
Early Childhood Comprehensive System: A plan for Missouri's young children and their families



Ensuring that all young children in Missouri are safe, healthy, and capable of reaching their full potential is a shared responsibility among state government, local communities, and Missouri's families.

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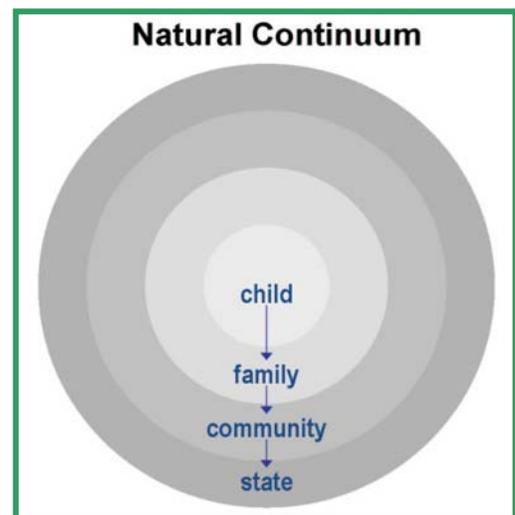
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Introduction

Children are Missouri’s most valuable resource. Caring for children and helping them grow into healthy and productive members of society is a significant shared responsibility of Missouri state government and Missouri’s citizens. From birth to age five, children rapidly develop foundational capacities on which subsequent development and well-being depend. Through development of an early childhood comprehensive system addressing the needs of all children, the State of Missouri has identified strategies for strengthening current collaborations and partnerships, as well as implementing new ones with public and private entities. Missouri’s Early Childhood Comprehensive System (ECCS) coordinates efforts with a focus on access to health care, mental health and social-emotional development, early childhood development, child care, parent education, family support, and reduction in disparate outcomes across multiple variables. Missouri began planning a statewide early childhood comprehensive system with the purpose of: (a) building an ECCS system infrastructure to expand the capacity in Missouri to deliver the range of services children need for healthy growth and development; (b) improving the accessibility of services across Missouri regions and populations; (c) building consensus among state agencies, community partners, and Missouri families regarding prioritization of services and supports to promote measurable positive childhood development; (d) developing a collective state (system) response to certain issues posing lifelong consequences for Missouri’s children; and (e) addressing disparities between the developmental outcomes of children in this state based on cultural, ethnic, geographic, socioeconomic, and disability barriers.

Funded by the Maternal and Child Health Bureau (MCHB), the purpose of the State Early Childhood Comprehensive System (SECCS) initiative is to develop a comprehensive, integrated, and statewide early childhood service system. Missouri’s Early Childhood Comprehensive System is structured along a natural continuum from child and family through community and state. The interdependency of child and family is central to the efforts of the development and implementation of a comprehensive and integrated early childhood system in Missouri. In other words, that which is good for the child should be good for the family, and likewise, that which is good for the family should be good for the child. Thus, child and family are the primary beneficiaries of the Early



Childhood Comprehensive System. The role of community and state policies and resources is to support the well-being of the family and ultimately the child. The illustration of concentric circles displays the natural continuum and the centrality of child and family (Bronfenbrenner, 1979).

As parents, professionals, business leaders, and other stakeholders collaborate to develop an Early Childhood Comprehensive System, collective empowerment must occur. Collective empowerment is a partnership that incorporates synergistic decision-making, invested and committed communication, and creativity (Turnbull, Turbiville, & Turnbull, 2000). Missouri's stakeholders engage in collective empowerment by (a) voicing the needs of Missouri's children and families, (b) sharing responsibility for developing a plan of action guiding development of an early childhood comprehensive system, (c) comprehensively identifying intervention strategies addressing the needs of Missouri's children and families; and (d) collaboratively integrating all parts into a unified state plan. Through Missouri's collective empowerment "the whole is greater than the sum of the parts."



Guiding Principles

Vision

All young children in Missouri are safe, healthy, and capable of reaching their full potential.

Mission

The mission of the Missouri's Early Childhood Comprehensive System is to promote the well-being of all young children and their families. This can be accomplished by (a) developing key partnerships, (b) building collaborative strategies and (c) ensuring equal access to necessary resources, resulting in the implementation of an effective and sustainable early childhood system.

Assumptions

The needs of children, families, and communities change.

Missouri's Early Childhood Comprehensive System is a dynamic plan. This plan is designed with the assumption that the needs of Missouri's young children and their families are constantly changing; thus the plan and identified priorities must be flexible and responsive.

Early investment pays off over time.

The research literature is replete with evidence supporting the positive impact of early childhood interventions not only upon the subsequent life success of the child, but also upon the economics of families, businesses and government as a result of that success (Shonkoff & Phillips, 2000). Clearly, a developmental and preventive "investment" in a child during the early formative years is more advantageous and more economical than the costs to the family and social systems when such investments are not made. The work of Missouri's Early Childhood Comprehensive System outlines a framework for that early childhood "investment."

Effective interagency collaboration is necessary to meet the complex needs of children and families.

The work of developing this initial statewide system plan was guided jointly by five statewide entities intimately involved in early childhood issues, including the four child-serving state agencies: Departments of Elementary and Secondary Education, Health and Senior Services, Mental Health and Social Services, as well as the Missouri Head Start-State Collaboration Office. The foundation of this plan has been building and evolving over time through various early childhood collaboratives, forums

and initiatives at the local, regional and state level. While significant effort was made to include a broad and diverse array of community partners in this planning process, there remain multiple community partners who will continue to be identified and engaged in this evolving and dynamic planning and implementation process.

As needs evolve, indicators measuring success will necessarily change accordingly.

Indicators, as agreed upon and outlined in the plan, are important for measuring the success of our system work. The process of choosing and developing indicators, similar to the overall planning process itself, is a dynamic process.

Shared accountability and responsibility are key.

While the work outlined in this plan will require continuing and perhaps expanded resource investment into the early childhood system, it is assumed the lead agencies will assist in identifying appropriate sources which will likely be a blend of private and public funds. By integrating services under a shared vision and mission, Missouri sets the stage to implement a successful Early Childhood Comprehensive System that maximizes and mobilizes resources.

Four Essential Components

Missouri's Early Childhood Comprehensive System is organized around four essential components for helping young children be healthy and ready to learn at school entry. The four components are: family support and parenting education, early childhood programs, access to medical home, and mental health and social emotional development. Within the focus of each of the four essential components are the outcomes and strategies for supporting Missouri's young children.

- ◆ *Family Support and Parenting Education*
- ◆ *Early Childhood Programs*
- ◆ *Access to Medical Home*
- ◆ *Mental Health and Social-Emotional Development*

While it is clearly outside of the purview of this planning process to impact, poverty is acknowledged as a significant factor affecting the child and family's optimal success and cross-cutting all four of the essential components of this plan. Indeed, 38% of children under the age of 6 in Missouri live in poverty (National Center for Children in Poverty, 2003).

Further, cross-cutting the four essential components is the acknowledgement of and commitment to reducing disparate outcomes for Missouri’s young children and their families. Disparities in the delivery of maternal and child health services have been noted in Missouri, particularly with regard to differences associated with level of income, education, race, and geographic location. Approximately 15,000 Missouri children have limited English proficiency (Citizens for Missouri’s Children, 2004). In a 2002 statewide calculation of the availability of child care across Missouri, the estimated percent of unmet need for children was over 50% for 34 of Missouri’s counties and between 20-50% for 51 of Missouri’s counties (University Outreach and Extension). Cultural competence is infused across all ECCS interventions resulting in the implementation of services that are tailored or matched to the unique needs of individuals, children, families, organizations, and communities served.

Family Support & Parenting Education

In order for parents to optimize their role as “their child’s first teacher,” the parents themselves need to be equipped to nurture their children in the early years (Dancy, 2000, p. 1). Whether parents decide to

Research indicates that parenting education is most effective when it is integrated and linked with other needed services.

enroll their child(ren) in early childhood programs, keep them at home, or use a combination of both strategies throughout the early years of development, Family Support and Parenting Education that recognize the individual needs of families and children are critical. Evidence-based parenting education and information services, available at times and locations convenient for parents and linked to other available community resources, are needed to assist parents in

being prime educators of their children. Research indicates that parenting education is most effective when it is integrated and linked with other needed services across multiple settings such as community clinic, early childhood programs, and support centers (Zepeda, Varela, & Morales, 2004). Expectant parents need access to preparatory and preventive information to enhance the likelihood of a healthy pregnancy and delivery. Examples of evidence-based parenting education and information services used in Missouri are Parents as Teachers (PAT), Head Start, and Early Head Start Project. It is also critical that expectant parents need access to preparatory and preventive information to enhance the likelihood of a healthy pregnancy and delivery. Family Support focuses on helping families acquire the skills, social supports, and community linkages needed to nurture and support the healthy development of their children. Family support services must be provided in a way that respects the values and cultures of

families. Strategies for family support that are most effective start early, are comprehensive, and work at many levels, including the individual, family, community, and policy levels.

Parenting Education services assist parents or primary caregivers in strengthening their knowledge and skills, thereby enhancing their parenting practices and promoting the health and optimal development of their young children. Parenting Education is the provision of specific knowledge and information on child development and child-rearing skills to parents and other caregivers, with the objective of enhancing a child's health and development.



Recent data report the following:

- ◆ Head Start and Early Head Start provide home-based services and parenting information for participating families. However, there remain a large number of children eligible for, but not receiving, Head Start services. Nationally, Head Start serves approximately half of eligible preschoolers and Early Head Start serves only 3% of eligible infants and toddlers (Children's Defense Fund, 2005).
- ◆ In the 2004-2005 school year, Missouri's Parents as Teachers programs served 154,026 families of children prenatal through 5 years old. Of the total families served in the 2004-2005 school year, 46% of the families participating in Parents as Teacher during the prenatal stage to age three, and 39% of the participating families with children age three up to kindergarten entry were identified as having high needs¹ (J. Ralston, Director, Early Childhood Education, personal communication, February 8, 2006).
- ◆ Health-focused home visiting programs to educate expectant mothers are available in limited areas by multiple state agencies.

¹ "High needs" are defined by Missouri's Department of Elementary Secondary Education and can be found at http://dese.mo.gov/divimprove/fedprog/earlychild/ECDA/High_Needs.pdf

Early Childhood Programs

High quality Early Childhood Programs promote activities that stimulate the cognitive, language, physical and social growth of young children. Secure, trusting relationships allowing the child opportunities for autonomy, self-control, and respect for others are central to the social and emotional development of young children. Cognitive and language development are initially nurtured by providing consistent caregivers who allow children to experiment, inquire, observe, play, explore, and express themselves. Optimal physical development is fostered by providing the space, equipment, and time that children need to practice both fine and gross motor skills. A wellness focus on the whole child, long promoted by Head Start programs, has been incorporated in many other exemplary programs through strategies to support children's needs related to nutrition, mental health, health, and oral health. Effective partnerships with parents are also a key component of high quality programs. In order to ensure the presence of these key elements for children in our communities, best practices will include training caregivers and parents, promoting community development, strengthening institutional resources and capacity, and building public awareness.

All children need a safe, healthy, and enriching learning environment.



Exemplary Early Childhood Programs are often designed to (a) support children's cognitive, social, emotional, and physical development; (b) identify children's individual strengths, weaknesses, and needs; (c) assist parents with parenting skills; (d) link parents to community resources that they may need; and (e) make it possible for parents to work if they choose. A wide variety of early childhood programs can offer these types of support to families while providing excellent programming for children.

An examination of the current status of early childhood programs reveals that services are fragmented and unevenly distributed throughout Missouri. The availability, affordability, and quality of adequate child care services for families and their young children vary throughout the state. In 2004, fifty-seven percent of the early childhood programs rated for quality across the state were

observed to be less than ‘good’ (Thornburg, Scott, & Mayfield, 2004). However, kindergarten data collected over the past few years has shown an increase in the number of Missouri’s school districts offering full-day kindergarten. In the current 2005-2006 school year, 518 of Missouri’s 522 public school districts (99%) provide full-day kindergarten (J. Ralston, Director Early Childhood Education, personal communication, February 8, 2006).

A major component of high quality early childhood programs is the professional development of program personnel. This is achieved through both institutions of higher education and community-based training. In 2004, Missouri’s Committee on Transfer and Articulation (COTA) adopted guidelines for the articulation of early childhood programs intended to smooth educational pathways for early childhood educators by (a) developing a consistent nomenclature for degree titles and matching appropriate career titles with educational attainment; (b) establishing an educational pathway with clearly defined expected competencies for each degree level; (c) ensuring transferability of credits; and (d) matching appropriate professional/career titles with educational attainment (i.e., degree levels). The OPEN Initiative has participated in the creation of a career development system for early childhood



professionals in Missouri, including both a training registry to document the training received by providers and trainer registry to document the credentials of individuals providing training in the field. Community-based training for early educators is offered through the Missouri Child Care Resource and Referral Agencies and numerous other organizations. The Resource and Referral Agencies offer early childhood providers access to informational resources on such topics as scholarships and career counseling, in addition to training opportunities.

Numerous data sources document unmet needs for early childhood programming in Missouri. For example:

- ♦ Missouri Head Starts offer services to 17,340 children in Missouri, which is approximately 45% of income-eligible children in Missouri. Early Head Start serves approximately 2,000 children in Missouri, equating to 5% of income-eligible families (Administration for Children and Families, 2004).

- ◆ With regard to school readiness, 21% of children entering kindergarten were assessed to have below average school readiness skills. According to 2001-2002 data gathered through the Missouri Preschool Assessment Project, approximately 360 public schools operated preschools. Seventy percent of these schools were funded through Title I, and the remaining 30% were funded through the Missouri Preschool Project. In the 2001-2002 year, 37% of the preschoolers were eligible for free or reduced lunch.
- ◆ With regard to the availability of appropriate levels of child care, the state Resource and Referral Network reports 61% of calls are requesting infant and toddler care (NACCRRRA and Missouri Child Care Resource and Referral Network, March 2005).
- ◆ With regard to children with special needs, Missouri data report that in the 2004-2005 year, approximately 6% of Missouri's preschoolers and 2% of Missouri's infants and toddlers received special education services (Missouri Department of Elementary and Secondary Education, 2005). Additionally, during the past 12 months, 356 children in First Steps (Part C) were documented as having no provider available for either occupational therapy, physical therapy, speech/language pathology, or special instruction services recommended in their individualized family service plan (IFSP), with a disproportionate lack of services in rural southern and north central Missouri (Missouri Department of Elementary and Secondary Education, 2005).



Access to Medical Home

Providing a medical home has been identified as a priority at both the national and local levels (e.g., Healthy People 2010, Healthy Child Care America). According to the American Academy of

The well-being of children is addressed through a partnership between families and both medical and non-medical service providers.

Pediatrics (www.aap.org), medical home is defined as “primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective” (2002, p. 184).

In a medical home approach to primary care, the well-being of families, including both medical and non-medical needs, is addressed through a trusting partnership between families and clinicians.

Through such a collaborative partnership, families and children are provided greater access to specialty care, educational services, out-of-home care, family support, and other public and private community

services critical to the overall well-being of the child and family (American Academy of Pediatrics, 2002). Therefore, access to a medical home is a key component for promoting the healthy well-being of children and families. The following statistics report the baseline need for a comprehensive, coordinated system encompassing the needs of young children and their families for preventive and responsive health services (including dental, allied health, mental health, and other related services), as well as health insurance.

- ◆ 89,000 children in Missouri are without health insurance (Children’s Defense Fund, 2003).
- ◆ 86% of children birth to age 12 months on Medicaid received at least one initial or periodic screen in 2004 (Department of Health and Senior Services, 2005).
- ◆ 79% of children were immunized in 2003 through public providers, which was a decrease of 5% from 1999 (Citizens for Missouri’s Children, 2002).
- ◆ 86% of mothers received prenatal care in the first trimester (Martin, Hamilton, Sutton, Ventura, Menacker, & Munson, 2005).
- ◆ Overall infant mortality in 2002 was 17.2% (Nickelson, Xaverius, & Plumly, 2002).
- ◆ 8% of births are low birth weight infants (Martin, Hamilton, Sutton, Ventura, Menacker, & Munson, 2005).

The ECCS Medical Home component focuses on all children, and their families receiving (a) developmental health services, such as developmental monitoring and assessment to elicit and address parents’ concerns about child development, psychosocial health risks, and behavior; (b) preventive care, such as early and continuous screening; (c) anticipatory guidance through parent and child education and counseling; and (d) problem-specific developmental intervention and coordinating follow-up care.

Mental Health and Social Emotional Development

A young child’s mental health is congruent with healthy emotional, social, cognitive, and physical growth. Infants’ and toddlers’ early experiences provide the basic emotional scaffolding to support other developmental goals, including optimal cognitive and social development. Young children depend upon their

Mental health interventions recognize the interdependency between child and family.

caregiver for most of their emotional and cognitive input; a child’s mental health is influenced by the quality of the child’s relationship with his/her caregiver. A multiple pronged approach is necessary to

support healthy emotional environments in which children can develop optimally. A continuum of services ranging from parent education to mental health consultation offered to parents, primary caregivers, early educators, and pediatricians can support healthy emotional environments and relationships. These environments provide opportunities for developing healthy bonding/attachments



and for supporting the child in learning effective coping and social skills. Mental health consultation also facilitates the identification of risk factors affecting children's emotional and social development and proactively addresses these risks, with the hope of avoiding future social/emotional challenges. Mental health interventions recognize the interdependency between child and family; thus, they include

provisions for addressing such issues as maternal depression, substance abuse, and domestic violence. An effective early childhood system provides supports for children in a holistic manner acknowledging potential risk factors and applying interventions that are preventive and proactive with the goal of maximizing healthy social-emotional growth.

The environment in which children live has profound impacts on their mental health and social-emotional development. Many obstetricians, pediatricians, and public health nurses trained in Missouri are still not adequately prepared and supported to deal with maternal depression or to help children experiencing mental health concerns move into appropriate child development and mental health delivery systems. Additionally, recent data indicates children are at the highest risk for abuse and neglect when they live in families where the parents were abused, or suffer from mental illness (Citizens for Missouri's Children, 2004). The incidence of abuse and neglect increased over a five-year period by 10% in Missouri (Citizens for Missouri's Children, 2004).

A recent analysis of the gaps (Mental Health Services Workgroup, 2004) in the mental health services provided in Missouri revealed the following concerns:

- ◆ Although prevention and early intervention services exist, access and capacity across the state varies significantly.
- ◆ Effective outreach to high-risk children and families is needed.
- ◆ Coordination of mental health services and consultation across programs is limited.
- ◆ Consistent screening for mental health and social/emotional development is lacking.

Action Plan

In response to the issues identified in the previous section, Missouri's ECCS plan utilizes goals, outcomes, and indicators to describe the focus of intervention and anticipated results for children and their families. The development of goals, outcomes, and indicators was based on a review of best practices and research. Review of best practice stressed the value of continuity and integration of interventions; broad representation of multiple stakeholders in order to develop, integrate, and refine interventions; the importance of recognizing the interdependence between the child and family, and between the community and state; and the critical nature of evidence-based early intervention within each of the content areas.

Many stakeholder groups engaged in the planning process and expressed commitment toward their future involvement in the implementation of the ECCS action plan, either in a lead role or as a key partner. It is assumed that other key partners will emerge at both the state level and the community level throughout the implementation process.



Action Plan

Family Support & Parenting Education

Goal #1: Missouri's young children will have their basic needs met.				
	Child	Family	Community	State
Outcomes	Missouri's children will have their basic needs met in a nurturing family/care giving and stable environment.	Missouri's families will meet the basic needs of the children in their care.	Missouri's communities will ensure preventive and intervention services are accessible and meet a range of family needs.	Missouri's state policies support the basic needs of families.
Strategy	<p>Support the implementation of Missouri's Strengthening Families Through Early Care and Education Program by facilitating the inclusion of family support programs into early education programs focusing on the factors protecting children from abuse and neglect. These protective factors include: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children.</p> <p>Facilitate coordination among early childhood, social service, mental health, and health supports to optimize family functioning and assure access to effective supports during crises.</p> <p>Provide technical assistance to communities to facilitate determination of cultural barriers to services and implementing solutions.</p> <p>Develop a system for assessing and supporting family access to translation and interpreter services.</p>			
Indicators	<p>% of victims with repeated substantiated child abuse/neglect.</p> <p>% of children under six in poverty.</p> <p>% of Head Start families accessing at least one of specified family services.²</p> <p>% of Head Start parents employed.</p> <p><i>During its Planning Phase, the Strengthening Families Initiative is developing indicators that may be inserted into this section of the ECCS Action Plan when completed.</i></p>			
Partners	<p>Lead Roles:</p> <ul style="list-style-type: none"> Missouri Department of Social Services <p>Key Identified Partners:</p> <ul style="list-style-type: none"> Missouri Department of Elementary and Secondary Education Missouri Department of Health and Senior Services Missouri Department of Mental Health Children's Services Commission Parent Link Parents as Teachers in Local School Districts Missouri Head Start-State Collaboration Office Missouri Child Care Resource and Referral Network Prevent Child Abuse Missouri Citizens for Missouri's Children Children's Trust Fund Association for the Education of Young Children-Missouri Local Investment Commission of Greater Kansas City Metropolitan Council on Early Learning Area Resources for Community and Human Services (ARCHS) 			

² Emergency/crisis intervention, housing assistance, transportation assistance, mental health services, English as Second Language training, adult education, job training, substance abuse prevention, child abuse and neglect services, domestic violence services, child support assistance, health education, assistance to families of incarcerated individuals, parenting education, and marriage education.

Goal #2: Missouri's children are raised in a safe, stable, supportive, and nurturing family environment.				
	Child	Family	Community	State
Outcomes	Missouri's children are safe, healthy, and supported in their home.	Missouri's families have access to child safety, health, and development information.	Missouri's communities provide parents with information and education to assist families ensuring safe, healthy, and supportive environments to further their child's development and learning.	Missouri's state policies will support safe and healthy environments to further child development and learning.
Strategies	<p>Develop/identify and deliver parenting information and education in a team approach that involves parents, caregivers, and service providers as resources. This process will:</p> <p>Assist families in the prevention of child abuse and neglect through resources related to (a) child development, (b) providing a supportive and nurturing home environment, (c) child safety, and (d) abuse and neglect.</p> <p>Support parents whose children are not enrolled in other early childhood programs in preparing their children for school through resources and activities pertaining to their child's (a) physical and motor development, (b) social and emotional development, (c) excitement about learning, (d) language development, and (e) cognition and general knowledge.</p> <p>Inform parents/caregivers about their child's health through diagnostic services that include (a) well-child check-ups, (b) developmental screenings, (c) hearing screenings, (d) vision screenings, (e) social- emotional screening, and (f) dental check-ups.</p>			
Indicators	<p>% of school districts increasing participation in Parents as Teachers for high need families.</p> <p>% of Medicaid enrollees whose age is less than one year who received at least one initial or periodic screening.</p> <p>% of Head Start mental health consultations with parents about an enrolled child.</p>			
Partners	<p>Lead Roles:</p> <p>Missouri Department of Elementary and Secondary Education</p> <p>Key Identified Partners:</p> <p>Missouri Department of Health and Senior Services</p> <p>Missouri Department of Higher Education</p> <p>Missouri Department of Mental Health</p> <p>Missouri Department of Social Services</p> <p>Children's Services Commission</p> <p>Missouri Head Start Association</p> <p>Missouri Head Start-State Collaboration Office</p> <p>Children's Trust Fund</p> <p>Healthy Start</p> <p>Oral Health Coalition</p> <p>Family Voices</p> <p>Parents as Teachers in Local School Districts</p>			

Early Childhood Programs

Goal #3: Missouri's children enter school ready to succeed.				
	Child	Family	Community	State
Outcomes	Missouri's children have access to high quality and developmentally appropriate early childhood programs.	Missouri's families have access to high quality early childhood programs to facilitate their child's growth and development and support the family's self-sufficiency (i.e., employment, education, and training).	Missouri's communities offer various options of high quality, early childhood programs.	Missouri's state policies support high quality early childhood programs.
Strategies	<p>Support the full implementation of a Quality Rating System (QRS) for evaluating and improving early childhood programs in Missouri.</p> <p>Share information with parents about the quality of available early childhood programs.</p> <p>Provide training and technical assistance to registered or licensed early childhood providers.</p> <p>Support and promote availability of screening for emotional, social, behavioral, and developmental risk factors.</p> <p>Facilitate linkages between child care programs and alternative funding sources (i.e., businesses, public schools, foundations).</p> <p>Increase availability of Head Start and Early Head Start services.</p> <p>Provide training for early childhood providers on strategies to successfully include young children with disabilities.</p> <p>Provide training for early childhood providers on cultural responsiveness.</p>			
Indicators	<p>Number of high quality early childhood programs.</p> <p>% of children entering kindergarten who were assessed to have average or above average school readiness skills.</p> <p>% of eligible families accessing Early Head Start/Head Start.</p> <p>Number of quality inclusive preschool opportunities for children with special needs.</p> <p>Number of early childhood providers receiving diversity training.</p>			
Partners	<p>Lead Roles:</p> <ul style="list-style-type: none"> Missouri Department of Elementary and Secondary Education Missouri Department of Social Services Missouri Head Start-State Collaboration Office <p>Key Identified Partners:</p> <ul style="list-style-type: none"> Missouri Department of Health and Senior Services Missouri Department of Higher Education Missouri Department of Mental Health Children's Services Commission Missouri Child Care Resource and Referral Network University of Missouri-Columbia, Center for Family Policy & Research Missouri Head Start Association Citizens for Missouri's Children Association for the Education of Young Children-Missouri Parents as Teachers in Local School Districts 			

Access to Medical Home

Goal #4: Missouri's children have a source of coordinated, comprehensive, and family-centered primary health care and services.				
	Child	Family	Community	State
Outcomes	Missouri's children have continuous access to coordinated, comprehensive, and family-centered primary health care and services.	Missouri's families partner with their primary health care provider to access needed services and resources.	Missouri's community health care providers are accessible, knowledgeable, and readily share information with families about available services and resources.	Missouri's state policies support the medical home model.
Strategies	<p>Maintain a system of periodic statewide needs assessment measuring the extent to which families access a medical home.</p> <p>Disseminate information to families and communities on the benefits of a medical and dental home.</p> <p>Share information about the early childhood comprehensive system with health providers.</p> <p>Maintain a community resource inventory.</p> <p>Support and enhance care provided by rural health providers via the expansion of Telehealth.</p> <p>Facilitate linkages between health, early childhood, and social service programs.</p> <p>Develop public transportation options for families to health providers and facilities.</p>			
Indicators	<p>% of young children without health insurance.</p> <p>% of children with special health care needs age birth to five who receive coordinated, ongoing, comprehensive care within a medical home.</p> <p>% of children screened for lead.</p> <p>% of 19-35 month olds who have received full schedule of age appropriate immunizations against measles, mumps, rubella, polio, diphtheria, tetanus, pertussis, haemophilis influenza, and hepatitis B.</p> <p>% of Head Start enrollees with a source of continuous accessible dental care at the end of the enrollment year.</p>			
Partners	<p>Lead Roles:</p> <p>Missouri Department of Health and Senior Services</p> <p>Key Identified Partners:</p> <p>Missouri Department of Elementary and Secondary Education</p> <p>Missouri Department of Higher Education</p> <p>Missouri Department of Mental Health</p> <p>Missouri Department of Social Services</p> <p>Missouri Dental Association</p> <p>Children's Services Commission</p> <p>Parents as Teachers in Local School Districts</p> <p>Family Voices</p> <p>Oral Health Coalition</p> <p>American Academy of Pediatrics-Missouri Chapter</p>			

Mental Health and Social-Emotional Development

Goal #5: Missouri’s children are socially and emotionally healthy.				
	Child	Family	Community	State
Outcomes	Missouri’s children are socially and emotionally supported in their home, school, and community.	Missouri’s families provide a socially and emotionally healthy home environment.	Missouri’s communities support the emotional well-being of families and children.	Missouri’s state policies support the emotional well-being of families and children.
Strategies	<p>Facilitate the development of a system of childhood mental health consultation.</p> <p>Provide training opportunities for early childhood providers and pediatricians on emotional, social, behavioral, and developmental risk factors.</p> <p>Include mental health as a component of the Medicaid program Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).</p> <p>Develop Child Care Orientation Training (CCOT) module on the topic of social emotional development.</p> <p>Develop best practice standards and protocols for screening young children for emotional, social, behavioral, and developmental risk factors.</p> <p>Maintain a resource website including a listing of qualified mental health professionals and programs for young children and their families.</p> <p>Implement a statewide campaign to increase awareness of the importance of the child’s home environment to his/her social emotional well-being.</p>			
Indicators	<p>% of young children on MC+ that access mental health services.</p> <p>% of children almost always coping with failure and frustration at kindergarten entry.</p> <p>Number of children screened for emotional, social, behavioral, and developmental factors through the Healthy Children and Youth Program.</p> <p>% of child care providers participating in Child Care Orientation Training (CCOT) social-emotional module.</p>			
Partners	<p>Lead Roles:</p> <p style="padding-left: 40px;">Missouri Department of Mental Health</p> <p>Key Identified Partners:</p> <p style="padding-left: 40px;">Missouri Department of Elementary and Secondary Education</p> <p style="padding-left: 40px;">Missouri Department of Health and Senior Services</p> <p style="padding-left: 40px;">Missouri Department of Higher Education</p> <p style="padding-left: 40px;">Missouri Department of Social Services</p> <p style="padding-left: 40px;">Children’s Services Commission</p> <p style="padding-left: 40px;">Missouri Head Start Association</p> <p style="padding-left: 40px;">American Academy of Pediatrics-Missouri Chapter</p>			

Key Terms

Access: To make services (a) available across geographical regions, (b) accessible to persons of diverse backgrounds or with disabilities, (c) appropriately matched with the needs of individuals, and (d) affordable

Child Development: Refers to the child’s development in the following domains: physical well-being, motor, social, emotional, language, and cognitive

Dental Home: Dental care that is accessible and continuous

Early Childhood Programs: Encompasses both home- and center-based programs

Health: Physical, mental, dental, and nutritional well-being

Indicator: A measure that quantifies progress toward the outcome and ultimately toward the shared goals

Medical Home: Primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective

Outcome: A benefit experienced as a result of services received

Partnerships: Interagency, collaborative relationships addressing strengths and gaps in current resources through enhancements of programs and development of new programs

Missouri Quality Rating System: Missouri’s five-star method to assess and improve the level of quality in early childhood settings by providing consumer information, creating an accountability mechanism for policymakers and funders, and providing specific feedback for programs to develop quality improvement plans

School Readiness: Involves preparing children, families, schools, and communities for successful educational experiences beginning in kindergarten. (Ready or Not Here We Grow, 2004). Missouri’s Early Childhood Comprehensive System embodies the shared value of education across Missouri’s communities.

- A *child’s “readiness”* for school depends on a complex set of family and community factors affecting physical, social, emotional, and cognitive development.
- A *family’s “readiness”* involves helping families increase their understanding of how they can enhance their child’s success upon entry into kindergarten. Through parenting education and family support embedded into this ECCS plan, parents and other family members will have the opportunity to receive information about child development and learning, provide a safe and nurturing home, provide a healthy home, and promote their child’s social and emotional well-being.
- *Ready schools* are schools that work with early childhood professionals in the community to implement programs to ease the transition from early childhood programs to kindergarten.
- *Community readiness* requires community partners to commit to building safe, healthy, and accessible resources (e.g., transportation, counseling, social services) that support the health and well-being of children and families.

Shared Goals: Priorities for Missouri’s children within each content area

Strategies: Activities and processes that support progress toward goals by building on strengths and minimizing gaps in resources

Young Children: Includes children from birth through five years old

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