Nevada Early Childhood Advisory Council

Strategic Plan
2018-2021

TABLE OF CONTENTS

Table of Contents **2**
Introduction **3**
The Strategic Planning Process **6**
Early Learning **8**
OBJECTIVE 1 11
OBJECTIVE 2 12
OBJECTIVE 3 14
OBJECTIVE 4 16
OBJECTIVE 5 17
OBJECTIVE 6 19
Family Support & Community Engagement **20**
OBJECTIVE 1 21
OBJECTIVE 2 23
OBJECTIVE 3 24
OBJECTIVE 4 26
OBJECTIVE 5 27
Child and Family Health **29**
OBJECTIVE 1 33
OBJECTIVE 2 34
OBJECTIVE 3: 36
OBJECTIVE 4 38
OBJECTIVE 5 40
Conclusion **41**
Appendix A: Individuals consulted **42**
Appendix B: Interview Input on Nevada Early Childhood System Landscape **45**
Appendix C: Strategy Development Working Groups **56**
Early Learning 56
Family Support and Community Engagement 57
Child and Family Health 57

INTRODUCTION

The State of Nevada has made impressive progress in building systems of support for young children and their families since the Early Childhood Advisory Council (ECAC) facilitated the development of a statewide early childhood strategic plan encompassing the years 2014 through 2017. Highlights of this progress have included:

- ***Improving early childhood program quality*** through an extensive array of professional development offerings, development of early learning standards and guidelines, and expanded participation in the Silver State Stars quality rating system;

- ***Increasing access to early learning programs*** via expanded pre-K funding and initiatives such as Classrooms on Wheels and Las Vegas Strong Start;

- ***Implementing common early childhood screenings*** to guide individualized child support and enable broad data analysis;

- ***Expanding home visiting*** to support vulnerable families with children ages 0-5;

- ***Increasing focus on assisting children's social and emotional learning*** as an essential early learning strategy;

- ***Increasing access to health care*** via Federally Qualified Health Centers, Medicaid coverage and Community Health Workers;

- ***Developing a birth through third grade framework*** to align all efforts to more seamlessly support the development of children across their early years; and

- ***Implementing the Nevada Read By Grade Three*** initiative to ensure that all students read proficiently by the end of grade three and ***launching regional Campaigns for Grade-Level Reading*** to support the same objective through cross-sector collaboration. Nevada now is able to measure children's literacy progress in K-3 three times a year and track overall progress against a literacy baseline that went public in 2016.

The Nevada Department of Education and its Office of Early Learning and Development have been responsible for overseeing program quality, interagency coordination, early childhood workforce development and early learning development standards. The Nevada ECAC has facilitated statewide strategic planning, implementation and monitoring.

There is urgency to address the quality, accessibility and support for early learning in Nevada as the state rapidly evolves to a 21st Century economy brought on by its success in attracting

private and public employers. Nevada has the second fastest growing population[1], the ninth fastest job growth, and night fastest growing economy in the United States[2].

Economic development and jobs growth is bringing employers that are demanding high-quality child care and elementary education for families with young children coming to Nevada for high tech and advanced manufacturing jobs, affordable housing and a high quality of life. Employers are also demanding a pipeline of highly skilled, literate workers and life-long learners that emerge from a system of birth through post-secondary education with the reading, math, science and soft skills that will permit them to prosper in Nevada.

As the need for skilled workers intensifies, so does the importance of ensuring that all Nevada children are healthy and ready to learn in pre-K, kindergarten and elementary school. In 2015, 29 percent of Nevada children were at or above proficient in reading by the end of grade three[3] – an essential foundation for educational and lifelong success. Dramatically improving this critical indicator depends on building strength in three critical areas: early learning spanning birth through grade three; family engagement and support; and child and family health.

The importance of strengthening early childhood education is amplified by the fact that in 63% of Nevada households with children ages 0-5, all available parents are in the workforce. For young children and their families, high quality child care and after school programs that foster literacy, math and soft skills are not optional. They are a necessity. Yet in Nevada, merely 32.8% of its 3-year and 4-year-olds were enrolled in pre-K as of 2015, ranking the state 50th in the U.S. Only 12% of those children were enrolled in state-funded pre-K, special education, and Early Head Start or Head Start programs.[4] This means that nearly 70% of the children arriving on their first day of school for kindergarten are already behind their classmates who had the benefit of preschool. This places a great burden on the children and their teachers to catch up.

In addition to access to quality early learning programs, families want more support for their efforts to nurture their children's literacy development, love of learning and school readiness. Families also need greater access to health care for their children. Nevada ranks 50th in the percentage of children with a medical home (team-based health care led by a health provider that is accessible, continuous, comprehensive, family-centered, coordinated and compassionate) and 48th in patient provider ratios at 69.8 per 100,000.[5]

[1] U.S Census Bureau (2017, December 20). Press Release: Idaho is nation's fastest-growing state, Census Bureau Report. Retrieved from the Census Bureau's website at https://www.census.gov/newsroom/press-releases/2017/estimates-idaho.html

[2] U.S. News and World Report (2018). Best States: About Nevada. Retrieved May 9, 2018 from https://www.usnews.com/news/best-states/Nevada.

[3] Kids Count Data Center (2018). Nevada Fourth grade reading achievement levels. Retrieved May 9, 2018 from https://datacenter.kidscount.org/data#NV.

[4] Children's Advocacy Alliance and Nevada Institute for Children's Research and Policy (2016). *2017 children's legislative briefing book.* Retrieved May 9, 2018 from: http://caanv.org/wp-content/uploads/2016/09/2017-LEGISLATIVE-BREIFING-BOOK-REVISED.pdf

[5] Ibid.

Despite these challenges, the time is ripe for major progress due to Nevada's early childhood advances in recent years.

Nevada now has adopted high early education standards including Early Learning Guidelines (ELGs), Pre-K Standards, Nevada K-12 Academic Content Standards, and Nevada Statewide Social Emotional Competencies that can serve early childhood educators in all settings. It has created a professional development and quality improvement infrastructure that can serve early childhood educators in all settings – from unlicensed family, friend and neighbor (FFN) providers to community-based centers through kindergarten and the early grades. It has initiated efforts to align early childhood systems encompassing birth through grade three. Its Nevada K.I.D.S. Read initiative (also known as Read by Grade Three) has placed the focus on large-scale results and deeply engaged the public education system with the support of funding and training. This initiative has created the capacity to accurately measure and track children's progress across the entire early learning spectrum.

Achieving a quantum leap forward will depend on building on these foundations with the help of broad civic involvement. Here again, there are signs of promise. Nevada now has Campaign for Grade Level Reading partnerships in Clark County and Northern Nevada that serve more than 80% of Nevada's young children and their families. These initiatives align public and private sector resources to help children be healthy and ready to learn, engage and support their families, create more access to out-of-school literacy programs, and reduce chronic absenteeism in school.

The ECAC plan aims to harness Nevada's many assets in partnerships to dramatically improve systems of support for young children and their families.

THE STRATEGIC PLANNING PROCESS

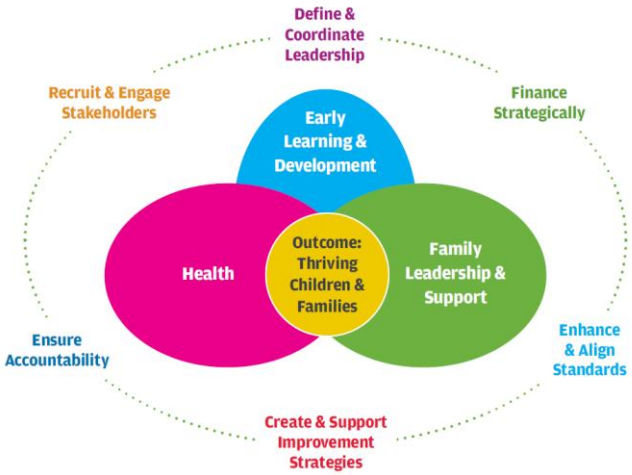
In 2016, the ECAC initiated work on a new statewide early childhood strategic plan for the years 2018 through 2020. The plan would pursue the following vision:

> Nevada's children will be safe, healthy, and thriving during the first eight years of life, and the system will support children and families in achieving their full potential.

The plan would follow these fundamental values:

- ***"All" means all.*** Opportunities and access are needed for children regardless of race, ethnicity, language, ability, or socio-economics; also includes children in home environments.
- ***Accountability is important.*** Programs supported by public dollars must be responsive to those they serve and accountable for delivering high quality services.
- ***Allow for local solutions.*** Nevada's local communities and businesses share many of the same goals, and have specialized and innovative ways to deliver. A focus on results, not process, allows for innovation and strategy toward shared outcome.
- ***Align Birth to Third Grade.*** This plan includes intentional strategies devoted to the developmental continuum of children birth to third grade to work together strategically to support children's progression through the system. In order to change child outcomes by third grade, we must change adult and organizational behaviors.

At a June 2016 retreat, ECAC members voted to adopt the Early Childhood Systems Framework[6] as the foundation for the strategic plan:



[6] Early Childhood Systems Working Group. (2013, December). *Comprehensive Early Childhood Systems Building: A tool to inform discussions on collaborative, cross-sector planning. Available on the BUILD website:* http://www.buildinitiative.org/Portals/0/Uploads/Documents/ECSWG%20Systems%20Planning%20Tool_2014.pdf

In September 2017, the ECAC engaged Development Communications Associates, Inc. (DCA) and Turning Point, Inc. as consultants to facilitate the development of the strategic plan. The project, completed between September 1, 2017 and June 6, 2018, involved the following:

1. Extensive interviewing of public and private sector leaders throughout Nevada to identify important areas of progress, assets, and opportunities for system improvement in serving young children and their families (Appendix A);

2. Development of a matrix to capture and present the above information (Appendix B);

3. A November 2017 ECAC retreat to review the Nevada early childhood system landscape and develop goals to guide strategic planning;

4. Formation and facilitation of strategic planning working groups for Early Learning, Family Support and Community Engagement, and Child and Family Health (Appendix C);

5. Discussions with potential partners for each area of focus to determine interest and opportunities for involvement;

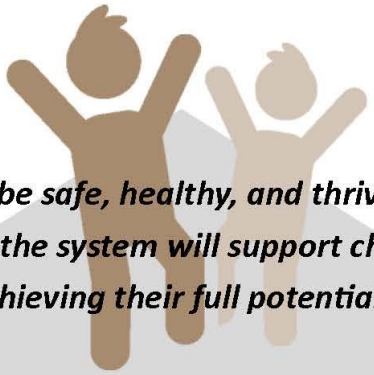
6. Development of plans for each area of focus, encompassing vision, objectives, key partners, strategy coordination, time frames and funding needs; and

7. A February 2018 ECAC retreat to review the plans, add further detail as needed, identify areas of overlap and ensure agreement on all elements.

The plan seeks to:

- Engage and support parents, early care and education professionals, community-based child and family service providers, and health providers;
- Strengthen systems of support for young children and their families;
- Create alignment and partnership between public and private sectors and across the birth to grade three continuum;
- Increase overall investment and engagement at both state and local levels; and
- Achieve results in a three-year time frame that will advance progress toward the long-term vision.

Nevada Early Childhood Advisory Council | 2018-2021 Plan Summary



Nevada's children will be safe, healthy, and thriving during the first eight years of life, and the system will support children and families in achieving their full potential.

GOAL: Provide Excellent Early Learning Systems

GUIDING PRINCIPLES

- Create alignment across systems serving children 0-8.
- Improve fragmented licensing that interferes with achieving high quality.
- Unify and build a high-quality early childhood workforce.
- Expand investment in early childhood education.

OBJECTIVES

- Workforce & Economic Development
- Revise & Align Standards
- Unify B-3 Workforce
- Review & Align Licensing, Part C with other B-3 Entities
- Investments in Wage & Incentive Programs
- Resources to Integrate ECE Data

GOAL: Ensure Strong Family Partnership

GUIDING PRINCIPLES

- Enhance families' teaching and nurturing power.
- Enhance families' ability to manage children's learning experiences.
- Provide extra support for families that can benefit most.
- Enhance families' partnership with educators.

OBJECTIVES

- Support Families in Supporting Children's Development
- Family Guidance in Health Settings
- Individualized Support for Families that May Benefit Most
- Community-Based Learning Opportunities
- Strengthen Family Partnerships throughout Early Education

GOAL: Support Child & Family Health

GUIDING PRINCIPLES

- Ensure all children have access to comprehensive, quality health care.
- Expand skills to effectively work with young children and their families.
- Build and strengthen partnerships with state and local health agencies.
- Meet families with young children where they are.

OBJECTIVES

- Advocate for Increasing Access
- Connect Families with Insurers and Other Support Services
- Coordinate and Raise Awareness of Community Health Opportunities
- Promote High-Quality Programs Implemented with Fidelity
- Expand ECAC to Include Member from Health Field

EARLY LEARNING

Overall Goal

Strengthen the complex system of early learning to provide every child and family with high quality early childhood education and development.

Introduction

The more than 30 participants in the Early Learning component of this strategic plan share the core value that every Nevada child deserves the opportunity to enter school healthy and ready to learn. They share optimism about the unique opportunity to address factors that undermine the strength of Nevada's early learning system. The state officials, early childhood teachers, managers, advocates, parents, post-secondary educators and researchers, and non-profit managers from urban, suburban and rural communities who participated in developing this plan took an extensive look at fundamental changes that are necessary and strategies that they believe are structural, ambitious, and long-term.

The proposed changes seek to transform the way Nevada perceives early childhood educators, unify a workforce dedicated to achieving dramatic gains in student performance, and create a shared understanding across parents, teachers, policy makers and employers of the critical importance of early childhood.

The **guiding principles** the Early Learning section of the strategic plan includes:

Create alignment.

Throughout the strategic planning process, participants insisted on a single strategic plan that clarifies priorities, objectives and a shared vision of progress on early learning. We must embrace a mindset that recognizes the importance of an aligned and coherent approach to the full developmental continuum, from birth through 3rd grade, to inform all aspects of the ECAC Strategic Plan that is grounded in science and evidence-based practices. This mindset must:

- Emphasize children's development and learning, beginning at birth and extending through elementary school, as the basis for programmatic and policy decision-making.
- Utilize national evidence-based B-3 frameworks to guide and inform Nevada-specific policies, programs, and practices across early childhood and elementary education schools and programs.
- Change adult behaviors and institutional structures to provide the best learning and development environment for all children.
- "You can't do B-3 alone" - engage and nurture collaborations to implement the ECAC Strategic Plan.
- Create continuous improvement opportunities by working together strategically with educational and community-based health and family engagement partners.
- Implement strategies (for children and adults?) that create pathways from B-3 to middle, secondary and post-secondary education success.

Improve fragmented licensing that interferes with achieving statewide quality childcare.

Nevada is rich in successful early learning programs led by committed professionals achieving impressive results with their children and families. The dilemma is that these programs are not being delivered in all settings. There is disparity between programs delivered in metropolitan areas such as Reno, Las Vegas and Carson City, and those delivered in rural areas and Native American tribal lands. Further, there are six distinct early learning settings: school district-based pre-K programs, center-based child care that is either non-profit or for-profit (13 or more children), licensed group home child care (7-12 children), licensed family home care (5-6 non-related children), non-licensed out-of-school-time (OST) programs (recreational programs operated by city and county parks and recreation, Boys & Girls Clubs, and other private OST programs), and non-licensed home child care (1-4 non-related). Childcare licensing is seen as a structural challenge to improving the quality of physical settings, play-based academic-focused curriculum and skilled early childhood workforce.

Unify and build a high quality early childhood workforce.

There is a divide between the birth to pre-K workforce and the elementary school workforce that share commitment to the children and families of Nevada to ensure that all children are healthy and ready to learn every year as they progress to the end of third grade. PreK-3 teachers in elementary school classrooms are required to achieve clear preparation and academic standards, are more fairly compensated, and have tremendous responsibility for the academic achievements of their students. Similar requirements, rewards, and expectations are not in place for community-based early childhood teachers. Until Nevada moves this closer to a unified workforce with shared responsibility for 4th grade academic performance, it will struggle to make dramatic improvement.

Expand investment in early childhood education.

A significant barrier to improving early childhood education and child outcomes in Nevada is inadequate investment in education across the full birth to grade 12 continuum. Nevada is 46th in the United States in K-12 per pupil spending at $8,615[7]. The per capita state investment in pre-K in Nevada is less than $1 per week at $46.35, compared to the national average of $773.63 in 2015[8].

Nevada serves 2.32% of children living below 200% of poverty on the Child Care Subsidy Program which is funded through the Child Care and Development Block Grant (CCDBG)[9]. In Nevada, the average cost of center-based care is $10,317 for infants and $8,786 for pre-K[10],

[7] U.S. Census Bureau (2017, May 17). 2015 Public Elementary-Secondary Education Finance Data. Retrieved on May 8, 2018 from https://www.census.gov/data/tables/2015/econ/school-finances/secondary-education-finance.html

[8] Children's Advocacy Alliance and Nevada Institute for Children's Research and Policy (2016). *2017 children's legislative briefing book.* Retrieved May 9, 2018 from: http://caanv.org/wp-content/uploads/2016/09/2017-LEGISLATIVE-BREIFING-BOOK-REVISED.pdf

[9] The Children's Cabinet (2017). *Nevada 2016 early education and care fact sheet.* Retrieved May 8, 2018 from http://www.childrenscabinet.org/wp-content/uploads/2016-Demographics-Report-FINAL.pdf

[10] Ibid.

more than most working families can afford. Supplementing the subsidy and helping families gain access to it is essential for increasing enrollment.

Increase the subsidy reimbursement rate to the 75th percentile of the current child care market to allow access to licensed care for families on the subsidy program. Nevada's current reimbursement rate is based on the 2004 market rate which allows access to as low as 4% of licensed market for families seeking care for 4-year-olds in center-based care in Clark County. The tiered reimbursement system should incentivize providers above the reimbursement rate and create an environment where the highest rated providers compete for children on the subsidy program. We need our children who are most at risk in the highest quality of care and our tiered reimbursement system should help sustain high quality care for children on subsidy.

This plan seeks to increase investment by the state, county, municipal, corporate and philanthropic partners who unanimously agree that high quality early childhood education is needed to achieve the academic achievement targets they have set or demanded. With Nevada's rapid transformation to a magnet for 21st Century companies and jobs, increased investment is a necessity if it is to compete nationally as a talent hub.

OBJECTIVE 1

Describe Early Childhood Education (ECE) in terms of Workforce Development and Economic Development for federal, state and county policy makers.

Vision

In states with highest performance on grade 3 academic evaluations, Early Childhood Education is a central component of strategic plans for competitive economic development, workforce development, and academic achievement at K-12, post-secondary and post-graduate levels. Nevada's message and voice for robust investment, supportive public policy, and competitive wages for ECE will be shared among business, economic development, workforce and education leaders.

Strategy

- Recruit corporate, economic development, workforce development, military, and tribal leaders, to join leaders at the ECAC table.
- Identify and engage corporate champions who require high-skill workforce and young families.
- Collaborate on state and federal advocacy for ECE to be jointly supported by corporate economic development education, labor, military, tribal, and workforce development.
- Seek local investment in ECE to meet rural, tribal, municipal and county ECE provider and workforce needs.
- Update and recreate the *Economic Impact of Early Care and Education in Nevada* report.
- Build capacity for early learning program slots to meet Nevada's needs today and tomorrow.
- Identify resources to support state and local ECACs.

Benefits

It is important to impress upon policy makers that an investment in ECE is a near- and long-term investment in the productivity of the current workforce and emerging economy workforce. Quality ECE meets the needs of working families now and the needs of high-tech, high-skill families attracted to Nevada by information technology, financial services, energy, aviation, aerospace and advanced manufacturing companies.

Time Frame

Year One: Focus on outreach to Economic Development Agency of Western Nevada, Las Vegas Global Economic Alliance, Las Vegas metro Chamber of Commerce, Reno-Sparks Northern Nevada Chamber of Commerce, NV Dept. of Employment Training and Rehabilitation, and affiliated employers with regional/statewide influence to serve as champions.

Coordinating Agency

Early Childhood Advisory Council (ECAC)

Key Implementation Partnerships to Explore

Nevada Department of Education (Office of Early Learning and Development, Office of Special Education, Office of Student and School Supports, and Office of Parental Involvement & Family Engagement), The Children's Cabinet, Children's Advocacy Alliance, Nevada System of Higher Education, Ed Alliance Partners in Education, and Ed Alliance P-16 Council.

Funds Needed

Secure funds to facilitate outreach to economic development, workforce development, and corporate leaders. Funds needed to update, reprint, and disseminate Economic Impact report.

ECAC Role

Serve as the coordinating body and develop teams to conduct targeted outreach to association leaders and leading employers and identify potential funding sources.

OBJECTIVE 2

Revise and align child, program and workforce standards for all programs and personnel in the B-3 field.

Vision

The foundation of high-performing child learning/development programs begins with state-of-the-art standards for all home-based, private, and school-based ECE programs. These standards lead to model programs, training and personnel in the B-3 arena. Unified standards, clear communication, funding, policy and oversight will help to guide the work carried out in the remaining five Early Learning objectives.

Strategy

Child Standards

- Revise and adopt comprehensive evidence-based learning and development standards for children birth through third grade (0-3 early learning guidelines, pre-K standards, K-3 Nevada Academic Content Standards, and social emotional competencies).

Program Standards

- Explore support for adopting K-3 implementation guidelines to support teachers and administrators in putting the B-3 framework into practice.
- Establish expectations, standards and ways to reward buy-in for pre-K to Kindergarten handoffs (e.g., Countdown to Kindergarten in Boston, MA).
- Engage more closely with for-profit center-based companies to expand access to fee-for-service and subsidized childcare.
- Explore marketing strategies to promote Silver State Stars to parents through employers, health systems, United Ways, and community-based providers.
- Encourage QRIS participation by creating new marketing strategies aimed at eligible early childhood programs.
- Explore appropriate OST program standards and requirements.
- Create common messaging for both parents and providers to provide clarity of the relationship between the new licensing grading system and the QRIS program.

Workforce Standards

- Conduct a review to establish state-of-the-art, aligned licensure standards for ECE teachers built on model states.
- Use research to establish reasonable standards for teachers across licensed (center and home provider), OST, and FFN settings.
- Form task force to align CEUs, training hours, and/or college credit to provide access to all early childhood and early elementary teachers and other adults in supporting roles.

Benefits

Children will improve their academic achievement as Nevada increases its support for providers and its ECE workforce with the same intensity that it is addressing K-3 instruction and teacher skills, so that there is uniform high quality in home-based, center-based, and district-based early learning programs.

Time Frame

- Year One: 1) Formulate an ECAC subcommittee to explore successful state models for each of the licensed and un-licensed child care settings. 2) Develop a plan to assess early childhood education training programs for training hours, CEUs, and college credits.
- Year Two: 1) Propose increased standards for licensed and unlicensed early childhood educators and child care facilities to the state of Nevada coupled with state funding to support training and facilities upgrades. 2) Explore and implement a strategy to reward early learning to kindergarten handoffs aligned with curriculum standards. 3) Convene

licensed child care operators to explore ways to create greater participation in Nevada Silver Stars QRIS.

- Year Three: 1) Fully implement increased standards for workforce training and facilities inspection supported by state subsidies for training and facility improvements. 2) Re-engage discussion with task forces to assess whether 2021 is the year to advocate for high quality, state funded, universal pre-K.

Coordinating Agency

Nevada DOE and licensing

Key Implementation Partnerships to Explore

Nevada Department of Education (Office of Early Learning and Development, Office of Special Education, Office of Student and School Supports, Office of Safe & Respectful Learning, Office of Standards & Instructional Support, and Office of Educator License), The Children's Cabinet, QRIS, Nevada Pre-K Standards Office, The Nevada Registry, School Districts, and Turning Point.

Funds Needed

Promotional and outreach budget for Silver State Stars QRIS to conduct advertising through partners. Funds needed to align child, program and workforce standards.

ECAC Role

Serve as the coordinating body.

OBJECTIVE 3

Unify the early childhood and early elementary workforce from birth through third grade.

Vision

The Nevada early learning workforce is estimated at more than 15,000 teachers, administrators, teacher's aides, academics, clinicians, and other adults providing care and education to the state's birth through grade 3 children. The Nevada Registry offers an extraordinary asset for that workforce to be understood as one, and for those registered to access training, technical assistance and support. Through comprehensive registration, the early learning community will be able to best represent a large and critically important workforce to federal, state, county and municipal policy makers and private funders. The Registry will also be able to provide registrants, policy makers and planners a clear understanding the levels of provider training, target training efforts where they are needed most, and approach training in ways that will create stronger connections between community- and school-based early educators.

Strategy

- Determine the steps and resources necessary to create a comprehensive workforce data set of all early childhood educators in The Nevada Registry and the early elementary workforce and to align professional development opportunities.
- Assess requirements for early childhood and early elementary professional development opportunities for CEUs, Training Hours and College Credits to create opportunities for shared learning and knowledge about how children learn and grow.
- Utilize a tiered reimbursement system to reward early childhood and early elementary educators for continued professional learning on their career pathway.
- Promote the on-line early childhood education opportunities offered by Nevada's community colleges and universities to support the workforce in rural areas and those working during traditional class hours.
- Focus B-3 training investments in geographic and demographic areas of greatest need.
- Identify incentives and opportunities for pre-K teachers and administrators to implement the B-3 framework.
- Encourage programs to offer and/or support Child Development Associate (CDA) credentialing for staff and explore CDA coursework and credentialing for CEUs and possibly college credits.

Benefits

Nevada will have a complete dataset on credentials and educational attainment of the entire B-3 workforce and will be able to provide the information needed to direct human and financial resources at each level and location of the early learning system to meet the needs of children and families in Nevada. It will also align professional development opportunities and community-based care with school districts to move toward a unified B-3 system.

Time Frame

- Year One: Focus on building consensus and informing school districts and staff to enroll all k-3 workers in The Nevada Registry,
- Year Two: Initiate implementation through existing data and information gathering from school staff at beginning of 2019 school year.
- Year Three: Complete implementation.

Coordinating Agencies

The Nevada Registry and the Superintendent's Office of Nevada DOE

Key Implementation Partnerships to Explore

Nevada Department of Education (Office of Early Learning and Development, Office of Special Education, Office of Standards & Instructional Support, and Office of Educator License), The Nevada Registry, School Districts, Nevada System of Higher Education, and training providers, TEACH, community-based providers

Funds Needed

Additional resources are needed to organize credits, hours and CEUs and pathway development. Funds for data management support to assist The Nevada Registry and NDE with any additional hardware needed to maintain and process increased information and updating.

ECAC Role

Serve as the coordinating body.

OBJECTIVE 4

Review and align child care licensure and Part C IDEA program requirements and/or structures with other B-3 entities.

Vision

Providers, administrators, facility managers, and licensure inspectors will benefit from a unified set of regulations and government oversight agency tailored specifically to the conditions required in early learning settings and programs. Updating regulations, responding to changing federal, state and county regulations, and communicating these changes will be streamlined through alignment.

Strategy

- Explore the pros, cons, and steps needed to move IDEA Part C Office into the Nevada Office of Special Education along with Part B.
- Explore licensure of unlicensed home provider (1-4 unrelated) to improve quality of training, early childhood development, and on-site inspections that also meet the needs and recognize the financial limitations of these providers.
- Explore the pros, cons, and steps needed to move Child Care Licensing to Nevada Department of Education.
- Embark on long-term process to review and establish state-of -the-art program licensure standards built on model states or counties (e.g. Arizona, Georgia, Florida).
- Remove disincentives and conflicting regulations from health, safety and workforce program license requirements.
- Establish common statewide licensing standards.
- Include early childhood programs operated by municipal or county Parks & Recreation departments in unified licensure regulations.

Benefits

Alignment and single oversight of licensure of child care facilities and ECE instruction will create a system focused on the health, safety and development of children without the often conflicting or illogical interference of regulations from other systems focused on adults. It will also permit state and county licensing inspectors to work with providers on corrective measures that enhance access and quality in support of the QRIS.

Time Frame

- Year One: Build consensus among Nevada Department of Education, Nevada Department of Health, and Nevada Department of Aging and Disability Services to re-organize all child care licensure within Nevada DOE. Form task force to seek out best practice states for models to aid in this evolution implementation in year two.
- Year Two: 1) Focus on implementation, re-writing regulations for adoption by the state legislature, and looking at ways to align Washoe County and state licensure regulations to encourage greater access while ensuring quality, health and safety. 2) Convene state and county licensure professionals to compare and align county with state standards for facilities, programs and training.
- Year Three: Complete implementation.

Coordinating Agency

Nevada DOE and Department of Health

Key Implementation Partnerships to Explore

Nevada DOE, Nevada Department of Health, Nevada Department of Aging and Disability Services, Clark and Washoe county licensure authorities, The Children's Cabinet

Funds Needed

TBD

ECAC Role

Serve as the coordinating body.

OBJECTIVE 5

Advocate for greater investment in wage and incentive programs that reward increased education levels.

Vision

Nevada will emerge from its next phase of early learning development as a state that values its early childhood and early elementary workforce and rewards outstanding performance. As demands on early learning teachers and administrators increase to improve Nevada's educational achievement, there will be greater investment in the training, accessibility and standards of training programs.

Strategy

- Map all B-3 workforce financing by funding source in comparison to the overall investment in the early childhood and early elementary system.
- Research and identify promising wage and incentive programs.
- Identify opportunities for federal, state, county and municipal funding to increase wages of birth to age 5 early childhood teachers in all settings.

- Explore the growth and stability of the birth to pre-K workforce in states, counties or municipalities with investment in higher wages and benefits.
- Explore significant funding request (i.e., state marijuana tax dollars) for workforce investments.
- Mobilize task force to seek county, municipal and private investment in wage and incentive programs.
- Explore county, municipal, and private funding rewards for 0-5 teacher education and longevity.

Benefits

Early childhood and early elementary workforce will have increased knowledge of child development and further their ability to provide quality care and education. There will be an increased percentage of tuition and fees underwritten by TEACH to support greater access and incentives for low- and middle-income ECE teachers to enter and pursue credentials. There will be the ability to offer strategic and compelling opportunities for individuals, corporations, and foundations to invest private dollars in children, workforce development and family assistance.

Time Frame

- Year One: Focus on mapping all B-3 financing and reaching consensus on priority funding needs, and exploring request to expand funding for wage and incentive programs from marijuana tax.
- Years Two and Three: 1) Deploy task force to conduct outreach to county elected and appointed officials to invest in B-3 education. 2) Meet with county elected officials, mayors and philanthropic leaders to encourage investment in early childhood education.

Coordinating Agency

NevAEYC and The Nevada Registry

Key Implementation Partnerships to Explore

NevAEYC, Nevada Department of Education (Office of Early Learning and Development, Office of), The Nevada Registry, Children's Advocacy Alliance, and The Children's Cabinet

Funds Needed

Expanded investments in identified wage and incentives programs.

ECAC Role

Serve as reporting and monitoring agency.

OBJECTIVE 6

Allocate Personnel and Financial Resources to Integrate ECE Data.

Vision

The early learning community in Nevada collects an extraordinary amount of data on its programs, workforce, performance, approaches, and research. That data is reported in the context of the demands of its funders, grants, or appropriations by state, federal or local governments. Making its data more readily accessible within its community will help to improve evaluations, program development and advocacy for needed support.

Strategy

- Integrate Registry, DOE, School District, TEACH, and Licensing Data for parent, provider, advocacy and economic development usage.
- Make data transparent and available through DOE for providers and school districts.

Benefits

As this strategic plan unfolds, ECAC and DOE will have several richer data sets with which to engage families, recruit and retain ECE teachers and providers, evaluate progress, identify areas in need of improvement, make strategic decisions, and allocate resources. Bringing these data together and making them accessible can assist in sustainability and commitment to continuous improvement.

Time Frame

- Year Three: Integrate new data onto platforms providing information on licensing workforce, education credits, provider information, etc. for greater access by all concerned entities and families.

Coordinating Agency

Nevada DOE

Key Implementation Partnerships to Explore

QRIS, The Nevada Registry, TEACH, Access Nevada, State of Nevada and Washoe County child care licensing, Nevada Department of Education, and The Children's Cabinet.

Funds Needed

Determine funds needed to collect, organize and make data available.

ECAC Role

Serve as the coordinating body.

FAMILY SUPPORT & COMMUNITY ENGAGEMENT

Overall Goal

Ensure families have the support they want and need to nurture their children's early learning and development.

Introduction

Parents and other primary caregivers are children's first and most influential teachers and advocates. Recognizing this, the ECAC planning team established a major focus on system building to fully engage and support them. This means responding to their hunger for information on how to be most effective for their children. It means helping them access beneficial resources in their own communities. It means helping them partner effectively with their children's professional educators. And it means building supportive relationships with families who stand to benefit most from direct support.

ECAC planners believe that effectively supporting families will strengthen every other aspect of system building. Their **guiding principles** are:

Enhance families' teaching and nurturing power.
Parents and other primary caregivers of young children are well aware of their essential role and they want information to guide them. Nevada has numerous sources of excellent support, but we can do much more to provide high quality information that is useful, easy to understand, consistent, and readily available when needed.

In response, this plan provides a way to engage partners throughout Nevada in using widely proven programs, Born Learning and Daily Vroom to educate families on the early stages of their children's development and on what they can do in daily life to nurture their success. These programs have been effective on a large scale and can be offered or promoted by trusted organizations in families' own communities. They can add to Nevada's exceptional public television programming to serve families on a large scale.

If we can create a foundation of shared family knowledge, the impact could be transformative. It would help parents be as effective as possible in nurturing early learning and development while strengthen their ability to work with others who serve their children.

Enhance families' power to manage their children's learning experiences.
Every Nevada community has resources to support children's learning. These resources start with schools and local libraries, and may also include non-profit out-of-school-time programs, parks and recreation activities and other offerings. Nevada's Public Television stations have a wide array of outstanding programming to offer young children and their families. And a statewide Nevada Afterschool Network provides a

vehicle for professional development, collaborative planning and promoting out-of-school-time learning.

This plan seeks to significantly increase families' use of these resources by engaging local partners in promoting them more aggressively. A key concept is to create local resource "hubs" that provide quality programs, help families identify other community programming their children may enjoy, and work closely with schools to align with their own family engagement efforts. Nevada's strong public library system will play an essential role in this effort.

Provide extra support for families that could benefit from it most.

It's likely that every family could benefit from direct guidance for the complex task of raising young children. But many families have extra challenges that make such support particularly important. Fortunately, Nevada has developed an array of strong Home Visiting programs that are available in seven counties across the state. Through these programs, well-trained staff establish and maintain strong relationships with families, offer valuable counsel about parenting, and provide whatever help families need to secure services their children require. However, the capacity of these programs likely does not meet the scale of need.

This plan suggests pathways to determine the scope and nature of family need, increase home visiting capacity and promote family involvement in home visiting programs.

Enhance families' voice so that they can be the lead partner among all who are involved in their children's early learning and development.

A strong link between families and their children's educators is essential. Families can offer insights on their children's interests, learning styles and needs. And educators depend on parents to provide children with the support they need at home to be ready to succeed at school.

Nevada has made family partnership a public education priority. With the support of a unique state statute, the Nevada Department of Education is working to constantly identify strong approaches to family partnership and translate them into school practices. This plan calls for continuing the work of making family engagement and partnership will be an embedded aspect of Nevada's B-3 system and building stronger family serving partners between schools and their communities.

OBJECTIVE 1

Expand opportunities for families to gain knowledge on and support their children's development.

Vision

Throughout Nevada, families with young children will have high-quality resources to help them nurture their children's social, emotional and cognitive development. The resources will be

available via many organizations that have direct relationships with families so they'll be trusted and easy to access. They will be well tested and of high quality. And they will provide consistent messaging so families receive the benefit of constant reinforcement. Lastly, helpful information will be available whenever families need it.

As a result of accessing this information, parents and other primary caregivers will understand their critical roles and be effective at them. The impact will be broad in increasing the number of children who are prepared to be successful learners. It will also help create a culture of early learning support that engages families, the organizations that serve them and their children, and their communities.

Strategy

- Research Born Learning (www.bornlearning.com), Daily Vroom (www.joinvroom.org), and other available resources and adopt those with evidence-based practices, materials, and information to share with parents.
- Recruit partners throughout the state to promote these resources and provide them with training to do so effectively.
    - Focus on organizations that interact with families regularly, such as child care providers, schools, libraries, family-serving non-profits, and health providers. Position libraries as hubs for engaging community participation and hosting programming.
    - Engage local municipalities to offer Born Learning Trails.
    - Use train-the-trainer approach to ensure effective delivery.

Benefits

This objective meets a major need. It capitalizes on well-tested resources proven effective on a large scale and can lead to families taking advantage of other supportive resources. Born Learning training is already in the Nevada Registry, has strong United Way backing, and has been incorporated as a key strategy of the Northern Nevada Campaign for Grade-Level Reading.

Born Learning has proven to be popular among United Way partners. It offers an avenue for many child and family serving organizations to offer quality, consistent family engagement programming. It may also offer value to elementary schools. Family engagement is a statewide priority for K-12 education. The Every Student Succeeds Act requires evidence-based practice on family engagement. Adopting Born Learning programming could provide a proven, high quality approach.

Coordinating Entities

ECAC, United Way of Northern Nevada and the Sierra, United Way of Southern Nevada, Head Start and Early Head Start, Nevada Home Visiting, and Nevada Library Association

Key Implementation Partnerships to Explore

- To engage early care and education providers: Children's Cabinet, Nevada Registry, Office of Child Care Development and Quality, Nevada AEYC

- To provide local hubs for community promotion and program delivery: Nevada Library Association, Nevada Library Cooperative, State Council on Libraries
- To promote school district and elementary school involvement: Nevada Department of Education Offices of Family Engagement and Safe and Respectful Learning Environments
- To engage municipal involvement: Nevada League of Cities and Municipalities
- To have statewide exposure of existing programs: Align activities of United Way of Northern Nevada and the Sierra and United Way of Southern Nevada.

ECAC Role

Facilitate partnership development, implementation planning, and integration with other strategies as needed.

Time Frame

- Year One: Engage partners for promotion and training; initiate community-level partner recruitment.
- Year Two: Train community partners via core partner networks. Initiate implementation.
- Year Three: Achieve full implementation and initiate impact measurement.

Funding Needs

Funding will be needed to:

- staff, recruit and train partners,
- support program promotion,
- purchase curriculum and materials for health entities, libraries, schools and out-of-school time programs, and
- track and report involvement and results.

OBJECTIVE 2

Provide family guidance in health settings.

Vision

Families of 0-5 year olds will receive guidance on nurturing cognitive and emotional development from their pediatricians and other health care professionals whenever they bring children in for a well-child visit.

Strategy

- In pediatric settings, expand Reach Out and Read, a nationally proven approach that provides parental guidance and free age-appropriate books during each well-child visit from birth through age 5.
- Measures of progress include the number of health settings engaged, program sustainability, the numbers of families served and books distributed, and the impact on family behavior and satisfaction (via family surveys and health care provider feedback).

Benefits

Reach Out and Read has proven effective at increasing family reading with young children. It has also been sustainable on a large scale (5,800 sites nationally). It is particularly effective at reaching low-income families.

Expanding Reach Out and Read is already a strategy of the Northern Nevada Campaign for Grade-Level Reading. Reach Out and Read is in place at Renown, Southwest Medical Associates and Community Health Alliance. It has proven popular with participating physicians, clinics, and the families they serve. The Reach Out and Read national office offers training, data on impact and other forms of support.

Initial Coordinating Entities

ECAC, United Way of Northern Nevada and the Sierra, Renown Health System, Community Health Alliance, Southwest Medical Associates (Clark County)

Key Implementation Partnerships to Explore

Nevada WIC, American Academy of Pediatrics NV Chapter, Nevada Primary Care Association, State Office of Rural Health; Southern Nevada Health District, Nevada Medical Center, the Nevada Association of Family Physicians, Nevada Primary Care Association

ECAC Role

Facilitate partnership development, implementation planning, and integration with other strategies as needed.

Time Frame

- Year One: Continue existing program sustainability and expansion; engage partners to assist promotion of Reach Out and Read statewide
- Year Two: Via partners, promote expansion to other health networks.
- Year Three: Continue expansion to achieve full state coverage.

Funding Needs

A key need is to buy age-appropriate (at an average cost of $30 per family served). Modest additional funding will be needed for partner recruitment and training.

OBJECTIVE 3

Expand individualized support for families that may benefit most.

Vision

Families that could benefit most will have support from well trained staff who understand their aspirations and needs, provide personalized guidance, and assist them in engaging their children in activities and services that enhance their development.

Strategy

- Conduct an updated assessment, led by Nevada Home Visiting, to determine the scope and nature of family need and to identify system enhancement opportunities. Explore doing so with the involvement of multiple agencies that directly serve Nevada families with young children. Engage families directly in this process to gain perspectives on how the system of support could serve them best.
- Pursue crosswalk training for Nevada Home Visiting staff and Nevada community health workers. In so doing, expand the workforce that has the capacity to be a resource for personalized early childhood health and development support for families.
- Promote greater use of the Nevada 211 and Nevada Home Visiting Resource Directory in order to refer families to needed services and follow up to ensure that they obtain the help they want.
- Build linkages between home visiting staff and schools.

Measures of progress will include the increase of trained individuals involved in home visiting, the number of families served, and assessments of family progress in nurturing early learning and supporting healthy child development.

Benefits

This objective builds on a solid foundation. Home visiting has proven very effective in serving families with significant challenges. Nevada Home Visiting has strong home visiting programming encompassing multiple evidence-based approaches (Parents As Teachers, Nurse-Family Partnership, HIPPY, Early Head Start). Nevada Home Visiting is present in multiple places (Clark, Elko, Lyon, Mineral, Nye, Storey, Washoe Counties). It has a strong track record and robust management. The frequency of home visits and other interactions is determined by level of family need.

A collaborative needs assessment could support greater system integration in support of families with young children. Cross walked training will build an enhanced workforce that can provide direct outreach and support for families. Greater use of resource and referral assets by home visitors will help target assistance where it is most beneficial. And creating close working relationships between schools and home visiting programs will help in identifying and assisting families of early grade children.

Coordinating Entities

Nevada Home Visiting, ECAC

Key Implementation Partnerships to Explore

Nevada Healthy Communities Coalition, Nevada Community Health Worker Association

ECAC Role

Facilitate partnership development, implementation planning, and integration with other strategies as needed.

Time Frame

- Year One: Conduct needs assessment and determine associated recommendations. Explore and define connections between home visitors and community health workers.
- Year Two: Develop and pilot cross training. Develop plan to target and track family services of community health workers trained in early childhood development home visiting.

Funding Needs

Funds may be required for needs assessment design, implementation, and training.

OBJECTIVE 4

Expand community-based learning opportunities for young children and their families.

Vision

Young children and their families will take advantage of quality early learning activities in their communities. These will be offered in a variety of community locations that are easily accessible to families.

Strategy

- Expand family story time in local libraries.
- Make libraries a) hubs for the promotion of other local learning programs for young children and their families and b) partners with school districts in their communities to provide learning resource information to families.
- Engage local school districts, Nevada 211 and other entities that serve families on a large scale in promoting local out-of-school (OST) learning opportunities for families with young children.
- Encourage non-profit programs to offer services during non-traditional business hours to expand access.

Measures of progress will include increases in program participation by children and families and training completed by community-based child and family serving programs.

Benefits

Nevada has a wealth of non-profits providing high quality programming in communities for young children. The Nevada library system is well positioned to be a key resource for local services and promotion and the Nevada Afterschool Network and the Nevada Registry provide channels to promote training and recognize quality improvement. This objective aligns with the Campaign for Grade-Level Reading in Northern Nevada, focused especially on summer learning.

Coordinating Entities

Nevada Library Association, United Way of Northern Nevada and the Sierra, Children's Cabinet, Nevada Afterschool Network.

Key Implementation Partnerships to Explore

United Way of Southern Nevada, Nevada Registry, Nevada Department of Education Offices of Family Engagement and Safe and Respectful Learning Environments, faith-based organizations, Nevada Statewide Coalition Partnership, Northern Nevada Literacy Council, Boys and Girls Club network

ECAC Role

Facilitate partnership development, implementation planning, and integration with other strategies as needed.

Time Frame

- Year One: Expand story time programming in library districts. Organize partners to promote community-based learning opportunities. Initiate resource development for OST program expansion. Organize early childhood development training for OST providers.
- Year Two: Promote and deliver programming at community locations. Continue resource development and program expansion.
- Year Three: Continue programming and program expansion.

Funding Needs

There is a need to support the costs of program expansion, in which private funding must play a major role. There may also be a need to support expanded provider training.

OBJECTIVE 5

Strengthen family partnership throughout early grade education.

Vision

Family engagement and partnership will be an embedded aspect of Nevada's pre-K-3 education system. All districts and schools will incorporate standards and practices that ensure families have a strong role in guiding their children's learning.

Strategy

- Provide credit-bearing professional development on family partnership for early grade teachers and administrators.
- Conduct outreach to school districts to promote family partnership, including the implementation of PTA family engagement standards.
- Build partnerships between libraries and schools to promote and offer family programming (see Objectives 1 and 4).
- Identify pre-K to K transition activities for children and families and promote in each district.

Measures of progress will include local adoption of PTA family engagement standards, implementation of family engagement practices at district and school levels, numbers of families served, and positive feedback from parents and other caregivers.

Benefits

The objective builds on progress that has been built or is underway. Nevada has an existing state infrastructure and policies to support family engagement (Department of Education). Nevada state policy requires review and evaluation of family engagement programs and promotes identification and adoption of effective practices. It is possible to identify best practices as well as areas in need of improvement. Schools and districts are asking for help in family engagement. A credit-bearing course on family engagement and partnership is undergoing final stages of evaluation. If approved, it can be offered in early 2019. Social workers are now in place in elementary schools, providing key points of contact for programming and information that could be benefit to families.

Coordinating Entities

Nevada Department of Education Office of Parental Involvement and Family Engagement, Nevada Office of Safe and Respectful Learning Environments, Nevada Registry

Key Implementation Partnerships to Explore

United Way of Northern Nevada and the Sierra, Nevada Library Association, Nevada Library Cooperative, State Council on Libraries.

ECAC Role

Facilitate progress and integration with other strategies as needed.

Time Frame

- Year One: Launch family partnership professional development course for teachers and administrators. Conduct outreach to school districts to increase programming for families with children from birth to grade three.
- Years Two and Three: Increase school-based programming and school-to-community program referrals.

CHILD AND FAMILY HEALTH

Overall Goal

Promote and support increased access to and the delivery of high quality, evidence-based health (dental, physical, mental/behavioral health) services for families with young children.

Introduction

Good health is a contributing factor to academic achievement. Some of the most important considerations in addressing the health and well-being of young children and their families are to: 1) ensure they have access to healthcare coverage; 2) ensure that there are adequate numbers of health and medical providers; and 3) ensure health care providers are trained to provide appropriate healthcare supports and services to young children and their families.

As such, ECAC advocates a collaborative, multi-tiered approach to the needs of young children across the developmental continuum from 0-8 years. This would involve a strong system of supports and services that starts with wellness and prevention and has the capacity (i.e., trained workforce) to intervene early and where necessary, provide intensive services and treatment so that children can stay on track for developing and learning. This would also involve looking at health from a whole child perspective and ensure that the system is adequately prepared to offer the full spectrum of health supports and services in a coherent manner so that Nevada's children can develop to their fullest potential—cognitively, physically, socially and emotionally.

Given there are so many different people that touch the lives of young children and their families, it is also essential that ECAC either take a leadership role or support others who have major investments and are leading initiatives that support positive child and family health outcomes. There are multiple plans and needs assessments initiated within each of the formal state agencies, which ideally could be drawn upon to create a unified, coordinated approach.

Initially, it will require ECAC to become well informed about existing efforts and to work collaboratively with other agencies to define what it would take to ensure the good health of young children and their families, build on the strengths and resources already in place, and integrate and align services and systems to ensure four principles can be achieved.

Build and strengthen partnerships with state and local health agencies.
There are a number of state and local private and public agencies and independent providers that currently operate in Nevada and address one or more aspects of healthy development of young children. None of these agencies are currently represented on ECAC, and neither are private sector health professionals, although in previous years a pediatrician and psychiatrist both were ECAC members. As it stands in statute and regulations defining ECAC, the Governor is not required to appoint a representative from the

health fields. As a result, in recent years the formal connections have not been maintained. ECAC currently does not have existing relationships and agreements with these entities, which include a broad list. Those identified during the ECAC strategic planning process as significant stakeholders are:

- Nevada State Primary Care Office
- Nevada Primary Care Association
- Nevada Medicaid Office
- Nevada Community Health Worker Association
- Rural Nevada Health Network
- State and local WIC offices
- Nevada Division of Public and Behavioral Health:
    - Maternal, Child and Adolescent Health
    - School-based Health enters
    - Rural Community Health Services
    - Statewide Chronic Disease Program
    - Nevada Home Visiting Program
- Southern Nevada, Washoe and Carson City Health Districts
- University of Nevada School of Medicine
- Nevada Statewide Partnership of Community Coalitions

Achieving the goal for the health and wellness of young children and families rests on a focused and sustained effort in building partnerships and working collaboratively across different health domains and with diverse stakeholders on behalf of young children.

Ensure all children have access to comprehensive, quality health care.

ECAC maintains that every child deserves a healthy start in life and access to high quality health care services and supports. As noted, there are a number of health agencies and providers in Nevada dedicated to improving and maintaining the health and well-being of young children and their families that touch their lives—prenatally through birth and beyond. Despite this, Nevada is among those nationally who rank in the bottom when it comes to providing health care insurance coverage for children. "Approximately 10% of Nevada's children have no health care insurance coverage which is nearly double the national rate of 6%.[11] While the rates of uninsured children in the nation continue to decline, in Nevada there are disparities among children in our state that exacerbate their chances for fully reaching their potential as learners.

On every indicator of health, Nevada's children are challenged. At the earliest ages, Nevada is demonstrating slight improvement in infant and child mortality rates (a drop from 5.72% in 2014 to 5.1% in 2016) and low birthweight babies (8.2% to 8%, for this same reporting period) and women receiving late or no prenatal care, which showed the most significant statistical improvement, dropped from 11% in 2012 to 9% in 2014. Despite these improvements, 30% of

[11] Children's Advocacy Alliance and Nevada Institute for Children's Research and Policy (2016). *2017 children's legislative briefing book.* Retrieved May 9, 2018 from: http://caanv.org/wp-content/uploads/2016/09/2017-LEGISLATIVE-BREIFING-BOOK-REVISED.pdf

families were noted as challenged to adequately care for their children in basic ways—being able to afford to change their children's diapers as often as needed; ensuring their children receive the recommended immunizations by age 19 to 35 months; and being able to insure their children consume fresh fruits and vegetables and maintain regular physical activity (there has been a 42.7% increase in obesity In Nevada children 2-4 years from 1989-2011). Nearly all of these challenges are associated with systemic issues that, if addressed, could make access to health supports and services easier for many families with young children.

The state's Division of Public and Behavioral Health, which houses Maternal, Child and Adolescent Health and the Chronic Disease Program supports the training of Community Health Workers and funds and supports the Nevada Home Visiting Network (MIECHV). These two projects have a direct charge to provide linkages for community members to primary care and other community supports and services. The Nevada Home Visiting programs (there are currently eight agencies across the state offering home visiting programs) work specifically with families with young children prenatal through 5 years, and assist them in finding access to primary care and health services to maintain regular health screens, well child checks, and medical and mental interventions as needed.

A growing network of programs and providers offering high quality, evidence-based programs and practices is emerging in Nevada. Nevertheless, system wide challenges remain and will need to be addressed to ensure access to healthcare for all children—through Medicaid and Nevada Check Up Programs and continuing to educate the public and families most specifically on the importance of seeking healthcare supports and services for young children; through increasing and improving the healthcare workforce; and by helping families establish a health home for their children prior to birth and throughout the first eight years of life.

Expand health workforce skills to effectively work with young children and their families.

In addition to ensuring that children have access to healthcare via insurance coverage or Medicaid, it is critical that we have a workforce in place to meet their needs. In 2017 the Nevada Network Adequacy Advisory Council (NAAC) recognized the need to ensure that pediatricians were added to the CDC list of required healthcare professionals that insurance carriers would have to include in meeting the time and distance criteria for individuals and groups in the network. Nevada remains challenged in recruiting and maintaining adequate numbers of medical and health providers, and currently ranks 48th in patient to provider ratios at a rate of 69.8 per 100,000 providers.

Another consideration is that many health professionals receive limited to no training in working with young children and their families. Nevada has made great strides in covering children in the past few years, and in expanding Medicaid coverage. Yet, physicians are often reluctant to see patients covered by Medicaid because of the low reimbursement rates, which also stress the economic viability of Federally Qualified Health Centers and public health sites that are in place to provide healthcare to many of our underserved children and their families.

Because access to primary care physicians is often limited, privately insured Nevadans (young children and their families) also utilize these clinics for convenience. Clinics and health districts are facing cuts and budget strains while patient loads are increasing. These conditions point to the need for ECAC to advocate for greater investment in public health and join with other health agencies, associations and districts that have launched workforce initiatives. ECAC can lend its support to recruitment and expanded training strategies that include a focus on working with young children and their families, along with seeking reciprocity for health professionals moving into our state.

Meet families with young children where they are.

"Good health is key for academic achievement. Children with healthcare insurance and who have greater access to medical care, have an easier time focusing during class, participate more in activities and are not absent from school as often."[12] Good health is dependent on access, adequate health professional workforce, and the ability for families to seek health services and supports in their local communities. Meeting families where they are requires creative solutions.

Experiences during the first five years of children's lives are predictive of their future development and success because just prior to and beginning at birth through their first five years, children experience their greatest brain development and growth. Prenatal care is important, as potential problems are more likely to be discovered and treated before birth. Mothers who receive prenatal care are less likely to have babies born at low birth weight or to die. Further, "during the final stages of pregnancy, infants are going through the final stages of organ development which includes the development of brain, lungs and liver."[13]

These early experiences in receiving health care services and supports can set the stage for children to have the greatest opportunity for typical growth and development and also cultivate the self-care and health management habits that will sustain their ability to learn and develop as they enter elementary school. In Nevada, there are significant geographic disparities in healthcare access, which is being countered to some degree by creative solutions to insure children get regular check-ups and specialized healthcare. These include: 1) mobile mental health, medical and dental vans; 2) telehealth and telemedicine which are increasing in their use in rural community health clinics and hospitals; 3) large scale medical and health events that provide dental services, women's health care, and immunizations, such as the Remote Access Medical (RAM) events sponsored by community coalitions; and 4) outreach by Community Health Workers and volunteer health professionals (dentists, Community Health Nurses) to meet families where they are already accessing services—such as food pantries, schools, WIC and other community support services—and first help them address the challenges they face to accessing care in their region (transportation, meeting basic needs,

[12] Children's Advocacy Alliance and Nevada Institute for Children's Research and Policy (2016). *2017 children's legislative briefing book.* (pg.8). Retrieved May 9, 2018 from: http://caanv.org/wp-content/uploads/2016/09/2017-LEGISLATIVE-BREIFING-BOOK-REVISED.pdf

[13] Ibid. page 39.

employment conflicts) as they begin to link them to health homes and other health professionals in their region.

OBJECTIVE 1

Advocate for increasing access to appropriate health providers in the state, particularly in underserved urban and rural communities, with special attention paid to obstetrics, pediatrics, dentistry, and children's mental health.

Vision

ECAC joins many other entities at the state, regional and local level that are acutely aware of the urgent need to build the workforce across health professions, including mental health, dental health, medical providers, and even, perhaps especially, health professionals dedicated to prevention and support for developmentally appropriate learning and development opportunities (such as good nutrition, social-emotional learning, physical activity) and early intervention. Through partnership all Nevada initiatives and stakeholders can successfully educate, raise awareness and bring a sensible and coherent response—a call to action—through policy, funding, and workforce development strategies for the health and well-being of our youngest children.

Strategy

- Partner with the public and private schools/programs that train health professionals (e.g. medical schools, nursing programs, psychology, social work) in the state to increase recruitment and retention of students to practice in the state.
    - Advocate for using students (e.g. through internships) to provide health care services in the rural and underserved areas
    - Advocate for sites that can offer internships or qualify for loan forgiveness programs
- Advocate for, and provide better training to, health professionals to work effectively with families with young children.
- Partner with the key agencies and organizations that have health workforce development and expansion as a part of their mission to insure there is a focus on young children and their families.
- Work with other partners to:
    - increase the number of providers who take Medicaid and will provide this coverage in the underserved communities; and
    - address barriers families experience in making and keeping appointments with their health care providers (e.g., transportation).

Benefits

If we increase the number of health providers in rural and urban areas designated as health professional shortage areas (HPSA), we increase access to health care. Access improves outcomes. Access creates more fluid and regular opportunities to benefit from health screening, prevention and care.

Time Frame

Groundwork (outreach to develop formal partnerships) should start immediately. From 6 months-1 year: Work with partners to identify, assess, and adapt training programs in early learning and development for inclusion in training programs for health care professionals.

Coordinating Agency

Nevada State Primary Care Office

Key Implementation Partnerships to Explore

Office of Workforce Development, Medical Schools, Office of Primary Care, Practitioners Associations and Licensing Boards, School-Based Health Centers, Medicaid, Primary Care Association.

Funds Needed

If there's going to be training encouraged by14 ECAC there will need to be funds to cover travel, materials for dissemination at trainings and promotion of training opportunities. For individual agencies that train or provide health services there will need to be an increase in federal funds to support their expansion.

ECAC Role

Participate and present to various agencies and provide an early childhood perspective (AHEC, NAAC, Licensing Boards, etc.). Organize learning and training opportunities for health care providers on providing services to young children and families. Work with health groups serving school-age populations to expand services to all members of the family, including young children. Identify and partner with agencies to secure additional funding for recruitment and training of health care providers.

OBJECTIVE 2

Support the effective deployment of well-trained community health workers across the state to connect families with young children with insurers (e.g., Connecting Kids to Coverage), physicians and other health care professionals (dental, mental/behavioral/WIC/MCOs/FQHCs) and other community support services.

Vision

The Community Health Worker initiative in Nevada has been evolving and growing in strength and quality for the past several years. Both the state's Division of Public and Behavioral Health's Community Health Worker Program and Nevada's System of Higher Education CHW Training program currently offer the training via in-person, on-line and hybrid approaches.

[14] The ECAC role would be more advocacy and "word spreading", perhaps even for use of Bright Futures among pediatric health care providers. The state EPSDT program uses Bright Futures as its periodicity schedule, but there are no resources for implementing Bright Futures. That may be a role for MCH funds.

Over 300 individuals have been trained as Community Health Workers (CHWs) over the past few years, and are currently working through health centers and FQHCs/MCOs, community coalitions, and in non-profit organizations. Their roles can vary greatly, but the core competencies are inherent to their work in diverse settings.15 With the foundational training now approved as a standardized approach, additional specializations for CHWs working in diverse settings can be designed and offered. Over time, a new specialization in early childhood learning and development can serve as a core training and career pathway for CHWs to engage with families with children prenatal through 8 years.

Strategy

Promote the sustainability of standardized CHW training already approved through our state and higher education system in order to increase and enhance the CHW professional role.

- Assist in development of an early childhood module as a CHW specialization to work with families with young children 0-8 years that can be offered through the NV-CHW Association.
- Connect with NV-CHW Association, which has a HRSA grant, to place a cadre of CHW interns with early childhood programs, such as home visiting, Head Start, Early Head Start and others.
- Advocate for CHW services becoming Medicaid reimbursable and coordinate with existing efforts underway through the pilot study among Nye CCC, HCC and the Medicaid office.
- Advocate to employers of CHWS to have them partner with families to help reduce no-show rates for Medicaid dental appointments (see Objective 3 below) and follow-up with families scheduled for other mental/behavioral/medical health appointments.
- Promote and facilitate efforts to deploy CHWs to work as agents for implementing family engagement strategies in the community (see Born Learning in the Family Support and Community Engagement strategy section) through libraries and other places where families gather (community centers, after school programs, food pantries, etc.) and to work in concert with existing early childhood programs, referring families to them as a primary resource along with linking families to health insurance, primary care and other community supports.

Benefits

The value in CHWs is that they are trusted allies in the communities. They are able (via skill and training) to connect with families and are the individuals to whom families are willing to turn for many forms of support. Increasing the engagement of families with physicians and other health care providers (health home) will also support the retention of health care providers, as they will have a solid base of clients/patients. Patient-centered care has been shown to provide greater professional satisfaction for providers, promoting retention.

[15] Organization skills, documentation skills, social determinants of health assessment skills, service coordination skills

Time Frame

- Immediately: Contact coordinating agencies; develop core partnerships over first six months.
- Year One: Build additional partnerships and establish collaborative plans. Develop ECLD Health Module in partnership with Coordinating Agencies.

Coordinating Agencies

Statewide Chronic Disease Program, DPBH (childhood obesity and CHW Program Coordinator with existing partners) and NV-CHW Association.

Key Implementation Partnerships to Explore

Local and state level WIC, NV-CHW Association, School-based Health Centers, Nevada Home Visiting, Community Coalitions that have CHWs embedded in their structure, Health Departments, Health Centers/FQHCs/MCOs and schools employing CHWs as part of their Safe School Professionals workforce.

Funds Needed

Funds to develop, pilot, and obtain trainers for the ECLD specialized health module and for curriculum and materials purchases for health entities participating in Born Learning.

ECAC Role

Encourage schools to utilize and train staff in a Community Health Worker role in their school-based/linked health centers to engage in screenings and well child checks before they arrive at schools. Raise awareness for school, community providers and families around the importance of early childhood (birth through third grade) health screens and well-baby checks (using NHVN and SBHC).

Build collaboration with partners that have CHWs to ensure they get standardized training from the CHW Association trainers. Educate and work in partnership with NV-CHW Association to develop a CHW module for early childhood health.

OBJECTIVE 3:

Raise awareness of mobile health and health fair opportunities and assist in the coordination and expansion of these services.

Vision

Currently the Nevada Institute for Children's Health and Policy (NICHP) maintains a centralized database for mobile health and health fair opportunities. The utility and accuracy of this centralized clearinghouse can be enhanced by coordinating with the various local and regional entities that utilize these services as access points for their community members, to insure they share scheduling and information dissemination with NICHP.

These services represent not only opportunities for families with young children to gain access to other health services in their local area, but are often the only means for families in many of our rural and underserved communities to receive health care services. As community-based health partners, coalitions and other organizations serving families with young children learn more about the value added in accessing existing information and mobile health services they will begin to leverage existing resources (e.g., funding, CHWs to provide family outreach and follow-up) and coordinate with others in their region to actively schedule these on a regular basis (RAM; Mobile Crisis Mental Health; UNR's Mobile Medical Services; NHC/CHA's dental vans).

Strategy

- Raise awareness of when (on-line Google calendar through the NICRP- http://snecac.com/calendar) mobile services are scheduled in each area.
- Promote events with community partners through various media channels so they connect their clients to these services.
- Bridge independent efforts of local and regional partners involved in scheduling mobile health services to the Coordinating Agency's Google calendar:
    - Raise awareness of when (on-line Google calendar through the NICRP- http://snecac.com/calendar) mobile services are scheduled in each area.
    - Promote events with community partners through various media or other channels (i.e., coalition meetings or parent meetings) so they connect their clients to these services.

Benefits

Maximizes and creates sustainability for mobile health services when families access these and they are fully scheduled; increases access points for families with young children for more frequent/regular health care.

Time Frame

- Year One: Collect and disseminate information for the upcoming year and into 2019.

Coordinating Agency[16]

Nevada Institute for Children's Research and Policy

Key Implementation Partnerships to Explore

Library and Community Centers need to get community to participate (using their Facebook Pages); Home Visiting Programs; Southern Nevada Health District, Nevada Health Centers, Mobile Crisis Mental Health, FQHCs- CHA's mobile units; COW Buses; Community Coalitions.

Funds Needed

[16] Depends on whether a Health Professional/Agency is represented on ECAC to steward all of these objectives (see Objective #5). Southern Nevada Health district and Washoe County Health District; Community Health Services are regional.

If ECAC has the support of free public media (TV, radio) funds may be needed to print fliers and posters.

ECAC Role

ECAC will do an inventory of what's available and what the gaps are and whether it's possible to fill the gaps (work with PCO; Children's Behavioral Health). By working with the Coordinating Agency, ECAC can provide a link and information on their own website to other early childhood programs and community coalitions about mobile health services and encourage them to list their local and regional events in this centralized database. Truckee Meadows Healthy Communities is using a model to assess and fill in gaps for Health Fairs. Their coordinator could provide insight into the steps to make this happen. Rural and Las Vegas community coalitions are gathering this information for their regions as well, and ECAC can tap them for their strategies for information dissemination and scheduling of mobile health services.

OBJECTIVE 4

Promote high quality programs that are implemented with fidelity to produce positive health outcomes for parents, infants, and children (e.g., Well-Child Visit/Bright Future; NHV Home-Visiting models (Parents as Teachers, HIPPY, Nurse-Family Partnership, Early Head Start).

Vision

There are well-established benefits of continuity of care—particularly when high quality, evidence-based programs (EBP) and practices are implemented. These reduce fragmented care. Once it has been determined which providers are practicing the standard of care (e.g., NCQA-patient-centered medical home), which are Board certified and which offer evidence-based programs, and this information is made available to families, they will be the first and most requested source of support and services. If ECAC encourages strategic partners like WIC and the Primary Care Association's members through their direct line staff (WIC; CHWs; etc.) to refer patients to the high quality programs across the continuum of health care, including nutritional services, Nevada's health indicators for families would undoubtedly rise and this level of high quality care would become the norm.

Strategy

- Work closely with all strategy partners that touch high numbers of families across the state (like WIC) to insure they are including their EBPs and referring families to high quality programs in the state's 2-1-1 system.
- ECAC will communicate with the Director's Office of DHHS and 2-1-1 to strengthen usability and accuracy of information as a centralized Information & Referral source.
- Review of EBP programming available for Nevada's young children and their families including the service delivery area, eligibility criteria, and if there is a waiting list.

Benefits

This strategy will increase family access to the high quality programs and produce positive family and child health outcomes. (Evidence demonstrates that poor quality programs do more damage than help.) Offering high quality/evidence-based programs and practices also helps with recruitment and retention of program staff and increases the commitment of high quality personnel—whether they are community health workers or specialists. There is a stronger commitment to sustainability when programs are invested in evidence-based practices and require adequate client loads.

Time Frame

- Year One: Build partnerships to identify and promote evidence-based practices.
- Years Two and Three: Engage partners in promoting evidence-based practices.

Coordinating Agency

Statewide Maternal and Child Health Coalition/ Immunization Coalition17

Key Implementation Partnerships to Explore

State and Local WIC Offices; Nevada Primary Care Association; State Offices of PCO, MCH, Medicaid. Southern Nevada Health District; Washoe County Health District and Rural Community Health and Home Visiting Programs.

Funds Needed

Conference costs: transportation; facility etc.; leverage existing conferences—like Nevada Health Conference/Public Health—Immunize puts it on through funding from Maternal and Child Health. Tag on to reduce costs.

ECAC Role

The ECAC can facilitate efforts let providers know about high quality programs and encourage them to refer their clients to these programs. This will involve helping convene networking of all providers (as per a conference style to learn about the range of services and EBPs); facilitating that networking during regular ECAC meetings—making sure whomever is the health representative on the Council has the knowledge and information to share with the more education-focused providers and similarly exchange their knowledge with the health providers. It can also include increasing ECAC members' knowledge and including information on EBPs on the website as well as insuring this information is uploaded to the Nevada 2-1-1 system.

[17] When we think about how the membership of ECAC is defined, most of the membership is structured in a way that it can be a conduit for information. If we recommend representation from the health field that could serve in that same capacity (See Objective #5).

OBJECTIVE 5

Expand ECAC to include representation from the health field.

Vision

Current legislation allows the Governor to add members, but he/she may choose not to. To ensure that ECAC has flexibility in adding needed members, the legislation on ECAC membership will likely need to be changed. Accomplishing this in 2019 will allow ECAC to stay responsive and inclusive to the various agencies, professions and stakeholders that collectively are working to impact the health and well-being of families and their young children.

Strategy

- Work through the ECAC member networks to approach Governor Sandoval to determine feasibility of appointing individual(s) who represent the health professions (pediatrics, pediatric dentistry, child psychiatry) prior to his term ending in December 2018.
- Work with Governor's Office and ECAC Members to change legislation in 2019 to allow for a variety of additional members to be appointed, as the times and need dictates, including but not limited to the broad spectrum of health professionals and fields.

Benefits

There will be a representative with direct knowledge and connections to the range of health providers in the state—regionally, locally, and the various types of health services. Greater efficiency in having a known person working directly with networks and coalitions to gather and disseminate information, exchange it with non-health care providers, and assist in coordinating and leveraging ECAC's strategy with existing health events and services.

Time Frame

- Accomplish this objective in Year One

Coordinating Agency

ECAC or the Department of Education-Office of Early Learning and Development.

Key Implementation Partnerships to Explore

Department of Health and Human Services; Nevada Primary Care Association. Health Districts.

Funds Needed

No fiscal impact

ECAC Role

Coordinate with Governor's office and DHHS for nomination and appointment and to participate in any committee work required to change legislation and/or language on ECAC appointments in 2019.

CONCLUSION

The goals and strategies described in this plan are ambitious because so much depends on building a solid foundation for children's lifelong success and the modern workforce Nevada requires.

A number of factors are central to the plan's success. Foremost is a willingness to embrace the need to dramatically alter the status quo. Through policy, funding and action, Nevada must keep the goal of outstanding early childhood education at the forefront of civic concern – at the state level and in every community.

Another critical element is partnership. Every aspect of this plan depends upon collaboration. Statewide agencies must work together to improve public systems of support. Schools and other community-based organizations must come together to deepen their service to young children and their families. Policy makers, business leaders and philanthropists must make system-building investments at state and local levels. And families must be welcomed and supported as the most important partners of all.

A final key to success is the shared conviction that significant measurable, lasting progress is achievable. The many Nevada leaders who participated in developing this plan have had the confidence to reach high, knowing that the strides Nevada has made in early childhood education to date have provided a solid platform on which to build. If everyone in a position to serve young children follows their example, together we can attain a transformative, lasting impact on the educational, social and economic future of our state.

APPENDIX A: INDIVIDUALS CONSULTED

Thank you to the following individuals who informed this strategic plan by participating in telephone interviews or attending the November 2, 2017 and/or February 1, 2018 ECAC Strategic Planning Retreats:

Name	Agency
Aisha Finlay-Bowen	Southern Nevada Health District
Alberto Quintero	Nevada Dept. of Education, Parental Involvement & Family Engagement
Alexandra Pennington	Division of Welfare & Supportive Services, Child Care Program
Amanda Haboush-Deloye	University of Nevada, Las Vegas - NICRP
Angela Rose	City of Las Vegas, Dept. of Youth Development & Social Innovation
Angela Triche	Sunrise Children's Foundation Early Head Start
Ann Cory	Community Health Alliance
Ann Polakowski	DCFS-Early Childhood Mental Health
Anna Severens	NDE-State PreK
Anne Cory	Community Health Alliance
Beate Weiner	Washoe County Library District
Brenda Bledsoe	Department of Health & Human Services, Directors Office - Part C
Brett Barley	Nevada Department of Education
Brianna Cambra	The Children's Cabinet PreK Wraparound
Carrie Paldi	Creative Kids Learning Center
Chelsea Sliter	The Children's Cabinet
Cheryl Joyce	Child Care Licensing
Christell Askew	Division of Welfare & Supportive Services, Child Care Program
Christy McGill	Nevada Department of Education, Office of Safe & Respectful Learning
Cindy Johnson	Nevada Department of Education, Office of Early Learning & Development
Connie Zeller	Consultant
Daina Loeffler	Nevada Deparment of Education, Office of Special Education
Danielle Holmes	The Children's Cabinet
Danielle Viquez	Children's Advocacy Alliance
Denise Tanata	Children's Advocacy Alliance
Deserea Quintana	Intertribal Council of Nevada
Diane Hardy	Dept. of Public & Behavioral Health Child Care Licensing
Diane Nicolet	Truckee Meadows Community College, ECE Program
Dolores Hauck	Private Consultant
Dr. Rutu Ezhuthachan	United Healthcare Nevada
Edie King	Nevada Department of Health and Human Services
Evelyn Dyer	Nevada Home Visiting
Heike Ruedenauer-Plummer	University of Nevada, Las Vegas Grad Student
Jack Zenteno	Division of Health Care Financing and Policy
Janice Lee	University of Nevada, Reno
Janina Easley	Parent

Name	Agency
Jeff Scott	Washoe County Library District
Jenna Welglarz-Ward	University of Nevada, Las Vegas
Jessica Russell	Vegas PBS
Joanne Everts	Turning Point
John Cregg	NevAEYC & TEACH Early Childhood
Judy White	Oral Health Program
Julie Hitchcock	The Children's Cabinet
Julie Kasper	Clark County School District
Kacey Edgington	Washoe County School District
Karen Barsell	United Way of Northern Nevada and the Sierra
Karen Micklish	Washoe County Child Care Licensing
Kathlene Banak	Acelero Head Start
Kayelynn Ogden	The Children's Cabinet
Kimberly Colabroy-Hogan	Carson City School District
Kimberly Regan	Sierra Nevada Academy Charter School (SNACS)
Krisann Alvarez	Division of Child and Family Services, Early Childhood Mental Health
Latisha Brown	Child Care Licensing
Laura Landis	Office of Head Start Region 9 T/TA System
Laura Malkovich	Churchill County School District
Linda Fitzgibbons	Nye County School District
Lisa Calder	Elko County School District
Lois Ann Porter	United Way of Northern Nevada and the Sierra
Lynette Fisherman	Fallon Paiute-Shoshone Tribe
Lynette McFarlan	Great Basin College
Margot Chappel	Public and Behavioral Health
Marty Elquist	The Children's Cabinet
Megan Wickland	Dept. of Health & Human Services, Aging and Disabilities Services Division
Melinda Gomez	Elko County School District
Melissa Burnham	University of Nevada, Reno
Mia Pace	Nevada Department of Education, Office of Early Learning & Development
Mike Maxwell	City of Las Vegas
Mike Wurm	Boys & Girls Club of Truckee Meadows
Millie Cady	Division of Welfare & Supportive Services, Child Care Program
Mirna Mejia	Las Vegas Urban League
Nancy Cummings	Nevada Library Association
Pamela Ertel	Douglas County School District
Patricia Sanborn	Nevada Department of Education, Office of Safe & Respectful Learning
Patti Oya	Nevada Department of Education, Office of Early Learning & Development
Renee Woodring	Nevada Department of Education, Office of Early Learning & Development
Robin Kincaid	Nevada PEP
Shelby Henderson	Children's Advocacy Alliance
Shelly Nye	The Nevada Registry
Sherry Bingham	Nevada Department of Education, Office of Special Education

Name	Agency
Sherry Waugh	University of Nevada, Reno, Child & Family Research Center
Stacey Joyner	Nevada Department of Education, Office of Early Learning & Development
Susan Keema	Carson City School District
Teresa Johnson	Southern Nevada Health District
Terri Janison	United Way of Southern Nevada
Therese Synder	Office of Head Start Region 9 T/TA System
Tina Springmeyer	Washoe County School District
Travis Crowder	Boys & Girls Club of Mason Valley
Vickie Ives	Nevada Division of Public and Behavioral Health

APPENDIX B: INTERVIEW INPUT ON NEVADA EARLY CHILDHOOD SYSTEM LANDSCAPE

Early Learning System Building	Progress	High Impact Opportunities
Supportive policies and investment	1. Gubernatorial leadership and growing legislative interest 2. Statewide advocacy via Strong Start Campaign 3. Funding to support the development of a Statewide B-3 policy framework with guidance from the National P-3 Institute and FirstSchool at UNC 4. Engagement, collaboration and agreement across early learning school and community private and public partners and stakeholders to adopt the ECAC vision in constructing a statewide B3 framework 5. Mayor of Las Vegas is fully behind ECE as a fundamental driver for academic achievement, higher education attainment and local workforce development. Believes it must be part of the formal K-12 system. There are advocates in the state legislature and the current governor. ▪ Municipalities can "braid" funding sources to solve basic problems such as lack of facilities. They hold the potential to be the "crosswalk" between ECE and K-12	1. Build alignment behind clear, overarching vision ▪ Definition of High Quality Early Childhood Education and its components ▪ Clarity on the essential elements of a system of support and a viable pathway for comprehensive system building ▪ Establishment of measurable impact objectives and monitoring capacity ▪ Focus on inclusion of all children (special needs, ELL, gifted, minority, and children in transition or living in poverty) ▪ Leverage existing grant funding such as ESSA and Title 1 to insure P3 is a viable component of all educational strategies 2. Increase, diversify and align funding for all aspects of the system ▪ Align grants to timing and decision-making realities ▪ Stabilize, expand state-level support ▪ Create local support from counties, municipalities and private sources ▪ Engage employers and local champions 3. Build unified message for families, providers, legislators around early childhood development milestones and best practices. 4. Conduct information and engagement campaign for local level leaders (county, municipal, business, education) in partnership with regional ECACs.

Early Learning System Building	Progress	High Impact Opportunities
Early learning program access	1. Expansion of pre-K subsidy eligibility via Pre-K Development Block Grant, leading to significant increase in enrollment 2. Enabling families to get year-long certificates for childcare subsidy 3. Improved service to homeless families – automatic qualification for 100% childcare subsidy 4. Las Vegas Strong Start initiative providing model for how to increase early childhood education programs by drawing on municipal funding streams and city-owned properties; introducing mobile early childhood education component 5. Long-term operation and sustainability of Mobile Pre-K in rural counties delivered through the COW Bus program; partnerships between school districts, community-based organization, private foundations and county government (Storey and Lyon counties)	1. Advocate for Universal, voluntary state funded high-quality pre-K while working incrementally, focused on low-income, "high need" children and families that provides funding flexibility that best meets individual district/program needs to serve highest need populations specifically in rural communities. 2. Create state match for Head Start funding to significantly expand program availability 3. Expand subsidy eligibility to students with young children 4. Promote Las Vegas Strong Start success story statewide 5. Sustain and expand rural mobile pre-K opportunities for 3-4 year olds to compliment school-based pre-K while providing funding flexibility to meet rural district needs, such as the Classroom On Wheels (COW bus). 6. Expand early learning access for children 0-3 years through high quality home-based, home-visiting approaches (see Family Engagement and Support section, below) and at least one pre-K provider in every town
Early learning provider quality	1. Development of QRIS system 2. Nevada State Registry, serving as a clearinghouse of information for the field of early childhood education; responsible for approving all informal (not-for-college-credit) child care training in the state ▪ Approximately 7,000 early childhood educators are included in the Registry ▪ Currently does not serve K-3 educators, who receive training via a separate system 3. Nevada TACSEI, building a professional development system to create a workforce prepared to support children's social emotional strengths; involves a cadre of experts to train and	1. Expand provider involvement in QRIS ▪ Market the financial benefits to Center-based and Family-based child care providers ▪ Examine and address disincentives 2. Hire more QRIS coaches to eliminate backlog of center-based child-care centers seeking certification and movement along Nevada State Silver Star continuum 3. Bring K-3 educators and related professional development into The Nevada Registry ▪ Creating a unified 0-grade 3 workforce professional development and tracking capacity 4. Create major focus on bringing family-based and informal care providers into

Early Learning System Building	Progress	High Impact Opportunities
	coach parents and early childhood educators 4. TEACH provides pathway for early childhood education career development 5. The Children's Cabinet and Las Vegas Urban League provides resource and referral support to families statewide, promoting quality childcare that is accessible and affordable ▪ As part of this role, it helps FFN providers to become licensed so they can enter the referral system 6. New legislation supports minimum standards for all licensed childcare facilities, including teacher ratios and health and safety requirements; these standards include new consequences (fees and fines) for lack of compliance	system building efforts ▪ Create coordinated networks of family-based childcare providers ▪ Continue to expand TACSEI and TEACH scope and promotion, particularly to serve private centers and family-based and informal care providers (with emphasis on rural areas) 5. Improve incentives for training ▪ Improve access to training (cost; enrollment flexibility) ▪ Provide bonuses for completing training 6. Open Head Start professional development training to a wider audience and provide joint training opportunities 7. Provide joint training between early intervention providers and early childhood providers and K-3rd grade teachers; promote ongoing school-community conversations and learning opportunities across B3 continuum through local ECACs as well as school-based professional development and family engagement activities 8. Pursue new institutional home for childcare licensing (now in Department of Health) ▪ Draw on best practices from other states 9. Pursue new institutional home for early intervention (now in with Department of Aging and Disabilities Services Division)
Early literacy	1. Read by Grade Three ▪ Encompassing grades K-3 ▪ Supporting infrastructure to strengthen instruction ▪ Common standards, evaluation, tracking 2. Campaigns for Grade-Level Reading in Clark County and Northern Nevada (See Family Engagement and Support section, below)	1. Engage K-12 systems in preventing chronic absenteeism in grades K-3 2. Develop comprehensive warm handoff from child care providers to kindergarten teachers with responsibility on both sides for durable, authentic partnerships 3. Collaborate with NV Library Association to maximize efforts of county libraries

Early Learning System Building	Progress	High Impact Opportunities
	3. Nevada Library Association developing strategic plan for supporting early childhood and family literacy, possibly in collaboration with state agencies represented in an ex officio capacity 4. Expand B-3 implementation beyond pilots and across initiatives (pilots, Rb3, etc.)	
Alignment	1. Birth to third grade ▪ Partnership among Turning Point, Inc., UNC FirstSchool and University of Washington ▪ Creating consistent, high quality practice, strong connections and smooth transitions across 0-grade 3 education settings ▪ Includes two-year pilot initiative providing professional learning to three sites. Create quality and alignment via joint training for the full range of early childhood care and education providers (e.g., center, school, family-based) ▪ Started pilots with Churchill, Lemon Valley and Las Vegas ▪ Includes the development of a statewide framework to guide policy development and asset allocation	1. Position B-3 initiative for scale-up ▪ Expansion of pilot ▪ Supporting policies and infrastructure (e.g., staffing, funding, institutional collaboration, training) 2. Advocate to fill open position in state Head Start Collaboration Office and stabilize turnover in that position 3. Re-engage Tribal ECAC and build relationships between tribal and non-tribal rural networks 4. Align "training hours" – CEUs – college credits and make available through The Nevada Registry, Affordable.com and Facebook pages
ECE workforce	1. Nevada Registry has complete data base of all pre-K adult providers (7,000+ individual members)	1. One Workforce through The Nevada Registry membership of all pre-K and K-3 teachers, teaching assistants, care attendants, etc. 2. Better training, better pay, better mentoring and career paths could make a big difference now as the ECE workforce is poised to make generational turnover ▪ Increase wages and bonuses for achieving The Nevada Registry Career Ladder steps ▪ Address gap in pay and benefits for 0-5 versus K-Grade 3 providers ▪ Increase TEACH scholarship assistance for pre-K providers ▪ Encourage counties to invest in pre-K and K-3 training access and

Early Learning System Building	Progress	High Impact Opportunities
		financial rewards ▪ Make on-line training universally available for all steps on The Nevada Registry Career Ladder
Data	1. NDE led Universal Screening of all children in licensed child care and state pre-K using Brigance. 2. Statewide MCH/Medicaid initiative to expand ASQ screenings (funded by EPDST Medicaid reimbursement) and create a statewide data clearinghouse 3. The Early Learning District database for all 17 school districts will track preschoolers enrolled in state pre-K or other QRIS participants into the early grades. Will help assess where children are upon entry to kindergarten and/or on track for K readiness. 4. Kids Count data provides measuring stick against other comparable state	1. Use data to focus in on specific child/families that need additional supports; Data is the key to making the case to business and political leadership 2. Use Training Hours, CEUs and ECE College Credits as measures of progress in counties and statewide 3. Look for ways to reduce and streamline data collection and testing so it doesn't impede work with children and families and drive teachers from the profession. 4. Enroll all K-3 teachers, teaching assistants, special needs professionals in The Nevada Registry 5. Create integrated, comprehensive early childhood data system

Family Support System Building	Progress	High Impact Opportunities
Pre-k-grade 3 district education	1. Creation of the Professional Office of Parental Involvement & Family Engagement in the Nevada Department of Education in Nevada statute: ▪ Review and evaluate family engagement programs statewide. Examine practices and potential for scale-up. ▪ Make family engagement and partnership an embedded aspect of Nevada birth to grade 12 education translated into school practices and decisions made for the child and family. ▪ Expand school capacity for family engagement and family capacity to engage with school. 2. Read By Grade Three initiative family and community engagement ▪ Creating necessity for closer school-family communication; potential for partnership in support child and addressing family issues that may affect learning	1. Conduct outreach to school districts statewide to promote family support and partnership ▪ This could be incorporated into an outreach effort to promote early childhood education
Early Childhood and Family Literacy	1. Campaigns for Grade-Level Reading ▪ Northern Nevada campaign ○ Family engagement and support (guidance, home libraries, family literacy activities) ○ Introduction and expansion of Reach Out and Read ○ Expansion of OST networks ○ Support for families with children who are chronically absent ▪ Southern Nevada campaign prioritizes addressing chronic absenteeism 2. Nevada Library Association has engaged key state agencies as ex officio members to create potential for greater involvement and alignment in support of early childhood and family literacy	1. Conduct broad effort to help families nurture children's language, literacy and school readiness 2. Create a knowledge building campaign based on a single proven program such as Born Learning and Daily Vroom, promoted widely via all entities involved in early childhood care and education 3. Encourage statewide expansion of Reach Out and Read 4. Assist NV Library Association in developing a strategic literacy support plan involving state departments of Administration, Education, Employment/Training/Rehabilitation, Health and Human Services, Corrections and Economic Development
Home visiting	1. Nevada Home Visiting Network serves families with children 0-5 years in 7 counties across Nevada using evidence-based home visiting programs and	1. Increase home visiting coverage ▪ 785 parents and children in 384 families served in 2016 with federal, foundation, UNR, Southern Nevada

Family Support System Building	Progress	High Impact Opportunities
	curricula ▪ Parents As Teachers (Storey, Lyon, Mineral, Yerington Paiute Tribe) ▪ HIPPY (Nye, Elko, Clark) ▪ Early Head Start Home Visiting (Elko, Washoe, Clark) ▪ Nurse-Family Partnership (Clark) 2. In partnership with Nurse Family Partnership program looking to secure Medicaid funding. Also looking to expand NFP in collaboration with UNLV and Renown Health 3. Identifiable benefits to parents in families in the program, e.g. higher GED completion and college enrollment 4. Robust CQI that all providers follow; providers also required to re-certify every 18 months ▪ Reflective Supervision coaching is provided to HV supervisors to support internal capacity to monitor and deliver high quality programs and retain home visiting staff	Health District support ▪ Consider Georgia statewide PAT network model (multiple public and private funding streams, including support from state agencies and school districts) ▪ Scale of need far outweighs service: for instance, 100 slots for Clark County (population around 3 million)
Support for children with disabilities	1. Nevada PEP ▪ Disability awareness and inclusion program for children with disabilities (including those who have serious emotional disturbances), their families and their service providers, through education, encouragement and empowerment activities 2. Close relationships with Children's Cabinet, Early Intervention, Nevada DOE, UNR, UNLV, local districts and TACSEI 3. Increased pre-K inclusion rate 4. Development of Nevada Early Childhood Inclusion Guidance Manual	1. Increase financial support from the state; more Head Start placements (federal money) 2. Increase pre-K and early childhood training for providers 3. Build on efforts to prevent children's expulsion from early education due to behavioral issues 4. Begin collaboration with Early Intervention on social/emotional support 5. Expand access to and availability of children's mental health services ▪ Work towards seamless transitions between Early Intervention (0-3), Child Find (3+), and K-12 special education
Support for teachers and families in state-funded pre-K	1. CHERISH, a program within the Children's Cabinet, serves both sides of the ledger – teachers and families ▪ The northern program serves Reno, Sparks and rurals out to Utah line. 100 classrooms served; 300-400 in parent	1. Pursue expansion. Pre-k expansion exposed shortage of qualified ECE teachers; CHERISH provides training to those in the free state pre-K ▪ *Note: Free pre-K has brought families forward who don't have*

Family Support System Building	Progress	High Impact Opportunities
	classes; 40 families/mo. in case management	*fundamentals on child development and other child rearing knowledge (e.g. discipline) and who haven't interacted with school settings*
Out-of-School-Time (OST) programming	1. Nevada Afterschool Network ▪ A statewide team of educators and youth program specialists launched the Nevada After School Network (NAN) ▪ Emphasis to be on professional development (with learning management system with website, two conferences, in-person opportunities, and rural community assistance with 1-1 trainings and on-line support) ▪ NAN board members participated in MOTT Foundation funding and training opportunities ▪ New NAN components will include youth, parent and provider advisory councils 2. OST program standards adopted by several states were reviewed, selected and piloted 3. Afterschool networks providing early childhood literacy support expanded in Northern Nevada (e.g., Boys and Girls Clubs, Northern Nevada Literacy Council, Sierra Nevada Journeys, Wells Family Resource Center)	1. Continued system building needed ▪ Licensing regulations ▪ Quality improvement incentives ▪ Training requirements (align with Registry?) ▪ Work with National Association for Afterschool Programming to finalize standards for OST programs

Health System Building	Progress	Where help is needed
Home Visiting: prenatal/maternal and infant health care	1. Nurse Family Partnership in Las Vegas ▪ Assigns an RN home visitor to pregnant mothers in specific zip codes. Must be pregnant (<28 weeks) to enroll; Serves 140 families in specific Las Vegas neighborhoods 2. Healthy Start ▪ Nurses serve 100 client families in specific LV zip codes. Can enroll during pregnancy or postpartum ▪ Partners for a Healthy Baby curriculum. Heavy focus on health – well baby checks, vaccines, developmental screens (ASQ), motor and social-emotional development, some coordination of social services ▪ Healthy Start is required to establish a collective impact "community action network" (per national office) to resist working in a silo and integrate services 3. Early Head Start connects families to maternal and child health care	1. Early access to prenatal care, and access to care postpartum for women of childbearing age ▪ There is a lack of providers, lack of insurance, and lack of awareness about the importance of accessing care early 2. Increase number of obstetricians in NV, particularly those who serve high risk pregnancies and women without insurance ▪ Las Vegas has four FQHC's, none currently offer obstetrical care due to lack of providers 3. Need help enrolling eligible families in all home visiting programs due to narrow enrollment criteria and lack of public awareness. ▪ Enrollment criteria are limited by Federal guidelines ▪ Improve system navigation support
State programs	1. Technical assistance programs focusing on early intervention ▪ In recent years, funding has successfully prioritized technical assistance to improve birth outcomes and access to healthcare for adolescents ▪ More recently, a TA grant focused on children and youth with special healthcare needs (CYSHCN Learning Collaborative) ▪ A current initiative is the Medicaid Innovation Accelerator Program offered through CMS 2. MCH is working on expanding access to the ASQ statewide (through EPSDT funding and other avenues) and collecting statewide data from the assessments. The Hub, a data receptacle and reporting system for	1. ECAC can engage in strategic conversations and planning around medical needs for children's medical service coordination, and how medical services tie into other services (child care, Pre-K, school enrollment, special education, early intervention, maternal health...) 2. ASQ data initiative requires funding - in order for programs to feed that data into the hub, they need an Enterprise System which costs $500 per system and $.55 per entry into the system. Some programs (home visiting, TACSEI, others) already have these in place. But doctor/pediatrician offices, early learning centers often do not. 3. Explore alignment between push for statewide ASQ screenings (health) and statewide Brigance screenings (Pre-K). 4. Focus on underserved areas – including

Health System Building	Progress	Where help is needed
	statewide ASQ data, will be in place early next year. 3. Medicaid and MCH are partnering to roll out a strategic framework for community outreach next year ▪ Using EPSDT as a "trump card" for helping families access services ▪ Educating physicians, community members, nonprofits, moving them towards accessing services ▪ Providing FQHC support around better referrals for kids ▪ Addressing the dip in services for children in 3-5 year old range	urban areas – where early childhood programs and health care are nearly inaccessible.
Access to health insurance	1. FQHCs, Medicaid expansion, and the ACA have made health care and health insurance more available to more Nevadans. ▪ Community Health Worker Association ▪ Over (300) individuals have received training as CHWs, many of whom serve as navigators for helping families access Medicaid and the Nevada ACA insurers	1. Highly transient families need assistance enrolling when they arrive in the state; families experiencing trauma and chaos need assistance with re-enrollment 2. Leverage existing CHW training to prepare home visitors and other paraprofessionals working in the early childhood arena to help families with young children enroll in and access health care; provide additional training on the coordination of other supportive services 3. Undocumented families continue to have unmet health needs, even for their covered/citizen children; status of DACA youth is uncertain
Public outreach	1. "Super moms, healthy babies" campaign (with SAPTA) ▪ To provide support for mothers with substance abuse 2. A statewide marketing campaign directed at adolescents to get them moving 3. 2-1-1 now asking every caller – "are you or is anyone else in your home pregnant?" – in order to give targeted services and support regardless of the initial reason for the call 4. Medical Home Portal for families of kids with special healthcare needs ▪ Provides families with information	1. Build greater understanding of the need for parent support and the approaches to provide it 2. Help families with private insurance leverage their children's health care benefits, particularly free and low-cost preventative health care services 3. Develop messaging about healthy child development for families with stay-at-home parents who are not accessing home visiting or early childhood programs in the community

Health System Building	Progress	Where help is needed
	on the 50 most common disabilities and developmental delays and gives information to providers and parents and links to 2-1-1	
Nutrition	1. Action for Healthy Kids, instrumental in improving the nutritional standards for students throughout the district and state 2. Obesity steering committee in Nevada is working with multiple stakeholders to lower obesity rates in Nevada. Began in 2015, offers parent and provider education through training and events. Using child and adult food care program to gain healthy food choices and lower costs 3. All 4 Kids—Pre-K nutrition education program developed by UNR Cooperative Extension is being implemented in select Head Start and Pre-K settings across the state	1. Public awareness and engagement 2. Challenges around funding and staffing – Food for Kids program in Nevada lacks capacity to meet scale of need 3. Stakeholders need to play a part by disseminating information 4. Scale up All 4 Kids in Pre-K school, community, and OST after school/summer programs for Pre-K/K children and their families

Appendix C: Strategy Development Working Groups

Early Learning

Name	Agency
Angela Rose	City of Las Vegas, Dept. of Youth Development & Social Innovation
Angela Triche	Sunrise Children's Foundation Early Head Start
Anna Severens	NDE-State PreK
Brett Barley	Nevada Department of Education
Cindy Johnson	Nevada Dept. of Education, Office of Early Learning & Development
Edie King	Nevada Department of Health and Human Services
Janice Lee	University of Nevada, Reno
John Cregg	NevAEYC & TEACH Early Childhood
Julie Kasper	Clark County School District
Kacey Edgington	Washoe County School District
Karen Micklish	Washoe County Child Care Licensing
Kathlene Banak	Acelero Head Start
Kimberly Regan	Sierra Nevada Academy Charter School (SNACS)
Latisha Brown	Child Care Licensing
Laura Landis	Office of Head Start Region 9 T/TA System
Linda Fitzgibbons	Nye County School District
Lisa Calder	Elko County School District
Lynette McFarlan	Great Basin College
Marty Elquist	The Children's Cabinet
Patti Oya	Nevada Dept. of Education, Office of Early Learning & Development
Shelly Nye	The Nevada Registry
Sherry Bingham	Nevada Department of Education, Office of Special Education
Sherry Waugh	University of Nevada, Reno, Child & Family Research Center
Stacey Joyner	Nevada Dept. of Education, Office of Early Learning & Development
Susan Keema	Carson City School District
Tina Springmeyer	Washoe County School District
Travis Crowder	Boys & Girls Club of Mason Valley

Family Support and Community Engagement

Name	Agency
Alberto Quintero	Nevada Dept. of Education, Parental Involvement & Family Engagement
Angela Rose	City of Las Vegas, Dept. of Youth Development & Social Innovation
Brianna Cambra	The Children's Cabinet, Pre-K Wraparound
Chelsea Sliter	The Children's Cabinet
Denise Tanata	Children's Advocacy Alliance
Dolores Hauck	Private Consultant
Evelyn Dyer	Nevada Home Visiting
Jeff Scott	Washoe County Library District
Jessica Russell	Vegas PBS
Kimberly Regan	Sierra Nevada Academy Charter School (SNACS)
Laura Malkovich	Churchill County School District
Nancy Cummings	Nevada Library Association

Child and Family Health

Name	Agency
Aisha Finlay-Bowen	Southern Nevada Health District
Amanda Haboush-Deloye	University of Nevada, Las Vegas - NICRP
Ann Polakowski	DCFS-Early Childhood Mental Health
Anne Cory	Community Health Alliance
Cheryl Joyce	Child Care Licensing
Dr. Rutu Ezhuthachan	United Healthcare Nevada
Evelyn Dyer	Nevada Home Visiting
Judy White	Oral Health Program
Kayelynn Ogden	The Children's Cabinet
Krisann Alverez	Division of Child and Family Services, Early Childhood Mental Health
Margot Chappel	Public and Behavioral Health
Teresa Johnson	Southern Nevada Health District
Vickie Ives	Nevada Division of Public and Behavioral Health