

Alaska Early Childhood Coordinating Council Quarterly Meeting

April 10, 2017

9:00 to 4:00 p.m.

Anchorage, Juneau, Fairbanks, Sitka

Objectives

- Share updates from legislative and department priorities and activities
- Share update and gather input on the Early Childhood Comprehensive Systems Impact program
- Share information from AECCC committees and status of 2017 priority actions

Notes

Updates from legislative and department priorities and activities:

- Commissioner Michael Johnson:
 - Senator Tom Begich introduced an early learning bill SB 99. HB 52 is also on the House side; priority is a sustainable fiscal plan.
 - Governor announced opportunity of fiscal challenges to re-think system of education, Alaska's Education Challenge (<https://gov.alaska.gov/administration-focus/alaskas-education-challenge/>) will discuss early childhood, bringing in everyone to join committees: student learning, educator excellence, tribal and community ownership, finance, and safety and wellbeing https://gov.alaska.gov/wp-content/uploads/sites/5/20170410_Committee-Membership-List.pdf
 - Developing plan to comply with federal Every Student Succeeds Act, will be meeting with stakeholders to discuss this plan and get input
 - Abbe Hensley: what is the status of funding for Best Beginnings + Parents as Teachers?
 - Commissioner: House has protected funding, Senate has cut them and has not yet put them back, this will go to conference committee so important to contact the House to hold firm on that funding.
 - Debi Baldwin: there is a proposed 5% cut for education, if that passes, would it allow the Department to take the cut as it sees fit or would it be prescribed by the legislature?
 - Commissioner: right now the legislation would dictate the cut be made through the foundation formula not through the Department.
 - Brian Holst: the cut would underfund the BSA but not affect the local contribution?
 - Commissioner: Alaska must pass a federal disparity test on local contributions and basic need in order to preserve federal funding and maintenance of effort, so not a simple answer to that question.
- Commissioner Valerie Davidson:
 - Pioneer Homes took a \$5.7 million cut from the Senate, which would close two homes; to avoid the closure will direct cuts to other places, so waiting to hear on that.
 - Affordable Care Act: federal options are block grants or capitated funding, both terrible options for Alaska. Federal proponents think the advantage to these methods is to be able to tailor needs

to Alaska, but this would not be a benefit for Alaska, because the State would then need to make the difficult choices, rather than the feds. For Medicaid, unless they are talking about removing expansion or repealing the MAGI eligibility standard, they are talking about making changes to the basic Medicaid program that have been in place since 1965. Advantage at federal level is saving federal dollars, but would shift that to the State, and we don't have the money. The last version would have cost the State \$1 billion in unmet need over the next decade.

- Compacting with tribes for child welfare services: to ensure culturally appropriate services through child welfare system. Begun working with First Alaskans Institute and State-Tribal Collaborative and AFN to negotiate, with goal of signing compact in October. Compacting health services has created opportunities and improvements for Tribes and tribal members. Compacting for child welfare should provide more opportunities and cross-over with health services.
- Community of Hope: funded through Alaska Children's Trust and Casey Family Programs, a collaboration with OCS, Kawerak, Rasmuson and others. Chose a rural community to try and do things differently: what services are available from all partners, and how could we braid funding and collaborate to better serve the community? Selected St. Michael and the tribe agreed to work with us. Hoping to extend the grant beyond July end date. Learning about all of the services available from the various tribal organizations and how to bring them together. There will be a report that will share the lessons learned to date.
 - Trevor Storrs: could you explain Compacting?
 - Commissioner: Indian Reorganization and Self-Determination Act allows for compacts and contracts with federal government, and state governments, to take over services that were formerly provided by the federal government to be provided by the tribes. This can begin with a smaller set of services, and compacting can grow over time. Central Council of Tlingit and Haida and TCC both have Title IV-E agreements to take over some of these responsibilities and the funding. This is a new process, working to develop a template that can be used for future negotiations.
 - Debi Baldwin: will it be similar to tribal childcare funds where tribes can elect to pool funds with the regional organization or keep them separate?
 - Commissioner: The negotiations begin with getting authority from the tribes to negotiate for a compact.
 - Will the St. Michaels project be a full array of services?
 - Commissioner: We have learned that when some families travel to Nome for services, where alcohol is available, families struggling with addiction can go into crisis. So, goal is to make more services available in the home community where the family is doing well, building resilience in children, protective factors, and breaking cycle of out of home placements.
 - Abbe: when will we start to see some reductions in out of home placements?
 - Commissioner: Still at the beginning stages, would love to have five years of funding to see what the impact is. It has been a humbling experience among the helpers.
 - Christie Reinhardt: with Tlingit-Haida the Casey Family Foundation is sponsoring train the trainer efforts which helps maintain the ripple effect.

- Debi: Casey is also funding a grant in Shishmaref, how do we best coordinate these? The community is trying to open a childcare center and Casey is helping to fund this.
 - Education committee: Commissioner will be joining the tribal and community ownership committee convening next week with Department of Education + Early Learning.
 - 1115 waiver application development: behavioral health system has needed attention for a long time and redesigning behavioral health system is a good opportunity for reform in Alaska. Negotiating a 1115 waiver to waive some requirements under the Social Security Act to do things more creatively; waiver would be authorized for five years. One of the challenges we are focused on is children in out of home placements, or at risk for out of home placement, to ensure services to them and their families. Conversations with CMS are going well. We started by telling the story of “Martha” who lives in a rural community and the challenges she has in accessing behavioral health services and how that impacts her ability to parent and attain and maintain wellness. DHSS is examining the rules and barriers to serving children and families to serve them better. This will also address the Institutions of Mental Disease (IMD) exclusion and allow us to request a waiver to be able to bill Medicaid for services to adults in facilities with more than 16 beds.
 - Abbe: it would be valuable to do some public education about what DHSS does to inform Alaskans about all the good work the Department does.
- Commissioner Heidi Drygas:
 - Childcare as facilitator for employment: Supportive services funding is available through Job Centers to help individuals pay for childcare. Eligible Alaskans include unemployed and low-wage workers. Allison Biastock is serving on AECCC’s high quality early childcare and education committee
 - Alaska lost 6,800 jobs last year, losses are expected to taper this year. At a critical time in our history, ensure that legislators know that they must pass a sustainable fiscal plan to sustain our economy and communities this year.
- Commissioner Walt Monegan:
 - Would like to incorporate Strengthening Families and other resources into trainings for Troopers and VPSOs
 - Department is working more often with tribes and would like to incorporate training for this as well.
 - Recently hired Diane Casto as the Executive Director for Council for Domestic Violence and Sexual Assault.

Discussion: How can the AECCC ensure that early childhood resources within DEED and DHSS are well-coordinated, efficient and achieve outcomes?

- Several requests from legislators to better understand how funding is coordinated and not duplicated
- Abbe: we always refer legislators to the AECCC to participate and understand how resources are coordinated. Should this council consider adding legislators as members of this committee, as ex officio?
- Pat Sidmore: the story we used for the 1115 about “Martha” was powerful for CMS and we need that story for young children, starting prenatally and through their early childhood and lives. The data we

have can support the narrative and when we testify we can talk not about programs but about overall policy and how it impacts individuals.

- Commissioner Davidson: 78% of DHSS programs are formula-based, not a lot of discretion in the budget, and not a lot of flexibility in how those resources are used. An exception is the EPSDT screenings that can indicate any medically necessary services, whether or not it is included in the State Plan.
- Trevor: one of the legislative requests was from joint committee on Education and Health and Social Services (Drummond + Sponholz), to better understand which services exist and, post session, to be able to talk with their members from House and Senate to spend a day to learn about early childhood development so they can be better informed around these decisions. This is a great opportunity for AECCC. It would be good to have a map to better depict and coordinate services, partnerships, gaps, duplications, efficiencies, ways to strengthen the current system.
- Debi: provided a 2-hour block of testimony to the joint committee, one of the requests made to Drummond was a work session to work through federal and state funding and programming; some states have developed an Office of Early Learning to better coordinate and align funding among departments and divisions.
- Gennifer Moreau-Johnson: how does AECCC respond to legislative requests? We follow a legislative process through the departments, but we also need to clarify how we respond for the council. Gen and Anji will develop that for July.
- Pat: it's always difficult with boards to respond to the legislature and keep that aligned, we work with the executive committee and the executive director and we are cautious about not speaking for the board unless the board has officially adopted a position. The AECCC can adopt positions and then speak to those, but refrain from doing so where we haven't made a decision.
- Anji Gallanos: we also need to be updating the Commissioners and keeping them informed and in step with them.
- Debi: what is DEED's commitments to 3-5 or 0-3 beyond early learning and including healthy families and start to life, which is more housed with DHSS?
- Abbe: keep the focus on the family throughout a child's development. And, those who have spoken to the legislature didn't speak on behalf of AECCC or make any promises.
- Commissioner Davidson: it would be good to ask Drummond and Sponholz to join this committee. For the day-long session with the legislature, incorporate some learning and then focus on a work session.
- Thea Agnew Bemben: suggest connecting early childhood and maternal health focus to broader outcomes of DHSS and DEED such as housing, employment, health, education, safety and make a clear connection to those outcomes and costs for these for the legislators.
- Anji, Gen: a starting point for this will be shared in the presentation after the break.

Update and gather input on the Early Childhood Comprehensive Systems (ECCS) Impact program (see attached presentation), Gen Moreau-Johnson

- DHSS was awarded the ECCS Impact 5-year grant from HRSA; focus shifted from a statewide effort to three target communities: Kodiak, Mat-Su and Norton Sound Region; funding quadrupled and only 12 states received funding. Outcome: improvement in family wellness and children's developmental health. Goal is a statewide system that has been built up from the community level.

- Major elements: Collective Impact, Quality Improvement (CoIIN), Help Me Grow, Strengthening Families, Technical Assistance to fuel innovation.
- Help Me Grow: provides referral and ongoing contact with families (average of 7), provider outreach, data systems and analysis, central call center.
- Strengthening Families: required for funding and also part of Help Me Grow, Nome and Kodiak representatives being certified as trainers.
- CQI, the Collaborative Improvement and Innovation Network hosted by National Institute for Children's Health Quality; establish a baseline for implementing developmental screening universally.
- Collective Impact: required for funding, emphasizes community-driven solutions. Each region had a coalition and were using Collective Impact or willing to start, these drive the project and then fold up to the state level.
- CQI Coordinator in each region: each region proposed different approaches to improving family/children's health, grant is requiring focus on implementing developmental screening, which nicely fits with the strategies proposed by each region. First two years is establishing the baseline and collecting data from organizations that are doing screening.
- Project evaluators will be here at July AECCC meeting as this council is the overseeing body.

Developmental Screening in Alaska, Jimael Johnson, Division of Public Health: What are the opportunities to increase efficiency and coordination of developmental screening and referrals?

- About 53,000 children age 0-5, about 32,000 age 0-3, 26% considered at-risk (13,780 age 0-5, 8,320 age 0-3); 13% experience any delay or disabilities, 6,890 age 0-5, 4,160 age 0-3.
- Currently enrolled 1,900 enrolled in Part C (age 0-3) and 2,000 age 3-5.
- In Alaska, 13.7% children in Alaska are eligible for special education, so this estimate is in the range.
- Guiding questions: how do we find eligible children and enroll in services? How do we support children and families who do not qualify?
- Standardized universal screening: Alaska Medicaid has a policy for universal screening supported by American Academy of Pediatrics and use the Bright Futures schedule for preventive health care. Tool must assess motor, language, cognitive and social-emotional domains.
- Tools: Ages + Stages Questionnaire is most widely used, but there are a number of tools to choose from.
- Debi: many of these tools are not culturally normed.
 - Jimael: you can't tweak the tool but you can support the family member as they administer the tool to educate about child development and get accurate results. Sites have shared that the ASQ is flexible enough that cultural concerns are not as common. Debi shares that the Batelle and the Brigance are used by school districts and are not culturally normed. Most Help Me Grow programs around the country are using the ASQ.
- Gail Trujillo shares that a recent study used the ASQ and looked at how it was adapted in different countries.
- ASQ- Social Emotional and the Modified Checklist of Autism in Toddlers (M-CHAT) are also recommended for us.
- Screening target: 25% relative improvement in screenings and a 10% reduction in disparities. Statewide the rate of screening varies from Medicaid data and the CHIP measure is about 1%; National Survey of Children's Health that measures parent perception is 33%.

- Debi: is baseline on screening or periodicity?
 - Jimael: The CoIIN is using routine, which means periodicity, which will be challenging for data collection.
- Currently, a lot of different providers, in different system, paid by different payers, with no common data sharing, and under rules of HIPAA and FERPA: challenging environment for data sharing.
- We need more glue and coordination, not necessarily more programs.
- Help Me Grow is that glue, coordinate and support across systems, cultures, geographies. Linking as many resources as we can, talking with TANF. Core components are child health care provider outreach, family + community outreach, central phone access, data collection + monitoring. We will be purchasing or working with an existing database, will be releasing an RFP for a call center. All-Alaska Pediatric Partnership will be hiring a program director and will be hiring local community employees who will be connecting locally. It's a national program that we are implementing here.
- Abbe: how will the cost be sustained? HMG has developed a budget, working with TANF, federal funding blended with general funds and private foundations and will be exploring funding.
- Debi: in larger communities, would need a person, but in smaller communities where Head Start serves 85% of at risk children the local program could provide this service.
- Gen: soft launch is in the three ECCS Impact communities.
- Jimael: this is intended as a universal service for preventive care; could provide a base layer that would support the higher levels available through the 1115 for families in need of more intensive case management.
- Review map of current developmental screening
- Hearing screening is required at newborn and then again at 4 years; between those ages is monitoring, which includes language monitoring, which is an indication of hearing issues.
- Abbe: Alaska has the highest rate of otitis media, which can contribute to hearing loss, which can be exacerbated by tobacco use, which disparately affects some populations more than others.
- Gail shares that hearing and vision screening is part of child find efforts and is more widely available than we might think. Pick up more vision issues compared to hearing.
- Becky Morisse shares that our rate of newborn hearing loss is around 20 children per year, which is at the national rate.
- Matt Hirschfeld shares that in Norton Sound there is one of the highest rates of otitis media and AAPP is doing special projects to increase hearing screening in that area through purchase of equipment.
- Brian: how does the ASQ fit with the Alaska Developmental Profile for kindergarten entry? Gen is working on a cross walk.

Committee update: Healthy Start and Strong Families (Matt Hirschfeld, Gail Trujillo)

- Priorities: Map and inventory who is using Strengthening Families and how and advocate to embed Strengthening Families in all DEED and DHSS programs and work of the departments; and normalize well child checks and increase adherence to the well-child exam schedule among MCD families between age 1 and age 2 through targeted messaging to MCD families and providers who see MCD families.
- ASQ is a good choice for a screening tool because a lot of providers are doing it already but the data is not being shared.

- Who do we refer for evaluation and services to follow from ASQ findings? Providence is hiring a pediatric neurodevelopment physician and ANMC is considering hiring one.
- Federal report being issued on normalizing well-child checks that we can use.
- Iris Matthews with the Stellar Group is developing an implementation plan for embedding Strengthening Families across DHSS. Iris has developed a framework for the plan (see attachment).
 - Reviewing other states for lessons learned
 - Mapping programs and services within DHSS
 - Identifying and prioritizing opportunities for embedding Strengthening Families in DHSS
 - Evaluating and monitoring over time
- Debi: once you have the training with staff, how do you keep it current? Is there training and TA available?
 - Christina Hulquist: Strengthening Families is embedded in Level 2 trainings of childcare QRIS Learn and Grow, and will continue to be monitored and added for other levels. Developmental screening will be embedded in level 3.
- Abbe: how do we define what ‘embedding’ Strengthening Families means, especially for those that aren’t doing direct service to families?
 - Iris: There are multiple tiers of embedding this in DHSS, some touch families directly and others are more attenuated. The plan will define for these different levels and relationships with Alaskans what embedding Strengthening Families will look like. The Child Welfare Academy has been working on this and have adapted Strengthening Families and disseminating it across sectors: Behavioral Health Aides, Rural CAP staff, pediatric tool kit, community-level work, OCS is embedding it.
- Veronica Plumb: with the Learn and Grow program, has a class at UAF ‘supporting family relationships through mentoring’ that is part of the undergraduate and graduate level work.
- Thea: would be great to see all the programs and services in DHSS organized under the five protective factors and how those programs work together to support families. Iris has a spreadsheet compiling the current services of the various programs within the department and organizing them using the framework. Gen shares this is part of building the customer service ability of the department staff.
- Trevor: Alaska Children’s Trust has embedded Strengthening Families into their grant processes.
- Debi: Anji has also embedded this in the RFPs, do the grantees report back on their progress? Anji asks how do we act on the data that the grantees report back?
- Lori Grassgreen: Alaska Association of School Boards is updating and digitizing Helping Kids Succeed Alaska Style and Helping Little Kids Succeed Alaska Style, haven’t looked yet at embedding Strengthening Families with this update, but will. <https://aasb-bookstore.myshopify.com/products/helping-kids-succeed-alaskan-style>
- Iris shares an example of how we can continue to monitor implementation and embed it more strongly is to share tools, like RFPs that use it.
- Anji: a resource for the council for educating internally on Strengthening Families would be helpful.
- Matt: the pediatricians’ toolkit adapts Strengthening Families into a 2-3-hour training to give them a way to incorporate it into their practice.

- Gen: space is rented for Department staff for training in Strengthening Families in June.
- Strengthening Families program description is available at <http://dhss.alaska.gov/ocs/Pages/families/default.aspx>

Committee update: Data and Systems Alignment (Pat Sidmore, Jared Parish, PhD)

- Committee has met one time and recognizes there is a lot of data available but that it is not organized into a meaningful narrative that people can understand.
- Technical assistance has been provided to the committee for review on how other states have organized their data.
- Jared has been conducting a longitudinal study of a cohort of Alaska children who were born in 2009 and are now 7 years old, Alaska Longitudinal Child Abuse and Neglect Linkage project (ALCAN link project). The results of this study, and telling the story of how children grow, will help us advocate for resources to support optimal development (see presentation)
- Goal is to make smarter use of the data we have.
- ALCAN-link is founded on a public health model: using population level data to identify risk and protective factors, develop and test strategies and assure widespread adoption.
- Often in Alaska state program models we invert that process; which motivated Jared to develop a rigorous model based on Alaska data.
- Throughout every person's life, we generate data and administrative records compile, but our system is fragmented so it is hard to see the context for the records; birth through early childhood is a time when we generate a lot of data and it is a critical period for healthy lives.
- So, how do we compile or aggregate this data? It can be very complex and resource intensive.
- Data is siloed in healthcare, social services, education, law enforcement and other systems; there aren't common identifiers across systems, some of them work well together, others are not connected. Rarely can we compile and analyze this data in a meaningful way.
- Jared decided to create an aggregated data set. Looked at other states: CA looked at their entire birth cohort and developed their children's data network.
- Jared started with PRAMs database, a representative sample of mothers with live births in a given year who have given consent to have their data linked to other systems.
- ALCAN-link is based on 2009, 2010, 2011 and 2012 birth years and 3500 responses. Followed them prospectively through linkages to child protective services, PFD database and vital statistics to follow whole cohort and make sure denominator is accurate over time. Military families are included.
- Can do predictive analytics using this data.
- Have data agreements with Behavioral Health, some law enforcement, and with new data sources coming on line, allows for more predictive analytics as the cohort ages over time.
- Impacts to children are at individual, family, community and society so adding linkages to look at factors and relationships from all those levels.
- **Looking at child protection data and looking at cumulative risk:**
 - **1 in 3.2 births will have a report of harm to OCS before age 7;**
 - **1 in 4 births will have a screened-in report to OCS before age 7; and,**
 - **1 in 12 will have a substantiated report before age 7.**

- Steep curve in the first year of life, which indicates that many reports of harm in that first, most critical year; at age 6 there is another bump, when school starts and children are exposed to more mandated reporters.
- What is the research on reported vs non-reported child maltreatment? Jared did some analysis to look into this that showed that reports are a credible data point.
- Christie: reports can follow multiple allegations or calls.
- Jared shares that a lot of kids are touching the system and there are a lot of points where we can intervene and do prevention.
- It matters where you live: Jared can't decipher right now from this data where there is institutional racism or institutional bias, but it is evident that in different regions there is a differing relationship between report of harm and substantiation. **Y-K and Northwest are much higher compared to Anchorage. For Y-K and NW there is a 47.9% and 4X% risk of a report of harm before age 7, this is almost one in two births.**
- Usually we see data on annual prevalence, which is closer to 10% in each year, rather than cumulative risk, which shows risk before a given age, the same way we would talk about lifetime risk for heart disease or other health risks.
- Alaska Native risk for reports of harm and substantiation is about three times that of white population; *but that is not an accurate narrative*: the Alaska Native population has a higher incidence of the risk factors that increase the likelihood of involvement with child protection, and when you control for those factors the issue of race drops out of the equation almost entirely.
- Commissioner Monegan shares that he believes the Alaska Native population has a strong value to be honest, when you look at Alaska Native defendants who are accused of a crime, much more likely to admit to crimes and not go to trial.
- Debi: some local programs of Rural CAP have been accused of being the reporters to OCS but when they examined it, they discovered it was not their local programs but community members making reports.
- Predictive analysis associated with the number of stressors that mothers reported on PRAMS and risk of report of harm, number of stressors indicated higher risk of child protection involvement.
- Almost 70% of children of mothers reporting maternal abuse during pregnancy will have a report of harm before age 7.
- Race doesn't affect risk of DV: with mothers who have less than 12 years of education there is almost no effect from DV to risk for child maltreatment; for higher educated mothers, DV drastically increases risk for child maltreatment. Intimate Partner Violence blocks protective factors and the risk of it must be directly addressed.
- ALCAN-Link is tracking Adverse Childhood Experiences in real time. It is also integrating multiple systems and finding people who are touching multiple systems, and identify systems that are not well-integrated.
- Linkage of data sets: education and health data can't be well integrated because of HIPAA and FERPA. How can we integrate education data for this longitudinal study? Need to increase healthcare data, e.g. hospital discharge data is de-identified which makes it difficult to link data sets.
- Next steps: link data sets, look back at parental histories, strengthen platform and make it more accessible to others, to identify meaningful conclusions. Engage with other states so that we could compare with other states.

- Commissioner Monegan: talk to UAA Justice Center regarding stronger platform.
- Sherrell Holtshouser: some mandated reporters are hesitant to report families of higher socioeconomic status. Research supports this but we don't know how much to quantify that by. Child Death Review process looks at every child death in the state so that we are not dependent entirely on maltreatment data.
- Thea: how do we share this data in a way that is useful for communities, and in a way they can use it and not be shocked or concerned about stigma?
 - Pat: this can be turned into a story to help communities understand both the risk and protective factors. Within the departments, we can use this to focus resources. If we can get some additional resources to Jared to add in some other data sources, we can tell a powerful story.
- Debi: when we first shared information about cancer rates and tobacco use rates in different regions people did not want to hear it, and now that data and story have been normalized and people agree they don't want their kids to share that habit.
- Matt: when Jared presented the data, he shows that this is not related to being Alaska Native, but associated with the factors that are more prevalent among the Alaska Native population. This is a good way to share the data without stigmatizing Alaska Native people. Also, educating leaders to allow them to carry the message in their communities.
- Abbe: start the conversation about what are our hopes and dreams for our children, and help people think about what they want for their grandchildren. And, also how do we get beyond 'that happened to me and I turned out OK.'
- Christie: questions on PRAMS about tobacco, alcohol, marijuana use during pregnancy, could we get longitudinal data on that?
 - Jared is looking now at the change in the behavior because of the pregnancy and the linkage to child maltreatment, seeing the change in behavior as a protective factor.

Committee update: Innovation and Long Term Investment (Brian Holst, Debbie Baldwin)

- Adding members from external partners such as UA, private banker, philanthropy, Andrew Halcro and confirm current members.
- Purpose of the committee (see below) protecting current and identifying new funding models such as pay for success and local funding options, as well as return on investment, and mitigation funding for North Slope area. What are the public-private models that are working on other states?

Committee update: Community Partnerships (Trevor Storrs, Laurie Grassgreen)

- Mapping partnerships and resources for early care and education, potentially using the social work intern through the Alaska Children's Trust.
- Christie: make sure to also look at soft supports for families that are informal networks like Facebook groups, meet up groups, friend networks, etc.
- This will build on and mesh with the map related to Strengthening Families mapping.

Committee update: High Quality Early Care and Education (Stephanie Berglund, Christina Hulquist, Veronica Plumb)

- Mapping where children are, the early care and learning available to them, key indicators to track and review and update systems plans to better align them. Meeting on Friday again.

- Christie: Learning, Education for Neurodevelopment and other Delays (LEND) fellows working with the Governor's Council and have completed an environmental scan and literature review related to access to child care, presenting in April. Developing a one-pager for families on how to access childcare. Will be posted on the LEND website https://www.uaa.alaska.edu/academics/college-of-health/departments/center-for-human-development/lend/about_lend.cshtml; Christie will share contact information for the fellows.

Committee update: Public Engagement (Abbe Hensley)

- Have not met yet. Will meet following this meeting.
- How do we tell the story, and what story do we tell? This committee will be working to do this.
- Advocacy, how can we help legislators and others to form concepts and ideas for policy?
- What is the role of this committee? The Departments and the Governor's office all have their own ways of putting out information; how can this committee be an outside reader or provide an external perspective on policy?
- How can we tell the story on the recent developments and ongoing work, to share with the public that we are working on this topic? Interviews or other press activities to educate the public about early childhood work?
- Veronica: could your committee draft an elevator speech for us to share?
- Christie: could use Partners in Policymakers to train us to tell the story of this work. Also, could offer a lunch and learn with a legislator sponsor to educate other legislators about early childhood. Also, we all have email lists that we can use to share information with constituencies.
- Commissioner Monegan: find a champion like Rhonda McBride to allow the subjects, young children and parents and others reflecting on their childhoods, to share their stories and voices about the importance of early intervention.
- Debi: we want to bring in a varied group of representatives to talk with the legislators at the work session to talk about what happens down the road when we fail to intervene early enough.
- Alison: outreach to providers using a personal narrative to help them see the importance of early childhood.
- Pat: we've found it is more effective to talk with legislators when they are home and not in Juneau.
- Christie: this is not a state that has invested in early childhood and understand the value of that investment. The legislature often has misperceptions about today's families and why investment is needed.

Wrap up

- Continue with the sub-committee report out structure for the July meeting.
- When would the legislative work session happen? Request has been sent to commissioners and legislative liaisons, so will wait to hear direction from that. This work session may happen next week.
- Agenda for July will look similar to today's to include commissioner updates; process for legislative inquiries, potentially for story training in the morning; AECCC is advisory committee for Head Start and for Maternal Child Infant Early Home Visiting funding, and childcare block grant; and committee updates.
- Next meeting date: July 12th, 2017

Alaska Early Childhood Coordinating Council
2017 Priorities + Near-term Actions

The following prioritized list and set of committee assignments was agreed to at the January meeting of the AECCC. Below is the list of Priorities, carried over from the 2012 strategic plan, with the most important actions for the coming year listed below. The table at the end of this document identifies committee assignments to carry these actions forward during 2017-2018.

Priorities + Most Important Actions for 2017-2018:

Priority 1: Expand early childhood services to 5,000 new children and families through in home and out of home services. (Early Care and Learning)

- Protect funding from prenatal through Medicaid reform and behavioral health for early childhood; oppose MCD block grants
- Identify which services have the most impact, the biggest return on investment, and which services do we need to focus funding on during this year; identify and establish data sets to track

Priority 2: Identify methods to increase the pay in early childhood settings, particularly for those with higher degrees. (Workforce Development)

- Research early childhood settings, rates of pay within those settings, and use that information to identify priorities for pay increase
- Compile information on funding sources for early childhood services

Priority 3: Implement the QRIS (Quality Rating and Improvement System) plan including an implementation timeline of activities and funding. (Early Care and Learning)

- Continue to align QRIS across systems for Head Start and preschool programs and create crosswalk between systems
- Track data for enrollment

Priority 4: Increase awareness of the Alaska Early Learning Guidelines (ELGs) by coordinating efforts (public and private) to include the “universal” early care and learning workforce (parents; extended family, community). (Early Care and Learning)

- Begin process to update and revise early learning guidelines to align with kindergarten standards for literacy and math

Priority 5: Embed “Strengthening Families” protective factors through systems across the board to include grant proposals, policies, materials development, and sustainability of long-term funding efforts. (Family Support)

- Map and inventory who is using Strengthening Families and how
- Advocate to embed Strengthening Families in all DEED and DHSS programs and work of the departments

Priority 6: Support and promote a local partnerships grant process to invest in early childhood and family support. (Early Care and Learning)

- Increase braided funding opportunities such as the Casey Family Foundation project in northwest Alaska
- Identify and use community-based solutions such as social impact bonds, Imagination Library, payments to families who accept emergency foster care placement

Priority 7: Seek to ensure every child will have full access to well-child exams that follow the Alaska Periodicity Schedule which is based on the recommendations of the American Academy of Pediatrics. (Health and Mental Health)

Priority 8: Seek to ensure every child and their family has full access to age appropriate services that promote physical, emotional, and behavioral health and safety. (Health and Mental Health)

- Seek public and private funding to sustain public education for parents about developmental milestones and screenings: **normalize well child checks**
- Increase adherence to the well child exam schedule among MCD families between age 1 and age 2 through targeted messaging to MCD families and providers who see MCD families

Priority 9: Align and coordinate data related to early childhood amongst systems.

- Baseline data on rate of developmental screening (Ages + Stages) among children
- Review data from PRAMS and CUBS on well child exams

**Alaska Early Childhood Coordinating Council
2017 Committee Assignments**

Actions for 2017	Committee	Co-Chairs + Members
Identify which early childhood services have the most impact, the biggest return on investment, and which services to focus funding on during this year to expand access; identify and establish data sets to track	High Quality Early Care and Education	Stephanie Berglund (co-chair) Christina Hulquist (co-chair) Veronica Plumb (co-chair) Marcie Bish Christine Night Elizabeth Siddon
Continue to align QRIS across systems for Head Start and preschool programs and create crosswalk between systems; track data for enrollment in QRIS	High Quality Early Care and Education	
Begin process to update and revise early learning guidelines to align with kindergarten standards for literacy and math	High Quality Early Care and Education	
Map and inventory who is using Strengthening Families and how and advocate to embed Strengthening Families in all DEED and DHSS programs and work of the departments	Healthy Start and Strong Families	Matt Hirschfield, Gail Trujillo (co-chairs) Gen Moreau-Johnson Cheryl Holtzhauser Carrie Silvers Lori Grassgreen Shirley Pittz
Normalize well child checks and increase adherence to the well child exam schedule among MCD families between age 1 and age 2 through targeted messaging to MCD families and providers who see MCD families	Healthy Start and Strong Families	
Protect funding from prenatal/Title V/MCHV for early childhood, infant mental health, behavioral health; oppose MCD block grants, repeal of ACA	Innovation and Long Term Investment	Brian Holst, Debbie Baldwin (co-chairs) Stephanie Berglund Gen Moreau Becky Morisse Christie Reinhardt

Increase braided funding opportunities to expand access to early childhood services	Innovation and Long Term Investment	
Identify and use community-based solutions to expand access to early childhood services	Community Partnerships	Laurie Grassgreen, Trevor Storrs (co-chairs) Clarence Daniel Joy Lyons
Baseline data on rate of developmental screening (used of Ages + Stages) among children	Data and Systems Alignment	Pat Sidmore (chair) Shialan Wooten Gen Moreau-Johnson Elizabeth Siddon Carrie Silvers
Research early childhood settings, rates of pay within those settings, and use that information to identify priorities for pay increase	Data and Systems Alignment	
Compile information on funding sources for early childhood services	Data and Systems Alignment	
Review data from PRAMS and CUBS on well child exams	Data and Systems Alignment	
Identify baseline data for all priorities and data sets to track: 'State of the Alaska Child' report	Data and Systems Alignment	
	Public Engagement	Abbe Hensley (chair) Val Davidson Elizabeth Siddon