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SCHOOL OF PUBLIC AND ENVIRONMENTAL AFFAIRS
Center for Health Policy
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Evaluation Report V:

State Maternal & Child Health Early Childhood Comprehensive Systems Grant Program

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Introduction

The Indiana State Maternal and Child Health Early Childhood Comprehensive System (ECCS) was conceived as an initiative to engage state agencies, community partners, and families of young children to develop a coordinated, comprehensive, community-based system of services for children from birth through age 5. The ECCS system is designed to eliminate duplicated efforts in serving young children and their families while ensuring that services are available universally across the state. The initiative intends to support ease of access to needed services, increase the utilization of appropriate services, and ensure that a holistic system of care supports young children and their families.

The strategic plan, as well as requirements set forth by the Health Resources and Services Administration, Maternal and Child Health Bureau, requires an evaluation of this initiative. Since June 2006, the Indiana State Department of Health (ISDH) has worked with the Center for Health Policy at Indiana University–Purdue University Indianapolis to develop and execute an evaluation plan. This report evaluates the completion and efficacy of activities set forth in the strategic plan for this initiative, changes in outcome measures for Indiana families that may be a result of this initiative, and how well the strategic plan has been implemented. Where available, data from ISDH and other agencies are used to track changes in outcomes. Feedback from the core partners from an anonymous internet survey is also available. The evaluation identifies issues of concern; however, it is outside the scope of this report to identify solutions for all of the issues reported.

The time frame of this study limits the conclusions that can be drawn regarding the effect of the ECCS plan on Indiana families; however, the results of the evaluation will provide a benchmark for comparison as the initiative progresses and early indicators of potential longer term outcomes.

This report is the fifth evaluation report investigating the implementation of ECCS initiatives. Data and other information for this study come from a variety of sources, including the Indiana State Department of Health, the Indiana Family and Social Services Administration, Department of Child Services, the United States Census Bureau, and several other government entities and private organizations. The

most recent available data were used for this report. Some data are for calendar years and some for fiscal years. Additional caveats concerning data are noted where appropriate in this report.

The Early Childhood Comprehensive System Initiative

The ECCS initiative began officially on July 1, 2003, with a grant from the Health Resources and Services Administration, Maternal and Child Health Bureau. As part of the project, The Indiana State Department of Health convened a group of core partners including representatives from several state and local agencies and individuals representing service organizations and families. The core partners meet quarterly and are charged with educating their organizations on the guiding principles of the ECCS initiative, sharing agency initiatives that impact children ages birth to 5, and establishing protocols to support communication across agencies and initiatives.

Completion of ECCS Strategic Goals

As part of its mission, the committee and the subcommittees have developed a strategic plan for achieving the goal of coordinated services. The strategic plan outlines seven primary objectives to realize coordinated and comprehensive services for young children. These objectives include:

- All children in Indiana will have a medical home.
- All children will be covered by a source of payment, either public or private, for medical and developmental services that are identified by the medical home.
- The medical home will facilitate developmental, behavioral, and mental health screening with appropriate treatment referrals to community resources.
- An information clearinghouse will be established that includes information about resources and supports for families of young children and providers of early childhood services at both the state and local level.

- Quality resources and supports will be integrated to create a coordinated and accessible early childcare system.
- Parents will have the necessary information, support, and knowledge about child development and will be able to recognize their child's progress.
- Families will have timely access to resources and supports to address their child's health, safety, and developmental needs.

The committee developed several goals for each objective in order to provide a plan for achieving each objective. Further details regarding these goals and objectives, as well as information on the accomplishments to date of the ECCS committee, can be found in the strategic plan at http://www.sunnystart.in.gov. Additionally, this and previous evaluation reports along with other resource materials can be found at http://www.in.gov/isdh/21192.htm.

Key accomplishments of the Sunny Start program and its partners to date include the Early Childhood Meeting Place Web site, a developmental calendar for children ages birth to 5; Paths to Quality, a program to educate early childcare providers; the adoption of the Utah Clicks universal application software by the Indiana WINS project; the Zero To Three training program, a program that trains early childhood professionals to promote positive parenting with the goal of eliminating child abuse; and a comprehensive one-week Summer Institute to help mental health professionals gain expertise in the social and emotional development of young children, infants, and toddlers. These programs are described further throughout this report. Appendix C contains a table of Sunny Start goals and a description of the progress made to date.

Social and emotional development in young children continues to be a focus of Sunny Start. After receiving final approval from the Sunny Start Core Partners, the Social and Emotional Consensus Statement was finalized. A tool has been developed in conjunction with the Consensus Statement that will help individuals assess the social and emotional competencies that their training addresses. Sunny Start sponsored a comprehensive one-week Summer Institute in July 2007 that assisted mental health

professionals in Indiana to build skills in the area of social and emotional development in young children, infants, and toddlers. In August 2008, the support for mental health professionals will continue as Sunny Start is sponsoring additional training to help build competencies at the Indiana Infant and Toddler Mental Health Annual Conference.

Core Partners Survey

The Center for Health Policy conducted a Web-based survey of the Sunny Start Core Partners. The survey was announced at the July Core Partners meeting and an e-mail reminder containing the URL for the survey was also sent to the Core Partners after the meeting. As of the time of this report, 10 individuals out of 39 had completed the survey, a response rate of 25.6 percent. The interim results are reported here and complete results will follow in an addendum.

Of those completing the survey, the average length of involvement with the Sunny Start Program is 2.7 years with a minimum tenure of .33 years and a maximum tenure of 5 years, which is roughly the length of time the Sunny Start Program has existed. Three of the 7 respondents indicated that they work with an early child care organization. Organizations represented include:

- Bureau of Child Care,
- Family and Social Services Administration,
- First Steps,
- Head Start,
- Head Start Collaboration Office,
- Healthy Families Indiana,
- Indiana Association for Child Care and Resource Referral,
- Indiana Association for the Education of Young Children,
- Indiana Department of Education,
- Indiana Institute on Disability and Community,

- Indiana Perinatal Network, Indiana State Department of Health,
- Indiana's Transition Initiative, Riley Hospital, and
- United Way.

Closed Response Questions

Respondents were asked to rate how successful the Sunny Start Project is at achieving several outcomes. They were asked whether they strongly agree, agree, disagree, or strongly disagree with a series of statements. The responses can be summarized as follows:

- The Sunny Start Program makes children from birth through age 5 and their families a policy, program, and resource priority: 90 percent strongly agree or agree, 10 percent strongly disagree or disagree.
- The Sunny Start Program helps to assure that every family with children from birth through age 5 is provided with quality, comprehensive resources and supports: 70 percent strongly agree or agree, 20 percent strongly disagree or disagree, 10 percent do not know.
- The Sunny Start Program effectively coordinates resources and supports for children from birth through age 5: 80 percent strongly agree or agree, 20 percent strongly disagree or disagree.
- The Sunny Start Program aids in the provision of resources and support for children from birth through age 5 which are cost effective: 70 percent strongly agree or agree, 20 percent strongly disagree or disagree, 10 percent do not know.
- The Sunny Start Program aids in the provision of culturally and linguistically competent resources and supports for children from birth through age 5: 70 percent strongly agree or agree, 10 percent strongly disagree or disagree, 20 percent do not know.

- The Sunny Start Program helps provide community-based resources and supports for children from birth through age 5: 80 percent strongly agree or agree, 20 percent strongly disagree or disagree.

At least 70 percent of respondents agreed with each of the above statements and fully 90 percent agreed that the Sunny Start Program makes children ages birth through 5 and their families a priority.

Objectives

Core partners were also asked to rate their agreement with several questions relating to the objectives of the Sunny Start Program. These questions can be grouped into three topics: medical home and insurance coverage, the Early Childhood Meeting Place Web site, and coordination of services and provision of information.

The responses regarding medical home and insurance coverage are as follows:

- The Sunny Start Program has helped to assure that children in Indiana have a medical home: 50 percent strongly agree or agree, 30 percent strongly disagree or disagree, 20 percent do not know.
- The Sunny Start Program has helped to assure that children in Indiana are covered by a source of payment, whether public or private, for medical and developmental services: 50 percent strongly agree or agree, 30 percent strongly disagree or disagree, 20 percent do not know.
- The Sunny Start Program's advocacy of the medical home concept has helped to facilitate developmental, behavioral, and mental health screening: 80 percent strongly agree or agree, 20 percent strongly disagree or disagree.

There is wide agreement that the Sunny Start Program's advocacy of the medical home concept has helped facilitate developmental, behavioral, and mental health screening; however, there is less

agreement that advocacy of the medical home has helped to assure that children in Indiana have a medical home and that the program has helped to assure that children in Indiana are covered by a source of payment. The Sunny Start program's medical passport, which is currently being developed, may help ensure that additional children have a medical home. As for assuring that Indiana children are covered by a source of payment, the most immediate steps to be taken are to be sure parents are informed if their children are eligible for coverage through Medicaid or SCHIP and to streamline the application process as the WINS program is attempting to do.

The responses regarding the Early Childhood Meeting Place Web site are as follows:

- The Early Childhood Meeting Place Web site is a central clearing house that provides valuable information about resources and supports for families of young children: 90 percent strongly agree or agree, 10 percent strongly disagree or disagree.
- The Early Childhood Meeting Place Web site is a central clearing house that provides valuable information about resources and supports for providers of early childhood services: 90 percent strongly agree or agree, 10 percent strongly disagree or disagree.

There is strong agreement that the Early Childhood Meeting Place Web site is a valuable information resource for families of young children and for childcare providers. The Sunny Start Project should continue to maintain this resource and advertise its existence to those with children and those in the childcare profession.

Finally, the responses regarding the coordination of services and provision of information are as follows:

- The Sunny Start Program has helped to coordinate existing childcare services in Indiana: 70 percent strongly agree or agree, 20 percent strongly disagree or disagree, 10 percent do not know.

- The Sunny Start Program has helped facilitate the provision of necessary information and support to parents of young children: 80 percent strongly agree or agree, 10 percent strongly disagree or disagree, 10 percent do not know.

Again, there is agreement that the Sunny Start Program is meeting both of these objectives. The provision of information is one of the strongest aspects of the Sunny Start Program, especially through the Early Childhood Meeting Place Web site and the developmental calendar, both of which will be discussed in more depth later in this report.

Finally, the core partners were asked whether they found the Core Partner Meetings to be a valuable use of their time. Of the respondents, 70 percent either strongly agree or agree that the core partner meetings are a valuable use of their time, while 30 percent strongly disagree or disagree.

Open Response Questions

The core partners were also given a chance to point out positive and negative aspects of the Sunny Start Program and make suggestions for improvement. These open response questions are analyzed here.

Positive comments included praise for the Early Childhood Meeting Place Web site and the developmental calendar, the leadership of the program, and praise for the overall excellence and comprehensiveness of the program.

Negative comments addressed the Core Partners meetings, needs for more action-based plans, a way to reach families with no internet access, and for the Child Protective Services of the Department of Child Services to be more actively involved in the Sunny Start Program.

Suggestions for improvement from the Core Partners included restricting the Core Partner meeting so that each subcommittee has 10-15 minutes to report at each meeting followed by a short time for questions. It was also suggested that the Sunny Start Program continue to collaborate with the Family and Social Services Administration, especially the Office of Medicaid Policy and Planning.

Insurance Coverage and Access

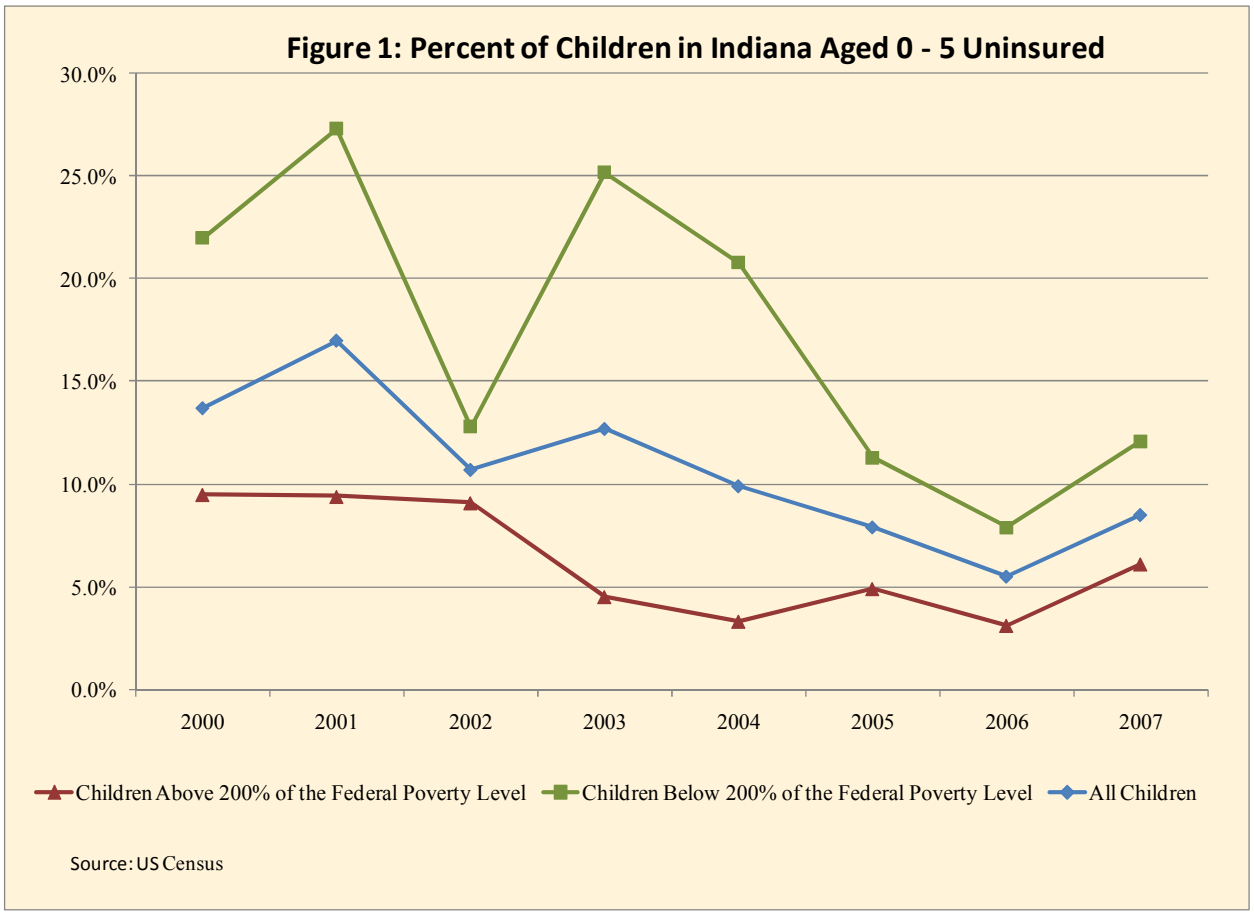
Medical Home

A main goal of this initiative is to ensure that all children have access to health care services. To facilitate achievement of this goal, the ECCS program advocates the medical home concept. A medical home provides a consistent point of entry to the medical system through a primary care physician or a team of caregivers. Prior research has shown that the comprehensiveness and coordination of care offered by a medical home improves health outcomes and reduces disparities in the use of health services. [1] The National Survey of Children's Health reports that 38.4 percent of Indiana children ages birth through 5 did not have a medical home in 2003. In the nation, 44.1 percent of children were without a medical home in 2003.

The Family Advisory Committee is working on an update of the medical passport along with the Maternal and Children's Special Health Care and the Indiana Department of Child Services. Currently there are three versions of the medical passport in Indiana. These are: 1) the Department of Child Services' version, developed 10 years ago; 2) the Children's Special Health Care Services version that is aimed at children with special medical needs; and 3) the Wellness Passport that was designed to complement the Building Bright Beginnings Developmental Calendar. The medical passport will serve as a central record of a child's health conditions and histories. The passport will consist of general medical information and special modules for specific areas. The three areas currently scheduled for development are children with special health care needs, children in foster care, and children with social-emotional issues. The goal is to develop a version of the medical passport that will be used by all children in foster care, thus making it easier to track the medical history of foster children. The draft will be presented at the next Sunny Start Core Partners meeting and will also be shared with other agencies, including the Indiana Department of Child Services.

Source of Payment for Health Care

Inability to pay is one of the greatest barriers to healthcare access. Research confirms that disparities in the use of primary care exist between insured children and uninsured children. [2] Children with no health care coverage are also significantly less likely to have a regular source of care and to consistently see the same physician. Furthermore, uninsured children are more likely to be inadequately vaccinated and have fewer annual physician visits. [2] The ECCS initiative seeks to eliminate this disparity by promoting access to health care for all Indiana children.



To monitor progress toward this objective, data from the United States Census Bureau's *Current Population Survey–Annual Social and Economic Supplement* were used to estimate the number of uninsured children below 200 percent of the federal poverty level (FPL), as well as the total number of uninsured children age 5 or younger (see Figure 7). As of March 2007, there were an estimated 512,005 children age 5 or younger in the state of Indiana, 43,404 (8.5%) of whom were not covered by any type of health insurance. Furthermore, 200,923 (39.2%) children age 5 or younger in Indiana lived in a household below 200% of the FPL, 24,327 (12.1%) of whom lacked any form of health coverage. [3] Census estimates indicate that children living below 200 percent of the FPL are almost twice as likely to lack any kind of health insurance as those who live above 200 percent of the FPL.

Medicaid, Hoosier Healthwise, and SCHIP Enrollment and Utilization

Indigent children are less likely to be covered by healthcare and thus are more likely to lack primary care and other necessary medical services. Because of these disparities, providing services to children from low-income households is a paramount concern. Major sources of health care for indigent children include Medicaid, Hoosier Healthwise, and SCHIP. Medicaid data are used to determine the number of children enrolled in Medicaid, Hoosier Healthwise, and SCHIP and to estimate the services used by children under 5 enrolled in those programs.

Data from the Office of Medicaid Policy and Planning indicate that a total of 286,746 children age 5 and younger were enrolled in Medicaid, Hoosier Healthwise, or SCHIP during state fiscal year 2007.[1] The average monthly enrollment over this period was 214,909. Of the 286,746 children enrolled at some

[1] This total includes all children who were enrolled in any Medicaid program for some portion of this period of time.

point during state fiscal year 2007, it is estimated that 225,741 (78.7%) are covered by a plan with capitated payments to a Risk-Based Managed Care (RBMC) delivery system.[2]

To evaluate utilization of services, the same Indiana Medicaid claims data were used to determine the number of children who visited a medical professional. We estimated the number of children age 5 and under who visited a medical professional [4].[3] This number provides a baseline measure for patterns of health care utilization among Indiana children receiving Medicaid coverage. In addition, we also calculated the number of children visiting a primary care physician. While Medicaid claims data do not include a complete list of services rendered to all families, they do provide a substantial amount of treatment episode data for a large portion of Indiana children, particularly the most vulnerable and least likely to obtain regular services.

An analysis of claims data reveals that during the same time period, 277,687 (96.8%) of these children visited a medical professional. Thus, over 9 of 10 children enrolled in Medicaid received some form of medical services. This is an increase from the estimate of only 3 of 5 children for SFY 2006.

To monitor the frequency of early screening and diagnosis, the number of children enrolled in Medicaid who were assessed for social-emotional development through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program in SFY 2006 was determined. Medicaid enrollment data reveal that of the 286,746 children enrolled in Medicaid, at least 218,049 (76.0%) received EPSDT

[2] Some of the Medicaid managed care programs in Indiana provide a capitation payment to a managed care organization (MCO) which is then responsible for arranging, providing, and paying for the services of its members as designated by the OMPP.

[3] Prior to state fiscal year (SFY) 2007, the data provided to us by Medicaid did not include age. Beginning in SFY 2007, age was included. This allows us to look directly at the number of children age 5 and younger, rather than having to estimate the number of children age 5 and younger by using Medicaid eligibility categories.

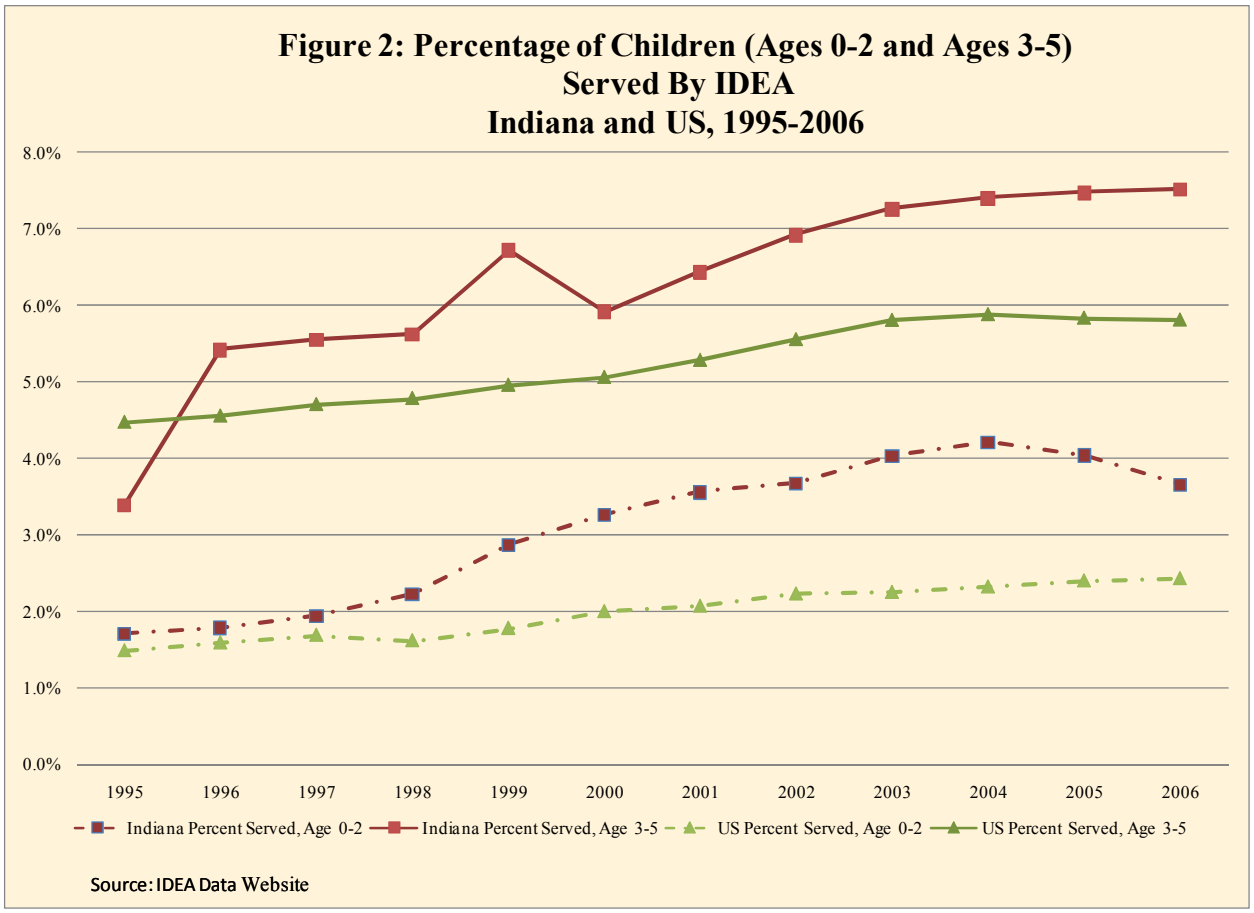
services, higher than the estimate of 72.5 percent in SFY 2006. This estimate is biased downwards because many types of services fall under the umbrella of EPSDT services and some EPSDT services may be billed to other service categories. Another measure of EPSDT services is the participant ratio from the annual EPSDT Participation Report. The 2004 report, the most recent available for Indiana, states that 66 percent of eligible children age birth through 5 received at least one EPSDT screening.

The number of children receiving dental care provides an additional measure of access to medical care. Because the first recommended dental visit is at age 1, only those children between 1 and 5 years of age enrolled in Medicaid during SFY 2007 are considered. There are a total of 235,965 such children in Indiana. Medicaid claims data show that 55,640 (23.6%) of these children visited a dentist during SFY 2007. Just over 1 in 5 of these children visited a dentist despite the fact that it is recommended that children over age 1 visit a dentist once every 6 months.

The Indiana WINS (Web-based Interagency Network for Services), is a universal applications system. Programs to be included in the WINS rollout are: Food Stamps, Medicaid, TANF, Maternal and Child Health, WIC, and Children's Special Health Care applications for service. The idea is to combine enrollment processes to simplify the process for applicants and also to help applicants identify other programs for which they are eligible. The Family and Social Services Administration contracted with IBM to develop their own application system. Meetings with key FSSA personnel resulted in permission for the WINS project to also include the Hoosier Healthwise application. By allowing families to sign children up for Hoosier Healthwise while applying for other services, it is hoped that enrollment in Hoosier Healthwise will increase.

Children with Special Healthcare Needs

Access to health care is particularly important for children with special health care needs. The number of children enrolled in the Indiana State Department of Health Children's Special Health Care Services (CSHCS) program serves as an additional measure of health care access. In 2006, a total of 3,423 children age 5 and younger participated in the CSHCS program. This is 0.6 percent of the population age 5 and younger and is also a decrease of 28 percent from the 4,758 children enrolled during 2003 [5].



Another program that supports access for children with special health care needs is the Individuals with Disabilities Education Act (IDEA). This program provides services to children with disabilities. During

2005, a total of 28,911 children age 5 and under were served by this act, an increase of 76 percent since 1995 (see Figure 6). Of these children, 19,364 were between the ages of 3 and 5, an increase of 58 percent since 1995. The remaining 9,547 children were age 2 or younger and were provided services through the Early Intervention Program for Infants and Toddlers with Disabilities coordinated by First Steps, an increase of 128 percent since 1995. [6, 7].

Identification of children with developmental, behavioral, and mental health needs is another component of high quality continuous care. Establishment of a medical home for young children will help increase the likelihood that care providers will recognize symptoms early through the use of screening tools, and will also aid physicians in providing comprehensive and coordinated services. Research indicates that facilitating this type of coordination improves the quality of life for young children identified as needing developmental, behavioral, and mental health services, children who may not have received treatment prior to ECCS [8].

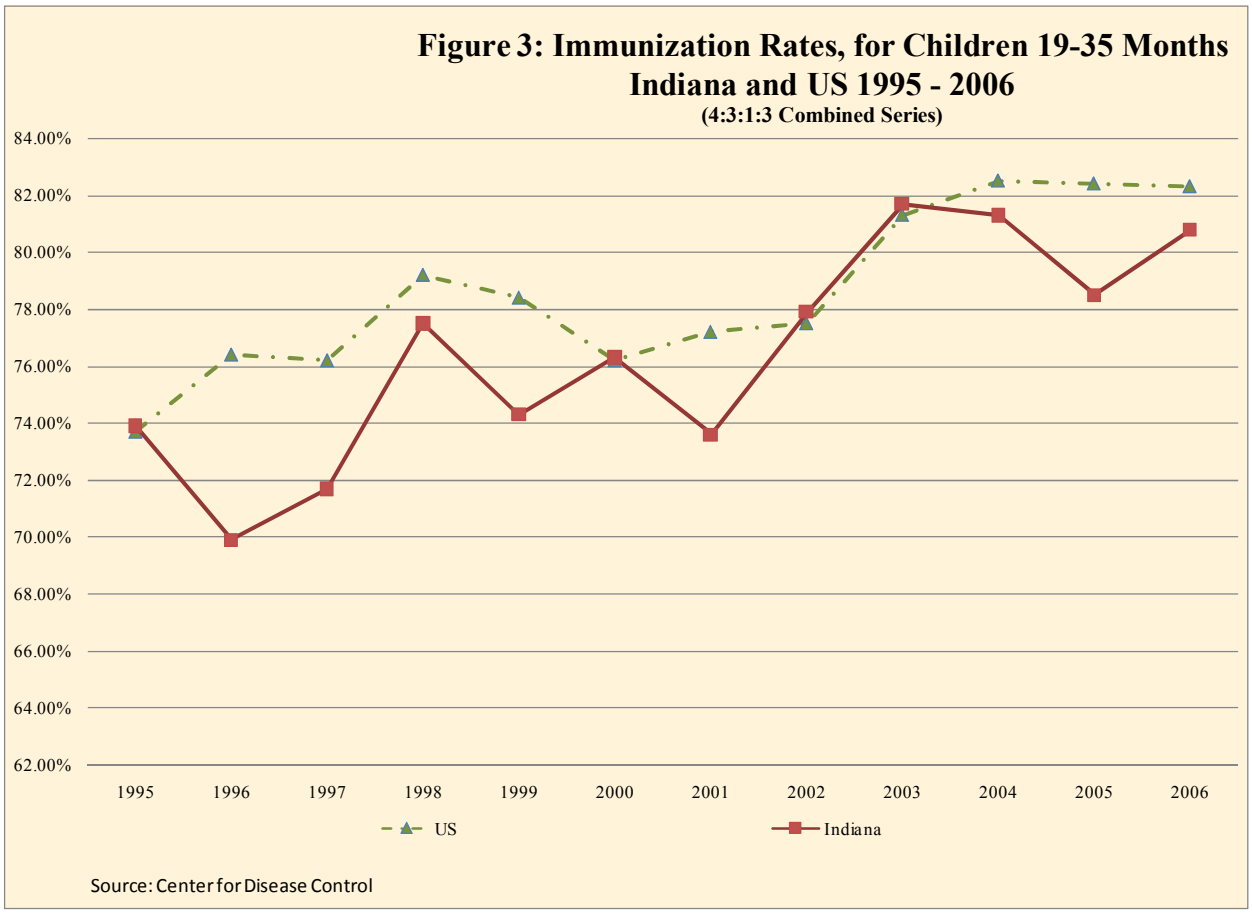
Outcomes

Several outcomes related to the goals of the ECCS Initiative are evaluated here. These include:

- immunization rates,
- infant and child mortality,
- child neglect and abuse,
- teen pregnancy and,
- expulsion from early care and early education.

Immunization Rates

As mentioned previously, the goal of providing continuity of care through the use of a medical home is to improve the health and well-being of young children in Indiana. Along with evaluating medical visits, one way to measure trends in the well-being of children is to investigate the immunization rates of young children. According to the Indiana State Department of Health, data for the 2004-2005 child care immunization assessment indicate that of those children enrolled in a licensed child care center, 77 percent of children age 15-23 months and 83 percent of children age 2-5 received complete vaccines [9].



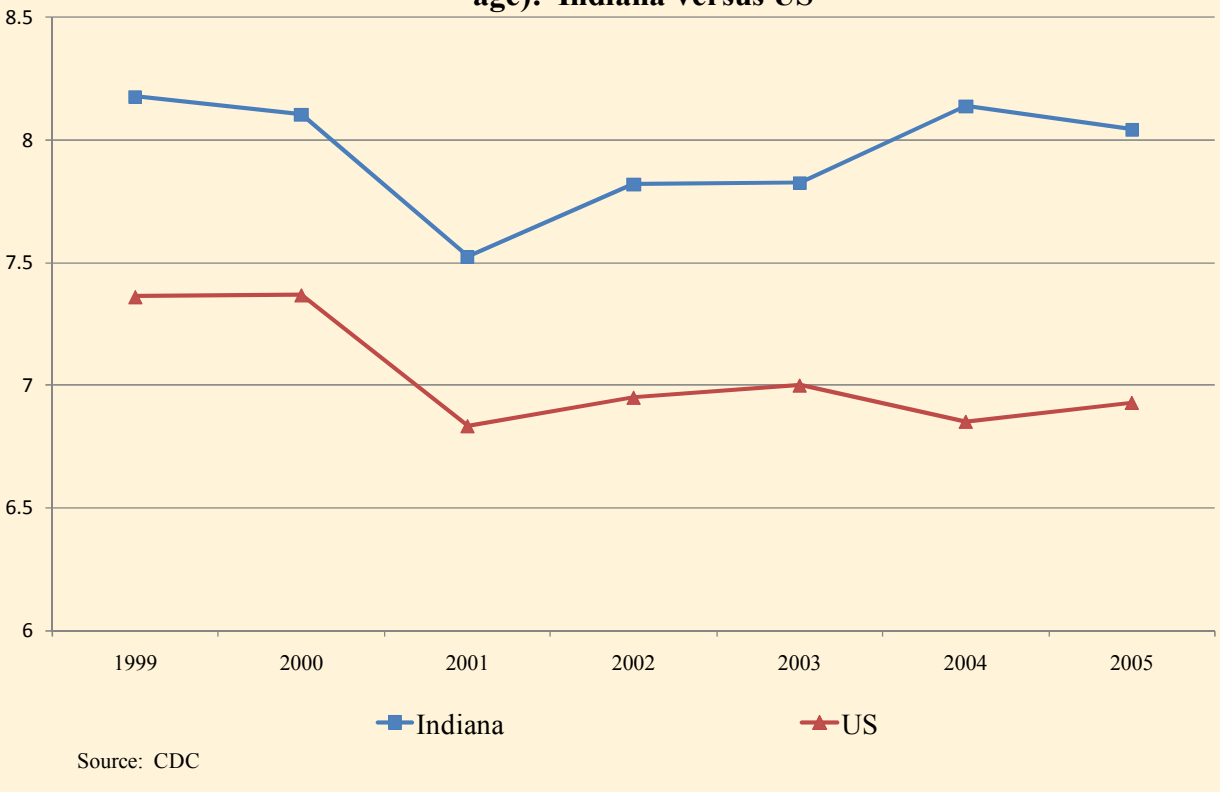
Additionally, 94 percent of children enrolling in kindergarten, 96 percent of children enrolling in first grade, and 98 percent of children enrolling in sixth grade at reporting Indiana schools during 2006-2007 were fully vaccinated [10]. As an additional measure of immunization, the Centers for Disease Control and Prevention conducts an annual telephone survey regarding immunization of a sample of each state's population (see Figure 1). These data show that 80.8 percent of Indiana children age 19-35 months were immunized in 2006[4] compared to a national rate of 82.3 percent [11].

[4] Immunization in this case refers to children who received the 4:3:1:3 combined series that includes four or more doses of diphtheria and tetanus toxoids and pertussis vaccine, diphtheria and tetanus toxoids, or diphtheria and tetanus toxoids and acellular pertussis vaccine; three or more doses of any poliovirus vaccine; one or more doses of a measles containing vaccine; and three or more doses of Haemophilus influenzae type b vaccine

Infant and Child Mortality Rates

The infant mortality rate (for children under one year of age) for the state of Indiana was 8.05 deaths per 1,000 in 2004 [12]. The infant mortality rate for the United States was 6.93 deaths per 1,000 (see Figure 2). The infant mortality rate in Indiana has consistently been higher than the rate for the nation and has also followed a trend similar to that of the nation from 1999 through 2005.

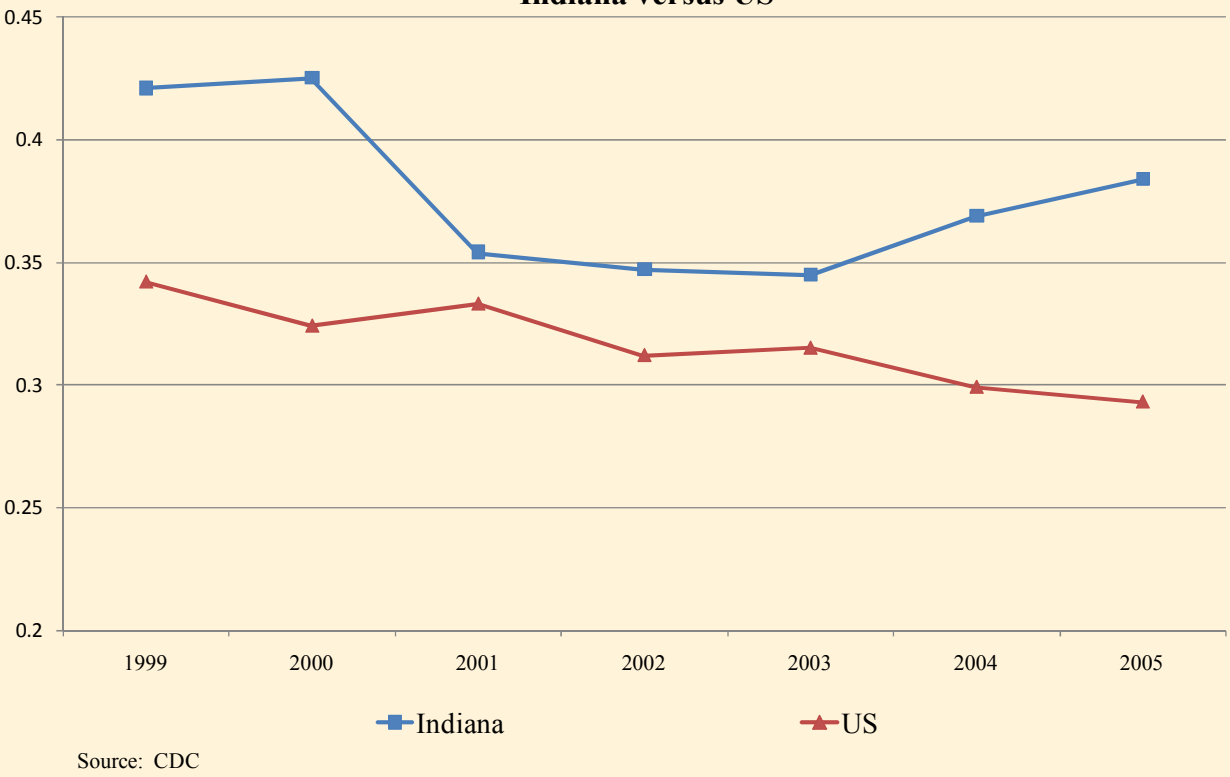
Figure 4: Infant Mortality Rate (per 1,000 children under 1 year of age): Indiana versus US



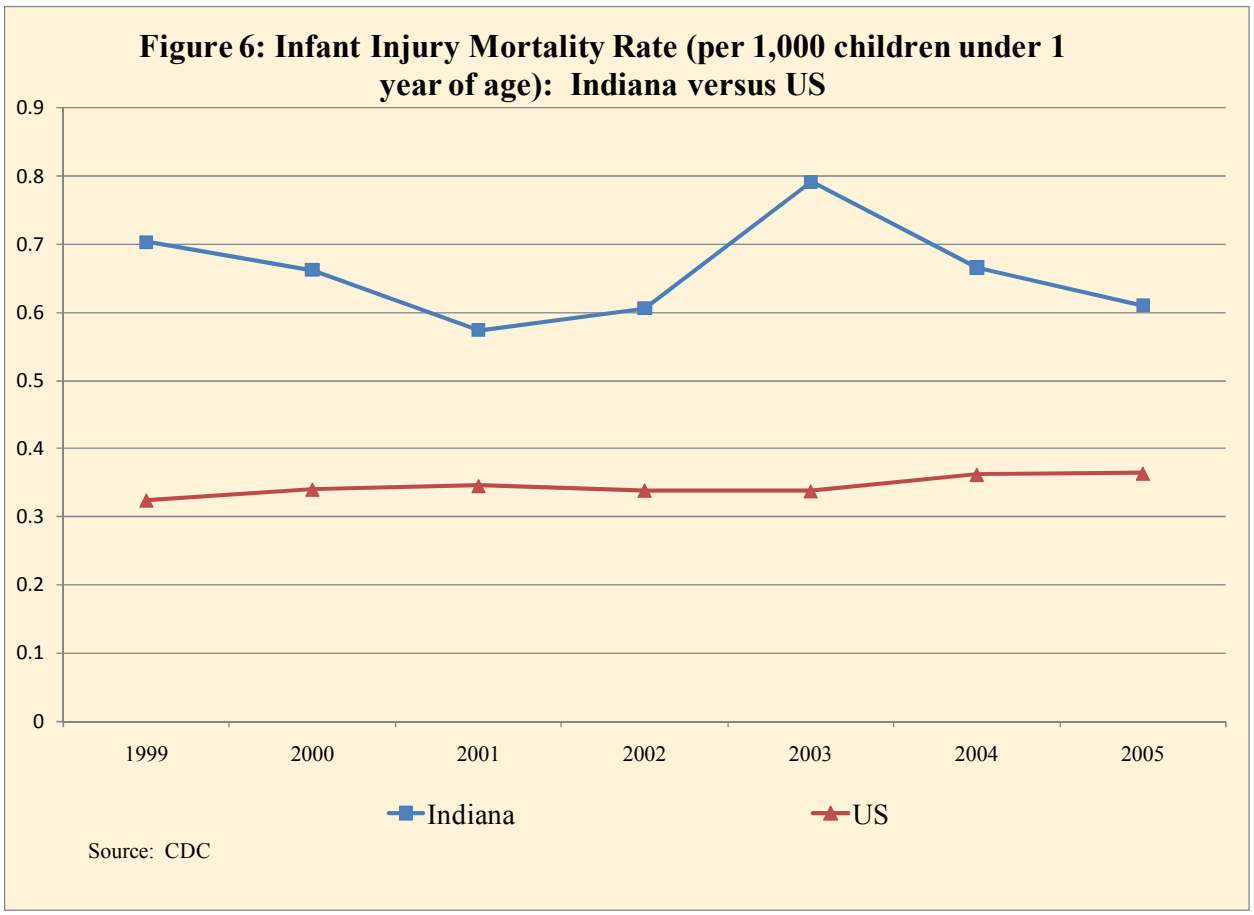
Source: CDC

During 2005, the mortality rate for children 1-4 years of age in Indiana was 0.38 per 1,000, compared to a rate of 0.29 per 1,000 for the United States (see Figure 3). The rate in Indiana is higher than for the nation, and the gap between the two rates narrowed between 1999 and 2001, but has been widening since 2003.

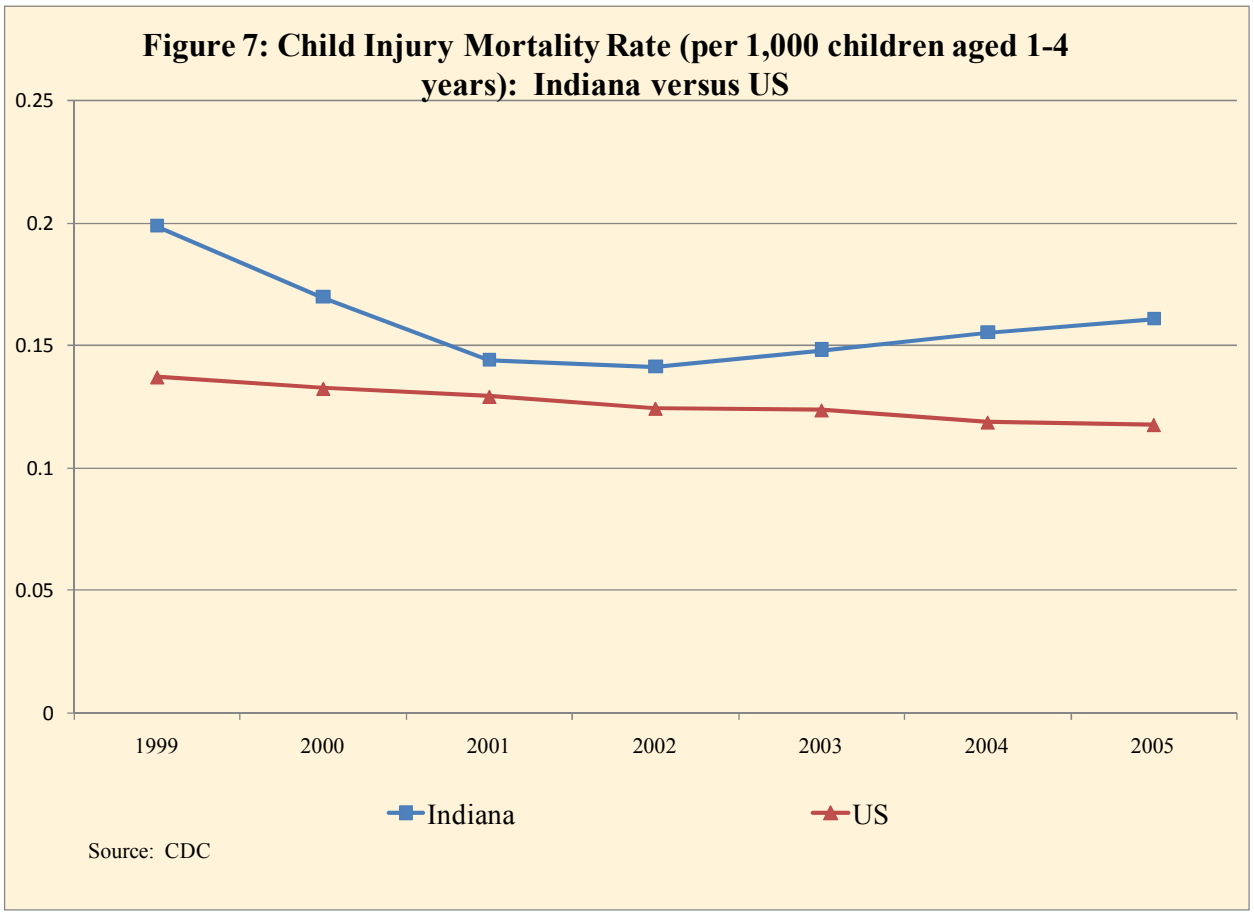
Figure 5: Child Mortality Rate (per 1,000 children aged 1-4 years): Indiana versus US



Source: CDC



The injury mortality rate in 2005 for infants under one year of age was 0.61 per 1,000, compared to a national rate of 0.36 per 1,000 (see Figure 4). Injury deaths include unintentional injuries, violence-related injuries (homicide, legal intervention, and suicide), as well as injuries in which the intent was undetermined [13]. The injury mortality rate in 2005 for children age 1 to 5 was 0.16 per 1,000, compared to a national rate of 0.12 per 1,000 (see Figure 5).

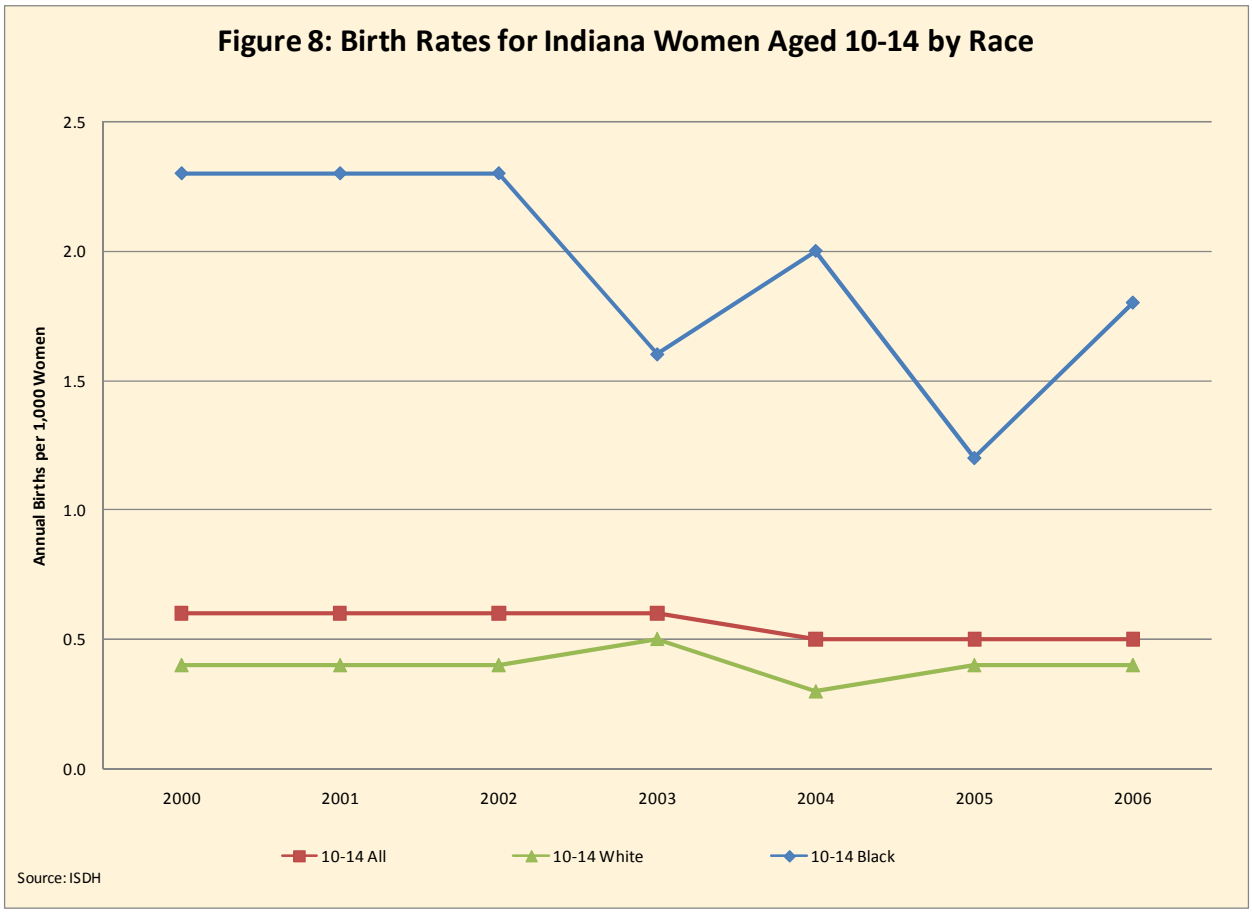


Child Neglect and Abuse

An additional measure of childhood well-being is the number of children reported as abused or neglected. During state fiscal year 2007, 3,258 children age 5 and under were abused and/or neglected and consequently declared a child in need of services (CHINS). Thus approximately one-half of 1 percent of children under 5 in Indiana were reported as being abused or neglected.

The Zero To Three training program trains childcare professionals with the goal of reducing child abuse. Funding from ECCS and from the Indiana State Head Start Collaboration Office was used to purchase the required curricula and other materials which provided training to 38 trainers from throughout Indiana. The training occurred in April 2008 as part of the Healthy Families Indiana (the state's home visiting program to prevent child abuse) three-day conference. This training has produced a statewide, specialized group of individuals who will help the child care community understand their role in the prevention of child abuse. The individuals who have completed the training are now qualified to train others .

Teen Pregnancy



The U.S. teenage pregnancy rate is among the highest for industrialized nations [14]. The National Campaign to Prevent Teen Pregnancy estimated that $9.1 billion in public funding was expended on teenage childbearing in 2004 [15]. According to data from the National Center for Health Statistics, in 2004 the teen pregnancy rate for women ages 15-19 in Indiana (43.5 births per 1,000 women, annually) was higher than that for the nation (41.1 births per 1,000 women, annually) [16].

More recent data for Indiana available from the ISDH reports that the birth rate for mothers ages 10 to 14 was 0.5 per 1,000 females in 2006, down from 1.1 per 1,000 in 1995 (see Figure 8). The annual birth

rate for white mothers ages 10 to 14 was 0.4 per 1,000, while that for black mothers of the same age was 1.8 per 1,000. The birth rate for mothers ages 15 to 19 was 43.8 per 1,000 females in 2006, down from 57.2 per 1,000 in 1995 (see Figure 9). The birth rate for white mothers ages 15 to 19 was 40.0 per 1,000, while that for black mothers of the same age was 82.3 per 1,000.

Figure 9: Birth Rates for Indiana Women Aged 15-19 by Race

Source: ISDH

Expulsions from Early Care and Early Education

The number of children expelled from early care or early educational settings due to behavioral problems provides a measurement of child behavioral and mental health. Of a total 75,500 kindergarten students, there were 328 in school suspensions, 613 out-of-school suspensions, and 1

expulsion during the 2005-2006 school year. Fifty-four of the in-school suspensions and 138 of the out-of-school suspensions were for special education students. There were 10,463 pre-kindergarten students during the 2005-2006 school year. There was one in-school suspension of a pre-kindergarten student and five out-of-school suspensions of pre-kindergarten students.

Early Child Care Resources, Support, and Development

To create a coordinated and accessible early childhood system, quality resources and supports must be fully integrated. By assessing quality standards and focusing on local resources and supports, this part of the evaluation examines the effectiveness of the ECCS initiative with regard to child care resources, available supports, and educational development opportunities.

Licensed Child Care Facilities

Licensed child care facilities in the state of Indiana are required to meet certain minimum standards in order to remain licensed, thus the quality of these facilities should be assured. The number of licensed facilities and the overall licensed capacity provide one measure of the availability of childcare. Using data from the Bureau of Child Care (BCC), as of February 19, 2007, there were 3,609 licensed child care facilities in the state with a total licensed capacity for 107,309 children. This licensed capacity could serve up to 20.2 percent of all Indiana children age 5 and younger. Among these facilities, 86.5 percent of them are licensed to care for infants and toddlers from age of birth to 2 in addition to other young children. These facilities provide an estimated statewide capacity of up to 44,621 infants and toddlers. [17] The March 2007 CPS estimate of the number of children age birth through 2 in Indiana is 236,433 children. Approximately 18.9 percent of the children between ages birth through 2 could be served by a licensed child care facility. Additional children could be cared for in ministry-based child care facilities which are not subject to licensing. While not subject to licensing, ministry-based care must meet minimum requirements regarding sanitation and fire and life safety. Information regarding the capacity of unlicensed, registered childcare ministries was not available at the time this report was compiled.

The number and percent of children enrolled in the Child Care Development Fund (CCDF) who are enrolled in licensed child care centers or homes is determined using data from the BCC. The CCDF is a federal fund providing needy families with assistance obtaining child care so that parents may work or attend training or education. As of September 30, 2006, a total of 55,844 children were served by the CCDF, 70.2 percent (39,202) of whom were enrolled in a licensed child care setting, while the remaining 29.8 percent received services from a ministry or faith-based day care setting [18].

The Family and Social Service Administration's Bureau of Child Care began implementing a statewide Quality Rating system on October 1, 2007, as a strategy to drive improvements in the quality of early child care and education and to aid parents in selecting a high quality early care and education provider. The program, called Paths to Quality, began its rollout in January 2008 and is planned to be completed by January 2009. More information regarding Paths to Quality can be found at http://www.in.gov/fssa/carefinder/6447.htm.

Special Nutrition Program for Women, Infants, and Children

In order for parents to quickly and effectively address their child's health, safety, and developmental needs, families must have access to resources that enable them to fulfill their children's basic needs. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) assists families in meeting their children's nutritional needs by providing food stamps. According to the U.S. Department of Agriculture, the Indiana WIC program served an average of 140,891 individuals each month during federal fiscal year (FFY) 2007[5] [19]. The Indiana State Department of Health reports that the Indiana WIC program served 45,976 infants and 70,451 children between 1 and 5 years of age during state fiscal year 2007 [20].

[5] October 2005 – September 2006.

Early Child Care Information and Resources

Research shows that increased parental involvement in child care is correlated with better outcomes for the children. Despite the positive outcomes associated with increased parental involvement, some parents remain unwilling or unable, due to stress and/or fear, to get involved because of a lack of information regarding their child's care [21]. One of the ECCS's objectives is to provide parents with the information and knowledge about their child's development to help them overcome any stresses and fears they may feel and encourage them to become more involved. This is an important step in improving the well-being of Indiana children because parents, who see their children frequently, can potentially recognize symptoms of delayed progression earlier than a physician.

In order to provide families of young children with a single comprehensive guide to available resources throughout the state and in their community, the ECCS initiative established an information clearinghouse. This clearinghouse, known as the *Early Childhood Meeting Place* (ECMP, http://earlychildhoodmeetingplace.indiana.edu) is maintained by the Indiana Institute on Disability and Community at Indiana University (IDC). The ECMP lists a vast array of resources, including 112 community resources, 42 child care and early education resources, 233 health and safety resources, and 234 parenting and family resources. The usage of this site was monitored to aid in evaluating the success of the clearinghouse. During state fiscal year 2007, there were 18,696[6] visits to the ECMP site made by 6,598 unique visitors. The average number of visits per month was 1,700 during SFY 2007; however, the number of visits increased from just 1,696 in May of 2007 to 7,095 during June of 2007. This spike in visitors is likely due to an ad for the ECMP in the *Indianapolis Star* that summer and may also have been due to the distribution of promotional materials for the ECMP in the spring of that year. The number of visits decreased after the spike in June; however, the trend since August 2007 has been a

[6] The data exclude September 2006 for which data were unavailable.

continuing increase in the number of visitors. To further increase awareness of the ECMP Web site, displays promoting the Web site have also been developed for distribution to doctors' offices.

The availability of information and knowledge about child development and the ability to recognize progress is another component of resources, support, and development. The Early Childhood Meeting Place (ECMP) Web site's events calendar was used to assess the availability of development opportunities offered throughout the state with regard to infant and toddler developmental, behavior, and mental health. A total of 1,297 unique events occurring in Indiana during fiscal year 2007 were listed on the ECMP Web site. The distribution of these events by county is shown in the appendices of this report.[7]

An additional source of information for young children is the Sunny Start Developmental Calendar, *A Parent's Guide to Raising Healthy, Happy Babies*. This calendar contains parenting guidelines and suggestions for children from birth to age 5 and also provides space to record information about the child, including doctor visits and growth and immunization records. In addition, the guide provides a list of developmental benchmarks to aid parents in monitoring the development of their child and to assist in the identification of areas needing further attention from a doctor or nurse. The calendar has been such a success that the Peyton Manning Children's Hospital at St. Vincent's Hospital will be distributing a version of the calendar bearing their logo to all new mothers upon discharge as well as to the families of young children visiting their primary care clinics. The cost of printing will be covered by the hospitals. Additionally, Clarion Health Systems and Anthem/Wellpoint are both considering distribution of the calendar. The calendar is also available electronically from the ECMP Web site and a Spanish translation will be available in the near future.

[7] Please note that the maps show only the number of events listed on the ECMP Web site. There are certainly other relevant events, but since there is no central clearing house, this report is unable to account for other events.

Conclusion

The ECCS initiative seeks to improve the health and well-being of children in Indiana by ensuring the continuity of care and by increasing parental involvement. The core partners, acting as the steering committee, have acted quickly to implement the changes necessary to achieve the objectives set forth in the ECCS initiative.

Several areas for improvement are identified in this report:

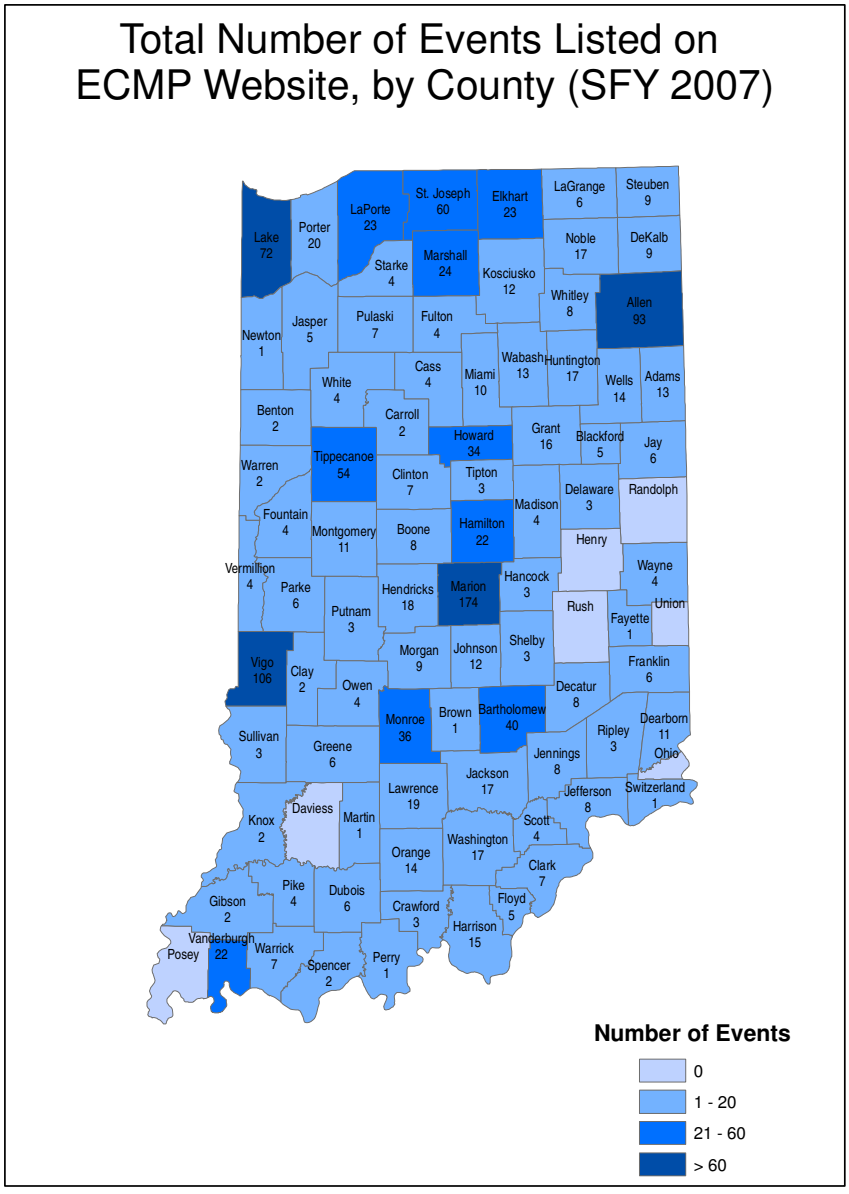
The usage of dental care by children age 1 through 5 who are on Medicaid is very low. Children in this age group should be visiting the dentist twice a year; however, only 21.1 percent of children ages 1 through 5 who receive Medicaid visited a dentist. Analysis of data from the Office of Medicaid Policy and Planning also shows evidence that suggests that managed care programs and the medical home they provide lead to a higher rate of preventive and screening care. Immediate steps for action could include informing parents about Medicaid and SCHIP eligibility, making Medicaid and SCHIP enrollment easier through programs such as WINS, and developing and implementing a medical passport.

The number of children enrolled in the Indiana State Department of Health Children's Special Health Care Services (CSHCS) has decreased precipitously. In 2006, a total of 3,423 children age 5 and younger participated in the CSHCS program, a decrease of 28 percent from the 4,758 children enrolled during 2003 [5]. This issue will be further evaluated by the Children's Special Health Care Services of the Indiana State Department of Health.

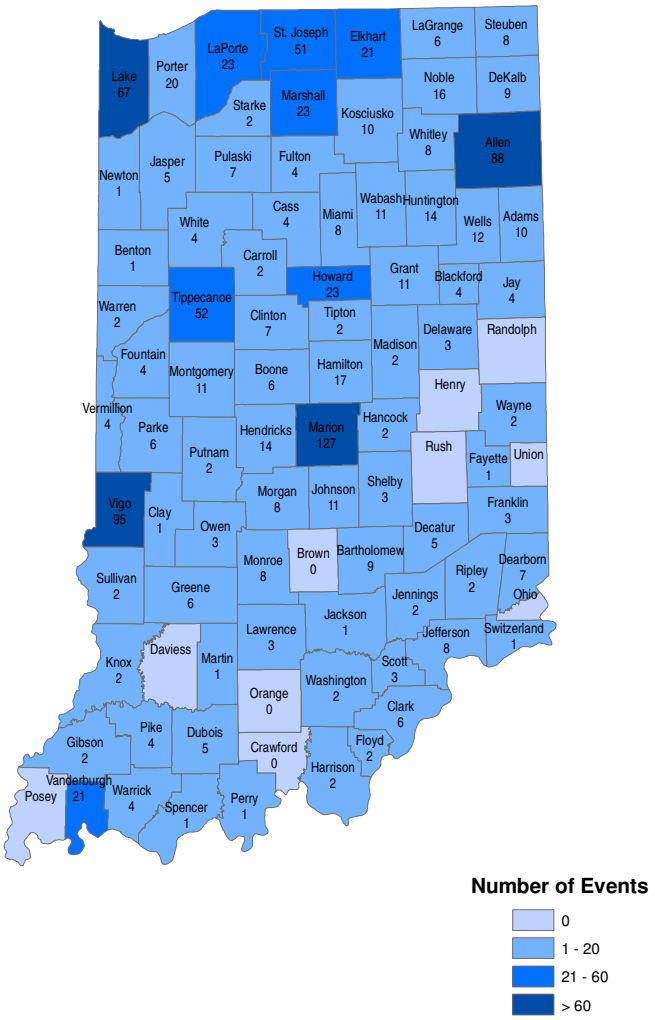
Areas that were lauded were mainly those involved with the dissemination of information to parents and childcare professionals, an area in which the Sunny Start Program has excelled. The ECMP Web site and the Sunny Start Developmental Calendar are both excellent information resources which the Sunny Start Program should distribute as widely as possible. The developmental calendar also provides a way to reach families who do not have internet access.

We hope that this evaluation will serve as an objective gauge of the Sunny Start Programs progress and will provide a benchmark from which to measure future progress. While the ability to attribute changes in outcomes to the ECCS initiative is limited by both the extraordinary breadth of system changes and by gaps in the availability of data, this evaluation seeks to provide some insight into the progress of the initiative and a baseline for future comparisons.

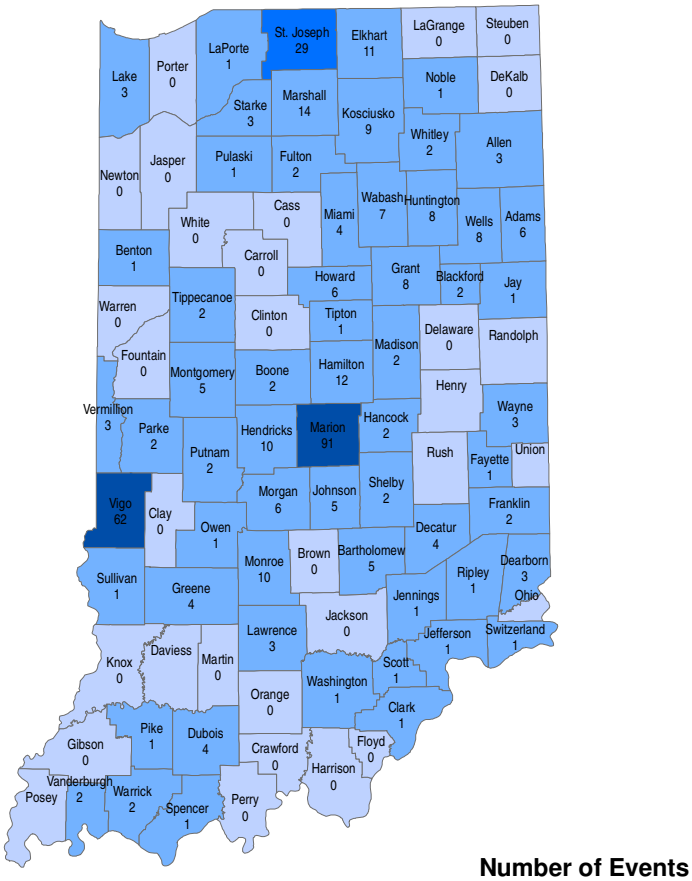
Appendix A: Events Listed on the ECMP Web site



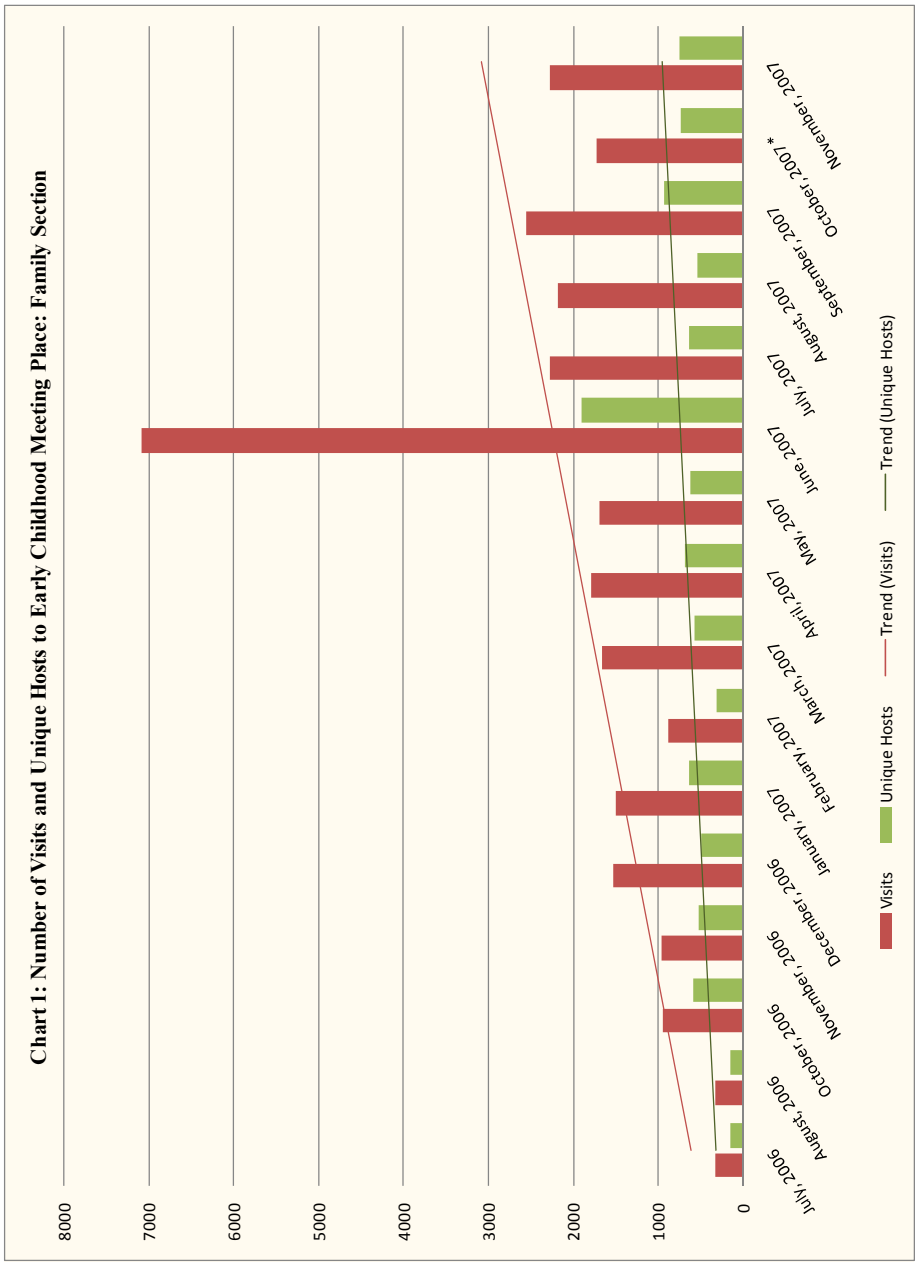
Professional Development Events Listed on ECMP Website, by County (SFY 2007)



Parent & Family Resource Events Listed on ECMP Website, by County (SFY 2007)



Appendix B: Visits and Unique Visitors to the Family Section of the ECMP Web site



Appendix C: Sunny Start Completed Tasks Through Year Three

	Sunny Start - Completed Tasks Through Year Three	
Item #	**Description**	**Comments**
1.2.1	MCSHCS and the Department of Child Services will meet to review and revise the Medical Passport document	Draft of a general passport Completed by Sunny Start work groups.
1.2.2	The medical passport will include a section on dental care and available resources	
3.2	***An outreach program to providers will be implemented statewide regarding the information clearinghouse of community resources to enhance appropriate referral/treatment***	Marketing of the ECMP continues to target providers through mass mailings and conferences.
3.3	***Personnel preparation efforts will be increased to recruit qualified early childhood mental health providers.***	The Summer Institute was held in August, 2007. A mentorship program for providers
3.3.1	A task force of stakeholders including parents will be convened to identify current personnel preparation efforts.	"The S/E Training Technical Assistance Committee has developed a set of competencies S/E Consensus Statement) to address social and emotional training. An in intensive training institute was provided to early childhood mental health professionals in July, 2007. A follow-up to that conference is scheduled for August 2008
P.O. 4	**An information clearinghouse will be established that includes information about resources and supports at the state and local level for families of young children and providers of early childhood services.**	
4.1	***The Early Childhood Meeting Place will be expanded to include families.***	
4.1.2	Based on the recommendations of the task force, the Early Childhood Meeting Place will be expanded to include resources and supports for families of young children	In early 2006 the Early Childhood Meeting Place was expanded to include resources for families. The Meeting Place continues to be marketed to providers and families through mass mailings and conference attendance. The last mailer went to Indiana physicians in June 2008.
4.1.3	The Early Childhood Meeting Place will be marketed to families and providers as a central source of information about child development and community resources.	

	Sunny Start - Completed Tasks Through Year Three (Continued)	
4.1.4	Technical Assistance will be provided to users of the Early Childhood Meeting Place to ensure optimum access to available resources and supports	Requests are responded to via e-mail and telephone. A tip sheet with suggestions for navigating the site is posted.
P.O. 5	**Quality resources and supports are integrated to create a coordinated, accessible early childhood system.**	
5.1	***The Core Partners will continue to guide ECCS activities.***	
5.1.1	New representatives from state agencies, including the newly formed office of faith based initiatives, will be identified and invited to sit on the Core Partners Steering Committee	Efforts have continued in this area each year. New Partners from the Office of Faith Based and Community Initiatives, the Indiana Minority Health Coalition, Commission on Hispanic/Latino Affairs, Indiana Dept of Environmental Mgmt have been recruited
5.1.2	MCH staff will provide an orientation to all new members	In the process of updating orientation process
5.1.3	Core Partners will continue to meet on a quarterly basis to coordinate efforts across existing initiatives	Core Partner meetings have taken place on a quarterly basis. Minutes from each meeting are posted on the Sunny Start Web site - www.sunnystart.in.gov
5.2	***Core Partners will promote leadership within their respective agencies and organizations***	
5.2.1	Core Partners will develop a process to provide leadership within their agencies/organizations	
5.2.2	Core Partners will educate their organizations on the guiding principles for the ECCS initiative	
5.2.3	Core Partners will establish a protocol to support communication across agencies and initiatives	
5.4	***Coordinate Training and Technical Assistance***	
5.4.1	The Core Partners will serve in a coordination capacity to promote the commonality of training content and provide leadership in the development of additional training curricula.	Core Partners approved Social and Emotional Consensus Statement which was developed by the S/E Training and Technical Assistance Committee.
5.4.3	Additional training content will be developed and delivered to address any gaps identified	Sunny Start is sponsoring additional days for the IAITMH conf. bringing in speakers to help early childhood mental health providers.
5.4.6	The Early Childhood Meeting Place will collaborate with the Core Partners and others to notify families and providers of training opportunities	Training opportunities for providers and families are posted on the Early Childhood Meeting Place.
5.4.7	Core Partners will support the reduction in duplication of training efforts	

	Sunny Start - Completed Tasks Through Year Three (Continued)	
5.4.8	Core Partners will continue to gather information about training and education needs throughout the state	
5.5	***National Quality Standards will be implemented in all early care settings***	
5.5.1	ICCHCP staff will educate early care setting providers on the standards.	Paths to Quality began in January, 2008 and is being implement in stages throughout the state for the remainder of the year.
5.5.2	Progress on the use of the standards will be monitored.	
5.5.3	Policy development templates will be created and made available to care providers.	
6.0	Parents have the necessary information, support and knowledge about child development and are able to recognize their child's progress.	Family Advisory Committee along with the support of other Sunny Start members and members of the community have developed a calendar which hightlights issues related to child development.
6.1	Elected resources about child development will be used with and by parents to educate families about child development.	Resources and links for families are regularly posted to the ECMP.
6.1.2	The committee will review existing developmental resources to determine those most appropriate as educational tools for families	In the process of developing documents to help families understand services and financial resources available to their family.
6.1.3	The developmental resources selected by the committee will be posted to the Early Childhood Meeting Place	Ongoing and will continue in Year Three.
6.2	Create electronic version of a developmental calendar for children birth to five.	Calendar complete in fall, 2007 with 17,000 copies printed and information posted on the ECMP. A Spanish version is in development.
6.2.1	Gather samples of developmental calendars that are currently being used by other states.	
6.2.2	Permission will be sought to utilize the developmental calendar that is selected by the committee	
6.2.3	Modifications will be made on the selected calendar to include Indiana resources	
6.3	The Early Childhood Meeting Place will be marketed as a central source of information about child development.	Marketing of the ECMP continues to target families. The last mass mailing went to Indiana physicians to display in their waiting room where families are gathered.
6.4	Families have a meaningful role in the development of policies and programs at the state and local level	

	Sunny Start - Completed Tasks Through Year Three (Continued)	
6.4.1	Parents will receive support to serve on boards, committees and task forces related to early childhood opportunities	Implemented Family Stipend Program to alleviate costs involved for families to participate in Sunny Start -
6.4.2	Leadership training opportunities will be provided for families	
6.4.3	Core partners will implement methods to gather input from parents on policies and programs related to early childhood on a regular basis	Family members participate in all sub-committee and core partner activities
7.0	Families have timely access to resources and supports to address their child's health, safety and developmental needs.	
7.1	The Early Childhood Meeting Place will maintain current information about resources related to children's health safety and development.	Continued efforts to market the ECMP expansion to providers of early childhood services - information conveyed at ten conferences in the last year.
7.2	Child Care Health Consultants will educate child care providers regarding health, safety and developmental issues.	
7.2.1	See 4.1-Early Childhood Meeting Place expansion, 5.3-Training and Technical Assistance, 6.1 Selected child development resources, 6.3-Electronic developmental calendar	
7.3	Training and technical assistance will be readily available and affordable to families throughout the state.	
	See 5.3 Training and Technical Assistance System	
7.4	Training and technical assistance will be provided to those serving young children and their families.	Zero to Three Training - April, 2008 - ongoing training for providers in the area of child abuse.

Bibliography

1. Starfield, B. and L. Shi, *The medical home, access to care, and insurance: a review of evidence.* Pediatrics, 2004. **113**(5): p. 1493-1498.

2. Newacheck, P.W., D.C. Hughes, and J.J. Stoddard, *Children's access to primary care: differences by race, income, and insurance status.* Pediatrics, 1996. **97**(1): p. 26-32.

3. U.S. Census Bureau, *Current Population Survey, Annual Social and Economic Supplement*. 2006, United States Census Bureau and the Bureau of Labor Statistics.

4. The United States Department of Health and Human Services, *The 2006 HHS Federal Poverty Guidelines.* Federal Register, 2006. **71**(15): p. 3848-3849.

5. Indiana State Department of Health. *Children's Special Health Care Services Program Data*. [cited 2/28/2007]; Available from: http://www.in.gov/isdh/programs/cshcs/program_data.htm.

6. Indiana Family and Social Services Administration. First Steps. *Indiana Family & Social Services Administration, First Steps, Indiana Statewide Profile Report*. 2006 [cited 2/28/2007].

7. IdeaData.org. *Individuals with Disabilities Education Act Data*. 2006 [cited 2/28/2007]; Available from: www.ideadata.org.

8. American Academy of Pediatrics Committee on Children with Disabilities, *Role of the pediatrician in family-centered early intervention services.* Pediatrics, 2001. **107**(5): p. 1155-1157.

9. Indiana State Department of Health. *Daycare Immunization Levels in Indiana*. 2005 [cited 2/28/2007]; Available from: http://www.in.gov/isdh/dataandstats/immunization/daycare/04-05daycare/levels.htm.

10. Indiana State Department of Health. *School Immunization Levels in Indiana: 2004-2005 School Year*. 2004 [cited 2/28/2007]; Available from:

http://www.in.gov/isdh/dataandstats/immunization/school/04school/2004-2005_school-imm-rprt.htm.

11. U.S. Department of Health and Human Services (DHHS). National Center for Health Statistics. *The National Immunization Survey*. 2006 [cited; Available from: http://www.cdc.gov/nis/Default.htm/.

12. Centers for Disease Control and Prevention. *CDC WONDER*. 2007 [cited 2/11/2008]; Available from: http://wonder.cdc.gov/welcome.html.

13. Centers for Disease Control and Prevention. *Welcome to WISQARS*. 2007 [cited 8/7/2007]; Available from: http://www.cdc.gov/ncipc/wisqars.

14. The Guttmacher Institute, *Teenagers' sexual and reproductive health.* 2002, The Alan Guttmacher Institute.: New York.

15. Hoffman, S., *By the numbers: The public costs of teen childbearing.* 2006, The National Campaign to Prevent Teen Pregnancy: Washington, DC.

16. National Center for Health Statistics. *Birth Data*. 2008 [cited August 19, 2008]; Available from: http://www.cdc.gov/nchs/births.htm.

17. *CareFinder Indiana*. Bureau of Child Care [cited 7/30/2007]; Available from: http://www.in.gov/fssa/carefinder/facilities.html.

18. Indiana Family and Social Services Administration, *Indiana Bureau of Child Care 2006 Annual Report*. 2006.

19. United States Department of Agriculture. *WIC Program: Total Participation*. [cited August 4, 2008]; Available from: http://www.fns.usda.gov/pd/26wifypart.htm.

20. Wolfla, P., *Email communication on 8/8/2008 with Patrice Wolfla regarding Indiana WIC enrollment statistics during state fiscal year 2007.* 2008.

21. Coyne, I.T., *Parental participation in care: a critical review of the literature.* Journal of Advanced Nursing, 1995. **21**: p. 716-722.