

ECAC Team 2

Local, State, and Federal Coordination and Increasing Participation

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Summary of work: ECAC Team 2 met twice for group discussion. Meetings were in person with conference call accessibility. Final recommendation assignments were made among team members to cover 4 topic areas.

Four topic areas frame the issues for this team's discussion and recommendations:

1. Funding
2. Improving Access to Services
3. Collaborations in service provision; and
4. Coordination of care through all early childhood transitions

Topic Area: Funding

Goal: Increase blending/braiding state, federal and local funding

Examples we have now working:

- **Children's Place, Inc.** is an enriched program of early childhood services that has a child care center as its core. The program provides an interdisciplinary treatment program of early childhood education, psycho-social developmental interventions, speech therapy, physical therapy, occupational therapy, and mental health counseling for children and training through coaching and direct services for parents in their homes and in group meetings. Funding is braided from Medicaid Fee for Service for Behavioral Health and Rehab Services, ABC Vouchers, Parent Fees, fundraising and United Way. United Way also contributes funding to SC Department of Health and Human Services to act as the match for the Medicaid programs.
- **Collaboration between Head Start and DSS Child Care Services**, wherein Head Start is accessing federal child care dollars to provide wrap-around care (before and after regular hours) for Head Start children.
- **Collaboration between DSS Child Care Services and First Steps** wherein an initial investment given to First Steps to preserve lost scholarships is being matched with state and local funding that triples the federal child care investment and will support more children in care.
- **The SC Children's Collaborative at the Children's Trust of SC** brings public and private funders together to discuss joint priorities for blending funding and improving child well-being.

Recommendations for ECAC support:

1. There is a need for a neutral place for prioritizing children's services and decision making – agencies, stakeholders and private providers need a neutral convener within the state that does not provide direct early childhood services and can promote a level of cooperation and coordination of services and budgetary priorities with objectivity and upon the direction of the Governor.
2. Landscaping private dollars and increasing private dollar support – a number of private non-profits and foundations appear to be willing to pool or braid funding so more children and families can be served. At issue is the need to identify who those agencies, private funders and foundations are, their geographic areas of service, and the types of early childhood activities and services they can fund in an effort to blend and braid funding for greater investments in services using current, not additional, resources.
3. Policy Issues – the state needs a clear mandate for agencies to seek out ways to optimize funding through private foundations and private non-profits to increase participation in needed services throughout the state. Instruction and training in how this may be accomplished should be provided to all top and mid-level managers.
4. Drawing down all available federal dollars – with state budgets increasingly under stress, the ECAC needs to be involved in working together to ensure that all available federal funding is accessed and that all state match requirements are met. One example is ensuring the continuation of the Baby Net program, which has notified their federal counterparts that the state currently does not have the state funding to match the federal funding to draw down the dollars allocated to SC. A priority of the ECAC should be addressing this shortfall and working together to ensure that these developmental services continue to be available to children in need of the services.
5. The ECAC should actively advance, and promote, the development of new federal funding opportunities for comprehensive early-learning mechanisms by means that do not impose burdensome state match.

Topic Area: Improving Access to Services

Examples we have now working:

- **2-1-1** establishes a toll-free number providing a portal where callers reach knowledgeable, multilingual staff with questions on health and human services information and specialized services.
 - This 24-7 service utilizes a computerized database of health and human service providers – which can be updated in real time since providers have easy access to their information.
 - SC 2-1-1 has infrastructure capacity to cover every SC County and in 65% of the state 2-1-1 is now available.
 - SC 2-1-1 operators are cross-trained for crisis intervention and can provide multiple, time-limited tasks for statewide education and support like providing information regarding the H1N1 vaccine or credit/mortgage services.
 - All counties now have “front door” access to Child Care Resource and Referral (CCR&R) through 2-1-1.

- **SC pilot for Benefits Bank** – see <http://www.thebenefitbank.com/SouthCarolina>
 - South Carolina Office of Rural Health is making it possible for residents to have access to much needed work supports and tax credits.
 - [S.C. BlueCross Foundation](#) funds The Benefit Bank Start-up as Part of \$5.7 Million in Grants Awarded Statewide in 2009.
 - Clients of The Benefit Bank can now complete applications for Medical Benefits and Family Independence (Cash Assistance) along with their SNAP applications.

Recommendations for ECAC support:

1. Establish 2-1-1 as a SC statewide operational service
2. Build Specialized Call Centers within 2-1-1 such as Connecticut’s Child Development Info Line which clusters access to developmental services and serves as the state ‘single point of entry’ for Part C (Baby Net) and can streamline information, access, and referrals for families who also fall out of other developmental service eligibility criteria.
3. Provide the specialized call center as part of the service system within the “Help Me Grow” model which includes telephone care coordination, physician outreach on use of routine standardized screening, community liaisons and evaluation of the system.
4. Exploration and support of database systems that provide access to a “1 application” process for multiple eligibility service options to families. (Ex: Benefits Bank, Utah CLICKS, CT’s 2-1-1 Navigator).
5. Make 2-1-1 the portal for CCR&R as a specialized call center helping parents and child care providers in: locating appropriate resources and referrals, receiving education about quality indicators of early childhood programs, connecting to the database of all licensed and licensed exempt programs and finding financial assistance for those who require assistance in paying for child care (vouchers).
6. Use 2-1-1 for comprehensive statewide services and updated information in order to provide a statewide directory for up-to-date resources.
7. Use database that includes demographic and caller issues to inform many service needs/gaps assessment processes.

Topic Area: Collaborations in Service Provision

Goal: To improve collaboration in Service provision in order to maximize the effectiveness of services.

Examples of opportunities for collaborative processes and planning:

- **Data connection** – To be covered in Early Childhood Advisory Council (ECAC) Goal Area #1 -Unified Data System (see ECAC goals attached).
- **Purchasing agreements** – ex: E-Rate: the program provides discounts to assist most schools and libraries in the United States to obtain affordable telecommunications and [Internet access](#). It is one of four support programs funded through a [Universal Service](#) fee charged to companies that provide interstate and/or international telecommunications services.
- **Professional development across disciplines**- Pool/blend resources across state agencies for quality training opportunities. Joint planning to blanket work force with training on topics that affect all professionals in different services areas: Cross

agency training topics should include those effecting children most at-risk: Young child social-emotional development, emerging language and early literacy, strengthening families, and children with special health care needs.

Examples of existing collaborative training efforts

- Aiken summer teacher's institute- through **local** pooled efforts among staff in several agencies, school teachers spend one week of training and earn teacher certification
- CCR&R regional (multi counties)child care coordination teams to strategically plan for training needs in the area
- CCCCD state level coordination and certification of child care provider training, suggested as a system to build upon adding other required training and certification processes to their system of registration, certified trainers, etc. Example for adding: Parenting Home Visitation Staff and Foster Parents

Emerging Opportunity to Plan and Design Collaboratively

- Federal Funding for Home visitation (HV) and early childhood services – Use opportunities like the Federal Health Care Reform Legislation on home visiting to bring disparate HV efforts together and support a range of Coordinated HV services in the state, shoring up infrastructure that will support fidelity and quality services (Federal dollars to support collaborative state efforts).

Recommendations for ECAC support:

Collaborative Organizational Management

1. Establish governance process for collaborative leadership among program/professional experts for a shared services systems design to enhance the quality, affordability and access of services
 - Organizational participation by all government levels, non-profits, faith orgs, private orgs, and appropriate for-profit
 - Community partners should include parents/families to participate in system development through needs assessment, policy development, and program planning and monitoring
2. Develop a formal MOU/A that identifies specific needs/risks factors targeted for shared services planning and delivery.
3. Plan and provide (cost sharing) professional development across programs and disciplines by establishing in-depth training that is across systems - offering training that embodies quality, is accessible, and with cost that is affordable.

Data Management

4. Create electronic data support through shared individual client records or integrated data banks with "need-to-know" access among service points.
5. Utilize data warehouse sharing to build smarter systems based on child and family needs in order to plan and target services and to review and address outcomes through evaluation and data analysis.

Services management

6. Coordinate/streamline early identification outreach, intake, assessment, care coordination, and referral
7. Create services co-location to increase access and fit for meeting child/family needs
8. Utilize diagnostic-prescriptive programming/intervention to address the unique needs of children and their families

9. Establish wrap-around child or family service plans for complex child/family needs and cross- agency “universal staffing” for clients who need multi system services with family participation and agreement

Topic area: Coordination of care through all early childhood transitions

Goal: To improve the coordination of care in order to maximize children’s progress as they transition through services.

Vulnerable points of transition exist for all children, and particularly children at risk. Thoughtful and individualized coordination of care is needed to orchestrate successful early childhood developmental transition points. Transitional challenge points affect all domains of child development, including the seldom-addressed social and emotional domain. The following is a partial list of important transition events for young children:

- Entering child care, changing caretakers
- Exiting from Part C (Baby Net)
- Entering or exiting foster care
- Entering 4 K and kindergarten
- Entering Part B (IDEA)
- Experiencing divorce or death of a primary caretaker
- Experiencing domestic violence
- Experiencing abuse or neglect
- Experiencing developmental delays that do not meet IDEA eligibility criteria

Recommendations to recognize and address these issues:

1. Promotion of quality resources to help parents and or child care providers and teachers address social emotional development and school readiness such as: Evidence –based parenting home visitation programs, Reach out and Read, Incredible Years, and Child Care Mental Health Consultation and cross-agency training on Social-emotional development, Treatment programs addressing parent substance abuse
2. Establishment of a care coordination system that would serve families and children as critical needs emerge. All Baby Net eligible children receive care coordination. Children ineligible or aged out of Baby Net may continue to have challenges that require support in the form of care coordination.
3. Support the Help Me Grow (see attached description) system replication as a statewide endeavor
4. Monitor and promote quality Part C transition practices
5. Develop a well-coordinated database for referrals of children who have developmental issues but are not eligible for typical care paths such as early intervention thru Part C (Help Me Grow includes this concept)