STRATEGIC PLAN FOR LOUISIANA 2005

State of Louisiana
Department of Health and Hospitals
Office of Public Health
Maternal and Child Health Program

With Support From
Health Resources and Services Administration
Maternal and Child Health Bureau

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INTRODUCTION

Recent research and an expanding knowledge base provide convincing evidence that the young child's earliest experiences have significant impact on present and later health and well-being.[1] In the early years, health and physical, social, emotional, and cognitive development are integrally intertwined; functioning in any one of these areas can be impeded or enhanced by functioning in other areas of health and well-being, and by the context of the early experience in general.

These issues are particularly salient for Louisiana. For years, Louisiana's young children have languished at the bottom of the nation in terms of standard measures of child health and well-being. The 2006 Kids Count Data Book ranks Louisiana as 49th in overall child well-being. Though there have been overall improvements over the past decade, a significant proportion of Louisiana's children remain at-risk for multiple health, developmental, cognitive and social problems.

The US Department of Health and Human Services, Maternal and Child Health Bureau (MCHB) has called upon state Maternal and Child Health agencies to use their leadership to foster the development of cross-agency early childhood systems development planning in an effort to build on the recent scientific evidence regarding the relationship between early experience, brain development, and long-term developmental outcomes. To support this effort, MCHB created the Early Childhood Comprehensive Systems (ECCS) grants.

The purpose of ECCS is to "develop a strategic approach to the challenge of bridging multiple funding streams and forging collaborative partnerships for cross service system integration in support of families and communities in their efforts to foster the development of young children that are healthy and ready to learn at school entry." There is an urgent need for coordination to ensure the integration of services, adequate and sustainable funding, and that all young children and their families are in fact benefiting from the services and systems developed. The ECCS initiative is designed to build a comprehensive system that will ensure that innovative and effective programs are developed, implemented, and sustained.

The primary goals of ECCS are:

1) To build an early childhood system that addresses the following priority areas:
   - Access to Health Insurance and Medical Homes
   - Mental Health and Social-Emotional Development
   - Early Care and Education
   - Parent Education
   - Family Support

2) To develop service systems integration and partnerships to enhance children's ability to enter school healthy and ready to learn.

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[1] Shonkoff, J. P., & Phillips, D. A. (Eds.). (2000). From neurons to neighborhoods: The science of early childhood development. National Research Council and Institute of Medicine Committee on Integrating the Science of Early Childhood Development. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.

The ECCS grant is administered in Louisiana by the Department of Health and Hospitals, Office of Public Health – Maternal and Child Health program (MCH). MCH staff coordinate the grant efforts and function as the fiscal agent, fulfilling all federal reporting requirements and submitting the necessary applications for ongoing funding. In addition, as the current efforts of the Children's Cabinet promote the development and coordination of services for young children in Louisiana, the grant effort is being conducted under the auspices and guidance of the Children's Cabinet and the Children's Cabinet Advisory Board with MCH providing the needed technical support. A statewide Advisory Group of child experts, including representatives from education, health care, social services, child advocacy groups, and parents, was formed to provide guidance and direction.

The initial ECCS grant involved a two-year planning period. The first year (July 1, 2003 - June 30, 2004) required the completion of a needs assessment addressing the existing early childhood services and resources available in Louisiana. In addition, to support the future sustainability of any comprehensive system that is developed, a review of current and potential funding mechanisms for early childhood services was also completed.

The second year of ECCS (July 1, 2004 - June 30, 2005) called for the development of this strategic plan. House Concurrent Resolution 155, passed during the Regular Session of the Louisiana Legislature in 2004, called upon the following state entities to participate in the strategic planning process: Office of Family Support and Office of Community Services within the Department of Social Services; Office of Public Health including the Part C-Early Steps program, Office of Mental Health, Office of Citizens with Developmental Disabilities, Office for Addictive Disorders, and the Bureau of Health Services Financing (Medicaid) within the Department of Health and Hospitals; Department of Education including the Pre-K and Early Childhood Education Programs section; Board of Elementary and Secondary Education; Division of Administration; and Office of Youth Development within the Department of Public Safety and Corrections.

The ECCS initiative in Louisiana has worked to produce a strategic plan that will develop a true system, as opposed to an array of services, for early childhood. At the initial strategic planning meeting the vision and mission were established. At this meeting, it was also determined that building a durable, coordinated and effective early childhood system required that a simultaneous and appropriate investment be made to build and support needed infrastructure. Therefore, a comprehensive system will be built around both the infrastructure and services, and the components will include:

Infrastructure
- Professional Development
- Public Engagement
- Program Licensing and Accountability
- Funding/Financing

Services
- Quality Programs

The following strategic plan is organized around the components of a system described above. House Concurrent Resolution 157, passed during the Regular Session of the Louisiana

Legislature in 2005, calls for continued collaboration toward the development and execution of an implementation plan among all of the state entities detailed in House Concurrent Resolution 155 as well as the addition of the Department of Economic Development and Children's Special Health Services program in the Department of Health and Hospitals.

Early Childhood Comprehensive System
Strategic Plan for Louisiana

Vision:

Louisiana's young children and their families are safe, healthy, and reach their full potential.

Mission:

Louisiana will create and sustain a comprehensive and integrated early childhood system. This system will ensure that families and communities provide young children (0-5) with opportunities for optimal emotional, social, physical and cognitive development.

SECTION I: PROFESSIONAL DEVELOPMENT

Goal I. 1: Ensure that all primary health care providers receive the American Academy of Pediatrics training on providing a medical home. [Medical home is defined by the AAP as: Medical care that is "accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective, delivered or directed by well-trained physicians who provide primary care and help manage and facilitate essentially all aspects of pediatric care. The physician should be known to the child and family and should be able to develop a partnership of mutual responsibility and trust with them."[2]]
Strategies a) Expand Children's Special Health Services effort to provide the American Academy of Pediatrics (AAP) medical home training by development of partnerships to ensure training in all regions of the state. b) Identify pediatricians who can champion the medical home approach and assist their colleagues to understand and practice the concept. c) Work with medical schools and training programs for pediatricians, family practice physicians, nurses and nurse practitioners to include training on providing a medical home. d) Identify and disseminate materials to health care practitioners regarding best/emerging practices in implementation of a medical home. e) Work with state medical societies to recognize medical home excellence such as through an annual award. f) Ensure that providers enrolled in Medicaid's primary care case management program receive the AAP training on providing a medical home.

Goal I. 2: Train all providers who offer services to children birth through five on the benefits of a medical home.
Strategies a) Develop training and information materials for pediatric specialists, nurses, social workers, discharge staff, early care and education[3] providers regarding uses and benefits of a medical home. b) Encourage continuing education opportunities that include medical home training.

[2] American Academy of Pediatrics (2002). The medical home: Policy Statement. *Pediatrics, 110*, 184-186.
[3] Throughout this report "early care and education" refers to the education and care received by children from birth to age five in all settings, including but not limited to, child care centers, family child care homes, Head Start/Early Head Start, preschool, nursery school, and public or private pre-K.

Goal I. 3: Develop statewide trainings for early childhood providers in the social-emotional development of young children as well as the assessment and intervention principles appropriate to the type of provider and setting (e.g. early care and education, health, family services, child welfare).

Strategies

a) Identify age specific core competencies in social-emotional development to serve as a framework in the development of trainings.
b) Embed training on emotional, behavioral and social development of children and relationship based practices into all programs serving children birth through five (e.g., Early Head Start/Head Start, Part C-Early Steps, early care and education providers) with special emphasis on the birth to three population.
c) Develop and provide training to health care providers regarding appropriate social-emotional issues that impact early care and education, screening and assessment methods, identifying mental health concerns in very young children and their caregivers, maternal depression, and referral and follow-up activities.
d) Ensure that DSS-Office of Community Services staff have training on emotional, behavioral, and social development for children birth through five with special emphasis on the birth to three population.
e) Ensure that foster and adoptive parents have training on emotional, behavioral, and social development for children birth through five with special emphasis on the birth to three population.
f) Develop and provide training for Part C-Early Steps' System Points of Entry to ensure appropriate screening for social-emotional impairment, social-emotional developmental delays and challenging behaviors, and how to make referrals for social-emotional developmental services.
g) Partner with existing social and professional organizations and/or create an annual or biannual conference to share information, best practices, and resources on the social-emotional development of young children and to inform and prepare state agencies to better respond to the needs of young children and their families.

Goal I. 4: Initiate efforts to expand the early childhood mental health workforce to ensure a diverse, adequately trained, and qualified workforce that meets the needs of young children and their families.

Strategies

a) Collaborate with institutions of higher education to ensure that the initial training of mental health professionals includes core competencies (e.g., attachment theory, normal development, diagnostic classifications, assessment, intervention strategies, cultural competence) in early childhood mental health and social and emotional development.
b) Expand the opportunities for specialized training in early childhood mental health for current licensed mental health providers.

Goal I. 5: Strengthen the capacity and competency of parenting education workforce.
Strategies a) Develop a statewide directory of credentialed/licensed or certified parenting educators and their areas of expertise. b) Develop competencies and a career ladder for parenting program educators especially in the area of infancy and early childhood. c) Develop statewide training and technical assistance for community-based parenting education programs and staff.

Goal I. 6: Strengthen and support the continued development of a coordinated system of personnel preparation and ongoing professional development for early care and education providers and administrators.
Strategies a) Develop a continuum of training linked to the LA Early Learning Guidelines and Program Standards for Children Birth to Three and the LA Standards for Programs Serving Four Year Olds and tie this continuum to training required by licensing and the Louisiana Pathways Child Care Career Development System. b) Develop core competencies that are age and position specific to guide required training. c) Develop and maintain a comprehensive database of learning opportunities including training, educational and other professional development activities. d) Encourage child care providers to earn at a minimum the Child Development Associate (CDA) credential relevant to their work setting (i.e. infant toddler, preschool or family child care). e) Improve professional development and higher education opportunities to support and enhance the Louisiana Pathways Child Care Career Development System paying particular attention to the barriers that inhibit advancement, specifically articulation with institutions of higher education. f) Facilitate the communication and collaboration between early care and education professional organizations on professional development activities and opportunities. g) Provide three hours of health and safety training through the Child Care Health Consultants Program at low cost, and at convenient times, to early care and education providers. h) Train early care and education providers in how to work with families and how to involve families. i) Provide information and training to early care and education providers regarding recognizing signs of child and family violence and how to refer when necessary. j) Explore changes to child care licensing regulations to include minimum qualifications for all early care and education trainers who provide required training. k) Develop with Child Care Licensing recommended changes to child care training requirements to include the requirement that both staff and directors receive yearly training in all areas of development (social-emotional, physical and cognitive), cultural

diversity and inclusion of children with disabilities.

l) Develop training for child care directors in relationship-based management practices and reflective supervision.
m) Explore compensation strategies which reward early care and education providers who advance in the Louisiana Pathways Child Care Career Development System.

SECTION II: PUBLIC ENGAGEMENT

Goal II. 1: Increase public awareness of the importance of early childhood development.
Strategies a) Develop a public awareness campaign to educate families, the general public and other key audiences (e.g., educators, health and mental health providers, juvenile justice system officials, faith based organizations, business leaders and policymakers) about the impact of early experience and early childhood development on school readiness, socially acceptable behaviors, and economic productivity. b) Increase the public's knowledge about the importance of early relationships between the primary caregivers and the child, interactions with children, children's interaction with others, brain development, mental health of parents, developmental milestones, and nurturing children. Utilize all available media resources in the development and implementation of public awareness campaigns. c) Coordinate public awareness campaigns among state and local entities.

Goal II. 2: Increase parent accessibility to parenting information and resources to enable them to nurture and support the healthy development of their children.
Strategies a) Develop a telephone (using 211) and Internet directory of all state approved parenting education programs, family support services (e.g., food stamps, housing, Medicaid), and Resource and Referral Agencies in the state. This directory should also include the definitions of the different early care and education programs including the licensing requirements of each. b) Provide information or training for parents on how they can promote their child's development, including social-emotional, physical and cognitive development through multiple means such as web-based systems, written material, videos, and newsletters. c) Develop a statewide database of qualified early childhood mental health practitioners and make it available to local communities. d) Market and advertise the 211 system. The system should have sufficient staffing capacity to ensure continuous updating. e) Establish and enhance outreach and education programs to inform currently employed parents about the benefits and use of the Earned Income Tax Credit, the availability of child care assistance, and the LaCHIP program. f) Establish local parenting resource centers for parents, teachers and caregivers in every community working with public agencies such as public libraries and the Louisiana Cooperative Extension.

Goal II. 3: Enhance parents' understanding and utilization of medical homes for children and increase their ability to be informed consumers of health care.
Strategies a) Develop a system of using the state immunization registry (LINKS) to trigger reminders and send materials about well-child visits, immunizations, and developmental milestones. b) Inform parents about the concept and components of a medical home. Use Bright Futures guidelines about how to make the most out of a well-child health visit. c) Develop culturally appropriate information for families on their role as partners in coordinating health care for their children.

Goal II. 4: Provide a means whereby parents and consumers can evaluate the quality of child care and early education programs.
Strategies a) Increase family understanding of and involvement in quality early care and education. b) Publicize the quality rating system (QRS) and make the ratings easily accessible (e.g., through use of the Internet, public libraries, required QRS certificate posting in the centers, and Resource and Referral Agencies providing the ratings).

Goal II. 5: Increase parent and consumer demand for quality early care and education.
Strategies a) Provide a child care tax credit linked to QRS so that benefits are enhanced for use of higher quality early care services, and market the availability of the tax credit. b) Conduct social marketing campaign to publicize the benefits of quality early care and education and usage of QRS.

Goal II. 6: Increase the involvement of local businesses in providing quality early care and education.
Strategies a) Provide information on how quality early care and education benefits business productivity and economic development while also benefiting the employees. b) Provide information on how business can support quality early care and education through the direct subsidy of employees' early care and education expenses or by establishing a company supported child care center for its employees. c) Establish tax benefits for the businesses that initiate quality early care and education supports.

SECTION III: PROGRAM LICENSING AND ACCOUNTABILITY

Goal III. 1: Promote quality early care and education for all children birth through five.
Strategies a) Lower the adult-child ratios in the child care licensing requirements to approach those recommended by the National Association for the Education of Young Children (NAEYC). b) Establish licensing requirements for maximum group size and other best practices including but not limited to outdoor play, child nutrition, and early literacy, to approach the national standards recommended by NAEYC. c) Strengthen the regulations for Family Child Care Homes[4]. d) Add more Licensing Specialists to achieve nationally recommended (best practice) ratio of licensing specialists to child care centers. e) Create Child Care Licensing Specialists within the Bureau of Licensing who only license child care facilities and receive early childhood/infant toddler training. f) Improve monitoring by increasing the number of visits by (Child Care) Licensing Specialists to child care facilities to greater than once per year.

Goal III. 2: Establish a license, credential or certification for mental health professionals who work with children birth through five.
Strategies a) Work with state chapters of professional organizations (e.g., National Association of Social Workers and American Psychological Association) to define minimum criteria to achieve a license or certification to work with children birth through five, including those working with divorce, custody and mediation issues. b) Ensure collaboration with other stakeholders in the early care and education system in developing the minimum criteria.

[4] Family Child Care Homes provide care for no more than six children in the provider's home.

Goal III. 3: Provide registry of recommended parenting education programs that are recognized as effective as well as culturally sensitive.
Strategies a) Develop criteria for becoming a state-approved parenting education program. b) Develop license, credential or certification for providers who deliver parenting program services. c) Establish state core (minimum) monitoring/evaluation measures (including cultural competency) that must be utilized if a parenting program is receiving state funding.

Goal III. 4: Maximize data sharing between agencies (within appropriate guidelines) for the purposes of monitoring, evaluation, and program planning.
Strategies a) Develop policies to facilitate interagency information sharing in the most effective and expeditious manner in conjunction with Act 119 from the 2005 Regular Session of the Legislature. b) Explore the feasibility of collecting data on social-emotional indicators including the number of children expelled from child care centers, referred to child protection, and referred for social-emotional concerns to Part B and Part C[5]-Early Steps and other similar programs.

Goal III. 5: Establish a measure of quality child care in Louisiana by creating a quality rating system (QRS).
Strategies a) Track number of child care centers at each level of the QRS and the scores as measured by each component of the quality criteria. b) Include environmental rating scales as a component of the quality rating system to be conducted by rating specialists trained to reliability. c) Ensure director and staff qualifications are a major component in the development of a quality rating system.

[5] Part C is a federal grant program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers ages birth to three who have a physical or mental condition-with a high chance of resulting in a developmental disability. The Part C program in Louisiana also serves infants and toddlers who, without a medical condition, are determined to be delayed in cognitive, physical, communication, social/emotional or adaptive development. Part B requires states to provide special education and related services to children from ages three through five who have a disability or are experiencing developmental delays.

Goal III. 6: Monitor indicators of child well-being and school readiness that are consistent with national efforts so that comparative progress can be measured.

Strategies

a) Use indicators (shown below) identified in the National School Readiness Indicators Initiative – A 17 State Partnership[6] to track progress in Louisiana. (It is necessary to understand that these indicators do not establish causal relationships between specific initiatives and outcomes.)
b) Identify additional indicators used to monitor progress toward outcomes over time.
c) For all indicators used, disaggregate data by parish and race if available.

National School Readiness Indicators

i. *Mother's Education Level*
   - % of births to mothers with less than a 12th grade education
ii. *Births to Teens*
   - # of births to teens ages 15-17 per 1,000 girls
iii. *Child Abuse and Neglect*
   - Rate of substantiated child abuse and neglect among children birth through five
iv. *Children in Foster Care*
   - % of children birth through five in out-of-home placement (foster care) who have no more than two placements in a 24-month period
v. *Young Children in Poverty*
   - % of children birth through five living in families with income below the federal poverty threshold
vi. *Supports for Families with Infants and Toddlers*
   - % of infants and toddlers in poverty who are enrolled in Early Head Start
vii. *Health Insurance*
   - % of children birth through five without health insurance
viii. *Low Birthweight Infants*
   - % of infants born weighing under 2,500 grams (5.5 pounds)
ix. *Access to Prenatal Care*
   - % of births to women who receive late or no prenatal care
x. *Immunizations*
   - % of children ages 19-35 months who have been fully immunized
xi. *Children Enrolled in an Early Education Programs*
   - % of 3- and 4-year-olds enrolled in a center-based early childhood care and education program (including child care centers, nursery schools, preschool programs, Head Start programs, and pre-kindergarten programs)
xii. *Early Education Teacher Credentials*
   - % of early childhood teachers with a bachelor's degree and specialized training in early childhood
xiii. *Accredited Child Care Centers*
   - % of child care centers accredited by the National Association for the Education of Young Children (NAEYC)

[6] National School Readiness Indicators Initiative – A 17 State Partnership. (2005). Sponsored by the David and Lucile Packard Foundation, the Kauffman Foundation and the Ford Foundation.

xiv. *Accredited Family Child Care Homes*
- % of family child care homes accredited by the National Association for Family Child Care (NAFCC)

xv. *Access to Child Care Subsidies*
- % of eligible children birth through age five receiving child care subsidies

xvi. *Class Size*
- Average teacher/child ratio in pre-k through first grade classrooms

xvii. *Fourth Grade Reading Scores*
- % of children with reading proficiency in fourth grade as measured by the state's proficiency tests

SECTION IV: FINANCING

Goal IV. 1: Foster flexibility in use of federal funding to address the needs of children birth through five.
Strategies a) Create an Early Childhood Systems budget to improve service coordination, to support promising practices, to eliminate duplicative spending, to show how dollars have been allocated, and to advance results-based accountability. b) Coordinate funding for all components of this early childhood system with particular attention to the topic areas and funding sources identified in Table I - Major Federal Funding Sources that Support Early Childhood. c) Modify Medicaid rules to expand the number and type of providers (e.g., licensed clinical social workers, psychologists, and licensed professional counselors) who are eligible to receive reimbursement for mental health assessment and treatment services. d) Adopt Medicaid billing codes tied to the Research Diagnostic Criteria – Preschool Age (RDC–PA). Allow Medicaid services to include services for the individual child, to the parent – child dyad, and for family therapy. e) Pay infant mental health services for children in the Office of Mental Health (OMH) - Early Childhood Supports and Services program through the Part C-Early Steps program. f) Explore creating an annual visit code regardless of payer source for pediatricians that allows parent consultation on child's overall development (aka "the medical home visit"). g) Explore training mental health practitioners for OMH-Early Childhood Supports and Services program with funds from Title IV-E.

Goal IV. 2: Increase support for working families with incomes at, or below, the poverty line.
Strategies a) Extend the (Family Independence Temporary Assistance Program) FITAP Time-Limited Deduction for earned income beyond the current lifetime limit of six months. b) Eliminate the state income tax burden on working families with income below the poverty line. c) Implement a state Earned Income Tax Credit based on the federal credit.

Goal IV. 3: Use tax policy to support quality early care and education.
Strategies a) Create a meaningful tax benefit to low income workers who use child care by ensuring that the state child care tax credit is based upon the amount eligible on the federal tax return as opposed to the final federal credit claimed. b) Increase the state child care tax credit for parents who enroll their children in programs that attain a certain level of quality. c) Enact tax credits for employers who provide a direct subsidy for employees' early care and education expenses or a company supported child care center for its employees. d) Create an early care and education worker retention initiative by providing a refundable tax credit to early care and education workers based on the level of their educational attainment. e) Establish child care business tax benefits tied to quality rating system, such as property tax breaks for child care centers that attain a certain level of quality.

Goal IV. 4: Maximize and optimize all available federal, state and private funds for early childhood programs.
Strategies a) Target the early care and education industry with the benefits and supports that the state currently extends to small businesses and other sectors identified for economic development such as economic development money to support early care and education workforce training (e.g., loan forgiveness, tuition subsidies) and other quality improvements. b) Appropriate the state funds needed to draw down all available federal child care dollars that are available. c) Certify the maximum allowable amount of the state dollars in the pre-k program as state matching dollars to be used to draw down available federal child care dollars. d) Access private and foundation funds through state partnerships. e) Create an early childhood trust fund supported by public-private partnerships, business donations, or donations from individual tax returns.

Table 1 - Major Federal Funding Sources that Support Early Childhood

FUNDING SOURCE	TYPE	RESPONSIBLE DEPARTMENT
Early Care and Education		
• Child Care and Development Fund	Formula/Block Grant[1]	DSS*
• Elementary and Secondary Education Act, Even Start Family Literacy (Title I, Part B)	Discretionary/Project Grant[2]	DOE**
• Elementary and Secondary Education Act, Title I	Formula/Block Grant	DOE
• Head Start/Early Head Start	Discretionary/Project Grant	Direct federal to local
• Individuals with Disabilities Education Act (IDEA), Part B	Formula/Block Grant	DOE
• Social Services Block Grant (Title XX)	Formula/Block Grant	DSS
• Temporary Assistance to Needy Families (TANF)	Formula/Block Grant	DSS
Access to Medical Homes		
• Child Support Enforcement	Entitlement Program[3]	DSS
• Individuals with Disabilities Education Act (IDEA), Part C (Early Steps)	Formula/Block Grant	DHH***
• LaCHIP (Title XXI)	Formula/Block Grant	DHH
• Maternal and Child Health Services Block Grant (Title V) including Children Special Health Services	Formula/Block Grant	DHH
• Medicaid (Title XIX)	Entitlement Program	DHH
Mental Health/Social Emotional Development		
• Child Care and Development Fund	Formula/Block Grant	DSS
• Community Mental Health Services Block Grant	Discretionary/Project Grant	DHH
• Foster Care (Title IV-E)	Entitlement Program	DSS
• Head Start/Early Head Start	Discretionary/Project Grant	Direct federal to local
• Individuals with Disabilities Education Act (IDEA), Part B and Part C (Early Steps)	Formula/Block Grant	DOE (Part B) and DHH (Part C-Early Steps)
• LaCHIP (Title XXI)	Formula/Block Grant	DHH
• Maternal and Child Health Services Block Grant (Title V)	Formula/Block Grant	DHH
• Medicaid (Title XIX)	Entitlement Program	DHH
• Social Services Block Grant (Title XX)	Formula/Block Grant	DSS
• Temporary Assistance to Needy Families (TANF)	Formula/Block Grant	DSS
• Training (Title IV-E)	Entitlement Program	DSS

FUNDING SOURCE	TYPE	RESPONSIBLE DEPARTMENT
Family Support/Parenting Education		
• Adoption Assistance (Title IV-E)	Entitlement Program	DSS
• Adoption and Safe Families (ASFA) Promoting Safe and Stable Families Program (Title IV-B, Subpart 2)	Formula/Block Grant	DSS
• Child Abuse and Neglect	Formula/Block Grant	DSS
• Child Support Enforcement	Entitlement Program	DSS
• Child Welfare Services (Title IV-B)	Formula/Block Grant	DSS
• Community Based Child Abuse Prevention (Child Abuse Prevention and Treatment Act) (CAPTA, Title II)	Discretionary/Project Grants	DSS
• Elementary and Secondary Education Act, Even Start Family Literacy (Title I, Part B)	Discretionary/Project Grants	DOE
• Elementary and Secondary Education Act, Reading First State Grants (Title I, Part B)	Discretionary/Project Grant	DOE
• Foster Care (Title IV-E)	Entitlement Program	DSS
• Head Start/Early Head Start	Discretionary/Project Grant	Direct federal to local
• Maternal and Child Health Services Block Grant (Title V)	Formula/Block Grant	DHH
• Social Services Block Grant (Title XX)	Formula/Block Grant	DSS
• Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Formula/Block Grant	DHH
• Temporary Assistance to Needy Families (TANF)	Formula/Block Grant	DSS

(1)Formula/Block Grants – capped appropriations that provide a fixed amount of funding to the state based on a formula, that vary from grant to grant, and usually require state funds as a match. Typically, there is great flexibility in determining how these funds are allocated.
(2)Discretionary/Project Grants – capped appropriations for specific projects.
(3)Entitlement Programs – open-ended appropriations that provide funding to serve all children and families who meet the program's eligibility criteria. Usually state funds are required to draw down "matching" federal dollars.
*DSS – Department of Social Services
**DOE – Department of Education
***DHH – Department of Health and Hospitals

SECTION V: QUALITY PROGRAMS

Goal V. 1: Access and coordinate multiple family supports through a "No Wrong Door" approach.
Strategies a) Coordinate family services by a single caseworker regardless of source of funding for those services. b) Further develop and support the 211 hotline. c) Expand No Wrong Door to include all state programs and non-profit agencies serving children and families. d) Explore creating a universal application system to access services across state agencies and make this available on the internet. e) Encourage collaboration among programs that provide early childhood services to reduce duplication of effort.

Goal V. 2: Increase the number of families who have sufficient capacity to provide a stable home to support the well-being of children.
Strategies a) Provide increased access to high quality, affordable, and accessible early care and education. b) Support proven effective, evidence based, home visitation programs including the Nurse Family Partnership, and expand capacity to serve all interested and eligible families. c) Maintain the LaMOMS program to ensure Medicaid coverage to eligible pregnant women. d) Promote access to family support programs, including family planning, that follow best practices and recognizable standards. e) Develop a statewide registry of best practice parenting education programs including programs that address the needs of special populations such as parents of children with special health care needs, parents of children with developmental disabilities, teen parents, single parents, grandparents, fathers, and incarcerated parents. f) Assure that parents in all areas of the state have access to parenting education programs that are part of the state approved registry of parenting programs.

Goal V. 3: Ensure all children are enrolled in public or private health insurance programs.
Strategies a) Continue outreach efforts to families with children eligible for Medicaid or LaCHIP. b) Identify and analyze barriers to enrollment and renewal and make comprehensive policy and program recommendations for removing barriers for public and private health insurance.

Goal V. 4: Provide medical care to all children age birth through five, including those with special health care needs, in a medical home in their community.
Strategies a) Provide primary care services including breastfeeding promotion and management, immunizations, growth and developmental assessments, appropriate screenings, health care supervision, and patient and parent counseling about health, nutrition, safety, parenting, and psychosocial issues. b) Increase access to pediatric medical subspecialists and surgical specialists. c) Establish processes of communication between the medical home and Children Special Health Services program, Part C-Early Steps providers, early care and education programs, and other public and private community agencies to be certain that the needs of the child and family are addressed. d) Increase primary care health provider capacity for children with Medicaid in areas of the state where shortages exist. e) Increase number of health care practitioners providing a medical home. f) Increase the number of children with access to dental care. g) Establish provider incentives and support increased reimbursement for preventive medical care and services for the Medicaid Early Periodic Diagnosis and Treatment (EPSDT) program, that are based upon quality standards recommended by recognized national professional organizations (e.g., American Academy of Pediatrics).

Goal V. 5: Increase continuity of health care for children with special health care needs, including children in foster care.
Strategies a) Require insurance companies to disseminate information to physicians in their network regarding how to make referrals to Part C-Early Steps if they suspect a child has a developmental delay, including social-emotional delays. b) Ensure private insurance carriers are paying for the services for children with special needs allowable under their plans, including services for children enrolled in Part C-Early Steps. c) Ensure that all children validated as abused/neglected or documented as substance exposed by the Office of Community Services (OCS) are referred to the Part B or Part C-Early Steps program to be screened for developmental delays, including social-emotional impairment, social-emotional developmental delays, cognitive, motor and communication delays, and challenging behaviors. d) Prevent or treat emotional and behavioral problems in children birth through five that have been validated as abused/neglected. e) Define children in the foster care system as having special health care needs and therefore eligible for existing state services to meet those needs. f) Ensure that OCS has identified a medical home for each foster child and provides

adequate medical history to the medical home.

g) Develop an effective tracking system to ensure communication and appropriate continuity of care for children in foster care.
h) Ensure automatic transfer of the IFSP or IEP when a foster child changes a foster care placement.

Goal V. 6: Increase public and private sector response to maternal depression, including perinatal depression, with attention to prevention and early intervention efforts.

Strategies

a) Include pregnant and post-partum women in the target populations for OMH-Early Childhood Supports and Services.
b) Ensure all Nurse Family Partnership teams have access to mental health consultants.
c) Identify and refer for treatment mothers using alcohol, drugs and other harmful substances.

Goal V. 7: Develop and expand best practice mental health services for children birth to age five.

Strategies

a) Encourage use of Bright Futures for anticipatory guidance by medical homes and by child care health consultants.
b) Identify and encourage use of best practice screening and assessment instruments by medical homes and/or other professionals to identify emotional, behavioral and social development issues in children birth to age five.
c) Ensure that children who are referred to Part B or Part C-Early Steps programs are screened for social and emotional concerns and receive appropriate follow-up services.
d) Support and expand early childhood mental health interventions/programs that are based on best practices, such as the Office of Mental Health-Early Childhood Supports and Services, the mental health component of the Nurse Family Partnership, and specialized infant mental health programs for children in foster care.
e) Provide infant mental health services in Part C-Early Steps.
f) Expand relationship based mental health treatment and services that include: psychotherapy which addresses the infant-parent dyad and attachment; individual and/or group therapy for caregivers/children; in-home treatment intervention; treatment approaches for children who have been abused/neglected or have witnessed violence.
g) Develop and establish a culturally appropriate mental health consultation program for early care and education providers and Part B and Part C-Early Steps programs.
h) Encourage all programs, professionals, and agencies who diagnose mental health conditions to adopt the Research Diagnostic Criteria – Preschool Age (RDC–PA) as their basis for defining the need for mental health services for children birth through five.

Goal V. 8: Improve access to quality early care and education programs for all children birth through five including the establishment of a quality rating system (QRS).
Strategies a) Establish reimbursement rates based on the QRS for children in the Child Care Assistance Program. b) Create a quality improvement grant program to support quality enhancements for child care providers. c) Create a coordinated statewide technical assistance system for child care programs to assist centers to improve quality. d) Align statewide standards and developmentally appropriate evidence-based curriculums for all early care and education settings (e.g., school, center or home based) to support learning outcomes. e) Identify model programs that provide linkages between child care providers and essential services including medical homes, mental health, social-emotional and developmental services. f) Develop initiatives that positively impact retention and compensation of early care and education staff including differentiating salaries based on experience and competencies and the provision of a salary/benefit structure that provides incentives for retention and includes health care as a benefit. g) Provide stipends to those child care providers enrolled in the Louisiana Pathways Child Care Career Development System to increase pay if they sign a contract stating they will stay with their employer. h) Increase access to early care and education settings for children with special needs by providing greater funding and training with a focus on inclusion. i) Ensure the affordability of child care for families participating in the Child Care Assistance Program. j) Investigate transportation options with the Department of Transportation for those eligible for the Child Care Assistance Program.