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Photo by Tony Demin

Park County Pathway Early Childhood Coalition

**Maternal, Infant and Early Childhood Home Visiting
Infrastructure Development Report YEAR 2**

October 2013 Progress Report

Park County Community Foundation - Community Coordinator

Park County Health Department - Fiscal Agent/Coordinator



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Dear Community Members, State and Local agencies,

This Park County Pathway Early Child Council report reflects a collaboration between the Park County Health Department and Park County Community Foundation. It is funded by the Maternal, Infant and Early Childhood Home Visiting Infrastructure Grant (MIECHV ID) through a partnership of the Montana Department of Child and Family Services and Montana Department of Public Health and Human Services.

The Pathway report focuses on an outcome based strategy to document and record indicators, community mapping, current activities and next steps identified with possible future opportunities to attain improvement on the Pathway Early Childhood Coalition goals.

These outcomes are based on the practices of Montana Best Beginnings programs and research conducted by the “Children ready for school and succeeding at third grade” Harvard Study and the “Zero to Three Home Visiting planning tool.”

This year two report highlights the continuation and progress of an effort in Park County to increase collaboration, joint planning and excellence in aligning resources to improve early childhood services, resources that contribute to parenting success, and community outcomes.

The “Activity” sections of the report focus on needs assessments, collaboration evaluation and progress in the stated goal area. The “Next Steps” sections focus on identified areas of additional information gathering and community planning. It is critical that we recognize the numerous partners and abundant services that are offered in Park County. The report will demonstrate that our outcomes are strong and that progress and strategic initiatives are happening in key areas. The Pathway will continue the use of trend data, which indicate our outcomes are promising early in our initiative.. The challenge is to deepen this collaboration and take the next steps to share accountability to ensure that **“EVERY** Park County child starts on a pathway of positive possibilities!” By continuing to work together and aligning the rich resources for children and families, we will improve the outcomes this initiative has outlined.



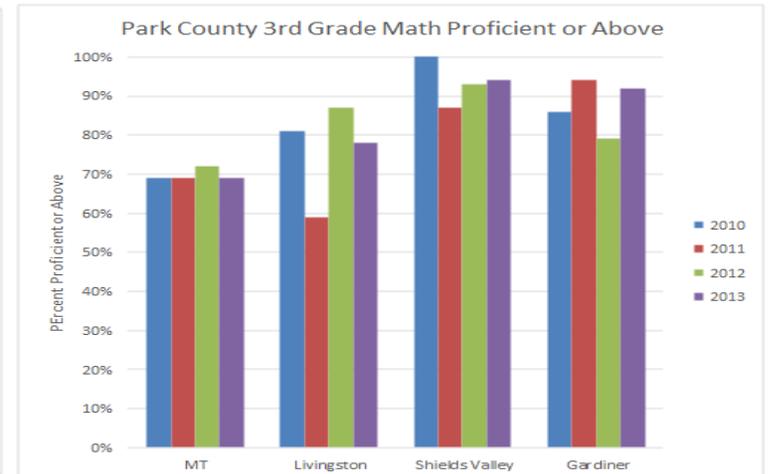
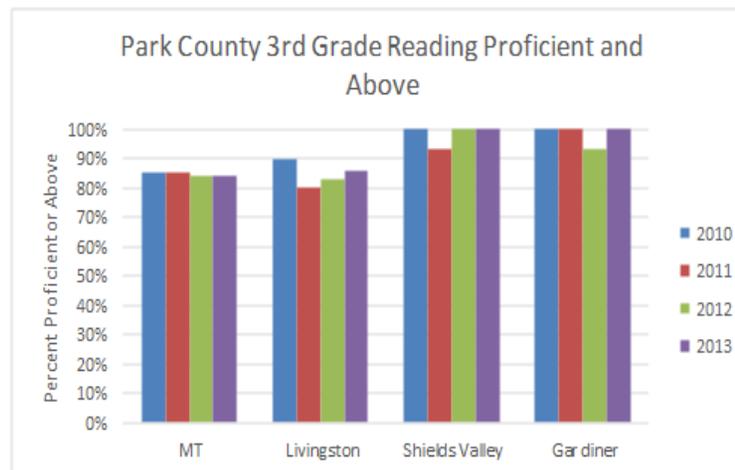
Park County Profile

Park County currently has a population of 15,469. The major population centers are Livingston (7,053), Shields Valley (1,785), and Gardiner (875). Since 2000, the 0-17 aged population has declined 20% from 3,695 to about 2,974. Every year in Park County approximately 140-170 children are born, and about 150 kids enter kindergarten. Over the past three years births to Park County residents numbered in the 140s. This is the lowest number of births in the past 15 years. There are estimated to be 775 children under the age of 5 in Park County. The July 2013 unemployment level of 4.2% (down from 5.2% in July 2012) is lower than the state average of 5.3%. In 2012 approximately 19% of children under 18 lived at or below 100% of the poverty line. Approximately 46% of kids in kindergarten through 2nd grade are receiving free or reduced lunches (indicating a family's income is 185% of poverty or below).

Park County's economic base includes ranching, tourism and industry associated with Yellowstone National Park in the southern portion of the county. There is also a light manufacturing base of goods and food products. The median household income for Park County in 2012 was \$41,232 which ranked in the lower half among Montana counties.

As this report will indicate, many of Park County's early childhood and maternal health indicators are positive. Crime statistics show lower rates of occurrence than state and federal rates of both violent, property and juvenile crime.

Risk behavior among teens is below state average for tobacco use and on par with state statistics regarding teen binge drinking and use of marijuana. Use of "hard drugs" is below state norms. This is based on the Risk Behavior Survey conducted by state agencies semi-annually. Graduation rates from the Livingston high school are matching state benchmarks in 2013. One primary indicator most communities track regarding childhood wellbeing is "third grade reading and math proficiency". This is regarded as the time of development when children transition from "learning to read" to "reading to learn". As the chart suggests we are making steady progress.



Arrowhead and pine creek data not available due to sample size.

The Pathway Early Childhood Initiative's goals focus on evidence based leading indicators that reflect the vitality of the early childhood, family and maternal health of our community.

Park County is in a unique position because of our capacity to have interaction with all children living in our community. The Pathway Early Childhood Coalition's process of deepening collaboration and coordination of the many services our county offers helps each individual child's health and development needs. Research indicates early childhood systems are an important asset to provide a foundation for prospering families, towns and all of Park County. It is a priority to work with all children, while emphasizing those who live in poverty to ensure sure they are prepared for school and have tools to prosper in future years. We are fortunate to be able to attain this goal in a county that has about 775 children under 5. We believe that we can succeed in **"Starting EVERY Park County child on a pathway of positive possibilities"**.



PARK COUNTY PATHWAY INITIATIVE



Goal 1:

Healthy, well-timed births

Optimal physical and mental health of one's lifespan begins at birth. Being born at a low birth-weight could lead to developmental problems, including early problems in school. Very low birth-weight newborns face an even higher risk of developmental complications. Additionally, parental age is significantly related to child well being. Children of teenage mothers have lower levels of cognitive and educational attainment, lower levels of academic achievement, and higher levels of behavioral problems than children born to mothers age 20 and over. High-quality prenatal care also has long-term effects on child well being. Prompt and continuous prenatal care helps to detect and treat pregnant women's pre-existing medical conditions and to reduce harmful behaviors. High-quality care also helps decrease the occurrence of conditions, such as low birth weight.

Indicators:

- ◇ ***Fewer low birth-weight babies***
- ◇ ***Fewer teen births***
- ◇ ***Fewer women receiving late or no prenatal care***



Goal 1: Healthy, well-timed birth Indicators:

Fewer low-birth weight births

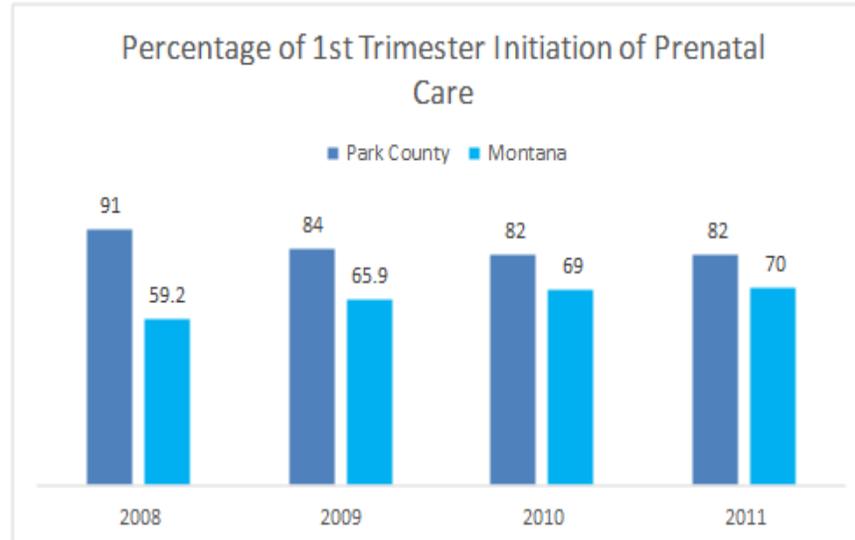
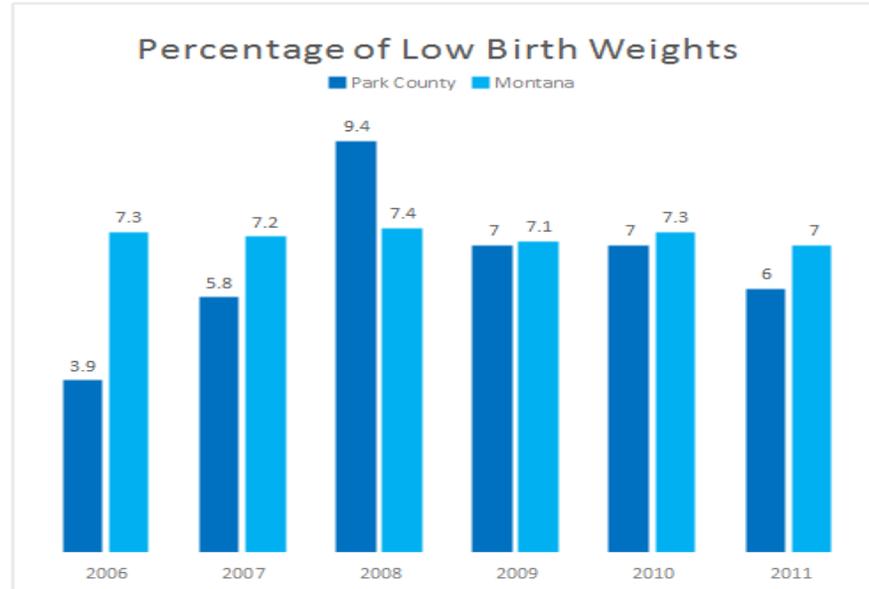
Why is this important?

Being born at a low birth-weight is a risk factor for developmental problems, including early problems in school. Children aged 4-17 who were born at low birth-weight were more likely to be enrolled in special education classes, to repeat a grade, or to fail school than children who were born at a normal birth-weight.

Fewer women receiving late or no prenatal care

Why is this important?

High-quality prenatal care has long-term effects on child well-being. Prompt and continuous prenatal care helps to detect and treat pregnant women's pre-existing medical conditions and to reduce harmful behaviors.



INDICATORS



Goal 1: Healthy, well-timed birth Indicators (continued):

Fewer births to teens

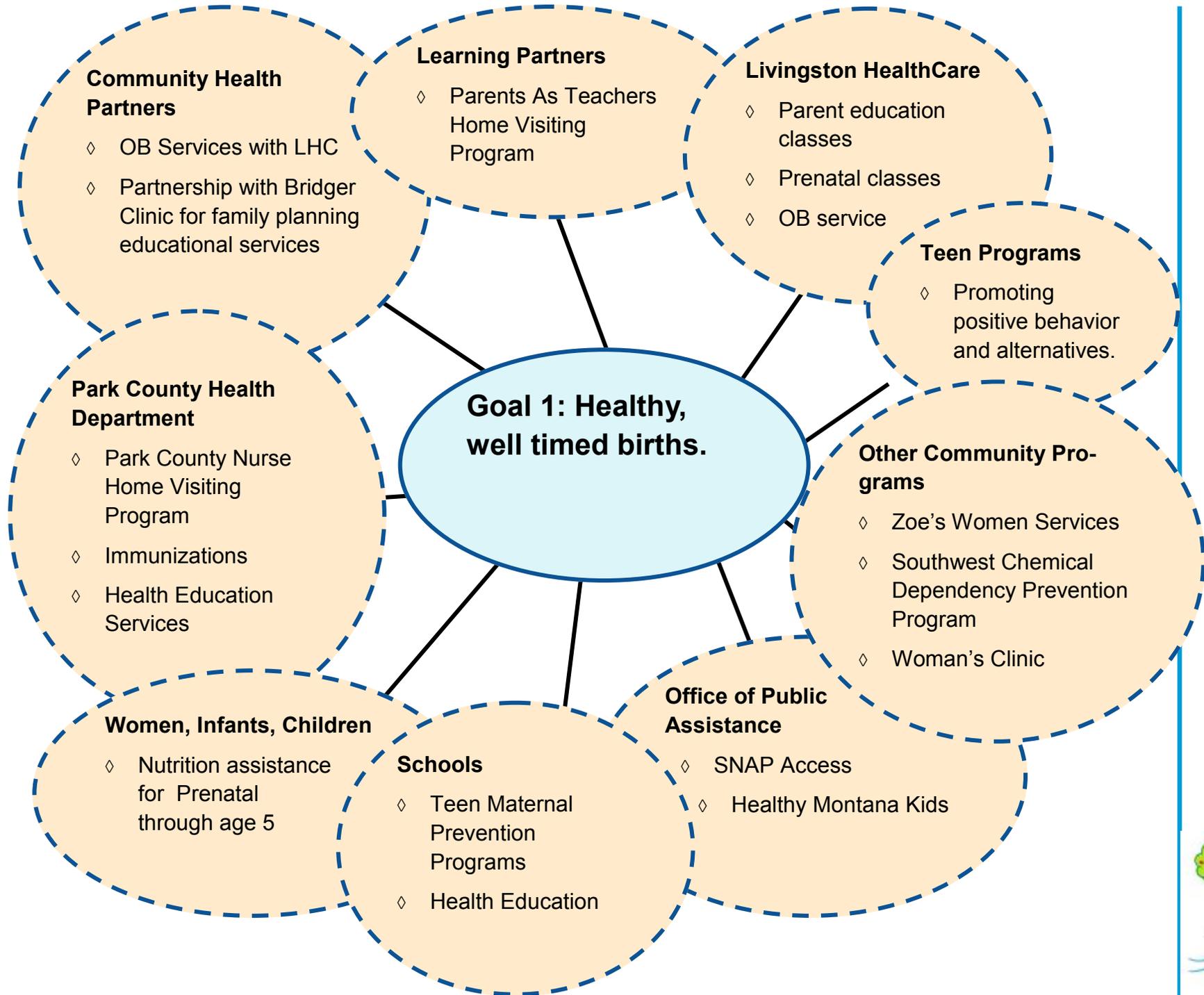
Why is this important?

Parental age is significantly related to child well-being. Children of teenage mothers have lower levels of cognitive and educational attainment, lower levels of academic achievement, and higher levels of behavioral problems than children born to mothers age 20 and over.

Total Births in Park County and Teen Births							
Year	2006	2007	2008	2009	2010	2011	2012
Total Births to Park County Residents	160	154	171	168	144	143	140*
# of Teenage Births for Age <20 (Park County)	11	18	12	6	9	7	6*
% of Teenage Births <20 (Park County)	7%	12%	7%	4%	6%	5%	4%
% of Teenage Births <20 (Montana)	10%	10%	11%	10%	10%	9%	9%
* Estimates Pending Data							



CATEGORIES OF PROGRAMS



Goal 1: Healthy Well Timed Births

ACTION INVENTORY:

Fewer Low Birth Rate Babies and more women receiving first trimester prenatal care are two indicators where Park County shows positive outcomes above state and national benchmarks.

Livingston Health Care and Community Health Partners are two enduring organizations who provide access to expectant mothers early in their pregnancy. LHC has collaborated with CHP for many years to provide OB services on a sliding fee income basis at the CHP site in addition to its own River Drive site. These organizations are well known and positioned in the county to provide barrier free access and case management services. The OB at LHC provides 24/7 coverage for expecting mothers and approximately 80-85% of Park County Mothers use LHC for delivery services.

Community Health Partners offers free pregnancy tests and case management services to allow access to information and enrollment with Medicaid and other assistance programs. They partner with the local Office of Public Assistance to increase community awareness around access to needed public programs.

These two organizations are centrally located in Livingston and are complemented by the Mammoth Clinic and the Shields Valley Health Center that serve the southern and northern portions of the county.

Services offered to pregnant families include the comprehensive prenatal services, Park County Tobacco Prevention program, WIC services and community “What to expect when expecting” classes.

Parkcountyparent.org is a new website to post various community programs and prenatal classes. This website is expected to be an on-line “navigator” for expectant families to gain access to information including prenatal classes and Parent as Teachers home visiting services.



Fewer Births to Teens

This indicator reveals a positive trend in the reduction of teen pregnancies.

Schools, positive alternatives and access to family planning educational services are three main factors in reducing the number of teen pregnancies. As indicated, early access to quality health care programs complements educational opportunities in local schools and family planning alternatives services.

Local schools offer health classes which discuss teenage pregnancy and offer opportunities to “adopt” a lifelike baby doll to give students a real life experience of caring for a newborn. There are also counseling services at CHP, Learning Partners and Zoe’s Community program.

Park County has a host of healthy alternatives, arts, music, recreation opportunities for teenagers in all reaches of the county. There are also several teen programs including Landon Lookout Teen Center, Shift Youth Programs, Tri-County Domestic Violence, Park County Prevention Coalition and Big Brothers and Sisters. The various towns and local organizations offer a host of recreational opportunities ranging from soccer, softball to community roller skating nights.

The rural towns in Park County also are supportive with youth and offer teen activity and opportunity. Area schools encourage participation in sports, clubs and other activities. As one school principal described “we take care of all the kids here as if they are our family.” FFA and MSU extension 4H programs are popular throughout the county.

Next Steps:

Continue to increase awareness of the importance of early access to prenatal care and the significance of healthy habits during pregnancy. This was an issue that came up during a meeting with OB and Pediatric providers in 2012. The coalition will use this report to focus on gaps in awareness and reaching out to rural and other service areas. Showing community members the “realities” of Park County. Use parkcountyparent.org to include educational materials and prenatal class availability.

Increase collaboration among schools and teen programs to focus on high risk teens regarding teen parenting. Many networks exist in Park County for forums to regard “at-risk” teens. This usually involves signs of chemical abuse or dropping out of school. The Pathway Project will expand forums to address individual teens who may be at risk for pregnancy.

“Graduation Matters” is a high school program which brings together various community agencies and allows for an avenue to share programming efforts and targeting of teens needed intervention .



Goal 2:

Health and Development on Track

Access to quality health care is important for disease prevention, prenatal care, health supervision, preventive services such as immunizations, and acute care. Lack of health insurance is the primary reason families do not seek out regular health care or follow up on recommended treatments or testing, and may foster the development of preventable conditions or worsen existing ones. Providers of routine pediatric care make health screening and developmental assessments easily accessible to all families. Participation in these early childhood screenings and assessments can detect developmental delays and promote healthy development prior to school entry.

Indicators:

- ◇ ***More children with health insurance***
- ◇ ***Increased percentage of children assessed as ready for school at Kindergarten***



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Goal 2: Healthy and Development on Track Indicators:

Percent of Children with health Insurance

Why is this important?

Access to quality health care is important for disease prevention, prenatal care, health supervision, preventive services such as immunizations, and acute care. Lack of health insurance is the primary reason families do not seek out regular health care or follow up on recommended treatments or testing, and may foster the development of preventable conditions or worsen existing ones.

Percent of low income children with health insurance						
	2006	2007	2008	2009	2010	2011
Children aged 18 and under	3363	3350	3291	3201	3086	2974
Children at 100% of Poverty %	18%	15%	17%	17%	17%	19%
Estimated number of kids at 100% of poverty	605	503	559	544	525	565
Estimated at 185% of poverty below	40%	36%	40%	40%	40%	45%
Estimated number of kids at 185% of poverty	1,345	1,206	1,316	1,280	1,234	1,189
Number of kids enrolled in Healthy Montana Kids	608	662	651	737	897	1,076
Estimated kids at 185% covered by HMK	45%	55%	49%	58%	73%	89%

* This data is estimated based on a proration of poverty estimates and enrollees.



Goal 2: Healthy and Development on Track Indicators (continued):

Increased percent of children assessed as ready for school at Kindergarten

Why is this important?

This screening tool can help to identify those children and parents who seek an additional more comprehensive screening in order to identify problem areas that can be resolved to help the child be successful at school. .

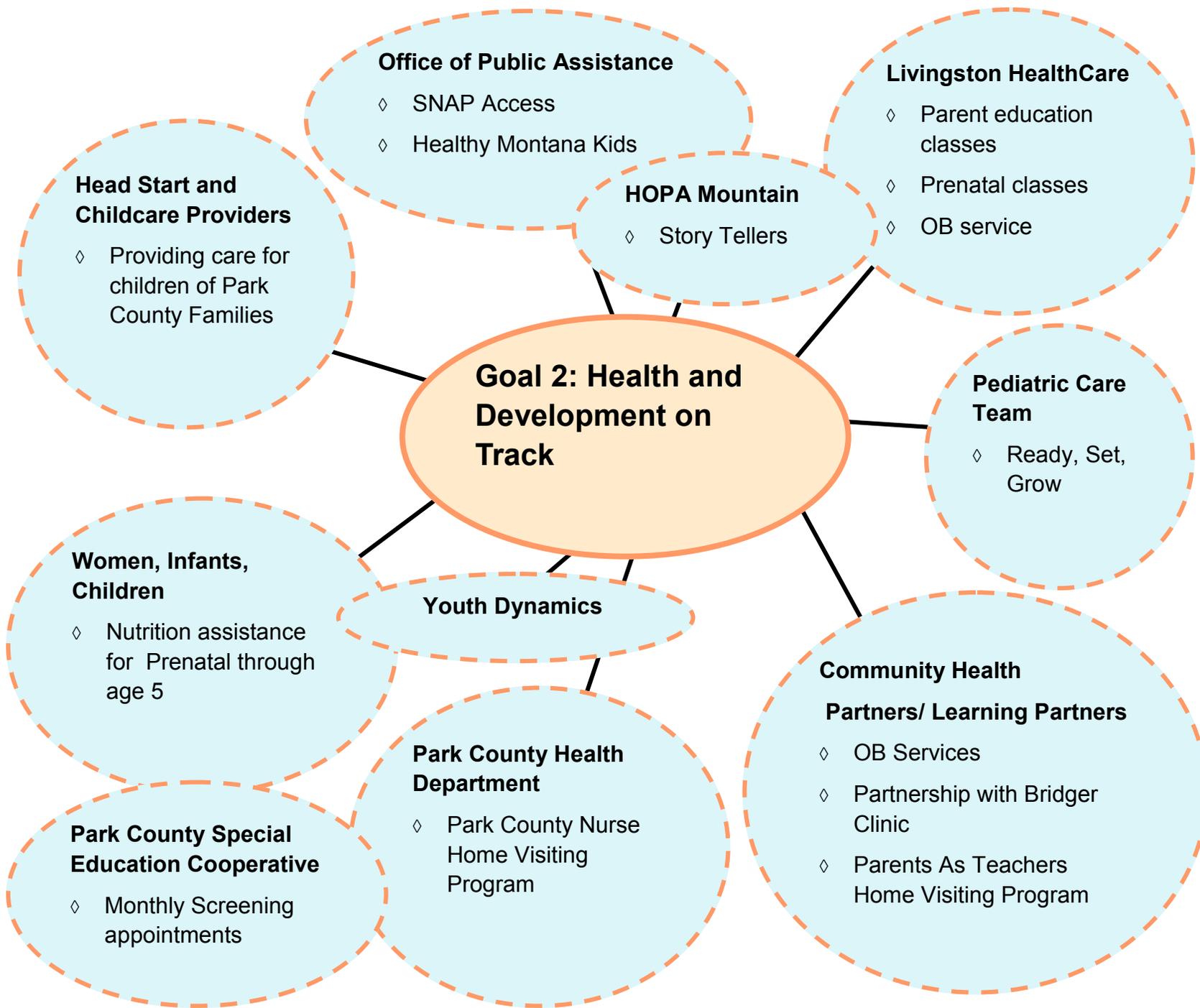
Percent of children assessed as ready for school at kindergarten							
	Livingston Public	Gardiner	Shields Valley	Arrow-head	Pine Creek	Montessori Island	St. Marys
Children enrolled Fall 2013	113	14	16	4	2	14	7
Children assessed	113	14	16	N/A	N/A	14	N/A
Children Meeting Benchmark	97	9	14	N/A	N/A	12	N/A
Percent screened meeting benchmark 2013	86%	65%	88%			86%	
<i>Percent screened meeting benchmark 2012</i>	85%	94%	88%			N/A	

Area schools work with the Pathway Early Childhood Coalition to assess the readiness of every student that enters Kindergarten. Livingston schools and Montessori Island used the speed DIAL-4 tool (Developmental Indicators for the Assessment of Learning) while Gardiner and Shields Valley schools used internally developed tools.

The assessment is used by teachers to indicate areas of support for the student and by the Pathway ECC to share population based data with the early childhood providers communities for increased awareness of educational focus and areas to build cohesion. This is in partnership with the community event Ready, Set, Grow which is a more comprehensive in depth screening. The 2013 Ready, Set, Grow screening assessed an additional 20 children ages 0-5, as an attempt to catch developmental issues prior to children entering kindergarten.



CATEGORIES OF PROGRAMS



Goal 2: Health and Development on Track

Action Inventory:

Percent of Children with Health Insurance

A widespread coalition exists in Park County that ensures children have access to health insurance. The Park County Health Department, Park County Office of Public Assistance, Community Health Partners and Livingston Health Care provide a referral network to ensure families with children that lack health insurance can get enrollment on CHIP or Medicaid. Others have private health insurance or access to sliding fee services. There has been a dramatic increase in enrollment as these programs as eligibility limits have expanded.

The Park County Pediatric Care Team which was formed in 2008 has been a prime example of coordination and collaboration around pediatric services. Several community organizations including health organizations, Park County Health Department and child service organizations have developed this formal partnership to provide resources for young parents and an information sharing resource for parents with young children. The team created a comprehensive Pediatric resource guide for Park County. This had a direct impact on referrals, communication and access for young children to health insurance and services. This group has continued to meet quarterly and now had a partnership with the Pathway Early Childhood Council. This information guide was updated and reprinted as part of Pathway ECC.

The data and informal network with parents shows there is strong awareness of programs and access to health insurance for children.

Percent of children assessed as ready for kindergarten

Assessments spur dialogue, establish initiatives and utilize data analysis to develop a strong network of early childhood services. Developing a consistent tool and process to educate parents on the developmental milestones at the earliest possible stages is important.

The community has used screenings and surveys for several years to track early childhood milestones. The Park County Pediatric Care Team conducts an annual 'Ready, Set, Grow' developmental screening that uses the Dial screening tool and local professionals to conduct free hearing, vision and other screenings for children aged 0-5.

This event attracts 25-50 children to the annual screening and several more each month for screenings by appointment with the Park County Special Education Cooperative

Through surveys conducted in conjunction with our screenings we found that approximately 85% of children entering kindergarten have some preschool or daycare experience. This will be addressed in more detail in Goal 4.



In 2013 the Pathway ECC continued screenings at the Livingston Public School Kindergarten using the Speed Dial-4 (Developmental Indicators for the Assessment of Learning) tool. Table of these results can be found in appendix E. This is an evidence based tool that can be used to assess school readiness. Gardiner and Shields Valley use a different school readiness screening. We expanded this service to Montessori Island in 2013. We plan to work with other area schools in the coming years.

The Livingston School process was a success at many levels. The kindergarten team of five teachers had a “pre-conference” with every incoming kindergarten parent. The Pathway ECC helped coordinate the half hour conferences. The feedback from the kindergarten ranged from “this is the smoothest, most useful start to a school year we have had” to “I have learned so much about these kids and families.” Parents completed a short survey at the start of the conference (please see appendix F). This survey asked parents about their child’s previous educational and social experience. We had 100% participation with the schools working with the Pathway and connected with 155 students (about 92% of the county kindergarten population). While teachers met with parents (some divorced parents had two appointments to assure access to teachers), students met with a trained Speed Dial-4 proctor. After the assessment the students received a small educational gift for participating. Several of the kids gushed “look mom, I did so well I got a prize!” The community was very pleased as well, the results showed that 86% of the incoming kindergarten students met or exceeded the benchmark for their age. Of the 14% that did not achieve the benchmark, two thirds had already been in early preschool programs that focused on their specific needs. Gardiner and Shields Valley demonstrated similar school readiness.

More importantly , the population data is used to share with parents and preschools to show potential areas of focus. Letter/sound identification and numeracy are two areas for parents with young children to focus on. To assist with this, the Pathway collation published two resources which were distributed to parents at the screenings or directly to the daycare/preschool providers. One was a “Preparing your child for school success”, a kindergarten companion that promotes specific activities that can be used at home to complement school instruction. The second was “Countdown to Kindergarten”, a generic calendar that included both family activities and community resources that can be used during the year leading up to kindergarten.

Preschool and Daycare Screenings

One of the major initiatives taken during 2013 was to work “upstream” with daycares and preschools to use the DIAL-4 to screen three year old children in their programs to attempt to identify potential developmental red flags earlier. Seven programs participated in the screening process which included the screening of 29 three year olds. 100% met the benchmark for their specific age. It should be noted that the benchmark for a three year old is naturally much lower than a five year old. As mentioned earlier, the important piece was to provide education and tools for potential areas of focus and information for referrals for community specialists as needed.



Next Steps:

Monitor access to health insurance for children as the health care landscape continues to evolve.

This will be an active indicator and the Pathway ECC will continue to work with agencies to monitor and look to systems to continue the upward trend of access. The Park County Pediatric Care Team will act as an avenue to review data annually.

Expand access to screening in rural and private kindergarten classes. Continue to reach out to other schools in the county to provide screening resources. The Pathway added one school this year and hopes to add two others in 2014.

Strengthen data sharing network between early childhood providers, organizations and parents to use the educational gaps identified during screening. The assessment indicated that we are doing well in many areas and preparing children for school. Letter and sound recognition along with meaningful counting are both areas where parents and the early childhood community could improve and help to lessen educational gaps. This will be addressed in Goal 4 as well. We will continue to host forums to share information among the parent-preschool/daycare-kindergarten continuum.

Develop process to compliment the “Ready, Set, Grow!” community screening, focusing on 0-3 age group. Build upon the six preschool and daycare centers who opened up their programs for screenings of every three year old at their facility. We would like to see this expanded to more facilities in 2014.

Tighten referral network when screenings indicate additional educational and developmental interventions. There is currently a tight collaboration between the Child Development Center, Park County Special Education Cooperative and Family Outreach programs to assist families with children identified with developmental needs. As we mentioned before we need to tighten and personalize the process to reach those last 10-15 kids that are not at benchmark and that had not been identified before assessment at age 5. The Pathway ECC will work with agencies to share information and look for true collaboration as well as accountability for these children. We will build upon the joint trainings conducted in 2013.



Goal 3:

Supported and Supportive Families

Services and supports that help families obtain basic necessities like food, housing, and medical care, that reduce social isolation, and that enhance protective factors all contribute to children's overall well-being and increase families' abilities to deal with a range of issues. Families connected to supportive networks and services are strengthened in their parenting and better able to expose their children to activities and educational opportunities that will help them succeed. Home visiting programs are a great community asset to educate, inform and support families in regards to developmental and behavioral milestones.



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Indicators:

- ◇ **More families participating in Home Visit programs**
- ◇ **More families connected to supportive network and needed services**
- ◇ **Lower substantiated rates of child abuse and neglect**

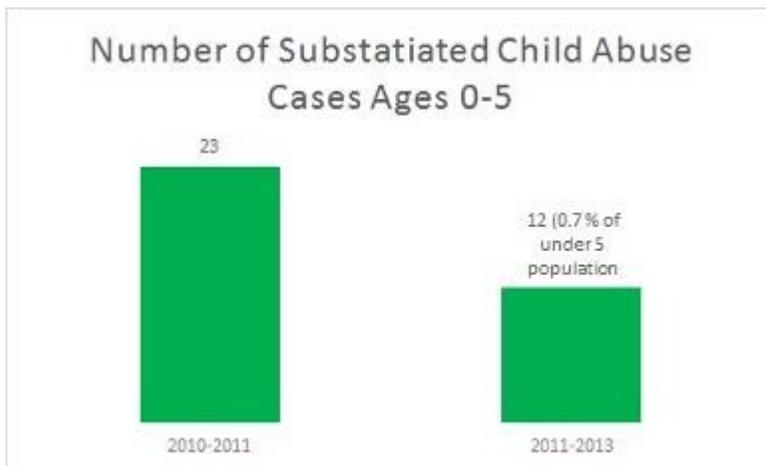
Goal 3: Supported and Supportive Families Indicators:

Increase number of families participating in Home Visit Programs

Why is this important?

Evidenced based Home Visiting models have demonstrated impact on the following community outcome areas: improved parent knowledge and parenting practices, school readiness, preventing child abuse and earlier detection of developmental delays.

Number of Children Participating in Home Visit Programs in Park County			
	Children Served in 2013	Children Served in 2012	Ages Served
Park County Public Health Home Visiting (PHHV)	17	18	Up to age 12 months*
Parents as Teachers	67	17	Up to age 3 years
Total Community	84	35	



Lower rates of child abuse and neglect

Why is this important?

Child abuse and neglect are linked to language deficits, reduced cognitive functioning, social and behavioral difficulties, and attention deficit disorders.

This information is recorded in two year segments.



Percent of families connected to supportive network and needed services

Why is this important?

Services and supports that help families obtain basic necessities like food, housing, and medical care, that reduce social isolation, and that enhance protective factors all contribute to children’s overall well-being and increase families’ abilities to deal with a range of issues.

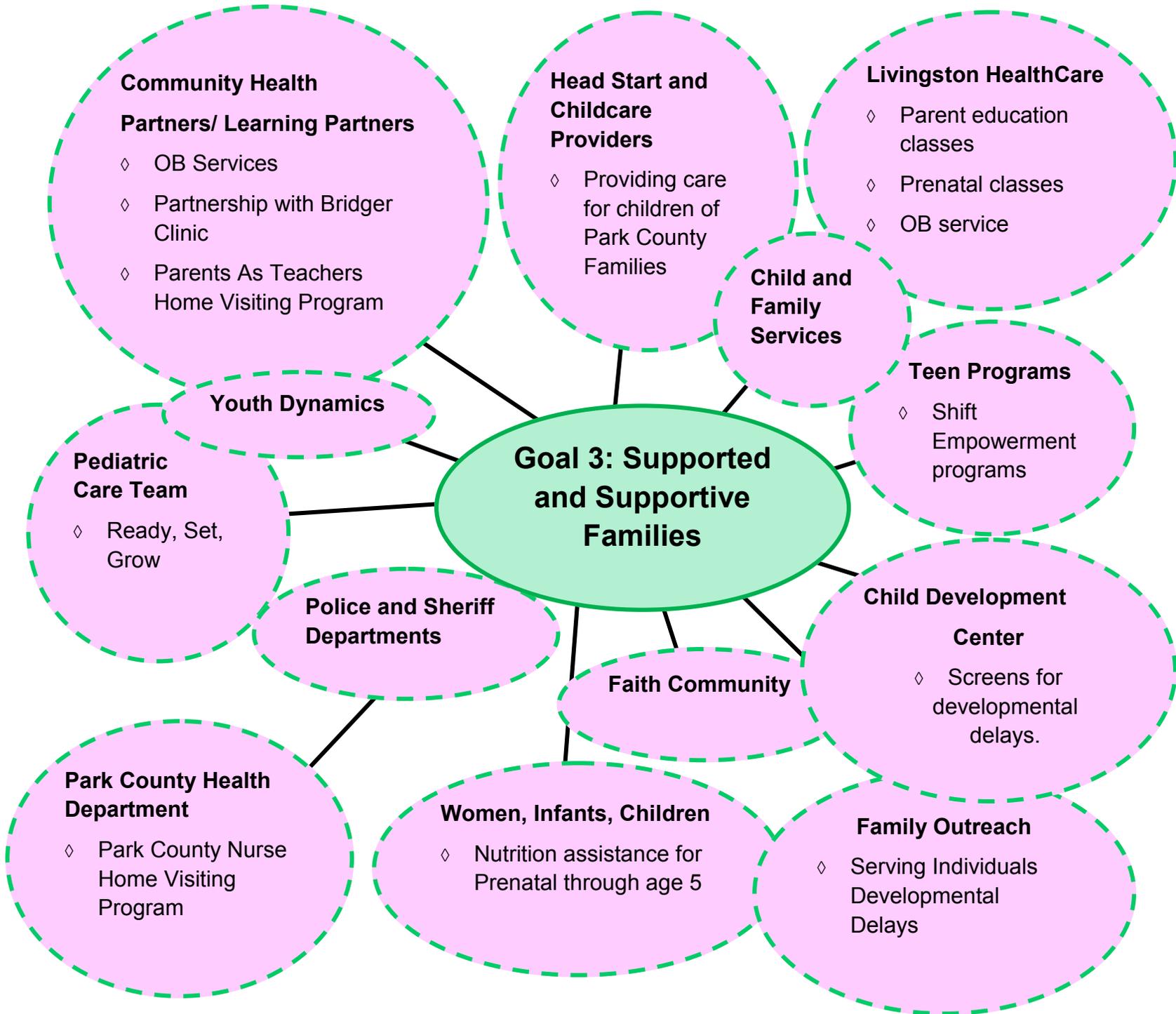
Livingston Public Schools 2013	2013	2013 Percent	2012
Number of Kids Screened	113	100%	99%
Number of Kindergartners not meeting benchmarks of screening	16	14%	15%
Number not meeting benchmarks already receiving services in Park County	9	56%	40%



Photo by: Tony Denim



CATEGORIES OF PROGRAMS



Goal 3: Supported and Supportive Families

Action Inventory:

Number of Families participating in Home Visiting Programs

Park County has focused on developing the Parents as Teachers home visiting program.

The “0-3 Assessment tool” process confirmed the many strengths of Park County’s Early Childhood and Health Network. The highlights of this report include positive maternal and child health outcomes. In addition, Park County has low crime, substance and abuse rates as compared to State and National benchmarks. Other strengths include a good referral network from the neighboring Bozeman Hospital system to the Park County Nurse regarding high risk pregnancies. Through our evaluation process the Parents as Teachers model was determined to best fit our community due to number of a high number of children at risk based on poverty statistics.. We have trained additional providers in this model including nurses at the Park County Health Department.

As the data table reflects our referral and recruitment process has taken great strides during the past year in thanks to the Pathway ECC. Changing the culture regarding PAT and home visiting being regarded as an individual organization’s program to that of a community effort was emphasized by the Pathway. PAT is now regarded as a community program that encompasses Learning Partners/Community Health Partners, The Park County Health Department and Livingston HealthCare as its primary partners. The primary referrals for the PAT program start in the OB visits at CHP or LHC. Emphasizing early invitation to the program and adherence to its curriculum was the topic of forums held with the majority of health care providers in the area. We track invitations, acceptances and declinations to determine the extent of our efforts. All marketing and recruitment efforts mention the various partners and Pathway ECC.

For additional outreach to new parents and those with children under the age of three we are producing a video that explains the PAT program that can be shown in exam rooms, preschools and on the parkcountyparent.org website. This short video explains the core concepts of PAT and includes testimonials from current participants. We are keeping this video local, though will share it with other communities that can edit in their own local footage.

We continue to partner will all the programs in the County that serve young families to spread the benefits of PAT home visiting service.

We are attempting to secure funding to allow for the expansion of home visiting as our providers are at capacity. Current programs are funding with a mix of diminishing County Health Department funds and private dollars. .



Number of families connected to supportive network and needed services

This indicator and community action item touches upon many areas of the Pathway plan. The key measures include the number of children getting the services that are needed for healthy development. One measurement is the number of kids identified as needing additional preparation for school and if these kids receive the services they need. This indicator demonstrates the great efforts of coordination of programs and providing information to parents so they can access the services their young child may need to address their developmental needs. The Speed Dial-4 process showed an increase from 40% to 56% of children who had been identified of needing supplemental resources to promote their development. Livingston HealthCare provides a 'welcome basket' for every new child born at their Livingston campus. This includes an updated resource guide, home visit program information, books and educational toys. This is a collaborative effort that is complemented by coordination from the Pathway Initiative.

Connecting families to needed services will continue to grow because of the strong social service, healthcare network and the formalized partnership with the Early Childhood Council. We continued outreach using the local farmers market and promoting "Early Childhood Day at the Market". Over 70 families (more than double from the previous year) stopped at the market to learn about the myriad of programs offered in our community. Educational games, resources and crafts were provided to families. Twelve families registered with PAT representatives for information at this event alone. Other resources represented at the event included the Health Department, various preschools, the Pediatric Health Team and Livingston HealthCare.

One major endeavor in this area focused on the updating/reprinting of the "Park County Pediatric Care Guide" and the development of the online resource parkcountyparent.org. This resource will allow for the online posting of the Pathway initiatives through resource guides, provider directories, early childhood educational forums in addition to a Parents as Teachers information and registration portal.

Lower Rates of child abuse and neglect

Of all indicators, this may be the most difficult to track. Though Park County's rates look promising as compared to State and National measures, one case of abuse or neglect is too much and the lifelong ramifications of it.

The local Department of Child and Family Services is well represented at monthly program meetings and conducts confidential meetings with medical and other services providers to explore and assist possible cases. The collaboration between CASA (child legal advocates), Tri-County Network, which supports and advocates for abuse victim and houses a local shelter, and Southwest Chemical dependency prevention program and law enforcement is well established. The two period trend is positive as the number of substantiated neglect cases has decreased from 1.3 % of the under 5 population to .7%. The primary barrier of lowering abuse and neglect rates is early identification and reducing the stigma of "reporting" possible abuse.



Next Steps:

Establish Parents as Teachers as a community program. We have expanded our Parents as Teachers efforts and have increased the number of families participating. The next step is to establish this effort as a community effort which includes many partners. Marketing materials will include the various organizations who are part of the Parents as Teachers provider network, this includes Community Health Partners, Livingston HealthCare, the Park County Health Department and the Pathway Early Childhood coalition.

Continue to focus collaboration and procedures among Home Visiting Programs and medical providers to ensure intentional recruitment and increase the numbers of high risk and families participating in home visiting services. The Pathway ECC will continue to involve stakeholders to formalize recruitment and retention of families into programs and begin to include Home Visit Professionals in prenatal visits to strengthen relationships. We hope to take advantage of current excess capacity in these programs and allow for promotional opportunities as enrollment increases. The Pathway will also discuss micro measures of tracking the number of high risk families participating (teen moms, low birth-weight infants, high poverty families).

Increase awareness and establish hubs in outlying areas for Home Visiting Access. There is some awareness about Park County Health Department's rural reach of Home Visiting, though some comments from our planning session indicated that the Pathway ECC could establish more outreach. This could include using the Shields Valley Health Center and Mammoth Clinic as referral sources. MD and Nurse Practitioner providers have been identified.

Recruit and retain organizations for participation in the Park County Pediatric Care team and Park County Pathway Early Childhood Coalition. The Pathway ECC will develop a formal action plan and agreements to confidentially identify children in need.

Continue to support the abuse prevention and victim advocacy network. This will include continued involvement on the Pathway steering committee and support of public awareness. Include CASA in the coalition.

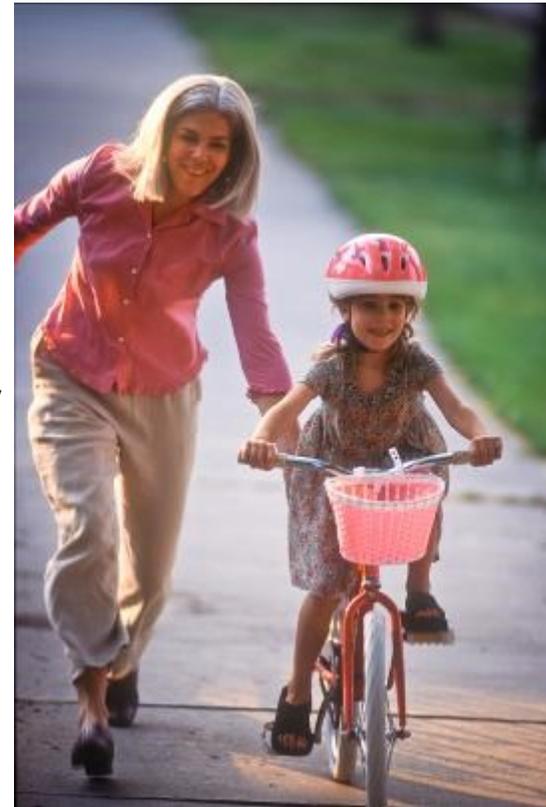


Photo by: Tony Denim



Goal 4:

High Quality Childcare and Early Education

Participation in high-quality early childhood programs helps prepare children for school and has long-term impacts on children's ability to learn and develop. Children in high-quality programs have decreased rates of grade repetition, fewer referrals to special education services, and higher levels of cognitive and social development. In addition, specialized education and training for teachers is linked to more sensitive caregiving and better developmental outcomes for children. Another factor that aids in development is regular attendance where children can establish learning habits and learn to work.

Indicators:

- ◇ ***More children in high quality early childhood programs***
- ◇ ***More early childhood teachers with a child development degree/certification***
- ◇ ***Lower rate of turnover among early childhood programs***



Photo by: Tony Denim

Goal 4: High Quality Childcare and Early Education

Indicators:

More children in high quality early childhood programs

Why is this important?

Participation in high-quality early childhood programs helps prepare children for school and has long-term impacts on children's ability to learn and develop peer relationships. Young children in high-quality programs tend to have decreased rates of grade repetition, fewer referrals to special education services, and higher levels of cognitive and social development.

Percent of children with preschool / day care experience entering kindergarten			
	2011	2012	2013
Livingston Kindergarten	80%	81%	88%
Gardiner	82%	NS	80%
Shields Valley	60%	NS	50%
Arrowhead	14%	NS	NS
St. Mary's	100%	100%	100%
Pine Creek	50%	NS	NS
Montessori Island Kindergarten	100%	100%	100%

NS- Not Surveyed



More early childhood teachers with a child development degree/certification

Why is this important?

Specialized education and training in child development for teachers is linked to more sensitive caregiving and better developmental outcomes for children.

Increased number of ECE providers child development degree or certifications		
Review of 19 of 19 early childhood providers in Park County June 2013		
	Number	Percent
Total Providers	19	
Surveyed	18	
Number having child development degree or certification	17	94%

Note: Of those not having certification, these programs have been operating for over 8 years and participate in continuing education.

Lower rate of turnover among early childhood programs

Why is this important?

Greater staff stability is linked to better educational and developmental outcomes for children, with particular benefits cited for poor children and those at risk for educational underperformance. Stable attachments with their child care providers lay the foundation for children’s later developmental outcomes.

Rate of Turnover Among Early Childhood Programs		
	2013	2012
Number of providers at start of year	19	19
Number of providers who stopped services	1	3
Number of providers who began offering services	1	1
Turnover rate	6%	16%





Goal 4: High Quality Childcare and Early Childhood Education

Action Inventory:

More children in high quality early childhood programs

Park County has approximately 19 active daycares, preschools and Montessori programs. The preschools include a well-established Head Start program and special needs pre-school housed in the Livingston Public schools. A high percentage of Park County children access one of these programs as part of their early childhood experience. As part of the Pathway Initiative we surveyed all but two of the programs to assess capacity, special needs access and other offerings of the programs. (For complete survey see appendix D)

Access appears to be adequate in Livingston, approximately 1/2 of programs have waiting lists. In discussions with the Gardiner and Shields Valley area there appears to be capacity. This may be a result of two factors (1) Well established programs (2) A decrease in the number of children under 5 in these rural areas. In a recent survey of incoming Livingston kindergarten parents, 78 parents answered the questionnaire rating the difficulty of accessing daycare programs, 78% (66% -2012) indicated that it was easy or very easy accessing care while only 9% (15% -2012) rated it as somewhat or very difficult. (See appendix A) Per the incoming Kindergarten Survey a majority (60%) of parents also use friends and family as a complement for childcare. This appears to correspond to the data that Park County has a high percentage of working parents.

The Pathway ECC has also focused on the need for more Park County capacity building opportunities for providers in conjunction with Child Care Connections and local medical and social service providers. The medical community has identified “the top ten” discussion topics to share with local early childhood programs. The Pathway addressed some of these trainings this year. We were able to partner with the Park County Special Education Cooperative and host a seminar on working with Autism. Several special education providers and some preschools attended the training. Emphasis on autism has become a priority as there are at least 8 identified autistic children under 5 in our community. In addition, the schools partnered with daycares and preschools to identify the “Earobics” program to provide resource for providers to work with children on phonics and letter and sound recognition. These were two areas identified in the Speed DIAL-4 as areas needing improvement. The Pathway is providing forums and education to promote this program “upstream” with providers. We also cohosted a “Facilitative Leadership” training with the Gallatin ECC to provide leadership training to those in the early childhood arena.



More early childhood teachers with a child development degree/certification

A large percentage of the providers in Park County have early childhood education credentials and participate in continuing education opportunities. A few of the providers have had no formal education but they have a long term commitment to the area and quality programs and environment for the families they serve. All indicators of parents using these providers is positive and the outcome of school readiness using the Speed Dial-4 confirm the quality. We estimate that about 90% of providers have some formal degree or certification in early childhood development or education.

In the two community network meetings about early childhood programs providers have been both passionate and committed to quality. They want the area children to prosper and will participate in evening gatherings and education opportunities.

Lower rate of turnover among early childhood programs

The overall rate of turnover has been low over the past three years. In the last year one provider “retired” though she is still providing call for emergency needs. The local Montessori provider (Park County’s largest provider to under 5 children) expanded their under 5 services. Of the 19 active providers, 15 have been providing services for 5 years or more.

One of the needs identified in the last year was access to preschool/daycare in the Paradise Valley area. Through our network we were able to identify and amplify the school site and they are now enrolling children after a dormant period.

The Pathway also identified the need for business support for a daycare/preschool who was struggling financially. We partnered with the Jobs service and Prospera business network to provide training and direct business consulting to this provider. This is the second largest provider in the county and their operations appear to have stabilized.

Next Steps

Use kindergarten screening results to guide information and collaboration among early childhood providers and parents in the community.

Conduct semi-annual sessions with Pathway ECC and early childhood providers to share results and educational opportunities for the community to fill in gaps identified in the screening.

Investigate outreach efforts for parents who are “off the radar” and are not involved with existing offerings.

Promote and coordinate professional development for early childhood providers and flexible course offerings to maximize participation.

Child Care Connections has been a lead agency working with the Pathway ECC to discuss professional development for providers and parents. These organizations cohosted a “DECA– Devereau Early childhood Assessment” training. Many Headstart programs and some early childhood providers attended. We hope to spread this tool which focuses on the resilience of children.



Another system analysis is to increase parent involvement, to compliment home visiting programs, increase promotion and enrollment in parent class offerings.

Another flexible model that many daycare providers mentioned was the importance of mentoring programs to provide guidance in pursuing best practices from a peer share model. A few providers referred to this as being helpful in the past. Training delivery models that work for providers will be a focus of the Pathway ECC.



Feedback from providers survey and parent feedback indicate the need for courses catering to parents regarding working with a child's social and emotional behavior issues.

The Pathway ECC will explore coordinating course offerings regarding proper tools for parents and caregivers to work with behavioral issues. Coordinated parenting classes for a larger population was one need identified.

Assist in analyzing and coordinate community solutions for areas where access by age or geography to early childhood programs is an issue.

The Pathway ECC conducted forums with parents of young children and parents from the Arrowhead district to assess need and coordinate solutions with local stakeholders. We plan on conducting more family forums in 2014.

Expand knowledge of needs, access and demographics to the Park County's informal network of "Friends, Family and Neighbors" childcare providers. Local foundations are interested in impacting this area and we are working with several organizations to provide a proposal.



Goal 5:

Continuity in Early Childhood Experiences

Children can experience a smoother transition when they enter school where there is coordination between early childhood programs, parents, and schools. When schools have a systemic relationship with early childhood programs and parents, the communication promotes greater problem solving, language development, and learning among children.

Indicators:

- ◇ ***Percent of Early Childhood Programs Attending 'Curriculum Alignment Meetings' with Schools***
- ◇ ***Number of visits and comments on the parkcountyparent.org website.***



Photo by: Tony Demin

Goal 5: Continuity in Early Childhood Experiences

Indicators:

Percent of Early Childhood Programs Attending 'Curriculum Alignment Meetings' with Schools

Why is this important?

Children experience a smoother transition when they enter school when there is coordination between schools, early childhood programs, and parents. When schools have a systematic relationship with parents and early childhood program, the open communication promotes greater problem solving, language development, and learning among children. The use of internet forums and directories to share information have demonstrated impact in other communities.

- Measure participation in programs starting in the fall of 2013
- Monitor access, usage and feedback on parkcountyparent.org





Goal 5: Continuity in Early Childhood Experiences

Action Inventory

More children in schools with aligned curricula, expectations among K-3 classrooms and with early childhood programs

The Park County Pathway has the premise of “starting **EVERY** Park County child on a path of positive possibilities.” The **EVERY** is an important piece of this statement. With approximately 150 births each year and a total of 500-600 kids under 5 (depending on net migration) we hope to develop systems that reaches every child. As mentioned previously, our outcomes as a community on many indicators is very positive. The challenge now is to strengthen systems to reach the last 10-15% of children that may not be prospering in several areas.

We have made great strides in connecting the kindergarten teachers to the “upstream’ providers and provide consistent screening and training opportunities.

Surveys indicate that 90-95%% of children have had some experience with early childhood providers and resources in the community.

We will plan on conducting semi-annual forums to share information, align curricula and measure connections around this important area.

One of the repeated comments from some of the daycare providers was the “feeling of isolation” and how healthy it was to collaborate with others from all spectrums of the educational and early childhood field.



Next Steps

Continue to host forums and opportunities for the whole early childhood education and provider continuum to participate. Setting benchmarks to measure the amount of aligned resources and curriculum among the continuum of the early child network from: Medical Providers, parents, home visiting programs, community resources, early childhood providers to the various schools. We have six primary kindergarten providers in the county and about 19 early childhood programs. We plan on connecting all of these groups to align and utilize resources effectively.

Continue and deepen collaboration assessment and practice. Expand the Pathway Early Childhood Council to include the faith based community and increased connection with Youth Dynamics who serve children with mental health issues. We will continue to formalize operating agreements across organizations.

Develop parkcountyparent.org to become the “one stop shop” for new parents and parents of children under 5 to access resource information. The website is expected to debut in November 2013 with navigation based on the age of the child. It will include: Daycare/preschool directory and descriptions, resource directory, child center activity community calendar, education forums provided by educators and pediatricians, embedded Parents as Teachers promotional video and detailed information for registration. This site will evolve over the year based on user comments. We will monitor comments and usage to evolve the website.

Continue training across the early childhood provider continuum to focus on emotional resilience. We will complement the cognitive and motor skills and trainings with screening tools which focus on grit, curiosity and determination. This is based on the DECA– Devereau Early childhood Assessment and the Pyramid model. Provide training and education regarding the ACES study and how to work with children who have had a compilation of adverse childhood experience.



Conclusion and Acknowledgements

This Pathway Early Childhood Coalition progress report will serve as a foundation to expand analysis, conversation and community action plans for the past two years. As mentioned, the challenge is going “from good to great” and fulfilling our mission of starting EVERY child on a pathway of positive possibilities. We can overcome this challenge by continuing to focus on our strengths as a community with both a supportive and established early childhood network. Another priority will be to develop more awareness and recruit families with young children into home visiting programs, assessment and other programs to provide essential support.

We are looking forward to year three to focus on the next steps identified in this report. The Park County Community Foundation will continue to lead the Pathway coalition and attempt to raise awareness with donors and expand our “Early Childhood Fund held with the foundation. This would be used for programs associated with this plan. We also hope to access the Federal home visiting grant to expand our maxed out Parents as Teachers program capacity.

It is important that as a community we do not lose focus or appreciation for the challenging and rewarding work our early childhood providers, programs and parents are doing for our community’s children. Every child has unique needs and develops at their own pace. The participation of early childhood providers and parents to collaborate after a long day of serving kids to continue discussions of pursuing excellence is truly appreciated.

This report will be shared with various community and business groups to promote awareness of the important network and issues we face as a community. Our “18 and under” population has been declining over the last decade,

through the promotion and utilization of our strong network of early childhood care we can attract new young families to the area. Park County is a lovely, healthy, safe and vibrant place to live. Underlying issues like poverty and economic development are connected to early childhood excellence and community rejuvenation. We trust the “thread” of community prosperity for its youngest residents will impact social and economic indicators as well.

The Pathway ECC looks forward to continuing this important community work.

A SPECIAL THANKS TO

Child Care Connections	Park County Pediatric Care Team
Community Health Partners	Park County Schools
Daycare Providers	Head Start
Livingston Health Care	Dianna Frick/Debra Hansen
Growing Roots Childcare	Story Tellers (HOPA Mountain)
Montessori Island	Park County Family Services
Mountain Sky Guest Ranch	Park County Health Department
Park County Commissioners	Special Education Coop
Park County Community	Mary Eisvang
Foundation Board of Directors	Mike Inman
Suzanne Brown	Katie Regan
Mariposa Fund	Steele-Reese Foundation
Marcia and Bliss McCrum	High Stakes Foundation
Gallatin ECC	

Glossary of Appendices:

Appendix A: Survey results of kindergarten parents regarding how difficult it is to find childcare in Park County & Number of kindergarten families that used family and friends to supplement childcare or as childcare

Appendix B: Possible Training Topics For Early Childhood Programs as Identified by Livingston HealthCare Pediatric Team (2012)

Appendix C: Park County Preschool and Daycare Survey Summary

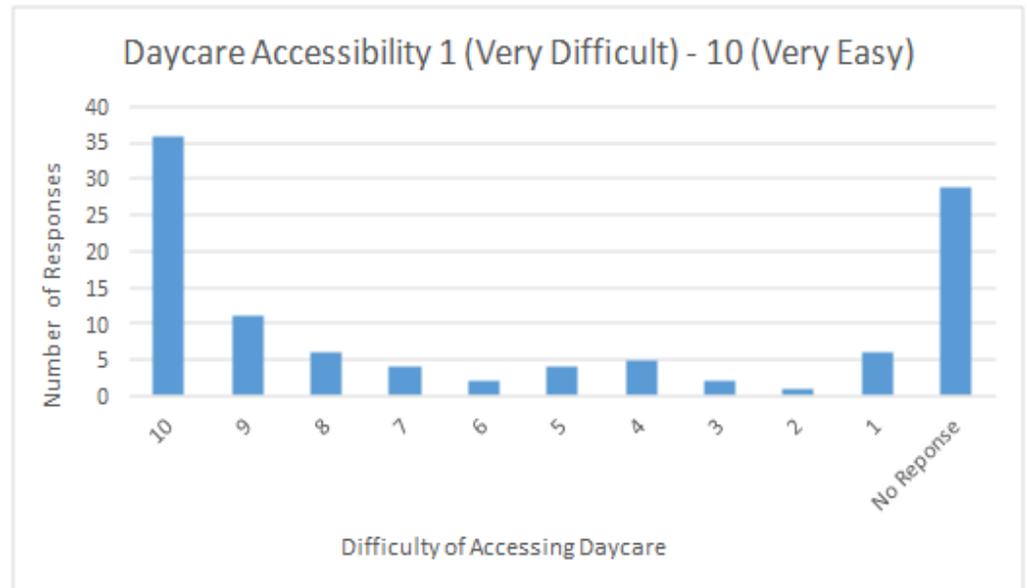
Appendix D: Kindergarten Parent Questionnaire

Appendix E: Kindergarten SPEED DIAL-4 Scores for Livingston Public School and Montessori Island

Appendix A

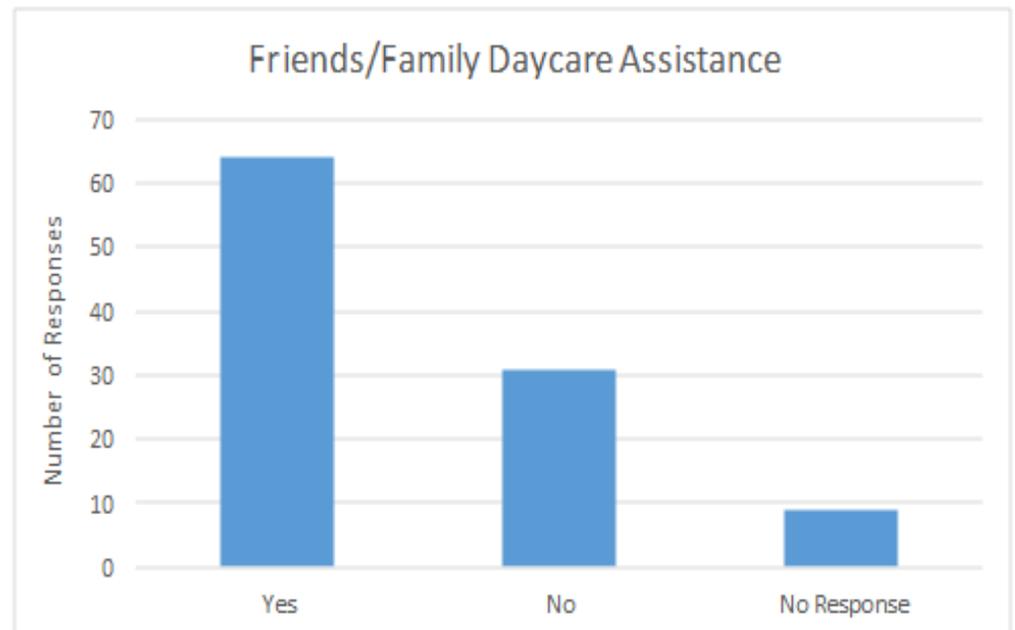
Difficulty of Accessing Daycare in Livingston as per the 2013 Winans Surveys

While the overall average difficulty rating in accessing daycare was 7.8, more than half of the 106 families who filled out this section of the survey rated the difficulty level at 10 (Very Easy). However 28% of the families did not rate their finding daycare experience.



Friends/Family Daycare Assistance

Out of the 106 family surveys, just over 60% said that they used either friends or family for daycare assistance. The no response rate was at 9%. This complements our other findings that approximately 88% of children attended a local preschool or daycare on a full or part time basis.



Appendix B

Possible Training Topics For Early Childhood Programs as Identified by Livingston HealthCare Pediatric Team

- ◇ Illness and daycare – Who should stay home?
- ◇ Child abuse and neglect – What are the signs and What can you do?
 - ◇ Child development – What's normal?
 - ◇ Behavior management — What works?
- ◇ Temperament/Birth Order/Attachment – What makes kids tick?
 - ◇ Asthma and Allergies general information
 - ◇ Nutrition – Healthy lunches and snacks
- ◇ Feeding Issues – Picky eaters, Small Appetites, Food Jags
- ◇ Communication – Partnering with parents on child-rearing .
- ◇ Encouraging early math and reading schools through play.
- ◇ Common childhood conditions – How to spot them?
 - ◇ Vaccines

Appendix C

Park County Preschool and Daycare Survey Summary

Early Childhood Providers and Centers	Capacity	Ages served	Wait List	Best. Beg	Spec. needs	Cert	Strengths	Training , Resource Needs	Collaborations
Daycare	16	0-5	n	y	y	BA, cert	Include many methodologies	Share new practices	CCC, COOP
Daycare	6	0-5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Head Start	40	3-5	y	N/A	Y	Cert	Deal whole child	share practices	COOP, RSG
Daycare	32	0-5	n	y	y	CDA, other	Very Clean, Level of care is ratio is high, food program	Program Mngt, Updates on licensing, rules change	CCC, LP, transportation, other
Preschool	32	3-5	y	n	N/A	BA	Longtime program	more collaborative	very little
Montessori	65	0-5	y	y	y	CMI	strong community presence	share methodology	Liv Public Schools
Preschool	25	0-8	N	y	Y	Preschool, elem.	Dedicated Staff, long tenures	Age appropriate learning, curriculum devp.	Gardiner Schools
Daycare	16	0-5	y	y	y	Trainings, EXP	Home based, loving care	New way to teach, best new practices	CCC, Mentors
Daycare	8	0-5	y	n	y	EXP	Reliable care, stress kindness and social skills	backpack program in daycares, knowledge of community events	CCC
Preschool	14	3-5	y	n	y	CDA, more	All encompassing curriculum, 6-7th grade buddies, PE, social interaction	What do schools expect. Development expectation	With their own school

Appendix C Continued

Park County Preschool and Daycare Survey Summary Continued

Early Childhood Providers and Centers	Capacity	Ages served	Wait List	Best. Beg	Spec. needs	Cert	Strengths	Training , Resource Needs	Collabo-rations
Preschool	14	3-5	n	n	y	Preschool	Dedicated Preschool, affordable, close to families	Curriculum updates and practices	schools
Preschool	12	0-5	y	y	y	Preschool cert.	Structured with broad curriculum, outside play, flexible	Special needs, autism and other.	Not much
Daycare	Maternity Leave		N/A	N/A	N/A	N/A	N/A	N/A	N/A
Preschool	12	0-5	y	y	y	CDA	N/A	New facility	N/A
Daycare	12	0-8	n	y	y	Continuing Ed	Push reading, serve young moms with multiple kids	Business Help, shared materials and activities	Mentor, CCC, YDI, COOP
Preschool	15	N/A	N/A	N/A	N/A	BA	Specialty needs focus	N/A	N/A
Daycare	6	3-5	y	y	y	Develop-ment Deg.	Safe, loving, focus on social, emotional	Local, special needs, foster parents	CCC, YBGR, CO-OP
Montessori	8	0-5	n	n	y	CMI	Safe, connect with nature, scholastic, loving and kind	Parent Training, Business class	N/A
Montessori	6	3-5	N/A	N/A	N/A	CMI	New practice	N/A	N/A

Appendix D

Kindergarten Parent Questionnaire

Child's Name _____ Sex _____

Parent/Guardian Name _____

In order to help us work with you and your child in the most fulfilling way, please help us by filling out the following:

1. Please check the areas that best describe your child's experience with other children:

Older siblings Younger siblings Neighborhood friend Daycare Pre-school
 Church school Play groups Other (explain)

2. Please check the area that you feel best describes your child:

active calm quiet or shy

3. Describe your child's feelings about entering kindergarten:

4. Is there anything that we should know about your child that would help us in our teaching?

My child interacts well with other children. Yes No

If no, please explain:

My child shares with other children. Yes No

If no, please explain:

My child can stay on task to finish a project. Yes No

If no, please explain:

My child listens attentively. Yes No

If no, please explain:

Please tell us about any talents, academic skills, etc. that you would like us to know about.

Has your child had any major events occur in their life recently? For example – new siblings, new (or loss of a) pet, other transitions?

PRESCHOOL OR DAYCARE EXPERIENCE:

If your child attended a preschool or daycare please list _____

Have friends and family helped with daycare? Yes _____ No _____

Please rate the difficulty in accessing day care:

Very Difficult 1 2 3 4 5 6 7 8 9 10 Very Easy

If difficult: Please explain why: _____

We are looking forward to meeting and working with you and your child! Thank you for taking the time to fill out this questionnaire for us.

Appendix E

Speed Dial-4 (Developmental Indicators for the Assessment of Learning) September 2013 Average Scores	
Question Number & Description	Average Score (Scaled 1-5)
<i>1 - Stand, Hop & Skip</i>	4.50
<i>2 - Body Parts</i>	4.68
<i>3 - Rapid Object Naming</i>	3.63
<i>4 - Colors</i>	4.53
<i>5 - Meaningful Counting</i>	3.11
<i>6 - Articulation</i>	4.17
<i>7 - Identifying Actions</i>	3.91
<i>8 - Letters & Sounds</i>	2.55
<i>9 - Problem Solving</i>	4.34
<i>10 - Copying</i>	4.38
<i>Overall Score</i>	39.62