

## Appendix F. State Early Childhood Comprehensive Systems Plan and Systems Implementation Schedule

### Georgia's Early Childhood Comprehensive Systems Planning Initial Three-Year Goals and Recommended Activities

(April 9, 2005, Revised)

**Legend: PE=Parenting Education FS=Family Support MH=Medical Home SE=Social Emotional ECE=Early Care and Education**

**Goal 1. To integrate the critical components of Georgia's early childhood services systems including: Access to Medical Home and Insurance, Mental Health/Social Emotional, Early Care and Education, Parent Education and Family Support.**

Current Conditions (positive and negative environmental factors; indicator baselines, quantitative and qualitative data)	System Strategies (HRSA system strategies and Clifford elements)	Recommended Activities (specific action to be taken-drivers; develop a work plan for implementation)	Relevant Research /Best Practices/ Best Hunches	Measurable Outcomes/Desired Results (number and percentage of xyz – include quantitative data; relate to different levels of outcomes – child, family, community or state/system level)	Recommended Partners/Resources (who are the partners and what role do they play)
<p>Georgia's families give birth to over 130,000 infants each year from diverse racial/ethnic groups including: - 52% non-Hispanic whites -32% non-Hispanic blacks -12% Hispanic --4% other racial/ethnicities <b>(Georgia Kids Count Factbook 2003).</b></p> <p>Numerous risk factors exist among Georgia's diverse parents and infants:</p> <p>-20% of GA's 60,000 children under 5 years of age live in single parent families -16, 134 babies (11.9%) were born to teens in 2003</p>	<p>Communication (state and community)</p> <p>Standards/Guidelines (state and community)</p> <p>Capacity-building; State System</p> <p>Blended Funding</p>	<p>1.1. Provide affordable and appropriate parenting education opportunities for parents of all backgrounds through a number of access points including: the early education system, pediatric healthcare system, community organizations, faith-based organizations, and others. (PE2.Access.Collaboration.Act2.2; PE2.Access.Collaboration.Act2.2; PE2.Access.Collaboration.Act2.1)</p>	<p>Zero to Three</p> <p>Center for Child Well Being –Parenting in the Real World, Kids Don't Come with Instructions</p> <p>American Psychological Association</p> <p>American Academy of Pediatrics</p> <p>Families and Work Institute</p> <p>Mid-continental Research for Education and Learning</p>	<p>Increase in number of parent education opportunities available through the early childhood system (State and Community Outcomes)</p> <p>Increase in number of parent education opportunities available through the pediatric health care system (Community Outcome)</p> <p>Increase in number of parent education opportunities available through community organizations (Community Outcome)</p> <p>Increase in the number of parent education opportunities available through faith-based</p>	<p>The Center for Child Well Being</p> <p>Georgia Parent Leadership Coalition</p> <p>DHR -DFCS -Public Health/ Babies Can't Wait/SCEIs/ Resource Mothers/Perinatal Case Management</p> <p>DECAL/Pre-K</p> <p>Head Start</p> <p>GA DOE -Even Start</p> <p>Family Connection</p> <p>Governor's Council on Developmental</p>

<p>-106,663 children 0-4 lived in families with federal poverty level incomes (2000 Census)  -20% of teen mothers gave birth to a second child  -about 100,000 grandparents are raising young children.</p> <p>1.2. There are a number of parent education/parent leadership development programs offered through various agencies in Georgia. However, these programs are not currently coordinated, nor are they available statewide.</p>	<p>1.2  Training/Technical Assistance</p> <p>State System/Capacity-Building</p>	<p>1.2. Develop a statewide system of training and technical support for parenting education.  (PE.3.Access.TA.Act3.1;  PE.1.Workforce.Ed.Opport.Act1.1)</p>	<p>1.2  Zero to Three</p> <p>Center for Child Well Being –Parenting in the Real World, Kids Don’t Come with Instructions</p> <p>American Psychological Association</p> <p>American Academy of Pediatrics</p> <p>Families and Work Institute</p> <p>Mid-Continental Research for Education and Learning</p>	<p>organizations (Community Outcome)</p> <p>Increase in participation rate of families from diverse backgrounds in parent education opportunities provided through each access point (State and Community Outcomes)</p> <p>1.2  Evidence of a coordinated system (State and Community Outcomes)</p> <p>Accessibility of parenting education at local/regional levels (Community Outcome)</p> <p>Increased skill level of parent educators (State System Outcome)</p>	<p>Disabilities</p> <p>GA PTA</p> <p>The Georgia Campaign for Adolescent Pregnancy Prevention  University of Georgia  -Institute on Human Development and Disabilities  -Cooperative Extension Service</p> <p>The Children’s Trust Fund</p> <p>1.2  The Center for Child Well-Being</p> <p>Georgia Parent Leadership Coalition</p> <p>DECAL/Inclusion Coordinators</p> <p>Head Start</p> <p>DOE  -Even Start</p> <p>Governor’ Council on Developmental Disabilities</p> <p>DHR  -DPH/Babies  Can’t Wait/SCEIs</p> <p>Partners in Policy</p> <p>University of Georgia</p>
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<p>1.3. Numerous agencies in GA include family representatives on statewide decision-making councils, task forces, and advisory groups. However, the degree to which this practice is implemented is unknown.</p> <p>1.4. Georgia's children have many risk factors that can be ascertained through a systematic statewide process of</p>	<p>1.3. Legislative Organizational Capacity Building Community Capacity Building Accountability</p> <p>1.4. Statewide System Community Capacity Building</p>	<p>1.3. Increase role of families in planning, evaluation, and governance of family -serving state and local decision-making bodies. (FS.1.Quality.ParentEd/Involvement.Act1.1)</p> <p>1.4. Develop and implement a systematic, statewide process of universal contact/screening of children at birth, at 2 years old,</p>	<p>1.3. (To be added)</p> <p>1.4. Health Screenings Family Assessments</p>	<p>1.3. Number of families participating on state and community level decision-making bodies (Family/Child Outcomes)</p> <p>Number of public hearings/forums held to receive feedback from families on issues affecting families (Family/Child Outcomes)</p> <p>Number of families participating in public hearings/forums held to receive feedback on issues affecting families and children (Family/Child Outcomes)</p> <p>1.4. Increase in number of counties with outreach services to parents of newborns</p>	<p>-Institute on Human Development and Disabilities - Cooperative Extension Service</p> <p>The Children's Trust Fund</p> <p>Children's Cabinet</p> <p>DECAL</p> <p>DHR -DFCS -DPH/SICC/ M &amp; I Council/NMS/ NHS</p> <p>Family Connection</p> <p>Governor's Council on Developmental Disabilities</p> <p>The Children's Trust Fund</p> <p>1.4. DHR -DPH/Children 1<sup>st</sup>/ EPI/OHIP -DFCS</p>
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<p>universal screening. Risk factors relate to:</p> <ul style="list-style-type: none"> <li>-17.1% of children under 18 are in poverty (2003)</li> <li>-child abuse rate of 5.5 per 1,000 (2002)</li> <li>-neglect rate of 14.3 per 1,000 (2002)</li> <li>-teen pregnancy rate of 42 per 1,000 for ages 15-17 years (2002)</li> <li>-repeat teen births of 21.9% for ages 15-17 years (2002)</li> </ul> <p><b>(GA 2002 and 2003 Kids Count Factbooks)</b></p> <p>Resources are available to address some risk factors, but they are limited:</p> <ul style="list-style-type: none"> <li>-29 of 159 counties have teen centers</li> <li>-14 Healthy Families and First Steps sites serve 27 of 159 counties</li> <li>- 21 of 159 counties have First Steps; one county has 2 sites and one has 3 (Note: First Steps begins in <i>hospital or clinic settings with trained service providers.</i>)</li> <li>-159 counties have Children 1st</li> </ul> <p><b>(Division of Public Health, January 2004 Data Report)</b></p>	<p>Collaboration</p> <p>Technical assistance</p>	<p>and at school entry. (FS1.Access.Assessment.Act1.1)</p>	<p>First Steps</p> <p><i>American Academy of Pediatrics Guidelines for a Medical Home</i></p> <p><i>Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents</i></p> <p>AAP Statement on Screening and Surveillance</p> <p>AAP Periodicity Schedule</p>	<p>(Community/Family Outcomes)</p> <p>Increase in number of children screened for developmental problems at birth, at 2 years old, and at school entry (Family/Child Outcomes)</p> <p>Increase in immunization rates for 2 year olds (Community, Family and Child Outcomes)</p>	<p>-MHDDAD</p> <p>DOE</p> <ul style="list-style-type: none"> <li>-Public Schools</li> <li>-Even Start</li> </ul> <p>DECAL</p> <p>Head Start/Early Head Start</p> <p>Faith-based Org</p> <p>Prevent Child Abuse Georgia</p> <p>Family Connection Collaboratives</p> <p>The Children's Trust Fund</p>
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**Goal 2. To provide children (0 to 5 years old) and their families access to quality early care services in local communities statewide.**

<b>Current Conditions</b> (positive and negative environmental factors; indicator baselines, quantitative and qualitative data)	<b>System Strategies</b> (HRSA system strategies and Clifford elements)	<b>Recommended Activities</b> (specific action to be taken-drivers; develop a work plan for implementation)	<b>Relevant Research /Best Practices/ Best Hunches</b>	<b>Measurable Outcomes/Desired Results</b> (number and percentage of xyz – include quantitative data; relate to different levels of outcomes – child, family, community or state/system level)	<b>Recommended Partners/Resources</b> (who are the partners and what role do they play)
2.1. Several organizations, including the Governor’s Council on Developmental Disabilities, Family Connection, and the Georgia Parent Leadership Coalition, have initiated efforts to establish Navigator Teams for families of children with disabilities. This initiative needs to be expanded to include all families.	State System  Community Capacity Building  Communication  Collaboration  Technical Assistance/ Training	2.1. Develop navigator teams* in each county to direct families to resources. (FS1.Access.Communication.Act 1.1)  *Navigator team is a group of parent leaders and professionals who work together to provide families information and assist to access resources within their county.	2.1. <b>(To be added)</b>	2.1. Navigator teams in each county (Community/Family Outcomes)  Increase in documented access to local community services based on Navigator Team referrals (Community/Family Outcomes)  Documented results of use of Navigator Teams including local resources leveraged (Community/Family Outcomes)	Family Connection  Governor’s Council on Developmental Disabilities  Georgia Parent Leadership Coalition  Community-based Organizations  DHR -DPH/Children 1 <sup>st</sup> -MHDDAD  DECAL  The Children’s Trust Fund
2.2. Child health data	Organizational capacity building	2.2. Provide health and related	2.2 AAP Statement on Children	2.2	2.2 Parent to Parent

<p>in Georgia indicate many children have special developmental or unmet health needs:</p> <p>-5,450 children birth to three (1.3% of 0 to 3 population) have developmental disabilities (<b>GA Child Count, December 1, 2004-unduplicated count</b>); states are expected to identify developmental disabilities among at least 2% of the 0-3 population</p> <p>-362,277 of all eligible children received EPSDT screens in 2003</p> <p>-(# <b>to be added</b>) of all eligible children received WIC services in 2003</p> <p>-74.3% of children are fully immunized by 2 years old (2003)</p> <p>-98% of all newborns are screened annually for metabolic disease and hearing loss (2003)</p> <p>Although many children in GA have special developmental and unmet health needs, their families do</p>	<p>Community capacity building</p> <p>Financing</p>	<p>services to all children, including those with special needs. (MH1.Access/Quality.Communication.Act1.2)</p>	<p>with Special Health Care Needs</p> <p>HHS Statement on Case Management for Children with Special Health Care Needs</p> <p><i>Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents</i></p> <p>AAP Statement on Nutrition and Physical Activity</p>	<p>Increase in number and percentage of children receiving health and related services (Child Outcome)</p> <p>Increase number and percentage of women who breast feed up to six months (Family &amp; Child Outcomes)</p> <p>Increase number and percentage of children receiving appropriate nutrition and physical activity (Family, Child &amp; Community Outcomes)</p>	<p>Georgia Chapter/AAP</p> <p>Georgia Academy of Family Physicians</p> <p>DHR -DPH/ Babies Can't Wait/ WIC/Children 1<sup>st</sup>/ High Risk Infant Follow-up/ Immunization -DFCS -MHDDAD</p> <p>Department of Community Health</p> <p>Insurance Commission</p> <p>DECAL -Childcare Resource &amp; Referral Agencies</p> <p>Head Start Collaborative</p>
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<p>not have adequate insurance coverage and/or access to medical services.</p> <p>-6.9% of children under age 18 years are uninsured (2001)</p> <p>-approximately 15,000 children 0-3 were uninsured in 2002 (GA Coordinated State Coverage Survey, 2002)</p> <p>-243,252 children ages 0-18 years were enrolled in Peachcare for Kids in 2003</p> <p>-76,700 children eligible for Peachcare were not enrolled in 2003</p> <p>-171,000 children enrolled in Medicaid in 2003</p>					
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**Goal 3. To improve the quality of early care services and supports that is available to children and their families.**

<b>Current Conditions</b> (positive and negative environmental factors; indicator baselines, quantitative and qualitative data)	<b>System Strategies</b> (HRSA system strategies and Clifford elements)	<b>Recommended Activities</b> (specific action to be taken-drivers; develop a work plan for implementation)	<b>Relevant Research /Best Practices/ Best Hunches</b>	<b>Measurable Outcomes/Desired Results</b> (number and percentage of xyz – include quantitative data; relate to different levels of outcomes – child, family, community or state/system level)	<b>Recommended Partners/Resources</b> (who are the partners and what role do they play)
3.1. In Georgia, there is wide variability in screening and follow-up methods for hearing, vision, developmental, and behavioral needs of young children.	State System  Standards and Guidelines  Collaboration  Policy-making  Technical Assistance/ Training  Capacity Building  System Integration	3.1. Develop statewide standards for conducting developmental screenings, and provide training and monitoring to assure that Medicaid and Peachcare providers are appropriately using screenings for all EPSDT services. (Includes Activities #3, 8 & 9.) (SE1.Access.Standards.Act1; SE1.Access.Evaluation.Act1; MH1.Access/Quality.Ed.Oport. Act1.2; & MH.2Access/Quality.TA.Act2.1)	American Academy of Pediatrics guidelines for a medical home  Bright Futures Guidelines for Health supervision of Infants, Children and Adolescents  AAP Statement on Screening & Surveillance  AAP Statements on Vision Screening  AAP Statement on Children with Special Health Care Needs  HHS Statement on Case Management for Children with Special Health Care Needs  AAP Periodicity Schedule  <i>EARLY CHILDHOOD SYSTEM BUILDING TOOL: A framework for the Role of Title V Maternal and Child Health Programs in Early Childhood Systems</i>  <i>From Neurons to Neighborhoods: The Science of Early Childhood Development</i>	Number and percentage of Medicaid/ Peachcare for Kids members who received Health Check (EPSDT) well child screens (Family/Child Outcomes)  Number and percentage of children screened for metabolic and sickle cell disease (Family/Child Outcomes)  Number and percentage of children screened for hearing loss (Family/Child Outcomes)  Increase in the number of medical and mental health providers who are trained in using appropriate developmental and behavioral screening tools (Community Outcome)  Increase in the number of young children screened for social/emotional problems through EPSDT and CAPTA programs (State and Community Outcomes)	DHR -DPH/Children 1st -DFCS -MHDDAD  Georgia Chapter/AAP  Georgia Academy of Family Physicians  Department of Community Health  Georgia Nurses' Association  Department of Education  DECAL  Parent to Parent

<p>3.2. Early care and education training standards, for all professionals who provide training to staff who serve children birth to five-years-old, are in the process of being developed by Bright From the Start: Georgia Department of Early Care and Learning.</p>	<p>3.2. State System  Standards/ Guidelines  Collaboration</p>	<p>3.2. Develop training standards/guidelines that provide a consistent, research-based framework for the provision of training to all staff who work in programs that provide services to children birth to five-years-old and their families. (ECE1.Workforce.St. &amp; Guidelines.Act1.1)</p>	<p><i>Early Childhood Development in Social Context: A Chartbook</i></p> <p>3.2. NAEYC Standards  Zero to Three EHS Program Standards  Head Start Standards</p>	<p>3.2. Training standards are adopted and used by all agencies providing early care and education training (State System Outcome)  Number of 0-5 trainers using approved early learning training standards (State System Outcome)</p>	<p>3.2. DECAL  Head Start/Early Head Start  DHR -DPH/ Babies Can't Wait  DOE -Division for Exceptional Students (DES) -Even Start  Governor's Council on Developmental Disabilities</p>
<p>3.3. There are isolated examples of agencies</p>	<p>3.3. State System</p>	<p>3.3a. Provide access to evidence-</p>	<p>3.3. Zero to Three</p>	<p>3.3. A clearing house is established</p>	<p>3.3. DECAL</p>

<p>and groups in Georgia that are providing parents and/or professionals access to information on evidence-based practices in early care and education. The Georgia Child Care Regional Resources and Referral Agencies (GACRRAs) are points of referral and information dissemination for parents seeking resources on early care. The network of GACRRAs is located in regions that are contiguous to DFCS' service regions.</p> <p>A central directory of information is available to parents of children with disabilities through collaboration between the State DHR/DPH and Parent to Parent.</p> <p>There is no coordinated, statewide effort across agencies and groups to provide centralized access specifically to evidence-based practices in early care and education in Georgia.</p>	<p>Collaboration</p> <p>Capacity Building</p> <p>Training/Technical Assistance</p> <p>Capacity Building</p>	<p>based practices in early childhood through the development and maintenance of a clearinghouse that provides high quality information for parents and professionals.</p> <p>3.3b. Support evidence-based technical assistance and training for professionals provided by partner agencies.</p> <p>(ECE1.Access.ParentEd.Act1; MH1.Access/Qualtiy.Ed.Opport. Act1.1; PE2.Access.Communication.Act 2.1; SE1.Quality.Collaboration.Act1.1; SE1.Quality.Communication.Act 1.1)</p>	<p>Center for Child Well Being – Parenting in the Real World: Kids Don’t Come with Instruction</p> <p>Center for Evidence Based Practice: Young Children With Challenging Behavior (University of South Florida) American Psychological Association</p> <p>American Academy of Pediatrics</p> <p>Mid-continental Research for Education and Learning</p> <p>National Mental Health Information Center (<a href="http://www.mentalhealth.samhsa.gov">www.mentalhealth.samhsa.gov</a>)</p> <p>SAMHSA – <a href="http://www.modelprograms.samhsa.gov">www.modelprograms.samhsa.gov</a> (Note: This site lists over 150 social emotional programs; 26 relate to children)</p>	<p>(State System Outcome)</p> <p>Parent education curriculum and material selection guidelines are developed (Family Outcome)</p> <p>Number of families reporting access to and use of information on evidence-based practices available through the clearing house (Family and Child Outcomes)</p> <p>Number of professionals reporting access to and use of information on evidence-based practices available through the clearing house (State and Community Outcomes)</p> <p>Number of training and technical assistance providers using recommended evidence-based practices and programs with young children (State and Community Outcomes)</p> <p>Increase in medical and other health care providers’ knowledge and understanding of child social and emotional development (State, Community &amp; Family Outcomes)</p> <p>Evaluation of existing programs to determine use of evidence-based practices (State and Community Outcomes)</p>	<p>-GACCRA -Pre-K</p> <p>Head Start</p> <p>Center for Child Well-Being DHR -DFCS -DPH/Babies Can’t Wait/SCEIs -MHDDAD</p> <p>DOE</p> <p>Governor’s Council on Developmental Disabilities</p> <p>Parent to Parent</p> <p>Family Connection</p> <p>GA PTA</p> <p>University of Georgia -Cooperative Extension -Institute on Human Development and Disabilities</p> <p>Georgia Parent Leadership Coalition</p>
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<p>3.4. -90% of Americans agree that “fathers make a unique contribution to their children’s lives” (Gallup Poll, 1996)</p> <p>-Father-child interaction has been found to promote a child’s perceptual abilities, physical well-being, and competency n relating to others even at a young age (Krampe &amp; Fairweather, 1993)</p> <p>-26-year old longitudinal study of 379 individuals found father involvement to be most important factor in developing empathy and compassion in children (Koestner, et al, 1990)</p> <p>-In 2003, the rate of first births with the father’s</p>	<p>3.4. State System Collaboration Communication Training/Technical Assistance</p>	<p>3.4. Promote initiatives throughout the state that advocate and support involvement of biological fathers in the lives of their children. (FS1.Access.ParentInvolvement. Act1.1)</p>	<p>3.4. Gallup Poll, 1996, National Center for Fathering</p> <p>Father Presence and Family Formation and Theoretical Reformation, Krampe &amp; Fairweather, 1993</p> <p>Father’s Involvement in Their Children’s Schools, National Center for Education Statistics, 1997</p> <p>The Family Origins of Concern: A Twenty-Six Year Longitudinal Study, Koestner, Franz &amp; Weinberger, 1990</p>	<p>Evaluation of training provided parents and providers (State, Community &amp; Family Outcomes)</p> <p>Evaluation of technical assistance provided parents and professionals (State, Community &amp; Family Outcomes)</p> <p>3.4. Increase number of birth certificates with name of father (Family/Child Outcomes)</p> <p>Number of father support groups (Family/Child Outcomes)</p>	<p>The Children’s Trust Fund</p> <p>3.4. DHR -DFCS/ Fatherhood Initiative Faith-Based Organizations</p>
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<p>name on the birth certificate was 81.4% in GA <b>(GA 2003 Kids Count Factbook).</b></p> <p>3.5. The degree to which family support practices are being utilized in state and local agencies in GA is unknown.</p>	<p>3.5. (State System Collaboration Organizational Capacity Building)</p>	<p>3.5. Develop and implement a comprehensive family support practices and training program for all state agency personnel who serve young children and families. (FS1.Quality.Ed.Opport.Act1.1)</p>	<p><b>3.5 (To be added)</b></p>	<p>3.5. Family support practices training module is developed and disseminated to all state and community agencies serving families of young children (State and Community Systems Outcomes)</p> <p>Number of state and community agencies routinely using family support practices module in agency training sessions (State and Community Systems Outcomes)</p>	<p>3.5. Family Connection</p> <p>DOE</p> <p>DECAL</p> <p>Head Start/Early Head Start</p> <p>DHR -DPH -DFCS -MHDDAD</p> <p>Department of Community Health</p> <p>Governor's Council on Developmental Disabilities</p>
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### ECCS Implementation Schedule

- Goal 1: To integrate the critical components of Georgia’s early childhood services systems including: Access to Medical Home and Insurance, Mental Health/Social Emotional, Early Care and Education, Parent Education, and Family Support.
- Goal 2: To provide children (0 to 5 years old) and their families access to quality early care services in local communities statewide.
- Goal 3: To improve the quality of early care services and supports that are available to children and their families.

Priority Area	Key Activities	Lead Agency	Outcome Measures	Implementation Timeline
P1: Develop navigator teams in each county to direct families to resources. (Goal 2)	<p>Define navigator team structure and composition (e.g. parent leaders, professionals).</p> <p>Identify braided funding streams (i.e., multiple agency funding)</p> <p>Identify and coordinate work with community partners that have initiated efforts to establish Navigator Teams (e.g., Governor’s Council on Developmental Disabilities, Family Connection, Georgia Parent Leadership Coalition).</p> <p>Define navigator team roles and responsibilities.</p> <p>Develop policies and procedures for assisting families in leveraging resources.</p> <p>Identify and select software to assist</p>	DECAL	<p>Navigator teams in each county (Community/Family Outcomes)</p> <p>Increase in documented access to local community services based on Navigator Team referrals (Community/Family Outcomes)</p> <p>Documented results of use of Navigator Teams including local resources leveraged (Community/Family Outcomes)</p>	10/05 – 09/08

	<p>teams in working with families (e.g., eligibility screenings for public benefits)</p> <p>Identify state and local community resources teams will utilize in family linkages to resources.</p> <p>Select/identify and train navigator teams in each county.</p> <p>Develop navigator team written materials in English and other languages as appropriate.</p> <p>Conduct social marketing to publicize availability of navigator teams.</p> <p>Implement navigator teams in each county.</p>			
<p>P2: Provide affordable parenting education for parents of all backgrounds through a number of access points including: the early education system, pediatric healthcare system, community organizations, religious organizations, and others. (Goal 1)</p>	<p>Inventory current education offerings.</p> <p>Assess education needs of parents of all backgrounds.</p> <p>Identify education access points.</p> <p>Identify braided funding streams (i.e., multiple agency funding)</p> <p>Identify education partners and collaborative opportunities.</p> <p>Develop evidence-based parenting education module(s) for parents of all backgrounds</p> <p>Identify culturally and linguistically competent training resources, i.e., trainers, educational materials, etc.</p>	<p>DECAL</p>	<p>Increase in number of parent education opportunities available through the early childhood system (State and Community Outcomes)</p> <p>Increase in number of parent education opportunities available through the pediatric health care system (Community Outcome)</p> <p>Increase in number of parent education opportunities available through community organizations (Community Outcome)</p> <p>Increase in the number of parent education opportunities available through faith-based organizations (Community Outcome)</p>	<p>10/05 – 09/08</p>

	<p>Develop and implement training schedule.</p> <p>Develop and implement parenting education evaluation/feedback mechanisms.</p>		<p>Increase in participation rate of families from diverse backgrounds in parent education opportunities provided through each access point (State and Community Outcomes)</p>	
<p>P3: Develop training standards/guidelines that provide a consistent, research-based framework for the provision of training to all staff who work in programs that provide services to children birth to five years old and their families. (Goal 3)</p>	<p>Identify and assess existing early care and education standards.</p> <p>Develop a consistent research-based framework for the provision of training to staff who work in programs that serve children birth to age five.</p> <p>Develop culturally and linguistically competent training standards/guidelines.</p> <p>Determine whom standards will be used with.</p> <p>Determine and obtain needed buy-in from relevant agencies.</p> <p>Identify training sites and partners.</p> <p>Implement training standards/guidelines.</p>	<p>DECAL</p>	<p>Number of professionals reporting access to and use of information on evidence-based practices available through the clearing house (State and Community Outcomes)</p> <p>Number of training and technical assistance providers using recommended evidence-based practices and programs with young children (State and Community Outcomes)</p> <p>Increase in medical and other health care providers' knowledge and understanding of child social and emotional development (State, Community &amp; Family Outcomes)</p> <p>Evaluation of existing programs to determine use of evidence-based practices (State and Community Outcomes)</p> <p>Evaluation of training provided parents and providers (State, Community &amp; Family Outcomes)</p> <p>Evaluation of technical assistance provided parents and professionals (State, Community &amp; Family Outcomes)</p>	<p>10/05 – 09/08</p>

			Outcomes)	
<p>P4: Provide access to evidence-based practices in early childhood through support of TA and training offered by partner agencies and through the development and maintenance of a clearinghouse that provides high quality information for parents and professionals in a variety of formats. (Goal 3)</p>	<p>Identify evidence-based practices in early childhood.</p> <p>Identify agency to house clearinghouse.</p> <p>Identify TA and training offered by partner agencies.</p> <p>Identify personnel to provide training and TA.</p> <p>Identify braided funding streams (i.e., multiple agency funding)</p> <p>Develop parent education curriculum and material selection guidelines.</p> <p>Develop clearinghouse of high quality information for parents and professionals in a variety of formats.</p> <p>Obtain clearinghouse information.</p> <p>Develop mechanisms to keep information updated.</p> <p>Conduct social marketing to publicize availability of clearinghouse and TA and training.</p>	DECAL	<p>A clearing house is established (State System Outcome)</p> <p>Parent education curriculum and material selection guidelines are developed (Family Outcome)</p> <p>Number of families reporting access to and use of information on evidence-based practices available through the clearing house (Family and Child Outcomes)</p> <p>Evaluation of existing programs to determine use of evidence-based practices (State and Community Outcomes)</p> <p>Evaluation of training provided parents and providers (State, Community &amp; Family Outcomes)</p> <p>Evaluation of technical assistance provided parents and professionals (State, Community &amp; Family Outcomes)</p>	10/05 – 09/08

<p>P5: Improve the capacity of parent educators, parent leaders, and professionals to conduct training for parents through implementation of a statewide system of training and technical support. (Goal 1)</p>	<p>Inventory/assess current training resources and partners.</p> <p>Assess current capacity, identifying strengths, gaps, and barriers. Identify needed resources, training needs, etc.</p> <p>Identify best practices.</p> <p>Identify braided funding streams (i.e., multiple agency funding) to pay for training and TA.</p> <p>Identify agencies/individuals responsible for training and TA.</p> <p>Develop training module(s), materials, and schedule.</p> <p>Conduct social marketing to disseminate training schedule, etc. to parent educators, parent leaders, and professionals.</p> <p>Implement training plan.</p> <p>Evaluate training opportunities and revise as needed.</p>	<p>DECAL</p>	<p>Evidence of a coordinated system (State and Community Outcomes)</p> <p>Accessibility of parenting education at local/regional levels (Community Outcome)</p> <p>Increased skill level of parent educators (State System Outcome)</p>	<p>10/05 – 09/08</p>
<p>P6: Support the provision of all required services to all children, including children with special health care needs, such as; specialty care, diagnostic and intervention strategies, home therapies, and</p>	<p>Assess current capacity and identify existing resources, gaps and barriers.</p> <p>Define “support: (e.g., trained and available personnel, transportation assistance, etc.)</p> <p>Identify braided funding streams (i.e., multiple agency funding).</p>	<p>DHR/FHB and GA Chapter of AAP</p>	<p>Increase in number and percentage of children receiving health and related services (Child Outcome)</p> <p>Increase number and percentage of women who breast feed up to six months (Family &amp; Child Outcomes)</p> <p>Increase number and percentage of children receiving appropriate</p>	<p>10/05 – 09/08</p>

<p>ongoing and individual and family counseling, as well as the long-term management of on-going medical complications. (Goal 2)</p>	<p>Identify and work with partners at community and state level.</p> <p>Identify all relevant evidence-based practices, standards, and guidelines.</p> <p>Identify and implement strategies to increase families' access to medical services and/or adequate health insurance coverage.</p> <p>Identify and implement strategies to increase capacity to provide required services.</p> <p>Conduct social marketing with policy makers, providers, etc. to support provision of required services.</p>		<p>nutrition and physical activity (Family, Child &amp; Community Outcomes)</p>	
<p>P7: Develop state program standards for developmental screenings, including tools, and provide monitoring and training to assure that Medicaid providers are appropriately using screening for all EPSDT enrollees. (Goal 3)</p>	<p>Identify evidence-based developmental screening standards.</p> <p>Identify existing standards in use.</p> <p>Identify and coordinate work with partners, e.g., professional organizations, relevant state agencies such as the Department of Community Health (Medicaid, PeachCare).</p> <p>Develop state program standards.</p> <p>Access screening tools.</p> <p>Develop provider monitoring procedures, including consequences of not meeting standards and rewards of meeting them.</p> <p>Develop developmental screening</p>	<p>DHR/FHB</p>	<p>Number and percentage of Medicaid/ Peachcare for Kids members who received Health Check (EPSDT) well child screens (Family/Child Outcomes)</p> <p>Number and percentage of children screened for metabolic and sickle cell disease (Family/Child Outcomes)</p> <p>Number and percentage of children screened for hearing loss (Family/Child Outcomes)</p> <p>Increase in the number of medical and mental health providers who are trained in using appropriate developmental and behavioral screening tools (Community Outcome)</p>	<p>10/05 – 09/08</p>

	<p>training module and materials for Medicaid providers.</p> <p>Conduct social marketing to inform Medicaid providers about developmental screening standards.</p> <p>Provide training on evidence-based developmental screenings and on standards.</p> <p>Implement standards.</p> <p>Monitor standards implementation.</p>		<p>Increase in the number of young children screened for social/emotional problems through EPSDT and CAPTA programs (State and Community Outcomes)</p>	
<p>P11: Develop and implement a systematic statewide process of universal contact/screening of children at birth, at 2 years old, and at school entry. (Goal 1)</p>	<p>Identify/develop evidence-based screening guidelines/standards</p> <p>Identify and review universal contact/screening best practices.</p> <p>Identify current screening activities statewide and at community-level (including access points, age at contact, screening mechanisms, etc.)</p> <p>Identify statewide screening process for screen children at birth</p> <p>Identify statewide screening process for screening children age 2 years old.</p>	DHR/FHB	<p>Increase in number of counties with outreach services to parents of newborns (Community/Family Outcomes)</p> <p>Increase in number of children screened for developmental problems at birth, at 2 years old, and at school entry (Family/Child Outcomes)</p> <p>Increase in immunization rates for 2 year olds (Community, Family and Child Outcomes)</p>	10/05 – 09/08
<b>Year Two Implementation</b>				
<b>Priority Area</b>	<b>Key Activities</b>	<b>Lead Agency</b>	<b>Outcome Measures</b>	<b>Implementation Timeline</b>
P8: Develop and	Identify evidence-based best practices.	To be assigned	Training standards are adopted and	10/06 – 09/08

<p>implement a comprehensive family support practices and training program for all state agency personnel who serve young children. (Goal 3)</p>	<p>Identify current family support practices and training for state agency personnel who serve young children and families.</p> <p>Assess strengths, gaps, and barriers of current training.</p> <p>Develop family support practices training module.</p> <p>Identify training resources and develop training plan.</p> <p>Disseminate training module to state agencies.</p> <p>Determine which state agencies will participate in comprehensive family support practices and training program.</p> <p>Determine mandates, incentives for participation of state agency staff in training activities.</p> <p>Identify braided funding streams (i.e., multiple agency funding)</p> <p>Provide state agencies with TA in implementing module in agency training sessions.</p>		<p>used by all agencies providing early care and education training (State System Outcome)</p> <p>Number of 0-5 trainers using approved early learning training standards (State System Outcome)</p>	
<p>P9: Increase role of families in governance, planning and evaluation. (Goal 1)</p>	<p>Identify state and community level opportunities for families to participate in governance, planning and evaluation of family-serving state and local decision-making bodies (e.g., state and community level decision-making bodies, public hearing/forums, opportunities to participate on decision-making councils, task forces and advisory boards, etc.)</p>	<p>To be assigned</p>	<p>Number of families participating on state and community level decision-making bodies (Family/Child Outcomes)</p> <p>Number of public hearings/forums held to receive feedback from families on issues affecting families (Family/Child Outcomes)</p>	<p>10/06 – 09/08</p>

	<p>Identify advocacy training partners and training resources.</p> <p>Develop and implement advocacy training module and plan for families.</p> <p>Conduct social marketing to inform families and family-serving agencies about advocacy training and opportunities to become involved in governance, planning and evaluation activities.</p>		<p>Number of families participating in public hearings/forums held to receive feedback on issues affecting families and children (Family/Child Outcomes)</p>	
<p>P10: Promote initiatives throughout the state that advocate and support involvement of biological fathers in the lives of their children. (Goal 3)</p>	<p>Identify state and community initiatives.</p> <p>Identify father involvement partners and resources.</p> <p>Identify gaps and barriers, i.e., areas of state without initiatives.</p> <p>Develop and implement initiatives to address identified gaps.</p> <p>Develop and implement community and statewide social marketing activities stressing importance of involvement of biological fathers and promoting initiatives.</p>		<p>Increase number of birth certificates with name of father (Family/Child Outcomes)</p> <p>Number of father support groups (Family/Child Outcomes)</p>	<p>10/06 – 09/08</p>
<b>Year Three Implementation</b>				
<b>Priority Area</b>	<b>Key Activities</b>	<b>Lead Agency</b>	<b>Outcome Measures</b>	<b>Implementation Timeline</b>
<p>P12: Support evidence-based technical assistance and training for professionals</p>	<p>Identify evidence-based TA and training for professionals provided by partner agencies.</p> <p>Identify evidence-based TA and training</p>	<p>To be assigned</p>	<p>Family support practices training module is developed and disseminated to all state and community agencies serving families of young children (State and Community Systems)</p>	<p>10/07 – 09/08</p>

<p>provided by partner agencies. (Goal 3)</p>	<p>gaps.</p> <p>Identify TA and training resources.</p> <p>Develop TA and training to address identified gaps.</p> <p>Disseminate TA and training information to partner agencies.</p> <p>Provide TA support and training opportunities for partner agencies as requested.</p>		<p>Outcomes)</p> <p>Number of state and community agencies routinely using family support practices module in agency training sessions (State and Community Systems Outcomes)</p>	
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