



*Hawaii's Early Childhood
Comprehensive System
Plan
2005-2008*

November 2005

Supported in part by project H25MC00278 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.

TABLE OF CONTENTS

Introduction.....	3
Hawaii's State Vision.....	4
Hawaii ECCS Mission Statement	4
Hawaii ECCS Planning.....	4
Hawaii's General Demographics	4
Needs Assessment Methodology and Findings	5
Strategic Management Team and Work Teams	6
Implementation	7
Evaluation	7
Funding Strategies.....	8
Vision 1: Hawaii will have an early childhood system that is integrated	8
Hawaii's Early Childhood System.....	8
Coordination of Early Education and Care	9
Leadership and Governance.....	10
Clear Results and Indicators	11
Service Integration.....	13
Vision 2: All of Hawaii's Children will have a safe and supportive environment.....	13
Safety System Coordination Issues.....	13
Parenting Education and Supports	14
Economic Issues.....	15
Housing Needs	15
Alcohol and Drug Issues.....	15
Vision 3: All of Hawaii's Young Children will be Healthy	16
Access to Health Insurance	16
Medical Home Issues.....	17
Dental Home Issues	17
Health Care Providers	18
Systematic Screening, Surveillance, and Follow-Up.....	18
Early Childhood Social-Emotional Well-Being	19
Vision 4: All of Hawaii's Young Children will be Ready to Succeed in School.....	20
Early Care and Education	20
Quality Workforce	22
Implementation Plan.....	23
Appendices	
A. List of ECCS Strategic Management Team and Work Team Members	
B. Title V Funding	
C. Needs Assessment Final Report	
D. Findings from a Process Evaluation	

INTRODUCTION

The Early Childhood Comprehensive System (ECCS) is a federal grant from the Maternal and Child Health Bureau under the Human Resources and Services Administration (HRSA). It is a five year planning and implementation initiative focused on the collaborative development of a strategic plan for a more comprehensive early childhood system of care for Hawaii's children. Hawaii received its planning moneys from 2003-2005 with 3-year implementation beginning in September 2005. The original planning grant was under three Principle Investigators: Loretta Fuddy, Family Health Services Division Chief; Dr. Patricia Heu, Children with Special Health Needs Branch Chief; and Momi Kamau, Maternal and Child Health Branch Chief.

Implementation funds will be used to fund a systems integration coordination pilot project at a homeless shelter which services our target population of families with children ages 0-8 which will be replicated in 2 other locations, a website on early childhood services and programs, and best practices evaluation tools.

HAWAII'S STATE VISION

In 1998, the state of Hawaii Legislature passed the House Concurrent Resolution that "All of Hawaii's children will be safe, healthy, and ready to succeed" (House Concurrent Resolution 38). ECCS has adopted the state of Hawaii's vision as our own and has developed four visions to achieve the State's vision.

1. Hawaii will have an early childhood system that is integrated, effective, efficient and adequately funded.
2. All of Hawaii's young children will have a safe and supportive environment.
3. All of Hawaii's young children will be healthy.
4. All of Hawaii's young children will be ready to succeed.

HAWAII ECCS MISSION STATEMENT

The ECCS planners have agreed on the mission "to promote the optimal health, development and well being of Hawaii's young children and their families through supporting enhanced collaboration, improved integration, and the provision of culturally responsive services for all island communities.

HAWAII ECCS PLANNING

The heart of ECCS is collaboration. The development of a comprehensive early childhood system is, by its nature, the product of no single agency or initiative, but an entire community of dedicated individuals, families, and professionals with diverse experiences, knowledge, and skills. Therefore to effectively contribute to enhancing the system, the ECCS planning grant structure needed to include input from a diverse group of stakeholders in early childhood.

ECCS planning has been guided by the multi-agency State-level and community agency partnerships through meetings of the ECCS Strategic Management Team (SMT) and through regular meetings of the work teams which included other early childhood stakeholders:

Communications, Data & Evaluations Team, Mapping Team, and Procedures Team. Through implementation, SMT will continue to meet quarterly to oversee ECCS implementation and will have new work teams around the following areas: Data and Evaluations, Public Awareness, Service Integration and Policy, and Inter-Professional Development.

As a result of a needs assessment (Appendix C) conducted during May-November 2004, we have developed a snapshot of Hawaii's current early childhood system. Families from all major island communities as well as early childhood stakeholders were involved in the Kick Off Conference and Focus Groups. Hawaii has also reviewed other early childhood systems to develop our own coordinated systems building including the Johns Hopkins "Early Childhood System Building Tool."

A Title V Needs Assessment was completed July 2005 and the results are included in their "Maternal and Child Health Services Title V Block Grant Program" application for Fiscal Year 2006 (Appendix B). These documents include a mapping of Hawaii's Maternal and Child Health Branch (MCHB) capacity. MCHB staff participated in the development of the Title V Needs Assessment and are integral to the ECCS plan development.

Hawaii's ECCS team has incorporated the State Early Childhood Comprehensive Systems (SECCS) five components into our four visions:
SECCS

1. Family Support Services (Vision 1)
2. Parent Education (Vision 2)
3. Medical Homes (Vision 3)
4. Mental Health and Socio-emotional Development (Vision 3)
5. Early Care and Education (Vision 4)

Strategies developed for this plan address each of the critical elements and address other issues that are important considerations for families and children of Hawaii. It is important to note that the focus of the ECCS initiative is not to look at these issues as segregated categories, but to examine the system across the five areas. Furthermore, this system perspective requires consideration of the components along the natural continuum; from the child, the family, the community and the policy levels, in order to fully understand how issues are connected and how we need to address them in a holistic manner.

HAWAII'S GENERAL DEMOGRAPHICS

Hawaii is situated almost in the center of the Pacific Ocean and is one of the most isolated yet populous places on Earth. The west coast of North America is 2,400 miles from Honolulu, roughly a 5 hour flight by air. Six time zones separate Hawaii from the eastern U.S. This means 9am (Eastern Standard Time) in Washington, D.C. is 6 am in Los Angeles and 4 am in Hawaii.

The State is composed of seven populated islands located in four major counties: Hawaii, Maui, Oahu, and Kauai (see attached Figure 1). The county is the lowest civil subdivision in the state.

As a result, counties in Hawaii provide some services, such as fire and police protection, that in other states are performed by cities or towns. Counties also elect a mayor and council. Likewise, the state government is responsible for functions usually performed by counties or cities in other states. Hawaii is the only state, for example, with a single unified public school system.

Approximately 73% of the adult population and 70% of children reside in the City and County of Honolulu on the island of Oahu, concentrated in the Honolulu metropolitan area. The neighbor island counties are Hawaii, Kauai (includes Niihau) and Maui (includes Molokai, Lanai, and Kaho'olawe, the latter is unpopulated).

Only 10% of the state's total land area is classified as urban. The City and County of Honolulu is the most urbanized with a third of its land area and 96% of its population in urban communities. The majority of tertiary health care facilities, specialty and subspecialty services are located on Oahu. Consequently, neighbor island and rural Oahu residents often must travel to Honolulu for these services. Interisland passenger travel is entirely by air. Air flights are frequent, but comparatively expensive. Three of the ten most expensive airfares per mile in the U.S. are the connections between Honolulu and Maui, Honolulu and Kona (on Hawaii Island), and Honolulu and Kauai. This creates a financial barrier for neighbor island residents since round-trip airfare costs are about \$140.

Due to rising fuel costs, Hawaii's two major inter-island airlines carriers have both cut back on flight schedules, implemented new pricing schedules, eliminated discount ticket coupons, and created more restrictions on ticket purchase. The cost of inter-island round trips may run as high as \$240. These measures have placed an extreme hardship on neighbor island travel.

Geographic access is further limited because public transportation is inadequate in all areas of the state except for the city of Honolulu. Residents in rural communities, especially on the neighbor islands, need an automobile in order to travel to major population centers where hospital, specialty, and subspecialty services are available. Because of the mountainous nature of the islands, road networks have been sparse and, in some places, limited to a single highway near the coast. Access to emergency care on neighbor islands often requires the use of helicopters or fixed-wing aircraft.

NEEDS ASSESSMENT METHODOLOGY AND FINDINGS

Three primary activities were conducted to thoroughly understand the existing system of services for children in the targeted age group: 1) Data was collected on the status of the children and information on existing plans, initiatives and efforts were identified and reviewed; 2) A statewide conference on early childhood systems building was conducted with attendance from Technical Assistance Leader, Chris Botsko; and, 3) A series of focus groups with both providers and parents were held on all major islands between April 2004 and September 2004. Participants engaged in guided discussions about the five ECCS components: family support, parent education, access to medical insurance and a medical home, social-emotional development, and early care and education. They helped to identify existing assets and resources, describe how

services are accessed by consumers, how the various service components are integrated and coordinated, and how quality is being ensured. The groups also identified unmet needs and made suggestions on improving services.

From the focus groups we learned that while essential services for young children are available on all islands, there is great variability in the degree of availability, quality and accessibility between communities. More importantly, many families continuously struggle to meet their basic needs including housing, transportation and childcare. As a result, nurturing or learning to nurture or prepare children for success in school is often a secondary concern. In the words of a focus group participant, “families will not attend to school and health when their basic needs for food and shelter are not being met.”

Our communities need jobs that pay a living wage, affordable housing and childcare, especially infant, evening, weekend, and respite childcare, and services for special needs children who “age out” from the early interventions programs but are not eligible for needed services through DOE Special Education. There is a lack of therapeutic services including mental health, speech, hearing, alcohol and substance abuse. Neighbor Islanders need medical specialists such as pediatricians, OB/GYN, dentists, and developmental screeners. Early childhood care providers need training in identifying and caring for youngsters who present social-emotional challenging behaviors for themselves and the children’s parents. They also need training in health and safety matters and all service providers indicate that a comprehensive directory or listing of community resources would facilitate their referral services.

Communication difficulties are a major barrier to existing services. Difficulties ranged from the need for interpreter services (non-English speaking), to illiteracy, resistance/fear/lack of know-how in the use of voicemail (directory), stigma, shame in asking for help or repeating one’s plight, cultural and gender insensitivity of service providers, lack of information or knowledge of existing services, inability to “navigate the system,” isolation, and, lack of trust or time.

STRATEGIC MANAGEMENT TEAM AND WORK TEAMS

The ECCS Strategic Management Team (SMT) which has worked to develop the ECCS plan, will continue to meet throughout the implementation process to review ECCS actions and strategies. The new co-chairs consist of Loretta Fuddy, Chief of Family Health Services Division in the Department of Health and Dorothy Chen, parent representative. The team will meet on a quarterly basis to discuss and review progress of the work teams and issues as they arise. Parent support will be provided to parents to assist with child care and transportation to attend these meetings.

Data and Evaluations Team will be reviewing the outcome indicators, as well as monitoring the system for annual review and to develop recommendations for the next year’s planning. Another area of focus for this work team will be to develop the ECCS and EC data coordination website.

Service Integration and Policy Team will work to track and support legislation around the issues of: substance abuse prevention and treatment efforts for families of young children; increasing

the supply of safe and affordable housing; increasing support for State homeless programs; increasing wages and supports for families' basic needs. They will also be responsible for the oversight of the pilot project to better coordinate department and agency system.

Inter-Professional Development Team will work to explore establishing standards and providing professional education and training to early childhood providers; will work with partners to develop long-term speaker's bureau on strengthening families and nurturing children; will work with institutions of higher learning to focus on early childhood. Here is where teams can be pulled together to work around specific areas of interest. For example, there is a Universal screening committee that is working on plans for universal developmental and behavioral screening. Another work group is on social emotional health of children and will be writing grants for program development and improvement.

Public Awareness Team will work to increase community education and awareness activities centering on: alcohol and drug prevention and treatment programs; family strengthening and child abuse prevention; keiki injury prevention; children's oral health. This team will be focusing on the development of the early childhood website.

IMPLEMENTATION

For the next 2005-2006 cycle, we will be implementing 3 projects: 1) a pilot project for a homeless shelter where we will work on service coordination and integration; 2) a website for ECCS and EC; and 3) a roll-out of the ECCS plan as a framework for community planning. We will be reviewing the ECCS plan every quarter with enough time to make changes accordingly. The next year's cycle 2006-2007 will continue with the projects as well as two other sites will be chosen as pilots to be able to better see where system barriers are in different types of communities. By our final year, we will be completing systemic issues changes at the statewide level through policy and department procedural changes. In 2005, the ECCS Coordinator position was moved from the Maternal Child Health Branch up to the Family Health Services Division to better position ECCS planning to maximize the greatest policy impact.

EVALUATION

Evaluation of the ECCS planning, pilot project, and process will be done to ensure best practices, timely results, and measurable outcomes. An evaluation of the planning process has already been completed (See Appendix D) by a private consultant in July 2005 and covered the planning phase (Sept. 2003-June 2005). An evaluation tool for the pilot project and the implementation phase of the planning cycle will be developed by a consultant qualified to review early childhood issues and comprehensive systems planning. A Data and Evaluation work group comprised of SMT members and other stakeholders will be charged with the task to monitor data, outcomes, and system review on a semi-annual basis with enough lead time to recommend and enact changes prior to the next year's grant cycle.

FUNDING STRATEGIES

The MCH grant does not provide money for programs nor services and ECCS planners have turned to the SMT partners to help finance ECCS strategies for the duration of the grant period. Funding from private foundations and other agencies will be sought to continue the support to some of the ECCS operations. While the goal is to ensure an integrated and effective coordinated early childhood system, it is hoped that this ECCS initiative will address system barriers and align systems to better coordinate their departments' and agencies' services. Evidence of inter-department support is already indicated through a grant offered by the Department of Human Services to integrate the ECCS statewide grant with the local communities.

VISION 1: HAWAII WILL HAVE AN EARLY CHILDHOOD SYSTEM THAT IS INTEGRATED, EFFECTIVE, EFFICIENT AND ADEQUATELY FUNDED.

HAWAII'S EARLY CHILDHOOD SYSTEM

The interest of early childhood has quickly grown over the years as evidence shows that "Early care has decisive and long-lasting effects on how people develop and learn, how they cope with stress, and how they regulate their own emotions (Families and Work Institute, "Rethinking the brain: New Insights into Early Development," 1996). Kamehameha Schools, a leading educational institution in Hawaii for Native Hawaiians has adopted a prenatal to 8 Focus. The State of Hawaii's Legislature has created a task force on early childhood education, and our governor is working on an early childhood education initiative. Hawaii's Head Start Collaboration Project also has a early childhood focus for our low-income children. Local community efforts are also centered on early childhood including the Good Beginnings Community Councils and the Early Childhood Community Based Initiatives group. The ECCS Coordinator is a part of these initiatives and community events through attending meetings, membership on the teams, and collaborating with these groups.

Hawaii's ECCS is an ambitious initiative to organize and integrate existing plans and programs across three large human service sectors, those of health, education and social services, to provide a seamless system that ensures Hawaii's young children will be safe, healthy and ready to succeed. ECCS will require the following essential elements to be successful:

- Leadership in the form of a clear governance entity and structure that commits to the overall vision, while engaging and inspiring others toward its attainment.
- Results that more clearly define the vision, and offer realistic and measurable indicators to gauge progress. A mechanism for maintaining and sharing current data across sectors and programs is imperative.
- Strategies (or programs) that deliver services to children and families both effectively and respectfully,

- Integration of services across sectors & programs that ultimately lead toward desired results, while ensuring easier access and utilization by children and families.
- Quality in each of the system components, through the development of a quality workforce, appropriate standards, assessments and performance measures.
- Clear and frequent communication and information sharing among all key stakeholders and finally,
- Adequate resources to ensure that the system functions properly and is progressing toward the expected results.

COORDINATION OF EARLY EDUCATION & CARE

In 1997, Legislative Act 77 established a system of early childhood education and care services in Hawaii, via Good Beginnings Alliance (GBA), a private non-profit corporation. GBA's purpose is to assist with coordinating policy development, disbursing public funds (subject to availability) and implementing community plans related to the provision of early education and care services. Act 77 established three entities to facilitate the development of a coordinated system:

- A non-profit corporation designated to develop policy recommendations concerning all aspects of a coordinated early childhood education and care system, resource development, and advocacy.
- County level (4) Community Councils representative of families, organizations representing parents, providers of health, human service, education & early care and education services, business and local government.
- An Interdepartmental Council (IDC) of state agency directors from the departments of education, human services, health, labor and industrial relations, business and economic development, and the governors special assistant for children and youth. As amended in 2000 the IDC also includes one representative each from private business and the philanthropic community.

Hawaii's Safe, Healthy and Ready vision is intended to better coordinate public and private resources in communities across the state toward improving the well being of children prior to their entry into the education system.

The Department of Human Services (DHS) has the responsibility for child care services within the state. In view of their responsibility for child care licensing, child care subsidies (\$60 million annually), and the Head Start Collaboration function within DHS, is the central agency for child care policy development. Included with the policy function is a requirement under federal law to collaborate with the community in administering child care subsidies, and in the development and implementation of quality initiatives.

Early childhood policy development is advocated by a cross section of groups in the health, early care and education and family support arenas, including the Hawaii State Head Start

Collaboration Office. The various groups could become more effective if they developed better communication protocols and consensus regarding a common policy agenda.

Local level networking and planning of early childhood interest groups currently takes place through the Good Beginning's Community Councils (one for each of the four counties), and Hoowaiwai Na Kamalii Advisory Groups (10) which focus on Native Hawaiian families. Potentially Hawaii's Family Centers and Neighborhood Places (5), established to strengthen families and prevent child abuse and neglect, could also serve as community-based coordinating entities.

LEADERSHIP AND GOVERNANCE:

Act 77, created a coordinating entity for early education and care. However, the charge is not comprehensive of the health and social service sectors. A key link in the governance structure was broken when the special assistant for children and youth position in the governor's office was left vacant. The IDC requires strong partnership with the Governor's office to be effective. In addition, the local level councils and advisory groups need stronger mechanisms for shaping programs and policies.

The 2005 Legislature passed Act 151 (HB1300) to develop a comprehensive plan for early education for Hawaii. The Task Force designated to complete this plan must include family access to services, early childhood professional development, quality enhancement, public awareness, and evaluation in the document to be submitted to the 2006 Legislature. This work will be an opportunity to further articulate the intersection among health, safety, and early education within our state public and private sectors.

The ECCS Strategic Management Team is a partnership of public, private, parents, and community leaders working on early childhood programs and systems. SMT will continue to meet quarterly to monitor the implementation of ECCS.

The Department of Human Services plays a leadership role in child care and is the only state agency with statutory authority to oversee child care programs. These include: Child Care Licensing that sets the health and safety standards for the protection of Hawaii's children, and provision of child care subsidies to low income families within the State. The Department also has governance authority over licensed child care facilities and investigates violations of law by those providers not meeting administrative rule requirements. This authority governs approximately 450 preschools (including before and after school care) and about 500 Family Child Care Homes.

CLEAR RESULTS AND INDICATORS:

The State of Hawaii has been making steady progress towards establishing public and private partnerships to achieve desired outcomes for our children. Significant milestones have been

achieved identifying outcomes and indicators relevant to children's health, education and socio-economic well-being. This data is hosted at the UH-Center on the Family's Data Center on Children and Families. Commitments have been made to collect data and generate reports according to more useful community level school complex district boundaries.

- In 1999, Act 160 (HRS) created the Hawaii Performance Partnership Board (HPPB) consisting of a nine-member board of business, philanthropy and government representatives. Performance Partnerships help to focus cross-sector government programs on outcomes and performance measurement.
- In 2000, the School Readiness Performance Partnership was formed and the IDC members adopted 17 indicators which would help align their programs where possible toward enhancing young children's readiness for school.
- The 2003 Legislature passed Senate Concurrent Resolution No. 13 which established an interagency task force to develop an implementation plan for the coordination and expansion of services provided to young children at risk and their families through Healthy Start. The 2004 Legislature passed SCR 45 granting a one year extension on the task force's plan development. Healthy Start is an example of a partnership between DHS and DOH where the DOH administers the Healthy Start Program and the responsibility for assessing reports of child abuse and neglect is assigned to the Child Protective Services Program within the Department of Human Services. SCR 13/45/168 mandates the DOH and DHS to continue their interagency Task Force to increase coordination between Hawaii Healthy Start child abuse prevention program and Child Welfare Services.

The ECCS planning work groups have defined those indicators that delineate Hawaii's vision of Safe, Healthy and Ready Children and with endorsement from the IDC and Governor's office, these outcomes for Hawaii's children will help to better align current and future programs. A mechanism is needed however, to monitor ECCS data across service sectors and regularly analyze and share this information with various stakeholders at the consumer, program, and community and policy level.

Data on the early childhood education component is available through organizations Hawaii Association for the Education of Young Children (HAEYC), Center on the Family (COF), People Attentive to Children (PATCH), and the Good Beginnings Alliance (GBA). This data on accreditation, occupancy, availability, professional credentials of workforce are components of the data needed across service sectors.

Other data repositories include the Hawaii Outcomes Institute (HOI). HOI is a mechanism to provide sustainable health outcomes information to the communities, public health professionals and researchers.

SERVICE INTEGRATION

Early Childhood services are highly fragmented; particularly at the community level where consumers often are unaware of what help is available, much less how to access it. Better service integration is needed at the community level where families can access key providers that not only offer their own service, but also act as portals to other services. To accomplish this, resource information will need to be compiled and shared frequently. In addition, the lack of transportation systems in rural areas has been identified in the needs assessment as a critical barrier to accessing needed services.

Better service integration at the public agency level is also underway. The Governor has initiated a service integration effort within the Department of Human Services, which administers a myriad of family support programs. Financial assistance and employment support programs will co-locate. BESSD has developed an integrated application for financial assistance, food stamps and Medicaid and each of their geographically dispersed units accepts applications for all programs. The agency is also developing more uniform eligibility requirements for financial assistance, food stamps and childcare. One-stop or integrated service centers as mentioned above are being promoted.

At the Department of Health an active effort to integrate the services of its various programs and their partners is underway. The Maternal and Child Health Branch programs work together, along with other DOH programs, to assist their purchase of services contracts in providing effective services to families. The Children with Special Health Needs Branch was involved with the Hilopa'a Project, a family, professional and state partnership, to improve access for children and youth with special health care needs and their families to quality, comprehensive, coordinated and community-based systems of services. While the project has ended, the concept of Hilopa'a has continued as the branch continues to work on issues identified in the project.

In 2005 efforts began to connect the early education and child abuse and neglect communities through the *Strengthening Families* initiatives. A joint training was held for partners in the community who implement early education, Head Start State Collaboration Office, Healthy Start, Neighborhood Places, and Family Resource Centers. The potential for this work is great. It will require further resources dedicated to this cross sector training to assist programs to become family strengthening vehicles for families and to build on effective collaborative efforts between the family support, health, and early education communities.

<p>VISION 2: ALL OF HAWAII'S YOUNG CHILDREN WILL HAVE A SAFE AND SUPPORTIVE ENVIRONMENT.</p>

SAFETY SYSTEM COORDINATION ISSUES

Hawaii has many independent activities focusing on child safety issues and which are coordinated through the Hawaii Injury Prevention Plan 2005-2010 which was completed in

November 2005 by the Injury Prevention Advisory Committee and the Injury Prevention and Control Program.

Other programs include the following:

- Blueprint for Change is a project between Department of Health Maternal Child Health Branch collaboration with Department of Human Services to include child welfare and safety issues.
- The Keiki Injury Prevention Coalition (KIPC)/SAFE KIDS Hawaii's mission is to prevent and reduce injuries to children in Hawaii. They represent over 60 private and public partners in their coalition and supports networking with agencies and community organizations to effect legislation, policy, and educational measures to reduce injuries.
- The Hawaii Children's Trust Fund (HCTF) was established by statute in 1993 to support family strengthening programs aimed at preventing child abuse and neglect and promoting healthy child development. HCTF is comprised of a coalition of parents, public and private agency personnel with an Advisory Committee and Board. The endowment fund consists of three streams of funding: federal funding from the Community-Based Child Abuse Prevention program (CBCAP), private donor contributions, and monies received from a tax check-off program.

Hawaii's At-Risk Children & Families

There are nearly 83,000 children under age 5 in Hawaii. Everyday:

- 1 in 5 (6,517 live in poverty)
- 1 in 5 (17,343) live in a single-parent household
- 16.1 per 1000 children are confirmed for child abuse and neglect (2002, DHS)
- 14.7% of children under 5 years old receive TANF/TANOF benefits (2003 DHS)
- 37% of families with children under 5, live below 185% of the Federal Poverty Level (2000, US Census)

PARENTING EDUCATION AND SUPPORTS

All parents, regardless of income, ethnicity, marital or working status, require supports from extended family members, local communities and the larger society to effectively nurture their young child's optimal development. Hawaii has developed a rich landscape of (43) parenting education & support programs, which were recently compiled by the Center on the Family, 2004.

The ECCS Needs Assessment revealed the following concerns however, regarding their quality, accessibility and level of integration with other services:

- Coordination among parent education programs is weak. Ideally, locate parent education programs at local schools or family resource centers.

- Eligibility requirements place barriers to service and can stigmatize. Universal access is needed.
- Access is hindered by transportation and childcare problems.
- Standards and qualifications for parent educators need to be developed.
- Tailor programs to the needs of grandparents, fathers & cultural groups.

ECONOMIC ISSUES

Hawaii is enjoying its strongest economy since the early 1990s, driven largely by active real estate, construction and tourism sectors. The state's unemployment rate of 2.7 percent reported for May 2005 is the lowest in 14 years and the lowest in the nation. However, despite the generally positive outlook, a byproduct of economic growth is rising inflation that tempers gains made in personal earnings. The 2005 legislative session ended with the successful passage of the increase to the minimum wage from \$6.25 in 2006 and \$7.25 in 2007. This increase places Hawaii third in the nation for highest minimum wage behind Washington and Oregon. However, Hawaii's high cost of living continues to put an economic burden on families.

HOUSING NEEDS

The needs assessment points out that Hawaii's critical affordable housing shortage places a significant stressor upon family well-being and compromises young children's safety and development. In May 2005, the City of Honolulu stopped accepting applications for federal rental housing assistance with a waiting list of about 10,500 people. The state program on Oahu stopped placing names on its waiting list in 1999, yet there are still over 1,000 people waiting for vouchers. Homeless agencies fear a swelling population of people on the verge of homelessness. The University of Hawaii Center on the Family estimated that the state's homeless population was 130,000 last year, based on the number who used shelters or received outreach services.

In response to this crisis, several coalitions have been created that address specific areas of need. The various groups interact quite well and function in a coordinated fashion.

Hawaii's At-Risk Children & Families

- 14.6% of the homeless population are between 0-17 years old (2004, SMS Research)
- 72% of low income families with children, spend more than 30% of their income on housing (Kids Count, 2005)

ALCOHOL AND DRUG ISSUES

In recent years Hawaii has been devastated by an epidemic use of crystal methamphetamine or "ice" across all segments of the population. It has taken severe tolls upon family life in the

islands and has demanded constant attention and significant dedication of resources particularly from the health, child welfare, education, and justice systems.

The Lt. Governor's Office's Hawaii Drug Control Plan, released in January 2005, focuses on prevention, treatment, and law enforcement to combat illicit drug use and underage drinking. In February, the DOH Alcohol and Drug Abuse Division (ADAD) met with MCH, and various partners to develop the Strategic Prevention Framework, that will be integrated into the Drug Control Plan.

Hawaii is one of ten states that have been funded as subcontracts by Northrop Grumman IT Health Solutions. The Department of Health's (DOH) Maternal and Child Health Branch (MCHB), in partnership with the University of Hawaii's Center on Disability Studies (CDS), will conduct a statewide initiative to prevent fetal alcohol spectrum disorders (FASD) in our State. The FASD Task Force was established in March 2005 to prevent adverse outcomes from prenatal exposure to alcohol and develop comprehensive systems of care for those affected by FASD.

The Substance Abuse Free Environment Council (SAFE) is a statewide organization of community and agency representatives who meet to address issues concerning substance using pregnant women. The Council works closely with DOH Alcohol and Drug Abuse Division and the DHS Child Welfare Division to coordinate advocacy efforts and program planning.

VISION 3: ALL OF HAWAII'S YOUNG CHILDREN WILL BE HEALTHY.
--

ACCESS TO HEALTH INSURANCE

At one point, Hawaii led the nation in health insurance of its citizens due to enactment of pioneering legislation known as the Prepaid Health Care Act of 1974. This ranking has begun to slip over the years. A 2003 Hawaii Health Survey revealed that 2.9 % of Hawaii's children ages 0-17 are uninsured. The University of Hawaii's Social Science Research Institute (SSRI) estimates that more than 27,000 (8.25%) of Hawaii's children lack health insurance despite expansion of Medicaid's QUEST and Medicaid Fee-for-Service programs in July 2000 to include SCHIP and the Immigrant Children's Program. SSRI estimates that more than half of these uninsured children (14,000) are eligible for government-sponsored programs, but are not enrolled. Hawaii Covering Kids (HCK) is a statewide collaborative project whose purpose is to create a seamless health insurance enrollment process for children and youth through outreach, enrollment, and process simplification. HCK is continuing its activities to increase the number of eligible children who benefit from health insurance programs with outreach to the schools, Department of Parks and Recreation, and community organizations.

Hawaii's Children's Health Insurance Status

There are nearly 83,000 children under age 5 in Hawaii:

- 1 in 14 (5,781) are without health insurance
- 34,754 children are enrolled in Quest (0-5 years old, June 2005, DHS)
- 2,151 children are enrolled in Medicaid program (0-19 yrs old, June 2005, DHS)
- 14,200 children are enrolled in SCHIP (0-19 yrs old, June 2005, DHS)
- 353 children are enrolled in Immigrant Children's Program (0-5 yrs old, June 2005, DHS)
- 3,030 children are enrolled in Immigrant Children's Program (0-19 yrs old, June 2005, DHS)

MEDICAL HOME ISSUES

When young children and their primary caregivers are healthy, the children are more likely to succeed in school and in time become more productive members of society. Longitudinal research on risk and protective factors has established the critical role of a stable, nurturing caregiver to a young child's health and development* (Hawkins & Catelano.) Promoting maternal well-being and prenatal care at the earliest stages of development is fundamental to ensuring positive child health and developmental outcomes. Health services in general, are becoming more attentive to these inter-generational aspects of care.

Hawaii has been at the forefront of promoting the medical home concept from the community through to the state and national arenas. The Hawaii Medical Home Implementation Project for Children with Special Health Care Needs, which ran from March 2002 until March 2005, was a collaborative to expand and operationalize the concept of medical home statewide. This was done by conducting district-by-district statewide education on medical home, providing state-level policy leadership and developing curriculum components for the state and national medical home curriculum.

DENTAL HOMES ISSUES

Children under the age of 8 years in Hawaii suffer from some of the worst oral health conditions in the U.S. on several key indicators (baby bottle tooth decay, dental caries and untreated dental decay). The consequences of such poor oral health not only include physical pain and suffering, but also difficulty eating, inability to concentrate on learning activities and poor self esteem due to an unattractive appearance. The DOH's Dental Health Division leads collaborative efforts to reduce the rate of childhood dental caries, by ensuring that each child has an appropriate dental home and is accessing routine care.

A statewide strategic plan to improve the oral health of children and their families was developed by the Hawaii Islands Oral Health Task Force, consisting of oral health constituents from the private and public sectors. The Task Force also advocated for legislation to address lack of dental care in rural areas. Act 166, Session Laws of Hawaii, 2004, "Relating to Professional and Vocational Licensing," which encourages dentists to practice in areas at need, was passed in the state legislature.

Head Start Hawaii also developed an oral health strategic plan calling for development of partnerships to increase education opportunities and resources to their children and families, dental professionals, legislators and other stakeholders.

HEALTH CARE PROVIDERS:

Findings from the 2005 ECCS needs assessment indicate that rural communities especially have a shortage of obstetricians, pediatricians, vision, hearing and language specialists, dentists and mental health providers who are trained to deal with maternal and child health issues.

Statewide Distribution of Health/Dental Care Providers per 1000 Population		
	Number of Licensed Physicians	Numbers of Licensed Dentists
Honolulu	3.75	.85
Kauai	2.0	.65
Maui	1.9	.55
Hawaii	1.9	.6

SYSTEMATIC SCREENING, SURVEILLANCE, AND FOLLOW-UP:

Hawaii is near universal levels in providing newborns with metabolic and hearing screening, assuring that infants who need help, will receive appropriate follow up assessments and timely interventions. The Preschool Developmental Screening Program promotes early identification of developmental problems for children ages 3 to Kindergarten through consultation with early care and education providers and facilitation of follow-up referrals. Several early learning programs (including Healthy Start, Head Start, Kamehameha Schools and many Native Hawaiian parent-child interaction groups) have included developmental screening as part of their menu of services.

Remaining Concerns:

- Children not enrolled in early learning programs or connected to a medical home, may not receive screening services prior to kindergarten.
- Providers need training, support and adequate compensation to systematically use standardized screening instruments across all developmental areas.

- Better communication linkages are needed to share screening results with medical & dental homes.
- Screening activity needs to occur more systematically across all sectors.

EARLY CHILDHOOD SOCIAL-EMOTIONAL WELL-BEING

Children's social-emotional health is firmly rooted in the quality of their relationships or attachments with their parents and other significant caregivers. These competencies lay the foundation for behaviors critical to success in school, such as, exploration, focusing their attention, problem solving and persistence.

The State of Hawaii provides mental health services through the Departments of Health (DOH), Human Services (DHS) and Education (DOE).

DOH:

- Early Intervention Section (EIS) serves children birth to three years, and the Preschool Development and Screening Program serves children from three to five years. The EIS is within the Department of Health, Family Health Services Division, and Children with Special Health Needs Branch. EIS is the section responsible for ensuring that IDEA Part C is implemented statewide. The frequency and intensity of service provided to children are based upon the outcomes listed on the Individualized Family Service Plan (IFSP), which is a document developed to ensure appropriate services to children and families in need of early intervention.
- Consultation is available to early childhood providers through the Keiki Care and Creating Opportunities for All Children (COACH) program, however demands currently exceed service capacity levels. The Keiki Care Project collaborated with other EIS and Child and Adolescent Mental Health Division (CAMHD) personnel in the development of Project COACH. COACH is funded by CAMHD and housed in those EIS programs on neighbor islands that choose to participate. The project's purpose is to provide support to early childhood educators and families of children, ages 3 – 5 years old with identified emotional, regulatory, and social development concerns to enhance the child's functioning and promote the skills necessary for entry into Kindergarten without the need for DOE special education services. The Keiki Care Project coordinator provided support by attending planning meetings, evaluating Requests For Proposals (RFP) and consulting by telephone with individual recipients of project funding.
- Keiki Care is a statewide project of the Early Intervention Section of the Hawaii Department of Health in collaboration with the Hawaii Department of Human Services. The Keiki Care Project provides training, technical assistance, and support for three to five year old children with social, emotional, and behavioral challenges who are enrolled in preschools, family child care homes, and other "community-based" early childhood programs. The project actively cooperates in statewide efforts to identify and enhance

service options for children three to five years old with social, emotional, or behavioral challenges and other developmental delays.

- Child and Adolescent Mental Health Division (CAMHD), serves children three through seventeen years, and has been in the process of developing a competent child and adolescent service system program (CASSP) that would coordinate an array of services, develop service capacity (including that of clinician capacity) and maintain system accountability through regular monitoring and evaluation. The CASSP includes development of a plan to offer mental health consultation and technical assistance for pre-schools and other early childhood programs.

DHS:

- Med-QUEST Division serves Medicaid eligible populations by providing coverage for mental health services in the private sector.
- The DHS-BESSD, an agency responsible for administering the Child Care Development Fund, is designing efforts to help communities value and support the social and emotional well being of children. They have assembled a Social-Emotional Advisory Group that is working toward building Hawaii's technical assistance capacity to offer consultation to early childhood providers.

DOE:

- A school based mental health model to address the array of needs students present that impede their educational goals. When a student requires more intensive services, the CAMHD Care Coordinator works with the school team to help facilitate access.

As young children feel increasingly secure, they are better able to manage their emotions, gain self-esteem and develop social competencies to form positive relationships with others in their environment.

Remaining Concerns:

- Only a limited number of programs provide technical support and consultation on mental health and social emotional development to private childcare providers.
- There is a need for increased awareness of mental health and socio-emotional issues, particularly in the identification of problems and resources for support.
- There is a need for increased awareness campaigns, screening and treatment protocols to address the particular issues for post-partum depression.

VISION 4: ALL OF HAWAII'S YOUNG CHILDREN WILL BE READY TO SUCCEED.

EARLY CARE & EDUCATION

“Children are ready to have successful learning experiences in school when there is a positive interaction of the child’s developmental characteristics, school practices and family and community support.”

~ Definition of School Readiness, Act 13

Act 77 has set the stage for critical infrastructure development for Hawaii's early care and education system.

Another critical milestone was the establishment of the School Readiness Performance Partnership in 2000 and the School Readiness Task Force in September of 2001, both of which accepted responsibility for developing strategies to implement a school readiness initiative. In 2002, Act 13 (HRS) placed a definition of school readiness in statute, and required the GBA to provide policy recommendations to implement the school readiness strategies.

The definition spearheaded the development of Preschool Content Standards with accompanying Family and Community Guidelines, a Kindergarten Assessment Tool and Kindergarten Transition materials.

During the same period the Lieutenant Governor with legislative support created the Pre-Plus program, investing \$5 million dollars in CIP to expand the supply of preschools on public school elementary campuses. This initiative compliments a state funded demand side initiative called "Open-Doors" established in 1989, which has provided \$3 million annually in subsidies to enable low-income four-year-old children access to preschool.

The Department of Human Services (DHS) is developing an incentive program to increase quality in all child-care settings. Child Care Providers will be eligible for incentive payments if they implement the "Preschool Content Standards," and if providers meet benchmark professional development standards. Incentives will be given to providers for each subsidized child served where benchmarks are met. This effort is expected to assist in improving the quality of child-care settings and enhancing the preparation of preschoolers for kindergarten.

Hawaii's Children Readiness Upon Kindergarten Entry

- Only 56% of children entering Kindergarten were assessed as Ready by Kindergarten Teachers (Good Beginnings Alliance, 2004)
- Only 45.4% of children entering Kindergarten have had preschool experience (DOE, 2000)
- Only 55% of low income 3-4 year old children attend preschool through subsidization (Hawaii Kids Watch, 2002)

Remaining Concerns:

- More state funds are needed to enhance the availability of subsidized care.
- The demand for quality early childhood education and care in Hawaii far exceeds the supply, particularly for infants and children and those needing care on evenings and weekends.
- More incentives, in particular better compensation are needed to encourage childcare providers to improve their level of service quality.

QUALITY WORKFORCE

The early childhood education community has been addressing workforce issues through the Hawaii Early Childhood Career Development Coalition, a group of 21 public and private organizations. The coalition has designed several components to the Hawaii Early Childhood Career Development System. They include:

- The Hawaii Careers with Young Children Registry, which documents the education and training of professionals, who work in the field of early care and education with families of children birth through 8 years old.
- T.E.A.C.H. (Teacher, Education and Compensation Helps), which is a scholarship program linking education compensation and commitment.
- A Training Quality Assurance System is also in development to establish standards for endorsement of community-based training offered to early care and education professionals.

DHS provides funding for scholarships and training for child care providers. These efforts are intended to assist providers to enhance their credentials and provide children with quality experiences.

Program quality is also being addressed through the Hawaii Association for the Education of Young Children's "Hawaii Early Childhood Accreditation Project" which offers mentors to early childhood programs toward achieving NAEYC accreditation.

THE IMPLEMENTATION PLAN THAT FOLLOWS PROVIDES DETAIL ON OBJECTIVES AND STRATEGIES THAT WILL BE INITIATED ALONG WITH THE TIMELINE FOR COMPLETION.

APPENDIX A. LIST OF ECCS STRATEGIC MANAGEMENT TEAM AND WORK TEAM MEMBERS

Strategic Management Team

Co-chairs:

Dorothy Chen, Parent Representative

Loretta Fuddy, Chief, Family Health Services Division, DOH

Momi Kamau, Chief, Maternal & Child Health Branch, DOH, former co-chair

Garry Kemp, Asst. Division Administrator, BESSD, DHS, former co-chair

Therese Argoud, Childhood Injury Prevention Coordinator

Mark Chandler, Community Planning & Development, HUD

Elisabeth Chun, Good Beginnings Alliance

Christina Donkervoet, Child and Adolescent Mental Health Division

Pat Heu, Children with Special Health Needs Branch, DOH

May Kyono, UH Department of Pediatrics

Teresa Makuakane-Drechsel, Kamehameha Schools

Sandra Miyoshi, Housing & Community Development Corporation Hawaii

Jean Evans, Alu Like

Katherine Murphy, Hawaii Association for Education of Young Children

Amy Ng, Student Support Services Section, DOE

Ruthann Quitiquit, Parents and Children Together

Jacqueline Rose, Head Start Collaboration Office

Sharon Taba, Hawaii Medical Home Initiative

Sylvia Yuen, UH Center on the Family

Work Team Members:

Jean Grice, U.S. Marine Forces of the Pacific

Kathi Hasegawa, Good Beginnings Alliance

Mitzi Leblon, Maternal Child Health Branch, DOH

Coreen Lee, PATCH

Julie Morita, DHS-BESSD

Lynn Niitani, Parent Support, Maternal Child Health Branch, DOH

Gwen Palmer, Child and Youth Wellness, Maternal Child Health Branch, DOH

Kathie Reinhardt, Early Childhood Consultant

Marika Ripke, UH Center on Family

Jacqueline Rose, Head Start, Department of Human Services

Marci Sarsona, INPEACE

Heidi Tsuneyoshi, Parent Line

PoKwan Wong, Children with Special Health Needs Branch, DOH