

Needs Assessment

Looking across proposed ideas and target populations in an activity area:

What resonates with you?

interest in the data hub and spanish glossary

We really need comprehensive early childhood workforce data to help create targeted effective workforce strategies.

really like the GEAM proposal - i think we should be looking at data on funding to understand how dollars are being allocated for equity purposes

workforce participation data set - can we include data on bilingual workforce/ ecse workforce

Part 1. Organize projects by how they propose to work with data.

Part 2 1) gather/aggregate data sets (ILDS) 2) Make data available and accessible (IECAM) and 3) Analyze data to understand needs and make projections (Analysis Center)

What gaps do you see?

can all the data collection ones be integrated together in one project

how to integrate the info of birth to five to the data hub work?

data proposals are only for people who are currently being served - is there a way to understand/examine who is not being served

can we use any dollars from the new agency or projects to understand who is not already being served?

can we incorporate the newly developed ISBE trauma index into the data hub?

can we include funding data (across programs) in the ECPDTS work?

HV-Build partnerships with directors from early childhood development and human development and services specializations at colleges and universities.

HV-Develop college coursework and clinical experiences needed to create a career pathway for prospective applicants.

Are there strengths or assets in IL we should be leveraging more?

can we include KIDS in our data hub info?

How are we connecting KIDS data to understand previous ECE experiences?

what are other states doing to leverage KRA (KIDS data) to inform strategic planning for early childhood programs/services

Need to make sure to build on and improve the tools we already have like IECAM that provide data to the public. We do not need to reinvent the wheel.

Strategic Plan

Looking across proposed ideas and target populations in an activity area:

What resonates with you?

Critical to have means of tracking workforce needs

Pondering - how does the culturally and ling practice rubric align with the INCCRRA Gateways ESL/bil competencies? DAP? needs of different populations

Like the idea of integrating funding data with other data (e.g., workforce, services and more)

This group agrees that making sure we have the right data and meaningful uses for it is **ESSENTIAL** for everything else we may aim to accomplish in a new PDG grant.

Refreshing the GEAM also helps with strategic planning, and seems like a really strong thing to do!

Elevating multilingual learners in ECE thru Workforce development should also be in strategic planning - it is more than family engagement (where it is currently listed)

What gaps do you see?

Start planning process for providing more integrated services

ILDS3: EC Workforce including projecting workforce needs

Are there strengths or assets in IL we should be leveraging more?

Will also note that the fact that we HAVE a GEAM is an asset we should build on!

What's missing? Need clarify a process for input, governance, and reporting re: data being gathered and analyzed.

Family Participation

Looking across proposed ideas and target populations in an activity area:

What resonates with you?

Single Early Childhood Education Application/Portal would be very helpful.

Illinois Study of Child Care for Children with Disabilities - especially in rural areas where there are childcare deserts.

Infant/Early Childhood Mental Health Consultation!

Making sure there are supports for families in rural areas. Connecting with services and other families and supports in rural areas is important and very extremely difficult.

When families leave the nicu with certain diagnosis's they are referred to an intake specialist to help navigate (especially for out of state Children's hospitals that have IL residents)

There are proposals on family participation both in terms of ensuring families are engaged in policy and in ensuring they can access the programs they want and need

The Family Voice idea resonated. Family Voice needs a solid structure and supports. A lot of research has already been done on this so a national scan may not be needed?

A behavior support helpline would benefit families (as well as staff)

I see the hospital care coordination, is there any way to connect with local pediatricians on a larger scale.

Concerned about lack of coordination across multiple advisory groups that benefit from parental input.

programs to address suspension, expulsion, inclusion, etc. are sorely needed

I think it would be helpful to develop a culturally and linguistically responsive practice rubric and framework as proposed here.

Inclusion of young children with delays or disabilities included in Community Based settings.

I appreciate the proposal that focuses on training state leaders, because systems do need to change to better serve parents, but not sure video is the ideal training modality.

Lots of programs and complicated applications

Agreed that a video may not be the way to go on training state leaders around partnering with parents. In person engagement would be ideal for that.

The role of FFN care for families, particularly families of color, those seeking culturally relevant care, working non traditional hours should be more of a priority

Are there strengths or assets in IL we should be leveraging more?

I feel that we should utilize the parent groups that are currently active and that are participating in different areas of policy work

DSCC

Utilize the two Parent Training and Information Center in the state of Illinois

We have an extraordinary number of parents who want to engage. We should coordinate and leverage tables across local, state, and regional levels so parents find a fit.

New unifying agency

I agree that we need to learn from some of the original ideas around the Family Advisory Committee and work with current groups to get input into state Early Childhood policy

Pilot ideas through the Early Intervention Bureau on how to increase engagement and service for families with complex needs

If we have groups that are successfully engaging parents in their work, what can we learn from them to utilize with others who may not be as successful?

This is another area where the proposed behavior-support helpline could really help, better-supporting parents to help kids experiencing challenging behaviors

Workforce

Looking across proposed ideas and target populations in an activity area:

What resonates with you?

All of the supports that will help build the capacity of staff to address social-emotional/mental health concerns of children and families: Pyramid, IMH credential, I/ECMHC.

benefit packages are part of compensation

A parent pathway of former home visiting participants becoming home visitors is a great idea! This is also a family engagement strategy.

See if it's possible to blend all of the workforce wellness under one category if the submissions make sense to do so.

We could group together and then consider the projects related to multilingual families/workforce.

need for business administration supports has become clear over the last few years

Children who receive appropriate and timely interventions to address vision and hearing issues will have the ability to achieve language and literacy. Without it they will never reach their maximum potential.

If we look at the strengths of IL, can we identify the IDHS work of workforce compensation grants and what are the gaps or lessons learned. We have met for 18 months+ lots of data

What gaps do you see?

Children with Special Healthcare needs can access discipline specific services through the current models.

Compensation and growing a strong workforce-- resonates and needs to be strengthened

The ability to provide virtual training and mentoring

There are several proposals involving nontraditional workforce and/or apprenticeships

Policies and procedures are not in play to provide communication access to all, monitor progress through data.

all programs need education on ADA requirement for children with special needs

The system has focused on EC development; need more help on running a business

Are there strengths or assets in IL we should be leveraging more?

There are licensure laws to support communication access

Improving delays in licensure and license renewal for childcare programs, especially family home childcare providers.

Funding full-time substitutes for government-funded preschool and home visiting programs.

Should definitely consider putting in money for EC ACE given that is already established...

Behavior-support helpline idea (see SE/Mental Health proposals) would help enormously w/workforce retention. Greater teacher support, guidance, resources!

Expand workforce wellness ideas for all practitioners, teachers, home visitors, early interventionists, etc.

IL has a long history of Pyramid Model, IMH credential, and I/ECMHC. Would build off of previous and current work.

Looking across proposed ideas and target populations in an activity area:

Quality and Alignment

What resonates with you?

Greater alignment of existing EC and MCH services. UNSS grant application was designed to do this, but funding is a concern.

I appreciate that there is a comprehensive approach to advancing the systems change need to support children with special needs across settings - birth to 5.

part 2 - supporting CCR&Rs and child care providers to enroll and support children with disabilities and supporting community teams to expand options for 3-5 year olds.

A behavior support helpline would help connect programs to resources that will help programs improve their practice and help children stay in

The goal for create a centralized, accessible and user-friendly data information system.

like proposal to build on regional work focused on seamless access to 0-3 services and professional development across programs/providers. good to make things more simple/fair

Seems to be "buckets" of areas within the Program Quality area: Aligned data systems, Mental Health support for program staff, Inclusion as it refers to children with special needs,

What gaps do you see?

need to be more clear about what we mean by a "single" application for services. One application and options to fill out for different services? Single entry point?

It may be here but would be good to consider moving forward alignment of CCR&R, B25, LIC, AOK recommended by ELC workgroup.

Part 2: and identifying and serving multilingual children.

Are there strengths or assets in IL we should be leveraging more?

There are many communities already using a common data system called IRIS: <https://connectwithiris.org/>

Social-emotional and mental health supports, such as Pyramid, I/ECMHC, and the IMH credential help increase program quality.

Not sure where it goes but will be good to flag that we have robust coalitions to engage and inform and advocate for changes needed - including Raising IL, We the Village, etc.

Quality across programs could be boosted substantially via behavior-support helpline that's proposed elsewhere in PDG ideas. A priority with multiple benefits.

Looking across proposed ideas and target populations in an

What resonates with you?

Social Emotional Dev and Mental Health

What gaps do you see?

Are there strengths or assets in IL we should be leveraging more?

+1

A behavior support helpline.

expulsion and suspension helpline is new for IL and would be different Other states have done well with this approach. This would be new and enhance what we have already

Expulsion/suspension Helpline - this approach could connect a lot of dots for providers & parents to find help for kids experiencing some of the most challenging behaviors

communities of practice combined with specialty populations as a way for focus the COP mechanism to combine and reach more people. Consultants can lead

Implementing the Expulsion Prevention Warmline would support a struggling child, but improve classroom quality for

Scholarships to grow the pool of EI service providers

Innovation-Scaling up the reflective learning groups-from the consultants to the providers (Mental Health Association model) to be expanded.

pull together a comprehensive workforce dev plan for IECMH - including pipeline.

Funds directed at collaboration and coordination of MCH and EC care . A child (and caregiver) need to have overall physical and mental health well-being to thrive and succeed.

New staff coaching for IECMH supports so new staff know how to support children

Create a credential or training for entry level, BA and Associate level teachers who need to know SEL and address bias/implicit bias and cultural responsiveness.

Mental Health Services (counselors/therapists) for young children under age 5 and their families in all counties/regions of the State

Aligning in-school social emotional/mental health preschool practices with parent training sessions.

Many of the proposals overlap and compliment each other and so would be easy to group together.

Illinois has a long history of I/ECMHC, Pyramid Model, and the IMH Credential. Would build off of prior work.

Incredible progress was made to strengthen IL's IECMHC system when we had a state IECMHC Coordinator. We cannot lose ground so reinstating this position is critical.

leverage our field leading IMH consultation initiative that works across EC systems. Pay for a position to oversee and expand this work

