After several years of work to align state agency priorities around early childhood issues, the, The NYS Early Childhood Plan: Ensuring a Great Start for Every Child was completed in 2009 by the NYS ECCS Team and formally approved by the Commissioners of the state’s health, education and human services agencies.

Chaired by the New York State Health Department and the New York State Council on Children and Families, the ECCS Team included representatives from all relevant state agencies: the Office of Children and Family Services, the Office of Temporary and Disability Assistance, the Education Department, the Office of Alcoholism and Substance Abuse Services, the Office of Mental Health, the Office of People with Developmental Disabilities, and the Department of State. The Team also included many provider and advocacy organizations, colleges and universities, and parents.

The Early Childhood Plan laid out goals and objectives for creating an integrated system of early childhood services in New York that encompasses four broad goals: healthy children, strong families, early learning, and coordinated and responsive systems. These goals reflect the multidimensional nature of positive child and family development and the interconnectedness of the issues involved.

To implement the plan, the Early Childhood Advisory Council (ECAC) was formed in May 2009 with representatives from many of the same agencies and organizations that developed The Early Childhood Plan through the ECCS Project. The ECCS Project Director was appointed as Co-chair of the ECAC, which has contributed to the full integration of The Early Childhood Plan into the work of the ECAC. To carry out its work, the ECAC has developed six workgroups: Promoting Healthy Development, Quality Improvement, Workforce Development, Strong Families, Finance, and Data Development.

Below is a description of the work being conducted by the ECAC in collaboration with the ECCS Project and their partners to increase the quality and coordination of services provided to New York’s youngest children and their families.

**GOAL 1: HEALTHY CHILDREN**

**Objective 1: Increase the practice of healthy behaviors in the preconception, prenatal, and postpartum periods, including the use of early and comprehensive prenatal care.**

For several years, the State Department of Health has operated the Comprehensive Prenatal-Perinatal Services Network Program, which provides funding for regional partners to organize the service system at the local level to improve perinatal health. The Networks work with a consortium of local health and human service providers to identify and address gaps in local perinatal services. The Networks coordinate evidence based home visiting programs, including programs funded through the state’s Maternal Infant Early Childhood Home Visiting (MIECHV) grant, including Healthy Families New York and Nurse Family Partnership.

These networks have contributed an increased rate of pregnant women receiving prenatal care beginning in their first trimester, which continues to exceed the Healthy People 2020
baseline. However, the rate at which New York pregnant women receive prenatal care is disproportionately lower for African American and Hispanic women at a rate of 64.3 percent of these women receiving care within the first trimester compared to a state-wide rate of 73.6 percent. To help address this disproportionality, the Department of Health has taken advantage of innovative health messaging by launching Text4Baby customized with New York information in 2013. Marketing materials and outreach campaigns for Text4Baby will be targeted in high needs urban communities with higher population rates for pregnant and parenting Hispanic and African American women.

State agency coordination, including the sharing of data to measure indicators of the six MIECHV benchmark areas, is greatly enhanced by a Home Visiting Coalition convened by the Schuyler Center for Advocacy and Analysis. Both the ECCS Project Director and the NYS Project LAUNCH Director are active members of this coalition, which is working to develop method to expand data sharing between all of the state’s home visiting programs.

**Objective 2: Increase the proportion of children, including children with special health care needs, who have adequate health insurance coverage and receive comprehensive health care services through a medical home.**

In 2009, state law authorized the Department of Health to incentivize the development of patient centered medical homes to improve health outcomes through better coordination and integration of patient care for persons enrolled in Medicaid. Major medical home initiatives have become established within the state’s Medicaid and Child Health Plus program with a goal that all children in enrolled in either program will receive medical services within a Patient Centered Medical Home by 2014.

In July 2010, the Department of Health began making incentivized payments to medical providers enrolled in Medicaid for offering a higher level of coordinated primary care, as recognized by the National Committee for Quality Assurance’s Patient Centered Medical Home. Approximately, 1.3 million Medicaid enrollees received their medical care from a Patient Centered Medical Home as of December 31, 2011. In 2011, this incentive was extended to providers participating in the Child Health Plus program, resulting in almost 32 percent of enrollees receiving high quality coordinated care by the end of 2011.

The Department of Health continues to fund Local Health Departments to provide information and referral services to children with special health care needs (CSHCN) and their families, including assistance with obtaining health insurance and locating a primary care provider. As a proxy for medical home, the CSHCN Program assesses the number of children with a primary care provider as part of the initial contact when families request information and referral services from local programs. In 2010-2011, approximately 69 percent of CSHCN served by the program reported having a primary care provider.

**Objective 3: Increase the capacity of early care and education, child welfare, health care, family service, and mental health providers to promote children’s social-emotional development, prevent mental health problems in children and families, and intervene with children and families who are impacted by mental health disorders.**
The Promoting Healthy Development Workgroup of the ECAC has been working on several initiatives to address children’s social-emotional health, including the expansion of developmental and maternal depression screenings and the development of cross-discipline professional development resources. In 2011, the Workgroup performed an environmental scan of communities within the state that have comprehensive systems that support developmental screening practices that was used to inform the Workgroup’s strategies to expand developmental screening practices. The Workgroup is also developing educational posters to distribute to pediatric practices and early childhood education programs aimed at educating parents and providers about the importance of developmental screenings. Lastly, the Promoting Healthy Development Workgroup has contracted with the Children’s Institute of Rochester, NY to identify professional development and supports for inter-disciplinary professionals who work with young children along with strategies for increasing the capacity of providers to perform social-emotional development and maternal depression screenings.

Partners of the ECAC have also contributed to promoting the social-emotional health of New York’s children. In 2011, the state Office of Mental Health issued a competitive grant process to fund Early Recognition Screeners within 41 mental health organizations throughout the state. Organizations funded through the project are responsible for creating and maintaining a community-wide, comprehensive, and efficient process for screening young children for mental health problems. This past winter, with support of the ECCS Project and the ECAC, the Office of Mental Health, and the NYS Project LAUNCH initiative partnered with the Early Care and Learning Council, the state’s membership organization of child care resource and referral agencies, to host a Summit on Infant Mental Health. This event brought together Early Intervention providers, child care health consultants, and early recognition screeners to learn about the importance of infant mental health from leading experts and provided an opportunity for these providers to network with each other.

Objective 4: Provide children with safe and healthy environments in which to grow and develop.

In 2009, ECCS Project funded four child care health consultants to attend the National Training Institute at the University of South Carolina, Chapel Hill. The ECCS Director recently developed a white paper describing the current system of child care health consultation in New York and possibilities for strengthening that system by leveraging existing resources. Once completed, the paper informed a discussion between stakeholders from the State Department of Health, including the Division Director and Associate Medical Director from the Division of Family Health, the Associate Commission of the Division of Child Care Services from the State Office of Children and Family Services, leadership and staff from the Early Care and Learning Council, and staff from the Council on Children and Families, including the NYS Project LAUNCH Director, and the Head Start State Collaboration Director.

In collaboration with the State Health Department and ECCS Project, the Promoting Healthy Development Workgroup of the ECAC continues to work toward improving the health and safety of children within child care settings. In 2011, the Promoting Healthy Development
Workgroup worked to incorporate health standards in QUALITYstarsNY including program practices that support breastfeeding infants, the use of developmental screening tools, and guidelines about physical activity and screen time.

**GOAL 2: STRONG FAMILIES**

**Objective 5: Increase opportunities for all families to gain the knowledge, skills, confidence, and social supports needed to nurture the health, safety, and positive development of children.**

Since 2007, the New York State Parenting Education Partnership (NYSPEP) has been working to strengthen and expand parenting education services in New York. NYSPEP is a unique private/public partnership convened by the NYS Office of Mental Health, New York State Children and Family Trust Fund of the Office of Children and Family Services, the Council on Children and Families, and Prevent Child Abuse New York.

Since 2011, NYSPEP has made great strides in developing their Parent Kit. The Parent Kit will offer information and resources families need to provide their new baby with a nurturing environment and empower parents to promote their child’s healthy development. To date, the Parent Guide component of the Kit is in its final stages of development and work has begun to revise an existing website, NYSFamilyresources.org, to serve as an electronic version of the Parent Kit. In addition to the electronic version of the Parent Guide, the revised website will include tools to inform parents of the well-visit schedule based on the Bright Futures Guidelines.

Lastly, NYSPEP, in partnership with the Children and Family Trust Fund, is working to develop parent leadership and build community capacity to strengthen families through Community Cafés. The Trust Fund first introduced the Café approach to New York at the 2011 Prevent Child Abuse Annual Conference. Through the continued guidance of Robin Higa, the originator of the Café approach and with technical assistance from the National Alliance of Children’s Trust and Prevention funds, NYSPEP was able to use funds from the ECCS Project, NYS Project LAUNCH, the Head Start State Collaboration Office, and the Children and Family Trust fund expansion of Cafés initiative by supporting 18 organizations across New York to form Community Teams in collaboration with parent leaders. Community Teams attended regional Café Orientations in the fall of 2012 and are currently working to host cafés within their communities.

**Objective 6: Increase the proportion of at-risk/vulnerable families that are identified and provided with needed supports and services.**

Supported by the New York State Home Visiting Coalition, the Department of Health and the Office of Children and Family Services have been working to increase the coordination between home visiting programs and with other family support systems. In 2010, the Department of Health conducted an in-depth, state-wide needs assessment measuring over 20 indicators of child and family well-being. Several members of the ECAC as well as the ECCS Director both informed the needs assessment and contributed to the development of New York’s Updated Plan for a State Home Visiting Program. The needs assessment
allowed the Department of Health to target current resources in areas of New York with families that are most in need.

With the most recent round of MIECHV funding, the Department of Health issued a request for proposals, which included a redesign of the current Community Health Worker Program, the Comprehensive Prenatal-Perinatal Service Networks, and the Healthy Mother Health Babies programs into Maternal and Infant Community Health Collaboratives charged with coordinating local maternal and infant services. This funding also expanded home visiting programs including Nurse Family Partnership and Healthy Families New York programs in the 14 high-need communities identified in the MIECHV needs assessments.

**GOAL 3: EARLY LEARNING**

**Objective 7: Increase the proportion of children who have access to high quality, developmentally appropriate early care and education.**

Since 2009, the Quality Improvement and Workforce Development Workgroups of the ECAC have worked to strengthen the quality of early care and learning programs and build a strong early childhood professional development system. While the initial work to develop a quality rating and improvement system, QUALITYstarsNY, began prior to the development of the ECAC, the coordinating capacity of this state wide advisory council provided the momentum that led to the completion of a field test of the quality standards. The field test was conducted with 272 programs including center, family, and school based programs within 13 communities during 2010 with a complete evaluation report completed in the spring of 2011. In 2012, the State Education Department provided $4 million to support the implementation of QUALITYstarsNY in high needs areas of the state. Currently over 450 programs are now participating in QUALITYstarsNY including pre-kindergarten programs, child care centers, and family based child care programs.

**Objective 8: Parents support children’s early learning.**

The ECAC and its partners are working on several strategies to encourage parents’ support for their child’s learning. The Strong Families Workgroup of the ECAC has been working over the past year to develop comprehensive guidance on parent engagement to professional organizations and state agencies. The Workgroup is developing short guidance documents on strategies of family engagement, professional development resources, and strategies for partnering with parents that will be distributed through the wide ranging network of the ECAC.

In 2012, the Strong Families Workgroup also completed a list of resources to support the family engagement standards with QUALITYstarsNY. Included in these standards are program self-assessments on cultural competency and the Strengthening Families Framework developed by the Center for the Study of Social Policy.

**GOAL 4: COORDINATED AND RESPONSIVE SYSTEMS**

**Objective 9: Increase the knowledge, skills, confidence, and support of staff and administrators of health, education, and human services so that they are able to**
promote the health, safety, and positive development of young children and their families.

Since 2009, the New York State Parenting Education Partnership (NYSPEP) has held 19 professional development opportunities for professionals and paraprofessionals that provide parenting education services. Over 600 participants have attended these events including staff to the state’s evidence based home visiting, early care and learning, child welfare, and other family support programs.

Another contribution to the professional development of parenting educators in New York is the newly developed NYSPEP Parenting Educator Credential. Launched in the fall of 2012, the credential outlines four tiers of competencies for parenting educators that are comprehensive and strength based. To date, NYSPEP has issued over 50 credentials and will be accepting additional applications in the fall of 2013.

Between 2010 and 2011, the ECAC’s Workforce Development Workgroup published two documents that support the professional development and practice of the state’s early learning workforce. The updated *The Core Body of Knowledge: New York State’s Core Competencies for Early Childhood Educators* defines the core competencies of early learning professionals. The second document is the *Early Learning Guidelines* that describes how children develop across five domains from birth to age five. The Workforce Development Workgroup has also developed a workforce registry, career latter, and trainers’ registry which are housed within a web-based tool named Aspire. These internet based tools along with links to the Core Body of Knowledge are housed within the [New York Works for Children](#) website.

**Objective 10: Increase the capacity of state and local government to provide leadership and support efforts to improve the quality and accessibility of services for young children and their families.**

The Data Development and Finance Workgroups of the ECAC have been working since 2009 to develop system building tools to inform state and local early childhood policies. The Data Development Workgroup developed a comprehensive proposal to create a longitudinal data system that would track child, professional, and program level data from early care and learning programs, and connect that information to the State Education Department’s Pre-K to 12th grade data system.

The Finance Workgroup is developing an early childhood cost model, which encompasses all aspects of the state’s early childhood system including early learning, home visiting, health, and parent education elements. The preliminary cost model was completed in the 2012, and is currently being tested with experts within each system area. To better inform long term early childhood financial strategies, the Finance Workgroup is working to include return on investment element to the cost model.

Supported by ECCS grant funds, the NYS Infancy Leadership Circles have gathered local leaders from a wide variety of service systems to meet together, talk about shared challenges, and make plans to work on specific programs and local issues. The Infancy Leadership Circles are co-directed by two state leaders who were selected by the national
organization ZERO TO THREE to receive training as part of the Creating Connections for Babies project.

At present, there are six Infancy Leadership Circles covering eight counties, and five in formation. The Niagara Circle wrote a letter of support for the Niagara Falls Memorial Medical Center Community Health Worker Program application for funding through the Maternal and Infant Community Health Collaborative of the New York State Department of Health, and the one of the project’s Co-director was invited to become a member of the Niagara University Quality Improvement Program Advisory Committee to improve quality of child care centers in preparation for implementation of QUALITYstarsNY. Within an affiliated group in Westchester County, an ILC Co-director is contributing to efforts to investigate better transition planning from Early Intervention to Pre-Kindergarten special education and to integrate the delivery of Early Intervention services into child care settings.