

GOAL 1: Increase access to a medical home for all young children.

Result 1. All children in Montana have a primary health care provider (medical and dental home).

School Readiness: Ready Services – Health

Primary Indicators:

- Percent of children aged 19-35 months receiving immunization services
- Percent of women with adequate prenatal care
- EPSDT screenings
- Number of Medical Home, Oral Health and Immunization materials disseminated

<u>OUTCOMES</u>	<u>ACTIVITIES</u>	<u>RESPONSIBLE PARTY</u>	<u>TIMELINE</u>
<p><u>I. A.</u> Information on medical homes will be included in Orientation Training , Health & Safety Training and On-site Individual Training for child care providers</p>	<p><u>I.A.1.</u> Contact American Academy of Pediatrics (AAP) state representative to provide information on medical homes that could be used in early childhood training.</p>	<p>- ECCS Coordinator</p>	<p>September 2007</p>
	<p><u>I.A.2.</u> Gather materials on Medical Homes for inclusion in early childhood provider trainings</p>	<p>- ECCS Coordinator</p>	<p>November 2007</p>
	<p><u>I.A.3.</u> Work with the Early Childhood Services Bureau (ECSB) to include medical home materials in the early childhood training and provider mailings.</p>	<p>- ECCS Coordinator</p>	<p>November 2007</p>
	<p><u>I.A.4.</u>Contact the Montana Association of Family Physicians (AFP) to inform them.</p>	<p>- ECCS Coordinator</p>	<p>December 2007</p>
	<p><u>I.A.5</u> Include medical home information on school readiness website.</p>	<p>- ECSB web master</p>	<p>December 2007</p>

<u>OUTCOMES</u>	<u>ACTIVITIES</u>	<u>RESPONSIBLE PARTY</u>	<u>TIMELINE</u>
<p><i><u>1. B.</u></i> All families with children aged 0 – 5 years will have information on where to access immunization services. Families with children aged 19 – 35 months will be specifically targeted to get this information.</p>	<p><i><u>1.B.1.</u></i> Work with immunization (IZ) program to assure that educational materials regarding availability of IZ is available to early childhood providers & families.</p> <p><i><u>1.B.2.</u></i> Immunization access information will be disseminated through mailings from the ECSB, Child Care Resource and Referral offices, Temporary Assistance to Needy Families (TANF), and the Food Program.</p>	<p>-ECCS Coordinator & FCHB</p> <p>-ECSB - Jamie</p> <p>-CCR&R Network - Sheilah</p>	<p>December 2007</p> <p>February 2008</p>
<p><i><u>1. C.</u></i> Providing information on oral health to all early childhood programs will become a priority.</p>	<p><i><u>1.C.1.</u></i> Take active part in Community Based Prevention Committee of the Oral Health Alliance.</p> <p><i><u>1.C.2.</u></i> Use mechanisms in place through well child checks to add dental health component.</p> <p><i><u>1.C.3.</u></i> Information on oral health will be included in mailings and websites from/to the ECSB, Child Care Resource and Referral offices (R&R's), Temporary Assistance to Needy Families (TANF), Food Program, Head Start/Early Head Start, Montana Association for the Education of Young Children (MtAEYC), and the Montana Child Care Association (MtCCA).</p> <p><i><u>1.C.4.</u></i> Assist Family and Community Health Bureau in coordination of oral health training for Head Start/Early Head Start programs and School Readiness Community teams and subsequent dissemination of</p>	<p>-ECCS Coordinator</p> <p>-ECCS Coordinator, Community Based prevention committee.</p> <p>-ECSB</p> <p>-CCR&R Network</p> <p>-State Oral Health Consultant</p> <p>- HS Collaboration Office</p> <p>-HS Collaboration Office</p>	<p>Ongoing.</p> <p>December 2007</p> <p>Started in Oct. 2005, needs to be updated by end of 2007</p> <p>May 2008</p>

	toothbrushes as per Food Stamp bonus MOU.		
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<u>OUTCOMES</u>	<u>ACTIVITIES</u>	<u>RESPONSIBLE PARTY</u>	<u>TIMELINE</u>
<p><i><u>1.D.</u></i> Links between Primary Care Providers and other community services and resources are strengthened and have knowledge of and access to comprehensive directories of community resources.</p>			
<p><i><u>1.E.</u></i> The health status of vulnerable young children is improved by increasing access to medical and dental homes in underserved areas.</p> <p>Review</p>	<p><i><u>1.E.1.</u></i> Montana’s counties will be reviewed as part of an ongoing project of Primary Care Officer (PCO) as potential shortage designation areas for primary care, mental health, and dental services.</p> <p><i><u>1.E.2.</u></i> Coordinate with PCO to get information on service gaps at local level.</p> <p><i><u>1.E.3.</u></i> When service gaps at the local level are identified, ensure that the state/local level agency is informed of these identified local needs.</p>	<p>-PCO & ECCS Coordinator</p> <p>-ECCS Coordinator</p> <p>-PCO & ECCS Coordinator</p>	<p>March 2007</p> <p>Summer 2007</p> <p>Summer 2007</p>

Result 2. All children are enrolled in public or private health insurance programs.

School Readiness: Ready Services – Health

Primary Indicators:

- Percent of children 0-5 years old without health insurance
- Percent of children under 18 in Medicaid
- Percent of children under 18 in CHIP
- Number of children that have EPSDT screening.
- Number of materials disseminated and to whom.

<u>OUTCOMES</u>	<u>ACTIVITIES</u>	<u>RESPONSIBLE PARTY</u>	<u>TIMELINE</u>
2.A. Early childhood programs and public schools will have information about CHIP, Medicaid, and other insurance programs, their eligibility, and access to providers.	<p>2.A.1. Coordinate with Healthy Mothers/Healthy Babies to distribute their brochure to early childhood programs and they distribute materials identified in this plan.</p> <p>2.A.2. Include CHIP and Medicaid eligibility information on school readiness and bureau websites.</p>	-Collaboration Office, ECSB & HM/HB	August – annually (Already started)
2.B. Increase the number of children, 0-5, who receive complete EPSDT screening.	<p>2.B.1. Take co-leadership role in ABCD screening academy and TA grant.</p> <p>2.B.2. Coordinate efforts with the Head Start/Early Head Start & Regional Office EPSDT Specialist.</p>	- ECCS Coordinator	Summer/Fall 2007

GOAL 2: Mental Health and social/emotional needs of young children and families are addressed appropriately.

Result 3. Montana’s children will be socially and emotionally healthy.

School Readiness: Ready Children, Ready Families

Primary Indicators:

- Total Number of Child Abuse and Neglect cases for children under age 6.
- Licensing data: Number of licensed school counselors
- Percent of children under 6 enrolled in Medicaid with EPSDT
- Number of children enrolled in Medicaid with EPSDT

Emerging Indicators:

- # and % of children under age six who are referred by their primary care provider for follow-up when social-emotional health needs detected during screening
- # and % of children under age six living with parents receiving treatment for mental health, alcoholism or substance abuse problems

<u>OUTCOMES</u>	<u>ACTIVITIES</u>	<u>RESPONSIBLE PARTY</u>	<u>TIMELINE</u>
<p><u>3.A.</u> A continuum of services that supports positive mental health and social emotional development is available to all children.</p> <p>Talk to Karin B and CSPD about this.</p>	<p><u>3.A.1.</u> Mt Children’s System of Care Committee will advise the local KMA’s on early childhood mental health. (KMA – Kids Management Authority)</p>	-Collaboration Office/Head Start Assoc. Director	Quarterly meetings in 2006
	<p><u>3.A.2.</u> Early Childhood Services Bureau will regularly advise early childhood programs how to link with the MT Children’s System of Care/KMA’s in their community.</p>	-ECSB – Jamie & Christy	Fall 2006 - CCR&R mtg.
	<p><u>3.A.3.</u> Each Head Start/Early Head Start and all public elementary schools will have a clear linkage to KMA’s</p>	-Collaboration Office/Head Start Assoc. Director & CSPD Office of Office of Public Instruction	September 2006
	<p><u>3.A.4.</u> The MT Children’s System of Care/KMA’s will advise the Office of Public Instruction (OPI) and public schools about how to link with the MT children’s System of Care/KMA’s in their community.</p>	-Children’s Mental Health Bureau Chief - Christy	September 2006
<u>OUTCOMES</u>	<u>ACTIVITIES</u>	<u>RESPONSIBLE PARTY</u>	<u>TIMELINE</u>

<p><u>3.B.</u> All early childhood professionals and kindergarten teachers receive education and information on mental health and social emotional development issues and services for young children.</p>	<p><u>3.B.1.</u> Determine where professional development activities exist for this target group. (CSPD – Comprehensive System of Personnel Development, CDA – Child Development Associate, CEU – Continuing Education Unit, PIR – Pupil Instruction-Related Days & MBI- Montana Behavior Initiative)</p>	<p>-ECCS Coordinator - Christy and ECPPD</p>	<p>Fall 2006</p>
	<p><u>3.B.2.</u> Increase training opportunities on social/emotional development available to early childhood educators, health professionals and families through the University system, churches, schools, CCR&Rs, Public Health, OPI, Head Start and other training & professional development entities.</p>	<p>-Core Team will coordinate with each entity. How can this most effectively be done?</p>	<p>May 2006</p>
	<p><u>3.B.3.</u> Involve the Early Childhood Higher Education consortium to review course content for social/emotional development areas and revise and expand courses needed to assure these areas are included.</p>	<p>-Western MT College</p>	<p>May 2007</p>
	<p><u>3.B.4.</u> Early Childhood Project (ECP) will provide analysis of approved training events on these topics and in what communities.</p>	<p>-ECCS Coord. & ECP</p>	<p>May 2007</p>
	<p><u>3.B.4.</u> Conduct inventory of Infant/Toddler programs and services as per work plan for the Infant/Toddler initiative</p>	<p>ECCS Coordinator & Core Team</p>	<p>January 2008</p>

<u>OUTCOMES</u>	<u>ACTIVITIES</u>	<u>RESPONSIBLE PARTY</u>	<u>TIMELINE</u>
<p><u>3.C.</u> Cross-training encouraged with other pertinent health</p>	<p><u>3.C.1.</u> Early childhood professionals will provide training on child development at the spring public health conference.</p>	<p>-Family & Community Health Bureau Chief</p>	<p>Annually (started in 2004)</p>

<p>professionals.</p> <p>ECPD</p>	<p><u>3.C.2.</u> Mental Health Association, Montana Education Association/Montana Federation of Teacher (MEA/MFT), and Public Health professionals will be encouraged to include information on early childhood mental health and social emotional development issues in their conferences etc.</p> <p><u>3.C.3.</u> Ensure that infant/toddler training is offered and promoted across different sectors.</p>	<p>-Collaboration Office/Head Start Assoc Director</p> <p>-ECCS Coordinator</p>	<p>Annually starting January 2006</p> <p>January 2008</p>
<p><u>3.D.</u> MT Mental Health advocacy programs will provide information on mental health and social-emotional development to early childhood programs and public elementary schools. Rethink!</p>	<p><u>3.D.1.</u> Establish relationships with Mental Health Association, MT-NAMI and state mental health service area (through Bureau Chief) to explain ECCS process.</p> <p><u>3.D.2.</u> Determine available materials on early childhood mental health which are appropriate and easily used.</p> <p><u>3.D.3.</u> Disseminate materials.</p>	<p>-Collaboration Office/Head Start Assoc. Director</p> <p>-Collaboration Office/Head Start Assoc. Director</p> <p>- FCH, ECSB, Mental Health Assoc. and Head Start Assoc.</p>	<p>Started – but needs to continue quarterly</p> <p>March 2007</p> <p>Fall 2007</p>

Result 4. Families receive appropriate mental health services when they need them.

School Readiness: Ready Services – Health, Ready Families

Primary Indicators:

- Percent & Number of children enrolled in Medicaid with EPSDT
- % of births to mothers with less than a 12th grade education
- % of children birth to age 18 in out of home placement (foster care) who have no more than two placements in a 24 month period (lower age break out?)

Emerging Indicators:

- # and % of mothers and children under age six who are screened and referred for depression by their primary care provider
- # and % of mothers and children under age six who are referred for the treatment of depression based on a screening by their primary care provided

<u>OUTCOMES</u>	<u>ACTIVITIES</u>	<u>RESPONSIBLE PARTY</u>	<u>TIMELINE</u>
4.A. Families have increased access to appropriate mental health services.	4.A.1. Provide information about mental health services to families through media, CCR&Rs, Public Health and private health facilities, early intervention agencies and schools.	-ECCS Coordinator with DPHHS media coordinator	September 2007
	4.A.2. Support and promote local efforts that provide individualized support for families to access services.	-Core Team & ECCS Coord.	January 2007
4.B. Increase parent’s awareness of indicators of when there is a need for mental health intervention.	4.B.1. Identify what information exists about the indicators of the need for mental health intervention.	-Core Team	May 2007
	4.B.2. Encourage and promote cross-training among service providers so that service providers outside the mental health field can help families identify the indicators of the need for mental health intervention.	-Core Team & Christy	September 2007

<u>OUTCOMES</u>	<u>ACTIVITIES</u>	<u>RESPONSIBLE PARTY</u>	<u>TIMELINE</u>
4.C. Up to date information of key contacts for mental health needs of children and families is available to parents.	4.C.1. Coordinate with the CCR&Rs, Public Health, private health, early intervention agencies and school social workers to ensure that they have the information and make it available to families.	-ECCS Coordinator	November 2007
	4.C.2. Explore the development of the Early Childhood Mental Health Consultation Model.	-Core Team, MECAC, Community Forums	June 2007 & throughout 2007

GOAL 3:

Result 5. Children receive services in a developmentally appropriate manner.

School Readiness: Ready Children, Ready Services – Early Care and Education, Ready Communities

Primary Indicators:

- Number of children 2 years old and under who are eligible and receive Part C of IDEA for early intervention.
- Number of children 3-5 years old who are eligible and receive services from Part B of IDEA.
- Number and percent of eligible children enrolled in Head Start and Early Head Start.

<u>OUTCOMES</u>	<u>ACTIVITIES</u>	<u>RESPONSIBLE PARTY</u>	<u>TIMELINE</u>
5.A. Developmentally appropriate practices when interacting with young children will be promoted to the general public.	5.A.1. Research California’s First Five Initiative to ascertain if their marketing campaign can be used and adapted to Montana use.	-ECCS Coordinator	September 2007
	5.A.2. Identify agencies working with ECCS who may be doing this type of social norms marketing and encourage them to include material on developmentally appropriate messaging.	-Core Team	September 2007
	5.A.3. Continue School Readiness Initiative	-ECCS Coordinator, Core Team,	Throughout 2007

	<p><u>5.A.4.</u> Work with OPI on Kindergarten standards.</p> <p><u>5.A.5.</u> Work with OPI on early childhood version of Indian Education for All</p>	- ECCS Coordinator	Begin August 2007.
<p><u>4.B.</u> Information on services that are available to children with special needs is made available to local programs serving high-risk populations.</p>	<p><u>5.B.1.</u> Develop list of local programs that need information and distribute.</p> <p><u>5.B.1.</u> Post information on website.</p>	<p>-ECCS Coordinator, Early Childhood Inclusion Team</p> <p>-ECSB webmaster</p>	<p>November 2007</p> <p>November 2007</p>

<u>OUTCOMES</u>	<u>ACTIVITIES</u>	<u>RESPONSIBLE PARTY</u>	<u>TIMELINE</u>
<p><u>5.C.</u> All training materials used for cross training between and within early childhood systems are presented in a developmentally appropriate manner.</p> <p>Do we need to redo?</p>	<p><u>5.C.1.</u> Promote awareness of the Early Learning Guidelines among health care professionals.</p> <p><u>5.C.2.</u> Disseminate the Early Learning Guidelines at the public health conferences and meetings.</p> <p><u>5.C.3.</u> Disseminate the Early Learning Guidelines to kindergarten teachers through OPI and MEA/MFT.</p> <p><u>5.C.4.</u> Disseminate the Early Learning Guidelines through the Montana Primary Care Association (MPCA).</p> <p><u>5.C.5.</u> Disseminate the Early Learning Guidelines through AAP and Montana AFP.</p> <p><u>5.C.5.</u> Disseminate the parent version of the Early Learning Guidelines through the groups above.</p>	<p>-ECSB, Core Team</p> <p>-ECSB and FCHB</p> <p>-ECSB and OPI</p> <p>-ECSB and FCHB</p> <p>-ECSB and FCHB</p> <p>-ECSB – Lisa</p>	<p>May 2006</p> <p>Annually in May</p> <p>September 2006</p> <p>Summer 2007</p> <p>Summer 2007</p> <p>Begin June 2007</p>

	<u>5.C.6.</u> Determine other possible documents that could be shared in the same way.(from OPI & Public Health)	- Core Team	September 2007
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Result 6. All young children have access to high quality early care and education to support early learning.

School Readiness: Ready Services – Early Care and Education, Ready Schools

Primary Indicators:

- # of preschool settings for 3 and 4 year olds that have lead teacher with degree in early education or related field
- Percent of home and/or center-based child care providers who exceed minimum licensing requirements for their position
- Number of child care facilities and preschools accredited by the NAEYC and NAFCC.
- Number & percent of eligible children under age six receiving child care subsidies

<u>OUTCOMES</u>	<u>ACTIVITIES</u>	<u>RESPONSIBLE PARTY</u>	<u>TIMELINE</u>
6.A. Encourage all sectors within local communities to support quality early childhood programs.	6.A.1. Assure that access to information about best practices in early childhood is available in every community through ECSB, CCR&R's, private & public health facilities, and media.	-ECCS Coordinator, ECSB, FCHB	January 2007
	6.A.2. Enlist professional organizations, such as MtAEYC and MtCCA, to make the parent version of the Early Learning Guidelines available to local businesses for distribution to families.	-ECCS Coordinator & ECSB	December 2007
	6.A.3. Utilize Community School Readiness Teams for information sharing, public awareness and education.	-ECCS Coordinator and School Readiness Task Force	Throughout 2007 & 2008
	6.A.4. Support Community School Readiness Teams financially, and bring together periodically for development.	-ECCS Coordinator and School Readiness Task Force	May 2007 & beyond
<u>OUTCOMES</u>	<u>ACTIVITIES</u>	<u>RESPONSIBLE PARTY</u>	<u>TIMELINE</u>
6.B. Early Childhood Health/Mental Health Consultation is developed and services	6.B.1. Gather appropriate information from outside sources.	-ECCS Coordinator & Christy	August 2006
	6.B.2. Presentations on high quality early care made by public health officials at AAP conference.	Family & Community Health	March 2007

<p>are provided in early childhood programs.</p>	<p><u>6.B.3.</u>, Early Childhood mental health consultation model is promoted in communities through trainings, mailings, meetings, professional organizations, presentations, and community forums.</p> <p><u>6.B.4.</u> Identify possible funding sources for Early Childhood Mental Health Consultation.</p> <p><u>6.B.5.</u> Professionals are identified who can provide consultative services.</p> <p><u>6.B.6</u> Training will be provided for professionals who will deliver services in the child care settings.</p>	<p>Bureau Chief</p> <p>-Christy & Shelly w/Core Team</p> <p>-Core Team, MECAC</p> <p>-Core Team</p> <p>-Shelly. w/ Core Team</p>	<p>Start in 2008</p> <p>July 2007</p> <p>August 2007</p> <p>August 2007</p>
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GOAL 4. Parents of young children are supported in their complex role as parents

Result 7. Early childhood programs refer families to needed services when appropriate.

School Readiness: Ready Services, Ready Children, Ready States

Primary Indicators:

- Number of children 0-5 years old identified with development delays or disabilities receiving services
- Number of children 3-5 years old in special education (Part B)
- Number of children 5 years old in special education as a percent of children enrolled in Kindergarten.
- Percent of Public assistance state budget devoted to supporting families with young children.
- Percent of eligible children under age six receiving child care subsidy

Emerging Indicators:

- # and % of children with previously unidentified health or developmental needs at kindergarten entry

<u>OUTCOMES</u>	<u>ACTIVITIES</u>	<u>RESPONSIBLE PARTY</u>	<u>TIMELINE</u>
7.A. Strengthen linkages between early childhood providers and the community service resources.	7.A.1. CCR&R's continue to work on a local level to connect child care providers and other community services (locally designated).	-Sheilah & CCR&R trainers	Quarterly
	7.A.2. Utilize Community School Readiness teams to identify local resources and services.	-School Readiness Task Force	May 2007 & quarterly
7.B. Identify administrative barriers to accessing services.	7.B.1. Review and identify areas that create barriers through needs assessment tool provided by NGA & HRSA.	-School Readiness Task Force	September 2006
	7.B.2. Address areas that can be changed at state level using the internet and technology when possible to provide easy access to needed programs.	-School Readiness Task Force	Begin to address in Fall 2006
	7.B.3. Address areas that can be changed at local level using the internet and technology when possible to provide easy access to needed programs.	-School Readiness Task Force	Begin to address in Fall 2006

Result 8. Parents & families understand the importance of providing a nurturing environment for the development of a healthy child.

School Readiness: Ready Families

Primary Indicators:

- Number of children ages 0-3 reported to be abused or neglected and rate per 1000.
- # of Sudden Unexplained Infant Deaths (SUID).
- # of deaths under 6 due to motor vehicle crashes.
- Percent of total births to mothers who smoked during pregnancy

Emerging Indicators:

- # and % of parents of newborn children who have taken or are taking parenting skill classes focused on basic care and child safety
- Number of Family Resource Centers and number of family contacts

<u>OUTCOMES</u>	<u>ACTIVITIES</u>	<u>RESPONSIBLE PARTY</u>	<u>TIMELINE</u>
<p><u>8.A.</u> Appropriate and research-based parenting education is available to all parents of children birth to five.</p>	<p><u>8.A.1.</u> Research what is offered by Family Resource Centers (FRC) about parenting children 0 – 5.</p>	-ECCS Coordinator & Core Team	August 2007
	<p><u>8.A.3.</u> Disseminate information and materials to Head Start/Early Head Start Programs, County Health Departments, AAP, AFP, Hospitals, CCR&Rs and other early education professionals at meetings, conferences and in newsletters and websites.</p>	-ECSB	November 2007
	<p><u>8.A.4.</u> Promote the importance of consistent, positive involvement of fathers in the lives of their children beginning at birth (Head Start Father Involvement Model).</p>	-Head Start Assoc. Director	September 2006
	<p><u>8.A.5.</u> Disseminate materials about grandparents parenting through Aging Horizons, AARP, Senior Long-Term Care DPHHS Division, and Cooperative Extension at MSU's Grandparenting Groups.</p>	-ECCS Coordinator with Sandy Bailey from MSU	April 2006
<u>OUTCOMES</u>	<u>ACTIVITIES</u>	<u>RESPONSIBLE PARTY</u>	<u>TIMELINE</u>
<p><u>8.B.</u> Encourage the Family Resource Center family education model to be replicated in</p>	<p><u>8.B.1.</u> Research FRC model to determine efficacy and outcomes and possible expansion in other communities</p>	-ECCS Coordinator w/ WORD, Inc.	May1 2007
	<p><u>8.B.2.</u> Work with WORD, Inc. to begin implementation of</p>	-ECCS Coordinator and WORD	

<p>communities.</p>	<p>PLTI model.</p> <p><u>8.B.3.</u> Promote Montana Children’s Trust Fund as one mechanism for local entities to fund parent education.</p>	<p>-Core Team</p>	<p>September 2007</p> <p>September 2007</p>
<p><u>8C.</u> Parent leadership training (PLTI) will be promoted in Montana communities.</p>	<p><u>8.C.1.</u> Promote adoption of Connecticut Parent Leadership Training Institute (PLTI) model in Montana. Start with Missoula.</p> <p><u>8.C.2.</u> Send at least two people to the Connecticut PLTI train the trainer session.</p> <p><u>8.D.3.</u> Explore funding opportunities for bringing PLTI to Montana. Will use private and ECCS \$ to begin.</p>	<p>-ECCS Coordinator and Core Team</p> <p>-ECCS Coordinator will arrange</p> <p>-Core Team</p>	<p>Started June 2005 and will be ongoing</p> <p>November2007</p> <p>July 2007</p>

Result 9. Communities maintain an environment to support healthy families.

School Readiness: Ready Communities

Primary Indicators:

- Number of families of children under age six who report that they receive family support through formal supports.
 - a. WIC enrollment
 - b. TANF enrollment
- Percent of kids under 5 below Federal Poverty Level
- Social assistance state budget devoted to supporting young families and kids
- Montana Unemployment rate
- Percent of total births to mothers who smoked during pregnancy

Emerging Indicators:

- # of family literacy/adult education programs in the community and capacity to serve the families of children under age six
- # of family resource centers

<u>OUTCOMES</u>	<u>ACTIVITIES</u>	<u>RESPONSIBLE PARTY</u>	<u>TIMELINE</u>
<p><u>9.A.</u> Families’ knowledge about available services and support systems is increased.</p>	<p><u>9.A.1.</u> Evaluate potential for expansion of County Public Health Department’s home-based visiting program.</p> <p><u>9.A.2.</u> Identify community organizations and collaborations that currently provide family support services.</p>	<p>-Family & Community Health Bureau</p> <p>-Community School Readiness Teams.</p>	<p>December 2007</p> <p>January 2007</p>

<u>OUTCOMES</u>	<u>ACTIVITIES</u>	<u>RESPONSIBLE PARTY</u>	<u>TIMELINE</u>
<p><u>9.B.</u> Investment in young children will be promoted as part of good economic development.</p>	<p><u>9.B.1.</u> MT KIDS COUNT will develop materials on investment in young children that will appeal to the business community & makes material available at their annual Economic Outlook Seminars.</p>	-Montana KIDS COUNT Coordinator	Fall annually
	<p><u>9.B.2.</u> Assist the Governor’s Economic Development Office and ECSB as they develop Economic Impact Study regarding early childhood investment being good economic development policy.</p>	-ECCS Coord. With ECSB/MECAC and Gov. Office	Throughout 2007
<p><u>9.C.</u>Coordination of services and supports for at risk families is promoted to assist them in efforts to succeed.</p>	<p><u>9.C.2</u> Work with the Family Support Services Advisory Council from Developmental Disabilities to coordinate information, activities and services offered. (who will replace Patti on this group)</p>	-ECCS Coordinator	Quarterly

GOAL 5: ECCS planning will move to implementation through developed partnerships and collaborative administration that supports sustainability and accountability. *School Readiness – Ready State, Ready Communities.*

Result 10: The mission and vision of the ECCS plan will begin to be a reality

Primary Indicators:

- Review of Strategic plan activities that are accomplished
- Review of Indicators that are improved
- Interviews and surveys of partners, key informants, and staff.
- Review of budget – federal, state, local and private money

<u>OUTCOMES</u>	<u>ACTIVITIES</u>	<u>RESPONSIBLE PARTY</u>	<u>TIMELINE</u>
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<p><u>10.A.</u> Partnerships are tracked and maintained.</p>	<p><u>10.A.1.</u> Include partners in problem solving, information gathering and policy changes.</p> <p><u>10.A.2.</u> Send information as appropriate.</p> <p><u>10.A.3.</u> Engage in updating of strategic plan</p> <p><u>10.A.4.</u> Maintain and update MOU between partnering bureaus for coordination of ECCS project.</p> <p><u>10.A.5.</u> Make public presentations linking ECCS, School Readiness Initiative to people's work.</p>	<p>-ECCS Coordinator, Core Team</p> <p>-ECCS Coordinator</p> <p>-ECCS Coordinator, Core Team</p> <p>-Bureau Chiefs of FCH & ECSB.</p> <p>-ECCS Coordinator and Core Team</p>	<p>As needed, identified or at least quarterly</p> <p>Quarterly</p> <p>Annually each spring</p> <p>Annually in summer</p> <p>Spring and Fall state conferences, meetings Whenever appropriate.</p>
<p><u>10.B.</u> Accountability is ensured</p>	<p><u>10.B.1.</u> Budget is reviewed quarterly</p> <p><u>10.B.2.</u> Reports are submitted on time.</p> <p><u>10.B.3.</u> Annual evaluation report is completed.</p> <p><u>10.B.4.</u> Attend annual ECCS meeting in DC and bring back resources.</p>	<p>-ECCS Coordinator and Directors</p> <p>-ECCS Coordinator, evaluator and fiscal person</p> <p>-Core Team and evaluator</p> <p>-ECCS Coordinator</p>	<p>Quarterly</p> <p>Quarterly, annually</p> <p>September of each year</p> <p>Twice a year</p>
<p><u>10.C.</u> Sustainability is a focus in each goal, result and activity.</p>	<p><u>10.C.1</u> Regular review of budget</p> <p><u>10.C.2</u> Seek other grant sources.</p> <p><u>10.C.3</u> Analyze present funding of services and determine if dollars can be used differently to</p>	<p>- ECCS Coordinator, Core Team</p> <p>-ECCS Coordinator, Core Team</p> <p>-ECCS Coordinator, Core Team.</p>	<p>Quarterly</p> <p>As they arise</p> <p>Throughout 2007</p>

	maximize effectiveness and efficiency. <u>10.C.4.</u> Use expertise and TA from NGA and Project Thrive. <u>10.C.5.</u> Use expertise and TA of HRSA	-ECCS Coordinator, Core Team -ECCS Coordinator, Core Team	On Going When offered or available

Acronym Key: ECSB = Early Childhood Services Bureau; FCHB = Family & Community Health Bureau; QAD = Quality Assurance Division (child care licensing); MECAC = MT Early Childhood Advisory Council; ECP = Early Childhood Project of Montana State University (Career Development Registry); HM/HB = Healthy Mothers/Healthy Babies; OPI = Office of Public Instruction; MEA/MFT = MT Education Association/MT Federation of Teachers; CCR&R = Child Care Resource & Referral Agencies; KMA = Kids Management Authority (regional mental health collaboratives);

**Montana Early Childhood
Comprehensive Systems Strategic Plan
For Implementation**

Updated version for 2007-2008

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