

# Community Early Childhood System of Care (ECSOC) Self-Assessment



*Together for Kids and Families  
Mental Health Work Group*

*Nebraska Department of Health  
& Human Services*



**Nebraska Early Childhood  
System of Care  
Facilitator's Guide**

## Nebraska Early Childhood System of Care Facilitator's Guide

*Thank you for agreeing to facilitate the community assessment of the capacity of the Early Childhood System of Care in your community. The following provides you with information to support your facilitation of the process.*

Together for Kids and Families (TFKF) is Nebraska's Early Childhood Comprehensive Systems project and is located organizationally within the Department of Health and Human Services, Division of Public Health, and Lifespan Health Services. TFKF brings together early childhood stakeholders to comprehensively plan and implement strategies designed to holistically address issues that affect young children and their families in order to promote positive outcomes. This document was developed by the TFKF Mental Health Work Group.

### **Purpose:**

*Local* - Guide local communities in a systematic process of community mapping and planning by identifying their strengths and the gaps in early childhood services and supports for social emotional development and child mental health.

*Statewide* – Guide the establishment of statewide projects/priorities by aggregating the findings and recommendations from the local community based assessments.

**Who needs to be invited to the table in the community?** It is important to have a broad representation from your community. Here are some recommended members:

- Mental Health service providers
- Family members
- Early childhood providers , (Head Start, Early Childhood Regional Planning Team members)
- Vocational providers
- Recreational providers
- College and University Faculty
- Social service workers
- School Administrators
- Community health care providers
- Public Health providers
- Substance Abuse providers
- Juvenile justice providers
- Child welfare providers

“I loved being able to show the common links between providers from medical, social and educational as well as family perspectives.”  
-Heather Gill, Ogallala  
Early Development Network Supervisor

**Topical areas for Self-Assessment:** Prevention and Intervention Services and Supports will be rated using the following rubric in order to capture strengths and gaps related to childhood mental health and healthy social emotional development. (You will notice that each item has been coded to assist with data compilation and planning—P=prevention and I=intervention)

### **Steps of the Self-Assessment:**

1. Identify community stakeholders and provide them with self-assessment (electronic or paper) to complete
2. Summarize the survey data
3. Convene a small subgroup who can review the responses and identify other needs
4. Complete priorities and plan

“We are all looking forward to getting our action plans underway and have gained insight and direction from this process.”  
-Cristen Witte, Valentine  
School Psychologist

## Quality Child Care Definition

On the third page of the assessment you will be asked to assess several variables related to high quality child care. The following indicators of quality child care are being provided to assist in your assessment and discussion.

- Well-educated, well-trained, experienced attentive, responsive and engaged caregivers
  - Caregivers show affection, make eye contact, and speak directly to children with an encouraging tone
  - Children are soothed and supported when frustrated or challenged, helping them identify their feelings
  - Caregivers and families exchange information about the child's development and learning progress
- A safe, healthy and child-friendly environment
  - Sufficient and age-appropriate materials and toys are accessible, organized, and inviting
  - Safe, outdoor play spaces invite exploration and nurture curiosity
  - TV and video are not used to occupy children
  - Strict health and sanitation policies, including: an emergency plan, including staff trained in pediatric first aid and CPR; a handbook or written policies for parents, and healthy meals and snacks
- Stimulating Activities and Appropriately Structured Routines
  - Caregivers thoughtfully organize age-appropriate experiences throughout the day that incorporate language, math, science, art, music, movement, and dramatic play
  - Imagination and creativity are nurtured
  - Children learn to positively interact through positive guidance and discipline practices
  - Opportunities for children to interact in small groups and to play independently
  - A balance of active and quiet activities
- Low child-adult ratios and small group sizes :
  - Infants: no more than 8 with at least 2 teaching staff always present
  - Toddlers: no more than 12 with at least 2 teaching staff always present
  - Preschoolers: no more than 20 with at least 2 teaching staff always present
- Comprehensive supports for children and families such as health and nutrition, parent education and referral services
- A state child care license

"It required small groups of people to engage in discussion around the questions...we learned what other perspectives exist and what people do or do not know in the area of Early Childhood."  
-Heather Gill, Ogallala  
Early Development Network Supervisor

Sources include National Association for the Education of Young Children, First Five Nebraska, National Institute for Early Education Research, Nebraska Department of Education, and Nebraska Department of Health and Human Services.

## Background Information on Early Childhood Systems of Care

### Definition:

The Nebraska Early Childhood System of Care for mental health is a coordinated network of community-based services and supports that is organized to meet the social and emotional needs of young children and their families. Families and early childhood professionals within public and private organizations at the community level work in partnership so services and supports are readily accessible, effective, strength based and address the cultural and linguistic needs of young children and their families. The Nebraska Early Childhood System of Care aims to ensure that a comprehensive array of services and supports are present in all communities in the state so the social and emotional needs of young children are met at home and by other caregivers during these critical formative years.

### Guiding Principles

- **Assessment** – Standardized process for identifying community as well as child/family behavioral health needs
- **Access**- families and children have available and appropriate level of services
- **A Balanced Array of Services** – a broad range of services are available based on Evidenced Based Practices (EBP) (promotion/prevention/intervention)
- **Effective care coordination, management and evaluation** – seamless coordination with priorities for continuous quality improvement and increasing accountability.
- **Data driven decision making** – standard information is gathered and used to inform decision making.
- **Coordinated funding structure** – harmonized funding structures integrate processes (e.g., eligibility, service delivery requirements, data collection, etc.)

### Core Values

- **Child and family focused** – partnership with families in which families have a voice in the service delivery process and provide their feedback.
- **Community-Based** - services as appropriate are provided in the family's community.
- **Culturally competent** with respect to racial, ethnic and linguistic differences.



*Based on the Nebraska Health and Human Service System: LB 542: Creating Change and Providing Hope for Nebraska's Children, Adolescents and Their Families (2007)*

“We expected to learn about gaps and shortfalls in the system – and we did. But we also learned about resources we did not know about, and we gained new members and partners for the Coalition. All of us were amazed at the degree of consensus among our members and respondents as to gaps, priorities, and urgency. We were able to readily identify several issues to incorporate into our Action Plan for the year. We have a focus!”

-Barb Jessing, Omaha

Chairperson of the Coalition for Children's Mental Health

**Community Early Childhood  
System of Care (ECSOC)  
Self-Assessment**

## Community Early Childhood System of Care (ECSOC) Self-Assessment

Community Name: \_\_\_\_\_ Area Covered (counties/city): \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

*You are invited to complete this assessment as part of a community self-assessment process. You are being asked to complete this assessment as you are a community stakeholder who is aware of your community's early childhood mental health services and supports.*

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**Topical areas for Self-Assessment:** Prevention and Intervention Services and Supports will be rated using the following rubric in order to capture strengths and gaps related to childhood mental health and healthy social emotional development. (You will notice that each item has been coded to assist with data compilation and planning—P=prevention and I=intervention)

**Directions:** The stakeholders should review each of the components which represent one aspect of a comprehensive early childhood system of care. As you think about each service/resource in your community think about the following:

- Determine if the resource/service is available in your community (e.g., is it equally available across economic levels, populations of children, and geographically available?).
- Rate the degree that working to improve the availability of this component in your community is important to your work group. This rating will help you to prioritize your work plan that will be an outcome of your group's assessment and planning process.

**Summarizing the community assessment findings:** It is important that after your subgroup identifies the community priorities that they begin to develop a plan to guide the work. The ECSOC Community Self-Assessment Report of Findings provides a framework for the community to summarize their findings and to begin to identify the recommended actions to begin to address the priorities.

## Early Childhood System of Care Self-Assessment

Community:		Date:							
		Degree Available				Priority Rating			Description of Services
		1 None	2 Some	3 Adequate	Don't know	1 Low	2 Medium	3 High	<i>Optional column for the community to catalog services/questions</i>
Health	Preconception health & wellness counseling <i>(e.g., stress &amp; impact on the fetus, nutrition education, screening for substance use, smoking cessation support)</i> <b>P</b>								
	Regular health care is accessible (pre and post natal) <b>P, I</b>								
	Education about benefits of breast feeding provided during prenatal care and postpartum <b>P</b>								
	Breastfeeding support is available <b>P</b>								
	Depression screening part of routine prenatal and postpartum health care <b>P, I</b>								
	Substance Abuse screening part of routine prenatal and ongoing health care <b>P, I</b>								
	Routine child developmental screenings include social/emotional health and development, and mental health. <b>P, I</b>								
	Infancy								
	Preschool								
	Primary Years								









### Top Three Priority Areas for Action

Priority Area:	Action Plan	Timeline
1.		
2.		
3.		

**Early Childhood System of  
Care (ECSOC)  
Community Self-Assessment  
Report of Findings**

**Early Childhood System of Care (ECSOC)  
Community Self-Assessment  
Report of Findings**

**Community Name:**

**Area Covered (counties/city):**

**Primary Facilitator**

Name:

Email:

Contact Phone #:

**Method was:**    Survey only     Survey plus focus group/s

**Total number of participants:**

**Participation included:**

- |   |  |
|---|--|
| <input type="checkbox"/> Family members                                 | <input type="checkbox"/> School Administrators           |
| <input type="checkbox"/> Early childhood care providers                 | <input type="checkbox"/> Elementary school teachers      |
| <input type="checkbox"/> Head Start                                     | <input type="checkbox"/> Community health care providers |
| <input type="checkbox"/> Early Childhood Regional Planning Team members | <input type="checkbox"/> Mental health service providers |
| <input type="checkbox"/> Public Health providers                        | <input type="checkbox"/> Substance Abuse providers       |
| <input type="checkbox"/> Recreational providers                         | <input type="checkbox"/> Juvenile justice providers      |
| <input type="checkbox"/> Social service workers                         | <input type="checkbox"/> College and University Faculty  |
| <input type="checkbox"/> Child welfare providers                        | <input type="checkbox"/> Vocational providers            |
|   | Other  |

**Findings:**

**Health:** Total score for degree available:                      (out of 27 possible)

Strengths:

Areas of Concern—include top priorities established:

Action planned:

Support needed:

**Family Resources:** Total score for degree available: (out of 75 possible)  
Strengths:

Areas of Concern—include top priorities established:

Action planned:

Support needed:

**Early Childhood Mental Health Services:**  
Total score for degree available: (out of 36 possible)  
Strengths:

Areas of Concern—include top priorities established:

Action planned:

Support needed:

**School:** Total score for degree available: (out of 15 possible)

Strengths:

Areas of Concern—include top priorities established:

Action planned:

Support needed:

Please return this completed form to Lynne Brehm, Program Coordinator for Together for Kids and Families (TFKF). The TFKF Mental Health Work Group would like to continue to review feedback from communities regarding this tool and the assessment process to provide continuous quality improvement as needed.

Thank you,  
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