimum development early on may have difficulty making up for the lost opportunities later.

Although genetics have a significant role to play in determining outcomes for children, **environments and relationships are critical** ingredients. No longer is there any debate about which is more important: "nature" or "nurture." We know that children are inherently driven to follow common developmental paths and have strong inborn drives to learn and develop. We also know that the kind of experiences and relationships young children have are key in their development and long term outcomes. Children need loving, consistent, nurturing environments to thrive. This becomes a critically important factor as children spend more and more time in out-of-home care.

Our lifestyles have changed rapidly over the last few decades. More parents are working than ever before and children are spending more and more time in out-of-home care. Television, video games and computers are changing the nature of how we relate to children and how they spend their play time. Busy schedules and parental desire for young children to achieve more create stresses that

children didn't experience in the past. Despite the fact that more parents are working, families are having a hard time making ends meet as poverty continues to increase in this country. According to the National Center for Children in Poverty, child poverty has increased by 12 percent since 2000, adding 1.4 million children to the poverty rolls. (www.nccp.org) Economically disadvantaged children are at greater risk for many problems including poor health and arriving at school behind their peers. Programs must consider the needs of today's families and adjust accordingly. We must have prevention strategies as well as ways to serve families with multiple needs.

An area that has garnered increasingly more attention in recent years regarding young children is school readiness. As schools come under increasing pressure to achieve benchmarks, they are looking for explanations and solutions for school delays or failures. Conclusions have been drawn that many children do not arrive at school prepared for success. In order for Alaska children to be prepared for school success, our families, early childhood programs and communities must provide the relationships and experiences necessary to support the physical, social, emotional, language, literacy and cognitive development of our young children.

The experiences we all want for children — experiences that allow them to be healthy, nurtured, loved and simply be kids — create the foundation for getting children ready for school.

In 1990, the National Education Goals Panel's (NGEP) survey of research and data pertaining to child outcomes made it clear that preparing kids for school is a multi-dimensional task much broader and more extensive than learning the alphabet or being able to count to 10. In order to be school ready, all children need to:

- Experience high quality early learning environments, whether at home or in an early care and education setting;
- Have enough to eat and the ability to live in safe, stable neighborhoods;
- Be able to see a doctor (including dentists) under any circumstances so they can stay healthy and strong;
- Have parents who are caring and attentive, equipped to be their children's first teachers, armed with the supports they need to be strong and capable caregivers; and
- Attend schools that are adequately prepared to receive young children into their fold when they reach school.

Voices for America's Children, Issues Brief. (2005 September). *Translating School Readiness: How to Talk about Investing in Young Children,*

We know that we **can intervene successfully** to improve outcomes for children. Research and science have dramatically increased our understanding about the types of supports and programs that are helpful to young children and their families. There is no longer any question about the long term impact of early experiences on young children. The relationships young children have, the environments they dwell in, the circumstances surrounding their families, all influence the long term outcomes for children. The time has come to utilize what we know about this period of life, and **carefully reconsider our policies, programs and investments**. It is the right thing to do and a smart investment for our future.

PLAN DEVELOPMENT:

Three primary strategies were utilized for ECCS planning. They were:

- Use community meetings to build ownership and gather perspectives of multiple stakeholders
- Organize planning through "workgroups" related to each area
- Utilize existing needs assessments, build on current initiatives, and incorporate best practices (the most successful and proven strategies)

In February 2004, a two-day meeting was held at the University of Alaska Anchorage with 40 service providers and representatives of consumer groups and state programs. Presentations were made by key ECCS staff on information regarding the status of Alaska's children and other relevant data. Groups were established for each component area — medical home, early childhood mental health, early care and learning, family support and parent education. Patterns and trends were identified, strengths and gaps in services were discussed, key relationships identified, and the mission statement for the ECCS Plan was created.

Child development is a shared public responsibility. For multiple service sectors (e.g., health, education, social services) to develop and implement a more coordinated and comprehensive system for young children, each sector will need to share a common set of goals and more systematic set of approaches to promoting child development. Building bridges from birth to school will require buy-in and participation from a broad group of individuals and organizations, ranging from parents of young children to individuals without children, business owners, employers in general, and government at all levels. For the ECCS Initiative to be successful, public- and private-sector stakeholders need to understand their role in early childhood supports, particularly as it relates to later performance in school and longer-term as productive, working adults.
Halfon, Uyeda, Inkelas, Rice. National Center for Infant and Early Childhood Health. (January 2004) *Building Bridges: A Comprehensive System for Healthy Development and School Readiness*, Policy

Community meetings were facilitated in four regional hub communities in 2004 and 2005. The goals of the ECCS project were shared and information was gathered regarding available services and systems gaps. The community forums served several purposes: 1) they informed a wide variety of providers and consumers about the ECCS project; 2) they provided an opportunity for local information sharing and networking; 3) they generated a vigorous discussion regarding the strengths and weakness of the service systems for young children; and 4) they generated interest in participating in the workgroups or sharing existing information.

As a result, in the summer of 2005 workgroups were expanded to include a broad array of public and private partners from around the state. Several of the identified partner organizations and agencies had a direct link to families and communities or were representatives from family advocacy groups. Workgroups were tasked with reviewing information regarding young children in Alaska, looking at existing systems and identifying gaps and strengths, sharing/reviewing information on best practices, and making recommendations for the ECCS Plan.

Representatives from the Department of Health and Social Services and the Department of Education and Early Development participated in the development of the ECCS Plan. They included key staff from the

following programs: Child Care; Public Assistance; Women's, Children's, and Family Health; Oral Health; Early Hearing Detection, Treatment and Intervention; Chronic Disease- Obesity; Public Health Nursing; Children's Behavioral Health; Child Protection Services; Early Intervention/Infant Learning; Healthy Families; Women, Infants, and Children (WIC); Strengthening Families; Medicaid; EPSDT; the Governor's Council on Disabilities and Special Education; the Head Start Collaboration project, school district preschools, and Part B programs.

Additionally, the System for Early Education Development Council (SEED), a statewide collaborative effort to address professional development needs in the early care and learning field, participated in the development of the Plan. The SEED Council is made up of representatives from all University of Alaska Early Childhood Programs; the State Departments of Labor, Health and Social Services and Education and Early Development; Child Care Resource and Referral Agencies; private child care programs; the Tribal Child Care Association; school districts; and Head Start programs.

Overall there were approximately 100 stakeholders who participated in workgroups, reviewed recommendations, and/or made contributions to the Plan.

The workgroups focused on the following areas:

Medical Home: Access to an insurance support for medical homes; provision of comprehensive physical and child development services for all children (including children with special health care needs); and assessment, intervention, and referral of children with developmental, behavioral, and psycho-social problems. (See definition of Medical Home on page 12)

Mental Health and Social/Emotional: Availability of appropriate child development and mental health services to address the needs of children at risk for developing mental health problems.

Early Care and Learning: Development and support of quality early care and learning services for children from birth through 8 that support children's early learning, health, and development of social competence.

Family Support & Parenting Education: Availability of comprehensive family support and parent education services that address the stressors impairing the ability of families to nurture and support the healthy development of their children.

Using the third planning strategy of utilizing existing data/needs assessments and building on current initiatives, information was collected regarding the status of young children in the State of Alaska, as well as information regarding current funding streams, initiatives, and existing programming. A "Policy Matters" self-assessment tool from the Center for the Study of Social Policy was completed in August 2005. This process served as a report card of state-level efforts to support families and children by examining current state policies and investments. Annual parent surveys and community assessments were shared by Head Start programs. Working sessions were held at parent conferences such as the Alaska Head Start Association Annual Meeting and the Pathways Conference to gather input. External and internal environmental scans were continually updated to develop a "living" comprehensive picture of Alaska's early childhood landscape.

Information was translated into presentations for workgroups, related meetings and several conferences.

Numerous resources were shared, reviewed and studied in our search for current best practices in early childhood. The following resources emerged as particularly influential:

- National Center for Infant and Early Childhood Health Policy
- From Neurons to Neighborhoods (National Research Council Institute of Medicine)
- Family Support America
- Zero to Three
- National Association for the Education of Young Children
- American Academy of Pediatrics
- Health Child Care America
- Center for the Study for Social Policy, Strengthening Families Initiative

Additionally, the network available through the Health Resources and Services Administration (HRSA) provided access to information regarding initiatives and innovations in other states. Since all states are working on developing comprehensive systems through their ECCS project and other planning initiatives, early childhood systems are rapidly being refined, expanded and reengineered to include evidence based practices.

In April 2006, recommendations developed by the workgroups for the ECCS Plan were approved by the Commissioner of the Department of Health and Social Services through the Children's Policy Team which consists of the Deputy Commissioners and Division Directors in DHSS. Additionally the plan was endorsed by the Commissioner of the Department of Education and Early Development. HRSA approved the Plan for implementation in May 2006.

The ECCS Plan represents the past, present and future. It incorporates the thinking from several past planning efforts as well as new ideas and solutions; recognizes the changing needs of today's young children and their families; and gives us a vision for the future. The Plan does not intend to represent everything currently underway for young children, but strives to address systems gaps and identify improvements needed to ensure that Alaska's young children have the greatest opportunity for positive health and developmental outcomes. In many instances, the Plan represents the broadening of efforts/initiatives that exist now, by expanding their scope to include very young children or extending their focus to be more comprehensive. Other strategies will require starting from the beginning to develop and facilitate change.

The Plan recognizes that children and families are served in their local communities and regional hubs, which have unique concerns and priorities. It supports partnerships and communication with service providers and focuses on broad recommendations that can be adapted to meet local needs. It is the coordination of services on the local level that will have the greatest impact on families.

There are **challenges and opportunities** for implementing the ECCS Plan. Funding is decreasing in the very areas that need to be broadened to accomplish all of our goals. The Plan requires a fundamental shift in thinking about how we utilize funding and resources. Its success is dependent on partnerships, collaboration, and extensive communication. Although partnering produces a much better product, it requires a considerable investment in time and commitment.

While there may be challenges, this is also an exciting time for the early childhood field. There are several early childhood initiatives and efforts in Alaska headed in a positive direction. There is a tremendous base of scientific information to draw from about what young children need to have positive outcomes. There is also a new awareness on the part of a broader community about the importance of early childhood.

ALASKA'S CHALLENGES:

Alaska faces unique challenges that are important in understanding the significant health and early care and learning issues that continue to demand our thoughtful planning and delivery of services. Some of our challenges include the geography, isolated populations, high service delivery costs, disparities between populations, and lack of a well-trained workforce.

Alaska is the largest of the 50 states, larger than California, Texas and Montana combined, yet ranks 47th in total road miles, due to harsh terrain, weather conditions and vast distances between communities. There are approximately 300 communities in Alaska. 59 percent of Alaska's total population lives in three urban areas: the Anchorage Municipality; Juneau City and Borough; and Fairbanks North Start Borough. The remaining population lives in frontier/remote areas of the state. Approximately 75 percent of Alaskan communities, including Alaska's capital city of Juneau, are not connected by road systems and rely on air or boat travel to connect them to urban areas. An estimated 25 percent of Alaskans live in communities of less than 1,000 people. Alaska has a total population of approximately 663,661 (Census Bureau, 2005), averaging just over 1 person per square mile. This low population density, with small and isolated communities spread over a vast region, results in high service delivery costs, if services are even available. As a consequence, significant disparities exist between those who have access to services and those who do not.

Alaska Natives (Alaska Native, American Indian and mixed race) make up 19 percent of the Alaska population. **About 25 percent of the state population under 5 is Alaska Native.** In 2000, 42.5 percent of Alaska Natives lived in urban areas, 41.5 percent lived in remote rural areas and the remaining 16 percent lived in other rural areas. Alaska Natives make up 10 percent of the population in urban areas and 48 percent of the population in rural areas.

Institute of Social and Economic Research, University of Alaska Anchorage. (May 2004) *Status of Alaska Natives*

The largest difference in health status in the state is between Alaska Natives and the majority white population. Efforts of public, private and tribal health agencies over the years have improved the health status of Alaska Natives in many areas such as injuries and infectious disease, but disparities persist. For example, data shows that Alaska Natives have higher rates of infant death and deaths among children (age 1-19), lower rates of prenatal care, and higher rates of smoking during pregnancy, teen births and suicide mortality. Additionally, benchmark testing in non-urban, predominantly Alaska Native school districts shows Native students falling behind in core testing areas. These risks, combined with the fact that a significant proportion of Alaska Natives live in frontier/remote areas where access to health care and early care and learning opportunities are limited, place Alaska Natives at even higher risk for poor outcomes.

A qualified workforce is needed to meet the needs of young children and their families. Expertise in early childhood in a variety of fields such as early care and learning, mental health, family support and parenting education is stretched far too thin. As Alaska's economy continues to grow, we will need even more well-trained and educated early care and learning professionals if we are to provide quality early learning environments. As we continue to see more and more issues identified in young children that are related to poor outcomes, we will need to have services providers trained in supporting this age group.

In 2005, it was estimated that 7.6 percent (50,438) of Alaska's population (663,661) was under 5 years old. Despite the significance of these early years and the impact they will have on the future of Alaska's children and the state as a whole, insufficient public support is directed toward ensuring positive outcomes for this age group.

The information that follows is organized by the following sections: Early Childhood Infrastructure, Medical Home and Access to Medical Care, Mental Health and Social Emotional Development, Early Care and Learning, and Family Support and Parent Education. Each section provides some information on the children in Alaska, the needs and gaps in our early childhood system, and the outcomes, goals, and strategies that are in the ECCS Plan.

ALASKA'S EARLY CHILDHOOD COMPREHENSIVE SYSTEM VISION AND MISSION

The Vision of the Alaska Early Childhood Comprehensive Systems Plan is to *build and implement a statewide early childhood comprehensive system that supports families and communities in their development of children who are healthy and ready to learn at school entry.*

The ECCS Mission is to *promote positive development and improved health outcomes for Alaska's children prenatal to 8 by creating a culturally responsive, comprehensive and accessible service delivery system that links service providers, empowers families, and engages communities.*

EARLY CHILDHOOD INFRASTRUCTURE

Although Alaska has a number of extensive and significant multi-system efforts currently taking place, there has been fragmentation of these efforts, and no single point at which these efforts for early childhood coalesce. Early childhood programs for young children are found in a variety of state departments and divisions, tribal organizations, and private service organizations and offices.

Programming follows funding stream requirements which do not always consider the benefits of integrated, comprehensive services. The categorical funding which targets specialized services to specific populations may have even created obstacles to improved services through partnerships and collaboration. A few communities have developed strong coalitions to bring together health care providers, early care and learning programs, family support services and others to plan for and provide services for children, but no comprehensive system exists to connect state, federal, community, Native and private providers.

Alaska's early childhood programs are housed in the following locations:

Office of Children's Services, DHSS:

Early Intervention/Infant Learning Program; Women, Infants and Children Program (WIC); Child Protection Services; Children's Initiatives and Special Projects; the Alaska Children's Trust and the ECCS Project

Division of Public Assistance, DHSS:

Child Care Programs (Child Care Licensing, Child Care Assistance, Child Care Grant Programs, Child Care Resource and Referral), ATAP/TANF

Division of Health Care Services, DHSS:

Denali KidCare (SCHIP), Children's Medicaid Services, and the EPSDT Program

Division of Behavioral Health, DHSS:

Children's Behavioral Health, the Fetal Alcohol Syndrome Program, Services for Severely Emotionally Disturbed Youth, Behavioral Health Medicaid Services

Division of Public Health, DHSS:

Section of Public Health Nursing
Section of Women's, Children's and Family Health

Governor's Council on Disabilities and Special Education

Department of Education and Early Development:

Head Start, preschool programs and Part B Special Education Services
Child Nutrition Services

The funding for young children's services is generally categorical and targets certain populations and issues. Since planning is driven by funding source parameters, there is often a limited incentive to collaborate or coordinate across programs and systems. To build a comprehensive early childhood system, Alaska will need to be strategic in how limited resources are used and how new resources can be developed. Some strategies recommended by the National Center for Infant and Early Childhood Health Policy include:

- Redirecting spending from less effective to more effective programs and services;
- Co-locating services and increasing the efficiency of administrative and management processes;
- Maximizing existing sources of funds as well as considering all opportunities to generate new revenue;

- Aligning and coordinating categorical funding streams or removing contradictory requirements;
- Bring together separate funding streams by supporting strong community partnerships.

There are significant gaps in the early childhood system which include a lack of:

- A "governance/guidance structure" to promote a comprehensive and cohesive agenda for young children and their families;
- Ongoing comprehensive early childhood planning, policy development and funding alignment; and
- A service delivery system that focuses on early intervention and meeting the needs of families with multiple issues.

The challenge faced in Alaska is to bring together existing efforts under a broadened umbrella, without negating or duplicating the work already being done. A governance/guidance structure with the legitimacy to endure is needed to ensure the overarching oversight of a comprehensive system for young children. This structure would facilitate the integration and alignment of services, planning efforts, resources, policy development, and funding. Such a structure could facilitate connections between systems and public and private partners and hold all parties accountable for collaborating and achieving desired outcomes.

Early Childhood Infrastructure Outcomes, Goals and Strategies:

Outcome #1: A permanent guidance structure will exist to provide oversight of a comprehensive, integrated service system for young children prenatal to 8.

- **There will be a strong and effective guidance structure with a shared vision to oversee state efforts in supporting a comprehensive early childhood system.**
    - Determine roles and membership.
    - Ensure adequate staff with the expertise and skills necessary to support the state early childhood efforts described in this plan.
    - Annually update the plan for an early childhood comprehensive system.

Outcome #2: State-level plans and policies will include integrated best practices for early care and learning, medical homes, parent education, family support and behavioral health for young children.

- **State departments and agencies will work collaboratively to incorporate early childhood best practices into planning efforts and policy development.**
    - Develop common language and vision to be shared with agencies/departments about best practice models of integrated services.
    - Promote early childhood representation at planning meetings, committees, and existing initiatives and collaborations.
    - Produce annual reports on the status of Alaska's young children that can be used for planning and decision making purposes.

Outcome #3: Local and regional partnerships between parents, health and social services, early care and learning programs, elementary schools, local boards and organizations will work to ensure continuity of quality, comprehensive services.

- **There will be a network of effective community and regional organizations that support comprehensive early childhood services**
  - Identify existing local and regional early childhood collaborations.
  - Encourage and fund collaborations among health systems, schools and mental health, early care and learning, and family support programs.
  - Share information with local and regional groups on state efforts, initiatives, systems building, and best practices.

MEDICAL HOME AND ACCESS TO HEALTH CARE

Health status over the course of a lifetime is affected by well-being during the early years. An important goal of health care in early childhood is to provide parents with the services and supports they need to provide not only a healthy and safe environment for their children, but a developmentally appropriate environment as well. (National Center for Infant & Early Childhood Health Policy, July 2005)

Establishing programs and delivery of health services for young children in Alaska is complicated by a number of factors. With 229 federally recognized tribes, numerous federal and state supported health associations, 25 health centers, and many privately run clinics, Alaska is unique. Almost a quarter of Alaskans are eligible for health care services through federal military or Indian Health Services care facilities. The Alaska Area Native Health Service works in conjunction with nine tribally operated service units to provide comprehensive health services to 120,000 Alaska Native people. Federally recognized Alaska tribes administer 99 percent of the Indian Health Service funds earmarked for Alaska. Alaska's federal beneficiaries can face confusing options for services in some areas and absent or limited services in others. A low population means a smaller patient base to support health care facilities, providers and specialty care, particularly in non-urban areas.

The lack of medical infrastructure in small communities and the limited patient base means specialty services are rarely available or often non-existent. The inability to access specialty care poses a significant hardship for children with special health care needs (CSHCN). Alaska is in the early stages of building a base of specialists and sub-specialists in children's health and developing itinerant services to bring specialty care to underserved areas. In addition to the need to create this capacity, there is then the need to assure access to this level of care.

The concept of "medical home" for many Alaskans requires a broad definition. In frontier areas, medical services are limited: an R.N., Nurse Practitioner, Community Health Aide, or Physician's Assistant provides primary and preventive care in many cases. Itinerant public health nurses visit most of Alaska's rural communities providing preventive health services for many of Alaska's children and families.

American Academy of Pediatrics (AAP), Alaska Chapter
Definition of Medical Home

The medical home is where a child and his or her family can count on having medical care coordinated by a health care professional* they trust. It is not a building, house or hospital but rather an approach to providing quality and coordinated services. Primary health care providers and families work as partners to identify and access all of the medical and non-medical services needed to help children with special health care needs achieve their potential. The American Academy of Pediatrics, Alaska Chapter, believes that ideally a medical home is where care is accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally competent.

* pediatrician, family practitioner, general practitioner, nurse practitioner, physician's assistant, public health nurse, community health aide, etc.

The Maternal and Child Health Bureau has defined children with special health care needs (CSHCN) as those children who have or are at risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally. According to the State and Local Integrated Telephone Survey (SLAITS) of Children with Special Health Care Needs (CSHCN) 2001:

- 5.7 percent of Alaska's children 0-5 have special health care needs
- 11 percent of Alaska's children 6-11 have special health care needs
- 17.4 percent of Alaskan households have children with special health care needs
- 23.2 percent of those households are living below the 200 percent federal poverty level
- 17.5 percent of the families with children needing specialty care indicated that getting a referral to a specialist was a problem
- 20.3 percent had one or more unmet needs for specific health care services
- 34.4 percent of CSHCN did not receive family-centered care.
- 21.3 percent reported financial problems due to a child's health needs and
- 31.7 percent reported that health needs caused family members to cut back or stop working.

CHALLENGES AND SOLUTIONS:

Care Coordination:

Parents whose children have a chronic medical condition need additional support and guidance not only regarding their child's health issues, but also on parenting and developmental issues. Negotiating a maze of service delivery systems can be overwhelming. Most medical practitioners do not have the time or staffing to act as care coordinators for their families. With programs changing on a regular basis, medical providers may be confused about benefits and community-based services available. Care coordination can help families to identify the needs of their child and family, identify and access community resources to assist them, become more effective advocates

for their children and connect with other families dealing with the same issues. Care coordination can help medical providers obtain services for their families as well as stay informed on progress and changes.

Anticipatory Guidance:
In 2000, parents of children ages 4 to 35 months old were surveyed about their opinion on well-child visits and health supervision in the National Survey of Early Childhood Health (NSECH). Parents agreed with pediatricians on topics most frequently discussed during well-child visits (immunizations, feeding issues, and sleep patterns). Topics related to development and family context are less commonly addressed. Unaddressed topics most valued by parents of:

- Children 4-9 months included: child care settings, reading, burn prevention, night waking and fussing and how a child communicates needs.

- Children 10-18 months included: toilet training, child care settings, discipline, reading words and phrases and weaning.

- Children 19-35 months included: toilet training, discipline, getting along with others, ways of avoiding dangerous situations and child care.

The National Survey of Children's Health 2003 found that 34.8 percent of parents of Alaska children ages 0-5 had one or more concerns about their child's learning, development, or behavior. Well-child visits are prime opportunities for talking with parents about their concerns and the prevention or early intervention of developmental and behavioral problems. Medical practitioners are in a unique position to enhance parent knowledge about child development, identify family psychosocial needs and risks, and provide specific developmental interventions. These practices would actively promote optimal child development.

Medical Records for Foster Children:
A special group of children in need of continuous, coordinated care includes foster children. There was an average of 1,885 Alaskan children in out-of-home placement each month between November 2005 and May 2006. (OCS Website: http://hss.state.ak.us/ocs/Statistics/default.htm) These children have disproportionately high rates of physical, developmental and psychological problems and would benefit greatly from coordinated, comprehensive and continuous care. Foster children need medical records that can follow them wherever they go in the system.

Comprehensive Developmental and Mental Health Screening:
The percentage of children enrolled in Medicaid or Denali KidCare (2000) receiving at least one initial or periodic well-child screening was:

- 81.7 percent for infants
- 48.3 percent for children 1-5 years
- 18.2 percent for children 6-9 Years

Although Alaska is committed to supporting comprehensive developmental screening and quality Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) visits in medical homes, the data

available is insufficient to monitor in detail the type and depth of developmental screening that is being conducted. The data regarding Alaska children receiving Part C/Early Intervention services versus Part B-special education services indicates the need to do a better job of identifying developmental and service needs for young children with developmental and mental health issues early.

For our youngest children, Part C/Early Intervention, eligibility (for mandated services) requires that a child have a 50 percent developmental delay or a diagnosed condition such as autism, cerebral palsy, or Down syndrome. Alaska also serves children birth to 3 who are deemed "at-risk," as well as those with a 15-49 percent developmental delay, as state funding allows. For children ages 3 and older who receive Part B Special Education Services, only a 25 percent delay is required.

Percentage of Alaskan children receiving services:

(2004 -IDEA Data Website, State EI/ILP Database)

Ages	Birth-3 Yrs. (Part C only)	Birth-3Yrs. (Part C & 15-49 % delay)	3-5 Yrs. (Part B)	6-17 Yrs (Part B)
Percentage of the Population	2.02%	2.54%	6.88%	11.94%

The percentage of birth-to-3 year olds served by the Early Intervention/Infant Learning Program (2.54 percent) is well below the percentage of the 3-5 age group (6.88 percent) and the 6-17 age group (11.94 percent) served through Special Education Services. Although some developmental delays and/or learning disabilities cannot be identified until children are older, the data leads us to believe that some children who could be identified earlier, are being missed during routine exams. Additionally, the Early Intervention/Infant Learning Program is currently not funded at a level to provide services to all of the children who are identified "at risk." They serve mostly children with a 50 percent delay or diagnosed condition, and mild to moderate developmental delay. A prevalence report was commissioned in 2003 to estimate the number of children who potentially should be served by EI/ILP. Estimates ranged across the state from 2.7-10.6 percent of all children in this age group

Research by the American Academy of Pediatrics has shown that 70 percent of pediatricians identify potential problems via clinical assessment (without the use of a screening instrument or checklist) and only 23 percent of pediatricians always use a standardized instrument when doing a developmental screening of young children. The majority of pediatricians use the Denver II which is known to have modest sensitivity and specificity depending on the interpretation of questionable results *(AAP Periodic Survey #53, 2002*). When only clinical judgment is used, it detects fewer than 30 percent of children who have developmental disabilities (*Glascoe FP. Pediatrics in Review. 2000;21:272-280. Palfrey et al. J Peds. 1994;111:651-655*). When standardized screening instruments are used, 70-80 percent of children with developmental disabilities are correctly identified (*Squires et al JDBP, 1996;17:420-427*). Most over-referrals on standardized screens are children with below average development and psychosocial risk factors. (*Glascoe, APAM, 2001;155:54-59)*

Research clearly indicates that effective early intervention for developmental delay as well as social emotional issues is effective in ameliorating levels of delay and the need for more intensive services

later on. (National Research Council, Institute of Medicine. (2000). *From Neurons to Neighborhoods-The Science of Early Childhood Development*, National Academy Press). If we are to identify risk factors so intervention can occur as early as possible, infants and young children need to be screened for developmental delays during well child-visits using reliable and valid screening techniques (particularly since their visits taper off as they grow older) and parents need to be linked to appropriate services.

Uninsured Children:
When Denali KidCare (SCHIP) was created, it provided a mechanism for increasing the proportion of children who have an ongoing source of health care. With the program expansion of eligibility to 200 percent of poverty level in 1999, over 16,000 children became eligible for health care insurance. However, legislation in 2003 reduced and froze eligibility at 175 percent of the 2003 federal poverty level (FPL) for those with no insurance, and 150 percent for those with another source of insurance. In today's dollars, this equates to eligibility at 160 percent of federal poverty level for those with no insurance. With normal inflation in 2007 it will be down to 156 percent (FPL) for those with no insurance. It is estimated that 10.6 percent of Alaska children are uninsured (National Survey of Children's Health 2003). Of the children served by the Part C/Early Intervention Program in 2004, only 26 percent had health insurance. (State Profile-AK Part C Program).

According to a report from the Institute of Medicine entitled "Health Insurance Is a Family Matter" (September 2002), **uninsured children fare worse than insured children, even after taking into account family income, race/ethnicity, and health status**. Families that are uninsured are less likely to take advantage of well child care or establish a medical home. Treatment is often delayed, which can have an adverse affect on health and long term development and learning.

Without health insurance, families risk not only their health, but also their economic viability. (Institute of Medicine) Paying medical bills can seriously impact the ability of a family to pay for other basic necessities such as food, housing and transportation. Despite living in relative poverty, uninsured families pay more than 40 percent of their medical costs by themselves. When they cannot pay all of their medical bills, the financial burden falls on the provider of the service and the broader community. (Institute of Medicine)

Medical Home Outcomes, Goals and Strategies:

Outcome #4: Pediatric/family health care practices will incorporate the seven core components of medical home: care that is accessible, family centered, coordinated, continuous, comprehensive, compassionate and culturally competent.

- **Children identified with developmental or medical needs will be referred to appropriate services and receive the services and care they need, not limited by their income or insurance status.**
    - Research and educate providers on appropriate billing procedures and codes for care coordination.
    - Develop a menu of models for care coordination and support implementation of care coordination in pediatric/family health care practices.

- Promote the use of parent consultants or relationships with parent navigation systems in primary care offices.
- Promote the use of Bright Futures and other recognized guidelines for health supervision and anticipatory guidance.
- Develop and maintain a system for managing health care information for foster children.
- Seek sustainable funding for care coordination of services.

- **All children 0-8 will receive comprehensive well child checks including a developmental and mental health screening reflective of the AAP periodicity schedule.**
  - Educate providers on benefits of developmental and mental health screening.
  - Educate providers (in addition to office managers) on billing procedures and codes.
  - Distribute a menu of screening instruments to providers.
  - Coordinate with Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) regarding distribution of information to parents on the importance of screening.
  - Inventory and organize service information in easy to access modalities (Web site, referral lists, etc.).

- **More eligible children will be enrolled in public health insurance programs (Medicaid, Denali KidCare)**
  - Support removal of the frozen 2003 standard in determining eligibility for Denali KidCare and restoration of previous levels.
  - Partner with and support the work of groups such as the Covering Kids Coalition.
  - Partner with programs that have access to large numbers of young children and their families to facilitate enrollment in a public health insurance program and engagement with a medical home (WIC, early care and learning programs, and others).

MENTAL HEALTH AND SOCIAL/EMOTIONAL

ZERO TO THREE
Definition of Early Childhood Mental Health

Early childhood mental health/social emotional competency is the capacity of the child from birth to age 5 to experience, regulate and express emotions; form close and secure interpersonal relationships; and explore the environment and learn. Early childhood mental health is synonymous with healthy social and emotional development.

(Zero to Three Policy Center, 2004)

The Division of Behavioral Health (DBH) completed a comprehensive assessment of the mental health and substance abuse needs of Alaska's children and youth in 2004. It found that although nearly "6,000 children and youth received mental health services through the Division of Mental Health and Developmental Disabilities in FY 02, the Alaska Mental Health Board estimates that approximately 9,300 children with significant mental health services went without services." (CAYNA Report, 2004)

Each year approximately 10 percent (5,700) of Medicaid-eligible children ages 0-14 have billing claims for mental disorders. In 2,000, 1,045 of those children were 0-4 year olds and 2,045 were 5-9 year olds.

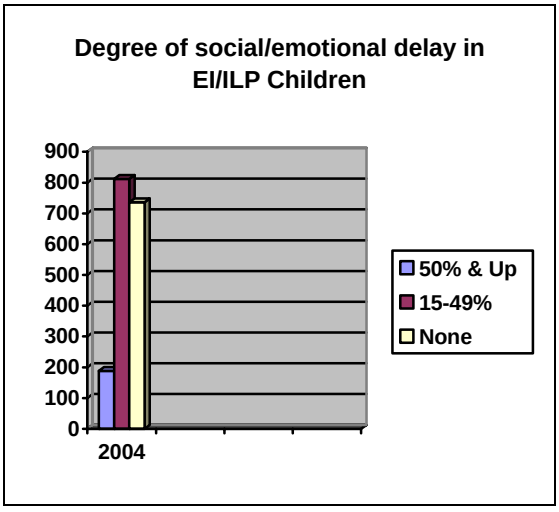
Number and Percentage of Children with Medicaid Billing Claims for Mental Disorders-2000

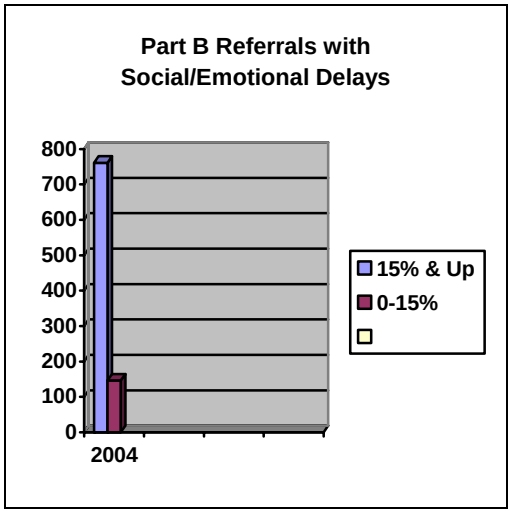
(WCF Fact Sheet. (April 2005). http://www.epi.hss.state.ak.us/mchepi/pubs/facts/fs2005na_v3_02.pdf)

Age of Child	Infants less than 1 year of age	1-4 year olds	5-9 year olds	10-14 year olds
Number of children	100	945	2,045	2,609
Percentage of Medicaid eligible children	1.2%	5.6%	11%	15%

The Early Intervention/Infant Learning Program (EI/ILP) serves children birth to 3 with special needs. A social/emotional data query created to examine the number of children enrolled with social/emotional delays found the following for FY 2004:

- 1,736 children were enrolled in the EI/ILP program (1,350 of these children qualified for Part C -mandatory Early Intervention Services, 386 children were non-Part C or "at-risk" children).
- 188 enrolled children had social/emotional delays greater than 50 percent.
- 812 enrolled children had social/emotional delays between 15-49% (47 percent of all enrolled children).
- 907 of ILP enrolled children were referred to Part B (special education for children three and up) (52 percent of enrolled children).
- 761 enrolled children referred to Part B had social/emotional delays >15 percent delay on their evaluations (84 percent of referred children).





Most children eligible for services came into the Early Intervention/Infant Learning Program with a primary diagnosis or condition other than social/emotional delay. There has been a misconception that referrals to the program could not be made on the basis of social/emotional issues alone. The EI/ILP Program is working to correct that view and recognizes the need to increase the capability of the EI/ILP workforce in dealing with mental health and social/emotional issues, particularly as they begin to implement the Child Abuse Prevention and Treatment Act (CAPTA) requirements of accepting referrals from the child protection system for screening children birth to 3 for developmental delays.

"Research shows that children who have experienced abuse or neglect are at high risk for a variety of developmental problems, including for example, attachment disorders, social and emotional disturbances, cognitive deficits, neurobiological changes in the brain, and failure to thrive. Infants and very young children are especially vulnerable to abuse and neglect." (Shaw, E. & Goode, S. (2005). *The Impact of Abuse, Neglect and Foster Care Placement on Infants, Toddlers and Young Children: Selected Resources)* In Alaska, approximately 50 percent of all reports of harm are for children birth to 5 years of age. In May, 2006, 1,016 reports were received by child protection services. This equates to approximately 508 reports of harm to children birth to 5 in a one month time period. This constitutes a large number of young children every year who are at risk for social and emotional difficulties.

Young children with difficult behaviors are being identified in out-of-home child care, as more and more parents work. Data gathered in the National Pre-kindergarten Study (NPS) of nearly 4,000 classrooms found that pre-K students are expelled from programs at a rate more than three times that of older children in the K-12 age group. (Gilliam, W., (2005). *Pre-kindergartners Left Behind: Expulsion Rates in State Pre-kindergarten Systems*) Although this makes sense since pre-K programs are not compulsory, it also points to the prevalence of challenging behaviors exhibited in early childhood programs and the need for well trained staff to manage these behaviors. Alaska ranked 29th among states for expulsion rates. The classrooms studied in Alaska were all located in Head Start programs. This allowed for a more favorable outcome than if the research had included faith-based, for profit child care and other community-based settings which were significantly more likely to report expelling a preschooler in the national study.

In the 2004 Alaska Market Rate Survey of child care programs, 38 percent of programs reported asking families to withdraw a child under the age of 6 with social/emotional problems. Too often children move from program to program because early childhood staff members are not trained to deal with their difficult behaviors and to support and work with their families. This creates additional stress for families who are already struggling and is harmful as well for children who need predictable and consistent environments.

Early experiences are predictive of long term outcomes for children. Mental health concerns need to be addressed as early as possible because the first few years are such a critical period of development. Delaying our attention to these issues only means a greater probability of children having significant health and education needs down the road.

CHALLENGES AND SOLUTIONS:

Mental Health-Reimbursement Mechanisms:
Service providers are well aware of the need for more comprehensive mental health services for very young children. Often the difficulty lies in the billing mechanisms which are designed for older children and adults. Not only are the accepted diagnostic codes inadequate, the service codes do not allow for intervention methods appropriate to this age group. A range of services are needed — from comprehensive developmental screening to wraparound and community support services to traditional mental health treatments. Services are also needed that can address the issues of the caregiver (who may not be eligible for services) in order to address the needs of the child.

Steps needed to improve financing for mental health services for young children include developing appropriate diagnostic procedures and billing codes to keep children from falling "between the cracks" of mental health, developmental disabilities and infant learning systems; maximizing the use of EPSDT and SCHIP funding; and expanding the use of other billing options to allow for treatment of parents and young children together (as a "dyad" instead of as separate "clients"). Funding strategies need to be developed and utilized that include pooling or reallocating existing funding, bringing children and families into the service system early and decreasing the need for more intensive services at a later date.

Mental Health-Workforce:
As in many other states, Alaska is plagued by a lack of mental health practitioners experienced in early childhood mental health issues and interventions. Geographic barriers make Alaska's situation especially difficult, resulting in extremely limited or entirely absent access to developmentally appropriate mental health services in rural areas. More qualified providers needed, especially those that can provide services to our low-income children. Many of the mental health practitioners that have expertise in early childhood mental health are in private practice and may not be eligible to receive Medicaid or Denali KidCare reimbursement.

As part of the "Bring the Kids Home" initiative supported by DHSS and the Alaska Mental Health Trust Authority, intense efforts are focused on increasing in-state capacity to address the needs of children. Workforce issues are particularly acute in obtaining in-state services for young children. There are limitations in the ability to diagnose and identify young children with mental health needs and when children are identified, there are few staff members who feel competent and qualified to treat them. It is essential to incorporate the needs of our very youngest children into the system development work taking place with this initiative.

Some regional initiatives have taken a collaborative approach to mental health services for children in Alaska that may be useful to support and enhance. They include the Blanket of Wellness project in southeastern Alaska; the Social Emotional Competency for Early Learning Project (SECEL) at YKHC in western Alaska; the Federal System of Care planning and implementation grants (CCTHITA in Juneau, YKHC in the Bethel area, FNA/TCC/University in the Fairbanks area and CITC in the Anchorage area); the Sitka Tribe Child Trauma Program and Safe Start Initiative; a new Federal Children's Trauma project through the Anchorage Community Mental Health Center; and the early childhood stabilization/consultation project develop by Juneau Youth Services through a BTKH grant. Results have been mixed and a comprehensive system is needed to ensure that all children are receiving the services needed.

Mental Health-Consultation:
There is increasing anecdotal evidence that parents, teachers, child care providers, clinicians and health aides lack the training necessary to meet the needs of children with mental health and social/emotional issues. Mental health clinicians, early intervention/infant learning staff, child care providers, Head Start staff, and others need basic professional early childhood mental health (ECMH) training and consultation. Specific skills are needed to identify mental health problems and to serve children with these issues in their natural environments. Skills are also required to support their families and make appropriate referrals. Because consistency is so critical for young children, it is important that they remain in stable settings when possible with qualified and nurturing caregivers. The lack of behavioral health consultation for early childhood professionals is consistently identified as a gap in the early childhood mental health system.

Mental Health-Maternal Depression:
Despite the influence of the environment, the family, and physical health, the infant-caregiver relationship is the most important experiential context for infant development (Skonkoff & Phillips, (2001); Zeanah & Zeanah, (2001). Maternal depression and other parental mental health disorders can have a tremendous effect on young children. Alaska's population suffers from high rates of suicide, substance abuse, and mental health related illnesses. The suicide mortality rate in Alaska is 100 percent higher than the national rate. Self-reported rates of postpartum depression in Alaskan women delivering live births revealed:

- 42.5 percent were a little depressed
- 12.1 percent were moderately depressed
- 5.5 percent were very depressed

(MCH Epidemiology Unit. (2000). *Alaska Pregnancy Risk Assessment Monitoring System)*

It is imperative that primary care providers and others that interface with parents of young children are alert for maternal depression and other mental health issues. By providing support to parents, we increase the odds that young children will reap the benefits of having a healthy, nurturing caregiver.

Children and youth with mental and emotional disorders are involved in multiple systems including child protection, juvenile justice, mental health, substance abuse, health and education. In many instances, children and youth are involved with several systems simultaneously. Each of these systems has different legal mandates, policy objectives and funding requirements, making it difficult to integrate care for children and youth across multiple systems. There is growing statewide and national recognition of the need to establish a unified system of care that addresses the mental health needs of children and youth in a more holistic, integrated manner.

Mental health problems often begin at a very young age, and if not addressed, they can lead to more severe mental and emotional disorders in later childhood and adolescence. There is a need to identify mental health needs as early as possible in the age span and to provide services that will preserve the mental health and well being of the child and family.

*(*State of Alaska. (2004). *Final Report of the Children and Youth Needs Assessment)*

Mental Health Outcomes, Goals and Strategies:

Outcome #5: Young children and their families will receive appropriate early mental health services through Medicaid and other sources.

- **There will be reimbursement mechanisms so young children and their families have access to the services necessary to address their social/emotional development.**
  - Educate providers on appropriate diagnostic procedures and billing codes.
  - Develop appropriate crosswalk between diagnosis for young children and billing requirements.
  - Develop category for children "at-risk" for becoming seriously emotionally disturbed (SED) and/or broaden the definition for children 2 and under.
  - Expand the number of qualified providers eligible for Medicaid reimbursement.
  - Review service codes to ensure that services for young children are grounded in the environment and the family.

- **Alaska Standards of Care will reflect best practices for young children.**
  - Investigate, review, and evaluate best practices in other states.

- **Financial resources will be available for mental health services for young children.**
  - Educate employers on the importance of choosing insurance that provides for mental health services to young children.
  - Identify funding streams and support strategies to integrate services and supports for young children with severe emotional disturbances and those at risk for SED.

Outcome #6: The State of Alaska will have a qualified, well-trained workforce providing for the social and emotional well-being of young children.

- **There will be a statewide early childhood mental health professional development plan which supports, connects and aligns efforts into a comprehensive system of training and education.**
  - Identify current/available workforce development opportunities.
  - Conduct a survey to determine current level of expertise in the field.
  - Research and articulate service provider core competencies by levels of service provision (including services reimbursed by Medicaid) across all early childhood disciplines.
  - Work with the universities and training entities to incorporate early childhood mental health content into their course curriculum.
  - Develop a professional development plan for training and education in early childhood mental health.

- **There will be a system for mental health consultation to early childhood professionals and clinical supervision and mentorship for service providers.**
  - Develop a system for early childhood mental health supervision and mentorship for paraprofessionals and professionals working with early childhood mental health issues (i.e., Infant Learning Program staff, Behavioral Health Aides, clinicians, child development and family workers, and others).

Outcome #7: Pediatric/family health care practices/public health settings will incorporate screening for maternal depression and caregiver mental health issues.

- **Health care providers will recognize the importance of caregiver mental health on early childhood social emotional well-being and regularly screen primary caregivers for adult mental health issues.**
    - Educate providers on the benefits of screening primary caregivers for risk factors.
    - Educate providers (in addition to office managers) on billing procedures and codes.
    - Distribute a menu of screening instruments.
    - Coordinate with EPSDT regarding information to parents.
    - Inventory and organize service information in easy to access modalities (Web site, referral lists, etc.).

"How young children feel is as important as how they think, particularly with regard to school readiness. There are enormous advancements in social/emotional and social readiness research that support this." *From Neurons To Neighborhoods: The Science of Early Childhood Development, National Research Council, Institute of Medicine, 2000*

EARLY CARE AND LEARNING

Early care and learning programs are a significant economic force in our state. According to the "Economic Impact of Early Education and Child Care Services in Alaska Final Report" prepared by the McDowell Group for the SEED Council (July 2006), at least 6,500 Alaskans directly participate in the child care sector workforce. This is equivalent to other significant industries in Alaska such as the residential and nonresidential building construction sector (6000 workers) or air transportation sector (6,400).

Child Care and Early Education Employment in Alaska, 2005

(Economic Impact of Early Education and Child Care Services in Alaska, July 2006)

	Employment
Licensed Centers	3,621
Licensed Group Homes	184
Licensed Homes	411
Approved Provider/Relative	351
Head Start Programs	901
Certified Preschools	113
State In-home Care Providers	391
Military Facilities	490
Tribally-approved family child care and In-home providers	278
Program Administrative, Resource and Referral Staff	162
Total	6,902
Net Total (after adjustment for double-counting)	6,500

Not only do these programs provide employment for a large number of Alaska residents, they also make it possible for parents (of 22,000 children) who are dependent on this care to go to their jobs every day. The early childhood industry has a significant impact on the current Alaska economy and will have an even greater impact as early care and learning programs expand to meet the demands of a growing economy.

> The return on investment to taxpayers of quality early childhood education is superior to many traditional economic development programs. We looked at the evidence and found that children who receive a quality early education arrive at school ready to learn and with better developed social skills, so they do better in school. They need fewer costly special education classes. They are more likely to graduate from high school and hold jobs. They are less likely to be on welfare. And they are significantly less likely to wind up in the courts and in jails — and costing tax payers dearly.
>
> Like adequate highways, bridges and housing early education is part of the infrastructure that supports businesses and parent's ability to work. Businesses benefit as parent employees are more productive, less often absent and have fewer turnovers. And, early education is itself a significant industry, providing millions of jobs nationwide, paying billions of dollars in wages, purchasing billions in goods and services, and generating billions in gross receipts. In many states, it is often one of the employers and producers of revenues.
>
> *Early Childhood Education for All: A Wise Investment, Recommendations arising from "The Economic Impacts of Child Care and Early Education: Financing Solutions for the Future," a conference sponsored by Legal Momentum's Family Initiative and the MIT Workplace Center*

It is estimated that 35,608 Alaskan children birth to age 6 (approximately 60 percent), have all of their parents in the workforce (both parents in two-parent families or a single parent). (National Association of Child Care Resource and Referral Agencies.(2006). http://www.naccrra.org/randd/data/docs/AK.pdf). There are approximately 22,000 spaces available for these children in licensed or approved child care, preschool or Head Start/Early Head Start programs. These early care and learning programs have a significant role to play in the long term outcomes for the children that they serve. They help to lay the foundation for children's social, emotional and cognitive development. **High quality** programs can support positive results for children.By focusing on optimal care in the early years, we avoid the higher human and financial costs of special education, social welfare programs and crime and delinquency in the later years.

There are 18 Head Start/Early Head Start grantees serving approximately 3,000 children in over 100 communities in Alaska. It is an especially important source of early care and learning services in rural Alaska, although approximately 200 communities remain unserved. The program employs local residents and provides the training and education essential to do the job. Head Start is very inclusive of families and communities and is based on Performance Standards that require culturally and developmentally appropriate services. It is a comprehensive program that takes a holistic approach including physical health, dental health, mental health, early education, special needs and family support programming. It has been several years since federal or state funding has been available to expand this model in Alaska.

Public policy regarding child care has been focused on helping working families. Child care has been managed differently than Head Start programs, preschools, or programs for children with disabilities. Involvement with child care has been focused on eligibility, waiting lists, payment levels, parent co-payment requirements and regulation of child care programs. To be most effective, child care policy should have two primary, complementary goals: 1) work support, to help families, particularly low-income families, afford child care so they can work or enter the workforce, and 2) the education of young children, to increase the likelihood that children can succeed in school and prepare for life.
(The Urban Institute. (July, 2006). *Toward a New Child Care Policy)*

Alaska has 218 licensed child care centers and 511 licensed group homes and child care homes. There are 884 approved non-relative and relative child care homes listed as open with the Child Care Program Office, although not all of these homes are actively taking children. The capacity of licensed programs is 17,707 children and the maximum capacity of approved homes would be 4,420 if they were all providing services. Providers surveyed in 2005 reported that 48 percent of the slots available were for infants, toddlers and preschoolers. About 68 percent of the child care paid for with child care assistance funding is for children under age 6. (State of Alaska, Child Care Program Office). Programs meet state licensing/approval requirements and are provided training and technical assistance through the Child Care Resource and Referral Network. There are also approximately 20 preschool programs in Alaska eligible to be certified through the Department of Education and Early Development.

Alaska has 31 programs using the Parents As Teachers (PAT) nationally recognized curriculum. Some PAT programs are blended with Head Start, Early Head Start, Early Intervention/Infant Learning Programs and others are stand alone programs. Parents as Teachers has the overarching program philosophy of providing parents (throughout pregnancy and until their child enters kindergarten) with child development knowledge and parenting support through home visits. The organizational vehicle for delivering technical assistance and support to local programs is the Parents as Teachers National Center.

The Ready to Read, Ready to Learn Task Force, a coalition of industry leaders, policy makers, educators, parents and families dedicated to creating system-wide changes to improve pre-kindergarten learning, was formed and began meeting in January 2006. This coalition has developed recommendations to: 1) increase parenting, family literacy, early literacy and learning skills for all populations in Alaska, 2) increase access to voluntary, affordable and high quality early care and education programs, and 3) develop long-range strategies for a sustained, coordinated system that includes accountability for outcomes.

CHALLENGES AND SOLUTIONS:

Program Standards and Monitoring:
Quality Matters. With children spending significant amounts of time in out-of-home care, Alaska must focus on the quality of the programs available. Current child care licensing standards are focused on health and safety issues and do not address more advanced standards of quality. Programs operate under a variety of models and the results regarding quality are mixed. Only 10 percent of Alaskan child care centers and 0 percent of family child care homes are accredited by

National Association for the Education of Young Children or National Association of Family Child Care Centers (NACCRA. (2006). Head Start programs are closely monitored by the Federal Head Start Office for compliance with over 1,700 elements set forth in the Head Start Performance Standards. The high cost of providing services in Alaska and stagnant funding in recent years, however, has made it more and more difficult to maintain the elements that contribute to high quality programming.

According to the National Child Care Information Center, as of March 2006, 13 states had implemented Quality Rating Systems (QRS). Most QRSs establish a definition of quality through program standards, utilize reliable and valid methods of assessing program quality, provide program and practitioner outreach and support, and link financial incentives to compliance with standards. QRSs also have methods for helping parents understand the importance of quality and the potential impact it could have on their child. Thirty states have a tiered reimbursement system and pay higher child care rates for programs meeting higher standards. Alaska has neither a Quality Rating System nor a tiered reimbursement system at this time. However, the State is in the process of implementing an enhanced reimbursement rate for licensed providers who meet certain quality standards.

A pilot QRS project, Hearts for Kids, was conducted in 2002-03. The data collected on the project demonstrated that the quality of childcare was improved for over a thousand children in the Fairbanks North Star Borough. The project was not continued due to lack of funding. The Alaska Child Care Program Office, in collaboration with the Child Care Resource and Referral Network, is currently engaged in a "Quality Enrichment Program" for a small number of programs, assessing for quality and providing technical assistance for program improvement.

Compared to children in lower-quality child care and early education programs, children in higher-quality programs have more advanced language and pre-math skills, more advanced social skills and warmer relationships with their teachers. Elements of quality include well-trained and well-compensated teachers, language-rich classroom environments, small group sizes, low staff-child rates, low staff turnover rates and practices that involve and support parents.
Project on Effective Interventions at Harvard University. (2004). *Pathways Mapping Initiative: School Readiness Pathway*. Washington, D.C.: Center for the Study of Social Policy. (February 2003). *Policy Matters: Improving the Readiness of Children for School*. Washington, D.C.: Rhode Island KIDS COUNT. (February 2005).*Getting Ready: Findings from the National School Readiness Indicators Initiative*.

Early Learning Guidelines:
Quality programs base their services on developmentally appropriate practices. Alaska has recently completed the development of **Early Learning Guidelines** that can help parents, early care and learning providers, teachers and others learn what children can generally know and do at various ages. There is a need for this information to be widely distributed in a user-friendly format. Programs should be encouraged to use the information and technical assistance should be provided for how it can enhance early care and learning programs.

Mental Health and Health Consultants:
Promoting safe, healthy, and developmentally appropriate environments in child care settings is critical to supporting optimal health, child development and school readiness. Trained child care health consultants are needed to provide training, consultation, and technical assistance to child care providers around child health, nutrition and safety measures, and linkages with community services and primary care providers.

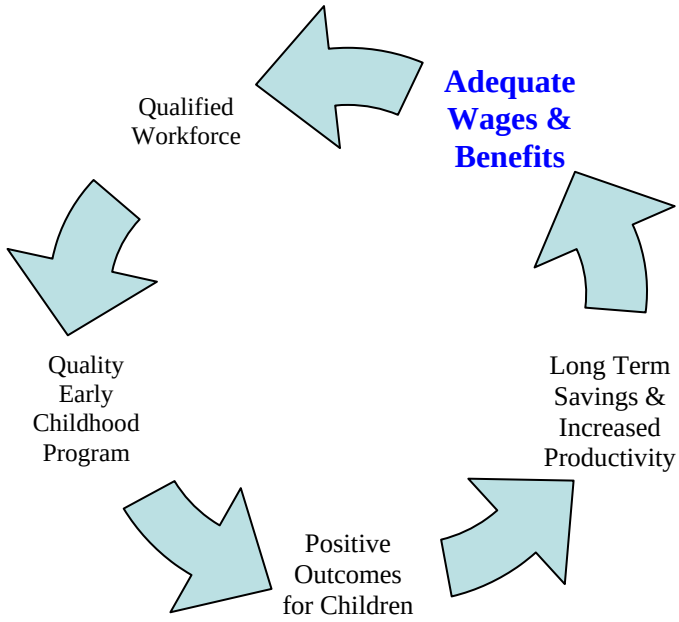
As mentioned in the Mental Health Section, many children are asked to leave their child care program due to social/emotional issues and resulting difficult behaviors. Generally early childhood staff members do not feel equipped to deal with challenging behaviors and frequently ask for more training in this area. Caring for a difficult child is also stressful for parents. Early childhood workers need assistance developing the skills necessary to work with children, provide support to parents and help families access needed services. Mental health consultants can assist both parents and staff in developing a consistent approach that is nurturing for children and focused on resolving mental health issues and difficult behaviors.

Early Care and Learning Workforce:
A well trained and qualified workforce is the primary ingredient for maintaining quality in early care and learning programs. Currently the educational requirements in child care programs are for the administrator of the program to have a Child Development Associate Certificate, or 12 early childhood college credits or a Montessori teaching certificate. There are no educational requirements for classroom teachers. Head Start mandates that all lead teachers have a Child Development Associate Certificate and in at least 50 percent of the classrooms one teacher must have an Associate Degree in early childhood or related field. In FY 05, 32.5 percent of Alaska Head Start teaching staff had an Associate Degree or higher. (Madden, M.L. (June 2006). *SEED Mid-Year Evaluation Report for FY 2005*) Head Start is moving toward mandating bachelor's degrees for teachers in the reauthorization legislation. In Alaska, kindergarten through third grade teachers are not required to have any special certification or endorsement in early childhood, although this age group is included in the definition of early childhood by professionals in the field. Alaska needs to ensure that all professionals working with young children are qualified and prepared to offer the highest quality early learning environments.

The System for Early Education and Development (SEED) is the Alaskan system of professional development for Alaska's field of early care and learning. SEED has provided financial assistance to early childhood professionals for educational activities, developed a framework for professional development and is nearing completion on a registry system for tracking training and professional development activities. The federal Department of Education funding for the SEED project is coming to an end in the fall of 2007 and the challenge will be to maintain the momentum created by this project and sustain the systems that have been developed. As part of the SEED sustainability plan, major projects will move to the newly reorganized Alaska Affiliate of the National Association for the Education of Young Children.

Well-qualified professionals need to be encouraged to stay in the early care and learning field. Staff turnover in Alaska child care programs was approximately 45 percent in 2004. (NACCRRA.(2006). *Child Care in the State of Alaska Report.* http://www.naccrra.org/randd/data/docs/AK.pdf).). This high turnover rate dramatically impacts the quality of services provided to children. The average income of a full time/full year child care worker in 2005 was $20,960 (Alaska Department of

Labor) making this one of the lowest paid occupations in our state. Often benefits such as health insurance are limited or non-existent. The average wage for preschool teachers was $26,460 and $51,960 for kindergarten teachers. (Alaska Department of Labor) It is difficult for programs to attract and retain well-trained and educated staff when wages are so low. We must simultaneously develop a strategy for raising benefits and wages for early care and learning personnel while requiring minimum levels of professional development. This goes hand in hand with developing a funding strategy to support families who cannot afford to pay the tremendous cost of quality care.



Access to Early Care and Learning Programs:
Not all Alaska children have access to quality early care and learning opportunities. There are approximately 22,000 licensed/approved child care, Head Start, or school district preschool spaces available, yet over 35,000 young children have all their parents in the workforce. Not only is more regulated care needed, but there is a need for specialized care such as infant/toddler care, care that is offered during non-traditional work hours, and after school care. Children in child protective custody, who often have intense needs, need access to high quality, enriched programs with skilled and trained providers. The need for early care and learning programs is particularly apparent in rural Alaska.

Of the requests that the Child Care Resource and Referral Agencies received in 2005 (NACCRRA 2006):

- 81 percent of requests were for below school age
- 88 percent of requests were for full-time care
- 14 percent of requests were for non-traditional hour care

In a telephone survey of randomly selected households conducted by the McDowell Group for the SEED Council (February, 2006), 45 percent of households with children under 6 found it difficult or very difficult to find care. Cost was most often cited as the factor having the greatest impact on

ability to find acceptable care: “36 percent reported that the quality, cost or availability of child care services had prevented someone in their household from seeking employment or had in some way restricted the number of hours that they could work.” (Economic Impact of Early Education and Child Care Services in Alaska, July 2006)

Many low-income parents, even with child care assistance, cannot afford a high quality program because the tuition required to support such a program is frequently higher than the amount that child care assistance is able to provide. Parents often have to base their decisions regarding child care on **affordability versus quality**. Head Start and Early Head Start is specifically designed for low-income children and their families, but is available for only a fraction of the eligible children in our state.

Economically disadvantaged 3- and 4-year-old children who participate in **high-quality** preschool programs have better school achievement, social skills and behavior than children who do not participate in a preschool experience or who are enrolled in a low quality program.

(ChildTrends. (2002). *School Readiness: Helping communities Get Children Ready for School and Schools Ready for Children.* Washington, D.C.: Project on Effective Interventions at Harvard University*. (2004). Pathways Mapping Initiative: School Readiness Pathway.* Washington, D.C.*;* Federal Interagency Forum on Child and Family Statistics. (2004). *Americas' Children: Key National Indicators of Well-Being 2004*. Washington, D.C.

Many states are progressing toward universal, free and voluntary pre-kindergarten programs for their 3- and 4-year-olds. This approach ensures that all families who would like their children to benefit from such a program would have equal access. Alaska is one of 10 states that does not have a partial or fully state-funded pre-K program. (Pre-K Now Website: http.www.preknow.org) Some states are choosing to phase in preschool-for-all by starting with full funding for children in poverty, or to include only 4-year-olds.

The National Institute for Early Education (NIEER) estimates “the average benefits from a universally accessible program at ages 3 and 4 to be at least $25,000 per child, substantially more than the costs. The estimated cost-per-child (mixing half day, school day, and full day programs) is $8,703 annually and $17,406 for two years.” These figures were derived by using the results of the long-term Chicago Child Parent Center and the Perry Preschool Project Studies.

The Chicago Child Parent Center study found that at age 20, participants were more likely to have finished high school than children who weren't in the program. They were also less likely to have been held back in school, less likely to have needed remedial help, and less likely to have been arrested. It's estimated for every dollar invested, the return is $7, based on the reduced costs of remedial education and justice system expenditures, and in the increased earnings and projected tax revenues for participants.

The Perry Preschool study found that at age 27, program participants had higher monthly earnings and completed a higher level of schooling than children who didn't take part. There were also fewer arrests among participants and a lower percentage received social services over the past 10 years. It's estimated the program also returned $7 for every dollar invested. *(Fast Facts: Cost of providing quality preschool education to American’s 4-year-olds. (August 2006) .from NIEER Website http://www.nieer.org)*

Partnering with Families:
Early care and learning programs are a natural place to engage and support parents and are one of the primary means by which families connect with their community. High quality programs recognize parents as significant partners, decision-makers, advocates, and caregivers. Families are encouraged to participate fully in their child's program, and information about child development, parenting and community services is available to them.

The best environments for children are those that recognize and respect the uniqueness of their home culture and language. As the cultural and linguistic makeup of our population continues to change, early care and learning programs need to be prepared to adapt to needs of our families. In 2004, the Census Bureau estimated the racial breakdown of Alaska residents as follows:

White = 70.7 percent
American Indian/Alaska Native = 15.8 percent
Asian = 4.5 percent
Black = 3.6 percent
Native Hawaiian/Other Pacific Islander = .6 percent
Two or more races = 4.7 percent
Hispanic or Latino = 4.9 percent
White persons not «Hispanic = 66.9 percent

Head Start/Early Head Start is the only Alaska program that mandates a family support component. The State of Alaska is currently piloting an approach entitled **Strengthening Families through Early Care and Education Programs** which could be used by the broader early care and learning community**.** It is a child abuse prevention approach that targets all parents with family support and information. By supporting the development of "protective factors" known to shield families from adverse outcomes, families are supported in providing nurturing, caring environments for their children. Families are encouraged to develop friendships with other parents, are provided with parenting and child development information, and are connected to services in the community when needed. Early care and learning programs are ideal locations to embed these services for families since they have daily interaction with parents and a mutual investment in the children. Family support models need to be created and/or strengthened in Alaska's early care and learning programs. Early childhood professionals need training and support for integrating family support components into their programs.

Transitioning children:
Young children may move several times between early care and learning programs or schools — for a host of reasons. How a child transitions between programs can have a significant impact on their feeling of safety, overall adjustment and future learning. "Transition is like a journey that takes time, preparation, and planning. Adults can help make each child's journey into new territory most successful by supporting them before, during, and after the major change occurs. Parents and teachers need to work together sharing the unique information they have about the child and what support he or she may need." (NAEYC Website http://www.naeyc.org) Programs can facilitate smooth transitions for young children by applying early care and learning standards of best practice, creating consistency between programs. This consistency would reduce the amount of change a young child and her/his family might experience when transitioning to a new program. Early care

and learning programs, Head Start/Early Head Start and school districts are, in particular, key partners for collaborating around transitions for young children.

Early Care and Learning Outcomes, Goals and Strategies:

Outcome #8 Early care and learning programs for children birth through age 8 will be based on standards of best practice.

- **All early care and learning programs will meet or exceed established health, safety and program standards.**
  - Establish early care and learning program standards and regulations that reflect markers of quality (or standards of best practice).
  - Require early care and learning programs to meet or exceed established health, safety, and program standards.
  - Develop and implement a clear, coherent and equitable monitoring system for program compliance.
  - Develop and implement a quality rating system that encourages programs to meet high quality standards.

- **Early care and learning programs will use Alaska's Early Learning Guidelines to better understand, support and enhance children's development and learning.**
  - Develop Early Learning Guidelines materials appropriate for providers and widely disseminate.

- **Early care and learning programs will use a variety of appropriate methods to regularly screen, assess, and monitor progress of individual children.**
  - Develop and disseminate information on screening and assessment resources available to programs and the importance of regularly screening, assessing and monitoring children's progress.

- **Health specialists will be available to assist early care and learning programs with special issues.**
  - Develop and implement a system for health and mental health specialists to provide consultation and direct services in natural settings such as early care and learning programs (expand Head Start-like models).

Outcome #9: The early childhood workforce will be well qualified and fairly compensated.

- **There will be a statewide system of professional development in early childhood education and statewide access to that system.**
  - Provide campus-based and distance-delivered education opportunities.
  - Support the university system in meeting the requirements for accreditation in Early Childhood Education.
  - Maintain a registry system that documents the individual professional development of providers.
  - Develop and implement a registry of approved trainers.

- Maintain and publicize a Web site that provides information on professional development opportunities.

- **Early care and learning practitioners will meet the educational standards for their position.**
  - Establish educational standards for early care and learning providers and embed them in requirements for programs.
  - Develop and advocate for guidelines to be adopted by the State Board of Education and Early Development moving pre-K-3 teachers toward certification in early childhood development or an early childhood endorsement.

- **A professional development framework articulating career advancement will be utilized by early care and learning providers.**
  - Disseminate information about the professional development framework and encourage its use by providers and employers.

- **Wages and benefits of people who work in the early care and learning field will be improved to reflect compensation for education and experience.**
  - Promote analysis of wage and benefit issues.
  - Develop options for improving benefits for early care and learning providers.
  - Explore the development of a system for rewarding programs that demonstrate a commitment to livable wages and benefits.
  - Conduct an annual survey of providers regarding early childhood workforce issues.

Outcome #10: All children and families will be able to find and access appropriate early care and learning programs.

- **There will be a range of early care and learning program models to meet the developmental needs of young children.**
  - Ensure a range of program models are available.
  - Support collaboration between early care and learning programs and child protection services and provide adequate funding to ensure that children in the state's custody are placed in high quality early care and learning programs.
  - Develop a free, voluntary, universal pre-k system for 4- and 5-year-olds using a mixed delivery system with funding that follows the child.

- **There will be a sufficient supply of early care and learning programs to meet the needs of families with children from birth to 8.**
  - Research and implement strategies to increase the supply of child care where needed, especially programs serving: infant and toddlers; children with special needs; children in rural areas; school-age children; children needing non-traditional hour care.
  - Implement strategies to increase access to Head Start and Early Head Start programs.
  - Implement strategies to increase access to Early Intervention Programs.

- **Families will have access to consumer information and have the resources to make informed choices regarding their child's early care and learning.**
    - Implement a quality rating system statewide to help parents determine the quality of care.
    - Provide consumer information to parents that is user-friendly and available in multiple formats, languages and locations (such as places of employment, medical offices, WIC, PA, etc.).
    - Develop public service announcements for radio and television with consumer information regarding quality care and learning programs.

- **Families with financial needs will have access to resources to help cover the cost of child care.**
    - Support a child care assistance rate schedule in which parents pay no more than 10 percent of their income for child care.
    - Support child care assistance rates equivalent to the 75th percentile of the current market rate.
    - Support adequate funding for child care assistance programs.
    - Provide support in helping parents and providers understand the child care assistance system.
    - Support child care assistance being available for families whose income is up to 85 percent of the State Median Income.

Outcome #11: Families will be full and respected partners in their children's early care and learning programs.

- **Early care and learning programs will have active family support and parent involvement components.**
    - Research and disseminate information on best practices in outreach, engagement and family support models.
    - Support the implementation of family support models such as Strengthening Families in all early care and learning settings.
    - Require the use of the Strengthening Families Self-Assessment in early care and learning programs.
    - Train child care licensers in Strengthening Families Self-Assessment Tool.

- **Early care and learning programs will be responsive to the different cultural and language needs of the families and children that they serve. *(Support children in the continuation of their home culture and language while helping them to speak, read and write English.)***
    - Encourage programs to recruit, hire, and train staff representing the cultures that they serve.
    - Provide training information and strategies to providers on how to successfully engage families of diverse cultures.
    - Create opportunities for community members with diverse backgrounds to participate in a network of support for early care and learning programs.

- **Early childhood programs will facilitate the transitioning of children and their families to new classrooms/programs by implementing key elements that characterize early care and learning standards of best practice.**
    - Promote continuity between early care and learning programs by supporting key elements of effective early childhood programs: developmentally appropriate practice; parent involvement; support services for children and parents.
    - Develop and disseminate information on the importance of transitioning children and their families and assist programs in developing transition procedures.
    - Support collaboration between early care and learning programs, Infant Learning Programs and school districts.

FAMILY SUPPORT AND PARENT EDUCATION

Alaska faces acute challenges in providing the support families need to nurture their children. Isolation in remote/frontier Alaska and lack of extended family support in urban areas compound these challenges. Alcohol and drug abuse, child neglect and abuse, and unintentional injury are some of the most significant problems for Alaska's families. Alaska is among five states with the most severe alcohol problems. Healthy Alaskans 2010 (Department of Health and Social Services, 2002) reports that 14 percent of Alaskans have alcohol related problems, over twice the national average. The rate of substantiated or indicated maltreatment for Alaskan children is more than four times the Healthy People 2010 goal and nearly 3.5 times the national rate. Approximately 50 percent of all reports of harm are for children birth to 5 years of age. The risk of death due to injury for Alaskan children age 1 through 4 is 71 percent higher than the risk of death for other American children. Added to these dramatic challenges is the high cost of housing and other living expenses that add to the problems families face as they attempt to provide a nurturing environment for young children.

Children in Poverty:

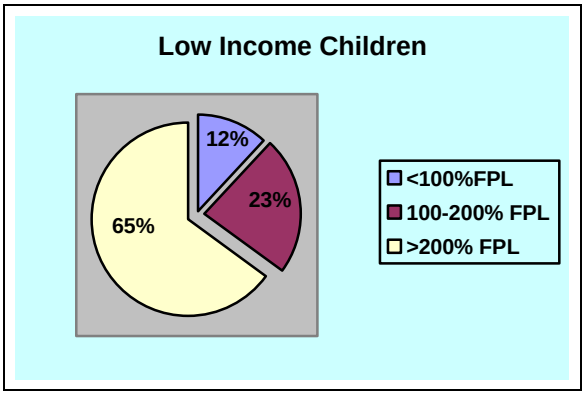
Young children are the poorest members of society and are more likely to be poor today than they were 25 years ago. Growing up in poverty greatly increases the probability that a child will be exposed to environments and experiences that impose significant burdens on his or her well-being, thereby shifting the odds toward more adverse developmental outcomes. Poverty during the early childhood period may be more damaging than poverty experienced at later ages, particularly with respect to eventual academic attainment. The dual risk of poverty experienced simultaneously in the family and in the surrounding neighborhood, which affects minority children to a much greater extent than other children, increases young children's vulnerability to adverse consequences.

(National Research Council, Institute of Medicine. (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development.* National Academy Press)

According to the National Center for Children in Poverty (NCCP)**,** on average, families need an income of about twice the Federal Poverty Level (FPL) to meet their most basic needs. Children living in families with incomes below this level are referred to as "**low income."** "**Poor families"** are considered to be those families than live below 100 percent of the Federal Poverty Level (FPL).

In Alaska, children with less educated parents are more likely to live in low-income families; most low-income children have a least one of their parents in the workforce; and children below the age of 6 are more likely to live in low-income families than older children.

The data below was calculated from the Annual Social and Economic Supplement of the U.S. Current Population Survey from 2003, 2004 and 2005, representing information from calendar years 2002, 2003, and 2004. (NCCP Website http://www.nccp.org)



- 35% of Alaska children of all ages (66,200) live in low income families (200% of FPL).

Age of Alaska children living in low-income and poor families:

- **38 percent (22,989) of children under age 6 live in low-income families**
- 33 percent (43,211) of children age 6 or older live in low-income families

- **13 percent (7,595) of children under age 6 live in poor families**
- 12 percent (16,021) of children age 6 or older live in poor families

Parental Education:

- 77 percent (9,265) of children whose parents do not have a high school degree live in low-income families
- 50 percent (26,987) of children whose parents have a high school degree, but no college education, live in low-income families
- Only 24 percent (29,948) of children whose parents have some college or more live in low-income families.

Parental Employment:

- 13 percent (8,842) of children in low-income families do not have an employed parent
- 24 percent (5,643) of children in poor families do not have an employed parent

Race:

- 25 percent (25,361) of white children live in low-income families
- 42 percent (6,444) of Latino children live in low-income families
- 62 percent (9,965) of Asian children live in low-income families

Rural vs. urban:

- 32 percent (20,078) of children in urban areas live in low-income families

- 35 percent (38,181) of children in rural areas live in low-income families

- 14 percent (8,617) of children in urban areas live in poor families
- 12 percent (12,855) of children in rural areas live in poor families

Mobility:
- 33 percent of children living in poor or low-income families moved last year

CHALLENGES AND SOLUTIONS:

Coordination of Services:
The Alaska Department of Health and Social Services funds a variety of programs which provide family support and parenting education through the Office of Children's Services, the Division of Behavioral Health, the Division of Public Assistance, and the Division of Public Health. The Alaska Children's Trust (ACT), a significant program with the goal of preventing child abuse and neglect, also provides direct grants to communities for child abuse and neglect prevention programs and parent education efforts. The ACT is currently conducting a statewide social marketing campaign for the prevention of child abuse and neglect. This effort includes a 24-hour parent "warmline" where parents can receive answers to parenting questions as well as information about community services. Additionally, a variety of non-profit and faith-based organizations provide services funded through service fees, grants and/or donations.

While there are isolated, primarily program-specific family support and parent education efforts in Alaska, there is no coordinated mechanism to assure that all families have easy access to high quality, community-based services. No clear leadership or network exists to develop or support consistent program standards or ensure that a comprehensive system for family support and parent education exists. A statewide family support clearing house is needed that can serve as a repository of information regarding best practices in family services; support interdisciplinary training; provide technical assistance; and distribute information to programs, stakeholders and policy makers.

Family Support America
Principles of Family Support Practice

- Staff and families work together in relationships based on equality and respect.
- Staff members enhance families' capacity to support the growth and development of all family members — adults, youth, and children.
- Families are resources to their own members, to other families, to programs, and to communities.
- Programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.
- Programs are embedded in their communities and contribute to the community-building process.
- Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.

Access to Services:
Pathways to services should be user-friendly, responsive to emerging family issues and readily available. There is a need to link culturally competent and developmentally appropriate family support services and parent education to the early childhood service platforms that exist — in early care and learning programs, medical homes, and community and faith-based organizations. Barriers to communication and linkages between programs need to be removed and replaced with practices that facilitate meaningful exchange and collaboration. A "one door opens every door" strategy should be supported which enables families to connect with the services they need regardless of where they enter the system. Strength-based approaches which view families as resources to their own members, to other families and to communities should be promoted.

The types of family support strategies that appear to be most effective are those that start early, are comprehensive, and address individual, family, and community level factors. Services that are most effective will engage families in places where they are most available and at times when they are open to change. Services should not only assist with parenting skills but also help parents with their own well-being and personal development. Perhaps most importantly, family support services must be provided in a way that respects the values and cultures of all families.
(Thompson, L., Uyeda, K., Wright, J., Halfon, N., National Center for Infant and Early Childhood Health Policy. (January 2005). *FAMILY SUPPORT: Fostering Leadership and Partnerships to Improve Access*

Family Support and Parent Education Outcomes, Goals and Strategies:

(Note- family support goals and strategies are also woven into the medical home, mental health, early care and learning components described above.)

Outcome #12: ***Families of young children will have access to community-based parenting and family support programs.***

- **Programs serving young children and their families will be responsive to emerging family and community issues and model the principles of family support in all program activities.**
  - Create a statewide family support clearing house which: serves as a repository of information regarding best practices in family services; supports interdisciplinary training; provides technical assistance; distributes information to programs, stakeholders and policy makers; links to services.

- **All families with young children will have access to a user-friendly, culturally competent, integrated service delivery system.**
  - Promote "one door opens every door" by supporting: community based family resource centers; one-stop shopping service delivery models; family to family support; integrated case management.

- **Families will be well-informed regarding parenting and child development issues.**
  - Support programs that provide easily accessible parenting information and referrals for all Alaskan families with young children ("parent lines," Web-based services, home-based delivery, etc.).

- **Families will be supported in their role as primary caregivers.**
    - Encourage funding of programs that promote families being resources to their own members, to other families, to programs, and to communities.
    - Encourage employers to develop family friendly policies (i.e., family health benefits, on-site childcare facilities, flexible work schedules, changing stations in restrooms, access to parenting information, etc.).
    - Support and recognize community activities which promote health and wellness in families with young children.

IMPLEMENTATION OF THE ECCS PLAN:

The leadership of the DHSS Children's Policy Team will oversee the implementation efforts of the ECCS Plan. The ECCS Coordinator will work with Division programs in a supporting role when appropriate and initiate the efforts when necessary. In order to achieve the goal to have an integrated, comprehensive system, communication and cooperation will be essential on every level. HRSA funding is anticipated to be available to support the work through September 2008.
By embedding best practices for early care and learning, medical homes, parent education, family support and mental health services for young children in state policies and plans, the work of the ECCS project will have lasting effects. The development of a guidance structure will support consistency in our approach, alignment of funding streams, and integration of services.

The Plan will be widely distributed across Alaska, and programs, agencies, and local and regional groups will be invited to use it in their own program planning and development. Communities are encouraged to incorporate their own ideas for integrating services, sharing training, blending and braiding funding, and establishing policies that promote improved services to young children and their families. A public education program about the benefits of a comprehensive system for young children's services will focus on developing public will for supporting quality early childhood programming.

Involvement at local and regional levels will be a focus as we support partnerships between parents, health and social service agencies, early care and education programs, elementary schools, local boards and organizations to insure the development and continuity of quality, comprehensive services. DHSS will encourage the development of local and regional collaborations where none exist and partner with established local and regional groups and share information on state efforts, initiatives, systems building and best practices. The systems change promoted in the ECCS plan must ultimately result in more integrated and comprehensive services where families live and raise their children.

Progress on implementation will be monitored. The ECCS planning workgroups sought to identify indicators and performance measures that could be gathered from existing data sources rather than create an entirely new system. (See Appendix) This will not only avoid duplication of effort, but will also provide us with a baseline for some indicators and further our purpose of integration and collaboration. Because all of the indicators identified will not be available, some new elements will need to be incorporated. An annual report will be produced that brings the information together

from a variety of sources and combines them into a comprehensive report on young children. Some of the existing data collection projects include:

- **Women's, Children's and Family Health** — Pregnancy Risk Assessment Monitoring System (PRAMS), Maternal Infant Mortality and Child Death Review Committee (MIMR), Alaska Birth Defects Registry and Fetal Alcohol Surveillance program (ABDR), Maternal-Child Epidemiology and MCH Indicators Project
- **Child Care Program** — Market Rate Survey
- **Child Care Resource and Referrals Network** — data on availability of child care, professional development information, etc.
- **Child Protection Services Data** — child abuse and neglect statistics, health information and access to early care and learning programs
- **SEED** — professional development information for early care and learning professionals
- **EPSDT Program** — Information on EPSDT use
- **Medicaid and Denali KidCare** — data on number of insured and uninsured children, developmental screening information
- **Dept of Labor** — wage and benefits of professionals in early childhood programs, licensed professionals, etc.
- **Head Start Collaboration Office** — Program Information Report on Head Start children and staff

A data analyst will be hired to track and collect data for the ECCS Project. This position will be shared with the Early Intervention Program and 25 percent of that person's time will be allocated to the ECCS Project. In addition to tracking the data on changes for young children and their families, systems changes and activities to support the plan will be monitored. Performance will be evaluated based on information collected regarding:

- Policy changes reflecting the needs of young children and their families
- Early childhood representation on committees, in planning meetings, etc.
- Interactions with local and regional groups and collaborations
- Identification of billing codes and streams of funding for care coordination/early childhood mental health services
- Number of agencies/medical practices, etc. implementing models recommended in plan
- Number of early care and learning, mental health, medical personnel, family support and education providers receiving training, college credit
- Infrastructure and systems developed for professional development, monitoring programs
- Number of trained consultants
- Materials produced
- Changes in employer practices
- Program standards developed
- Parent reports on child care, care coordination, access to parent information, family support
- Consumer information developed
- Rate schedules

ECCS Planning Partners:

Many thanks to the ECCS partners who contributed to the development of the ECCS Plan:

Medical Home:

Department of Health and Social Services
- Division of Public Health
- Division of Health Care Services
- Division of Public Assistance
- Governor's Council on disabilities and Special Education
- Commissioner's Office

Municipality of Anchorage, Health Department
Alaska Chapter of the American Academy of Pediatrics
All Alaska Pediatric Partnership
Alaska Primary Care Association
Alaska Native Tribal Health Consortium
Alaska Native Medical Center
Mat-Su Services for Children and Adults
Family Voices
Alaska CARES
Stone Soup
SEARHC (Southeast Alaska Regional Health Consortium)
Yukon Kuskokwim Health Corporation
Upper Tanana Development Corporation Head Start
Covering Kids Coalition
Sunshine Community Health Center
Andrea Bateman, M.D.
Carol Joyce Bucholtz, M.S.

Early Care and Education:

Department of Health and Social Services
- Division of Public Assistance
- Office of Children's Services
- Division of Public Health

Department of Education and Early Development
- Early Learning and Support

University of Alaska Fairbanks
- School of Education, Department of Early Childhood Education

University of Alaska Southeast,
- College of Education, Department of Teaching and Learning, Early Childhood Program
- Professional Education Center, Center for Teacher Education, (SEED) System for Early Education and Development Council

University of Alaska Anchorage
- College of Education, Department of Counseling and Special Education
- Center for Human Development

Child Care Connection
Association for the Education of Young Children-Southeast Alaska
Alaska Inclusive Child Care Initiative
Southcentral Foundation Head Start Program
Chugiak Children's Services Head Start Program
Play-n-Learn Child Development Centers
Northstar Borough Early Childhood Commission
Families First
Parents As Teachers

Mental Health:

Department of Health and Social Services
- Division of Behavioral Health
- Office of Children's Services
- Commissioner's Office

Department of Administration
- Division of Public Advocacy

Christian Health Associates
Psychology Resources
Mental Health Board-Children's Committee
Yukon Kuskokwim Health Corporation
Southcentral Foundation
Norton Sound Health Corporation
Bristol Bay Area Health Corporation
Sitka Tribe
Alaska Behavioral Health Association
Blanket of Wellness
Juneau Youth Services
Tundra Women's Coalition
North Star Hospital
Rural Alaska Community Action Program Head Start Programs
Kids' Corps Inc. Head Start Program
Play-n-Learn Child Development Centers
Anchorage Community Mental Health Center
Elmendorf Air Force Base, Family Support Program
Family Center Services
Child Care Connection
Zero to Three: Partnering with Parents Project
Disability Law Center
Marianne VonHippel M.D.
Jeanine Jeffers-Wolfe

Family Support and Parent Education:

Department of Health and Social Services

- Office of Children's Services
- Division of Public Health
- Division of Public Assistance
- Governor's Council on Disabilities and Special Education

Assets for Youth Program, Association of Alaska School Boards
Association for the Education of Youth Children-Southeast Alaska
Partnership for Families and Children
Anchorage Native Medical Center
Kids' Corps Inc. Head Start Program
Success By Six
Child Care Connection
United Way of Anchorage
Stone Soup
North Slope Family Services
Municipality of Anchorage
Alaska Youth and Family Network
Catholic Community Services
Mat-Su Services for Children & Adults, Inc.
REACH
Denali Family Services
Hoonah City School District, Parents As Teachers Program
Anchorage School District, Child in Transition/Homeless Project
Reclaiming Futures
Alaska Injury Prevention Center
Prevent Child Abuse America-Alaska Chapter
Resource Center for Parents and Children
Volunteers of America
Family Training Associates

FOR MORE INFORMATION:

Please visit the DHSS Website at: http://www.internal.hss.state.ak.us/default.cfm
Information on the Early Childhood Comprehensive Systems Project can be found in the Office of Children's Services.

Early Childhood Comprehensive Systems
Office of Children Services, DHSS, State of Alaska
Early Childhood Comprehensive Systems Program
550 W. 7th Avenue, Suite 1800, Anchorage, Alaska 99501
(907) 269-8923
(907) 269-3988 fax