

Virginia Early Childhood Comprehensive Systems Project



VECCS Early Childhood State Plan



*Virginia's Early Childhood Investment:
Creating a system for healthy, successful children*

Virginia Early Childhood Comprehensive Systems State Plan

Significance

What children know and can do at the time they start school helps determine their educational and lifelong success. Research has shown that the period of early childhood represents a time of substantial brain development that has a significant impact on children's later emotional and intellectual development. Today's economy demands that children be prepared for their own futures through quality early care and education experiences. There are a number of significant environmental stressors and other negative risk factors that young children experience which influence the brain.

Nationally, it has been estimated that 25-40% of children are not ready to be successful in school. In Virginia, a number of critical challenges exist for families:

- 62% of children under 6 years of age live in a home where both parents work
- 65% of children birth to 5 years of age are in some form of early care and education programs
- 36.3% of parents of children under age 5 years were concerned about their child's learning, development, or behavior
- 30.5% of children were overweight or at risk of being overweight
- 30.2% of children live in households where someone smoked
- 54% of first, third and tenth grade students had tooth decay
- Annual state and federal investments pre child from birth -5 years is \$1,068, compared to the annual state and federal investment per school age child of \$7,654

Assuring that children experience an environment which fosters their early development requires strong family involvement. There are factors that support families and predict child success in school. These support factors include the parent's role in promoting early learning, quality early care and education experiences, parent-child attachment, prenatal and post-natal health, family economic security, and family psychosocial factors (depression, domestic violence). To best support families in each of these areas, local, state and community agencies must collaborate and provide integrated systems for providing early childhood services to children and their families.

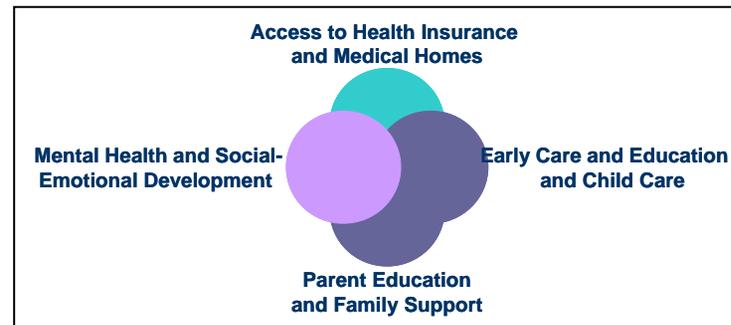
Resource and monetary investment in the early years pays off. Research and scientific evidence supports the knowledge and understanding that learning begins at birth, nurturing makes a difference in a child's life, failure to start school ready is expensive, quality out of home care matters, and that many families have to work outside the home. School readiness is multidimensional, including components of physical and behavioral health, family support, parent education and early care and education.

An integrated systems approach is important because of the scope and complexity of early childhood needs and issues, the number of jurisdictions and sectors involved in early childhood, and the number and range of factors that influence the development, organization, funding, delivery, and evaluation of services.

National Efforts: State Early Childhood Comprehensive Systems

The federal Maternal and Child Health Bureau (MCHB) launched the State Early Childhood Comprehensive Systems (SECCS) Initiative in 2002 to enable state MCH/Title V Directors to collaborate with partner agencies and stakeholders in developing comprehensive early childhood service systems. The initiative is designed to help state MCH programs build strong leadership capacity and skills base to work effectively with multiple and diverse service systems. This will help programs to plan and implement a more family-centered, coordinated, prevention-oriented, and funded system of services to support the health and development of young children birth to five years of age. There were five component areas that served as the foundation for the development of the state plan (Figure 1).

Figure 1



The outcomes of the two-year planning process are to: 1) Support State Maternal and Child Health Agencies and their partner organizations in collaborative efforts to strengthen the State's early childhood system of services for young children and their families and 2) Develop and implement a state strategic plan that includes five grant component areas: medical home, behavioral health and social-emotional development, parent education, family support, and early care and education. The implementation of a comprehensive early childhood system will promote the health and well being of young children, enabling them to enter school ready and able to learn.

Virginia's Efforts: Virginia Early Comprehensive Systems Grant

The Virginia Department of Health initiated a state strategic planning process in 2003 to develop a plan of action. Throughout 2004-2005, over 100 public and private partners met to create a vision for an early childhood integrated system for Virginia and identify system building efforts to promote healthy children and families ready to enter school. Figure 2 summarizes the planning efforts over the first 18 months of the planning grant.

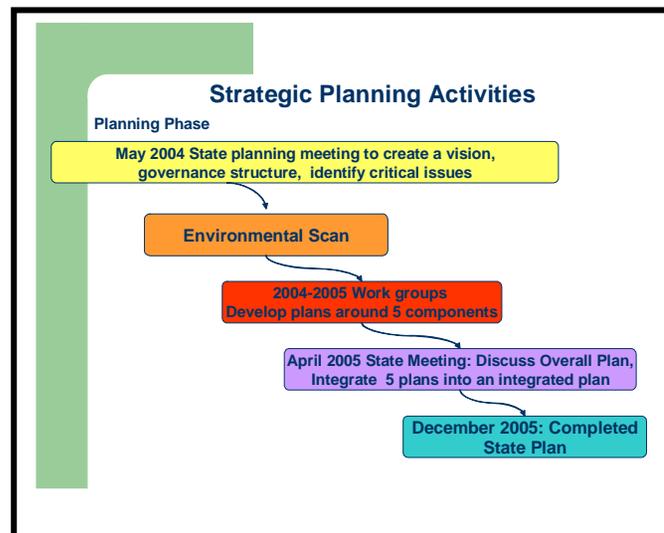
Environmental Scan

As part of the Virginia Early Childhood Comprehensive Systems (VECCS) grant, an environmental scan was conducted to identify the most pressing gaps and strengths in Virginia's early childhood system. The VECCS Environmental Scan and Evaluation Coordinator analyzed data from existing needs assessments, including the internal Title V Needs Assessment (completed May 2005), summaries of findings from facilitated workgroup discussions regarding specific gaps in each of the five core component areas (medical home, behavioral health and social-emotional development, early care and education, parent education and family support), and findings from a survey distributed to state agencies, non-profit organizations and faith based organizations, advocacy groups and private organizations.

The purpose of the environmental scan was to identify the areas in need of the most improvement in order to foster a successful early childhood system in Virginia. The scan was also used to inform Virginia's strategic plan in each of the five component areas, and later was cross-referenced to the workgroup plans to ensure that all gaps and areas in need of improvement were addressed. The following were identified as opportunities to be addressed in developing the plan:

- Support more family and parent involvement within system development efforts
- Ensure public and family engagement
- Support system building efforts within communities
- Support early care and education efforts to promote access/availability and for program quality and standards
- Develop system oversight to maintain momentum moving towards an integrated system
- Develop a funder's initiative/committee to explore leveraging investments and building support for increased public investment.
- Promote data development and evaluation and a state network of early childhood evaluation

Figure 2



Moving From Planning to Implementation

A state-planning meeting was held October 2005 with key public and private partners to review the early childhood state plan developed by the work groups. After intensive review and discussion, the outcome was a series of recommendations for improving Virginia's service delivery to families of young children. The work groups developed detailed strategies and activities, incorporating evidence based research and practice, for service delivery for four goals: infrastructure, integrated systems of care, family and public engagement, and evaluation and finance.

Implementation: Emerging Priorities

Recommendations from the October 2005 state-planning meeting outlined priorities on which to focus resources. These will form the core of the first year of implementation of the state plan:

- Develop stronger leadership at both the state and community level using existing structures to lead and coordinate a system of integrated services focusing on issues facing families and young children in Virginia.
- Develop a public/private data center to provide a virtual warehouse for data and technical assistance to data consumers.
- Develop uniform performance measures across agencies to provide a more integrated service delivery approach and to evaluate progress.
- Work with communities to assist in developing or enhancing planning and delivering integrated services to young children and families.
- Market the importance of early learning and nurturing environments and supporting early childhood services.
- Coordinate a core group of committed early childhood leaders to explore funding streams for programs and services for families and young children as an investment for the future and school readiness.

Next Steps

Federal funding for this Maternal Child Health project continues for a three-year implementation period beginning 2006. Next steps for VECCS include:

1. Secure leadership resources to provide oversight and continue the process of moving towards a single centralized early childhood state planning structures consisting of both public and private partners.
2. Continue the partnership and work with the Virginia Department of Social Services, Department of Education and other early childhood leadership groups on issues of early learning and education.
3. Partner with community agencies and organizations to seek their buy-in and assistance with state and community efforts to improve early learning and nurturing environments and supporting early childhood services.
4. Build on existing community coalitions' successes to develop a tool kit for communities to assist them in developing or enhancing planning and delivering integrated services to young children and families.

5. Educate and engage the public about the benefits of supporting an early childhood system.
6. Identify and coordinate resources to support efforts to implement the plan.

Virginia Early Childhood State Strategic Plan

What follows is the complete version of the early childhood state plan. The plan is framed by the four goals of infrastructure, integrated systems of care, family and public engagement, and evaluation and finance. It outlines the goals and objectives developed by the work groups throughout the planning period and contains detailed strategies and recommended activities.

Virginia Early Childhood State Plan Goals

- GOAL 1:** Virginia has the capacity to provide a comprehensive, consumer oriented system of information, support, prevention, and intervention services to families and children birth to age five.
- GOAL 2:** A coordinated method of delivering a full spectrum of easily accessible services needed by children and families is developed in all communities and supported by state agencies.
- GOAL 3:** Families and the public have knowledge, understanding and the opportunity for direct involvement in all levels of the early childhood system.
- GOAL 4:** The early childhood system is sustainable, has flexible financing and resources, is standards driven, and uses quality indicators to measure progress.

Vision and Mission

VISION:

Virginia's Early Childhood Investment: Creating a system for healthy, successful children.

MISSION:

Implement a comprehensive early childhood system that promotes the health and well being of young children, enabling them to enter school ready and able to learn.

Virginia Early Childhood State Strategic Plan

INFRASTRUCTURE

GOAL 1:
Virginia has the capacity to provide a comprehensive, consumer oriented system of information, support, prevention, and intervention services to families and children birth to age five.

Rationale:
A successful and comprehensive early childhood system begins with the availability of comprehensive programs and services. The key areas of importance identified in Virginia during the strategic planning process are: system capacity of quality providers and services, state and community policies that support the early childhood system and leadership committed to moving the early childhood system forward. These services should be based on best practices, culturally competent, affordable and family-driven. Although financing is a critical component of a successful infrastructure, it was placed with evaluation to form another outcome. This separate category was formed because of the strong association between evaluation, data and financing, and because these two areas were found to be large gaps in the development of an early childhood system in Virginia.

OBJECTIVE 1: *The early childhood system is supported by effective policies and leadership.*

Strategy 1: Develop policies and training that support the screening of all children enrolled in publicly funded programs for healthy social-emotional development (includes early childhood education (ECE) programs, Medicaid/Early Periodic Screening and Detection Test (EPSDT), Part C).

Activity	Dates	Status of Implementation
a1. Require publicly funded early education programs to screen for behavioral and social-emotional development as part of the enrollment process.	Beyond 2010	
a2. Promote/advocate for the inclusion of early childhood behavioral health principles and relationship-based service strategies in the training of early intervention providers.	September 2006 - August 2008	
b1. Study and correct barriers to full EPSDT implementation (policy issues, cost containment).	2008-2010	
c1. Promote the development of culturally appropriate materials and resources for all programs sponsored by state agencies.	2006-2008	VDH ongoing effort –through the Offices of Minority Health and Health Policy and Planning. These offices also support CLAS Act

		(Culturally and Linguistically Appropriate Health Care Services for Virginians). CLASActVirginia.vdh.gov.
c2. Allocate adequate funding for infrastructure to support time and effort spent screening for behavioral health.	Beyond 2010	
Strategy 2: Identify and minimize barriers to healthcare service delivery created at the state agency level.		
Activity	Dates	Status of Implementation
a1. Evaluate the effectiveness of the previous statewide early childhood collaboration.	September 2006 - August 2008	VECCS Leadership Team/VECCS Early Childhood Wisdom Circle will continue to build on collaboration efforts of previous years. Will incorporate into Fall 2006 Statewide Meeting.
a2. Create a Children's Behavioral Health Initiative.	Beyond 2010	
b1. Create ample opportunities so undocumented children are able to access quality healthcare.	Beyond 2010	
c1. Align service delivery districts/regions across agencies.	Beyond 2010	
c2. Align qualification/verification processes across agencies.	2008-2010	
c3. Allow medical homes and state agencies to easily communicate information to each other.	2008-2010	
d1. Align public and private health insurance to provide standardized coverage of routine well healthcare and developmental screenings.	Beyond 2010	
Strategy 3: Provide state level leadership to drive the initiative in early care and education.		
Activity	Dates	Status of Implementation
a1. Convene a yearly, statewide early care and education summit.	Ongoing	May 2005-Early Childhood Governor's Summit June 2006-Early Childhood Governor's Summit <i>Planned</i> -Fall 2006-VECCS Statewide Early Childhood Meeting.
a2. Convene a Governor's task force, which	June –September 2005	Convener – Virginia Department of Social

includes business representatives and associations that make recommendations regarding early care and education initiatives.		Services 1) Phase 1 – Formation of the Early Learning Council completed September 2005. 2) Formation of The Virginia Early Childhood Foundation completed December 2005. 3) Formation of Smart Beginnings 501c3
a3. Provide support to the state team for the school readiness indicators initiative to continue its work.	January 2006 - August 2008	Voices for Virginia’s Children – Indicators for School Readiness – Virginia Data Book- Publication 1 – May 2004 Publication 2 – currently running the indicators data for another report.
a4. Explore creation of a cabinet level position to provide an integrated approach to early care and education.	2006-2008	Formation of Smart Beginnings Council in February 2006. www.smartbeginnings.com.
Strategy 4: Support policies and licensing regulations that promote the health and safety of children in early care and education programs.		
Activity	Dates	Status of Implementation
a1. Research evidence-based practices.	January 2006- August 2008	
a2. Share information with public officials, providers, parents, and the public on the importance of evidence-based practices on early childhood development and the long term benefits associated with these practices.	September 2005 - August 2008	Virginia Department of Social Services – Child Care Subsidy Program Regulation effective August 1, 2005
a3. Collaborate with stakeholders when revising regulations.	Ongoing	Child Day Care Council
a4. Share information with providers on the resources available to meet the revised regulations.	Ongoing	Child Day Care Council
<i>OBJECTIVE 2: Training and professional development is encouraged for providers working with children birth to age five and their families.</i>		
Strategy 1: Identify, adapt and disseminate high-quality social-emotional health screening instruments to individuals working with children birth to age five and their families.		
Activity	Dates	Status of Implementation
a1. Research non-resource intensive, high-quality, and appropriate screening instruments that focus on risk and protective factors as well as internalizing and externalizing symptoms.	September 2007 - August 2008	

a2. Endorse appropriate screening instruments at the state level.	2008-2010	
a3. Provide trainings to appropriate parties.	2008-2010	
a4. Disseminate instruments so that they are easily accessible.	Beyond 2010	
Strategy 2: Create a mechanism for or mode of communication between parent education programs.		
Activity	Dates	Status of Implementation
a1. Explore communication models and methods used by other states.	September 2006 - August 2006	Formation of Parent Education Collaborative. May 2006. This group is an extension of the Parent Education Workgroup incorporating broad range of state and community partners dedicated to furthering the work of VECCS and other state plans across Virginia.
a2. Draft a communication plan between programs.	September 2006 - August 2007	VECCS Staff and Parent Education Collaborative.
Strategy 3: Train pediatricians and other primary care providers (PCPs) to promote routine screening for healthy social-emotional development.		
Activity	Dates	Status of Implementation
a1. Provide pre-professional and continuing education to primary care providers on infant and child social-emotional development and screening.	September 2007 - August 2008	
a2. Develop and launch a mass media campaign specialized for pediatricians regarding the importance of screening.	2008-2010	
b1. Train medical providers on what is covered under EPSDT and how to utilize services.	2008-2010	
b2. Include education on EPSDT programs and services for pediatric medical residents.	Beyond 2010	
Strategy 4: Create statewide networking opportunities for online and face-to-face dialogue between programs and providers of parent education services.		
Activity	Dates	Status of Implementation
a1. Establish an online communication tool.	September 2006 - August 2007	
a2. Convene parent education providers annually for face to face meetings and forums.	September 2006 - August 2008	<i>Planned</i> -Fall 2006-VECCS Statewide Early Childhood Meeting. This meeting will incorporate a parent education action initiative session for parent education providers and

		community members.
Strategy 5: Develop and implement a professional development system based on the core competencies of early care and education providers.		
Activity	Dates	Status of Implementation
a1. Develop and implement a career lattice.	January 2006 – August 2007	
a2. Develop educational incentives (compensation, payments for achievements) to aid in retaining providers in the field.	Beyond 2010	
a3. Approve courses and training instructors by a central body to assure consistency and quality in child care training curriculum.	2008-2010 - develop standards for trainers.	
a4. Develop a peer-to-peer provider mentoring program.	Beyond 2010	
a5. Offer an ample supply and variety of training programs to support providers in obtaining and progressing in their professional development toward a certificate or degree.	2006-2010	Voices for Virginia’s Children – T.E.A.C.H. Early Childhood® Virginia provides scholarships and increased compensation for child care providers to earn credentials up to an Associate Degree in Early Childhood Education at a local community college.
a6. Collaborate with community college systems and four year universities to offer degree programs in early childhood education.	Ongoing	February 2006 - articulation approved from Tidewater community college to Norfolk State University to earn bachelor’s degree in early childhood education. Request pending for master’s level program in early childhood education at Old Dominion University.
a7. Expand child care provider scholarships to support professional development toward a certificate or degree.	January 2006 - August 2008	1) Virginia Department of Social Services-training unit. 2) Voices for Virginia’s Children – TEACH program.
a8. Develop core competencies for providers and align with the early learning guidelines.	January 2006 - August 2008	
a9. Link high school and community college early childhood education programs to baccalaureate college programs with articulation agreements in place.	Beyond 2010	February 2006 - articulation approved from Tidewater community college to Norfolk State University to earn bachelor’s degree in early childhood education. Request pending for

		master's level program in early childhood education at Old Dominion University.
a10. Develop and implement a statewide credential or registry system for training instructors and providers.	Beyond 2010	
a11. Explore a lab school concept of teaching early childhood education at community and baccalaureate colleges.	Beyond 2010	
a12. Explore the development of an apprenticeship program.	Beyond 2010	
a13. Develop a web based site that can: serve as a central registry, track training and certificate classes, link to early childhood education resources, serve as a discussion area for providers, and allow individuals to post questions.	Beyond 2010	
a14. Partner with the Department of Education to develop/enhance early learning guidelines for children birth to age five that are adaptable to various settings and are aligned with K-12 standards.	Ongoing	Department of Education is developing early learning guidelines. Several sets have been completed to date.
a15. Develop early learning guidelines that support and facilitate child development expectations.	Ongoing	Department of Education is developing early learning guidelines. Several sets have been completed to date.
a16. Integrate early learning guidelines into state early care and education professional development activities.	2008-2010	Department of Education and Virginia Department of Social Services to integrate early learning guidelines into training.
OBJECTIVE 3: The supply of trained, quality, accessible providers is adequate to meet needs.		
Strategy 1: Support and sustain adequate distribution and number of healthcare providers across the state with particular emphasis on oral health and behavioral health providers.		
Activity	Dates	Status of Implementation
Behavioral Health		
a1. Investigate certification/training opportunities in the area of infant mental health.	September 2006 - August 2007	
a2. Explore and expand infant mental health consultants by researching other state	September 2006 - August 2008	

model programs and replicating, if possible.		
a3. Increase the number of child psychiatrists by increasing the number of fellowships in this practice area.	Beyond 2010	
a4. Support infant and early childhood mental health associations.	January 2006 - August 2008	Strengthen Partnerships with the: Family Involvement Project –The Arc of Virginia, Virginia Interagency Coordinating Council, Mental Health Association of Virginia.
a5. Increase reimbursement levels for behavioral health services in Medicaid.	Beyond 2010	
a6. Raise reimbursement funding to pay for care coordination.	Beyond 2010	
a7. Promote the role of social workers and pediatric providers in identifying children and families in need of services.	2007 - 2008	
a8. Expand the types of clinicians who are reimbursed under Medicaid or SCHIP to provide behavioral health services to families with young children.	Beyond 2010	
a9. Train lay home visitors and nurse trained home visitors on healthy social-emotional development and how to refer appropriate children and families to care.	2007- 2008	1) CHIP – Home Visitor Program 2) Virginia Department of Health
b1. Monitor the number of providers across the state to identify areas of greatest need.	September 2006 - August 2007	
b2. Provide incentives to health care providers to practice in high need areas.	2008 - 2010	
b3. Facilitate the ability of practitioners to cross state lines to serve highest need areas.	2008 - 2010	
b4. Explore reimbursement for non-traditional service providers.	Beyond 2010	
General and Oral Health		
c1. Support providers in accessing health professional shortage area (HPSA) scholarships.	September 2006 - August 2008	
c2. Convene a group of interested parties	September 2006 - August 2008	

around low reimbursement levels.		
c3. Provide incentives to providers to work with underserved populations.	2008-2010	
c4. Deliver a medical home model of care using non-traditional methods (nurses, school based health centers, etc.)	Beyond 2010	
c5. Provide public health nursing and home visiting services to high risk families.	2008-2010	
c6. Provide training/assistance for translation services to health care providers.	2008-2010	
d1. Explore the possibility of easier reciprocity for providers to practice in Virginia.	2008-2010	
d2. Examine the number and ratio of PCPs and specialists regularly.	2008-2010	
d3. Provide additional incentives (tax breaks, scholarships, bonuses for Medicaid providers) to work in underserved areas.	Beyond 2010	
Strategy 2: Support and sustain the number and distribution of early care and education providers trained in age and stage appropriate care, particularly for babies, toddlers and children with special needs.		
Activity	Dates	Status of Implementation
a1. Develop recruitment incentives to attract providers.	2008-2010	
a2. Offer training in starting/maintaining a child care business.	Ongoing	
a3. Expand loan and grant programs.	2008-2010	Virginia Department of Social Services-licensing department has a program and tool kit.
a4. Expand funding sources for child care business startups.	2008-2010	
a5. Explore creative, cost sharing approaches to aid providers and community partners.	January 2006-August 2007	
a6. Promote careers in the child care field through high school career academies.	2008-2010	
a7. Educate early care and education providers about the benefits of participating in a quality rating system and how it improves the quality of care.	2008-2010	
a8. Provide training for early care and	January 2006-August 2008	Virginia Department of Social Services –

education providers so they have the skills and knowledge to provide age and stage appropriate care.		Training Unit
a9. Develop educational incentives (compensation, payments for achievements) to aid in recruiting and retaining providers in the field.	Beyond 2010	
<i>OBJECTIVE 4: The supply of a full spectrum of affordable, culturally appropriate quality services is adequate to meet needs.</i>		
Strategy 1: Promote and make prevention and intervention behavioral health services readily available.		
Activity	Dates	Status of Implementation
a1. Provide consultation services to child care, preschool, and primary care providers.	Beyond 2010	
a2. Provide access to mental health consultants for all individuals coming in contact with children birth to age five.	Beyond 2010	
a3. Identify and minimize transportation barriers.	September 2006-August 2008	
a4. Increase the number of providers by raising reimbursement levels.	Beyond 2010	
a5. Provide incentives through increased reimbursement levels by paying for care coordination.	Beyond 2010	
a6. Minimize the paperwork barrier by developing a single intake form so families only have to provide information once.	2008-2010	
a7. Address the language barrier through the use of translators and translation services.	Ongoing	Services in place through United Way of Virginia and through the Virginia 2-1-1 information and referral line.
a8. Make available written materials in languages other than English.	September 2006-August 2008	
b1. Fund prevention and intervention efforts at a level which indicates their value and priority.	Beyond 2010	
b2. Identify and promote use of evidence-based, recommended prevention and intervention practices.	2008-2010	

Strategy 2: Promote the implementation of model oral health programs.		
Activity	Dates	Status of Implementation
a1. Encourage implementation of evidence-based oral health programs, such as CHIP, in all communities.	Beyond 2010	
a2. Train non-dental health care providers to provide preventive care.	Ongoing	Department of Health -Office of Dental Health
Strategy 3: Promote implementation of the medical home model by all pediatric providers.		
Activity	Dates	Status of Implementation
a1. Educate pediatric providers about available resources that support the medical home model (AAP trainings/TA, Bright Beginnings, Bright Futures, Bright Smiles, dental grants, Care Connection).	September 2006-August 2008	
a2. Include a training component on the medical home in all pediatric medical residency programs and for medical students during pediatrics rotations.	Beyond 2010	
a3. Link reimbursement levels with the medical home in contracts between pediatric providers and public health insurance programs.	Beyond 2010	
a4. Include all components of the medical home in protocols for developmental screening and well-child visits.	2008-2010	
b1. Redesign the services provided by public health agencies to only include minimal safety net care (lead screening, immunizations, school physicals, etc.) and a referral to a medical home.	Beyond 2010	
b2. Define the role of public health role in the medical home.	2008-2010	
Strategy 4: Enhance parent education programs to address the needs of diverse family cultures and structures.		
Activity	Dates	Status of Implementation
a1. Identify non-traditional families that are not being served. ex. non-US citizens and	January 2006-August 2008	Commonwealth Parenting Center

homeless families.		
Strategy 5: Advocate for culturally appropriate care for all families		
Activity	Dates	Status of Implementation
a1. Provide training to health care providers on how to deliver culturally appropriate care.	September 2006-August 2008	
a2. Provide training/assistance on translation services to health care providers.	September 2006-August 2008	
a3. Involve tribal and migrant families in the design of their care.	Beyond 2010	
Strategy 7: Increase the number of slots allocated by early care and education programs for babies, toddlers, preschoolers and children with special needs receiving age and stage appropriate care in early care and education settings.		
Activity	Dates	Status of Implementation
a1. Support early care and education programs to be able to accommodate children with special needs, including medical equipment and medication needs.	January 2006- August 2008	
a2. Provide training for early care and education providers so they have the skills and knowledge to appropriately support babies, toddlers and children with special needs.	2008-2010	

INTEGRATED SYSTEMS OF CARE

GOAL 2:

A coordinated method of delivering a full spectrum of easily accessible services needed by children and families is developed in all communities and supported by state agencies.

Rationale:

An integral part of an effective early childhood system is that communities understand their specific needs, and coordinate and integrate community networks, services, programs and providers. Having these networks and subsystems communicating and working collaboratively at the state and community level is critical. These relationships will help to reduce barriers and provide seamless services that are easily accessible and easy to navigate for Virginia's families.

OBJECTIVE 1: Community and state programs and agencies collaborate with families to integrate services across and within each component (medical home, behavioral health and social-emotional development, early care and education, parent education, family support) of an early childhood system.

Strategy 1: Coordinate parent education programs with early care and education programs and other education programs across the state.		
Activity	Dates	Status of Implementation
a1. Enhance ability of early care and education providers to recognize the value of parent education services and vice-versa to provide seamless services.	September 2006-August 2008	
a2. Strengthen existing linkages between parent education programs and early childhood education programs i.e. Head Start, Virginia Preschool Initiative and Title I programs.	September 2006-August 2008	
b1. Integrate family support activities and services into state-funded preschool and early child care.	Beyond 2010	
Strategy 2: Educate child care providers on how to identify problems in behavioral health and social-emotional development and promote healthy social-emotional development in children birth to age five.		
Activity	Dates	Status of Implementation
a1. Target and educate child care providers on healthy social-emotional development, warning signs, screening instruments, referral processes, and available resources.	September 2006-August 2008	
a2. Raise awareness of the importance of screening through an educational campaign targeting child care providers.	September 2006-August 2008	
a3. Link early care settings to behavioral health services through programs i.e. Healthy Child Care America, Head Start, Early Head Start, and Early Intervention.	Beyond 2010	
Strategy 3: Establish an interagency, team-led system of care within each community that includes behavioral health as a focus.		
Activity	Dates	Status of Implementation
a1. Identify a lead agency/champion in each community.	September 2006-August 2008	
a2. Assist communities in establishing systems of care.	January 2006-August 2008	
b1. Promote/advocate for a database of qualified early childhood mental health practitioners.	2008-2010	

c1. Research designs of service delivery models for strengths and weaknesses.	September 2006-August 2008	
c2. Use other models to design a continuum of services appropriate for use in Virginia	September 2006-August 2008	
c3. Incorporate all levels of prevention and treatment when designing the continuum of care.	September 2006-August 2008	
Strategy 4: Provide a higher level of support to families identified to be high-risk for development of behavioral health problems.		
Activity	Dates	Status of Implementation
a1. Include a behavioral health component in home visiting programs.	2008-2010	
a2. Support families referred to Child Protective Services/Department of Social Services in improving their situation.	Beyond 2010	
Strategy 5: Coordinate the provision of parenting education services through multiple agencies.		
Activity	Dates	Status of Implementation
a1. Train employees of various state and local agencies to provide parent education resources and referrals to families when they are enrolled for services. (i.e., WIC, FAMIS, Social Services Agencies, Medical Providers, and CAPS.)	2008-2010	
Strategy 6: Enhance ability of all providers coming in contact with children birth to age five and their families to begin screening and education for behavioral health risk factors as early as possible, beginning prenatally.		
Activity	Dates	Status of Implementation
a1. Screen pregnant women for risk and protective factors, including substance abuse and prenatal drug exposure.	2008-2010	
a2. Investigate the disconnect between mandate to report to the Department of Social Services and referral levels and determine why mandate to refer drug exposed infants is not occurring.	2008-2010	
a3. Assess family's risk factors perinatally, preferably in the home.	2008-2010	
a4. Screen new mothers for postpartum depression.	2008-2010	

a5. Educate parents on a variety of parenting issues, such as the psychological adjustment to parenthood, domestic abuse, ways to promote children's healthy social-emotional development, behavior management and discipline strategies.	September 2006-August 2008	
b1. Screen adults receiving professional behavioral health treatment for conditions which may affect their children.	Beyond 2010	
b2. Support/Promote pre-professional and continuing education to behavioral health professionals in early childhood social-emotional development and discipline practices.	Beyond 2010	
Strategy 7: Assist communities or local coalitions to work collaboratively on an early care and education plan.		
Activity	Dates	Status of Implementation
a1. Develop a plan to address the availability, affordability, and quality of early care and education programs.	Ongoing	Virginia Department of Social Services – three sub-grants of 1.5 million to local coalitions (3/15/05-3/15/07).
a2. Develop and expand funding streams to support quality initiatives to include existing tax incentives.	2008-2010	
a3. Develop quality enhancement projects and activities to support early care and education programs.	2008-2010	Note: Petersburg Alliance for Children and Families will continue collaboration efforts and help with providing seamless services.
a4. Develop an integrated system to provide information to help families understand how to access early care and education within their community.	2008-2010	Virginia Child Care Resource & Referral Network
Strategy 8: Increase the capacity of communities or local coalitions to work with family, friend and neighbor care to strengthen their capacity to provide quality early care and education experiences.		
Activity	Dates	Status of Implementation
a1. Assess other state models of supporting family, friend, and neighbor care.	2008-2010	
a2. Promote contact with family, friend, and neighbor care through contact points such as supermarkets, libraries, parents,	2008-2010	

grandparents, AARP (American Association of Retired Persons), and public media.		
a3. Encourage communities to support the development of partnerships and relationships with family, friend, and neighbor care.	2008-2010	
Strategy 9: Promote health and school readiness in all early care and education environments.		
Activity	Dates	Status of Implementation
a1. Develop a system based on an early childhood asset model and using a strength-based approach.	Beyond 2010	
a2. Support all children to have access to a medical and dental home and mental health services.	September 2006-August 2008	Office of Dental Health Services
a3. Encourage all environments (i.e., home, child care, library, doctor's office) to support children's social, emotional, cognitive, and physical growth and development.	September 2006-August 2008	
a4. Identify at-risk children early, and provide resources to help children reach optimal development.	Beyond 2010	
a5. Promote all children, including those with special needs, have access to appropriate nutrition and physical activity.	Beyond 2010	
a6. Support the availability and accessibility of resources and services to children with special needs.	2008-2010	
OBJECTIVE 2: <i>The system minimizes financial and other barriers to care and supports consumer-friendly services that are accessible through multiple points of entry to all families.</i>		
Strategy 1: Deliver more high-quality parent education programs that are accessible in underserved areas and populations using a variety of delivery mechanisms.		
Activity	Dates	Status of Implementation
a1. Explore innovative delivery mechanisms used by similar services in these populations.	September 2006-August 2007	

a2. Include parent education component in home visiting programs.	2007-2008	
a3. Address barriers to access and transportation.	2007-2008	
Strategy 2: Provide information and support services (including prevention and intervention) that are accessible to diverse family cultures and structures.		
Activity	Dates	Status of Implementation
a1. Encourage family friendly service delivery.	2006-2008	
b1. Develop co-location of services and/or a single point of entry to services.	Beyond 2010	
Strategy 3: Create systems of community resources utilized by health care providers that are easily navigable and consumer-friendly.		
Activity	Dates	Status of Implementation
a1. Develop a process for systematic transfer of information between medical home and community resources.	2007-2008	
Strategy 4: Increase the accessibility of culturally appropriate behavioral health and other services through alternative delivery mechanisms.		
Activity	Dates	Status of Implementation
a1. Create a single form that can be filled out by families to determine eligibility for all programs.	2008-2010	
a2. Create a system where families can access all available services at several locations.	2008-2010	
a3. Investigate the feasibility of modeling a system of care after the One Stop Shop federal program.	2008-2010	
Strategy 5: Adopt policies and services that increase the affordability of quality health care and related costs.		
Activity	Dates	Status of Implementation
<i>No activities to date.</i>		
Strategy 6: Coordinate multiple agencies to streamline application processes and refer families for family support services.		
Activity	Dates	Status of Implementation
a1. Encourage agencies to have institutionalized referral mechanisms in place.	Beyond 2010	
OBJECTIVE 3: Providers are knowledgeable about the specific needs and resources at the state and community levels and are able to effectively help families navigate these resources.		
Strategy 1: Create a central depository or web based place for parent education information.		
Activity	Dates	Status of Implementation

a1. Develop an easily accessible, comprehensive list of all parent education programs in Virginia with a mechanism for keeping it current.	2008-2010	
Strategy 2: Educate providers on state and community resources and how to refer families appropriately.		
Activity	Dates	Status of Implementation
a1. Educate providers about available community resources.	September 2006-August 2008	
a2. Develop an inventory of services (ideas: web based clearinghouse, Guide Star repository) available to agencies, consumers and policy makers.	January 2006-August 2008	
a3. Build upon current resource lists (including www.specialneedsresourcesva.org).	January 2006-August 2008	
Strategy 3: Work with communities or local coalitions to identify the availability and need for early care and education services.		
Activity	Dates	Status of Implementation
a1. Conduct a needs assessment that could be used to establish benchmarks for use in developing a plan.	2008-2010	
a2. Identify underserved children (i.e., at risk 4 year olds, Part C, child care for children with special needs, non-traditional hours or shift work, child care for sick children, respite, English as a second language, and infant/toddler care).	2008-2010	
a3. Determine geographic areas within the community or region that need additional services.	2008-2010	
Strategy 4: Increase the coordination of integrated systems of care and education for babies, toddlers and preschoolers by sharing information and enhancing linkages.		
Activity	Dates	Status of Implementation
a1. Coordinate educational services for four-year-old children among Head Start, Virginia Preschool Initiative (VPI), and other programs.	Beyond 2010	
a2. Support systems for a successful transition of children to primary/elementary school.	2008-2010	

a3. Provide information about social and emotional expectations for children as they enter kindergarten to parents, providers, Head Start programs, communities, and health providers.	Beyond 2010	
a4. Study program plans and procedures for transitioning children within and between early care and education programs as well as transitioning children between early care and education programs and kindergarten.	Beyond 2010	
a5. Identify and share best practices for transitioning children with local coalitions and providers.	2008-2010	
a6. Enhance collaboration between federal, state, local, and privately funded early care and education programs to share information, enhance linkages, and enable smooth transitions of children among all programs.	January 2006-August 2010	

FAMILY AND PUBLIC ENGAGEMENT

GOAL 3:

Families of children birth to age five and the Public have knowledge, understanding and the opportunity for direct involvement in all levels of the early childhood system.

Rationale:

Direct involvement and engagement in an early childhood system begins with awareness, knowledge and understanding of the purpose, value and cost benefit of having and using an early childhood system and of the components that make up the system. Encouraging family participation, business and legislative support and informed decision making at all levels of the system will lead to a sustainable early childhood system in Virginia.

OBJECTIVE 1: Families are aware of the importance of healthy early childhood development, advocate at the state and local level and are informed consumers of early childhood services.

Strategy 1: Involve families and communities at the local and state policy level.

Activity	Dates	Status of Implementation
a1. Conduct an advocacy campaign to activate	Beyond 2010	Voices for Virginia's Children

parent citizens to speak to legislators and other key policy makers.		
a2. Collaborate with other local, state and national marketing campaigns to maximize the power of the message.	January 2006-August 2008	
Strategy 2: Increase the number and percent of eligible children that are enrolled in and utilize publicly funded health insurance services within the medical home.		
Activity	Dates	Status of Implementation
a1. Continue enrollment programs to increase the number of children enrolled in publicly funded health insurance services.	2008-2010	
Strategy 3: Educate about the medical home concept so that it is universally understood and embraced by families and other professionals coming in contact with families.		
Activity	Dates	Status of Implementation
a1. Study the types of services provided prenatally and expand the programs to address gaps.	2008-2010	
b1. Train non-MD providers on the medical home (CNAs, NPs, RNs, public health workers, etc.)	2008-2010	
b2. Educate parents about the medical home (what to expect, how to access services, etc.)	2008-2010	
b3. Promote the medical home through parent education programs.	2008-2010	
b4. Educate parents about insurance and being an informed consumer.	2008-2010	
Strategy 4: Educate families about available healthcare services, including dental health, and the importance of accessing them throughout life.		
Activity	Dates	Status of Implementation
a1. Disseminate the New Parent Tool Kit to all new parents before hospital discharge.	2008-2010	
a2. Educate pregnant women beginning prenatally.	2008-2010	
a3. Promote child abuse prevention programs and home visiting programs.	January 2006-August 2008	
a4. Raise awareness of Bright Futures guidelines.	2008-2010	

a5. Minimize the stigma associated with public health insurance and early intervention programs.	2008-2010	
b1. Educate parents about the importance of dental health.	January 2006-August 2008	
c1. Develop a curriculum for parent education, regarding health insurance, access, best practices and advocacy, utilizing input from parent education groups.	Beyond 2010	
c2. Maximize curriculum by concentrating training efforts on “Training the Trainer” to optimize training opportunities and reach parents in a variety of environments.	Beyond 2010	
c3. Include a follow-up and evaluation component in all parent focused health education training programs.	2008-2010	

Strategy 5: Increase families’ understanding and awareness of the importance of healthy social-emotional development, prevention and intervention efforts when necessary.

Activity	Dates	Status of Implementation
a1. Conduct an educational campaign that communicates the importance of screening and preventive care.	2008-2010	
a2. Educate parents regarding the definition of good social-emotional development.	2008-2010	
a3. Raise awareness of families about screening and assessment services and the importance of requesting them.	2008-2010	
a4. Educate families about EPSDT services.	2008-2010	
a5. Enable parents to be advocates for their children by providing access to advocates and advocacy training.	2008-2010	

Strategy 6: Encourage families to play a central role in shaping parent education curriculum and delivery modes.

Activity	Dates	Status of Implementation
a1. Increase family and community involvement at local and state policy level.	2008-2010	
a2. Encourage family participation in education	January 2006-August 2008	

of their children.		
Strategy 7: Create stigma-free marketing campaigns to positively communicate the importance of parent education and family support to families.		
Activity	Dates	Status of Implementation
a1. Encourage participation in parent education programs with stigma-free marketing to families.	2008-2010	
Strategy 8: Enhance the capacity of families to select quality age and stage appropriate care and education programs and monitor their child's program.		
Activity	Dates	Status of Implementation
a1. Provide families with information about the elements of quality, age and stage appropriate care, and education.	September 2006-August 2008	
a2. Provide families with information about community resources regarding transportation, multi-lingual, location, child care for children with special needs, any discounts, child care for sick children, shift care, provision of meals, respite care, hours of operation, age range, type of care, and rates.	January 2006-August 2008	
a3. Provide families with information on ways to promote successful transitions for their child within and between programs.	September 2006-August 2008	
a4. Provide families with materials and information about resource and income enhancing options: subsidies, Dependent Care Accounts (Flexible Reimbursement Accounts through employers), child care income tax credits, EITC and Advanced EITC, scholarships, employer sponsored child care, and employer child care subsidy.	September 2006-August 2008	
a5. Provide parents with information on the availability and affordability of quality early care and education programs through community resources such as the	September 2006-August 2008	

following: <ul style="list-style-type: none"> ○ grocery stores ○ malls-shopping centers ○ bus stops ○ libraries ○ fast food shops ○ websites ○ self-service kiosks ○ media ○ faith based organizations ○ clinics 		
Strategy 9: Increase the number of families involved in early care and education (i.e., jointly developing an early care and education plan with providers).		
Activity	Dates	Status of Implementation
a1. Support families as advocates in the planning, coordination, and evaluation of their child’s care.	September 2006-August 2008	
a2. Support families having access to early care and education materials and resources to support the age and stage appropriate needs of their child (e.g., early learning guidelines).	September 2006-August 2008	
a3. Share information with families on the importance of selecting early care and education programs that encourage parent participation and are “family-centered” (responsive to family needs, parent trusts provider, awareness of culture/language/values).	September 2006-August 2008	
<i>OBJECTIVE 2: The public, including businesses and communities, understand the benefits of supporting the early childhood system and are engaged in the implementation of the system.</i>		
Strategy 1: Inform businesses about the advantages of providing living wages and supporting family friendly policies.		
Activity	Dates	Status of Implementation
a1. Inform businesses of the advantages of providing parental and dependent care leave options, including amount of leave time for caregivers of newborns.	Beyond 2010	
a2. Inform businesses of the advantages of	Beyond 2010	

flexible scheduling to allow parents to meet family obligations.		
b1. Disseminate employer tool kit regarding strategies for family friendly policies (e.g., tax credits, on-site child care) to local businesses.	Developed May 2005	
b2. Educate employers on the value of early care and education programs to enhance worker recruitment, retention, satisfaction, and productivity.	Summit event (May 2005),	
b3. Share best practices between businesses.	Ongoing	
Strategy 2: Increase the number of businesses engaged in activities supporting early care and education.		
Activity	Dates	Status of Implementation
a1. Encourage businesses to mentor or to offer resources and seminars to early care and education businesses (e.g., management seminars, shared training, in-house training opportunities, office productivity, apprenticeships).	2008-2010	
a2. Encourage partnerships for businesses who engage in early care and education activities to mentor other business groups to establish similar programs and policies (e.g., corporate on-site child care, Statistical Applications Software (SAS) Corporation, Bon Secours, and Capital One).	January 2006-August 2008	
a3. Engage state business associations as partners in these strategies.	January 2006-August 2008	
a4. Develop a recognition program for businesses to promote and value early care and education programs.		
a5. Provide seed money for the development of incentives for the business community.	Beyond 2010	
Strategy 3: Establish partnerships and initiatives among communities, businesses and providers to help promote early care and education and community support for quality early care and education.		
Activity	Dates	Status of Implementation

a1. Work with economic development networks to produce materials relevant to Virginia.	Beyond 2010	
a2. Participate with economic development planning to ensure early care and education is addressed in economic planning.	Beyond 2010	
a3. Encourage local Chambers of Commerce and local governments to include early care and education issues on their agendas.	January 2006-September 2008	
a4. Form collaborative partnerships on the local level to sponsor activities to recognize, value, and support providers and their programs as a professional business.	September 2006-August 2008	
a5. Offer technical assistance and incentives to providers to maintain and improve their performance within the quality rating levels.	Beyond 2010	
a6. Develop and market a public awareness campaign to demonstrate the value of early care and education to all segments of the community (e.g. PSAs, brochures, 1-800 number, newsletters, websites).	2008-2010	
a7. Support providers in conducting a self-assessment to identify “risks” in the environment as well as knowledge gaps and develop and implement a plan to correct these issues (self assessment, research and utilize resources, communication plan to parents and community, access training needs of providers, identify skill gaps of providers).	2008-2010	
a8. Create opportunities and incentives for providers to participate in the professional development system.	2008-2010	
a9. Develop and distribute an early learning guideline tool to providers, parents, doctors, and family members to help	2008-2010	Department of Health-women, infants and children (WIC) program will include nutrition as an integral part of provider training.

improve practices and services.		
OBJECTIVE 3: Legislators and policymakers are informed about issues facing children birth to age five and their families and have the knowledge to support a successful early childhood system.		
Strategy 1: Inform state legislators about ways to support and promote parent education and family self-sufficiency.		
Activity	Dates	Status of Implementation
a1. Design an educational marketing campaign that positively communicates the importance of parent education and family support to key decision makers.	September 2006-August 2008	
Strategy 2: Conduct education and training programs targeting all levels of government so that the importance of social-emotional development is understood.		
Activity	Dates	Status of Implementation
a1. Create an effective delivery system of preventive and intervention services/care coordination for children birth to age five and their families.	Beyond 2010	
b1. Educate legislators, using documentation, of the importance of prevention.	2008-2010	
b2. Create an educational packet of materials for legislators, including data, to disseminate and present to legislators.	2008-2010	
b3. Identify and train individuals to present information to legislators.	2008-2010	
b4. Educate legislators about outcome data for preventive services.	2008-2010	
b5. Include an audit of where money is currently being spent, its effectiveness, and possibilities for funding changes to improve efficiency in education efforts.	Beyond 2010	
Strategy 3: Utilize family input in the development of policies and programs by state agencies.		
Activity	Dates	Status of Implementation
a1. Include parent representatives on advisory boards.	September 2006-August 2008	
a2. Increase rates of parent representatives attending and participating in meetings.	September 2006-August 2008	
a3. Use routine methods to gather input on policies and programs from parents.	January 2006-August 2008	

a4. Create active parent advocacy groups that are routinely consulted.	September 2006-August 2008	
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EVALUATION AND FINANCE

GOAL 4:

The early childhood system is sustainable, has flexible financing and resources, is standards driven, and uses quality indicators to measure progress.

Rationale:

The importance of outcome data and evaluation of programs and their link to funding has never been stronger. It is critical that an early childhood system be able to demonstrate, with quality data and evaluation measures, the impact the system has on its intended outcomes, which are to ensure school readiness for children birth to age five in Virginia. An early childhood system that is accountable must monitor the outcomes and cost benefit of these services it delivers and use this information when making policy and funding decisions. This outcome focuses on the collection of minimal, meaningful data points that are readily available but which are reliable and predictive of the success of the system. This outcome also focuses on identifying and understanding current financing and maximizing current resources.

OBJECTIVE 1: Program evaluation and development is driven by quality data and performance measures.

Strategy 1: Measure family satisfaction with health care system using valid replicable indicators.

Activity	Dates	Status of Implementation
a1. Begin primary data collection efforts for the following data points: transportation, utilization rates.	January 2006-August 2008	
a2. Conduct consumer surveys regularly, including follow-up.	January 2006-August 2008	
b1. Publish an annual report tracking outcome data across the state.	2008-2010	

Strategy 2: Utilize results from community and state needs assessments to inform/guide planning grants for health care.

Activity	Dates	Status of Implementation
a1. Utilize needs assessment data when planning provider capacity activities	January 2006-August 2008	
a2. Identify current provider capacity.	January 2006-August 2008	
a3. Conduct needs assessments to inform the planning process.	January 2006-August 2008	
b1. Include measures of social and emotional development in school readiness assessments.	January 2006-August 2008	

OBJECTIVE 2: Funding supports the early childhood system at both the state and community level.

Strategy 1: Develop state policies and allocate resources to support parent education.

Activity	Dates	Status of Implementation
a1. State policies specifically encourage blended and braided funding to maximize efficient use of resources.	Beyond 2010	
a2. Identify cost estimates for full-scale high quality implementation.	Beyond 2010	
Strategy 2: Provide communities with adequate economic and social resources to meet the needs of families and children.		
Activity	Dates	Status of Implementation
a1. Create a fund so that families are able to attain health care regardless of insurance coverage and cost.	Beyond 2010	
a2. Support families to have the financial means to fill prescriptions and pay co-payments without taking away money from other areas.	Beyond 2010	
Strategy 3: Create mechanisms so that providers are able to bill for time spent delivering the components of a medical home.		
Activity	Dates	Status of Implementation
a1. Train providers on coding and reimbursement issues.	January 2005 - August 2008	
a2. Promote competitive reimbursement rates for Medicaid and private insurers.	Beyond 2010	
a3. Identify and address policy issues of offering incentives.	Beyond 2010	
a4. Complete a cost-benefit study of reimbursing additional preventive services.	Beyond 2010	
a5. Reimburse case management services.	Beyond 2010	
Strategy 4: Develop funding to support delivery of services to families most at risk.		
Activity	Dates	Status of Implementation
a1. Increase funding to underserved populations ex. rural areas and low-income families.	Beyond 2010	
a2. Enhance ability of funders to recognize the value of parent education as a good investment.	2008-2010	
OBJECTIVE 3: Existing financial resources are maximized.		
Strategy 1: Identify and maximize funding streams for behavioral health.		
Activity	Dates	Status of Implementation

a1. Create budget line appropriation for children's behavioral health.	2008-2010	
b1. Optimize funding so that services for children birth to age five are flexible rather than compartmentalized.	2008-2010	
b2. Identify current funding levels and study outcome data supporting its effectiveness.	September 2006-August 2008	
Strategy 2: Sustain and maximize funding sources for efficient delivery of health care services.		
Activity	Dates	Status of Implementation
a1. Research alternate, sustainable funding sources regularly.	2008-2010	
a2. Identify and clearly understand current funding sources.	January 2006-August 2008	
Strategy 3: Utilize statewide and community health care resources for the maximum effect.		
Activity	Dates	Status of Implementation
a1. Create a database to tell providers what publicly supported programs for which a family is qualified.	2008-2010	
a2. Create applications for programs that can be populated automatically from information provided to an online database.	2008-2010	
Strategy 4: Identify, maximize and integrate public and private funding streams for early care and education.		
Activity	Dates	Status of Implementation
a1. Explore funding opportunities to increase early care and education opportunities. For example: <ul style="list-style-type: none"> o expansion of loan and grant programs for early care and education, o quality child care initiative funds through VDSS, o maximizing access to federal funds, expansion of parent education programs, and business loan programs. 	January 2006-August 2008	
a2. Coordinate funding sources at the Cabinet level to maximize federal, state, local, and private resources and to minimize duplication.	Beyond 2010	

a3. Offer supports to assist providers in improving quality of services.	January 2006-August 2008	
a4. Prioritize funding and resources to meet the needs of children and families at greatest risk (i.e., children with special needs, infants and toddlers).	January 2006-August 2008	
a5. Offer reasonably priced quality training topics.	January 2006-August 2008	
a6. Conduct a training needs assessment (coordinate with core competencies).	Beyond 2010	
a7. Develop funding resources to meet the needs of providers serving at risk children in child care (i.e., training, mentors, and consultation services).	Beyond 2010	
a8. Explore the development of a voluntary, universal pre-k program for three and four year olds in a variety of settings.	January 2006-August 2008	
OBJECTIVE 4: Program development and integrity is achieved using standardized definitions and quality indicators for measurement.		
Strategy 1: Identify and recognize essential elements of high-quality, evidence-based parent education programs across Virginia.		
Activity	Dates	Status of Implementation
a1. Identify central elements of high quality evidence-based parent education programs.	September 2006-August 2007	
a2. Market identified elements to the field.	September 2007-August 2008	
Strategy 2: Determine effective ways to measure elements of high quality parent education.		
Activity	Dates	Status of Implementation
Strategy 3: Use quality measures to monitor and evaluate parent education and early care and education programs.		
Activity	Dates	Status of Implementation
a1. Identify measurement criteria and tools for assessment.	September 2006-August 2007	
b1. Research the best practices and models for quality rating and tiered reimbursement systems.	September 2006-August 2007	
b2. Develop and implement a quality rating system (e.g., identify tools for measurement).	2008-2010	

a3. Develop and implement incentives including tiered reimbursement for the quality rating system subject to the availability of funds.	Beyond 2010	
a4. Provide information to the public on the quality rating system to include a data base on a public website.	Beyond 2010 (after pilot)	
Strategy 4: Standardize definitions of behavioral health terminology.		
Activity	Dates	Status of Implementation
<i>No activities to date.</i>		
Strategy 5: Develop and implement a quality rating system with associated supports for providers.		
Activity	Dates	Status of Implementation
a1. Broaden data regarding issues affected by the medical home to include the entire population, not just special groups.	Beyond 2010	
a2. Collect data over time in a centralized place, including at school entry.	Beyond 2010	
a3. Analyze data to track progress.	Beyond 2010	

Definition of State Plan Terms

1. Goal - The end state or result that is sought to which all performance targets must contribute.
2. Objective – A desired level of achievement for an indicator. An objective is a general statement that describes what you want to achieve. It does not include specifics on how, when, who and why.
3. Strategy – Specific steps for supporting and achieving the objective.
4. Activity – Specific steps for supporting and achieving the strategy.

Glossary of Terms

Behavioral Health: The combination of mental health and substance abuse.

Caregivers: Any person providing care to a child birth to age five including, but not limited to: parents, guardians, grandparents, child care providers.

Children with Special Needs: Children with special needs are those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. Adopted by the AAP (October 1998). McPherson M, Arango P, Fox HB, A new definition of children with special health care needs. Pediatrics 1998; 102:137-140

Community Resources: Resources in the community directly linked to healthcare services.

Cultural Competence: Supporting and respecting the home language, culture, and family composition while effectively providing care, education or services to children and their families.

Early Care and Education: Environments from birth through five years of age that support children's early learning, health and development of social competence.

Early Childhood: Children birth to 5 years of age living in Virginia

Early Learning Guidelines: Research based, measurable expectations about what children should know (understand) and do (competencies and skills) in different domains of learning.

Emotional Development: Includes physical and cognitive delays and disorders.

Family: Includes parents, grandparents, custodial guardians, and any other individual providing care to a child birth to age five.

Family Satisfaction: Measure of the acceptability, affordability, availability and accessibility of services.

Healthcare: All healthcare services, clinical and non-clinical including medical care, mental health and dental health.

High quality screening instruments: Screening instruments that focus both on risk factors as well as protective factors as well as internalizing and externalizing symptoms.

Intervention services: Services that include, but are not limited to: early intervention, treatment, in- and out-patient hospital care.

Parent/Family: Person primarily responsible for day-to-day needs of child.

Primary care providers: Health professionals providing care to children birth to age five including, but not limited to: physicians, nurse practitioners, family practitioners.

Special Needs of Families: Including, but not limited to: mental health disorders, substance abuse, low income, low literacy, incarceration, cognitively limited, homeless, domestic violence, teen parents

System of Care: A method of delivering services that helps children birth to age five and their families with mental health problems get the full range of services in or near their homes and communities. These services must be tailored to each individual family's physical, emotional, social, and educational needs. In systems of care, local organizations work in teams to provide these services.

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Anthem
Care Connection for Children
Central Virginia Health Planning Agency
Child Development Resources
Child Health Investment Project (CHIP)
Children's Hospital of Richmond
Children's Museum of Richmond
CHIP of Greater Richmond*

*Read Aloud Virginia
Richmond Behavioral Health Authority
Richmond Partnership for Children
Single Moms Support Group
Smart Smiles
Success by 6
Total Action Against Poverty
United Way
Virginia Community Action Partnership (VACAP)*

*Commonwealth Parenting Center
Community Service Boards
Covering Kids and Families
Early Head Start
Fairfax County Office for Children
Free Clinic Association
Governor's Office for Substance Abuse Prevention
Greater Richmond Chamber of Commerce
Greater Richmond SCAN
Growing Up at Obici
Hanover County Public Schools
Head Start
Healthy Families Virginia
Medical Home Plus
National Child Care Information Center
Norfolk Public Schools
Office of the Secretary of Education
Office of the Secretary of Health and Human Resources
Parent Advocates
Partnership for People with Disabilities
Prevent Child Abuse Virginia*

*VCU Child Development Center
Virginia Alliance for Child Care Associations
Virginia Child Care Resource & Referral Network
Virginia Child Daycare Council
Virginia Commission on Youth
Virginia Cooperative Extension
Virginia Department of Education
Virginia Department of Health
Virginia Department of Juvenile Justice
Virginia Department of Medical Assistance Services
Virginia Department of Mental Health, Mental Retardation & Substance Abuse
Virginia Department of Social Services
Virginia Department of Housing and Community Development
Virginia Health Care Foundation
Virginia Interfaith Center for Public Policy
Virginia Primary Care Association
Virginia Poverty Law Center
Virginia Treatment Center for Children
Voices for Virginia's Children
Wingspan LLC
Zero To Three*