

**New York State Preschool Development Grant
Birth Through Five Project Application**

Submitted by the New York State Council on Children and Families

November 6, 2018

Note: Some of the activities described in this application are being modified based on a reduced award amount by the U.S. Department of Health and Human Services.

PROJECT ABSTRACT

- New York State Preschool Development Grant Birth Through Five Project
- Submitted by the New York State Council on Children and Families
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The vision of the New York State Preschool Development Grant Birth Through Five project is for every child in New York to be supported by a mixed-delivery system that is informed by parent voice and provides access to high quality, equitable and comprehensive early care and learning environments and services essential for successful development and lifelong success. New York's expansive early childhood infrastructure and investment in health, education, nutrition, social and other needed services reflect a strong commitment to supporting young children and their families. Yet, it is evident that our state's current early childhood configuration, with multiple oversight agencies and varying funding streams, workforce qualifications and compensation scales, results in agencies operating in silos and inefficiently using resources. These differences translate into inequitable accessibility and quality of early care and learning opportunities for children, particularly our most vulnerable.

The New York State Council on Children and Families, in partnership with the New York State Early Childhood Advisory Council, the New York State Office of Children and Family Services, the New York State Education Department, the New York State Department of Health, the New York State Office of Mental Health, other public and private agencies, and, most importantly, parents representing vulnerable and underserved populations, plans to achieve the following outcomes with the successful implementation of this grant:

1. A comprehensive analysis of access to early childhood programs that delivers a more nuanced understanding of parent need and a detailed assessment of the system's supply and demand;
2. A stronger early childhood care and education mixed delivery system that fully informs and engages families in their children's early care and education choices;
3. New financing strategies, including braided public and private funding and seamless coordination among early childhood programs to support New York's mixed delivery system;
4. Increased numbers of early childhood programs with active linkages to pediatricians, dentists, and early childhood mental health consultants;
5. A coordinated approach to sharing best practices and technical assistance;
6. Consistent use of standard agreements to support smooth transitions for children and families, from Early Intervention to Preschool Special Education programs, and from early care and education programs to elementary school;
7. Increased professional early childhood workforce development;
8. Integration of the state's early childhood data to enable better tracking of the early childhood system and of child outcomes; and
9. Expansion of QUALITYstarsNY, a five-star rating system, to ensure more children, especially those who are most vulnerable, have access to quality early childhood programs.

**NEW YORK STATE:
 PRESCHOOL DEVELOPMENT GRANT BIRTH THROUGH FIVE APPLICATION
 Submitted by the New York State Council on Children and Families**

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PROJECT APPROACH

ACTIVITY ONE: COMPREHENSIVE EARLY CHILDHOOD SYSTEM NEEDS ASSESSMENT

The New York Early Childhood System (NY-ECS) is under the direct authority of four state agencies and supported by eight others, all of which make up the NYS Council on Children and Families.¹ The state’s expansive ECS points to a strong commitment to support young children and their families. Yet, the scale of the system, cross-sector configuration, range of funding mechanisms, and different statutory and regulatory authority contribute to a fragmented and inequitable system in terms of access, affordability, and both workforce and program quality. A comprehensive birth through five (B5) needs assessment (NA) of the availability and quality of existing programs and services has not yet been conducted. The Preschool Development Grant Birth Through Five (PDGB5) NA will, for the first time, provide a comprehensive view of the NY-ECS and set the foundation for system improvements that maximize choice, are grounded in best practices, and reflect the high-quality services necessary to ensure children are ready for kindergarten. Definitions of key terms used in this proposal are presented in Table 1. Most notable is the definition of vulnerable and underserved populations.

Table 1: Definitions of Key Terms Used in NY’s PDGB5 Proposal

Access	The equitable distribution of early childhood care and education programs, taking into account demographic composition and underserved areas or vulnerable populations (defined in this table)
Availability	The sufficient supply and appropriate stock of early childhood care and education programs to meet the needs of the population.
Children in rural areas	Three categories determine the extent areas are rural: (1) areas < or = to 5 miles from urban area; (2) areas > 5 miles & < 25 miles from urban area; and (3) areas > 25 miles from urban area. Categories based on Census. Rural areas are considered “underserved” and “vulnerable”.

¹ NYS Council on Children and Families member agencies include: the Office of Alcoholism and Substance Abuse Services, the Office of the Aging, Office of Children and Family Services, the Division of Criminal Justice Services, State Education Department, Department of Health, Justice Center for the Protection of People with Special Needs, Department of Labor, Office of Mental Health, Office for People with Developmental Disabilities, Office of Probation and Correctional Alternatives, and the Office of Temporary and Disability Assistance.

Table 1: Definitions of Key Terms Used in NY’s PDGB5 Proposal

Early Childhood Care & Education (ECE) Programs	ECE programs include Early Head Start (EHS), Head Start (HS), licensed child care, PreK, Preschool Special Education, and kindergarten.
Early Childhood System (ECS)	ECS is composed of MDS programs plus comprehensive support services, such as Early Intervention (EI), WIC, Medicaid/health insurance, health and behavioral health care, parenting education, and home visiting.
Mixed Delivery System (MDS)	System of ECE services for B-5 that are delivered through a combination of programs, providers, & settings & supported by a combination of public & private funds.
Parent	Key persons who play the central, parenting role in a child’s life. ²
Quality Early Childhood Education and Care	Programs distinguished by a dedicated, educated, trained, & well-compensated staff demonstrating knowledge & competence in family systems, child development, positive guidance strategies, and culturally-competent and strength-based child-centered teaching practices
Underserved/Vulnerable Children (% of 1.2 Million B-5 children in NYS)	Children who are: (1) members of minority/ethnic groups (41%); (2) living in low-income households (44%); (3) homeless as defined by McKinney-Vento (7.5%); (4) receiving EI or special education services under Part B or Part C of IDEA (9%); (5) living in rural communities (6%) ³ ; (6) living in multi-language households (31%); and/or (7) immigrants (37%).

New York Approach to a Comprehensive ECS Needs Assessment. While NY has not conducted an ECS NA, many components of its ECS have undergone such a review, setting the groundwork for the proposed NA. Three in five New Yorkers live in a child care desert⁴ with the shortest supply among the infant and toddler (I/T) age group; the current statewide capacity meets about 20% of NY’s I/T population.⁵ Also, NY ranks among the most expensive states for child care in the U.S.⁶ Hours of operation⁷ and lack of transportation⁸ impact families’ access to care, especially among low-income families. Complex and nuanced parent priorities and needs across the diverse regions of NY will be qualitatively and comprehensively explored through the PDGB5 NA. This analysis

² Parent definition source: National Parent Education Network.

³ U.S. Census definition of rural areas.

⁴ Center for American Progress, “Mapping America’s Child Care Deserts,” August 2017.

⁵ Survey of NYS Head Start & Early Head Start delegates & grantees

⁶ Child Care Aware, “Parents & the High Cost of Child Care,” 2017.

⁷ NY DOH MIECHV Needs Assessment (2016).

⁸ CCRR Biennial Report to OCFS Survey of Programs: 2014-2016.

will support Child Care and Development Block Grant (CCDBG) requirements and align with work by the NYS Department of Health to improve child and family wellbeing.

Nearly one in four NY children live in poverty and one in five experience food insecurity.⁹ While NY leads the nation in access to childhood health insurance (approximately 98% of NY children are insured),¹⁰ 85% do not receive developmental screenings or have access to needed oral or mental health services.¹¹ Roughly one-third of children B-5 are at risk for behavioral problems. Research with children B-5 frequently points to the importance of a skilled workforce to help prevent, identify, support and treat young children and their families at-risk.¹² Such families include the approximately 130,000 children under the age of six who experience homelessness in NY each year.¹³ The social and emotional developmental needs of young children coupled with adult mental health risk factors (e.g., exposure to trauma, maternal depression) reflect a need for multi-generational approaches that support the child-parent dyad. The PDGB5 NA will examine the availability and access to foundational services, as well as workforce training needs to better support children and families, especially the most vulnerable.

Anecdotal evidence suggests that licensable space is difficult for providers to secure; however, previous NAs have not specifically addressed facility issues. The comprehensive NA will address this gap in understanding, so that strategic and cost-effective solutions can be developed to better meet community needs, particularly in areas with child care deserts.

Parents seeking quality ECS face challenges including inconsistent and inadequate access to information and services. Other parent concerns include a lack of care coordination, challenges in

⁹ De Masi, M.E. (2012) Nourishing New York's Children, Council on Children and Families.

¹⁰ Kids Count (2016)

¹¹ NY DOH Maternal Child Health Services Title V Block Grant Annual Report (2017).

¹² NYS Association for Infant Mental Health.

¹³ U.S. Department of Health and Human Services. Early Childhood Homelessness in the United States: 50 State Profile (June 2017).

accessing care for non-English speaking families, limited availability of specialists, prohibitively high out-of-pocket expenses, and the need for transition services, particularly for children with special needs. Limited access to preventive services is an additional challenge for many families. Due to these concerns, a priority of the NA will be to offer multiple mechanisms to obtain and incorporate parent voice in both the identification of challenges and the creation of solutions.

Planned Process for Development of PDGB5 Needs Assessment. PDGB5 staff will partner with the State University of New York (SUNY) Center for Human Services Research (CHSR) to conduct the PDGB5 NA. **Table 2** details the scope of the NA.

Table 2: Scope of PDGB5 Needs Assessment

Define and describe key terms: quality, access, vulnerable, underserved, children in rural areas.
Review current availability, accessibility and quality of state’s MDS, especially as it pertains to vulnerable populations.
Identify information gaps re: availability & quality of the various components of MDS & related support services, with attention to working parents & those seeking employment or job training.
Identify barriers to combining funding to enable more efficient use of resources to maximize choice will be identified and strategies to address obstacles to collaboration.
Identify factors that impede alignment and coordination across MDS settings, including regulatory& statutory barriers, resulting in uneven program access, quality and parent choice.
Assess parent knowledge re: MDS options, ability to access needed supports, factors impacting care choices (e.g., availability of openings, subsidies, hours of operation, tax credits).
Examine factors impacting transitions from MDS programs to kindergarten.
Identify state capacity to develop and track measurable indicators of progress to create a more coordinated and responsive mixed delivery system.
Identify barriers and alternatives to gradually phasing out child care subsidies pursuant to CCDBG requirements.
Develop a methodology to track children on program waiting lists. <i>Methodology detailed at the end of this section for unduplicated count.</i>
Examine the compensation, education, training, background check requirements and needs of the MDS workforce.
Identify data to establish a data resource that informs an ongoing quality improvement system.

Workplan. CHSR researchers will identify and synthesize data from existing state documents that inform and align with the scope of the PDGB5 NA framework. These documents may include reports, data files, as well as state-specific research on program and service availability and

accessibility.^{14,15} This review will guide the development of questions to frame the PDGB5 NA. Such review will be presented to the NYS Early Childhood Advisory Council (ECAC) Steering Committee.¹⁶ Feedback from the Steering Committee will inform the final scope of the PDGB5 NA. Based on priority areas of inquiry specified, CHSR will design and conduct focus groups in concert with key partners.¹⁷ A total of 15 regional focus groups will be conducted, which will include 1) early childhood providers, 2) state and local administrators and policymakers, and 3) parents, especially parents of vulnerable populations, to ensure that human-centered design drives the planning process. While focus groups are being conducted, a supply and demand review of MDS programs will occur, modeled after the work conducted by the Urban Institute (UI).

An online data collection platform will be developed that standardizes the detailed data on unmet care and education needs (i.e., waiting lists) currently collected at the county level by Child Care Resource and Referral (CCRR) agencies. This uniform data collection platform will allow policymakers and administrators to access standardized NA data and make informed continuous quality improvement (CQI) decisions. Data collection tools and the data platform will be informed by soliciting input from important stakeholder groups.

This PDGB5 project also provides an opportunity to advance efforts to build an early childhood integrated data system in NY. Experts in early childhood data integration, such as the Early Childhood Data Integration Collaborative, will be engaged to provide technical assistance (TA) to explore NY's capacity to build a comprehensive early childhood integrated data system. An ECAC

¹⁴ Mapping Child Care Demand & the Supply of Care for Subsidized Families

¹⁵ Center for American Progress, Mapping American's Child Care Deserts,

¹⁶ NY's ECAC was created, in 2009, in compliance with the Head Start Act that required each State to designate or establish a council to serve as the State Advisory Council on Early Childhood Education and Care for children from birth to school entry. In 2016, the ECAC was codified under CCF (NY Social Services Law §483-g) and requires that a periodic statewide NA on the quality and availability of ECE programs be conducted.

¹⁷ Key partners include but are not limited to the ECAC, CCRRs, the NY Association for the Education of Young Children (NYAEYC), the Early Care and Learning Council (ECLC), the Professional Development Institute (PDI), home visiting program representatives and others

Interagency Workgroup has already identified 11 data systems and relevant agencies that must be engaged to move toward integration. Data experts representing all components of the NY ECS will work together to design a secure system that eliminates duplication and provides uniform access to child, family, and program information. The data system will align the NY ECS by allowing providers to track family and child services across various modalities of care. Data sharing agreements will be formalized as part of the system design process. The integrated data system will be piloted before being launched statewide.

Leverage Federal and State NAs/Alignment with Logic Model. As noted, considerable information has already been drawn from federal and state NAs for each component of the NY ECS. PDGB5 staff will further draw from the NYS Department of Health’s (DOH) extensive NA on maternal and child health and children with special health care needs, the NYS Office of Children and Family Services (OCFS) Child Care Demographics report,¹⁸ the Head Start Needs Assessment, and CCRR assessments of parent needs for child care. Findings from these NAs serve as a baseline for the proposed PDGB5 NA. In addition, before implementing the PDGB5 NA, CHSR researchers will review the most recent NA documents and data collection tools used in the various state and federal NAs to determine how these can be utilized and/or adapted.

The design of the PDGB5 NA will closely align with the PDGB5 Logic Model (LM). The activities highlighted in this proposal’s LM are based on previously described NA findings and evidence-based knowledge, reflecting current best practice in effecting meaningful ECS ‘course corrections.’ The PDGB5 NA findings will drive development of the strategic plan, which, in turn, will guide adjustments to activities related to (a) parent knowledge and choice, (b) best practices

¹⁸ Accessed at: <https://ocfs.ny.gov/main/reports/2017-NY-Child-Care-Demographics-Report.pdf>

and (c) quality. This approach will better position PDGB5 partners to create a more coordinated and responsive system to achieve the state’s vision of ensuring all children are prepared for school.

Vulnerable and Underserved Population. As noted in Table 1, this population refers to children who are: members of minority/ethnic groups; living in low-income households; homeless as defined by McKinney-Vento; receiving EI or special education services under Part B or Part C of IDEA; living in rural communities; living in multi-language households; and/or immigrants.

Plan for Analysis of Availability and Quality of MDS Programs and Supports/Unduplicated Count.

CHSR researchers will analyze the current supply of programs by building off of the OCFS Child Care Demographics report and incorporating analyses outlined in the Urban Institute’s report, *Mapping Child Care Demand and the Supply of Care for Subsidized Families*. An analysis of access to high-quality programs will be conducted using four dimensions of access outlined by the National Survey of Early Care and Education.¹⁹ Data generated in the focus groups will be analyzed using Dedoose data management software and a combination of descriptive statistics will be used to analyze survey data (e.g., frequencies, relative risk rates).

The method of determining an unduplicated count of young children served in child care, PreK, Head Start and Preschool Special Education is outlined in Table 3. The PDGB5 NA will include a review of this methodology to determine whether more accurate information is necessary to estimate unduplicated counts and develop a methodology for waiting list estimates. The state will then have a clearer understanding of disparities in service availability and could target resources to effectively meet family needs.

Table 3: Unduplicated Number of Children

Step	Mixed Delivery Systems	# Children
1	Child care capacity , tracked by OCFS (includes children in licensed and legally exempt child care, EHS, HS, and community-based PreK).	464,181

¹⁹ Households’ Geographic Access to Center-based Early Care and Education: Estimates and Methodology from the National Survey of Early Care and Education.

2	Children in state-funded, district operated PreK , tracked by SED.	53,962
3	Children in Preschool Special Education classrooms, tracked by SED.	12,985
Total	The sum of figures derived in steps 1 + 2 + 3 represent the number of unduplicated children served in existing programs (estimated from capacity).	531,128

ACTIVITY TWO: STRATEGIC PLAN

PDGB5 staff will work with the Early Childhood Advisory Council (ECAC), which is co-chaired by the NY Head Start Collaboration Project Director (housed at CCF) and the Executive Director of the NY Early Childhood Professional Development Institute (housed at PDI), to amend the ECAC cross-sector Strategic Plan (SP) using data from the PDGB5 NA. The current ECAC’s SP provides a solid foundation to build comprehensive and coordinated services for young children and families. ECAC work is guided by its full membership plus a smaller Steering Committee, comprised of the co-chairs of the ECAC and the co-chairs of each of the four focus areas of its SP (Healthy Children, Strong Families, Early Learning, and Coordinated and Responsive Systems) as well as leadership from the NY state agencies serving children. Both the ECAC’s full membership and the Steering Committee meet quarterly and work team meetings occur more frequently.

Step 1. Enhancement of Parent Engagement and Stakeholder Involvement: The ECAC has always included most of the early childhood stakeholders defined in the FOA. Current stakeholder groups who are ECAC members include: state agencies, community partners, unions, advocacy organizations, think tanks, philanthropic organizations, businesses, CCRRs, early care and learning council, P-12 school districts, Head Start, child care, special education, Early Intervention (EI), health, and mental health. Yet, despite this broad range of stakeholder membership, to date, the ECAC has not successfully engaged parents. While there have been several attempts, there have not been sufficient resources to support active parent involvement. With funding from this grant, four parents will be added to the ECAC and two parents will be represented on the Steering

Committee. Other mechanisms for incorporating parent voice will include dissemination of the data platform, convening of focus groups, and working in coordination with parent-led organizations and others devoted to meaningful involvement of families in program development and policymaking. In addition, the ECAC co-chairs will continue to invite representation from the tribal councils and the state's Medicaid office. This heightened outreach will provide more opportunities to engage critical stakeholders, especially those who are typically marginalized.

Step 2. Revision of ECAC's Strategic Plan with Key Partners: Each of the four focus areas in the ECAC's current SP has established work teams to drive implementation. Work teams include ECAC members as well as others from across the state, allowing as many as 100 additional partners to inform the state's early childhood work. An outside facilitator with expertise in strategic planning will work with the ECAC, its Steering Committee, and its four work teams to ensure that the three-month strategic planning process advances efficiently while still allowing adequate time for participants to prepare and review the NA, identify key issues, collectively problem-solve, and develop responsive action steps. Led by a facilitator, an intensive two-day Steering Committee retreat will develop a PDGB5/ECAC SP that promotes: (1) parent knowledge and equitable access to the state's ECS; (2) use of best practices in all MDS settings (e.g., support is provided so children experience smooth transitions into kindergarten); and (3) high quality care that is available and accessible to all children and families. An ECAC Coordinator will be hired to expedite this work.

In addition, to ensure a dynamic planning process, the facilitator will convene monthly in-person PDGB5/ECAC SP meetings, with additional communications in between. The strategic planning process will address strategies that can be adapted to the unique characteristics of each targeted population. The development of the PDGB5/ECAC SP will be informed by a myriad of NY resources, including DOH's First 1,000 Days on Medicaid 10-Point Plan (working to align

early childhood and Medicaid), final recommendations of the 2018 NYS Board of Regents' Early Childhood Workgroup's Blue Ribbon Committee (to provide recommendations on ensuring all children in NY have an even start), the Child Care and Development Fund Plan, Head Start NA priorities, and joint guidance from the ECAC and the Governor's Early Intervention Coordinating Council on Social and Emotional Development.²⁰

Step 3. Identification of Indicators and Measures to Track Progress: CHSR researchers will identify valid and reliable measures that directly and efficiently track progress toward specified goals. Multiple methods of data collection and analysis will be used to generate information at the child/parent, program and state levels (See Performance Evaluation section of this proposal).

Step 4. Improving Children's Transitions: The SP will address how to better support all early childhood settings and school districts in building stronger transition practices, with particular emphasis on transition to kindergarten. In addition, the SP will focus on improving transitions for children and families from EI programs to Preschool Special Education.

Step 5. Incorporation of and Alignment with Statutory Requirements: The SP must emphasize the importance of service integration. The PDGB5/ECAC SP will align and support existing statutory and regulatory requirements.²¹ At the same time, these requirements will be reviewed for possible amendment, so that NY's ECS can be strengthened to enable more collaborations and efficiencies between and among programs. The SP will also reinforce practices and policies that reflect a two-generational approach to serving children and their families. The 2-Gen model reflects the interdependency of parent and child success, and thus supports comprehensive services that

²⁰ *Meeting the Social-Emotional Development Needs of Infants and Toddlers: Guidance for Early Intervention and Other Early Childhood Professionals.* 2016.

²¹ Federal statutes governing each of the MDS components include: the federal Every Student Succeeds Act (ESSA), the Child Care Development Block Grant (CCDBG) Act, and Title V of the Social Security Act (Maternal Child Health and Maternal Infant and Early Child Home Visiting).

promote family well-being. The PDGB5 director will share the PDGB5/ECAC SP with the Steering Committee, followed by the full ECAC. Once adopted, the PDGB5 NA and PDGB5/ECAC SP will be submitted to the federal grant administrator for approval.

Step 6. Dissemination of the Strategic Plan: The final PDGB5/ECAC SP will be widely disseminated throughout the early childhood community and posted on the ECAC website, ECAC members' websites, and be made available through social media. As has consistently been done since its establishment, the ECAC will continue to organize community meetings across the state, with a special focus on rural/underserved areas, to discuss its work and identify where potential partnerships exist that could help move the PDGB5/ECAC agenda forward.

Step 7. Implementation and Progress Monitoring: After completion of the PDGB5/ECAC SP, the Steering Committee will assess its existing work teams and identify areas where sharing of information and cross-pollination of focus areas is needed. State agency staff will support ECAC work teams to implement the SP. Additionally, work teams will share progress reports with the Steering Committee, so that members can review work team progress and discuss and resolve any barriers to the completion of work. As the ECAC is a governor-appointed body, the co-chairs work closely with the Governor's staff on early childhood policies. CCF, in its statutorily-prescribed interagency role, regularly communicates with the Governor's Office and the heads of all child-serving state agencies to reduce duplication and improve service delivery.

ACTIVITY THREE: MAXIMIZING PARENT CHOICE AND KNOWLEDGE

Activities of this grant will propel efforts to enhance the state's ECS by maximizing parent choice and knowledge, particularly for those who are traditionally underserved or marginalized. Specifically, this grant will promote coordinating activities within programs and across agencies, and widespread dissemination of information about the MDS, as described by the activities below.

Partner Collaboration and Coordination. The PDGB5 project provides an opportunity to build a coordinated system out of the many existing services for young children, including food programs (WIC, CACFP, SNAP), public assistance benefits (TANF), child care subsidies, home visiting, health benefits (Child Health Plus, Medicaid), and EI services. Based on NA focus group findings, PDGB5 staff, in conjunction with sister agencies, will inform providers about available services to strengthen connections between ECS programs and increase parent knowledge and choice.

Collaboration re: Individuals with Disabilities Education Act (IDEA) Parts B & C and Supporting Smooth Transitions for Children & Families: PDGB5 staff will collaborate with SED's Office of Early Learning's Preschool Policy Unit and DOH's Division of Family Health to promote smoother transitions for children from EI services to preschool special education, and in turn from preschool special education to kindergarten.

Parent Leadership Conference: A statewide Parent Leadership Conference and four local parent leadership events will be conducted to further build parents' knowledge about NY's ECS, and to enhance system knowledge of parent needs. PDGB5 staff will partner with and model the event after the work of two powerful NY parent advocacy groups: Families Together NY (a family-run organization representing families of children with social, emotional, behavioral and cross-systems challenges) and Parent to Parent NY (representing parents who care for children with special healthcare needs or developmental disabilities). In addition, PDGB5 staff will collaborate with CCRRs, the HS Collaboration Office, and the NYS Parenting Education Partnership to most effectively coordinate and enhance parent knowledge and choice, with special attention to engaging linguistically diverse families and providers.

Promotion of Child Care Tax Credits to Empower Parents: MDS program staff will be critical in expanding parent choice, playing a key role in informing parents about how to access federal and

state Child and Dependent Care tax credits. As parents become more aware of their options to help pay for care, they will be better able to select the setting that works best for their family. The Early Education Tax Credit is a proposal under consideration aimed at expanding child care choices for low-income families by allowing them to receive a tax credit based on the fee and the quality of the program. These policy enhancements will be critical to expanding choice.

Family Resource Navigators at Homeless Shelters: To empower families who are especially vulnerable and disproportionately represent underserved racial groups,²² Family Resource Navigators will be placed at homeless shelters. These navigators will equip parents and shelter staff with knowledge about services to support children during a traumatic period. Information about child care options and a child's legal right to remain in his or her homeschool while living in temporary housing (under the federal McKinney Vento Act), will be provided.

Home Visiting Coordination Initiative: Building off the work of the NYS Home Visiting (HV) Coordination Initiative, expected to complete its first year of work in the Summer of 2019, a series of regional meetings will be held to bring together evidence-based home visiting programs/providers under the purview of NYS OFCFS and NYS DOH. This cross-agency forum will provide an opportunity for collaboration and discussions about shared trainings, referrals, and community partnerships. An investment in this HV Coordination Initiative will enable more widespread application and advancement in 2-gen strategies that align with the state's vision to support vulnerable families.

²² U.S. Department of Housing and Urban Development and U.S. Department of Education (October 31, 2016). Policy Statement on Meeting the Needs of Families with Young Children Experiencing and At Risk of Homelessness.

Transition Practices: The area of transition practices has an extensive body of research documenting its effectiveness and importance.^{23,24} Based on research and materials from the Office of Head Start, CCF has conducted 16 successful Kindergarten Transition Summits. Moving forward, PDGB5 staff, in partnership with SED and others, will conduct four regional Kindergarten Transition Summits and, with seed money from this grant, a series of local forums across the state. All stakeholders will be invited to bring together families, school district administrators and PreK and kindergarten teachers, CCRRs, special education providers, Head Start, CBOs, family child care providers, child care centers, parent organizations, health care providers, and local coalitions (e.g., Success by Six). The goal of these events will be to encourage the development of local transition teams. Based on CCF and SED’s experience, these groups will continue to meet and sustain themselves with minimal to no further state support.

Parent Education Campaign and Resources: PDGB5 staff will contract with a media firm to develop and implement a culturally-relevant and multi-lingual parent education campaign about NY’s MDS to raise awareness of program options. Key messages will be informed by parent focus groups who represent vulnerable and typically marginalized populations (migrant farm workers, families temporarily living in homeless shelters, foster parents, fathers) and translated into prevalent languages in NY.²⁵ Parent focus groups will be conducted in each of the state’s ten Empire State Development regions²⁶ to help inform the media campaign, and the messaging will

²³ “The transition to kindergarten for typically developing children: A survey of school psychologists’ involvement.” Accessed: https://www.unisa.edu.au/Global/Health/Sansom/Documents/iCAHE/DECD%20journal%20club%20page/McIntyre_2014.pdf

²⁴ SED’s ESSA Plan states that “one of the first and most dramatic transitions for young children and their families is the transition of children into Kindergarten. This is a time of great change for children and families during which new relationships and competencies are being developed.” 2018 NYS Every Student Succeeds Act, p. 126.

²⁵ Top six languages in NY (2018): Spanish, Chinese, Russian, Haitian-Creole, Korean and Italian. Accessed <https://dhr.ny.gov/language-access>.

²⁶ Ten Empire State Development Regions are: Western NY, Finger Lakes, Capital District, Southern Tier, Mid-Hudson, Central NY, Long Island, Mohawk Valley, North County, and NYC.

be tested with ten additional regional focus groups (a total of 20 focus groups will be conducted). In addition to producing print and display informational materials based on parent feedback, a public broadcasting provider will create an informative public service announcement to share the available MDS options. Multiple communication channels will be used to share information (e.g., social media, print, public service announcements, bus shelter/subway ads, posters, etc.) and a wide range of partners will be involved in the dissemination of messages (e.g., pediatricians, employers, grocery stores, barber and beauty shops, local departments of social services, MDS programs, etc.). Additionally, current CCF websites designed to assist parents will be integrated into a parent portal.²⁷ The Parent Portal will offer Google Translate for languages other than English. PDGB5 staff also will coordinate the development of a user-friendly App to help parents easily find MDS programs.

ACTIVITY FOUR: SHARING BEST PRACTICES

NY's dissemination plan will rely on PDGB5 staff identifying and more widely sharing best practices, and coordinating trainings and TA resources, to ensure equal access to these resources for all B-5 programs. It also will rely on implementation science strategies to support lasting change (i.e., coaching and reflective supervision). This proposal identifies channels and partners to disseminate best practices and methods to do so efficiently and economically to increase program capacity and ensure lasting impact and sustainability. The efforts outlined in this section will provide the MDS with a stronger foundation to meet the needs of children. In particular, a better understanding of the impact of trauma on overall child development and learning, and

²⁷ Websites to be included in the portal: (i) NYS Child Care Finder (to find information on local early care and education programs); (ii) The NYS Parent Guide (provides quality parenting information and guidance on building nurturing, healthy parent/child relationships, and finding local resources); (iii) The Multiple Systems Navigator (helps families navigate NY's health, education, human service and disability systems); and (iv) Every Student Present (provides resources for parents on the importance of school attendance, starts in PreK, how to deal with children's school anxiety, etc.).

application of trauma-informed practices, will enable the workforce to better support children and families. Such practices also will reduce the number of children being suspended and expelled from early care and education settings. In short, by building this system of best practice dissemination, all child-serving settings, even those in remote parts of the state, will improve their professional capacity, curriculum and practices, which will lead to lasting and positive impacts.

Best Practices Dissemination Plan

Coordination of Technical Assistance (TA): PDGB5 staff will review and leverage the power of all sources of relevant TA within the state, with the goal of aligning these resources into a more comprehensive and effective system. Currently, there are upwards of 20 TA centers for NY's early care and education providers. While each TA center is useful, the resources that support these centers could be used more effectively, resulting in improved technical assistance and better services for children and families. To promote collaboration and efficiency, PDGB5 staff will convene all TA centers at least once in person and quarterly on webinars to develop a logical, cost effective plan to maximize resources, reduce redundancies, fill TA gaps, and improve the effectiveness of NY's MDS workforce, prioritizing ways to better support underserved populations. Also, based on the widespread need to better support providers in addressing young children's challenging behaviors, two PDGB5 staff will be hired to focus on building and supporting the state's early childhood social and emotional and behavioral support infrastructure. These staff will receive national TA on the Pyramid Model for Supporting the Social and Emotional Competence in Infants and Young Children implementation, by attending the National Training Institute on Effective Practices to Addressing Challenging Behaviors conference.²⁸

²⁸ 2019 National Training Institute on Effective Practices to Address Challenging Behaviors. <http://nti.cbcs.usf.edu/>.

Lessons learned will be shared with the MDS field and connected to Pyramid Model State Leadership Team work in the future.

The NY P-3 Summer Institute is an example of a successful TA event that was funded by the Preschool Expansion Development Grant²⁹ and will continue with PDGB5 funding. This Institute brings together 200 teachers and administrators from CBOs, PreK programs, and grades K-3 to learn about developmentally appropriate practices and cutting-edge curriculum.

Best Practice Dissemination Channels and Partners: As CCF and the ECAC have successfully disseminated guidance and training in the past, additional best practices will be shared using established communication channels, including but not limited to mailings, social media, public postings, websites, web-based on-demand learning, e-Learning opportunities, and presentations at statewide annual conferences and meetings hosted by a myriad of partners.³⁰ In addition, information from the PDGB5 NA will provide knowledge about staff preferences for receiving information and those data will further guide dissemination. PDGB5 staff will also work closely with SED's Office of Higher Education to leverage teacher preparation programs in promoting best practices. In short, the state's extensive partnership infrastructure will be deployed, and the ECAC website will be the central repository for best practice information.³¹

Best Practices to be Shared

1. Program Funding Strategies: Strategies to maximize funding, such as blending and braiding multiple funding streams and the implementation of sliding fee scales, will be widely shared through the dissemination of and training on the CCF *Guide to Blending and Braiding Funds to*

²⁹ NY was given a no-cost extension for the Preschool Expansion Grant until December 31, 2019.

³⁰ An advantage of the statewide conferences is that events already take place and invitations are extended across MDS settings and to all those who work to support children and families.

³¹ The ECAC website, created in Concrete 5, is highly adaptable.

Support Early Childhood Education. As well, further exploration and promotion of these innovative funding strategies will be advanced.

2. Expand Shared Services: Building on NY’s existing shared services website³² and platform, Shared Services will be supported so that all in the MDS workforce can connect with resources to help them sustain high-quality teaching and learning, while ensuring that all necessary fiscal and administrative tasks are performed and benefit from collective purchasing rates.

3. Practices that Promote Effective Early Learning Environments and Healthy Child Development: Evidence-based training and practice-based coaching will be offered to promote professional development and to assist parents in supporting the healthy development of children.

- *Pyramid Model TA* will be piloted in five Regional Hubs. These hubs will be created in five selected CCRRs in vulnerable communities to teach professionals who care for young children about foundational social and emotional skills.³³ The Pyramid Model NYS Leadership Team will convene an orientation for selected CCRRs that will be supported to implement sustainable program changes that improve capacity to serve children, families and staff. The Pyramid Model Consortium will provide ongoing TA to the state.
- Conduct twelve regional *Parents Interacting with Infants* (a Pyramid Model module) for parent educators to use to strengthen dyadic parent/child relationships.
- *Strengthening Families: Protective Factors training of trainers (TOT)* for 50 trainers who will become certified in the curriculum and then deliver training locally. Five trainings for up to 100 participants will be conducted in local programs during this grant year.

³² This platform is housed at the NY Association for the Education of Young Children.

<https://www.sharedsourceecny.org/default.aspx>

³³ “A Classroom Model for Promoting Social and Emotional Development and Addressing Challenging Behaviors,” (July 2014).

- *Positive Solutions for Families* will be offered in 30 workshops for staff and parents about social and emotional development and how to better support children's development of positive social skills.
- *Think About Brain Building (TABB)* materials and curriculum will be created and taught to Legally Exempt and family child care providers to better support children's cognitive, social, emotional and physical development through everyday activities.
- *Training on How to Support Children with Special Needs* will be provided to MDS providers to deepen their understanding and increase their skills to serve children with special needs. Higher subsidy rates will be explored for these newly trained providers.

4. Professional Development and Capacity: ECAC's Workforce Team determined that approved training protocols, practice-based coaching, and series-based training are the most effective strategies to strengthen the workforce. With grant support, this team will build on foundational work to develop series-based training for trainers, directors, and providers focused on the use of the Core Body of Knowledge, 2-generational approaches, and building cultural and linguistic competence. The team will also work to increase the number of trainers and coaches earning the state's Training and Technical Assistance Professional (TTAP) credential and to institutionalize a statewide training approval function.

5. Career Pathways: Five regional CCRRs in underserved areas will be selected to better meet the career development needs of the local MDS workforce, replicating the work of the Career Development Center at PDI. This activity will help to address the dire need of MDS organizations to recruit and hire staff who are well-trained and educated to ensure that young children have access to quality, regardless of delivery type. As well, it is consistent with the state's work on career and workforce development, building on the SED Blue Ribbon Committee

recommendations for strengthening the early childhood workforce, and the research of the Institute of Medicine report, *Transforming the Workforce for Children Birth through Age 8*.³⁴

6. Expansion of the Aspire Registry for NY's Early Childhood Workforce: The Aspire Registry is a longstanding priority of the ECAC and many other state and local agencies and is on its way to reaching the state's approximately 110,000 early childhood workforce members (with more than 35,000 active Aspire users). Aspire serves as a comprehensive and centralized database for MDS professionals in NY, compiling and verifying their degrees, certificates, credentials, and professional development, work history, native language, study plan status, and a range of additional career information. Aspire participation is required by QSNY and NYC licensing, and many others voluntarily participate. Currently, there is no user fee to participate; however, beginning in 2022, all members of Aspire will pay a nominal fee for annual membership, which will sustain the operation of the registry. Available data is used in licensing compliance visits, QSNY ratings, and research being conducted locally. Aspire also is part of the National Registry Alliance receiving its quality assurance certificate in 2017, contributing to a growing national dataset. With expanded Registry participation, essential cross-system workforce data will be collected to inform the NA and SP and improve the coordination and quality of NY's MDS.

7. Leadership Mentoring: Recognizing the pivotal role that effective leadership plays in strengthening the overall quality of the MDS, PDI will replicate its successful model of providing leadership mentoring services. These services include coaching, study groups, and professional development events, such as the development of a Director Mentoring program, in conjunction with QSNY, identifying exceptional program directors, and those representing linguistically and culturally diverse populations to serve as mentors to directors who need support with their

³⁴ Institute of Medicine and National Research Council. 2015. *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*. Washington, D.C.: The National Academies Press.

pedagogical leadership, using an evidence-based “communities of practice” model. Emphasis will be placed on providing such services to underserved areas of the state. The state also recognizes the need to strengthen elementary school leaders’ knowledge and understanding of developmentally appropriate teaching and learning in the early grades. SED will partner with PDI and continue to develop resources and provide remote and onsite TA and professional development that speaks to school leaders. Finally, in concert with OCFS, PDGB5 staff will develop a two-day advanced course for directors to align with CCDBG progressive training to be offered in six locations across the state.

8. NY Early Childhood Guidance Resources: Many early childhood guidance resources have been recently updated and will be used as training tools to ensure the field is informed. These include:

- *Early Learning Guidelines*, which are currently being updated by PDI to include a more extensive infant/toddler section and a new section on children from ages 5 to 8. Updates to the Guidelines focus on enhancing transition practices and specifying strategies in each domain for caregivers to provide quality experiences for children in their care.
- *PreK Foundation for the Common Core*, which provides a framework that focuses on learning and development for three and four-year-old children.
- *Core Body of Knowledge (CBK)*, which provides information across all five developmental domains for MDS professionals (to be distributed at a train-the-trainer institute), and to higher education teacher preparation programs.
- *Family Guide to NY Early Childhood Services for Children – Prenatal through Age 5*, developed jointly by DOH and CCF to connect families to early childhood services.
- *Developmentally Appropriate Practice Briefs (8)* provide research-based practical guidance and strategies to promote effective and developmentally appropriate practices for grades PK-

3. Briefs are intended to build foundational skills of the workforce and other decision makers (i.e. boards of education).³⁵

9. Systems Building Infrastructure: PDGB5 staff will connect child care, PreK, and special education providers to the existing Head Start Health Services Advisory Committees in their area. These committees, required for EHS and HS programs, are composed of local health providers who represent a wide variety of local social services agencies.

Not only does this plan strengthen the skills and practices of the current early childhood workforce, but it also provides a sustainable structure so NY can maintain progress made with this funding opportunity.

ACTIVITY FIVE: IMPROVING NEW YORK’S OVERALL QUALITY OF MIXED DELIVERY SYSTEM

This application outlines an NA and SP are approved (expected late April 2019), allowing 9 months for quality improvement activities. It is anticipated that by drawing on the extensive expertise and experience of the state’s PDGB5 research team, and by leveraging existing partnerships, the NA and SP will be comprehensively and swiftly completed. NY has made significant strides in building infrastructure to support a comprehensive ECS system over the past decade. This work was first inspired by the original federal ECCS grant, then by ECAC work funded by the American Recovery and Reinvestment Act (AARA), and more recently by NY’s revised CCDF Plan, the state’s ESSA Plan, the Blue Ribbon Committee, and the Preschool Development Expansion Grant. As a result of these efforts, PDGB5 applicant partners are poised to maximize this funding opportunity to advance critical early childhood systems building work and move to the next stage of implementing widespread quality improvements. To that end, while the PDGB5 NA and SP will guide future quality activities, two initial components have been

³⁵ DAP Briefs cover the following topics: leadership, curriculum, environment, interaction, assessment, family engagement, behavior, play, and special education. CCF 2018. <http://www.nysecac.org/publications/publications/>

identified through the existing ECAC SP. The funding for these two activities is robust to ensure that there is sufficient staff and support to rapidly advance this critical quality improvement work in the limited grant period.

Quality Improvement Activities

NY's Child Care Deserts: NY covers a large geographic area, and while the state is home to one of the largest cities in the world, it also has a very large rural population. Most (61%) New Yorkers live in “Child Care Deserts”³⁶ where families struggle to find adequate child care for their young children. Partnering with the state’s ECLC and their local CCRR members, PDGB5 staff will be able to (1) swiftly leverage existing networks to recruit and provide intensive supports for individuals who intend to pursue child care licensing, (2) promote high-quality business and program practices in selected high need communities, and (3) develop a training curriculum and TA strategies to help programs implement best practices. Also, the PDGB5 staff will explore the establishment of higher payment rates or other incentives to address the higher costs of providing care in rural areas where there may not be enough working families with young children to consistently operate at capacity. This work also will help the state meet its CCDBG requirements to respond to the needs of underserved areas.

QUALITYstarsNY (QSNY): To improve quality in MDS settings serving vulnerable populations, components of QSNY will be strengthened and participation will increase in high-need communities, including at least one additional tribal community. QSNY has been in operation for six years, serving all types of regulated early childhood programs, including center and family-based child care, EHS and HS, and PreK. The 75 standards that make up QSNY focus on Children’s Learning Environment, Staff Qualifications and Experience, Management and

³⁶ Ibid, Footnote 9.

Leadership, and Family Engagement. While best practices in children’s health and mental health are embedded across the four areas, QSNY will also be working with the Department of Health to enhance existing standards to reflect a stronger emphasis on nutrition and physical activity. Quality Improvement Specialists are assigned to participating sites and engage community-based assets to advance each site’s quality improvement plan. Currently, QSNY serves 824 sites across the state and initial data analysis indicates that 84% of participating sites increased their total quality score over a 3-year period and 65% earned 4 or 5 stars after 3 years of quality improvement (5 stars being the highest possible rating).³⁷ The current infrastructure supports using PDGB5 funds to (1) continue building system components such as a more functional Quality Improvement Plan tool and other data system enhancements, (2) test the effectiveness of quality improvement strategies, and (3) analyze the impact of the QSNY modifications on 200 sites. See budget for funding.

ORGANIZATIONAL CAPACITY AND MANAGEMENT

New York Council on Children and Families (CCF)

For over four decades, CCF has led the charge to develop comprehensive service systems for children and families. Authorized by NY law³⁸ to coordinate the state’s health, education and human service systems for children and families, and to oversee the ECAC³⁹, CCF has promoted creative cross-systems approaches to improve the effectiveness and efficiency of human services delivery systems and engage families to improve outcomes for NY’s children and families. Because of CCF’s unique interagency role, and success with early childhood systems’ building initiatives, Governor Cuomo designated CCF as the lead agency for this grant.

³⁷ *NYS’s Bold Step to Ensure Access to Excellence in Early Childhood Education: A Report on the First 3 Years* (February 2016).

³⁸ NYS Social Services Law article 10-C, “State Council on Children and Families.” In 2003, CCF was administratively merged with OCFS; however, CCF continues to report directly to the Governor.

³⁹ NYS Social Services Law § 483-g, “Early Childhood Advisory Council.”

CCF's Experience

CCF administers many federal grants and projects that demonstrate our capacity to administer federal funding and develop, implement, manage and sustain complex cross-system changes. Currently, CCF is home to the NYS Head Start Collaboration Project, the federal Early Childhood Comprehensive Systems' (ECCS) Impact project, statewide implementation of the Pyramid Model, and the Kids Wellbeing Indicators' Clearinghouse (KWIC). KWIC is a comprehensive resource of child wellbeing and user-friendly mapping application that maps all components of the MDS and provided the first comprehensive view of NY's home visiting landscape. CCF staff also participate in many cross-agency initiatives, including the SED Workgroup to update the rate setting methodology for preschool special education programs, Parent to Parent of NY's texting campaign to reach families with children with special needs, DOH Obesity Prevention in Child Care Partnership, and a statewide Home Visiting Coalition. CCF also co-convenes the multi-agency, public-private NYS Parenting Education Partnership, and groups that receive federal TA on: Reducing Suspensions and Expulsions, Practice Based Coaching, and Advancing Early Childhood Mental Health Consultation in MDS settings.

In 2009, with \$5.6M in federal ARRA funding, the ECAC was created to make recommendations to the Governor on how to build a comprehensive and sustainable early childhood system. As described in the SP section of this proposal, the ECAC is co-chaired by the NYS Head Start Collaboration Project Director (housed at CCF) and the Executive Director of the NY Early Childhood Professional Development Institute. The ECAC, along with its Steering Committee and work teams, will be integral to the work of the PDGB5 project.

CCF & Partner Experience & Fiscal, Administrative & Performance Management Capacity

A description of key staff and partners are described in this section, along with their demonstrated experience to successfully administer, implement, fiscally manage and evaluate this grant. With

PDGB5 funding, additional staff will be hired to implement the activities in this proposal. Please refer to the NY PDGB5 Organizational Capacity diagram, CCF Organizational Chart, and partner agreements in File 2.

New York State Council on Children and Families Organizational Capacity

Deborah Benson, M.S., Executive Director, has worked at CCF for more than three decades and has been at its helm for 15 years. Her leadership and collaborative skills demonstrate and exemplify the power of partnerships. Ms. Benson convenes a monthly cross-systems meeting of child-serving state agencies and family partners to devise innovative solutions to complex systemic issues.

Elana Marton, JD, Deputy Director and Counsel, oversees CCF's early childhood team and has over 25 years of human services' public policy and legal experience. Ms. Marton drafted and negotiated the "Children's Mental Health Act" which has been the building block for interagency collaborations to improve the well-being of NY's children and families. She works closely with the Governor's Office on legislation that maximizes the potential of NY's families and children, and for this project will assist with review and modification of statutes and regulations.

Kristin Weller, M.S., LMHC, currently serves as the project director for the federal ECCS Impact grant and is part of the ECAC team focused on promoting healthy development. Ms. Weller co-chairs the NYS Parenting Education Partnership and has 20 plus years of experience working at the state and county levels to coordinate policies and practices across child-serving systems. As ECCS Director, Ms. Weller has cultivated cross-agency early childhood and health collaborations, and successfully overseen a federal grant. With PDGB5 funding, Ms. Weller will become the PDGB5 director and supervise the grant team to ensure that all deliverables are accomplished.

Patricia Persell, MS.Ed, is co-chair of the ECAC, director of the NY Head Start Collaboration Office and co-leads the NY Pyramid Model State Leadership Team. Ms. Persell provides an active

link between CCF and ECAC, as well HS and EHS programs across the state. She has 25 years of experience in project planning, and implementation of large projects and facilitating collaborations among diverse stakeholders, such as Kindergarten Transitions Summits. Ms. Persell started her career as an early childhood teacher and Head Start Education Manager. Ms. Persell will continue in her current leadership roles with the ECAC, HS, and the state's Pyramid Model implementation.

Stephanie Woodard, MPA, is a Fiscal Policy Analyst with nearly 30 years of experience in state government, managing and negotiating human services budgets. Ms. Woodard has implemented innovative financing of MDS services, including braiding and blending of funds, and has been instrumental in gathering and combining financial support from state agencies, the private sector and unions to fund the statewide implementation of the Pyramid Model. Ms. Woodard will continue in her role as fiscal policy analyst for CCF, helping to support grant activities.

Cate Bohn, MPH, Data/Communications Specialist and Coordinator of the Kids' Well-being Indicators Clearinghouse (KWIC) co-leads the ECAC's Data Workgroup that is developing an MDS cross-systems' data system. Ms. Bohn is a key member of several parent and community public awareness campaigns and has done extensive work on race equity and implicit bias. She also is a Clinical Associate Professor at University at Albany School of Public Health. Ms. Bohn will oversee the development and implementation of the parent education campaign and help with the early childhood data integration work outlined in this proposal.

New PDGB5 Positions: 1) **PDGB5 Director** (see Kristen Weller above), 2) **PDGB5 Project Assistant** to assist with successful completion of work outlined in this proposal, 3) **PDGB5 Grant/Contracts Manager** to assist with contract management, expenditures, and fiscal reporting for this grant, 4) **State Director of Early Childhood Social and Emotional Development** to work closely with OMH on coordinating and promoting best practices regarding social and emotional

development of young children (see OMH role below), 5) **Social and Emotional Project Coordinator** to focus on statewide Pyramid Model Implementation, including the Pyramid Model Hubs, 6) **ECAC Coordinator** to support revisions to the ECAC SP and help with related implementation activities to ensure timely completion of PDGB5 grant deliverables, and 7) **Early Childhood Policy/Data Analyst** to review early childhood policies and assist in the work related to integrated cross-agency child data collection and analysis.⁴⁰

NYS Education Department, Office of Early Learning: **Betsy Kenney**, MS.Ed., Director of the Office of Early Learning, currently oversees the \$830 million budget for state administered PreK programs, leads a DOH First 1,000 Days on Medicaid workgroup on K readiness and managed the 2018 Board of Regents' Early Childhood Workgroup's Blue Ribbon Committee, and serves on several statewide committees focused on fostering a PreK to 3rd Grade learning continuum that is culturally, linguistically, and developmentally appropriate. Ms. Kenney will work to ensure SED support of PDGB5 activities, and use the current PDG project as a springboard for PDGB5.

NYS Office of Children and Family Services: **Janice M. Molnar**, Ph.D., Deputy Commissioner of the Division of Child Care Services, and CCDBG Administrator, administers an \$1.1 billion program budget. Dr. Molnar will work with CCF to ensure OCFS support of PDGB5 activities related to child care, especially those that focus on a two-generation approach to serving families and providing needed social and emotional supports to "at risk" children. **Bernadette Johnson**, B.A., has a leadership role with OCFS' Bureau of Child Welfare Services and many years' experience directing the state's Healthy Families' Home Visiting program. She will work with the PDGB5 staff to coordinate home visiting efforts to best support vulnerable families.

⁴⁰ As hiring new state employees takes time, CCF plans to use its identified partners (SUNY and CUNY) to hire needed PDGB5 staff because they are able to quickly hire. All project staff will be supervised by CCF.

NYS Department of Health: **Lauren Tobias**, MPA, Director of the Division of Family Health, will work with the PDGB5 Team to support mutually-reinforcing activities, such as home visiting. Additionally, **Kalin Scott**, MPA, Director of the Medicaid Redesign Team/First 1,000 Days on Medicaid Initiative, will partner with CCF on promoting early child mental health consultation, developmental screenings, and maternal health. DOH has expertise in health programs for young children, pregnant and post-partum mothers and perinatal mood disorders, Early Intervention, Children with Special Health Care Needs, MIECHV, and Title V Maternal Child Health. DOH also is responsible for overseeing the State's Medicaid program, which continues to actively promote an innovative cross-sector initiative (the First 1,000 Days on Medicaid) to ensure that the state's most vulnerable children are given an equal start and placed on a trajectory to succeed.

NYS Office of Mental Health (OMH): **Donna Bradbury**, MA, LMHC, Associate Commissioner, Division of Integrated Community Services for Children and Families, will support the MDS mental health activities included in this PDGB5 proposal, including promoting treatment for perinatal mood disorders, early childhood mental health consultation, and other social and emotional supports such as Pyramid Model implementation.

Center for Human Services Research (CHSR), School of Social Welfare at University at Albany: CHSR researchers, including **Rose Greene**, MA, CHSR Director, **Dr. Ken Robin**, Psy.D., Senior Research Scientist, and a team of others, will conduct the statewide NA and performance evaluation for this project. Dr. Robin has nearly 20 years of experience conducting education research, including 7 years at the National Institute for Early Education Research. Dr. Robin also developed the evaluation plan for a study evaluating New Mexico's state preschool program (endorsed by the State Department of Education), and has worked with the Governor's office, the Kansas Health Institute, and regional advocacy agencies to launch a comprehensive research

project that measured the impacts of quality preschool. CHSR has conducted many federally-supported and state-funded program evaluations, including studies for the Administration of Children and Families, the Substance Abuse and Mental Health Administration, and the U.S. Department of Education. In addition, CHSR houses an IT department that designs and manages large data sets, including the Management Information System for Healthy Families, NY. As the lead data partner for the Albany Promise initiative (a cradle to career partnership dedicated to improving outcomes for children), CHSR has developed partnerships at SED and Medicaid, and is already involved in work to improve the state's B-5 system. CHSR operates under the umbrella of the Research Foundation for the State University of New York (SUNY RF). The SUNY RF is the largest university-associated research organization in the country, handling billions in grants and contracts every year. Ms. Greene will ensure all NA and evaluation deliverables are timely and fulfilled as outlined in the proposal. Ms. Greene and Dr. Robin will be assisted by nine staff to complete the PDGB5 NA, data base development, and performance evaluation.

NY Early Childhood Professional Development Institute (PDI)/City University of NY (CUNY)

PDI focuses on workforce development systems in the MDS field through NY Works for Children. **Sherry Cleary**, MS.Ed., PDI Executive Director and ECAC co-chair, leads the work focusing on the early childhood workforce and ensuring that all children have access to excellence. The PDI is a unit of the Office of Academic Affairs and functions within the City University of NY, a state agency that is recognized as the largest urban public university in the country. The PDI led the work to create new competency-based Core Body of Knowledge and the Early Learning Guidelines (B-8), and leads New York Works for Children and the Aspire Registry, higher education initiatives, career pathways innovation, and QUALITYstarsNY. PDI will implement the professional development and quality improvement dimensions of this application. Ms. Cleary will

oversee all PDI activities to ensure they are fulfilled as outlined in this proposal. She will be assisted by 22 staff to complete the activities described in this proposal.

MIXED DELIVERY SYSTEM DESCRIPTION AND VISION FOR NEW YORK

NY has an established cross-sector early childhood infrastructure, led by CCF and the ECAC, that is committed to the following vision: *Every child in NY is supported by a mixed-delivery system that is informed by parent voice and provides access to high quality, equitable and comprehensive early care and learning environments and services essential for successful development and lifelong success.* As noted earlier in this application, and in more detail below, New York’s MDS programs are spread across several agencies, which often translates into inefficient use of resources and uneven opportunities for staff and children, particularly the most vulnerable. While the state is actively engaged in a number of innovative, cross-sector initiatives to break down silos, much work remains to be done to ensure that efforts are not duplicated, and program efficiency and quality is increased.

NY’s Current Early Childhood Landscape & Hurdles in Shaping its Mixed Delivery System

The major “systems” that make up NY’s MDS systems are listed below in Table 4, along with the number of programs/providers and children served by each. Additional detail follows about funding sources, hurdles to overcome, and successful strategies to better coordinate services.

Table 4: New York’s Mixed Delivery System

Program Type	# of Programs/ Providers	# Children Served	Funding Source
Child Care (capacity data)			Federal/state/ Local/parent fees
Centers	4,306	309,407	
Group Family	8,079	123,512	
Family	4,024	31,262	
Legally-Exempt	19,000	23,998	
Prekindergarten	471	121,500	Federal/state/local
Preschool Special Education	839	81,951	Federal/state/local
Early Head Start (includes Migrant & Seasonal EHS)	83	10,622	Federal

Head Start (includes Migrant & Seasonal HS)	179	51,765	Federal
Kindergarten	733	211,565	Federal/state/local
Total *	37,714	965,582	

*Total represents a duplicated count (e.g., a child might be in both child care and Head Start).

Child Care – OCFS licenses and regulates all child care services in NY, except child care centers in NYC, which are under the regulatory oversight of the Department of Health and Mental Hygiene. Funding sources include state and local tax dollars, CCDF, TANF, and parent fees. Child care quality funding is used for a variety of purposes, including supporting contracts with 32 CCRRs across the state (\$19.9M) and seven Infant/Toddler Resource Centers (\$1.1M). Regulatory hurdles to combining child care with other programs include differing staff qualifications, staff to child ratios, eligibility criteria, background check and training requirements, and funding stream reporting requirements. Efforts to break down these barriers, by braiding funds or aligning standards with other agencies, are continually being explored and will be advanced through work outlined in this proposal that promotes access to high quality, comprehensive MDS programs.

Prekindergarten (PreK) – Currently, school districts operate state-administered free PreK, serving more than half of NY’s four-year-old population. PreK is currently funded at more than \$830M annually. With existing PDG funds, NY has created an additional 2,489 full-day PreK seats for children in five vulnerable communities, which will be sustained by the state after funding ends in 2019. PreK partnerships include: child care centers, family child care, HS, non-public schools, nursery schools, and preschool special education. With different regulations and staff qualifications among programs, alignment can be a challenge. To be successful, these partnerships require stakeholders to have a clear and shared understanding of: family engagement; high quality

programming; effective implementation of comprehensive services; and the differing policies and regulations that each partner operates under; and how to coordinate these differences.⁴¹

Preschool Special Education (619 of Part B of IDEA) - SED administers the preschool special education program, which provides services for children three to five years of age with a diagnosed disability. Currently, most children are served through special education programs and itinerant services (only 18% being served in general education PreK classrooms across the state). Due in large part to the separate and inadequate funding structure, there are not enough early childhood inclusion programs. Under the direction of the Governor, SED has been developing an alternative funding methodology to enable programs to provide services for children with disabilities alongside their typically developing peers. A pilot program to target and combine resources needed to serve all student populations in the same class is being developed by SED. If deemed successful, the PDGB5 staff will share this best practice, and thereby improve learning environments for all.

Early Head Start (EHS) and Head Start (HS) – Combined, EHS and HS received approximately \$550M in federal funding (2017). Successful EHS Child Care Partnerships (EHSCCP) are in 17 counties. Other counties could create equally successful partnerships by layering state and federal funds using the EHSCCP model; however, the stricter regulatory requirements for EHS make these partnerships difficult. Additional opportunities exist for HS agencies to partner with PreK as PreK is expanded across the state. For more than 20 years, PreK, HS and child care programs have been successfully braided. EarlyLearn in NYC is a recent example of a successful model. To enable every child to have access to comprehensive early care and learning programs and services, PDGB5 staff will address these cross-system impediments.

⁴¹ To support partnerships, SED’s Office of Early Learning and the NYS Head Start Collaboration Office co-developed a tip sheet for CBOs/HS/School District PreK Collaboration to serve as a guide to aide in formation and delegation of roles and responsibilities in each unique partnership.

Mixed Delivery System Vision Leading to Improvements in Early Childhood Outcomes

NY has many supports for young children and families, yet too often these supports are not effectively linked to the MDS, are limited in capacity, or are unavailable to the children/families who need them most. This grant opportunity will be used to examine and implement ways to more seamlessly integrate these services to meet parents' and children's needs in all communities. Specifically, by drawing from the NA and the strategic planning process, and by working with the agencies overseeing and implementing the support services listed below, the PDGB5 will apply lessons learned to improve the quality, coordination, and efficiency of the state's early childhood infrastructure, thus ensuring that families have knowledge about and access to needed supports to promote healthy child development.

Early Intervention – NY operates the largest IDEA Part C program in the nation, providing support services for 65,000 infants and toddlers (ages 0-3) with disabilities and their families and an emphasis on family engagement. Challenges to service delivery result from multiple transitions for children with special needs and their families, as well as a lack of available and specialized services in parts of the state, especially rural areas. Smoother transitions and better linkages between EI and other early childhood programs to identify and connect young children to services as early as possible will improve outcomes for children and families.

Home Visiting – Multiple research-based home visiting programs operate in the state under the purview of different state agencies. The confusion experienced by families and the professionals who serve them about the different program models has been a long-standing issue and has begun to be addressed by a coordinating effort led by Prevent Child Abuse NY. Activities detailed in this proposal will provide further structure to home visiting services in NY, thus improving parent knowledge about and access to these early and critical supports.

Women, Infants and Children (WIC) – NY receives \$550M in federal funding and other revenue to administer nutrition education, breastfeeding support, referrals and nutritious foods to 500,000 participants per month via a network of 500 service sites. By continuing to update its policies through the “WIC Welcomes You” Initiative, the NY WIC Program works to remove registration barriers and be user-friendly (e.g., by allowing families to use online accounts to show they are enrolled in adjunct programs like Medicaid). PDGB5 activities will further educate and disseminate information about WIC to ensure low-income families have access to healthy food essential for successful development.

Child and Adult Care Food Program (CACFP) – NY receives \$268.7M for CACFP funding annually. Currently, only about 50% of licensed child care programs in the state participate. Significant efforts have been taken and will be continued and expanded through this grant opportunity to increase the participant rates. In addition to administering CACFP, DOH’s Division of Nutrition also administers two obesity prevention initiatives, which are delivered in child care centers (licensed by OCFS) and funded with a grant from a third state agency (Office of Temporary and Disability Assistance). Increased knowledge and access to these programs will support the healthy development of children in NY.

Children’s Health Insurance Program – NY has successfully enrolled nearly 100% of eligible children in CHIP⁴²; however, health services are often disconnected from early childhood programs. With projects like ECCS and the First 1,000 Days on Medicaid, attention is being focused on promoting the importance of maternal and child health and creating more effective linkages between health care providers and MDS programs. PDGB5 activities will leverage the

⁴² 2018. KIDS COUNT Data Center. Children under age 18 not covered by any health insurance by age group.

work of these current state initiatives to ultimately provide access to high quality, equitable and comprehensive early care and learning environments, inclusive of essential health services.

Healthy Steps is an evidence-based, interdisciplinary pediatric primary care program that promotes nurturing parenting and healthy development (prenatal to age 3), which is funded by the NY Office of Mental Health. A child development professional connects with families during pediatric well-child visits to offer screening and support for common yet complex concerns that physicians often lack time to address, including feeding, behavior, sleep, attachment, depression, social determinants of health, and adapting to life with a baby or young child. In alignment with this interdisciplinary program, PDGB5 activities will be coordinated to support comprehensive service provision.

McKinney-Vento Supports for Children and Families who are Homeless are supported by NYS-TEACHS, which serves as the NY State Education Department's Technical Assistance Center, and is funded by the McKinney-Vento Act. The TA Center provides training, TA, and information to schools and early care providers to improve access to MDS programs for children who are homeless. While the number of children who are homeless and participating in PreK has increased, a shocking 95% remain unserved by early care and learning programs.⁴³ Significant efforts will be made through this grant to raise the percentage of homeless children served in high quality early care and learning programs.

QUALITYstarsNY (QSNY) infuses evidence-based performance standards on top of licensing requirements and provides TA and other supports to programs to improve the quality of service. All regulated programs (center-based and home-based child care, HS/EHS, school-based and center-based PreK) are eligible to participate. At present, due to limited funding, QSNY serves

⁴³ Early Childhood Homelessness in the US: 50 State Profile, Administration for Children and Families, June 2017. https://www.acf.hhs.gov/sites/default/files/ece/epfp_50_state_profiles_6_15_17_508.pdf

only a small fraction of sites in NY; yet, given its effectiveness, it is important to increase the reach and scope of the state's early childhood quality rating and improvement system to provide more children with access to higher quality early care and education programs.

NY's Progress in Creating a Mixed Delivery System

Much successful collaboration has helped eliminate barriers between programs. Lessons can be learned from these examples to create a more coordinated and comprehensive service system. Below are a few examples, and through the PDGB5 NA and SP, more successful approaches will be identified and shared.

EarlyLearnNYC was started in September 2012 by the NYC Administration for Children and Families, and successfully braids Head Start, child care and PreK funds in local schools and CBOs, so that children and families access more efficient comprehensive and higher quality programs.

Pyramid Model Implementation, is a cross-systems effort, led by CCF, that helps to break down silos by advancing coordinated professional development. Its successful impact has been tracked with established and shared metrics. Additionally, CCF was able to leverage support for this training from all MDS components by highlighting Pyramid Model alignment with requirements of each of the involved partners (e.g., State CCDF Plan, Head Start Performance Standards, PreK social and emotional requirements, etc.).

EHS Child Care Partnership grantees have demonstrated that layering funds and programs can result in more families having access to quality and comprehensive services in a full-day, full-year program for three or four years. This serves as an excellent model for expanding parent choice.

TIMELINE AND MILESTONES – NEW YORK STATE PDGB5

Table 5 describes activities and milestones, and projected completion dates. The timeline is broken by quarter for year one and annually thereafter. It is anticipated that the NA and SP will be completed during the mid-point of quarter 2 of the first grant year, and that work on quality

activities (activity 5) will promptly begin after that. All other activities are expected to start as soon as grant funding becomes available.

Table 5: Timeline and Milestones

Administrative / Monitoring	Q1	Q2	Q3	Q4	Y2	Y3	Y4
PDGB5 Director begins (current CCF early childhood staff will shift to this role)	✓						
Hire and orient new PDGB5 staff	✓	✓					
Provide PDGB5 progress updates at ECAC quarterly meetings & to other stakeholders	✓	✓	✓	✓	✓	✓	✓
Conduct two regional ECAC community meetings			✓	✓	✓	✓	✓
Develop dissemination plan for grant developments/accomplishments	✓						
Attend PDGB5 meeting in Wash, D.C. (4 people)	✓				✓	✓	✓
Identify & annually review indicators/measures to track progress on MDS implementation (see LM)	✓				✓	✓	✓
Conduct quarterly ECAC Membership and Steering Committee Meetings	✓	✓	✓	✓	✓	✓	✓
Manage all subcontracts and track spending	✓	✓	✓	✓	✓	✓	✓
Conduct performance evaluation		✓	✓	✓	✓	✓	✓
Submit federal report (quarterly & year-end)	✓	✓	✓	✓	✓	✓	✓
ACTIVITY 1: PDGB5 Needs Assessment (NA)	Q1	Q2	Q3	Q4	Y2	Y3	Y4
Goal 1. The NY-ECS is informed by the needs of its families, stakeholders & partners							
Objective 1.1: Improve ability of policymakers to review & modify, as needed, the quality, availability & accessibility of the NY-ECS							
Identify indicators & related data elements to inform continuous quality improvement of NY-ECS	✓	✓	✓	✓			
Conduct supply & demand review of ECS & update annually	✓				✓	✓	✓
Determine methodology for wait lists; adopt & review annually	✓				✓	✓	✓
Create standardized CCRR NA data platform			✓				
Create child-level data integration plan & data sharing among state agencies and systems		✓	✓	✓	✓	✓	✓
Engage national TA to assist with data integration	✓	✓	✓	✓			
Develop NA data collection instruments/protocols	✓						
Conduct Needs Assessment	✓						
Coordinate & conduct 15 focus groups with stakeholders, particularly weighting input from parents	✓				✓	✓	✓
Complete draft of NA, share with ECAC & other stakeholders & solicit feedback		✓					
Review Unduplicated Count Methodology		✓					
Update PDGB5 NA (per ECAC law)					✓	✓	✓

ACTIVITY 2: Strategic Plan (SP)	Q1	Q2	Q3	Q4	Y2	Y3	Y4
Goal 2. Work of the Steering Committee is guided by a strategic plan based on NY needs							
Objective 2.1. Increase parent & provider input into the design & delivery of the NY-ECS							
Expand ECAC Steering Committee to include parents of children under six years of age	✓	✓	✓	✓	✓	✓	✓
Objective 2.2. Develop a SP that addresses needs of stakeholders, incorporates best practices & is revised on regular basis							
Circulate NA findings summary & solicit SP input		✓					
Review strategies to increase statutory coordination/reduce barriers & monitor progress		✓	✓	✓	✓	✓	✓
Review literature for proven strategies		✓					
Conduct ECAC Steering Committee Strategic Planning Retreat with facilitator		✓					
Complete draft of SP & solicit feedback		✓					
Finalize Strategic Plan		✓					
Submit NA & SP to fed. grant admin. for approval		✓					
Assign implementation responsibilities to state agencies with support from ECAC workgroups			✓		✓	✓	✓
Widely disseminate the approved PDGB5 SP			✓	✓			
Revise SP, as needed, using CQI data est. in NA						✓	✓
Share recommendations on cost-effective solutions for facility concerns		✓	✓	✓			
ACTIVITY 3: Parent Choice & Knowledge	Q1	Q2	Q3	Q4	Y2	Y3	Y4
Goal 3. All families have knowledge and choice in a high-quality NY-ECS							
Objective 3.1: Increase parent knowledge about MDS options							
Create & air Public Service Announcement about NY's MDS	✓	✓	✓	✓	✓		
Develop culturally relevant & multi-lingual parent education campaign guided by 20 regional parent focus groups w/vulnerable/underserved populations		✓	✓		✓	✓	✓
Develop Parent Portal Website		✓	✓	✓	✓	✓	✓
Partner with stakeholders to assist in dissemination of information for/with parents			✓	✓	✓	✓	✓
Implement 3 Family Resource Navigators in multiple homeless shelters	✓	✓	✓	✓	✓	✓	✓
Conduct one Parent Leadership conference & at least 4 local parent leadership events			✓	✓	✓	✓	✓
Strengthen partner collaboration & coordination			✓	✓	✓	✓	✓
Objective 3.2: Increase availability of MDS options & child/family access to these options							
Conduct 9 home visiting forums across state	✓	✓	✓	✓	✓		
Provide TA to MDS programs re: braiding & blending & child care tax credits			✓	✓	✓	✓	✓
Establish & promote child care tax credits	✓	✓	✓	✓	✓	✓	✓
ACTIVITY 4: Sharing Best Practices	Q1	Q2	Q3	Q4	Y2	Y3	Y4

Goal 4: Best practices are known & drive actions of individuals serving children & families within the NY-ECS							
Objective 4.1: Increase access to best practice information with emphasis on practices pertaining to vulnerable populations & 2-gen approaches							
Collect best practice resources for sharing; develop additional resources, as needed.	✓	✓	✓		✓	✓	✓
Modify ECAC website to include best practice resources	✓	✓	✓	✓	✓	✓	✓
Develop & implement dissemination plan for best practice sharing & resource information, targeting vulnerable populations.	✓	✓	✓	✓	✓	✓	✓
Collaboration & coordination w/current services & ECS partners to share info/increase enrollment	✓	✓	✓	✓	✓	✓	✓
Partner with SED & DOH to support smooth transitions from EI to preschool special education & from Preschool Special Education to Kindergarten	✓	✓	✓	✓	✓	✓	✓
Disseminate Early Childhood Framework Guidance training materials (12,000 copies of each document)	✓	✓	✓	✓	✓	✓	✓
Conduct 12 Parents Interacting with Infants Trainings	✓	✓	✓	✓	✓	✓	✓
Attend TA Pyramid Model (NTI) Conference		✓			✓	✓	✓
Coordinate efforts with CCRRs to create 5 regional Pyramid Model Hubs.	✓	✓	✓	✓	✓	✓	✓
Conduct 5 regional Kindergarten Transition Summits and facilitate up to 10 local forums	✓	✓	✓	✓	✓	✓	✓
Develop series-based trainings for trainers, directors and providers focused on: the use of the Core Body of Knowledge, 2-generational approaches, and cultural and linguistic competence.	✓	✓	✓	✓	✓	✓	✓
Host 3 regional Early Childhood Leadership Institutes and 1 Core Body of Knowledge TOT		✓	✓	✓	✓	✓	✓
Create Career Pathway Services (select up to 5 CCRRs to provide services locally)			✓	✓	✓	✓	✓
Expand Aspire Registry		✓	✓	✓	✓	✓	✓
Develop & distribute materials/training curriculum to legally-exempt & family child care programs (TABB) Think About Brain Building	✓	✓	✓	✓			
Develop and conduct training on supporting children with special needs				✓	✓	✓	✓
Align training requirements & provide equivalent training & transfer of credits across MDS sectors	✓	✓	✓	✓			
Expand Shared Services Alliance for NY MDS	✓	✓	✓	✓	✓	✓	✓
Objective 4.2: Increase coordination of TA Centers across NY							
Identify all technical assistance (TA) centers	✓	✓					

Coordinate TA Centers (1 in-person meeting, 4 teleconference/webinars/year)		✓	✓	✓	✓	✓	✓
Coordinate Home Visiting in NY	✓	✓	✓	✓			
P-3 Summer Institute for PreK through third grade teachers and administrators and CBO partners.			✓				
Objective 4.3 Increase provider ability to serve vulnerable populations & ensure access to support services							
Conduct TOT Strengthening Families training and up to 10 local Protective Factors trainings.			✓	✓	✓	✓	✓
Conduct 30 Positive Solutions for Families trainings.			✓	✓			
Connect MDS to local HS Health Services Advisory Committees		✓	✓	✓			
ACTIVITY FIVE: Improving Quality	Q1	Q2	Q3	Q4	Y2	Y3	Y4
Goal 5: High quality early care and education is available & accessible across the NY-ECS							
Objective 5.1 Increase provider adoption of QUALITYstarsNY (QSNY)							
Recruit 200 sites in vulnerable underserved communities to participate in QSNY		✓	✓	✓	✓	✓	✓
Objective 5.2: Increase staff TA and training to support the cognitive, social and emotional, and physical development of children							
Study feasibility & establish financial incentives for providers serving vulnerable populations			✓	✓	✓	✓	✓
Establish & provide higher rates for programs serving vulnerable/underserved populations				✓	✓	✓	✓
CCRRs support career development needs of staff in 5 underserved communities			✓	✓	✓	✓	✓
Recruit & train/coach individuals from “child care deserts” to pursue child care licensing (est. 150 sites)			✓	✓	✓	✓	✓

PERFORMANCE EVALUATION PLAN

Evaluation activities for the NY PDGB5 project will be led by the Center for Human Services Research (CHSR) at the University at Albany. The evaluation will track progress towards outcomes specified in the program logic model (LM) and will use knowledge gained through the NA to refine and finalize data protocols. The primary goal of evaluation activities will be to establish a valid and reliable system of continuous quality improvement, such that program administrators can make timely and informed decisions regarding mid-course corrections or resource allocations. To achieve this, evaluators will define and collect three types of measures: 1) Process measures to assess the degree to which PDGB5 NA and SP activities are conducted with

fidelity; 2) Outcome measures to track progress towards specified short- and long term-outcomes; and 3) Cost measures to detail spending on proposed activities and establish relationships between spending and impact.

The evaluation will contain qualitative and quantitative components and involve multiple methods of data collection. To the extent possible, the PDGB5 project will be informed by data collected and aggregated from existing systems. This approach minimizes added burden on staff and represents an initial step toward eliminating redundancy in data collection requirements. Based on gaps identified in the NA, new data sources and data collection protocols will be proposed to augment existing information. New sources may include data derived from integrated systems; focus groups involving parents, educators, and program administrators, surveys, and tracking of service use (social media, trainings, forums, and TA resources).

As stated earlier in this proposal, the NY PDGB5 vision is for every child in NY to be supported by an early childhood care and education mixed delivery system that is informed by parent voice and provides high quality, equitable, comprehensive opportunities essential for lifelong success. Five overarching goals have been specified to reflect progress towards, and ultimate achievement of this vision.

Goal 1: The state’s Early Childhood System (ECS) is informed by the needs of its parents, stakeholders and partners.
Goal 2: Work of the Steering Committee is guided by a strategic plan based on NY needs.
Goal 3: All families have knowledge and choice in high-quality NY-ECS.
Goal 4: Best practices are known and drive actions of individuals serving children and families within the NY-ECS.
Goal 5: High quality early care and education is available and accessible across NY-ECS.

The PDGB5 logic model specifies objectives and outputs associated with each goal. While it is recognized that specific components of the PDGB5 project address multiple objectives, and goals are in no way mutually exclusive, for the sake of clarity, activities and outcomes associated with

the PDGB5 NA are linked to Goal 1, while the development of the SP plan supports Goal 2. Linked measures and data sources are identified and described below.

Metrics: Success in each of the five priority grant activities requires collaboration among stakeholders to address multiple facets of the MDS. Measures to assess progress towards outcomes and associated goals are presented in Table 6. The numbering system reflects the type of measure (process, outcome, or cost), goal addressed, and sequence of measure, along with data sources and anticipated completion time frames.

Table 6: Evaluation measures of the PDGB5 – Year 1

Goal	Measure	Data Source	Time Frame
Goal 1: Needs Assessment	<i>P1.1:</i> # of focus groups completed	Focus group notes	Quarter 1
	<i>P1.2:</i> # of families & providers participating in NA process	Activity attendance records	Quarter 2
	<i>P1.3:</i> Integrated, real-time statewide MDS database launched	Operational data site	Quarter 2
	<i>O1.1:</i> Needs Assessment report completed as scheduled	Approved NA document	Quarter 2
	<i>CI.1:</i> Resource allocation to conduct focus groups	PDGB5 budget	Quarter 2
	<i>CI.2:</i> Resource allocation for document/data review	PDGB5 budget	Quarter 2
	<i>CI.3:</i> Resource allocation to integrated data system design	PDGB5 budget	Quarter 2
Goal 2: Strategic Plan	<i>P2.1:</i> # parents & providers participating in SP process	Activity attendance records	Quarter 2
	<i>P2.2:</i> Statewide needs & strategies (& associated measures) identified	SP details priority intervention strategies	Quarter 2
	<i>P.2.3.</i> Successful dissemination of SP.	Work team progress reports.	Quarter 2
	<i>O1.2:</i> SP finalized as scheduled	Approved SP	Quarter 2
	<i>CI.3:</i> Resource allocation to plan, construct and finalize Strategic Plan	PDGB5 budget	Quarter 2
Goal 3: Parent Knowledge and Choice	<i>P3.1:</i> # hits on Parent Portal	Google Analytics	Monthly from launch
	<i>P3.2:</i> # people attending public awareness forums	Event attendance	Monthly from launch
	<i>P3.3:</i> # navigators hired	Employment records	Quarter 2

Goal	Measure	Data Source	Time Frame
	<i>P3.4:</i> Navigator caseloads	Service records	Monthly from hire
	<i>P3.5:</i> # incentives disbursed	Checks issued	Monthly
	<i>O3.1:</i> Enrollment in programs (by age & modality)	SED, HS, OCFS, Preschool Sp.Ed, PreK	Baseline Y1 – April Monthly May-Dec
	<i>O3.2:</i> Diff in % vulnerable pop. enrolled (by quality and modality)	US Census, QSNY, all regional MDS attendance data	Baseline Y1 – April/Monthly May-Dec
	<i>O3.3:</i> % parents reporting improved relations w/MDS	Parent survey	Quarter 4
	<i>C3.1:</i> Resource allocation to design, launch, maintain websites	PDGB5 budget	Quarter 4
	<i>C3.2:</i> Resource allocation to navigators	PDGB5 budget	Quarter 4
	<i>C3.3:</i> Resource allocation to TA efforts	PDGB5 budget	Quarter 4
Goal 4: Best Practices	<i>P4.1:</i> #/type organizations using PDGB5 best practice resources	Study-designed tracking records	Monthly
	<i>P4.2:</i> # training & transition sessions/forums	Activity records	Monthly
	<i>P4.3:</i> # hits on TA websites	Google Analytics	Monthly after launch
	<i>P4.4:</i> # staff in Aspire registry	Program database	Monthly
	<i>P.4.5.</i> # of EC Mentors	Director Mentoring program records	Quarter 4
	<i>O4.1:</i> % MDS programs using NY Early Learning Standards	Administrator survey	Quarter 4
	<i>O4.2:</i> % available subsidies used	OCFS data	Apr, Sep, Dec
	<i>O4.3:</i> % programs using braided funds	Administrator survey	Quarter 4
	<i>O4.4:</i> % administrators reporting increased collaboration	Administrator survey	Quarter 4
	<i>C4.1:</i> Resource allocation to TA development & dissemination activities (tech, forums, materials, trainings)	PDGB5 budget	Quarter 4
Goal 5: Program Quality	<i>P5.1:</i> # TA activities	Activity records	Quarters 2-4
	<i>P5.2:</i> # providers & administrators trained	Training attendance forms	Quarters 2-4
	<i>P5.3:</i> # transition agreements b/t MDS and school districts	Administrator survey	Quarter 4
	<i>O5.1:</i> # Sites enrolled in QSNY (by region, include rural “deserts”)	QSNY database	Monthly

Goal	Measure	Data Source	Time Frame
	<i>O5.2: % sites w/ active ratings of 3+ stars</i>	QSNY database	Monthly
	<i>O5.3: % MDS staff w/ BA or higher</i>	SED, OCFS, Head Start	April & Sept
	<i>O5.4: # admin. w/ leadership training</i>	Training attendance	Monthly
	<i>O5.5: % programs tracking dev. screening by pediatricians</i>	Administrator survey	Quarter 4
	<i>C5.1: Resource allocation to tax credit for programs serving vulnerable pops.</i>	PDGB5 budget	Quarter 4
	<i>C5.2: Resource allocation to PD initiatives</i>	PDGB5 budget	Quarter 4

Methodology

The following section provides a general framework for evaluation methods. Protocols will be further developed based on findings of the NA and subsequent priorities of the SP. Additional refinement of evaluation activities will rely on TA provided by funding agencies. Evaluators will comply with all reporting requirements before finalizing any aspect of the data protocols.

Data Collection and Sources: Data collection will include two components; examination of existing data infrastructure, and identification of new data sources to address information gaps. As mentioned in the NA section, an initial review of the early childhood data landscape has already been conducted by ECAC’s Data Workgroup. This interagency workgroup identified 11 separate data systems that contain information on children, programs, staff, and/or administrators in MDS. To support tracking of PDGB5 measures, evaluators will work collaboratively to assess the feasibility of creating unique identifiers for children, families, educators, and program sites. Agencies that currently possess data potentially relevant to the PDGB5 initiative include, but are not limited to: OCFS (child care time and attendance and facility tracking); DOH (EI information system); SED (BEDS, P-20 Longitudinal Data System, TEACH); NYC DOE; NYC DOHMH Child Care Tracking System; NYC ACS Automated Child Care Information System, and PDI (Aspire, QSNY).

Building on work completed during the NA, evaluators will meet monthly with a multi-agency Data Team to track progress towards integration and discuss priority areas for improvement. Existing data sources are expected to be sufficient to generally address outcome measures related to enrollment, equity, program quality, and funding. A priority of the evaluation during Year 1 will be to improve data quality through improved cross- agency communication.

Primary data collection will include focus groups, surveys (administrator and parent), use of Google Analytics, and study-designed tracking measures to assess process outcomes related to resource usage. Evaluation researchers have extensive experience in designing both qualitative and quantitative instruments, and will apply best practices to the development of focus group protocols, two surveys, and all process measure tracking instruments. Protocols will be further informed by the PDGB5 NA and will generate data to address outputs and outcomes. Administrator surveys will probe perceptions of collaboration and cohesiveness among MDS agencies, use of state Early Learning Standards, transition policies, funding approaches, and linkages to health and behavioral health care. Parent surveys will focus on perceptions of involvement and ability to access programs and services. Surveys will be sent electronically to a weighted sample of parents and administrators.

Cost measures will be tracked. Budget items supporting each activity will be totaled, and cost will be compared with related outcomes. Through this process, evaluators will be able to specify in effect what was “bought” through various spending streams and line items.

Analysis: Initial analysis of integrated existing data sources will focus on further defining the target population for the NY PDGB5. Vulnerable populations are defined in the NA and logic model. To gain a better understanding of high-need areas, evaluators will merge demographic, economic, housing, and education data to estimate “vulnerability quotients” for each county in the

state. Relationships among vulnerability and various MDS access, quality, and funding measures will be explored. Using a multi-level, predictive statistical model, evaluators will identify, refine, and finalize populations and geographic areas that will benefit most from improved services.

Baseline data will be established during the Winter of 2019, and change will be tracked and reported monthly following program implementation. Specifically, data from QSNY will be analyzed to track outcome measures *O5.1 – O5.3*. Measure *O5.3* focuses on equity and identifying population and program factors that predict overall quality. Regression models will be built that use variables such as population demographics, estimates of vulnerability, and program factors such as size and modality to predict quality. Differences in quality will be tracked across levels of vulnerability, as defined by the percent of programs with active ratings of 3 or more stars.

Survey responses will be collected electronically using an online survey platform such as Qualtrics. Longer-term outcomes such as the percent of children in NY entering kindergarten ready to learn, will be measured each Fall. An SED committee has begun work to create a Kindergarten Entry Inventory that all districts would be expected to use. A statewide survey has been completed to ascertain the various ways districts currently assess students at the end of Pre-K or beginning of kindergarten.

Continuous Quality Improvement

The goal of all evaluation activities is to provide relevant and timely data to program staff and administrators responsible for implementing activities, so that all aspects of the NY PDGB5 are under continuous review. Discussions of data will involve not only progress monitoring, but also a process review to help identify factors that explain the degree of success achieved. Project teams and committees will have representation from all stakeholder groups, including families the MDS serves. Data sharing will include monthly updates to PDGB5 staff, quarterly updates to the ECAC

Steering Committee, and quarterly data briefs that report progress for each measure. Other data presentations will be conducted as requested by stakeholders and as dictated by the relevance and urgency of findings. A comprehensive annual data report will be generated at the end of the year.

CHSR has extensive experience in presenting data to diverse stakeholder groups using formats that are non-technical and directly applicable to program activities. Data meetings will be structured following a results-based facilitation model, so that roles and expected outcomes are clear. Following a review of data, areas in need of improvement will be identified and targeted for rapid-cycle continuous quality improvement test of change.

Evaluation Responsibilities

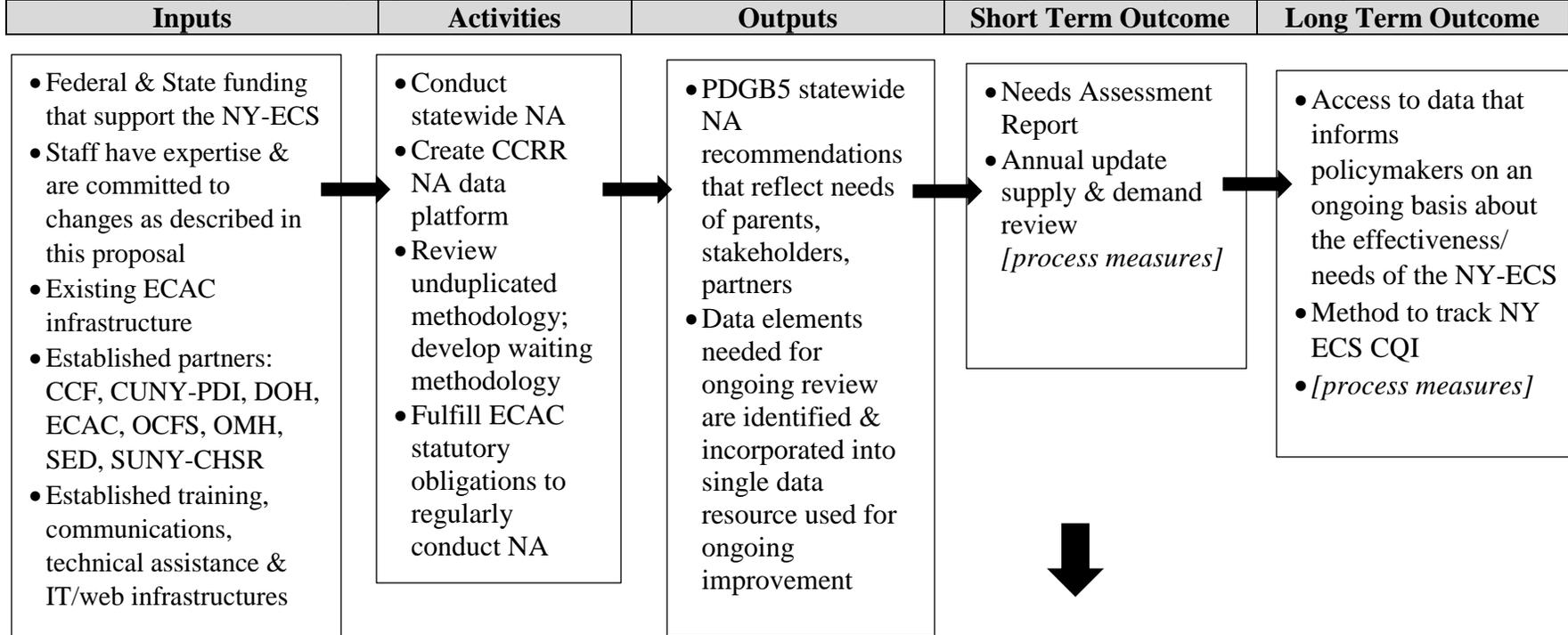
Data protocols will be designed and managed by CHSR. CHSR researchers will work collaboratively with representatives from all stakeholder agencies to develop data sharing agreements and procedures, convene a stakeholder Data Team, design focus group and survey protocols, manage data collection and integration, perform analyses, and assist with written and oral data presentations. The timeline for the evaluation is included in the larger project timeline in **Table 5** (p. 40 of this proposal).

New York State PDGB5 Logic Model: Four Year View

Vision	
Every child & family in NY is supported by a mixed delivery system that is informed by parent voice & provides access to high quality, equitable & comprehensive early care & learning environments & services essential for successful development & lifelong success.	
Needs to Be Addressed	Target Population
Poorly aligned, fragmented mixed delivery system (MDS); lack of parental knowledge, voice & choice; inefficient use of resources including inability to braid funding streams to seamlessly provide high quality care & services	Vulnerable/underserved children who (1) are members of minority/ethnic groups; (2) live in low-income households; (3) are homeless; (4) receive early intervention or special education services; (5) live in rural communities; (6) live in multi-lingual households; (7) are immigrants.

Goal 1: The NY-ECS is informed by the needs of its families, stakeholders & partners

Objective 1.1 Improve ability of policymakers to review & modify, as needed, the quality, availability & accessibility of the NY-ECS



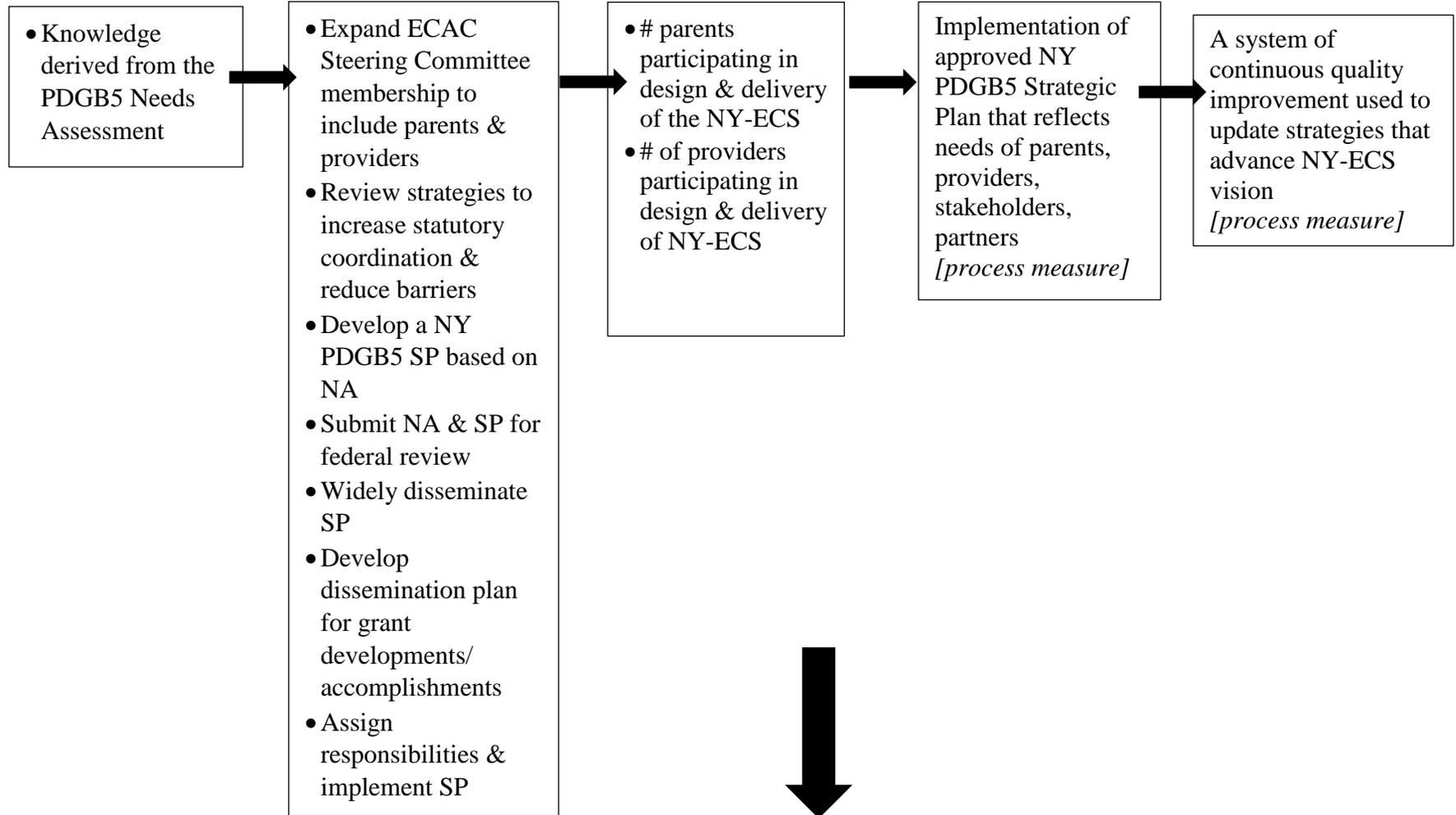
Goal 2: Work of the Steering Committee is guided by a strategic plan based on NY needs

Objectives

2.1 Increase parent & provider input into the design and delivery of the NY-ECS

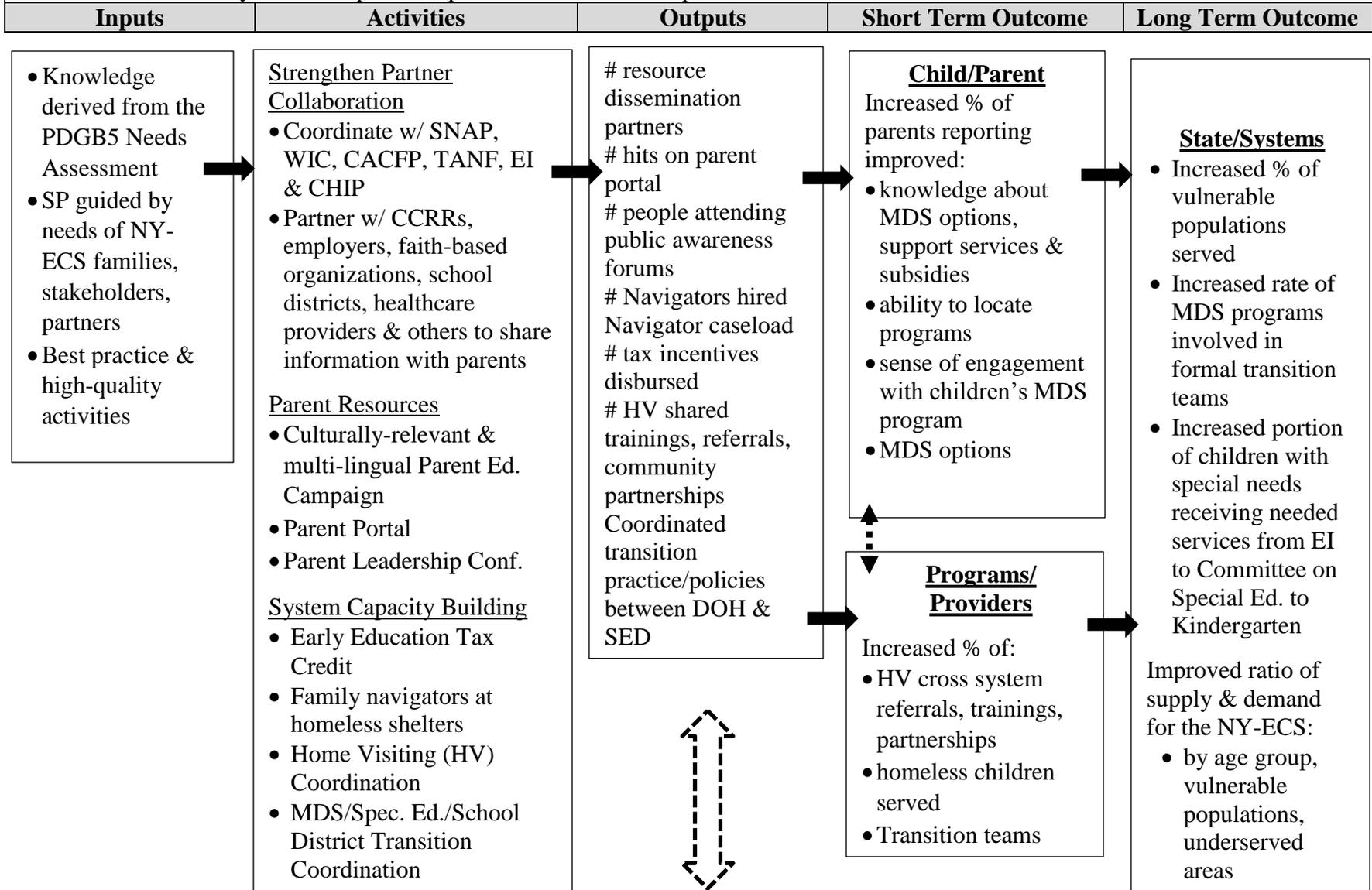
2.2 Develop a strategic plan that addresses needs of stakeholders, incorporates best practices & is revised on a regular basis

Inputs	Activities	Outputs	Short Term Outcome	Long Term Outcome
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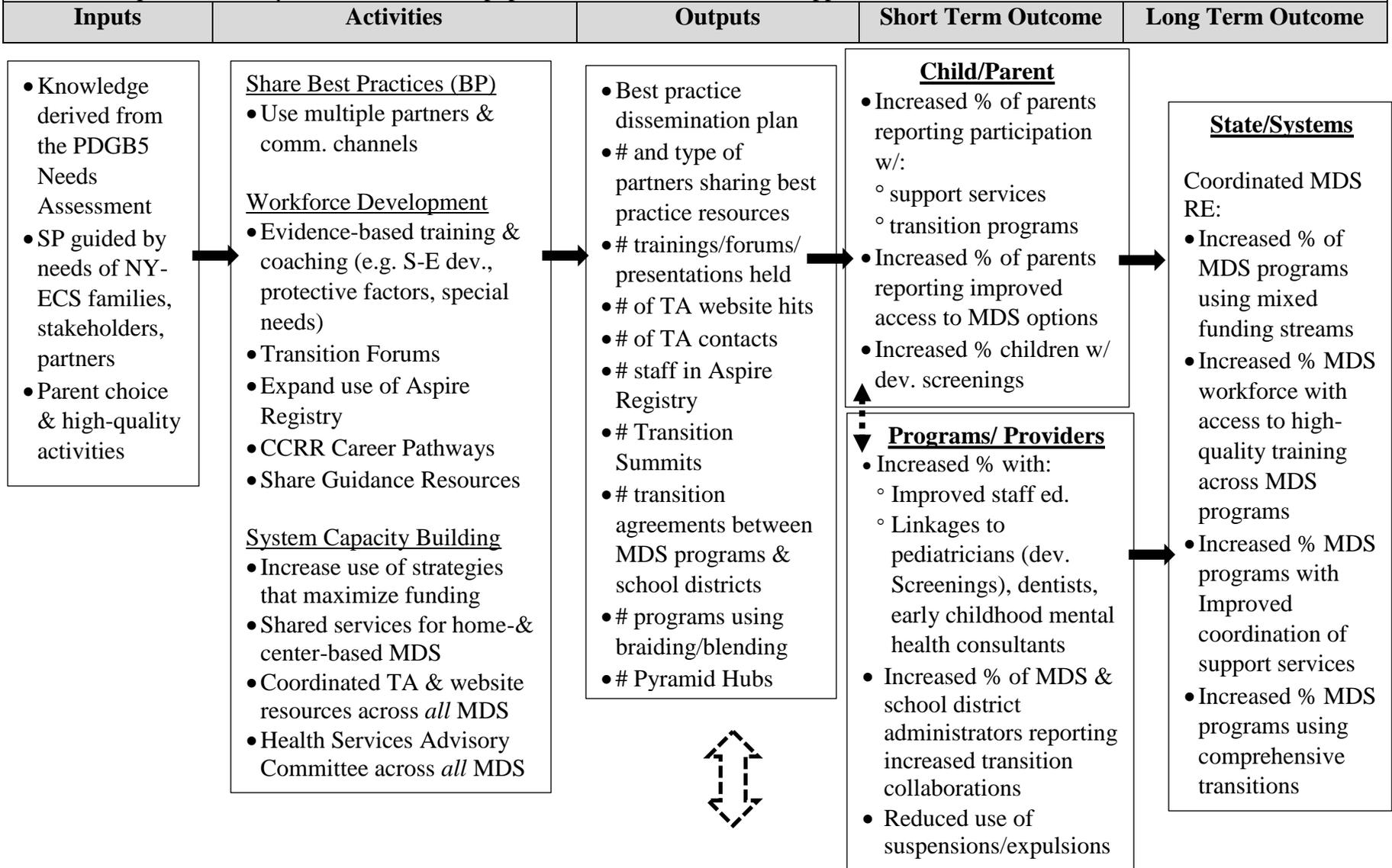
Goal 3: All Families have knowledge & choice in a high-quality NY-ECS

- 3.1 Increase parent knowledge about MDS options
 3.2 Increase availability of MDS options & parent access to MDS options



Goal 4: Best practices are known & drive actions of individuals serving children & families within the NY-ECS

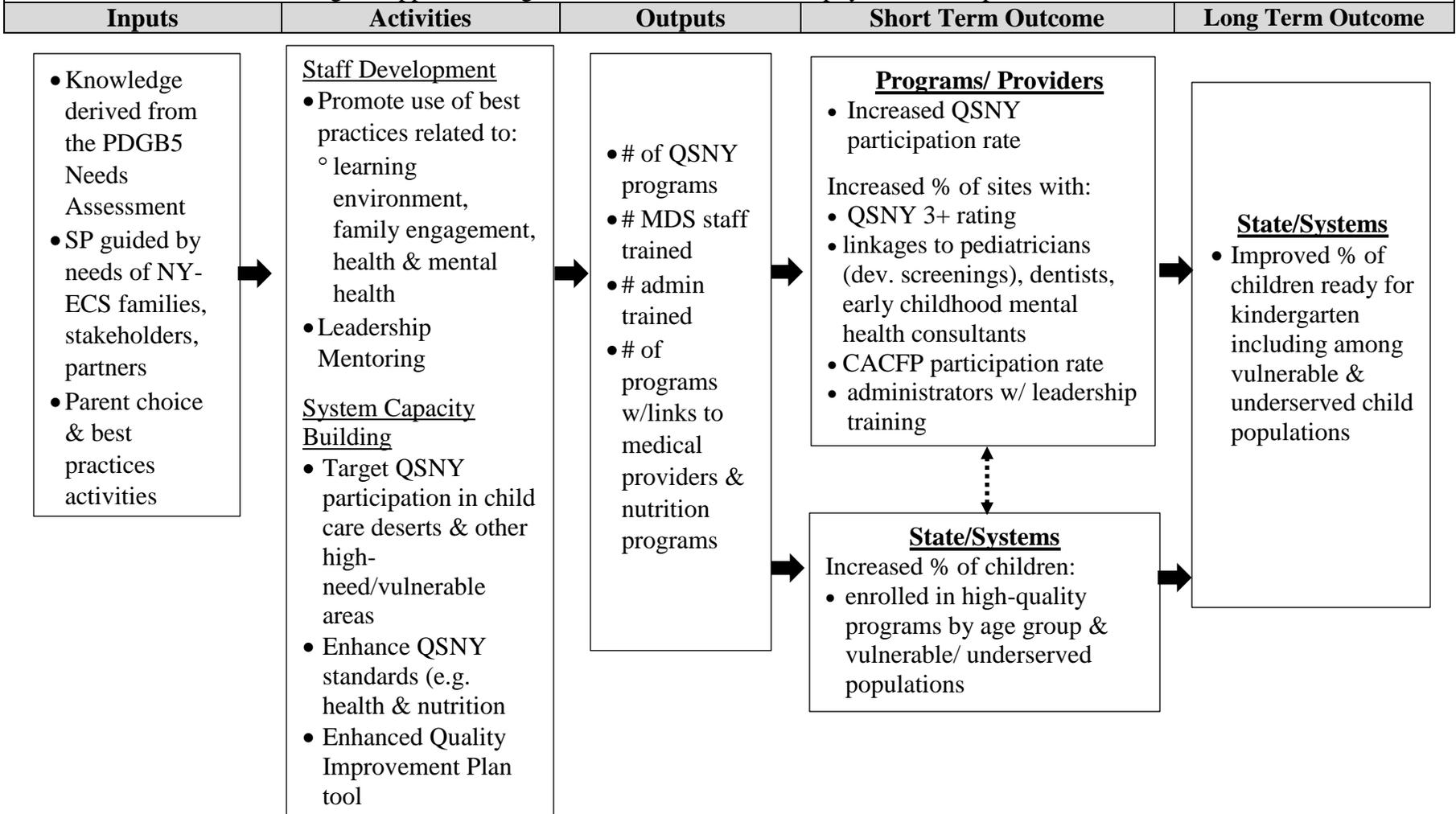
- 4.1 Increase access to best practice information with emphasis on practices pertaining to vulnerable populations & 2-gen approaches
- 4.2 Increase coordination of TA Centers across NY
- 4.3 Increase provider ability to serve vulnerable populations & ensure access to support services



Goal 5: High quality early care & education is available & accessible across the NY-ECS

5.1 Increase provider adoption of QSNY

5.2 Increase staff TA & training to support the cognitive, social emotional and physical development of children



SUSTAINABILITY PLAN

New York is unique in that it has, as a part of state government and the advocacy community, established infrastructures for addressing cross-system issues. As discussed at greater length in other sections of this application, CCF was established in 1977 to coordinate cross-system issues to improve outcomes for children and families. The broad view of health, education, and human service issues that CCF embodies is the reason that the ECAC is housed under CCF, as well as the NYS Head Start Collaboration Office and the federal ECCS Impact grant. Further, CCF's commitment to promoting parenting education is the reason that CCF co-chairs the NYS Parenting Education Partnership. The collective commitment to maintaining a strong partnership to build a MDS with a comprehensive system of supports and services will allow this collaborative effort to continue after grant funds are expended.

In addition, CCF and ECAC will use the federal funding provided to strategically ensure that the momentum from the parent knowledge and choice activities, best practices and quality improvements developed during this grant period are sustained after funding ends. For this reason, significant resources are being focused on identifying strategies to braid/blend early childhood funding streams, connect MDS programs to needed supports and resources like staff coaching, early childhood mental health consultation, and to further engage parents.

Notably, NY has successfully continued other initiatives after initial funding ended. After ARRA funding ended, ECAC work continued, despite a lack of financial support. The current PDG grant sunsets on December 31, 2019 and NY is committed to maintaining all 2,463 full day PreK seats that were created with the federal funding. With PDGB5 funding, a sustainable infrastructure will be developed that will benefit the mixed delivery system and will support services after funding is no longer available. Highlights of these lasting changes include:

- Periodic updates of the state’s new comprehensive NA to inform practices and ensure the availability of high-quality MDS programs and services.
- Expanded participation in NY’s early learning workforce registry (Aspire) with a fee for service model.
- New financing strategies, including braiding public and private funding, to support NY’s MDS.
- A workplan to create a statewide integrated early child data system to enable better tracking of child outcomes and to inform policy decisions.
- An increased number of certified trained trainers on the Core Body of Knowledge and Protective Factors to strengthen families and enhance child wellbeing.
- The alignment of early childhood technical assistance efforts and sharing of best practices to improve the coordination and quality of the state’s MDS.
- Continued support for Parent Leadership groups.
- Ongoing support for Pyramid Model implementation.
- The continuation of local kindergarten transition forums and teams.
- Expansion of QUALITYstarsNY, so that NY has a common system for improving early care and education program quality and continuing support for newly enrolled sites.

In addition, New York State will invest significant resources in a communication plan designed to build awareness and support for early childhood. In sum, the New York State Council on Children and Families is confident that, with the strategic use of PDGB5 funding, New York will address long-standing structural barriers to ensure that there will be access to high quality, equitable, comprehensive opportunities essential for lifelong success for all the state’s children.

Finally, PDGB5 staff will disseminate reports, products, and outputs to key target audiences and stakeholders to keep the state informed about the developments made in the systems building

progress connected to this grant. The objective of the dissemination is to equip stakeholders with new information to further inform the field and especially help share best practices and changes to the NY-ECS. The allocation of PDGB5 staff time will be sufficient to properly inform all the stakeholders. As CCF and ECAC regularly convene, PDGB5 updates will be incorporated into these meeting agendas, and PDGB5 updates will also be shared on the ECAC website. In addition, PDGB5 staff will work with the evaluation team to develop indicators that assess whether target audiences are receiving information and using it as intended.