NYSB5 Partner Meeting V

OCTOBER 16, 2020
11AM – 12PM

KRISTIN WELLER, NYSB5 PROJECT MANAGER
This project is made possible by grant number 90TP0059. Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the United States Department of Health and Human Services, Administration for Children and Families.
Today’s Agenda

- Welcome and Introductions
- NYSB5 Renewal Announcements
- NYSB5 Let’s Meet Our Partners!
  - The Children’s Institute
  - Pyramid Model Implementors
  - SUNY Center for Human Services Research
- Program Performance Evaluation Plan
- Staying Connected
NYSB5 Renewal Grant

FEDERAL FUNDING AMOUNT:
$13.4 million per year for 3 years
U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care

2020-2022 = $40.2 million

GOALS:

• Strengthening and building new partnerships
• Coordinating systems and improving transitions
• Expanding parent choice and knowledge
• Promoting equity with a focus on vulnerable populations*

*Vulnerable Children: Children who are: (1) members of minority/ethnic groups; (2) living in low-income households; (3) homeless as defined by McKinney-Vento; (4) receiving EI or special education services under Part B or Part C of IDEA; (5) living in rural communities; (6) living in multi-language households and/or (7) immigrants or refugees.
NYS Birth through Five Project

Promoting equity and access to quality early childhood programs for all young children and families in NYS

ANNOUNCEMENTS
SUNY Professional Development Program - Educational Incentive Program Scholarships
1. Adirondack Birth to Three Alliance
2. Agri Business Child Development
3. Bronx Healthy Start Partnership – Albert Einstein College of Medicine
4. Cornell Cooperative Extension of Oneida County
5. Delaware Opportunities
6. Economic Opportunity Council of Suffolk-Suffolk County Smart Start
7. Family of Woodstock, Inc.
8. Niagara Falls Memorial Medical Center
9. Ossining Union Free School District
10. Oswego County Opportunities, Inc.
11. Wyoming County Health Department
Masks and smiles:

VIRTUAL KINDERGARTEN TRANSITION SUMMIT

Wednesday October 28th, 2020
8:30 a.m. - 12:00 p.m.
or 12:30 p.m. - 4:00 p.m.

To register, please click this link:
https://albany.azt.qualtrics.com/jfe/form/SV_eq1Xo1OTx9CIVLL

Kindergarten Transition Summits Scheduled!

Finger Lakes & Niagara Regions
Parents, Caregivers & Guardians of Young Children
Birth to age 8

Your **stories** are important and so is your **voice**.
Family **voice/**family **engagement is essential**
in early childhood programs and policy development.

The Parent Advisory Council (PAC) is a group of community agencies, parents, caregivers and guardians working **together** with the ECAC to provide insight on early childhood education policies that will **successfully impact children** across New York State.

The ECAC is looking for parents to join the PAC.
For a PAC application go to:
https://www.surveymonkey.com/r/NYSECAC-PAC2020

Lend your **stories**,
**thoughts** and
**voice** to this worthwhile group.

Expenses to participate in the PAC are reimbursed. There are flexible ways for you to be involved. Interested?
Text nysecc to 31996 or contact Yvette James at 518 473-8081 or yvette.james@ccf.ny.gov for more information

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Parent Advisory Council Flyers
Home Visiting Coordination Meeting
Virtual DC:0-5 Training

- 10/27 and 10/28
- 11/4 & 11/5
- 11/9 & 11/10
- 11/12 & 11/13

REGISTER HERE
https://registration.nytac.org/
NYS Guide to Services for Families with Children 0-5 (Spanish Edition)
Let’s Meet Our Partners!

NYS Birth through Five Project

Promoting equity and access to quality early childhood programs for all young children and families in NYS

OCTOBER 16, 2020
“GROW” – Comprehensive screening, referral, and follow-up, so each child is developmentally on track and healthy
Children’s Institute

Our mission: Equip and support those who work with children to ensure the success of every child.

What we do: Provide services, programs and thought leadership, joining in and leading collective impact community initiatives devoted to systems change to reduce disparities and optimize the well-being of children and families.

Work across health, human services, and education to support the development of more fully integrated systems, leveraging our research, evaluation, child-centered data-system technology, and continuous improvement resources to make a positive impact.

In 1957, established as the Primary Mental Health Project, focused on early intervention for children who experience school adjustment challenges.
Services that promote healthy development of social emotional skills

We know that social and emotional development affects how children relate to the world around them and how they interact with others, and is linked to significant improvements in academic, school attitudes, and long-term outcomes such as success in the work force.

Responsive and relevant consultation and training

Our team is nimble, pivoting in our ever-changing world to safely and equitably address high-need issues for child-serving professionals, families, youth and children.

Data-informed support to help children reach their full potential

With programs and services that are grounded in research, we work with community partners to build bridges between theory and practice. We transform ideas into proven solutions and turn obstacles into opportunities for success for children and families.
“GROW” – A COMMUNITY INITIATIVE PARTNERING ACROSS EDUCATION, HEALTH, AND HUMAN SERVICES

Get Ready to GROW is enabled by contributions from community partners, including direct screening partners, funders, subject matter experts and suppliers.

[Logo and text of various organizations]
COMPREHENSIVE DEVELOPMENTAL CHECKS WITH SUPPORT FOR REFERRAL AND FOLLOW UP SERVICES

- For 1 to 5-year-old children throughout the Finger Lakes region
- All screenings and support are free to families
- The following areas are checked by professionals using leading edge tools and technology for each child:
  - Vision
  - Hearing
  - Speech
  - Dental health
  - Social & emotional competence
  - Cognitive functioning
  - Physical development
- Over 45% of children have a potential need identified
- Social Determinants of Health/Education newest screening
- Referrals for follow up checks and services help ensure each child is ready to learn
COMMUNITY IMPACT

- Convening of **pediatric leaders** in the community facilitates screening and innovation (e.g., new preventative wellness visit)

- **Systems integration** – Monthly meeting with community members across disciplines develops common standards and shared language, problem solving, innovation, strategic planning

- **Mobile unit** provides flexibility with focus populations and removes SDOH barriers like transportation or childcare to ensure screened and navigation

- Screening approach is **thorough and comprehensive** – within variety of settings and raises quality across the community

- Community impact strategy for **Rochester** and **Chemung County**

- Prevention **initiative scaling** – we can partner with your setting and community too!
OPERATIONAL IMPACT

• Mobile screening unit workflows
• Parent portal app supports parent roles and workflows for enhanced connection and family navigation in health care practices as well as education/care settings
• Ongoing multi-partner screening partnership with early childhood education providers, higher education, healthcare providers
• Screening best practice and navigation among providers developed and shared
• GROW is an initiative of All Kids Thrive system to support children and families – pregnancy through age 8 and of Roc the Future (Strive)
POOPULATION HEALTH IMPACT

- Initial focus on 3-year-olds
- Current emphasis on children before entering school
- **2019-2020** screening activity:
  - **1,539 children** received screening(s)
  - Total of **7,346 screens** completed (1-7 screens/child)
  - **1,005 children** (61%) received **4 or more screens**
  - **48% of screened children** (n=739) referred for at least one service/assessment based on screening. ~1 out of 7 needed and received services.
  - **846 children** (55%) **identified for follow up** (no referral, monitoring, later repeat screen)
  - **1,229 total referrals** for service (children have 1 or multiple indications)
POPULATION HEALTH IMPACT

GROW screening statistics by type: 8/1/19-7/31/20
Dental, development, hearing, height/weight, SEL, speech/language, vision

<table>
<thead>
<tr>
<th>Total Screenings</th>
<th># Children</th>
<th>%</th>
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<tbody>
<tr>
<td>7</td>
<td>351</td>
<td>17%</td>
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<tr>
<td>6</td>
<td>152</td>
<td>8%</td>
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<tr>
<td>5</td>
<td>211</td>
<td>11%</td>
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<tr>
<td>4</td>
<td>291</td>
<td>14%</td>
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<tr>
<td>3</td>
<td>124</td>
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<tr>
<td>2</td>
<td>265</td>
<td>13%</td>
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<tr>
<td>1</td>
<td>145</td>
<td>7%</td>
</tr>
<tr>
<td>0</td>
<td>492</td>
<td>24%</td>
</tr>
<tr>
<td>Total</td>
<td>2031</td>
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</table>

- 1005 children received 4 or more screenings (49%)
- Note: 378 with 0 screenings are MVP Medicaid not enrolled in RCSD/CBOs. If remove from total (2031-378=1653), 61% of children received 4 or more screenings.

<table>
<thead>
<tr>
<th>Screening ‘Refer’ Results</th>
<th># Children</th>
<th>%</th>
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<tbody>
<tr>
<td>7</td>
<td>0</td>
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<tr>
<td>6</td>
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<tr>
<td>5</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>4</td>
<td>9</td>
<td>1%</td>
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<tr>
<td>3</td>
<td>60</td>
<td>4%</td>
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<td>2</td>
<td>198</td>
<td>13%</td>
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<tr>
<td>1</td>
<td>469</td>
<td>30%</td>
</tr>
<tr>
<td>0</td>
<td>799</td>
<td>52%</td>
</tr>
<tr>
<td>Total</td>
<td>1539</td>
<td>100%</td>
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</table>

- 1539 children received at least 1 screening
- 48% of children screened resulted in at least 1 referral
HIGHLIGHTS AND LESSONS TO DATE

- Achieved core goals of the GROW program
- Developed “gold standard” screening measures
- COMET data system and parent portal developed
- Community engagement strategy driven by our work with Causewave and stakeholders – many parent voices part of the process!
- Mobile unit to expand reach – geographically, etc.
- Contract development with insurers
- Health care providers: Collaboration with practices to identify, screen, and follow up
- Partnership with Ibero-American Action League for ongoing linguistic and culture/community responsiveness and embeddedness – relationships matter
- COVID-19 responsiveness ongoing:
  - Devices for parents/guardians to address the digital divide
  - Tele-screening development and pilot
  - UV sanitation lights for mobile unit
Strong by Six pilot

**Goal:** Promote comprehensive screening, referral, and follow-up in key areas at early childhood care and education settings to ensure that children are developmentally on track and healthy from birth to age five.
WHY GROW?

Population served

- City of Rochester
  ~34% of entering 4-year-old prekindergarten students enter program at developmental risk status (RECAP, 2018-19, Brigance)
- Children 0 to 8-years-old

Meet community needs - enhance connections

- System improvements to align early care/education, behavioral health, healthcare services
- Enhancing health agenda within early childhood education system – coordinate linkages, increase and improve access, share data, support families own capacities via authentic relationships
PROJECT PERIOD: 6/1 - 12/30/2020

**Project management**
- Provide logistical support for project work groups
- Create and implement a communication plan for corresponding with state funders and community partners

**Convene interdisciplinary partners**
- Establish cross sector community team partners (health, education, human svc)
- Identify community pilot sites
- Establish partner collaboration plans and data share agreements with community pilot sites
- Identify AIM statements where the pilot sites will be focusing their work
- Schedule and conduct interdisciplinary meetings monthly with GROW partners and subgroup meetings at least twice a month with workgroups
Develop screening protocols and screening tools

- Adopt and customize specific screening protocols to implement best practices for screening children 12 to 60 months

- Refine the Social Determinants of Health & Education (SDH&E) / Adverse Childhood Experiences (ACES) / Protective Factors screening instrument, “Child and Family Experiences Survey” (CAFÉS) for families of children 12 to 60 months

- Conduct comprehensive screening for children 12 to 60 months at pilot sites bi-monthly
Digital platform for connecting families to services

- Add functionality to the existing portal to connect parents and Children’s Institute staff and partners to facilitate timely follow-up for children and families with identified needs to appropriate services
- Provide user-friendly data reports regarding screening results for families, early childhood educators, school administrators, allied health service providers, and Primary Care Physicians
- Identify areas of strength and areas needing improvement to create and implement improvement plans

Improve data integration with the health care sector

- Create and implement a strategic plan with primary health care providers, Accountable Care Organizations (ACOs), Managed Care Organizations (MCO’s) and Regional Health Information Organizations (RHIO’s), with attention to data privacy regulations to integrate data to improve systems for families
Evaluation

- Develop community screening toolkit based on process, data, and findings
- Submit evaluation report of annual findings/data
- Submit recommendations for implementation in years two and three of PDG B-5 grant period
FURTHER QUESTIONS: www.GetReadyToGROW.org
REGION 2
PYRAMID MODEL
HUB
Rose Shufelt, Hub Coordinator
Pyramid Model Master Cadre Trainer/Coach
Community Wide Leadership Team

Regional Buy-In from all partnering CCRR’s in 9 Regions and Community Stakeholders

Community Representation from cross sectors of child serving agencies.

<table>
<thead>
<tr>
<th>OCFS</th>
<th>Head Start</th>
<th>Society for the Protection and Care of Children</th>
<th>Children’s Institute</th>
<th>Autism Up/Golisano Children’s Hospital</th>
<th>Rochester City School District</th>
<th>Child Care Providers/Directors</th>
<th>New Agencies to be added</th>
</tr>
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Accomplishments: Year One

Strong Community Wide Leadership Team meets monthly

Successfully implemented the first cohort of all FCC/GFCC providers consisting of 7 programs (English speaking and Spanish speaking providers).

Updated FCC/GFCC friendly Pyramid forms including application, benchmarks of quality, action plan in English and Spanish with Pyramid Model Consortium.

Added Pyramid Model training and information to existing Regional CCRR trainings for new providers.

Cross-systems Pyramid knowledge and implementation.

Marketing for cohort 5 programs including Regional Pyramid 101 information sessions and Pyramid Model Module training.
Accomplishments Year Two

- Continuation of Community Wide Leadership Team (CWLT) without a gap in service, meeting monthly.
- Continued support of Cohort 4 FCC/GFC programs, year 2.
- Pyramid 101 Sessions for CWLT, Family Serving Systems, and Child Care programs.
- Continuation of Regional Pyramid Model Module training.
- Successful partnership with IT Mental Health project.

- Planning for Cohort 5, programs in place.
- Recruitment of new FCC Coach for Cohort 4 FCC/GFC programs, new CWLT data specialist.
- Additional Marketing of Hub Services across child serving sectors.
- Starting “Equity Circles” for leadership team and Early Care providers.
QUESTIONS?

Thank you!
The Center for Human Services Research (CHSR)

- Who We Are
- What We Do
CHSR NYSB5-R Major Activities

• Needs Assessment Update
• Early Childhood Integrated Data System (ECIDS) Feasibility
• Pyramid Integrated Data System
• Program Performance Evaluation Plan
Needs Assessment Update

• Key Informant Interviews
• Parent Survey
• COVID-19 Synthesis Paper
• Secondary Data Analysis
• Infographics and Data Sheets
Early Childhood Integrated Data System (ECIDS)

- Initial Grant: feasibility of pilot study linking sample of OCFS data with SED data
- Renewal Grant Year One: case studies of locally integrated data bases
  - Process
  - Barriers
  - Lessons learned
Pyramid Integrated Data System (PIDS)

• Initial Grant
  – Design for PIDS created
  – Data system programmed and built
  – Piloted and eventually rolled out statewide

• Renewal Grant Year One
  – Continue to host PIDS
  – Technical support
  – Program/system updates and bug fixes
  – Training videos
  – Data linkage between PIDS and Aspire
Time for Questions
Program Performance Evaluation Plan (PPEP)

What is program evaluation and why do we need it?

• Program evaluation is a systematic method of collecting, analyzing, and using data to answer questions about a program.
• The Federal Government set aside money in your grant to fund a program evaluation.
  – Accountability
  – Identify what works/does not work
  – Replicate successful practices
  – Provides an opportunity for program improvement
Evaluation Supports Activities Throughout the Grant Cycle
Types of Program Evaluation

- **Process Evaluation** is focused on the implementation of activities
  - Are the activities carried out as intended? (e.g., number of people served/meetings held)
  - Is the target population reached?
  - If the activities do not happen as planned, what is the cause?

- **Outcome Evaluation** is focused on the changes that can be attributed to the program activities
  - What happens after a participant completes an activity? (e.g., employment after finishing a certificate/ receiving career counseling)
  - What changes do programs notice for their operations or their clients/participants?

- **NYSB5 PPE** is primarily a process evaluation and measuring only short term outcomes. The long term outcomes will not be realized until after the grant period.
Why not just conduct an outcome evaluation?

• More difficult to attribute outcomes to program activities
  – This is relevant regardless of the outcome.
• In a way, process evaluation shows your work.
How is the NYSB5 PPE different from program monitoring?

• The PPE is in place to analyze program implementation data to determine what works/does not work.

• When activities *are implemented as expected*:
  – We will collect and report on what was key to program success.

• When activities *are not implemented as expected*:
  – We will work to identify the barriers to implementation. We will also make recommendations on ways to improve implementation and then monitor the impact of any remedial actions taken to improve implementation. This is how continuous quality improvement is built into the grant activities.
How does this relate to the big picture?

• When planning your activities CCF used a logic model to show how all of the different grant activities are related to the desired outcomes.

• The logic model shows how the outputs of program activities lead to the desired outcomes.
New York State’s Early Childhood Care and Education System Logic Model

Goals: Every NYS child and family is supported by a MDS informed by family voice that provides access to high quality services and essential for optimal development and lifelong success.

Target Population: Children, Parents, ECCE Workforce, Schools, Service Providers, NYSB5 Partners and their network.

Inputs
- Current ECCE infrastructure
- NYSB5 team
- NYSB5 partners
- Established organizational infrastructure of CCF & NYSB5 partners
- Parent Partners
- Government’s Childcare Availability Task Force
- First 1000 Days on Medicaid, Board of Regents’ Early Childhood Workgroup’s Blue Ribbon Committee
- NYSB5 grant budget
- Higher Education

Activities
- Activity 1 – Conduct Needs Assessment
- Activity 2 – Develop Strategic Plan
- Activity 3 – Maximize Parent Voice, Knowledge, and Choice
- Activity 4 – Share Best Practices
- Activity 5 – Improve Quality
- Activity 6 – Integrate and Monitor data, CQI
- Activity 7 – Program Performance Evaluation

Outcomes

Short Term
- Improved parent knowledge about ECCE
- Increased parent empowerment
- Increased knowledge among ECCE providers, directors
- More buy-in among stakeholders for an integrated data system
- Expanded access in NYS QRIS
- Additional best practice childhood programs available
- Increased data informed decision making

Intermediate
- Increased parent participation in early childhood policymaking at state/local levels
- Increased data sharing agreements established for data integration
- Enhanced cross system innovations
- More efficient use of funds
- Enhanced quality early childhood offerings, especially NYS’s most vulnerable children

Long Term
- Parent voice is integrated in all early childhood policymaking
- Fully integrated early childhood data system
- More children receive necessary program support and services
- More children are prepared for school

Evaluation: Identify and analyze metrics to examine process, outcomes, and ROI. Refine and finalize based upon needs assessment and strategic plan.
Beyond the NYSB5 grant

• The evaluation will provide information about what types of activities were the most successful.

• We hope that participating in the PPE will improve the way programs think about evaluating their own activities.
Time for Questions
Stay Connected...

- CCF will hold bi-monthly NYSB5-R meetings – the next meeting is December 18, 2020.

- CCF will disseminate, at least quarterly, email newsletters for information about funding opportunities, training registration and provide project updates (please share widely).
Contact:

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(518) 474-0158

nysb5@ccf.ny.gov