

Nevada ECAC Subgroup Action Plan • Child & Family Health

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Goal: Promote and support increased access to and the delivery of high quality, evidence-based health (dental, physical, mental/behavioral health) services for families with young children.

In meeting with the Family Engagement and Early Learning Leads, Brad Bauler and Steve Greeley/Marty Elquist there is a lot of overlap and a great deal of synergy and potential for getting immediate traction in this first six months to a year. We looked at overlapping partners and objectives and feel that if we focus our collective energy initially on getting a cross-sector training in Mind in the Making (MIM) and VROOM with CHWs, Nevada Home Visitors, WIC Staff—and in partnership with Libraries and the Nevada Ready! B3 teams—building the state's capacity through a cadre of Trainers (TOTs) that can train direct line staff in their agencies and schools—we will have accomplished some exciting goals: getting people on the same page and using the same language to plan/discuss together and engage with families with young children; and planted the seeds for implementing science-based early learning approaches in several contexts where young children and their families learn and develop. We still need to spend a great deal of time conducting outreach, becoming consistent players in the health arena, and working on building and strengthening relationships between many of the key health partner agencies. (Strategy 2 Objective 1; Strategy 5 Objective 2)

Objective 1

Advocate for increasing access to appropriate health providers in the state, particularly in underserved urban and rural communities, with special attention paid to obstetrics, pediatrics, dentistry, and children's mental health.

Benchmark: As a result of implementing the strategies and actions for this objective, what is the intermediate result you expect to see in 1-3 years?

- Key Partners collaborate and regularly plan together as evidenced by at minimum, twice annually (initial planning and mid-year check-in and course correction), meeting where 90% of identified partners convene to share data, review plans, and adjust service delivery to reduce duplication of services and maximize resources for those in the margins (rural/underserved communities).
- Statewide Partnership of Community Coalitions will become a partner with the UNSOM Graduate Student Association's GivePulse to coordinate recruitment and placement of student interns/volunteers to serve at Health Fairs, Mobile Health events (RAM) and through community health provider clinics, centers, and programs serving families with young children, as evidenced by an increase of _____ in student volunteerism out in rural communities throughout the year.

- Direct staff of major state health partners¹ will receive training in Mind In the Making and VROOM, resulting in a cross-disciplinary cadre of at least 10 Training Of Trainers across the state that can provide training within their agencies.

S1	<p><i>Partner with the public and private schools/programs that train health professionals (e.g. medical schools, nursing programs, psychology, social work) in the state to increase recruitment and retention of students to practice in the state.</i></p> <ul style="list-style-type: none"> • Advocate for using students (e.g. through internships) to provide health care services in the rural and underserved areas • Advocate for sites that can offer internships or qualify for loan forgiveness programs 				
Action	Time-Frame	Resources Available	Resources Needed	Responsible	
1 Meet with the University of Nevada School of Medicine's Graduate Student Association to coordinate services through their mobile medical outreach project and their unr.givepulse.com--an on-line volunteer recruitment and management system	August-September, 2018 Done on April 2018 RNHN meeting	Student interest and an active on-line system; Access by all counties/coalitions through one MOU	Need Technical Assistance on using the system; Include Center Nevada Resources for Disabilities to reach out to children with disabilities	RNHN & Nevada State Partnership of Community Coalitions (Linda Lang; Deborah Loesch-Griffin and Gerald Ackerman)	
2 Nevada Statewide Partnership of Community Coalitions develops an MOU with UNSOM to be a user on their unr.givepulse.com on-line volunteer recruitment and management system.	October 2018			RNHN & Nevada State Partnership of Community Coalitions (Linda Lang; and Gerald Ackerman);	
3 Identify and contact key health and human services agencies in rural and underserved communities that serve families with young children that might benefit from having an UNSOM intern/volunteer to learn what projects or services might be most valued and provide this list to the Statewide Partnership to share with coalitions recruiting volunteers.	December 2018	Coalitions connections to HHS agencies and other non-profits serving young children; Rural Health Clinics; Check in with Deborah Collins about other connections in Clark County to underserved communities. Connect with County Health Districts (Clark, Washoe, and Carson)	Potential mileage stipends for student participation-ask that of agencies who receive volunteers/interns or seek grant funding Human services members on the coalitions—Linda will bring to the Statewide Partnership and	Community Coalitions-Linda Lang	

¹ To date (8/14/18) we have made connections with: WIC, NHV, NVCHWA, NVPCA-FQHCs

	Action	Time-Frame	Resources Available	Resources Needed	Responsible
				have them brainstorm	
4	Convene a meeting via ZOOM with the Directors/Internship Coordinators for School of Nursing, School of Social Work, School of Public Health, and Counseling/Psychology at Nevada's higher-ed campuses to discuss opportunities for students to volunteer or intern in agencies identified in Step 3 above.	October-December 2018	ZOOM is available as free service. Andrea- Area Health Education Center- wants someone to come talk about how to engage and increase their rural outreach	People with connections to higher education/ college campuses; Understanding what interns need to learn and experience and what opportunities exist in our communities to provide that hands-on learning. Survey to distribute to each in-service program to get more information; A script to be consistent with all agencies that the focus is on the health of families and young children.	Amanda will convene group in south; Deb can help with UNR; Joe Dibble- Dietetics and Public Health at UNR and TMCC
5	Research and summarize the opportunities for loan forgiveness and eligibility requirements to share with agencies identified in Step 3 above.	January-March 2019	Existing statewide databases	Deb will interview Adrienne Sutherland at CCI to learn what they had to do to become an placement site to provide a short brief for agencies.	Margot Chappel

S2	Advocate for, and provide better training to, health professionals to work effectively with families with young children.				
	Action	Time-Frame	Resources Available	Resources Needed	Responsible
1	Develop a collaborative plan among key state agencies and associations for training health professionals (Community Health Workers, Home Visitors, WIC staff, Community Health Nurses, select B3 Nevada Registry trainers). Get a list of agencies interested in future TOT and also coordinate among the three ECAC Subgroups to schedule the webinar and notify their related partner agencies.	August-September 2018	Nevada State Calendar and list-serves at child care licensing to notify anyone who might have an interest for their organization. TOT Training- 2.5 days; Immunize Nevada Learning Series	NEIS (0-3) would be another agency; and Autism Treatment and Assistance (ADSD) ATAP- 0-18 years for autism; Rural/Sierra/Desert Regional Centers	Health Subgroup
2	<p>Schedule a Webinar to orient people to MIM/VROOM <i>What do we know about other trainings in early childhood development that health and family systems professionals receive?</i></p> <ul style="list-style-type: none"> Baby Behaviors- Baby-Friendly Hospitals (skin-to-skin to advocate for breastfeeding). Did training with NHV for early infancy that helps mom/parents identify feeding and hunger cues; just did another for early childhood—initiation of complementary foods. Nutrition-specific which is required for WIC. (UC-Davis curriculum- good data on breast-feeding initiation; is transportable to other agencies); there are national trainers for TOTTS; UNR has a program called NV-LERN- on developmental milestones that can be disseminated; If we can get a list of topics and available training together we can disseminate it to health care providers; ECAC could put it up and could put the links on their website for folks to learn about what training is available when. 	January 2019	Melissa is willing to give her time; TPI's Zoom Link	<p>Subcommittee members to reach out to agencies in their network to learn if they are interested in learning more and possibly having someone trained as a trainer; Get website link out to all subgroup members; Build a resource list of descriptions and links to training: Send Amanda (amanda.haboush@unlv.edu) your list of trainings that are available for health care providers.</p>	Steve Greeley, Deborah Loesch-Griffin and Melissa. Glenda Billingsley of Clark County Library; Amanda Haboush-Deloye All subgroup members
3	Conduct a webinar to provide a short overview and introductory session on MIM and VROOM. November 7 th - Systems Thinking for Early Childhood Learning and	January 2019	Melissa from Besos Foundation who will facilitate and present		Melissa from Besos Foundation

	Action	Time-Frame	Resources Available	Resources Needed	Responsible
	Development—making changes; do some work together with others outside EC: What is the next step in training? (Reducing disparities in most vulnerable families) Can we offer the webinar in this context?		Connectivity-state system for webinars		
4	Provide TOT training in MIM and VROOM for a cadre of professional staff/leaders to serve as trainers within these key agencies for their direct line staff.	March 2019	TOT Trainer and sites in the south to conduct 2.5 day training; For those office that don't have time to send staff to a 2.5 day train the trainers, there are many people that are already trained and can provide brief trainings on the concepts so that health professionals understand why it is important and what they can share with parents. (tap into existing network of MIM trainers)	\$50/person for book and VROOM Key Chain-local partner agencies will pay for their TOT.	Glenda Billingsley
5	Provide training for 50% of direct line staff associated with each of the participating key state agencies.	December 31, 2019	TOTs with participating state agencies and other groups	\$50/person for book and VROOM Key Chain Confirm that agencies interested in partnering to have a TOT from their agency have funds in their budget for their Trainer to provide training and resources to staff;	Lara Evans, Evelyn Dryer, Quinn Cartwright, Deborah Loesch-Griffin and B3 Leadership

	Action	Time-Frame	Resources Available	Resources Needed	Responsible
				Tracking funds and individuals for how the training is disseminated and is sustained and what the outcomes are.	
7	Meet with licensing boards, three medical schools, and health associations (medical, nursing, etc.) to explore options for early childhood content to be offered through CMEs and other continuing professional certification required for licensure.		State Chapter of the American Academy; Residency programs; On the MCHAB— suggest ECAC Health subgroup reps attend their meetings and continue outreach to the following: Dr. Davis of Nevada Health Centers; Laura Culley, Associate Dean of UNLV (laura.culley@unlv.edu) ECHO	Increased Medicaid Reimbursement and advocates for primary care medical homes for children- Jamie mentioned that EPSDT services are under consideration for increased reimbursement; it's included in the budget. Need to obtain applications from each board to submit a training that qualifies for CMEs/ Get a partner with a physician at higher ed campuses	Presentation to the MCHAB on 8/24/18 brought up issues highlighting the need for further discussion around the lack of medical homes in rural and underserved urban areas and over-reliance on community service agencies (CHWs) and mobile medical services.

S3	<i>Partner with the key agencies and organizations that have health workforce development and expansion as a part of their mission to insure there is a focus on young children and their families.</i>				
	Action	Time-Frame	Resources Available	Resources Needed	Responsible
1	Schedule a presentation with the Nevada Community Health Worker Association on the ECAC Health subgroup goals and objectives to discuss joint training opportunities.	October 2018	NA- Scheduled for October 10 th ECAC meeting		Quinn Cartwright
2	Connect with leadership for the Governor's New Nevada Plan, the Rural Children's Mental Health	October-December 2018	Amanda has a meeting on Tuesday	Need to look at a joint meeting with Family	Amanda Haboush-Deloye will update us;

	Action	Time-Frame	Resources Available	Resources Needed	Responsible
	Consortium, and the Nevada System of Care to explore opportunities to provide training in early childhood development to new and in-service health professionals.		9/18 to learn more about workforce development and will report back to the subgroup and will email us. Intention is to get contacts statewide. Family Engagement group has connected with One-Stop (in libraries) to integrate VROOM into their setting (Benita Fahey) and Carol Polk of Workforce Development System.	Engagement group to avoid duplication in common strategies.	Family Engagement subgroup will share their work on workforce development contacts. (Steve Greeley)
2	Join with Nevada System of Care and other key stakeholders (Maternal and Child Health Advisory Board) in advocating for reciprocity for licensure of mental and behavioral health professionals (LCSWs included) who have specialties in Child and Adolescent Health: <ul style="list-style-type: none"> • Need to get Insurers to be accountable for taking on more people because they say their panels are full. • Promote telehealth/telemedicine for providers-underutilized. • Reimbursement is possible with Medicaid as long as the service is not available in state of Nevada. 	January-June 2019	All licensing boards came together in May (Mental Health professionals) and are working together to make it easier for people coming from out of state. Idea is to speed up the process for getting a Nevada license sooner;	Support and advocacy efforts vs. duplication of efforts. Clarification on whether Nevada licenses would be issued as there are complications with insurance.	Amanda and Linda will talk about what's currently going on and how we can support it. Check out Division of Insurance, Jeremy Gladstone (jgladstone@doi.nv.gov) for understanding what is required of carriers and how this information is/will be tracked.
3	Explore opportunities to present or share information about ECAC through the Immunize Nevada Health Conference being held in October.	September-October 15-16 2018	Emily Ruzinne, ImmunizeNevada.org		Children's Cabinet is there with Children's Advocacy Alliance. (share the Info-graphic

	Action	Time-Frame	Resources Available	Resources Needed	Responsible
					and MIM) Megan will put it together to pass on.
4	Attend the MCHAB meetings and convene a meeting with interested/nominated persons from that meeting: Melinda Hoskins, Nevada Advanced Practice Nursing Association; Ronnie Galas, Chair, MCHAB; Brook Wong, Executive of NAFP (brooke@nvafp.com); Cindy Pitlock, President, Nevada Advanced Practice Nurses Association (cpitlock@napna.net); Emily Ruzinne, Immunize Nevada. Dr. Davis, Nevada Health Centers, Laura Culley, Associate Dean, UNLV; Dr. Cohen				Evelyn Dryer? She is already there and could serve as a liaison. Deborah will check-in with her.

S4	<p>Work with other partners to:</p> <ul style="list-style-type: none"> • Increase the number of providers who take Medicaid and will provide this coverage in the underserved communities; and • Address barriers families experience in making and keeping appointments with their health care providers (e.g., transportation). 				
	Action	Time-Frame	Resources Available	Resources Needed	Responsible
1	Make presentations on ECAC Health Subcommittee goals and objectives to NV-CHWA and the Nevada Primary Care Association leaders and members.	January 2019 *they meet quarterly			Megan
2	Obtain data from NVPCA on the proportion of families with young children 0-8 years in their service areas and how many of them are currently being served through FQHCs/RHCs and learn more about the barriers their families face in keeping appointments with health care providers, what strategies they are using, and how ECAC might be able to partner with them.	November-December 2018	NVPCA databases and expertise in this field.		Deborah Loesch-Griffin and Steve Messinger, NVPCA
3	Discuss with the NV-CHWA and the Rural Nevada Health Network what steps ECAC can take to support their efforts to make CHW services Medicaid eligible.	October-December 2018		None Doing a pilot study, will let us know if & when they need assistance	

	Action	Time-Frame	Resources Available	Resources Needed	Responsible
4	Follow-up with Medicaid officials to create a plan for outreach to rural areas and other underserved communities.		Jamie Hutchinson Division of Health Care Financing and Policy		Megan Wickland
5	Support advocacy efforts of MCHAB members who are working to improve reimbursement rates and champion medical homes.				Amanda Haboush will look to see if they came up with their priorities.

Objective 2

Support the effective deployment of well-trained community health workers across the state to connect families with young children with insurers (e.g., Connecting Kids to Coverage), physicians and other health care professionals (dental, mental/behavioral/WIC/MCOs/FQHCs) and other community support services.

Benchmark: As a result of implementing the strategies and actions for this objective, what is the intermediate result you expect to see in 1-3 years?

- A training program/module in early childhood development and one in health navigation will be developed/selected by June 2019 and offered through the Nevada Community Health Worker Association as a sustainable “support” training opportunity for any newly or previously trained CHW.
- X% of newly trained CHWs (beginning June 2019) will complete the Early Childhood Development and the Health Navigator support training module and/or be willing to serve as interns to agencies identified in Objective 1: Strategy 1: Step 3 above.
- ECAC’s Partner health organizations with a mission to serve families with young children (0-8 years) will work with NVCHWA to insure all CHWs employed by their agency complete the Early Childhood Development and Health Navigator support training module within 6 months to one year from initial employment or June 2019 forward, as evidenced by MOUs that include this provision and agreement.
- ECAC’s Partner health organizations (Immunize Nevada, Rural, Northern and Southern Children’s Mental Health Consortia, MCHC, SNHD, WCHD, Oral Health Nevada) will provide relevant “health-related” trainings through NVCHWA on an annual basis as part of their support or specialized training modules

S1	Assist in development of an early childhood module as a CHW specialization to work with families with young children 0-8 years that can be offered through the NV-CHW Association.				
1	Action	Time-Frame	Resources Available	Resources Needed	Responsible
1	Schedule a presentation by Quinn Cartwright, Nevada Community Health Worker Association to the ECAC membership.	October 2018,	NV Strategic Plan Alignment document		Need to identify people in the subgroup to be the contact for workforce

	Action	Time-Frame	Resources Available	Resources Needed	Responsible
	<i>Include information on HRSA grant supporting CHW internships (part of S2 below).</i>				development with these agencies listed in the Nevada Strategic Plan alignment document.
2	Review what it would take to train CHWs as navigators to outreach to low-income, Medicaid eligible families with young children.	October-December 2018	Currently not part of their scope of work to be navigators for NV Health Link. This can be explored.		Quinn Cartwright
3	Contact Partner Health organizations to identify training opportunities they offer that might be a good fit for the CHW support or specialized training requirements: Immunize Nevada, Rural, Northern and Southern Children's Mental Health Consortia, MCHC, SNHD, WCHD, Oral Health Nevada	Jan-March 2019	DCFS has an intro to Early Childhood Mental Health training that CHWs could attend.		Amanda Haboush will email groups to see what trainings are available for CHWs to possibly attend.

S2	<i>Connect with NV-CHW Association, which has a HRSA grant, to place a cadre of CHW interns with early childhood programs, such as home visiting, Head Start, Early Head Start and others.</i>				
	Action	Time-Frame	Resources Available	Resources Needed	Responsible
1	Coordinate a meeting between Quinn Cartwright, NVCHWA and Nevada Home Visiting, Head Start and Early Head Start programs across the state to discuss current and ongoing internship opportunities for CHWs.	December 2018			Deb Loesch-Griffin and Megan Wickland
2	Collaborate on a recruitment campaign with NVCHWA and SNCC where CHWs are trained to promote placements and specialized training in early childhood.	Jan-March 2019	42 placements/yr NVCHWA is working on expanding existing placement sites.	TMCC offers classes but is not part of the HRSA grant.	
3	Similarly reach out to entities that serve young children and families and could use interns and provide appropriate training and setting for CHWs.	Jan-March 2019	WIC has 45 clinics across the state that may be an optional setting. Part C early intervention playgroups.		Lara Evans will follow up with WIC as a potential training opportunity.

S3	<i>Advocate to employers of CHWS to have them partner with families to help reduce no-show rates for Medicaid dental appointments (see Objective 3 below) and follow-up with families scheduled for other mental, behavioral, or medical health appointments.</i>				
	Action	Time-Frame	Resources Available	Resources Needed	Responsible
1	Gather stories about the impact of these CHWs on the health behaviors and outcomes of families that can be used for advocacy efforts.	Jan-March 2019	AmeriCorps-CHW Intern Projects or Public Health student internship projects	NVCHWA does not have capacity to gather stories.	Amanda Haboush will talk to UNLV & UNR about student internships to gather stories.
2	Meet with the Nevada Office of Rural Health and explore ways to advocate, through them, for greater outreach by CHWs to families with young children.	October-December 2018			Deborah Loesch-Griffin and Gerald Ackerman and Megan Wickland
S4	<i>Promote and facilitate efforts to deploy CHWs to work as agents for implementing family engagement strategies in the community (see Born Learning in the Family Support and Community Engagement strategy section) through libraries and other places where families gather (community centers, after school programs, food pantries, etc.) and to work in concert with existing early childhood programs, referring families to them as a primary resource along with linking families to health insurance, primary care and other community supports.</i>				
	Action	Time-Frame	Resources Available	Resources Needed	Responsible
1	Coordinate with Family Engagement subgroup to identify libraries and Out of School Time programs in the south, rural and northern areas of the state that are willing to employ or recruit volunteer CHWs in their communities.	December 2018			Megan Wickland
2	Meet with Nancy Maldonado of KNPB and Lois Ann Porter of United Way's Campaign for Grade Level Reading to coordinate efforts on site recruitment and placement of CHWs in select libraries and OST programs. (Select an urban and rural setting to test this out with CHWs and use as model for expansion)	December 2018			Deborah Loesch-Griffin
3	Follow-up with interested sites in collaboration with NVCHWA to educate them about the roles and training opportunities for CHWs. Inform sites of available strategies Born Learning/Reach Out and Read/MIM and Vroom that can be incorporated into current programming. Support connections between the sites to ensure they can work collaboratively in referring families and young children.	January-March 2019			

Objective 3

Raise awareness of mobile health and health fair opportunities and assist in the coordination and expansion of these services.

Benchmark: As a result of implementing the strategies and actions for this objective, what is the intermediate result you expect to see in 1-3 years?

- 90% of all community coalitions in the Statewide Partnership will embed the Nevada Events Calendar onto their websites and post mobile health and health fair opportunities for the communities they serve by June 2019 and ongoing.
- The Nevada Community Health Worker Association will embed the Nevada Events Calendar on their website so that CHW members can access and use it to link families with young children in their communities to mobile health and health fair opportunities.
- X% of CHWs serving as interns or employed/volunteering in agencies/programs that serve families with young children will report using the Nevada Events Calendar (from June 2019-December 2019) to link families to mobile health events and fairs in their communities, as evidenced by survey results conducted by ECAC in collaboration with NVCHWA.

S1	Raise awareness of when (on-line Google calendar through the NICRP- http://snecac.com/calendar) mobile services are scheduled in each area.				
	Action	Time-Frame	Resources Available	Resources Needed	Responsible
1	Meet with Amanda Haboush-Deloye and Amaris Fuller of NICRP to review and discuss options for the existing statewide Nevada Events calendar.	July 2018	Statewide Google calendar		Deborah Loesch-Griffin
2	Create a “how to use the statewide calendar” guide for distribution.	July 2018			Amanda Haboush
3	Present the guide and get feedback from various coalitions and groups: RNHN, Statewide Partnership of Community Coalitions)	July-October 2018			Amanda Haboush
4	Finalize and post the guide on the ECAC website.	December 2018			Megan Wickland
5	Follow-up with RNHN, Statewide Partnership of Community Coalitions and NVCHWA to determine what TA or support they need to embed the calendars onto their websites.	October-December 2018			Amanda Haboush
6	Create fliers for distribution during coalition meetings and in CHW trainings and member meetings advertising the Nevada Events Calendar.	Jan-March 2019			Amanda Haboush
7	Review the websites of RNHN member agencies, NSP and NVCHWA to identify how many/which agencies or coalitions have embedded the calendar.	June 2019			Amanda Haboush
8	Work with NVCHWA to create a short survey for CHWs working with families with young children to determine	October-December 2019	Will add questions to annual survey		Quinn Cartwright

	Action	Time-Frame	Resources Available	Resources Needed	Responsible
	the use and value of the Nevada Events Calendar for linking families to local mobile health events and fairs.				

S2	<i>Promote events with community partners through various media channels so they connect their clients to these services.</i>				
	Action	Time-Frame	Resources Available	Resources Needed	Responsible
1	Meet with KNPB in the north and similar public media outlets in the south to learn what types of media support they might be able to provide ECAC in reaching families in their respective viewer/listener areas.	October 2018			Deborah Loesch-Griffin in north; need a committee member for the south
2	Work with key partners with communications expertise to develop a series of message templates for ongoing and one-time mobile health events and health fairs for posting on social media, use in advertisements through public radio and TV, and for distribution through community coalitions.	January-June 2019	Social media	?? Need clarification on this-it's a large goal	
3	Meet to learn more about and coordinate directly with UNLV's School of Medicine around their Mobile Health Collaboration		Laura Culley, Associate Dean and Member of the MCHAB, laura.culley@unlv.edu		Megan Wickland, Deb Loesch-Griffin and Marty Elquist

Objective 4

Promote high quality programs that are implemented with fidelity to produce positive health outcomes for parents, infants, and children (e.g., Well-Child Visit/Bright Future; NHV Home-Visiting models (Parents as Teachers, HIPPY, Nurse-Family Partnership, Early Head Start).

Benchmark: As a result of implementing the strategies and actions for this objective, what is the intermediate result you expect to see in 1-3 years?

- A X% increase in the number of family and child agencies that report using evidence-based programs associated with positive health outcomes for young children, as evidenced by a survey conducted collaboratively with MCHAB state staff and other key partner agencies at baseline and one year later.

S1	Work closely with all strategy partners that touch high numbers of families across the state (like WIC) to insure they are including their EBPs and referring families to high quality programs in the state's 2-1-1 system.
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	Action	Time-Frame	Resources Available	Resources Needed	Responsible
1	Schedule a presentation of the goals and objectives of the ECAC Health Subgroup to the MCHAB and learn about their key services and programs, and what strategies they use to encourage the use of evidence-based programs among member organizations and those receiving funding from the state's DPBH-MCH-Title V.	August 24, 2018			Deborah Loesch-Griffin
2	ECAC will communicate with the Director's Office of DHHS and 2-1-1 to strengthen usability and accuracy of information as a centralized information and referral source.				

S2	<i>Review of EBP programming available for Nevada's young children and their families including the service delivery area, eligibility criteria, and if there is a waiting list.</i>				
	Action	Time-Frame	Resources Available	Resources Needed	Responsible
1	Identify EBPs and the related agencies that are using them (including location, eligibility criteria and if there is a waiting list) to post on social media, ECAC's website, and other key partner agencies' websites that are serving families and young children.	January-March 2019			
2	Create a FAQ sheet for families to educate them about what evidence-based practices are so they can make an informed choice. Include questions families can ask providers.	March 2019			

Objective 5

Expand ECAC to include representation from the health field.

Benchmark: As a result of implementing the strategies and actions for this objective, what is the intermediate result you expect to see in 1-3 years?

- Legislation will be in place after the 2019 legislative session that amends the current ECAC legislation, and provides for both a permanently appointed representative of the health field and allows ECAC to request of the Governor appointments for representatives from other sectors as the needs and context for young children 0-8 years and their families evolve.

S1	<i>Work with Governor's Office and ECAC Members to change legislation in 2019 to allow for a variety of additional members to be appointed, as the times and need dictates, including but not limited to the broad spectrum of health professionals and fields.</i>				
	Action	Time-Frame	Resources Available	Resources Needed	Responsible
1	ECAC Subgroup seek sponsor for BDR to change language in the law to allow for other people to sit on the ECAC such as health professionals.	December 2018			Amanda Haboush-Deloye
2	Provide BDR language to Assemblywoman Jill Towles when requested.	January-June 2019			Amanda Haboush-Deloye and Megan Wickland
3	Track and support the legislation as it moves through the session, and provide testimony as required.	January-June 2019			Health Subcommittee
4	Identify and select a health professional to sit on ECAC once final legislative approval is met.	July-Aug 2019			Health Subcommittee