

Vision: Children from birth to age five receive the resources and care they need to live a healthy and productive life				
Goal: Expand access to Montana’s comprehensive early childhood system and enhance early learning and development, health, and family support and engagement				
Target Population: Underserved children, families, and regions; providers throughout early childhood system; businesses				
Inputs/ Resources	Strategies and Activities	Outputs	Outcomes	
			<i>Short/Medium-Term</i>	<i>Long-Term</i>
DPHHS staff, supplies, and support: ECFSD; CFSD; HRD; DSD; DLI; Grant staff: Grant Manager; Program Specialists; Data Analyst; Data Specialist; Financial Specialist; Education organizations staff, supplies, and support: OPI; MT-PEC; LEAs Partnering programs staff, supplies and support; MTHSA; CRR Network CRRs; ECP; MECAC; ; RAISE; Zero to Five Montana; MHCF; HMF	Activity 3: Maximizing parent and family knowledge, choice, and engagement in their child’s early learning and development: Revise family engagement framework; develop family voice council; updates to parentingmontana.org; expand Parent Partner program; universal home visiting pilot; developmental screening training; Child Find screening expansion; marketing campaign; family engagement yearly summit, advance BBCCS application, engagement summits	Family engagement framework; family engagement council; parentingmontana.org enhancements; parent partner program; universal home visiting; screenings; screening registry; family engagement summit; transition summit; expanded BBS eligibility.	Increased use of family engagement tools, programs, and screening tools; families receive timely and appropriate referrals; increase in the number of families receiving home visiting services.	MT’s families are engaged and valued as partners in the early childhood system; families are active in policy decisions; MT families implement positive parenting practices.
	Activity 4: Support the B-5 Workforce and Disseminate Best Practices: build pathways to ECCE careers; revise ECP practitioner registry career path, expand financial supports for continuing education, invest in apprenticeships/pre-apprenticeships, expand IECMHC and consultant workforce. Develop ECCE workforce recruitment and retention tools; expand sub pool; pilot program to pay child care costs for ECCE workforce. Improve ECCE PD; explore a statewide Pyramid Model, ECCE coaching expansion; study expanding ECCE benefits, business practice TA.	IECMHCs trained; ECCE providers working with Part C FSSs; cultural competency product; QRIS modifications; coaching competencies; home-based ECCE PD; apprentices/pre- apprentices; practitioner registry updates; PD creation/approval process; business summit; business supports	Increased efficiency in ECCE PD content creation and approval, providers receive consistent PD resources, EC providers have more opportunities to share best practices, EC staff receive coaching, EC providers have access to a statewide sub pool.	MT’s EC workforce is confident and effective, has an enticing career ladder and benefits, programs are well staffed, MT’s communities make EC a priority and act to support children’s health, learning, and well-being.
	Activity Five: Support Program Quality Improvement Expand IECMHC trainings, expand TA for Child Find referrals, pilot inclusive preschool settings, develop specialized PD content, evaluate special needs subsidy bonus rate, child care licensing project integration, Evaluate QRIS- STARS, evaluate ECP business practices, explore ECIDS approach, operationalize Knowledge Base, MELS revision, incentivize expansion of non-traditional care.	Start-up, expansion, emergency grants given; EHS-CC Partnership model expansion; Part C collaboration stipends; QRIS incentives; co-pay assistance; expanded provider non-traditional hours.	Increased ECCE capacity and family choice especially for vulnerable populations, improved STARS, Increase in awareness of RCE and FFN.	MT’s families have increased access to, and participation in high-quality ECCE across a mixed delivery system; increase in at home care provider capacity
	Activity Six: Subgrants to enhance quality and expand access to existing and new programs. Slot expansion, inclusion classroom expansion, business supports, stipends to expand EHS capacity, home visiting expansion; payments to expand non-traditional hours; crisis care model pilot.	Updated parenting website to reflect ECCE community; more specialized ECCE training options with greater accessibility; informed families; collaborative coaching	Evaluation of financial assistance programs and ECCE training options; increased recruitment and retention, reduced provider barriers to PD.	MT’s infants and families have better outcomes, expanded slots, ECCE degree and credential attainment; inclusive preschool classrooms
	Monitoring, evaluation, and data use for continuous improvement. enhance child care IT system; implement PPE plan; update strategic plan and needs assessment; improve governance, administration, policy, data and processes; advance ECIDS data accountability.	indicator data analysis; ECIDS; PPE Plan; strategic plan; needs assessment; meetings to connect fiscal, policy, and administrative teams.	Enhanced EC system governance at state and local levels EC program administrators and providers use data for CI.	MT’s EC system is structured to support policy alignment, strategic financing, CI, and accountability