

# Coordinated Early Childhood Services: *Final Report*



Mississippi Early Childhood  
Advisory Council  
Department of Human Services  
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## **Acknowledgements**

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## **Executive Summary**

Public Consulting Group (PCG) makes the following recommendations for the Early Childhood Advisory Council's consideration after review of Mississippi's current landscape of early childhood services, feedback obtained from various state stakeholders, and research of best practice models in other states:

- **The Lead Agency Model** is a coordination model that is single program dominated. Often communities identify a single agency that has sufficient credibility and historically seen as administratively strong. This model often leads to focusing on 1-2 outcomes, then expanding to other goals later. These goals are often developed based on the mission of the Lead Agency and other programs become supplementary to the efforts.
- **The Co-location Model** is built on the notion that placed based supports are important and must be as efficient as possible for families. This model is often formed on informal networks of loosely coupled agencies where few semi-formal agreements exist. Frequently it leads to the appearance of "Integrated Eligibility" or "One-Stop Shop," but not fully as the model is characterized by continued agency level autonomous planning. This model often leads to much greater awareness of community programs.
- **The Responsible Community Board Model** is built on a high level of connectedness and requires a high level of community acceptance and support. Cooperative Leadership is the key to this model as much power is ceded over to the Board's control. This model is characterized by Community Wide Planning. Many examples of this model show the Local Board serving as the "Lead Agency". More often than not, this model leads to the board serving as the fiscal agent on much of the funded efforts.

**TABLE OF CONTENTS**

INTRODUCTION ..... 5

BACKGROUND ..... 9

RESEARCH METHODOLOGY ..... 12

LOCAL ELEMENTS ..... 15

STATE ISSUES ..... 19

LOCAL COORDINATION MODELS ..... 26

IMPLEMENTATION STRATEGIES AND RECOMMENDATIONS ..... 59

CLOSING SUMMARY ..... 65

**APPENDICES**

- A. Mississippi Early Childhood Provider Database
- B. Mississippi – SECAC Key Data And Outcome Questions

## INTRODUCTION

The Mississippi Department of Human Services on behalf of the State Early Childhood Advisory Council (SECAC), contracted with Public Consulting Group (PCG) to conduct a work process study to determine a coordinated model for optimizing the overall delivery of community-based services. These services benefit children birth to age five and their families with regard to early childhood education, health, and well-being.

Experts in child development know now more than ever before about the critical importance of the early childhood years in establishing the foundation for healthy growth and development. Rapidly expanding scientific knowledge in the field has revolutionized thinking about how the brain develops, how the mind works, and how children learn. Early childhood experiences influence future development and learning in powerful and long lasting ways. The Board on Children, Youth and Families of the National Research Council and the Institute of Medicine tasked the Committee on Integrating the Science of Early Childhood Development with “updating scientific knowledge about the nature of early development and the role of early experiences and to disentangle such knowledge from erroneous popular beliefs or misunderstandings.” The Committee was also directed to “discuss the implications of this knowledge base for early childhood policy, practice, professional development, and research.” The findings were first published in *From Neurons to Neighborhoods: The Science of Early Childhood Development* (2000). This extensive discussion of research on early development includes four overarching themes:

- All children are born wired for feelings and ready to learn.
- Early environments matter and nurturing relationships are essential.
- Society is changing and the needs of young children are not being addressed.
- Interactions among early childhood science, policy, and practice are problematic and demand dramatic rethinking.

**The early years represent a period of tremendous opportunity.** Central nervous system development begins prenatally. The neural pathways in the brain that influence learning and development begin rapidly forming as soon as a child is born. Although all periods of development are important, brain growth and development are most profound the first three years of life. Learning begets learning and the foundation for intellectual, emotional and moral development which is established during these early years becomes the basis for future growth and learning. This is also a period of risk for children. Children who do not receive the care and nurturing required for optimum development early on may have difficulty making up for the lost opportunities later. Although genetics have a significant role to play in determining outcomes for children, **environments and relationships are critical** ingredients. No longer is there any debate about which is more important: “nature” or “nurture.” We know that children are inherently driven to follow common developmental paths and have strong inborn drives to learn and develop. We also know that the kind of experiences and relationships young children have are important in their development and long term outcomes. Children need loving, consistent, nurturing environments to thrive. This becomes a critically important factor as children spend more and more time outside of the home environment.

**Our lifestyles have changed** rapidly over the last few decades. More parents are working than ever before and children are spending more and more time in out-of-home care. Television, video games and computers are changing the nature of how we relate to children and how they spend their play time. Busy schedules and parental desire for young children to achieve more create stresses that children did not experience in the past. Despite the fact that more parents are working, families are having a hard time making ends meet as poverty continues to increase in this country. Economically disadvantaged children are at greater risk for many problems including poor health and arriving at school behind their peers. Programs and Communities must consider the needs of today's families and adjust accordingly. We must have prevention strategies as well as ways to serve families with multiple needs. We must deliver these services and supports in a streamlined, coordinated manner. An area that has garnered increasingly more attention in recent years regarding young children is school readiness. As schools come under increasing pressure to achieve benchmarks, they are looking for explanations and solutions for school delays or failures. Conclusions have been drawn that many children do not arrive at school prepared for success. In order for Mississippi's children to be prepared for school success, our families, early childhood programs and communities must provide the relationships and experiences necessary to support the physical, social, emotional, language, literacy and cognitive development of our young children.

*“The experiences we all want for children — experiences that allow them to be healthy, nurtured, loved and simply be kids — create the foundation for getting children ready for school.”*

The National Education Goals Panel's (NGEP) survey of research and data pertaining to child outcomes made it clear that preparing kids for school is a multidimensional task much broader and more extensive than learning the alphabet or being able to count to 10. In order to be school ready, all children need to:

- Experience high quality early learning environments, whether at home or in an early care and education setting;
- Have enough to eat and the ability to live in safe, stable neighborhoods;
- Be able to see a doctor (including dentists) under any circumstances so they can stay healthy and strong;
- Have parents who are caring and attentive, equipped to be their children's first teachers, armed with the supports they need to be strong and capable caregivers; and
- Attend schools that are adequately prepared to receive young children into their fold when they reach school.

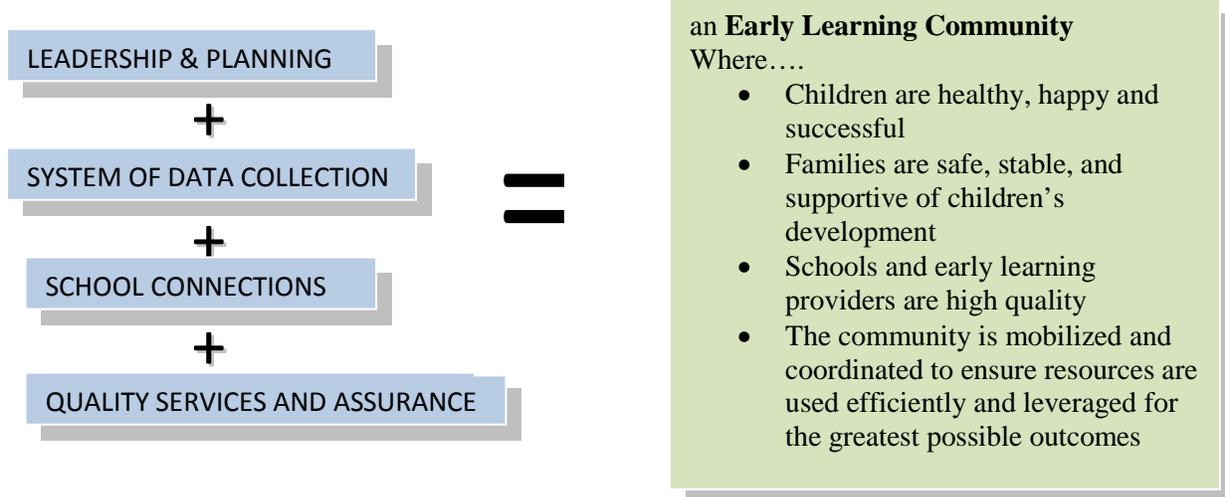
Voices for America's Children, Issues Brief. (2005 September). *Translating School Readiness: How to Talk about Investing in Young Children.*

Early childhood is a critical time for cognitive, social, and behavioral development. The experiences children have prior to entering kindergarten affect how their brain develops and lays the foundation for success in school and life. Many states have invested in comprehensive early childhood care and education systems that offer a wide range of supports and services to families

from the prenatal period through school entry. Well-designed service delivery systems improve outcomes for children and families, ranging from decreases in child abuse and neglect, enhancements in prenatal and child health, and improvements in school readiness and school success. Notwithstanding the energy and passion from many well intentioned individuals, most states lack a coordinated strategy to maximize the impact of such public investments. Many states support early childhood initiatives through multiple agencies, often without a plan to use resources efficiently or a common vision of the outcomes these programs should achieve. States often do not have research-based strategies to promote program effectiveness or program data to guide future funding decisions. As a result, states currently fund programs that vary in quality and that may provide some families with duplicative services and others with none.

Communities represent the front lines of support for Mississippi’s most vulnerable children and families. Often, families most in need face multiple challenges and require a number of different types of assistance to support their overall well-being. Governmental agencies and Community Based Organizations (CBO) within Mississippi’s communities play a key role in administering this assistance, which can range from health and mental health-related services to early childhood education, housing, and income support. The SECAC contracted with PCG to identify and address the key elements of service integration at the community level for Mississippi’s youngest children and their families. PCG was charged with researching and developing community models of comprehensive services for children birth through 5 and their families. SECAC has placed a distinct emphasis on strategies that address the interconnected needs of children and families with community-level solutions.

The Early Learning Community Equation for Success



This final report outlines the key community elements that promote stronger community collaboration and coordination of services. These elements are:

- **A coordinated system of leadership and planning** that is composed of representatives from the public and private sector, parents, schools, community-based organizations,

child care, Head Start and Early Head Start, home visitation, as well as health, mental health, disabilities, child welfare, family support, and disability services.

- **A system of data collection** that provides accurate and current information on the status and well-being of pregnant women, young children, and their families and the services available to them.
- **A set of quality services and a quality assurance system** that measures the quality of services being delivered to pregnant women, young children, and families and provides information, incentives, and support for continuous improvement.
- **A school system** that is ready for children and has a strong connection to the early learning community both to facilitate a seamless transition to school and to ensure continuity.

In addition to these elements, this report also provides the parameters **for a data system of community-level indicators that define and monitor development and early learning at critical periods during early childhood.** PCG suggests that, at a minimum, communities develop indicators that measure success at key milestones across the early years including:

- Healthy pregnancies and births
- Children thriving at age three
- Eager, engaged, and ready at age five
- Successful in school at age eight/Third Grade

**Early Childhood Service Delivery requires a high degree of collaboration and coordination.** For multiple service sectors (e.g., health, education, social services) to develop and implement a more coordinated and comprehensive system for young children, each sector will need to share a common set of goals and more systematic set of approaches to promoting child development. Building bridges from birth to school will require buy-in and participation from a broad group of individuals and organizations, ranging from parents of young children to individuals without children, business owners, employers in general, and government at all levels. For these community efforts to be successful, public- and private-sector stakeholders need to understand their role in early childhood supports, particularly as it relates to later performance in school.

We know that we **can intervene successfully** to improve outcomes for children. Research and science have dramatically increased our understanding about the types of supports and programs that are helpful to young children and their families. There is no longer any question about the long term impact of early experiences on young children. The relationships young children have, the environments they dwell in, the circumstances surrounding their families, all influence the long term outcomes for children. The time has come to utilize what we know about this period of life, and **carefully reconsider our policies, approaches, programs and investments.** It is the right thing to do and a smart investment for our future.

## **BACKGROUND**

The MS SECAC was charged with developing recommendations for increasing access to high quality state and federal early childhood care and education programs for all children including those in underrepresented and special populations. Since the council's creation in 2008, it has accomplished a number of efforts to support early childhood programs around the state in collaboration with private, state, and federally funding organizations, school boards, universities, and private foundation grants and support. The work process study for a coordinated service model provides the foundation for the council to move forward their work by ensuring that family and children in all regions of the state are receiving efficient, quality services.

### The Need for a Coordinated Service Delivery Model

There is a great need for a coordinated service delivery model in Mississippi. In Mississippi, approximately 33% of children below the age of 18 live in poverty, which is significantly higher than the national average of 22%. Additionally, 44% of young children (birth to age 5) in Mississippi are a part of low-income families. These statistics indicate that children in Mississippi are at risk of receiving less than adequate early childhood services. Many children and families currently enrolled in early education programs face barriers to receiving services available, while many providers face difficulties achieving the most cost effective way to provide services with the funds and resources available. Additionally, resources allocated are often insufficient to meet demand. Federal funding for early childhood programs have decreased dramatically in recent years, while other funding streams such as state and federal grants and private foundation or corporate grants, although generous and supportive, are inconsistent from year-to-year and cause unstable service delivery from childcare programs and providers. A sound coordinated structure of early childhood programs in the state can not only benefit the service recipients but the early childhood education providers and services system. A coordinated model can connect the service recipients with the resources that best match their needs; buffer them from the stress of navigating the bureaucracy, and enable service recipients to manage their own lives within the scope of their resources and abilities. From the standpoint of the agency or service system, there are additional objectives including:

- to manage resources within defined limits to achieve cost efficiencies and effectiveness
- to facilitate the delivery of service by coordinating the contributions of multiple service providers
- to avoid deterioration, to monitor progress, or lack of progress
- to monitor outcomes to determine whether existing service protocols or practices need to be revised

### Summary of Mississippi Early Childhood Services:

Over the past few years, government leaders, agencies, communities, and businesses across Mississippi have been increasingly aware of the importance of early childhood and education to a child's growth and development and to the economic importance of quality services to children at a young age. Currently, efforts to coordinate services across agencies and providers are spread

across different communities, regions, and county-level programs. State wide programs such as Excel by 5; have provided guidance for communities to utilize the unique strengths of the community and its resources as a vehicle to long-term coordinated service planning.

The PCG research team compiled a list of agencies and programs serving young children in Mississippi. To gather a picture of the landscape of services across the state, the team received documentation of programs from the MS Early Childhood Advisory Council, NSPARC (National Strategic Planning and Analysis Research Center) for listings from their ongoing efforts to establish a comprehensive list, sources referred to the team from focus groups and interviews, and other publicly available sources. The research team understands that this is not a comprehensive list of all programs in the state that serve young children, but aimed to capture a provider list of early childhood services, from statewide to local efforts, with a range of services provided to parents, children, and/or child care providers, and a range of funding and funding sources. The database includes the following data elements for each of the identified agencies or programs:

<b>Data element</b>	<b>Description</b>
<b>AGENCY#</b>	Assigned number to track agency
<b>PROGRAM_NAME</b>	Name of the program
<b>PRIMARY_CATEGORY</b>	Type of services provided
<b>SECONDARY_CATEGORY_IF_APPLICABLE</b>	Secondary services provided
<b>STATE_AGENCY/ PARTNERING_PROGRAMS</b>	What state department funds this program/ what other programs partner with this program (if applicable)
<b>DIVISION</b>	What division within the state department is responsible for this program (if applicable)
<b>CONTACT_NAME, EMAIL, PHONE, WEBSITE (if name, email, phone not listed)</b>	Contact information and/or link to program directory
<b>PROGRAM_DESCRIPTION</b>	Brief description of program and purpose: Mains benefits and program goals
<b>MAIN_SERVICES_OFFERED</b>	Main service(s) offered by program
<b>TARGET AND/OR ELIGIBLE CLIENTS</b>	Primary target client (parents, children, educators, providers, etc.)

LOCATION OF SERVICES	Primary location where services are provided
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**Types of early childhood programs available**

Each early childhood programs listed is categorized into one of the following headings:

**Direct Service-** programs that work directly with children, parents, and/or educators.

These can include home care, teachers, therapeutic staff, training staff, etc. A comprehensive list of child care providers in the state is not included in this Report, as the MS Department of Health maintains a searchable child care database which is continuously updated. This database can be found at the following link

[http://msdh.ms.gov/msdhsite/\\_static/30,332,183,438.html](http://msdh.ms.gov/msdhsite/_static/30,332,183,438.html)

**Coordination-** programs that direct parents, children, providers, educators to other early childhood programs or that work to engage early childhood programs to work together.

**Informational resources-** programs that provide information and/or materials to parents, children, providers, and educators. These can be in the forms of concrete locations and/or electronic or hotline-based resources.

**Program evaluation/training-** programs that provide evaluations and training of child care or early childhood providers, or agencies that provide services to young children.

**Federal/State financial support and or other funding source-** federal or state support or private funding streams for early childhood education programs and services

**Advocacy -** programs that advocate on behalf of young children's education and development, parents, and early childhood.

The listing matrix recognizes that many early childhood programs provide more than one service. It captures both the primary and secondary services that each program provides. The primary focus category is meant to capture the main purpose of the organization as stated in their mission. The secondary services category allows for a categorization beyond the one classification.

Many of the early childhood programs (listed) are direct service programs. Most direct service programs relating to health services fall under the umbrella of the MS Department of Health (MS DOH), while others partner with other health related organizations. Many of these direct service programs are connected to other coordination providers or work together with other services providers within the early childhood spectrum.

Mississippi also has a handful of programs that provide the coordination of early childhood services. Out of this group, a subsection of programs are statewide initiatives for the development of young children. However, the majority of programs providing coordination efforts are focused locally, either regionally or county-based. For example, both non-profit organizations such as the United Way, and statewide programs such as the MS Child Care

Resources and Referral Network, primarily focus their efforts through the local coordinating agencies setup across the state.

Early childhood programs that provide informational resources and program evaluation services are also present in the program list. Informational resources for parents and providers include resources with materials to improve outcomes for young children. Some programs take the form of library or community resources centers focusing on a local level of engagement. These programs are often branches of other local information programs such as the resource and referral local agencies. Registries of trained and licensed providers were also included as informational resources as they provide parents the ability to choose high quality providers. The majority of program evaluation programs across the state are connected to, loosely affiliated with, or are branches of institutes within the universities.

**Appendix A** includes Table 1 A which provides information on early childhood programs across the state including information on primary category, secondary category if applicable, state agency/partnering programs, division, and contact information. Additionally, Table 1 B provides a more detailed description of the programs included in Table 1 A, including information on the program's purpose, main services offered, targeted and/or eligible clients, and location of services. Table 2 is a directory of Head Start programs across the state including contact information, the location of services, and the number of children served per program (in the past year).

## **RESEARCH METHODOLOGY**

To provide the SECAC with recommended service-delivery models, PCG worked closely with SECAC to understand the goals of the model, with particular attention to the long-term goals detailed in the state's Race to the Top, Early Learning Challenge grant application. PCG completed the tasks described below through a five-step resource mapping process; project planning, identification of data points, data collection and interviews, data analysis and verification, and final report and mapping presentation.

The following report details the efforts of PCG to complete the following tasks for the Mississippi SECAC:

- List and describe the early childhood state and federal agency services currently available.
- List and describe the early childhood Non-Government Organizations (NGO) services currently available.
- List and describe the innovative and successful coordinated service models currently used in Mississippi communities and other noted models outside the State.
- Interview key leaders and frontline service providers to gather ideas about coordinated services models.
- Develop three service models that meet objective #3. Each model will describe the roles, responsibilities and work processes of federal and state agencies, NGO's and communities.

- Document all findings, recommendations and plans in a comprehensive report.

### Mapping

PCG team developed a resource mapping approach to coordinating the compilation of information regarding Mississippi’s Early Childhood environment and analyzing this information to develop feasible and practical recommendations to SECAC. First of all, the project team conducted a thorough search for background information and literature to further support our efforts to identify successful coordinated early childhood service delivery models. In addition to the information available in initial research, PCG studied publicly available information to better understand the services offered in Mississippi and the relationships between the various agencies. Using resources provided by SECAC, PCG compiled and produced a listing of agencies and providers statewide that are connected to early childhood.

### Site Visits/Interviews

Secondly, the PCG project team conducted individual interviews with key stakeholders to identify key services and available information to aid in the recommendation determinations. The interviews were separated into two parts: focus groups and individual interviews.

#### 1. *Focus Groups*

The focus groups consisted of groups of stakeholders from three arenas of early childhood: Direct Care, Administrative, and Financial. The focus groups were held as a discussion to obtain a dialogue between many representatives and foster engagement on ideas of the current system and a future early childhood system. The chart below describes the composition of each focus group:

<b>Focus Group</b>	<b>Description</b>
<b>Direct Care</b>	Attendees comprised of staffs who work directly with children, parents, and/or educators. This included child care providers, home care, teachers, therapeutic staff, training staff, etc.
<b>Administrative</b>	Attendees included program administrators that oversee program operations and functions, program staff, etc.
<b>Fiscal</b>	Attendees included program fiscal agents responsible for the early childhood expenses, revenue, and funding sources.

The three groups allowed for a more focused dialogue as the topic dictated. Each group was guided to identify coordinated service model practices that they envisioned as an improvement to

the current system. These function groups were asked separate but related questions, including, for example:

- Administration: Is there a coordinated service model(s) the group can describe? How should a coordinated service model be administered? Will there be a local lead agency/ or a local board/or will it be lead collaboratively? What administrative hurdles do the stakeholders see in regards to coordinated service models? What solutions do they recommend in order to move past these hurdles?
- Financial: Is there a coordinated service model(s) the group can describe? How should a coordinated service model be funded? Will there be simply a restructuring of current funding streams and allocations or will new or different funding streams and/or formulas be needed? What fiscal hurdles do the stakeholders see in regards to coordinated service models? What solutions do they recommend in order to move past these hurdles? Are there places where braided funding is occurring successfully?
- Direct Care: Is there a coordinated service model(s) the group can describe? What would it look like? How would it look different than services today? What service hurdles do the stakeholders see in regards to coordinated service models? How do they suggest addressing the very real struggle of different rules for different programs in areas such as curriculum, personnel standards, adult child ratios etc.?

These focus groups were held in Jackson November 16<sup>th</sup> and November 17<sup>th</sup>, 2011.

## 2. *Individual Interviews*

Individual interviews were conducted as a supportive tool of the focus groups. These interviews consisted of appointments to speak with representatives unable to attend the focus groups as well as representatives from key areas of Mississippi collaborative services that offered a deeper insight into the state services. Specifically, the individual interviewees were identified as being a part of a service model that was influential within the state. PCG used these interviews to inquire to what the successes and pitfalls of each model were and how those models could be applied to a statewide system. The PCG project team interviewed representatives from the Excel-By-5 Initiative, Petal School System, Child and Family Department at Mississippi State University, and Itawamba Community College.

## Data Review

To conduct the focus groups and interviews, PCG developed interview and data collection tools to record the information collected during these sessions. PCG focused on conducting open and flexible interview sessions using a standard set of questions to ensure that all discussion topics were reached. In order to organize the data gathered during our data collections and stakeholder interviews, PCG developed a listing matrix to record and track all of the information we receive.

Throughout the process of gathering data, PCG conferred with SECAC contacts to ensure that areas of interest were being reviewed. Direct SECAC guidance led to specific contacts for individual interviews and focus group attendees.

## **LOCAL ELEMENTS**

Some indicators of effective local coordinated service delivery models are given below:

- Local Agencies play a central role.
- The participating institutions are willing and competent to change their own practices.
- Cooperation leads to action: Concrete, binding objectives are formulated, and projects are planned, implemented and evaluated.
- Each agency contributes the human and financial resources that are necessary to implement plans and achieve the set goals.
- Overall Commitment to Change

### Local Agencies Play a Central Role

It is important to adopt guiding principles, clear goals and objectives as well as action plans to implement and evaluate the goals. Ideally, multi-agency initiatives should involve leaders from all agencies dealing with early childhood that play a role in improving services and prevention. However, practice has shown that it is not easy to get all the players to the same table. Activists from other community initiatives have come to the conclusion that, in order to start a project that has a good chance of continuing for some time, it is not necessary to involve all the agencies from the beginning. On the contrary, too many participants can make it difficult to work in a goal-oriented way and to achieve concrete results. Given that most local early childhood services coordination initiatives suffer from a lack of resources and cannot afford to establish a complex organizational structure, it is important to start small and grow slowly in line with increasing resources. The other important starting point is to act according to the motto: “Whoever is interested in participating in the initiative is the right person”. That means you start with people from agencies that are committed to the issue and who are serious about wanting to improve their agency’s practice and community practices.

Research and practice indicate that community initiatives work effectively if they involve management representatives as well as front-line staff. It has also been shown that participants who are not committed to the cause and who only attend because they want to be present or who have been ordered to join can do more harm than good and block, slow down or even prevent progress. Therefore, it may be advisable to start with a rather small group of committed members and enlarge the initiative slowly. Staff in agencies may change, which can work to the advantage or disadvantage of a local coordination effort: it can mean a big loss when an engaged member leaves an agency or the community, but personnel changes in some agencies may also afford an opportunity to involve a more supportive person. As has already been stated, it can be very effective to involve people from management as well as practitioners who are experts regarding what actually happens in an agency’s everyday practice as well as what occurs “on the ground” in the community. To summarize how local agencies should play a central role in

making service coordination models more effective, these efforts should follow the guidance below:

- Start small;
- Grow slowly in accordance with the resources available;
- Act according to the principle: “Whoever is committed to the cause is the right person”;
- Seek to broaden the base and influence of the community initiative;
- Seek to involve members at both the management and the “grass-roots” levels.

### Participating Institutions

A community level early childhood coordination initiative should involve many different stakeholders, including representatives from statutory agencies as well as NGOs. It can also be important to involve agencies that play an important role in prevention and awareness-raising, as well as community departments and policy-makers. Coordination initiatives work best at the local level, with agencies actually working together on a day-to-day basis. It is also important to note that it is not necessary for all the community to be involved at the same time. There can be different working groups as well as temporary projects relating to special issues which may involve agencies that are not permanent members of the multi-agency initiative. Thus, there can be permanent members that form a steering group and others that are involved as called for by the work program. Based on research on these efforts, the stakeholders that are important for early childhood coordination efforts include, but are not limited, to the following:

- Youth welfare office
- Social service department(s)
- Housing department, housing associations
- Immigration department
- Health services
- Relevant local authorities and elected officials
- Education departments
- Community organizations
- University personnel specializing in the field
- Policy-makers
- Community leaders and members from different cultural, ethnic or religious communities
- Families of young children-be mindful to engage families who receive services

If a community initiative is planning to carry out public awareness-raising activities and campaigns, it is also important to integrate other agencies and groups such as religious or culture-based organizations, foundations, and grant-giving agencies, companies engaged in corporate funding, and other local business and industry leaders.

Families are important stakeholders and should play a central role in community early childhood initiatives, since they are the ones who will in the end evaluate whether services and interventions have been helpful and effective. Unfortunately, “consumer involvement” is still underdeveloped in this field. The participation and involvement of families can be an empowering process and may serve several purposes: It is an important tool for improving services and has the potential to help families get connected to the services by bringing their experience to bear and finding themselves valued as experts. Modern quality-management concepts place the satisfaction of the consumer or client at the center of any organization’s goals, and to a growing extent new public-management approaches require local governments and policy-makers to consult with community members and interest groups. Thus, agencies and communities working in the field of early childhood services should strengthen their efforts to reflect the voices of families in their policy-making. It is also important to make sure that the diversity of families is recognized and that families from all backgrounds are included. Community initiatives should avoid fitting in some sort of family involvement for merely cosmetic reasons (“we have to do it” or “it makes us look good to show that we have consulted the families”). As has been mentioned, clients’ involvement and feedback should be a part of every agency’s guidelines and every community initiative should plan respectful methods of client/family participation as an integral part of its work. The following recommendations can be used to involve families in efforts to better coordinate early childhood services:

1. Work with families and invite them to cooperate as consultants to community initiatives.
2. Support the organizing of self-help groups.
3. Coordinate advisory groups in convenient community locations.
4. Organize processes to regularly consult survivor groups (for instance, by asking advisory groups for their feedback on drafting guidelines or information materials).
5. Visit individual programs.
6. Provide training for families who want to take part in participation processes.
7. Consult special groups on special issues (e.g., groups of immigrant women).
8. Report back to the groups about the integration process and the changes resulting from their recommendations.
9. Regularly inform advisory and family groups about progress and new developments in connection with the community initiative.

Improving the coordination of early childhood services is a complex and challenging endeavor. As stated before, these initiatives take very different forms and no two initiatives are the same. Every initiative has to develop its own structure and identity. However, it is useful to learn from experience and to avoid pitfalls. There are some central elements in community work that should be considered in order for it to be successful in improving the coordination of early childhood service delivery.

### Cooperation Leading to Action

Early childhood community coordination initiatives need down-to-earth and concrete goals that can actually be achieved during the lifetime of the project. Each community initiative has to develop its own agenda and frame the task to be carried out. At the same time, these initiatives should refrain from duplicating work others have already done or started, but should rather join existing initiatives and contribute to them.

The following tasks are common for these community initiatives:

- Monitoring services, identifying gaps in service and attempting to fill these gaps;
- Coordinating service provision;
- Improving practice by developing strategies, policies and practice guidelines;
- Initiating and carrying out training;
- Engaging in preventive, educational and awareness-raising work (including public awareness campaigns, education packs for schools, etc).

### Agency Resources

Effective multi-agency coordination is not about coming together and talking “politely”; it is about working in a goal-oriented way, improving and changing structures and setting up new initiatives. A lack of resources is the most common factor preventing a multi-agency community level initiative from developing beyond initial networking or compelling it to stop working. It is crucial for community coordination initiatives to receive funding in order to be able to achieve sustainable results. Every agency should allocate the necessary resources for participating actively in multi-agency coordination and at least provide staff time and if possible also funds for carrying out projects and tasks. Small agencies like childcare providers often have the problem that they are already understaffed and need all their resources to provide the services for children. Therefore, it can be much more difficult for small agencies to engage in these community initiatives. This fact should be acknowledged and taken into account by means of fund-raising and allocation of financial means.

Minimal standards for resourcing multi-agency initiatives:

- Local or regional governments should provide financial resources for at least one coordinator, including costs for operating the multi-agency initiative (office space, telephone costs, postage, etc.).
- Local or regional governments should also provide meeting rooms, e.g., in public buildings.
- Coordination work should be part of the task of the representatives of agencies and should be included in their written job descriptions.
- Big agencies like the school district should clearly have the task of engaging in multiagency work.

- Agencies should also provide the necessary resources to implement goals and guidelines that have been developed by the community initiative in their everyday work.
- They should integrate multi-agency training into their personnel development strategies.

### Overall Commitment to Change

Communities, especially if they are big, are complex entities functioning according to long-developed norms, relationships and structures. Change in communities cannot be achieved easily, but takes time, persistence, good will from all agencies and levels, including the management level, and motivation. A common vision of a “better world” where children and families receive immediate and effective help is an important source of motivation and energy for developing effective cooperation. Community Coordination is a discipline that is more akin to marathon-running than to sprinting; stamina, patience, long-term commitment and passion are needed to reach the goal of significantly improving the lives of children and families- a goal that can definitely not be reached by single players in a community, but only by teams of committed agencies and persons.

### **STATE ISSUES**

Currently, the early childhood landscape in Mississippi is a broad collection of state departments and programs that provide services to families and young children. Mississippi is like most states in that it lacks a coordinated strategy to maximize the impact of public investments in early childhood services. In most cases, individual early childhood service initiatives have evolved separately from one another and from broader systems of support for families and young children. As a result, federal agencies, the state and locals currently fund diverse programs that vary in quality and that may provide some families with duplicative services and others with none. By integrating and developing a more coordinated state early childhood system, Mississippi’s Governor and Legislative Body have an opportunity to use resources more efficiently and better meet the needs of children and families with high-quality services. However, there are issues that Mississippi as a state will need to address in coordinating early childhood services. Through our interviews and focus groups with Mississippi stakeholders, we noted that the state will need to provide support regarding specific barriers, including:

- Centralized Efforts Among the Governor and Legislative Body
  1. Fragmented program administration and planning;
  2. Continuing strategies to promote program quality and effectiveness; and
  3. Lack of coordinated data to guide decision making, complete financial planning, and target services.
- Early Childhood Infrastructure
- Early Childhood Workforce Issues
- Client Transportation

## Centralized Efforts among the Governor and Legislative Body

### **1. Fragmented Program Administration and Planning**

Currently Mississippi, like most states administers multiple early childhood/family initiatives, as well as other programs that serve a similar at-risk population, separately and through different agencies. Without an effort to coordinate across agencies, Mississippi is likely using resources inefficiently. There is potential for some families to receive similar services from more than one provider while other at-risk families are not served. Furthermore, state agencies miss opportunities to pool resources for program administration, data collection, and training and technical assistance for program staff. With initiatives spread across agencies, stakeholders reported a lack of a common vision and goals for early childhood programs and supports. Moreover, state leaders may struggle to assess whether current program offerings are well aligned with state priorities and address families' most critical needs.

### **2. Continuing Strategies to Promote Program Quality and Effectiveness**

In recent years, Mississippi has developed a statewide strategy to ensure and promote the effectiveness of early childhood programs. Mississippi has invested in infrastructure to support early childhood programs in achieving ongoing quality improvements. A few examples of these efforts include expanding Quality Rating Improvement System (QRIS), CCRR Partners for Quality Child Care. Continued investment and growth of these efforts is necessary in order to move Mississippi's early childhood services forward

### **3. Lack of Coordinated Data to Guide Decision Making and Target Services**

State agencies typically collect and maintain data on programs serving children and families in separate program-specific databases. Without consistency and linkages across these data systems, states cannot answer critical policy questions that could guide decision making and resource allocation for advancing early childhood services. For example, do families receiving child care assistance participate in other complementary early childhood, health, and human services programs? Are publicly funded home visits targeted to the most at-risk families in the state? Are some families receiving duplicative services while others remain underserved? What are the long-term developmental and academic outcomes of children participating in programs?

State agencies already collect much of the data that could begin to answer these questions, including the demographics of families enrolled in home visiting programs, information on families' participation in other public programs, assessments of children's developmental progress, and students' academic records in K–12 education. These data, however, are housed across multiple databases; each is typically created to satisfy program-specific reporting requirements, and cannot be linked to provide more comprehensive profiles of families' access to services and children's long-term outcomes.

There are numerous State agencies that “serve” the early childhood population (families and young children in need). The widespread network of providers across State agencies minimizes the impact within the community. Many clients are confused regarding which department provides particular services, and even more importantly, services are over-provided in one area

and do not exist in other areas. Along with service provision across state departments, the funding for these efforts is also spread amongst these departments as well. Each of these departments' budgets (such as the Departments of Human Services, Health, and Education) includes a state allocation for early childhood services. Mississippi needs to allocate these funds in a more coordinated manner, which will help maximize the impact of the provided services. Many stakeholders also noted that the inconsistency of funding streams makes early childhood program development difficult. The process of State agencies obtaining annual appropriations negatively looms over community efforts. Many local programs have problems soliciting community support in fear of programs not receiving funding in subsequent years.

Across the many state agencies that provide early childhood services, each agency collects specific information regarding the children and families. In many cases, the same information is collected on multiple occasions. It is inefficient for state agencies to not share this information and use previously collected data to make program/service determinations. State agencies typically use collected information to satisfy specific requirements, mainly related to federal funding requirements. If there was greater coordination among state agencies regarding information sharing, it could help improve service delivery and increase overall efficiency. A major component of information sharing among state agencies includes a general buy-in with school districts. Many of the school districts and related programs collect important information, including demographic data and academic-related history. A collective, statewide effort is needed to obtain the participation of school districts, as well as other community support among local providers. This was a critical element within the Petal School district, which excelled based on the contributions of local school leaders and community programs focusing on the provision of services to the early childhood population. Particular strengths lie in the efforts of the National Strategic Planning, Analysis and Research Center (nSPARC). nSPARC efforts have shown great promise in connecting data models from birth to workforce, however continued investment in this endeavor is strongly encouraged by this project team.

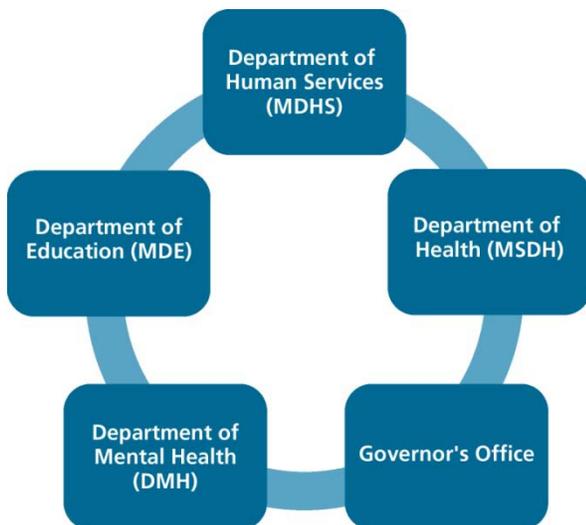
### Early Childhood Infrastructure

Although Mississippi has a number of extensive and significant multi-system efforts currently taking place, there has been fragmentation of these efforts, and no single point at which these efforts for early childhood coalesce. Early childhood programs for young children are found in a variety of state departments and divisions, private service organizations, Universities and offices. Programming follows funding stream requirements which do not always consider the benefits of integrated, coordinated services. The categorical funding which targets specialized services to specific populations may have even created obstacles to improved services through partnerships, coordination and collaboration. A few communities have developed strong coalitions to bring together health care providers, early care and learning programs, family support services, school leaders, and others to plan for and provide services for children, but no comprehensive system exists to connect state, federal, community, and private providers.

Mississippi’s early childhood programs are housed in the following locations:

<p><b>Governor's Office</b></p> <hr/> <p>Head Start Collaboration Office State Early Childhood Advisory Council Division of Medicaid</p>	<p><b>Department of Education (MDE)</b> Office of Healthy Schools Office of Special Education</p> <hr/> <p>Homeless Children and Youth EHA Special Education Pre-School Nutrition Services</p>	<p><b>Department of Mental Health (DMH)</b></p> <hr/> <p>Early Intervention/ Child Development Program</p>
<p><b>Department of Human Services (MDHS)</b> Division of Family and Children's Service Division of Early Childhood Care and Development Division of Child Support Enforcement Division of Economic Assistance</p> <hr/> <p>Child Care Assistance, Child Care Development Funds Temporary Assistance for Needy Families (TANF) Supplemental Nutrition Assistance Program (SNAP) Community Services, Fatherhood Initiative (LIHEAP) Child Support Enforcement Title IV-E Foster Care Program Aging &amp; Adult Services Youth Services Social Services Block Grant Child Care Resource and Referral</p>		<p><b>Department of Health (MSDH)</b></p> <hr/> <p>Early Intervention Program (First Steps) Women, Infants and Children Program (WIC) Child &amp; Adolescent Health Fetal Alcohol Syndrome Program Public Health Nursing Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) Child Care Licensing</p>

The funding for young children’s services is generally categorical and targets certain populations and issues. Since planning is driven by funding source parameters, there is often a limited incentive to collaborate or coordinate across programs and systems. To build a coordinated early childhood system, Mississippi will need to be strategic in how limited resources are used and how new resources can be developed. Some strategies recommended by the National Center for Infant and Early Childhood Health Policy include:



- Redirecting spending from less effective to more effective programs and services;
- Co-locating services and increasing the efficiency of administrative and management processes;
- Maximizing existing sources of funds as well as considering all opportunities to generate new revenue;

- Aligning and coordinating categorical funding streams or removing contradictory requirements;
- Bring together separate funding streams by supporting strong community partnerships.

There are significant gaps in the early childhood system which include a lack of:

- A “single” governance structure to promote a comprehensive and cohesive agenda for young children and their families-across health, education and human services.
- Ongoing comprehensive early childhood planning, policy development and funding alignment.

The challenge faced in Mississippi is to combine existing efforts under a broadened umbrella, without negating or duplicating the work already being done. A governance/guidance structure with the legitimacy to endure is needed to ensure the overarching oversight of a coordinated service delivery system for young children. This Single Governance Office/Structure would facilitate the integration and alignment of services, planning efforts, resources, policy development, and funding. Such an Office or Structure would facilitate connections between systems and public and private partners and hold all parties accountable for collaborating and achieving desired outcomes. Additionally, this Single State Structure could seriously improve and influence local community efforts by:

- Supporting existing local and regional early childhood collaborations.
- Encouraging and funding collaborations among health systems, schools and mental health, early care and learning, and family support programs.
- Sharing information with local and regional groups on state efforts, initiatives, systems building, and best practices.
- Reducing real or perceived barriers to local coordination.

### Early Childhood Workforce Issues

In general, the early childhood workforce does not have the proper support needed to maintain the best available front-line staff. The salaries and benefits for early childhood workers (such as child care providers) need to be realigned with the quality level of care needed. An issue noted in discussions with stakeholders is that many early childhood positions have high levels of pre-requisites and degree requirements; however the salary/benefits for these positions do not match the pre-requisite levels.

### Client Transportation

Across multiple programs, providers noted that families do not have the transportation to access resources and provided services. Mississippi does not have a public transportation system the children and families can utilize to obtain needed services. There are currently efforts being implemented to address this issue, including information sharing programs and internet-accessible services. The lack of transportation is a significant barrier in the rural areas of the state (such as the Delta region). In discussions, Mississippi stakeholders felt this was a more global issue well beyond the scope of SECAC.

**Current Work Processes**

The following table represents key work processes necessary to implement an early childhood service delivery system. Current approaches are highlighted along with relative changes within the each proposed Coordination model later in this document.

Work Process	Current Status	Future (in each model)
<b>Setting Strategic Policy</b>	Historically strategic policy was set at the level of individual agencies, within the constructs allowed by state rules and regulations. However, a great amount of momentum has been established based on the work of SECAC, and more specifically, the efforts by Mississippi to prepare the Early Learning Challenge - Race to the Top application. Mississippi continues to be like many states in that each state agency sets their policies based on single agency goals, rather than over-arching goals to be achieved by the state. This is often mirrored at the local level in that planning is primarily completed autonomously within local programs, centers and agencies.	
<b>Funding Decisions</b>	Currently, Mississippi’s budgeting process is not based on single administrative line authority over all state agency budget requests. State agencies do not have their funding approved through the same process. For instance, the Department of Education seeks its own appropriation request separate from the Governor’s recommendations from most other state agencies. This separate planning sets multiple paths on funding decisions from the first stages of the process. Primarily	

	each state agency allocates funding to staff and contracts based on their agency’s goals and priorities. Little consideration is made on how and where other state agencies place their funding.	
<b>Service Delivery Model Decisions/Delivery of Services</b>	Currently state agency decisions on service delivery models are siloed, which leads to agencies are not accounting for the impact of other state agency service models. Important decisions, such as whether to staff or contract for specific types of service provision, are entirely agency-to-agency decisions. Additionally, decisions on service delivery are clearly siloed at the local level in most Mississippi communities. There are communities that local agencies are providing services without the collaboration amongst other community providers.	
<b>Linkages between programs</b>	Recently, Mississippi has achieved significant progress in linking early childhood programs. The SECAC has worked to bring Department stakeholders to the forefront of early childhood issues. However, the majority of Mississippi’s state agencies that provide early childhood services are not fully linked amongst programs. Each state agency develops policies based on its specific agency goals and priorities, and at times without incorporating the state’s vision for young children.	

	<p>However, momentum has begun as a result of the work of SECAC and more specifically the Race to the Top application. Mississippi continues to be like many states in that each state agency sets their policies based on single agency goals. This is often mirrored at the local level in that most planning is completed autonomously within local programs, centers and agencies. Linkages have often sprung up at the local level in the absence of state agency collaborations.</p>	
<p><b>Reporting</b></p>	<p>Reporting is currently based on output accountability for each individual professional for each consultation or episode of care. Attendance tracking, supervision and accountability is most often based on reporting of service transactions by individual providers/agencies.</p>	

## LOCAL COORDINATION MODELS

There are several Core Local Elements that will be present in any Coordinating Model chosen by SECAC. These Elements are essential components that any community tackling the issue of improved coordination of services must address:

- Needs Assessment: Demographic information, unique contextual aspects of the community, and the impetus for beginning their work.
- Leadership and Planning: Governance and decision-making structures and processes and sources of data collection to inform planning.
- Quality Services and Strategies: Service content and delivery mechanisms designed to meet needs identified through data collection and analysis.
- Tracking Outcomes, Quality Assurance, and Ensuring Accountability: Data systems, established evaluation and monitoring approaches for quality improvement, and measuring outcomes.

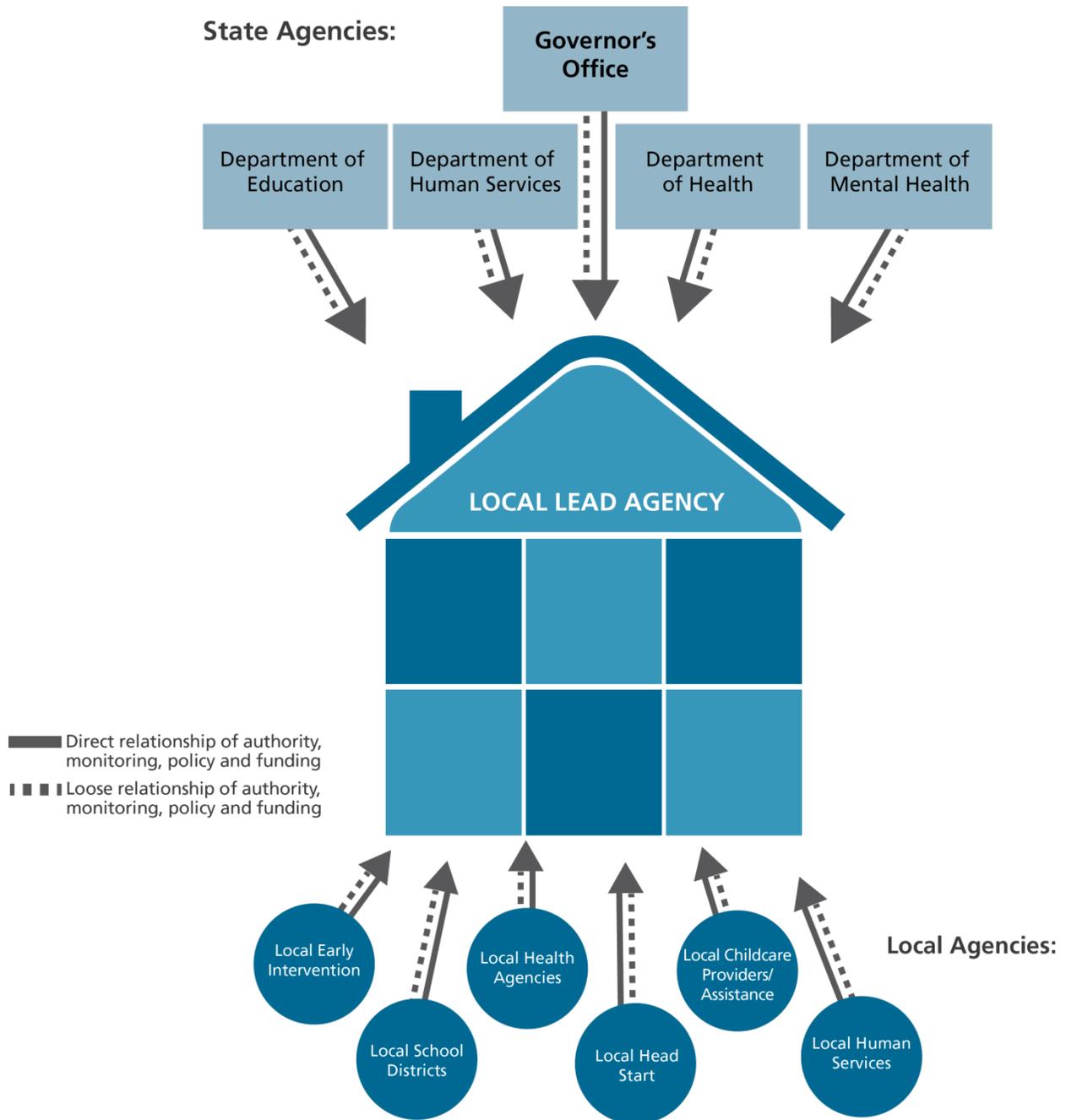
- **School Connections:** Programs and practices in place to connect communities to schools for the purpose of supporting student achievement.

The ultimate goal of this report is to describe three separate models of coordinated early childhood service systems available for communities. As such, all three models were developed based on the compilation of a literature review, stakeholder input and data analysis. We titled these local coordination models:

1. Lead Agency Model
2. Co-Location Model
3. Responsible Community Board Model

### **1. Lead Agency Model:**

- Single Program Dominated;
- Built on administrative strengths;
- Other programs become supplementary;
- Often leads to focusing on 1-2 outcomes, then expanding to other goals later.



**Definition of Lead Agency Coordination Model**

The Lead Agency Coordination Model is about facilitating service coordination through a collaborative approach to communication and planning built on the notion of one entity takes charge.

The lead agency is to chair the interagency working group established to coordinate policy related to a particular operation. The lead agency determines the agenda, ensures cohesion among the agencies, and is responsible for leading the implementation of decisions.

States and communities faced with the need or desire to improve the coordination of service delivery often use a **lead agency** model where a provider is selected to provide administrative oversight over a geographical area or service type. They assume the responsibility of managing the community collaboration and work with other agencies who deliver the services. This is believed to be an efficient model.

### **The Lead Agency**

The lead agency in the Model does not assume control of the initiative but instead provides an administrative framework to facilitate the work of the Team and the Steering Committee. Based on lessons learned with implementation of the Model in a number of communities, it is recommended that the lead agency be a well established agency. A wide variety of agencies, from school districts to mayor's offices, to large non-profits have served as lead agencies. No matter which agency assumes administrative responsibility for this initiative, its credibility and influence within the community are directly correlated to the success of the project's activities. The lead agency has a number of important responsibilities:

- Tracking the activities of the partnering agencies and the community partnership.
- Providing an administrative framework for hiring coordination staff, as directed by the Steering Committee.
- Possibly Administering funds and grant contracts, as directed by the Steering Committee.

Each type of agency has advantages and disadvantages that will inevitably influence the selection of the lead agency. Each community has varying needs based on existing community dynamics (e.g., local politics, existing collaborations, history of agencies within the community, agencies' management capacities, and the location of the target area).

The lead agency may incur significant costs, including those associated with providing office space, administration of funds etc. Important questions to consider when determining which agency will be the lead agency for implementation of the plan are:

1. Is the proposed lead agency the most appropriate one to supervise this effort?
2. Does the proposed agency have a history of respect and support from the target area residents?
3. Does this agency have the resources and authority to direct the planning effort?
4. Does this agency have the support of the Steering Committee?  
The support of the community?  
The support of the key community leadership?
5. Does the proposed agency have the ability to follow the effort through implementation, including management of information?

It should not be assumed, however, that a single agency or organization will be responsible for all the work. Each of the participating agencies may be able to devote a portion of a staff person's time to this effort. Additionally, some services, such as outreach, may be subcontracted from other agencies.

One organization may be selected to manage the linked partnership. "Linkages to Learning," a partnership for school-linked comprehensive services in Montgomery County, Maryland, is led by the county health and human services department's division of children, youth, and family services. This agency coordinated the community assessment, contacted potential partners, organized initial meetings, and developed a memorandum of understanding among other partner agencies. It continues to facilitate planning retreats for program staff, provide a coordinator who organizes partnership meetings, and contribute the majority of staff members. To ensure that the lead agency does not assume undue influence or bear an unfair burden, partners must devise ways to involve all agencies and organizations in decision making--for example, by rotating the responsibility for conducting meetings among partners.

### **Characteristics**

There are several key characteristics that define the Lead Agency Coordination Model. The first characteristic is that the Model is single program dominated. As mentioned above, the relative strength of any agency is often key in selecting a lead agency, and as a result that agency often has a larger say in the community partnership's efforts. A second key tenet mentioned above is the selection of the lead agency is almost always built on the administrative strength of an agency. Fiscal management, program stability and name recognition are almost always the drivers of lead agency selection and influence the implementation of the Lead Agency Coordination Model. Often cited as a weakness of the model is that other programs (who are not the lead agency) are supplementary to the lead agency. As a result, the lead agency tends to drive the selection of community outcomes. Admittedly, communities who utilize a lead agency model for service delivery coordination report often working on and meeting community outcomes in a sequential manner. Often focus is on one to two key outcomes (driven by the lead agency) then expansion to additional goals is added over time.

There are consistent themes involved with the implementation of Lead Agency Models, such as:

- Concern about the time involved in being the lead agency but this did not dominate the discussion;
- To effectively implement the model, it must be well supported with resources and training;
- Physical meeting space is essential;
- Lead Agency model requires clear parameters.

## **Roles, Responsibilities and Work Processes**

Principles that underpin the Lead Agency Model:

1. The concept of lead agency is underpinned by Better Access to Services.
2. Agencies will work together in a spirit of co-operation and respect.
3. Adopting the role of lead agency is voluntary and can be changed over time as negotiated.
4. The role and responsibility of each agency is recognized within their own agency policies, guidelines and capacity.
5. The lead agency model compliments the service delivery system and respects diversity of providers and services.
6. All agencies involved have a responsibility for the Community Coordination Plan
7. The role of the lead agency is not to do all of the work.

### **Lead Agency:**

The lead agency fulfils their usual service provision role and the following:

- Receive and disseminate information
- Facilitate Communication
- Explain lead agency role to clients and the community
- Lead agency needs to know all the agencies involved in a Community Coordination effort
- Lead agency referral to other services (if in their service provision role they would usually have undertaken this)
- Lead the development of the Community Coordination Plan in consultation with the community members
- Appropriate staff within the lead agency are aware of this lead agency role, especially in the event of the usually allocated worker being absent
- To be a point of contact for changes
- Notify changes in Community Coordination Plan to agencies involved (as relevant)
- Keep Community Coordination Plan up to date up to date information
- Lead agency will hold and access relevant information in relation to service provision within the Community Coordination Plan
- Prompts and facilitates the review of the Community Coordination Plan
- Disseminate information regarding Community Coordination

The Lead Agency is not:

- Solely Responsible for ensuring that all service provision is meeting clients' needs
- The agency that makes all the referrals
- A discharge planning service
- A 'fix it' agency
- To replace resources outside the service system that the client has available, eg. family
- The service that addresses agency disputes
- Responsible for the client's decisions and actions
- A dispute resolution service

### **Federal and State Agencies:**

Most states lack a coordinated strategy to maximize the impact of public investments at the individual community level. Service initiatives have evolved separately from one another. By supporting Lead Agency Models, government agencies can use resources more efficiently and better meet the needs of children and families. Currently, Mississippi funds early childhood programs separately through different local agencies/providers. As a result state (and federal) agencies miss opportunities to pool resources for program administration, data collection, and training and technical assistance within a local Lead Agency. Moreover, state agency leaders can promote a coordinated state strategy for higher-quality and better-targeted home visiting programs by including these programs under the umbrella of existing strong local programs.

State (and federal) agencies flowing funds to a consolidated single local entity may move gradually. Procurement systems and contractual procedures must adapt over time in order for local communities to develop fully mature Lead Agency Models. Many effective Lead Agency Models implemented nationally evolve and improve incrementally. Government agency recognition of a community seeking a Lead Agency Model is a core work process that is at the core of such implementations.

### **NGO's and Communities:**

Communities are responsible for leading Communication between Agencies. Clients must know who the lead agency is and understand this role and NGOs and Community leaders play a key role in this function. Community members must clarify roles understand through the Community Coordination Plan. NGOs and Community leaders should be keys in determining most appropriate method of communication. Additionally, other agencies keep the lead agency updated regarding their service provision

#### **Who is the Lead Agency?**

The Community must decide who will be the Lead Agency, including trigger points for needing a lead agency, it is suggested that the following is taken into account:

- Being the lead agency could be a short term or long term role
- The agency being considered as lead agency needs to have ongoing client involvement
- Agency that has regular contact with the client base
- Agency that has a relationship with the client base
- An opportunity to distribute the workload of Community Coordination

The lead agency is negotiated and agreed among the agencies providing service and the community, and, the agency being proposed has the capacity to be the lead agency.

The following table represents key work processes necessary to implement an early childhood service delivery system. Current approaches are highlighted along with relative changes within the proposed Lead Agency Coordination model.

Work Process	Current Status	Proposed in Lead Agency Model
<b>Setting Strategic Policy</b>	Historically strategic policy was set at the level of individual agencies, within the constructs allowed by state rules and regulations. However, a great amount of momentum has been established based on the work of SECAC, and more specifically, the efforts by Mississippi to prepare the Early Learning Challenge - Race to the Top application. Mississippi continues to be like many states in that each state agency sets their policies based on single agency goals, rather than over-arching goals to be achieved by the state. This is often mirrored at the local level in that planning is primarily completed autonomously within local programs, centers and agencies.	State agencies and Local Communities often take a focused approach to Strategic Policy within the Lead Agency Model. This model is characterized by focusing on 2-3 outcomes (often at the lead of the Lead Agency). It is important that State Agencies recognize the Lead Agency’s role in setting local policy and strategy. This changes the work process in that community members begin to set joint goals, although the Lead Agency usually carries a greater “vote” on what policy and strategies are employed.

<p><b>Funding Decisions</b></p>	<p>Currently, Mississippi’s budgeting process is not based on single administrative line authority over all state agency budget requests. State agencies do not have their funding approved through the same process. For instance, the Department of Education seeks its own appropriation request separate from the Governor’s recommendations from most other state agencies. This separate planning sets multiple paths on funding decisions from the first stages of the process. Primarily each state agency allocates funding to staff and contracts based on their agency’s goals and priorities. Little consideration is made on how and where other state agencies place their funding.</p>	<p>The Lead Agency model requires funding decisions from state agencies to be funneled into locally chosen Lead Agencies. In order for this to occur, greater dialogue between communities and state agencies will be required. Additionally, greater communication among state agencies is required as the notion of pooling and funneling multiple state agency resources into a local Lead Agency is a key tenet. Continuing to allow separate state agency funding decisions will weaken the ability of the Lead Agency model to be successful.</p>
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<p><b>Service Delivery Model Decisions/Delivery of Services</b></p>	<p>Currently state agency decisions on service delivery models are siloed, which leads to agencies are not accounting for the impact of other state agency service models. Important decisions, such as whether to staff or contract for specific types of service provision, are entirely agency-to-agency decisions. Additionally, decisions on service delivery are clearly siloed at the local level in most Mississippi communities. There are communities that local agencies are providing services without the collaboration amongst other community providers.</p>	<p>Local communities and the providers within a community can no longer continue to have siloed decision making when it comes to Service Delivery Model decisions. Joint planning and give and take are required in order for a community to utilize a Lead Agency model. State Agencies additionally, must allow for flexibility at the community level in deciding on Lead Agency selection, as well as decisions on Service Delivery models. Admittedly, increased State=Community Communication is required to ensure that Community decisions are appropriate and within the constraints of state and federal funding</p>
<p><b>Setting and Enforcement of Program Standards/Licensure etc</b></p>	<p>Mississippi has made significant progress in recent years in developing standards across programs. However, the monitoring of program standards and licensure is primarily not a shared responsibility. State agencies by rule or statute monitor the provision of services they have been authorized to perform. Locally, agencies and programs tend to focus on internally monitoring of their programs against only the standards that directly apply to their agency or program.</p>	

<p><b>Program Management</b></p>	<p>Currently Program management at the state and local level is focused on single agency issues. Few if any examples exist where shared management and operations exist within state agencies or local communities.</p>	<p>Lead Agency service models are often characterized by local programs ceding program management functions to a lead agency. Examples of responsibilities ceded to a Lead Agency include; Outreach, Training, Grant Writing and Grant/Contract Administration. Local communities must decide the Program Management roles and responsibilities that will be handled by a local Lead Agency. State agencies must recognize the choices and relationships chosen at the state level and adapt accordingly. Understanding that even though a Lead Agency takes on certain management roles, they do not become the end all, be all for every local agency issue.</p>
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<p><b>Procurement/Contracting</b></p>	<p>Decisions on who, where and how to purchase services is currently left up to single state agencies. There does not appear to be any joint efforts to identify and pool multiple state agency contracts in order to achieve efficiency in operations. Stakeholders reported that some local agencies have contracts with multiple state agencies, but that is usually the result of separate priorities, separate planning, separate procurements and separate negotiations. Additionally, there does not appear to be a consistent approach in deciding whether to staff efforts or outsource them to grants and contracts.</p>	<p>State Agency contracting and procurement functions will need to adjust incrementally in order to implement a Lead Agency Coordination model. The practice of multiple state agencies handling procurement and contracting independently would need to be improved. State agencies would need to “bundle” local community contractual arrangements into the local Lead Agency. Increased dialogue between local communities and state entities would be required in order to effectively implement these joint contracts/procurements. One of the largest changes however, must occur at the local level whereas competition for funding and contracts needs to be replaced with cooperation.</p>
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<b>Linkages between programs</b>	<p>Recently, Mississippi has achieved significant progress in linking early childhood programs. The SECAC has worked to bring Department stakeholders to the forefront of early childhood issues. However, the majority of Mississippi’s state agencies that provide early childhood services are not fully linked amongst programs. Each state agency develops policies based on its specific agency goals and priorities, and at times without incorporating the state’s vision for young children.</p>	<p>Agencies operating in the local community must no longer take a competitive approach to their neighbor agencies. Instead, joint planning and decision making must occur whereas, decisions are made about the selection of a local Lead Agency, the roles the Lead Agency will fulfill and areas that will still be single agency focused.</p>
	<p>However, momentum has begun as a result of the work of SECAC and more specifically the Race to the Top application. Mississippi continues to be like many states in that each state agency sets their policies based on single agency goals. This is often mirrored at the local level in that most planning is completed autonomously within local programs, centers and agencies. Linkages have often sprung up at the local level in the absence of state agency collaborations.</p>	

<b>Reporting</b>	Reporting is currently based on output accountability for each individual professional for each consultation or episode of care. Attendance tracking, supervision and accountability is most often based on reporting of service transactions by individual providers/agencies.	Reporting and accountability under this model shifts to geographic (community) based outcomes. Although there are still agency level requirements, success and reporting should evolve into reporting community level progress, needs and goals.
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**Example of the Lead Agency Coordination Model:**

**Midtown Partners, Inc.**

Midtown Partners, Inc. (formerly North Midtown Community Development Corporation) of Jackson, MS, serves as an example for the proposed lead agency model. Midtown Partners' (MPI) master plan focuses on social and economic revitalization of the Midtown neighborhood. MPI partners with over 25 organizations, some of which are co-located in MPI's facilities. The distinguishing factor between MPI's lead agency model and the co-location model is the organization's focus on providing a holistic approach of service delivery. In the area of early childhood, MPI has a dedicated staff member that leads all early childhood coordinating efforts. MPI focuses their early childhood efforts on in a holistic way by reaching out to parents, especially by coordinating with parents that receive TANF assistance, as well as providing parents with and directing parents to other aspects of early childhood and education. MPI works with multiple early childhood partners with an array of services, such as MS State University Extension services, Excel by 5, and 14 childcare centers in the surrounding area. MPI's holistic approach encompasses follow-up services. For each area of MPI's key programs (housing and economic development, economic security, educational development, health, and community engagement), MPI conducts follow-up reviews of clients that receive services from MPI partner agencies whether they are co-located in the facilities or not. The director of MPI stated that the key benefits of the lead agency model is the ability to provide a comprehensive approach by pulling resources and funds between MPI and partnering organizations by utilizing the strengths of the community and its existing organizations.

**How and why it works.** A key foundation for the success of MPI is the relative administrative strength of the agency. The ability to manage multiple large scale government grants and contracts should not be underestimated. Communities considering a Lead Agency model should carefully select the Lead Agency, as discussed above. Additionally, the success of the MPI program lies in the holistic approach to reaching families. MPI efforts seek to wrap full supports

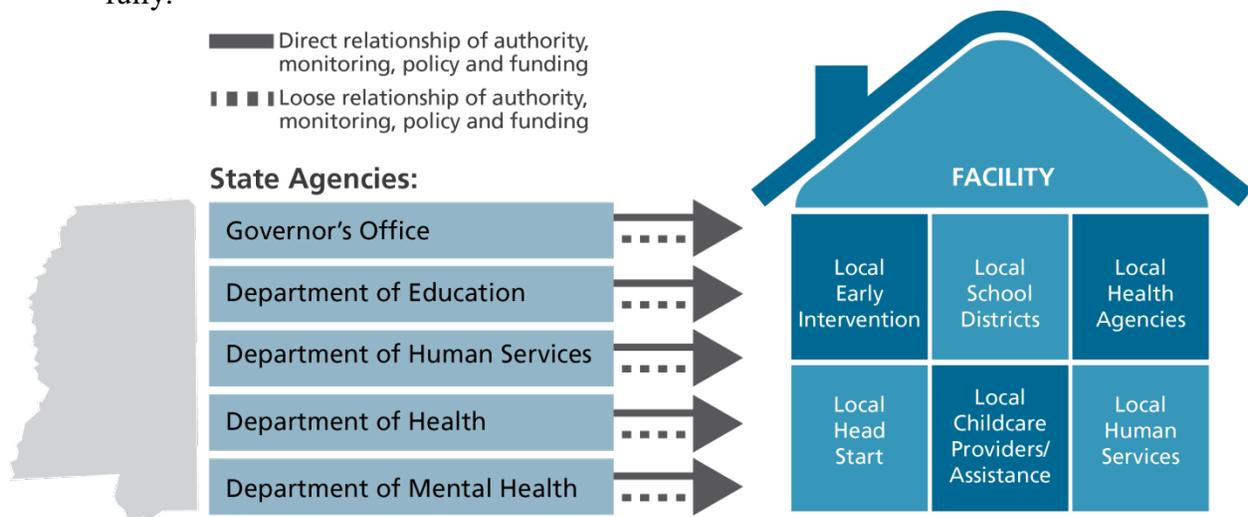
around children and families and early childhood is integrated into these larger support efforts. MPI has a very specific definition of their target community. This specific definition allows for targeted focus on individual neighborhoods, individual families and individual children. MPI has been particularly successful in coordinating with other community support resources.

**How could it work better in other communities?** One lesson learned in studying MPI, is that there are still a host of state agency services that are not fully integrated into the MPI effort. Significant progress has been made to include state agency service offerings in conjunction with MPI. However, full state level integration remains the goal. As SECAC targets pilot communities, and if the Lead Agency model is chosen, it is important to identify on the front end key state agency services that should be included in a Lead Agency model.

**How could the state facilitate this model/program?** In conjunction with any proposed pilot communities, state agency service delivery structures should be included in planning for a Lead Agency structure at the earliest stages of planning. It is important that state agency personnel with enough power and reach be included. In communities implementing this model, it is critical to include state agency leadership who has the authority to affect change. . State agency procurements could be affected; service locations could be affected as well as the need for greater community or regional office flexibility are key tenets of actions that state leaders could take in order to fully support implementation of the Lead Agency Model.

**2. Co-location Model:**

- Built on Informal Networks-loosely coupled agencies, few semi-formal agreements exist;
- Characterized by continued agency level autonomous planning;
- Greater Awareness of community programs;
- Often leads to the appearance of “Integrated Eligibility” or “One-Stop Shop,” but not fully.



### **Definition of Co-location Model:**

"One-stop shopping" is the general concept that services can be made more accessible and service delivery can be more efficient by coordinating and co-locating services that are normally provided by more than one agency or program. Federal efforts to promote this idea have included the One-Stop Program of the Employment and Training Administration (ETA) at the U.S. Department of Labor. ETA has funded the planning and implementation of centers that provide an array of employment and training services and information in central locations. In addition, the Administration for Children and Families at the U.S. Department of Health and Human Services is currently collecting examples of co-location in delivering welfare and child support services.

Many state and local human services agencies are working with local communities to expand co-location models to include employment and support services for welfare recipients, and agencies are experimenting with other models of co-located staff and programs that integrate other services needed by economically disadvantaged clients. Some offices now house both child support and income support staff to facilitate better coordination between those programs. The advantages to co-location are generally perceived as: improved access to services for clients; better case management for each client; stronger inter-agency communication; greater efficiency of service delivery through less duplication, identification of service "gaps" and the potential for decreased overhead costs. The challenges often experienced in moving to co-location include differences in agencies' cultures and expectations of clients; continuation of discrete funding streams and agency procedures; revisions to cost accounting; and other logistical issues.

### **Characteristics**

There are several key characteristics that define the Co-location Coordination Model. First, the Model is built on Informal Networks, often loosely coupled agencies striving to work closer together to benefit families and to deliver a more efficient service delivery model. The Co-location Coordination Model is often characterized as having few semi-formal agreements. A primary goal of Co-location Coordination Models is to provide "place based" support and access. Community members often see Co-location Coordination Models as having a fully integrated eligibility process, but this is not always entirely accurate. Many Co-location Coordination Models implemented nationally still are characterized by a high degree of "behind the scenes" agency level autonomous planning. There are clear joint goals that the community collaboration effort and agencies agree upon, but often the planning to accomplish these tasks still resides in individual departments and agencies.

Children and families should not have to bear the additional burden of multiple trips and locations in order to access the help and services they need. In recent years, a number of cities, counties and states have established service centers for families that both provide support and coordinate the interventions of all the institutions involved. Another principle of Co-location Coordination Model is that the first agency to which the family in question has turned for help is responsible for coordinating all the help services to be called upon, until a particular agency takes over this responsibility and coordinates further steps.

New multi-agency initiatives have established close cooperation not only in terms of working together, but also in service provision. They have developed intervention chains to make sure that children and families are provided with coordinated help and do not get lost in the shuffle between the various agencies. Intervention chains function well and are effective, provided that all the agencies are involved in the Co-location operation. “Missing links” can lead to frustrating and discouraging experiences for families and constitute a risk to the child/family/community.

Co-location Coordination Models are often organized in such a way that families do not have to contact many different agencies, but are provided with multi-agency support in one location. The “one-stop shop” approach is an innovative strategy in service provision and it is also becoming increasingly more important in public management. Many services have developed this strategy, providing not only case management, but also practical support, aid and support for the children.

The Co-location approach is an innovative strategy in service provision and it is also becoming increasingly more important in public management as it can lead to significant efficiencies such as shared meeting space and consolidated support.

## **Roles, Responsibilities and Work Processes**

### **Federal and State Agencies:**

In addition to the global state actions mentioned in this report, Co-location coordination models require location flexibility from Federal and State agencies. In many instances the location for the Co-location will be a Non-Governmental entity or local government space. The Federal and State Agencies involved must negotiate in good faith the willingness and support of Co-locating state or federal programs and staff in non federal or state owned/leased space. Some progress has been shown in some Mississippi communities in relation to State Agency personnel Co-locating within community sites. The examples seen by PCG are a model to build on and were characterized as more of a “Drop-in” Co-location as opposed to full scale Co-location. This drop-in, approach may be the catalyst for more defined and permanent Co-locations by government agencies. In general, state agencies were not identified to be fully Co-locating within the Community examples identified by PCG during this engagement. Additionally, stakeholders who are leading Co-location models report great variance in how government (State) agencies handle arrangements and negotiations related to Co-location of government agencies and staff.

### **NGO’s and Communities:**

The success of Co-location models within Mississippi and nationally almost always hinge on local communities identifying the Co-location facility (ies). In many examples, local governments offer or fund the space for the Co-location. Models identified in Mississippi exhibited Co-location examples in Schools, Colleges and Universities and Community agencies. In order for place based supports to be successful, community support and resources must come to bear in order for the Co-location model to be successful. Worth noting about the Co-location examples in Mississippi is that once one site is successful, there has often been a spreading of

sites to other surrounding communities, thus speaking to the relative success of Co-location models currently operating within Mississippi.

**Benefits of the Co-location Model**

- ✓ Community/Neighborhood Accessibility
- ✓ Increased Visibility and Community/Client Awareness
- ✓ Reduced Travel time spent by staff and clients
- ✓ Available space for team meetings across service provisions
- ✓ Access to other professionals for consultation and communication
- ✓ More frequent communication both formal and informal contributes greatly to the success of the model

The following table represents key work processes necessary to implement an early childhood service delivery system. Current approaches are highlighted along with relative changes within the proposed Co-location coordination model.

Work Process	Current Status	Proposed in Co-location Model
<b>Setting Strategic Policy</b>	Historically strategic policy was set at the level of individual agencies, within the constructs allowed by state rules and regulations. However, a great amount of momentum has been established based on the work of SECAC, and more specifically, the efforts by Mississippi to prepare the Early Learning Challenge - Race to the Top application. Mississippi continues to be like many states in that each state agency sets their policies based on single agency goals, rather than over-arching goals to be achieved by the state. This is often mirrored at the local level in that planning is primarily completed autonomously within local programs, centers and agencies.	Strategic Policy setting does not change significantly in the Co-location model. Agencies continue to practice autonomous planning and operations.

<p><b>Funding Decisions</b></p>	<p>Currently, Mississippi’s budgeting process is not based on single administrative line authority over all state agency budget requests. State agencies do not have their funding approved through the same process. For instance, the Department of Education seeks its own appropriation request separate from the Governor’s recommendations from most other state agencies. This separate planning sets multiple paths on funding decisions from the first stages of the process. Primarily each state agency allocates funding to staff and contracts based on their agency’s goals and priorities. Little consideration is made on how and where other state agencies place their funding.</p>	<p>Under the Co-location model most funding decision patterns are not required to change. Some pooling of resources or planning associated with facility costs must be jointly planned and funded. Primarily funding decisions continue to funnel from State agencies in a manner consistent with today’s operations.</p>
<p><b>Service Delivery Model Decisions/Delivery of Services</b></p>	<p>Currently state agency decisions on service delivery models are siloed, which leads to agencies are not accounting for the impact of other state agency service models. Important decisions, such as whether to staff or contract for specific types of service provision, are entirely agency-to-agency decisions. Please refer to Appendix A for a listing of early childhood programs across the state, including descriptive information on each program’s administration. Additionally, decisions on service delivery are clearly siloed at the local level in most Mississippi communities. There are communities that local agencies are providing services without the collaboration amongst other community providers.</p>	<p>The main change to service delivery models is in that efforts are focused on identifying and delivering services in common locations. Place based support is strengthened as multiple services and agencies locate service and outreach offerings in the joint locations.</p>

<p><b>Setting and Enforcement of Program Standards/Licensure etc</b></p>	<p>Mississippi has made significant progress in recent years in developing standards across programs. However, the monitoring of program standards and licensure is primarily not a shared responsibility. State agencies by rule or statute monitor the provision of services they have been authorized to perform. Locally, agencies and programs tend to focus on internally monitoring of their programs against only the standards that directly apply to their agency or program.</p>	<p>The Co-location model represents no significant changes to Program standards and enforcement.</p>
<p><b>Program Management</b></p>	<p>Currently Program management at the state and local level is focused on single agency issues. Few if any examples exist where shared management and operations exist within state agencies or local communities.</p>	<p>The primary change to this work process in a Co-location model is often there are shared costs for facility expenses. Beyond that change program management structures do not significantly change.</p>

<p><b>Procurement/Contracting</b></p>	<p>Decisions on who, where and how to purchase services is currently left up to single state agencies. There does not appear to be any joint efforts to identify and pool multiple state agency contracts in order to achieve efficiency in operations. Stakeholders reported that some local agencies have contracts with multiple state agencies, but that is usually the result of separate priorities, separate planning, separate procurements and separate negotiations. Additionally, there does not appear to be a consistent approach in deciding whether to staff efforts or outsource them to grants and contracts.</p>	<p>The Co-location model does not have to represent significant changes to Procurement/Contracting. However, in an ideal situation state agency lease agreements could be revisited in order to be more flexible to allow Co-location of state agency personnel alongside Co-located local program personnel.</p>
<p><b>Linkages between programs</b></p>	<p>Recently, Mississippi has achieved significant progress in linking early childhood programs. The SECAC has worked to bring Department stakeholders to the forefront of early childhood issues. However, the majority of Mississippi’s state agencies that provide early childhood services are not fully linked amongst programs. Each state agency develops policies based on its specific agency goals and priorities, and at times without incorporating the state’s vision for young children.</p>	<p>Co-location represents an improvement in the visible linkages between programs. In reality, intakes, eligibility determinations and service delivery continue on agency specific paths. However, improvement occurs in the service delivery chain. As programs are Co-located linking families to additional supports is often more immediate and more convenient for</p>

	<p>However, momentum has begun as a result of the work of SECAC and more specifically the Race to the Top application. Mississippi continues to be like many states in that each state agency sets their policies based on single agency goals. This is often mirrored at the local level in that most planning is completed autonomously within local programs, centers and agencies. Linkages have often sprung up at the local level in the absence of state agency collaborations.</p>	<p>families. Anecdotal information from other national Co-location models highlight improved communication and planning between agencies that participate in Co-location arrangements.</p>
<b>Reporting</b>	<p>Reporting is currently based on output accountability for each individual professional for each consultation or episode of care. Attendance tracking, supervision and accountability are most often based on reporting of service transactions by individual providers/agencies.</p>	<p>No significant change occurs to reporting as a result of Co-location models. Reporting and accountability continue to be single agency focused.</p>

**Example of the Co-location Coordination Model:**

**Petal Schools- Excel by 5**

Through the Excel by 5 Community Coalition, the Petal School District and a staff member from the district’s Family Resource Center as the Certification Manager established the first Excel by Five certified community in the city of Petal. The certified community center focuses on the wrap around services approach by housing a number of early childhood services and programs within one facility. The partnering programs fall under the categories of family and parent support, early care and education, and health. This provides parents with a convenient centralized location to receive information on services and direct services as well. While there are many programs in the facility the open resource center is the foundation, it holds a library of materials for parents, children, and providers and provides referral services to other programs in the facility or direction to services outside the facility that may meet the client’s needs. While a number of programs are housed in the same facility, each agency serves as a separate entity with some shared but largely unshared financial resources. Largely, the other programs have separate fiscal agents but coexist in one convenient location for parents, children, and providers.

**How and why it works.** A key foundation for the success of the Petal Schools efforts is the support of the local school district and the local government. Place-based models such as Petal also require a physical location in order to co-locate services and outreach. The local school district provides this support alongside city government fiscal support to the Coordination effort. It is important to note that Petal has made great strides but the progress has taken years of hard work, commitment and dedication to reach today's approach. Community champions in the Petal community do a very effective job of keeping early childhood services at the forefront of government and business leaders. Communities considering implementing this model must develop a high degree of community awareness and support.

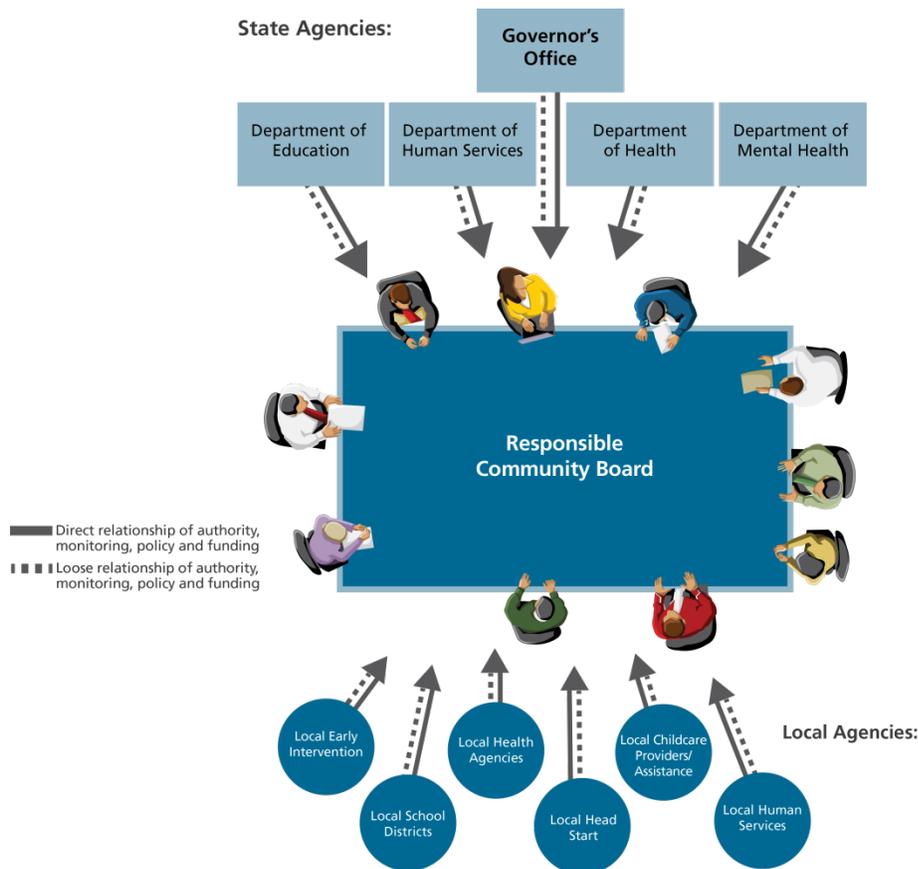
**How could it work better in other communities?** One lesson learned in studying Petal, is that there are still a host of state agency services that are not co-locating with the Petal Schools effort. Significant progress has been made to include state agency service offerings in conjunction with Petal. However, integration of state agency service offerings into the co-location could occur with little new costs to state agencies. As SECAC targets pilot communities, and if the Lead Agency model is chosen, it is important to identify on the front end key state agency services that community leaders desire to have co-located.

**How could the state facilitate this model/program?** In conjunction with any proposed pilot communities, state agency service offerings to the maximum extent possible should be co-located. If a local community identifies and offers office/service space for state agencies, state agencies should participate. In order to achieve these state service co-locations, certain physical office arrangements would need to be revisited. However, even part-time co-location of state agency services would improve the access for children and families and outreach to local communities. State agency office/location flexibility is a key if co-location efforts are to be fully inclusive.

### 3. Responsible Community Board Model:

- Built on High level of Connectedness, requires high level of community acceptance and support, Cooperative Leadership is key;
- Characterized by Community Wide Planning;
- Local Board is considered the “Lead Agency”;
- Often leads to board level fiscal agent, but not required.

#### Responsible Community Board Model:



#### Characteristics

There are several key characteristics that define the Responsible Community Board Coordination Model. First, is the model built on a high level of connectedness between agencies in the community as well as highlighting the need to involve high level community leadership? The Responsible Community Board Coordination Model requires a level of community acceptance and support, and cooperative leadership is a key. This model is often characterized as having Community Wide Planning, not surprising when considering local administrative/government officials often play a key role in this model. Many examples of the successful implementation of this model rely on the Board to in fact serve as the fiscal agent for a large majority of the service funding. Board leadership often decides on where and how dollars will be distributed; define local procurement strategies and performance measures. In many ways the Board serves as the

Lead Agency for the community. Many communities prefer the Responsible Community Board Coordination Model to the Lead Agency model in that it limits the ability of one single agency to dominate the service landscape.

The Responsible Community Board Coordination Model constitutes a distinct approach from the Lead Agency and Co-location models. The Responsible Community Board Model is characterized by more binding forms of cooperation. These initiatives usually develop goals and working programs and seek to actually improve services for children and families.

Responsible Community Board Model often takes place at the policy-making level involving senior policy-makers from political and administrative bodies, institutions and agencies. These can constitute a consulting body for governments or a body to implement and evaluate policy. Political will and financial resources allocated to the implementation of goals are most important to make such initiatives effective, for they too can turn into “talking-shops”, rendering lip service. Many national and regional governments present impressive progress reports and action plans to improve services to families and children to state and national groups, while unfortunately the situation for children and families at the grass-roots level has often improved little.

The Responsible Community Board Model is a consortium/a formal organization established and run jointly by the partners. It ensures shared leadership and collaboration and requires that partners be involved in multiple aspects of the collaboration on an ongoing basis. For example, the Local Investment Commission (LINC) in Kansas City, Missouri is guided by a 36-member Board whose members range from chief executive officers of local corporations to low-income parents. A "professional cabinet" of service experts advises the Board in its focus on professional development and comprehensive neighborhood services for 16 communities. In addition, three permanent committees address such critical implementation issues as financial management and operations, data and evaluation, and communication and advocacy. This governance structure allows each individual and group to contribute specific expertise to the Board, and streamlines the decision making process of the larger Board by having smaller working groups attend to the details of issues such as financial planning.

## **Roles, Responsibilities and Work Processes**

### **Federal and State Agencies:**

The Responsible Community Board Model suggests several mechanisms that foster collaboration between state agencies and community programs with respect to state policies. Stakeholders reported that NGO's and Communities continue to receive mandates from state and federal programs without the needed support and two-way communication necessary to implement them. Partnership models between community programs and their state-level allies are often strengthened with the Responsible Community Board Model as these boards often are comprised of local government leaders who have more influence and attachment to government agencies. The one challenge in implementing the Responsible Community Board Model for State agencies is that contractual funds are funneled to the local board as opposed to multiple local providers.

The Responsible Community Board Model then allows local board control over decisions relative to which service providers receive funding and how. Therefore state and federal government agencies must have the flexibility along with executive branch and legislative support to implement such a model. A mature Mississippi example of the Responsible Community Board Model will be discussed briefly below.

### **NGO's and Communities:**

The Responsible Community Board Model is built on the foundation of strong community leadership and collaborations. The NGO's and Community Leaders must lead the charge to implement such a model. The establishment or designation of the Board is based on confidence and trust. NGO's and Community leaders must constitute the board make-up and the degree of authority contained within the boards purview. Common tasks expected of Responsible Community Boards include developing strategic plans and to support the health, well-being, and school readiness of children prenatal to age five, along with their families and the providers who serve them. Additional roles include supporting high-quality, professional services with training across systems and disciplines. For the community's early childhood system: Promote systems and policy changes to enhance community capacity and fiscal sustainability for services to children and their families. Boards often are asked to define and foster quality service delivery strategies

To meet the goals derived from the planning processes, many Responsible Community Boards develop core strategic responsibility and work process areas that integrate services and supports for children. These areas include:

- Data Collection and Analysis: Tracking Outcomes, Quality Assurance, and Ensuring Accountability
- School Connections
- Procurement Systems for purchase of services from local providers

### **Benefits of the Responsible Community Board Coordination Model**

- ✓ More institutionalized multi-agency cooperation
- ✓ Multi-Agency efforts go beyond just getting to know each other;
- ✓ Formal Decision and Collaboration Structures
- ✓ Board Membership has real authority over fiscal and service matters;
- ✓ Provides opportunities to identify other service areas;
- ✓ Improving Community level accountability
- ✓ Is described as leading to greater community ownership of services and
- ✓ Boards often have significant power and influence to bring other resources to bear

The following table represents key work processes necessary to implement an early childhood service delivery system. Current approaches are highlighted along with relative changes within the proposed Responsible Community Board Coordination model.

Work Process	Current Status	Proposed in Responsible Community Board Model
<b>Setting Strategic Policy</b>	Historically strategic policy was set at the level of individual agencies, within the constructs allowed by state rules and regulations. However, a great amount of momentum has been established based on the work of SECAC, and more specifically, the efforts by Mississippi to prepare the Early Learning Challenge - Race to the Top application. Mississippi continues to be like many states in that each state agency sets their policies based on single agency goals, rather than over-arching goals to be achieved by the state. This is often mirrored at the local level in that planning is primarily completed autonomously within local programs, centers and agencies.	The Responsible Community Board Model significantly changes the community level approach to Setting Strategic Policies. This model is characterized by true joint planning focused on community level policies, strategies and outcomes. This model requires state agencies to adapt to community organizations movement towards a community level planning and policy approach.

<p><b>Funding Decisions</b></p>	<p>Currently, Mississippi’s budgeting process is not based on single administrative line authority over all state agency budget requests. State agencies do not have their funding approved through the same process. For instance, the Department of Education seeks its own appropriation request separate from the Governor’s recommendations from most other state agencies. This separate planning sets multiple paths on funding decisions from the first stages of the process. Primarily each state agency allocates funding to staff and contracts based on their agency’s goals and priorities. Little consideration is made on how and where other state agencies place their funding.</p>	<p>The Responsible Community Board Model requires funding decisions from state agencies to be consolidated or pooled into the local Board. In order to effectively implement this model, multiple state agencies would need to jointly plan and allocate funding in a coordinated fashion to the same Board entity. Efficiencies are often seen as a result of this model, however the key is collaborative processes in relation to funding requests and disbursements. This heightened collaboration must occur at the local and state level in order for this model to be successful.</p>
<p><b>Service Delivery Model Decisions/Delivery of Services</b></p>	<p>Currently state agency decisions on service delivery models are siloed, which leads to agencies are not accounting for the impact of other state agency service models. Important decisions, such as whether to staff or contract for specific types of service provision, are entirely agency-to-agency decisions. Additionally, decisions on service delivery are clearly siloed at the local level in most Mississippi communities. There are communities that local agencies are providing services without the collaboration amongst other community providers.</p>	<p>Service Delivery decisions are no longer siloed in The Responsible Community Board Model. Shared governance, shared resources and shared decision making are key markers of this model. Decisions on service delivery structures are made by the Board, no longer by single agency decision makers. In order for this work process to be effective the Board makeup and operations must be jointly developed early in the stages of implementation of this model. Mature examples of how to constitute such a</p>

		Board abound nationally.
<b>Setting and Enforcement of Program Standards/Licensure etc</b>	Mississippi has made significant progress in recent years in developing standards across programs. However, the monitoring of program standards and licensure is primarily not a shared responsibility. State agencies by rule or statute monitor the provision of services they have been authorized to perform. Locally, agencies and programs tend to focus on internally monitoring of their programs against only the standards that directly apply to their agency or program.	The Responsible Community Board Model is governed by the notion of shared accountability and shared outcomes. In addition to state agency authority over individual local programs, The Responsible Community Board has a role in enforcement of standards. As a Board with real influence and real authority, the Board often acts more timely and decisively to address lack of standards etc. Communities that utilize this model report a new degree of accountability. This accountability can be attributed in part to the makeup of the Board often containing influential local government, civic and business leaders.
<b>Program Management</b>	Currently Program management at the state and local level is focused on single agency issues. Few if any examples exist where shared management and operations exist within state agencies or local communities.	The Responsible Community Board Model often sees the Board serve as a direct provider of service as well as a knowledge broker for local agencies and programs. Although not a requirement, often the Board becomes a centralized resource for outsourced functions such as training, marketing, monitoring, purchasing etc. Shared program management responsibilities require

		<p>local programs and state agencies in Mississippi to rethink current pictures of program management.</p>
<p><b>Procurement/Contracting</b></p>	<p>Decisions on who, where and how to purchase services is currently left up to single state agencies. There does not appear to be any joint efforts to identify and pool multiple state agency contracts in order to achieve efficiency in operations. Stakeholders reported that some local agencies have contracts with multiple state agencies, but that is usually the result of separate priorities, separate planning, separate procurements and separate negotiations. Additionally, there does not appear to be a consistent approach in deciding whether to staff efforts or outsource them to grants and contracts.</p>	<p>State Procurement and Contracting structures would need to evolve over time to support The Responsible Community Board Model. Funds and contract that traditionally flow directly to local programs from state agencies, would ideally flow through the Responsible Community Board. The Board in turn must develop either staffing to perform required services or subcontracting arrangements with community programs. Examples of The Responsible Community Board Model that work best include funding from multiple state and federal agencies and private resources flowing into the single Board.</p>

<p><b>Linkages between programs</b></p>	<p>Recently, Mississippi has achieved significant progress in linking early childhood programs. The SECAC has worked to bring Department stakeholders to the forefront of early childhood issues. However, the majority of Mississippi’s state agencies that provide early childhood services are not fully linked amongst programs. Each state agency develops policies based on its specific agency goals and priorities, and at times without incorporating the state’s vision for young children.</p>	<p>Communities interested in implementing the Responsible Community Board Model must support the following notions; shared governance, shared authority, shared decision making, shared resources, shared accountability, and shared outcomes. This model requires a high level of connectedness among local programs, local government and local industry. By nature these high stakes linkages are often very formal, requiring interagency agreements, joint contracts and often local government action.</p>
	<p>However, momentum has begun as a result of the work of SECAC and more specifically the Race to the Top application. Mississippi continues to be like many states in that each state agency sets their policies based on single agency goals. This is often mirrored at the local level in that most planning is completed autonomously within local programs, centers and agencies. Linkages have often sprung up at the local level in the absence of state agency collaborations.</p>	

<p><b>Reporting</b></p>	<p>Reporting is currently based on output accountability for each individual professional for each consultation or episode of care. Attendance tracking, supervision and accountability is most often based on reporting of service transactions by individual providers/agencies.</p>	<p>The Responsible Community Board Model significantly changes the community level approach to Setting Strategic Policies. This model is characterized by true joint planning focused on community level policies, strategies and outcomes. This model requires state agencies to adapt to community organizations movement towards a community level planning and policy approach.</p>
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**Example of the Responsible Community Board Model:**

An example of a Responsible Community Board Model of Coordination can be evidenced by the Early Learning Council of Larimer County Colorado. Currently, the Early Learning Council of Larimer County manages a rather large budget. Funds are accessed through partnerships between the Colorado Department of Human Services and the Colorado Department of Education. The Early Childhood Council of Larimer County (ECCLC) operates as an independent 501(c) (3), governed by a board of directors and includes the local Child Care Resource and Referral agency in its governance structure. The leadership of the Council is comprised of community-based public and private sector leaders, local government officials and business leaders. A key operating component of the ECCLC oversees ongoing planning and implementation of strategic goals.

Work of the Council is carried out by 12 paid staff members who address the following program focus areas:

- Professional Development
- Quality Support Services
- Expanding Quality for Infant and Toddler Care
- Health Integration Services
- Child Care Resource and Referral
- Parent Education

The Council conducts a four-step community-wide strategic planning process every three years. Planning begins with a needs assessment based on existing data sources such as school districts, county and state (Kids Count) data, and surveys and focus groups. Following the compilation of findings, a number of community meetings are convened to gather additional information on needs, existing services and gaps in service delivery. Once all data has been collected, a formal strategic planning process begins and specific goals and strategies are developed to meet the identified community priorities. Once the plan is in place, quarterly reviews of progress are conducted to assess movement and make course corrections as needed.

The Council regularly monitors and addresses challenges to service delivery as part of its three-year strategic planning process. Identified challenges inform priorities and are aligned with goals and activities included in the strategic plan.

The Council functions both as a direct service provider and as a knowledge broker to facilitate implementation by bringing a variety of partners together in collaborative efforts to plan and deliver services. In addition, one of the unique features of the Council and its capacity to impact quality services is its ability to braid a number of separate funding sources together to create highly compliant yet seamless community services. In its dual role as a direct service provider and a facilitator of other collaborative efforts, the Council is engaged in a number of initiatives and programs across the county focused on building community-wide capacity and engagement.

PCG presents this national model as an embodied example of a Responsible Community Board Coordination Model that is viable at the local level in Mississippi.

**How and why it works?** Political/Community Will is a key foundation for the success of the ECCLC. Legislative action helped to push this work forward. The initial impetus for Larimer County's early learning community effort grew out of state legislation passed in 1997 establishing 12 *Consolidated Child Care Pilots* to support and build local early childhood systems. These *Consolidated Child Care Pilot* communities initially were not provided funding, but were granted the ability to waive state rules and regulations that created barriers to coordinated services. Given the success of these communities, Colorado passed HB07-1062 in 2007, which expanded the work of the pilots and created 30 Early Childhood Councils statewide. The legislation required that four early childhood service areas be addressed by the community initiatives: early care and education, family support, mental health, and health.

**How could it work better in other communities?** In order for Mississippi communities to implement an effective Board Model, local government leaders and state government leaders must create a more continual open dialogue about community needs, state barriers and solutions. The Colorado example shows that when a community mobilizes and state executive and legislative leaders respond accordingly great strides are made. Should Mississippi seek to pilot the Responsible Community Board Model, a kickoff meeting would need to not only include community level leaders but key state agency and legislative leaders.

**How could the state facilitate this model/program?** Mississippi's budget situation is not at a point where local seed money for community coordination efforts is likely to be a large or sustained effort. However, Mississippi can take a note from Colorado in that these *Consolidated Child Care Pilot* communities initially were not provided funding, but were granted the ability to waive state rules and regulations that created barriers to coordinated services. Given PCG's research on the Coordinated Service Delivery Project, the concept of waiving or relaxing state rules and regulations in ways that reduce community barriers to coordination seems to be a feasible notion for the state to undertake.

## IMPLEMENTATION STRATEGIES AND RECOMMENDATIONS

### Implementation Strategies for Impactful Early Childhood Programs

As new federal funds potentially augment existing state investments in early childhood services, Mississippi has an opportunity to integrate programs and administrations into an effective and comprehensive early childhood system. Several strategies can ensure that Mississippi uses new and existing resources wisely to ensure more consistently high-quality programs that are better targeted to families' needs with less duplication of effort.

Mississippi should target efforts to:

- Promote coordinated planning and shared accountability across the agencies that early childhood programs and supports;
- Develop research-based quality standards and support ongoing program improvement; and
- Improve data linkages to track outcomes and better target services.

Mississippi can promote a coordinated state strategy for higher-quality and better-targeted programs by including these programs under the umbrella of a single coordinated state early childhood governance body. In recent years, states have developed governance bodies that bridge early childhood programs that were historically operated in silos, such as child care, early education, and early intervention for children with special needs. Through coordinated governance, state leaders across agencies are promoting a common set of outcomes for young children and are developing strategic plans to expand program access, increase program quality, and ensure efficient resource use. By including budgeting initiatives in the scope of these governance bodies, governors can support better service delivery across the full continuum of early childhood programs and ultimately improve outcomes for children. Early childhood governance strategies vary by state. Whichever model of governance Mississippi chooses, governors should ensure that most if not all early childhood initiatives are included in the purview of the state's early childhood governing body, such as:

- A state early childhood advisory council that bridges various agencies and stakeholders to advise the governor on a comprehensive early childhood policy agenda. The council would need "fiscal" authority;

- A governor’s children’s cabinet or P–20 council focused on coordinated state policies for children, adolescents, and young adults; or
- A state agency that consolidates administration of the various programs serving vulnerable young children and their families.

For example, the **Connecticut** Early Childhood Education Cabinet—designated as the state’s governor-led ECAC—is studying best practices in early childhood, developing coordination strategies and ensuring a continuum of service opportunities for vulnerable children and families. The Cabinet seeks also to link early childhood services with other state priorities, such as early literacy development, father engagement, and family economic stability.

Similarly, the **Virginia** Home Visiting Consortium, a governor-led body, convenes administrators of state home visiting programs managed by five state agencies. The consortium is housed in the department of health, reports to the state’s ECAC, and played a leading role in developing service and fiscal planning. Through the consortium, the five agencies are collaborating on policy planning, quality improvement, and efforts to operate programs more efficiently. The agencies have signed a memorandum of understanding and agreed to provide funding for shared training and data collection efforts.

Still another example of state efforts to promote interagency coordination is the **Illinois** Governor’s Office of Early Childhood Development which is engaged in ongoing efforts to promote program quality, access, and coordination across the agencies funding existing programs.

The **New Mexico** Children’s Cabinet, for example, is a statutory body that includes the governor, the lieutenant governor, and the secretaries of all child-serving state agencies. The group called for a common outcomes framework, program quality standards, and guidance on targeting resources to the most at-risk families.

Finally, a few states have consolidated administration of home visiting programs in one agency that already has a leadership role in serving pregnant women and young children. Although this strategy requires restructuring program administration across agencies, it can support an efficient approach to delivering early childhood programs and promote linkages between related programs serving at-risk children and families.

Through **Ohio**’s Help Me Grow (HMG) initiative, for example, the Ohio Department of Health has consolidated management of all services for families with children below age 3, including home visiting programs and early intervention services for children with special needs. At both the state and local levels, HMG streamlined administration across programs and facilitated the use of common standards of practice, data collection protocols, and eligibility requirements. Local family and child first councils administer the HMG initiative. They help ensure that —no wrong door exists for families with young children seeking support services and that these families do not receive duplicative home visits from multiple programs.

Similarly, the **Vermont** Department for Children and Families administers Children's Integrated Services, which focuses on prevention and early intervention and includes: home visiting, early intervention, early childhood and family mental health, and quality child care for children in certain high-risk groups. The department requires program coordination and a coordinated screening and referral system at the local level.

### Implementation Recommendations for Mississippi

The leadership of the SECAC will oversee the implementation efforts of the models presented in this report. The SECAC director will work with programs in a supporting role when appropriate and initiate the efforts when necessary. In order to achieve the goal to have an integrated, coordinated system, communication and cooperation will be essential on every level.

By embedding best practices for early care and learning, medical homes, parent education, family support and mental health services for young children in state policies and plans, the work of this PCG and MS-SECAC project will have lasting effects. The development of a Governance structure will support consistency in our approach, alignment of funding streams, and integration of services. This report should be widely distributed across Mississippi, and programs, agencies, and local and regional groups should be invited to use it in their own planning and development. Communities are encouraged to incorporate their own ideas for integrating services into the Models presented in this report, sharing training, blending and braiding funding, and establishing policies are some examples that promote improved services to young children and their families.

In addition to communication of this report, a public education program from SECAC about the benefits of a coordinated system for young children's services could focus on developing public will for supporting quality early childhood community coordination efforts.

Involvement at local and regional levels should be a focus as SECAC seeks to support pilot community partnerships between parents, health and social service agencies, early care and education programs, elementary schools, local boards and organizations to insure the development and continuity of quality, coordinated services. SECAC should encourage the development of local and regional collaborations where none exist and partner with established local and regional groups and share information on state efforts, initiatives, systems building and best practices. The Coordination Models promoted in this SECAC report must ultimately result in more integrated and comprehensive services where families live and raise their children. To ensure this occurs, progress on pilot implementations should be monitored. The SECAC workgroup should seek to identify indicators and performance measures that could be gathered from existing data sources through the work of NSPARC rather than create an entirely new system (see Appendix B – MS SECAC Key Data and Outcome Questions). This will not only avoid duplication of effort, but will also provide Mississippi with a baseline for some indicators and further the purpose of integration and coordination. Because all of the indicators identified will not be available, some new elements will need to be incorporated. A regular (annual) update report on the progress of pilot communities and their implementation of Coordination Models should be produced that brings the information together.

Some of the existing data collection projects that should help inform SECAC and NSPARC include:

- **Women’s, Children’s and Family Health** — Pregnancy Risk Assessment Monitoring System (PRAMS), Maternal Infant Mortality and Child Death Review Committee (MIMR),
- Birth Defects Registry, Maternal-Child Epidemiology and MCH Indicators Project
- **Child Care Program** — Market Rate Survey?
- **Child Care Resource and Referrals Network** — data on availability of child care, professional development information, etc.
- **Child Protection Services Data** — child abuse and neglect statistics, health information and access to early care and learning programs
- **Training** — professional development information for early care and learning professionals
- **EPSDT Program** — Information on EPSDT use
- **Medicaid and SCHIP** — data on number of insured and uninsured children, developmental screening information
- **Dept of Labor** — wage and benefits of professionals in early childhood programs, licensed professionals, etc.
- **Head Start Collaboration Office** — Program Information Report on Head Start children and staff

Recommendations for State Level Actions include:

**1. Strengthen the state-level early childhood policy structure to enable state-local partnerships.**

The experience of other states suggest that the success of a coordinated local planning and implementation structure depends on a clear and effective structure at the state level, with which local efforts will develop common desired results/standards and partner in implementation. While this is beyond the scope of our study, a growing body of literature and experience with state structures across the country is available to inform and support Mississippi’s ongoing discussions/implementation of this necessary component.

**2. Specify local early childhood council roles and responsibilities in legislation.**

Guidelines creating local councils can be codified in new State Legislation amending existing statutes. In crafting the legislation, state leaders need to examine the history of state-local collaborative work in other policy areas, including Youth Services, Mental Health services.

If Mississippi chooses to pursue Legislation, the language should: (1) define the broader role and functions for local early childhood efforts including the expanded focus on children from birth through age 8; (2) specify requirements for State agencies operating early childhood service programs to work in partnership with local early childhood councils.

**3. Provide state funding to support the infrastructure required for effective work, with a required local match.**

The clear message emerging from initiatives in other states is *that investing financial resources, primarily for staffing and operations, is essential to the success of local councils*. The collaborative work required to connect service systems across traditional “silos” is difficult but essential to produce improved results for children and families. Communities should be encouraged to integrate planning for early childhood services with other community services aimed at supporting strong families.

We recommend that communities should be expected to match at least 25% of the total costs of local councils/effort, including overhead costs, donated staff time and materials and supplies. These grants could be phased in over time, starting with the pilot communities. Grants could also be made competitively to a limited number of communities based on availability of resources.

**4. Expand community access to state data at the community level.**

The state needs to support local communities’ access to state data across agencies, disaggregated by community, in order to reduce the need for communities to develop their own data collection processes and ensure implementation of community coordination plans. The MS-SECAC has a key partner in NSPARC in furthering these efforts. Plans to meet this need by developing a public-private web portal featuring data access and visualization tools for greater accessibility are recommended.

**5. Establish a State Early Childhood Community Resource, Support and Incubation Center to support the work of local councils/efforts.**

We recommend that the state partner with a statewide entity to develop and operate an Early Childhood Community Resource, Support and Incubation Center to support the work of all local councils/efforts through technical assistance, training, peer-to-peer networks, and disseminating promising practices across all the early childhood policy areas. The Center would facilitate infrastructure development projects across communities to reduce costs and redundancy in areas like web site development, data development, and program development.

Included below is a sample work plan for SECAC implementation of Coordination Models within Pilot Communities over a 2 year period.



## **CLOSING SUMMARY**

This report and the Public Consulting Group have identified the keys necessary to develop a vital network of local and regional early childhood collaborative and Models to Guide local Community efforts. These local Models have been identified in the national experience over a number of years as successful for achieving improved coordination at the local level. Although there will be understandable pressure to put every available dollar into direct services to families, a relatively small investment in local councils/efforts, working in concert as a valued partner with a state-level governance structure for early childhood, will yield substantial benefits in more effective services and reductions in costs for remedial services like Special Education, the juvenile justice system, and the health care system. Now is the time for Mississippi to build on the last several years of community planning, capacity development, and action to make the emerging local collaborative full partners in efforts to improve results for children.

Coordinated early childhood service systems can achieve positive academic and nonacademic outcomes for children and families and long-term savings for states. Yet, as Mississippi state departments are facing ongoing budget shortfalls in fiscal 2012 and beyond, state leaders are faced with difficult decisions about how to use limited resources to invest in programs serving young children. In the current state fiscal environment, governors are leading a dialogue not only about how to reduce state spending, but also about how to use existing state funds wisely. By building a more coordinated early childhood system, Mississippi's leaders could become more equipped to promote efficient use of existing funds, invest in programs with a proven evidence base, and make resource allocation decisions informed by data.

Finally, Mississippi can capitalize on the energy gained in developing the Race to the Top-Early Learning Challenge application, even as the state budget situation remains uncertain. Although these federal funds are for the short term, this opportunity requires interagency collaboration to support early childhood programs. With stakeholders already beginning to work across agencies to develop plans for how to spend federal grants, now is an opportune time to tackle these state level issues and develop a more effective, coordinated and comprehensive early childhood system for Mississippi.

**Appendix A- Mississippi Early Childhood Provider Database**

**Table 1. A Early Childhood Programs**

The table below provides information on early childhood programs across the state including information on primary category, secondary category if applicable, state agency/partnering programs, division, and contact information. Please see Table 1. B for more information on the programs below.

PROGRAM NAME	PRIMARY CATEGORY	SECONDARY CATEGORY IF APPLICABLE	STATE AGENCY/ PARTNERING PROGRAMS	DIVISION	CONTACT INFORMATION
Allies For Quality Care	Direct Service	n/a	MS DHS	Mississippi Center for Education Innovation	Kate McMillin <a href="mailto:kmcmillin@mscei.com">kmcmillin@mscei.com</a> 601-354-3356
Autism Spectrum Support Group	Direct Service	n/a	IDS-USM	Sponsored by the Institute for Disability Studies (IDS) at The University of Southern Mississippi.	Julie Cooke <a href="mailto:Julie.Cooke@usm.edu">Julie.Cooke@usm.edu</a> 601-264-6982
Birth Defects Registry	Informational Resources	n/a	MS DOH	Genetics Services/Birth Defects Surveillance Registry	<a href="http://msdh.ms.gov/index.htm">http://msdh.ms.gov/index.htm</a> 601-576-7619
Boswell Early Intervention Program	Direct Service	n/a	MS DMH	n/a	Rosalynn Forrest <a href="mailto:rforrest@boswell.state.ms.us">rforrest@boswell.state.ms.us</a> 601-833-5055

PROGRAM NAME	PRIMARY CATEGORY	SECONDARY CATEGORY IF APPLICABLE	STATE AGENCY/ PARTNERING PROGRAMS	DIVISION	CONTACT INFORMATION
Between the Lions Preschool Classes	Direct Service	n/a	MS Public Broadcasting, WGBH Boston, Sirius Thinking, Ltd., Corporation for Public Broadcasting, U.S. Department of Education, Barksdale Reading Institute and Rotary International.	PBS, a nonprofit media enterprise owned and operated by the nation's 356 public television stations.	<a href="http://pbskids.org/lions/">http://pbskids.org/lions/</a>
Child Abuse Central Registry Services	Informational Resources	n/a	MS DHS	Division of Family and Children's Services	Wendy Benoit <a href="mailto:wendy.benoit@mdhs.ms.gov">wendy.benoit@mdhs.ms.gov</a>
Child Care (Facility) Licensure	Program Evaluation/Training	n/a	MS DOH	MS Department of Health	Festus Simkins <a href="mailto:Festus.Simkins@msdh.state.ms.us">Festus.Simkins@msdh.state.ms.us</a>
Child Care Advisory Council	Advocacy	n/a	MS DOH	Child Care Licensure	Festus Simkins <a href="mailto:Festus.Simkins@msdh.state.ms.us">Festus.Simkins@msdh.state.ms.us</a>
Child Care Development Associate (CDA) Credential	Program Evaluation/Training	n/a	MS DHS/ MSU	Child Care Resource & Referral Network	<a href="http://msucares.com/childcare/">http://msucares.com/childcare/</a>
Child Care Payment Program	Federal/state support or other funding	n/a	MS DHS	Division of Early Childhood Care and Development (DECCD)	Dr. Jill Dent <a href="mailto:jill.dent@mdhs.ms.gov">jill.dent@mdhs.ms.gov</a> 601-359-4551

PROGRAM NAME	PRIMARY CATEGORY	SECONDARY CATEGORY IF APPLICABLE	STATE AGENCY/ PARTNERING PROGRAMS	DIVISION	CONTACT INFORMATION
MS Child Care Quality Rating System	Program Evaluation/Training	n/a	MS DHS	MS DHS, MSU Early Childhood Institute	Lynn Darling <a href="mailto:LDarling@colled.msstate.edu">LDarling@colled.msstate.edu</a> 662-325-4836
Child Protective Services & Abuse Hotline	Informational Resources	n/a	MS DHS	Division of Family and Children's Services	Wendy Benoit <a href="mailto:wendy.benoit@mdhs.ms.gov">wendy.benoit@mdhs.ms.gov</a>
Child Support Enforcement	Federal/State support or other funding	n/a	MS DHS	Division of Child Support Enforcement	<a href="http://www.mdhs.state.ms.us/cse.html">http://www.mdhs.state.ms.us/cse.html</a> 601-359-4861
Childhood Lead Poisoning Prevention Program	Informational Resources	n/a	MS DOH	Mississippi Lead Poisoning Prevention and Healthy Homes Program	Crystal Zezey <a href="mailto:Crystal.zezey@msdh.state.ms.us">Crystal.zezey@msdh.state.ms.us</a> 601-576-7447
Children's Defense Fund Southern Region	Advocacy	Federal/state support or other funding	n/a	n/a	Oleta Fitzgerald <a href="mailto:ofitzgerald@childrensdefense.org">ofitzgerald@childrensdefense.org</a> 601-321-1966
Children's Museum & Early Childhood Teacher Trainings	Program Evaluation/Training	n/a	n/a	n/a	<a href="http://www.mississippichildrensmuseum.com/info@mississippichildrensmuseum.com">http://www.mississippichildrensmuseum.com/info@mississippichildrensmuseum.com</a> 601-981-5469
Children's Health Insurance Program (CHIP)	Federal/State support or other funding	n/a	Office of the Governor	Division of Medicaid	<a href="http://msdh.ms.gov/msdhsite/static/41,0,96.html">http://msdh.ms.gov/msdhsite/ static/41,0,96.html</a> 877-543-7669
Children's Medical Program	Direct Service	Federal/State Support (funding)	MDH	Dept. of Health	Shirley Wilder 601-987-3965

PROGRAM NAME	PRIMARY CATEGORY	SECONDARY CATEGORY IF APPLICABLE	STATE AGENCY/ PARTNERING PROGRAMS	DIVISION	CONTACT INFORMATION
Community Action Agencies	Coordination	n/a	n/a	n/a	Directory of MS Community Action Agencies <a href="http://www.mdhs.state.ms.us/pdfs/cs_commaactdirectory.pdf">http://www.mdhs.state.ms.us/pdfs/cs_commaactdirectory.pdf</a>
Community- Based Child Abuse Prevention	Direct Service	n/a	MS DHS	Prevention Unit	<a href="http://www.mdhs.state.ms.us/fcs_abusep.htm">http://www.mdhs.state.ms.us/fcs_abusep.htm</a> 601-432-4570
Community Colleges	Program Evaluation/Training	Informational Resources	n/a	n/a	LaNell Kellum <a href="mailto:lkellum@sbcjc.cc.ms.us">lkellum@sbcjc.cc.ms.us</a>
Community Food and Nutrition Program	Federal/State support or other funding	n/a	MS DHS	Division of Community Services	<a href="http://www.mdhs.state.ms.us/cs_info.html">http://www.mdhs.state.ms.us/cs_info.html</a>
DELP: Delta Promise School	Direct Service	n/a	MSU Early Childhood Institute, Delta Health Alliance	n/a	<a href="http://www.deltahealthalliance.org/healthy-living/healthy-kids/delp-update">http://www.deltahealthalliance.org/healthy-living/healthy-kids/delp-update</a>
Delta Council	Advocacy	n/a	n/a	n/a	<a href="mailto:info@deltacouncil.org">info@deltacouncil.org</a> <a href="http://www.deltacouncil.org/">http://www.deltacouncil.org/</a>
Delta Health Alliance	Advocacy	Coordination	n/a	n/a	Brooks Ann Gaston <a href="mailto:bgaston@deltahealthalliance.org">bgaston@deltahealthalliance.org</a> <a href="http://www.deltahealthalliance.org/healthy-living/healthy-kids/delp-update">http://www.deltahealthalliance.org/healthy-living/healthy-kids/delp-update</a>
DELTA House Preschool Program	Direct service	n/a	MS DMH	Early Intervention	Mildred Smith 662-843-9445
MS DHS Early Childcare Development	Coordination	Informational Resources	MS DHS	Division of Early Childhood Care and Development (DECCD)	<a href="mailto:DECCD@mdhs.ms.gov">DECCD@mdhs.ms.gov</a>

PROGRAM NAME	PRIMARY CATEGORY	SECONDARY CATEGORY IF APPLICABLE	STATE AGENCY/ PARTNERING PROGRAMS	DIVISION	CONTACT INFORMATION
Director's Credentialing Program	Program Evaluation/Training	n/a	Mississippi State University Extension Service, MS DHS	n/a	Dr. Louise Davis <a href="mailto:louised@humansci.msstate.edu">louised@humansci.msstate.edu</a> 662-325-3083
Early Childhood Special Education (Part B)	Direct Service	Federal/State support or other funding	MS DOE	Office of Special Education	Ann Moore <a href="mailto:mmulvihill@mde.k12.ms.us">mmulvihill@mde.k12.ms.us</a> 601-359-3086
Early Connections	Direct Service	n/a	IDS-USM	n/a	Ben Burnett <a href="mailto:ben.burnett@lamarcountyschools.org">ben.burnett@lamarcountyschools.org</a> 601-268-0621
Early Hearing Detection and Intervention Program	Direct Service	Coordination	MS DOH	Child and Adolescent Health	Eunice Short <a href="mailto:eunice.short@msdh.state.ms.us">eunice.short@msdh.state.ms.us</a> 601-576-7427
Ellisville State School Early Intervention Program: Laurel Early Intervention Center, Waynesboro Early Intervention Center	Direct Service	n/a	MS DMH	Early Intervention	Kaye Smith 601-477-5890
Emergency Food Assistance Program (TEFAP) Benefits	Direct Service	Federal/State support or other funding	MS DHS	Division of Economic Assistance	<a href="http://www.mdhs.state.ms.us/ea_tefap.html">http://www.mdhs.state.ms.us/ea_tefap.html</a> 601-359-4419
Emergency Medical Services for Children Program training	Direct Service	Federal/State support or other funding	MS DOH	n/a	<a href="http://msdh.ms.gov/msdhsite/_static/47,0,310.html">http://msdh.ms.gov/msdhsite/_static/47,0,310.html</a>
Even Start	Direct Service	n/a	MS DOE, Federal	n/a	Lakeisha Grant 601-359-3778
Excel by 5 Initiative	Coordination	n/a	Private, Non-Profit	n/a	Bob Clay <a href="mailto:bobrclay@excelby5.com">bobrclay@excelby5.com</a>

PROGRAM NAME	PRIMARY CATEGORY	SECONDARY CATEGORY IF APPLICABLE	STATE AGENCY/ PARTNERING PROGRAMS	DIVISION	CONTACT INFORMATION
					601-707-7726
Face Program	Program evaluation/training	Advocacy	MS Band of Choctaw Indians	n/a	<a href="mailto:info@choctaw.org">info@choctaw.org</a> 601-656-5251
Families First Resource Center	Informational Resources	Direct Service	MS DHS	Economic Assistance, Foundations for Families Unit	Vera Butler <a href="mailto:Vera.butler@mdhs.ms.gov">Vera.butler@mdhs.ms.gov</a> 601-359-4853
Family Planning Waiver Demonstration Project	Direct Service	n/a	Office of the Governor	Division of Medicaid, Maternal and Child Health Services	<a href="http://www.medicaid.ms.gov/MaternalChildHealth.aspx#FamilyPlanning">http://www.medicaid.ms.gov/MaternalChildHealth.aspx#FamilyPlanning</a>
First Regional Library Hernando MS	Informational Resources	n/a	Various Funding Sources – Mississippi Library Commission (state), local funding (city/county), Grants/Foundations: Partners – MSCCR&R, MSU, MSU Extension, Head Start	n/a	Victoria Penny <a href="mailto:vpenny@firstregional.org">vpenny@firstregional.org</a> (662) 429-4439 x. 101
First Steps Early Intervention (Part C)	Direct Service	Coordination	MS DOH	Child and Adolescent Health	Susan Boone <a href="mailto:Susan.Boone@msdh.state.ms.us">Susan.Boone@msdh.state.ms.us</a> 601-576-7427

PROGRAM NAME	PRIMARY CATEGORY	SECONDARY CATEGORY IF APPLICABLE	STATE AGENCY/ PARTNERING PROGRAMS	DIVISION	CONTACT INFORMATION
Foster Care Services	Direct Service	n/a	MS DHS	Division of Family and Children's Services	<a href="http://www.mdhs.state.ms.us/fcs.html">http://www.mdhs.state.ms.us/fcs.html</a>
Foundation for Families Unit	Coordination	Informational Resources	MS DHS	Division of Economic Assistance	<a href="http://www.mdhs.state.ms.us/ea_familyfoundation.html">http://www.mdhs.state.ms.us/ea_familyfoundation.html</a>
Genetics/Newborn Screening	Direct Service	n/a	MS DOH	n/a	Beryl Polk 601-576-7619 <a href="http://msdh.ms.gov/msdhsite/_static/41,0,101.html">http://msdh.ms.gov/msdhsite/_static/41,0,101.html</a>
Healthy Marriage Program	Direct Service	n/a	MS DHS, MSU	Division of Economic Assistance	<a href="http://msucares.com/marriage/index.html">http://msucares.com/marriage/index.html</a>
Housing Initiatives	Federal/State support or other funding	n/a	IDS-USM	n/a	Victoria Patton <a href="mailto:vpatton@mhbec.com">vpatton@mhbec.com</a>
Hudspeth Early Intervention Programs: Yazoo City EIP, Meridian EIP, Philadelphia EIP, Louisville EIP, Hudspeth EIP	Direct Service	Coordination	MS DMH	Early Intervention	Ronnie Raggio 601-664-6150

PROGRAM NAME	PRIMARY CATEGORY	SECONDARY CATEGORY IF APPLICABLE	STATE AGENCY/ PARTNERING PROGRAMS	DIVISION	CONTACT INFORMATION
Institute for Disabilities Study, University of Southern Mississippi	Program Evaluation/Training	n/a	USM	Institute for Disability Studies	Jane Z. Siders <a href="mailto:jane.Siders@usm.edu">jane.Siders@usm.edu</a> 601-266-5695 <a href="http://www.usm.edu/ids/welcome.php">http://www.usm.edu/ids/welcome.php</a>
Lynn Meadows Discovery Center-Children's Museum	Direct Service	Informational Resources	Private Program	n/a	Cindy DeFrances <a href="mailto:cdefrances@lmdc.org">cdefrances@lmdc.org</a> 228-897-6039 <a href="http://www.lmdc.org/">http://www.lmdc.org/</a>
Medicaid	Federal/State support or other funding	n/a	Governor's Office	Division of Medicaid	Melanie Wakeland <a href="mailto:melanie.wakeland@medicaid.ms.gov">melanie.wakeland@medicaid.ms.gov</a>
Mission: Readiness	Advocacy	Coordination	Non-profit	n/a	<a href="mailto:egarro@missionreadiness.org">egarro@missionreadiness.org</a> 202-464-5224 <a href="http://www.missionreadiness.org/">http://www.missionreadiness.org/</a>
Mississippi Building Blocks	Program Evaluation/Training	n/a	Private	n/a	Dr. Laurie Smith <a href="mailto:lsmith@msbuildingblocks.ms">lsmith@msbuildingblocks.ms</a> (601) 898-1400
Mississippi Child Care Certificate Program (CCIS)	Program Evaluation/Training	n/a	MDHS	Division of Early Childhood Care and Development (DECCD)	Dr. Jill Dent <a href="mailto:jill.dent@mdhs.ms.gov">jill.dent@mdhs.ms.gov</a> 601-359-4551

PROGRAM NAME	PRIMARY CATEGORY	SECONDARY CATEGORY IF APPLICABLE	STATE AGENCY/ PARTNERING PROGRAMS	DIVISION	CONTACT INFORMATION
Mississippi Child Care Resource and Referral Network	Informational Resources	Program Evaluation/Training	MS DHS, MSU	MSU Extension Service	Dr. Louise Davis <a href="mailto:louised@humansci.msstate.edu">louised@humansci.msstate.edu</a> 662-325-5089
Mississippi Children's Trust Fund	Federal/State support or other funding	n/a	MS DHS	Family and Child Services	Cherri Hedglin <a href="mailto:cherri.hedglin@mdhs.ms.gov">cherri.hedglin@mdhs.ms.gov</a>
Mississippi Early Childhood Association	Coordination	Program Evaluation/Training	n/a	n/a	<a href="mailto:msearlychildhood@gmail.com">msearlychildhood@gmail.com</a> 769-233-8811 <a href="http://www.msearlychildhoodassociation.org/">http://www.msearlychildhoodassociation.org/</a>
Mississippi Forum on Children and Families	Advocacy	n/a	n/a	n/a	<a href="mailto:msforum@mfcf.org">msforum@mfcf.org</a> 601-355-4911 <a href="http://www.mfcf.org/mfcf/index.php">http://www.mfcf.org/mfcf/index.php</a>
Mississippi Learning Institute, Sally McDonnell Barksdale Educational Resource Center	Program Evaluation/Training	Informational Resources	Jackson State University	n/a	601-979-1476 <a href="http://www.jsums.edu/mli/index.html">http://www.jsums.edu/mli/index.html</a>
Mississippi Low-Income Child Care Initiative	Advocacy	Program Evaluation/Training	Non-profit	n/a	Carol Burnett <a href="mailto:cburnett@mschildcare.org">cburnett@mschildcare.org</a>
Mississippi Museum of Natural Science	Informational Resources	n/a	Non-profit	n/a	601-576-6000 <a href="http://www.msnaturalscience.org">http://www.msnaturalscience.org</a>
Mississippi State Level Citizens Review Board	Program Evaluation/Training	n/a	MS DHS	Division of Family and Children's Services	Wendy Benoit <a href="mailto:wendy.benoit@mdhs.ms.gov">wendy.benoit@mdhs.ms.gov</a> 601-359-4255

PROGRAM NAME	PRIMARY CATEGORY	SECONDARY CATEGORY IF APPLICABLE	STATE AGENCY/ PARTNERING PROGRAMS	DIVISION	CONTACT INFORMATION
Mississippi Statewide Immunization Coalition	Informational Resources	n/a	Non-profit	n/a	Phoebe Davis <a href="mailto:praguella@aol.com">praguella@aol.com</a> 601-372-6227
MS Access and Visitation Program	Advocacy	n/a	MS DHS	Division of Child Support Enforcement	601-359-4861 <a href="http://www.mdhs.state.ms.us/cse_mavp.html">http://www.mdhs.state.ms.us/cse_mavp.html</a>
MS Association of Family and Consumer Sciences	Program Evaluation/Training	n/a	n/a	n/a	<a href="mailto:info@mafcs.com">info@mafcs.com</a> <a href="http://www.msafcs.org/">http://www.msafcs.org/</a>
MS Band of Choctaw Indians	Coordination	n/a	n/a	Division of Early Childhood Education	Tonya Tullos <a href="mailto:info@choctaw.org">info@choctaw.org</a> 601-656-5251
MS Center for Education Innovation	Coordination	Informational Resources	Institutions for higher learning, the Kellogg Foundation		Rhea Williams-Bishop <a href="mailto:rbishop@mscei.com">rbishop@mscei.com</a> 601-354-3356
MS Chapter of the American Academy of Pediatrics	Coordination	Advocacy	n/a	n/a	Gretchen Mahen <a href="mailto:msaap@integrity.com">msaap@integrity.com</a> 601-605-6425
MS Child Care Resource and Referral Network	Coordination	Informational Resources	Mississippi State University (MSU)	MSU Extension Services	Dr. Louise Davis <a href="mailto:louised@humansci.msstate.edu">louised@humansci.msstate.edu</a> 662-325-5089
MS Cool Kids Early Periodic Screening, Diagnosis, & Treatment	Direct Service	n/a	MS DOH	EPSDT	Melanie Wakeland <a href="mailto:melanie.wakeland@medicaid.ms.gov">melanie.wakeland@medicaid.ms.gov</a>

PROGRAM NAME	PRIMARY CATEGORY	SECONDARY CATEGORY IF APPLICABLE	STATE AGENCY/ PARTNERING PROGRAMS	DIVISION	CONTACT INFORMATION
MS Early Childhood Alliance	Program Evaluation/Training	Informational Resources	Jackson State University, Child Care Directors Network	JSU MS Learning Institute	601-979-1476 <a href="http://www.jsums.edu/mli/">http://www.jsums.edu/mli/</a>
MS Early Literacy Corps	Direct Service	Coordination	MSU	Early Childhood Institute	Tina Sweeten 662-325-4836 <a href="http://www.earlychildhood.msstate.edu/initiatives/early_literacy.htm">http://www.earlychildhood.msstate.edu/initiatives/early_literacy.htm</a>
MS Extension Service	Program Evaluation/Training	Coordination	MSU, MS DHS	Division of Children and Youth	Gary Jackson <a href="mailto:gary@ext.msstate.edu">gary@ext.msstate.edu</a> 662-325-3036
MS Head Start Association	Federal/State support or other funding	n/a	Governor's Office	Office of Head Start Collaboration	Holly Spivey <a href="mailto:hspivey@governor.state.ms.us">hspivey@governor.state.ms.us</a> 601-576-2021
MS Kids Count	Informational Resource	Advocacy	KidsCount/The Anne E. Casey Foundation, Partners with Family Children Research Unit (FCRU) (MSU), Social Science Research Center	n/a	Linda Southward <a href="mailto:Linda.Southward@ssrc.msstate.edu">Linda.Southward@ssrc.msstate.edu</a>
MS Power Early Learning Project	Program evaluation/training	n/a	MSU	Early Childhood Institute	662-325-4836 <a href="http://www.earlychildhood.msstate.edu/initiatives/MSPowerarlylearning.htm">http://www.earlychildhood.msstate.edu/initiatives/MSPowerarlylearning.htm</a>
MS Professional Educators	Coordination	n/a	n/a	n/a	Brennan Burkard <a href="mailto:Brennan.Burkard@mpe.org">Brennan Burkard [brennan@mpe.org]</a> 601-355-5517

PROGRAM NAME	PRIMARY CATEGORY	SECONDARY CATEGORY IF APPLICABLE	STATE AGENCY/ PARTNERING PROGRAMS	DIVISION	CONTACT INFORMATION
MSCCR&R Professional Development Tracking System (PDTs)	Program Evaluation/Training	n/a	MSU	Extension Service	Dr. Louise Davis <a href="mailto:louised@humansci.msstate.edu">louised@humansci.msstate.edu</a> 662-325-3083
Multi-disciplinary Child Abuse Review Team Network	Informational Resources	n/a	MS DHS	Governor's Task Force, Children's Justice Act Grant	Wendy Benoit <a href="mailto:wendy.benoit@mdhs.ms.gov">wendy.benoit@mdhs.ms.gov</a>
Newborn Screening	Direct Service	n/a	MS DOH	Local Health Departments	<a href="http://msdh.ms.gov/msdhsite/_static/41,0,101.html">http://msdh.ms.gov/msdhsite/_static/41,0,101.html</a>
nSPARC	Informational Resources	n/a	Mississippi State University (MSU)	National Strategic Planning & Analysis Research Center	Dr. Domenico Parisi <a href="mailto:dparisi@nsparc.msstate.edu">dparisi@nsparc.msstate.edu</a> 662-325-9242
Nurturing Homes Initiative(NHI)	Program Evaluation/Training	n/a	MSU, MS DHS	Mississippi State University Extension Service in partnership with the Mississippi Department of Human Services, Division of Early Childhood Care and Development.	Tonya Adkins <a href="mailto:TAdkins@humansci.msstate.edu">TAdkins@humansci.msstate.edu</a>
Nutrition for Women, Infants, and Children (WIC)	Federal/State support or other funding	n/a	MS DOH	Local Health Departments	Kathy Burk 601-991-6000

PROGRAM NAME	PRIMARY CATEGORY	SECONDARY CATEGORY IF APPLICABLE	STATE AGENCY/ PARTNERING PROGRAMS	DIVISION	CONTACT INFORMATION
Director's Credentialing Program	Program Evaluation/Training	n/a	MS DHS	Division of Early Childhood Care & Development	Dr. Jill Dent <a href="mailto:jill.dent@mdhs.ms.gov">jill.dent@mdhs.ms.gov</a> 601-359-4551
DECCD Lending Library	Informational Resources	n/a	MS DHS	Division of Early Childhood Care & Development	Dr. Jill Dent <a href="mailto:jill.dent@mdhs.ms.gov">jill.dent@mdhs.ms.gov</a> 601-359-4551
Oral Health for Head Start/Make a Child's Smile	Direct Service	n/a	MS DOH	Division of Health Services	Dionne Richardson 601-576-7500 <a href="http://msdh.ms.gov/msdhsite/_static/43,0,151,479.html">http://msdh.ms.gov/msdhsite/_static/43,0,151,479.html</a>
Partners for Quality Childcare	Coordination	Advocacy	MS DHS, MSU	Early Childhood Institute (ECI)	JoAnn B. Thomas <a href="mailto:Jbt103@colled.msstate.edu">Jbt103@colled.msstate.edu</a> 662-325-2881
Pediatric Evaluation and Developmental Services (PEDS)	Direct Service	n/a	MS DHS, USM	Institute for Disability Studies	Beth Bruton 601-266-6736 <a href="http://www.usm.edu/ids/peds/">http://www.usm.edu/ids/peds/</a>
Prenatal High Risk Management/Infant Support Services (PHRM/ISS)	Direct Service	n/a	MDH	Medicaid	Melanie Wakeland <a href="mailto:melanie.wakeland@medicaid.ms.gov">melanie.wakeland@medicaid.ms.gov</a> 601-576-7856

PROGRAM NAME	PRIMARY CATEGORY	SECONDARY CATEGORY IF APPLICABLE	STATE AGENCY/ PARTNERING PROGRAMS	DIVISION	CONTACT INFORMATION
Petal School District	Coordination	n/a	CFFC is public school district funded with numerous family support agencies operating from the facility. Excel by 5 Petal is funded by community support, school district, city of Petal, grants and volunteer efforts.	n/a	Nadine Coleman <a href="mailto:nadine.coleman@petalschools.com">nadine.coleman@petalschools.com</a> 601-584-4704
Poison Control Services	Direct Service	n/a	MS DOH, University of MS (UMS)	UMS Medical Center	<a href="mailto:poisonctrl-mpcc@umc.edu">poisonctrl-mpcc@umc.edu</a> 601-984-1680
Prenatal Care	Direct Service	n/a	MS DOH	Division of Health Services	Louisa Denson <a href="mailto:louisa.denson@msdh.state.ms.us">louisa.denson@msdh.state.ms.us</a> 601-576-7856
Professional Learning Community	Coordination	n/a	USM	Institute of Disability Services- Project PREAPARE	<a href="http://www.usm.edu/ids/prepare/spec_training_main.php#pr">http://www.usm.edu/ids/prepare/spec_training_main.php#pr</a> 888-671-0051
Project Homecoming	Direct Service	n/a	USM	Institute for Disability Studies (IDS)	Victoria Murdy <a href="mailto:Victoria.Murdy@usm.edu">Victoria.Murdy@usm.edu</a>

PROGRAM NAME	PRIMARY CATEGORY	SECONDARY CATEGORY IF APPLICABLE	STATE AGENCY/ PARTNERING PROGRAMS	DIVISION	CONTACT INFORMATION
Project IMPACT	Program Evaluation/Training	Direct Service	MSU, MS DOH, MS DOE	MSU T.K. Martin Center for Technology and Disability, MS DOH, First Steps Early Intervention System	Janie Cirlot <a href="mailto:jcirlotnew@tkmartin.msstate.edu">jcirlotnew@tkmartin.msstate.edu</a> 662-325-1028
Project PREPARE	Program Evaluation/Training	n/a	USM, MS DHS	USM Institute for Disability Studies, MS DHS Division for Early Childhood Care & Development	Jane Siders <a href="mailto:jane.siders@usm.edu">jane.siders@usm.edu</a>
Project PRINTS (Progress for Responsive Intervention Newborn to School)	Direct Service	n/a	MS DMH	Early Intervention/ Mental Retardation Services	Lisa Pretzello 228-867-1434

PROGRAM NAME	PRIMARY CATEGORY	SECONDARY CATEGORY IF APPLICABLE	STATE AGENCY/ PARTNERING PROGRAMS	DIVISION	CONTACT INFORMATION
Project RUN (Reaching us Now) North Mississippi Regional Center Early Intervention Programs: Clarksdale, Grenada, Hernando, Oxford	Direct Service	n/a	MS DOH	First Steps Early Intervention Program	Darlene Hoar <a href="mailto:dhoar@nmrc.state.ms.us">dhoar@nmrc.state.ms.us</a> 662-513-7750
Reading is Fundamental Program	Coordination	Advocacy	MS DOE	Office of Reading, Early Childhood, and Language Arts	Cheryl Clark <a href="mailto:cclark@rif.org">cclark@rif.org</a>
Regional Mental Health Centers	Direct Service	Coordination	MS DMH	n/a	15 Regional Centers: <a href="http://www.dmh.state.ms.us/community_care.htm">http://www.dmh.state.ms.us/community_care.htm</a>
Residential Child Care Licensure System	Informational Resources	n/a	MDHS	Division of Family and Children Services	601-359-4255 <a href="http://www.mdhs.state.ms.us/fcs_lic.html">http://www.mdhs.state.ms.us/fcs_lic.html</a>
Resource Families Training	Program Evaluation/Training	n/a	MDHS	Division of Family and Children Services	601-359-4255 <a href="http://www.mdhs.state.ms.us/fcs_lic.html">http://www.mdhs.state.ms.us/fcs_lic.html</a>
Resource Library	Informational Resources	n/a	USM	Institute for Disability Studies	Mary Parr <a href="mailto:Mary.parr@msdh.state.ms.us">Mary.parr@msdh.state.ms.us</a>
Responsible Fatherhood Initiative	Advocacy	Informational Resources	MS DHS	Division of Community Services	Dr. Jill Dent <a href="mailto:jill.dent@mdhs.ms.gov">jill.dent@mdhs.ms.gov</a> 601-359-4551
Risk Watch Injury Prevention Program	Informational Resources	Advocacy	MS Office of Healthy Schools	n/a	Tammy Peavy <a href="mailto:tammy.peavy@mid.state.ms.us">tammy.peavy@mid.state.ms.us</a> 601-359-1061

PROGRAM NAME	PRIMARY CATEGORY	SECONDARY CATEGORY IF APPLICABLE	STATE AGENCY/ PARTNERING PROGRAMS	DIVISION	CONTACT INFORMATION
Safe Kids MS	Coordination	Informational Resources	National Non-profit	<b>Safe Kids Mississippi</b> Led by: Coalition for Citizens with Disabilities <b>Safe Kids Choctaw</b> Led by: Choctaw Health Center	<b>Safe Kids Mississippi:</b> Michael Hughes <a href="mailto:mhughesskms@bellsouth.net">mhughesskms@bellsouth.net</a> 601-360-0531 <b>Safe Kids Choctaw:</b> Sharon G Williams <a href="mailto:sharonclegg6288@hotmail.com">sharonclegg6288@hotmail.com</a> 601-389-6282
SKI*HI Early Intervention Programs	Direct Service	n/a	MS School for Deaf	n/a	<a href="mailto:ttremonte@mde.k12.ms.us">ttremonte@mde.k12.ms.us</a> 604-984-800 <a href="http://www.msd.k12.ms.us/education.asp?id=56">http://www.msd.k12.ms.us/education.asp?id=56</a>
Special Kids Family Network	Coordination	n/a	USM	Institute for Disability Studies	Jane Siders <a href="mailto:jane.siders@usm.edu">jane.siders@usm.edu</a>
State Interagency Coordinating Council	Coordination	n/a	MS DMH, MS MDH	n/a	Cookie Smith 601-266-5163 <a href="mailto:Terri.Smith@usm.edu">Terri.Smith@usm.edu</a>
Supplemental Nutritional Assistance Program (SNAP) Benefits	Federal/State support (funding)	n/a	MDHS	Division of Economic Assistance	John Davis (Division of Econ. Assistance) <a href="mailto:John.Davis@mdhs.ms.gov">John.Davis@mdhs.ms.gov</a>
Supporting Partnerships to Assure Ready Kids SPARK	Coordination	Informational Resources	Children's Defense Fund, South Regional Office, Non-profit	Supported by the Kellogg Foundation	Ellen Collins <a href="mailto:ecollins@childrensdefense.org">ecollins@childrensdefense.org</a> 601-321-1966
Technology Learning Center	Informational Resources	n/a	USM-Directed Non-profit	n/a	228-214-3400 <a href="http://www.usm.edu/ids/tlc/">http://www.usm.edu/ids/tlc/</a>

PROGRAM NAME	PRIMARY CATEGORY	SECONDARY CATEGORY IF APPLICABLE	STATE AGENCY/ PARTNERING PROGRAMS	DIVISION	CONTACT INFORMATION
Temporary Assistance for Needy Families (TANF) Benefits and Work Program	Federal/State support (funding)	n/a	MS DHS	Division of Economic Assistance	Lorraine Eden lorraine.eden@mdhs.ms.gov 601-359-4810
The Center for Communication and Development	Direct Service	n/a	USM, United Way, MS DOH, MS DOE	The Children's Center	Cynthia Bivins Childrens.Center@usm.edu 601-266-5222
MS Child Care Quality Step System	Program Evaluation/Training	n/a	MSU, MS DHS	MSU Early Childhood Institute	Connie Clay <a href="mailto:cc243@colled.msstate.edu">cc243@colled.msstate.edu</a> 662-325-7065
United Way- Enter School Ready to Succeed	Coordination	n/a	National Non-profit	County locations	Directory of United Way locations in Mississippi: <a href="http://apps.unitedway.org/myuw/luindex.cfm?id=browseCities&amp;abbr=MS&amp;app=">http://apps.unitedway.org/myuw/luindex.cfm?id=browseCities&amp;abbr=MS&amp;app=</a>
Vaccines for Children Program	Direct Service	n/a	MS DOH	Disease Control	Tammy Clark 601-576-7751 <a href="http://www.msdh.state.ms.us/msdhsite/index.cfm/14,388,71,184,html">http://www.msdh.state.ms.us/msdhsite/index.cfm/14,388,71,184,html</a>
VOICES for MS Children	Advocacy	n/a	Non-Profit	n/a	662-320-4171 vmc.inc@hotmail.com <a href="http://vmchildren.com/">http://vmchildren.com/</a>

**Table 1. B Early Childhood Programs**

The table below provides information on early childhood programs across the state including information on the program’s purpose, main services offered, targeted and/or eligible clients, and the location of services.

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
Allies For Quality Care	This program will provide direct assistance to participating centers in an effort to (1) improve the learning environment in each classroom, as evidenced by improved ITERS/ECERS scores, (2) improve the nutritional quality of food provided to children, as evidenced by menus and shopping plans approved by a nutrition specialist, and (3) develop operating budget for the program, including the identification and implementation of available cost-saving measures.	Technical Assistance, Nutrition Advisor, Business Advisor	Child Care Centers	Hinds & Rankin Co.
Autism Spectrum Support Group	Autism Spectrum Support Group	Provide support, information, and advocacy for individuals with autism spectrum disorders and their families	Those affected by autism in Mississippi	Mississippi
Birth Defects Registry	To monitor, regularly and systematically, the births of children with defects for changes in incidence or other unusual patterns suggesting preventable causes. To increase reporting to the registry to ensure long term follow up and delivery of service. To ensure that children identified with birth defects are placed in a system of care.	A Defects Surveillance registry of all patients from newborn through 21 years of age that are served in hospitals, clinics, and other health facility. <a href="http://msdh.ms.gov/msdhsite/_static/resources/2402.pdf">http://msdh.ms.gov/msdhsite/_static/resources/2402.pdf</a>	Newborn through 21 years of age	Statewide

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
Boswell Early Intervention Program	Boswell’s Early Intervention Program provides services for preschool infants and toddlers ages birth-3 years that have development disabilities. The primary goal of the program is to maximize each child’s abilities while minimizing the effects of the disability.	Services include a comprehensive evaluation by a team of professionals, speech and physical therapy, educational instruction, social services, and parental training and support.	Ages birth - 3 years	Adams, Amite, Copiah, Claiborne, Franklin, Jefferson, Lawrence, Lincoln, Pike, Simpson, Walthall, Wilkinson Counties
BTL Preschool Classes	The <i>Between the Lions Preschool Literacy Initiative</i> was created in 2005 to improve early childhood education and build a strong literacy foundation among preschoolers. Participating child care centers receive a comprehensive set of curriculum materials drawn from <i>Between the Lions</i> , along with professional development and mentoring.	Curriculum and learning materials, professional development, and mentoring for child care professionals to promote literacy in children.	Economically disadvantaged children across the state	Statewide
Child Abuse Central Registry Services	The central registry is an official repository for substantiated reports of abuse and neglect.	Social workers can request Central Registry background checks on individuals whose cases they are working. Child care facilities, schools, residential facilities, entities operating in compliance with the Adam Walsh Act, and MDHS can request central registry checks on potential employees and volunteers.	Children and Families	Statewide

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
Child Care (Facility) Licensure	Department of Human Services provides funds for to the Mississippi State Department of Health Services Child Care Licensure Branch to assist in activities associated with the administration of child care licensure within the state.	Licensing child care providers.	Day care centers, day nurseries, and any other facilities that care for six or more children less than thirteen years of age.	Statewide
Child Care Assistance	Child Care Assistance	A tuition subsidy for low-income working parents.	Low-income working parents	Statewide
Child Care Development Associate (CDA) Credential	Provides training and support to child care workers in licensed child care settings statewide so they may obtain the Child Development Associate Credential (CDA) for Professional Recognition. Participants may receive assistance for the cost of training, applications and assessments.	Training	Early Childhood Professionals	Statewide
Child care payment program	Federally funded program designed to provide parents with assistance with child care tuition. Parents may choose any type of child care while participating in this program.	Distribute TANF and CCDF child care payment funds	Parents	Statewide
Child Protective Services & Abuse Hotline	Reporting child abuse, neglect and exploitation in the State of Mississippi	Hotline and Information regarding child abuse.	Children under the age of 18.	Statewide
Child Support Enforcement	To provide child support services to ensure that children receive financial and emotional support from both parents and empower families to become self-sufficient.	Case management and support services	Mississippi's children and families	Statewide
Childhood Lead Poisoning Prevention Program	Lead Poisoning Prevention	Lead screenings and education on prevention of lead poisoning	Mississippi children less than 72 months of age	Statewide

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
Children's Defense Fund Southern Region	CDF champions policies and programs that lift children out of poverty; protect them from abuse and neglect; and ensure their access to health care, quality education and a moral and spiritual foundation. Supported by foundation and corporate grants and individual donations, CDF advocates nationwide on behalf of children to ensure children are always a priority.	Run early childhood programs in MS (SPARK)	n/a	Washington, D.C., and offices in California, Minnesota, Mississippi, Montana, New York, Louisiana, Ohio, South Carolina and Texas
Children's Museum & Early Childhood Teacher Trainings	Provides professional development workshops for educators including information on field trips, after-school programs, ideas for the classroom	Provide professional development sessions are innovative and research-based, and cater to professionals working with early childhood students or elementary-aged children. Our museum staff provides quality enrichment training for teachers to help improve their skills and grow their knowledge base.	Providers	Jackson, MS
Children's Health Insurance Program (CHIP)	To provide health care insurance for children in families without health insurance or with inadequate health insurance.	Health care insurance	Children birth to 19 years old	Statewide
Children's Medical Program	To provide medical and surgical care to children with chronic or disabling conditions.	medical or surgical care including hospitalization, physician's services, appliances, and medications	State residents up to 20 years of age	Statewide

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
Community Action Agencies	In order to reduce poverty in its community, a Community Action Agency works to better focus available local, state, private, and federal resources to assist low-income individuals and families to acquire useful skills and knowledge, gain access to new opportunities and achieve economic self-sufficiency.	Early Head Start and Head Start, Summer Feeding programs, home weatherization assistance, energy assistance and efficiency, summer enrichment, transportation assistance, prescription assistance, adult day care, senior companion, home delivered meals, home maker services, foster grandparent, adolescent offender, fatherhood/parenting initiative, educational assistance, job training, nutrition and hunger prevention, housing development and assistance, volunteer income tax assistance, emergency assistance	Low-income individuals and families	Statewide
Community- Based Child Abuse Prevention	Community- Based Child Abuse Prevention	Public awareness and education about preventing child abuse and neglect.	Mississippi General population	Statewide
Community Colleges: Northwest MS, Northeast MS, Itawamba, Coahoma, East Central, Meridian, Hinds, Copiah-Lincoln, Jones County,	Higher Education	Child Development or Early Childhood Associate Degree	All	Statewide

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
Southwest, Pearl River, MS Gulf Coast				
Community Food and Nutrition Program	Community Services Block Grant, block grant funds community food and nutrition program (CF&N)	Nutritional needs	Low-income individuals and families	Statewide
DELP: Delta Promise School	Impoverished children to develop basic language skills in preparation for kindergarten.	Training and teaching of 4 year olds.	Impoverished preschool children	Washington and Sunflower Counties
Delta Council	The work of Delta Council is carried on through a comprehensive committee system that represents all phases of the economy in the Delta Region. Every member is provided with the opportunity to serve on one or more committees. These committees study problems, develop alternatives, propose solutions and present their recommendations to the Board of Directors for review and action. Policy statements approved by the Board are made a part of the organization's program of work.	The Delta council has a Educational Policy Committee for which Early Learning is a key focus area	n/a	Statewide

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
Delta Health Alliance	The Delta Health Alliance is a ten-year-old organization that is changing health care in the Mississippi Delta by improving access to health care and providing education for healthier lifestyles.	The Delta Health Alliance works in collaboration with other Early Childhood organizations in the Delta region. In a recent effort Delta Council leaders, Delta Health Alliance, Children’s Defense Fund, Mississippi State University Institute for Early Childhood Development, and the W.K. Kellogg Foundation has provided focus and policy goals for achieving a better delivery system for early childhood efforts in the Delta. This led to the pilot of Leflore and Sunflower Counties which implemented a regionally and statewide when funded coordinated service plan	n/a	Delta region of MS
DELTA House Preschool Program	Early Intervention	Assistive technology, family education services, developmental therapy services, occupational therapy, physical therapy, speech therapy, and psychological services.	Children birth through age 2	Bolivar and Washington County

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
MS DHS Early Childcare Development	The purpose is to increase the availability, afford ability, and quality of child care services.	Child care services tuition subsidy	Low income families	Statewide
Director's Credentialing Program	Provides child care center directors and staff 120 staff hours of module training designed to evaluate the knowledge and a wide range of skills required by child care professionals for successful completion of the Child Care Management Best Practices. It further offers professional development training on quality age-appropriate developmental activities in child care settings.	Professional development and training	Child care center directors and staff	Statewide
Early Childhood Special Education (Part B)	Early Childhood Education	Preschool early intervention services	Children ages 3 through age 5 with developmental delays	Statewide
Early Connections	Child care serving typically developing and disabled preschoolers	Early childhood and developmental services	Children typically developing and children who have special needs ages 6 weeks to 5 years	Lamar County School district
Early Hearing Detection and Intervention Program	Purpose is to detect and treat hearing loss	Newborn hearing screenings	Families of newborns	Statewide
Ellisville State School Early Intervention Program: Laurel Early Intervention Center, Waynesboro Early Intervention Center	To enhance the child's early development	Early Intervention Services	Infants and toddlers ages birth to 3 years who have or are at risk for developmental disabilities.	Clarke, Covington, Jasper, Jones, Smith, Wayne, Forrest, Greene, and Perry Counties
Emergency Food Assistance Program (TEFAP) Benefits	For commodity purchases and administrative costs associated with TEFAP	Commodities distributed through food pantries, soup kitchens, and homeless shelters.	Low income individuals	Statewide

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
Emergency Medical Services for Children Program training	Emergency Medical - To provide the architecture for a trauma system which will decrease morbidity and mortality from traumatic injury.	Training for Pre-hospital health care services	EMT's	Statewide
Even Start	Purpose of the program is to help break the cycle of poverty and illiteracy by improving educational opportunities.	Educational services for the family, parents, and children.	Low-income families	5 communities
Excel by 5 Initiative	The goal is to insure that children enter kindergarten with the skills they need to be successful in school and in life.	Professional development and technical assistance	Communities in Mississippi	Statewide
Face Program	To promote family literacy	Center and home based educational services	Parents with children from newborn to 8 years old.	Pearl River Elementary
Families First Resource Center	The Foundation for Families Unit works with children and families to provide the skills and knowledge needed to sustain a healthy life and family. The Unit supports thirty (30) Family First Resource Centers in the state allowing them to offer educational classes, free of charge, to children and families. The classes include: Abstinence-Until-Marriage and Youth Development Education, Responsible Fatherhood Training, Healthy Marriage Education, Parenting Skills Training	Parenting education and support through seminars, workshops, and consultants.	Families and communities across the state.	Statewide
Family Planning Waiver Demonstration Project	Family planning	Family planning services	Women that are Medicaid eligible	Statewide

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
First Regional Library Hernando MS	Resource Library/Early Literacy & Learning Outreach: To provide information and training for parents/caregivers To introduce children to books/reading	<ul style="list-style-type: none"> <li>• Resources for parents &amp; child care providers, including curriculum books, educational materials, learning activities, and story time kits</li> <li>• Referrals for parents looking for local child care</li> <li>• Training and assistance for child care providers               <ul style="list-style-type: none"> <li>• Mobile Library Outreach to child care centers &amp; preschoolers in five-county service area</li> </ul> </li> </ul>	Young children ages 0-5 and their parents &/or caregivers	370 West Commerce St., Hernando, MS 38632
First Steps Early Intervention (Part C)	Early Intervention: Individual Family Service Plan including educational, health, mental health, speech/language, occupational/physical therapy, and other necessary services	matches the unique needs of infants and toddlers who have developmental delays with professional resources within the community.	Children and parents of children ages birth to 3.	Statewide
Foster Care Services	Foster Care Services	Foster care for children	Families and	Statewide

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
			children	
Foundation for Families Unit	Connect families to resources, equip families with the skills needed to solve problems, advocate for strong healthy marriages, increase father involvement, reduce out-of-wedlock pregnancies	Educational services on abstinence-until-marriage and youth development education, fatherhood training, healthy marriage education, and parenting skills training.	Children and Families	Statewide
Genetics/Newborn Screening	Blood test that identifies the 40 most common genetic disorders	Screenings for a wide range of genetic disorders	Newborns	Statewide
Healthy Marriage Program	To decrease divorce rates, increase marital satisfaction and stability, increase the number of children living in a two-parent married household, decrease the number of out-of-wedlock births, increase child well-being and increase the quantity and quality of relationship education programs available to individuals, couples, and families in Mississippi.	Education and training	Single adults and married couples	Statewide
Housing Initiatives	To educate individuals to be able to sustain their homes long-term.	Training in homebuyer and financial education programs to assist families and direct housing counseling.	Potential homeowners	Statewide
Hudspeth Early Intervention Programs: Yazoo City EIP, Meridian EIP, Philadelphia EIP, Louisville EIP, Hudspeth EIP	Early Intervention	Special instruction, physical therapy, occupational therapy, speech therapy	Children birth through age 2	Hinds and Rankin counties

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
Institute for Disabilities Study, University of Southern MS	To provide training in early education/early intervention best practices (for children birth through 5 years including children who are at risk of or have manifest disabilities and their families) to university students, administrators, and direct service providers; establish model programs in the area of inclusion and relationship-based practices. To provide direct services in the areas of developmental screening, diagnostic assessments, eligibility, family support, and interventions across all developmental domains, assistive and adapted technology, and universal design for early childhood learning. To disseminate information regarding best practices as they relate to these services.	University and outreach community training; technical assistance via phone, internet and on-site; direct services in areas of screening, assessment, intervention planning, intervention in natural environments, and program assessment.	Children birth to five years including those who are at risk for or have manifest developmental disabilities, their parents and families, children without disabilities in child care or PreK inclusive settings, child care providers, PreK teachers, related service providers, and administrators	Home, school, child care or other natural environments; Clinic for diagnostic assessments
Lynn Meadows Discovery Center-Children's Museum	The Lynn Meadows Discovery Center expands a child's world by encouraging shared learning experiences to enrich the minds and hearts of children and adults through interactive and entertaining exhibitions and programs.	Through activities designed to simulate the real world of South Mississippi, children have the opportunity to learn about the past and the present; it is with a better understanding of themselves and their community that children can grow to be responsible, global citizens.	Children and families	Gulfport, Mississippi
Medicaid	The mission of the Division of Medicaid is to ensure access to health services for the Medicaid eligible population in the most cost efficient and comprehensive manner possible and to continually pursue strategies for optimizing the accessibility and	Medical services	Qualifying low-income families	Statewide

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
	quality of health care.			
Mission: Readiness	Mission: Readiness is the national security nonprofit organization led by over 275 retired generals, admirals, and other senior military leaders who work to ensure continued American security and prosperity by calling for smart investments in the upcoming generation of American children.	Members communicate our message to policymakers and the public by meeting directly with policymakers, testifying at state and federal legislative sessions, submitting letters to the editor and op-eds in local and national newspapers, releasing quality research reports, holding events, and sending sign-on letters to key policymakers.	n/a	n/a
Mississippi Building Blocks	The overall aim of Mississippi Building Blocks is to improve school readiness of children being served in child care centers that participate in the program. Additionally, the program is designed to increase the number of centers that participate in the Mississippi Child Care Quality Step System (MCCQSS)	Overall aim of Mississippi Building Blocks is to improve school readiness of children being served in child care centers that participate in the program. Additionally, the program is designed to increase the number of centers that participate in the Mississippi Child Care Quality Step System (MCCQSS)	Child care centers who serve families with children who qualify for Child Care Development Fund and TANF child care certificates.	Statewide
Mississippi Child Care Certificate Program (CCIS)	Distribute child care subsidies to parents	Assistance with child care tuition	Low-income parents	Statewide

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
Mississippi Child Care Resource and Referral Network	Provides information for parents and caregivers in a variety of settings, provides resource and referral services for childcare providers and parents across the state . MSCCR&R also provides training for the three and four-year-old Mississippi Early Guidelines (ELG) in addition to providing training in other appropriate curriculum topics, administration issues and business issues relating to child care. This initiative offers face-to-face training and distance-training through a centralized location via satellite.	Parents and childcare providers: Providers receiving technical assistance must be employed by a licensed child care facility. Child care facilities receiving technical assistance must be licensed. Parents and child care givers may access the resource library without meeting any eligibility requirements	Parents and childcare providers	Statewide: <a href="http://msucares.com/childcare/images/ms_rr_network.pdf">http://msucares.com/childcare/images/ms_rr_network.pdf</a>
Mississippi Children's Trust Fund	The primary purpose for the fund is to encourage and provide financial assistance in the provision of direct services to prevent child abuse and neglect.	The mission of the Advisory Council is to reduce child abuse and neglect by: Authorizing the disbursement of money from the Children's Trust Fund, making recommendations to the Governor and the General Assembly for changes in the states statutes, policies and standards, Improving coordination among state agencies that provide prevention services, Expanding programs statewide that provides preventive	Targeted at child abuse and neglect	Statewide

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
		services.		
Mississippi Early Childhood Association	MS Early Childhood Association is a chartered, non-profit, educational organization with affiliates in many local areas. It is an association for all persons concerned about the care and education of young children.	<ul style="list-style-type: none"> <li>MSECA has brought together individuals working with young children and families for over 48 years. The association was founded in 1853 with 16 charter members</li> <li>Provides training for members and holds annual conferences</li> </ul>	n/a	Statewide – located in Biloxi
Mississippi Forum on Children and Families	Provide the data, research proven program models, and supporting services for child, family, and community well-being	Online informational resource: Child care, data works, and family first resources	Child care and families	Statewide
Mississippi Learning Institute, Sally McDonnell Barksdale Educational Resource Center	The ultimate purpose is to improve reading and literacy instruction and outcomes by addressing teaching and learning in the Jackson State University (JSU) within the College of Education and Human Development and in the Jackson Public School (JPS) district	Offer additional support to JSU's teacher-training curriculum, particularly in the areas of reading and early childhood education	Educators	Jackson State University (JSU) surrounding educators
Mississippi Low-Income Child Care Initiative	<p>The Mississippi Low-Income Child Care Initiative (MLICCI) is a statewide, nonprofit organization of parents, providers, and community leaders working together to:</p> <ul style="list-style-type: none"> <li>Enhance the quality of child development experiences for all low-income children living in Mississippi;</li> <li>Advocate improved child care policies and greater public investment in child care subsidy programs for low-income families; and</li> <li>Build a strong, grassroots constituency.</li> </ul>	<ul style="list-style-type: none"> <li>Technical assistance, training, and resources to help providers fund low-income child care and enhance its quality <ul style="list-style-type: none"> <li>Workshops for providers on child development, child care funding sources, business development, services for low-income families</li> </ul> </li> <li>Conduct research on</li> </ul>	Parents, children, and providers	Statewide

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
		<p>child care policy and subsidies to improve opportunities for all MS children</p> <ul style="list-style-type: none"> <li>• Advocates for effective reforms and educate the public and policy makers</li> <li>• Assist low-income families in finding appropriate quality child care and support services</li> </ul>		
Mississippi Museum of Natural Science	To provide statewide education outreach programs, and proudly welcoming families and friends to learn about and celebrate the wonderful world of natural Mississippi.	For ages 3 to 5 only, the preschool Discovery Room offers engaging stories for children and their caregivers.	Families	Jackson, MS
Mississippi State Level Citizens Review board	Citizen-volunteers who are charged with evaluating state child welfare systems and making suggestions for improvement.	<p>The expectations of the CRP in examining the policies and procedures of state and local agencies include:</p> <ul style="list-style-type: none"> <li>Type and extent of social services available for children and families</li> <li>Relationships among agencies (courts, law enforcement, schools)</li> <li>State standards relative to information on what works and what does not work</li> </ul>	Statewide child protection services	Statewide

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
Mississippi Statewide Immunization Coalition	To increase immunization rates	Public health program	Children	Statewide
MS Access and Visitation Program	Designed for noncustodial parents to have access to visit their children as specified in a court order or divorce decree. Assistance with voluntary agreements for visitation schedules is provided to parents who do not have a court order.	<p>MEDIATION includes MAV-P staff working with both parents to develop a peaceful resolution to visitation disputes. This process is a face-to-face interview and/or telephone sessions.</p> <p>SUPERVISED VISITATION is scheduled for parents with legally established visitation directed by a court order or divorce decree.</p> <p>EDUCATION is offered through parenting classes which address the basic needs of the child, money and stress management, child abuse, co-parenting and the concerns of the parents for their child(ren)'s well-being.</p>	Individuals interested in participating in MAV-P are not required to have a child support case or affiliation with the Mississippi Department of Human Services. Paternity must be established for all cases. Participants seeking assistance with supervised visitation must have a verified court order or divorce decree.	Statewide
MS Association of Family and Consumer Sciences	The <b>MISSION</b> of AAFCS is: "to provide leadership and support for professionals whose work assists individuals, families, and communities in making informed decisions about their well being, relationships, and resources to achieve optimal quality of life."	Professional resources	Providers	Statewide

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
MS Band of Choctaw Indians	Our goal is to assist you in providing for your child's medical, dental, nutritional and mental health needs while we help your child learn. It is also our goal to assist parents in identifying family needs and to locate services and resources, which will help you to meet your needs and lead to an overall improvement in the quality of your lives. We also focus on providing parenting skills education throughout the year. We make every effort to coordinate our work with families and all existing community resources	<ul style="list-style-type: none"> <li>• Connecting parents in the community with Head Start, Early Head Start, &amp; Health Services</li> <li>• Implementing and monitoring a "Lets begin with the Letter People" comprehensive curriculum meets the Head Start Performance Standards and leads to a successful start for each child.</li> </ul>	Parents and children, Providers	Choctaw Indian Reservation contains more than 35,000 acres situated throughout Mississippi in ten different counties
MS Center for Education Innovation	The Center for Education Innovation supports and connects families, early learning environments, schools and communities to resources, technical assistance, and best practices that prepare vulnerable children to become productive members of a global society	<ul style="list-style-type: none"> <li>• Building and enhancing a culture of education in Mississippi</li> <li>• Establishing early childhood education as a statewide priority</li> <li>• Recruiting and retaining quality teachers in every classroom</li> <li>• Recruiting and retaining quality administrators in every school district</li> <li>• Building public will for public education.</li> </ul>	Teachers, administrators, and child care providers	Statewide

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
MS Chapter of the American Academy of Pediatrics	A professional membership organization of more than 300 Mississippi pediatricians, both primary care providers and subspecialists. As a 501c3 non-profit organization, the mission of the Chapter is to promote the health and well-being of all children in Mississippi. The MS Chapter AAP is one of the sixty-six autonomous yet affiliated chapters of the American Academy of Pediatrics.	The Chapter is looked to for guidance in matters relating to child advocacy, legislation and policy regarding child health and pediatric practice, and to provide opportunities for continuing education for physicians, nurses, and others.	Pediatricians, nurse practitioners, and pediatric dentists in Mississippi	Statewide
MS Child Care Quality Rating System	To help participating child care facilities to improve in program administration, professional qualifications of staff, child learning environment, family involvement, and program evaluation.	Monitoring visits and evaluations of programs.	Child care facilities	Statewide
MS Child Care Resource and Referral Network	CCR&R supports early care and education professionals, parents, children, and community members seeking information about quality child care.	<ul style="list-style-type: none"> <li>• Training and Technical Assistance</li> <li>• Resource Centers</li> <li>• The Referral Process</li> <li>• Child Development Associate (CDA)</li> <li>• Credential Online</li> <li>• Workforce Development</li> </ul>	Caregivers and parents of children birth to 5	Located on community college campuses, serve all eighty-two counties in Mississippi.

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
MS Cool Kids Early Periodic Screening, Diagnosis, & Treatment	Child health services are available statewide to children living at or below 185 percent of the non-farm poverty level and to other children with poor access to health care	Using a multi-disciplinary team approach, including medical, nursing, nutrition, and social work, the Child Health Program provides childhood immunizations, well-child assessments, limited sick child care, and tracking of infants and other high risk children. Services are basically preventive in nature and designed for early identification of health problems or health concerns	Children under 21 who are eligible for Medicaid	Statewide
MS Early Childhood Alliance	The goal of the MECA™ Conference is to advance the efforts of Mississippi's early childhood and child care professionals by providing professional development that will help improve school readiness outcomes among children ages birth to 8, and to promote their long-term success.	<ul style="list-style-type: none"> <li>• provide sessions that promote problem solving abilities and to increase early literacy and math skills</li> <li>• presentations that emphasize proven practices, fresh ideas and leading edge strategies from the field</li> </ul>	Providers	Jackson, MS

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
MS Early Literacy Corps	Literacy services	Members of the Mississippi Early Literacy Corps volunteer in classrooms for three-, four-, and five-year-olds, helping teachers implement the Mississippi Early Learning Guidelines and promoting family involvement in early childhood education. Thirty AmeriCorps members work full-time in this program.	3- 5 year olds	Statewide
MS Extension Service	The Mississippi State University Extension Service provides research-based information, educational programs, and technology transfer focused on issues and needs of the people of Mississippi, enabling them to make informed decisions about their economic, social, and cultural well-being	Child Care Resource and Referral, Child Care Provider Training, Expanded Food and Nutrition Education, Family Life, Family Nutrition, Health, Nurturing Homes, Nutrition Education, and Tummy Safe	n/a	Statewide
MS Head Start Association	School readiness, family development; community partnerships	Education, health, social services, professional dev., training	Income eligible families, pregnant women, infants, toddlers, and pre-school aged children	Statewide
MS Kids Count	Mississippi KIDS COUNT is the leading resource for comprehensive information on Mississippi's children and serves as a catalyst for improving outcomes for children, families, and communities.	Conducts research and fosters public policies, human-service reforms, and community supports	n/a	Statewide

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
		that more effectively meet the needs of today's vulnerable children and families.		
MS Power Early Learning Project	Workshops and on-site training and consultation for teachers and directors at centers that enroll in the program	Workshops and on-site training	Providers	Statewide
MS Professional Educators	The state's largest organization for professional educators, is a professional association with over 10,500 teachers, administrators and support personnel. MPE serves members in pre-K through graduate education in both public and private institutions with the purpose of promoting better education for the children of Mississippi.	Professional association	Providers	Statewide
MSCCR&R Professional Development Tracking System (PDTS)	Provides training for the three and four-year-old Mississippi Early Guidelines (ELG) in addition to providing training in other appropriate curriculum topics, administration issues and business issues relating to child care. This initiative offers face-to-face training and distance-training through a centralized location via satellite.	Provides training for the three and four-year-old Mississippi Early Guidelines (ELG)	Child care professional	Statewide
Multi-disciplinary Child Abuse Review Team Network	Develop a standard response using a team approach to the investigation and prosecution of all child abuse cases, and to function in a manner that causes the least possible trauma to the children and their families. The Team accomplishes this by inviting all disciplines involved in child abuse cases to meet and work collaboratively on those cases using the team approach.	Minimize the likelihood of conflicts among agencies with differing philosophies and mandates. Enhance the quality of evidence discovered for civil litigation or criminal prosecution and to fully prepare the child victim for legal proceedings. Reduce the number of interviews a	Child Abuse Cases	Statewide

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
		victim of childhood abuse undergoes. Train team members		
Newborn Screening	Newborn Screening	Newborn Screening tests infants for heritable disorders that can threaten the health or well-being of your new child.	Infants	Hospitals
nSPARC	The National Strategic Planning & Analysis Research Center seeks to align university, industry, and government expertise and resources to maintain and increase economic competitiveness. nSPARC answers specific questions related to economic, workforce, and community development by conducting high-quality scientific research, including but not limited to statistical analysis, place-based analysis, survey design, and computer-assisted focus groups.	Research and analysis	n/a	Mississippi State University (MSU)
Nurturing Homes Initiative(NHI)	Provides educational training and technical assistance to licensed and unlicensed in-home childcare providers that offer full-day, full-year child care services to eligible families. This initiative is a statewide effort to improve the quality of care being provided within "In-Home" child care settings.	Since 2000, the Nurturing Home Initiative has worked with over 1,100 in-home childcare providers to provide quality learning environments for over 5,525 Mississippi children.	In-home childcare Providers	Statewide

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
Nutrition for Women, Infants, and Children (WIC)	Supplemental food program for pregnant, breastfeeding, and postpartum women, infants, and children under five years of age.	Monthly package of nutritious foods, advice on healthy eating, health care referrals, breastfeeding support	<p>WOMEN</p> <ul style="list-style-type: none"> <li>during pregnancy</li> <li>while breastfeeding up to 12 months</li> </ul> <p>• postpartum, but not breastfeeding, for 6 months</p> <p>INFANTS</p> <ul style="list-style-type: none"> <li>birth to age 12 months</li> </ul> <p>CHILDREN</p> <ul style="list-style-type: none"> <li>13 months to age 5</li> </ul> <p>TO RECEIVE WIC, PARTICIPANTS MUST:</p> <ul style="list-style-type: none"> <li>be residents of Mississippi</li> <li>be at nutritional risk (need)</li> <li>meet WIC household income guideline</li> </ul>	Local Health Departments

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
Director's Credentialing Program	Director Credential training program to earn the professional recognition, C.D., from the Office for Children and Youth, Mississippi Department of Human Services	<ul style="list-style-type: none"> <li>• Job-specific training designed to increase the skills and knowledge of practicing directors and those who aspire to become a director in the future.</li> <li>• Practical, relevant and comprehensive information – meaning that it addresses the range of skills needed to manage a program.</li> <li>• Appropriate regardless of prior professional preparation and formal education.(9 modules)</li> </ul>	Directors of child care centers; Participants must be currently employed by a licensed child care facility in Mississippi as a director, or director designee	Statewide
DECCD Lending Library	The DECCD Lending Library provides information on ways to improve the quality of child care through the distribution of publications and a video lending library with more than 200 topics to be checked out by child care staff for professional development.	Library resource	Parents and providers	
Oral Health for Head Start/Make a Child's Smile	The Mississippi State Department of Health is assisting Head Start programs to provide preventive dental services and access to care for children enrolled in Head Start.	<ul style="list-style-type: none"> <li>• dental screening for children at no cost to the parent or the center</li> <li>• referrals to dentist if necessary</li> <li>• application of preventive fluoride varnish</li> </ul>	Children	Statewide
Partners for Quality Childcare	Provides quality technical assistance and assessments to caregivers in licensed child care settings throughout the state that identifies the high level of quality child care through the use of nationally recognized environmental rating scales.	<ul style="list-style-type: none"> <li>• one-on-one coaching for teachers</li> <li>• sets of high-quality learning materials</li> <li>• standardized ratings</li> </ul>	Providers	Child care centers

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
Pediatric Evaluation and Developmental Services (PEDS)	Comprehensive developmental evaluation and intervention program modeled on a relationship-based approach.	<ul style="list-style-type: none"> <li>• Evaluation services: The PEDS evaluation involves multiple professionals trained to evaluate a child's play, interactions, communication, cognition, movement, emotions and sensory integration.</li> <li>• Intervention services: Intervention services are available and are one of the service options for parents to consider.</li> <li>• Family Participation</li> </ul>	Children	
Perinatal High Risk Management/ Infant Support Services (PHRM/ISS)	A multidisciplinary case management program. It was established to help improve access to health care and to provide enhanced services to certain Medicaid-eligible pregnant/postpartum women and infants. Medicaid beneficiaries are eligible to participate in this program when a physician, nurse practitioner or certified nurse mid-wife identifies one or more positive risk factors on the PHRM/ISS Perinatal Screening Form. This is a voluntary program. It is not mandatory for a beneficiary to participate in this program.	<ul style="list-style-type: none"> <li>• case management</li> <li>• psychosocial and nutritional counseling/assessments               <ul style="list-style-type: none"> <li>• home visits</li> <li>• health education</li> </ul> </li> </ul>	Pregnant mothers and/or infants less than a year old who have been categorized as "high-risk"	

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
Petal School District	CFFC is a “one-stop” family support center offering a coordinated cluster of community resources and services. EB5 is a community certification process that coordinates a community’s early childhood efforts	Family support and services	Parents, children, educators, childcare/Head Start and community members	CFFC – 201 West Central Avenue – primary; Other community sites
Poison Control Services	There are sixty six local poison control centers in operation in the United States. Poison control centers are open 24 hours a day, seven days a week to provide immediate advice. Poison centers also serve the hearing impaired and non-English speaking population.	Emergency room physicians and nurses call the poison centers when they have questions about treatment or prevention	Parents and children, providers	
Perinatal Care	Medical check-ups, lab work, counseling and education, WIC enrollment, some assistance with Medicaid applications, post-partum care, family planning services, baby health care		Parents and children	
Professional Learning Community	A Professional Learning Community (PLC) is a group of early childhood educators who come together to share and collaborate with each other in order to increase the developmental and educational outcomes for young children	<ul style="list-style-type: none"> <li>•Teachers who participate in PLCs will spend time discussing and collaborating on a variety of topics, sharing ideas, and completing activities relevant to the classroom</li> <li>•early childhood educators who participate in the PLCs will receive five child care contact hours approved by the Mississippi State Department of Health</li> </ul>	Early childhood educators	Statewide

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
		for each PLC attended		
Project Homecoming	Case Management services for victims of Hurricanes Katrina and Rita in Covington, Jefferson Davis, Marion and Walthall Counties, with a particular focus on individuals or family members with disabilities, and providing technical assistance for community service providers, including community volunteers.	Specialized case management services for families	Families receiving FEMA assistance	Covington, Jefferson Davis, Marion, and Walthall Counties
Project IMPACT	Focusing on infants, toddlers, and preschoolers with developmental delay, Project IMPACT (Insuring Mississippi Parents And Children's Tomorrows) provides evaluation and intervention services to maximize the developmental potential of Mississippi children	Using a family centered approach, the program involves parents and caregivers as essential participants in the intervention and follow-through, including therapeutic training and techniques.	Infants, toddlers, and preschoolers with developmental delay	Natural setting such as the family's home, daycare center, or preschool
Project PREPARE	The primary goal of Project PREPARE is to improve the quality of care for children in licensed child care settings by enhancing the professional development opportunities needed for centers to successfully include high risk children and children with special needs in childcare centers across the state	Evaluation-based training and technical assistance initiative for licensed child care centers	Licensed child care providers that serve children with special needs	Statewide
Project PRINTS (Progress for Responsive Intervention newborn to School)	Early Intervention	Assistive Technology, family education, developmental therapy, occupational therapy, physical therapy, speech therapy, psychological services	Birth to 3	George County, Hancock County, Jackson County, Pearl River County, Stone Counties, West Harrison County

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
Project RUN (Reaching us Now) Early Intervention programs: Clarksdale, Grenada, Hernando, Oxford	Project RUN provides services to preschool children with developmental disabilities who reside in or near NMRC=s twenty-three county catchment area. The goal of Project RUN is to enhance each child’s development, to provide assistance and support to the family, and to prepare each child for successful school placement.	Assistive Technology services, family education, developmental therapy, occupational therapy, physical therapy, speech/language services, psychological services	Infants and toddlers birth to age three with developmental delay, and their families.	Homes and childcare centers
Reading is Fundamental Program	Early Childhood Education Curriculum	Educational curriculum	Children 0-5	Statewide
Regional Mental Health Centers	Regional community mental health/mental retardation centers operate under the supervision of regional commissions appointed by county boards of supervisors comprising their respective service areas. The 15 regional centers make available a range of community-based mental health services, as well as substance abuse and intellectual/developmental disabilities services to all 82 counties in Mississippi.	Mental Health Services	children 0-5 with developmental disabilities	15 regional centers statewide
Residential Child Care licensure system	Licensing of residential child care providers	Licensure	Residential child caring facilities	Statewide
Resource Families Training	Training opportunities for parents and families on various parenting topics	Training	Parents and families	Statewide; Regional centers
Resource Library	The University of Southern Mississippi, maintains a library for families to use when they wish to learn more about certain topics related to children and disabilities.	The family library is a rich source of information enabling parents to obtain knowledge concerning problems they may face with their children. The library also contains inspirational books written by parents of children with special	Parents and families	Hattiesburg, MS

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
		needs.		
Responsible Fatherhood Initiative	The goal of the Responsible Fatherhood Initiative is to assist fathers in becoming "Team Parents;" to share the legal, financial, and emotional responsibilities of parenthood with the mother(s) of their children; and to improve the self image of fathers and their families.	To train, educate, encourage, and assist fathers in becoming responsible fathers, and in assuming responsibility for the nurturing, growth, and development of their children.	Parents (fathers)	Statewide
Risk Watch Injury Prevention Program	Created for children ages 14 and under, Risk Watch, addresses the number one health risk of children. This number-one health risk isn't drugs or disease: it's injuries.	Risk Watch is a school-based curriculum that links teachers with community safety experts and parents. The curriculum is divided into five age-appropriate teaching modules (Pre-K/Kindergarten, Grades 1-2, Grades 3-4, Grades 5-6, and Grades 7-8), covering various topics.	Children ages 14 and under	Statewide
Safe Kids MS	Prevention of accidental injury coalition	Informational resources on safety	Parents and children	Statewide

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
SKI*HI Early Intervention Programs	The SKI*HI Early Intervention Program at the Mississippi School for the Deaf provides early intervention services on a statewide basis to families of deaf and hard of hearing children ages birth to 4 years.	Services are usually provided in the home during weekly home visits by a staff of parent advisors who have received training in the use of the SKI*HI Early Intervention Model for delivery of services. The SKI*HI Early Intervention resource manual contains information and activities for families on these topics: Early communication and interaction, Audition, Hearing Aids/Cochlear Implants, Aural-Oral Language, Sign Language, Psycho-emotional support	Children in the state who are deaf or hard of hearing	Statewide
Special Kids Family Network	Support group and resources for families with children with disabilities	Meeting once a month to support families with children with disabilities	Parents of children with disabilities and genetic disorders	Hattiesburg, MS

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
State Interagency Coordinating Council	The State Interagency Coordinating Council (SICC) goal is to advise and assist the lead agency on matters dealing with early intervention services provision. The composition of the SICC must include parents, public and private providers, a member or the Mississippi legislature, a member of institutions of higher learning, state agencies involved in early intervention and the state agency responsible for health insurance.	An important element of IDEA Part C is interagency collaboration. When Congress authorized Part C it was with the design that one agency could not meet the needs of all the infants/toddlers and their families.	Early intervention lead agencies	Statewide
Supplemental Nutritional Assistance Program (SNAP) Benefits	Monthly benefits that help low income households buy the food they need for good health. Eligibility criteria, income and resource limits and benefit maximums per household size are set by federal laws and regulations governing the SNAP Program under USDA.	Economic Assistance	Income eligible families	Statewide
Supporting Partnerships to Assure Ready Kids (SPARK MS)	Early education initiative that brings together parents, schools, child care and early education providers, child advocacy groups, Head Start providers, state and local government agencies, and businesses for the purpose of ensuring school readiness and academic success for Mississippi children ages 3 to 8.	<ul style="list-style-type: none"> <li>• Transition and Alignment- technical assistance to local child care providers to align their curriculums to the state’s Early Learning Guidelines</li> <li>• Parental Involvement and Community Engagement- host parent workshops to address issues and concerns around quality early learning; child and family friendly schools and other topics identified by community partners and the Local Children’s Partnership</li> </ul>	Child care providers and parents of children 3-8	11 communities in MS

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
Technology Learning Center	The Technology Learning Center (TLC) is a community based, university-directed, non-profit organization dedicated to enhancing education, independence and quality of life for persons with disabilities.	Provides assessment, training and lending of assistive technology including adapted toys, augmentative communication, computer access, and adapted sports and recreation equipment to kids with disabilities	Children and adults with disabilities, their families, teachers, and education professionals	USM
Temporary Assistance for Needy Families (TANF) Benefits and Work Program	Provides assistance for needy families with children up to age 18 years without regard to race, creed, color, gender, age, disability or national origin. Monthly TANF money payments are made for children and their needy caretaker relatives who do not have enough income or resources to meet their everyday needs by state program standards.	TANF cash assistance	Income eligible families	Statewide
The Center for Communication and Development	The Children's Center for Communication and Development provides an interdisciplinary team approach to the assessment and treatment of communicatively- and developmentally-delayed children [birth - 5 years]. Services are either home-based or center-based, depending on a child's needs.	The Children's Center follows the calendar schedule of local public schools. Services are coordinated with each child's local school district and include speech-language pathology, special education, audiology, physical therapy, occupational therapy, psychology, augmentative/alternate communication, at-risk follow-up, parent education, and a	Children with developmental delays	Local school districts

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
		resource loan library.		
The Mississippi Child Care Quality Step System (QRS)	This goal of this program is to assess, improve and communicate the level of quality in licensed child care and educational settings across the state.	Quality rating standards for child care providers	Childcare provider: Must be a licensed child care facility	Statewide
United Way	<ul style="list-style-type: none"> <li>• United Way's Enter School Ready to Succeed initiative helps parents, caregivers and communities support early childhood education. Public service advertising, a resource-rich web site and educational material (all in English and Spanish) offer fun, concrete ideas to help young children learn.</li> <li>• United Way of Southeast Mississippi is a local non-profit organization that strives to make a positive impact in Forrest, Lamar and Perry counties. By providing funds to partnering agencies and operating its own programs, United Way addresses community issues in four impact areas: education, financial stability, health, and support services.</li> </ul>	Provides funding for early childhood programs such as USM's Children's Center for Communication Development and the Family Y (YMCA)	n/a	Forrest, Lamar and Perry counties
Vaccines for Children Program	Vaccines/immunizations for Children	Vaccines/immunizations	Eligible children include those who receive Medicaid, Native Americans or Alaskan Natives, and children who have health insurance but immunizations are not covered	Statewide

PROGRAM NAME	PROGRAM DESCRIPTION PURPOSE	MAIN SERVICES OFFERED	TARGET AND/OR ELIGIBLE CLIENTS	LOCATION OF SERVICES
VOICES for MS Children	Statewide professional membership organization	Training and evaluation activities in the field of early childhood education for child care providers, administrators, parents, licensed centers and family home providers	Providers	Statewide

**Table 2. Head Start Providers**

The table below includes head start programs in the state and includes contact information, the location of services, and the number of children served per program.

HEAD START PROGRAM NAME	ADDRESS	CITY	ZIP	PHONE NUMBER	EMAIL	PROGRAM	LOCATION OF SERVICES (COUNTIES)	NUMBER OF FUNDED SLOTS
AJFC Community Action Agency	1038 B North Union Street	Natchez	39180	601-442-8681	<a href="mailto:lkelly@cablone.net">lkelly@cablone.net</a>	HS,EHS	Adams, Amite, Jefferson, and Wilkinson	986
Bolivar County Community Action Program	810 East Sunflower Road, Suite 120, Eastgate Center	Cleveland	38732	662-846-1491	<a href="mailto:capdir@panola.com">capdir@panola.com</a>	HS	Bolivar	966
Central Mississippi, Inc.	P. O. Box 749	Winona	38967	662-283-2227	<a href="mailto:gdrake@cmicsp.org">gdrake@cmicsp.org</a>	HS,EHS	Attala, Carroll, Choctaw, Holmes, Montgomery, Webster	1,107
Coahoma Opportunities, Inc.	115 Issaquena Avenue	Clarksdale	38614	662-624-4887	<a href="mailto:Kathyann11950@yahoo.com">Kathyann11950@yahoo.com</a>	HS	Coahoma	656
Five County Child Development Program, Inc.	P. O. Box 1195	Prentiss	39474	601-792-5191	<a href="mailto:brynell91@hotmail.com">brynell91@hotmail.com</a>	HS	Covington, Jefferson Davis, Lawrence, Simpson	1,000
Friends of Children of Mississippi, Inc.	6425 Lakeover Road	Jackson	39213	601-321-0960	<a href="mailto:Sharon_barnes@fcmi-ms.us">Sharon_barnes@fcmi-ms.us</a> <a href="mailto:fcmeagleeye@fcmi-ms.us">fcmeagleeye@fcmi-ms.us</a>	HS,EHS	Clarke, Copiah, Humphreys, Issaquena, Jasper, Jones, Kemper, Madison, Rankin, Sharkey, Smith, Wayne, Newton, Leake, Greene	3,522

HEAD START PROGRAM NAME	ADDRESS	CITY	ZIP	PHONE NUMBER	EMAIL	PROGRAM	LOCATION OF SERVICES (COUNTIES)	NUMBER OF FUNDED SLOTS
Gulf Coast Community Action Agency, Inc.	500 24th Street	Gulfport	39507	228-896-1409	<a href="mailto:gloriataylor@gccaa.org">gloriataylor@gccaa.org</a>	HS	Harrison	798
Hinds County Human Resource Agency	258 Maddox Road	Jackson	39212	601-923-3940	<a href="mailto:kennco@hchra.org">kennco@hchra.org</a>	HS,EHS	Hinds	2,117
Institute of Community Services, Inc.	PO Box 160	Holly Springs	38635	662-252-1582	<a href="mailto:emclinton@ics-hs.org">emclinton@ics-hs.org</a>	HS,EHS	Clay, DeSoto, Grenada, Lafayette, Lowndes, Marshall, Noxubee, Panola, Pontotoc, Quitman, Tallahatchie, Tate, Tunica	3,819
Jackson County Civic Action	5343 Jefferson Avenue	Moss Point	39563	228-769-3292	<a href="mailto:vgibson@jccivicaction.org">vgibson@jccivicaction.org</a>	HS	Jackson	717
Mississippi Action For Progress, Inc.	1751 Morson Road	Jackson	39209	601-923-4100	<a href="mailto:bbrown@mapheadstart.org">bbrown@mapheadstart.org</a>	HS,EHS	Hancock, Pearl River, Perry, Claiborne, Franklin, Lincoln, Warren, Lauderdale, Scott, Leflore, Itawamba, Prentiss, Lee, Monroe, Union, Calhoun, Chickasaw, Yalobusha, Winston, Neshoba, Yazoo, Alcorn, Tippah, Tishomingo, and Pontotoc.	5,389

HEAD START PROGRAM NAME	ADDRESS	CITY	ZIP	PHONE NUMBER	EMAIL	PROGRAM	LOCATION OF SERVICES (COUNTIES)	NUMBER OF FUNDED SLOTS
Mississippi Band of Choctaw Indians	P.O. Box 6010	Philadelphia	39350	601-650-1722	<a href="mailto:Tanya.tullos@choctaw.org">Tanya.tullos@choctaw.org</a>	AI-AN,HS,EHS	Neshoba, Leake, and Newton	276
Moore Community House, Inc. (EHS)	684 Walker Street	Biloxi	39530	228-669-4827	<a href="mailto:mharrington@moorecommunityhouse.org">mharrington@moorecommunityhouse.org</a>	EHS	Harrison	42
Pinebelt Association for Community Enhancement (PACE) Early Head Start and Head Start	100 West Front Street	Hattiesburg	39401	601-545-8110	<a href="mailto:pansworth@paceheadstartinc.org">pansworth@paceheadstartinc.org</a>	EHS, HS	Forrest	736
Pearl River Valley Opportunity, Inc.	P.O. Box 188	Columbia	39429	601-736-9564	<a href="mailto:jhales@prvoinc.org">jhales@prvoinc.org</a>	HS,EHS	Lamar, Marion, Walthall, Pike, and Stone	1,234
Picayune School District Early Head Start	1620 Rosa Street	Picayune	39466	601-799-0682	<a href="mailto:pthomas@pcu.k12.ms.us">pthomas@pcu.k12.ms.us</a>	EHS	Pearl River	78
Singing River Educational Association, Inc.	1170 Pleasant Hill Church Road	Lucedale	39452	601-947-8219	<a href="mailto:srea@ametro.net">srea@ametro.net</a>	HS	George	159
Sunflower/Humphreys Counties Progress, Inc.	P.O. Box 908	Indianola	38751	662-887-1431	<a href="mailto:lbradford2004@yahoo.com">lbradford2004@yahoo.com</a>	HS, EHS	Sunflower	570
United Community Action Committee, Inc.	P.O. Box 338	Ashland	38603	662-224-8911	<a href="mailto:ruthd@dixienet.com">ruthd@dixienet.com</a>	HS	Benton	182
Washington County Opportunities, Inc.	716 Martin Luther King Jr. Boulevard, P.O. Drawer 750	Greenville	38702	662-332-1521	<a href="mailto:tjones@wcoihs.com">tjones@wcoihs.com</a>	HS,EHS	Washington	1,247

## **Appendix B-Mississippi SECAC-Key Data and Outcome Questions**

### **General: How is data being used to align, prioritize, and mobilize resources?**

- How are needs of children being identified in programs? When needs are identified, what follow-up occurs to ensure those needs are met? Are caregivers being provided with information about what services are available to address needs?
- Have children been referred for medical and social services needs? Did they receive the services? How much time passed between the referral and receipt of services? Which agencies provided the services?

### **Key Questions on Children & Families**

#### **1. Are children, birth to five in Mississippi, receiving early care and education? What impact are those programs having?**

- What results have been obtained for children on validated instruments measuring cognitive and non-cognitive development?
- What impact are early learning programs having on social-emotional development?
- What indicators are being used to measure children's developmental progress? And what are the trends?
- Do assessment trends over time indicate a closing of the achievement gap?

#### **2. Which children have access to early care and education programs?**

- What are the demographics of children and families in the state? What are the demographics of children and their families in early learning programs?
- Do at-risk children have access to programs?
- What is the attendance pattern for each child?
- What gaps in services exist for early learning programs? (across age, geographical region, and programs)
- Which children are enrolled in multiple programs?

#### **3. What child health and development services are being provided to children?**

- What percentage of birth mothers received prenatal and/or interconception care?
- What percentage of children have medical homes?
- What medical and dental services has the child received?

- Where are services being provided? Are services connected to an early education and care program?
- What developmental screenings has the child received? What were the outcomes?

- Which children have been enrolled in early intervention programs?

#### **4. What are the family circumstances of children in early learning programs?**

- What percentage of children in early learning programs are in foster care?
- What percentage of children in early learning programs live with a relative other than their birth parents?
- What percentage of children have moved within the last six months? How frequently are they moving?

#### **5. What longitudinal information do we want to know about children enrolled in early learning programs over time?**

- How do children enrolled in early learning programs do in K-12? (test scores, attendance, drop-out rates)
- Do children receive special education services in the public school system? Do children from high quality early programs have a reduced need for special education?
- Are children enrolled in early learning programs less likely to end up in the juvenile justice system? In the child welfare system? In the mental health system?
- What are the cost savings associated with early learning programs?

### **Key Questions on Workforce**

#### **1. How prepared is the early care and education workforce to provide effective education and care for all children?**

- What are the qualifications for program staff and directors?
- What education, preparation, and training have program staff and directors received?
- What credentials do program staff and directors have?
- What are the demographics of program staff and directors, and do they reflect the families they serve?
- What languages do program staff and directors speak?
- Are program staff and directors trained to deal with cultural differences?

## **2. What policies and investments lead to a skilled and stable early care and education workforce?**

- At what rate and for what reason does turnover occur? Which programs experience the most/least turnover?
- What are the characteristics (see #5 above) of those staff who persist? Of those who leave the field?
- What salaries and benefits does the program provide staff?
- What technical assistance is provided for workforce development?

### **Key Questions on Programs**

#### **1. Is the quality of programs improving?**

- What metrics are being used to measure program quality?
- Are an increasing number of programs meeting established quality standards?
- Is the number of accredited programs increasing?
- What is the trend over time regarding the number of programs that are externally evaluated?
- How many programs administer self-assessments?
- What technical assistance is being provided to programs?

#### **2. What are the characteristics of programs?**

- What curriculums are used by programs?
- What are the qualifications for program staff and providers?
- In what setting is the program delivered?
- What are the costs associated with the program?
- What are the funding sources for the program?
- What is the staff to child ratio?
- How are programs engaging parents and caregivers?