

Together for Kids and Families



The following narrative is supplemental to the Together for Kids and Families preliminary strategic plan that is being distributed in Nebraska. In an effort to be as succinct as possible, the state plan does not include information required to satisfy the 17 components of planning. This report is structured around the 17 required components with references to the state plan.

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NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



Required Minimum Results of Planning

1. At the first meeting of the Leadership Team held October 30th, 2003, the project title of “Together for Kids and Families” was agreed upon. The following mission/vision statement was developed and adopted by the Leadership Team: *Together for Kids and Families envisions safe and supportive communities where all children and their families are a top priority. Together for Kids and Families envisions a high quality, well-funded system of early childhood family services and supports. Families, communities, schools, service providers and policy makers are committed to and accountable for helping families and children succeed.*

2. As stated previously, early childhood stakeholders have been involved throughout the planning process. A description of the methodology can be found on pages 2-3, an organizational chart on page 33 and stakeholder membership lists on pages 34-38.

The Early Childhood Interagency Coordinating Council has committed to adopting the Together for Kids and Families strategic plan to inform all early childhood initiatives henceforth. Commitments to lead strategy implementation have been made by a variety of stakeholders, including all state agencies of the Health and Human Services System as well as the Nebraska Department of Education. Please refer to the Implementation Plan found on pages 9-29.

As Together for Kids and Families moves from planning to implementation, the project’s organizational structure will be modified. The ECICC will continue to advise project implementation. The Leadership Team formed during the planning phase will be reformed as the Implementation Team consisting of stakeholders who have committed resources to implementation. The cross-cutting Data Work Group will also be reformed and facilitated by the Head Start State Collaboration Office Assistant whose responsibilities include assisting in the study of the feasibility and development of an early childhood data management system.

3. Each of the five topic area Work Groups reviewed best practices during the planning process prior to development of goals and strategies. The following is a summary of best practices and strategies derived from their review.

Early Care and Education

Research shows that experiences in early childhood predict school success as well as lifelong achievement.¹ The first five years of a child’s life help create the foundation for healthy, productive adults of the future. Therefore it is imperative that children and families have access to quality early care and education experiences. Changing social, economic and demographic factors have resulted in increased demands for quality early care and education services. The early care and education system must provide quality services to ensure that children are safe, healthy, developing strong motor, cognitive, and social/emotional skills for use in life.² Licensing and quality rating standards that address education and environmental program quality as well as physical, mental and emotional health and safety improves outcomes in young children. One systems strategy to address the quality of care is to implement a Quality Rating System (QRS). A QRS is used as a child care consumer guide, and may be considered a “report card” for child care facilities, giving caregivers information regarding the characteristics of

quality care as well as a rating.³ Another strategy involves providing incentives to child care providers for increasing assets leading to improved quality of care.

Family Support

Family Support is the hub of the early childhood system, with the other four areas connected, in other words, family support is or should be accessible within the systems that provide medical, mental health, early care and education and parent education services. Primary responsibility for the development and well being of children lies within the family, and all segments of society must support families as they rear their children. Assuring the well being of all families is the cornerstone of a healthy society, and requires universal access to support programs and services.⁴ The types of family support strategies that appear to be most effective are those that start early, are comprehensive, and address individuals, families and communities. A review of best practices indicates that there is no specific model of service delivery, but rather a service integration model where families can access different levels of family support based on their needs.⁵ Several strategies in the Together for Kids and Families strategic plan were designed to provide this type of services integration, providing families a continuum of family support services to access. Strategies included: home visitation, statewide 2-1-1 system, community based structures to address barriers to service delivery, parent to parent support systems and respite accessibility.

Medical Home

Increasingly, the benefits of early identification and treatment on child health outcomes are being proven.⁶ A child's primary healthcare professional's ability to perform continuous surveillance and structured screening within the context of a routine, well-child care visit provides an opportunity to identify needs (developmental, physical and social-emotional) and make referrals to appropriately meet those needs. Expertise and collaboration between medical, early care and education and family support providers will improve the healthy development of young children.⁷ During implementation Together for Kids and Families will bring together stakeholders with varying early childhood expertise to develop a collaborative initiative to promote the medical home approach as a standard of care for all children leading to the establishment of a program to promote regular recommended pediatric visits for children, following the AAP and Bright Futures guidelines.

Social-Emotional Development

Research has shown that there is a link between emotional development and success in school. Brain research tells us children's emotional development and their ability to manage emotions and behaviors is especially related to early life experiences. Furthermore, research indicates that the roots of emotional problems often lie in caregiving environments that do not meet the needs of children and that 40% of children with emotional development problems come from families with significantly low incomes.⁸ An early childhood mental health systems of care continuum of services and supports consists of promotion, prevention and intervention. Promotion includes developmental and social-emotional screening in the primary care and early care and education programs, high quality child care and dissemination of information promoting healthy social-emotional development. Prevention services include home visitation programs, family mentors, family and caregiver supports and mental health consultation. Intervention includes on-site mental health consultation, hotline for families, behaviorally based programs in a variety of

settings and in home treatment.⁹ Strategies included in Nebraska's plan were developed around the tenets of promotion, prevention and intervention. One strategy focuses specifically on maternal depression and the recognition regarding the reciprocity of parent/child interactions, while others address the need to raise the quality of early care and education programs offered in Nebraska.

Parent Education

Parenting Education is a process that involves the expansion of insights, understanding and attitudes and the acquisition of knowledge and skills about the development of both parents and children and the relationship between them. Caregivers must gain the specific knowledge and child-rearing skills needed to promote the healthy development of their children. Parent education like family support is most successful when there are many options for parents to access, again services offered on a continuum, from preventive to intensive. Strategies included in the Together for Kids and Families plan were based on a review of best practices as well as information known about parents accessing information. Many parents do not access classes to prepare them for parenting, about 65% do not attend a class or discussion about parenting, moreover education and income are directly related to class attendance.¹⁰ Taking these factors in to account, it was decided that providing parent education during high school would be one way to begin a process of understanding for individuals, that gathering information about parenting is important and necessary. Parent education is also included in strategies involving the promotion of home visitation as well as different media venues to be built on, specifically First Connections with Families, a booklet sent to all parents of newborns and an early childhood public awareness campaign chartered by the Early Childhood Interagency Coordinating Council.

In addition to best practices discussed around each individual topic area, the work groups developed guiding principles that cut across the entire strategic plan to be considered at every stage of planning and implementation. These guiding principles were based on best practice information and can be viewed on page 4. Other theoretical guiding principles that the work groups deemed "assumptions" were developed and can be found on pages 4 and 5.

4. First, the term "MCH" (Maternal and Child Health) as applied in Nebraska includes the Office of Family Health and other collaborating offices/units in the Nebraska Health and Human Services System that impact the health and wellbeing of Nebraska's women, children and families, including CSHCN. As such, MCH capacity related to early childhood systems was assessed and described in the initial SECCS application submitted in 2003 (Section B1b of the narrative and Appendices, Pages 1-12 of the Year One application). This assessment was updated and integrated into the Together for Kids and Families planning process.

More importantly, Nebraska's MCH capacity to address each of the five components was strengthened and enhanced through the SECCS planning process. For instance, the work related to Social-Emotional Development provided impetus for the successful application for a Perinatal Depression grant. It also resulted in the Title V/MCH Director assuming an active role in the Project Management Team for the Children's Mental Health and Substance Abuse State Infrastructure Grant (SIG). Prior to the SECCS planning process, children's mental health issues were limited to CSHCN systems such as Early Intervention and Nebraska MCH had little additional involvement.

Examples for the other four components –

- *Early Care and Education* capacity within MCH was achieved through Healthy Child Care America activities and involvement in early childhood collaboratives, such as the Early Childhood Interagency Team (now inactive). During the life of the SECCS project, Nebraska MCH has participated in and contributed to NDE’s Early Childhood Policy Study and the development of the Early Learning Guidelines. Though Nebraska MCH no longer invests financial resources specific to early care and education, it is in the position to help guide policy and leverage resources. An example is the inclusion of child care health consultation as an activity carried out by public health nurses contracting with the Medicaid program.
- Initiatives to promote and support the *Medical Home* concept have been part of Medically Handicapped Children’s Program, Nebraska’s Title V/CSHCN program. Limited work to promote medical homes among a broader population of children included Title V funded projects in a few communities. SECCS-developed strategies open the door for a structured dialog among stakeholders and a more active engagement between MCH and Medicaid in promoting the medical home concept as part of EPSDT.
- *Parent Education* has traditionally been provided categorically, through programs such as WIC and Immunizations. A more comprehensive parent education activity has been the development and distribution of “First Connections with Families,” a parent information booklet developed in collaboration with the Nebraska Department of Education and distributed by the NE HHSS to the parents of all infants born in Nebraska. Together for Kids and Families Strategy 11 will allow Nebraska MCH to further work with partners to build on “First Connections with Families” as a framework for comprehensive parenting education.
- *Family Support* capacity is more developed in Nebraska’s CSHCN program, including access to services such as respite. Title V funds have also supported services with a family support function, such as home visitation and help lines. Together for Kids and Families Strategies 16, 17 and 18 will result in Nebraska MCH having a greater and more systematic role in promoting effective support programs for Nebraska families.

5. During the life of the SECCS planning process, Nebraska completed its five-year comprehensive MCH/CSHCN needs assessment. It also conducted a competitive subgranting process for community-based projects and services. Consequently, investments in early childhood services have shifted in recent months. At the state level, the School and Child Health Nurse Coordinator continues to provide a link between the Healthy Child Care America Transition activities with those of the SECCS planning process. At the community level, the Title V/MCH Block Grant is supporting two home visitation programs, the Panhandle Partnership for Health and Human Services Children’s Outreach home visitation program, and Central Nebraska Community Services, Inc. Bright Starts Home Visitation.

6. The five topic area work groups began monthly conference calls or meetings in March of 2004 and completed an environmental scan, organizing the information obtained by utilizing the SWOT analysis. The role of SWOT analysis is to take the information from the environmental analysis and separate it into internal issues (strengths and weaknesses) and external issues (opportunities and threats). Once this is completed, SWOT analysis determines if the information indicates something that will assist in accomplishing its objectives (a strength or opportunity), or if it indicates an obstacle that must be overcome or minimized to achieve desired results (weakness or threat). This analysis included a review of existing environmental scans/needs assessments.

A concerted effort was made during the entire planning process to collaborate with existing early childhood initiatives and stay apprised of the formation of new initiatives. Project staff for Together for Kids and Families serve on advisory councils for the State Infrastructure Grant (SIG), Early Childhood Public Awareness Campaign, Early Childhood Policy Study, Early Childhood Mental Health Systems of Care Project and the Perinatal Depression in Nebraska Project. In addition staff from these initiatives and others listed on the matrix serve either on the Together for Kids and Families Leadership Team or work groups.

Initiative	Goals/Descriptions	Focus*
State Infrastructure Grant (SIG) for Children's Mental Health. & Substance Abuse Services	Develop an integrated Statewide infrastructure for delivery of children's mental health and substance abuse services. The primary population focuses of the grant are children age birth to 5, youth, youth with co-occurring disorders, substance abuse and transition age youth. Lead Agency – HHS F & S	1,2,3,4
Perinatal Depression in Nebraska Project	Develop Comprehensive Campaign to address Perinatal Depression. Lead Agency - HHS R&L	2,4,5
State Planning Grant-NE Health Ins. Policy Coalition	The purpose of the grant was to measure the number of uninsured in the state, identify characteristics of those without insurance and develop coverage options to reduce the number of uninsured and strengthen the health care safety net. Lead Agency - HHS R&L	1,5
Early Childhood Public Awareness Campaign	Implement a sustainable public awareness campaign that promotes the investment of time and resources by all Nebraskans toward improving life outcomes for young children, especially during the most critical years of growth and development Lead Agencies - HHS F&S and NDE	1,2,3,4,5
Early Childhood Policy Study	The purpose of the study is to compile data and research sources, collect input from stakeholders across the state and develop recommendations to inform future Early Childhood Policy decisions of the State Board of Education and its policy partners. Lead Agency - NDE	3,4,5
Early Childhood Mental Health Systems of Care Project	Pilot project to develop integrated systems of care for young children with behavioral/emotional issues. Lead Agencies - HHS F&S, NDE, UNL Public Policy Center	1,2,3,4,5

Nebraska Fatherhood Initiative	Partnership since 2002 with NHHS, and departments of Education, Corrections, the University of Nebraska-Lincoln, University of Nebraska at Omaha, community action programs, local and regional public health departments and the Gallup Organization to work with communities to create programming for fathers and families. The mission is to enhance the well being of children and families by supporting responsible and committed father involvement. Lead Agency - Nebraska Children and Families Foundation	4,5
Nebraska Medicaid Reform	Legislative Bill 709 in the 2005 legislative session calls for a comprehensive reform that would moderate the growth of Medicaid spending, ensure the future sustainability of the program, establish priorities and ensure flexibility in the allocation of benefits, and provide alternatives to Medicaid eligibility. Lead Agencies – HHS F&S and Legislature’s Health and Human Services Committee	1,2
Home Visitation	The State of Nebraska, Department of Health & Human Services, Office of Protection & Safety issued a Request for Proposal for the purpose of selecting qualified existing Public Health and/or Non-Profit Organization Contractors to provide Home Visitation services in Nebraska for the prevention of child abuse and neglect. Lead Agency-HHS Services	1,2,3,4,5

* 1=Access to Health Insurance & Medical Homes 2=Mental Health/Social-Emotional Development
3=Early Care and Education 4= Parent Education 5=Family Support

As mentioned previously, the Family Involvement Work Group designed a parent survey. For information pertaining to this, please refer to page 2. Data from the survey was entered into a Microsoft Access database; analysis conducted and results used to inform the strategic planning process. Additionally, parent focus groups were conducted as part of the Early Childhood Policy Study and information obtained was utilized during the strategic planning process.

In an effort to look at funding across agencies, the Policy Alignment Work Group completed a document summarizing how funds are currently used in the Early Childhood System in Nebraska. The Early Childhood Programs and Funding sources report will be updated regularly to continue to inform early childhood systems work regarding resource availability and alignment. This document was included in the 2005-06 grant application, Appendix E, Pages 65-70.

In summary, both qualitative and quantitative information was gathered and analyzed to inform those participating in the strategic planning process. A lengthy environmental scan was written around each topic area that included results from review of other state reports, the parent survey, the MCH parent education survey, and input from Together for Kids and Families stakeholders which was used in the selection of outcomes, strategies and early childhood indicators.

7. The Together for Kids and Families planning process provided the opportunity for early childhood stakeholders across disciplines to communicate, share information about early childhood programs and activities and define shared goals. Joining individuals from so many disciplines proved to be challenging as we found that although we were communicating about

the same issues, we used different terminology, but coming together to work on this effort helped to build understanding and new partnerships that will continue as we embark on implementation. Another issue that surfaced while attempting to gather information regarding the five topic areas was the need for constant communication amongst early childhood stakeholders about other initiatives underway to enhance collaboration and avoid duplication. This will be an ongoing issue that the Together for Kids and Families project can help address by being a clearinghouse for the sharing of information.

The lack of reliable and accessible data regarding preschool children proved to be frustrating for the Data Work Group, but has led to an opportunity for further collaboration. In response to work group recommendations, the Head Start State Collaboration Office will be providing staff support to assist with the development of an early childhood data management system as Together for Kids and Families moves forward. This state agency partnership will allow Nebraska Department of Education, Head Start-State Collaboration Office, and Health and Human Services to address duplication in the early care and education system, support local program partnerships and access to comprehensive services for young children in Nebraska. A data outcome has been established with strategies and actions steps and can be viewed on pages 28-29.

Challenges face us regarding building capacity in our extremely rural state. The needs assessment revealed that families often have difficulty accessing specialty services, such as dental care and mental health services. We not only lack providers, but also lack providers that are willing and qualified to serve preschool children. Strategies were developed with these facts in mind, such as replication of effective safety net programs and the use of Telehealth in the mental health arena. We will also continue to work with other agencies and state entities that are working to build capacity.

The SECCS implementation grant will continue to be administered within the Office of Family Health, permitting effective coordination with other MCH projects and programs, such as the Perinatal Depression Project, SSDI, WIC, and others. “Together for Kids and Families” will also be a cornerstone for strategic planning for other populations served by the Office of Family Health and its partners.

8. Please see the Implementation Plan on pages 9-29. The plan includes commitments to lead the efforts, describes the action to be taken, the expected outcomes and an anticipated timeline. Maternal and Child Health will be a collaborative partner on most strategies.

Resource availability was one of the criteria used by the Policy Alignment work group to align and order strategies. Nebraska has a long history of working collaboratively with existing resources to “do more with less.” Therefore, those strategies numbered 1 - 13 are scheduled to begin in Year One with the first four being completed in Year 2, these strategies are those for which existing resources (financial and staff) are available within HHSS or among collaborating organizations because these strategies are congruent with HHSS and collaborator missions, current budgets, and operational plans. Strategies scheduled for Years Two and Three will require additional work among HHSS and collaborators in either identifying new resources or re-aligning existing resources.

9. The Implementation Plan (pages 9-29) includes integrated goals, strategies, action steps and a timeline. The Early Childhood Comprehensive Systems grant project requirements were twofold, to create an integrated plan to address the specific five topic areas, as well as incorporation and continuation of Healthy Child Care America (HCCA) goals. Systemic goals, for each topic area, were agreed upon early in the process. Throughout the process, both the Together for Kids and Families goals and the HCCA goals overlap was considered and built upon. The work groups began developing strategies independent of each other and by specific topic/goal area. The work was then gathered and synthesized by determining if the specific strategies addressed both the Together for Kids and Families goals, as well as the HCCA objectives, using the following sequencing criteria: system-wide in scope, builds on existing initiatives, access to resources/cost feasibility and political will. Through this process, the strategies were ranked independently of topic area. The following documents: Together for Kids and Families Strategies pages 7 & 8 and Together for Kids and Families Indicators, pages 30-32 are a visual depiction of this integration.

10. The Data Work Group as described on page 3 developed a core set of indicators. The indicators and a description of their feasibility can be found on pages 30-32 and two strategies developed specifically around the outcome that there is sufficient data about Nebraska children available for use in public policy planning and program development can be found on pages 28-29. The development and analysis of the indicators is a cyclic process, one that must be completed on a regular basis and continued past the life of this project. The Data Work Group will facilitate adoption of a core set of indicators in Nebraska.

As stated previously, the Head Start State Collaboration Office will be hiring a staff member to assist with the development of an early childhood data management system. Another partner on the Data Work Group is the Nebraska Newborn Hearing Screening Program (NNHSP). Through a Center for Disease Control and Prevention Early Hearing Detection and Intervention Tracking, Surveillance, and Integration cooperative agreement, the NNHSP will develop linkage and/or integration approaches with various early childhood data systems. Additionally, Jennifer Severe-Oforah, MCH Epidemiology Coordinator and Nebraska's SSDI Project Director and Duane Singsaas, HHSS Performance Measurement Consultant will provide needed expertise for data analysis and continued development and implementation of early childhood indicators. The cross-cutting Data Work Group will continue to meet to track data analysis and continue development around the issue of early childhood data systems. The Leadership Team will continue to meet to provide needed oversight and direction as implementation ensues.

11. Page 2 of the Together for Kids and Families plan describes the efforts carried out by the cross-cutting Family Involvement Work Group during the planning process. Data from the survey was entered into a Microsoft Access database; analysis conducted and results used to inform the strategic planning process. Additionally, four focus groups were held throughout Nebraska in September 2004 as part of the Early Childhood Policy Study and information obtained was utilized during the strategic planning process. Furthermore, family and community members participated on the ECICC, Leadership Team and work groups (see pages 34-38) during the planning phase.

During implementation family and community partnerships will be an even higher priority given that implementation will look different in varying communities. Together for Kids and Families will continue its collaboration with community agencies and groups as many of these partners will play lead roles in implementing specific parts of the strategic plan.

12. The role of the cross-cutting Policy Alignment Work Group is described on page 3 of the Together for Kids and Families Plan. This group has played a critical role in evaluating programs, funding sources and policies.

Further, the Early Childhood Interagency Coordinating Council has designated Together for Kids and Families to be the early childhood strategic plan that it will forward to the Governor and use in developing and submitting policy proposals for his consideration. This linkage of the Together for Kids and Families process to the work of the Governor-appointed Council will be key in achieving funding and policy alignment throughout implementation.

13. As stated previously, the Early Childhood Interagency Coordinating Council (ECICC) is the ultimate governing committee for the SECCS project, Together for Kids and Families. The ECICC is comprised of stakeholders in early childhood, with many sharing long standing active working relationships with the Office of Family Health, for example the HHS Administrator for Child Care and Community Services Block Grant as well as the HHS Administrator for Child Care Licensing. The SECCS planning process has enhanced collaborations that were already occurring and been the impetus for the formation of new alliances. The Head Start State Collaboration Office will be providing staff support to assist with and collaborate on the development of an early childhood data management system as Together for Kids and Families moves forward. Discussions during a Together for Kids and Families Leadership Team meeting with Nebraska's Medicaid staff lead to the identification of the Medicaid Administrative contracts as the vehicle for maintaining a network of childcare health consultants (see further description in #14). Together for Kids and Families project staff serve on advisory councils for the State Infrastructure Grant (SIG), Early Childhood Public Awareness Campaign, Early Childhood Policy Study, Early Childhood Mental Health Systems of Care Project and the Perinatal Depression in Nebraska Project. Additionally Office of Family Health staff was involved with the creation and rollout of Nebraska's Early Learning Guidelines. The Office of Family Health has been and continues to be active in early childhood projects and initiatives.

14. The integration of the Healthy Child Care America objectives will be primarily achieved through three strategies, two of which are inter-related. During the last year of Nebraska's Healthy Child Care America transition grant, a focus was placed on sustainability of effort. To this end, discussions with Nebraska's Medicaid staff lead to the identification of the Medicaid Administrative contracts as the vehicle for maintaining a network of childcare health consultants. The Administrative contracts, entered into with local health districts, provide for outreach and case follow-up for Medicaid-eligible families. Staffed by Public Health nurses, the Administrative services include assuring families have a medical home, keep appointments, and avoid care in less suitable settings, such as emergency rooms. Adding childcare health consultation into the scope of work for the administrative contracts will permit the Public Health nurses to reach current and potentially eligible Medicaid families through early care settings. In addition, the nurses will be able to provide health and safety consultation on site and by phone.

Since the Medicaid Administrative contracts are carried out differently in the rural and urban areas, two strategies were developed in order to ensure continuity, strategies 6 and 7 on pages 14-15 of the implementation plan describe activities to be carried out. These strategies address HCCA objectives for infrastructure building through the development of a network of child care health consultants and access to medical homes and health insurance through early care and education providers.

The third strategy that relates to HCCA deals with a health and safety curriculum for child care providers. Again during the last year of Nebraska's Healthy Child Care America transition grant, a means for sustaining quality through standards was sought. As opportunities to revise childcare-licensing regulations occurred, *Caring for Our Children, Guidelines for Out-of-Home Child Care Programs* and *Stepping-Stones to Using Caring for Our Children* have been incorporated to the degree possible. Most important to sustaining this emphasis on quality was a means for assuring childcare provider competency in meeting the standards. HCCA transition grant funds were used to finance the development of a health and safety curriculum tailored to meet the needs of Nebraska's childcare providers. That curriculum is in the final stages of development, and implementation is outlined in the implementation plan (Strategy 2, page 10).

15. Together for Kids and Families is well positioned to achieve policy impact given that the Early Childhood Interagency Coordinating Council (ECICC) provides oversight for the project. The ECICC is comprised of stakeholders in early childhood with members being appointed by the Governor. The council is established to advise the state agencies, legislature, and Governor around issues and services for Nebraska's young children and families. During the planning process attention was given to policy alignment through the formation of the cross-cutting Policy Alignment Work group. Additionally, key policy makers participated on the Leadership Team and work groups during the planning phase and will continue to be instrumental during implementation. Collaborations with private entities, such as Voices for Children and the Nebraska Children and Families Foundation will continue to be important partnerships to leverage support among policy makers and other community leaders. During implementation Together for Kids and Families will continue to communicate with a variety of different agencies and individuals to gather input regarding implementation activities and policy.

16. The work groups were very cognizant of the fact that sustainability must be considered when choosing strategies to affect the early childhood system. The Policy Alignment Work Group considered resource feasibility when synthesizing and ranking strategies for the implementation plan. Strategies that require the least amount of resources were positioned to be implemented in the first year, those that will require resource realignment as well as policy shifts were placed in years two and three in order to continue the development of a comprehensive sustainability plan. Many of the strategies suggested will not require ongoing resources, but will be self-sustaining after implementation. We will continue to utilize information gathered by the Policy Alignment Work Group and reported in the document, Programs and Funding Sources to guide the blending and realignment of early childhood resources.

17. The cross cutting Data Work Group worked diligently throughout the planning process to identify indicators and make recommendations to develop a system for tracking and analyzing early childhood data. As stated previously, in response to work group recommendations, the Head Start State Collaboration Office will be providing staff support to assist with the

development of an early childhood data management system as Together for Kids and Families moves forward. A data outcome has been established with strategies and actions steps and can be viewed on pages 28-29. Additionally, Jennifer Severe-Oforah, MCH Epidemiology Coordinator and Nebraska's SSDI Project Director and Duane Singsaas, HHSS Performance Measurement Consultant will provide needed expertise for data analysis to track early childhood outcomes and continued development and implementation of early childhood indicators. The cross-cutting Data Work Group will continue to meet to track data analysis and continue development around the issue of early childhood data systems. The Implementation Team will meet to provide needed oversight and direction as implementation ensues.

¹ Shonkoff, J.P. & Phillips, D.A. (Eds.). (2000). *From Neurons to Neighborhoods: The science of early childhood development: Executive Summary*. Washington, D.C.: National Academy Press.

² *Quality Child Care/Worthy Wage Task Force Report 2003*. Early Childhood Interagency Coordinating Council.

³ "Tiered Strategies: Quality Rating, Reimbursement, Licensing November 2002," *Quality Child Care/Worthy Wage Task Force Report 2003*. National Child Care Information Center.

⁴ Family Support America, 1997, 15, Nov. 2005 www.familysupportamerica.org.

⁵ Morrill, W., *Overview of Service Delivery to Children*. The Future of Children, 1992.

⁶ American Academy of Pediatrics, Committee on Children with Disabilities. "Role of the Pediatric Clinician in Family-Centered Early Intervention Services," *Pediatrics*, 2001: 1155 - 1157.

⁷ Micahel Regalados, et al., *Improving Systems of Health and Developmental Services in Early Childhood*, National Center for Infant and Early Childhood Health Policy, January 2004.

⁸ Dr. Jane Knitzer, "Starting Points, Meeting the Needs of Our Youngest Children," The National Center for Children in Poverty, Columbia School of Public Health, Keynote Address, May 2001.

⁹ Deborah F. Perry, Ph.D, *Promoting Young Children's Social-Emotional Development*, Synapses to Systems of Care, May 3, 2005.

¹⁰ Marlene Zepeda, et al., *Promoting Positive Parenting Practices Through Parenting Education*, National Center for Infant and Early Childhood Health Policy, January 2004.