

Community Early Childhood System of Care (ECSOC) Self-Assessment



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Community Early Childhood System of Care (ECSOC)

Facilitator's Guide

Nebraska Early Childhood System of Care Facilitator's Guide

Thank you for agreeing to facilitate the community assessment of the capacity of the Early Childhood System of Care in your community. The following provides you with information to support your facilitation of the process.

Purpose:

Local - Guide local communities in a systematic process of community mapping and planning by identifying their strengths and the gaps in early childhood services and supports for social emotional development and child mental health.

Statewide – Guide the establishment of statewide projects/priorities by aggregating the findings and recommendations from the local community based assessments.

Healthy social-emotional development is the emerging capacity of young children to experience, manage and express emotions; form close, secure relationships and actively explore the environment and learn. All of which occurs in the context of a caregiving environment that includes family, community, and culture.

Who needs to be invited to the table in the community? It is important to have a broad representation from your community. Here are some recommended members:

- Mental Health service providers
- Family members
- Early childhood providers , (Head Start, Early Childhood Regional Planning Team members)
- Vocational providers
- Recreational providers
- College and University Faculty
- Social service workers
- School Administrators
- Community health care providers
- Public Health providers
- Substance Abuse providers
- Juvenile justice providers
- Child welfare providers

Topical areas for Self-Assessment: Prevention and Intervention Services and Supports will be rated using the following rubric in order to capture strengths and gaps related to childhood mental health and healthy social emotional development. (You will notice that each item has been coded to assist with data compilation and planning—P=prevention and I=intervention)

“We are all looking forward to getting our action plans underway and have gained insight and direction from this process.”

-Cristen Witte, Valentine School Psychologist

Steps of the Self-Assessment:

Identify community stakeholders and invite them to a meeting where a facilitator will lead them through the scoring of the self-assessment; distribute and collect parent surveys.

Summarize the survey data.

Reconvene the stakeholder group to review the data summary and begin to identify priorities.

Complete priorities and plan.

Quality Child Care Definition

On the third page of the assessment you will be asked to assess several variables related to high quality child care. The following indicators of quality child care are being provided to assist in your assessment and discussion.

- Well-educated, well-trained, experienced attentive, responsive and engaged caregivers
 - Caregivers show affection, make eye contact, and speak directly to children with an encouraging tone
 - Children are soothed and supported when frustrated or challenged, helping them identify their feelings
 - Caregivers and families exchange information about the child's development and learning progress
- A safe, healthy and child-friendly environment
 - Sufficient and age-appropriate materials and toys are accessible, organized, and inviting
 - Safe, outdoor play spaces invite exploration and nurture curiosity
 - TV and video are not used to occupy children
 - Strict health and sanitation policies, including: an emergency plan, including staff trained in pediatric first aid and CPR; a handbook or written policies for parents, and healthy meals and snacks
- Stimulating Activities and Appropriately Structured Routines
 - Caregivers thoughtfully organize age-appropriate experiences throughout the day that incorporate language, math, science, art, music, movement, and dramatic play
 - Imagination and creativity are nurtured
 - Children learn to positively interact through positive guidance and discipline practices
 - Opportunities for children to interact in small groups and to play independently
 - A balance of active and quiet activities
- Low child-adult ratios and small group sizes :
 - Infants: no more than 8 with at least 2 teaching staff always present
 - Toddlers: no more than 12 with at least 2 teaching staff always present
 - Preschoolers: no more than 20 with at least 2 teaching staff always present
- Comprehensive supports for children and families such as health and nutrition, parent education and referral services
- A state child care license

"It required small groups of people to engage in discussion around the questions...we learned what other perspectives exist and what people do or do not know in the area of Early Childhood."

-Heather Gill, Ogallala
Early Development Network Supervisor

Sources include National Association for the Education of Young Children, First Five Nebraska, National Institute for Early Education Research, Nebraska Department of Education, and Nebraska Department of Health and Human Services.

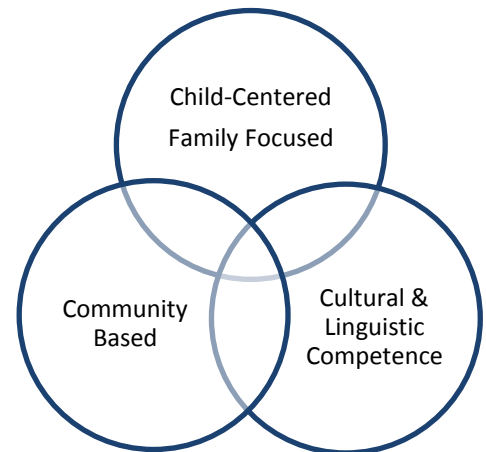
Background Information on Early Childhood Systems of Care

Definition:

The Nebraska Early Childhood System of Care for mental health is a coordinated network of community-based services and supports that is organized to meet the social and emotional needs of young children and their families. Families and early childhood professionals within public and private organizations at the community level work in partnership so services and supports are readily accessible, effective, strength based and address the cultural and linguistic needs of young children and their families. The Nebraska Early Childhood System of Care aims to ensure that a comprehensive array of services and supports are present in all communities in the state so the social and emotional needs of young children are met at home and by other caregivers during these critical formative years.

Guiding Principles

- **Assessment** – Standardized process for identifying community as well as child/family behavioral health needs
- **Access**- families and children have available and appropriate level of services
- **A Balanced Array of Services** – a broad range of services are available based on Evidenced Based Practices (EBP) (promotion/prevention/intervention)
- **Effective care coordination, management and evaluation** – seamless coordination with priorities for continuous quality improvement and increasing accountability.
- **Data driven decision making** – standard information is gathered and used to inform decision making.
- **Coordinated funding structure** – harmonized funding structures integrate processes (e.g., eligibility, service delivery requirements, data collection, etc.)



Based on the Nebraska Health and Human Service System: LB 542: Creating Change and Providing Hope for Nebraska's Children, Adolescents and Their Families (2007)

Core Values

- **Child and family focused** – partnership with families in which families have a voice in the service delivery process and provide their feedback.
- **Community-Based** - services as appropriate are provided in the family's community.
- **Culturally competent** with respect to racial, ethnic and linguistic differences.

"We expected to learn about gaps and shortfalls in the system – and we did. But we also learned about resources we did not know about, and we gained new members and partners for the Coalition. All of us were amazed at the degree of consensus among our members and respondents as to gaps, priorities, and urgency. We were able to readily identify several issues to incorporate into our Action Plan for the year. We have a focus!"

-Barb Jessing, Omaha
Chairperson of the Coalition for Children's Mental Health

Community Early Childhood System of Care (ECSOC)

Self-Assessment

Community Early Childhood System of Care (ECSOC) Self-Assessment

Community Name:

Area Covered (counties/city):

Name:

Email:

Contact Phone #:

You are invited to complete this assessment as part of a community self-assessment process. You are being asked to complete this assessment as you are a community stakeholder who is aware of your community's early childhood mental health services and supports.

Purpose:

Local - Guide local communities in a systematic process of community mapping and planning by identifying their strengths and the gaps in early childhood services and supports for social emotional development and child mental health.

Statewide – Guide the establishment of statewide projects/priorities by aggregating the findings and recommendations from the local community based assessments.

Topical areas for Self-Assessment: Prevention and Intervention Services and Supports will be rated using the following rubric in order to capture strengths and gaps related to childhood mental health and healthy social emotional development. (You will notice that each item has been coded to assist with data compilation and planning—P=prevention and I=intervention)

Directions: The stakeholders should review each of the components which represent one aspect of a comprehensive early childhood system of care. As you think about each service/resource in your community think about the following:

- Determine if the resource/service is available in your community (e.g., is it equally available across economic levels, populations of children, and geographically available?).
- Rate the degree that working to improve the availability of this component in your community is important to your work group. This rating will help you to prioritize your work plan that will be an outcome of your group's assessment and planning process.

Parent Survey: Due to work schedules and other commitments it can be challenging to gather input from parents in your community. To address this challenge, this revised edition of the ECSOC now includes a parent survey. The parent survey matches up item to item with the self-assessment and scores from the parent survey can be compiled with the stakeholder group results to form a very comprehensive summary of the services available in a community.

Summarizing the community assessment findings: It is important that after your subgroup identifies the community priorities that they begin to develop a plan to guide the work. The ECSOC Community Self-Assessment Report of Findings provides a framework for the community to summarize their findings and to begin to identify the recommended actions to begin to address the priorities.

Community Early Childhood System of Care Self-Assessment

Community: _____

Date: _____

	Health							
	Degree Available				Priority Rating			Description of Services
	1 None	2 Some	3 Adequate	Don't know	1 Low	2 Medium	3 High	<i>Optional column for the community to catalog services/questions</i>
Preconception health & wellness counseling (e.g., stress & impact on the fetus, nutrition education, screening for substance use, smoking cessation) P								
Regular health care is accessible (pre and postnatal) P, I								
Education about benefits of breast feeding provided during prenatal care and postpartum P								
Breastfeeding support is available P								
Depression screening part of routine prenatal and postpartum health care P, I								
Substance Abuse screening part of routine prenatal and ongoing health care P, I								
Routine child developmental screenings include social/emotional health and development and mental health. P, I								
Infancy								
Preschool								
Primary Years								

Family Resources								
	Degree Available				Priority Rating			Description of Services
	1 None	2 Some	3 Adequate	Don't know	1 Low	2 Medium	3 High	<i>Optional column for the community to catalog services/questions</i>
Parents are educated on the importance of early development including social-emotional development (e.g., attachment and bonding) P, I								
Prenatal								
Infancy								
Preschool								
Primary Years								
Parents are educated on characteristics of high quality childcare P								
Prenatal								
Infancy								
Preschool								
Primary Years								
Adequate number of high quality child care settings are available in the community (refer to definition of high quality provided in Facilitator's Guide) P								
Infancy								
Preschool								
Primary Years								
Resources are available to assist in coping with traumatic experiences I								
Infancy								
Preschool								
Primary Years								

Family Resources								
Degree Available					Priority Rating			Description of Services
1 None	2 Some	3 Adequate	Don't know	1 Low	2 Medium	3 High	<i>Optional column for the community to catalog services/questions</i>	
Community resources and support available for respite care/services P, I (e.g., Case management to help with identification/activation of informal support system or formal resources can be readily accessed).								
Infancy								
Preschool								
Primary Years								
Resources exist to assist parents with financial problems that impact meeting basic needs P, I								
Prenatal								
Infancy								
Preschool								
Primary Years								
Outreach is available for families experiencing domestic violence (e.g., DV victims, offenders, and children witnessing DV) I								
Intervention is available for families experiencing domestic violence (e.g., DV victims, offenders, and children witnessing) I								
Treatment available for parental mental health disorders (for all ages of children) I								
Treatment available for parental substance disorders (for all ages of children) I								

Early Childhood Mental Health								
Degree Available				Priority Rating			Description of Services	
1 None	2 Some	3 Adequate	Don't know	1 Low	2 Medium	3 High	<i>Optional column for the community to catalog services/questions</i>	
Early childhood social emotional development (mental health) assessment resources readily available and known to referral sources I								
Infancy								
Preschool								
Primary Years								
Individual parent-child therapy services are available I								
Infancy								
Preschool								
Primary Years								
Mental health consultation available in child care and school settings I								
Infancy								
Preschool								
Primary Years								
Group education & parent networking opportunities available for parents of young children to support children with social-emotional problems P, I								
Infancy								
Preschool								
Primary Years								

Schools							
Degree Available				Priority Rating			Description of Services
1 None	2 Some	3 Adequate	Don't know	1 Low	2 Medium	3 High	<i>Optional column for the community to catalog services/questions</i>
Schools have strategies to build parental engagement with their child's school P, I							
Preschool							
Primary Years							
School and community staff are well-versed in identifying social-emotional red flags and referring for assessment I							
Infancy							
Preschool							
Primary Years							

Top Three Priority Areas for Action		
Priority Area:	Action Plan	Timeline
1.		
2.		
3.		

Community Early Childhood System of Care (ECSOC)

Parent Survey

Community Early Childhood System of Care Self-Assessment

Parent Survey

Parents and/or Guardians,

We appreciate you taking the time to fill out this short parent survey. Your responses will help us work to increase the services and supports that are available to you and your young children (ages 0-8). Your responses are completely confidential and completion of this survey is not required.

FAMILY INFORMATION			
How many children ages 0-8 do you have? _____			
What is your zip code? _____			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">What are the ages of your children? (Circle all that apply)</div> <div style="width: 35%;"> <p>Infant (0-17 months)</p> <p>Toddler (18 months-2 years)</p> <p>Preschool (3-4 years)</p> <p>School Age (5-8 years)</p> </div> </div>			
HEALTH			
1= Not Important 2= Sort of Important 3= Very Important			
1. Was pregnancy health care available to you?	Yes	No	Don't Know
How important is pregnancy health care to you?	1	2	3
2. While pregnant did anyone talk to you about the importance of stress management, nutrition, use of drugs, tobacco and alcohol and how it could impact your baby?	Yes	No	Don't Know
How important is it that someone talk to you during pregnancy about stress management, nutrition, use of drugs, tobacco and alcohol and how it could impact your baby?	1	2	3
3. During pregnancy were you ever asked about using drugs?	Yes	No	Don't Know
How important is it to you for pregnant mothers to be screened for drug use or asked about using drug?	1	2	3

4. Did you receive information about the benefits of breastfeeding?	Yes	No	Don't Know
How important is it to you to receive information about the benefits of breastfeeding?	1	2	3
5. Was breastfeeding support made available to you?	Yes	No	Don't Know
How important is it to you to have breastfeeding support made available to you?	1	2	3
6. After you had your baby did anyone ask you if you were experiencing any signs of post-partum depression?	Yes	No	Don't Know
How important is it to you to have someone ask you about signs of post-partum depression?	1	2	3
7. During well baby checks was your child screened for developmental milestones (i.e. turning head to locate sound for 2 month old baby)?	Yes	No	Don't Know
How important is it to you that your baby is screened for developmental milestones at his/her well baby checks?	1	2	3
8. Was your child screened for social-emotional, behavioral, or mental health (i.e. making friends, smiling, uncontrollable tantrums, having conversations, trying new things, aggression)?	Yes	No	Don't Know
How important is it to you for your child to be screened for social-emotional, behavioral, or mental health?	1	2	3
FAMILY RESOURCES 1= Not Important 2= Sort of Important 3= Very Important			
9. Have you received information about your child's social-emotional development (e.g. attachment, bonding, making friends, problem solving, eye contact, smiling, etc)?			
Prenatal (prior to birth)	Yes	No	Don't Know
Infancy (0-17 months)	Yes	No	Don't Know
Toddlers (18 months- age 2)	Yes	No	Don't Know
Preschool (ages 3-4)	Yes	No	Don't Know
Primary (ages 5-8)	Yes	No	Don't Know

How important is it to you to receive information about your child's social-emotional development?	1	2	3
10. Did anyone share with you information about what a high quality child care program looks like and why it is important?	Yes	No	Don't Know
How important is it to you for someone to share what information about what a high quality child care program looks like and why it is important?	1	2	3
11. Do you feel that there are enough childcare options in your community?	Yes	No	Don't Know
How important is it to you to have enough childcare options in your community?	1	2	3
12. Are services for the following needs are available in your community?			
Respite Care	Yes	No	Don't Know
Financial concerns	Yes	No	Don't Know
Domestic violence	Yes	No	Don't Know
Parental mental health concerns	Yes	No	Don't Know
Parental substance abuse concerns	Yes	No	Don't Know
Assessments of a child's behavior or mental health	Yes	No	Don't Know
Individual parent-child therapy	Yes	No	Don't Know
Mental health or behavioral consultation for problems in school and/or childcare	Yes	No	Don't Know
Group parenting classes for parents of children with challenging behaviors	Yes	No	Don't Know
How important is it to you to have services for the following needs available in your community?			
Respite Care	1	2	3
Financial concerns	1	2	3
Domestic violence	1	2	3

Parental mental health concerns	1	2	3
Parental substance abuse concerns	1	2	3
Assessments of a child's behavior or mental health	1	2	3
Individual parent-child therapy	1	2	3
Mental health or behavioral consultation for problems in school and/or childcare	1	2	3
Group parenting classes for parents of children with challenging behaviors	1	2	3
SCHOOL 1= Not Important 2= Sort of Important 3= Very Important			
13. Do you have opportunities to participate in your child's school (e.g. events/activities, field trips, parent-teacher conferences, preparing materials, volunteering)?	Yes	No	Don't Know
How important is it to you to be involved in your child's school?	1	2	3
14. Do you feel your child's school or childcare program does a good job of meeting your child's behavior and social-emotional needs?	Yes	No	Don't Know
How important is it to you that your child's school or childcare program does a good job of meeting your child's behavior and social-emotional needs?	1	2	3

Autoevaluación de Sistema de Cuidado en la Infancia Temprana de la comunidad
Encuesta para los padres

Padres y/o tutores,

Apreciamos que se tome el tiempo de llenar esta breve encuesta para los padres. Sus respuestas nos ayudarán a aumentar los servicios y los apoyos que están disponibles para usted y sus hijos pequeños (edades 0-8). Sus respuestas son totalmente confidenciales, y no se requiere llenar esta encuesta por completo.

INFORMACIÓN SOBRE LA FAMILIA			
¿Cuántos hijos tiene entre las edades de 0 y 8 años? _____			
¿Cuál es su código postal? _____			
<div style="display: flex; justify-content: space-between;"> <div> ¿Cuáles son las edades de sus hijos? (Encierre todos los que aplican) </div> <div> Infante (0-17 meses) Bebé mayor (18 meses -2 años) Edad preescolar (3-4 años) Edad escolar (5-8 años) </div> </div>			
SALUD			
1= No importante 2= Algo importante 3= Muy importante			
1. ¿Tuvo a su disposición cuidado de salud prenatal?	Sí	No	No sé
¿Qué tan importante es para usted el cuidado de salud prenatal?	1	2	3
2. Cuando estaba embarazada, ¿alguien le habló sobre la importancia del control del estrés, la nutrición, el consumo de drogas, tabaco y alcohol, y cómo esto podría afectar a su bebé?	Sí	No	No sé
¿Qué tan importante es que alguien le hable durante su embarazo sobre la importancia del control del estrés, la nutrición, el consumo de drogas, tabaco y alcohol, y cómo esto podría afectar a su bebé?	1	2	3
3. Durante su embarazo, ¿en algún momento le preguntaron sobre su consumo de drogas?	Sí	No	No sé
¿Qué tan importante es para usted que a las madres embarazadas se les hagan pruebas de drogas o se les pregunte sobre el consumo de drogas?	1	2	3

4. ¿Recibió información sobre los beneficios de la lactancia?	Sí	No	No sé
¿Qué tan importante es para usted recibir información sobre los beneficios de la lactancia?	1	2	3
5. ¿Tuvo a su disposición apoyo para la lactancia?	Sí	No	No sé
¿Qué tan importante es para usted tener a su disposición apoyo para la lactancia?	1	2	3
6. Después de que tuvo a su bebé, ¿alguien le preguntó si experimentaba señales de depresión posparto?	Sí	No	No sé
¿Qué tan importante es para usted que alguien le pregunte sobre las señales de depresión posparto?	1	2	3
7. Durante los exámenes rutinarios del bebé, ¿se evaluó el desarrollo de su hijo (es decir, para un bebé de dos meses, voltear la cabeza para ubicar un sonido)?	Sí	No	No sé
¿Qué tan importante es para usted que se evalúe el desarrollo de su hijo durante sus exámenes rutinarios?	1	2	3
8. ¿A su hijo se le hizo un examen para su salud socioemocional, conductual o mental (es decir, hacer amistades, sonreír, rabietas incontrolables, sostener conversaciones, tratar cosas nuevas, agresión)?	Sí	No	No sé
¿Qué tan importante es para usted que a su hijo le hagan un examen para su salud socioemocional, conductual o mental?	1	2	3
RECURSOS PARA LA FAMILIA 1= No importante 2= Algo importante 3= Muy importante			
9. ¿Ha recibido información sobre el desarrollo socioemocional de su hijo (p.ej. apego, vinculación emocional, hacer amistades, resolver problemas, contacto visual, sonreír, etc.)?			
Prenatal (antes de nacer)	Sí	No	No sé
Infancia (0-17 meses)	Sí	No	No sé
Bebés mayores (18 meses -2 años)	Sí	No	No sé
Edad preescolar (3-4 años)	Sí	No	No sé
Edad escolar (5-8 años)	Sí	No	No sé

¿Qué tan importante es para usted recibir información sobre el desarrollo socioemocional de su hijo?	1	2	3
10. ¿Alguien compartió con usted información sobre cómo es un programa de cuidado infantil de alta calidad y por qué este es importante?	Sí	No	No sé
¿Qué tan importante es para usted que alguien comparta información sobre cómo es un programa de cuidado infantil de alta calidad y por qué este es importante?	1	2	3
11. ¿Cree que hay suficientes opciones para el cuidado infantil en su comunidad?	Sí	No	No sé
¿Qué tan importante es para usted que haya suficientes opciones para el cuidado infantil en su comunidad?	1	2	3
12. ¿Están disponibles en su comunidad los servicios para las siguientes necesidades?			
Relevo para el descanso del cuidador	Sí	No	No sé
Problemas financieros	Sí	No	No sé
Violencia doméstica	Sí	No	No sé
Problemas de salud mental en los padres	Sí	No	No sé
Problemas de abuso de sustancias en los padres	Sí	No	No sé
Evaluaciones del comportamiento o la salud mental de un menor	Sí	No	No sé
Terapia individual para padres/hijos	Sí	No	No sé
Asesoría de salud mental o de comportamiento para problemas en la escuela o el cuidado infantil.	Sí	No	No sé
Clases de crianza en grupo para padres de hijos con comportamientos difíciles	Sí	No	No sé
¿Qué tan importante es para usted que haya servicios disponibles para las siguientes necesidades en su comunidad?			
Relevo para el descanso del cuidador	1	2	3
Problemas financieros	1	2	3
Violencia doméstica	1	2	3

Problemas de salud mental en los padres	1	2	3
Problemas de abuso de sustancias en los padres	1	2	3
Evaluaciones del comportamiento o la salud mental de un menor	1	2	3
Terapia individual para padres/hijos	1	2	3
Asesoría de salud mental o de comportamiento para problemas en la escuela o el cuidado infantil.	1	2	3
Clases de crianza en grupo para padres de hijos con comportamientos difíciles	1	2	3
ESCUELA 1= No importante 2= Algo importante 3= Muy importante			
13. ¿Tiene oportunidades para participar en la escuela de su hijo (es decir, eventos/actividades, excursiones, conferencias de padres y maestros, preparación de materiales, trabajo voluntario)?	Sí	No	No sé
¿Qué tan importante es para usted el estar involucrado en la escuela de su hijo?	1	2	3
14. ¿Cree que la escuela o el programa de cuidado infantil de su hijo hace un buen trabajo de satisfacer las necesidades de comportamiento y socioemocionales de su hijo?	Sí	No	No sé
¿Qué tan importante es para usted que la escuela o el programa de cuidado infantil de su hijo haga un buen trabajo de satisfacer las necesidades de comportamiento y socioemocionales de su hijo?	1	2	3

Community Early Childhood System of Care (ECSOC)

Reporting Templates

**Early Childhood System of Care (ECSOC)
Community Self-Assessment
Report of Findings**

Community Name:

Area Covered (counties/city):

Primary Facilitator

Name:

Email:

Contact Phone #:

Method was: **Survey only** ☐ **Survey plus focus group/s** ☐

Total number of participants:

Participation included:

- | | |
|---|--|
| <input type="checkbox"/> Family members | <input type="checkbox"/> School Administrators |
| <input type="checkbox"/> Early childhood care providers | <input type="checkbox"/> Elementary school teachers |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Community health care providers |
| <input type="checkbox"/> Early Childhood Regional Planning Team members | <input type="checkbox"/> Mental health service providers |
| <input type="checkbox"/> Public Health providers | <input type="checkbox"/> Substance Abuse providers |
| <input type="checkbox"/> Recreational providers | <input type="checkbox"/> Juvenile justice providers |
| <input type="checkbox"/> Social service workers | <input type="checkbox"/> College and University Faculty |
| <input type="checkbox"/> Child welfare providers | <input type="checkbox"/> Vocational providers |
| | Other |

Findings:

Health: Total score for degree available: (out of 27 possible)

Strengths:

Areas of Concern—include top priorities established:

Action planned:

Support needed:

Family Resources: Total score for degree available: (out of 75 possible)

Strengths:

Areas of Concern—include top priorities established:

Action planned:

Support needed:

Early Childhood Mental Health Services:

Total score for degree available: (out of 36 possible)

Strengths:

Areas of Concern—include top priorities established:

Action planned:

Support needed:

School: Total score for degree available: (out of 15 possible)

Strengths:

Areas of Concern—include top priorities established:

Action planned:

Support needed:

Community Early Childhood System of Care (ECSOC) Self-Assessment Summary

COUNTY NAME
DATE(S)

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Reporting template developed by Rooted in Relationships at Nebraska Children & Families Foundation

Community Early Childhood System of Care Meeting Agenda

Session 1: DATE

Community Early Childhood System of Care Meeting Agenda

Session 2: DATE

	HEALTH												
	Degree Available Community Rating				Degree Available Parent Rating ¹			Priority Rating Community			Priority Rating Parents		
	1 None	2 Some	3 Adequate	Don't Know	Yes	No	Don't Know	1 Low	2 Medium	3 High	1 Low	2 Medium	3 High
Preconception health & wellness counseling (e.g., stress & impact on the fetus, nutrition education, screening for substance use, smoking cessation support) P													
Community Comments:													
Regular health care is accessible (pre and postnatal) P, I													
Community Comments:													
Education about benefits of breast feeding provided during prenatal care and postpartum P													
Community Comments:													
Breastfeeding support is available P													
Community Comments:													

¹ Number of parent responses for each choice is shown. The total number of parent surveys was XXXX however not every parent answered every question.

HEALTH

	Degree Available Community Rating				Degree Available Parent Rating ¹			Priority Rating Community			Priority Rating Parents		
	1 None	2 Some	3 Adequate	Don't Know	Yes	No	Don't Know	1 Low	2 Medium	3 High	1 Low	2 Medium	3 High
Depression screening part of routine prenatal and postpartum health care P, I													
Community Comments:													
Substance Abuse screening part of routine prenatal and ongoing health care P, I													
Community Comments:													
Routine child developmental screenings include social/emotional health and development and mental health. P, I													
Infancy													
Preschool													
Primary Years													
Community Comments:													

FAMILY RESOURCES

Degree Available Community Rating				Degree Available Parent Rating			Priority Rating Community			Priority Rating Parents		
1 None	2 Some	3 Adequate	Don't Know	Yes	No	Don't Know	1 Low	2 Medium	3 High	1 Low	2 Medium	3 High

Parents are educated on the importance of early development including social-emotional development P,I
(e.g., attachment and bonding)

Prenatal												
Infancy												
Preschool												
Primary Years												
<i>Community Comments:</i>												

Parents are educated on characteristics of high quality childcare P

Prenatal												
Infancy												
Preschool												
Primary Years												
<i>Community Comments:</i>												

Adequate number of high quality child care settings are available P
(refer to definition of high quality provided in Facilitator's Guide)

Infancy												
Preschool												

FAMILY RESOURCES

	Degree Available Community Rating				Degree Available Parent Rating			Priority Rating Community			Priority Rating Parents		
	1 None	2 Some	3 Adequate	Don't Know	Yes	No	Don't Know	1 Low	2 Medium	3 High	1 Low	2 Medium	3 High
Primary Years													
Community Comments:													
Resources are available to assist in coping with traumatic experiences I													
Infancy					N/A						N/A		
Preschool													
Primary Years													
Community Comments:													
Community resources and support available for respite care/services P, I (e.g., Case management to help with identification/activation of informal support system or formal resources can be readily accessed).													
Infancy													
Preschool													
Primary Years													
Community Comments:													
Resources exist to assist parents with financial problems that impact meeting basic needs P,I													
Prenatal													
Infancy													
Preschool													

	FAMILY RESOURCES												
	Degree Available Community Rating				Degree Available Parent Rating			Priority Rating Community			Priority Rating Parents		
	1 None	2 Some	3 Adequate	Don't Know	Yes	No	Don't Know	1 Low	2 Medium	3 High	1 Low	2 Medium	3 High
Primary Years													
Community Comments:													
Outreach is available for families experiencing domestic violence I (e.g., DV victims, offenders, and children witnessing DV)					N/A						N/A		
Community Comments:													
Intervention is available for families experiencing domestic violence I (e.g., DV victims, offenders, and children witnessing DV)													
Community Comments:													
Treatment available for parental mental health disorders (for all ages of children) I													
Community Comments:													
Treatment available for parental substance disorders (for all ages of children) I													
Community Comments:													

EARLY CHILDHOOD MENTAL HEALTH												
Degree Available Community Rating				Degree Available Parent Rating			Priority Rating Community			Priority Rating Parents		
1 None	2 Some	3 Adequate	Don't Know	Yes	No	Don't Know	1 Low	2 Medium	3 High	1 Low	2 Medium	3 High
Early childhood social emotional development (mental health) assessment resources readily available and known to referral sources I												
Infancy												
Preschool												
Primary Years												
Community Comments:												
Individual parent-child therapy services are available I												
Infancy												
Preschool												
Primary Years												
Community Comments:												
Mental health consultation available in child care and school settings I												
Infancy												
Preschool												
Primary Years												
Community Comments:												
Group education & parent networking opportunities available for parents of young children to support children with social-emotional problems P, I												

EARLY CHILDHOOD MENTAL HEALTH													
	Degree Available Community Rating				Degree Available Parent Rating			Priority Rating Community			Priority Rating Parents		
	1 None	2 Some	3 Adequate	Don't Know	Yes	No	Don't Know	1 Low	2 Medium	3 High	1 Low	2 Medium	3 High
Infancy													
Preschool													
Primary Years													
Community Comments:													

SCHOOLS

	Degree Available Community Rating				Degree Available Parent Rating			Priority Rating Community			Priority Rating Parents		
	1 None	2 Some	3 Adequate	Don't Know	Yes	No	Don't Know	1 Low	2 Medium	3 High	1 Low	2 Medium	3 High
Schools have strategies to build parental engagement with their child's school P, I													
Preschool													
Primary Years													
Community Comments:													
School and community staff are well-versed in identifying social-emotional red flags and referring for assessment I													
Infancy													
Preschool													
Primary Years													
Community Comments:													

Preliminary Community Debrief

	Health	Family Resources	Early Childhood Mental Health (ECMH) Services	Schools
Greatest Strengths & Assets				
Most Critical Gaps				
More Information Needed				
Observations & Insights				
Assessment Team Members				

Common Themes

Result Nuggets and Big Ideas

	Health	Family Resources	Early Childhood Mental Health	Schools
Surprises in the data				
Changes to make based on parent responses				
Missing Information				

Big Ideas

An electronic version of this survey can be found here:

<http://dhhs.ne.gov/homevisiting>
<http://rootedinrelationships.org/resources/>

This document was developed by the TFKF Mental Health Work Group. Together for Kids and Families (TFKF) was Nebraska's Early Childhood Comprehensive Systems project located organizationally within the Department of Health and Human Services, Division of Public Health, Lifespan Health Services. TFKF brought together early childhood stakeholders to comprehensively plan and implement strategies designed to holistically address issues that affected young children and their families in order to promote positive outcomes.

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