

PROJECT SUMMARY/ABSTRACT

Hawaii's PDG B-5: Our Keiki, Our Ohana, Our Future

Hawaii Department of Human Services

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Work in Hawaii toward a coordinated, high-quality mixed delivery system (MDS) has been in progress for decades. Strong partnerships and inroads have been made but not necessarily the infrastructure, resources, or technical expertise needed. While there has been much focus on establishing public prekindergarten, other areas must also be built up – governance, equitable access to early childhood programs/services, family engagement, a highly qualified workforce, and high-quality programs and services – to strengthen the MDS, which the Preschool Development Grant Birth through Five (PDG B-5) gives Hawaii the opportunity to do.

Hawaii envisions a strong infrastructure for a coordinated MDS that addresses equitable access to, and transitions between, high-quality programs and services for all children birth through five statewide, to support their health, safety, and readiness for lifelong learning. While Hawaii is working to address the needs of all children and families, special attention will be paid to vulnerable children per the U.S. Department of Education's (ED) ESSA definition.

Hawaii strives to achieve this vision through the grant by:

- Conducting a statewide needs assessment that includes a systems assessment of State agency leadership, programs and providers, and families, to better understand how the system is working and how it can be improved; a resource map to inform more efficient and effective use of existing resources; and a facilities study to address disparities in the availability of and access to early childhood programs;
- Developing a strategic plan informed by the new and previous needs assessments to improve the utilization, timeliness, efficiency, and effectiveness of services and strengthen governance for the MDS;
- Engaging families in improvement of the MDS to better meet their needs by creating a family engagement model, developing a transition toolkit for families and providers, and designing training for providers to help families by connecting them with such resources;
- Developing a community of practice framework to support professional learning for providers through the sharing of best practices; and
- Convening a State Early Childhood Summit to share the strategic plan and best practices to promote the envisioned high-quality MDS.

The Department of Human Services (DHS) is applying for \$965,530 through PDG B-5. DHS will oversee the grant and serve as fiscal agent – as the agency that receives the largest percentage of the State budget and is administrator for many large federal grants, DHS is well-equipped to oversee PDG B-5 administration. Grant operations will be managed by the Executive Office on Early Learning (EOEL) as the State entity tasked with development of the State's early childhood system in collaboration with the wide range of stakeholders in both the public and private sectors, and guided by the State Advisory Council.

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HAWAII'S BIRTH-5 MDS DESCRIPTION & VISION STATEMENT

Hawaii's unique cultural and community values emphasize the importance of taking care of the children (keiki) and family (ohana), which often cross generations and traditional family lines. (In Hawaii, family members in general are recognized as a child's "parents.") Hawaii's early childhood community has long been advocating for early and generous investments of resources to improve children's health, safety, and readiness for lifelong learning. All children and families across Hawaii's islands and its rural and remote locations – and especially those experiencing trauma from poverty, family crises, lack of housing, health and safety issues, and recent natural disasters, who research shows stand to make the greatest gains from high-quality supports – need immediate increased access to early childhood resources, including early learning programs and coordinated health care and social support services.

Finding early care and education programs, let alone those that are of high quality, is problematic particularly for families that are low-income and live in rural areas due to availability and affordability. For example, some islands have no infant-toddler centers. Where there is availability, programs may be too expensive. In this state that has one of the highest costs of living, close to half of Hawaii households with children fail to meet basic self-sufficiency standards as described in the Needs Assessment section. All children with disabilities qualify for federally funded early intervention programs and preschool education, but beyond this, families are largely on their own to find out who provides the services they are looking for, where services are located, what services cost, and what assurances they have that their children will be provided a safe learning environment.

Though publicly funded child care subsidies and private or foundation-funded scholarships may help eligible families, these often do not offset the full cost of care, making costs prohibitive especially for low-income or otherwise vulnerable families. A constitutional

amendment proposed in 2014 would have allowed the use of State funds for private early childhood education programs to address this critical issue, but the amendment did not pass. In recent years, the State has increased access to early care and education through the establishment of public, no-cost pre-K classrooms for four-year-olds statewide through the Executive Office on Early Learning, State Public Charter School Commission, and Hawaii Department of Education (DOE)-administered pre-K classrooms. However, expansion is dependent upon State general funds, including the availability of appropriate facilities and qualified teachers.

Hawaii's MDS is a patchwork of public and private programs/services for young children administered by multiple State and County agencies and private providers with various funding resources and limited integration in support of shared goals or outcomes.

DHS, DOE, and the Department of Health (DOH) house a range of early childhood programs and services with various Federal and State mandates, as listed in Figure 1. Because responsibility for often the same populations of children falls under different departments with different funding streams and the associated criteria, it has been difficult to coordinate the various programs and services that serve them – governance is needed.

Hawaii's direct service programs prior to kindergarten can also be grouped by the age of the children served – infants, toddlers, and preschoolers. They can also be grouped by formal and informal settings:

- Child care programs that are regulated by DHS are the primary vendors of services for young children. They include private center-based care including Head Start/Early Head Start, and family child care homes and group child care homes that serve children birth to age five. They serve approximately 27,000 children, compared to the 880 four-year-olds served in general education public pre-K classrooms and 1,528

IDEA-eligible three- and four-year-olds served in special education preschool classrooms on Hawaii Department of Education (DOE) campuses.

- Family-child interaction learning programs (FCILs), which grew out of the Native Hawaiian community's desire to provide responsive early learning experiences to young children with their caregivers, are operated by community-based nonprofit entities, where children, accompanied by an adult family member, attend sessions 2 to 3 hours a day, several days a week.
- In home visiting programs, home visitors work with adults and children in the child's home to enhance health and school readiness outcomes for children, as well as improve parenting skills and parent-child interactions.
- A substantial number of care providers in Hawaii are those providing informal care often by a relative or neighbor. With the new Child Care Development Block Grant (CCDBG) requirements, these providers are now required to have a monitoring visit at least once a year and must meet health and safety training requirements if they enroll children whose families receive child care subsidies from DHS.

Though the diversity of programs/settings allows families to choose from a range of options that are responsive to their cultural backgrounds, family circumstances, or particular preferences, this further compartmentalization of care and education makes for inevitable siloes and lack of coordination and alignment – and creates confusion for families about how to navigate the MDS and make appropriate choices to best support their children.

Figure 1. Early Childhood Programs and Services in State Departments/Agencies

Executive Office on Early Learning	Department of Health	Department of Human Services	Department of Education	Hawaii State Public Charter School
-EOEL Public Pre-K Program (State \$) -Pre-Plus Child Development Services Program (licensed by DHS; no \$)	-Your Ohana (Hawaii Home Visiting Network) (Federal \$) -Early Intervention Section (IDEA Part C) (Federal \$) -WIC (Federal \$) -Children and Youth with Special Health Needs Program (Federal \$) -Title V (Federal \$)	-Child Care Program, incl. CC subsidies, licensing, and quality initiatives (Federal/State \$) -Child Welfare (Federal \$) -Med-QUEST (Hawaii’s Medicaid agency) (Federal/State \$) -SNAP (Federal \$) -TANF (Federal \$)	-Preschool Special Education (IDEA Part B) (Federal \$) -Title I-funded Pre-K (Federal \$) -Weighted Student Formula-funded Pre-K (State \$)	-Preschool Development Grant Pre-K Program (licensed by DHS; Federal \$)

An explanation of Hawaii’s MDS would be incomplete without discussing the individuals who make up the workforce. In Hawaii, 4,260 staff work in the B-5 early childhood education field, with about 2,180 in center-based programs and about another 2,080 in home-based settings. This data captures “child care” staff, but does not include license-exempt, FCIL, and home visiting program staff. Workforce challenges are described later in this section and parallel those across the nation.

Other System Strengths & Challenges

Since 2016, EOEL has spearheaded the development of the Hawaii Early Childhood State Plan: 2019-2024 (State Plan) for Hawaii’s youngest children as they transition into elementary school. EOEL collaborated with a Steering Committee of public and private stakeholders – members of which are described in Figure 2 – and engaged more than 150 others statewide to develop the State Plan. The State Plan describes a high-level framework for collective action by State and community partners that reflects Hawaii’s desire to enhance cross-sector collaboration and coordination. Hawaii’s intent is to use PDG B-5 to help operationalize the State Plan to achieve this goal.

The State Plan acknowledges the strengths and recent successes of Hawaii's MDS:

1. EOEL was established in 2012, with the Early Learning Board (ELB) as its governing board in 2017, to create for Hawaii a cohesive, comprehensive, and sustainable system that provides equitable access to high-quality experiences for children, offers opportunities for family and community engagement, and is sensitive to family choice and cultural diversity.
2. A diversity of programs/settings, explained earlier in this section, offers families choices that are sensitive to their cultural background, family circumstance, or particular preferences.
3. Hawaii has a long history of commitment to helping economically disadvantaged families access child care by providing tuition relief.
4. Hawaii has long been recognized as an early childhood leader due to its early implementation of home visiting through the Healthy Start program and promotion of medical homes.
5. The State Legislature and State partners have become committed to developing public pre-K classrooms for four-year-olds.
6. Hawaii is one of the highest performing states in extending health insurance coverage for children.
7. Through a Memorandum of Agreement (MOA) among DOE, the University of Hawaii, and Department of Labor and Industrial Relations, Hawaii has a statewide longitudinal data system that provides valuable insights into the education-to-workforce pipeline. DOH recently signed the MOA to include data from the Early Intervention Section (EIS), Hawaii's IDEA Part C agency.

On the other hand, the MDS has challenges in addition to those described earlier and as documented in the State Plan, which Hawaii is beginning to address:

1. Governance in early childhood is unclear because early childhood programs and services span multiple agencies, funding streams, and foci. ELB and EOEL have responsibilities for coordinating the State's early childhood system, including policy development. However, State leadership does not necessarily engage in governance at this level because though the State departments are ELB members, they are non-voting members by law and with ELB's recent focus on establishing its roles and responsibilities as a new governing board, opportunities for discussion about the MDS has been limited. Decision-making in early childhood currently continues to occur in vacuums and siloes. The needs assessment will provide information about this governance issue in addition to those explained earlier in this section through stakeholder interviews and focus groups.
2. Access to early childhood programs is inequitable, as explained previously. Efforts are under way to target recruitment of potential providers and expand home visiting or FCILs for isolated areas. The PDG B-5 needs assessment will also gather more information about availability and access to help with planning to address the gaps.
3. Hawaii lacks a data infrastructure that allow the sharing of information to help programs/services improve child outcomes. Formal and informal data-sharing agreements between providers are being created on a limited basis. Hawaii will work toward an unduplicated count of children in programs/services through PDG B-5.
4. Hawaii has critical workforce shortfalls in early care and education, compounded by low salary structures and a lack of targeted, coordinated and ongoing professional development. EOEL has a grant through the National Governors Association (NGA) for

technical assistance to develop a plan to address these needs: Hawaii will identify clearly defined career pathways, recruitment and retention strategies, new policies, and cross-sector partnerships that will lead to a supported, robust, highly qualified, and adequately compensated workforce serving children and families in the full spectrum of early learning settings statewide. Hawaii will also address workforce development by fostering the sharing of best practices and offering technical assistance through PDG B-5.

5. Families are not consistently included and supported across the MDS in communication, decision-making, nor in system and program design that would help them better support their children's development and learning. The PDG B-5 needs assessment and strategic plan will discover how to best promote families' understanding of, and engagement throughout, the MDS.

Hawaii's MDS Vision

Hawaii's vision is that *"Hawaii will have a strong infrastructure for a coordinated mixed delivery system that addresses equitable access to, and transitions between, high-quality programs and services for all children birth through five statewide, to support their health, safety, and readiness for lifelong learning."* Hawaii recognizes that too many children who can benefit the most from high-quality health, safety, and early care and education services lack access to them. To provide a better future for all of Hawaii's children and families, Hawaii must work toward equitable access to high-quality programs and services for all children, including the most vulnerable.

One of the foundational elements to supporting the well-being of children and families, as identified by stakeholders through the State Plan process, is coordination of the MDS to ensure the state is ready to meet the needs of children and families. A direct outcome of this

coordination is that children and families can access the supports they need because a coordinated, collaborative system of public and private early childhood partners is working to ensure services are aligned and accessible, and that data is available to inform program quality, guide policy decisions, and results in smooth transitions for children.

Hawaii's vision will help:

- Increase quality of programs and services by focusing on the whole child using high-quality practices to address the health, safety, and school readiness of each child.
- Increase coordination of programs and services through collaboration between public and private partners to achieve health, safety, and readiness outcomes.
- Increase alignment of programs and services through the sharing of best practices among partners in the MDS to promote quality and continuity across settings which will then support successful transitions.
- Increase efficiency of programs and services through the strengthening of the current infrastructure to create a system where leaders communicate, collaborate and coordinate efforts which will lead to good outcomes for children and families and support efficiencies in programs and services.
- Improve transitions from early care and education programs into the elementary grades through a shared understanding of what smooth transitions require and the supports needed for providers, children, and families.

Hawaii's vision will guide the needs assessment, strategic planning, and other grant activities.

Leveraging Key Partners & Stakeholders

Developing a coordinated MDS is an effort no one agency or department can do alone.

To achieve its vision for the MDS, Hawaii will collaborate with public and private partners who

are key to the well-being of young children, including families, direct service providers, and individuals involved in policymaking and provision of resources. The involvement of families especially will lead to the development of a successful and responsive system as they are ultimately the beneficiaries of the MDS and should play a primary role in shaping the system and advocating for the services that will best meet their needs.

As stated earlier, many stakeholders including those noted in Figure 2 helped develop the State Plan. The cross-agency, cross-sector State Plan Steering Committee (Steering Committee) convened representatives from key State agencies, private sector providers, nonprofit organizations, and other community stakeholders to collaboratively identify and discuss their collective desired outcomes for young children, their families, and the early childhood system as a whole. Together, they created a process that resulted in the development of the State Plan to serve as a mobilizing framework for collective community action.

With the Steering Committee, the State already has a functioning advisory group. The group will be formalized into the State Advisory Council (SAC) as a subcommittee of ELB and will be charged with more systems-building work, propelling the State Plan forward by advising DHS and EOEL on PDG B-5 activities. It will work with the EOEL Project Director to prioritize planning and implementation, monitor activities to ensure appropriate and timely progress toward project outcomes and propose solutions to challenges that may arise. The SAC will meet frequently in the beginning of the grant cycle and taper to monthly meetings once the strategic plan is completed.

Steering Committee members have committed to serving on the SAC, lending continuity and focus between the State Plan and PDG B-5 efforts. Adding key partners such as the parent representative on ELB will help ensure families' and other necessary voices are included.

It is expected that all SAC members will continue to report to their respective constituent groups so the larger community is kept informed and there is a feedback loop to help coordinate efforts. SAC members will also communicate with various other stakeholder groups with whom they may already be meeting, such as the Community Children’s Councils, DHS Child Care Advisory Committee, and Head Start Association of Hawaii.

Figure 2. State Advisory Council for PDG B-5

Representation	Agency	Position
State Departments/ Agencies	DOE	Deputy Superintendent
	DOH	Early Childhood Coordinator for Children with Special Health Needs
	DHS	Child Care Program Administrator
	DHS	CWS Program Specialist
	EOEL (convener)	Director, Policy Analyst, Head Start State Collaboration Office Director
	University of Hawaii	Director of Graduate ECE Programs
	Hawaii P-20 Partnerships for Education	P-3 Project Manager
Advocacy	Hawaii Children’s Action Network	Executive Director
Community action	Early Childhood Action Strategy	Action Strategy Coordinator
Native Hawaiian community	Aha Punana Leo	Director of Strategic Partnerships
Philanthropy	Kamehameha Schools	Manager of Strategy Implementation
Center-based programs	KCAA Preschools of Hawaii	President
Family-child interaction learning programs	Partnerships in Development Foundation	Program Manager
Head Start/Early Head Start	Head Start Association of Hawaii	President
Potential Stakeholders to Invite (not currently on the State Plan Steering Committee)		
State Departments/ Agencies	DOE	Monitoring and Compliance Office Director
		CACFP Program Specialist
	DOH	EIS Supervisor/Part C Coordinator
		WIC Branch Chief
	DHS	Med-QUEST Office Staff Commission on Fatherhood Staff
Business	Chamber of Commerce Hawaii	Education-related Staff
Families	Family Hui	Executive Director
Pediatricians	Hawaii Chapter of the American Academy of Pediatrics	Executive Director

The SAC will report monthly at ELB meetings as appropriate. It will also share information and updates through various venues that families may access, including organizational websites and at the State Early Childhood Summit described in the Improving Overall Quality section.

In addition to SAC members, other agencies and key individuals will be involved in project activities as described in the rest of the narrative. Some individuals will also be involved in activities beyond their membership on the SAC.

Expected Outcomes

The expected outcomes are described in the Logic Model section.

ACTIVITY 1: B-5 STATEWIDE NEEDS ASSESSMENT PLAN

Hawaii’s needs assessment will look at the birth-through-five populations, including its special needs, homeless, low-income, foster care children, and English language learners, in alignment with the DOE’s at risk populations under ESSA. \$500,000 is budgeted for this work. State agency contractors will be hired to assist with the activities. Hawaii anticipates the needs assessment will be completed in five months.

Hawaii’s Current Definitions of Key Terms

For the purposes of the grant, Hawaii will use the following definitions.

Figure 3. Hawaii’s Current Definitions

Key Term	Definition
Availability	Refers to whether quality early care and education is accessible and available to families at a reasonable cost and using reasonable effort to access these programs
Quality early care	A setting, resource, or service that promotes the health, physical, social, emotional, and intellectual development of young children and families
Quality early childhood education	Based on the National Association for the Education of Young Children (NAEYC) definition that addresses quality in early childhood education programs

Rural children	Children who live in geographic locations across the state that have less than 50,000 population size per the federal government definition of rural – would include the islands of Maui, Molokai, Lanai, Kauai, and Hawaii Island, and the Oahu communities of Nanakuli-Waianae, North Shore, and Waimanalo
Vulnerable children	Children who qualify as an at-risk population based on DOE definitions for these populations (based on ED’s ESSA definitions) and includes: individuals who qualify to be served under Part C and B of the Individuals with Disabilities Education Act; English language learners; homeless; foster care; and economically disadvantaged

Hawaii’s Vulnerable Children

Hawaii has almost 91,000 children under the age of five. It is an ethnically and racially diverse state: 45% of young children are multi-racial, 26% are Native Hawaiian/part Hawaiian, 20% Asian, and 18% White. Children of Native Hawaiian, Pacific Islander, and Filipino heritage are most likely to suffer from social disparities. Almost one-third of young children (30%) live at or below 200% of the federal poverty level (FPL). According to the Asset Limited, Income Constrained, Employed (ALICE) threshold which takes cost of living into account, almost half (48.5%) of Hawaii households with children are failing to meet standards of basic self-sufficiency. The ALICE threshold for a family of four in Hawaii is \$72,000, more than 2.5 times higher than FPL. Financial strains imposed by a high cost of living are amplified when all available parents are pushed into the workforce, leaving 64% of the State’s young children in need of out-of-home care. DHS reports that in FY2015, across the State’s four counties, 1,446 or 16.4% of those served in a homeless shelter program were between the ages of birth to 5.

It is important to understand the population of children entering kindergarten to understand how the MDS can impact them in their earlier years. DOE demographic and risk factor information on kindergarten students in school year 2017-2018 showed 14,316 active students in October 2017. Of these students, the number of young children in other at-risk categories can be estimated from DOE records of kindergarten students. Last year, 9,842 (70%) had at least one social, developmental, or economic risk factor with 1,030 (10.5%) of those

classified as “active special needs,” 1,628 (11.4%) English language learners, 202 (1.4%) homeless, and 6,982 (48.7%) economically disadvantaged. 1,700 (17.3%) had more than one risk factor.

Existing Needs Assessments - Findings

In 2017, the University of Hawaii Center on the Family and Hawaii Children’s Action Network conducted a Hawaii Early Learning Needs Assessment (ELNA). The ELNA was an assessment of the accessibility and availability of seats in early learning programs. It included population data, provider surveys, and Geographic Information System mapping of the availability of child care and early learning programs, defined as the ratio of children in the population to the number of seats.

The ELNA found the following: 1) an overall shortage of early childhood seats (1:4 ratio of seats to children), with an especially critical shortage in infant-toddler care (1:37 ratio of infant-toddler center seats per child; 2) the islands of Molokai, Lanai, and Kauai do not have any infant-toddler centers; 3) child care is a major family expense; 3) high-quality data are very limited, but show areas of strength in terms of accreditation status, developmental screening practices, culturally-responsive approaches to childcare; 4) a network of FCILs offers early learning experiences to children and their families; and 4) the early childhood workforce is subject to multiple challenges, including non-living wage rates, staff turnover, stressful work conditions, and cumbersome requirements of managing the business aspects of their child care and education programs.

In 2012, a study conducted by The Finance Project of Hawaii’s early care and education fiscal landscape asked the following research questions: 1) Is funding adequate to support Hawaii’s goals for early care and education?; 2) Is Hawaii maximizing available resources?; 3)

Is Hawaii effectively coordinating resources?; and 4) How is Hawaii using flexible funding resources? The study found there were high co-payments for subsidized childcare, limited ability of the State to fund and implement a quality improvement rating system, limited healthcare coverage for pregnant women, and a significant decline in access to home visiting.

In 2014, DHS contracted Family Hui to engage families and providers around six broad focal areas in early care and education and to document, analyze, and summarize its findings. The results appear in an unpublished report that represents a comprehensive investigation of families' and providers' needs. Families desired improved prenatal care, financial assistance for child care during times of medical need, more and better breastfeeding supports, and easier access to culturally appropriate state services and affordable child care. Providers desired greater family engagement, greater access to state resources including wage and benefit supports for the early childhood workforce, improved professional development opportunities, prenatal services and other assistance for teen mothers, publicly funded after-school programs for children with special needs, and open lines of communication with leaders in Hawaii's early childhood field. The study underscores the value of family input as Hawaii designs its needs assessment and strategic plan.

Although these studies illuminate much about the early childhood field, much is still unknown. First, much has changed since The Finance Project's (2012) analysis of fiscal resources. Notably, EOEL was established in 2012 to coordinate and support the State's system of early care and education and to launch and administer its public pre-K program. As the economic and political environment has changed, so too has the need for an updated analysis of fiscal resources in the field. Second, as Hawaii and EOEL attempt to better integrate and coordinate the early childhood system, gaps in knowledge about governance and coordinated

leadership have become apparent. The State lacks a thorough and systematic analysis of opportunities and obstacles to improving coordination, data sharing, and governance across the early childhood system. Third, the State's interest in improving collaboration and coordination draws attention to the inadequacy of prior needs assessments to address issues of program alignment and transitions. The PDG B-5 needs assessment can help address these gaps.

Hawaii's Plan to Fill Gaps in Data and Research

Three different needs assessments will be conducted under PDG B-5:

Systems assessment: This will involve studying three groups to better understand how the system is working and where it is lacking (e.g., service gaps and needs, governance issues).

- State agencies at the leadership level. Conduct key informant interviews that facilitate self-assessments regarding programs and services being offered and their utilization, timeliness, efficiencies, and effectiveness.
- Providers. Conduct key informant interviews, focus groups, and/or surveys that:
 - Facilitate self-assessments regarding programs and services being offered to better understand utilization, timeliness, efficiencies, and effectiveness; and
 - Assess current barriers and supports needed to promote quality services, including professional development, compensation, and family engagement.
- Families. Conduct surveys and focus groups with consumers and non-consumers of early childhood resources to help discover information regarding:
 - Their knowledge about, and access to, services and how they learned about such services;
 - Their transition experiences and what would better support them and their children with transition points (e.g., from one service to another, from an early

learning setting to kindergarten), to understand whether families' experiences are facilitated with any continuity and alignment;

- Information they want about how to support their children's development and school readiness; and
- How to incentivize families to be more engaged in decision-making that affects their children.

Resource map: The needs assessment will include an updated resource map of public and private funds currently being allocated to support early care and education.

Facilities study: An evaluation of facilities and cost analysis should be conducted to understand the resources required to address disparities in the availability of and access to early childhood programs. Hawaii will do a needs assessment of the following:

- Facilities at public schools, prioritizing Title I elementary schools that currently do not have pre-K classrooms. More opportunities for children and their families to participate in a public pre-K program on a DOE campus would facilitate smoother transitions from early learning to elementary school. This analysis should also include an evaluation of the impact of public pre-K expansion on private providers.
- Private early care and education facilities, leveraging the ELNA completed in 2017 as explained in the section on existing needs assessments, to assess potential expansion of seats.
- Full start-up costs for a new child care facility that must meet facility, staff, staff-child ratios, initial and ongoing training, and program requirements. It is unclear what the full costs entail even though it is understood that payment rates are comparable to what it costs a center or home to meet the licensing or registration requirements that

have been or will be established by DHS. This activity will be conducted depending upon the capacity to complete it within the time allotted.

Methods and Scope of Needs Assessment

Hawaii will work with the SAC to focus the proposed needs assessment and strategic plan. State agency contractors will be hired to assist with the activities. They will be vetted by the EOEL Project Director and Grant Manager (GM) who will provide oversight to meet proposed deliverables in a timely fashion. The GM will work with the contractor to finalize the scope of services, process, and data needs to accomplish the system assessment, resource map, and facilities study. Information will be both qualitative and quantitative and will be used to inform the strategic plan.

Methodology will include: 1) key informant interviews; 2) family and program staff/administrator focus groups; 3) short surveys as needed to document processes, perceptions, or experiences of families or staff; and 4) document review and gap analysis, including a review of relevant regulations, data sharing agreements, and other program or agency documentation that may impact quality care and provide information on the needs assessments a number of them are mandated by the Federal or State government to do.

Hawaii anticipates the needs assessment will be completed in five months and will produce a gap analysis, as well as recommendations for proposed next steps action planning to provide information to incorporate into the strategic plan and deliverables.

Indicators

Hawaii will develop measurable indicators of progress to align with the State's MDS vision and desired outcomes. As part of the State Plan efforts, indicators were developed to determine whether Hawaii is showing improvements in the system. The SAC may choose to use

these indicators or develop new ones. The State Plan indicators include: percentage of children 9-35 months who receive developmental screening; the rate of child abuse and neglect among children B-5 years of age; ratio of eligible families accessing TANF, WIC, and/or SNAP; number and percentage of preschool slots subsidized by Preschool Open Doors funds; number of students completing certificates or degrees from ECE programs in Hawaii colleges and universities; and total dollars allocated to best practice interventions and innovations. In addition to these indicators, early literacy and numeracy indicators will help assess whether expanded access and transitions have been successful. Hawaii P-20 Partnerships for Education (P-20) has conducted numerous analyses that show that a lack of proficiency in either reading or math in the elementary grades persist into high school, and also contribute to gaps in performance on measures such as on-time graduation from high school and college enrollment.

Establishing an Unduplicated Count of Children Served or Awaiting Service

Currently, the State does not have the ability to longitudinally track cohorts of children as they participate in multiple early childhood programs/services, especially since there are multiple public and private providers serving the same children. Hawaii's early childhood community has identified this as a high-priority need, and it has been the sole focus of the Early Childhood Data Collaborative (ECDC), a coalition of public and private stakeholders working to build an integrated data system, since 2013. The effort to link data across agencies and organizations has encountered obstacles arising from legal concerns about privacy and confidentiality of data. Yet, driven by the need to overcome these barriers to develop a more efficient, effective, and coordinated MDS, ECDC is preparing to pilot a federated model of data sharing. The timing for the planned pilot will coincide with that of the needs assessment, providing the benefit of additional information about minimum data elements necessary for identity matching across

programs, gaps in knowledge about stakeholders' data needs, and the legal and regulatory obstacles confronting stakeholders that impact data sharing.

A State agency will be contracted to produce a proof-of-concept (PoC) to help secure greater legal/administrative and financial support to generate unduplicated counts of children awaiting or receiving services. This will help build a robust early childhood integrated data system that can provide information on how services across departments have overlapped for children prior to public kindergarten entry, and how many children did not receive services due to reported risk status in kindergarten based on DOE's definition of "at-risk."

The PoC will match the DOE kindergarten cohort from school year 2017-2018 to DHS and DOH participant files from the past six years, with the understanding that, once these data have been shared and the analyses completed, the linked data will be destroyed. To better inform the strategic development of a sustainable integrated data system, the contractor will research privacy and confidentiality regulations, identify the minimum data elements necessary for identity matching and reporting of children serviced and children awaiting services, document how data is transferred to DHS from other programs, and establish specifications for reporting the unduplicated counts. DHS will establish and validate the matches between datasets and produce an aggregated, unduplicated count by school year 2019. An additional \$25,000 is budgeted for this work.

ACTIVITY 2: B-5 STATEWIDE STRATEGIC PLAN

Findings and recommendations from the needs assessment will inform a strategic plan that will guide Hawaii to improve the infrastructure needed for its envisioned MDS. The State Plan referenced earlier will provide a framework and guide for the PDG B-5 work. State departments and community strategic plans were reviewed during State Plan development to

identify current priorities being targeted around young children and their families. The intent is to link strategic planning efforts to help move State Plan strategies and priorities forward in alignment with PDG B-5.

Another ongoing planning effort is the Ohana Nui framework spearheaded by DHS. One of the associated efforts is the consolidated administration of federal entitlement programs housed within DHS such as Medicaid, S-CHIP, SNAP, and TANF. DOH manages WIC and other safety net public health programs such as Title V, Maternal Infant Early Childhood Home Visiting (MIECHV), and EIS. Both agencies are jointly working to ensure a seamless system for children and families, avoiding duplication of services and leveraging funding. PDG B-5 will expand Ohana Nui efforts to include the early childhood system.

Hawaii's Early Childhood Strategic Plan will address how to strengthen governance for the MDS, empowering ELB to better carry out its statutory responsibilities as a governing board to provide recommendations to EOEL on improving the availability, utilization, timeliness, efficiency, and effectiveness of early learning programs, and promote collaboration and coordination across providers and stakeholders. Information from the needs assessment on how resources are currently being used and allocated can help identify opportunities to better leverage and coordinate resources within and across State agencies as well as private organizations – including promoting exploration of new funding models – to ensure resources are used efficiently and effectively to maximize opportunities for children. The systems assessment and resource map, in particular, will help ELB since its oversight role to date has not extended to budget or funding decisions, nor to addressing service utilization and efficiencies.

The strategic plan will address the need to incentive families to be more engaged in decision-making that affects them and their children, and provide families with information they

need on how to support their children's development and learning as they make the various transitions enroute to kindergarten entry. This information will help families better navigate the system and thus increase participation in MDS programs/services their children need.

It will also address disparities in the availability of, and access to, early childhood programs using information from the needs assessment, including the facilities study. Currently it is unknown where vacant facilities may exist on DOE campuses and whether existing early care and education providers could increase their capacity to serve more children if support for renovations was provided. Understanding this and planning for expansion through facilities renovations would help increase the number of children served through the MDS.

Overall, Hawaii's Early Childhood Strategic Plan will help Hawaii progress toward greater system efficiency, higher program quality, and improved child outcomes by identifying agreed-upon strategies and activities and key data metrics, and designating responsibilities and timelines that will be monitored annually by the SAC.

Funding & Methodology

Hawaii will hire a contractor to conduct strategic planning based on information from the needs assessments and other key documents. The strategic plan will be completed in four months, including time for review and vetting with ELB. Funding will include services for facilitation, recording, writing, and graphic design to produce a final draft.

Hawaii recognizes that some strategies may need more time and commitment of funds. The SAC will work to prioritize realistic and measurable goals that can begin in year one, but will then need to create a blueprint for future action. Indicators for the strategic plan are the same as those described in the Needs Assessment section. \$150,000 is budgeted for this work.

Meaningful Engagement of Stakeholders – Needs Assessment & Strategic Planning Process

A primary goal of the strategic planning process is to harness the myriad stakeholder priorities and come to consensus on measurable outcomes and strategies in order to create a strategic plan that is meaningful to families and useful to the State and providers, while continuing to build and nurture relationships with stakeholders, especially families, to keep them engaged in systems building.

A process similar to that used in the development of the State Plan will be applied. Hawaii will conduct six focus groups and 10 interviews of stakeholders across the state, and facilitation will guide the SAC to develop drafts that will be vetted with stakeholders and finalized for review and publication.

The stakeholders involved in development of the State Plan will be asked if they are willing to lend continuity to the process by participating in the PDG B-5 needs assessment, strategic planning, or other grant activities. Stakeholders included the State departments, DOH and DHS home visiting networks, Early Intervention Coordinating Council, Hawaii Chapter of the American Academy of Pediatrics, and private foundations. Input was also sought via 18 community meetings across the state.

Stakeholders of the Ohana Nui effort described earlier will also be invited to participate. Schools with large PDG B-5 vulnerable populations will also be targeted to recruit families and providers into focus groups. DOE may also help identify communities they would like to find out more information from, and the SAC and needs assessment contractor will enlist associated stakeholders. Those who actually participate in the PDG B-5 needs assessment and strategic planning process will also be invited to participate in other grant activities, including

participating in future discussions around family engagement and transitions. Family members will be asked if they are interested in family leadership opportunities through different venues.

The SAC will work with the GM and contractor to support the activities of the strategic planning process, and implement strategies to keep stakeholders engaged in systems building, including designing a venue for supporting them with their interests, implementing their suggestions where applicable, and providing them with certificates to document their participation. The SAC will also explore other options specifically to engage and support families in the strategic planning process and beyond, including flexible scheduling of meetings and incentives such as stipends to participate, coverage of transportation costs, and coverage or provision of child care.

When completed, the strategic plan will be able to be used by multiple stakeholders to continue their efforts in their respective focus areas and move forward the collective calls to actions. Policymakers and advocates can use the plan to address prioritized areas of concern and needs for children and families. Programs and providers can use the plan to help with action planning within their own organization.

New or Updated Federal, State, and Local Statutory Requirements

With the new CCDBG requirements for health and safety, transparent consumer and provider education information, family-friendly eligibility policies, and activities to improve the quality of child care, Hawaii will be working closely with the DHS Child Care Program Office to better support these mutually beneficial activities for early childhood.

Office of Special Education and Rehabilitative Services is working to improve early childhood, educational, and employment outcomes for all people with disabilities, their families

and communities, and the nation. Hawaii's IDEA Part C and B agencies are included in the SAC and this enhanced focus on families and disabilities is aligned with PDG B-5 efforts.

At the State level, DOE is reviewing its administrative rules regarding student misconduct and discipline for kindergarten through grade 12. While the MDS focuses on the years prior to kindergarten entry, it also includes special education preschools that are administered by DOE, so rules changes must be considered in the PDG B-5 strategic planning efforts, especially since efforts to prevent bullying can be strengthened by focusing on social-emotional development.

ACTIVITY 3: MAXIMIZING FAMILY CHOICE & KNOWLEDGE

Currently, Hawaii does not have a systematic way to ensure families are provided timely information about MDS resources and services in culturally responsive and linguistically sensitive ways. Each program may be responsible for supporting its families, but there is no systematic way of providing information and receiving feedback from families. Hawaii has experimented with tools such as Text4Baby service for prenatal moms, but this service ends at baby's first birthday. Hawaii has launched the use of a Vroom app that is part of the media campaign funded by the first round of PDG, which sends push messages to parents' phones with tips to improve their interactions with their children, but utilization and effectiveness remains to be seen.

Much of the work around how best to support families, especially in a child's earlier years, will be done through the needs assessment and strategic planning processes. A key portion of the needs assessment will address the needs of families and how they are currently accessing services. Evaluation of the usage of existing resources will assess whether materials are truly addressing families' needs and as new mechanisms of communication are being developed.

In addition to what comes out of the strategic planning, Hawaii's plan to engage families has a four-fold strategy. A first strategy is to support families' access to information through various media (an online service delivery platform, "warm lines," videos, printed material) to enhance their knowledge of available early childhood services and resources. Hawaii will bring together families and programs to review available resources to see if they are useful, timely, and accessible. Hawaii will also engage State leadership of public assistance programs to ensure that handouts developed about the MDS and information for families are distributed at their offices. Health care professionals will be engaged in the distribution of MDS-related materials. All materials developed will be posted on the EOEL website. The State will continue to utilize its warm lines for families currently administered by DOH and DHS.

A second strategy is to plan and design training for program staff to become more knowledgeable about community resources so they can help families find what they need for their children. Relevant activities include: 1) identifying the different resources currently available; 2) developing a training webinar or talking points for those working with families; and 3) disseminating information about training materials to programs.

A third strategy is to update and/or plan for the development of a toolkit to support transition between programs/settings. Activities include: 1) contracting an individual to update or create a transition toolkit that will help families as well as providers, know what must be in place for children, families, and programs/schools for successful transitions to happen; 2) engage families in the creation of these toolkits to ensure it meets their needs; and 3) engage program representatives to solicit effective practices currently being implemented around preparing children and families around transitions. This toolkit will also be housed on the EOEL website for sustainability. \$15,000 has been budgeted for the update or design of the toolkit.

A fourth strategy is to promote opportunities within programs to increase family knowledge about child development and how to support school readiness goals. Hawaii is considering the creation of parent centers at DOE schools where there are vulnerable children. The intent is to create a one-stop shop where families can easily access different programs/services that are co-located at the center. Hawaii already has an innovative model of a resource center, the Community Learning Center at Maili, an education hub that features community organization co-located to provide early care and education services to children and agency resources to families. It has become a gathering place for the community with a wide range of programs/services for the entire family. Hawaii will also look into having peer-to-peer mentoring programs and other family support groups in these locations. Hawaii will work with the DOE Community Engagement Office and families to design a parent center model that works best in different communities. DOE has agreed to commit at least four schools for this purpose.

Families Engaged

Family engagement is discussed throughout the narrative. Barriers to family engagement have previously been identified and will be addressed through PDG B-5: daily family schedule; time away from work or school; cost of child care to attend meetings; lack of transportation. Previously identified strategies to engage families will be confirmed through the needs assessment and will be incorporated into grant activities to the extent possible: financial incentives to address these barriers; strong relationships built among families that keep them coming back; ensuring participants feel validated and are appreciated; and providing opportunities for personal or professional growth. Funding has been included in the budget for family incentives.

Collaboration and Coordination with Wide Range of Programs

When referring to the MDS, the focus often is only on center-based, family child care, FCILs, and home visiting programs/settings. PDG B-5 is an opportunity to include other child-serving agencies and services that support child and family development, health, and wellbeing. Coordination among child care settings and early childhood programs/services will ultimately lead to improved services and reduced duplication for children and families.

Coordination will be accomplished through the convening of the SAC, as SAC members represent these diverse programs and will have numerous opportunities to discuss better cross-sector coordination and leveraging of resources. Hawaii currently has an NGA grant that focuses on cross-sector collaboration for the health and success of young children. This cross-system group is currently engaged in a process to ensure there is collaboration and coordination to best serve children and families. Its work will inform the PDG B-5 needs assessment and strategic planning process.

Collaboration with IDEA Programs: It is anticipated that by increasing the number of children served in early childhood programs, more children may be identified as needing developmental supports from EIS and preschool special education. While this is an opportunity to promote children's optimal development by being referred early for developmental evaluation and follow-up, this may increase caseloads for both these programs if children are found eligible for services. As Part C and B are represented on the SAC, administrators will be able to anticipate and prepare their programs for additional referrals through cross-sector coordination and collaboration efforts. Additional examples of collaboration with IDEA programs include the fact that DOH and DOE currently have an MOA in place to support child-find and transitions between agencies for children with special needs, and Head Start/Early Head Start have MOUs

in place with both EIS and DOE special education to ensure service coordination and transition supports between agencies.

Collaboration with CCDF, ELB, Head Start State Collaboration Office: The CCDF Child Care Administrator, members of the ELB, and the Head Start State Collaboration Office Director all serve on the PDG B-5 State Advisory Council. It is expected that they will be active members to provide critical input and feedback as the needs assessment, strategic planning, and other grant activities are conducted. Because the CCDF Child Care Administrator will jointly be responsible for PDG B-5 with EOEL, it is expected that there will be ongoing communication and collaboration throughout this project year and beyond.

Empower Families and Programs to Facilitate Smooth Transitions: Transitions will be discussed in all PDG B-5 activities. For purposes of Activity 3, families and providers will work collaboratively to ensure transitions for children and families along the continuum of services through kindergarten entry are successful. These transitions include from hospital to home, home to infant/toddler care programs, and infant/toddler programs to preschool, as well as from preschool to kindergarten. While these may be the significant transition points, Hawaii acknowledges that families may not choose or be able to follow this sequence. Having families at the table will better inform the design of such transition activities and processes, including transition protocols that promote how to welcome families into new programs/settings. It will also help identify effective engagement strategies to promote their participation, planning, and decision-making in the new setting. These protocols and information will be developed into a transition toolkit to be posted online on the EOEL website and can also be posted on partner agencies websites.

Family Initiatives Targeting Fathers and Vulnerable Populations: Hawaii will ensure that target populations identified as vulnerable are included in PDG-5 activities either through key informant interviews, focus groups, or family surveys.

- The Commission on Fatherhood will be invited to work with the SAC to maximize family knowledge and choice from a father's perspective.
- Translators will be provided to families who speak home languages other than English to garner interest and attendance at meetings or focus groups. Hawaii's top six languages are Cantonese, Ilocano, Korean, Vietnamese, Chuukese, and Marshallese.
- Hawaii will take advantage of various community fairs where families congregate to gather information and data on the needs of families of young children.
- Hawaii is already working on launching an online service delivery platform that will keep a current listing of programs and services available in every community.
- Hawaii has applied for a grant that focuses on increasing enrollment of children living in homelessness into early care and education settings, which involves incentivizing providers, working with shelter providers to help with enrollment, and working with DHS to make accessing subsidies more family-friendly.

ACTIVITY 4: SHARING BEST PRACTICES AMONG EARLY CARE & EDUCATION PROVIDERS

To help ensure high-quality early care and education and the associated positive outcomes, providers should follow best practices and be able to share such information amongst themselves in an ongoing, targeted way. Such sharing will help reduce duplication of efforts, leverage financial and other resources, increase program quality/collaboration and efficiency of B-5 services, and foster transitions across programs and into early elementary programs.

Partnerships and Opportunities for Collaboration to Build Upon Best Practices

There are a number of opportunities to build upon best practices that have the potential for expansion in future years.

Parent Leadership Training Institute (PLTI): a partnership between Hawaii Children's Action Network and DOH that offers Oahu parents a free training program that provides tools and training to effect change in their communities by becoming strong parent leaders and advocates. Family Hui also promotes leadership capacity development of families.

EOEL's Early Learning Academy: a venue for EOEL Public Pre-K Program teachers and administrators to participate in professional learning sessions to build a shared understanding of how to best support and facilitate the development of young children through research-based best practices. In recent years, the Academy has expanded to include DOE special education preschool, kindergarten, and first grade teachers to support continuity and alignment across and between grade levels.

Early Head Start/Child Care Partnership Grant: a collaborative model between Early Head Start and private child care providers that enhances quality outcomes for children, families, and staff through the sharing of best practices.

Hawaii's PDG B-5 will provide \$15,000 to support DOH's planned May 2019 conference through which early care and education providers will learn how to be more responsive to the needs of vulnerable populations. The conference will provide another venue for the sharing of best practices among early care and education providers who do not normally have the opportunity to collaborate and engage in shared discussions. Hawaii will explore using conferences and breakout sessions for more in-depth conversations to share best practices, and

will learn from this conference whether large or small-group settings are more effective venues for sharing.

Plan for Sharing Best Practices Among Early care and Education Programs

Hawaii must find a way to support ongoing conversations with a broader spectrum of early childhood providers across the MDS than with the models described earlier that target more specific populations. Hawaii's plan and strategy is to design an infrastructure to support the sharing of best practices through a community of practice (CoP) framework, which is an approach to exchanging information and knowledge to improve performance, and creates connections among people across organizational and geographic boundaries – for example, CoP convenings could involve only home visitors or a mixed group with home visitors with center-based staff and families. The ability of providers and families to engage in information sharing will result in improved transitions across programs and settings, supporting a continuum of care. Through the use of a CoP framework, Hawaii will identify overlapping needs and the potential for shared knowledge and resources related to early childhood that cross the boundaries of programs and services – such as promising practices related to family engagement and transitions.

Hawaii's activities associated with planning for the sharing of best practices will include hiring a contractor to design a CoP framework that can be used across early care and education settings to support professional learning for staff, which will facilitate the sharing of best practices. Elements of the framework to be designed should include:

1. Developing a means to collect information from staff to learn about their needs and how they might learn best, which may be incorporated into the CoP framework and the associated training and technical assistance to better facilitate learning;

2. Developing CoP guiding principles and operating mechanisms to help ensure CoP convenings are conducted as true learning opportunities in a spirit of collaboration and respect;
3. Designing of a team structure that will support communication and reporting protocols and guidelines;
4. Agreeing on data indicators and evaluation benchmarks to gauge the effectiveness of the CoP framework; and
5. Developing a guide for trainers that will support strategies to impact program quality, efficiency of services, collaboration, leveraging resources, and improving transitions, as well as how they can have trainees engage in discussions, thinking, and planning to impact who they serve in better ways.

\$50,000 is budgeted for the development of a CoP framework.

Systematic Technical Assistance

Hawaii is fortunate to have technical assistance (TA) provided by national experts and organizations for specific programs and purposes. Hawaii will maximize these opportunities by sharing best practices through TA with the SAC and EOEL.

Hawaii will also provide TA for interested parties across the MDS. The update or development of the transition toolkit as described earlier will require TA and training for effective implementation. A subject matter expert in transitions will be contracted to work with the contractor for the toolkit to ensure the inclusion of best practices to support successful transitions for children and families. Training on use of the completed toolkit will be offered to stakeholders on each island. \$7,500 is budgeted for this work.

Additionally, Hawaii will provide TA that involves the sharing of best practices learned through the Early Head Start/Child Care Partnerships described earlier. Staff involved in the partnership will be convened to help develop a training module to share their experiences and lessons learned, key strategies for promoting quality practices, and positive outcomes that have resulted from this partnership.

ACTIVITY 5: IMPROVING OVERALL QUALITY OF EARLY CHILDHOOD CARE & EDUCATION PROGRAMS/PROVIDERS/SERVICES

Since 2014, increased State investments in pre-K and Federal efforts to improve access to high-quality programs have contributed to meaningful improvements in access to affordable early childhood programs, especially for four-year-olds. A \$3M budget was allocated to implement the State's first public pre-K program, and \$14.9M in federal funds was awarded to establish the PDG Pre-K Program in charter schools. Both programs strive to reach the quality benchmarks set by the National Institute for Early Education Research. In addition, other early learning programs strive for high-quality standards, including those accredited by NAEYC and the National Association for Family Child Care, and Head Start/Early Head Start which adhere to federally mandated program performance standards.

DHS is also working toward improving the quality of care to promote children's healthy development and learning by supporting child care licensing, quality improvement systems, and training and education for child care providers in various settings.

It is anticipated that one month will remain after completion of the PDG B-5 needs assessment and strategic plan that will identify barriers to and supports required for the provision of high-quality care and education services. In that month, Hawaii will continue the aforementioned efforts toward quality improvement by hosting a State Early Childhood Summit

in December 2019 to convene a broad range of stakeholders to: 1) Share findings and information from PDG B-5 activities; 2) Raise the level of awareness regarding the importance of increasing access to high quality early care and education programs statewide; 3) Emphasize the role of stakeholders in building a high-quality early childhood system, including increasing program quality and collaboration and improving transitions across and into early elementary grades; and 4) Distribute tools, resources, and materials that support the implementation and provision of high quality programs and services. \$30,000 will be budgeted for this work.

The State Early Childhood Summit will include a call to action led by Governor, together with each of the State departments serving young children and their families, to significantly increase quality and equitable access to early care and education programs statewide, as well as to commit to participating in the implementation of Hawaii's Early Childhood Strategic Plan.

ORGANIZATIONAL CAPACITY & MANAGEMENT

DHS and EOEL are equal opportunity/affirmative action institutions and adhere to all Federal and State laws, policies, and procedures with respect to employment and access to services and will make reasonable and appropriate accommodation as needed. Hawaii's PDG B-5 effort will be led by the following key personnel.

Hawaii Department of Human Services

DHS will be responsible for the oversight of the grant through the principal investigator and project manager, including serving as the fiscal agent. DHS, the mission of which is to encourage self-sufficiency and support the well-being of individuals, families, and communities in Hawaii, is not only home to many of the programs and services that serve the low-income, disadvantaged young children and their families who are the target of PDG B-5, but is also a key participant and lead on partnerships and initiatives that help lift up that population. This

combination makes DHS the best suited to easily and successfully oversee the grant, as well as facilitate collaboration and coordination among the full range of programs, services, and funding streams, which will lead to the improvement of an early care and education mixed delivery system that serves children from birth through age five.

As evidenced by its oversight of the Child Care and Development Fund (CCDF) federal grant and the State-funded Preschool Open Doors subsidy program, the Department already has the infrastructure and experience in administering child care programs funded in part by large federal grants to support Hawaii's families and children.

DHS is positioned to facilitate collaboration and coordination among the full range of programs, services, and funding streams because of its leadership and active involvement in various current efforts around building partnerships to leverage resources and coordinate services.

The key individuals in DHS who will support the grant are as follows:

Principal Investigator (PI): DHS Deputy Director Catherine Betts will provide leadership and overall direction for the grant. With her strong leadership skills, grant management experience, understanding of DHS policies, cultures, and strategic plans, and experience implementing systematic change in the state, she is responsible for managing a diverse range of support, operational, and programmatic activities and collaborates with the DHS Director to develop DHS' strategies, goals, and objectives.

DHS Project Director: DHS Child Care Program Administrator Ms. Dana Balansag will be the liaison between DHS and EOEL for the grant. Under the supervision of the PI and in partnership with the EOEL Director, Ms. Balansag will monitor the progress and completion of grant activities; review data, financial reports, and progress reports, and re-verify information to ensure

accuracy of reporting; and meet with EOEL staff and the SAC regarding progress and completion of grant activities. Ms. Balansag oversees CCDF implementation involving over \$50 million, including coordination, monitoring, documentation, and management of program administrative rules, policies, procedures, forms, notices.

Executive Office on Early Learning

EOEL will execute the grant in partnership with DHS. It will manage the day-to-day programmatic operations, which includes monitoring federal and non-federal budgets, hiring and supervising contractual services, managing data collection and evaluation of grant implementation, and building relationships with nonprofit and philanthropic foundations to leverage resources and support for coordination, collaboration, and alignment of the MDS.

EOEL is the best suited to fill this role as the entity created by the State in 2012 specifically to develop the State's early childhood system in collaboration with public and private stakeholders.

The key individuals in EOEL who will support the grant are as follows:

EOEL Project Director: Lauren Moriguchi will lead grant operations. As Director of EOEL, Ms. Moriguchi oversees an office with a \$3.8 million annual budget and has successfully implemented the EOEL Public Prekindergarten Program since the 2014.

Grant Manager: An individual will be hired as full-time staff for the duration of PDG B-5 implementation, and supervised by the EOEL Project Director. The GM's responsibilities will include: 1) monitoring program budgets and expenditure in compliance with grant requirements; 2) coordinating with all parties involved in implementation to ensure a cohesive message and open communication between the agency and contractors; 3) maintaining records of all payments and MOUs and preparing quarterly records for all grant-related activities; 4) administering grant records, evaluating financial reports to analyze all annual progress, and reviewing grant

expenditures from sub-grantees; and 5) gathering information and generating reports, including narrative progress reports and expenditure reports, within appropriate deadlines identified by stakeholders.

Data Manager: Jeffrey Larson will manage, collect, analyze, and report data related to PDG B-5 activities. He will help develop the data tracking system and assist with data input. As EOEL's Research Statistician, Mr. Larson is responsible for engaging in analysis and research of early childhood data.

Project Support: Wimmie Wong Lui will coordinate across departments for policy and resource alignment and work closely with the GM to support grant activities. As EOEL's Policy Analyst, Ms. Wong Lui is responsible for coordination with public and private organizations in regards to policy development. She has experience providing supporting information for budget requests, assisting in grant-related writing, and serving as editor-in-chief for the State Plan.

Strategic Plan Coordinator: Jorene Barut will be responsible for coordinating meetings related to development of the strategic plan, presenting updates at relevant meetings, and developing a communication plan to inform stakeholders of the opportunity to provide input. As an EOEL Program Specialist, Ms. Barut is responsible for coordinating the State Plan and EOEL communications. She has extensive experience in communications and has worked in partnership with ELB and the Steering Committee to develop a communication plan for the State Plan.

TA Coordinator: Christine Jackson will provide TA and work with Head Start providers to develop a training module and implement professional development that will build on the Early Head Start/Child Care Partnership. Ms. Jackson has over 12 years of experience as the Head Start State Collaboration Director, supporting the work of Head Start grantees through developing effective working relationships with Federal, State, and local stakeholders. Ms.

Jackson has provided early childhood training for Honolulu Community College and was instrumental in the development of the Family Partnership Guidelines.

As explained in the Mixed Delivery System section, the SAC will advise DHS and EOEL on PDG B-5 activities.

PROJECT TIMELINE & MILESTONES

The project timeline and milestones are organized in Figure 4. Activities are broken down by tasks, assigned a responsible party(s), and allocated approximate start and end time periods within a year. Unit of time is defined by months, from December 2018 to December 2019, and shaded across the applicable grid boxes. Anticipated project milestones correspond to the activities and tasks and will inform performance evaluation efforts.

Figure 4. Project Timeline and Milestones

Project Activity & Task	Responsible Party	Milestones	Q1				Q2			Q3			Q4		
			D	J	F	M	A	M	J	J	A	S	O	N	D
1.0 B-5 Needs Assessment															
1.1. Assess current landscape															
1.1.a. Contract state agency contractor	EOEL Director, Grant Manager	Contract state contractor													
1.1.a.1. Identify scope of services															
1.1.a.2. Develop and execute vendor contract(s)															
1.1.b. Assess current EC system	EOEL Director, Grant Manager, SAC, Contractor	Complete system assessment report													
1.1.b.1. Facilitate self-assessment with State leaders and providers															
1.1.b.2. Draft and submit report for review															
1.1.b.3. Finalize system assessment report															
1.1.c. Update resource/fiscal mapping	Grant Manager, SAC, Contractor	Complete resource/fiscal map report													
1.1.c.1. Review public and private funds that support EC programs and services															
1.1.c.2. Draft and submit report for review															
1.1.c.3. Finalize resource map report															
1.1.d. Assess facility needs and cost analysis	EOEL Director, Grant Manager, DOE, Contractor	Assess DOE schools & child care settings													
1.1.d.1. Conduct planning and assessment regarding DOE classrooms															
1.1.d.2. Assess potential expanded capacity in private settings															
1.1.d.3. Draft and submit report for review															
1.1.d.4. Finalize facilities/cost analysis report															
1.2. Engage key stakeholders, including ELB, families, and program staff	EOEL Director, Grant Manager, Contractor	Complete 5 key informant interviews													
1.2.a. Develop focus group and survey questions															
1.2.b. Apply for and receive IRB approval															
1.2.c. Schedule and conduct focus groups, interviews, and surveys															
1.2.d. Incentivize families for their participation															
1.2.e. Compile stakeholders responses															

Project Activity & Task	Responsible Party	Milestones	Q1				Q2			Q3			Q4			
			D	J	F	M	A	M	J	J	A	S	O	N	D	
1.3. Assess unduplicated count	EOEL Director, Grant Manager, Contractor, DHS, DOE, DOH	Complete data sharing agreement with 5 key State agencies and private staff														
1.3.a. Contract a state agency contractor																
1.3.b. Develop data sharing MOA																
1.3.b.1. Document privacy/confidentiality regulations																
1.3.b.2. Engage key stakeholders on report specifications and document review																
1.3.b.3. Document data elements, data flow, report file specification																
1.3.b.4. Submit draft of MOA for review																
1.3.b.5. Finalize and execute MOA																
1.3.c. Submit data files to DHS for matching and validation	Grant Manager, Contractor	Complete and disseminate aggregated EC report														
1.3.d. Complete and disseminate aggregate report																
2.0 B-5 Strategic Plan																
2.1. Develop strategic plan	EOEL Director, Grant Manager	Contract vendor														
2.1.a. Contract vendor to facilitate																
2.1.a.1. Identify scope of services																
2.1.a.2. Develop and execute vendor contract																
2.1.b. Engage stakeholders																
2.1.b.1. Schedule, plan, and facilitate meeting dates and record meeting notes	EOEL Director, Grant Manager, SAC, ELB, DHS	Convene 10 stakeholder meetings														
2.1.c. Review needs assessment reports		Review NAs														
2.1.d. Draft and submit SP for review		Complete SP														
2.1.e. Finalize SP																
2.2. Engage stakeholders to review strategic plan		EOEL Director, Grant Manager, SAC	Complete 6 focus groups, 10 key stakeholder interviews, and 2 public meetings													
2.2.a. Conduct stakeholder focus group																
2.2.b. Conduct meetings for public feedback																
2.2.c. Compile stakeholder responses																

Project Activity & Task	Responsible Party	Milestones	Q1				Q2			Q3			Q4		
			D	J	F	M	A	M	J	J	A	S	O	N	D
3.0 Family Knowledge and Choice															
3.1. Engage families in review of information and delivery system	Grant Manager, SAC	Complete review of 4 community resources													
3.1.a. Review resources for families															
3.1.a.1. Identify materials to review															
3.1.a.2. Compile review responses to make recommendations		Compile responses													
3.2. Plan and design training around community resources for program staff	Grant Manager, SAC	Conduct 6 community training													
3.2.a. Plan, design, schedule, and conduct trainings															
3.3. Design transition toolkit	EOEL Director, Grant Manager, Contractor	Contract vendor													
3.3.a. Contract vendor and/or State agency contractor to update existing toolkit		Update toolkit													
3.3.a.1. Identify scope of services															
3.3.a.2. Develop and execute vendor contract		Develop training plan													
3.3.b. Review and update existing toolkit															
3.3.c. Revise and finalize toolkit															
3.3.d. Develop training plan															
3.4. Create a model for a parent center	EOEL Director, Grant Manager, SAC	Complete review of resource centers and parent mentoring programs													
3.4.a. Identify existing resource centers and meet with staff, as appropriate															
3.4.c. Investigate existing parent peer-to-peer mentoring programs															
3.4.d. Compile findings and submit recommendation for a model		Complete report													
4.0 Sharing Best Practices															
4.1. Design a CoP framework for various groups	Grant Manager, Contractor	Complete CoP framework													
4.1.a. Hire a contractor to design a CoP framework															
4.1.b. Draft and finalize CoP framework															
4.2. Convene a team to support the CoP structure	Grant Manager	Identify CoP team													

Project Activity & Task	Responsible Party	Milestones	Q1				Q2			Q3			Q4		
			D	J	F	M	A	M	J	J	A	S	O	N	D
4.3. Conduct a conference to share best practices for trauma-informed care	Grant Manager, DOH	Conduct trauma-informed care training													
4.3.a. Plan and design conference in collaboration with DOH															
4.3.b. Conduct training and gather feedback															
5.0 Program Quality															
5.1. Convene State Early Childhood Summit	EOEL Director, Grant Manager, SAC	Convene State Early Childhood Summit													
5.1.a. Identify venue, presenters, invitees															
5.1.b. Conduct Summit and gather feedback															
6.0 Performance Evaluation															
6.1. Monitor the progress of all 5 activities	EOEL Director, Grant Manager, Data Manager	Convene meetings every 2 weeks and monthly													
6.1.a. Schedule and convene meetings every 2 weeks and monthly with vendors and contractors															
6.1.b. Revise tasks and subtasks, as appropriate															
6.2. Submit quarterly progress reports	Grant Manager, SAC, ELB, DHS	Complete quarterly and annual progress reports													
6.2.a. Draft, revise, and finalize report															
6.3. Submit annual progress report															
6.3.a. Draft, revise, and finalize report															
7.0 Dissemination															
7.1. Inform stakeholders and public on the PDG B-5 grant deliverables	EOEL Director, Grant Manager	Present at statewide convening													
7.1.a. Identify community and state venues and disseminate information															
7.1.c. Identify and utilize other modes of dissemination, including social media and agency websites		Utilize media Disseminate press releases													
7.1.d. Draft and disseminate press releases															

PROGRAM PERFORMANCE EVALUATION PLAN

The performance evaluation plan will incorporate a continuous cycle of improvement via a Plan-Do-Check-Act strategy. The EOEL Project Director has identified the project evaluation team as the Grant Manager (GM) and Data Manager (DM).

Plan: Using the logic model and milestones identified in the timeline, GM will develop a project implementation plan and budget for review by the EOEL Project Director. GM with DM will monitor progress toward achieving the performance indicators and completion of deliverables every two weeks, and revise the implementation plan as needed. Monthly team meetings with SAC will help to address challenges identified by contractors or GM as contributing to delays. GM will work directly with contractors to establish scope of services, timeline for deliverables, and maintain regular communication to document progress. GM and DM will report directly to the EOEL Project Director to ensure needed resources are available to overcome any delays noted. EOEL Project Director will meet monthly with PI and DHS Project Director to assess the progress of the project as well as budget expenditures.

Do: The project evaluation team will monitor the activities conducted by the contractors; implement the tasks and subtasks to meet the anticipated milestones and deadlines outlined in the project timeline; collect participation data; maintain regular communication with EOEL Project Director to document progress; and make revisions to the implementation plan and budget as necessary. In addition to the monthly progress reports for SAC, ELB, and DHS, GM will also draft and submit quarterly and annual progress and budget reports to EOEL Project Director for review. EOEL Project Director will then submit the quarterly and annual reports to DHHS in compliance with grant reporting requirements.

Check: Project management meetings every two weeks and monthly partners' meetings will be held to monitor program implementation and address any challenges. As the advisory committee, SAC will ensure that appropriate representatives are made available to participate in focus groups, key informant interviews, and other activities for the needs assessment and strategic planning. Additionally, SAC will monitor progress of the grant deliverables throughout year one and provide input and logistics coordination to ensure alignment to project goals and deliverables. As activities progress, the EOEL Project Director and GM will meet monthly with the PI and DHS Project Director. The meetings will incorporate overall progress towards deliverables and budget expenditures, as well as recommendations to ameliorate delays. The federal expenditures and project services will be monitored to ensure program compliance, adherence to budget, and on target timelines to meet project goals and objectives.

Act: Information gathered from project management and partners' meetings, post-event surveys and activity reports will be used to revise strategies, implementation plans, and budgets for each project activity for the subsequent quarters of the grant period. The project evaluation team will monitor implementation progress, examine evaluation results, and make project adjustments on a timely basis.

As mentioned earlier, Hawaii will use the project evaluation team to monitor and evaluate project outcomes. The evaluation team will collect data and stakeholder feedback for continuous improvement as part of the Plan-Do-Check-Act cycle and for quarterly assessment of progress toward achieving the intended outcomes of the grant. The performance evaluation plan contains outcome measures, process measures or indicators, and baselines and year one targets that will be monitored monthly and evaluated as to whether strategies should be adjusted if there are pronounced disparities between performance and target.

Hawaii will use the Result-Based Accountability™ model for performance accountability to address “*How much did we do? How well did we do it? Is anyone better off?*” The first two questions address the process indicators and capture how well the proposed activities are implemented, and the third question, “*Is anyone better off?*” corresponds to the outcome measures and depict the impact of the activities on the target population.

For each activity, the project evaluation team will have a plan for the method of evaluation, data questions to be answered, and the feedback loops for improvements. The analysis will consist of qualitative and quantitative data as noted in Figure 5. Families, providers, and stakeholders will be asked to participate in focus groups and/or interviews, as well as complete satisfaction surveys upon review of documents, such as the drafts of the needs assessment, strategic plan, existing resources and transition toolkits, and CoP framework. Post-event surveys will be conducted to gather self-reported information of participants’ increased understanding and awareness of the topic at hand. Responses and feedback gathered will be used to inform how well the project is meeting the needs of family, providers, and stakeholders, and identify adjustments to the implementation plan to ensure the project continues to address the goal of equitable access to a quality MDS for children and families. In addition to the analysis of progress indicators, EOEL Project Director and the project evaluation team will compare on a quarterly basis financial commitment as outlined in the Project Budget section with the anticipated performance targets of the activities. The team will evaluate how well Federal and non-Federal resources are being expended and address budget revision with PI, DHS Project Director, and EOEL Project Director.

Figure 5. Program Indicators and Outcomes Measures

Objective 1: To have a governance and data infrastructure to promote accountability, coordination, alignment, efficiency, and sustainability				
	Quantity	Baseline	Quality	Target
Effort	<i>How much did we do?</i>		<i>How well did we do it?</i>	
	# of contracts executed	4 contracts	% of contracts executed	100%
	# of needs assessments (NA) completed	4 NAs	% of needs assessment completed	100%
	# of strategic planning meetings held	6 meetings	% of strategic planning meetings held	100%
	# of focus groups completed	6 focus groups	% of focus groups completed	100%
	# of key informant interviews completed	15 interviews	% of key informant interviews completed	90%
	# of survey responses gathered	50 responses	% of survey responses gathered	90%
	# of public meetings held	2 meetings	% of public meetings held	100%
# of families engaged	35 families	% of families engaged	85%	
Effect	<i>Is anyone better off?</i>			
	# of stakeholders who reported better understanding of stakeholder engagement process	15 members reported	% of stakeholders who reported better understanding of stakeholder engagement process	85%
Objective 2: To have a better understanding of families' ability to access early childhood programs and services				
	Quantity	Baseline	Quality	Target
Effort	<i>How much did we do?</i>		<i>How well did we do it?</i>	
	# of families participating in review of resources	15 families	% of families engaged in review process	85%
	# of documents reviewed by families	4 documents	% of documents reviewed	100%
	# of staff trainings held	6 trainings	% of staff trainings held	100%
# of staff participated in trainings	10 participants per training	% of staff participated in trainings	90%	
Effect	<i>Is anyone better off?</i>			
	# of families who reported better understanding on the resources available	15 families	% of families who reported better understanding on the resources available	85%
	# of staff who reported better understanding on resources available for families	10 participants per training	% of staff who reported better understanding on resources available for families	90%
Objective 3: To work with families to create a better system to support their child's development and learning and ensure successful transitions across programs/services through kindergarten entry				
	Quantity	Baseline	Quality	Target
Effort	<i>How much did we do?</i>		<i>How well did we do it?</i>	
	# of contracts developed and executed	2 contracts	% of contracts developed and executed	100%
	# of families reviewing transition toolkits	15 families	% of families engaged in review process	85%
	# of toolkits reviewed by families	3 toolkits	% of toolkits reviewed	100%

	# of toolkits revised and finalized	3 toolkits	% of toolkits revised and finalized	100%
	# of existing resource centers explored	2 centers	% of existing resource centers explored	100%
Effect	<i>Is anyone better off?</i>			
	# of families who reported satisfaction with toolkit	15 families	% of families who reported satisfaction with toolkit	85%
	# of families who reported increased understanding of transition practices to support school readiness	15 families	% of families who reported increased understanding of transition practices to support school readiness	85%
	# of staff who reported increased satisfaction with partnership model	7 staff per meeting	% of staff who reported increased satisfaction with partnership model	85%
Objective 4: To provide targeted, coordinated, and ongoing professional development across all settings				
	Quantity	Baseline	Quality	Target
Effort	<i>How much did we do?</i>		<i>How well did we do it?</i>	
	# of contracts developed and executed	1 contract	% of contracts developed and executed	100%
	# of CoP frameworks designed	1 model	% of CoP frameworks designed	100%
	# of stakeholders engaged as CoP support team	5 stakeholders	% of stakeholders engaged as CoP support team	100%
	# of statewide trauma-informed care conferences held	1 conference	% of statewide trauma-informed care conference held	100%
	# of participants attending trauma-informed care conference	100 participants	% participants attending trauma-informed care conference	85%
Effect	<i>Is anyone better off?</i>			
	# of stakeholders who reported satisfaction with the CoP framework	5 stakeholders	% of stakeholders who reported satisfaction with the CoP framework	90%
	# of participants who reported increased understanding of trauma-informed care	85 participants	% of participants who reported increased understanding of trauma-informed care	85%
Objective 5: To improve quality in the mixed delivery system to ensure children and families are supported as they make the various transitions into elementary school				
	Quantity	Baseline	Quality	Target
Effort	<i>How much did we do?</i>		<i>How well did we do it?</i>	
	# of State Early Childhood Summits convened	1 Summit	% of State Early Childhood Summits convened	100%
	# of participants attending Summit	300 participants	% of participants attending Summit	85%
Effect	<i>Is anyone better off?</i>			
	# of participants who reported better understanding of the outcomes of the Summit	250 participants	% of participants who reported better understanding of the outcomes of the Summit	85%
	# of participants who reported increased awareness of efforts to improve quality of MDS	250 participants	% of participants who reported increased awareness of efforts to improve quality of MDS	85%

LOGIC MODEL

Hawaii's logic framework in Figure 6 illustrates how Hawaii will operationalize its vision of a strong infrastructure for a coordinated MDS, and uses the traditional framework of needs, major objectives, inputs, outputs, and outcomes as a conceptual road map that will lead to desired changes.

The needs in the logic framework are challenges that have been identified in the State Plan and outlined in the Mixed Delivery System section. To address these areas of need – governance, equitable access to early childhood programs, family engagement in the early childhood system, highly qualified workforce, and higher-quality programs and services for young children – five major objectives are organized to set priorities that align with Hawaii's vision and expected outcomes of the grant. The objectives are:

1. To have a governance and data infrastructure to promote accountability, coordination, alignment, efficiency, and sustainability.
2. To have a better understanding of families' ability to access early childhood programs and services.
3. To work with families to create a better MDS system to support their children's development and learning and ensure successful transitions across programs/services through kindergarten entry.
4. To provide targeted, coordinated, and ongoing professional development across all settings.
5. To improve quality in the MDS to ensure children and families are supported as they make the various transitions into elementary school.

The inputs represent project resources, including funding, key state agencies responsible for management and implementation of the project, public and private stakeholders, families, and advisory committees. Families and program staff are both key stakeholders and beneficiaries of the project. The proposed activities are detailed in the preceding sections on grant activities and may address more than one objective. Each activity is followed by a bold bracket to indicate corresponding objective(s). The tasks and subtasks and their intended milestones associated with the activities are articulated in the Project Timeline section.

Implementation of these activities is expected to lead to a series of direct products or deliverables, which in turn result in short-term (1-4 years) and long-term (5-10 years or more) outcomes. Anticipated outcomes closely correspond with the major objectives and program-specific measures as defined in the Program Performance Evaluation Plan section.

The theory of action is that:

- Successful completion of a comprehensive needs assessment that includes systems assessment, resource/fiscal mapping, cost analysis, and unduplicated count proof-of-concept [**Activity 1**] and a statewide strategic plan [**Activity 2**] will result in an increased engagement of stakeholders in the identification and addressing of system needs [**Short-term Outcome 1**].
- An intentional and purposeful family and program staff engagement [**Activity 3**] that involves families' input in reviewing existing family and transition resources and collecting their feedback for revision, and provides professional learning opportunities for program staff to improve their service delivery will lead to an increased family access and utilization of resources [**Short-term Outcome 2**]; an increased staff understanding of available services and supports to families of young children [**Short-term Outcome 3**];

and an increase in family understanding of child development and how to support successful transition and school readiness goals [**Short-term Outcome 4**].

- Development of a Community of Practice (CoP) framework to share best practices [**Activity 4**] and convening a Statewide Early Childhood Summit [**Activity 5**] to disseminate results of the project outcomes will create increased opportunities for cross-sector collaboration and coordination of early childhood services [**Short-term Outcome 5**]; and increased stakeholder awareness of efforts to coordinate services and programs to improve overall quality of the MDS [**Short-term Outcome 6**].

Ongoing evaluation will assess efforts and their impact to identify potential accomplishments and challenges to facilitate timely decisions for successful project completion.

As gains are made in the achievement of short-term outcomes, Hawaii's vision for a comprehensive MDS for early childhood will: (1) establish a statewide early childhood system of coordination, collaboration, and alignment among public and private partners; (2) increase efficiencies of program operations and utilization of funds; (3) increase families ability to successfully access early care and education programs and services; and (4) institutionalize sharing of best practices and a continuous cycle of improvement across agencies, programs, and services for the benefit of all children and families, including the most vulnerable.

Vision: Hawaii will have a strong infrastructure for a coordinated mixed delivery system that addresses equitable access to, and transitions between, high-quality programs and services for all children birth through five statewide, to support their health, safety, and readiness for lifelong learning.

Figure 6. Logic Model

NEEDS	OBJECTIVES	INPUTS	OUTPUTS		OUTCOMES	
			Activities (Year 1)	Direct Products	Short-Term	Long-Term
Governance Equitable access to early childhood programs Family engagement in the early childhood system Highly qualified workforce Higher-quality programs and services for young children	1. To have a governance and data infrastructure to promote accountability, coordination, alignment, efficiency, and sustainability	PDG B-5 funds National TA centers State advisory council	<p>1.0 B-5 Needs Assessment</p> <p>1.1: Assess current landscape, including document review, resource mapping and facility cost analysis [Obj.1]</p> <p>1.2: Conduct focus groups/interviews/surveys with stakeholders, including State leaders, providers, and families [Obj.2, 3]</p> <p>1.3: Assess unduplicated count as a proof of concept [Obj.1]</p>	<ul style="list-style-type: none"> • System Assessment • Resource map • Facility study • Focus groups/interviews/survey results report • Unduplicated count report 	Increased engagement of stakeholders in the identification and addressing of system needs	Statewide early childhood system of coordination, collaboration, & alignment among public and private partners is established. Efficiencies of program operations & utilization of funds have increased.
	2. To have a better understanding of families' ability to access early childhood programs and services	DHS EOEL ELB DOE	<p>2.0 B-5 Strategic Plan</p> <p>2.1: Develop strategic plan based on needs assessment [Obj.1, 2, 3, 4, 5]</p> <p>2.2: Engage key stakeholders, including State Advisory Council and families [Obj. 1, 3, 5]</p>	<ul style="list-style-type: none"> • Early Childhood Strategic Plan • Stakeholders feedback report 		
	3. To work with families to create a better system to support school readiness and transitions across programs/services through kindergarten entry	DOH UH Head Start collaboration office Family	<p>3.0 Family Knowledge</p> <p>3.1: Engage families in review of resources [Obj. 1, 2, 3]</p> <p>3.2: Plan and design training around community resources for program staff [Obj. 4, 5]</p>	<ul style="list-style-type: none"> • Family feedback report • Training module for program staff • Transition toolkits 	Increased family access and utilization of resources Increased staff understanding of	Families have successfully accessed early care and education programs/services.

<p>4. To provide targeted, coordinated, and ongoing professional development across all settings</p> <p>5. To improve quality in the mixed delivery system to support successful transitions</p>	Community organizations	<p>3.3: Design toolkits to support transitions between programs/settings [Obj. 3, 5]</p> <p>3.4: Create a model for parent centers [Obj. 3, 5]</p>	<ul style="list-style-type: none"> • Model for parent centers 	<p>available services and supports to families of young children</p> <p>Increase in family understanding of child development and how to support school readiness goals</p>	
		<p>4.0 Share Best Practices</p> <p>4.1: Design a Community of Practice (CoP) framework for various groups within the MDS [Obj. 4, 5]</p> <p>4.2: Convene a team to support the CoP structure [Obj. 4, 5]</p> <p>4.3: Conduct a conference to share best practices for trauma-informed care in collaboration with DOH [Obj. 4, 5]</p>	<ul style="list-style-type: none"> • CoP framework • CoP team • Trauma-informed care conference 	<p>Increased opportunities for cross-sector collaboration and coordination of early childhood services</p> <p>Increase stakeholder awareness of efforts to coordinate services and programs to improve overall quality of the mixed delivery system</p>	<p>Sharing best practices and a continuous cycle of improvement across agencies, programs, and services becomes institutionalized for the benefit of all children and their families, including the most vulnerable.</p>
		<p>5.0 Quality</p> <p>5.1: Convene a State Early Childhood Summit [Obj. 5]</p>	Statewide Early Childhood Summit		

PROJECT SUSTAINABILITY PLAN

By the end of year one, Hawaii PDG B-5 efforts will have resulted in concrete outcomes as described in this narrative to inform future systems planning, coordination, and collaboration.

To make these efforts and identified strategies and activities sustainable, Hawaii must first go through a strategic planning process to identify what works, how decisions will be made, and how families will be supported to become an integral part of the process, before securing additional funding and other resources. Otherwise, Hawaii risks building a system in a vacuum based on the availability of resources rather than what is truly needed to support children and families. Hawaii's PDG B-5 plan is an attempt to identify indicators to assess progress toward its envisioned MDS.

Through the strategic planning process, Hawaii will have identified a process for using data for decision-making which will include analyzing fiscal resources and funding and determining which strategies or interventions have been effective at improving practices and improving outcomes for children and families. It is envisioned that this decision-making process will continue beyond the PDG B-5 efforts and will become how ELB continues to make decisions to guide the system forward. Through the sharing of best practices and technical assistance, training, and supports needed, Hawaii will have an increase of quality programs and services which should show a measurable outcome of improved satisfaction of services for children and families.

The approach to sustainability will be data-informed, fiscally responsible, and responsive to families and providers. The metrics that are developed from the strategic plan will be reviewed annually to see where adjustments and focus needs to be made. Members of the SAC are key to engaging their constituencies. Legislators and funders will need to be included in the planning

efforts as sustainability is often sought through legislative and private funding. At a minimum, if Hawaii does not receive future PDG B-5 funds, the following are areas in which sustainability of different elements of the grant will continue: implementation of the activities of the strategic plan may be led through the SAC with the backbone support of EOEL and ELB. Governance and protocols for coordination and collaboration will be adopted by ELB, including decision-making based on metrics that indicate what is working for children, families, and programs, and by understanding the financing needed to support priorities for the system. All public and private partners will need to assume the collective responsibility for maximizing family choice and knowledge, and it is envisioned that the DOE parent centers may be a vision that all can work towards. The sharing of best practices can be fostered through communities of practice, but funding for facilitation, technical assistance, and training may be challenging. However, Hawaii will continue to seek and use low-cost or in-kind venues where programs can share and learn from each other, as well as use existing conferences and meetings to promote emerging and successful best practices. Promoting quality is embedded in all efforts and even if the State does not work towards a quality rating and improvement system, each provider will have learned through the sharing of best practices how to embed quality efforts in their programs.

Just as important are the goodwill and strengthened relationships that will have been generated that help perpetuate not only a culture of sharing that results in people collaborating and coordinating with each other on information, resources, and decision-making, but also a desire for high-quality programs and services that will do good by all Hawaii's children birth through five across the state.

DISSEMINATION PLAN

In addition to the SAC's dissemination efforts as described in the Mixed Delivery System section, Hawaii plans to share information about PDG B-5 and its progress throughout the life of the grant by reaching out to target audiences that include:

- Participants of focus groups and key informant interviews to thank them for their involvement and invite them to further engage in ongoing activities.
- State Department Heads and program staff will be updated at ELB or via in-person meetings with the GM and EOEL Project Director.
- Legislators, and other funders and supporters will be consulted and briefed, as necessary, via personal communications, especially with regard to funding and policy issues.
- The general public will be informed through press releases to local media outlets such as television stations and newspapers. Information alerts and updates will be published on the EOEL website and other social media platforms.

It is estimated the GM will spent at least 15% of his/her time to manage the dissemination plan.

PLAN FOR OVERSIGHT OF FEDERAL AWARD FUNDS

EOEL will effectively monitor contractors and consultants for compliance with federal requirements, programmatic expectations, and fiscal requirements to ensure successful performance of the grant. EOEL will uses management decisions to determine sanctions for noncompliance with federal, programmatic, and fiscal requirements. EOEL will continue to demonstrate compliance by maintaining management of federal and non-federal funding (State general funds and/or private funding). ACF processes will be followed when requesting a change or adjustment to the budget if needed. The EOEL Project Director will be responsible for

maintaining oversight of program activities, staff, and contractors. EOEL will produce a monthly expenditure report to ensure budget projections are consistent with expenditures to meet deliverables.

PROJECT BUDGET & BUDGET JUSTIFICATION

Hawaii is requesting \$965,530 in Preschool Development Grant funds to conduct a statewide needs assessment; develop a strategic plan to facilitate collaboration and coordination among early care and education programs; and address activities inclusive of maximizing family choice and knowledge, sharing best practices among state early care and education providers, and improving the overall quality of early care and education programs, providers, and services. The total project cost is \$1,255,757, including \$290,227 in in-kind contributions.

Personnel & Fringe Benefits

DHS is designated by Governor David Ige as the administrator of the PDG B-5 and will jointly execute and manage the operations of the grant in partnership with EOEL. Hawaii's PDG B-5 effort will be led by the personnel described in the Organizational Capacity section.

An individual will be hired as full-time staff for the duration of PDG B-5 implementation to serve as a Grant Manager who will be fully dedicated to PDG B-5. The GM will be paid an annual salary of \$65,000 per year. The salary was set at this amount based on the skills and experiences necessary to perform the job as a GM.

Figures 7 and 8 provide fringe benefit allocations for state and federal positions.

Figure 7. State Fringe Benefit Rate

State of Hawaii Fringe Benefit Rate for FY 2019	Interim Rate
Pension Accumulation	19%
Pension Administration	0.00%
Retiree Health Insurance	9.39%
Employees' Health Fund	7.60%
Workers' Compensation	1.06%
Unemployment Compensation	0.09%
Social Security	6.20%
Medicare	1.45%
Other Post-Employee Benefits	12.69%
Composite Rate	57.48%

Figure 8. Special Fringe Benefit Rates

Fringe Benefit for FY 2019 for Bond, Federal, Special and Trust programs	Interim Rate
Pension Accumulation	19%
Pension Administration	0.01%
Retiree Health Insurance	10.14%
Employees' Health Fund	7.69%
Workers' Compensation	1.24%
Unemployment Compensation	0.02%
Social Security	6.20%
Medicare	1.45%
Other Post-Employee Benefits	14.33%
Composite Rate	60.08%

Travel

Four individuals will travel to Washington DC to attend a 3-day meeting. Travel costs include:

Travel Item	Cost	# of Travelers	Duration	Total
RT Air Transportation	\$1600	4		\$6,400
Baggage Fee	\$50	4		\$200
Ground Transportation	\$200	4		\$800
Lodging	\$300/night	4	4 nights	\$4,800
Per Diem	\$145/day	4	5 days	\$2,900
Airport Parking	\$20/day	4	5 days	\$400
TOTAL				\$15,500

Activities & Contractual Services

To address the five required PDG B-5 activities, Hawaii has designed a plan comprised of activities related to a needs assessment, strategic plan, maximizing family choice and knowledge, sharing best practices, and improving overall quality. All State contracts are subject to State and Federal accounting and small purchase contracts are subject to state procurement policies and transparency around contracting. The cost allocation is as follows:

Activity	Description	Cost
Activity 1	Needs Assessment	\$525,000
Activity 2	Strategic Plan	\$150,000
Activity 3	Maximizing Family Choice	\$22,500
Activity 4	Sharing Best Practices	\$72,500
Activity 5	Improving Overall Quality	\$30,000
TOTAL		\$800,000

Activity 1 – Needs Assessment (\$525,000)

The Needs Assessment will be conducted by University of Hawaii, Center on the Family and the unduplicated count proof-of-concept project will be addressed by Hawaii P-20. In order to expedite the short timeline of this grant and complete all components of the needs assessment within 5 months, Hawaii will use state to state contracts to reduce the review time by AG’s office. All state contracts are subject to state and federal accounting. Small contracts are subject to state procurement policies and transparency around contracting. The costs associated with completing this assessment are include:

Item	Description	Cost
Assessment Coordinator		\$70,000
Principal Investigator		\$65,000
Co-Investigator		\$62,000
Temp assistant (2)	\$40,000 x 2 = \$80,000	\$80,000
Graduate Assistant (2)	\$20,000 x 2 = \$40,000	\$40,000
Evaluation Assistant		\$50,000
Travel: 5 focus groups & 10 key informant	Airfare @ \$300 round trip; airport parking @ \$20 per day; mileage and car rental @ \$100 = \$420 per trip. If two people are traveling, the cost for the car rental is reduced to half. Therefore, the cost for two people to travel is \$370 per person. 6 trips X 2 people @ \$370 per trip = \$4,440 (round to \$5,000 to accommodate for fluctuations in airfare)	\$5,000
Assessment Expenses	Advertising, participant incentives, supplies	\$45,000
Hawaii P-20	Unduplicated Count proof of concept	\$25,000
	Other sponsored contracts	\$83,000
TOTAL		\$525,000

Activity 2 – Strategic Plan (\$150,000)

A contractor will be secured through a competitive bidding process, to develop Hawaii’s Early Childhood Strategic Plan based on the PDG B-5 needs assessments and other key documents. Following the completion of the Needs Assessments the contractor will co-design a planning process and project management timeline leading to the completion of the State Plan by October 2019. Included will be services for planning, facilitation, 5 focus groups (East and West Hawaii, Kauai, Maui, and Oahu) and 10 key informant interviews, writing, and graphic design on a truncated timeline to produce a final draft. The contractor will also be responsible for professional preparation of final Early Childhood Strategic Plan materials, including technical writing and graphic design, by October 2019. Total amount allocated to develop the strategic plan is \$150,000. The costs associated with the development of the strategic plan include:

Item	Description	Cost
Document review	Review of Needs Assessment and other key documents	\$200
Logistics	Co-design planning process and project management timeline	\$300
Meeting facilitation	Research, pre-planning, and convening of meetings	\$70,000
Stakeholder engagements	Design, deliver, and report on 5 focus groups to gather input from stakeholders, including families in East and West Hawaii, Kauai, Maui, and Oahu (\$21,500) Design, deliver, and report on 10 key informant interviews (\$30,000)	\$51,500
Draft	Writing (\$20,000) and graphic design (\$8,000)	\$28,000
TOTAL		\$150,000

Activity 3 – Maximizing Family Choice (\$22,500)

A detailed account of the activities which will be addressed under the Maximizing Family Choice section. In order to expedite the short timeline of this grant Hawaii will develop a state to state contract with Hawaii P-20 to develop a toolkit to support transition between programs and settings and to provide technical assistance to programs, providers and families in the utilization of this toolkit. Additional technical assistance will be solicited to support families, staff, and programs in order to understand how to utilize the information in the toolkit. The total budget requested to maximize family knowledge and choice is \$22,500.

Item	Description	Cost
Transition toolkit	Develop toolkit	\$15,000
Technical assistance	Support to families, staff, and programs	\$7,500
TOTAL		\$22,500

Activity 4 – Sharing Best Practices (\$72,500)

Through a competitive bidding process, Hawaii will hire a contractor to design a CoP framework that can be used across early care and education settings to support professional learning for practitioners, which will facilitate the sharing of best practices.

Item	Description	Cost
CoP framework	Hire contractor to design and develop CoP framework	\$50,000
Technical assistance	Support the implementation of the framework	\$7,500
Trauma-informed care conference	Plan and convene 2019 conference on trauma-informed care in partnership with DOH	\$15,000
TOTAL		\$72,500

Activity 5 – Improving Overall Quality (\$30,000)

Hawaii will host a State Early Childhood Summit in December 2019 for approximately 300 individuals, which will require \$30,000.

Item	Description	Cost
Conference facility	Rental fee, including meeting rooms, AV and internet access	\$22,500
Conference materials	Printing (\$5,000) and graphic design (\$2,500)	\$7,500
In-kind contribution	Postage (\$300)	
TOTAL		\$30,000

Commitment of Non-Federal Resources

Figures 9 and 10 provide information on the personnel and non-personnel commitment – the state’s in-kind match – for PDG B-5. The amount of in-kind for personnel is \$, and in-kind for non-personnel is \$, totaling \$.

Figure 9. Personnel Commitment

Title/Name/Agency	Time (hr/mo)	% of Time	Source of Funds	Annual Salary	Grant Salary	Fringe	In-Kind Match
Principal Investigator: Catherine Betts (DHS)	8	5	State Funds				
DHS Project Director: Dana Balansag	8	5	Federal Funds				
EOEL Project Director: Lauren Moriguchi	20	12.5	State Funds				
Data Manager: Jeffrey Larson (EOEL)	128	90	State Funds				
Project Support: Wimmie Wong Lui (EOEL)	20	12.5	State Funds				
Strategic Plan Coordinator: Jorene Barut (EOEL)	80	50	State Funds				
TA Coordinator: Christine Jackson (EOEL)	20	12.5	Federal Funds				
Office Assistant (EOEL)	20	12.5	State Funded				
Early Childhood Coordinator: Keiko Nitta (DOH)	24	15	State Funds				
State Advisory Council	4	2.5	State & Private				
Grant Manager	160	100					
TOTAL							\$212,519

Figure 10. Non-Personnel Commitment

Item Description	Calculation	In-Kind Match
Meeting space for ELB	\$350 per half day x 12 = \$4,200	\$4,200
Meeting space for SAC	\$350 per half day x 12 = \$4,200	\$4,200
Office space	Cubicle space of 99 sq ft x \$16/sq ft x 12 mo = \$19,008	\$19,008
Workstation		\$1,500
Conference room space	Conference room of 225 sq ft x \$16/sq ft x 12 mo = \$43,200	\$43,200
Gen office supplies and postage	\$100 x 12 = \$1,200	\$1,200
Computer		\$2,600
Phone & Internet	\$125/mo x 12 = \$1,500	\$1,500
Postage for EC Summit		\$300
TOTAL		\$77,708

Total Direct Costs

CATEGORY	COST
Personnel	\$65,000
Fringe (60.08%)	\$39,052
Travel	\$15,500
Supplies	\$0
Contractual	\$800,000
Other	\$0
TOTAL	\$919,552

Indirect Cost

The most recent indirect cost agreement is 5% of the total direct cost for FY 2018 (\$45,978)

Total Proposed Budget Request

TOTAL DIRECT COSTS (Item G):	\$919,552
TOTAL INDIRECT COSTS (Item H):	+ \$45,978
TOTAL PROPOSED BUDGET REQUEST:	\$965,530