Together for Kids and Families

Strategic Plan
March 2006

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NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE • DEPARTMENT OF FINANCE AND SUPPORT

TOGETHER FOR KIDS AND FAMILIES
STRATEGIC PLAN
MARCH 2006

EXECUTIVE SUMMARY NARRATIVE 1

STRATEGY DEPICTION WITH OVERARCHING GOALS.....7

IMPLEMENTATION PLAN 9

DATA OUTCOMES AND STRATEGIES.....28

INDICATOR DEPICTION WITH OVERARCHING GOALS 30

TOGETHER FOR KIDS AND FAMILIES ORGANIZATION CHART 33

EARLY CHILDHOOD INTERAGENCY COORDINATING COUNCIL MEMBERSHIP LIST.....34

LEADERSHIP TEAM 35

TOGETHER FOR KIDS AND FAMILIES WORK GROUPS 37

TOGETHER FOR KIDS AND FAMILIES DEFINITIONS.....39

TOGETHER FOR KIDS AND FAMILIES EXECUTIVE SUMMARY

VISION/MISSION

Recent research on brain development indicates that early life experiences are critical to the emotional and intellectual development of a child. This window of optimal brain development is from the prenatal period through the first years of a child's life. This knowledge has led to a much deeper appreciation of the need to provide a comprehensive system of care, education and support for children and families. Nebraskans are committed to supporting all children and families in an effort to attain positive outcomes.

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.

PROJECT OVERVIEW

Together for Kids and Families is a two-year planning grant awarded to Nebraska Health and Human Services System in 2003, funded through the State Early Childhood Comprehensive Systems (SECCS) Grant Program administered by the Maternal and Child Health Bureau, US Health and Human Services. This project is designed to achieve optimum outcomes for Nebraska's young children and their families through comprehensive system planning and collaborative effort among stakeholders. Planning projects must address comprehensive early childhood systems, including at a minimum: (1) access to medical homes, (2) mental health and social-emotional development, (3) early care and education, (4) parent education, and (5) family support. Additionally, this project was required to address the sustainability of the Healthy Child Care America (HCCA) objectives, which Nebraska had implemented through the Healthy Child Care America grant from 1996 to 2005. The goals developed by the work groups integrate and interface with the HCCA objectives.

The comprehensive strategic plan was required to include:

- A needs assessment/environmental scan
- A clear vision and mission statement, priority areas of focus, and specific goals/objectives
- A set of indicators to track early childhood outcomes and a plan for collecting needed data
- Identification of best practice, evidence-based models and how they will be implemented
- Identification of key partners and the role each will play in carrying out the strategic plan
- Demonstration of how the plan links to and leverages other initiatives
- Evidence that the planning process is positioned to maximize the greatest policy impact
- A sustainability plan

Upon completion of the planning process, and final approval of the strategic plan, three years of funding will be provided to support implementation efforts.

METHODOLOGY

The Early Childhood Interagency Coordinating Council (ECICC) is the ultimate governing committee for the Early Childhood Comprehensive Systems Project, Together for Kids and Families. 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. A Leadership Team consisting of 50+ members representing a variety of stakeholders was formed to act as the working advisory group for the ECCS project. Additionally, eight Work Groups were formed with an average of 8 individuals per group. Co-chairs agreed to assist in the facilitation of this process with one chair also serving on the Leadership Team to act as a liaison. These groups were formed with the following criteria in mind: statewide, culturally diverse and family representation. Five Work Groups focused on the five essential component areas while three cross-cutting teams focused on the areas of data, policy alignment and family involvement (see organizational chart, page 33). There are several individuals on the ECICC who are also serving on the Leadership Team and/or work groups; this overlap ensures continuity and communication throughout the planning and implementation process. (See stakeholder membership lists, pages 34-38.)

At the first meeting of the Leadership Team held October 30th, 2003, the project title of "Together for Kids and Families" was agreed upon and the mission/vision statement was developed and adopted. The Leadership Team has continued to meet quarterly to review and revise the Work Group recommendations.

Training for the work groups was held March 10th and 11th, 2004. Monthly conference calls or meetings were completed with the following topics discussed: issue identification, environmental scan, best practices, data identification, and outcome/strategy selection. The three cross-cutting Work Groups (data, policy alignment, and family involvement) also convened monthly following the March 2004 training. The respective cross-cutting Work Groups added their own recommendations and information to the overall plan. Goals and strategies were chosen based on group members' knowledge and evaluation of information gathered during the planning process.

The charge of the Family Involvement Work Group was to ensure that family inclusiveness was an integral aspect of the final work plan. The Family Involvement Work Group designed a parent opinion survey, which was offered in English, Spanish, and Vietnamese, asking questions specifically pertaining to the five main topic areas. The total number of surveys returned was 997 with approximately 450 received that were exclusively Head Start/Even Start respondents, with the majority responding from rural based programs. Information gleaned from the surveys was utilized to drive the planning process. Family involvement was further achieved through the participation of family representatives in work groups and on the Leadership Team.

The Policy Alignment Work Group charge was to advise the work groups throughout the planning process regarding policy implications. In addition, in September 2004, the Policy Alignment Work Group completed the Early Childhood Programs and Funding Sources report, summarizing how funds are currently used in the early childhood system in Nebraska. This chart includes the funding currently available to early childhood programs, as well as the service integration activities currently underway, and the capabilities of those services. There are plans to update this document on a regular basis at the ECICC level. The Policy Alignment Work Group will play a critical role in the next few months that will be devoted to the final stages of planning and roll out of the strategic plan to the public and policy makers.

The Data Work Group has spent a great deal of time researching early childhood indicators used by other states and matching these with data available for Nebraska. The group found itself frustrated by the lack of reliable early childhood data. We found that there is data available regarding children involved in some type of formalized system (e.g., Medicaid, Head Start, WIC), but little or no data about pre-school children who are not in contact with one of these programs.

Listings of possible indicator issues were generated in meetings with each of the five topic work groups by discussing what would indicate goal achievement. Indicator development was generated from the goal/outcome statements each work group had agreed upon; the goals collectively impact the overall system and cut across multiple strategies. The Data Work Group then analyzed the lists and selected a more limited number for which they found possible data sources. Previous experiences of work group members made it clear that it is preferable to have a limited number of well-defined, focused indicators rather than a large number of less useful pointers. Therefore, the group used a 'scoring matrix' with eight criteria, such as reliability, validity, and comparability to make its final selection of beginning indicators for the project. Once selected, each indicator was then further refined by completing an 'indicator profile form' to define specifics about data collection and analysis.

The data group recommended to the Leadership Team that Together for Kids and Families further explore data sources regarding young children and seek to establish a statewide database in collaboration with the various systems and agencies who could contribute to and use such a database. Efforts to map current data sources will be a primary objective during year three. In response to 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.

As the five topic area work groups considered issues, research and best practices it became clear that some definitions must be established to provide parameters for goal and strategy selection. Out of these thoughtful discussions the following guiding principles and assumptions were agreed upon.

GUIDING PRINCIPLES

As the work groups met and discussed issues a set of guiding principles were developed:

Overarching Guiding Principles

- Early childhood in Nebraska defined as birth to eight years of age
- Integrated statewide system perspective
- Culturally and linguistically appropriate, and adapted to the literacy level of the audience
- Family centered--families are authentic partners
- Strengths based
- Families have access to information, resources and supports
- Builds on existing initiatives

Guiding Principles for the Selection of Goals/Outcomes

- Specific and relevant
- Measurable
- Attainable (few & focused; feasible/realistic)
- Results oriented
- Time-framed as stated in indicators & baseline data

Guiding Principles for the Selection of Indicators

- Valid
- Reliable data
- Fits within the context - is relevant to the goal/outcome
- Meaningful

GOALS AND ASSUMPTIONS

Goal: Early care and education in Nebraska is high quality, developmentally appropriate and accessible to all children

- Children are successful as a result of quality early childhood experiences.
- Positive learning experiences in early childhood foster physical, social, emotional, language and cognitive development.
- Children's development and learning is enhanced when the public and policy makers are aware of the importance of birth to age eight.
- Parents recognize the importance of high quality early education programs when they have access to information regarding the quality of those programs.
- 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.

Goal: Nebraska families provide a safe, healthy and nurturing environment.

- Children grow and develop best with involved families and communities
- Service delivery systems will engage and value all family members
- Family services that are tailored, flexible, and relevant to individual families and their circumstances provide the most beneficial support

Goal: All Nebraska children have access to and receive high quality health care services through a medical home

- Children receive comprehensive health care services (medical, dental, mental health and developmental screenings) when services are provided within a Medical Home
- Screenings for Medicaid eligible children are completed following the Early & Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines

Goal: The early childhood mental health (social-emotional-behavioral health) needs of Nebraska's children are met by:

- Nebraska having an organized comprehensive early childhood mental health (ECMH) system of care;
- Families being authentic partners whenever children's social-emotional and behavioral development is considered;
- All Nebraska agencies that serve children identify and respond to the mental health needs of children facing complex circumstances such as addiction, postpartum depression and domestic violence
- A system of care for early childhood mental health includes:
  - a systemic focus
  - public-private partnerships
  - collaboration among existing efforts
  - research based service delivery models

Goal: Nebraska parents and families support their children's healthy development

- Parents support their children's healthy development when materials and services are available to families in a language and cultural context appropriate to them and at a literacy level with which they are comfortable

CONCLUSION

The Together for Kids and Families strategic plan moves us toward the vision of safe and supportive communities where the success of children and families is a top priority. The following plan focuses human and fiscal resources on activities that promote positive outcomes for children and families by comprehensively addressing early childhood systems. The creation of this plan is the culmination of two years of collaborative input from a wide variety of partners across the state of Nebraska. The plan is designed to strengthen connections across the early childhood system by focusing on these cross- cutting elements: family involvement, use of data, best practices, accountability, policy alignment, and integration of existing initiatives.

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. A concerted effort was made during the entire planning process to build on existing early childhood initiatives and align strategies and resources. Resource availability was one of the criteria used by the Policy Alignment Work Group to align and order strategies. Therefore, those strategies scheduled for the first year (numbered 1-13) are available within HHSS or among collaborating organizations, and are congruent with HHSS and collaborator missions, current budgets and operational plans. Strategies 14-19, scheduled for years 2 and 3, will require additional work among HHSS and collaborators in either identifying new resources or re-aligning existing resources.

TOGETHER FOR KIDS AND FAMILIES STRATEGIES

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.

TOGETHER FOR KIDS AND FAMILIES STRATEGIES

GOALS				
Early care and education in Nebraska is high quality, developmentally appropriate and accessible to all children	All Nebraska children have access to and receive high quality health care services through a medical home	The early childhood mental health (social-emotional-behavioral health) needs of Nebraska's children are met	Nebraska families provide a safe, healthy and nurturing environment	Nebraska parents and families support their children's healthy development

*Infrastructure Building Through Development of a Network of Child Care Health Consultants (HCCA)**		**Year 1**	**Year 2**	**Year 3**
Access to Medical Homes and Health Insurance Through Early Care and Education Providers (HCCA)				
Quality Through Standards (HCCA)				
Strategy 1: Develop quality incentive program for license-exempt providers who are serving children on the child care subsidy.		X	X	
Strategy 2: Implement health and safety curriculum developed under the Healthy Child Care Nebraska Project.		X	X	
Strategy 3: Further develop respite services to meet the needs of all families.		X	X	
Strategy 4: Expand the Nebraska Telehealth system to include early childhood mental health as a vehicle for communication, training, and service delivery.		X	X	
Strategy 5: Expand the Nebraska Early Childhood Education Grant Program to all public school systems and Education Service Units in partnership with community programs and services.		X	X	X
Strategy 6: Develop expertise in child care health consultation among nurses providing services in rural Nebraska through Medicaid Administrative Contracts.		X	X	X
Strategy 7: Develop and/or sustain capacity to provide child care health consultation in urban counties through local health departments.		X	X	X

*Healthy Child Care America (HCCA)

TOGETHER FOR KIDS AND FAMILIES STRATEGIES

	Year 1	Year 2	Year 3
Strategy 8: Utilize a voluntary quality rating system (QRS) for early childhood care and education programs.	X	X	X
Strategy 9: Utilize lessons learned from Nebraska's early childhood mental health project and systems strategies of the HHSS System Infrastructure Grant (SIG) to develop a replicable early childhood mental health system to better meet the needs of families and children.	X	X	X
Strategy 10: Integrate adult and child mental health practice to address maternal depression and early childhood social/emotional development, (recognize the reciprocity of parent/child interaction).	X	X	X
Strategy 11: Implement a statewide system for providing parenting information to families in a variety of formats.	X	X	X
Strategy 12: Pursue continued adoption of the statewide 2-1-1- system.	X	X	X
Strategy 13: Develop and implement a collaborative initiative to promote the medical home approach as a standard of care for all children.	X	X	X
Strategy 14: Establish a comprehensive program to promote regular recommended pediatric visits for children, following the American Academy of Pediatrics and Bright Futures guidelines.		X	X
Strategy 15: Replicate effective safety net programs for increasing access for uninsured, underinsured and uninsurable children.	X	X	X
Strategy 16: Develop and promote community-based structures in Nebraska to identify and address barriers to service accessibility, prioritizing the issues of transportation & language/culture.		X	X
Strategy 17: Integrate parent to parent peer support systems into existing and new programs and services for families.		X	X
Strategy 18: Promote voluntary universal home visitation services for parents of newborns on a statewide basis.		X	X
Strategy 19: Better prepare all Nebraskans for the important role of parenting by making a parenting course mandatory for all graduating high school students.		X	X

TOGETHER FOR KIDS AND FAMILIES IMPLEMENTATION PLAN

Strategies	Action Steps	Expected Outcomes	Lead	Completion Date (estimated)											
				Year 1 (2005-2006)				Year 2 (2006-2007)				Year 3 (2007-2008)			
				Quarters				Quarters				Quarters			
Strategy 1. Develop quality incentive program for license-exempt providers who are serving children on the child care subsidy	1.1 Resource Development staff and other stakeholders consult on concepts and potential implementation issues	Gain feedback from field staff and other key stakeholders on implementing a license exempt quality incentive program	HHS Child Care Administration	X	X										
	1.2 Feasibility survey to providers on their interest and the potential cost	Gain information from survey results regarding interest, cost and potential impact	same as above	X	X										
	1.3 Identify funds available	Funds identified for implementation	same as above	X	X										
	1.4 Draft policy or guidance that focuses on increasing provider assets. Offering incentives to those providers who: ▪ Are CPR/First Aid trained ▪ Participate in USDA Food Program ▪ Connect to ongoing training and resources	Written policy or guidance is adopted	same as above		X	X	X								
	1.5 Make necessary changes to N-FOCUS payment processes	N-FOCUS changes implemented	same as above				X	X							
	1.6 Train HHS staff to implement program changes	Staff trained on new policy and procedures to implement incentive system	same as above						X	X					

TOGETHER FOR KIDS AND FAMILIES IMPLEMENTATION PLAN

Strategies	Action Steps	Expected Outcomes	Lead	Completion Date (estimated)											
				Year 1 (2005-2006)				Year 2 (2006-2007)				Year 3 (2007-2008			
				Quarters				Quarters				Quarters			
Strategy 1. (continued) Develop quality incentive program for license-exempt providers who are serving children on the child care subsidy	1.7 Outreach/information campaign to license-exempt providers	License exempt providers aware of and utilize incentive program	HHS Child Care Administration						X	X					
	1.8 Implementation occurs	Increase in the number of license-exempt providers who serve subsidized children with these assets: first aid/CPR certified, participate in the USDA Food Program, complete educational activity once a year	same as above							X	X				
	1.9 Develop the evaluation of utilization	Expect that more license exempt providers will meet the criteria for incentive payment, raising the # of assets that providers possess, and increasing the likelihood for improved quality of care	same as above							X	X				
Strategy 2. Implement health and safety curriculum developed under the Healthy Child Care Nebraska project	2.1 Finalize curriculum and training materials	Health and safety curriculum available for child care providers. Additionally, one community college credit is offered upon completion.	HHS R & L Office of Family Health and Child Care Licensing	X	X										
	2.2 Establish training schedule and publicize	Child care providers are aware of training opportunity	same as above			X	X								
	2.3 Offer initial training and include as routine offering for child care providers through the Early Childhood Training Center	Child care providers incorporate health and safety curriculum	same as above					X	X	X	X	X	X	X	X

Strategies	Action Steps	Expected Outcome	Lead	Completion Date (estimated)											
				Year 1 (2005-2006)				**Year 2** (2006-2007)				**Year 3** (2007-2008)			
				Quarters				**Quarters**				**Quarters**			
Strategy 3. Further develop respite services to meet the needs of all families	3.1 Expand membership of the Respite Coalition	Strengthened advocacy for lifespan respite needs (including crisis care) and for expansion of respite services across the state	HHS Lifespan Respite Subsidy & Respite Coalition	X	X	X	X	X	X						
	3.2 Investigate funding beyond State general funds. For example, foundations, grants and private sources	Funding to pay respite providers for provision of services that do not fall within traditional guidelines (i.e. study time, crisis care, planned breaks)	same as above	X	X	X	X	X	X						
	3.3 Develop more community based respite programs that address crisis care and other respite needs for families that lack the resources to obtain said services	Provision of respite services including crisis care and necessary breaks for caregivers in an effort to reduce stress, thus leading to the prevention of child abuse/neglect and improved parenting	same as above	X	X	X	X	X	X	X	X	X	X	X	X
Strategy 4. Expand the Nebraska Telehealth system to include early childhood mental health as a vehicle for communication, training, and service delivery	4.1 Connect with existing efforts to broaden the scope of the current Telehealth initiative to include early childhood mental health	Information, resources and permission for connectivity to increase service delivery	Munroe-Meyer Institute NE Information Technology Commission	X	X	X	X	X	X						
	4.2 Gaps analysis of Telehealth equipment needs across Nebraska	Gaps identified	same as above	X	X	X	X								

Strategies	Action Steps	Expected Outcome	Lead	Completion Date (estimated)											
				Year 1 (2005-2006)				Year 2 (2006-2007)				Year 3 (2007-2008)			
				Quarters				Quarters				Quarters			
Strategy 4. (continued) Expand the Nebraska Telehealth system to include early childhood mental health as a vehicle for communication, training, and service delivery	4.3 Explore and obtain funding sources (i.e.: fee for service, grants)	Ability to utilize Telehealth system to provide services in the area of early childhood mental health	Munroe-Meyer Institute			X	X								
	4.4 Prioritize and obtain needed equipment	Additional Telehealth sites increasing capacity to serve families	same as above				X	X							
	4.5 Train providers in Telehealth system utilization	Increased capacity to serve families in their local community	same as above					X	X	X	X				
Strategy 5. Expand the Nebraska Early Childhood Education Grant Program to all public school systems and Educational Service Units in partnership with community programs and services • Builds on existing initiatives • Utilizes NDE Rule 11 & Rule 51 • Continues local match to state dollars • Utilize existing evaluation protocols • Curriculum based upon Nebraska's Early Learning Guidelines	5.1 a. State Board of Education charters an Early Childhood Policy Study. b. Conduct public forums to inform and gather feedback c. Final report written, including recommendation submitted to State Board of Education. d. Conduct cost analysis and develop a proposal for funding	Written recommendations to State Board of Education	Nebraska Department of Education (NDE)	X											
	5.2 Public awareness and gathering of feedback to expand programs	Increased buy-in and support for expansion from families, the programs/system, public at large, policy makers, etc.	same as above	X	X	X	X	X	X	X	X	X	X	X	X

Strategies	Action Steps	Expected Outcome	Lead	Completion Date (estimated)											
				Year 1 (2005-2006)				**Year 2** (2006-2007)				**Year 3** (2007-2008)			
				Quarters				**Quarters**				**Quarters**			
Strategy 5. (continued) Expand the Nebraska Early Childhood Education Grant Program to all public school systems and Educational Service Units in partnership with community programs and services • Builds on existing initiatives • Utilizes NDE Rule 11 & Rule 51 • Continues local match to state dollars • Utilize existing evaluation protocols • Curriculum based upon Nebraska's Early Learning Guidelines	5.3 Secure financial support for implementation	Legislation adopted to secure funding	NDE	X	X	X	X	X	X	X	X	X	X	X	X
	5.4 Develop and implement process to expand to additional sites	Expand to additional sites	same as above	X	X	X	X	X	X	X	X	X	X	X	X
	5.5 Provide training and technical assistance on developmentally appropriate curriculum, and practice via the ECTC and Early Childhood Regional Training Coalitions	Ongoing training and technical assistance to early childhood programs across Nebraska	same as above	X	X	X	X	X	X	X	X	X	X	X	X
	5.6 Include family development and support components in an effort to enhance parenting skills and the families' ability to access and benefit from community resources, including comprehensive health services	Utilization of services offered leading to improved health status of children in Nebraska communities	same as above	X	X	X	X	X	X	X	X	X	X	X	X
	5.7 Develop and implement a comprehensive evaluation plan	Evaluation of program quality, and data for statewide annual report	same as above	X	X	X	X	X	X	X	X	X	X	X	X

Strategies	Action Steps	Expected Outcome	Lead	Completion Date (estimated)											
				Year 1 (2005-2006)				**Year 2** (2006-2007)				**Year 3** (2007-2008)			
				Quarters				**Quarters**				**Quarters**			
Strategy 6. Develop expertise in child care health consultation among nurses providing services in rural Nebraska through Medicaid Administrative Contracts	6.1 Adapt and provide child care health consultation training to all nurses providing services under the Medicaid Administrative contract	Additional nurses trained to provide child care health consultation	HHSS Medicaid and Office of Family Health	X	X										
	6.2 Identify child care providers within each Medicaid Administrative contract service area and introduce these providers to the nurses via written communication	Increased utilization of child care health consultation by child care providers	same as above			X	X	X	X	X	X	X	X	X	X
	6.3 Contracted Public Health Nurses available to child care providers in their respective service areas in addition to existing child care health consultation services	Increased access to child care health consultation	same as above			X	X	X	X	X	X	X	X	X	X
	6.4 Ongoing consultation offered via contracted Public Health Nurses, including referrals to primary care providers, reinforcement of the importance of routine care through a medical home, and facilitating access to Medicaid and other forms of health insurance	Utilization of services offered leading to improved health status of children in Nebraska communities	same as above			X	X	X	X	X	X	X	X	X	X

Strategies	Action Steps	Expected Outcome	Lead	Completion Date (estimated)											
				Year 1 (2005-2006)				**Year 2** (2006-2007)				**Year 3** (2007-2008)			
				Quarters				**Quarters**				**Quarters**			
Strategy 7. Develop and/or sustain capacity to provide child care health consultation in urban counties through local health departments	7.1 Evaluate current capacity in Douglas, Sarpy and Lancaster Counties.	Needed resources identified	HHSS Medicaid and Office of Family Health	X	X	X									
	7.2 Investigate funding beyond State general funds. For example, foundations, grants and private sources	Implementation plan is developed; including sustainability	same as above			X	X	X							
	7.3 Provide ongoing technical assistance to local health departments in the provision of child care health consultation	Utilization of services offered leading to improved health status of children in Nebraska communities	same as above						X	X	X	X	X	X	X

Strategies	Action Steps	Expected Outcome	Lead	Completion Date (estimated)											
				Year 1 (2005-2006)				**Year 2** (2006-2007)				**Year 3** (2007-2008)			
				Quarters				**Quarters**				**Quarters**			
Strategy 8. Utilize a voluntary quality rating system (QRS) for early childhood care and education programs	8.1 Develop/arrive at criteria and quality levels for quality rating system	Written criteria of QRS – including defined levels based on key indicators, which affect quality	HHS Child Care Administration, NDE Office of Early Childhood, Midwest Consortium	X	X	X									
	8.2 Define preferred incentive system for Nebraska	Incentive system in place to facilitate providers in moving along the QRS	same as above	X	X	X									
	8.3 Conduct a cost analysis of implementing a QRS with incentives	Cost analysis, including options for implementation is completed	same as above	X	X	X									
	8.4 Investigate funding beyond State general funds (ie: foundations, grants, etc.)	Funding sources identified and provided to support QRS	same as above			X	X								
	8.5 Determine a system of administration of the QRS	Administering the system as identified	same as above			X	X	X							
	8.6 Develop system to assist programs in moving along the continuum of quality	Professional development system supports providers in improving their quality rating levels	same as above					X	X	X					
	8.7 Develop methods to evaluate the QRS	Methods to evaluate QRS in place	same as above					X	X	X					
	8.8 Develop public awareness campaign to inform families, the programs/system, public at large, policy makers, etc. about the QRS.	Public awareness campaign occurs, which informs families, the programs/system, public at large, policy makers, etc., on selection of quality early care	same as above					X	X	X	X	X	X	X	X
	8.9 Implement QRS & utilize Environmental Ratings Scale, (ECERS/ITERS/FDCRS) & other ratings info collected as indicator of quality.	Improved quality of care for Nebraska's children	same as above					X	X	X	X	X	X	X	X

Strategies	Action Steps	Expected Outcome	Lead	Completion Date (estimated)											
				Year 1 (2005-2006)				**Year 2** (2006-2007)				**Year 3** (2007-2008)			
				Quarters				**Quarters**				**Quarters**			
Strategy 9. Utilize lessons learned from Nebraska's early childhood mental health project and systems strategies of the HHSS System Infrastructure Grant (SIG) to develop a replicable early childhood mental health system to better meet the needs of families and children	9.1 Review issues identified, lessons learned and best practice strategies identified in Nebraska's early childhood mental health project and integrate into the SIG project	Pilot project leads will share information with policy makers, funders and stakeholders to inform decisions regarding replication to other Nebraska locations	University of Nebraska Lincoln Public Policy Center	X	X	X									
	9.2 Develop core competencies and supporting curriculum for early childhood and behavioral/mental health professionals – including articulation considerations	Standardized system of training and more professionals trained to provide early childhood behavioral/mental health services	HHSS System Infrastructure Grant (SIG)			X	X	X	X	X	X				
	9.3 Provide more ongoing training for behavioral/mental health professionals on early childhood mental health and maternal depression screenings	Increased use of standardized screening tools by mental/behavioral health professionals across Nebraska for earlier identification and access to services	HHSS System Infrastructure Grant (SIG) and Office of Family Health Perinatal Depression Grant					X	X	X	X	X	X	X	X
	9.4 Replicate successful strategies and best practices identified in the pilot project or from other best practice sources to additional locations in Nebraska, (in each of the six mental health regions)	A systemic approach to early childhood mental/behavioral health with access to services in the six mental health regions of Nebraska	HHSS System Infrastructure Grant (SIG)									X	X	X	X

Strategies	Action Steps	Expected Outcome	Lead	Completion Date (estimated)											
				Year 1 (2005-2006)				Year 2 (2006-2007)				Year 3 (2007-2008)			
				Quarters				Quarters				Quarters			
Strategy 10. Integrate adult and child mental health practice to address maternal depression and early childhood social/emotional development, (recognize the reciprocity of parent/child interaction)	10.1 Convene a multi-disciplinary steering committee of key stakeholders to review and select screening tools/models and make recommendations for outreach, promotion, and technical assistance to primary care and community based providers	Recommendations developed for screening tools, outreach, promotion and technical assistance including a referral system and intervention	HHS R & L Office of Family Health	X	X	X									
	10.2 Select a contractor(s) to design outreach, continuing education, and training for primary care and community-based providers	Recommendations for award made to Director, HHS R&L and contractor(s) selected	same as above			X	X	X	X						
	10.3 Provide outreach and continuing education to primary care providers	A minimum of 30 primary care providers are trained in depression screening, the referral system and intervention	same as above			X	X	X	X	X	X	X	X	X	X
	10.4 Provide training and technical assistance sessions to community-based programs/agencies across the state including WIC, family planning programs, Early Head Start, tribal health programs, and home visitation projects	A minimum of 30 community-based programs/agencies will be trained in depression screening and the referral system	same as above			X	X	X	X	X	X	X	X	X	X

Strategies	Action Steps	Expected Outcome	Lead	Completion Date (estimated)											
				Year 1 (2005-2006)				Year 2 (2006-2007)				Year 3 (2007-2008)			
				Quarters				Quarters				Quarters			
Strategy 10. (continued) Integrate adult and child mental health practice to address maternal depression and early childhood social/emotional development, (recognize the reciprocity of parent/child interaction)	10.5 Protocols for Nebraska's Healthy Mothers, Healthy Babies Helpline are updated/enhanced	The toll-free line for women and their families is used as an additional source of information on perinatal depression, including sources of screening, diagnosis and treatment	HHS R & L Office of Family Health					X	X	X	X	X	X	X	X
	10.6 Develop a broad based awareness campaign targeting women and their families	Press releases, a list serve, and a web site for women and their families	same as above					X	X	X	X	X	X	X	X
Strategy 11. Implement a statewide system for providing parenting information to families in a variety of formats ▪ Builds on First Connections for Families ▪ Multiple media formats	11.1 Establish a work group to implement this strategy and action steps; identify and engage key players such as parents, medical professionals, HHS, NDE, private foundations	Work group established to move initiative forward	Nebraska Children and Families Foundation (NCFF), HHS R & L Office of Family Health, Nebraska Department of Education (NDE)	X	X										

Strategies	Action Steps	Expected Outcome	Lead	Completion Date (estimated)											
				Year 1 (2005-2006)				Year 2 (2006-2007)				Year 3 (2007-2008)			
				Quarters				Quarters				Quarters			
Strategy 11. (continued) Implement a statewide system for providing parenting information to families in a variety of formats ▪ Builds on First Connections for Families ▪ Multiple media formats	11.2 Locate sustainable funding for First Connections for Families and other parent education strategies ▪ Conduct a cost analysis ▪ Secure funding for ongoing costs associated with First Connections for Families (i.e., printing, distribution, translation)	Funding is secured to continue and expand First Connections for Families and to establish additional parent education resources	Nebraska Children and Families Foundation (NCFF), HHS Office of Family Health, Nebraska Department of Education (NDE)			X	X	X	X						
	11.3 Join with existing initiatives such as the Public Awareness Campaign for early childhood to maximize parent education efforts	Expansion of capacity to deliver consistent parenting information in a variety of formats	same as above			X	X	X	X	X	X	X	X	X	X
	11.4 Translation of parent education materials into other languages ▪ First Connections to Families ▪ Early Learning Guidelines	Parent education materials are made available in a variety of languages to meet the diverse needs of Nebraskans	same as above							X	X	X	X	X	X
	11.5 Develop a media/marketing campaign to inform the public on the current parenting and education resources including identification and participation from a celebrity spokesperson	A) Increased recognition regarding the importance of positive parenting practices that support healthy growth and development B) All families of children birth to eight have access to educational materials about growth and development, the physical, mental/social-emotional needs of young children and how to promote health and well being	Nebraska Children and Families Foundation (NCFF), HHS Office of Family Health, Nebraska Department of Education (NDE)							X	X	X	X	X	X

Strategies	Action Steps	Expected Outcome	Lead	Completion Date (estimated)											
				Year 1 (2005-2006)				**Year 2** (2006-2007)				**Year 3** (2007-2008)			
				Quarters				**Quarters**				**Quarters**			
Strategy 12. Pursue continued adoption of the statewide 2-1-1 system. ▪ There are currently 30 Nebraska counties, and ¾ of the state's population who are able to access the phone-based 2-1-1 system 24/7. ▪ All Nebraskans may access the web-based ne211.org searchable website, available 24/7.	12.1 Continue to provide resources to communities wishing to bring 2-1-1 phone service to their residents through: consultation, funding suggestions and budgeting, working with the Public Service Commission, serving as the call center, and maintaining and updating resource databases.	A) Increased number of residents with access to 2-1-1 phone service. B) Increased number of calls to 2-1-1. C) More persons getting connected to community resources who are available to assist them	United Way of the Midlands	X	X	X	X	X	X	X	X	X	X	X	X
	12.2 Continue to evolve the ne211.org website to ensure a user-friendly interface, including: implementing technology to make updates to database easier faster for more frequent updates, creating easier searching options and instructions, expanding the number of partners who contribute data, and working with national partners and vendors to implement national data exchange standards.	A) Increased number of resources represented on the database. B) Increased number of users accessing ne211.org. C) More persons getting connected to community resources who are available to assist them	University of Nebraska Public Policy Center	X	X	X	X								
	12.3 Promote 2-1-1 (phone service and website) to residents, case manager, agencies, and others, through collaborative relationships with communities, promotional materials, and media contacts.	Increased visibility, recognition and use of the phone service and website.	University of Nebraska Public Policy Center and the United Way of the Midlands	X	X	X	X								

Strategies	Action Steps	Expected Outcome	Lead	Completion Date (estimated)											
				Year 1 (2005-2006)				Year 2 (2006-2007)				Year 3 (2007-2008)			
				Quarters				Quarters				Quarters			
Strategy 12. (continued) Pursue continued adoption of the statewide 2-1-1 system. ▪ There are currently 30 Nebraska counties, and ¾ of the state's population who are able to access the phone-based 2-1-1 system 24/7. ▪ All Nebraskans may access the web-based ne211.org searchable website, available 24/7.	12.4 Continue to explore collaborative opportunities and funding relationships at the local, state, and national level.	Greater integration and broader funding for 2-1-1.	United Way of the Midlands and University of Nebraska Public Policy Center	X	X	X	X	X	X	X	X	X	X	X	X
	12.5 Advocate for support of the 2-1-1 system at the federal level	Visibility of 2-1-1 with Congressional delegation and other federal policymakers	same as above	X	X	X	X	X	X	X	X	X	X	X	X
	12.6 Pursue greater integration of 2-1-1 into disaster response.	2-1-1 becomes a part of the formal disaster response in communities and the state.	United Way of the Midlands	X	X	X	X	X	X	X	X	X	X	X	X
Strategy 13. Develop and implement a collaborative initiative to promote the medical home approach as a standard of care for children	13.1 Partner with professional organizations and advocates to develop medical home approach	Advisory group of stakeholders chartered	HHS R & L Office of Family Health, HHS F & S Aging & Disabilities	X	X	X									
	13.2 Stakeholders develop a Nebraska specific definition of Medical Home based on the AAP definition that includes dental care	Nebraska's definition of Medical Home	same as above		X	X	X	X							

Strategies	Action Steps	Expected Outcome	Lead	Completion Date (estimated)											
				Year 1 (2005-2006)				**Year 2** (2006-2007)				**Year 3** (2007-2008)			
				Quarters				**Quarters**				**Quarters**			
Strategy 13. (continued) Develop and implement a collaborative initiative to promote the medical home approach as a standard of care for all children	13.3 Design and implement training/informational campaign to disseminate Medical Home approach to primary care providers. ▪ In-service sessions ▪ Grand rounds ▪ On-line tutorials	Pediatric primary care providers agree with and commit to incorporating the Medical Home approach including dental and mental/behavioral health components as a standard of care for children in Nebraska	HHS R & L Office of Family Health, HHS F & S Aging & Disabilities					X	X	X	X				
	13.4 Incorporate incentives for Medicaid providers for using the Medical Home approach	Revised/enhanced Medicaid managed care contracts and fee for service payment schedule	same as above					X	X	X	X	X	X	X	X
Strategy 14. Establish a comprehensive program to promote regular recommended pediatric visits for children, following the American Academy of Pediatrics and Bright Futures guidelines. ▪ Program to include outreach and information to both providers and families	14.1 Promotion of Bright Futures and MCH distance learning education for pediatric providers	Providers have information on standards for comprehensive well-child screenings	HHS R & L Office of Family Health & Medicaid	X	X	X	X								
	14.2 Ongoing and periodic workshops for providers, including office staff and nurses to clarify Medicaid regulations and policy regarding EPSDT	Increased understanding of guidelines and billing processes in order to alleviate delays in payment and increase providers willing to complete EPSDT screenings and serve children covered by Medicaid	same as above				X	X	X	X					
	14.3 Parent/public education on importance of well-child care and periodicity schedule	Increased number of children receiving comprehensive well-child screenings and being referred to appropriate services if needed	same as above				X	X	X	X	X	X	X	X	X

Strategies	Action Steps	Expected Outcome	Lead	Completion Date (estimated)											
				Year 1 (2005-2006)				**Year 2** (2006-2007)				**Year 3** (2007-2008)			
				Quarters				**Quarters**				**Quarters**			
Strategy 15. Replicate effective safety net programs for increasing access for uninsured, underinsured and uninsurable children.	15.1 Engage steering committee including key partners from across the state to identify/evaluate existing safety net efforts and develop a replication plan	Work group established	HHS R & L Office of Public Health, HHS R & L Office of Rural Health	X	X	X									
	15.2 Review issues identified, lessons learned and best practice strategies identified in Nebraska for providing health services for children unable to access such care	Determine program(s) for replication	same as above			X	X	X	X						
	15.3 Conduct cost analysis; investigate funding beyond State general funds. For example foundations, grants and private sources	Funding secured to replicate safety net programs to increase capacity in Nebraska for serving children who are uninsured, underinsured or uninsurable	same as above					X	X	X	X				
	15.4 Public awareness to local communities regarding services offered	Utilization of services offered leading to improved health status of children in Nebraska communities	same as above							X	X	X	X	X	X

Strategies	Action Steps	Expected Outcome	Lead	Completion Date (estimated)											
				Year 1 (2005-2006)				**Year 2** (2006-2007)				**Year 3** (2007-2008)			
				Quarters				**Quarters**				**Quarters**			
Strategy 16. Develop and promote community-based structures in Nebraska to identify and address barriers to service accessibility, prioritizing the issues of transportation and language/culture.	16.1 Identify a task force or committee at state level to identify potential resources to partner with local community planning efforts	Coordinated response at state level using existing resources to target the two identified priorities to support families in accessing services	Nebraska Children & Families Foundation, HHS F & S Aging and Disabilities, Nebraska Department of Roads					X	X	X					
	16.2 Develop a Nebraska Toolkit for sharing of best practices related to addressing transportation & language barriers which includes consultation in: program design, collaboration/ partnerships, funding & site visits	Through increased networking & sharing of best practices, communities gain the knowledge & skills needed to address transportation & language barriers in their communities	same as above							X	X				
	16.3 Local communities develop solutions to transportation & language barriers that are tailored to their community needs	Additional communities in Nebraska develop transportation networks & approaches to include families where English is a second language thus increasing access to family services	same as above								X	X	X	X	X
Strategy 17. Integrate Parent to Parent peer support systems into existing and new programs and services for families.	17.1 Establish a work group to analyze current structure	Mapping of current parent to parent support efforts	Munroe Meyer Institute and HHS R & L Office of Family Health						X	X					

Strategies	Action Steps	Expected Outcome	Lead	Completion Date (estimated)											
				Year 1 (2005-2006)				**Year 2** (2006-2007)				**Year 3** (2007-2008)			
				Quarters				**Quarters**				**Quarters**			
Strategy 17. (continued) Integrate Parent to Parent peer support systems into existing and new programs and services for families	17.2 Conduct cost analysis, explore and obtain funding sources	Funding secured to support parent to parent models	Munroe Meyer Institute and HHS R & L Office of Family Health						X	X	X				
	17.3 Research best practices and develop a template for model replication.	Increased opportunities for parents to receive peer support	same as above							X	X	X			
	17.4 Promotion of model	Replication and expansion of parent to parent peer mentoring	same as above								X	X	X	X	X
Strategy 18. Promote voluntary universal home visitation services for parents of newborns on a statewide basis	18.1 Evaluate current status of home visitation in Nebraska and establish policy model, including funding mechanisms	Policy framework	HHS Protection & Safety and HHS R & L Office of Family Health					X	X	X	X				
	18.2 Draft home visitation methodology within framework, including but not limited to: ▪ Standardized screening ▪ Models of intervention ▪ Training of home visitors ▪ Evaluating outcomes	Methodology developed with consensus among stakeholders	same as above								X	X	X		
	18.3 Phase-in implementation	Framework and methodology implemented in a minimum of two communities	same as above											X	X

Strategies	Action Steps	Expected Outcome	Lead	Completion Date (estimated)											
				Year 1 (2005-2006)				Year 2 (2006-2007)				Year 3 (2007-2008)			
				Quarters				Quarters				Quarters			
Strategy 19. Better prepare all Nebraskans for the important role of parenting by making a parenting course mandatory for all graduating high school students	19.1 Develop a team of key stakeholders to explore the feasibility of a mandatory semester course in every Nebraska high school, which focuses on positive family relations, typical early childhood development and basic parenting principles ▪ Higher education takes the lead in developing a curriculum plan ▪ Explore various options in carrying out the semester course, such as local school districts share instructor, ESU's contract with other agencies to provide the education	Action plan for implementation developed to include a mandatory course for all graduating students that focuses on family relations, typical development and basic parenting principles	NDE Family and Consumer Science and UNL/ Community Colleges					X	X	X	X	X	X	X	X
	19.2 Parenting courses taught to all high school students	Increased parenting knowledge prior to parenthood, resulting in Nebraskans being better prepared to become parents and increasing positive child outcomes	same as above											X	X

Outcome: There are sufficient data about Nebraska children available for use in public policy planning and program development

Strategies	Action Steps	Expected Outcomes	Lead	Planning Phase	Completion Date (estimated)											
					Year 1				Year 2				Year 3			
					Quarters				Quarters				Quarters			
Strategy 1. Define a set of early childhood indicators	1.1 Convene Data Work Group	Develop set of guiding principles around data issues	HHS R & L Ofc. of Family Health	X												
	1.2 Seek input from five topic area work groups	Gather information to develop potential indicators	Same as above	X												
	1.3 Rank and prioritize suggested indicators	Established criteria for incorporating indicators into the plan	Same as above	X									X	X	X	X
	1.4 Analyze each indicator through a profile process	Clear understanding and reliability across time	Same as above	X									X	X	X	X
	1.5 Link data sets to indicators	Set of indicators	Same as above	X									X	X	X	X

Outcome: There are sufficient data about Nebraska children available for use in public policy planning and program development

Strategies	Action Steps	Expected Outcomes	Lead	Completion Date (estimated)											
				Year 1				Year 2				Year 3			
				Quarters				Quarters				Quarters			
Strategy 2. Develop capacity for an early childhood data monitoring system through creation of an ECCS data agenda	2.1 Reform early childhood cross-cutting data work group	Committed expertise and consensus on importance of data agenda	Head Start State Collaboration Office and HHS R & L Office of Family Health	X	X	X									
	2.2 Map and describe existing data systems	--Identification of gaps and barriers in data collection --Knowledge regarding data purpose, contact information, where data is kept, how it is retrieved and variables/fields	Same as above	X	X	X	X								
	2.3 Synthesize knowledge gained regarding current system and compare with best practices	Recommendations made regarding restructuring of early childhood data collection processes	Same as above			X	X	X	X						
	2.4 Develop a data system process for ongoing data collection and analysis	Routine/consistent data reporting	Same as above						X	X	X				
	2.5 Analyze and compile data into user friendly format	Generate and disseminate reports	Same as above						X	X	X	X			
	2.6 Utilize data to drive the work of the ECCS plan	Positive outcomes for children and families based on data indicator analysis	Same as above									X	X	X	X

TOGETHER FOR KIDS AND FAMILIES IMPLEMENTATION PLAN

GOALS					A – Data currently available B – Data collected, but not readily available C – Desirable indicators; consider as data becomes available
Early care and education in Nebraska is high quality, developmentally appropriate and accessible to all children	All Nebraska children have access to and receive high quality health care services through a medical home	The early childhood mental health (social-emotional-behavioral health) needs of Nebraska's children are met	Nebraska families provide a safe, healthy and nurturing environment	Nebraska parents and families support their children's healthy development	

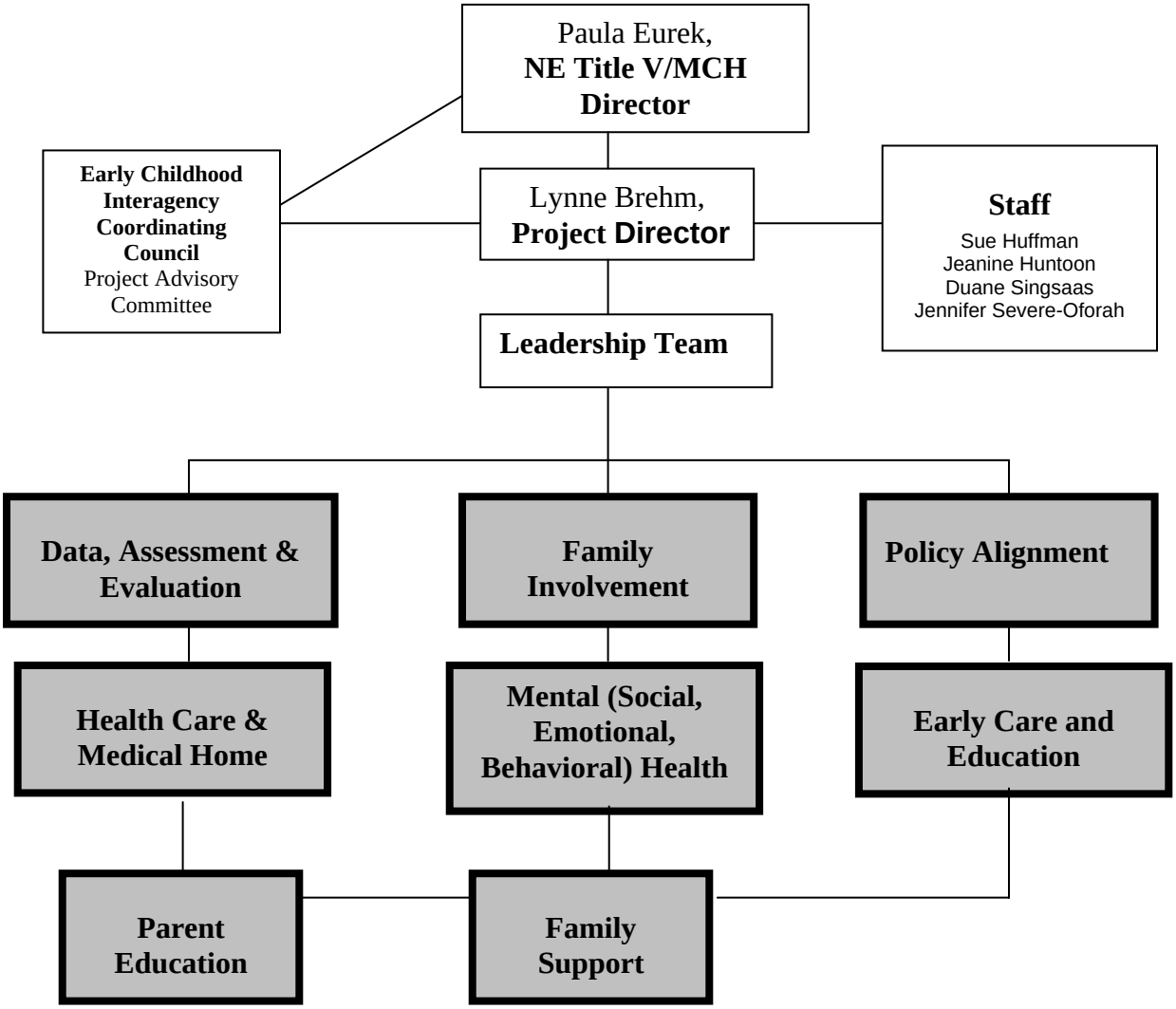
	A	B	C
*Infrastructure Building Through Development of a Network of Child Care Health Consultants (HCCA)**			
Access to Medical Homes and Health Insurance Through Early Care and Education Providers (HCCA)			
Quality Through Standards (HCCA)			
Indicator 1: Percent of licensed child care providers receiving child care subsidy.	X		
Indicator 2: Number of licensed child care slots per 1000 Nebraska children ages birth through age eight.	X		
Indicator 3: Percent of children with verified disabilities being served in Part C and/or Part B.	X		
Indicator 4: Rate of infants per 1000 with permanent childhood hearing loss (a) prior to three months of age and (b) prior to 12 months of age.	X		
Indicator 5: Number of Nebraska children (1-8 years) who die of an unintentional injury, per 100,000 children.	X		
Indicator 6: Rate per 1000 of substantiated child protective services cases per 1000 of Nebraska children (Birth – 8 years).	X		

*Healthy Child Care America (HCCA)

	A	B	C
Indicator 7: Percentage of Nebraska children (0-8) whose family incomes are less than 100% of the federal poverty thresholds.	X		
Indicator 8: Percent of Nebraska children (0-18) who have health insurance coverage.	X		
Indicator 9: Percent of children 19 through 35 months, who have received the 4:3:1:3:3:1 immunization series.	X		
Indicator 10: Rate of hospital discharges with maternal depression-related diagnostic codes per 100,000 residents.	X		
Indicator 11: Percent of PRAMS (Pregnancy Risk Assessment Management System) respondents who participated in parenting classes during their most recent pregnancy.	X		
Indicator 12: Percent of Kids Connection eligible Nebraska children receiving mental health treatment.		X	
Indicator 13: Number of children in licensed and license exempt childcare that are served by the USDA Child and Adult Care Food Program.		X	
Indicator 14: Percent of early care and education providers with environmental ratings 1 to 3. Percent of early care and education providers with environmental ratings 5 to 7.		X	
Indicator 15: Percent of Kids Connection eligible children, who received an EPSDT exam during most recent state fiscal year, by state.		X	

	A	B	C
Indicator 16: Ratio of licensed physicians and licensed dentists to the number of children, and shortage areas.		X	
Indicator 17: Percent of teachers, directors, and teacher aides in licensed childcare with at least a two-year degree in early childhood.			X
Indicator 18: Number and percent of young children identified with a permanent childhood hearing loss (PCHL) achieving communication and social skills commensurate with their cognitive abilities age at 1, 3, 5 and 7 years of age.			X
Indicator 19: Percent of at risk children (0-6) with blood lead levels greater than 10 milligrams per deciliter.			X
Indicator 20: Percent of families of young children identified with permanent childhood hearing loss involved in a parent to parent support program.			X
Indicator 21: Percentage of infants who have a medical home at the time of diagnosis of permanent childhood hearing loss (PCHL).			X
Indicator 22: Number of children 0-8 years old, and/or families with children 1-8, served by the Telehealth System for mental health needs.			X
Indicator 23: Rates of expenditures for early mental health-related programs by source, service and number of children served.			X

Together for Kids and Families Project Organization Chart



Eight Work Teams

Nebraska Early Childhood Interagency Coordinating Council 2004--2005

Members		Representing
Lea Ann Johnson, Chair	Lincoln, NE	Lincoln Public Schools
Mary Afrank	Lincoln, NE	Head Start
A. Kathryn Anderson	Hastings, NE	Physician
Christine Carr	Neligh, NE	Parent
Dora Chen	Omaha, NE	Higher Ed-ECE
Marcia Corr	Lincoln, NE	State Agency-NDE
Patrick Donaldson	Norfolk, NE	Parent
Eric Dunning	Lincoln, NE	State Agency-Insurance
Carolyn Edwards	Lincoln, NE	Higher Ed-ECE
Jolaine Edwards	Columbus, NE	Service Provider-Mental Health
Kris Elmshaeuser	Ogallala, NE	Service Provider -ESU
Thomas Fortune	Lincoln, NE	Service Provider-Public Schools
Mark Hald	Scottsbluff, NE	Mental Health
Sally Hansen	Hastings, NE	Service Provider-ESU
Ali Hettenbaugh	Lincoln, NE	Service Provider
Mary Jo Iwan	Lincoln, NE	State Agency-HHSS
Barbara Jackson	Omaha, NE	Higher Ed-UNMC
Chris Kline	Omaha, NE	Business
Susan Kringle	Loup City, NE	Parent
Kim Madsen	Chadron, NE	Higher Ed-ECE
Paul Matson	Columbus, NE	Parent
Betty Medinger	Lincoln, NE	State Agency-HHSS
Ruth Miller	Neligh, NE	Service Provider-ESU
Tammy Mittelstaedt	Ravenna, NE	Parent
Pat Nauroth	South Sioux City, NE	Service Provider-Public Schools
Sue Obermiller	Loup City, NE	Head Start
Kimberly J. Peterson	Lincoln, NE	Family Child Care Provider
Cindy Prater	Elgin, NE	Parent
Marian Price	Lincoln, NE	State Senator
Mary Beth Rathe	Lincoln, NE	Social Service Organization
Todd Reckling	Lincoln, NE	State Agency-HHSS
Barbara Schliesser	Lincoln, NE	State Agency-NDE
Connie Shonka	Omaha, NE	Center-based Child Care Provider
Patti Waltman	North Platte, NE	Family Child Care Provider
Christine Weber	Fremont, NE	Service Agency
Derek Weimer	Gering, NE	Parent
Sandra Willett	Omaha, NE	Service Provider
Carey Winkler	Lincoln, NE	Parent
Carrie Witte	North Platte, NE	Center-based Child Care
Denise Wright	Scottsbluff, NE	Service Provider-EI
Terry Rohren, facilitator	Omaha, NE	Nebraska Dept. of Education
Susan Dahm, secretary	Lincoln, NE	Nebraska Dept. of Education

Leadership Team Members
2004-2005

Members		Representing
Ms. Sue Adams,	Lincoln, NE	HHSS, Mental Health & Substance Abuse
Ms. Marcia Alber	Lincoln, NE	HHSS, Spec. Services for Children/Adults
Dr. Kathy Anderson,	Hastings, NE	Physician
Ms. Janet Barnica,	Loup City, NE	Nurse
Ms. Lois Butler	Kearney, NE	Head Start
Ms.Linda Calvillo,	Macy, NE	Santee Tribe
Ms. Alexis Campbell	Niobrara, NE	Santee Tribe
Ms. Marcia Corr	Lincoln, NE	Nebraska Department of Education
Mr. Mark DeKraai	Lincoln, NE	University of Nebraska Public Policy Center
Ms. Cheryl Drozd	Columbus, NE	Nebraska Childcare Provider
Ms. Carolyn Edwards	Lincoln, NE	UNL Family & Consumer Science
Ms. Kim Engel	Hemingford, NE	Panhandle Public Health Department
Ms. Paula Eurek	Lincoln, NE	Administrator, Office of Family Health
Ms. Cindy Ference	Loup City, NE	Early Head Start, CNCS
Ms. Carol Fichter	Omaha, NE	Early Childhood Training Center
Ms. Sue Fiero	Lincoln, NE	HHSS, Finance & Support, Medicaid
Ms. Barbara Gaither	Lincoln, NE	Project Director, Northeast Family Center.
Ms. Connie Hansmeyer	Lincoln, NE	Educational Service Unit 6
Dr. Alfred Harrington	Lincoln, NE	Physician
Ms. Sue Huffman	Lincoln, NE	Program Manager, HHSS
Ms. Jeanine Huntoon	Lincoln, NE	Educational Service Unit 6 NDE
Ms. Mary Jo Iwan	Lincoln, NE	HHSS, Aging and Disability Services
Ms. Barbara Jackson	Omaha, NE	Munroe-Meyer Institute
Dr. Laura Jana	Omaha, NE	Pediatrician
Ms. LeaAnn Johnson	Lincoln, NE	Lincoln Public Schools, ECICC Chair
Ms. Eleanor Kirkland	Lincoln, NE	Head Start State Collaboration Office
Ms. Kathy Kneifl	Fremont, NE	NE WIC Association
Ms. Diane Kvasnicka	Lincoln, NE	HHSS Child Care Credentialing
Ms. RoseAnn L'Heureux	Lincoln, NE	HHSS, Program Manager, School Health
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Ms. Linda Meyers	Lincoln, NE	Nebraska Department of Education
Ms. Kathy Moore	Lincoln, NE	Voices for Children
Ms. Mary Jo Pankoke	Lincoln, NE	Nebraska Children & Families Foundation
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Mr. Roger Reikofski	Lincoln, NE	Nebraska Department of Education
Ms. Kathy Rieb	Carter Lake, IA	Ponca Tribe

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Mr. Jeff Santema	Lincoln, NE	Legal Counsel /Nebraska State Legislature
Ms. Debra Schroeder	West Point, NE	Cooperative Extension
Ms. Barbara Schliesser	Lincoln, NE	Nebraska Department of Education
Ms. Linda Shandera	Lincoln, NE	HHSS, Aging and Disability
Mr. Duane Singsaas	Lincoln, NE	HHSS, Performance Measurement Consultant
Mr. Mark Smith	Omaha, NE	Coordinator, Munroe Meyer Institute
Ms. Jan Thelen	Lincoln, NE	Nebraska Department of Education
Ms. Joyce Thomas	Niobrara, NE	Santee Tribe
Ms. Ann Tripp	Omaha, NE	Douglas County Health Department
Ms. Peggy Trouba	Lincoln, NE	HHSS, WIC
Dr. John Walburn,	Omaha, NE	Physician, UNMC
Ms. Patti Waltman,	North Platte, NE	Nebraska Family Child Care Association
Ms. Linda Zinke	Lincoln, NE	Association for Education of Young Child.

TOGETHER FOR KIDS AND FAMILIES
Work Group Chair/Members

Work Group	Chair – from Leadership Team	Chair – Non Team Member	Work Group Members
Medical Home	**Cindy Ference** CNCS, Loup City	**Gayle Gillett, RN** H.S. Sarpy Co. Omaha	Joan Luebbers - NDE Early Int., Lincoln Barb Jackson - Munroe-Meyer, Omaha Sandy Roes – WCHR - Chadron Dr. Jane Carnazzo - Omaha Steph Knust - Goldenrod Hills H.S.-Wisner Deb Ross - Headstart, Hasting Dr. David Brown - UNMC Dental College, Lincoln Dr. John Walburn - UNMC, Omaha Mary Balluff, MS, RD, CN- Douglas Co. Health Dept., Omaha Tim Durham – Douglas Co. Health Dept., Consultant, Omaha Jessica Meeske – Dentist, Consultant, Hastings
Mental Health	**Gay McTate** Family Enrichment Inc., Omaha	**Peggy Vaughn** Parent to Parent Network, Norfolk	Marti Beard - Cedars, Lincoln Tanya Rasher-Miller, Central Nebraska Early Childhood Mental Health Project, Omaha Carol Fichter -ECTC, Omaha Dr. Mary Jo Hanigan, Psychiatrist, Omaha Barb Schliesser - NDE Early Int., Lincoln Bernie Hascall - Prot. & Safety-ICCU, Kearney Linda Liebendorfer - NE Fam. Support.Network., Omaha Linda Dubs - Parent/Affinity Therapy, Alliance Diane DeLeon – Parent, Grand Island Dr. Mark Shriver – Consultant, Munroe-Meyer, Omaha Mary Fran Flood-Therapist, Consultant, Lincoln Marlene Von Seggern-Coordinator/Therapist, Central NE Community Systems, Orchard
Early Care and Education	**Michelle Rupiper** UNL, Lincoln	**Denise Wright** EDN, ESU 13 Scottsbluff	Bonnie Coffey - CSI,Women's Commission, Lincoln Beverly Mikluscak - H.S. Sarpy Co., Omaha Linda Meyers - NDE, Early Childhood, Lincoln Terry Rohren - ECTC, Omaha Dave Micheels - NHHS,Minority Health, Gering Kathleen Feller - CSI, Omaha Helen Raikes – Consultant, Gallup, Omaha Jeanne Webb – Central Community College, Grand Island Verna Headley – Bethany Lutheran Church Preschool, Omaha
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Work Group	Chair – from Leadership Team	Chair – Non Team Member	Work Group Members
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Together for Kids and Families Definitions

The definitions listed are specific to how the terms are used in the Together for Kids and Families strategic plan. Some terms may have alternative definitions depending on the source.

Access: Something which is made possible when physical, cultural, social, financial, intellectual, psychological and emotional barriers to families are removed, reduced, or overcome.

Articulation: Course articulation is the process by which one institution matches it's courses or requirements to course work completed at another institution.

Best Practices: Activities, components and recommendations that, when adhered to, lead to success. Best practices come into being because of research and practices that work.

Bright Futures: Initiated by the Maternal and Child Health Bureau (MCHB) over a decade ago, Bright Futures is a philosophy and approach that is dedicated to the principle that every child deserves to be healthy, and that optimal health involves a trusting relationship between the health professional, the child, the family, and the community.

Child and Adult Care Food Program (CACFP): Administered by the USDA to provide nutritious meals and snacks served to eligible children in child care centers, family day care homes, and outside-school-hours centers, as well as to eligible adults in adult care centers.

Child Care Health Consultation: Services provided to Child Care Providers on health and safety issues.

2-1-1: A collaborative database containing information on organizations from across the state working to ensure that individuals have an easy means to search the entire state for health and human service agencies and programs serving their area, and find the help they need.

Child Care Subsidy: A payment made to a child care provider who holds an agreement with HHS to accept payments made on behalf of eligible low income families. The subsidy assists eligible low-income families in meeting their child care costs as they work toward self-sufficiency.

Cognitive ability: The capacity to perform higher mental processes of reasoning, remembering, understanding, and problem solving.

Core Competencies: A set of observable skills needed by the practitioner in a given field.

Cost/Benefit Analysis: An analysis of the cost effectiveness of different alternatives in order to see whether the benefits outweigh the costs.

Culturally and Linguistically Appropriate: Health care and other services that are respectful of and responsive to cultural and linguistic needs. Congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

Developmentally Appropriate: Materials, activities and expectations of child's behavior that are appropriate for a child's stage of development and that supports the child's development and learning.

Early Care and Education: Early Care and Education refers to parenting practices that directly affect learning as well as child care and educational programs for young children.

Early Childhood: Birth through age eight.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Medicaid's comprehensive and preventive child health program for individuals under the age of 21. The EPSDT benefit includes developmental assessment, anticipatory guidance, vision and hearing testing, behavioral health assessment, and age-appropriate laboratory tests, as well as all diagnostic and treatment services that are medically necessary to follow-up on a condition identified during a screening visit.
-The EPSDT periodicity schedule is consistent with the American Academy of Pediatrics (AAP) periodicity schedule "Recommendations for Preventive Pediatric Health Care."

Educational Service Units (ESU's): Service-oriented, non-regulatory agencies designed to achieve a better balance of educational opportunities for students regardless of the population, financial differences, or geographic limitations of school districts.

Family Centered: A family-centered approach is one that recognizes that families are the experts regarding their family circumstances and members. Families are recognized as the primary social unit for promoting the development of children, and professionals are most effective when they proactively support the family.

Family Support: Services that enhance the ability of families to successfully nurture their children. Involving and engaging parents as partners in creating a positive future for their children and their communities.

Fee-for-Service (FFS): The system of reimbursement for Medicaid services where each service is billed by the Medicaid-certified provider to the Medicaid program and reimbursed accordingly, in contrast with managed care.

First Connections with Families: First Connections with Families is a statewide initiative developed by the Nebraska Department of Education, in cooperation with the Health & Human Services System, to meet the requirements of the Nebraska Read, Education and Develop Youth Act. A booklet, which contains information about child development, reading to your child, and child health and safety is distributed to parents of newborns.

Healthy Child Care Nebraska Project: Project funded through Healthy Child Care America, Community Integrated Services System grant (1996-2005).

Immunization Series 4:3:1:3:3:1:

4: Diphtheria, Tetanus, Pertussis (DTP, DtaP, DT, Td, Tdap)
3: Inactivated Poliovirus (IPV)
1: Measles, Mumps, Rubella (MMR)
3: Haemophilus Influenzae type b (Hib)
3: Hepatitis B (HepB)
1: Varicella (VZV)

Kids Connection: Nebraska's children's health insurance program (SCHIP) developed as an extension of Medicaid in Nebraska. Its purpose is to provide health care to low-income uninsured children across the state.

License-exempt provider: Providers offering care to children who are by state regulation exempt from being required to hold a license to provide such care, i.e. providing care for 3 or fewer children at any one time, grandparents caring for grandchildren, etc. (see 391NAC 2-004 for a complete listing).

Managed Care: A method of service delivery that involves payment to a health care organization on a fixed per person basis to provide health care services with a focus on improved access and quality.

Medicaid Administrative Contracts: Contracted activities, not medical services, which are directly related to the administration of the Medicaid program and are eligible for federal matching dollars.

Medical Home: A *medical home* is not a building, house, or hospital, but rather an approach to providing health care services in a high-quality and cost-effective manner. Children and their families who have a *medical home* receive the care that they need from a pediatrician or physician (pediatric health care professional) whom they know and trust. The pediatric health care professionals and parents act as partners in a *medical home* to identify and access all the medical and non-medical services needed to help children and their families achieve their maximum potential. The American Academy of Pediatrics believes that all children should have a medical home where care is accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally competent.

Mental Health: Early childhood mental health is the developing capacity of children...to experience, regulate, and express emotion; form close, secure, interpersonal relationships; and explore the environment and learn – all in the cultural context of family and community. Early childhood mental health is synonymous with general health and well being, and healthy social, emotional, and behavioral development.

Midwest Child Care Research Consortium: Convened in 1997, this is the first child care research partnership to encompass an entire U.S. Department of Health and Human Services (HHS) region. It is a multi-state project being conducted in collaboration with researchers in Nebraska, Iowa, and Kansas, HHS Region 7. Research partners are from four state universities and the Gallup Organization. Additionally, each state team includes a member of the Early Head Start Research Consortium. The focus of the Consortium's work is to conduct a multi-year study on a range of issues associated with child care quality.

Nebraska Early Learning Guidelines: A resource which provides information to assist early childhood teachers, caregivers, parents, family members and other adults in promoting the learning and development of young children.

Nebraska Health and Human Services System (HHSS): A system created through the Partnership Act of 1996. Includes three agencies: Health and Human Services (HHS), Health and Human Services Finance and Support (HHS F&S) and Health and Human Services Regulation and Licensure (HHS R & L).

Nebraska Department of Health and Human Services (HHS): One of three agencies in HHS system. Major services and programs include Behavioral Health, Child Support, financial assistance and Protection and Safety.

Nebraska Department of Health and Human Services Finance and Support (HHS F & S): One of three agencies in HHS system. Major programs include Medicaid and Vital Records.

Nebraska Department of Health and Human Services Regulation and Licensure (HHS R & L): One of three agencies in HHS system. Major programs and units include Child Care Licensing and Family Health.

Nebraska Medicaid: The Nebraska Medical Assistance Program, also known as the Medicaid Program, is a program that is jointly funded by the state and the federal governments to provide medical services to those who cannot afford to pay for medically necessary services.

N-FOCUS: The Nebraska Health and Human Services information system for nearly all the major social service programs.

Outcome/Goal: The desired result or condition we want to achieve. It should be stated in positive terms and in present tense.

Parent Education: The provision of specific knowledge and child rearing skills to parents and other caregivers, with the objective of enhancing a child's health and development.

Periodicity Schedule: Guidelines for the periodicity of well-child visits and the types of screens and health assessments that should be conducted at each visit.

Permanent Childhood Hearing Loss: A permanent bilateral or unilateral, sensory or conductive hearing loss averaging 30 to 40 dB or more in the frequency region important for speech recognition.

PRAMS: An ongoing, population-based surveillance system designed to identify, monitor and provide high quality, timely data on selected maternal health behaviors and experiences before, during, and after pregnancy among women who have had a live birth. The Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS) is a collaborating member of the Centers for Disease Control and Prevention (CDC) initiative to reduce infant mortality and low birth weight.

Public Health Nurse: A nurse responsible for providing health care services to individuals within the community setting

Quality Rating System: A strategy to improve quality of early care and education by providing "star ratings" like those of hotels or restaurants.

Respite: Provides temporary, short-term care for family caregivers of families in crisis, foster parents, caregivers of children and adults with special needs, frail elderly and families simply needing a break. Respite reduces stress in families, increases family social activities and interactions and strengthens the family's ability to provide care in the home.

Rule 11: Title 92 NAC, Chapter 11, NDE. A set of basic standards to guide program planning and development for all center-based programs serving children age birth to 5, operated by public schools and/or Educational Service Units.

Rule 51: Title 92 NAC, Chapter 51, NDE. Contains requirements for school districts in the provision of special education and related services for children and youth with disabilities aged birth-21.

SIG: State Infrastructure Grant (SIG) for Children's Mental Health and Substance Abuse Services - funded by SAMHSA with the purpose of developing 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.

Six Mental Health Regions:

Region I, located in the extreme western section of the state, is comprised of 11 counties: Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scottsbluff, Sheridan and Sioux.
Region II, in west central Nebraska, is composed of the following 17 counties: Arthur, Chase, Dawson, Dundy, Frontier, Gosper, Grant, Hayes, Hitchcock, Hooker, Keith, Lincoln, Logan, McPherson, Perkins, Red Willow and Thomas.
Region III, in south central Nebraska, includes 22 counties: Adams, Blaine, Buffalo, Clay, Custer, Franklin, Furnas, Garfield, Greeley, Hall, Hamilton, Harlan, Howard, Kearney, Loup, Merrick, Nuckolls, Phelps, Sherman, Valley, Webster and Wheeler.
Region IV, in northeast Nebraska, is comprised of 22 counties: Antelope, Boone, Boyd, Brown, Burt, Cedar, Cherry, Colfax, Cuming, Dakota, Dixon, Holt, Keya Paha, Knox, Madison, Nance, Pierce, Platte, Rock, Stanton, Thurston and Wayne.
Region V, in southeast Nebraska is comprised of 16 counties: Butler, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer and York.
Region VI, in eastern Nebraska, is comprised of five counties: Cass, Dodge, Douglas, Sarpy and Washington.

Strengths-Based: Recognizing and building on existing strengths, building new strengths, strengthening larger social environments, and engaging all stakeholders at all points in the intervention process.

Telehealth: Telehealth or "telemedicine" is the exchange of medical information from one site to another (at a distance) via electronic communications for the provision of clinical services to patients; supervision and consultation to clinicians; or, educational programs.

Underinsured: Not having adequate health insurance coverage and as a result, individuals often delay or forego necessary care because of concerns about cost.

Uninsurable: Individuals with potentially costly health conditions who pose a high risk to any insurance carrier and who cannot obtain health care coverage due to medical underwriting (pre-existing conditions).

Uninsured: Lack of health insurance coverage.

Universal Home Visitation: A program that enables all families with a new baby
to utilize the services of health professionals and/or trained volunteers. Such a program would be non-discriminatory, would recognize that all caregivers need assistance at some time, and would provide the opportunity to identify those families in need of extra support.

Verified Disability: A professionally verified disability is a condition that significantly impairs major life activities and is certified by a licensed physician, psychologist, audiologist, speech pathologist, or other appropriate professional.