Hawaii Early Childhood Comprehensive Needs Assessment

Completed by ICF Inc

Executive Office on Early Learning
STATE OF HAWAII

Hawaii Preschool Development Grant Birth Through Five

Early Childhood Comprehensive Needs Assessment

FINAL REPORT

Submitted to:
Research Corporation of University of Hawaii

Executive Office on Early Learning/ Preschool Development Grant Birth to Five Team

Submitted by:
ICF

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Executive Summary

Overview/About This Report

This report summarizes the results of Hawaii's statewide early childhood system needs assessment carried out by the ICF project team from September 2019 to February 2020, with the support of Hawaii-based consulting partner Summer Helms assisted by Elizabeth Brey, PhD, on behalf of the Department of Human Services and the Executive Office on Early Learning. The needs assessment encompassed multiple methods of stakeholder input, data collection and review, including the following components:

1. A Review of the major findings of previous needs assessments reports in the state
2. A "Risk and Reach Analysis" incorporating external, state agency and private entity data to identify critical needs and gaps in programs reaching vulnerable populations of families with young children, in domains of Family and Economic Stability, Health, and School Readiness (see Appendix E for overview of methodology)
3. A System Assessment with key stakeholders that included interviews with key informants such as state agency administrators and other state-level leaders in the private and public sectors, as well as focus groups with parents and providers (see Appendix A for overview of methodology)
4. An updated Resource Map of funding for programs serving children birth to age five

Key Findings

Key findings of the needs assessment were presented in major domains of Demographics; Availability and Access to Services; Program and Workforce Quality; Family Knowledge and Engagement; Transitions Among Programs; and Funding/Resources/Coordination.

Demographics, Availability and Access to Services

A description of the birth to five population showed that there are more than 108,339 children birth to age five in Hawaii, representing a very diverse subset of the total Hawaii population. Figure 1 describes the population of children birth to age five, by race and ethnicity[1].

[1] All demographic risk data are drawn from the American Community Survey and other latest available data provided by Hawaii state agencies. The estimated population for children birth through age five were imputed from the American Community Survey's 2013-2017 5-year estimate table for children birth to age four and adding to it 20% of the 5-year estimate table for children ages 5 to 9. Detailed sources are provided in Appendix E.

Figure 1: Children Birth to Five by Race/Ethnicity

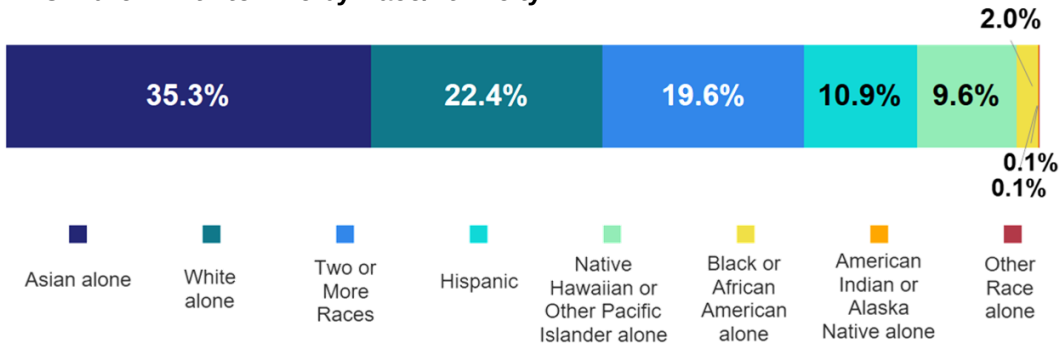
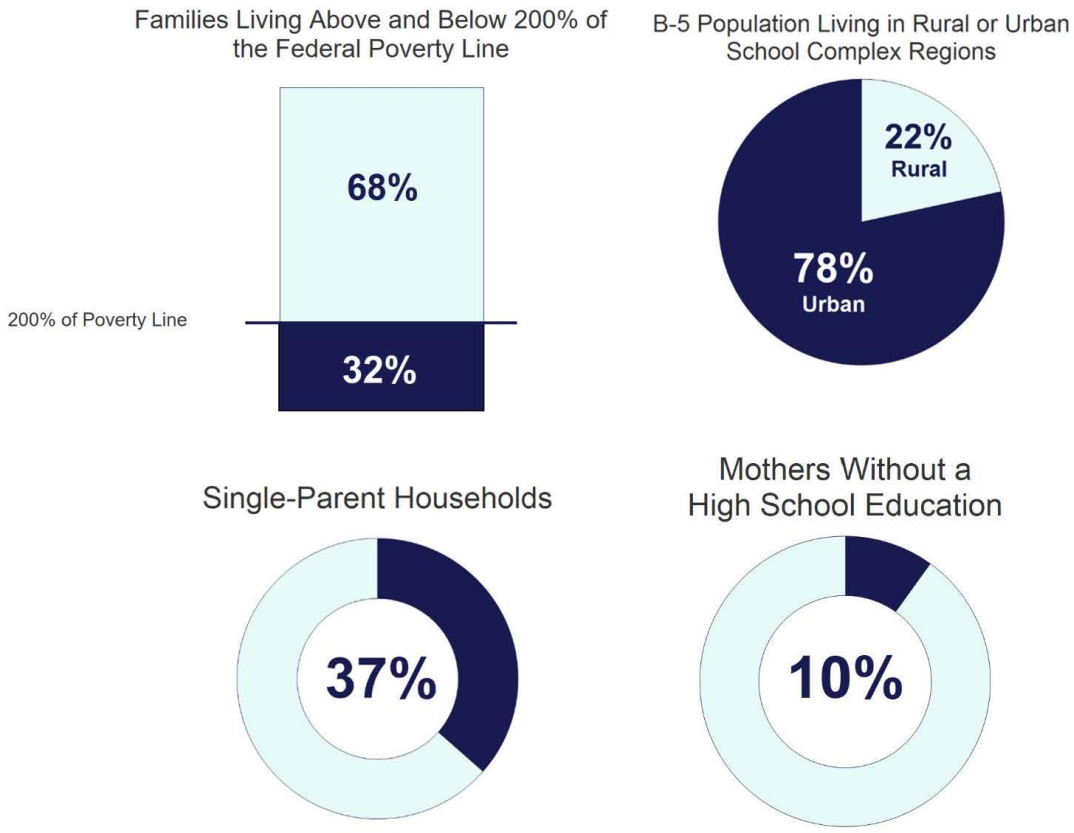


Figure 2 shows the make-up of Hawaii families and children by several key potential risk factors that are a priority for needs assessment and planning efforts: Household income/poverty threshold, single-parent households, rural/urban residence by school complex[2], and maternal high school education.

Figure 2: Description of Hawaii Population by Priority Groups or Risk Factors



[2] School complexes provided by Hawaii Department of Education; external data were associated with school complex by ZIP code when available.

Risk and Reach Analysis

A risk and reach analysis was conducted to identify communities (school complexes) where children birth to age five are at high risk, with an index of overall risk as well as composite indices for Family and Economic Stability, Health, and School Readiness. The six complexes with the highest overall risk factors based on the Risk Analysis represent more than 16,284 children (15%) birth to age five, while the eight complexes with the lowest overall risk level represent 17,806 children (16.4%) in this age group. The greatest concentration of high-risk and medium-high risk complexes by this composite measure are located in Hawaii County. The high overall risk complexes include **Kealakehe, Laupahoehoe, Kau, Pahoa**, **Waianae & Nanakuli,** and **Molokai**.

Similar patterns were seen for the composite indices for Family and Economic Stability, Health, and School Readiness.

- **Family and Economic Stability: High risk areas** are found in a total of eight school complexes: in Hawaii County (4 complexes); Honolulu (2 complexes) and Maui (2).
- **Health: High risk areas** are found in eight complexes, in Hawaii County (4 complexes) and Honolulu (4).
- **School Readiness: High risk areas** are found in eight school complexes: In Hawaii County (5 complexes); Honolulu (1 complex) and Maui (2 complexes).

The risk and reach analysis provides insight into specific underserved vulnerable communities where high risk for a domain is paired with relatively low reach of programs in that domain. These areas can be considered as potential priorities for expansion of services. For example, this risk and reach analysis identifies specific areas of vulnerable populations where a community resource hub model or other strategy might be particularly impactful when paired with general expansion of program capacity or expansion of preschool classrooms. As strategies are considered for future expansion of services, particularly early childhood programs requiring addition of new facilities or classrooms, these areas may be considered high priority.

Data on reach of programs supporting health and wellness were available only at the state level, so specific underserved communities (school complexes) could not be identified for this domain. However, program reach is described at the statewide level in detail tables in Appendix G.

In most areas, there is a range of low to high reach by programs county-wide, however school complexes of particular concern where vulnerable (high-risk) communities appear to be most underserved due to low program reach include the following:

Family and Economic Stability

- Income Assistance: Reaches **10.9%** of estimated eligible population statewide. The complex with the highest risk in this domain and the lowest reach for this indicator is **Kau** complex.
- Child Care Assistance: Reaches **4.7%** of estimated eligible population statewide. The complexes with the highest risk in this domain and the lowest reach for this indicator include **Kau, Molokai,** and **Lanai** complexes.

- Housing Assistance: Reaches **71.3%** of estimated eligible population statewide. The complexes with the highest risk in this domain and the lowest reach for this indicator include **Kau** and **Lanai** complexes.
- Food Assistance (SNAP): Reaches **76.7%** of estimated eligible population statewide. The reach in some complexes exceeds 100%, likely due to additional eligibility criteria that may allow participation in the program above the income requirements. The complexes with the highest risk in this domain and the lowest reach for this indicator include **Lanai, Kau,** and **Laupahoehoe** complexes.
- Placement Permanence: Of the children in foster care statewide, **23.5%** are successfully placed into permanent homes within 12 months of being placed into foster care. The complexes with the highest risk in this domain and the lowest placement rates include **Kau**, **Laupahoehoe,** and **Hilo & Waiakea** complexes.

School Readiness

- Early Childhood Special Education: Reaches **4.9%** of all children ages three to five statewide. The complexes with the highest risk in this domain and the lowest reach for this indicator include **Hana, Kau, Pahoa** and **Kohala**.
- Head Start and EOEL Public Prekindergarten: Reaches **15.3%** of estimated eligible population statewide. The complexes with the highest risk in this domain and the lowest reach for this indicator are **Waianae & Nanakuli, Hana, Kealakehe, Kohala,** and **Pahoa**.

Licensed Child Care Capacity

- Overall, total capacity of licensed child care (slots) is sufficient for just **23.3%** of the total population of children from birth to age five. Data were not available broken out further by age group of slots (e.g., infant/toddler vs. 3- to 4-year-olds).
- Critical gaps in child care capacity are seen in many areas which can be considered child care “deserts,” where capacity is less than one slot per three children potentially needing care.
    - **All of Kauai County** and **Maui County** are entirely child care desert areas.
    - **Much of Hawaii County**, except for Hilo & Waiakea, is considered a child care desert.
    - **Most of Oahu, with exceptions in Honolulu and along the Windward Coast,** is a child care desert.
    - Additional gradients in child care capacity gaps are shown in Appendix G.
- These gaps in child care coverage echo the detailed findings of the recent early learning assessment (DeBaryshe et al., 2017).

When using the findings from this risk and reach analysis, it is important to keep in mind that these analyses exclude the reach of some programs in the private sector. In some communities, private entities such as Kamehameha Schools use private funds to provide early education and family support services to additional children, particularly in rural/remote communities. The funding for these programs is accounted for in the fiscal resource map, but the extent of these services is not captured in this risk and reach analysis.

In addition to defining vulnerable populations and assessing high risk and low coverage areas, a review of previous needs assessments as well as discussion with key stakeholders addressed themes of family and community awareness of services, family preferences, and section processes for early care and education services.

Review of Previous Needs Assessments

Recent research has described several important themes regarding family preferences for early childhood programs and barriers to accessing care experienced by working families. In a recent survey of families regarding child care choices, quality and cost were the most important factors in parents' choices when selecting care, followed by location and hours (Early Childhood Action Strategy, 2016a). Parents who were not able to place their children in their first choice for care indicated that cost was the primary barrier to doing so.

The most recent early learning assessment noted a gap in hours of coverage available in regulated early childhood programs relative to the hours needed by working parents (DeBaryshe et al., 2017). Most parents needed Monday through Friday workday care (77%), but a substantial sub-group needed evening (10%) or weekend (11%) care.

Families looking to select care programs on the basis of quality are likely challenged by the lack of publicly available information on program quality. The cost of care is another significant barrier for families, particularly those with low income (Early Childhood Action Strategy). Regulated child care is extremely expensive in Hawaii, with the average annual cost of center-based care for an infant at $13,404, $11,904 for a toddler, and $8,724 for a four-year old. The average annual cost of family child care for an infant is $8,436, and not much less for a toddler ($8,208) or a four-year old ($8,136) (Child Care Aware of America, 2018). This represents a significant burden on many families in Hawaii where the median household income is $80,212, but especially for low income households with one or more children.

Given the cost of regulated care, it is not surprising that many families turn to license-exempt providers. In federal fiscal year 2017, approximately 71% of Hawaii's children whose families receive Child Care and Development Fund (CCDF) child care subsidy were in the care of legally exempt child care providers. It is not clear whether families are choosing legally exempt child care because that is their preference due to a variety of reasons which can include cultural values or non-traditional work schedules, because limited slots are available in licensed and registered child care settings, or because of the cost of regulated child care.

System Assessment Findings

Stakeholder Interviews

When discussing strategies for outreach and marketing of services to community partners and families, stakeholders who are leaders in agencies and larger entities described in interviews how they make use of a wide array of network partners, community events, web and media promotion of programs and services, including central information resources such as PATCH and Aloha United Way 211. However, many interviewees expressed concern that programs remain somewhat siloed and each is responsible for marketing its own service to its target populations. An attempt has been made to develop hub models where families can access multiple services and learn about various supports available to them.

Several state agency leaders also spoke about the need for communications/marketing professional staff to not only market services to families but also articulate the agency's mission, goals and accomplishments for wider visibility and state level support. Most agencies discussed the need for more investment in communications and marketing and the need for an over-arching strategic plan to guide their efforts.

State agencies reported that it is difficult to reach rural areas and ensure that there are adequate services. There is not a robust array of services on every island; even for medical care, it is often necessary for children to be flown between islands to get care, often paid for by Medicaid. To address the challenge of reaching remote/rural areas, some agencies such as DHS and the early intervention section of DOH have considered the possibility of tele-health services. However, this a fairly new idea and the workforce needs to develop new skills to become comfortable with the technology to provide service in this way; likewise, not all families have the comfort level to use this service.

In early childhood education specifically, there is significant interest in more rapid expansion of public pre-K programs among some stakeholders. However, agency leaders cautioned about the need to be mindful about building out the capacity to support expansion, including workforce, facility capacity, etc. Leaders in the early education sector spoke repeatedly in interviews about the challenge of state constitutional limitations on public funds distributed to the private educational sector. This was named as a barrier for workforce development initiatives, facility development, etc.

Workforce capacity development was named as a major concern or challenge by multiple key informants in discussions of capacity to serve families. At the higher education level, it was noted that there has not been a significant statewide investment specifically in early childhood preparation programs. Stakeholders such as the Department of Health acknowledged that in addition to monetary resources, there is a lack of workforce capacity for specialized early childhood educators and specialized occupational therapists, physical therapists, speech pathologists. There is a lack of a pipeline of specialized training programs in the state to provide this professional training, so professionals must be brought in from the mainland, and relocation is difficult and costly.

UH is working toward a more systematic approach to building the early childhood workforce. The current higher education and training system is fragmented and difficult for students to navigate. One theme that arose from conversations was that the early childhood workforce is a critical need at the state level, and that UH as a land grant university should address this directly as part of their strategic mission to serve the public's critical needs. Lack of access to forward-funded scholarships or tuition reimbursement is a barrier to entry into educator preparation programs. Leaders in multiple agencies discussed a variety of strategies to encourage growth of the ECE workforce.

Family focus groups

Families in focus groups discussed their preferences and selection process when finding early child care programs. Most families noted that they heard of programs informally through in-person communications such as word of mouth from friends, schools or shelters. When

discussing how they select care, families emphasized throughout the focus groups that they look for two key elements in an early childhood program: the price, and the flexibility of drop off and pick up times. Families also noted that they need more affordable care for their children; specifically saying that they cannot afford the existing child care programs. Respondents also noted that they want more local care or enrichment activities that are free for families. Respondents also noted that the existing hours of early child care pose significant challenges for parents who work into the evenings, especially after 5pm. Families noted the importance of programs that have both morning and evening hours.

Some families provided insight into their reasons for selecting informal care, noting that they choose to use an informal program primarily due to the family-like environment and level of trust they have for the staff and providers. According to the respondents, the smaller, more familiar environment of an informal program resembles “ohana” (family).

Families offered a mixed assessment of the barriers to accessing quality early child care. Some believed that there was a significant shortage of quality programs, resulting in long waitlists that families must join while pregnant if they have any hope of getting a spot. Families were also asked about their challenges in accessing child care subsidy, noting various challenges and barriers they face in obtaining subsidy or navigating the application process. A few respondents indicated that there is not enough information provided to families; comments included concern that support services are not sufficiently advertised; some parents said they did not know where to find information about how to get a subsidy. Families also noted that they choose not to apply for subsidy because the paperwork is “arduous”, resulting in them giving up or choosing not even to begin. Another barrier families mentioned was the stringency of the subsidy qualifications. Many respondents noted that their families do not qualify when they feel as though they should.

Program and Workforce Quality

Previous Needs Assessments

Previous needs assessments have observed that in Hawaii, low wages and a high cost of living have contributed to a critical shortage of qualified early childhood professionals and a high turnover rate (Executive Office on Early Learning, 2019). The recommended benchmark suggested by national early childhood organizations (e.g., National Association for the Education of Young Children, Office of Head Start) is that lead teachers have a bachelor’s degree in early childhood education. For assistant teachers and aides, the most common recommendation is a child development associate credential (CDA) (DeBaryshe et al., 2017).

While it was recently estimated that the majority of lead teachers in centers and FCIL programs have received a bachelor’s degree or higher, assistant teachers were most frequently reported to have a CDA (73% in centers and 27% in FCIL programs). Classroom aides are less likely to have a formal credential with only about one-fourth having a CDA or higher (DeBaryshe et al., 2017). In Head Start programs, as of FY 2014-2015, fifty-six percent (56%) of Head Start teachers and thirty-three percent (33%) of Early Head Start teachers in Hawaii hold BA or higher (Barnett & Friedman-Kraus, 2016). While there is no comparable benchmark for FCC provider education, more than half of FCC providers in Hawaii reported having any type of

degree in early childhood, with one-quarter having a bachelor's degree or higher, though not necessarily in early childhood. In addition, 10% of the FCC providers have a current CDA (DeBaryshe et al., 2017).

Professional development supports are a critical part of retaining the early childhood workforce as well as helping staff advance their careers. The early childhood workforce may face various barriers of cost, time, transportation, and availability of classes when pursuing additional education or training. In a previous needs assessment report (DeBaryshe et al., 2017), it was reported that almost all staff were able to attend conferences, outside workshops, or continuing education courses with no out-of-pocket cost and often on paid time. However, reimbursement for taking formal college courses, and particularly paid time off to attend college classes, was less common. When staff in center-based and FCIL programs was asked to comment on their experiences arranging for professional development, respondents stressed the difficulty of scheduling training time during the work day or expecting staff to attend training outside of their regular work day. Family child care (FCC) providers, of course, must attend such trainings on their own time when their programs are not operating.

System Assessment Findings

In stakeholder interviews around program quality, leaders confirmed that there is no single consensus on standards of high quality in early childhood education programs. In its role providing curriculum and training support for public pre-K on DOE and charter school campuses, EOEL follows NIEER standards for teachers and support provided to pre-K programs. EOEL provides a summer-time EOEL provides a summer-time Early Learning Induction Program, required of all schools prior to opening a new public prekindergarten classroom. It takes place over the course of one school year in the year prior to opening the pre-k classroom. New school teams, including the school administrator, meet to discuss implementation issues, plan, and receive training and classrooms set-up support including how to implement an early childhood curriculum and launch a quality pre-K classroom. Many programs pursue voluntary national accreditation, which is also embraced by funders of scholarships (such as Kamehameha Schools) and by DHS (in administering Preschool Open Doors).

A recent pilot of QRIS ended with the program on hiatus in 2014 with no active plans to resume. However, the Samuel N. and Mary Castle Foundation have expressed support for future funding of this effort should state level leadership elect to revive a QRIS as a priority strategy.

Multiple stakeholders named not only workforce capacity but also workforce quality and professional development as key concerns in the state. Leaders noted that a great challenge is the lack of ability of the private sector to pay teachers and provide benefits to attract the well-qualified workforce necessary to support quality. Stakeholders called for greater incentives and flexibility to help teachers to demonstrate their ECE knowledge (not necessarily credit-bearing courses), including greater opportunities for alternative professional development that accommodates the needs of working professionals, such as online coursework and other options. As noted earlier, there is a critical need for more specialized professionals at all levels of childhood services, including the mental health, physical health and special education

domains. Finally, some leaders noted the need to build more system level leadership, particularly individuals bringing a Native Hawaiian perspective who can effectively lead on increasing indigenous representation in the field.

Most families participating in focus groups expressed that the quality of the staff and philosophy was an important indicator of program quality for them. Families noted that teachers needed to be passionate about educating young children and needed to have a structured and defined plan for learning. Many families also evaluated program quality based on the atmosphere, noting that a program should feel welcoming to families and children. They said it is important to have an environment where the staff are excited to be there, children feel supported, and family members are welcomed.

Families and staff both agreed that another important indicator of program quality is the program's focus on student readiness, both academically and in the development of social skills. Families noted that high quality programs expose students to the expectations of a formal preschool setting and provide an opportunity to socialize with other children, easing the child's transition into the K-12 education system. Child care staff and providers echo this idea, noting that a quality program has a holistic approach to student education.

Providers generally responded positively when asked about their interest in receiving additional professional development (PD), noting, however, that two main barriers they face to receiving this additional PD are time and transportation and that additional funding would help overcome these barriers. These responses generally confirmed previous surveys and needs assessments of barriers and concerns in obtaining higher education and training. Staff noted that it can be difficult to find the time to participate in PD opportunities while they are balancing their other priorities, such as work and family. This is especially true for those that are located in remote areas, who also mentioned that transportation can be a significant barrier. There was a diversity of opinions among provider about interest in higher education. Some providers, particularly those in the special education, Tutu and Me, and Aha Punana Leo groups, said they were interested in obtaining higher education, but found it difficult because of time constraints and lack of financial resources for tuition and other expenses.

Family Knowledge and Engagement

Previous Needs Assessments

There is no direct evidence of the extent of parents' knowledge of developmental information about their children, however, previous needs assessments shed some light on this area. According to the 2017 early learning assessment, parents in the general population did not typically report widespread developmental screenings, which can be an important venue for sharing general information on children's developmental milestones. Such screenings had been done for just 42% of children in a center setting. In contrast, FCIL programs conduct screenings routinely for developmental issues and vision/hearing. The Hawaii Home Visiting Network also conducts the screenings with virtually all families in its programs.

Families may rely on a wide variety of sources and channels to obtain information about early childhood programs and services available to them. In Hawaii, a range of programs such as Family-Child Interaction Learning Programs (FCILs) – Partners in Development Foundation, INPEACE, Keiki O Ka Aina – and Home Visiting Programs offer information through curriculum models such as the Nurturing Parenting Programs, Parents as Teachers, Health Families America, and Home Instruction for Parents of Preschool Youngsters (Child Care Aware of America, 2018). In addition, PATCH offers information for families on selecting quality care. Hawaii's parents agree that information about parenting support services and programs is available. Where they do not agree is that the information is easy to access. In a recent report, authors concluded that more work needs to be done to get the right information to the parents who need it the most (Early Childhood Action Strategy, 2016a). When lower-earning families – who have a greater need than higher-earning families for information about parenting support services and programs – are given easier access to the information they know is available, they find the information beneficial (Early Childhood Action Strategy, 2016a).

Parents most commonly report that the most helpful parenting support services include those that suggest activities to do with their children, child development milestones, and managing children's challenging behavior (Early Childhood Action Strategy, 2016a). Parents generally agree that they require more information about parenting support services and programs available in their communities, but they express less agreement that available information is easy to access (Early Childhood Action Strategy, 2016a).

System Assessment Findings

Confirming the findings of previous research, across multiple focus groups, both families and child care providers noted that families need more information regarding child development milestones. Of the families who did indicate that they have information on child development milestones, many of them noted that they receive it from their child's doctor/pediatrician, with a few receiving information from schools or teachers. Information is communicated to families in a variety of methods and there did not appear to be a single consensus on the primary sources of information across focus groups.

Home visiting staff emphasized that it can be difficult to engage parents and families who are disinterested in the information or engagement activities they offered. Other staff (special education and preschool teachers) found families more receptive to this information. To support parent and family understanding of developmental milestones, respondents reported that some programs require parent involvement via in-person or online trainings, however, this adds additional requirements that are a challenge for busy families.

Transitions Among Programs

Previous Needs Assessments

Transition supports were a major area of inquiry for this needs assessment. The review of previous needs assessments indicated that Hawaii has been generally quite successful meeting

benchmarks for children with special needs; services associated with transitions are provided completed within recommended time windows. Among children eligible for Part B who were referred by Part C prior to age 3 and had an IEP developed and implemented by their third birthday, 95% had an IEP in place on time. Furthermore, 94% of toddlers with disabilities exited Part C with timely and complete transition plans. The Department of Education has developed The Special Education Compliance Action Table (SPED CAT) database specifically to monitor compliance of Hawaii's System of General Supervision and Support. From families' perspective, a little over half (54%) of parents with a child receiving special education services indicated that their child's school facilitated parent involvement as a means of improving services and results for children with disabilities. This met the target for 2017-2018 (Department of Education, 2019).

Previous research also found success in meeting the transition needs of families in general. In a survey of families in the general kindergarten-age population, a large majority of parents responding (88.9%) reported that they had the information and resources they needed to prepare for kindergarten. Nearly all (96%) parents reported that the kindergarten enrollment and registration process was easy to understand and manageable. In turn, the majority of parents surveyed (82%) reported that their children adjusted well to the transition to kindergarten (Early Childhood Action Strategy, 2016b).

System Assessment Findings

The system assessment – both stakeholder interviews and family focus groups – yielded a less universally positive picture of transition supports statewide.

EOEL discussed its work on transitions including development of a toolkit for parents and providers, and initial conversation around creating "hub" locations, similar in concept to a "Navigator Center" that provides comprehensive supports and services for families based on community needs and context. However, multiple leaders acknowledged that in general, systems around transitions are ad-hoc and fluid, with the burden placed on families to request support and transfer information to their children's new providers or teachers. Solutions proposed for this challenge included developing portfolios of children's work to bring to kindergarten, and several calls for the return of a universal kindergarten entry assessment. Such an assessment was seen as valuable not only as a reflection of an individual child's needs and strengths, but also as an indicator of the effectiveness of the early childhood system as a whole in preparing children for school.

In discussing what role EOEL could play in supporting transitions, it was suggested that EOEL should be a "Master Communicator" integrating all programs for families and children 0-5. In this view, school readiness is just one outcome, but happy, healthy children are the overall priority. Leaders also pointed out that information should be provided to families at multiple points starting at the family planning and prenatal stages. This information should include developmental milestones, prenatal and perinatal health, parenting classes, etc. It was emphasized that information should be provided early and simple terms so as not to be overwhelming to families. The concept of a community hub was also mentioned in context of transition supports. Leaders expressed that ideally there should be better networking of

programs and organizations at the community level, potentially through a community hub on each island that each family can access.

Families across the focus groups described a range of transitional supports provided to children and family that they were aware of or participated in. Some families noted that they desire more guidance throughout the transition from PreK to Kindergarten, looking for explicit information on typical challenges families and children encounter, and major variations between PreK and Kindergarten class philosophies and approach. Many families noted a general lack of communication between families and schools during the transitional period, noting topics such as irregular bus transportation for students and a wish for an advance introduction to the Kindergarten teacher. A significant transitional challenge that families noted was the shift in academic rigor from PreK to Kindergarten. Some families with children placed in a play-based pre-Kindergarten program noted that they were shocked to see a significant increase in the academic requirements upon entry to Kindergarten. There was also discussion among families about their perception that the mainstream kindergarten system is not well suited for children with special needs.

Funding/Resources and Coordination

Resource Map

As part of this needs assessment, a resource “map” or summary was developed overviewing major sources of funding from federal, state and private sources for early childhood programs serving families and children from birth to age five. A review of this map reveals some areas of concern regarding underfunding of early childhood programs, particularly in regard to supports for child care assistance and school readiness programs.

- While children ages birth to five benefit from the $873 million in investments into programs and services across all domains, only $166 million (19%) is spent in the school readiness domain, which includes Head Start and Early Head Start, Preschool Open Doors, EOEL Preschool, Early Intervention, Early Childhood Special Education, Home Visiting, Family Child Interaction Learning Programs and private foundation spending that supports early childhood programs.
- State investments in the school readiness domain are relatively small compared to investments from other sources, with 60% of programs in this domain funded through federal sources, 32% funded by private foundations, and 8% funded through state investments.
- Hawaii has the third highest proportion of residents living in child care deserts (Malik, Hamm, Schochet, Novoa, Workman, & Jessen-Howard, 2018). However, the state allocated only $24 million (3% of the total funding for all birth to five programs) on programs that provide free or subsidized child care (including child care assistance provided through Child Care Connection, the Preschool Open Doors Program, and the state preschool program).
- While improving the quality of early learning programs is a priority for both state policymakers and parents, the state funded only $14 million (2% of the total funding for all birth to five programs) to support or establish programs that meet higher quality

standards (including the Preschool Open Doors Program and the state preschool program). The most significant investment into programs that meet higher quality standards comes from the $29 million in federal funding from Head Start.

- The vast majority of funding for programs that support providers and the workforce are funded through the Child Care Connections, private foundations and Head Start. Yet, the total investments into supporting the workforce and providers totals only $9 million (or approximately 1% of the total funding for all birth to five programs)
- There are multiple state and federal funding streams that are administered by four state agencies that have different program goals, eligibility requirements and funding guidelines that may serve as a barrier to local collaboration, create pain-points for individuals seeking services and result in administrative duplication.

System Assessment Findings

In stakeholder interviews, leaders universally noted a general need for more funding for early childhood directed services. Leaders also pointed out the challenges of operating programs with federal funds that have administrative barriers to combining funding or using funding for anything other than direct service to children. Multiple leaders expressed concerns about separation of funds required by recent legislative developments as a barrier or potential contributor to inefficiency. Leaders repeatedly expressed challenges with recent constitutional requirements to prevent use of public funds in private education settings and associated limitations for age groups. Both private and public agency leaders emphasized the importance of allowing families to have choices in a mixed delivery system, and of the need to support family choices in small local communities.

In the private sector, it was mentioned that sustainability is an issue for private funders to continue to fund the same needs. One leader expressed the desire for private funding to continue to support ongoing services, not be limited to start-up opportunities.

In public prekindergarten, several leaders mentioned targeting funding for expansion of public pre-K services in high priority areas currently defined by Title I funding, to maximize the impact of early childhood programming for families most likely to see significant benefit.

As mentioned earlier, a common theme that arose in multiple areas of discussion and from multiple leaders was the widespread interest in a community hub model for family support services. The Oregon Early Learning Hub model was mentioned as a possible approach to follow, while locally the example on Hana was also mentioned as a Hawaii-specific model for possible replication. The current hub in Hana is a collaboration between programs and services within a geographical area to support seamless transitions for children and families. It may be unique because it is a model that was created in a rural setting for a rural population, however, given the repeated mentions of such a model by multiple stakeholders and leaders there may be promise in exploring how this might be implemented in other communities.

As noted earlier, families generally expressed the need for more information about where to get supports, possibly indicating that existing community resources they have found do not have sufficient connection to a coordinated network or web of services. Families at the Hana focus

group, where multiple services are co-located, expressed satisfaction that they got enough assistance with their needs and knew how to get the assistance they needed.

When families were asked about coordination of supports for their children with special needs, there were a variety of challenges noted. Families remarked that they perceived that the support programs that do exist are inconsistent; there is no formal process or mechanism in place to get specialized supports.

Critical Data Gaps

This needs assessment identified several critical gaps in the data on children birth to five as well as several priorities identified by stakeholders for future efforts in developing an early childhood integrated data system.

Leaders are aware of a need to share data at a system level to understand the needs of children and the impact of early childhood services on child outcomes. Leaders would like to be able to describe- at both a system and individual child level - whether children have received various early intervention and family support services, financial support and understand their participation in structured early childhood programs. Another area of need for basic data is on how many children are getting financial assistance for early childhood private programs.

Stakeholders would also like to see systematic tracking of what programs are conducting developmental screenings at certain developmental milestones and if there is there a warm hand-off for families to support services.

At this time, no single child identifier is in use so there is no mechanism to track and support transitions among multiple programs over time, and across public and private sector programs. This is an obstacle to obtaining unduplicated counts of children receiving services in a particular program area within a mixed-delivery system.

Multiple leaders called for the re-introduction of a universal kindergarten entry assessment, to gather both individualized information on a particular student's needs as well as a system-wide reflection of how well children are being prepared for kindergarten.

No universal indicator of program quality is available. The previous pilot of a QRIS has been shelved. In the absence of a universal indicator of quality, current assessments general rely on the presence of national accreditation, public prekindergarten, or Head Start standards as indicators of high quality programs. It was also noted that there is no systematic tracking at kindergarten entry of how many children have been served in one of these high quality ECE programs. In the absence of a universal child identifier, it is not currently possible to provide an estimate of the number of children considered vulnerable or at high risk who are served by at least one of these programs.

Some leaders expressed the view that they are "swimming" in early childhood data but lack the analytic capacity to transform the data into insights about the children who are being served, the programs providing services and the allocation of resources.

A key finding of this needs assessment was the challenge of compiling a broad set of indicators on child risk and program reach in a relatively short timeframe. Data on these indicators are siloed in multiple state agencies, private providers and the philanthropic sector. Future efforts

can focus on developing a “dashboard” of measurable indicators of needs and program reach, with a mechanism to update on a regular basis and share this information among early childhood stakeholders.

Recent efforts to develop an early childhood integrated data system (ECIDS) are on hiatus. Barriers to implementation include a lack of consensus about roles and data sharing agreements, adoption of universal data formats for elements to be shared for integration, and concerns about security and privacy, among others. An early childhood data governance charter has been developed. Resumption of this collaborative effort would be very valuable for early childhood system building efforts.

Discussion and Implications

The findings of this needs assessment have a number of implications that leaders should consider in shaping future planning efforts particularly in a set of topics that the Administration for Children and Families recommends for ensuring PDG B-5 needs assessments support strategic planning and system building.

Children Being Served and Awaiting Service One desirable outcome of the PDG B-5 needs assessment is to identify an unduplicated count of children being served and children awaiting service. This goal is especially important and challenging in Hawaii’s mixed delivery system in which both public and private providers play complementary roles in early childhood education, combined with constitutional requirements that mandate separation of funding between the public and private spheres. Considering the challenges experienced in gathering basic descriptive data on reach of many programs for this report, this important goal should be made a high priority for future efforts. This report describes previous efforts to develop an early childhood integrated data system (ECIDS), currently on hiatus; it would be highly desirable to revisit and resume these efforts, incorporating the ability to look across public and private sectors to provide unduplicated counts of children served and awaiting service as one of the desired outcomes of an ECIDS.

Gaps in Data on Quality and Availability As described above, a number of key gaps in data on quality and availability of services were identified through the exercise of compiling data for the risk and reach of services, in discussions with key stakeholders, and in reviews of previous needs assessment efforts. In regard to quality of services, there is not a common standard of quality of EC programs currently in place, although there is widespread acceptance of several systems of national accreditation. In the absence of a single standard of quality, indicators of early childhood program quality remain the presence of accreditation, Head Start standards, and in many cases licensing minimum standards. Understanding the total picture of program quality in early childhood programs by a common standard would be highly valuable.

Gaps in data on availability of services, as discussed above, include the need to develop an unduplicated count of children served and awaiting service across both private and public sector. In addition, multiple stakeholders mentioned specific data indicators that would be of value in the early childhood system, such as an assessment of children’s school readiness at kindergarten entry and a measure of how many and which children had participated in a preschool experience and other supports by the time of kindergarten entry. These data elements are valuable not only for tracking an individual child’s early childhood supports,

readiness and later outcomes, but also as an indicator of reach and success of the early childhood sector as a whole.

Measurable Indicators of Progress While not an explicit outcome of this needs assessment report, a next step or logical extension of this work would be to use the findings to develop measurable indicators of progress for Hawaii's early childhood system, in alignment with the goals of Strategic Planning Implementation Plans. For example, the risk indicators could be a basis for indicators of community and child risk factors, while the reach indicators can serve to align with workgroup goals for programs' effectiveness in serving the early childhood population. The Research Questions that guided this needs assessment can also be used to develop a set of powerful and high priority indicators. The report provides a suggested outline for future development of measurable indicators.

Funding and Efficient Use of Resources Several areas of the report identified key challenges in funding and efficiency in use of resources. Programs supporting early learning and school readiness, subsidized child care or preschool, and high-quality ECE programs are not clearly prioritized in allocations of state funding (detailed in the Resource Map section). In addition to overall lack of funding, a major theme of stakeholder discussions was the challenge of navigating requirements to maintain separation of public and private resources for early childhood services. A review of the resource map, which attempts to provide an updated overall picture of the funding available and latest spending, could support future discussions about how best to strategically use available funding to reach the highest priority populations identified in the risk and reach analysis; such strategic discussion would require the active engagement of both public and private entities. In addition, the current placement of programs supporting children birth to five in four different major state agencies likely contributes to siloing and potential duplication of services.

In initial examination of the resource map, it is apparent that as with the risk and reach analysis, one of our key findings is the sheer challenge of compiling and visualizing the total funding available from multiple federal, state and private entities and the related spending on early childhood programs and services. An important step to understanding and more effectively leveraging these funds would be to implement this process as a regular exercise among EC stakeholders, such as on a biannual basis. Amid ongoing discussion about the most effective strategies to expand preschool access for the greatest impact, several stakeholders acknowledged the importance of prioritizing expansion efforts and funding to the most vulnerable or highest-risk populations. The risk and reach analysis provided in this report can help inform selection of those high-priority areas.

Transition Supports and Gaps Multiple stakeholders noted that this was an area where system improvements could be made. In both private and public sectors, it was noted that transitions from early childhood programs to kindergarten, as well as coordination from early childhood intervention to special education, were done on a fluid and ad-hoc basis and rely on families to serve as the conduit for information. Families in focus groups also indicated that they perceive a lack of coordination. Discussion of transitions yielded several recommendations from stakeholders about data gathering efforts that would be valuable, including resuming a kindergarten entry assessment In the absence of such a standard assessment, it was suggested that families might be provided a portfolio for their children to share with a kindergarten teacher.

System Integration and Interagency Collaboration Multiple discussions in stakeholder interviews centered around concerns that programs continue to be siloed, and that the distribution of programs across multiple entities, combined with mandates to separate private and public funding, contribute to a general lack of coordination. At the same time, several efforts at system integration and collaboration were apparent through the process of this needs assessment, with the Executive Office on Early Learning as the most obvious entity serving at the hub of these efforts. Some stakeholders urged EOEL to play an even greater role in convening collaboration efforts, to share information more widely about opportunities and initiatives, and to serve as a “Master Communicator” or hub for stakeholders in the EC system to be informed about multiple services and initiatives. As noted above, resumption of efforts towards an ECIDS can serve as another venue for interagency collaboration with opportunity to make a major impact on effectiveness of EC services.

For efforts at the local community level, a very commonly discussed strategy was the concept of a community hub for EC services, with strong interest in replication of the privately supported model currently in place on Hana, where families can receive a broad range of services including early childhood care and learning programs, family economic supports and nutrition and health services. The risk and reach analysis conducted for this needs assessment reveals several underserved communities where high/medium-high overall risk paired with low reach of services suggests a need for intensive efforts to increase coverage, and a community hub may be one means to do so. Given the widespread stakeholder support for such a model, and its acknowledgment of varied roles for multiple parties, this strategy holds a great deal of promise for Hawaii’s mixed delivery system.

Final Themes

In addition, some final themes emerged from agency leaders’ discussions of the greatest challenge or opportunity for the early childhood system in Hawaii in the next 10-15 years, specifically for which the PDG B-5 grant could leverage collective efforts.

The most commonly mentioned issue was the ongoing debate over how to expand capacity of preschool programs statewide, with discussion of how to expand rapidly enough to meet the pressing needs of the population, how to reach communities in rural and remote areas, how to satisfy these needs not only in a mixed delivery system but in an environment where constitutional requirements prohibit use of public funds in private settings. Interviewees spoke of the value of family choices and the need for flexibility to support culturally specific education.

While recognizing the importance of maintaining family choice, there remains a concern that the current constitutional requirements for separation of funds has created a competition between public and private funders, and may result in smaller overall capacity among private providers struggling to stay in operation, while the public sector programs are slow to expand. Several leaders expressed that the smartest way to expand and make the most powerful impact in preschool capacity expansion would be to target highest need areas as an early priority; the risk and reach analysis conducted in this needs assessment can support ongoing planning on this subject.

Leaders repeatedly discussed the issue of insufficient workforce capacity for early childhood services. There is a widely recognized gap in the size and professional preparation of the EC workforce- not only in structured early childhood education programs, but also in specialized services such as physical and speech therapy, developmental and behavioral specialists, and early childhood mental health. Several leaders called specifically for the University of Hawaii to take a more pro-active role in dedicating resources and strategic attention to early childhood workforce building efforts, as a critical need for the state population.

Some leaders advocated for the EC sector to be more flexible in balancing expansion and concerns around quality of services when addressing preschool expansion. In this view, leaders told us that the EC community may be too rigid about specific quality standards such as educational qualifications of staff, and should be willing to step back and be open to new alternatives from outside the current EC system while investing in workforce development over time. Specifically, leaders should not give up on quality but recognize that it will take time to increase the workforce with professional preparation, and that it will be necessary to accept the current workforce context while making bold moves to increase capacity and quality.

Several ECE sector leaders reiterated the importance of focusing not only on school readiness or academic outcomes, but of attending to socio-emotional learning and physical health, emphasizing that the state's values require an attention to the whole wellness of children and families. Several leaders also discussed the need for the early childhood sector to work more effectively with the business sector to increase private financial investments and advocacy.

Finally, across the board, there is a call for bold action in expanding early childhood services, specifically referring to Hawaii's reputation as a progressive state with an openness to innovation and strong leadership. This needs assessment and the PDG B-5 strategic implementation plans can together be a road map for bold action, with many opportunities for expanding the ECE system to best meet the needs of Hawaii's families and children from birth to age five.

Introduction

Background

In recent years, there has been increasing recognition of the importance of planning for strengthening early childhood supports and early learning for Hawaii's young children, which has formed the foundation for several needs assessment and planning efforts in the state.

A statewide early learning needs assessment conducted in 2017 identified several key gaps in the state's early childhood system (DeBaryshe et al., 2017). The study found many areas of child care "deserts," where the number of children potentially needing care while their parents are working far exceeded the available supply. Shortages were found to be particularly acute in rural areas. In addition, there was a critical undersupply of regulated child care capacity for infant-toddler care. Some islands had no licensed infant-toddler programs at all. While limited information was available on families' preferences for care, a substantial portion of families reported a preference for a family member to provide care. Licensed child care was found to be especially expensive and unaffordable for families.

Some strengths of the system were found in regard to quality indicators. A substantial portion of the regulated child care capacity is considered high quality, with over a third of center capacity (seats) located in programs that are nationally accredited. Many center and FCIL programs were in the practice of conducting child assessments and developmental screenings, consistent with recommended practice, and there was a high degree of adoption of recommended family engagement practices. The study found mixed news on supports for provider professional development, with at least a moderate degree of support for continued professional development and effective performance, but less common support for staff pursuing higher education. The prospect of preschool expansion raised several concerns among center and FCIL directors, with agreement that EOEL expansion could be a benefit for local communities paired with concern about quality of expanded programs, competition with existing providers, and the need to preserve family choice.

The study's concluding recommendations for the state's early childhood system included the following:

- Increase the capacity of child care and preschool programs with a priority on infant-toddler seats and regions of the state with low per capita availability.
- Decrease out-of-pocket costs, especially for low and moderate-income families, while protecting freedom of choice in selecting care.
- Support high quality early childhood experiences throughout the community.
- Make strategic investments in a skilled and stable early childhood workforce.
- Address data gaps and provide an infrastructure for data-based decision making.

Most recently, the Executive Office on Early Learning (EOEL) convened stakeholders from across the early childhood system to collectively craft the Hawaii Early Childhood State Plan (EOEL, 2019). The plan identified 5 key building blocks for a strong early childhood system:

1. Child and Family Health, Safety and Wellbeing: Children and their families have the care and resources they need to support their health, safety, and wellbeing in the communities in which they live.
2. Family Partnerships and Support: As their children's first caregivers and teachers, families are able to access and utilize resources and supports to nurture their children's physical, social-emotional, and intellectual growth.
3. Foundations for Early Learning: Families are able to access and utilize resources in all communities for affordable, quality early childhood care and education for children from birth to age eight, laying the foundation for growth and lifelong learning.
4. A Well-prepared, Well-supported Workforce: The professional workforce serving children and families from prenatal care through age eight is robust, well-supported, adequately compensated, and highly qualified to serve in the diverse settings involved in child development and education.
5. Coordination of the Early Childhood System: 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, good policy decisions, and smooth transitions for children.

Against this backdrop of recognition of the importance of an effective, well-coordinated early childhood system and a vision of total child and family well-being, Hawaii was among 46 states and territories awarded a Preschool Development (Birth to Five) Initial Grant Award from the U.S. Administration for Children and Families (ACF) for December 2018-2019. The PDG B-5 Initial Grant Awards fund states to conduct a comprehensive statewide birth through five needs assessment followed by in-depth strategic planning, while enhancing parent choice and expanding the current mixed delivery system consisting of a wide range of provider types and settings, including child care centers and home-based child care providers, Head Start and Early Head Start, state pre-kindergarten, and home visiting service providers across the public, private and faith-based sectors.

About This Report

This report summarizes the results of Hawaii's statewide early childhood system needs assessment carried out by the ICF project team from September 2019 to February 2020, with the support of Hawaii-based partner Summer Helms assisted by Elizabeth Brey, PhD, on behalf of the Department of Human Services and the Executive Office on Early Learning. In support of the Hawaii PDG B-5 approach to early childhood well-being, this needs assessment aimed to assess critical needs not only in early childhood care and education programs but across the spectrum of supports and services making up the state early childhood system, including domains of family & economic stability, health, school readiness, and provider and workforce support, encompassed multiple methods of data collection and review, including the following components:

- A review of the major findings of previous needs assessments reports in the state
- A “Risk and Reach Analysis” incorporating external, state agency and private entity data to identify critical needs and gaps in programs reaching vulnerable populations of families with young children (see Appendix E for overview of methodology)
- A system assessment with key stakeholders that included interviews with key informants such as state agency administrators and other state-level leaders in the private and public sectors, as well as focus groups with parents and providers (see Appendices A-D for overview of methodology and instruments used)
- An updated Resource Map overviewing funding for programs serving children birth to five (detail in Appendix H)

Data collection and review of previous resources for the needs assessment was guided by a set of key research questions, shown in each section, and in Appendix F. The key research questions were developed with the support and input of the Hawaii Executive Office on Early Learning and PDG B-5 team. These questions were developed based on both local needs and federal reporting requirements. In determining priority groups and focus areas, EOEL elicited questions about local needs from DHS, Hawaii P-20, DOH, and participants in the PDG B-5 strategic planning workgroups who represented dozens of organizations and agencies from across the EC system. Not every question was asked of every stakeholder group, however, most questions were addressed by multiple methods of data collection and system review.

As this needs assessment was getting underway, workgroups were working actively on Strategic Implementation Plans to identify high priority populations and issues of concern, and potential strategies for future system building, with groups forming plans in the following areas:

- **Access**: Access to More Resources for Children and Families
- **Availability**: Availability of More Seats for Children and Families
- **Family Knowledge & Engagement**: Maximizing Family Knowledge and Engagement in Child Development
- **Health & Wellness**: Early Childhood Health & Family Wellness
- **Transition Supports**: Supports to Ease Transitions
- **Workforce**: Quality Workforce Development Supports

This needs assessment was intended to align with those Implementation Plans and be applicable to future implementation of high-priority initiatives serving children birth to five. The key findings section makes note of how each research question is especially relevant to the ongoing work of the PDG B-5 Strategic Implementation Plans, with relevant findings from analysis of all sources included in each major subsection. Appendix J shows a crosswalk of needs assessment research questions, relevant Strategic Implementation Plans, and key stakeholder groups and data sources or assessment methods. Throughout the report, out of respect for the Native Hawaiian language, diacritical marks for Native Hawaiian words are <u>not</u> applied, so as to avoid unintended misuse or misspellings.

Taken as a whole, this needs assessment addresses the domains identified by federal guidance as essential to a comprehensive needs assessment (see Appendix I for a crosswalk).The report concludes with a discussion of data gaps identified through the process of the needs assessment, as well implications for future system building and implementation efforts.

I. Demographics, Availability and Access

This area of the needs assessment was designed to assess the following Research Questions:

Relevance to Strategic Implementation Plans

- Access
- Availability
- Health & Wellness

- Where are the vulnerable populations of children in Hawaii located and how do they vary across urban and rural areas? (How do different programs and services define vulnerable populations?)
- What is the service capacity of the programs and services that are available to families, and how is capacity distributed by county?
- How many children are currently accessing programs and services, and how are they distributed by county?
- How many children are potentially eligible for programs and services?
- How is eligibility defined and what are the overlaps in eligibility across programs and services?
- How much awareness do community partners have about available resources and supports and how to navigate related systems?
- What preferences do parents have when they search for early childhood programs and services and what are the barriers and facilitators to accessing the preferred type of care?
- What factors influence families to select informal child care settings over formal settings and/or to not use available supports (e.g. child care subsidy), and what would make these families more likely to use them?

This section encompasses several analyses. First, we present a Review of Previous Needs Assessments outlining previous findings about vulnerable populations, families' awareness and access to information services, families' needs and preferences for early care and learning programs, and previously identified gaps in services for families with young children from birth to age five.

Next we present a Risk and Reach analysis, which describes the population of families and children from birth to age five in Hawaii, and explores in detail the locations of vulnerable populations by school complex (risk) as well as the reach of key programs aimed at meeting the economic and family stability, health/wellness and school readiness needs of young children.

Complementing the Risk and Reach Analysis, we present a System Assessment, which includes an overview of Stakeholder Interviews yielding insights into general challenges faced by agencies in reaching vulnerable populations, particularly challenges of providing service in rural/remote areas, and the overarching concerns with limited workforce capacity across the early childhood system.

Finally, we present a summary of themes arising from Family Focus Groups which describes families' perspectives on their needs and preferences, and the challenges in accessing care and services for their young children.

1. Review of Previous Needs Assessments

1.1 Vulnerable populations and reach of services

As part of this needs assessment, a review was conducted of the key gaps and themes identified in previous needs assessment reports[3]. The review focused on reports and assessments published in the last five years on programs supporting families of children birth to five within the state of Hawaii. Some key themes found in the review of earlier reports are summarized below. This section complements the risk and reach analysis with an overview of critical needs identified in previous assessments of the reach of services for families with young children, and extends to the research questions related to community awareness and family preferences.

A key risk factor noted in multiple needs assessments is living in poverty: Previous reports noted that approximately 10.7% of children in the state live in households with income below the poverty threshold (Bipartisan Policy, Center, 2018a); similarly, about 11% of Hawaii's infants and toddlers live in poverty (Keating, Cole, Murphey, Pina, Ryberg, Moron, & Laurore, 2018). (Poverty and multiple other risk factors are analyzed in detail in the risk and reach analysis and are therefore not addressed extensively in the review of previous needs assessments.)

A major concern or need identified in previous needs assessments is the significant under-supply of licensed/regulated early childhood care and education spaces for young children relative to the potential need for care. In the 2017 early learning needs assessment (DeBaryshe et al., 2017), it was noted that there is an overall shortage of early childhood seats in regulated programs, with an especially critical shortage of infant-toddler care and regions of the state that are considered child care "deserts." Consistent with nationwide trends, the majority (64%) of Hawaii's young children potentially need child care because their parents work. However, the existing capacity of DHS-regulated child care programs does not meet this need: Statewide, there were only enough DHS-regulated child care seats to serve only about 25% of children under age 6. Furthermore, availability differed widely by geographic region. Child care was less available in rural areas, and Kauai, Molokai, and Lanai islands had no licensed infant-toddler centers. On the island of Niihau, there was no DHS regulated care available of any kind (DeBaryshe et al., 2017).

The EOEL Public Prekindergarten Program has been growing, albeit gradually. EOEL opened one additional public Pre-K classroom at each of five schools during the 2018-2019 school year, allowing the state to increase access to high quality early learning programs for 100 additional preschool children in Hawaii (Friedman-Krauss et al., 2019). The EOEL Public Prekindergarten

[3] Only needs assessments and reports containing analyses and summary of findings were included; sources that provided solely data tables were retained as potential data sources for the Risk and Reach analysis. Key risk factors and reach of available services are described in this report in detail in the Risk and Reach section, including the current reach of early learning and care programs, along with other essential support services for families of children ages birth to five.

Program served 438 preschool children during the 2018-2019 school year. In FY18-19, the Charter School Prekindergarten was administered by the Hawaii State Public Charter School Commission and funded by a federal Preschool Development Grant. In FY19-20, PDG funding expired and the program became part of the EOEL Public Prekindergarten Program. The combined programs are serving 697 preschool children for the 2019-2020 school year.

Home visiting services are a major intake and referral point for families needing a variety of support services. The Hawaii home visiting network was described in a recent report (Yoshimoto, Kaulana, Robertson, and Hayes, 2014). Initial screening is provided in birthing hospitals and to pregnant women under the Early Identification (EID) program. EID providers use a variety of approaches on each island to reach pregnant women, such as participating in community fairs and events, building relationships with community health centers, and direct community outreach (e.g., door-to-door). EID screens pregnant women and families with newborns for risk factors using a 15-point screen and determines Maternal Infant and Early Childhood Home Visiting services/HHVN program eligibility. This report noted that in 2013, EID screened 4,928 families of which 66% were eligible for services. In each home visit, the family's needs are assessed, and appropriate supports provided, such as referrals to programs like the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP). Home visitors also provided help in obtaining active insurance coverage, conducting reviews to ensure that all child-well visits are completed, and immunizations are up to date, and completing screenings/appropriate referrals for domestic violence and post-partum depression. Families who were not eligible or not interested in receiving home visiting services were connected to other resources in the community (Yoshimoto et al., 2014, pp. 158-159).

1.2 Family preferences

Recent research has described several important themes regarding family preferences for early childhood programs and barriers to accessing care experienced by working families. In a recent survey of families regarding child care choices, quality and cost were the most important factors in parents' choices when selecting care, followed by location and hours (Early Childhood Action Strategy, 2016a). In a separate survey of families describing kindergarten transition experiences, most parents reported that they were able to place their child in their first choice for preschool care (83%). Parents who were not able to place their children in their first choice for care indicated that cost was the primary barrier to doing so (reported by 36% of those parents indicating that they did not use their first choice for preschool; Early Childhood Action Strategy, 2016b).

More parents preferred child care to be located close to their home rather than close to their workplace (62% vs. 30%). A subset of parents (fewer than half) gave importance to care offered in nontraditional hours, including part-week, half-day, evening, and weekend care (Early Childhood Action Strategy, p. 23).

The most recent early learning assessment noted a gap in hours of coverage available in regulated early childhood programs relative to the hours needed by working parents (DeBaryshe et al., 2017). Most parents needed Monday through Friday workday care (77%), but a substantial sub-group needed evening (10%) or weekend (11%) care. While most child care slots were with providers that offered the flexibility of either part-time or full-time enrollment, a

full-time school day was not always defined as eight hours. In fact, about a quarter (27%) slots were in programs open less than 40 hours per week. Early morning coverage was limited: One-third of seats were in settings that opened before 7 a.m., which should suit the needs of most day-shift workers. However, evening hours were more likely to be problematic for working parents, as 23% of seats were in settings that closed before 4 p.m. and only 15% of seats were in settings open past 6 p.m. There were almost no options available for parents on evenings or weekends, with less than 2% of child care seats open during these hours. In general, FCC providers were more likely than centers to offer hours that met the needs of working parents.

Families looking to select care programs on the basis of quality are likely challenged by the lack of publicly available information on program quality. Like many states, Hawaii has experimented with a pilot QRIS program; this program is not currently active. PATCH offers a few resources on how families can select quality child care; however, at this time they do not offer a searchable database of programs including specific quality indicators such as accreditation.

The cost of care is a significant barrier for families, particularly those with low income (Early Childhood Action Strategy). In the same research, families with annual income below $40,000 reported considering different factors in selecting a child care programs than did higher-earning families (those with annual incomes over $70,000). The lower-earning families were forced into trading off quality for affordability while the higher earning families were more able to prioritize quality over cost.

Regulated child care is extremely expensive in Hawaii, with the average annual cost of center-based care for an infant at $13,404, $11,904 for a toddler, and $8,724 for a four-year old. The average annual cost of family child care for an infant is $8,436, and not much less for a toddler ($8,208) or a four-year old ($8,136) (Child Care Aware of America, 2018). This represents significant burden on many families in Hawaii where the median household income is $80,212, but especially for low income households. By contrast, the average undergraduate tuition fees of Hawaii colleges in 2019 is $8,741 for Hawaii residents.

Given the cost of regulated care, it is not surprising that many families turn to license-exempt providers. In federal fiscal year 2017, approximately 71% of Hawaii's children whose families receive CCDF child care subsidy were in the care of legally exempt child care providers. It is not clear whether families are choosing legally exempt child care because that is their preference due to a variety of reasons which can include cultural values or non-traditional work schedules, or because of limited slots are available in licensed and registered child care settings, or because of the cost of regulated child care. In adjusting the child care payment rates and reducing family co-payments for accredited and licensed child care providers, the Hawaii Department of Human Services may be able to identify trends as to whether families would shift to utilizing accredited licensed and registered child care homes and facilities when their out-of-pocket cost for such care is lowered (Department of Human Services, 2018a).

Many families in Hawaii use informal child care settings, most often their own family members. Of the 426 participants who responded to a Childcare and Parenting Support Needs Survey in 2016, almost 70% said that when they were not caring for their own children in the week prior to completing the survey, a spouse or partner provided care. Of those who relied on another family member, the child's grandparent is most often the caregiver (a little less than three-quarters of respondents). The large majority (90.9%) of participants reported that the family member who

cares for their child is not a licensed child care provider, whereas 6.1 percent of participants indicated that their family members are licensed to provide child care (Early Childhood Action Strategy, 2016).

The review of previous needs assessments indicated that vulnerable populations of families are at risk and struggle to find services that meet their needs. However, it does not provide detail of specific areas where highly vulnerable families struggle to access support services. This risk and reach analysis below provides a systematic overview of the overall population of families and children birth to age five, specific areas of risk by school complex, and the extent to which current services reach the most vulnerable communities.

2. Description of Early Childhood Population

This section provides an overview of the early childhood (birth through age five) population in Hawaii, with a focus on identifying vulnerable children who may face risk factors across multiple domains, including family and economic stability, health, and school readiness. The analysis of risk factors presented in this first section is part of a broader risk and reach framework and is intended to be used in conjunction with the analysis of the reach of early childhood programs and services that is presented in the subsequent section of this report.

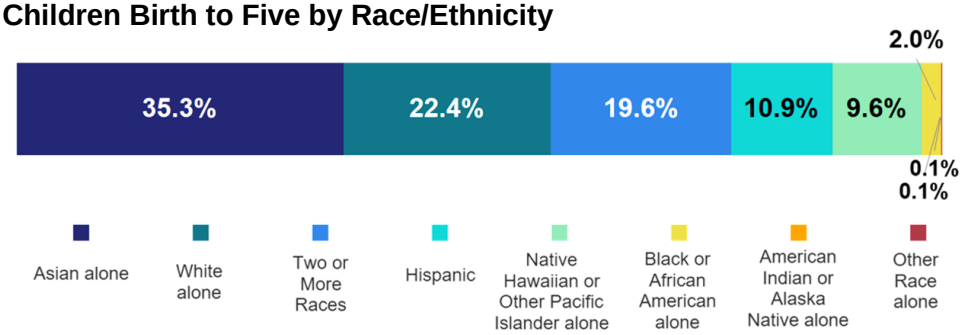
Understanding the characteristics of the early childhood birth-to-five population will assist in contextualizing the analyses presented in this report. Specifically, this report presents risk factors geographically and in relationship to the reach of publicly funded programs. Furthermore, understanding where inequities in the reach of resources may exist is an important consideration in addressing the research questions. In addition to the demographic information provided in this section, subsequent sections of the report also examine racial and ethnic composition of the counties with highest levels of risk and lowest levels of program reach.

2.1 B-5 Population Characteristics Statewide

There are 108,339 children birth through age five in Hawaii, representing a very diverse subset of the total Hawaii population. Figure 1 describes the population of children birth to five, by race and ethnicity[4]. Over one third (35%) are Asian (alone), followed by White (22%) and Two or More Races (almost 20%) Another 11% are Hispanic, with nearly 10% Native Hawaiian or Other Pacific Islanders; 2% are Black or African American. It is important to understand that Census data on race and ethnicity have limitations. The Census estimates showing less than 10% of children as Native Hawaiian and other Pacific Islander is likely higher due to the way the data are collected. For example, the 2011 Hawaii Health Survey reports the combined population of pure and part Native Hawaiians at 24% percent of the state's overall population (Department of Health, 2011). This survey based race on parental lineage, whereas Census respondents self-identify their race/ethnicity.

[4] All demographic and risk data are drawn from the American Community Survey and other latest available data provided by Hawaii state agencies. The estimated population for children birth through age five were imputed from the American Community Survey's 2013-2017 5-year estimate table for children birth to age four and adding to it 20% of the 5-year estimate table for children ages 5 to 9. Detailed sources are provided in Appendix E.

Figure 1: Children Birth to Five by Race/Ethnicity



Figures 2a and 2b show the make-up of Hawaii's families and children from birth to age five by several key potential risk factors that are a priority for Hawaii PDG B-5 needs assessment and planning efforts: Household income/poverty threshold, single-parent households, rural/urban residence by school complex[5], and maternal high school education.

As shown in Figure 2a, 32% of Hawaii's families with children from birth to age five have household incomes below 200% of the federal poverty line. About 22% of families with children in this age group live in school complexes considered rural (See Figure 2b for additional detail). About 37% of children from birth to age five live in single-parent households. About 10% of mothers of children from birth to age five have not completed a high school education.

[5] Urban and rural classifications were developed using the Health Resources and Services Administration's urbanicity classifications for each zip code in the state. Each zip code was assigned to a school complex and each complex was classified as either urban or rural, based on the urbanicity classification that represented the largest percentage of the child population in that complex.

Figure 2a: Description of Hawaii Population by Priority Groups or Risk Factors

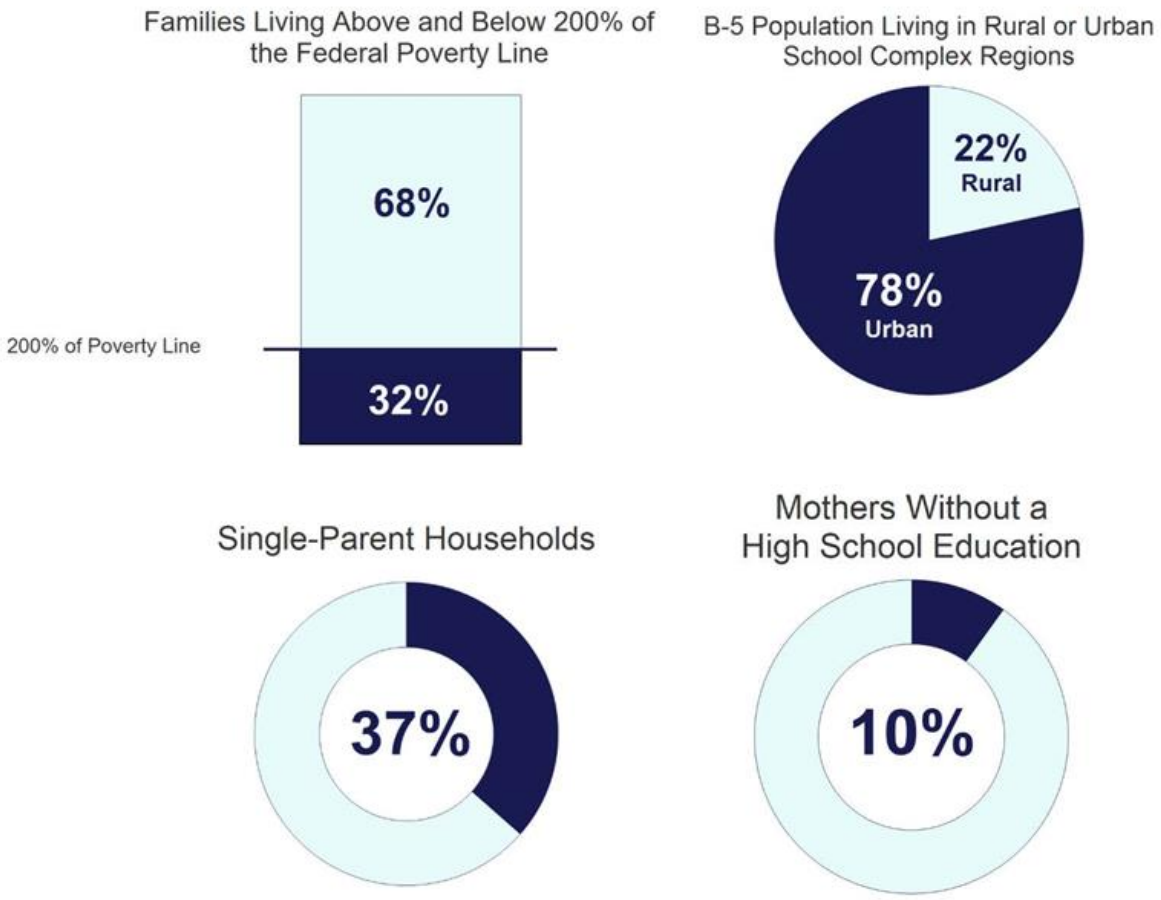
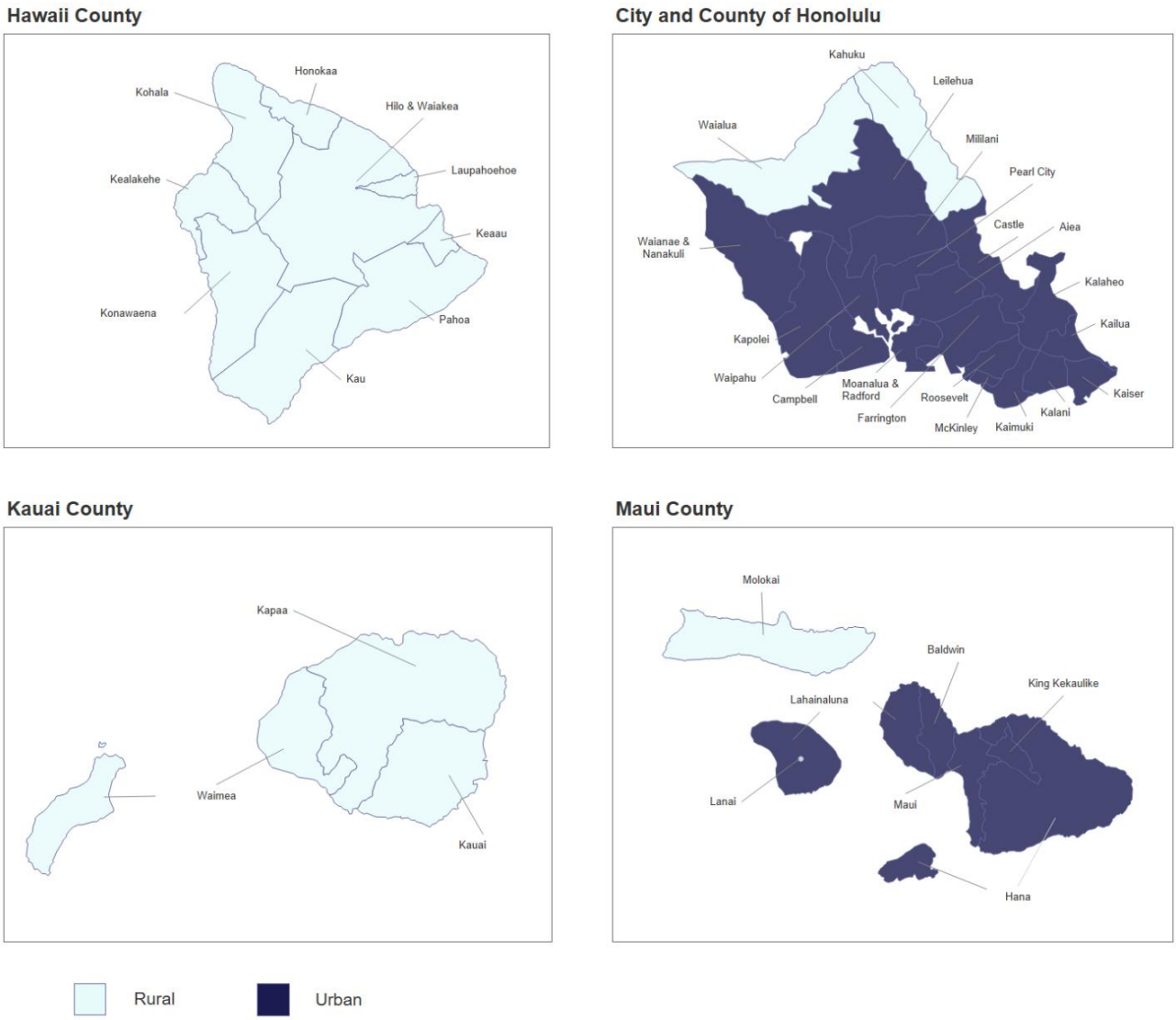


Figure 2b shows detail of Hawaii school complex by rural vs. urban, based on information provided by the Department of Human Services. All of Hawaii and Kauai Counties are considered rural, as are Molokai in Maui and Waialua and Kahuku in Honolulu.

Figure 2b. Rural and Urban Areas by School Complex



2.2 Description of B-5 Population by Overall Risk

2.2.1 Overview of Child Risk

A large and growing body of research documents the importance of the first five years of children's lives for their cognitive, social, physical, behavioral, and emotional development, with implications for their school readiness and educational outcomes, as well as their lifelong health and well-being (Center on the Developing Child, 2007, 2010; Heckman, 2007; Karoly, 2019). This same research points to risk factors that can compromise healthy development, such as living in a low-income household, having a mother with less than a high school education, or having a low birth weight. Children who face individual or combinations of risk factors may be

vulnerable to lifelong challenges. Therefore, it is important to understand which populations of children in Hawaii face these vulnerabilities, where they are located, how vulnerabilities vary across regions, and which populations of vulnerable children may lack access to the early childhood programs and services that can mitigate such risk factors.

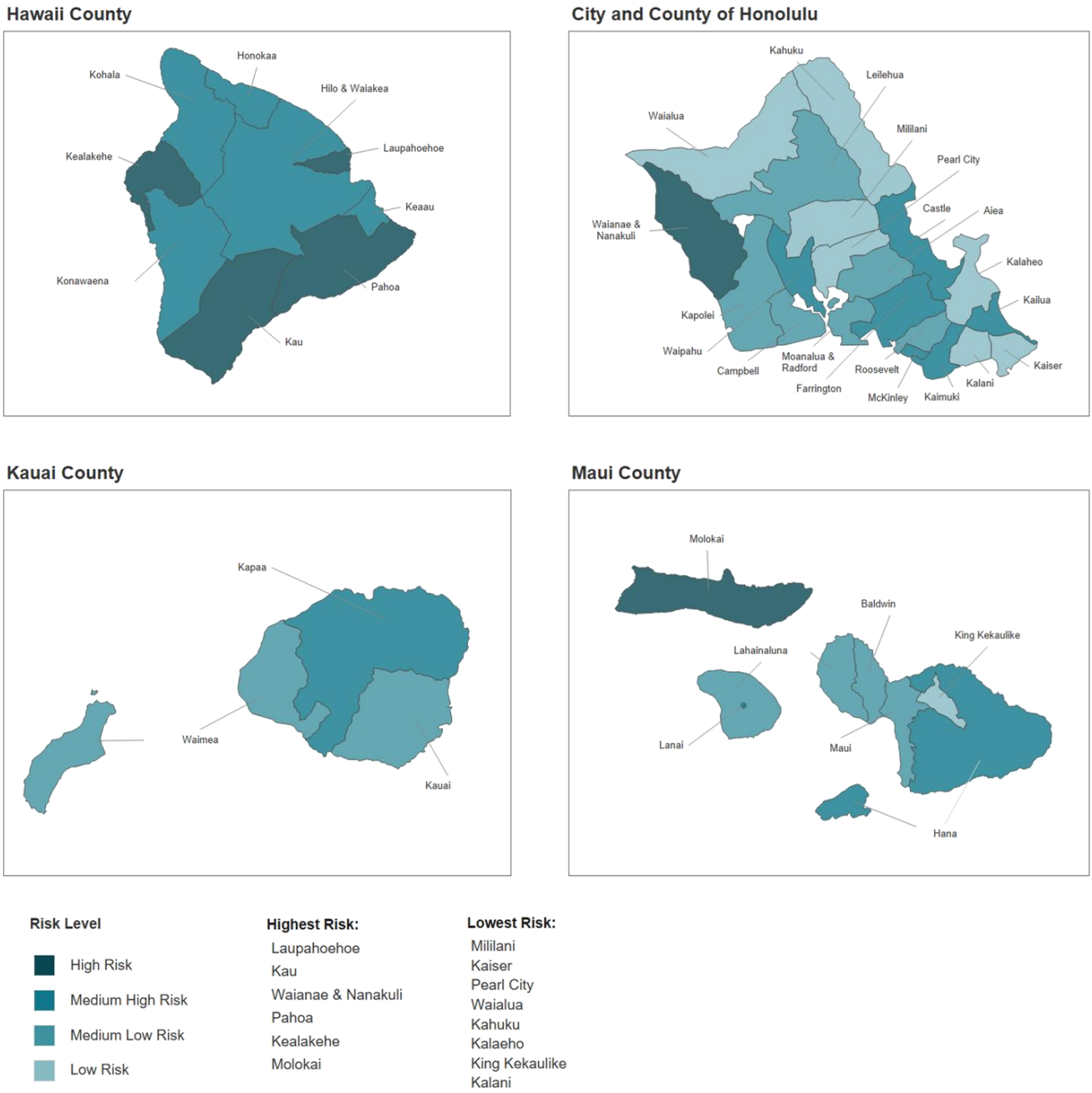
A consistent definition of *vulnerable* does not currently exist across early childhood programs and services in Hawaii. Therefore, this needs assessment evaluated risk as situated in the environment and directly related to system challenges. This includes circumstantial conditions that are outside of individual control and that have detrimental impacts on child development (e.g., poverty, lack of prenatal care). The analysis examined risk levels for each school complex in three domains of child wellbeing: family and economic stability, health and wellness, and school readiness. The risk levels for each domain were developed using multiple indicators (Table E.1, Appendix E), because there is substantial research to show that assessing multiple risk indicators present in the environment has a stronger association with adverse outcomes than assessing any one specific risk indicator (Evans, Li, & Whipple, 2013). In addition, this holistic approach to vulnerability is in alignment with the Strategic Implementation Plans arising from the Hawaii PDG B-5 grant, which encompass multiple areas of wellness and healthy development.

A full description of the methodology is included in Appendix E, but in summary, the risk level for each domain was established using data from multiple indicators. For each indicator, the analysis assigned a risk level to each complex based on their relationship to the state average for that indicator. Complexes above the state average were classified as “high-risk” or “medium high-risk” and complexes below the state average were classified as “low-risk” or “medium low-risk.” Then, the analysis assigned each complex a level of risk for each domain based on the average level of risk across each of the indicators for the domain. Finally, the analysis assigned each complex an overall level of risk based on the average level of risk across each domain.

2.2.2 Overall Risk Index

For the Risk and Reach analysis, multiple risk factors were examined across 10 indicators in three domains, as described above, to produce a single Overall Risk index (See Appendix E for description of the methodology used and Appendix F for the specific risk indicators used). The six complexes with the highest risk factors, based on the risk analysis, represent more than 16,284 children (15%) birth to five, while the six complexes with the lowest overall risk level represent 17,806 children (16.4%) in this age group. The greatest concentration of high-risk and medium-high risk counties by this composite measure are located in Hawaii County.

Figure 3: Overall Risk Index among B-5 Population by County and Complex



Risk Level

- High Risk
- Medium High Risk
- Medium Low Risk
- Low Risk

Highest Risk:

Laupahoehoe
Kau
Waianae & Nanakuli
Pahoa
Kealakehe
Molokai

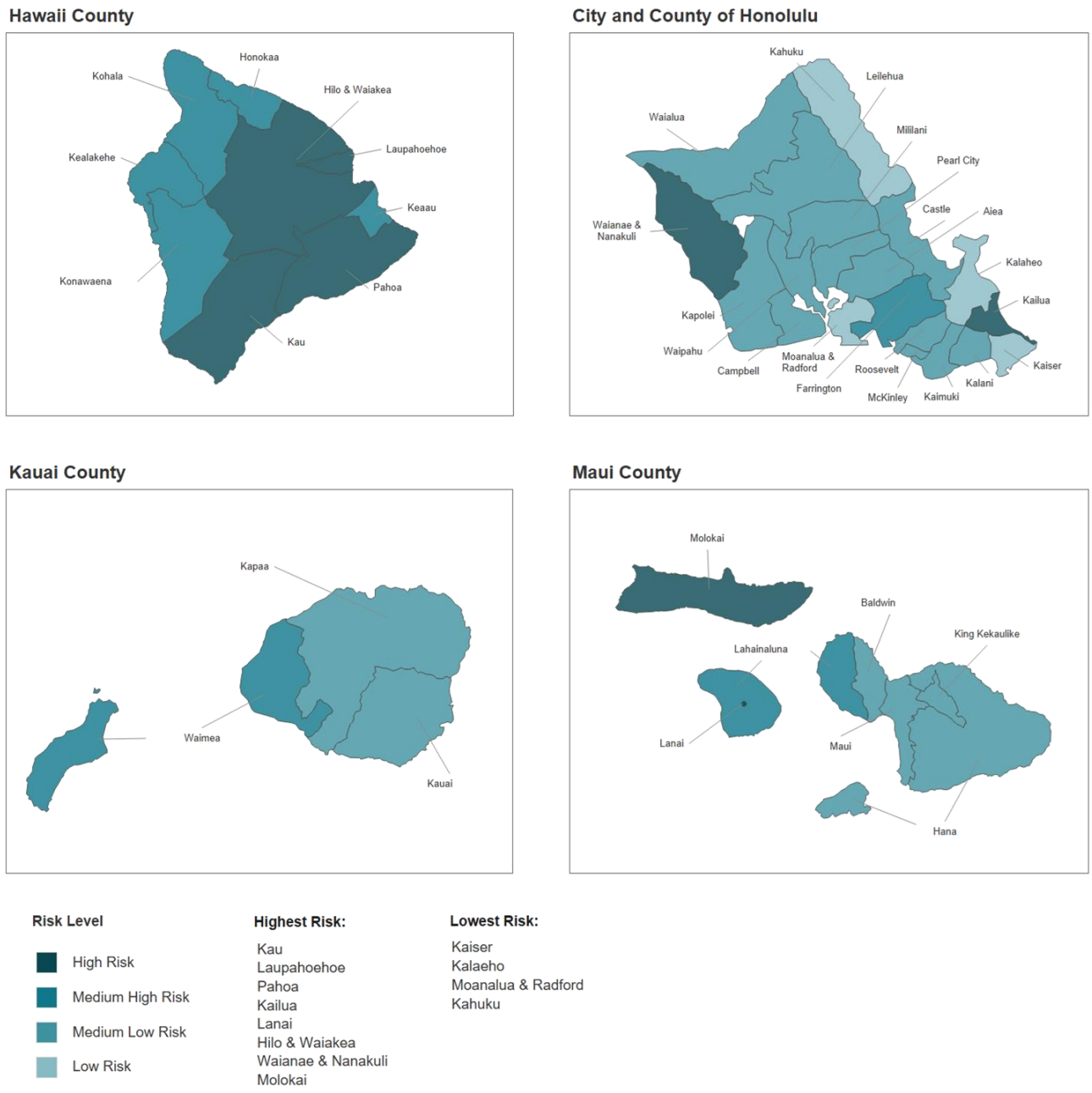
Lowest Risk:

Mililani
Kaiser
Pearl City
Waialua
Kahuku
Kalaeho
King Kekaulike
Kalani

2.3 Family and Economic Stability Risk

Family and Economic Stability can have a profound impact on early childhood outcomes. The risk analysis included five indicators in this domain, as detailed in Appendix F, including percent of children at or below 200% of the federal poverty level, births to mothers without a high school diploma, births to teen mothers, number of single-parent families and number of households with no parent in the labor force. As indicated by Figure 4, there are eight school complexes that are home to 18,842 children ages birth through five in Hawaii that are considered high-risk, with the highest concentrations located in Hawaii, Honolulu and Maui counties.

Figure 4: Family and Economic Stability Risk by County and Complex

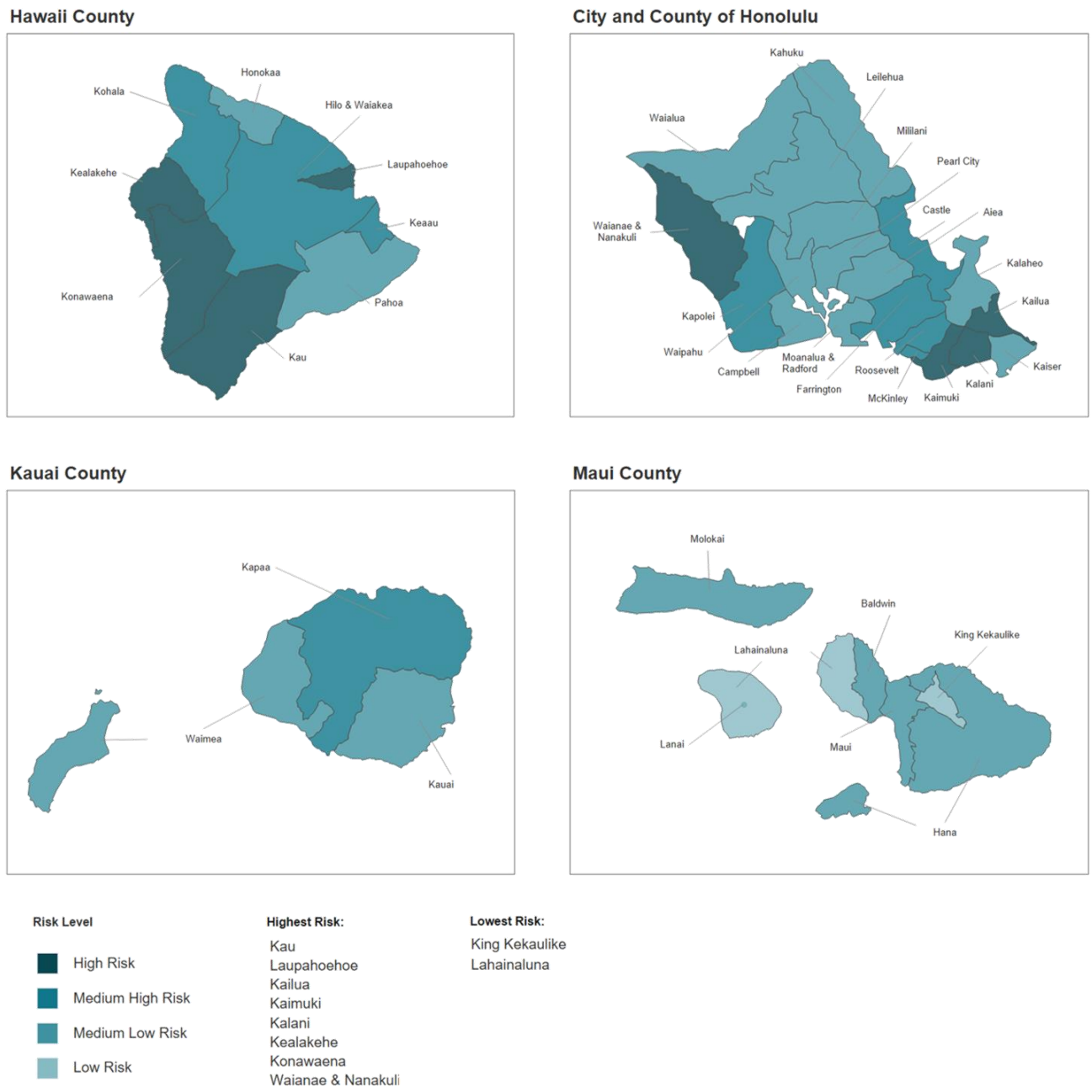


2.4 Health Risk

Children who face significant health and wellness disadvantages are at greater risk for school failure and poor life outcomes (Banerjee, 2016). The risk analysis included three indicators in the health domain, as illustrated in Appendix F, including infant mortality, births to mothers who received late or no prenatal care, and children who have no health insurance coverage. As shown in Figure 5, eight school complexes that are home to 23,160 children ages birth through five in Hawaii are at high risk on this indicator, located in Hawaii County and Honolulu, with

additional areas identified as medium high risk in all counties. The lowest risk areas were identified in Maui County.

Figure 5: Health Risk by County and Complex

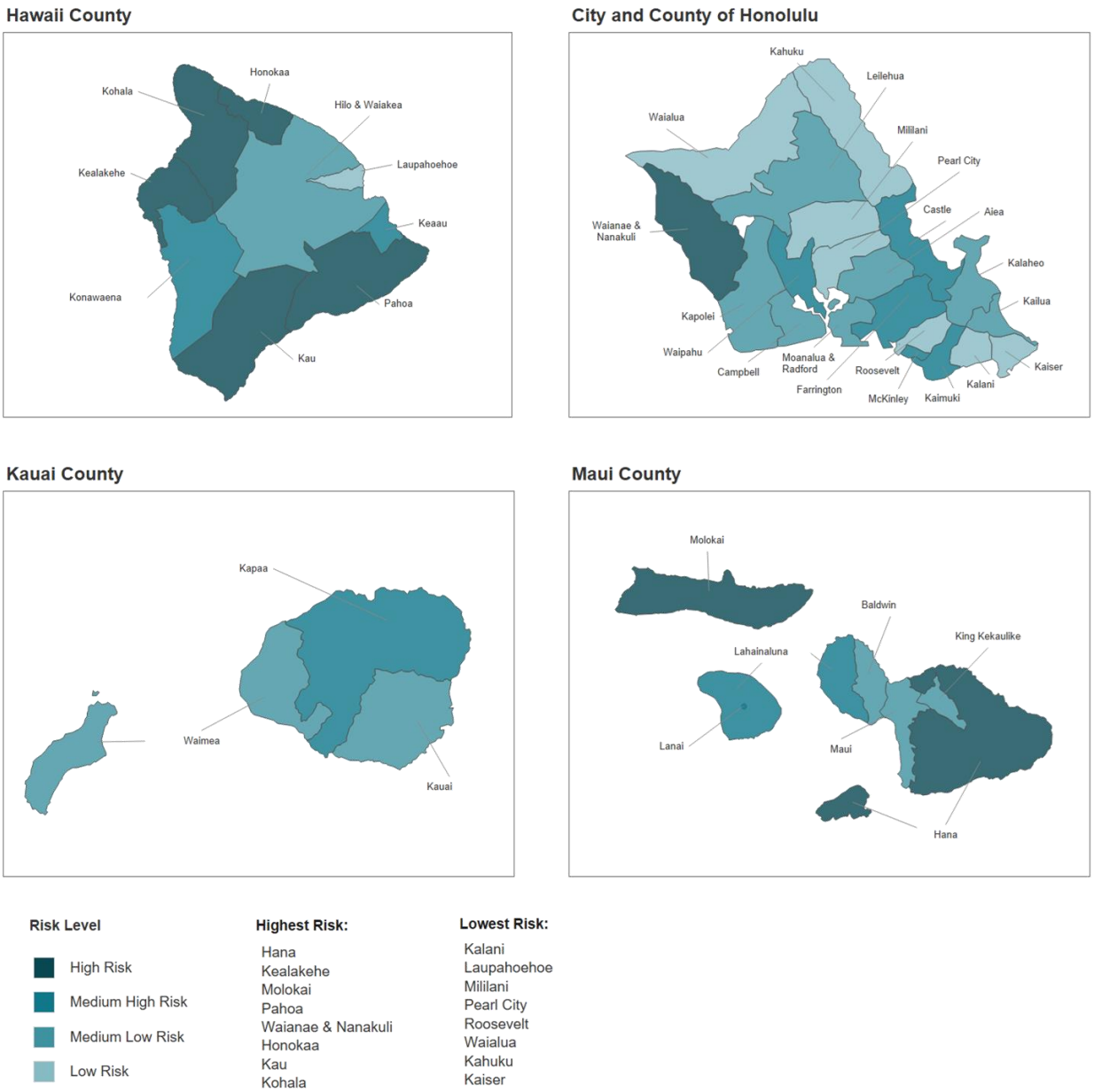


2.5 School Readiness

School readiness broadly defined encompasses a wide range of skills children need to be successful in school. It also requires that parents, schools and even communities support children in being school ready. Research overwhelmingly supports the fact that children who start kindergarten demonstrating the skills and abilities necessary for school are more likely to stay on track with their classmates throughout their educational careers and experience greater

long-term success in school than those who do not demonstrate such readiness at school entry (Haskins & Rouse, 2005). While Act 77 section 2 defines school readiness for children in Hawaii, the state does not currently have a state-mandated kindergarten readiness assessment in use statewide. As a result, there were no data readily available that the analysis could use to measure readiness upon kindergarten entry. Instead, as shown in Appendix F, the analysis examined how children performed on third grade reading and math proficiency. Figure 6 illustrates how risk for this indicator varies across school complexes. There are 20,233 children from birth through age five in the 8 school complexes with highest risk in Hawaii, Honolulu, and Maui Counties.

Figure 6: School Readiness Risk by County and Complex



2.6 Summary of Risk Analysis

A risk analysis can be used as a baseline to develop measurable indicators for future system assessments, and in the meantime may be especially useful to guide efforts to target program expansion and outreach or adjustment of priorities in allocating funding and developing partnership initiatives.

When considering the overall (composite) risk index, the highest overall risk areas are found in six school complexes: **Kealakehe**, **Laupahoehoe**, **Kau** and **Pahoa** in Hawaii County; **Waianae & Nanakuli** complex in Honolulu County, and **Molokai** in Maui County. In addition, all school complexes in Hawaii County are viewed as either high or medium-high overall risk based on this overall risk index. A range of overall risk levels per school complex is seen across both Honolulu and Maui County, whereas school complexes on Kauai are all either medium-low or medium-high on overall risk.

Across the three domains examined (Family and Economic Stability, Health, and School Readiness), the risk analysis shows a general pattern of highest risk in individual domains particularly in school complexes Kau, Kealakehe, Laupahoehoe, and Pahoa Hawaii County; in the Waianae & Nanakuli complex in Honolulu; and Molokai in Maui. In regard to individual risk domains:

- **Family and Economic Stability: High risk areas** are found in a total of eight school complexes: in Hawaii County (4 complexes); Honolulu (2) and Maui (2). In addition, all of Hawaii County is considered either medium high or high risk.
- **Health: High risk areas** are found in eight complexes, in Hawaii County (4 complexes) and Honolulu (4).
- **School Readiness: High risk areas** are found in eight school complexes: In Hawaii County (5 complexes); Honolulu (1) and Maui (2).

Detail of risk levels is shown for all school complexes in Appendix F.

The following section builds on this overall risk analysis by developing overlays of program reach on views of risk in each domain by school complex.

3. Program Reach

To define the reach of programs and services, the analysis used a set of indicators representing public programs or services that support positive outcomes for children across three domains of child wellbeing: Family and Economic Stability, Health, and School Readiness (Table E.2, Appendix E). The analysis relied upon data provided by Hawaii state agencies, including DOH, DHS, DOE and EOEL. The methodology for the reach analysis is detailed fully in Appendix E.

The analysis assigned a reach level for each indicator for each complex based on their relationship to the state average for that indicator. Complexes above the state average were classified as “high-reach” or “medium high-reach” and complexes below the state average were classified as “low-reach” or “medium low-reach.” The reach for each indicator is illustrated on a map using a series of bubbles that are overlaid onto the risk map for the relevant domain for each complex. A smaller bubble in the legend represents lower levels of reach, while larger bubbles indicate higher levels of reach. This approach identifies the most underserved vulnerable communities, where there is low reach of programs in complexes at highest risk for that domain. These complexes are listed at the bottom of the maps for each indicator. A detailed summary of the data for each indicator is located in the tables found in Appendix G.

In general, the indicators included in the analysis of reach focused only on children from birth through age five or specific groups of children within that age range. For programs that serve broader groups of children and families, the analysis only included cases or households in which at least one child from birth through age five was present, including TANF, Child Care Working Connections, SNAP. However, the indicator for housing assistance included all households with children of any age.

The data used for the analysis do have some limitations that are important to keep in mind. Calculating the number of children eligible to receive services (the denominators in the reach equations) is challenging because program eligibility requirements vary and are usually based on different levels of household income as well as other factors of need and circumstances. Moreover, some families may not participate in programs for which they and their children may be eligible. While these factor place limitations on the precision of the reach analysis, the results nonetheless provide a method for making relative comparisons across complexes. Additionally, as shown in Table E2, agencies were unable to provide the data needed at the complex level for several of the reach indicators, including all of the indicators proposed for the Health and Wellness domain (Special Supplemental Nutrition Program for Women, Infants, and Children, and Vaccinations) and part of the School Readiness domain (Home Visiting, Developmental Screening and Early Intervention). For these indicators, the report provides a summary of the number of children served statewide, but does not include them in the reach analysis.

When available, the analysis examined the reach of programs by race and ethnicity at the statewide level. However, due to data limitations, the analysis could not provide a breakout by race and ethnicity for housing assistance, early childhood special education and the reach of Head Start and EOEL public prekindergarten.

3.1 Programs Supporting Family and Economic Stability

This area encompasses financial support for families' basic economic needs (income, food, housing, child care) and stability (child welfare), and is detailed in Appendix G.

Table 1. Programs Supporting Family and Economic Stability

Program Name	Program Description
Income Assistance (TANF)	Temporary Assistance for Needy Families (TANF) provides financial assistance to families with minor children. Other program goals include ending dependence of needy parents by promoting job preparation, work and marriage; prevent and reduce out-of-wedlock pregnancies; and encourage the formation and maintenance of two-parent families.
Child Care Assistance	The Child Care Connection Hawaii (CCCH) subsidy program helps low-income families to sustain their employment, educational efforts and job training by paying a subsidy for their children who are in the care of DHS-approved child care providers. Unless child care is required for protective purposes, families must meet income and activity requirements to qualify for this subsidy program.
Housing Assistance	The Hawaii Public Housing Authority (HPHA) helps provide Hawaii residents with affordable housing and shelter without discrimination. HPHA efforts focus on developing affordable rental and supportive housing, public housing and the efficient and fair delivery of housing services to the people of Hawaii. Three programs are available to assist families: federal public housing, State of Hawaii public housing, and the Rent Supplement Program.
Food Assistance	The Supplemental Nutrition Assistance Program (SNAP) provides crucial food and nutritional support to qualifying low-income and needy households, and those making the transition from welfare to self-sufficiency.
Placement Permanency (Child Welfare Services Branch)	The goal of the Child Welfare Services Branch (CWSB) is ensuring the safety, permanency and well-being of children in their own homes. CWSB programs include family strengthening and support, child protection, foster care, adoption and independent living, along with licensing of family homes, group homes and child placing organizations. Reunification with family is the preferred outcome. Services are available on the Islands of Oahu, Hawaii, Kauai, Maui, Molokai and Lanai.

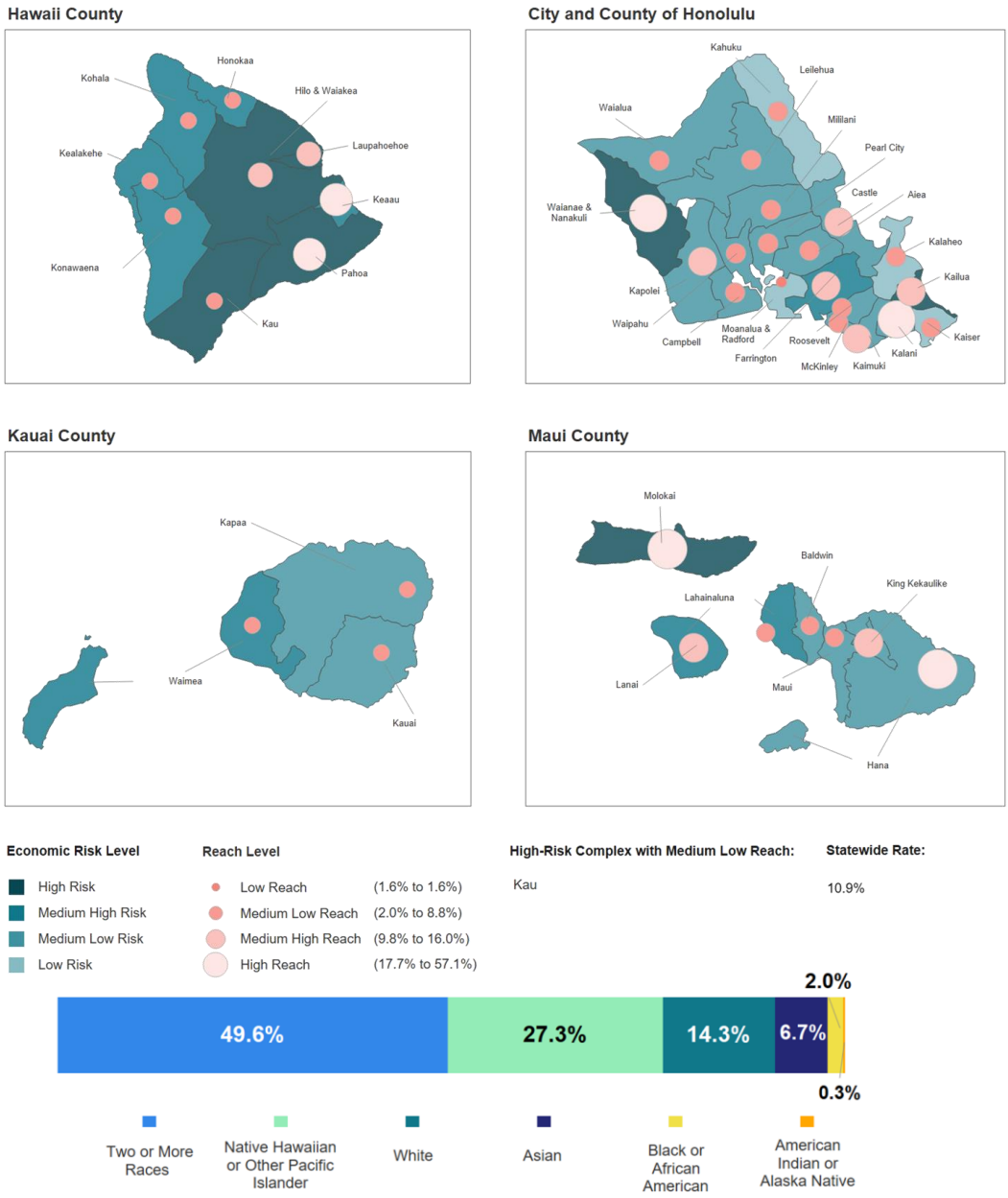
3.1.1 Reach - Income Assistance and Race/Ethnicity of Children

Purpose: Temporary Assistance for Needy Families (TANF) provides financial assistance to families with minor children. Other program goals include ending dependence of needy parents by promoting job preparation, work and marriage; prevent and reduce out-of-wedlock pregnancies; and encourage the formation and maintenance of two-parent families.

Eligibility Criteria: Family must include children under the age of 19 and earn a total gross income under 185% of the 2006 Federal Poverty Level (FPL).

Population Served: Families with children under the age of 19.

Figure 7: Percent of Income Eligible Children Age Five and Under Receiving TANF



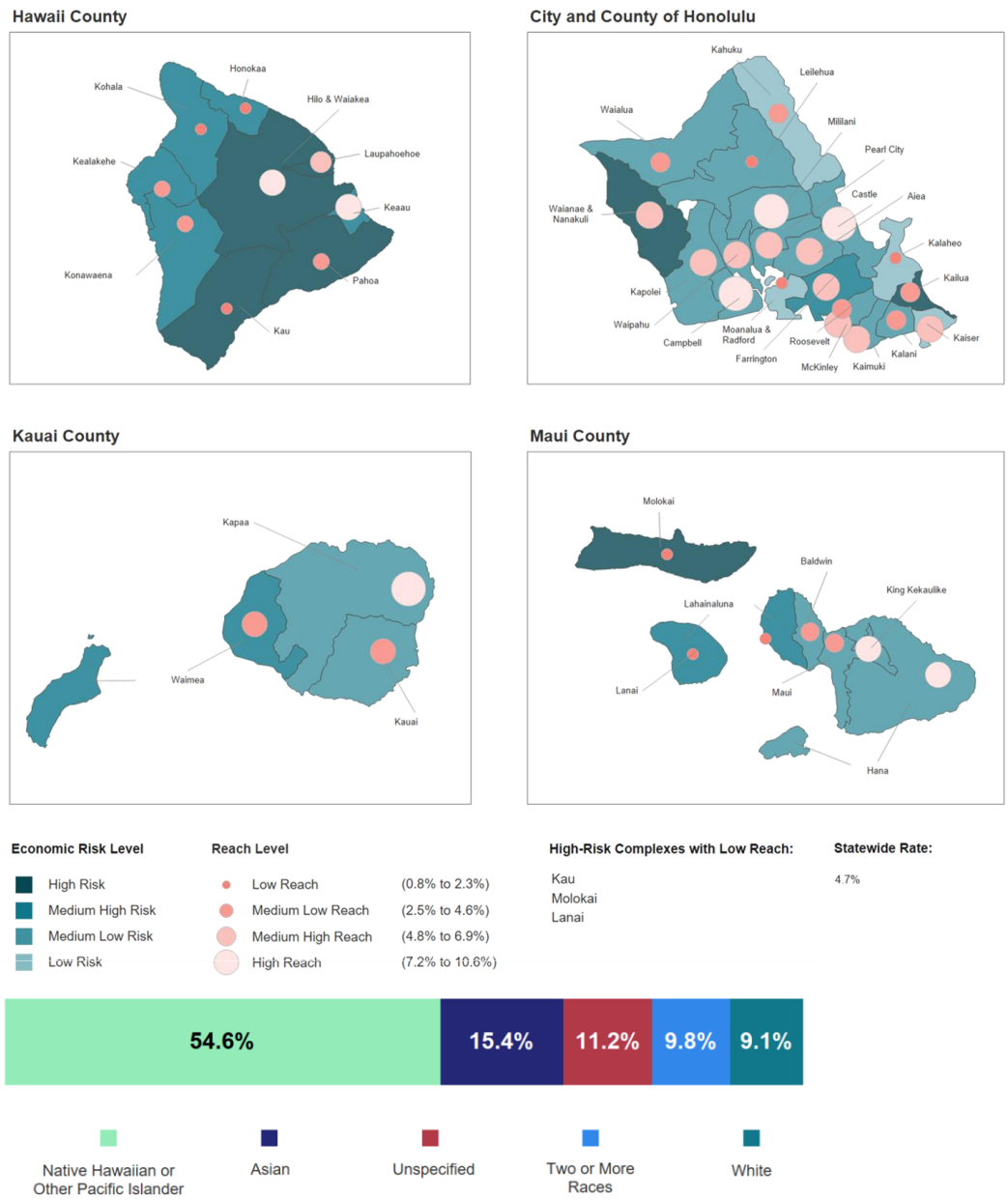
3.1.2 Reach - Child Care Assistance and Race/Ethnicity of Children

Purpose: The Child Care Connection Hawaii (CCCH) subsidy program helps low-income families to sustain their employment, educational efforts and job training by paying a subsidy for their children who are in the care of DHS-approved child care providers. Unless child care is required for protective purposes, families must meet income and activity requirements to qualify for this subsidy program.

Eligibility Criteria: Parent/caretaker(s) must be employed, attending school, or participating in a job-training program. Gross monthly income (before taxes and deductions) must not exceed 85% of the State Median Income for the family size.

Population Served: Children under 13 years, or between 13 to 18 years if the child cannot do self-care and resides with their parent(s) or caretakers.

Figure 8: Percent of Income-eligible Children Age Five and Under Receiving Child Care Assistance



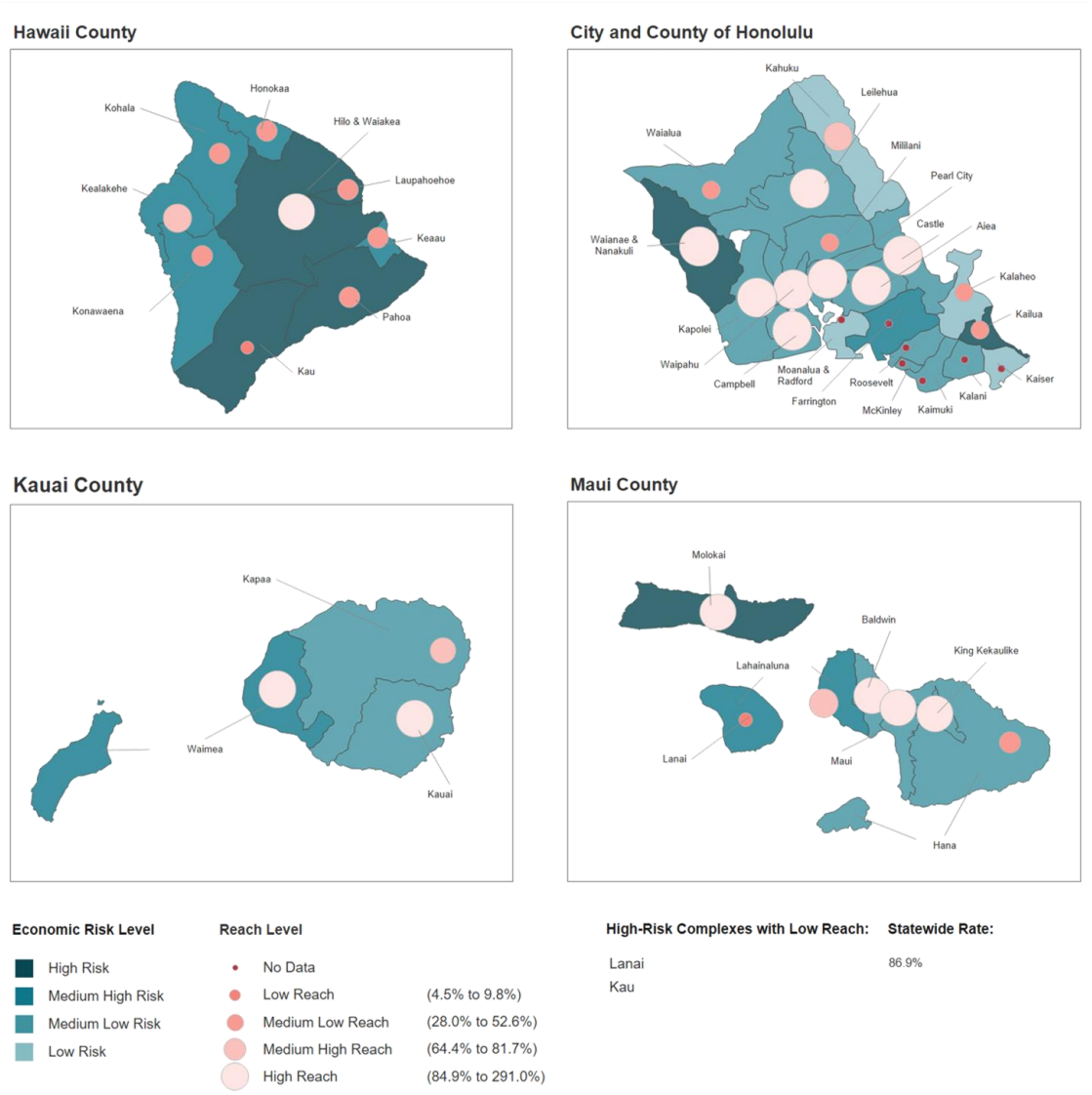
3.1.3 Reach - Housing Assistance

Purpose: The Hawaii Public Housing Authority (HPHA) helps provide Hawaii residents with affordable housing and shelter without discrimination. HPHA efforts focus on developing affordable rental and supportive housing, public housing and the efficient and fair delivery of housing services to the people of Hawaii. Three programs are available to assist families: Federal public housing, State of Hawaii public housing, and the Rent Supplement Program.

Eligibility Criteria: Each program has different eligibility requirements, but all programs are open to residents of the State of Hawaii. Income limits are based on family size and county or island. The maximum rent is based either on 30% of the eligible family's adjusted income or a flat rent.

Population Served: Must be 18 years old or older, single, or a family of two or more individuals who intend to live together as a family unit and whose income and resources are available to meet their needs.

Figure 9: Percent of Households Below Poverty Level Receiving Housing Assistance



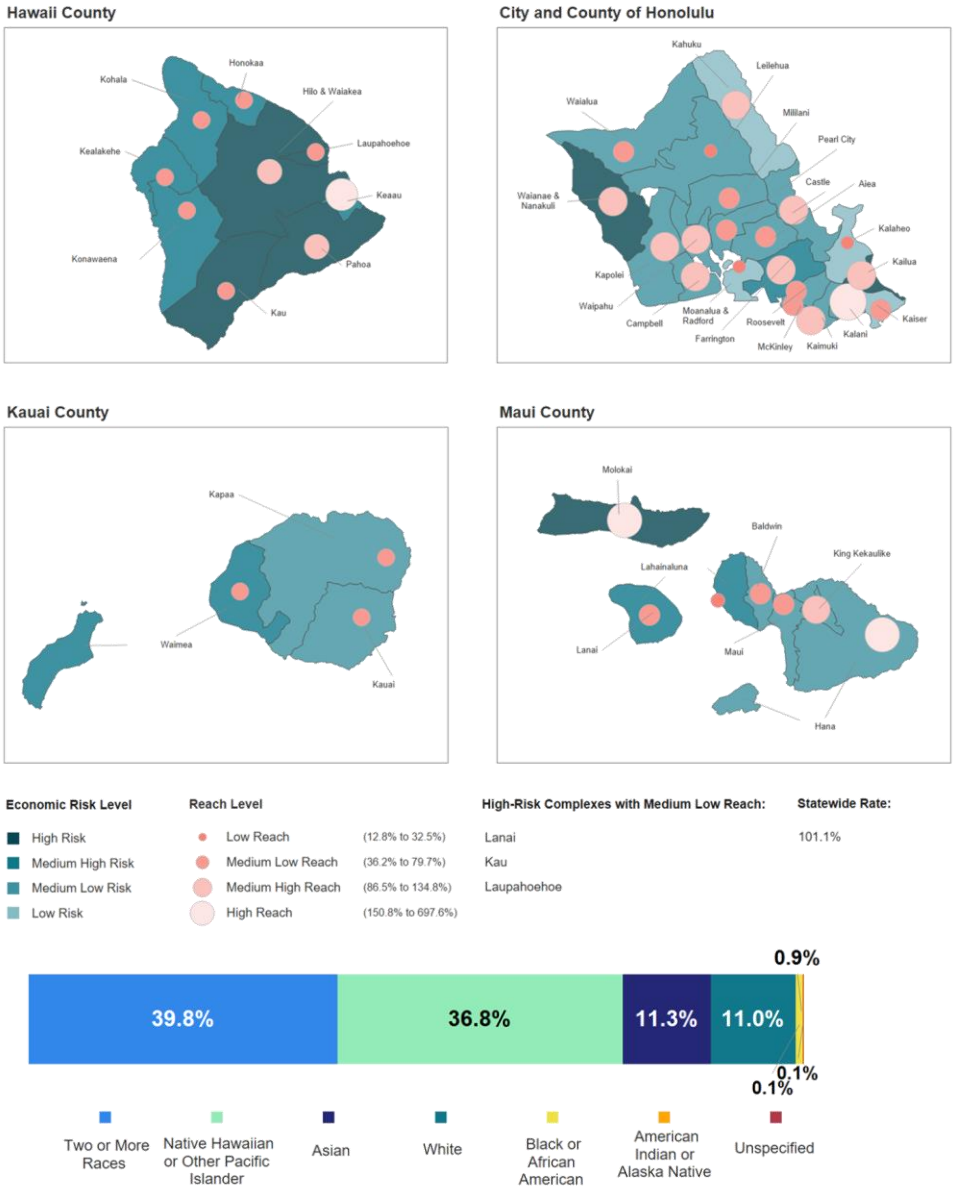
3.1.4 Reach - Food Assistance and Race/Ethnicity of Children

Purpose: The Supplemental Nutrition Assistance Program (SNAP) provides crucial food and nutritional support to qualifying low-income and needy households, and those making the transition from welfare to self-sufficiency.

Eligibility Criteria: Families whose gross incomes are slightly higher than the 130% Federal Poverty Level (FPL). Net monthly income must be 100 percent or less of the Federal poverty guidelines. Broad-Based Categorical Eligibility (BBCE) expands SNAP benefits to 200% FPL for low-income families with high expenses and there is an unlimited asset standard. The map below shows some communities with SNAP usage that exceeds 100% that may be due, in part, to additional categorical requirements that may expand the number of eligible children served.

Population Served: Individuals and families who meet eligibility requirements

Figure 10: Percent of Income-eligible Children Age Five and Under Receiving SNAP



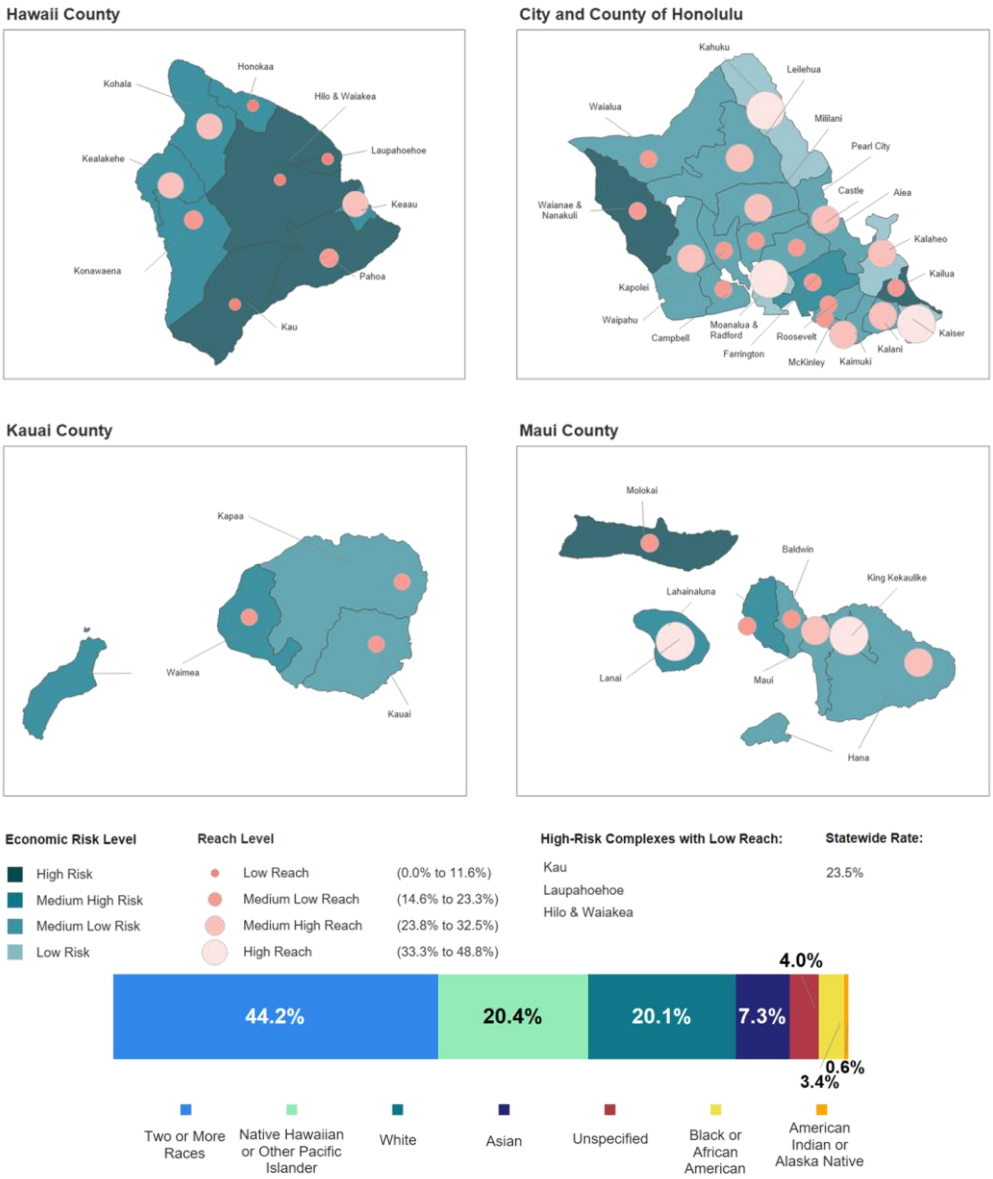
3.1.5 Reach - Placement Permanency (Child Welfare Services Branch) and Race/Ethnicity of Children

Purpose: The goal of the Child Welfare Services Branch (CWSB) is ensuring the safety, permanency, and well-being of children in their own homes. Placement permanency refers to placing children in homes other than with parents for various reasons, and can have different meanings depending on the child, family, and case circumstances. The goal is to find safe, permanent homes as quickly as possible. In most circumstances, children can be reunited with their families, but in some cases, children find homes with relatives or adoptive families. Reunification with family is the preferred outcome for children removed from their homes and placed in foster care.

Eligibility Criteria: Neglected or abused children who are assessed as being unsafe in their home are placed in out-of-home care into foster care.

Population Served: Children who are placed into foster care (examined data for children age five and under).

Figure 11: Percent of Children Age Five and Under Attaining Permanent Homes within 12 Months



3.2 Programs Supporting Health

Hawaii has multiple programs to support the physical and emotional health and wellness of young children and strengthen families. Medical assistance is provided to families with young children through Med-QUEST (Medicaid) and the Children's Health Insurance Program (CHIP), and the Public Health Nursing Branch provides nursing intervention services. Child nutrition is addressed through publicly funded programs including WIC, CACFP, and the school lunch programs. Screenings for developmental delays and other risks are available to prenatal moms and newborns. Within the time available for data collection, state agencies were unable to provide the data needed at the complex level for several of the reach indicators, including all of the indicators proposed for the Health and Wellness domain (Special Supplemental Nutrition Program for Women, Infants, and Children, and Vaccinations). For these indicators, the report provides a summary of the number of children served statewide, as shown in Appendix G, but does not include them in the reach analysis.

Table 2. Programs Supporting Health

Program Name	Program Description
Med-QUEST	Med-QUEST provides medical assistance for doctor's visits, physical examinations, pre-natal care, prescription drugs, hospital stays, laboratory, radiology and other services. Includes CHIP.
Child Nutrition Programs	Programs that provide for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children. Includes the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Child and Adult Care Food Program (CACFP), and National School Lunch Program.
Community Based Child Abuse Prevention (CBCAP)	CBCAP programs aim to: 1) Support community-based efforts to prevent child abuse & neglect and to support the coordination of resources and activities to better strengthen & support families to reduce the likelihood of child abuse and neglect. 2) Foster understanding, appreciation & knowledge of diverse populations in order to effectively prevent and treat child abuse & neglect.
Hawaii Home Visiting Program	Hawaii's Department of Health Home Visiting Program is a voluntary program using evidence-based home visiting models program that supports families and promotes positive parent child relationships. This program gives pregnant women and families, particularly those considered at-risk through a screening process, necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn.
Maternal & Newborn Services	Screening and monitoring programs including Hawaii Pregnancy Risk Assessment Monitoring System, Newborn Hearing Screening Program, and Newborn Metabolic Screening Program.
Public Health Nursing Branch (PHNB)	The PHNB works collaboratively with the DOH and community programs in planning and coordinating provision of nursing intervention services in addressing public health issues. Services are provided based on individual/family needs through health assessment, development and implementation of a treatment plan, case management/coordination, screening tests, health teaching/education/training on self-care responsibilities, health counseling guidance, referral and follow-up. No charge for nursing services is rendered.

3.3 Programs Supporting School Readiness

A number of publicly funded programs support young children in the school readiness domain, including the state-funded preschool program, the Head Start and Early Head Start program, and the Preschool Open Doors program. Families have access to Family-Child Interaction Learning programs and home visiting programs in multiple communities. Additionally, children with disabilities and developmental delays have access to Early Intervention and Early Childhood Special Education services in all communities throughout the state. Data on the reach of home visiting and early intervention programs were available only at the state level, so specific underserved communities (school complexes) could not be identified for these programs in the risk and reach analysis. Complex level or state level data representing the reach of these programs is detailed in Appendix G.

Table 3. Programs Supporting School Readiness

Program Name	Program Description
Home Visiting	Parent Educators provide the Home Instruction for Parents of Preschool Youngsters (HIPPY) and Parents as Teachers (PAT) programs from pregnancy until kindergarten. Weekly home visits provide parents with the opportunity to grow in positive parenting practices, learn about their child's development, and build a loving relationship between parent and child.
Early Intervention	The Early Intervention Section (EIS) provides services to support the development of infant and toddlers from birth to three years of age. Information and support are also provided to parents to increase their knowledge about and ability to support their child's development.
Early Childhood Special Education	Special Education is specially designed instruction to meet the unique needs of students with disabilities. Special education may include, but is not limited to: academic services, speech-language services, psychological services, physical and occupational therapy, counseling services, and parent education. Special education services are provided at no cost to parents.
Family-Child Interaction Learning Programs	By supporting parents in their role as a child's first and most important teacher, family-child interaction learning (FCIL) programs strengthen families and promote child well-being. FCILs serve families of children from birth through age five who are cared for at home by a parent, relative, or babysitter. Sometimes called play-and-learn groups, FCIL programs have a dual focus on parent education and child development.
Head Start/Early Head Start	Head Start programs deliver services to children and families in core areas of early learning, health, and family well-being while engaging parents as partners every step of the way. Head Start encompasses Head Start preschool programs, which primarily serve 3- and 4-year-old children, and Early Head Start programs for infants, toddlers, and pregnant women. Head Start services in Hawaii are delivered through five agencies which tailor the federal program to the local needs of families in their service area.
EOEL Public Prekindergarten Program	Hawaii's state Public Prekindergarten is an early learning program that promotes school readiness; administered in Hawaii via partnership between EOEL and Department of Education. Public pre-K is open to children age 4 by July 31 before the start of the year. Priority categories include income eligibility among others. Programs are school-located with priority given to children in the attendance area of the school.

Program Name	Program Description
Preschool Open Doors	The Preschool Open Doors (POD) program is a subsidy program that provides services state-wide to families sending their children to a licensed preschool during the school year prior to kindergarten entry. The goal of POD is to promote school readiness for children, and the program focuses on meeting the needs of the child. Participating providers are required to conduct a readiness assessment on all children enrolled. Providers receive higher reimbursement rates if they are accredited by the National Association for the Education of Young Children or the National Early Childhood Program Accreditation.

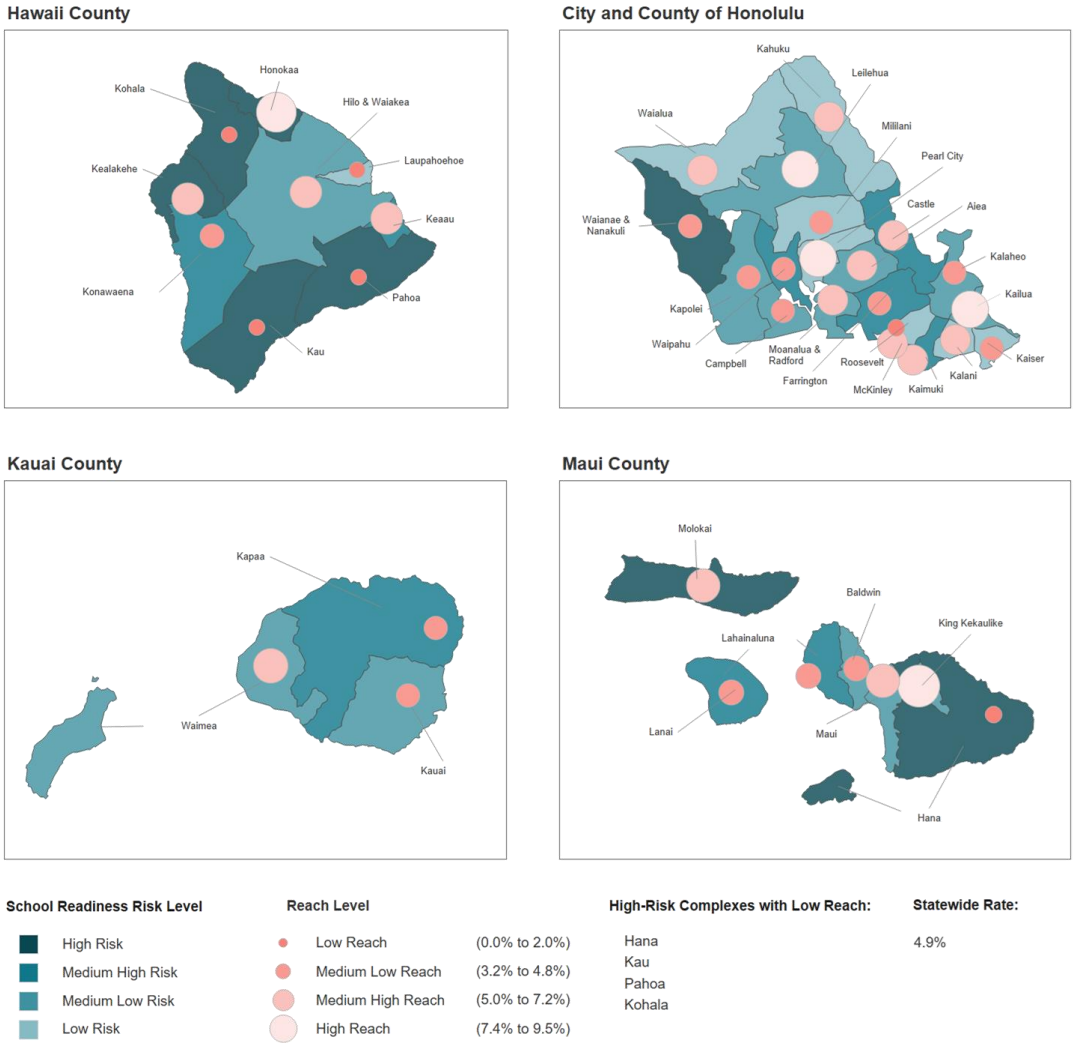
3.3.1 Reach - Early Childhood Special Education

Purpose: Special education is specially designed instruction, related services and other supplementary aids to meet the unique needs of a student with a disability at no cost to families. Special education may include, but is not limited to: academic services, speech-language services, psychological services, physical and occupational therapy, counseling services, and parent education.

Eligibility Criteria: An evaluation will determine the nature and extent of the student's needs.

Population Served: Children from age 3 to 5 who demonstrate a need for specially designed instruction.

Figure 12: Percent of Children Ages Three to Five Receiving Early Childhood Special Education



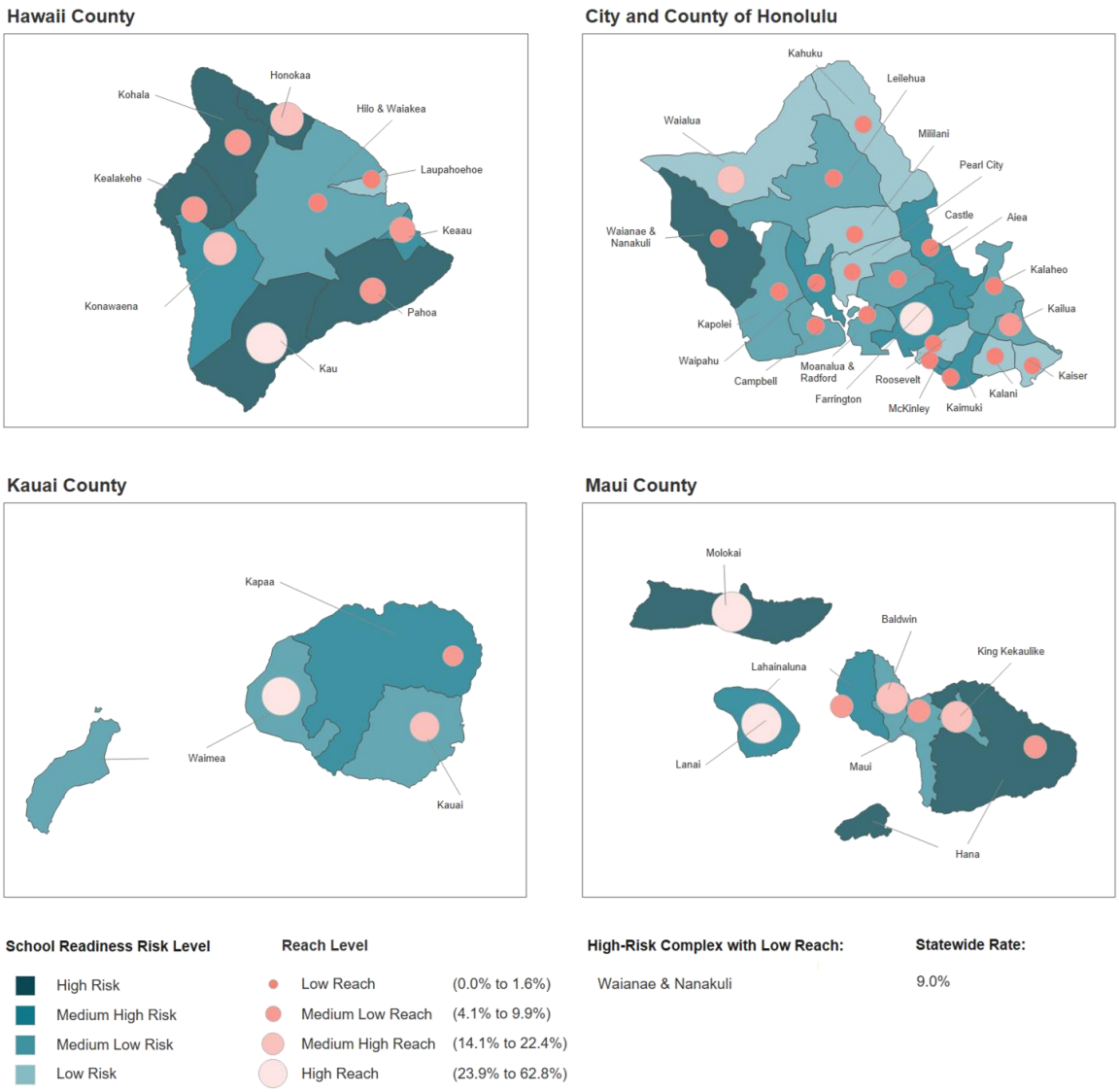
3.3.2 Reach - Head Start and EOEL Public Prekindergarten Programs

Purpose: Programs such as EOEL Public Prekindergarten and Head Start are considered higher quality programs since standards exceed licensing minimum standards in many key areas.

Eligibility Criteria: Children from birth to five years of age from families at or below federal poverty level qualify for Head Start or Early Head Start, and children four to five years of age at or below 300% federal poverty level qualify for EOEL Public Prekindergarten. Priority for both programs is given to those who meet one or more of the following conditions: foster care, disability or developmental delay, history of abuse, neglect, or family violence, homelessness or unstable housing, home language other than English, parental substance abuse, or teen parent. Pregnant women may also be eligible for Early Head Start.

Population Served: Birth to Age Five

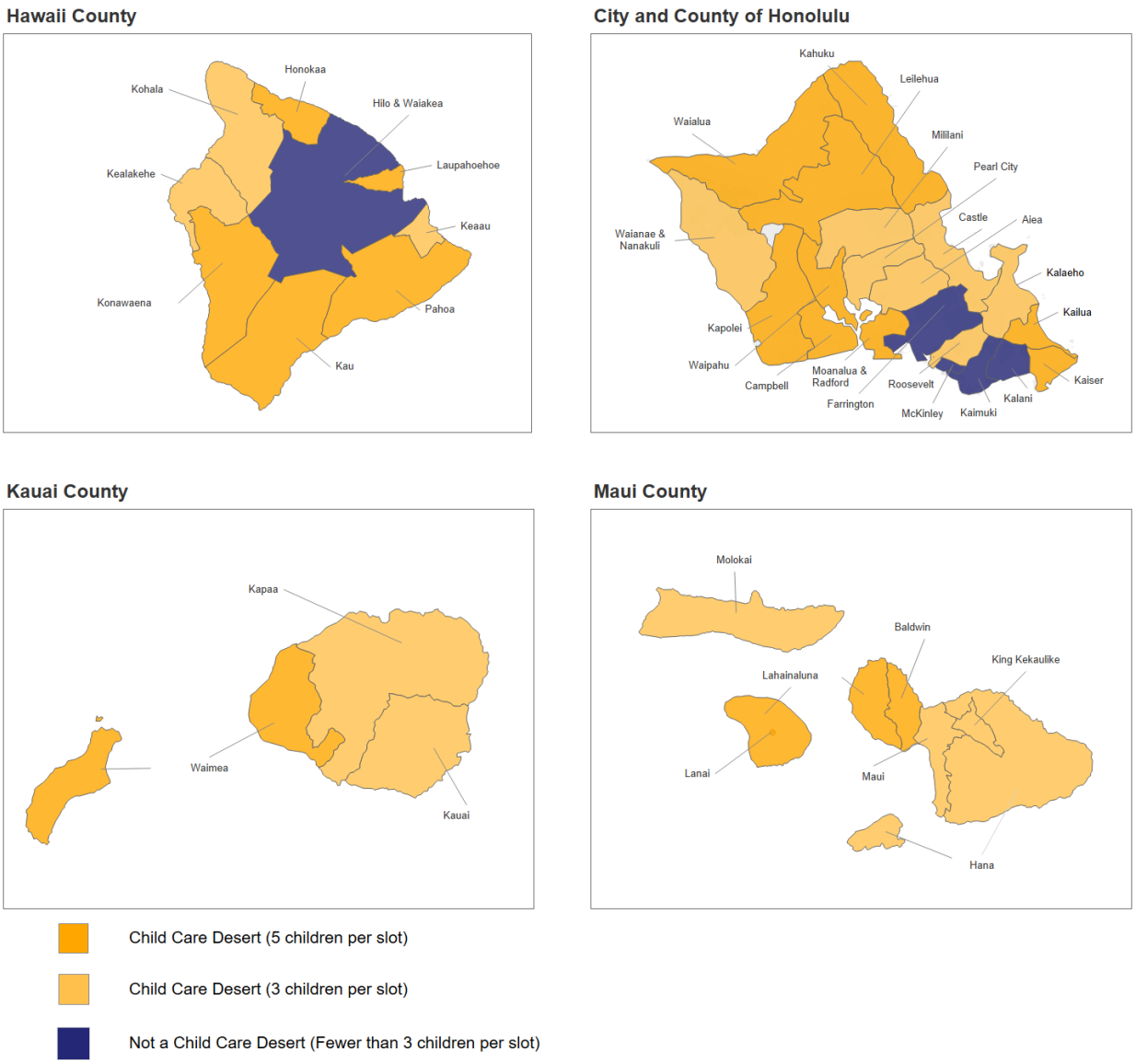
Figure 13: Percent of Children Ages Three to Five in Head Start and EOEL Public Prekindergarten



3.3.3 Reach - Licensed Child Care Capacity

There are currently 25,247 seats in child care facilities regulated by DHS in Hawaii, including 21,934 seats in child care centers, 1,514 in infant-toddler centers and 1,799 in family child care homes. With 108,340 children birth through age five in Hawaii, the regulated segment of the child care market only has the capacity to serve approximately 23.3% of young children. **Of children ages birth through five, 85.6% live in a school complex considered a "child care desert,"** where the ratio of young children to child care seats is greater than three to one. As shown in Figure 14, every complex is considered a child care desert, with the exception of complexes found in Hawaii and Honolulu counties.

Figure 14. Licensed Child Care Deserts by School Complex



These findings are consistent with recent analyses of Hawaii's child care capacity. The 2017 Hawaii Early Learning Needs Assessment found that Hawaii's regulated child care system can serve about 25% of young children and that the state is experiencing a severe shortage of infant-toddler care (DeBaryshe et al., 2017). The Child Care Desert Map analysis, produced by the Center for American Progress in 2018, found that "68% of people in Hawaii live in a child care desert," the third highest percentage in the nation behind Utah and Nevada. The lack of capacity is even more pronounced in rural and low-income areas, where 75% and 78% percent of residents live in child care deserts (Malik, Hamm, Schochet, Novoa, Workman, & Jessen-Howard, 2018).

3.4 Summary of Risk and Reach Analysis

The risk and reach analysis provides insight into specific underserved vulnerable communities where high risk for a domain is paired with relatively low reach of programs in that domain. These areas can be considered as potential priorities for expansion of services. For example, this risk and reach analysis identifies specific areas of vulnerable populations where an early learning hub model or other community collaboration strategy might be particularly impactful, when paired with general expansion of program capacity or expansion of preschool classrooms. As strategies are considered for future expansion of services, particularly early childhood programs requiring addition of new facilities or classrooms, these areas may be considered high priority.

Data on reach of programs supporting health and wellness were available only at the state level, so specific underserved communities within the state (school complexes) could not be identified for this domain. However, program reach is described at the statewide level in detail tables in Appendix G.

In most areas, there is a range of low to high reach by programs county-wide, however school complexes of particular concern where vulnerable (high-risk) communities appear to be most underserved due to low program reach include the following:

Family and Economic Stability

- Income Assistance (TANF): Reaches **10.9%** of estimated eligible population statewide. Overall, reach of income assistance aligns with school complexes with highest identified risk. The complex with the highest risk in this domain and the lowest reach for this indicator is **Kau** complex. In addition, medium-high risk complexes with medium-low reach are **Honokaa, Kohala, Kealakehe, Konawaena, Waimea, and Lahainaluna**.
- Child Care Assistance: Reaches **4.7%** of estimated eligible population statewide. The complexes with the highest risk in this domain and the lowest reach for this indicator include **Kau, Molokai,** and **Lanai** complexes. In addition, medium-high risk complexes with low reach are **Honokaa, Kohala, and Lahainaluna.**
- Housing Assistance: Reaches **71.3%** of estimated eligible population statewide. Data were not available for seven complexes in Honolulu County. The complexes with the highest risk in this domain and the lowest reach for this indicator include **Kau** and **Lanai** complexes. In addition, medium-high risk complexes with low reach are **Kohala, Honokaa, Konawaena, Keaau, and Farrington.**

- Food Assistance (SNAP): Reaches **76.7%** of the population statewide estimated by this analysis to be eligible based solely on income. The reach in some complexes exceeds 100%, likely due to additional eligibility criteria besides income that may allow participation in the program above the income requirements. (That is, eligibility by income used in the risk analysis does not fully capture all factors influencing eligibility for SNAP.) However, due to uneven distribution of reach, the complexes with the highest risk in this domain and the lowest reach for this indicator include **Lanai, Kau,** and **Laupahoehoe** complexes. In addition, medium-high risk complexes with low reach are **Kohala, Honokaa, Kealakehe, Konawaena, Waimea, and Lahainaluna.**
- Placement Permanence: Of the children in foster care statewide, **23.5%** are successfully placed into permanent homes within 12 months of being placed into foster care. The complexes with the highest risk in this domain and the lowest placement rates, include **Kau**, **Laupahoehoe** and **Hilo & Waiakea** complexes. In addition, medium-high risk complexes with low placement rates are **Honokaa, Farrington, Konawaena, Waimea, and Lahainaluna.**
- While housing and food assistance (SNAP) reach a high proportion of those eligible (71.3% and over 100% respectively), income assistance and child care assistance reach only small proportions of the potentially eligible populations (10.9% and 4.7% respectively).
- In general, there are a disproportionate number of children who are native Hawaiian or other Pacific islanders or of two or more races who receive services from programs in the family and economic stability domain compared to the overall population of children. For example, 19.6% of children are of two or more races and 9.6% are native Hawaiian or other Pacific islanders, but combined they account for 76.9% of all children in households receiving TANF, 64.4% of all children receiving child care assistance, 76.5% of all children in households receiving SNAP.

School Readiness

- Early Childhood Special Education: Reaches **4.9%** of all children ages three to five statewide. The complexes with the highest risk in this domain and the lowest reach for this indicator include **Hana, Kau, Pahoa** and **Kohala**. In addition, medium-high risk complexes with low reach are **Konawaena, Farrington, Waipahu, Kapaa, and Lahainaluna.**
- Head Start and EOEL Public Prekindergarten: Reaches **15.3%** of estimated eligible population statewide. The complexes with the highest risk in this domain and the lowest reach for this indicator are **Waianae & Nanakuli, Hana, Kealakehe, Kohala,** and **Pahoa**. (Note that this analysis does not include scholarship programs such as Preschool Open Doors where individual vouchers can be used by families whose children attend early childhood programs serving a general population, and does not include private preschools such as those operated by Kamehameha Schools.)
- In light of ongoing discussions of high-priority areas where expansion of publicly funded high quality preschool might be targeted, it may be especially useful to look across these two school readiness reach indicators as a starting point in selecting communities for

expansion. The following communities are of high or medium-high overall risk and low reach of early childhood special education and/or public preschool: **Hana, Kau, Kohala, Pahoa, Kaimuki, McKinley,** and **Waipahu**. Details of risk and reach are provided in Appendix G to support further exploration of these indicators in continued planning efforts.

Licensed Child Care Capacity

- Overall, total capacity of licensed child care (slots) is sufficient for just **23.3%** of the total population of children from birth to age five. Data were not available broken out further by age group of slots (e.g., infant/toddler vs. 3- to 4-year-olds).
- Critical gaps in child care capacity are seen in many areas which can be considered child care "deserts," where capacity is less than one slot per three children potentially needing care.
    - **All of Kauai County** and **Maui County** are entirely child care desert areas.
    - **Much of Hawaii County**, except for Hilo & Waiakea, is considered a child care desert.
    - **Most of Oahu, with exceptions in Honolulu and along the Windward Coast,** is a child care desert.
    - Additional gradients in child care capacity gaps are shown in Appendix G.
- These gaps in child care coverage echo the detailed findings of the recent early learning assessment (DeBaryshe et al., 2017).

When using the findings from this risk and reach analysis, it is important to keep in mind that these analyses primarily include reach of programs in the public sector, with the exception of the private providers offering licensed child care and Head Start programs. This analysis does not capture those receiving funds through Preschool Open Doors, or private entities such as Kamehameha Schools using private funds to provide early education programs and scholarships as well as family support services to additional children, particularly in rural/remote communities. The extent of these services is not captured in this analysis.

4. System Assessment

4.1 Stakeholder Interviews

As part of the System Assessment, stakeholder interviews were conducted with key informants (agency executives and program managers) in state-level agencies or entities including EOEL/Early Learning Board (ELB), DOE, DHS, DOH and Hawaii P-20; The Samuel N. and Mary Castle Foundation and Kamehameha Schools (KS) in the nonprofit and philanthropic sector, University of Hawaii representing higher education and Maui County Early Childhood Coordinator's Office at the local level. These interviews focused on challenges in providing services for vulnerable populations, efforts to market services to eligible families, approaches to assessing and supporting quality of services, issues with capacity and workforce, supports for children's transitions among programs, critical data gaps, funding and coordination of resources. Additional detail on the stakeholder interviews is described in Appendix A. Themes arising from these discussions are summarized in this and the sections following. These interviews and

focus groups round out the picture of vulnerable communities by offering insights into challenges experienced by agencies in serving vulnerable populations, increasing awareness of services available to families and young children, and in ensuring sufficient workforce capacity to provide services.

Challenges in serving vulnerable populations and ensuring capacity

State agencies reported that it is difficult to reach rural areas and ensure that there are adequate services. There is not a robust array of services on every island; even for medical care, it is often necessary for children to be flown between islands to get care, often paid for by Medicaid. There has been an attempt to scale mental health services to all of the islands.

To address the challenge of reaching remote/rural areas, some agencies such as DHS and the early intervention section of DOH have considered the possibility of tele-health services, for example providing genetic counseling by virtual meeting platform. Providers are attempting to expand telehealth in mental health fields and specialty fields. Agency leaders see this as an opportunity in a new way to provide service. However, this a fairly new idea and the workforce needs to develop new skills to become comfortable with the technology to provide service in this way; likewise, not all families have the comfort level to use this service.

KS noted that they can reach more isolated locations (e.g., Hana on Maui) that others may have difficulty reaching as a private provider. There is a high percentage of Native Hawaiian learners in the remote areas, and KS has more of a presence in these areas, e.g., a preschool and shared classroom space with Aha Punana Leo.

In early childhood education specifically, there is significant interest in more rapid expansion of public pre-K programs among some stakeholders. However, agency leaders cautioned about the need to be mindful about building out the capacity to support expansion, including workforce, facility capacity, etc. Leaders in the early education sector spoke repeatedly in interviews about the challenge of state constitutional limitations on public funds distributed to the private education sector. This was named as a barrier for workforce development initiatives, facility development, etc.

Workforce capacity development was named as a major concern or challenge by multiple key informants in discussions of capacity to serve families. At the higher education level, it was noted that there has not been a significant statewide investment specifically in early childhood preparation programs. At UH, there has been an attempt to map the various pathways by which education professionals can acquire EC credentials, demonstrating the need to track multiple combinations of credits and topical areas without a centralized coordinating process.

DOH acknowledges that in addition to monetary resources, there is a lack of workforce capacity for specialized early childhood educators and specialized occupational therapists, physical therapists, speech pathologists. There is a lack of a pipeline of specialized training programs in the state to provide this professional training, so professionals must be brought in from the mainland, and relocation is difficult and costly. The workforce is somewhat unstable, as it is dominated by women who move fluidly in and out of the workforce to address their own family's

needs. There is a need for state agency employers to consider developing supports such as on-site child care for its own workforce. Discontinuity in staffing has an impact on continuity of services, particularly those that require individual relationship-building such as home visiting. One leader noted that where the workforce is unionized, the union is a strong advocate for their workforce but may stand in the way of flexibility in staffing or work requirements such as telecommuting (for example, taking the position that such an accommodation must be available to all unionized personnel regardless of the nature of their job description).

UH is working toward a more systematic approach to building the early childhood workforce. The current system is a fragmented collection of programs that are difficult for students to navigate – e.g., community college programs do not stack easily with UH programs. As another example, there is no specialized program in early childhood special education or early intervention, rather professionals working with this age group tend to come from a general special education or health background. One theme that arose from conversations was that the early childhood workforce is a critical need at the state level, and that UH as a land grant university should address this directly as part of their strategic mission to serve the public's critical needs. While tuition assistance is available, not all students can afford the up-front costs of a reimbursement model. Lack of access to forward-funded scholarships or tuition reimbursement is a barrier to entry into educator preparation programs. Allocation of resources across UH educator preparation programs has been based on which organizations have administrative champions at the time, not a systemic manner. As a result, resources and capacity are inconsistent across programs.

Leaders in the private sector stated that they are seeking to grow the EC workforce by supporting those who are thinking of going into early childhood education. Strategies they are pursuing include recruiting in same communities as the students served, sponsoring professional development opportunities such as Erikson Institute trainings, providing tuition assistance to teacher assistants to complete degree and be fully qualified as lead teacher, as well as targeting Hawaiian culture based coursework by working with universities to ensure that there is coursework available to meet Hawaiian medium content standards in private programs. On the public side, EOEL is working closely with IHE to make sure coursework is accessible in a hybrid format, including in-person and on-line. EOEL is also trying to introduce a stipend program, called "Grow Your Own," to provide funding up front for certification or degree to help teachers meet the next level of certification.

Outreach and building community awareness of services

A key goal of stakeholder interviews was to describe the strategies used by agencies to do outreach and marketing of services to let families and community partners know what support programs are available and how to access services. Agencies and larger entities described in interviews how they make use of a wide array of network partners, community events, web and media promotion of programs and services, including central information resources such as PATCH and Aloha United Way 211. However, many interviewees expressed concern that programs remain somewhat siloed and each is responsible for marketing its own service to its target populations.

An attempt has been made to develop hub models such as District Health Centers and Family Access centers, and ESD Benefit Employment and support services marketing TANF, SNAP and child care assistance, where families can access multiple services and learn about various supports available to them. DOH does direct outreach to all new parents through intake screening and referrals at birthing hospitals. Some agency heads described interest in developing these positions further at the local or county level, with interest in providing information on multiple programs not only within an agency but across various types of basic need and early childhood supports.

Several state agency leaders spoke about the need for communications/marketing professional staff to not only market services to families but also articulate the agency's mission, goals and accomplishments for wider visibility and state level support. Most agencies discussed the need for more investment in communications and marketing and the need for an over-arching strategic plan to guide their efforts. Various reasons for shortage in this areas included a long-standing vacancy only recently about to be filled due to organizational bureaucracy in one agency, cutbacks in outreach/communications staff in another leaving only one position at the state in another agency, another agency only recently having established a communications staff position for the first time, and others. In interviews, specific examples of efforts related to communications with clients were discussed: DOH described that there is a goal through Title V funding to develop an integrated communications plan. DHS recently conducted a feedback survey with over 1,000 participants to get insight into clients' understanding of available services and the overall customer experience. As a large private provider of early childhood programming, Kamehameha Schools (KS) has a communications arm with regional teams doing outreach at community events, and also have their own resource centers in most regions, but is aware that as a known entity for over 125 years, their reputation is well-known among Native Hawaiian families and they always have more request for space and scholarship support than they can fill; therefore they see their current outreach efforts as sufficient.

To summarize, agency stakeholder interviews revealed a number of insights into challenges and concerns in meeting the needs of vulnerable populations of families with children from birth to age five:

- Agencies and providers reported challenges in serving rural areas in particular due to lack of infrastructure and workforce and issues in traveling distances and across islands.
- Leaders described interest in innovative strategies such as tele-health and leveraging a hub model of services where families can access multiple programs meeting their needs in various areas.
- Critical ongoing shortages in the early childhood workforce--both for early childhood classroom teachers and specialized service professionals-- are a serious challenge in ensuring coverage and timeliness of services.
- There is a call for a more systematic approach and greater investment in building the early childhood workforce, with the University of Hawaii seen as a central partner in this effort. Current training and higher education pathways are fragmented and there is insufficient financial support for tuition costs.

- Agencies are grappling with outreach and communications efforts to increase community and family awareness of services, and are challenged by a shortage of communications/marketing capacity.

4.2 Family Focus Groups

Another major component of the System Assessment was input from families and providers via a series of focus groups conducted statewide. In recruitment of families, particular emphasis was placed on inclusion of participants from priority target groups identified by the PDG Strategic Planning Implementation Plans. (Detail of the approach to family and provider focus groups is summarized in Appendix A – D). Themes arising from these discussions are summarized below and in following sections where applicable; this section encompasses feedback from families on availability and access of services, as well as their preferences for care and support programs, and awareness of information resources.

Families were asked about how they learn of available programs and what their preferences are in selecting care. Across the focus groups, families reported using a variety of resources to find child care programs. Most families noted that they heard of programs informally through in-person communications such as word of mouth from friends, schools or shelters. Respondents reported the following methods for learning of programs:

- *Hanging out, saying who is free and telling each other about what is going on*
- *Meeting up in the neighborhood – a lot of what is convenient*
- *Not a lot of licensed facilities, so through word of mouth*
- *Found programs when they moved to the shelter – Shelter staff knocked on the doors to wake people to bring their kids, used to be mandatory*

Several other families stated that online platforms like Facebook or Google were useful tools in locating resources and supports near them. While many respondents indicated they were using the various online methods mentioned above, families also identified that it was at times difficult to find or search for programs since they did not know the appropriate key words to use in a search. It is notable that no families mentioned using a formal service such as the referral services available from PATCH.

When discussing how they select care, families emphasized throughout the focus groups that they look for two key elements in an early childhood program: the price, and the flexibility of drop off and pick up times. Several parents also expressed that they valued the ability to come in during the day to visit their children and see what they were doing. Some parents expressed discomfort with programs that have a closed-door policy or where parents leave their children at the door for the day. Families also noted that they need more affordable care for their children; specifically saying that they cannot afford the existing child care programs. Respondents also noted that they want more local care or enrichment activities that are free for families. Example comments:

- *Having something local to help families would be beneficial. Activities for kids that are free to access, enrich children, and let the community know that they are there*
- *Need affordable daycare/education*

- *Families are still paying for child care – So more support for families that can't afford it or are right over the bracket limit*

Respondents also noted that the existing hours of early child care pose significant challenges for parents who work into the evenings, especially after 5pm. Families noted the importance of programs that have both morning and evening hours, indicating that these options need to be expanded for working families.

As mentioned earlier, many families noted that when looking for early child care, they use word-of-mouth referrals and recommendations as their main resource for finding care. This theme held true for families who choose to use informal child care programs as well. Families noted that they choose to use an informal program primarily due to the family-like environment and level of trust they have for the staff and providers. According to the respondents, the smaller, more familiar environment of an informal program resembles "ohana" (family).

- *Staff was welcoming and mom could go in, felt like ohana, staff loved the kids and the mother just had a good feeling about it*

Families also noted that a key factor in choosing informal care is that they believe their children will be treated better, particularly for younger children. One respondent even mentioned that they chose to wait until their child could speak before placing them in child care, to ensure that the child could alert the parents if they are mistreated.

Families offered a mixed assessment of the barriers to accessing quality early child care. Some believed that there was a significant shortage of quality programs, resulting in long waitlists that families must join while pregnant if they have any hope of getting a spot. One parent remarked that the decision of what child care program to use is based more on availability and open spaces than the structure or quality of the program.

A few families, primarily those using on-campus care at the University of Hawaii, expressed a wish for bilingual child care options like those they had seen available on the mainland, primarily for their child's enrichment.

Families were also asked about their challenges in accessing child care subsidy, noting various challenges and barriers they face in obtaining subsidy or navigating the application process. A few respondents indicated that there is not enough information provided to families; comments included concern that support services are not sufficiently advertised; some parents said they did not know where to find information about how to get a subsidy. Some felt there was not enough program administration support to process application paperwork.

One respondent also noted that the application and enrollment window create a challenge for families due to the time constraints in enrolling in care. The respondent indicated that they have to know a year ahead of time that they would need care, and then only have one month to apply to enroll, which causes difficulties in getting a subsidy for care. Families also noted that they choose not to apply for subsidy due to the fact that the paperwork is "arduous", resulting in them giving up or choosing not even to begin.

Another barrier families mentioned was the stringency of the subsidy qualifications. Many respondents noted that their families do not qualify when they feel as though they should. Faced with these restrictions, respondents noted the various ways their families are coping:

- *If they have one more kid, then they would qualify for free lunch, so families have to talk about it. They have also joked about getting divorced just to qualify*
- *People don't get married so they can take advantage of services that they need to get by*
- *Did one application but their income was $200 over the limit (for subsidy). Seemed ridiculous to the family that two kids in an expensive daycare count the same as 2 kids in elementary school when determining low-income brackets per family*

One respondent indicated that this is not a reflection of families "milking the system," but that "the system forces people just a tiny bit above the poverty line to play these games."

Finally, one group of families based in a rural area, all of whom had children with special needs, reflected on their frustrations with a lack of services and discontinuity:

- *There is a need for more services specific to children with special needs. The school is not consistent. The worker from the Developmental Disabilities Division just disappeared. They are supposed to provide respite services for parents with children with special needs.*
- *We need more Occupational Therapy. [The local provider] is very good but could come more often. We could use services specific to autism, like maybe horse therapy.*
- *Also, there is a high turnover here of teachers. No one stays in [this area].*

To summarize, family focus groups indicated that:

- Families rely on informal networks and word of mouth to learn about early childhood programs and services.
- Factors that are important to families in selecting early childhood programs are price and flexibility of hours. Note that this is somewhat different from findings of the review of early research; however, direct comparisons should be made only with caution due to differences in methodology between focus groups and surveys. Differences may also have been due to these focus group families' perception that quality programs are unaffordable, are full or have long waiting lists, and that therefore they must take a spot in whatever programs they can find that they can afford.
- In selecting an early childhood education program, families prioritize quality in terms of school readiness but also a friendly, welcoming environment. Some expressed a preference for informal care for this reason.
- Families expressed frustration with the stringency and application requirements for subsidy programs, saying that they believed the income thresholds are unreasonably low and that some families feel they are forced to get around the official requirements.
- Families of children with special needs also expressed frustration with both a general shortage of services and discontinuity in services.

5. Summary of Demographics, Availability and Access

The analysis of demographics, availability and access, across multiple sources (review of previous needs assessments, the current risk and reach analysis, and stakeholder interviews and family focus groups brought to light some key lessons for the needs assessment:

- There is a critical shortage of licensed/regulated early care and education slots statewide, with particularly severe shortages of regulated infant-toddler care and in certain communities. The current needs assessment echoes the findings about overall shortages and identifies specific communities that are considered child care “deserts.”
- There are multiple communities where a concentration of high or medium-high risk combined with low coverage of services have resulted in underserved communities for which current family/economic stability and school readiness supports are inadequate. A potential application of this complex-level analysis would be to identify specific communities that are underserved by school readiness programs when prioritizing expansion of public pre-K or other high quality early learning services. Limited data was available on program reach for health/wellness supports below the statewide level.
- Previous research indicates family preferences for early education programs that are affordable and of high quality. The current research with focus groups suggests that families’ understanding of quality includes both school readiness elements and a family-like, welcoming atmosphere. Families are also concerned about cost and hours of care available.
- Many families may choose informal care due to cost concerns, unavailability of regulated care, and their perceptions of a warm and family-like environment.
- Families looking for child care are frustrated by long waiting lists, shortages of open slots, a burdensome subsidy application process and perceptions of unreasonably low income eligibility thresholds. Some give up or resort to working around “the system” in response to these frustrations.
- Agency leaders discussed in interviews that they are particularly challenged to provide services in rural/remote communities where there is little infrastructure for services and transportation is limited. In addition, there is a need to bolster their communications/marketing capacity and to maintain awareness of services within and across their agencies. Workforce capacity is a concern and the pipeline of training programs for early childhood and specialized professionals requires greater investment and coordination with the state higher education system.

II. Program Quality and Workforce Quality

This area was addressed by the review of previous needs assessments, stakeholder interviews and focus groups. Research Questions to be addressed in this area included the following:

- How is program quality defined across the early childhood system?
- What is the current quality of early childhood programs and services, and what tools are used to measure and monitor quality?
- What is the current quality of early childhood programs and services, and what tools are used to measure and monitor quality?
- What are the characteristics of the early childhood workforce (qualifications, educational attainment and years of experience) and how do they vary across types of care?
- What barriers does the workforce face in obtaining additional education?
- What professional development supports are needed?

Relevance to Strategic Implementation Plans

- Access
- Availability
- Workforce

1. Review of Previous Needs Assessments

1.1 Program Quality

How is program quality defined across the early childhood system?

As defined in well-known research and addressed in several studies, child care quality can be divided into structural and process aspects. Structural aspects of quality include group size, child-to-adult ratio, staff qualifications, health and safety procedures, and the available space per child. Structural aspects of quality lend themselves to regulation. Process aspects of quality comprise the day-to-day activities and interactions in which children are engaged. Process quality is more difficult to measure and regulate than structural quality. But process quality is the more direct cause of positive child outcomes and development.

Voluntary accreditation in early childhood is among the most widely accepted indicator of program quality. Programs in Hawaii have been awarded accreditation by the National Early Childhood Program Accreditation (NECPA), National Association for the Education of Young Children (NAEYC), and National Association for Family Child Care (NAFCC); indigenous accreditation from the World Indigenous Nations Higher Education Consortium (WINHEC); recognition from bodies that typically oversee K–12 schools such as the Hawaii Association of Independent Schools (HAIS) or the Western Association of Schools and Colleges (WASC); and accreditations relating to a particular educational approach such as the Montessori method. It should also be remembered that Head Start and Early Head Start programs (HS/EHS), none of which are currently accredited in Hawaii, should be considered high quality given the detailed federal performance standards governing their program operations (DeBaryshe et al., 2017).

In NIEER's most recent scorecard report (Friedman-Krauss et al., 2019), Hawaii's EOEL Public Prekindergarten programs met 7 out of 10 national program quality standard benchmarks:

- Early learning & development standards are comprehensive, aligned, supported, and culturally sensitive.
- Curriculum supports have an approval process and supports.
- Lead teachers are required to have a bachelor's degree with licensure.
- Maximum class is 20 or lower.
- Staff-child ratios are 1:10 or better.
- Vision, hearing, and health screenings with referrals are conducted.
- Data used from structured classroom observations are used for continuous quality improvement in programs.

To meet the additional three benchmarks, Hawaii's EOEL Public Prekindergarten program would need only to modify its lead and assistant teacher credentials so they add an ECE training requirement. Currently, lead public prekindergarten teachers are required to hold a bachelor's degree but are not required to have specialized teacher training in pre-K. Assistant teachers are required to hold an associate's degree but there is also no ECE requirement. Hawaii requires 21 hours/year of annual professional development for lead teachers, which exceeds the benchmark of 15 hours/year, but assistant teachers are not required to complete the 15 hour/year benchmark (Friedman-Krauss et al., 2019).

What is the current quality of early childhood programs and services, and what tools are used to measure and monitor quality?

There is no single standard definition of quality in use in the state. Hawaii does not currently have an active QRIS. A recent pilot (2011-2014) was not continued for expansion; there are no current plans for revival of this effort. In the absence of a QRIS, the most commonly used definition of quality is national accreditation for early childhood programs. Hawaii has a relatively high proportion of center-based programs earning a national accreditation in early childhood. Twenty-one percent (21%) of centers in Hawaii have received national accreditation; just one percent (1%) of FCC homes are nationally accredited (Child Care Aware of America, 2019).

Statewide, a 2017 report found that about 37% of center seats were in Early Childhood Accredited programs which have received accreditation from National Early Childhood Program Accreditation (NECPA) and National Association for the Education of Young Children (NAEYC). Another 10% of seats were in centers that have received accreditation from Hawaii Association of Independent Schools (HAIS), the Western Association of Schools and Colleges (WASC),or accreditations relating to a particular educational approach such as the Montessori method.

In addition, almost 16% of seats in FCIL programs were accredited by National Early Childhood Program Accreditation (NECPA) and National Association for the Education of Young Children (NAEYC), and 22% of seats in FCIL programs received indigenous accreditation from World Indigenous Nations Higher Education Consortium (WINHEC) (DeBaryshe et al., 2017).

The Classroom Assessment Scoring System (CLASS) is a structured observation of classroom practices that focuses on the quality of the interactions between teachers and children across three domains: Instructional Support, Emotional Support, and Classroom Organization. As part of the Head Start monitoring process, their classrooms are observed using the CLASS. In a report for the 2014-2015 fiscal year, Hawaii's Head Start and Early Head Start programs exceeded both the national average and the research-based threshold for classroom quality scores in all 3 CLASS domains (Barnett & Friedman-Kraus, 2016). EOEL Public Prekindergarten Program classrooms receive CLASS observations as well, and these are conducted twice a year (Friedman-Krauss et al., 2019).

1.2 Workforce Quality

What are the characteristics of the early childhood workforce and how do they vary across types of care?

In Hawaii, low wages and a high cost of living have contributed to a critical shortage of qualified early childhood professionals and a high turnover rate (Executive Office on Early Learning, 2019).

Quality benchmarks for teacher and staff education suggested by national organizations (e.g., National Association for the Education of Young Children, National Institute for Early Education Research, Office of Head Start) typically exceed the minimum qualifications required for licensing in most states, including the licensing standards in Hawaii. Overall, the recommended benchmark is that lead teachers have a bachelor's degree in early childhood education. For assistant teachers and aides, the most common recommendation is a child development associate credential (CDA). However, EOEL and Head Start, respectively, require or encourage assistant teachers to also have an associate's degree (DeBaryshe et al., 2017).

As noted in a survey administered to directors in 2017, it was roughly estimated that the majority of lead teachers in centers and FCIL programs has met this benchmark by having received a bachelor's degree or higher. Assistant teachers were most frequently reported to have a CDA (73% in centers and 27% in FCIL programs). Aides fall short of the benchmark with only about one-fourth having a CDA or higher (DeBaryshe et al., 2017).

The 2007 Head Start reauthorization required all Early Head Start teachers have a CDA credential (or equivalent) and training in infant and toddler development. All Head Start teachers were required to have a bachelor's degree or higher in ECE or a related field, and all teachers have at least an associate's degree in ECE or a related field by September 2013. As of FY 2014-15, fifty-six percent (56%) of Head Start teachers and thirty-three percent (33%) of Early Head Start teachers in Hawaii hold BA or higher (Barnett & Friedman-Kraus, 2016).

While there is no comparable benchmark for FCC provider education, more than half of FCC providers in Hawaii reported having any type of degree in early childhood, with one-quarter having a bachelor's degree or higher, though not necessarily in early childhood. In addition, 10% of the FCC providers have a current CDA (DeBaryshe et al., 2017).

Basic requirements are in place for caregiver qualifications in licensed/regulated homes. As reported in the FFY 2019-2021 CCDF Plan, the Hawaii Department of Human Services has not adopted administrative rules for preservice health and safety hours, however, it will require that all caregivers at licensed and registered child care providers complete the pre-service training prior to the issuance of a license. Once licensed, any new employees shall complete pre-service training within 45 days of hire and be under direct supervision until completion of the pre-service training and cleared for the fingerprint-based criminal background checks. The Department will also require that all exempt, non-relative caregivers providing care to children whose families receive child care subsidy payments from the Department to complete the pre-service training and background checks prior to the issuance of a child care subsidy payment (Department of Human Services, 2018a).

DHS requires that sixteen (16) hours of on-going health and safety training appropriate to the age of children the caregiver works with shall be completed on an annual basis by each caregiver. FCC provider substitutes and non-relative caregivers conducting child care in the child's home must also complete a minimum of eight (8) hours of on-going health and safety training appropriate to the age of children the caregiver works with annually (Department of Human Services, 2018a).

While a bachelor’s degree in early childhood education is desired for lead teachers in licensed centers, an infant/toddler caregiver with a high school diploma can be considered with the right amount of experience and training hours. Preschool lead teachers must have a minimum of a CDA with at least one year of supervised teaching experience. The minimum requirement for assistant infant/toddler teachers is three years’ experience and coursework in infant/toddler development. Assistant preschool teachers must have at least sixty (60) credits of post-secondary education and nine (9) credits of child development or early childhood training courses. An orientation training is the minimum requirement for aides working with any age group (Department of Human Services, 2018a).

In the EOEL Public Prekindergarten Program, lead teachers are required to have a bachelor’s degree with licensure, and assistant teachers are required to have an associate’s degree. The union contract requires all lead teachers to participate in 21 hours of in-service training each year. At least 60 additional hours per year of EOEL-led professional development in Early Childhood Education are also required for lead teachers in the EOEL Public Prekindergarten Program (Friedman-Krauss et al., 2019). Teachers in the EOEL Public Prekindergarten Program are part of the Hawaii State Teachers Association and, as such, receive salaries comparable to those of teachers in K–12 classrooms.

What barriers does the workforce face in obtaining additional education?

The early childhood workforce may face various barriers of cost, time, transportation, and availability of classes when pursuing additional education or training. In a previous needs assessment report (DeBaryshe et al., 2017), it was reported that almost all staff were able to attend conferences, outside workshops, or continuing education courses with no out-of-pocket cost and often on paid time. However, reimbursement for taking formal college courses, and particularly paid time off to attend college classes, was less common. It was almost universal for

staff to receive some form of in-house training, on average 21 hours per year in centers and 25 hours per year in FCIL programs. Employees of FCIL programs were more likely to receive professional development support than were center staff. Almost all FCIL staff also had opportunities to work with cultural practitioners and kūpuna or those with expertise in intergenerational programs (DeBaryshe et al., 2017). While scholarships to support educational pathways are available for BA, AA, and CDA, it's unknown how many take advantage of them (Whitebook, McLean, Austin, & Edwards, 2018).

When staff in center-based and FCIL programs was asked to comment on their experiences arranging for professional development, respondents stressed the difficulty of scheduling training time during the work day or expecting staff to attend training outside of their regular work day. Lack of local trainers, finding courses that were a good match with staff needs, and providing individualized professional development were also mentioned (DeBaryshe et al., 2017).

Professional development is a very different issue for FCC providers, who must pursue such opportunities on their own. Three of the four most common activities were informal, self-directed activities such as looking for resources online or seeking advice from other providers. Attending workshops, conferences, and informal courses was also common—and presumably done to meet annual continuing education hours required by DHS. About 8% of providers had taken college courses in the past year (DeBaryshe et al., 2017).

Hawaii is made up of 6 primary islands, and there are local community needs and transportation issues. Hawaii's child care resource and referral agency, People Attentive to Children (PATCH) supports the professional development of caregivers through training. PATCH contracts with the Hawaii Department of Human Services and together they are exploring ways to make community-based child care training more accessible to all child care providers statewide. On-line training has been a great help to those providers who reside in areas that are not easily accessible or who lack adequate transportation (Department of Human Services, 2018a).

What professional development supports are needed?

"A Well-Prepared, Well-Supported Workforce" is one of the five building blocks addressed in The Hawaii Early Childhood State Plan, 2019–2024. These identified building blocks are crucial for child and family success, and key strategies and priorities for collective action are outlined in the plan for each. A few of the identified priorities include: Support for the workforce across diverse program models with special attention to rural and underserved areas to create clear educational goals; improve access to higher education; and finalize a trainer and training registry (Executive Office on Early Learning, 2019).

There are critical workforce shortages in health and early childhood care and education areas. Coordinated workforce development and ongoing professional development opportunities are needed to positively impact children's long-term developmental outcomes (Executive Office on Early Learning, 2019). Almost 30% of center directors say staff retention is a challenge, and 50% report that qualified applicants turned down employment offers (DeBaryshe et al., 2017).

A possible concern identified previously was finding that a few small centers provided no in-house training, formal performance evaluations, or other forms of supervision and feedback. This suggests the need to identify and support this small group of struggling directors to become more effective supervisors and mentors for their classroom staff (DeBaryshe et al., 2017). FCC providers are another particular sector which faces a unique challenge of operating their businesses while balancing family with professional development requirements and personal goals.

Although recommended by federal CCDBG guidance, Hawaii currently **does not require** that training on the following topics be completed before caregivers, teachers, and directors in licensed and licensed-exempted CCDF programs can care for children unsupervised (Department of Human Services, 2018a).

- Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
- Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic;
- Infectious diseases;
- Administration of medication;
- Prevention and response to emergencies due to food and allergic reactions;
- Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event;
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Appropriate precautions in transporting children (if applicable);
- Pediatric first aid and CPR certification;
- Recognition and reporting of child abuse and neglect; and
- Child development.

The Department currently has a small pilot project to provide facilitation and support for child care homes to complete National Association for Family Child Care (NAFCC) accreditation. The pilot project will look at strategies to provide opportunities to additional registered family child care homes with broader distribution in the state (Department of Human Services, 2018a).

In the Hawaii Early Childhood State Plan 2017-2022, a few incubator ideas related to the training registry were identified:

- Disseminate information on professional development opportunities and program system supports that enable practitioners to reach professional development goals. A proposed activity that would support this idea was to develop a shared website where professional development opportunities for early childhood practitioners and related occupations and professions in the early childhood field can access information about training, and trainers could advertise their available trainings (Executive Office on Early Learning, 2017).

- Implement a professional development quality and assurance system. HAEYC and HCYC proposed to develop a process and materials to operate a trainer registry system for registering and approving the qualifications of professional development providers and training, including instructional methods, materials, learning objectives, knowledge of content and practical experience in the topic area, and formative/summative assessment and training/trainer evaluation (Executive Office on Early Learning, 2017).

2. System Assessment

2.1 Stakeholder Interviews

How do agencies define and promote quality of early childhood services?

Leaders reported that there is no single consensus on standards of high quality in early childhood education programs. Current systems of quality include NIEER standards in public pre-K and charter schools, minimum licensing standards in private programs, and accreditation (most commonly NAEYC and NECPA in centers, or NAFCC for FCC) homes. Kamehameha Schools are also pursuing an indigenous focused accreditation system (WINHEC) for their portfolio of programs.

In its role providing curriculum and training support for public pre-K and charter schools, EOEL follows NIEER standards for teachers and support provided to pre-K programs. They also require CLASS assessment for teacher-child interactions and TS GOLD for child assessment. Legislation has been passed to raise standards for public preschool teachers. It is agreed that teachers need to understand concepts of child development, but principals in past may have moved struggling teachers with limited understanding of child development to teach in preschool classrooms, under the misguided notion that an earlier age group would be easier to teach. EOEL has been an intentional advocate of specialized early education professional development. EOEL provides a summer-time Early Learning Induction Program, required of all schools prior to opening a new public prekindergarten classroom. It takes place over the course of one school year in the year prior to opening the pre-k classroom. New school teams, including the school administrator, meet to discuss implementation issues, plan, and receive training and classrooms set-up support including how to implement an early childhood curriculum and launch a quality pre-K classroom. A local leader interviewed praised this program and expressed a desire for providers outside the public pre-K system to access similar training; however, it was acknowledged that the constitutional requirement preventing expenditure of public funds on private education programs is likely a barrier.

In the private sector, KS relies on NAEYC accreditation for its own directly operated programs, but is also working through the World Indigenous Higher Education Consortium (WINHEC) accreditation for its system of programs. WINHEC is an accreditation for Hawaiian culture based systems or those with Hawaiian language as foundation, with a 10 year process for a multi-site portfolio. As a funder of early education scholarships for Native Hawaiian children in other

private programs, KS currently requires that families use NAEYC or NECPA accredited programs to receive funds.

The Samuel N. and Mary Castle Foundation has also supported various professional development programs such as training provided by the Erikson Institute. They have supported accreditation as a marker of program quality and also require it for individual scholarship funding. The Samuel N. and Mary Castle Foundation is a private funder for the Preschool Open Doors program administered by DHS and run through PATCH; in this initiative, families with low income are provided scholarship funds to use only in accredited preschool programs.

Several leaders discussed the recent pilot of a QRIS system in Hawaii, launched in 2012 for FCC, Group Child Centers and Infant & Toddler Child Care Centers. This pilot was funded by DHS and administered by the Center on the Family, with quality improvement grants for center-based programs funded by the Samuel N. and Mary Castle Foundation. After an initial pilot trial, the program was discontinued in 2014 (Bipartisan Policy Center, 2018). In discussing the reasons for not continuing and expanding the program, leaders cited various factors: it was initially perceived that the program was being imposed by a state agency rather than being received as a positive invitation or opportunity; participants found the structure confusing; and there was insufficient workforce capacity to provide technical assistance and coaching support for quality improvement. One interviewee expressed the view that the strategy of a QRIS to bolster and advertise individual program ratings as a badge of quality was incongruous with Native Hawaiian cultural norms of modesty. The Samuel N. and Mary Castle Foundation have expressed support for future funding of this effort should state level leadership elect to revive a QRIS as a priority strategy.

For early childhood services outside a classroom context, there are a variety of methods to support quality, specific to each program. Several examples include:

- Maternal, Infant and Early Childhood Home Visiting (MIECHV) programs maintain quality through attention to fidelity to nationally implemented models. These are monitored through contract compliance measures.
- Service quality in health-focused programs such as newborn and metabolic screening is assessed through measures such as timeliness of screenings, which is reflected back to providers via contract monitoring. It was found that screening of children for lead poisoning was too low; state officials developed strategies to increase these efforts through Medicaid funding.
- Long-term health outcomes are tracked via the Data Exchange Partnership (DXP) as an indicator of effectiveness of efforts.

Some leaders reflected on challenges in quality improvement as being linked to lack of capacity or funding for supporting improvements once needs or deficits are identified; both the lack of funding for technical assistance in quality improvement, and a dearth of staff statewide with the training and ability to provide this support were noted as concerns. One leader expressed frustration with instances in which quality systems frequently change standards; by the time a gap is identified and strategies developed to address it, the standards may have been revised.

How do agencies promote workforce quality?

Multiple stakeholders named not only workforce capacity but also workforce quality and professional development as key concerns in the state. There is consensus on the need for statewide understanding of the importance of EC-specific professional qualifications. It was recognized that teaching is generally not a well-paid profession and the professional development requirements are already high. However, there is little incentive for public pre-K teachers to meet early childhood standards on top of their regular elementary license. Stakeholders called for greater incentives and flexibility to help teachers to demonstrate their ECE knowledge (not necessarily credit-bearing courses), including greater opportunities for alternative professional development that accommodates the needs of working professionals, such as online coursework and other options.

Leaders noted that a great challenge is the lack of ability of the private sector to pay teachers and provide benefits to attract the well-qualified workforce necessary to support quality. While public funds cannot be used to support private education programs, there are not the same restrictions in providing public funds to child care programs, if a private program is viewed as care and not education.

As noted earlier, there is a critical need for more specialized workforce at all levels of childhood services, including the mental health, physical health and special education domains. Finally, some leaders noted the need to build more system level leadership, particularly individuals bringing a Native Hawaiian perspective who can effectively lead on increasing indigenous representation in the field.

2.2 Family Focus Groups

When asked to define program quality within the early child care system, most families participating in focus groups expressed that the quality of the staff and philosophy was an important indicator. Respondents noted that teachers needed to be passionate about educating young children and needed to have a structured and defined plan for learning. Many respondents also evaluated program quality based on the atmosphere, noting that a program should feel welcoming to families and children. They said it is important to have an environment where the staff are excited to be there, children feel supported, and family members are welcomed. These comments typified this view:

- *Teachers are compassionate – The kids hug teachers and the teachers are happy to be there*
- *The teachers teach values and rules*
- *The space needs to be safe, well-maintained and the kids need to be loved*
- *The staff isn't just punching in and out, but they are there because they love children*.

Families and staff both agreed that another important indicator of program quality is the program's focus on student readiness, both academically and in the development of social skills. Families noted that high quality programs expose students to the expectations of a formal preschool setting and provide an opportunity to socialize with other children, easing the child's transition into the K-12 education system. Child care

staff and providers echo this idea, noting that a quality program has a holistic approach to student education.

2.3 Provider Focus Groups

A major element in early childhood program quality is the professional preparation of the staff. As part of this needs assessment, providers from a wide range of program settings discussed their needs and concerns in a series of focus groups (see additional detail in Appendix A – D). This section summarizes providers' reflections on their needs, interest and challenges in pursuing professional development and higher education.

Providers generally responded positively when asked about their interest in receiving additional professional development (PD), directly mentioning trainings for physical handling, safe sleep and topics specifically for home-based providers. These child care staff also noted however, that two main barriers they face to receiving this additional PD are time and transportation. Staff note that it can be difficult to find the time to participate in PD opportunities while they are balancing their other priorities, such as work and family. This is especially true for those that are located in remote areas, who also mentioned that transportation can be a significant barrier. Respondents noted:

- *Transportation to Oahu can be a challenge–A lot of the trainings are offered on Oahu, so respondents need a larger budget or scholarships to get staff there*
- *So remote – Providers don't always pay for outer island people to come. So, if they do go, it's tiring. They have to get people to come a long way for training but then can't pay them*

When asked what kinds of PD supports are needed for staff and child care providers to participate in more training, a few noted general difficulties with funding; in order to participate in additional PD there would need to be more funding allocated to staff to help them overcome the barriers mentioned above.

Providers were further asked about their interest in getting higher education. There was a diversity of opinions among provider about interest in higher education. Some providers, particularly those in the special education, Tutu and Me, and Aha Punana Leo groups, said they were interested in obtaining higher education, but found it difficult because of time constraints and lack of financial resources for tuition and other expenses. A few of the respondents noted that they were not planning on obtaining any higher degrees or certification due to the perceived difficulties and their own age. One respondent noted that they are old and do not want to be a student again. Similarly, another noted that they were going to retire soon so it seemed futile.

A small subset of providers in focus groups were non-regulated family child care providers; when asked about their interest in becoming licensed, most said they were disinterested, due to their perceptions of the large amount of time and paperwork required. One care provider discussed concern that licensing staff come into the provider's home and therefore, providers must be open to the observation. This participant noted that providers are also busy with their own families and schedules so it can be hard to fully commit to the process.

3. Summary of Program and Workforce Quality

To summarize key findings on program and workforce quality across the review and system informants (agency leaders, families and providers):

- There is no single consensus on definitions or indicators of program quality. In the absence of a single standard, common understanding or indicators of quality in use are Head Start standards, EOEL public pre-K, and accreditation systems such as NAEYC, NECPA or WINHEC. The lack of a common definition of quality is a potential hurdle to system-wide solutions to increase program and workforce quality, possibly pointing to the need for flexibility in developing strategies; in addition, future efforts in strengthening the quality of early care and education programs will need to take into account multiple definitions or understanding of quality when developing indicators of success.
- Hawaii has strengths in program quality, particularly in the proportion of programs that hold accreditation and the number of lead teachers in centers and FCIL programs holding a degree.
- Families' understanding of quality includes both elements that are associated with school readiness as well as a safe and warm, family-like environment.
- There is a widely recognized critical shortage of qualified workforce in the early childhood field; this was mentioned as a concern both for adequate coverage of a wide range of services, as well as specialized early childhood professionals.
- Early childhood education providers named barriers to obtaining professional development as time and transportation, linking this to available funding. Providers who are interested in obtaining higher education are especially concerned about availability of funding assistance.
- Leaders are pursuing a variety of strategies to address professional development needs in the early childhood workforce, and have raised concerns that increasing the size and quality of the workforce will require flexibility and realism in meeting the needs of the current workforce and a willingness to work on long-term strategies for gradually increasing qualifications.

III. Family Knowledge and Engagement

Family knowledge and engagement practices were addressed by the review of previous needs assessments, stakeholder interviews, provider and family focus groups. Research Questions to be addressed in this area included the following:

Relevance to Strategic Implementation Plans

- Family Knowledge & Engagement

- What level of awareness do parents have about child development milestones and the ways in which they can support healthy child development?
- What are the primary sources of information and communication channels that parents use to learn about early childhood programs and services (including the types of care and supports available) and how do these vary between the general population and vulnerable and underserved populations?
- What does the evidence base indicate are the most important family engagement practices and what level of awareness do early childhood programs have about these practices?

1. Review of Previous Needs Assessments

What level of awareness do parents have about child development milestones and the ways in which they can support healthy child development?

Research was not available directly assessing parents' knowledge of developmental milestones, however, building such knowledge can take place during developmental screenings. The previous early learning assessment found that parents did not report widespread developmental screenings. When asked, parents enrolling a child in a center reported that a universal screening for general development had been conducted on 42% of children, but only 19% of children had had health screenings. In contrast, all FCIL programs engaged parents in the screening process by using a parent-report tool, the Ages and Stages Questionnaire. Just over three quarters of these children enrolled in FCIL programs have had vision/auditory screenings (DeBaryshe et al., 2017).

Home visiting programs are a setting where child development knowledge is typically promoted for vulnerable families. The Hawaii Home Visiting Network (HHVN) supports the Family-Centered Medical Home (FCMH) model. Home visitors work with families to build communicative and supportive relationships with their pediatricians and develop collaborative processes for sharing relevant information that will assist families who are often engaged in different childhood systems. Home visitors administer a standardized screening tool, the Ages and Stages Questionnaire (ASQ) that parents are able to complete themselves in advance of seeing a health care provider, which has been shown to identify and help parents articulate concerns they may be having about their child's development. Home visitors administer and review the results of the ASQ with parents and provide parents with referrals to address any potential developmental delays, as well as provide some basic enhancements for parents where

possible. In 2013, 99% of children enrolled in HHVN services received at least one development screen (Yoshimoto et al., 2014).

Ten non-profit community-based organizations established the Hawaii Home Visiting Network (HHVN) which is supported by state and federal (Maternal, Infant and Early Childhood Home Visiting (MIECHV)) funds. HHVN provides home visiting services in specific communities on all islands throughout the state. Home visitors provide families who enroll in one of the home visiting programs with information about the child's social and emotional needs, tools for supporting healthy child development, and also assess the child's development using standardized screening tools such as the Ages and Stages Questionnaires (ASQ-3 and ASQ-SE) (Yoshimoto et al., 2014).

HHVN is comprised of 4 evidenced-based home visiting models: Early Head Start (EHS), Healthy Families America (HFA), Home Instruction of Parents of Preschool Youngsters (HIPPY), and Parents As Teachers (PAT. These programs use a variety of approaches, all of which incorporate child development information for families.

- Early Head Start (EHS) targets low-income pregnant women and families with children from birth through age 3. The program provides early, continuous, intensive, and comprehensive child development and family support services. EHS home-based services include weekly 90-minute home visits and two group socialization activities per month for parents and their children (Yoshimoto et al., 2014).
- Healthy Families America (HFA) programs offer hour-long home visits at least weekly until children are 6 months old, with the possibility for less frequent visits thereafter. Visits begin prenatally or within the first three months after a child's birth and continue until children are between 3 and 5 years old. In addition, many HFA sites offer parent support groups and father involvement programs (Yoshimoto et al., 2014).
- Home Instruction for Parents of Preschool Youngsters (HIPPY) aims to promote preschoolers' school readiness and support parents as their children's first teacher by providing instruction in the home. HIPPY offers weekly, hour-long home visits for 30 weeks a year, and two-hour group meetings monthly or at least six times a year. The home visiting paraprofessionals are typically drawn from the same population that is served by a HIPPY site, and each site is staffed by a professional program coordinator who supervises the home visitors (Yoshimoto et al., 2014).
- The goal of the Parents As Teachers (PAT) program is to provide parents with child development knowledge and parenting support, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness. The PAT model includes one-on-one home visits, monthly group meetings, developmental screenings, and a resource network for families. Parent educators conduct the home visits using structured visit plans and guided planning tools (Yoshimoto et al., 2014).

How do families learn about services and supports that are available?

Family engagement programs offered in Hawaii include Nurturing Parenting Programs, Parents as Teachers (PAT), Family Child Interaction Learning Programs (FCIL, e.g., Partners in Development Foundation, INPEACE, Keiki o Ka Aina), and Home Visiting Programs (e.g., Healthy Families America, Home Instruction for Parents of Preschool Youngsters (HIPPY)) (Child Care Aware of America, 2018).

Under contract to DHS, PATCH (People Attentive to Children) provides child care resource and referral services to parents of young children. In 2018, PATCH reported fulfilling 9,522 requests; it was not clear how many included general information on child development separately or in addition to child care program listings. PATCH reported that 87% of their clients were considered low-income, with 55% at or below poverty line (PATCH, 2018).

Hawaii's parents agree that information about parenting support services and programs is available. Where they do not agree is that the information is easy to access. In a recent report, authors concluded that more work needs to be done to get the right information to the parents who need it the most (Early Childhood Action Strategy, 2016a).

Nearly 60 percent of parents responding to a survey reported that they know where to access information related to parenting support services and programs. Further, more than half of these respondents (56.4%) indicated that the information has been useful. Although the majority of respondents indicated that information about parenting support resources is both available and useful, more than 60 percent of all respondents indicated that they need more information (Early Childhood Action Strategy, 2016a).

Evaluation of the availability, accessibility, and usefulness of information varied considerably between respondents of different income levels. First, lower-earning participants were much more likely than higher-earning participants to strongly agree that the information they have accessed regarding parenting support services has been helpful (lower earners = 20.8%, higher earners = 8.6%). Nearly twice as many high- (32.9%) and middle-earning (31.9%) respondents reported having no opinion about the usefulness of available information as compared to 16.7 percent of lower-earning respondents. These data, then, do not indicate negative evaluations of the availability or usefulness of information among higher-earning participants. Rather, the data suggest more favorable ratings from the respondents who are more likely to need and use the available parenting support information and resources (Early Childhood Action Strategy, 2016a).

Despite more lower-earning participants' strong agreement that they know where to access information and that the information they have accessed has been helpful, a larger proportion of lower-earning respondents also reported that they need more information about available support services (30.0%) than did higher-earning respondents (13.8%). Although lower demand for information among higher-earning participants is likely due to less need for support among higher-earners, there also seems to be some evidence that accessibility of available information may need improvement (Early Childhood Action Strategy, 2016a).

Among lower-earning respondents, slightly more than half (52.1%) indicated any level of agreement that available information is easy to access, and only 15.7% expressed strong agreement. Additionally, 55.8% of lower-earning respondents agreed that they prefer for information about services and programs be explained to them rather than provided in print. These data suggest, then, that when lower-earning families – who have a greater need than higher-earning families for information about parenting support services and programs – are given easier access to the information they know is available, they find the information beneficial (Early Childhood Action Strategy, 2016a).

What does the evidence base indicate are the most important family engagement practices, and what level of awareness do early childhood programs have about these practices?

Parents most commonly report that the most helpful parenting support services include those that suggest activities to do with their children, child development milestones, and managing children's challenging behavior (Early Childhood Action Strategy, 2016a). Parents generally agree that they require more information about parenting support services and programs available in their communities, but they express less agreement that available information is easy to access (Early Childhood Action Strategy, 2016a).

Head Start and Early Head Start programs are most likely to implement family engagement practices in center-based programs, followed by accredited programs (DeBaryshe et al., 2017). For centers, the most common family engagement practices were parent-teacher conferences, asking parents to volunteer in the classroom, and distributing information about child rearing. About half of centers support families with a lending library, hosting parent workshops, or helping families set learning goals for their children. The least frequent practices were giving families a role in program governance or family-oriented outreach, such as home visits and providing family social services (DeBaryshe et al., 2017).

FCIL programs enact most of the recommended family engagement practices. Compared to centers, FCIL programs are more likely to offer direct family support services, make home visits, modify practices to meet family needs, and include families in program governance (DeBaryshe et al., 2017). FCC providers had lower rates of formal family engagement practices utilized compared with centers and FCIL (DeBaryshe et al., 2017).

In Hawaii, part of creating and growing trusted relationships involves cultural responsiveness and affirming what "family" means. Supporting the diverse cultural, social, and linguistic approaches is needed for true partnerships with families, and programs for young children and their families that are based in indigenous language and culture are an area of strength when considering the types of support that help children and families to thrive (Executive Office on Early Learning, 2019).

The Department of Human Services, Department of Health, and community partners are piloting a multigenerational framework, Ohana Nui, which means "extended family" in Hawaiian. This framework engages two or more generations at a time (child, parent, and other close relatives

or grandparents) to increase the potential for positive outcomes (Executive Office on Early Learning, 2019).

2. System Assessment

2.1 Family Focus Groups

Across multiple focus groups, both families and child care providers noted that families need more information regarding child development milestones. Of the families who did indicate that they have information on child development milestones, many of them noted that they receive it from their child's doctor/pediatrician, with a few receiving information from schools or teachers. Information is communicated to families in a variety of methods and there did not appear to be a single consensus on the primary sources of information across focus groups. Families reported the following methods of communication as their primary source of information: Online, family and friends and child care organizations.

When discussing need for more information on children's development, families sometimes discussed this in terms of support for special needs or transitions; their comments are discussed below in Section 4.

2.2 Provider Focus Groups

Home visiting staff emphasized that it can be difficult to engage parents and families who are disinterested in the information or engagement activities they offered. Other staff (special education and preschool teachers) found families more receptive to this information. To support parent and family understanding of developmental milestones, respondents reported that some programs require parent involvement via in-person or online trainings, however, this adds additional requirements that are a challenge for busy families. For example, at one program there is an expectation that parents attend two in-person and two online events. Provider comments included:

- *Harder to build the trust with certain families that are less receptive, like [immigrant] families or a seasoned family member who might feel they already know about child development*
- *[We/the program] offer required family days to learn what keiki are learning, how to work with keiki, things you can do at home*

Staff and providers noted their use of family meetings to communicate with families. Several child care providers and staff described the use of formal meetings, which took various forms:

- *Annual IEP meeting which includes goal setting and update parents with quarterly reports*
- *Parent committee meetings every month where teachers present activities for parent and child to work on together*

One respondent noted that it can be difficult to schedule these formal meetings due to parents' work schedules. A few staff and providers also noted the use of informal meetings with families to provide an opportunity for more frequent updates, with a few child care staff and providers

noting that they talk to families daily when parents drop their children off; they did not provide details on the depth or breadth of information exchanged.

IV. Transitions Among Programs

Research Questions to be addressed in this area included the following:

- How are successful transitions defined across state and national early childhood programs and initiatives, and how successful are the transitions Hawaii's children and families are making?
- What are the current supports provided to children and families to ease transitions (with focus on IDEA Part B and Part C and Kindergarten)?
- How do families describe the transitions experienced by their children and what barriers are perceived to exist (with focus on IDEA Part B and Part C and Kindergarten)?

Relevance to Strategic Implementation Plans

- Transition Supports

1. Review of Previous Needs Assessments

How are successful transitions defined across state and national early childhood programs and initiatives, and how successful are the transitions Hawaii's children and families are making?

The Early Childhood State Plan 2017-2022 provides a framework to organize the Early Childhood Strategic Plan. An environmental scan of priorities and initiatives was conducted, and stakeholders were engaged in providing priority efforts already being implemented and suggestions about areas for improvement. The identified areas for improvement were added to the plan as “Incubator Ideas” that would be fleshed out once resources are available. “Improve transitions for children between programs and services” is one such identified Incubator Idea (Early Childhood State Plan, 2017).

The Hawaii Early Childhood State Plan 2019-2024 identifies five-year strategies and priorities for collective action. One key priority is to improve alignment and transitions between infant-toddler care, preschool and kindergarten through third grade education, with particular attention to vulnerable communities, and through a child and family-centered approach. The collective action that will help to accomplish the goal is to engage in planning and coordination among entities that serve children as they progress from birth through age eight (and transition to the next level or setting) to ensure all children appropriately receive the services and resources they need for optimal growth and development (Executive Office on Early Learning, 2019).

The Hawaii Department of Education Special Education Performance Report for the 2018-19 school year reveals success reaching children eligible for Part B who were referred by Part C prior to age 3 and had an IEP developed and implemented by their third birthdays. While 100% of these children had an IEP developed and implemented, 5% of children did not have an IEP in place on time. The reason for many of the delays was a late referral from Part C. There was no non-compliance on the part of the schools; schools were just unable to complete the evaluation,

eligibility and IEP processes prior to the children's third birthday (Department of Education, 2019).

Ninety-four percent (94%) of toddlers with disabilities exited Part C with timely and complete transition plans. The EI Program developed an IFSP for these toddlers with transition steps and services at least 90 days prior to the toddler's third birthday. In addition, the EI Program conducted the transition conference with ninety-two percent (92%) of these toddlers with the approval of the family at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services (Department of Health, 2018a).

Transitions are also addressed by the Hawaii Home Visiting Network (HHVN) which strives to embed itself within the context of multiple early childhood systems, such as the Early Childhood Educational System, by collaborating with educators and providing training on a standardized child development tool to support children and families as they transition from home visiting programs into the educational system (Yoshimoto et al., 2014).

What are the current supports provided to children and families to ease transitions (with focus on IDEA Part B and Part C and Kindergarten)?

The Special Education Compliance Action Table (SPED CAT) database was specifically developed to monitor compliance of Hawaii's System of General Supervision and Support. Any findings of noncompliance identified were issued to the appropriate complex through the SPED CAT database. Once informed, complexes correct or resolve all instances of noncompliance, verify the correction process, and provide evidence to HIDOE monitors that subsequent processes will be appropriately implemented. Timely correction of noncompliance is reviewed and verified by HIDOE (Department of Education, 2019).

How do families describe the transitions experienced by their children and what barriers are perceived to exist (with focus on IDEA Part B and Part C and Kindergarten)?

As reported in the Special Education Performance Report for 2017-2018, a little over half (54%) of parents with a child receiving special education services indicated that their child's school facilitated parent involvement as a means of improving services and results for children with disabilities. This met the target for 2017-2018 (Department of Education, 2019).

An Early Childhood Action Strategy Kindergarten Transition Survey was administered in 2016 to assess parents' perceptions on kindergarten transitions. In general, parents responding to the survey felt that the kindergarten transition process was reasonably easy to navigate. A large majority of parents (88.9%) reported that they had the information and resources they needed to prepare for kindergarten. Most parents (81%) attended a kindergarten orientation at their child's school; the most frequent reason given for not attending orientation was a scheduling conflict. Nearly all (96%) parents reported that the kindergarten enrollment and registration process was easy to understand and manageable. In turn, the majority of parents (82%) reported that their children adjusted well to the transition to kindergarten. They also reported that their families adjusted well to the transition to kindergarten (87%). For both parents and

children, the chief cause of anxiety through the transition process concerned adjustment issues, particularly in terms of making friends at school (Early Childhood Action Strategy, 2016b).

2. System Assessment

2.1 Stakeholder Interviews

The EOEL focuses on providing supports to preschools on how to support families in general, including the transition between preschool and kindergarten. There was discussion that elementary principals are recognizing that there is a need to push up early childhood practices into kindergarten and other elementary grades, rather than having higher-grade expectations shape early learning experiences. To support developmentally appropriate transitions, EOEL has developed a Transitions Toolkit funded through a previous Early Learning Opportunity (ELOA) Grant for transitions, for use by teachers and program administrators in engaging families to support children in the transition from early childhood to kindergarten. The toolkit includes definitions of this transition from the multiple perspective of the child, parents and teachers; resources included in the kit outline roles and actions that all parties can take to support children throughout this transition period, including activities for administrators and teachers in the classroom (School Readiness Task Force, 2004).

EOEL notes that it would be beneficial to be able to reach private settings (not just public pre-K), since most children are in those settings. It would also be beneficial to offer early care and education services in “hub” locations where public and private programs and services can co-exist in a central location. This would be similar in concept to a “Navigator Center” that provides comprehensive supports and services based on community needs and context. Such an effort would require facilities, land and resources to support this concept. This is seen as a public-private opportunity, with shared outcomes and vision. So far, an initial conversation has been started with one principal at an interested school; eventually, leaders would need to think through the challenges of opening the schools to a broader set of services and role and liability.

In DOH, transitions are often understood in the transition from early intervention (IDEA Part C funded) to special education and associated services (IDEA Part B). Typically, the responsibility is on providers to let families know what services are available in many transitions from hospital to home, to structured services. This is an area that DOH noted they are trying to improve; leaders noted that would like to have a more integrated system although they did not provide more detail on what that vision would entail.

Leaders described a challenge for EC program managers with getting the information on an individual child’s needs from the program or service where the child is transferring in from; once they have accepted the child into an early learning program, programs must lean on parents to share information about an individual child’s special needs. There is not a structured, coordinated mechanism to gather and share this information. KS noted that if families are not willing or able to share this information, they do have a team that can do an assessment, to try to connect the family with state services if they have needs outside KS capacity; this process was described as fluid and informal. For example, the system has a behavioral specialist that

works with the family, but in cases where the child may have ADHD or other issues outside their expertise, the schools might have expertise in Maui but not Oahu. The program would reach out to other organizations for support; there is no one contract for this but the school but will reach out to whatever resources are available outside. If they were going to strengthen this process, the most immediate need is to continually understand what support services are available to families from outside agencies. Also, there is interest in expanding on professional learning communities in some areas (small groups of professionals around special needs, trauma-informed care), to increase knowledge sharing among professionals from a variety of organizations.

For transitions from the preschool to kindergarten setting, leaders also pointed out a geographic or structural challenge: Catchment for early childhood programs are typically across multiple communities, and any one program may be a hub for multiple localities, with the result that there is not necessarily a pipeline straight to a single kindergarten in same facility or entity. Even within a large private early childhood provider such as KS, families must apply again to get into KS kindergarten or go elsewhere (there is no preferential admission or guarantee). Most children in a private early childhood program will ultimately go to a public kindergarten.

To strengthen transitions, one solution mentioned would be for preschool teachers to provide family with a portfolio of the child's assessments and work samples, that could be shared with kindergarten teachers if the parents choose to do so. Also discussed as a system level strategy was the need for a Kindergarten entry assessment for each student. This process was previously in place via the Hawaii State School Readiness Assessment (HSSRA) but is no longer happening (interviewees were not sure why it was discontinued; in follow-up communications, EOEL noted that another assessment, TSGOLD was last piloted by Hawaii P-20 in 2014). Results were not reported on individual basis; instead, the entry assessment was used to reflect general cohort readiness. This was described as valuable for conversations in the early learning community for how children should be ready for school and how to support their readiness for school. It was noted that bringing a similar assessment back into practice, whether HSSRA or TSGOLD, or another tool, would be a DOE-led initiative. (Although interviewees were not aware of plans for doing so, in later follow-up EOEL advised that there has been recent discussion and consensus on re-introducing a kindergarten entry assessment.) Stakeholders also discussed a divide between early childhood professionals and the school system in terms of focus on socio-emotional development and academic outcomes, with the EC community emphasizing the need to support transitions and development in all domains.

Leaders mentioned several other system level improvements in data tracking and sharing to support transitions. It was suggested that it should be possible to share data at a system level to see the impact of early childhood services on child outcomes. For example, the state no longer tracked at the system level how many children have had a preschool program at the point when they enter Kindergarten (this was stopped in 2014). Leaders know that programs are doing developmental screenings but there is no systematic tracking of how many are doing them at certain developmental milestones and if there is there a warm hand-off for families to support services. Another area of need for basic data is on how many children are getting financial assistance for early childhood private programs. At this time, no single child identifier is in use so there is no mechanism to track and support transitions among multiple programs.

Within the DOE, transitions were discussed in terms of overall support for special education. It was noted that they are working on improving case management for special education, as well as better developed IEPs that involve and educate parents. In addition, they are working with UH to define family engagement practices to ease transition. Recently the DOE has worked on a Statewide System Transition Plan to improve children's transitions among programs. It was mentioned that Hawaii is among the lowest ranked states for inclusion practices for special education students, and that it is now an area of DOE priority to ensure that students are placed in the least restrictive environment.

In discussing supports for transitions and special education in general, it was noted that teachers could be more supported by professional development, time to meet and plan, as well as administrative supports for IEP, and supports for the general education teacher serving students with special needs. Funds are usually discretionary to principals to make decisions about how to meet these needs.

This year the DOE has moved to a new system of per-pupil special education funding allocations to schools, with a lump sum at the complex level to support minor adjustments to programs. It’s expected that there will be a teacher assignment and transfer period to balance staffing as a result, and that effects will be seen after some time. Previous funding allocations resulted in some funding intended for special education being directed to general education, resulting in disparities; it is thought that the new approach will level the playing field for all students. This approach will be reviewed and re-adjusted annually.

Discussion of transitions in several interviews led back to general discussion of informational support for families. In discussing what role EOEL could play in supporting transitions, it was suggested that EOEL should be a “Master Communicator” integrating all programs for families and children 0-5. In this view, school readiness is just one outcome, but happy, healthy children are the overall priority. Leaders also pointed out that information should be provided to families at multiple points starting at the family planning and prenatal stages. This information should include developmental milestones, prenatal and perinatal health, parenting classes, etc. It was emphasized that information should be provided early and simple terms so as not to be overwhelming to families.

The concept of a community hub was also mentioned in context of transition supports. Leaders expressed that ideally there should be better networking of programs and organizations at the community level, such as a community hub on each island that each family can access, with the KS model on Hana named as an exemplar by several leaders. KS has built an entire campus with programs including a Head Start, Early Head Start, Aha Punana Leo preschool, Infant-toddler program, and offices for various state funded family support service programs. At this site they have co-located training so staff can learn from one another among various specialized programs or approaches they are implementing. Leaders repeatedly mentioned that they would like to see that model replicated elsewhere. This model was discussed as a strategy to address what is perceived as an imbalance of focus on 4-year-olds with a need for greater continuity in funding and supports for the continuum of needs from prenatal through kindergarten entry, as well as an opportunity for multiple services to be provided in a one-stop coordinated setting for families with complex needs.

2.2 Family Focus Groups

When asked about a successful transition to pre-k or kindergarten, families reflected on what they did and not like about their experiences. Successful transitions were described with examples like the following:

- *Knowing the teacher, and the kid knows the teacher, knowing their expectations and routines, puts parent and child at ease*
- *Loving teachers make it easier*
- *Had kindergarten meetings at preschool and these engage the family into the process of the transition, give them information about deadlines, info about GEs, also gives parents tips about kindergarten, the skills their child will need*

Families across the focus groups described a range of transitional supports provided to children and family that they were aware of or participated in. Some said their early child care programs had structures built into the program that provided families and children with supports to ease the transition into kindergarten. A few families noted that their children attend a PreK program that is attached to a private school, where transitional supports are readily available. Families and providers both noted the built-in supports that they received to ease transitions, via meetings with the new kindergarten teacher and/or school visits either prior to the beginning of the year or in the first few weeks.

Some families noted that they desire more guidance throughout the transition from PreK to Kindergarten, looking for explicit information on typical challenges families and children encounter, and major variations between PreK and Kindergarten class philosophies and approach.

Focus groups also addressed transitional supports for children transitioning into Prekindergarten, in which respondents noted a variety of support mechanisms. Similar to the supports for kindergarten transitions, one respondent noted that they were invited to two in person “Family Language” classes per month, but not all families take that opportunity.

A few respondents also noted that they appreciate the chance to take part in transitional programs, like an infant toddler program that has flexible hours, starting with one hour, then two and finally transitioning into one week. Another respondent noted that their prekindergarten and kindergarten programs are linked so there are frequent shifts in staff between the two programs, helping the children become familiar with the teachers across the two programs and easing the transition.

Some examples families gave of the transitional supports provided include:

- *Pre-k had an orientation period (2 weeks) where classes were split up into two groups and each group came on different days for a half day. So, half the class was present for a half day. Relationship building, learning the routine.*
- *The transition into pre-k was great – you apply and they keep you updated, lots of communication, did half the class at the start, parents are in the class too, kids take a tour, teachers tell parents what they expect, introduce them, kids and parents get used to everything and learn where it is, they do a lot of communication, open house*

- *They had kindergarten meetings at preschool and these engage the family into the process of the transition, give them information about deadlines, info about GEs, also gives parents tips about kindergarten, the skills their child will need*

When asked what challenges families face when transitioning children into Kindergarten, responses were varied. Many respondents noted a general lack of communication between families and schools during the transitional period, noting topics such as irregular bus transportation for students and a wish for an advance introduction to the Kindergarten teacher.

A significant transitional challenge that some families noted was the shift in academic rigor from PreK to Kindergarten. Some families with children placed in a play-based pre-Kindergarten program noted that they were shocked to see a significant increase in the academic requirements upon entry to Kindergarten. A few respondents noted that when the kindergarten program is structured as a sit-down program it is challenging for children who need a more active play-based environment.

The following comments demonstrate these concerns:

- *Expectations of kindergartners are really high – Seemed like the expectations would be for 3rd or 4th grade*
- *Parents are not remotely aware or prepared for [kindergarten]*
- *Kindergarten is academic, not play based, where there is homework every single night*
- *There is a little bit of disconnect from play-based center to academic kindergarten with students sitting in a chair and desk, but there is not enough transition. They just aren't used to it.*

2.3 Provider Focus Groups

As noted above, both providers and families mentioned existing transition practices such as visits with the kindergarten teacher or to the kindergarten classroom before the start of the school year. One respondent noted that the transition can be hard for families since they have direct access to the child's PreK teacher and less access in Kindergarten, so these transitional meetings and visits are meant to encourage contact early on for families and teachers.

In one Hawaiian medium program, a teacher discussed that children who have attended a Hawaiian preschool may have a temporary "advantage" over those who attended an English-speaking preschool or did not have preschool experience; however, this was typically short-lived and children eventually adjusted.

3. Summary of Transition Supports

Discussions of transition supports highlighted a general concern among stakeholders that the current early childhood system is fragmented and transitions should receive more attention.

- EOEL has prepared a transition toolkit with strategies for families, teachers and principals to ease kindergarten entry transitions. Current practices such as family meetings, half-day advance transitional weeks, and other opportunities to ease into kindergarten were mentioned by both families and providers.

- Families discussed concerns about the kindergarten transition meaning a sudden leap into formal academic expectations and structured classrooms.
- Agency leaders noted that this is an area where they would like to do a better job supporting students. They expressed a need for continued communication about supports available to families and generally greater coordination among programs serving young children.
- Agency and program leaders discussed several needs for better data on young children at the point of kindergarten entry, including background information on whether children had attended a preschool experience, the return of a standardized kindergarten entry assessment, and more information on developmental screenings. There is widespread recognition of the value of this information not only to support individual children but to monitor the effectiveness of the early childhood system as a whole.

V. Funding/Resources and Coordination of Services

Research Questions to be addressed in this area include the following:

- What existing funding sources are available to programs and services across all sectors of the B-5 system (and how is funding allocated across different regions of the state)?
- What are the opportunities and barriers to efficiently using existing funding across all sectors of the B-5 system and what overlaps exist?
- What supports and resources can strengthen the business operations (sustainability) of early childhood programs and services?

Relevance to Strategic Implementation Plans

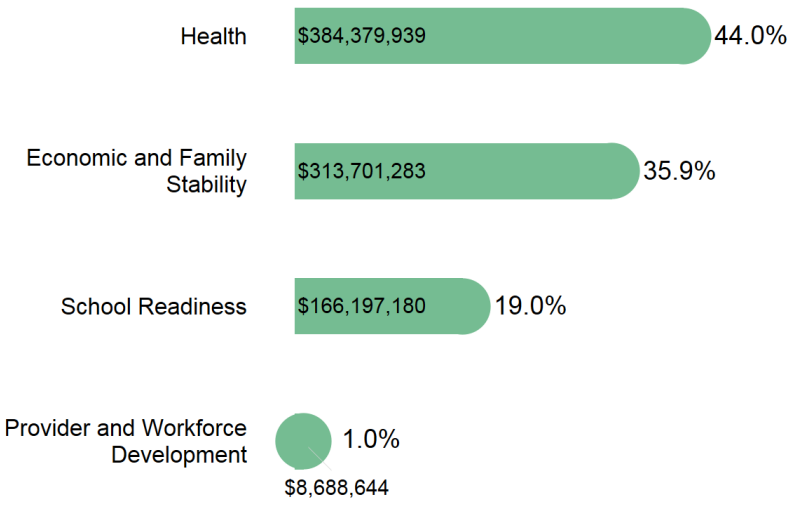
- Access
- Availability
- Health & Wellness
- Transition Supports
- Workforce

1. Program Fiscal Resources

To illustrate the resources Hawaii has for investing in families with young children age five and under, an updated Resource Map was developed drawing on the framework used in a previous resource mapping effort (Connors-Tadros, Silloway, Mayman & Dahlin, 2012), with the goal of updating this description with the latest available data provide by state agencies and private entities (for details, see the Methodology-Fiscal Analysis section in Appendix H). The analysis examined program details and funding across five state agencies, 35 public programs and four community organizations and foundations that support programs and services for children birth through age five. Summaries are included at the end of each domain section (Family and Economic Stability, Health, School Readiness, and Provider and Workforce Supports) and feature figures and tables that summarize the investments assigned to that domain. Appendix H includes additional details, including program descriptions and spending information for each program included in the analysis.

Figure 15 summarizes the total investment per domain combining three sources (state, federal, and private investments). A total of approximately **$873 million** was identified in funding for early childhood programs as a whole, including federal, state and private sources. For programs that serve broader populations that may include older children and adults, the spending and budget amounts were estimated based on the proportion of the caseloads that were comprised of children birth through age five. Health investments comprise the largest share with over $384 million, or 44% of the total. Family and Economic Stability investments total nearly $314 million (35.9% of the total). School Readiness programs account for $166 million (19%), and Provider and Workforce Support investments total about $8.9 million (just 1% of total).

Figure 15. Program Fiscal Resources by Domain

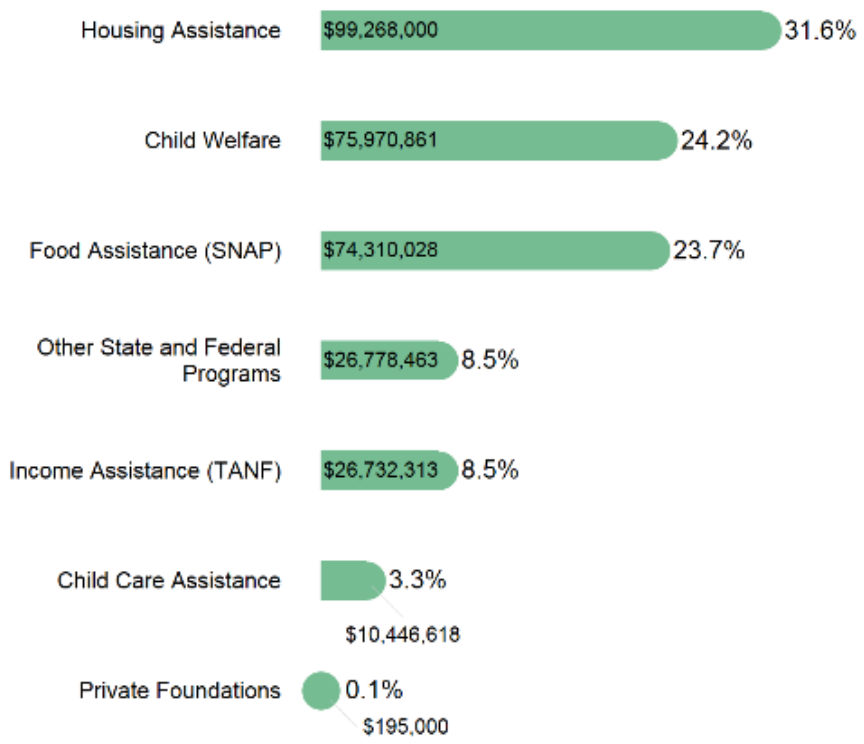


1.1 Resources Supporting Family and Economic Stability

Achieving family stability requires financial security and economic opportunity as well as stability in the home environment and family relationships. Resources considered in this section focus on strengthening and supporting these foundational components.

The primary agency — the Hawaii Department of Human Services (IDHS) — implements critical programs and services that support family stability. Figure 16 and Table 4 detail the dollars spent to provide Economic Support such as income assistance and housing services, and Child and Family Support such as child welfare. Together, these programs support families and strive to ensure that Hawaii's children have the stable family environments they need to thrive.

Figure 16. Spending in FY 2018-2019 for Programs Supporting Family and Economic Stability



The Other State and Federal Programs expenditures illustrated in Figure 16 include two programs:

1. First to Work (FTW) provides case management, employment and support services to work eligible individuals of TANF households. The FTW program assists families to become work-ready through education/training and to obtain employment.
2. Child Care Access Means Parents in School (CCAMPIS) helps student parents pay for their child care at the UH Manoa Children's Center while completing their degree.

Table 4. Fiscal Resources for Programs Supporting Family and Economic Stability

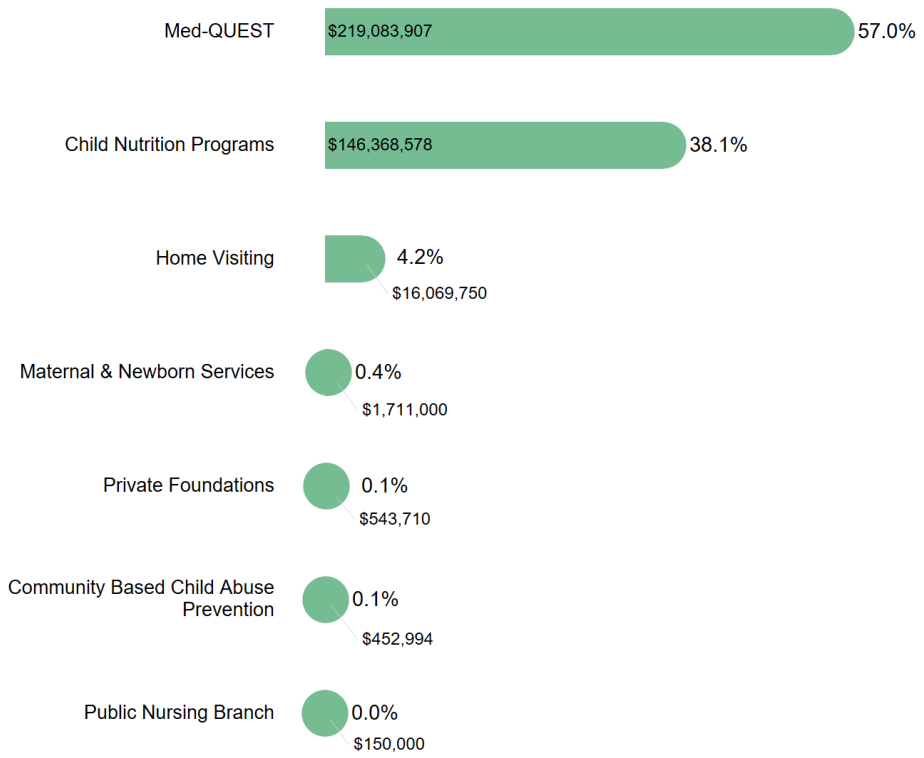
Domain	Program	FY19 Spending	FY20 Budget	Source(s) of Funding	Administering Agency
Family and Economic Stability	Income Assistance (TANF)	$26,732,313	$13,048,096	Federal & State	Department of Human Services
	Child Care Assistance	$10,446,618	$9,683,802	Federal & State	Department of Human Services
	Housing Assistance	$99,268,000	$107,200,000	Federal & State	Department of Human Services
	Food Assistance	$74,310,028	$74,000,000	Federal & State	Department of Human Services
	Child Welfare	$75,970,861	$76,000,000	Federal, State & Private	Department of Human Services
	Other State and Federal Programs	$26,778,463	$13,094,246	Federal & State	Department of Human Services, University of Hawaii
	Private Programs	$195,000	$8,000	Private	Private

1.2 Resources Supporting Health

An assessment of health must consider child and maternal health, as well as both physical and mental well-being. Hawaii makes a variety of investments in child and maternal nutrition and health as well as public health. The programs detailed in the Health Domain are delivered through the Hawaii Department of Human Services, Hawaii Department of Health, and Hawaii Board of Education. Figure 17 illustrates the spending reported for programs during the most recently completed state fiscal year: 2018-19.

Hawaii Department of Human Services administers the state's Medicaid program, Med-QUEST which includes the Children's Health Insurance Program (CHIP). Hawaii Department of Health operates nutrition and health programs targeted at mothers and children, and Hawaii Department of Education administers two food programs directed to children.

Figure 17. Spending in FY 2018-2019 for Programs Supporting Health



Within the Child Nutrition Programs expenditures illustrated in Figure 17, the three primary programs include:

1. Special Supplemental Nutrition Program for Women, Infants and Children (WIC), a program that serves pregnant and nursing women and children from birth through age four who have limited economic resources. WIC provides a monthly supplemental food package of nutritious foods, health care referrals, nutrition education, and breastfeeding promotion.
2. The Child and Adult Care Food Program (CACFP) provides reimbursements for the provision of nutritious meals and snacks that contribute to the wellness, healthy growth,

and development of young children. CACFP operates in child care institutions, family and group day care homes, preschool programs, and before and after school programs.
3. National School Lunch Program.

Maternal & Newborn Services expenditures include spending reported for three programs:

1. The Hawaii Pregnancy Risk Assessment Monitoring System identifies and monitors maternal experiences, attitudes, and behaviors from preconception, through pregnancy and into the interconception period.
2. The Newborn Hearing Screening Program screens babies soon after birth while still in the hospital to identify hearing loss so that children can receive timely early intervention services.
3. The Newborn Metabolic Screening Program tests newborns for 33 metabolic disorders and provides guidance, education, and consultation to health care providers and the community.

Table 5. Fiscal Resources for Programs Supporting Health

Domain	Program	FY19 Spending	FY20 Budget	Source of Funding	Administering Agency
Health	Med-QUEST	$219,083,907	$226,947,787	Federal & State	Department of Human Services
	Child Nutrition Programs	$146,368,578	$147,395,767	Federal	Department of Education, Department of Health
	Community Based Child Abuse Prevention	$452,994	$415,271	Federal	Department of Health
	Home Visiting	$16,069,750	$14,257,967	Federal & State	Department of Health
	Maternal & Newborn Services	$1,711,000	$1,692,000	Federal & State	Department of Health
	Public Health Nursing Branch	$150,000	$150,000	State	Department of Health
	Private Foundations	$543,710	$212,893	Private	Private

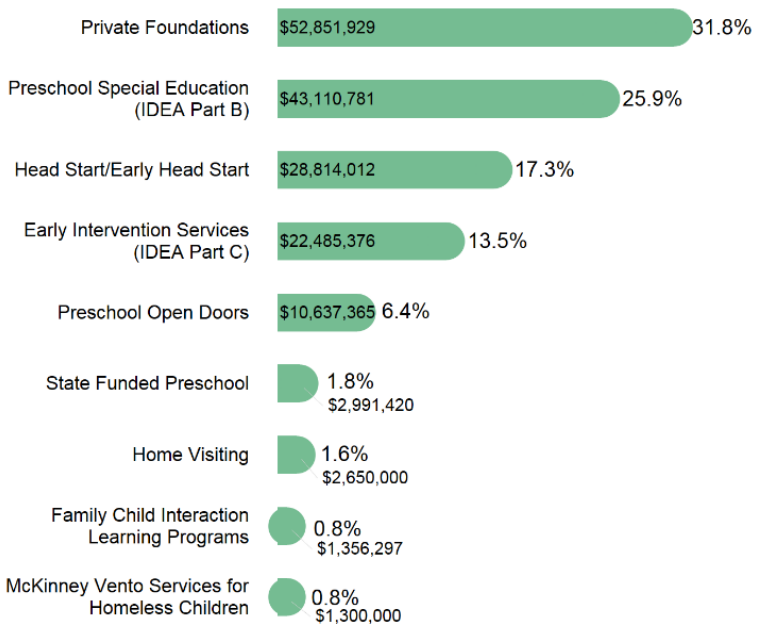
1.3 Resources Supporting School Readiness

The early years lay a foundation for future children's academic success. Participation in high-quality child care and early learning experiences provides young children an opportunity to learn and apply the problem-solving, academic, and social-emotional skills that will support their later education. Developmental and social-emotional screenings, Early Intervention, and early childhood special education services play an important role in identifying and addressing factors that could impede a child's development and path to academic and life success as well as support parents to understand and address any concerns or delays.

The Hawaii Department of Human Services, Hawaii Board of Education, Hawaii Department of Human Services, and Executive Office on Early Learning (EOEL) are the primary state entities administering programs focused on young children's early care and education. In addition to

federal resources for education and intervention that are administered by the State, Hawaii invests state funds to expand access, improve quality, and ensure equity in child care and preschool programs. Children and families are further supported by programs funded privately including Family-Child Interaction Learning Programs and home visiting programs; spending in this domain is illustrated in Figure 18. Further details of each program in the School Readiness domain are provided in Table 6.

Figure 18. Spending in FY 2018-2019 for Programs Supporting School Readiness



Home Visiting includes the Home Instruction for Parents of Preschool Youngsters (HIPPY) program and Parents as Teachers (PAT) administered by Keiki O Ka Aina Family Learning Centers. Each program offers home based early childhood education for three, four and five year old children working with their parent(s) as their first teacher.

Table 6. Fiscal Resources for Programs Supporting School Readiness

Domain	Program	FY19 Spending	FY20 Budget	Source of Funding	Administering Agency
School Readiness	Head Start/Early Head Start	$28,814,012	$29,143,564	Federal	Head Start grantees
	State Funded Preschool	$2,991,420	$9,129,509	State	EOEL
	McKinney Vento	$1,300,000	$1,349,368	Federal	Department of Education
	Preschool Special Education (IDEA Part B)	$43,110,781	$43,000,000	Federal	Department of Education
	Early Intervention Services (IDEA Part C)	$22,485,376	$23,310,584	Federal	Department of Health
	Preschool Open Doors	$10,637,365	$11,254,224	State	Department of Human Services
	Family Child Interaction Learning Programs	$1,356,297	$1,371,000	Private	Private
	Home Visiting (HIPPY and PAT)	$2,650,000	$2,650,000	Private	Private
	Private Foundations	$52,851,929	$53,945,739	Private	Private

1.4 Resources Supporting Provider and Workforce Support

Positive relationships between young children and their caregivers are critical for supporting healthy social, emotional, and cognitive development. A workforce that is well-qualified and supported is essential to ensure that Hawaii's keiki are set up for success in school, work, and beyond. Enhancing the skills of early childhood educators leads to a more professional workforce and better outcomes for early learners.

A number of programs that support early educators are available in Hawaii, administered by Hawaii Department of Human Services, Hawaii Department of Education, Hawaii Department of Health, Head Start/Early Head Start, and the University of Hawaii. In addition, large amounts of funding supporting the workforce, programs, and the early care and education system as a whole come from private foundations.

Figure 19. Spending in FY 2018-2019 for Programs Supporting Provider and Workforce Support

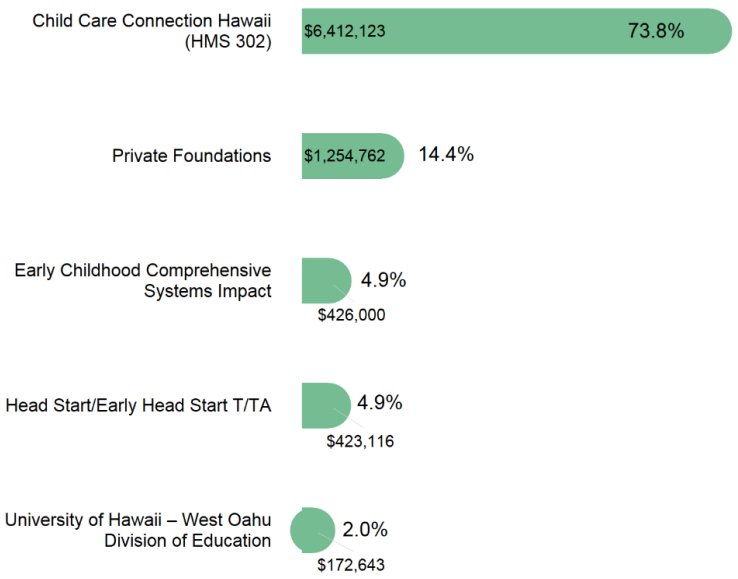


Table 7. Fiscal Resources for Programs Supporting Provider and Workforce Support

Domain	Program	FY19 Spending	FY20 Budget	Source of Funding	Administering Agency
Provider and Workforce Support	Child Care Connection Hawaii (HMS 302)	$6,412,123	$6,646,468	Federal & State	Department of Human Services
	Comprehensive Literacy State Development Grant (CLSD)	$0	$1,505,513	Federal	Department of Education
	Early Childhood Comprehensive Systems Impact	$426,000	$426,000	Federal	Department of Health
	Head Start/Early Head Start T/TA	$423,116	$483,165	Federal	Head Start grantees
	University of Hawaii – West Oahu Division of Education	$172,643	$162,110	State & Tuition	University of Hawaii
	Private Foundations – Program Support	$713,242	$514,810	Private	Private
	Private Foundations – Workforce Support	$521,520	$464,938	Private	Private
	Private Foundations – Systems Support	$20,000	$408,000	Private	Private

1.5 Relevant Funding Highlights

Relevant funding highlights include:

- While children ages birth to five benefit from the $873 million in investments into programs and services across all domains, only $166 million (19%) is spent in the school readiness domain and the vast majority of that funding is federal funding for early intervention and preschool special education.
- State investments in the school readiness domain are relatively small compared to investments from other sources, with 60% of programs in this domain funded through federal sources, 32% funded by private foundations, and 8% funded through state investments.
- Hawaii has the third highest proportion of residents living in child care deserts compared to the rest of the nation (Malik, Hamm, Schochet, Novoa, Workman, & Jessen-Howard, 2018). However, the state allocated only $24 million (3% of the total funding for all birth to five programs) on programs that provide free or subsidized child care (including child care assistance through Child Care Connection, the Preschool Open Doors Program, and the state preschool program).
- While strengthening the quality of early learning programs is a stated priority for both state policymakers and parents, the state funded only $14 million (2% of the total funding for all birth to five programs) to support or establish programs that meet higher quality standards (including the Preschool Open Doors Program and the state preschool program). The most significant investment into programs that meet higher quality standards comes from the $29 million in federal funding from Head Start.
- The vast majority of funding for programs that support providers and the workforce are funded through the Child Care Connections, private foundations and Head Start. Yet, the total investments into supporting the workforce and providers totals under $9 million (or less than 1% of the total funding for all birth to five programs).
- The early childhood landscape in Hawaii, as in most of the rest of the nation, is comprised of multiple programs with different funding streams, program standards, statutory mandates and restrictions, and eligibility requirements. For example, there are four publicly funded programs (in addition to programs supported by private foundations) that support access to early childhood programs for preschool-aged children, including Child Care Working Connections, Preschool Open Doors, EOEL Public Prekindergarten and Head Start. These programs are administered by DHS, EOEL and the U.S. Office of Head Start and each have separate funding streams and eligibility criteria. Similar fragmentation exists in the programs that serve young children with disabilities or developmental delays, with Early Intervention administered by DOH and Early Childhood Special Education administered by DOE. As a consequence of this fragmentation, the financing structure for early childhood is not cohesive. This fragmentation may serve as a barrier to transformative systems change at the state level, impede local collaboration, create confusion for individuals seeking services and result in administrative duplication.

2. Review of Previous Needs Assessments

In addition to the detailed overview of funding for programs and services statewide illustrated in the resource map in Section 5.1, a few additional points were gleaned from previous reports, related to funding overall.

What are the opportunities and barriers to efficiently using existing funding across all sectors of the B-5 system and what overlaps exist?

The Bipartisan Policy Center recommends that Hawaii increase efficiency and cost-effectiveness of monitoring and oversight by aligning administration of the CCDF with state Pre-K and the Child and Adult Care Food Program (Bipartisan Policy Center, 2018a). This might take the form of combining these entities within the same Department. Today, these programs are operated from EOEL, DOE and DHS. EOEL provides curriculum and quality content oversight for state pre-K, DOE operates the programs at their respective sites and administers funding for CACFP, and CCDF funding is administered through DHS.

The 2017 Hawaii Early Learning Needs Assessment recommended two broad funding strategies for consideration:

- Increase involvement of counties and the business community which will broaden and strengthen Hawaii's coalition of funders and advocates. In addition to increasing the total funds devoted to early childhood, diversification of funding sources can result in greater flexibility how resources are used.
- Strategic investments in FCIL programs which should focus on evidence-based approaches that can be tailored to meet the cultural preferences and practical needs of local families. In addition to childrearing support, families who use child care can benefit from consumer education that focuses on identifying safe and high-quality care and early learning experiences (DeBaryshe et al., 2017).

What supports and resources can strengthen the business operations (sustainability) of early childhood programs and services?

The 2017 needs assessment noted that it would be necessary to understand the true cost of operating high quality programs as a first step in understanding how government and other resources should be leveraged for a strong early childhood system for Hawaii (DeBaryshe et al., 2017). However, this issue was not addressed in detail in previous needs assessments.

3. System Assessment

3.1 Stakeholder Interviews

In stakeholder interviews, leaders universally noted a general need for more funding for early childhood directed services. Leaders also pointed out the challenges of operating programs with federal funds that have administrative barriers to combining funding or using funding for

anything other than direct service to children. One leader remarked that the county had been effective at combining state and local funds to operate early childhood services; in Maui County, a local early childhood coordinator's office has been established for this purpose. Multiple leaders expressed concerns about separation of funds required by recent legislative developments as a barrier or potential contributor to inefficiency. Several leaders expressed concern for families who make too much money to qualify for early childhood support services but cannot afford the costs of private programs.

Leaders repeatedly expressed challenges with recent constitutional requirements to prevent use of public funds in private educational settings and associated limitations for age groups. Both private and public agency leaders emphasized the importance of allowing families to have choices in a mixed delivery system, and of the need to support family choices in small local communities.

In the private sector, it was mentioned that sustainability is an issue for private funders to continue to fund the same needs. One leader expressed the desire for private funding to continue to support ongoing services, not be limited to start-up opportunities. Private funders note that they are well equipped for start-up efforts such as supporting professional development or launching new preschool sites. For example, e.g., KS is funding 5 schools for a pre-K start-up, and have successfully transitioned 2 sites with public funding identified to continue operating without KS funds.

However, it is an issue that public funds are available for 4 year olds only. For example, KS operates a multi-age preschool in Hana; due to the small size of the community they wouldn't be able to sustain a classroom with 4 year olds only, but could fill a classroom if 3 year olds could also be served in the same class. As a funder, they are hesitant to fill the gap because it is not clear what is the long term funding strategy. The state statute does not fit the individual nature of small local communities, which need more flexibility to be sustainable.

Labor costs for service programs managed by the state and through partners was described as a concern; one leader described the challenge of having a "mature" workforce with seniority and a strong role of unions as factors increasing per capita labor costs, coupled with the challenges of recruiting new staff, often from the mainland, to a state with very high cost of living.

A local leader expressed the desire for greater engagement and involvement by state agencies in local events and activities. Several leaders expressed a desire for more collaborative input and information sharing regarding federal grants funneled through EOEL.

In early childhood education, several leaders mentioned targeting funding for expansion of public pre-K services in high priority areas currently defined by Title I funding, to maximize the impact of early childhood programming for families most likely to see significant benefit.

As mentioned earlier, a common theme that arose in multiple areas of discussion and from multiple leaders was the widespread interest in a community hub model for family support services. The Oregon Early Learning Hub model was mentioned as a possible approach to follow, while locally the Kamehameha Schools Hana model was also mentioned as a Hawaii-

specific model for possible replication. The current hub in Hana is a collaboration between programs and services within a geographical area to support seamless transitions for children and families. It may be unique because it is a model that was created in a rural setting for a rural population, however, given the repeated mentions of such a model by multiple stakeholders and leaders there may be promise in exploring how this might be implemented in other communities.

3.2 Family Focus Groups

Families were not asked about funding issues per se but were asked to provide their experience with coordination of services. As noted earlier, families generally expressed the need for more information about where to get supports, possibly indicating that existing community resources they have found do not have sufficient connection to a coordinated network or web of services. Families at the Hana focus group, where multiple services are co-located, expressed satisfaction that they got enough assistance with their needs and knew how to get the assistance they needed.

When families were asked about coordination of supports for their children with special needs, there were a variety of challenges noted. Families remarked that they perceived that the support programs that do exist are inconsistent; there is no formal process or mechanism in place to get specialized supports. Several respondents noted that it takes a long time for families to get diagnosis and access to services, since not all pediatricians screen for developmental issues and there is a delay in getting a screening or assessment when requested through the school. Respondents are overall unclear as to when children should be assessed or diagnosed.

4. Summary of Funding and Coordination of Services

Both agency leaders and families expressed concerns about coordination of services. There was considerable overlap in these discussions with issues around transition: a general concern that the existing system is fragmented and needs better coordination, and even leaders of major agencies or entities expressed a need for a better understanding of what services are available in each community.

Agency leaders are grappling with how to address the constitutional requirement to keep public funds separate from private educational settings. For their part, private funders are concerned that they cannot fill the gap on their own: They cannot sustain ongoing services at a level that fully meets the demand. All are in agreement that there is simply not enough funding for early childhood services.

Families generally expressed a desire for more information about where to get services, possibly indicating that existing community resources they have found do not have sufficient connection to a coordinated network or web of services. Parents of children with special needs remarked that they perceived that the support programs that do exist are inconsistent; there is no formal process or mechanism in place to get specialized supports.

The updated “map” of resources confirmed that funding for early learning services is underfunded and would benefit from greater state investment.

- While children ages birth to five benefit from the $873 million in investments into programs and services across all domains, only $166 million (19%) is spent in the school

readiness domain and the vast majority of that funding is federal funding for early intervention and preschool special education.

- State investments in the school readiness domain are relatively small compared to investments from other sources.
- While strengthening the quality of early learning programs is a stated priority for both state policymakers and parents, the most significant investment into programs that meet higher quality standards comes from the $29 million in federal funding from Head Start.
- Hawaii has an unusually high proportion of the state defined as a child care “desert”; however, the state allocated only 3% of the total funding for all birth to five programs in the previous year on programs that provide free or subsidized child care/early learning.

Funding for program supporting children birth to age five is distributed across four major state agencies and subject to multiple federal and state program eligibility requirements, likely contributing to the fragmentation and difficulty in maintain awareness and coordination described by multiple agency leaders and by families.

VI. Critical Data Gaps

This component of the needs assessment addresses critical data gaps observed by stakeholders in many key conversations, as well as those observed throughout the course of this needs assessment as we worked with state agencies to compile data for the risk and reach analysis and resource mapping. Here we address the following Research Questions:

- What gaps in data exist regarding the demographic characteristics for the birth to five population and vulnerable populations?
- How are data shared across programs and services and what are the perceived barriers to sharing data?
- What gaps in data exist regarding the characteristics, availability and use of early childhood programs, services and systems?
- What efforts are currently underway to fill in gaps in knowledge about non-consumers?

1. System Assessment

1.1 Stakeholder Interviews

Multiple leaders expressed the need to improve Hawaii's capacity to collect and track early childhood data. As noted in discussion of transition, leaders are aware of a need to share data at a system level to understand the needs of children and the impact of early childhood services on child outcomes. Leaders would like to be able to describe- at both a system and individual child level - whether children have received various early intervention and family support services, financial support and understand their participation in structured early childhood programs. As described earlier in the discussion of transition supports, stakeholders would also like to see systematic tracking of what programs are conducting developmental screenings at certain developmental milestones and if there is there a warm hand-off for families to support services. Another area of need for basic data is on how many children are getting financial assistance for early childhood private programs. At this time, no single child identifier is in use so there is no mechanism to track and support transitions among multiple programs over time.

Multiple leaders expressed interest in restoring an assessment of readiness at the point of kindergarten entry. Several leaders mentioned the need for a kindergarten entry school readiness assessment – the value of restoring such an assessment was seen as including both individual feedback on a particular student's needs as well as a system-wide reflection of how well children are being prepared for kindergarten. (It was noted in the 2017 early learning assessment (DeBaryshe et al., 2017) that 35 other states already have or are developing a kindergarten entry assessment, and that a KEA is in pilot phase in Hawaii. However, the pilot using Teaching Strategies GOLD was not discussed in detail in stakeholder interviews in this effort and has been on hold since 2014.) EOEL has mentioned in follow-up that there is a recent shift in ECE momentum toward restoring a KEA.

Leaders pointed out that no universal indicator of program quality is available. A previous pilot of a QRIS has been shelved. In the absence of a universal indicator of quality, current

assessments generally rely on the presence of national accreditation, or public prekindergarten or Head Start standards as indicators of high quality programs. It was also noted that there is no systematic tracking at kindergarten entry of how many children have been served in one of these high quality ECE programs. In the absence of a universal child identifier, it is not currently possible to provide an estimate of the number of children considered vulnerable or at high risk who are served by at least one of these programs.

Some leaders expressed the view that they are “swimming” in early childhood data but lack the analytic capacity to transform the data into insights about the children who are being served, the programs providing services and the allocation of resources. Many expressed interest in system level integration of early childhood data but recognize many barriers to doing so. Some leaders in state agencies expressed that they needed to improve data sharing across programs within their agency as well as being able to share data with other agencies.

1.2 Status of Early Childhood Integrated Data System

As part of the needs assessment, a small group of key stakeholders from multiple state agencies including EOEL, Hawaii P-20 partnerships, and DOH was convened to reflect on the status of recent efforts to develop an Early Childhood Integrated Data System (ECIDS) in the state. An ECIDS is a data system that integrates early childhood education, health, and social service information from key participating state agencies (National Center for Education Statistics, 2014). With participation from a large group of stakeholders (both state agencies and private entities) the initiative began in 2013 as part of a State Longitudinal Systems (SLDS) grant, with the support of a contracted consultant holding expertise in data governance. This initiative scanned what data exists in Hawaii’s early childhood landscape and explored the level of interest in data integration and data sharing among key stakeholders. One aspect of this work was to undertake a “proof-of-concept” effort to conduct data matching across data systems to explore feasibility of obtaining unduplicated count of children receiving services. A key outcome of the effort was articulation of Hawaii’s vision for an ECIDS in an Early Childhood Data Collaborative Governance handbook (Hawaii Early Childhood Data Collaborative, 2018).

Barriers to Implementation

In the needs assessment discussion, participants shared that they had an initial apprehension about long-term impact research, and concerns about sharing data designed to measure the return-on-investment into early childhood programs. Participants identified several key barriers they faced in developing an ECIDS, including data governance, privacy concerns, limited resources for data integration, data infrastructure requirements, data bureaucracies (e.g. legal requirements and obligations, personally identifiable information (PII) considerations, data security), development of a unique identifier, and obtaining parental consent.

In addition, general attitudes and the culture surrounding data were discussed as an overarching barrier. For instance, the group grapples with the question, “how can data be used for good and not result in negatively impacting programs and their funding?” Furthermore, the team shared that multiple conversations about integrated data systems within and between

departments were already taking place. However, these conversations were occurring in individual silos. This separation of conversations is an inhibitor to success and results in further fragmentation and slows down the process of alignment.

Participants also expressed concerns about overcoming data security, including establishing secure servers to host data. The University of Hawaii was identified as a potential host entity because in their role as host organization for Hawaii P-20 initiatives they are insured against data breaches. The data team's management of SLDS includes part of the P-20 data, as well as DOE and the Department of Labor and Industrial Relations. While there have been efforts to pull early childhood data into part of this work, universal trust for UH/P-20 to be the host was not shared by the group. P-20 partnerships is perceived as its own entity, with its own identity. Similarly, the Data Exchange Partnership (DXP), which has its own data governance, is not part of the University IT system.

Participants expressed the need to clarify with whom data will be shared with and identify the lead agency. For instance, the DXP data team has a 5-party Memorandum of Understanding with Hawaii P-20 as the governing agency.

Current Status and Next Steps

ECDC was meant to be a means to feed early childhood data into DXP. Participants reported that they had an initial set of research questions which were cross walked against specific data indicators and elements. Through this effort the team reviewed each intake for individual departments and programs and found that the format of data collected is not standardized. While the data team has had experience with having a data architect transform data for a common upload, the team stated that they have not progressed to the point of having individual parties agree to sharing those elements. As a result, the process is currently "stuck."

In the initial phases of this effort, the data team had been meeting regularly, but the efforts are currently on hold. However, the team hopes to regroup once the latest PDG B-5 Strategic Plan is completed. This is an opportunity to revitalize the process (especially the goal to develop unduplicated counts of children served).

The group noted that P-20 has agreed to serve as the central coordinating role for the interim but will need to identify another agent to serve in that capacity for the long-term. With several years of data from EOEL Public Pre-K programs (e.g. children served) now available, and the first cohort from state Pre-K recently having taken the 3rd grade reading assessments, it is possible to delve deeper into comparing outcomes to prior care settings. However, it is difficult to segment out the impact of other early childhood programs because data availability is limited. At times, there have been one-time efforts for Early Intervention to match data with DOE, but this too is limited. The team expressed interest in leveraging what has already been done with DXP and the ECDC to build on existing work and agreed that it would be best to rely on an existing partnership in order to move forward on implementing an ECIDS.

Although the development of an ECIDS is not an explicit objective of recent state plans, the team shared that it would be needed to measure progress on outcomes. The DXP data team,

for instance, has done a previous match with one of the private preschools and a Head Start program and found about an 82% match between private and DOE data, suggesting that these data can be readily integrated in future. Similarly, DOH has done a match between IDEA Part C programs and later special education outcomes, as part of a 10-year study. However, the team expressed concerns about leaping to conclusions, that is about the prospect of using data for the purpose of comparing programs and their effectiveness.

There was also consensus that data should be used for Quality Improvement (QI), and not to negatively impact funding through reductions. The participants also noted the importance of data standardization and integration across programs within an agency before moving to share across agencies; this view was also expressed in individual Department-level stakeholder conversations. Finally, it was discussed that there is optimism that the PDG B-5 needs assessment and strategic planning processes would provide momentum to move forward on implementing an ECIDS in Hawaii.

2. Observations from Needs Assessment Process

The risk and reach assessment relied significantly on extant data from state data systems managed by DOE, DHS, DOH and EOEL. The following observations include both strengths and challenges that were experienced with the data collection effort:

- In general, the data elements proposed for the risk and reach analysis existed and were successfully acquired from either federal data sets or state data systems.
- Out of the eleven risk indicators that were proposed for the analysis, the data for ten were successfully acquired from either census data sets or state data systems for the analysis. The only variable that was not available was the percentage of children born with low birth weights.
- Out of the 13 program reach indicators that were proposed for the analysis, the data for eight were successfully acquired from either federal data sets or state data systems. The five variables that were not available included the number of children receiving WIC, recommended vaccinations, home visiting services, early intervention services and developmental screening. It is likely, however, that the short timeframe for data collection is the reason the data were not available.
- There were some limitations with the data acquired from state data systems for some of the indicators. For both risk and reach indicators, the race and ethnicity categories used varied across programs and had to be mapped to the broader categories used by the U.S. Census Bureau.
- Limited data were available to assess risk within the school readiness domain. In the absence of a universal kindergarten entry assessment, there currently are no data available that could be used at statewide or school complex level that would show gaps in children's competencies upon kindergarten entry.
- The data collected on the reach of programs and services were collected independently and not linked by child records across programs. This results in potential duplication in terms of the number of children served and also prevents a more robust study of the use of programs and services and the potential impacts on child outcomes. In other words, it is not currently feasible to provide an unduplicated count of children served and those

waiting for service in any particular area, due to the absence of a unified child identifier or other data integration among multiple programs supporting families and children.

- Because Hawaii does not have a statewide longitudinal data repository that includes early childhood data, the data requests for this assessment had to be submitted to multiple state agencies that had varying structures, procedures and tools that were used for reviewing and responding to data requests. Some requests were fulfilled by agency data analysts in collaboration with agency program staff. In other cases, requests were fulfilled by submitting on-line requests to external data consultants who manage a data warehouse. Others were fulfilled entirely online through a self-serve data reporting system.
- While the DXP and ECDC initiatives have made progress toward creating a vision for a statewide longitudinal repository for early childhood data, the current data sets available are limited and were not sufficient to support the data needed for this assessment. However, the initiatives appear ideally suited to implement that vision in the future, with the support and collaboration of DOE, DOH and DHS.
- There was relatively little discussion of ongoing attempts to understand the needs of non-consumers of early childhood services. This is an area that needs further exploration. However, families shed some light on their motivations for choosing informal care providers over regulated child care settings, citing their preference for a family-like environment vs a more structured setting. They also discussed feeling overwhelmed or put off by burdensome application processes as a reason for giving up on or choosing not to apply for subsidy; this discouragement factor should be explored further, as well as the continual call for more information about what services are available. A possibly related gap is the tendency of families to say they find information about available services through a variety of informal networks rather than through formal services such as 211 or PATCH. In addition, the current risk and reach analysis could not address the extent to which apparently underserved communities may reflect some portion of families who choose not to participate in what services may be available. It’s not known whether they find the current services unappealing, inconvenient to access, overly intrusive, etc. This is another area that needs further exploration.

VII. Discussion and Implications

The findings of this needs assessment are in many ways in alignment with previous research in the state on critical needs for the early childhood system. The report provides the most up-to-date information available on vulnerable populations in the state, needs for coordination and expansion of services, and critical gaps in services and funding.

1. Key Findings

A risk and reach analysis was conducted to identify areas (school complexes) where children birth to five are at high risk, with an index of overall risk as well as composite indices for Family and Economic Stability, Health, and School Readiness. The six complexes with the highest overall risk factors based on the Risk Analysis represent more than 11,694 children (10.8%) birth to five, while the eight complexes with the lowest overall risk level represent 17,806 children (16.4%) in this age group. The greatest concentration of high-risk and medium-high risk complexes by this composite measure are located in Hawaii County. The high overall risk complexes include **Kealakehe, Laupahoehoe, Kau, Waianae & Nanakuli, Pahoa**, and **Molokai**.

Similar patterns were seen for the composite indices for Family and Economic Stability, Health, and School Readiness.

- **Family and Economic Stability: High risk areas** are found in a total of eight school complexes: in Hawaii County (4 complexes); Honolulu (2 complexes) and Maui (2).
- **Health: High risk areas** are found in eight complexes, in Hawaii County (4 complexes) and Honolulu (4).
- **School Readiness: High risk areas** are found in eight school complexes: In Hawaii County (5 complexes); Honolulu (1 complex) and Maui (2 complexes).

The risk and reach analysis provides insight into specific underserved vulnerable communities where high risk for a domain is paired with relatively low reach of programs in that domain. These areas can be considered as potential priorities for expansion of services. For example, this risk and reach analysis identifies specific areas of vulnerable populations where a community resource hub model or other strategy might be particularly impactful when paired with general expansion of program capacity or expansion of preschool classrooms. As strategies are considered for future expansion of services, particularly early childhood programs requiring addition of new facilities or classrooms, these areas may be considered high priority.

Families of children from birth to age five provided important insight into their concerns and preferences, mirroring other recent research on families' needs for early childhood services. Families typically find care and supports through informal networks or word-of-mouth rather than a formal referral service. Families report long waiting lists for formal child care programs and often select care on the basis of what they can afford or where an opening is available, rather than their preference for type of program. Families prefer programs where they can observe a loving environment where children and families feel at home; for some families this means an informal provider. Families also valued a program where there is a strong school-readiness focused curriculum. Parents feel that subsidy brackets are too stringent (income eligibility

thresholds are too low) and the application process seen as overwhelming or unreasonable. Many families do not qualify for subsidy but cannot afford out-of-pocket costs of child care

Vulnerable and at-risk families are well served in high-support programs that are a “hub” for multiple services. Homeless and very low-income families participating in the sessions held at target hub locations said they have a lot of support with child care, education, nutrition, etc. However, families considered part of the “general” population reported stress in affording care and finding support services. Overall, parents perceived the system as fragmented and inconsistent. They expressed a desire for more information on supports at all stages. Many parents expressed a perception that support services are difficult to access and that application processes are complicated and burdensome. Families of children with special needs perceive that supports are inconsistent and screenings or assessments are sometimes delayed.

Providers expressed interest in getting more professional development and possibly higher education, but are concerned about constraints of time and access, and want more financial supports.

Agency stakeholders told us that they are aware that the ECE system is fragmented and siloed, with funding spread across multiple agencies and programs responsible for their own outreach strategies. Few coordinated processes are in place, particularly for families of young children with special needs as well the general population in transition among programs. Agency leaders expressed that while there is pressure to expand reach of services, they are limited not only by funding but by critical shortages in the workforce- not only for early childhood care and education settings such as child care, preschool, home visiting etc., but also specialized personnel with training in physical therapy, speech pathology, mental health, etc. This shortage of workforce capacity arose in nearly every key stakeholder conversation.

Many leaders spoke about the need for more analytic capacity and greater integration of early childhood data, not only across programs within their own agencies, but across major entities. There is widespread support for the idea of an early childhood integrated data system (ECIDS) although recent efforts toward this goal are on hiatus due to hesitations about roles and legal obligations for privacy and security. Despite these challenges, multiple leaders called for resumption of a universal kindergarten entry assessment as a measure of system effectiveness and child needs, and pointed to a lack of a universal child identification and tracking system as a key challenge for ECE system improvement efforts.

A major challenge facing Hawaii’s ECE system is the urgency to expand the capacity of the preschool system. There is an ongoing debate about how best to do so given constitutional restrictions on use of public funds in private settings. Given limited funds, it may be most effective to focus first on those highest-concern school complexes that have been identified in the risk and reach analysis of this needs assessment as being at high or medium-high overall risk with low or medium-low reach of services. It is undeniable, however, that there is a need for a comprehensive strategy to address critical shortages in workforce capacity in order to expand early childhood services to a broader base of the population of children birth to age five.

Finally, a review of resources available for programs supporting children birth to five yielded insight into several areas where funding is lacking and/or insufficiently coordinated.

- **A small portion (18%) of total spending on early childhood-targeted programs is directed to school readiness/ early learning supports.**
- **State investments in the school readiness domain are relatively small compared to investments from other sources**, with 60% of programs in this domain funded through federal sources, 32% funded by private foundations, and 8% funded through state investments.
- **Programs funding free or subsidized child care/ preschool are underfunded by the state.** Hawaii has the third highest proportion of residents living in child care deserts (Malik, Hamm, Schochet, Novoa, Workman, & Jessen-Howard, 2018). However, the state allocated only $24 million (3% of the total funding for all birth to five programs) on programs that provide free or subsidized child care (including child care assistance, the Preschool Open Doors Program, and the state preschool program).
- **State funding does not clearly prioritize higher-quality programs.** While improving the quality of early learning programs is a priority for both state policymakers and parents, the state funded only $14 million (2% of the total funding for all birth to five programs) to support or establish programs that meet higher quality standards (including the Preschool Open Doors Program and the state preschool program). The most significant investment into programs that meet higher quality standards comes from the $29 million in federal funding from Head Start.
- The vast majority of funding for programs that support providers and the workforce are provided through Child Care Connections, private foundations and Head Start. Yet, the total investments into supporting the workforce and providers totals only $9 million (or less than 1% of the total funding for all birth to five programs).
- The current distribution of programs across state agencies is unlikely to promote coordination and greater efficiencies. There are multiple state and federal funding streams that are administered by four state agencies that have different program goals, eligibility requirements and funding guidelines that may serve as a barrier to local collaboration, create pain-points for individuals seeking services and result in administrative duplication.

2. Implications and Recommendations

Our discussion of implications of this needs assessment concludes with a consideration of linkages to the needs assessment domains identified by federal guidance for the Preschool Development Birth to Five Grant (see Appendix F). **Definitions** of services and terms, **focal populations**, and the **quality and availability of services** are addressed in detail in needs assessment findings described in the main body of the report. However, a number of domains invite discussion beyond these findings, and will necessarily lead to further system building efforts.

Children Being Served and Awaiting Service One desirable outcome of the PDG B-5 needs assessment is to identify an unduplicated count of children being served and children awaiting service. This goal is especially important and challenging in Hawaii's mixed delivery system in which both public and private providers play complementary roles in early childhood education,

combined with constitutional requirements that mandate separation of funding between the public and private spheres. Considering the challenges experienced in gathering basic descriptive data on reach of many programs for this report, this important goal should be made a high priority for future efforts. Many key points of contact in state and private entities worked in good faith to provide the key indicators requested for the risk and reach analysis and resource map, and these contributions have been immensely valuable to understanding the broad landscape of services for young children birth to five in the state. In stakeholder interviews, multiple leaders noted that they have a great deal of work to do in integrating or unifying their data for linkages between programs within their own state agency, as a precursor to data sharing across major agencies, and that they lack both analytic capacity and critical mechanisms such as a universal individual child identifier for use across early childhood programs. This report describes previous efforts to develop an early childhood integrated data system (ECIDS), currently on hiatus; it would be highly desirable to revisit and resume these efforts, incorporating the ability to look across public and private sectors to provide unduplicated counts of children served and awaiting service as one of the desired outcomes of an ECIDS.

Gaps in Data on Quality and Availability As described above, a number of key gaps in data on quality and availability of services were identified through the exercise of compiling data for the risk and reach of services, in discussions with key stakeholders, and in reviews of previous needs assessment efforts. In regard to quality of services, there is not a common standard of quality of EC programs currently in place, although there is widespread acceptance of several systems of national accreditation. A recent pilot of a QRIS system, in which one of the explicit goals is to provide a voluntary common standard of quality, has been put on hiatus without current plans to resume. In the absence of a single standard of quality, indicators of early childhood program quality remain the presence of accreditation, Head Start standards, and in many cases licensing minimum standards. Understanding the total picture of program quality in early childhood programs by a common standard would be highly valuable.

Gaps in data on availability of services, as discussed above, include the need to develop an unduplicated count of children served and awaiting service across both private and public sector. In addition, multiple stakeholders mentioned specific data indicators that would be of value in the early childhood system, such as an assessment of children's school readiness at kindergarten entry (previously assessed by the HSSRA, and in a no longer active pilot of TSGOLD), and a measure of how many and which children had participated in a preschool experience and other supports by the time of kindergarten entry. These data elements are valuable not only for tracking an individual child's early childhood supports, readiness and later outcomes, but also as an indicator of reach and success of the early childhood sector as a whole.

Measurable Indicators of Progress While not an explicit outcome of this needs assessment report, a next step or logical extension of this work would be to use the findings to develop measurable indicators of progress for Hawaii's early childhood system, in alignment with the goals of Strategic Planning Implementation Plans. For example, the risk indicators could be a basis for indicators of community and child risk factors, while the reach indicators could serve to align with workgroup goals for programs' effectiveness in serving the early childhood population.

The indicators could be combined with overarching outcome measures and systems measures into a data insight dashboard that could be updated on a routine basis that state program and

policy stakeholders could use to support policymaking, program improvement efforts and to identify resource gaps. Local and regional organizations that are leading local collaboration efforts could use data for their region (e.g., county, school complex, or specific census tracts) to inform local strategies, such as identifying and providing interventions to mitigate for high levels of environmental risk, eliminating care supply deserts, improving early childhood program quality, and improving school readiness. Table 8 and Table 9 provide a set of indicators that build upon the risk and reach indictors used for this needs assessment and also offer additional indicators that Hawaii may want to consider.

Table 8. Risk Indicators

Domain	Risk Indicator	Source(s)	Description
Family and Economic Stability	Children in Poverty/Extreme Poverty	2013–2017 American Community Survey 5-Year Estimates, Table B17024	Percentage of children of ages 0-5 living below 200% of the Federal Poverty Line
	Education Level of Mother	Hawaii State Department of Health	Education level of mother upon birth
	Births to Teen Mothers	Hawaii State Department of Health	Children born to women under age 18
	Single-Parent Families	2013–2017 American Community Survey 5-Year Estimates, Table B23008	Children living in households with only one parent present
	No parent in labor force	2013–2017 American Community Survey 5-Year Estimates, Table B23008	Percentage of own children of ages 0-5 living with resident parents who are not in the lab or force (the census data only provide data for family with children under 18).
Health	Infant Mortality	Hawaii State Department of Health	
	Births to mothers who received late or no prenatal care	Hawaii State Department of Health	Percentage of children of ages 0-5 born to mothers who received late (i.e., no prenatal care in the first trimester) or no pren atal care
	Children No health insurance coverage	2013–2017 American Community Survey 5-Year Estimates, Table B27001	Percentage of children who are not covered by a ny health insurance among children of ages 0-5
School Readiness	Third Grade Reading Proficiency	Hawaii Department of Education	Percentage of children proficient on third grade reading assessment.
	Third Grade Math Proficiency	Hawaii Department of Education	Percentage of children proficient on third grade math assessment.
	Kindergarten Readiness	Kindergarten Entry Assessment	Percentage of children demonstrating readiness in all five domains of development as measured by kindergarten entry assessment that is valid at the population level
	Developmental and Health Problems	DOE	Percentage of children with undetected developmental delays or chronic health problems at kindergarten entrance.

Table 9. Reach Indicators

Domain	Reach Indicator	Source(s)	Description and Statement of Relevance
Family and Economic Stability	Income Assistance	Hawaii Department of Human Services	Percent of eligible children receiving TANF
	Child Care Assistance	Hawaii Department of Human Services	Percent of eligible children receiving child care subsidy
	Housing Assistance	Hawaii Public Housing Authority	Percent of eligible households receiving housing assistance (if available)
	Food Assistance	Hawaii Department of Human Services	Percent of eligible children receiving SNAP
	Placement Permanency	Hawaii Department of Human Services	Percent of children attaining permanent homes within 12 months of entry into foster care
Health	Children With Health Insurance	Hawaii Department of Human Services	Indicators not available for analysis
	WIC	Hawaii State Department of Health	Indicators not available for analysis
	Vaccinations	Hawaii State Department of Health	Indicators not available for analysis
School Readiness	Home Visiting	Hawaii State Department of Health	Indicators not available for analysis
	Developmental Screening	Hawaii State Department of Health	Indicators not available for analysis
	Early Intervention	Hawaii State Department of Health	Indicators not available for analysis
	Early Childhood Special Education	Hawaii Department of Education	Percent of children between ages three and five receiving early childhood special education services
	High Quality Care	National Association for the Education of Young Children (NAEYC), National Association for Family Child Care (NAFCC, and Executive Office on Early Learning, Hawaii Head Start State Collaboration Office	Percent of children ages three and four enrolled in higher quality programs, including Head Start, EOEL Public Prekindergarten, NAEYC and NAFCC accredited programs

Many states are using different data insight tools (ranging from interactive public websites to internal team-based data dashboards) to make the use of progress indicators more interactive and accessible to key stakeholders. A few examples include:

- **Pennsylvania Early Learning Dashboard** – Offers a variety of information on the supply and performance of early learning programs that can be tailored by the user to provide information most relevant to specific stakeholders – e.g., business leaders, families, school districts – and for different geographic levels.
- **Child Wellbeing Data Exploration Tool** – Offers data and data visualizations across multiple contexts of child wellbeing.
- **Indiana Early Learning Dashboard** – Interactive data dashboard with multiple indicators of population risk and program reach.

- **Risk and Reach Analyses** – A number of states have developed risk and reach methodologies that are updated on an annual basis and made available for distribution to stakeholders on a broad basis using both static reports and interactive websites, including Illinois, Indiana, Louisiana, Minnesota and Pennsylvania

In addition to the above examples, the National Center for Children in Poverty has developed a recommended set of state indicators for early childhood that Hawaii stakeholders could consider that includes overarching outcome measures, population risk measures and system, program and process measures (National Center for Children in Poverty, 2008).

Funding and Efficient Use of Resources Several areas of the report identified key challenges in funding and efficiency in use of resources. Programs supporting early learning and school readiness, subsidized child care or preschool, and high-quality ECE programs are not clearly prioritized in allocations of state funding (detailed in the Resource Map section). In addition to overall lack of funding, a major theme of stakeholder discussions was the challenge of navigating requirements to maintain separation of public and private resources for early childhood services. A review of the resource map, which attempts to provide an updated overall picture of the funding available and latest spending, could support future discussions about how best to strategically use available funding to reach the highest priority populations identified in the risk and reach analysis; such strategic discussion would require the active engagement of both public and private entities. In addition, the current placement of programs supporting children birth to five in four different major state agencies likely contributes to siloing and potential duplication of services.

In initial examination of the resource map, it is apparent that as with the risk and reach analysis, one of our key findings is the sheer challenge of compiling and visualizing the total funding available from multiple federal, state and private entities and the related spending on early childhood programs and services. The current effort was the first update to such a resource map since 2012 (Connors-Tadros, 2012); an important step to understanding and more effectively leveraging these funds would be to implement this process as a regular exercise among EC stakeholders, such as on a biannual basis. In an example of a strategy recently implemented to attempt to use funds more fairly and efficiently, the Department of Education reported on changes to their funding formula for schools with funding re-allocated on a per pupil basis. Perhaps most critically, amid ongoing discussion about the most effective strategies to expand preschool access for the greatest impact, several stakeholders acknowledged the importance of prioritizing expansion efforts and funding to the most vulnerable or highest-risk populations. The risk and reach analysis provided in this report can help inform selection of those high-priority areas.

Transition Supports and Gaps This area was discussed in detail in stakeholder interviews. Multiple stakeholders noted that this was an area where system improvements could be made. In both private and public sectors, it was noted that transitions from early childhood programs to kindergarten, as well as coordination from early childhood intervention to special education, were done on a fluid and ad-hoc basis and rely on families to serve as the conduit for information. Families in focus groups also indicated that they perceive a lack of coordination. EOEL currently provides a toolkit for families and teachers to ease transitions. Discussion of transitions yielded several recommendations from stakeholders about data gathering efforts that would be valuable, including resuming a kindergarten entry assessment such as the HSSRA

that was previously used, or the TSGOLD that was piloted in 2014. In the absence of such a standard assessment, it was suggested that families might be provided a portfolio for their children, including work samples and any early childhood assessment or screening that had been done, to share with a kindergarten teacher.

System Integration and Interagency Collaboration Multiple discussions in stakeholder interviews centered around concerns that programs continue to be siloed, and that the distribution of programs across multiple entities, combined with mandates to separate private and public funding, contribute to a general lack of coordination. At the same time, several efforts at system integration and collaboration were apparent through the process of this needs assessment, with the Executive Office on Early Learning as the most obvious entity serving at the hub of these efforts. Some stakeholders urged EOEL to play an even greater role in convening collaboration efforts, to share information more widely about opportunities and initiatives, and to serve as a “Master Communicator” or hub for stakeholders in the EC system to be informed about multiple services and initiatives. As noted above, resumption of efforts towards an ECIDS can serve as another venue for interagency collaboration with opportunity to make a major impact on effectiveness of EC services.

For efforts at the local community level, a very commonly discussed strategy was the concept of a community hub for EC services, with strong interest in replication of the privately supported model currently in place on Hana, where families can receive a broad range of services including early childhood care and learning programs, family economic supports and nutrition and health services. The current hub in Hana is a collaboration between programs and services within a single geographical area to support seamless transitions for children and families. It may be unique because it is a model that was created in a rural setting for a rural population, however, given the repeated mentions of such a model by multiple stakeholders and leaders there may be promise in exploring how this might be implemented in other communities. An example of a state-funded effort outside Hawaii along these lines discussed with EOEL is the Oregon Early Learning Hub model, in which each region of the state develops partnership among the five sectors (early learning, K-12, health, human services, and business) to draft and implement a shared strategic vision and work plan to achieve the Early Learning System goals of (1) an aligned, coordinated, and family-centered system, (2) children entering school ready to succeed, and (3) healthy, stable, and attached families[6]. The risk and reach analysis conducted for this needs assessment reveals several underserved communities where high/medium-high overall risk paired with low reach of services suggests a need for intensive efforts to increase coverage, and a community hub may be one means to do so. Given the widespread stakeholder support for such a model, and its acknowledgment of varied roles for multiple parties, this strategy holds a great deal of promise for Hawaii’s mixed delivery system.

3. Final Themes

Some final thoughts offered in the course of stakeholder interviews are relevant for this needs assessment. All leaders were asked to comment on what they saw as the greatest challenge or

[6] Example hub sector plans and additional resources are available from the Oregon Department of Early Learning, https://oregonearlylearning.com/administration/what-are-hubs/ .

opportunity for the early childhood system in Hawaii in the next 10-15 years, specifically for which the PDG B-5 grant could leverage collective efforts.

The most commonly mentioned issue was the ongoing debate over how to expand capacity of preschool programs statewide, with discussion of how to expand rapidly enough to meet the pressing needs of the population, how to reach communities in rural and remote areas, how to satisfy these needs not only in a mixed delivery system but in an environment where constitutional requirements prohibit use of public funds in private settings. Interviewees spoke of the value of family choices and the need for flexibility to support culturally specific education (such as Hawaiian Medium Education), most typically offered by private providers who may sometimes be best positioned to serve small communities but who could be more effective if partially supported by public funds. While Hawaiian Medium Education was not examined in depth in this research, it should be considered as an important and distinctive aspect of Hawaii's mixed delivery system for several reasons: It is an essential ingredient in supporting family choice for those with Native Hawaiian heritage, has been specifically included in the early childhood state plan, and retains distinction as having been acknowledged by state constitutional recognition of both Hawaiian and English as official languages of the state.

While recognizing the importance of maintaining family choice in Hawaii's mixed delivery system, some interviewees expressed concern that the current constitutional requirements for separation of funds has created a competition between public and private funders, and may result in smaller overall capacity among private providers struggling to stay in operation, while the public sector programs are slow to expand. Several leaders expressed that the smartest way to expand and make the most powerful impact in preschool capacity expansion would be to target highest need areas as an early priority; DOE and EOEL have identified priority areas, and the risk and reach analysis conducted in this needs assessment can support ongoing planning on this subject.

Leaders repeatedly discussed the issue of insufficient workforce capacity for early childhood services. There is a widely recognized gap in the size and professional preparation of the EC workforce- not only in structured early childhood education programs, but also in specialized services such as physical and speech therapy, developmental and behavioral specialists, and early childhood mental health. Several leaders called specifically for the University of Hawaii to take a more pro-active role in dedicating resources and strategic attention to early childhood workforce building efforts, as a critical need for the state population.

Some leaders advocated for the EC sector to be more flexible in balancing expansion and concerns around quality of services when addressing preschool expansion. In this view, leaders told us that the EC community may be too rigid about specific quality standards such as educational qualifications of staff, and should be willing to step back and be open to new alternatives from outside the current EC system while investing in workforce development over time. Specifically, leaders should not give up on quality but recognize that it will take time to increase the workforce with professional preparation, and that it will be necessary to accept the current workforce context while making bold moves to increase capacity and quality. Otherwise, no new programs will be able to open in the near future, and no more children can be served in communities with a gap in the workforce.

Several ECE sector leaders reiterated the importance of focusing not only on school readiness or academic outcomes, but of attending to socio-emotional learning and physical health, emphasizing that the state's values require an attention to the whole wellness of children and families. Several leaders also discussed the need for the early childhood sector to work more effectively with the business sector to increase private financial investments and advocacy.

Finally, across the board, there is a call for bold action in expanding early childhood services, specifically referring to Hawaii's reputation as a progressive state with an openness to innovation and strong leadership. Some expressed skepticism about needs assessment and planning efforts, noting that many such efforts had been conducted in the past but that the true challenge is in the implementation of reform initiatives. This needs assessment and the strategic implementation plans can together be a road map for bold action, with many opportunities for expanding the ECE system to best meet the needs of Hawaii's families and children from birth to age five.

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Appendices

Appendix A: System Assessment Methodology

Overview

The Hawaii Early Childhood System Assessment was conducted using several methods to identify the needs and challenges of various early childhood stakeholders statewide. The methods included both structured interviews with key informants in state agencies and programs serving families with young children, and focus groups with early childhood program providers/staff and parents of young children from birth to age five.

Key Informant Interviews

Interviews were conducted with agency executives and program managers of the following entities:

- Department of Human Services
- Department of Health
- Department of Education
- Hawaii P-20 Partnerships for Education (Hawaii Data eXchange Partnership, P-3 Initiative)
- Executive Office on Early Learning/Early Learning Board
- University of Hawaii Manoa, Department of Education
- Maui County Early Childhood Coordinator's Office
- Samuel N. and Mary Castle Foundation
- Kamehameha Schools Early Childhood Programs

The interviews were conducted in-person and in virtual calls in December 2019 and January 2020, by lead personnel on the ICF project team (Project Manager Caitlin McLaughlin, Technical Director Kenley Branscome, in-state partner Summer Helms and Elizabeth Brey, PhD), with up to two people total in the interviewer team. Interviews lasted approximately 60-90 minutes. Interviews were documented via note-taking. Written consent was obtained for each participant.

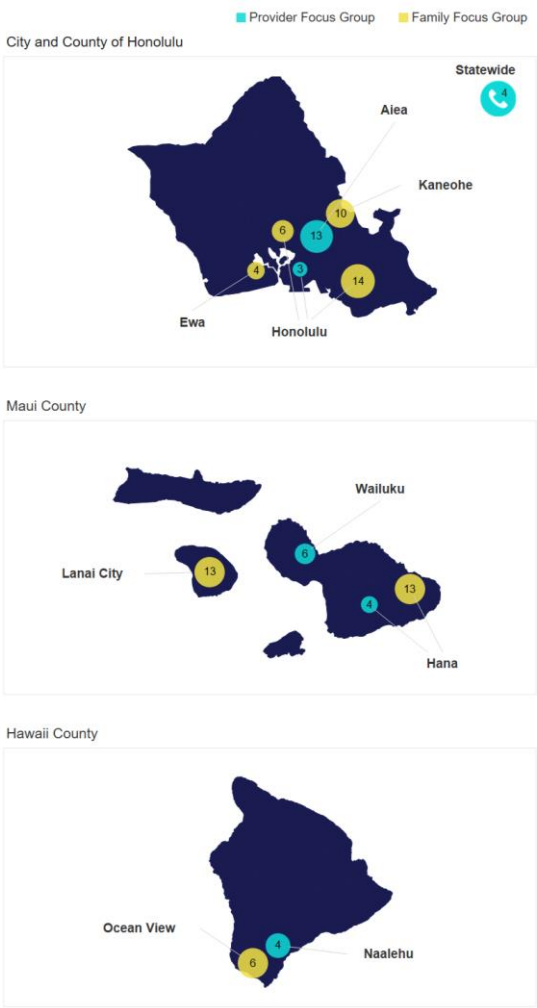
Each interview was guided by a structured series of questions based on the research questions guiding the needs assessment (see also Appendix J for the full list of questions) and tailored to the particular program, with additional probe questions on issues raised during the interview (see Appendix B for question guide/protocol). Interview topics included children/populations served, successes and challenges of the program, needs for additional coverage or funding, supports provided to the workforce, supports provided for families/children in transitions among early childhood programs, needs for coordination with other parties, data sharing and shortcomings, and priorities for future program development.

The interview questions were based on the key research questions for and priorities of the PDG B-5 grant with the support and input of the Hawaii Executive Office on Early Learning team. These questions were developed based on both local needs and federal reporting requirements.

In determining priority groups and focus areas, EOEL elicited questions about local needs from DHS, Hawaii P-20, DOH, and participants in the PDG B-5 strategic planning workgroups who represented dozens of organizations and agencies from across the EC system. Facilitators attempted to include all questions in each focus group, however in many cases time constraints and the free-flowing nature of the conversation resulted in partial coverage of the question guide. Individual responses were kept confidential; identifying information of participants were omitted from interview notes and individual comments or quotes were not attributed to individuals with identifying information in summaries.

Analysis of interviews included a thematic summary of responses to the questions posed in each interview as well as a summary across the interviews will identify common themes in multiple service programs, such as challenges in providing access or need for increased funding for a particular population. Findings are summarized in the main body of the Final Report within each topical area.

Family and Provider Focus Groups



Focus groups were conducted by partners Summer Helms and Elizabeth Brey in November to December 2019. Sessions were held in range of urban, rural and remote communities/locations. Locations and number of participants in each session are illustrated in Figure A1. Detailed counts of participant characteristics and program settings are shown in Tables A1-A4.

Sessions for providers were conducted primarily in person, with one abbreviated session specifically for Head Start center directors conducted virtually (via phone conference). All sessions with families were conducted in person. The sessions were led by one facilitator accompanied by one note-taker. Note-taking did not capture any full names or other personally identifiable information. Written consent was obtained from each participant.

Focus groups lasted approximately 90 minutes and were documented by detailed notes. Facilitators offered refreshments (“heavy pupus” in local tradition). A cash incentive of $25 per individual was offered for participating parents/guardians.

Each focus group was guided by a standard series of questions (see protocols for providers in Appendix C and for families in Appendix D) which covered topics such as family preferences and selection processes, family interest in information support about child development or other topics, needs for child care and other early childhood support services, challenges accessing care and services, experiences with transitioning among early childhood programs and to kindergarten. The questions were based on the key research questions identified by the Hawaii PDG B-5 team and the requirements of the PDG B-5 grant. Additional probes were asked to elicit detail or clarify responses. Facilitators

attempted to include all questions in each focus group, however in many cases time constraints and the free-flowing nature of the conversation resulted in partial coverage of the question guide.

Participants were invited to share first names but not to identify themselves or one another by full name or to refer to others by full names. Participants were asked to keep all conversation confidential once they left the session, and were assured that their comments would not be identified by name in notes and reporting.

The notes of the focus groups were reviewed and analyzed to create thematic summary of responses including common themes in regard to each question, such as noted needs for professional development, or challenges in serving children. Findings are summarized in the main body of the Final Report within each domain or area. Illustrative comments are not associated with any identifying information such as name, program or location.

Provider Groups

Provider and staff focus groups were conducted in 6 sessions and reached a total of 34 staff in programs serving children from birth to age five, in a variety of settings as shown in the following table.

Table A.1. Provider focus group location and session dates

	Providers: Focus Group Schedule				
Session Code	**Description of Participants/Agency**	**Date**	**Location**		# Participants
A	Head Start Center Directors/Partners and Children Together Directors – call in	12/11	Statewide		4
B	Providers in Hana (Aha Punana Leo and Hale Hiipoi)	12/10	Hana	Maui	4
C	Learning to Grow – family child care registered licensed, urban	11/16	Aiea	Oahu	13
D	Maui Family Support Services, Home Visiting, mixed group	11/12	Wailuku	Maui	6
E	Partners in Development Foundation Tutu and Me	12/2	Naalehu	Hawaii Island	4
F	Pre-K special education teachers	11/13	Honolulu	Oahu	3
TOTAL sessions		**6**	**TOTAL participants**		**34**

Table A.2. Provider focus group participants by program/service type and location

Program/Service Type and Location						
Location	Teachers/ providers in center settings (CB)	Family child care providers and Family friends/neighbors	State pre-K/Head Start (DOE/HS)	FCIL leaders (FCIL)	Home visiting service providers (HV)	TOTAL
Urban (3 sessions)	3 (A)	7 (C)	4 (A, F)	0	6 (A, D)	**20**
Rural/Remote 3 sessions)	3 (B)	6 (C)	1 (D)	4 (E)	0	**14**
TOTAL	**6**	**13**	**5**	**4**	**6**	**34**

Family Groups

Family focus groups were conducted in 7 sessions reaching 66 parents/guardians, in a range of communities across the islands, with a recruitment/sampling plan developed to include families particularly from vulnerable populations and those in rural/remote communities. Families were recruited via outreach through community groups and support programs serving the target populations. Priority populations targeted included:

- Families experiencing unstable housing or homelessness
- Young parents of young children (age 0-3), low income
- Families recently using child care subsidy
- Families with children with special needs
- Receiving support currently under IDEA part C (age 0-2)
- Receiving support under IDEA part B (age 3 and up) and/or Recently transitioned from IDEA part C programs
- Recently transitioned from IDEA part B to kindergarten
- Families using regulated care (center or FCC)
- Families using informal or non-regulated care (FFN)
- Families in rural/remote areas
- Families who have recently transitioned to kindergarten (with or without special needs)

Family sessions were held in a range of urban and rural/remote communities across the islands, as shown in the following tables:

Table A.3: Family Focus Group Locations and Session Dates

Families: Focus Group Schedule						
Code		Description of Participants and Special Targets	Date	Location		# Participants
A.	FCIL, U	Family Hui, mixed group, multiple providers, (0-5)	11/13	Kaneohe	Oahu	10
B.	FCIL, U	Family Hui, mixed group, multiple providers, (0-5)	11/14	Honolulu	Oahu	6
C.	FCIL, R	Family Hui, mixed group, multiple providers (0-5)	11/19	Lanai City	Lanai	13
D.	FCIL, R	Partners in Development Foundation, Tutu and Me (0-3)	11/30	Ocean View	Hawaii Island	6
E.	CB, U	Partners in Development Foundation, Ka Paalana (Houseless Families)	12/9	Ewa	Oahu	4
F.	CB, U	University of Hawaii, Manoa Children's Center, Young Families with children (0-5)	12/4	Honolulu	Oahu	14
G.	CB, R	Aha Punana Leo o Hana and Hale Hiipoi (0-5)	12/10	Hana	Maui	13
TOTAL sessions			**7**	**TOTAL participants**		**66**

Table A.4: Family focus group participants by care/service program type and location

Program type and location						
Location	Child has special needs (G or SPED)	Families using regulated care or Head Start, pre-K (CB-DOE)	Families using FFN care (FFN)	Families in K (transition supports) (K)	Families receiving other supports (FCIL, HV)	TOTAL
Urban	General	(A, B, E, F)	(A, B, E, F)	(A, B, E, F)	(A, B, E, F)	**30**
3 sessions (U)	Special needs	(A, B, E, F)	(A, B, E, F)	(A, B, E, F)	(A, B, E, F)	
Rural/Remote	General	(C, D, G)	(C, D, G)	(C, D, G)	(C, D, G)	**36**
4 sessions (R)	Special needs	(C, D, G)	(C, D, G)	(C, D, G)	(C, D, G)	
TOTAL participants						**66**

Table A.5 Count of families by care/service type and location

	Care/service type				
Location	**Families using regulated care or Head Start, pre-K**	**Families using FFN care**	**Families in K**	**Families receiving other supports**	**Total Families in the Session***
A. Family Hui (Kaneohe, Oahu)	2	2	2	10	10
B. Family Hui (Linapuni, Oahu)	6	2	2	6	6
C. Family Hui (Lanai)	2	8	4	13	13
D. Tutu and Me (Hawaii)	1	3	3	6	6
E. Ka Paalana Houseless Families (Oahu)	4	0	4	4	4
F. UH Manoa Children's Center (Oahu)	14	2	5	2	14
G. Aha Punana Leo o Hana and Hale Hiipoi (Maui)	13	2	7	2	13
# of families in each care/service program type	**43**	**19**	**27**	**43**	**66**
% of total families (N=66)	**65%**	**29%**	**41%**	**65%**	**100%**

*Note: Many families were using more than one type of care/service; therefore counts do not total across columns.

Appendix B: Key Informant Interview Guide

Hawaii Early Childhood Comprehensive Needs Assessment Interview Guide for Agency Executives

Introduction:

Aloha! My name is <insert name> and I'll be conducting the interview today. This is my colleague <insert name> and she will be taking notes and helping me stay on track. Before we get started, we would like to say mahalo to you for taking time out of your day to talk with us. We know how busy you are so we'll do our best to make our time engaging and worthwhile; overall, our discussion today will last about 1 hour (90 minutes if multiple participants).

My questions will focus on programs and services your Department or agency offers, the populations served by your agency, your definition of quality as it pertains to your programs, early childhood workforce (if relevant), transitions (if relevant), funding and efficient use of resources, and data gaps and data sharing. Ultimately, the information we learn today will be used to help improve the services and outcomes for the birth to five population in Hawaii.

As stated in the consent form, your participation in this discussion is voluntary and you may opt out at any time. We work for an independent evaluation company, not a program/state agency. There are no wrong answers—this is just an opportunity to share and learn. We will be taking notes so we don't miss anything. We will not write down individual names in note taking, and will not associate your name with your responses in the needs assessment report.

Do you have any questions?

Before we get started, I'd like to learn a little bit about your role and responsibilities in XXX [Agency Name]. (Introductions-full names not recorded with comments)

Next, I would like to ask you about your programs and services.

Programs and Services Offered, Reach, Outreach and Quality

1. Briefly describe the ECE programs/services provided by your agency. How does your agency define the vulnerable populations you serve?
2. How does your agency market services to eligible families, especially vulnerable populations?
3. What are the major successes and limitations faced by your agency in reaching these communities and delivering these programs/services?
4. How does your agency define and measure program/service quality?

Workforce Quality (questions should only be asked to University Partners and Agencies Offering Certification and Professional Development to Early Childhood Staff)

1. Describe the major ways in which your agency is building the early childhood workforce (e., g, certification, higher education, professional development)?

2. What types of early childhood staff does your agency focus on? (Settings, characteristics, services)
3. What challenges does your agency face in building the early childhood workforce?
4. What supports (e.g., funding, partnerships, program standards) does your agency need in order to overcome these challenges?

Transitions

Note: These questions should only be asked to agencies that work with special needs populations or populations moving between programs (early childhood to KG)

1. What supports does your agency provide to children and families to ease their transition from XX service/program to XX service/programs?
    a. Services supported by IDEA Part C (children up to age two) to Part B (children age three and up)
    b. Preschool to Kindergarten
2. What supports, information or coordination assistance does your agency offer to providers or program managers to support children's transitions?
3. What more would your agency like to offer these children and families to make their transitions even smoother? What changes would be required in the ECE system or in your agency or program to make this possible?

The next set of questions are about program funding and resources.

Funding/Resources

1. What are some challenges you've faced in making efficient use of funding?
    a. What are some strategies you've tried to address this?
2. What additional supports and resources can strengthen your agency's operations (sustainability) of early childhood programs and services?

I would now like to ask you about program and service coordination.

Coordination/Reducing Duplicative Efforts

1. What are your thoughts on how partnerships might increase efficient and effective use of funds both across and within organizations?

Our last few questions are about data gaps and data sharing.

Gaps in Data

1. Describe how data are shared within your agency? How are data shared between your agency and your partners?
2. What data do you currently use related to early childhood...at the preschool end or at the workforce end?
3. What barriers does your agency face with data sharing?

4. What are the major gaps in data regarding the families served and the availability and use of programs and services? What data would you like to see related to early childhood...either at the preschool end....or at the workforce end....that you don't have access to now?
5. What efforts are currently underway to fill in gaps in knowledge about non-consumers?
6. What data and tools do you think Hawaii needs to have to help strengthen the business case for continued and increased support for early childhood?

   A final wrap-up question. What do you see as the greatest challenge or opportunity for the EC system in Hawaii in the next 5-10 years?

We have come to the end of our discussion time. Is there anything else you would like to add?

Mahalo nui for taking the time to speak with us today and sharing your valuable perspectives!

Appendix C: Provider Focus Group Guide

Hawaii Early Childhood Comprehensive Needs Assessment Focus Group Guide for Teachers/Providers in Early Childhood Programs and Services

Introductions:

Aloha kakou! My name is <insert name> and I'll be facilitating our discussion today. This is my coworker <insert name> and she will be taking notes and helping me stay on track. Before we get started, we would like to say mahalo to you for taking time out of your day to talk with us. We know how busy you are so we'll do our best to make our time engaging and worthwhile; overall, our discussion today will last about 1.5 hours.

*Today's talk is part of a series of discussions that are taking place across the state to learn more about the existing Early Care and Education (ECE) programs in Hawaii and understand needs for additional support for children/keiki transitioning from early childhood programs to kindergarten, and the providers working with them. (*Facilitators will need to use judgment about how much/whether to use Hawaiian and English terms in the situation.) *Ultimately, the information we learn today will be used to help improve the services and outcomes for the birth to five population in Hawaii.*

As stated in the consent form, your participation in this discussion is voluntary and you may opt out at any time. We work for an independent evaluation company, not a program/state agency. There are no wrong answers—this is just an opportunity to share and learn. We will be taking notes so we don't miss anything. We will not record any names in our notes. We will not associate your name with your responses in the needs assessment report. We plan to provide a summary of all the feedback we receive for your community and the public. Do you have any questions?

Before we get started, I'd like to learn a little bit about each of you. Please briefly describe your role in ECE, location and ECE services offered at your program/agency.

Ok, let's get started.

First, I would like to ask you questions about program quality.

Program Quality

1. How would you describe a high-quality early childhood program or service?
2. What supports and resources are available to you to support quality in your program?
3. What supports and resources do you need to support quality in your program that you do not currently have access to?

The next set of questions are about the ECE workforce.

Workforce Quality

1. What challenges do you face in your current role?

2. Describe the educational and professional development supports you have access to. Which of these are most beneficial to you?
3. Are you interested in obtaining/continuing additional higher education, and if so what barriers have you faced? For those not interested, why not?
4. What barriers have you faced in obtaining professional development opportunities?
5. What supports or assistance would help or encourage you to pursue higher education or more professional development/training? (If applicable: what supports or assistance would help or encourage you to pursue accreditation)
6. (If applicable, for unlicensed providers only) What supports or assistance would help or encourage you to pursue licensing?

The next few questions are about supporting families' knowledge and engagement.

Family Engagement

1. How does your program engage families/ohana in their keiki's development? What challenges do you face in engaging your ohana?

Supporting Children with Special Needs

The next set of questions are about supporting children with special needs.

1. How well do you feel you are equipped to support children/keiki with special needs?
2. Explain the process that takes place when you have developmental concerns for a keiki.
3. Explain how you and/or your school coordinates with other professionals providing services for the keiki in your care?
4. What types of supports or resources do you think would be helpful to assist you in supporting keiki with special needs and their ohana?

The last few questions are about supporting keiki in transitioning to kindergarten.

Transitions

1. How would you describe a successful transition when children/keiki enter kindergarten? How should this happen ideally?
2. Describe the resources or supports (information or assistance) you provide to keiki and their ohana in your program who will transition to kindergarten. *Probe further:* What additional transition supports do you provide ohana with keiki who have special needs? What challenges do you face with transitioning keiki to kindergarten?
3. What types of supports (information or assistance) would help you serve keiki and ohana more effectively? Do you feel you know enough about what supports are available and how to connect with other programs?

We have come to the end of our focus group. Is there anything else you would like to add about potential improvements for the early childhood system in Hawaii?

Mahalo nui for taking the time to speak with us today and sharing your valuable perspectives!

Appendix D: Parent Focus Group Guide

Hawaii Early Childhood Comprehensive Needs Assessment
Focus Group Guide for Families

Aloha kakou. My name is <insert name> and I'll be leading our discussion today. This is my coworker <insert name> and she will be taking notes and helping me stay on track. Before we get started, we would like to say mahalo to you for taking time out of your day to talk with us. We know how busy you are so we'll do our best to make your time worthwhile. We'll try to keep the meeting to about 1.5 hours, no longer.

*Today's talk is part of a series of discussions that are taking place across Hawaii to learn more about existing Early Care and Education (ECE) programs and understand how the state can better support families/ ohana with children/ keiki ages birth to five. (*Facilitators will use judgment about how much/whether to use Hawaiian and English terms in the situation.) *Your input is crucial for the state to figure where the need areas are and how they can help.*

As stated in the consent form, your participation in this discussion is voluntary and you may opt out at any time. We work for an independent evaluation company, not a program/state agency. There are no wrong answers—this is just an opportunity to share and learn. Your comments will not be shared with your children/ keiki's program or teachers and there will not be any consequences for you or your keiki from the feedback you share. We will be taking notes so we don't miss anything. We will not record any names in our notes and we will not associate your name with your responses in our report. Do you have any questions?

Before we get started, I'd like to learn a little bit about each of you. Please tell us your children/ keiki's ages and what type of early childhood programs and/or services your ohana uses or used recently (if any).

Ok, so let's get started.

First, I would like to know how you choose programs and services for your keiki.

1. What factors do you consider when choosing a program or service?
2. *Prompt for those who decided to use FFN or other informal care*: What factors led you to choose your child care arrangement versus a child care center, preschool or child care in a licensed home?

The next question is about program quality. (Adapt as needed depending on whether quality has already been mentioned)

Program Quality

1. How do you as a parent think about a quality program or service for your child/keiki? What aspects of the program/service tell you it's a quality program or the right program for your keiki.

Accessibility

1. How do you find out about programs /services that your keiki could benefit from?
2. What additional services/programs does your keiki or ohana need?

3. Does your ohana receive subsidy to help with the cost of care? What are some of the challenges in participating in the subsidy program?
4. *Prompt if they say they don't want to bother, or used to receive but no longer:* Why did you decide to stop receiving the subsidy? What would make it easier for you to take advantage of the child care subsidy program?
5. *Prompt if applicable*, Are there any services you are aware of but prefer not to participate in? Why did you decide not to participate in this service?
6. What barriers or challenges do you face in accessing other types of services/programs for your keiki?

Now I would like to ask you about what kind of support your ohana received, if any, for transitions among birth to five programs (such as from Early Intervention to special education preschool) and into kindergarten.

Transitions (Across B-5 programs and into kindergarten)

1. What do you think a successful transition to a new program would look like? How would you want to be prepared and how would that go, ideally?
2. What types of resources, materials, information, or activities were provided to your ohana when your keiki entered a new early childhood program or service?
3. Were these helpful in making the transition easier for your family and your child/ren?

   [*Prompt if needed*]: Did you notice whether these types of support helped your keiki feel more comfortable in starting at the program/service?]

4. Thinking through the time your keiki entered the program, what types of resources/supports/activities could have been provided to help make this transition even easier?
5. What have been some barriers or challenges your ohana has faced in starting the new program/service?
6. *For those of you with keiki moving into kindergarten:* What types of support (resources, materials, information, activities) were provided to your ohana to help your keiki transition into kindergarten?

   For t*hose experiencing kindergarten transition:* Were these supports helpful in making the transition easier?

   [Prompt if needed]: Did you notice that your keiki felt more comfortable in changing grade levels/moving to a new school or classroom?]

7. *Those experiencing kindergarten transition:* What have been some barriers or challenges your ohana has faced in moving into kindergarten?

My next question is about collaboration between early childhood programs and services.

Efficient Use of Resources

1. How does your program/service provider work with other programs/services to support your keiki's success?

We have come to the last few questions. I would like to ask you...

Empowering Families

1. Do you think you have enough information about how keiki develop and what they need from you and others at each stage of development? What areas of your keiki's development do you feel you'd like to know more about?
2. Where do you go to learn about keiki development?
3. What are some ways that you and other ohana you know get involved in your keiki's care and education?
4. Would you like to be more involved in your keiki's care and education? Are there barriers to this? If so, what are they?
5. What would help ohana like yours become more engaged in decision making that affects their young keiki?

We have come to the end of our focus group. Is there anything else you would like to add?

Mahalo nui for taking the time to talk with us today and sharing your valuable perspective!

Appendix E: Risk and Reach Analysis and Resource Map Methodology

Risk and Reach Analysis

The Risk and Reach Analysis builds upon a "risk and reach" methodology previously used in multiple states, providing insights into the risk factors that may undermine optimal child development and into the disparities in the availability and access to early childhood programs and services. ICF collaborated with EOEL to adapt the methodology to suit Hawaii's context and to align with other strategic frameworks; this analysis approach relies upon a set of curated aggregate data for each school complex that provide:

- **Risk indicators** showing school complexes where children face risk factors that may undermine optimal child development (Table 1) in multiple domains – e.g., family and economic stability, health, and school readiness
- **Reach indicators** that identify the reach of publicly funded programs and services in each school complex (See Table 2) in the same domains – e.g., family and economic stability, health, and school readiness

The analysis was conducted with data that are aggregated at the level of school complex. ICF did not collect any individual child-level or program-level data. To protect confidentiality, for any instances in which an indicator had 10 or fewer records for a complex, ICF asked agencies to mask the results for those instances.

Table E.1 and Table E.2 show the list of risk and reach indicators across three domains, including family and economic stability, health, and school readiness. The source of the data included DOH, DHS, DOE and EOEL. Multiple indicators also relied upon the most recent American Community Survey's 5-year estimates for 2013-2017. While the 2017 5-year estimate uses data that is older than more recent 1-year estimates, the 5-year estimates are considered more reliable for the analyses required for analysis of data for small geographic areas (areas with fewer than 65,000 residents) and small population groups. As noted previously, ICF collaborated with EOEL to examine data availability and review other indicators that were important to Hawaii and to make adjustments to the proposed domains and indicators so that they fit with Hawaii's policy context.

Table E.1. Risk Indicators

Domain	Risk Indicator	Source(s)	Description
Family and Economic Stability	Children in Poverty/Extreme Poverty	2013–2017 American Community Survey 5-Year Estimates, Table B17024	Percentage of children of ages 0-5 living below 200% of the Federal Poverty Line
	Education Level of Mother	Hawaii State Department of Health	Education level of mother upon birth
	Births to Teen Mothers	Hawaii State Department of Health	Children born to women under age 18
	Single-Parent Families	2013–2017 American Community Survey 5-Year Estimates, Table B23008	Children living in households with only one parent present
	No parent in labor force	2013–2017 American Community Survey 5-Year Estimates, Table B23008	Percentage of own children of ages 0-5 living with resident parents who are not in the labor force (the

Domain	Risk Indicator	Source(s)	Description
			census data only provide data for family with children under 18).
Health	Infant Mortality	Hawaii State Department of Health	Percentage of deaths among children less than one year old.
	Births to mothers who received late or no prenatal care	Hawaii State Department of Health	Percentage of children of ages 0-5 born to mothers who received late (i.e., no prenatal care in the first trimester) or no prenatal care
	Children No health insurance coverage	2013–2017 American Community Survey 5-Year Estimates, Table B27001	Percentage of children who are not covered by any health insurance am ong children of ages 0-5
School Readiness	Third Grade Reading Proficiency	Hawaii Department of Education	Percentage of children proficient on third grade reading assessment.
	Third Grade Math Proficiency	Hawaii Department of Education	Percentage of children proficient on third grade math assessment.

Table E.2. Reach Indicators

Domain	Reach Indicator	Source(s)	Description and Statement of Relevance
Family and Economic Stability	Income Assistance	Hawaii Department of Human Services	Percentage of eligible children receiving TANF
	Child Care Assistance	Hawaii Department of Human Services	Percentage of eligible children receiving child care subsidy
	Housing Assistance	Hawaii Public Housing Authority	Percentage of eligible households receiving housing assistance (if available)
	Food Assistance	Hawaii Department of Human Services	Percentage of eligible children receiving SNAP
	Placement Permanency	Hawaii Department of Human Services	Percentage of children attaining permanent homes within 12 months of entry into foster care
Health	Children With Health Insurance	Hawaii Department of Human Services	Indicators not available for analysis
	WIC	Hawaii State Department of Health	Indicators not available for analysis
	Vaccinations	Hawaii State Department of Health	Indicators not available for analysis
School Readiness	Home Visiting	Hawaii State Department of Health	Indicators not available for analysis
	Developmental Screening	Hawaii State Department of Health	Indicators not available for analysis
	Early Intervention	Hawaii State Department of Health	Indicators not available for analysis
	Early Childhood Special Education	Hawaii Department of Education	Percentage of children between ages three and five receiving early childhood special education services
	High Quality Care	Executive Office on Early Learning and Hawaii Head Start State Collaboration Office	Percentage of children ages three and four enrolled in higher quality programs, including Head Start and EOEL Public Prekindergarten.

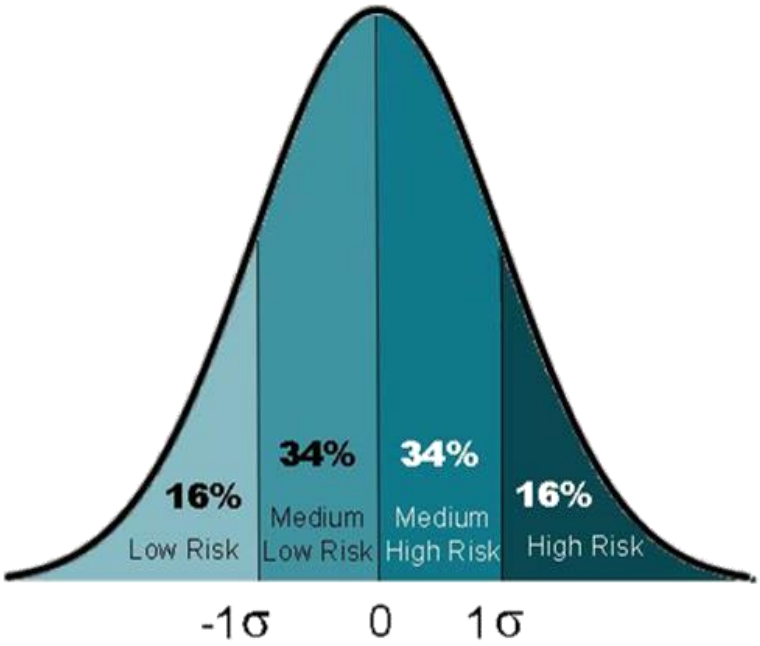
Comparing Risk across Complexes

ICF ranked the individual risk measures for each school complex on a 4-point scale (1=lowest risk and 4=highest risk) based on the normal distribution (z-score) within each indicator for the state, as illustrated in Figure E.1. For example, a complex where the poverty rate is above one standard deviation from the state average was given the highest risk level. For each individual risk indicator, about 16% of areas were labeled low risk or high risk, and about 34% of areas were labeled median low or median high risk.

The analysis also assigned each complex a level of risk for each domain based on the average level of risk across each of the indicators for the domain. To calculate the average risk score, the analysis summed the z-scores for all of the individual risk indicators in the domain and then divided by the total number of risk indicators in the domain. When a complex lacked data for an indicator, that indicator was removed from that complex's calculation of risk for the domain. Finally, the analysis assigned each complex an overall level of risk based on the average level of risk across each domain, by summing the z-scores for the three domain-level risk scores and then dividing by three.

Similar calculations were used to create reach level for each of the major programs that serve children from birth through age five. The analysis assigned a reach level for each indicator for each complex based on their relationship to the state average for that indicator using the same type of z-scores as described above for the risk analysis. Complexes above the state average were classified as high-reach or medium high-reach and complexes below the state average were classified as low-reach or medium low-reach. It is important to keep in mind that both risk and reach estimates are based strictly on a comparison of school complexes within Hawaii. Results should not be used to compare relative risk levels against other states or regions of the country.

Figure E.1. Assigning Risk and Reach Levels



Note: σ = SD or standard deviation.

Descriptive analysis was used to describe and compare the risk and reach levels for all school complexes. By comparing the risk and reach levels, we were able to identify areas with potential resource disparities, illustrated by data visualizations where applicable. Detail of risk and reach data are provided in Appendices F and G.

Resource Mapping

To augment the “risk and reach” assessment, ICF replicated the fiscal resource mapping conducted in 2011 (Connors-Tadros et al., 2012) and integrated the findings into this final report. ICF organized the results of the resource mapping to align with the same domains used for the risk and reach assessment e.g., family and economic stability, health, and school readiness.

For each of the publicly funded programs identified in Table 3, ICF requested the following data points: program name, program description and goals, eligibility requirements, sources of revenue, 2019 spending and 2020 budget allocation by county/island, total children served by county/island, as available. However, the analysis and reporting for the resource mapping were conducted at the statewide level only due to limitations of data available from state agencies. Detail of the resource data is provided in Appendix H.

Appendix F: Risk Data

The following tables summarize overall risk for each complex, the risk levels for each domain, and the risk levels for each indicator. Race and ethnicity data were available at the state level for some but not all indicators. When data were available for an indicator, the graphics show what percentage of the population for each race and ethnicity grouping is considered to be at risk for that indicator.

Table F.1: Composite Risk Matrix

School Complex	County	Number of Children Birth to Age 5	Overall Risk Rank	Economic Risk Rank	Health Risk Rank	School Readiness Rank
Hilo & Waiakea	Hawaii	2,934	Medium High Risk	High Risk	Medium High Risk	Medium Low Risk
Honokaa	Hawaii	632	Medium High Risk	Medium High Risk	Medium Low Risk	High Risk
Kau	Hawaii	941	High Risk	High Risk	High Risk	High Risk
Keaau	Hawaii	1,073	Medium High Risk	Medium High Risk	Medium High Risk	Medium High Risk
Kealakehe	Hawaii	2,662	High Risk	Medium High Risk	High Risk	High Risk
Kohala	Hawaii	2,083	Medium High Risk	Medium High Risk	Medium High Risk	High Risk
Konawaena	Hawaii	1,422	Medium High Risk	Medium High Risk	High Risk	Medium High Risk
Laupahoehoe	Hawaii	383	High Risk	High Risk	High Risk	Low Risk
Pahoa	Hawaii	2,228	High Risk	High Risk	Medium Low Risk	High Risk
Aiea	Honolulu	2,588	Medium Low Risk	Medium Low Risk	Medium Low Risk	Medium Low Risk
Campbell	Honolulu	6,907	Medium Low Risk	Medium Low Risk	Medium Low Risk	Medium Low Risk
Castle	Honolulu	3,184	Medium High Risk	Medium Low Risk	Medium High Risk	Medium High Risk
Farrington	Honolulu	5,518	Medium High Risk	Medium High Risk	Medium High Risk	Medium High Risk
Kahuku	Honolulu	1,830	Low Risk	Low Risk	Medium Low Risk	Low Risk
Kailua	Honolulu	716	Medium High Risk	High Risk	High Risk	Medium Low Risk
Kaimuki	Honolulu	2,907	Medium High Risk	Medium Low Risk	High Risk	Medium High Risk
Kaiser	Honolulu	1,671	Low Risk	Low Risk	Medium Low Risk	Low Risk
Kalaheo	Honolulu	4,301	Low Risk	Low Risk	Medium Low Risk	Medium Low Risk
Kalani	Honolulu	1,016	Low Risk	Medium Low Risk	High Risk	Low Risk
Kapolei	Honolulu	4,599	Medium Low Risk	Medium Low Risk	Medium High Risk	Medium Low Risk
Leilehua	Honolulu	6,340	Medium Low Risk	Medium Low Risk	Medium Low Risk	Medium Low Risk
McKinley	Honolulu	2,495	Medium High Risk	Medium Low Risk	Medium High Risk	Medium High Risk
Mililani	Honolulu	3,765	Low Risk	Medium Low Risk	Medium Low Risk	Low Risk
Moanalua & Radford	Honolulu	7,409	Medium Low Risk	Low Risk	Medium Low Risk	Medium Low Risk
Pearl City	Honolulu	2,867	Low Risk	Medium Low Risk	Medium Low Risk	Low Risk
Roosevelt	Honolulu	6,019	Medium Low Risk	Medium Low Risk	Medium High Risk	Low Risk
Waialua	Honolulu	1,142	Low Risk	Medium Low Risk	Medium Low Risk	Low Risk
Waianae & Nanakuli	Honolulu	4,947	High Risk	High Risk	High Risk	High Risk
Waipahu	Honolulu	6,389	Medium High Risk	Medium Low Risk	Medium Low Risk	Medium High Risk
Kapaa	Kauai	1,952	Medium High Risk	Medium Low Risk	Medium High Risk	Medium High Risk
Kauai	Kauai	2,856	Medium Low Risk	Medium Low Risk	Medium Low Risk	Medium Low Risk
Waimea	Kauai	498	Medium Low Risk	Medium High Risk	Medium Low Risk	Medium Low Risk
Baldwin	Maui	2,803	Medium Low Risk	Medium Low Risk	Medium Low Risk	Medium Low Risk
Hana	Maui	1,504	Medium High Risk	Medium Low Risk	Medium Low Risk	High Risk
King Kekaulike	Maui	1,214	Low Risk	Medium Low Risk	Low Risk	Medium Low Risk
Lahainaluna	Maui	2,073	Medium Low Risk	Medium High Risk	Low Risk	Medium High Risk
Lanai	Maui	219	Medium High Risk	High Risk	Medium High Risk	Medium Low Risk
Maui	Maui	3,720	Medium Low Risk	Medium Low Risk	Medium Low Risk	Medium Low Risk
Molokai	Maui	533	High Risk	High Risk	Medium Low Risk	High Risk

High Risk
Medium High Risk
Medium Low Risk
Low Risk

Table F.2: Economic – Percent of Children Ages Five and Under at or Below 200% of FPL by Complex

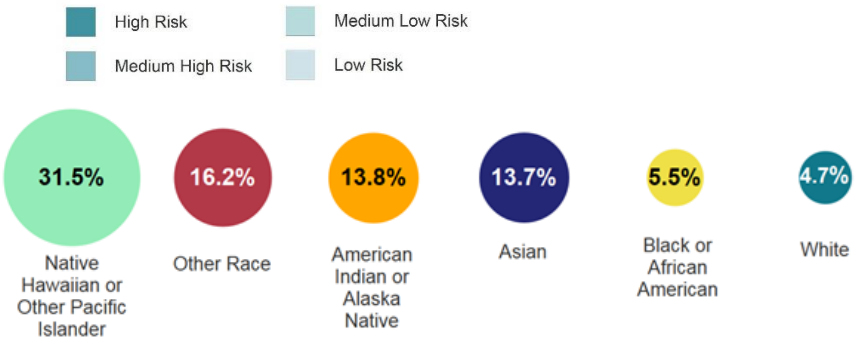
School Complex	County	Urban or Rural	Number of Children Birth to Age 5	Percentage of Living Under 200% of the Federal Poverty Line
Hilo & Waiakea	Hawaii	Rural	2,934	49.0%
Honokaa	Hawaii	Rural	632	55.9%
Kau	Hawaii	Rural	941	77.8%
Keaau	Hawaii	Rural	1,073	37.6%
Kealakehe	Hawaii	Rural	2,662	48.4%
Kohala	Hawaii	Rural	2,083	37.6%
Konawaena	Hawaii	Rural	1,422	39.2%
Laupahoehoe	Hawaii	Rural	383	65.4%
Pahoa	Hawaii	Rural	2,228	57.8%
Aiea	Honolulu	Urban	2,588	29.6%
Campbell	Honolulu	Urban	6,907	21.3%
Castle	Honolulu	Urban	3,184	19.9%
Farrington	Honolulu	Urban	5,518	36.8%
Kahuku	Honolulu	Rural	1,830	27.3%
Kailua	Honolulu	Urban	716	52.7%
Kaimuki	Honolulu	Urban	2,907	18.8%
Kaiser	Honolulu	Urban	1,671	7.0%
Kalaheo	Honolulu	Urban	4,301	22.0%
Kalani	Honolulu	Urban	1,016	0.8%
Kapolei	Honolulu	Urban	4,599	13.1%
Leilehua	Honolulu	Urban	6,340	39.1%
McKinley	Honolulu	Urban	2,495	33.5%
Mililani	Honolulu	Urban	3,765	18.8%
Moanalua & Radford	Honolulu	Urban	7,409	32.9%
Pearl City	Honolulu	Urban	2,867	30.9%
Roosevelt	Honolulu	Urban	6,019	29.8%
Waialua	Honolulu	Rural	1,142	30.4%
Waianae & Nanakuli	Honolulu	Urban	4,947	48.3%
Waipahu	Honolulu	Urban	6,389	31.4%
Kapaa	Kauai	Rural	1,952	34.3%
Kauai	Kauai	Rural	2,856	35.1%
Waimea	Kauai	Rural	498	53.2%
Baldwin	Maui	Urban	2,803	36.5%
Hana	Maui	Urban	1,504	11.4%
King Kekaulike	Maui	Urban	1,214	22.5%
Lahainaluna	Maui	Urban	2,073	43.0%
Lanai	Maui	Rural	219	58.9%
Maui	Maui	Urban	3,720	32.3%
Molokai	Maui	Rural	533	45.1%

High Risk
Medium High Risk
Medium Low Risk
Low Risk

Source:
2013-2017 American Community Survey 5-Year Estimates

Table F.3: Economic – Percent of Births to Mothers Without High School Degree and Race/Ethnicity of Mother

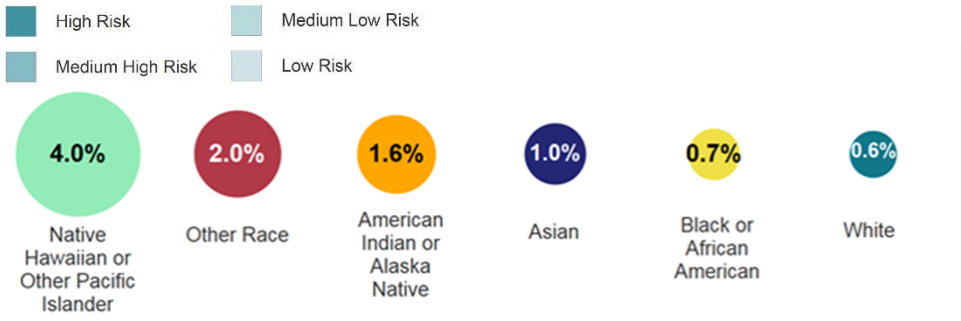
School Complex	County	Urban or Rural	All Births	Percentage of Mothers without a High School Diploma
Hilo & Waiakea	Hawaii	Rural	1,040	11.0%
Honokaa	Hawaii	Rural	181	8.8%
Kau	Hawaii	Rural	190	19.5%
Keaau	Hawaii	Rural	483	11.8%
Kealakehe	Hawaii	Rural	881	14.1%
Kohala	Hawaii	Rural	615	10.2%
Konawaena	Hawaii	Rural	368	14.4%
Laupahoehoe	Hawaii	Rural	146	16.4%
Pahoa	Hawaii	Rural	708	14.4%
Aiea	Honolulu	Urban	855	8.8%
Campbell	Honolulu	Urban	2,186	8.6%
Castle	Honolulu	Urban	1,170	5.7%
Farrington	Honolulu	Urban	2,637	14.3%
Kahuku	Honolulu	Rural	576	7.8%
Kailua	Honolulu	Urban	274	6.9%
Kaimuki	Honolulu	Urban	1,420	15.4%
Kaiser	Honolulu	Urban	454	7.9%
Kalaheo	Honolulu	Urban	1,475	5.3%
Kalani	Honolulu	Urban	293	15.0%
Kapolei	Honolulu	Urban	1,342	8.0%
Leilehua	Honolulu	Urban	2,260	6.8%
McKinley	Honolulu	Urban	1,062	13.6%
Mililani	Honolulu	Urban	1,145	6.6%
Moanalua & Radford	Honolulu	Urban	2,070	5.1%
Pearl City	Honolulu	Urban	832	7.1%
Roosevelt	Honolulu	Urban	1,327	11.3%
Waialua	Honolulu	Rural	360	12.8%
Waianae & Nanakuli	Honolulu	Urban	1,692	11.1%
Waipahu	Honolulu	Urban	1,878	13.3%
Kapaa	Kauai	Rural	730	5.5%
Kauai	Kauai	Rural	815	7.9%
Waimea	Kauai	Rural	145	6.2%
Baldwin	Maui	Urban	786	3.8%
Hana	Maui	Urban	508	4.5%
King Kekaulike	Maui	Urban	388	3.6%
Lahainaluna	Maui	Urban	575	2.6%
Lanai	Maui	Rural	57	26.3%
Maui	Maui	Urban	1,244	3.5%
Molokai	Maui	Rural	186	11.8%



Source:
Hawaii State Department of Health, 2019.

Table F.4: Economic – Percent of Births to Teen Mothers by Complex and Race/Ethnicity of Mother

School Complex	County	Urban or Rural	All Births	Percentage Births to Teen Mothers
Hilo & Waiakea	Hawaii	Rural	1,040	3.8%
Honokaa	Hawaii	Rural	181	0.0%
Kau	Hawaii	Rural	190	5.3%
Keaau	Hawaii	Rural	483	4.3%
Kealakehe	Hawaii	Rural	881	3.5%
Kohala	Hawaii	Rural	615	2.8%
Konawaena	Hawaii	Rural	368	1.6%
Laupahoehoe	Hawaii	Rural	146	0.0%
Pahoa	Hawaii	Rural	708	3.2%
Aiea	Honolulu	Urban	855	1.8%
Campbell	Honolulu	Urban	2,186	1.6%
Castle	Honolulu	Urban	1,170	1.8%
Farrington	Honolulu	Urban	2,637	2.6%
Kahuku	Honolulu	Rural	576	0.0%
Kailua	Honolulu	Urban	274	0.0%
Kaimuki	Honolulu	Urban	1,420	0.5%
Kaiser	Honolulu	Urban	454	0.0%
Kalaheo	Honolulu	Urban	1,475	0.7%
Kalani	Honolulu	Urban	293	0.0%
Kapolei	Honolulu	Urban	1,342	1.6%
Leilehua	Honolulu	Urban	2,260	1.0%
McKinley	Honolulu	Urban	1,062	0.8%
Mililani	Honolulu	Urban	1,145	1.7%
Moanalua & Radford	Honolulu	Urban	2,070	0.8%
Pearl City	Honolulu	Urban	832	1.3%
Roosevelt	Honolulu	Urban	1,327	1.4%
Waialua	Honolulu	Rural	360	2.2%
Waianae & Nanakuli	Honolulu	Urban	1,692	4.7%
Waipahu	Honolulu	Urban	1,878	2.0%
Kapaa	Kauai	Rural	730	2.3%
Kauai	Kauai	Rural	815	3.6%
Waimea	Kauai	Rural	145	0.0%
Baldwin	Maui	Urban	786	3.9%
Hana	Maui	Urban	508	1.4%
King Kekaulike	Maui	Urban	388	0.0%
Lahainaluna	Maui	Urban	575	2.4%
Lanai	Maui	Rural	57	0.0%
Maui	Maui	Urban	1,244	2.7%
Molokai	Maui	Rural	186	0.0%



Sources:
Hawaii Health Data Warehouse, 2019 and Hawaii State Department of Health Data, 2019.

Table F.5: Economic – Percent of Families that are Single-Parent Families by Complex

School Complex	County	Urban or Rural	Total Families	Percentage Single-Parent Families
Hilo & Waiakea	Hawaii	Rural	2,916	52.5%
Honokaa	Hawaii	Rural	515	42.1%
Kau	Hawaii	Rural	870	57.6%
Keaau	Hawaii	Rural	1,062	36.0%
Kealakehe	Hawaii	Rural	2,415	50.1%
Kohala	Hawaii	Rural	2,149	35.6%
Konawaena	Hawaii	Rural	1,408	44.1%
Laupahoehoe	Hawaii	Rural	370	56.2%
Pahoa	Hawaii	Rural	2,066	59.8%
Aiea	Honolulu	Urban	2,330	31.6%
Campbell	Honolulu	Urban	6,728	25.8%
Castle	Honolulu	Urban	3,042	25.7%
Farrington	Honolulu	Urban	5,137	37.9%
Kahuku	Honolulu	Rural	1,579	17.2%
Kailua	Honolulu	Urban	700	55.4%
Kaimuki	Honolulu	Urban	3,019	27.8%
Kaiser	Honolulu	Urban	1,732	11.1%
Kalaheo	Honolulu	Urban	3,986	14.4%
Kalani	Honolulu	Urban	848	15.3%
Kapolei	Honolulu	Urban	4,284	33.5%
Leilehua	Honolulu	Urban	6,119	17.5%
McKinley	Honolulu	Urban	2,308	24.1%
Mililani	Honolulu	Urban	3,836	27.8%
Moanalua & Radford	Honolulu	Urban	7,186	16.9%
Pearl City	Honolulu	Urban	2,734	32.7%
Roosevelt	Honolulu	Urban	5,851	24.0%
Waialua	Honolulu	Rural	1,046	22.9%
Waianae & Nanakuli	Honolulu	Urban	4,520	58.5%
Waipahu	Honolulu	Urban	5,813	36.8%
Kapaa	Kauai	Rural	1,923	33.2%
Kauai	Kauai	Rural	2,989	49.8%
Waimea	Kauai	Rural	498	36.9%
Baldwin	Maui	Urban	2,606	35.9%
Hana	Maui	Urban	1,242	34.7%
King Kekaulike	Maui	Urban	1,140	45.8%
Lahainaluna	Maui	Urban	1,776	45.4%
Lanai	Maui	Rural	197	72.1%
Maui	Maui	Urban	3,761	35.2%
Molokai	Maui	Rural	556	43.5%

High Risk
Medium Low Risk
Medium High Risk
Low Risk

Source:
2013–2017 American Community Survey 5-Year Estimates, Table B23008.

Table F.6: Economic – Percent of Households without Parent in Workforce by Complex

School Complex	County	Urban or Rural	Total Families	Percentage Families without a Parent in Labor Force
Hilo & Waiakea	Hawaii	Rural	2,916	12.1%
Honokaa	Hawaii	Rural	515	17.9%
Kau	Hawaii	Rural	870	50.2%
Keaau	Hawaii	Rural	1,062	17.0%
Kealakehe	Hawaii	Rural	2,415	7.7%
Kohala	Hawaii	Rural	2,149	4.1%
Konawaena	Hawaii	Rural	1,408	11.5%
Laupahoehoe	Hawaii	Rural	370	29.2%
Pahoa	Hawaii	Rural	2,066	32.0%
Aiea	Honolulu	Urban	2,330	11.3%
Campbell	Honolulu	Urban	6,728	6.6%
Castle	Honolulu	Urban	3,042	7.0%
Farrington	Honolulu	Urban	5,137	10.7%
Kahuku	Honolulu	Rural	1,579	11.1%
Kailua	Honolulu	Urban	700	21.7%
Kaimuki	Honolulu	Urban	3,019	7.3%
Kaiser	Honolulu	Urban	1,732	2.3%
Kalaheo	Honolulu	Urban	3,986	4.2%
Kalani	Honolulu	Urban	848	5.7%
Kapolei	Honolulu	Urban	4,284	4.3%
Leilehua	Honolulu	Urban	6,119	4.8%
McKinley	Honolulu	Urban	2,308	8.3%
Mililani	Honolulu	Urban	3,836	5.2%
Moanalua & Radford	Honolulu	Urban	7,186	4.9%
Pearl City	Honolulu	Urban	2,734	15.8%
Roosevelt	Honolulu	Urban	5,851	10.3%
Waialua	Honolulu	Rural	1,046	10.6%
Waianae & Nanakuli	Honolulu	Urban	4,520	14.9%
Waipahu	Honolulu	Urban	5,813	6.5%
Kapaa	Kauai	Rural	1,923	8.4%
Kauai	Kauai	Rural	2,989	11.6%
Waimea	Kauai	Rural	498	1.4%
Baldwin	Maui	Urban	2,606	7.1%
Hana	Maui	Urban	1,242	13.8%
King Kekaulike	Maui	Urban	1,140	9.9%
Lahainaluna	Maui	Urban	1,776	17.0%
Lanai	Maui	Rural	197	9.6%
Maui	Maui	Urban	3,761	5.2%
Molokai	Maui	Rural	556	24.5%

High Risk
Medium High Risk
Medium Low Risk
Low Risk

Source:
2013–2017 American Community Survey 5-Year Estimates, Table B23008

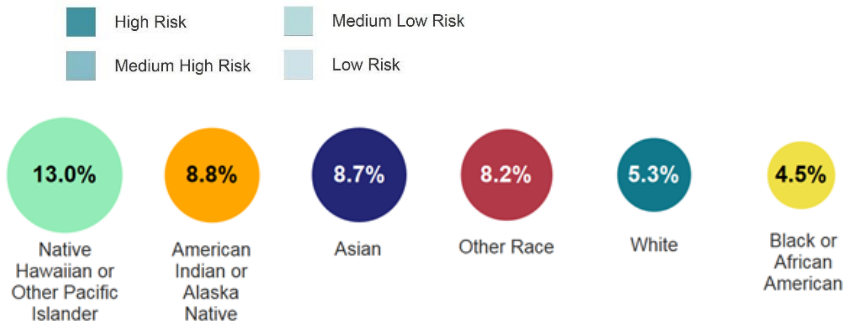
Table F.7: Health – Infant Mortality as a Percentage of All Births by Complex and Race/Ethnicity of Mother

School Complex	County	Urban or Rural	All Births	Percentage of Infant Deaths
Hilo & Waiakea	Hawaii	Rural	1,040	0.0%
Honokaa	Hawaii	Rural	181	0.0%
Kau	Hawaii	Rural	190	0.0%
Keaau	Hawaii	Rural	483	0.0%
Kealakehe	Hawaii	Rural	881	0.0%
Kohala	Hawaii	Rural	615	9.8%
Konawaena	Hawaii	Rural	368	0.0%
Laupahoehoe	Hawaii	Rural	146	0.0%
Pahoa	Hawaii	Rural	708	0.0%
Aiea	Honolulu	Urban	855	0.0%
Campbell	Honolulu	Urban	2,186	3.7%
Castle	Honolulu	Urban	1,170	7.7%
Farrington	Honolulu	Urban	2,637	5.7%
Kahuku	Honolulu	Rural	576	0.0%
Kailua	Honolulu	Urban	274	0.0%
Kaimuki	Honolulu	Urban	1,420	5.6%
Kaiser	Honolulu	Urban	454	0.0%
Kalaheo	Honolulu	Urban	1,475	0.0%
Kalani	Honolulu	Urban	293	0.0%
Kapolei	Honolulu	Urban	1,342	8.2%
Leilehua	Honolulu	Urban	2,260	4.9%
McKinley	Honolulu	Urban	1,062	0.0%
Mililani	Honolulu	Urban	1,145	0.0%
Moanalua & Radford	Honolulu	Urban	2,070	7.7%
Pearl City	Honolulu	Urban	832	0.0%
Roosevelt	Honolulu	Urban	1,327	0.0%
Waialua	Honolulu	Rural	360	0.0%
Waianae & Nanakuli	Honolulu	Urban	1,692	9.5%
Waipahu	Honolulu	Urban	1,878	4.8%
Kapaa	Kauai	Rural	730	9.6%
Kauai	Kauai	Rural	815	0.0%
Waimea	Kauai	Rural	145	0.0%
Baldwin	Maui	Urban	786	7.6%
Hana	Maui	Urban	508	0.0%
King Kekaulike	Maui	Urban	388	0.0%
Lahainaluna	Maui	Urban	575	0.0%
Lanai	Maui	Rural	57	0.0%
Maui	Maui	Urban	1,244	5.6%
Molokai	Maui	Rural	186	0.0%

Sources:
Hawaii Health Data Warehouse, 2019 and Hawaii State Department of Health Data, 2019.

Table F.8: Health – Percent of Births to Mothers with Late or No Prenatal Care by Complex and Race/Ethnicity of Mother

School Complex	County	Urban or Rural	All Births	Percentage Births to Mothers who Received Late or No Prenatal Care
Hilo & Waiakea	Hawaii	Rural	1,040	11.0%
Honokaa	Hawaii	Rural	181	8.8%
Kau	Hawaii	Rural	190	19.5%
Keaau	Hawaii	Rural	483	11.8%
Kealakehe	Hawaii	Rural	881	14.1%
Kohala	Hawaii	Rural	615	10.2%
Konawaena	Hawaii	Rural	368	14.4%
Laupahoehoe	Hawaii	Rural	146	16.4%
Pahoa	Hawaii	Rural	708	14.4%
Aiea	Honolulu	Urban	855	8.8%
Campbell	Honolulu	Urban	2,186	8.6%
Castle	Honolulu	Urban	1,170	5.7%
Farrington	Honolulu	Urban	2,637	14.3%
Kahuku	Honolulu	Rural	576	7.8%
Kailua	Honolulu	Urban	274	6.9%
Kaimuki	Honolulu	Urban	1,420	15.4%
Kaiser	Honolulu	Urban	454	7.9%
Kalaheo	Honolulu	Urban	1,475	5.3%
Kalani	Honolulu	Urban	293	15.0%
Kapolei	Honolulu	Urban	1,342	8.0%
Leilehua	Honolulu	Urban	2,260	6.8%
McKinley	Honolulu	Urban	1,062	13.6%
Mililani	Honolulu	Urban	1,145	6.6%
Moanalua & Radford	Honolulu	Urban	2,070	5.1%
Pearl City	Honolulu	Urban	832	7.1%
Roosevelt	Honolulu	Urban	1,327	11.3%
Waialua	Honolulu	Rural	360	12.8%
Waianae & Nanakuli	Honolulu	Urban	1,692	11.1%
Waipahu	Honolulu	Urban	1,878	13.3%
Kapaa	Kauai	Rural	730	5.5%
Kauai	Kauai	Rural	815	7.9%
Waimea	Kauai	Rural	145	6.2%
Baldwin	Maui	Urban	786	3.8%
Hana	Maui	Urban	508	4.5%
King Kekaulike	Maui	Urban	388	3.6%
Lahainaluna	Maui	Urban	575	2.6%
Lanai	Maui	Rural	57	26.3%
Maui	Maui	Urban	1,244	3.5%
Molokai	Maui	Rural	186	11.8%



Sources:
Hawaii Health Data Warehouse, 2019 and Hawaii State Department of Health Data, 2019.

Table F.9: Health – Percent of Children without Health Insurance by Complex

School Complex	County	Urban or Rural	Total with Insurance Coverage	Percentage Children without Health Insurance Coverage
Hilo & Waiakea	Hawaii	Rural	3,168	3.1%
Honokaa	Hawaii	Rural	622	0.0%
Kau	Hawaii	Rural	934	3.2%
Keaau	Hawaii	Rural	1,174	0.6%
Kealakehe	Hawaii	Rural	2,627	6.6%
Kohala	Hawaii	Rural	2,152	0.1%
Konawaena	Hawaii	Rural	1,457	11.6%
Laupahoehoe	Hawaii	Rural	402	0.0%
Pahoa	Hawaii	Rural	2,202	0.3%
Aiea	Honolulu	Urban	2,536	2.1%
Campbell	Honolulu	Urban	7,003	1.0%
Castle	Honolulu	Urban	3,260	2.5%
Farrington	Honolulu	Urban	5,554	2.7%
Kahuku	Honolulu	Rural	1,782	4.2%
Kailua	Honolulu	Urban	759	5.9%
Kaimuki	Honolulu	Urban	3,166	2.7%
Kaiser	Honolulu	Urban	1,762	2.2%
Kalaheo	Honolulu	Urban	4,210	1.5%
Kalani	Honolulu	Urban	1,014	0.0%
Kapolei	Honolulu	Urban	4,501	2.2%
Leilehua	Honolulu	Urban	6,326	0.3%
McKinley	Honolulu	Urban	2,373	2.3%
Mililani	Honolulu	Urban	3,939	0.7%
Moanalua & Radford	Honolulu	Urban	7,275	1.2%
Pearl City	Honolulu	Urban	2,850	0.4%
Roosevelt	Honolulu	Urban	6,120	3.0%
Waialua	Honolulu	Rural	1,131	1.3%
Waianae & Nanakuli	Honolulu	Urban	5,008	4.4%
Waipahu	Honolulu	Urban	6,157	1.4%
Kapaa	Kauai	Rural	2,011	4.5%
Kauai	Kauai	Rural	3,031	0.5%
Waimea	Kauai	Rural	503	0.0%
Baldwin	Maui	Urban	2,751	0.4%
Hana	Maui	Urban	1,488	7.3%
King Kekaulike	Maui	Urban	1,258	0.8%
Lahainaluna	Maui	Urban	1,950	2.1%
Lanai	Maui	Rural	218	0.0%
Maui	Maui	Urban	3,992	1.0%
Molokai	Maui	Rural	571	0.0%

High Risk
Medium High Risk
Medium Low Risk
Low Risk

Sources:
Hawaii State Department of Health, 2019 and 2013-2017 American Community Survey 5-year Estimates, Table B27001.

Table F.10: School Readiness – Percent of Children Performing Below Third Grade Reading Proficiency by Complex

School Complex	County	Urban or Rural	Total Tested Grade 3 ELA	Percentage Grade 3 ELA Met or Exceeded
Hilo & Waiakea	Hawaii	Rural	586	49%
Honokaa	Hawaii	Rural	149	33%
Kau	Hawaii	Rural	66	39%
Keaau	Hawaii	Rural	205	44%
Kealakehe	Hawaii	Rural	340	33%
Kohala	Hawaii	Rural	47	34%
Konawaena	Hawaii	Rural	237	41%
Laupahoehoe	Hawaii	Rural	0	0%
Pahoa	Hawaii	Rural	100	34%
Aiea	Honolulu	Urban	305	54%
Campbell	Honolulu	Urban	835	52%
Castle	Honolulu	Urban	364	46%
Farrington	Honolulu	Urban	540	41%
Kahuku	Honolulu	Rural	235	66%
Kailua	Honolulu	Urban	208	60%
Kaimuki	Honolulu	Urban	331	50%
Kaiser	Honolulu	Urban	278	69%
Kalaheo	Honolulu	Urban	273	57%
Kalani	Honolulu	Urban	338	75%
Kapolei	Honolulu	Urban	525	56%
Leilehua	Honolulu	Urban	510	59%
McKinley	Honolulu	Urban	365	40%
Mililani	Honolulu	Urban	580	74%
Moanalua & Radford	Honolulu	Urban	746	63%
Pearl City	Honolulu	Urban	503	71%
Roosevelt	Honolulu	Urban	441	80%
Waialua	Honolulu	Rural	100	65%
Waianae & Nanakuli	Honolulu	Urban	488	23%
Waipahu	Honolulu	Urban	623	44%
Kapaa	Kauai	Rural	201	44%
Kauai	Kauai	Rural	261	58%
Waimea	Kauai	Rural	178	48%
Baldwin	Maui	Urban	332	53%
Hana	Maui	Urban	33	18%
King Kekaulike	Maui	Urban	282	63%
Lahainaluna	Maui	Urban	205	43%
Lanai	Maui	Rural	46	48%
Maui	Maui	Urban	621	56%
Molokai	Maui	Rural	62	29%

High Risk
Medium High Risk
Medium Low Risk
Low Risk

Source:
Hawaii Department of Education, 2019.

Table F.11: School Readiness – Percent of Children Performing Below Third Grade Math Proficiency by Complex

School Complex	County	Urban or Rural	Total Tested Grade 3 Math	Percentage Grade 3 Math Met or Exceeded
Hilo & Waiakea	Hawaii	Rural	587	57%
Honokaa	Hawaii	Rural	150	39%
Kau	Hawaii	Rural	66	36%
Keaau	Hawaii	Rural	206	47%
Kealakehe	Hawaii	Rural	340	36%
Kohala	Hawaii	Rural	47	43%
Konawaena	Hawaii	Rural	241	40%
Laupahoehoe	Hawaii	Rural	0	0%
Pahoa	Hawaii	Rural	100	27%
Aiea	Honolulu	Urban	305	53%
Campbell	Honolulu	Urban	836	57%
Castle	Honolulu	Urban	365	47%
Farrington	Honolulu	Urban	550	47%
Kahuku	Honolulu	Rural	235	66%
Kailua	Honolulu	Urban	208	66%
Kaimuki	Honolulu	Urban	339	53%
Kaiser	Honolulu	Urban	279	68%
Kalaheo	Honolulu	Urban	278	66%
Kalani	Honolulu	Urban	341	82%
Kapolei	Honolulu	Urban	527	65%
Leilehua	Honolulu	Urban	513	62%
McKinley	Honolulu	Urban	367	45%
Mililani	Honolulu	Urban	583	73%
Moanalua & Radford	Honolulu	Urban	758	68%
Pearl City	Honolulu	Urban	505	76%
Roosevelt	Honolulu	Urban	444	81%
Waialua	Honolulu	Rural	100	82%
Waianae & Nanakuli	Honolulu	Urban	487	31%
Waipahu	Honolulu	Urban	631	49%
Kapaa	Kauai	Rural	202	48%
Kauai	Kauai	Rural	261	62%
Waimea	Kauai	Rural	178	54%
Baldwin	Maui	Urban	334	58%
Hana	Maui	Urban	34	21%
King Kekaulike	Maui	Urban	284	60%
Lahainaluna	Maui	Urban	206	44%
Lanai	Maui	Rural	46	54%
Maui	Maui	Urban	623	61%
Molokai	Maui	Rural	63	19%

High Risk
Medium Low Risk
Medium High Risk
Low Risk

Source:
Hawaii Department of Education, 2019.

Appendix G: Reach Data

These tables outline detail of the reach of programs supporting families with children from birth to age five, as provided by Hawaii state agencies (sources noted below).

Table G.1: Economic – Income Assistance

The complex with the highest risk in this domain and the lowest reach for income assistance is **Kau** complex. In addition, medium-high risk complexes with medium-low reach are **Honokaa, Kohala, Kealakehe, Konawaena, Waimea, and Lahainaluna**.

School Complex	County	Urban or Rural	Number of Children Received TANF	Number of Children under FPL 200%	Percentage Received TANF
Hilo & Waiakea	Hawaii	Rural	244	1,528	16.0%
Honokaa	Hawaii	Rural	10	343	2.9%
Kau	Hawaii	Rural	30	727	4.1%
Keaau	Hawaii	Rural	172	442	38.9%
Kealakehe	Hawaii	Rural	46	1,208	3.8%
Kohala	Hawaii	Rural	38	810	4.7%
Konawaena	Hawaii	Rural	25	564	4.5%
Laupahoehoe	Hawaii	Rural	27	263	10.3%
Pahoa	Hawaii	Rural	283	1,232	23.0%
Aiea	Honolulu	Urban	49	744	6.6%
Campbell	Honolulu	Urban	116	1,477	7.8%
Castle	Honolulu	Urban	88	623	14.2%
Farrington	Honolulu	Urban	208	2,007	10.4%
Kahuku	Honolulu	Rural	33	455	7.3%
Kailua	Honolulu	Urban	59	383	15.4%
Kaimuki	Honolulu	Urban	63	579	11.0%
Kaiser	Honolulu	Urban	9	121	7.7%
Kalaheo	Honolulu	Urban	24	901	2.7%
Kalani	Honolulu	Urban	4	7	57.1%
Kapolei	Honolulu	Urban	85	574	14.9%
Leilehua	Honolulu	Urban	83	2,470	3.4%
McKinley	Honolulu	Urban	54	780	6.9%
Mililani	Honolulu	Urban	31	738	4.1%
Moanalua & Radford	Honolulu	Urban	37	2,386	1.6%
Pearl City	Honolulu	Urban	51	877	5.8%
Roosevelt	Honolulu	Urban	79	1,789	4.4%
Waialua	Honolulu	Rural	7	336	2.0%
Waianae & Nanakuli	Honolulu	Urban	402	2,268	17.7%
Waipahu	Honolulu	Urban	125	1,903	6.6%
Kapaa	Kauai	Rural	57	670	8.5%
Kauai	Kauai	Rural	70	1,059	6.6%
Waimea	Kauai	Rural	23	265	8.8%
Baldwin	Maui	Urban	63	977	6.5%
Hana	Maui	Urban	37	160	23.3%
King Kekaulike	Maui	Urban	29	276	10.4%
Lahainaluna	Maui	Urban	18	800	2.3%
Lanai	Maui	Rural	11	116	9.8%
Maui	Maui	Urban	56	1,228	4.6%
Molokai	Maui	Rural	69	256	27.0%

Low Reach | Medium High Reach | Medium Low Reach | High Reach

Source:
Hawaii Department of Human Services, 2019.

Table G.2: Economic – Child Care Assistance

Overall, child care assistance reaches just 4.7% of potentially eligible children. **Kau, Molokai and Lanai** are underserved communities: High-risk complexes with low reach of child care assistance support. There are a total of 1,251 children in Kau, Molokai and Lanai complexes with high need for child care assistance and that have only low levels of reach. There are an additional 1,823 children in Pahoa and Waimea complexes with high need for income assistance that have only medium-low levels of reach.

School Complex	County	Urban or Rural	Number of Children Received Child Care Subsidy	Number of Children under FPL 250%	Percentage Received Child Care Subsidy
Hilo & Waiakea	Hawaii	Rural	144	1,711	8.4%
Honokaa	Hawaii	Rural	7	373	1.9%
Kau	Hawaii	Rural	6	783	0.8%
Keaau	Hawaii	Rural	66	622	10.6%
Kealakehe	Hawaii	Rural	59	1,513	3.9%
Kohala	Hawaii	Rural	23	1,086	2.1%
Konawaena	Hawaii	Rural	19	667	2.8%
Laupahoehoe	Hawaii	Rural	17	293	5.8%
Pahoa	Hawaii	Rural	71	1,533	4.6%
Aiea	Honolulu	Urban	49	923	5.3%
Campbell	Honolulu	Urban	161	2,017	8.0%
Castle	Honolulu	Urban	64	854	7.5%
Farrington	Honolulu	Urban	158	2,512	6.3%
Kahuku	Honolulu	Rural	25	684	3.7%
Kailua	Honolulu	Urban	19	427	4.4%
Kaimuki	Honolulu	Urban	58	839	6.9%
Kaiser	Honolulu	Urban	12	184	6.5%
Kalaheo	Honolulu	Urban	27	1,279	2.1%
Kalani	Honolulu	Urban	3	73	4.1%
Kapolei	Honolulu	Urban	70	1,050	6.7%
Leilehua	Honolulu	Urban	59	3,438	1.7%
McKinley	Honolulu	Urban	52	959	5.4%
Mililani	Honolulu	Urban	73	1,019	7.2%
Moanalua & Radford	Honolulu	Urban	29	3,184	0.9%
Pearl City	Honolulu	Urban	54	1,119	4.8%
Roosevelt	Honolulu	Urban	57	2,271	2.5%
Waialua	Honolulu	Rural	15	432	3.5%
Waianae & Nanakuli	Honolulu	Urban	139	2,748	5.1%
Waipahu	Honolulu	Urban	119	2,321	5.1%
Kapaa	Kauai	Rural	63	875	7.2%
Kauai	Kauai	Rural	64	1,407	4.5%
Waimea	Kauai	Rural	9	290	3.1%
Baldwin	Maui	Urban	51	1,170	4.4%
Hana	Maui	Urban	23	280	8.2%
King Kekaulike	Maui	Urban	31	420	7.4%
Lahainaluna	Maui	Urban	22	1,041	2.1%
Lanai	Maui	Rural	3	133	2.3%
Maui	Maui	Urban	65	1,555	4.2%
Molokai	Maui	Rural	4	336	1.2%

Low Reach
Medium High Reach
Medium Low Reach
High Reach

Source:
Hawaii Department of Human Services, 2019.

Table G.3: Economic – Housing Assistance

Housing assistance reaches 71.3% of the potentially eligible population. **Kau** and **Lanai** are underserved complexes with low reach of housing assistance support. No data were available for Farrington, Kaimuki, Kaiser, Kalani, McKinley, Moanalua & Radford, and Roosevelt.

School Complex	County	Urban or Rural	Number of Households in Public Housing	Number of Households Below Poverty	Percentage of Household in Public Housing
Hilo & Waiakea	Hawaii	Rural	1,406	1,428	98.5%
Honokaa	Hawaii	Rural	61	218	28.0%
Kau	Hawaii	Rural	43	438	9.8%
Keaau	Hawaii	Rural	306	774	39.5%
Kealakehe	Hawaii	Rural	449	661	67.9%
Kohala	Hawaii	Rural	146	507	28.8%
Konawaena	Hawaii	Rural	122	342	35.7%
Laupahoehoe	Hawaii	Rural	81	189	42.9%
Pahoa	Hawaii	Rural	494	1,163	42.5%
Aiea	Honolulu	Urban	538	349	154.2%
Campbell	Honolulu	Urban	505	501	100.8%
Castle	Honolulu	Urban	445	379	117.4%
Farrington	Honolulu	Urban	0	1,731	0.0%
Kahuku	Honolulu	Rural	125	171	73.1%
Kailua	Honolulu	Urban	119	245	48.6%
Kaimuki	Honolulu	Urban	0	713	0.0%
Kaiser	Honolulu	Urban	0	233	0.0%
Kalaheo	Honolulu	Urban	114	364	31.3%
Kalani	Honolulu	Urban	0	93	0.0%
Kapolei	Honolulu	Urban	430	291	147.8%
Leilehua	Honolulu	Urban	763	679	112.4%
McKinley	Honolulu	Urban	0	1,051	0.0%
Mililani	Honolulu	Urban	282	536	52.6%
Moanalua & Radford	Honolulu	Urban	0	812	0.0%
Pearl City	Honolulu	Urban	456	350	130.3%
Roosevelt	Honolulu	Urban	0	1,729	0.0%
Waialua	Honolulu	Rural	79	199	39.7%
Waianae & Nanakuli	Honolulu	Urban	2,075	1,606	129.2%
Waipahu	Honolulu	Urban	909	994	91.4%
Kapaa	Kauai	Rural	459	562	81.7%
Kauai	Kauai	Rural	919	410	224.1%
Waimea	Kauai	Rural	195	67	291.0%
Baldwin	Maui	Urban	548	560	97.9%
Hana	Maui	Urban	177	494	35.8%
King Kekaulike	Maui	Urban	253	298	84.9%
Lahainaluna	Maui	Urban	145	225	64.4%
Lanai	Maui	Rural	3	66	4.5%
Maui	Maui	Urban	733	622	117.8%
Molokai	Maui	Rural	310	197	157.4%

Low Reach
Medium Low Reach
Medium High Reach
High Reach

Source:
Hawaii Public Housing Authority, 2019.

Table G.4: Economic – Food Assistance

Overall, SNAP assistance reaches over 100% of those potentially eligible. **Lanai**, **Kau** and **Laupahoehoe** are underserved communities with high-risk complexes with low reach of food assistance.

School Complex	County	Urban or Rural	Number of Children Received SNAP	Number of Children under FPL 200%	Percentage Received SNAP
Hilo & Waiakea	Hawaii	Rural	1,518	1,528	99.3%
Honokaa	Hawaii	Rural	192	343	56.0%
Kau	Hawaii	Rural	422	727	58.0%
Keaau	Hawaii	Rural	926	442	209.5%
Kealakehe	Hawaii	Rural	853	1,208	70.6%
Kohala	Hawaii	Rural	566	810	69.8%
Konawaena	Hawaii	Rural	354	564	62.8%
Laupahoehoe	Hawaii	Rural	210	263	79.7%
Pahoa	Hawaii	Rural	1,484	1,232	120.5%
Aiea	Honolulu	Urban	499	744	67.1%
Campbell	Honolulu	Urban	1,287	1,477	87.1%
Castle	Honolulu	Urban	698	623	112.1%
Farrington	Honolulu	Urban	2,705	2,007	134.8%
Kahuku	Honolulu	Rural	482	455	105.9%
Kailua	Honolulu	Urban	349	383	91.2%
Kaimuki	Honolulu	Urban	629	579	108.6%
Kaiser	Honolulu	Urban	85	121	70.5%
Kalaheo	Honolulu	Urban	224	901	24.9%
Kalani	Honolulu	Urban	49	7	697.6%
Kapolei	Honolulu	Urban	753	574	131.2%
Leilehua	Honolulu	Urban	776	2,470	31.4%
McKinley	Honolulu	Urban	620	780	79.5%
Mililani	Honolulu	Urban	470	738	63.7%
Moanalua & Radford	Honolulu	Urban	305	2,386	12.8%
Pearl City	Honolulu	Urban	508	877	57.9%
Roosevelt	Honolulu	Urban	647	1,789	36.2%
Waialua	Honolulu	Rural	159	336	47.2%
Waianae & Nanakuli	Honolulu	Urban	2,718	2,268	119.8%
Waipahu	Honolulu	Urban	1,646	1,903	86.5%
Kapaa	Kauai	Rural	506	670	75.5%
Kauai	Kauai	Rural	660	1,059	62.3%
Waimea	Kauai	Rural	126	265	47.7%
Baldwin	Maui	Urban	667	977	68.3%
Hana	Maui	Urban	440	160	275.0%
King Kekaulike	Maui	Urban	329	276	119.4%
Lahainaluna	Maui	Urban	260	800	32.5%
Lanai	Maui	Rural	64	116	55.4%
Maui	Maui	Urban	769	1,228	62.6%
Molokai	Maui	Rural	386	256	150.8%

Low Reach
Medium High Reach
Medium Low Reach
High Reach

Source:
Hawaii Department of Human Services, 2019.

Table G.5: Economic – Placement Permeance

Overall, the "reach' of the placement permanency indicator reaches 23.5% of those potentially eligible/in need. **Kau**, **Laupahoehoe** and **Hilo & Waiakea** are among the most underserved communities having high-risk complexes with low placement permanence.

School Complex	County	Urban or Rural	Number of Children in Permanency Home	Number of Children in Foster Care	Percentage in Permanency Home
Hilo & Waiakea	Hawaii	Rural	61	528	11.6%
Honokaa	Hawaii	Rural	0	6	0.0%
Kau	Hawaii	Rural	11	133	8.3%
Keaau	Hawaii	Rural	33	129	25.6%
Kealakehe	Hawaii	Rural	51	204	25.0%
Kohala	Hawaii	Rural	20	71	28.2%
Konawaena	Hawaii	Rural	18	86	20.9%
Laupahoehoe	Hawaii	Rural	3	33	9.1%
Pahoa	Hawaii	Rural	77	413	18.6%
Aiea	Honolulu	Urban	20	87	23.0%
Campbell	Honolulu	Urban	37	162	22.8%
Castle	Honolulu	Urban	36	144	25.0%
Farrington	Honolulu	Urban	74	507	14.6%
Kahuku	Honolulu	Rural	21	50	42.0%
Kailua	Honolulu	Urban	11	61	18.0%
Kaimuki	Honolulu	Urban	53	209	25.4%
Kaiser	Honolulu	Urban	4	9	44.4%
Kalaheo	Honolulu	Urban	27	108	25.0%
Kalani	Honolulu	Urban	3	11	27.3%
Kapolei	Honolulu	Urban	36	151	23.8%
Leilehua	Honolulu	Urban	59	190	31.1%
McKinley	Honolulu	Urban	18	97	18.6%
Mililani	Honolulu	Urban	21	81	25.9%
Moanalua & Radford	Honolulu	Urban	42	86	48.8%
Pearl City	Honolulu	Urban	17	74	23.0%
Roosevelt	Honolulu	Urban	36	171	21.1%
Waialua	Honolulu	Rural	7	30	23.3%
Waianae & Nanakuli	Honolulu	Urban	107	614	17.4%
Waipahu	Honolulu	Urban	40	196	20.4%
Kapaa	Kauai	Rural	22	99	22.2%
Kauai	Kauai	Rural	33	175	18.9%
Waimea	Kauai	Rural	5	29	17.2%
Baldwin	Maui	Urban	52	233	22.3%
Hana	Maui	Urban	36	117	30.8%
King Kekaulike	Maui	Urban	23	68	33.8%
Lahainaluna	Maui	Urban	19	86	22.1%
Lanai	Maui	Rural	9	27	33.3%
Maui	Maui	Urban	79	243	32.5%
Molokai	Maui	Rural	16	103	15.5%

Low Reach
Medium High Reach
Medium Low Reach
High Reach

Source:
Hawaii Department of Human Services, 2019.

Table G.6: School Readiness – Head Start and EOEL Public Prekindergarten

As a whole, Head Start and EOEL Public Prekindergarten programs reach only 15% of eligible children. **Castle** and **Waianae & Nanakuli** are critically underserved complexes with high overall risk and low reach of public ECE. Several medium high-risk complexes have no public ECE programs (zero reach).

School Complex	County	Urban or Rural	Number of Children Received Child Care Program	Child Care Licensing Program Capacity	Percentage Received Child Care Program
Hilo & Waiakea	Hawaii	Rural	0	1,284	0.0%
Honokaa	Hawaii	Rural	19	99	16.1%
Kau	Hawaii	Rural	27	27	62.8%
Keaau	Hawaii	Rural	20	237	7.8%
Kealakehe	Hawaii	Rural	60	671	8.9%
Kohala	Hawaii	Rural	22	443	4.8%
Konawaena	Hawaii	Rural	31	185	15.7%
Laupahoehoe	Hawaii	Rural	0	50	0.0%
Pahoa	Hawaii	Rural	15	256	5.5%
Aiea	Honolulu	Urban	0	862	0.0%
Campbell	Honolulu	Urban	0	1,125	0.0%
Castle	Honolulu	Urban	10	1,047	1.0%
Farrington	Honolulu	Urban	825	2,352	34.8%
Kahuku	Honolulu	Rural	0	280	0.0%
Kailua	Honolulu	Urban	16	142	9.9%
Kaimuki	Honolulu	Urban	0	1,537	0.0%
Kaiser	Honolulu	Urban	0	252	0.0%
Kalaheo	Honolulu	Urban	20	1,219	1.6%
Kalani	Honolulu	Urban	0	621	0.0%
Kapolei	Honolulu	Urban	0	837	0.0%
Leilehua	Honolulu	Urban	0	296	0.0%
McKinley	Honolulu	Urban	0	1,257	0.0%
Mililani	Honolulu	Urban	0	1,036	0.0%
Moanalua & Radford	Honolulu	Urban	0	451	0.0%
Pearl City	Honolulu	Urban	0	636	0.0%
Roosevelt	Honolulu	Urban	0	1,802	0.0%
Waialua	Honolulu	Rural	33	199	14.2%
Waianae & Nanakuli	Honolulu	Urban	18	1,110	1.6%
Waipahu	Honolulu	Urban	0	949	0.0%
Kapaa	Kauai	Rural	22	537	4.1%
Kauai	Kauai	Rural	94	665	14.1%
Waimea	Kauai	Rural	17	54	23.9%
Baldwin	Maui	Urban	120	536	22.4%
Hana	Maui	Urban	20	423	4.7%
King Kekaulike	Maui	Urban	58	365	15.1%
Lahainaluna	Maui	Urban	27	340	7.9%
Lanai	Maui	Rural	20	36	35.7%
Maui	Maui	Urban	80	896	8.9%
Molokai	Maui	Rural	43	133	28.1%

Low Reach
Medium Low Reach
Medium High Reach
High Reach

Sources:
Executive Office on Early Learning, 2019 and Head Start grantees, 2019.

Table G.7: School Readiness – Early Childhood Special Education

Although many communities have medium to high reach of early childhood special education, there are some underserved communities**. Hana, Kau, Pahoa and Kohala** are underserved communities where high-risk complexes receive relative low reach of early childhood special education services. (No risk data was available for Laupahoehoe.)

School Complex	County	Urban or Rural	Number of Children Received Pre-K Special Education	Number of Children at 3 or 4 years old	Percentage of Children Received PreK Special Education
Hilo & Waiakea	Hawaii	Rural	65	990	6.6%
Honokaa	Hawaii	Rural	19	213	8.9%
Kau	Hawaii	Rural	2	318	0.6%
Keaau	Hawaii	Rural	26	362	7.2%
Kealakehe	Hawaii	Rural	53	898	5.9%
Kohala	Hawaii	Rural	14	703	2.0%
Konawaena	Hawaii	Rural	18	480	3.8%
Laupahoehoe	Hawaii	Rural	0	129	0.0%
Pahoa	Hawaii	Rural	14	752	1.9%
Aiea	Honolulu	Urban	50	874	5.7%
Campbell	Honolulu	Urban	112	2,331	4.8%
Castle	Honolulu	Urban	61	1,075	5.7%
Farrington	Honolulu	Urban	59	1,862	3.2%
Kahuku	Honolulu	Rural	40	618	6.5%
Kailua	Honolulu	Urban	23	242	9.5%
Kaimuki	Honolulu	Urban	49	981	5.0%
Kaiser	Honolulu	Urban	21	564	3.7%
Kalaheo	Honolulu	Urban	61	1,452	4.2%
Kalani	Honolulu	Urban	19	343	5.5%
Kapolei	Honolulu	Urban	70	1,552	4.5%
Leilehua	Honolulu	Urban	163	2,140	7.6%
McKinley	Honolulu	Urban	54	842	6.4%
Mililani	Honolulu	Urban	59	1,271	4.6%
Moanalua & Radford	Honolulu	Urban	170	2,501	6.8%
Pearl City	Honolulu	Urban	72	968	7.4%
Roosevelt	Honolulu	Urban	30	2,032	1.5%
Waialua	Honolulu	Rural	27	386	7.0%
Waianae & Nanakuli	Honolulu	Urban	61	1,670	3.7%
Waipahu	Honolulu	Urban	76	2,156	3.5%
Kapaa	Kauai	Rural	28	659	4.3%
Kauai	Kauai	Rural	33	964	3.4%
Waimea	Kauai	Rural	11	168	6.5%
Baldwin	Maui	Urban	36	946	3.8%
Hana	Maui	Urban	1	508	0.2%
King Kekaulike	Maui	Urban	37	410	9.0%
Lahainaluna	Maui	Urban	26	700	3.7%
Lanai	Maui	Rural	3	74	4.1%
Maui	Maui	Urban	65	1,256	5.2%
Molokai	Maui	Rural	10	180	5.6%

Low Reach
Medium High Reach
Medium Low Reach
High Reach

Source:
Hawaii Department of Education, 2019.

Table G.8: Health and Wellness

Data on the reach of programs supporting **Heath/Wellness** were available only at the state level, so specific underserved communities (school complexes) could not be identified for this domain in the risk and reach analysis.

Program Name	Number of Children Birth-5 Served
Community Based Child Abuse Prevention (CBCAP) (HCF)	2,562
Early Childhood Comprehensive Systems Impact Grant	5,000
Early Intervention (EIS) IDEA Part C	3,834
Hawaii Pregnancy Risk Assessment Monitoring System (PRAMS)	2,400 (postpartum women)
Home Visiting/Maternal Infant and Early Childhood Home Visiting (MIECHV)	692
Med-QUEST	64,075
Newborn Hearing Screening Program	17,027
Newborn Metabolic Screening Program	17,027
Public Health Nursing Branch	100,000 (all ages)
Parenting Support Programs	504
WIC	304,982

Sources:
Hawaii Department of Health, 2019 and Hawaii Department of Human Services, 2019

Appendix H: Summary of Resources and Supports for Children Birth to Five

Table H.1 provides a summary of resources used in each of the primary domains along with budget information for FY19 (actual) and FY20 (projected). Each of the programs includes a program description describing the purpose of the program and funding source when applicable.

Table H.1: Resources for Programs Supporting for Children Birth to Five

Domain	Program	Program Description	FY2019 Spending	FY2020 Budget
Family and Economic Stability	Child Care Access Means Parents in School (CCAMPIS)	CCAMPIS is a federally funded grant which UH Manoa Children's Center received to help student parents pay for their child care at the UH Manoa Children's Center while completing their degree.	$46,150	$46,150
	Child Care Connection Hawaii – Subsidy	The Child Care Connection Hawaii (CCCH) subsidy program helps low-income families to sustain their employment, educational efforts and job training by paying a subsidy for their children who are in the care of DHS-approved child care providers. Unless child care is required for protective purposes, families must meet income and activity requirements to qualify for this subsidy program.	$10,446,618	$9,683,802
	Child Welfare Branch	The goal of the Child Welfare Services Branch (CWSB) is ensuring the safety, permanency and well-being of children in their own homes. CWSB programs include family strengthening and support, child protection, foster care, adoption and independent living, along with licensing of resource family homes, group homes and child placing organizations. Services are available on the Islands of Oahu, Hawaii, Kauai, Maui, Molokai and Lanai.	$75,970,861	$76,000,000
	First-to-Work Program	This program provides case management, employment and support services to work eligible individuals of TANF (Temporary Assistance For Needy Families) households. The FTW program assists families to become work-ready through education/training and to obtain employment, so families maintain financial independence after their TANF benefits end. The FTW program does assist with education-related expenses; however, an individual must be a TANF recipient and a FTW participant.	$26,732,313	$13,048,096
	Hawaii Public Housing Authority	The Hawaii Public Housing Authority (HPHA) helps provide Hawaii residents with affordable housing and shelter without discrimination. HPHA efforts focus on developing affordable rental and supportive housing, public housing and the efficient and fair delivery of housing services to the people of Hawaii. Three programs are available to assist families: federal public housing, State of Hawaii public housing, and the Rent Supplement Program.	$99,268,000	$107,200,000
	SNAP	The Supplemental Nutrition Assistance Program (SNAP) provides crucial food and nutritional support to qualifying low-income and needy households, and those making the transition from welfare to self-sufficiency.	$74,310,028	$74,000,000

Domain	Program	Program Description	FY2019 Spending	FY2020 Budget
	TANF – Cash Assistance	TANF provides financial assistance to families with minor children. Other program goals include ending dependence of needy parents by promoting job preparation, work and marriage; prevent and reduce out-of-wedlock pregnancies; and encourage the formation and maintenance of two-parent families.	$26,732,313	$13,048,096
Health	Child & Adult Care Food Program (CACFP) - Office of Hawaii Child Nutrition Programs	Child and Adult Care Food Program (CACFP) provides aid to child adult care institutions and family or group day care homes for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children, and the health and wellness of older adults and chronically impaired disabled persons. CACFP has approximately 80 different sponsors for child care programs which hold contracts with the office. The sponsor itself can have multiple sites. PATCH holds contract for family child care homes and emergency shelters are included.	$64,205,300	$64,000,000
	Community Based Child Abuse Prevention (CBCAP)	Community-Based Child Abuse Prevention (CBCAP) programs aim to: 1) Support community based efforts to prevent child abuse & neglect and to support the coordination of resources and activities to better strengthen & support families to reduce the likelihood of child abuse and neglect 2) Foster understanding, appreciation & knowledge of diverse populations in order to effectively prevent and treat child abuse & neglect.	$452,994	$415,271
	Hawaii's Home Visiting Program (HHS)	Hawaii's Department of Health Home Visiting Program is a voluntary program using evidence-based home visiting models program that supports families and promotes positive parent child relationships. This program gives pregnant women and families, particularly those considered at-risk through a screening process, necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn.	$16,069,750	$14,257,967
	Hawaii Pregnancy Risk Assessment Monitoring System (PRAMS)	The Hawaii Pregnancy Risk Assessment Monitoring System (PRAMS) Program is a population-based surveillance system designed to identify and monitor maternal experiences, attitudes, and behaviors from preconception, through pregnancy and into the interconception period. The program is funded by the Centers for Disease Control and Prevention (CDC), Division of Reproductive Health.	$161,000	$157,000
	Med-QUEST	Med-QUEST provides medical assistance for doctor's visits, physical examinations, pre-natal care, prescription drugs, hospital stays, laboratory, radiology and other services. Includes CHIP.	$219,083,907	$226,947,787
	National School Lunch Program (NSLP), School Breakfast (Office of Hawaii Child Nutrition Programs)	The National School Lunch Program (NSLP) provides nutritionally balanced school lunch meals at a low cost to children each school day. Eligible children may receive meals at a free or reduced price. The program reimburses schools with federally funded dollars for meals that comply with the USDA's nutrition standards. NSLP operates in Hawaii public schools, public charter schools, nonprofit private schools, and residential child care facilities.	$54,438,256	$56,000,000

Domain	Program	Program Description	FY2019 Spending	FY2020 Budget
	Newborn Hearing Screening Program (NHSP)	Newborn hearing screening is required by Hawaii state law to identify hearing loss as soon as possible so that children can receive timely early intervention services. Babies are screened soon after birth while still in the hospital. Babies who are discharged from the hospital before a hearing screen can be done or who are not born at a hospital can still get a hearing screening done. The Newborn Hearing Screening Program (NHSP): coordinates hospital hearing screening programs on all islands; helps families who did not receive a hearing screening at the hospital to make an appointment to get a hearing screening; helps families make appointments for further hearing testing for newborns who do not pass the first screening and who need more testing; helps families make appointments for hearing testing for children under three years old who passed the hearing screening as a newborn but later is suspected of having a hearing loss; refers families for early intervention services, such as speech and language therapy, and sign-language courses; provides information to families, health care providers, early intervention staff, and the public on hearing and hearing loss, and maintains statewide data on hearing screening results and follow-up.	$250,000	$235,000
	Newborn Metabolic Screening Program (NBMSP)	NBMSP has statewide responsibilities for facilitating and assuring that all infants born in the state are tested for 33 metabolic disorders. The program provides guidance, education, and consultation to health care providers and the community about the screening process and disorders. The program provides daily reviews of screening results and follow-up for completion, correction, or retrieval of essential data for the laboratory.	$1,300,000	$1,300,000
	Public Health Nursing Branch (PHNB)	Public health nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences. The practice is population-focused with the goals of promoting health and preventing disease and disability for all people through the creation of conditions in which people can be healthy. The PHNB works collaboratively with the DOH and community programs in planning and coordinating provision of nursing intervention services in addressing public health issues. Services are provided based on individual/family needs through health assessment, development and implementation of a treatment plan, case management/coordination, screening tests, health teaching/education/training on self-care responsibilities, health counseling guidance, referral and follow-up. No charge for nursing services is rendered.	$150,000	$150,000
	WIC	The Special Supplemental Nutrition Program for Women, Infants and Children (WIC), is a federally funded program which provides Hawaii residents with nourishing supplemental foods, nutrition education, breastfeeding promotion and health and social service referrals. The participants of WIC are either pregnant, breastfeeding, or postpartum women, and infants and children under age five who meet income guidelines and have a medical or nutritional risk.	$27,725,022	$27,395,767

Domain	Program	Program Description	FY2019 Spending	FY2020 Budget
School Readiness	Early Intervention Services (IDEA Part C)	The Early Intervention Section (EIS) is a federal and state-mandated program that provides services to support the development of infant and toddlers from birth to three years of age. Information and support are also provided to parents to increase their knowledge about and ability to support their child's development. The Department of Health (DOH) is the lead agency for the implementation of Part C, Individuals with Disabilities Education Act (IDEA) for the State of Hawaii. Within the DOH, EIS is responsible to ensure that Hawaii meets all the requirements and regulations of Part C of IDEA.	$22,485,376	$23,310,584
	Head Start/Early Head Start	Head Start programs deliver services to children and families in core areas of early learning, health, and family well-being while engaging parents as partners every step of the way. Head Start encompasses Head Start preschool programs, which primarily serve 3- and 4-year-old children, and Early Head Start programs for infants, toddlers, and pregnant women. Head Start services in Hawaii are delivered through five agencies which tailor the federal program to the local needs of families in their service area.	$28,814,012	$29,143,564
	Keiki O Ka Aina Family Learning Centers: Parent Participation Preschools	Keiki O Ka Aina's Parent Participation Programs (PPP) meets twice a week at different communities around Oahu. The goal of PPP is to support parents as their child's first teacher. Hawaiian values such as Aloha (love), Malama (Care), Kuleana (Responsibility) and Laulima (Many Hands) are some of the daily values practiced in class. Learning centers are set up to support hands-on learning and encourage parent/child interactions. As keiki and makua engage in meaningful learning through play, they build strong relationships with each other, peers & other ohana. Families can enroll without regard to race, religion or disability.	$400,000	$400,000
	Keiki O Ka Aina Family Learning Centers: Home Instruction for Parents of Preschool Youngsters (HIPPY)	The HIPPY program offers home based early childhood education for three, four and five year old children working with their parent(s) as their first teacher. The parent is provided with a set of carefully developed materials, curriculum and books designed to strengthen their child's cognitive skills, early literacy skills, social/emotional and physical development. HIPPY is a parent involvement and school readiness program.	$100,000	$100,000
	Keiki O Ka Aina Family Learning Centers: HIPPY Home Visiting	Partnering with Ohana from pregnancy until kindergarten, Ohana receive weekly home visits where they have the opportunity to grow in positive parenting practices, learn about their child's development, and build a loving relationship between parent and child. Parent Educators provide the Home Instruction for Parents of Preschool Youngsters (HIPPY) programs as a part of the Your Ohana Network of the state of Hawaii.	$500,000	$500,000

Domain	Program	Program Description	FY2019 Spending	FY2020 Budget
	Keiki O Ka Aina Family Learning Centers: Parents as Teachers	As a fully accredited PAT Program Site, Keiki O Ka Aina Family Learning Centers offers a home-based program for families that begins before a keiki is born until a keiki turns three. Through these home visits, parents are supported with practical, research-based strategies and activities to support the importance of enhancing school readiness during these critical and formative years of a keiki's life.	$750,000	$750,000
	Keiki O Ka Aina Family Learning Centers: PAT Home Visiting	Partnering with Ohana from pregnancy until kindergarten, Ohana receive weekly home visits where they have the opportunity to grow in positive parenting practices, learn about their child's development, and build a loving relationship between parent and child. Parent Educators provide the Parents as Teachers (PAT) program as a part of the Your Ohana Network of the state of Hawaii.	$750,000	$750,000
	McKinney Vento	Subtitle VII-B of The McKinney-Vento Homeless Assistance Act authorizes the federal Education for Homeless Children and Youth (EHCY) Program and is the primary piece of federal legislation related to the education of children and youth experiencing homelessness. It was reauthorized in December 2015 by Title IX, Part A, of the Every Student Succeeds Act (ESSA). The McKinney-Vento Act ensures educational rights and protections for children and youth experiencing homelessness. The legislation requires that LEAs (Local Education Authority) make school placement determinations on the basis of the "best interest" of the homeless child or youth.	$1,300,000	$1,349,368
	Partners in Development FCIL	School-based FCIL serving families of children birth to age five who are cared for at home by a parent, relative, or babysitter. Focus on parent education and child development.	$270,000	$285,000
	Preschool Open Doors	The Preschool Open Doors (POD) program is a subsidy program that provides services state-wide to families sending their children to a licensed preschool during the school year prior to kindergarten entry. The goal of POD is to promote school readiness for children, and the program focuses on meeting the needs of the child. Parents are not required to have an eligible activity, unlike the CCCH Subsidy program, but they must meet income and other eligibility requirements. For POD, there is a time-limited application period established and published each year.	$10,637,365	$11,254,224
	Preschool Special Education (IDEA Part B)	Special Education is specially designed instruction to meet the unique needs of students with disabilities. Special education may include, but is not limited to: academic services, speech-language services, psychological services, physical and occupational therapy, counseling services, and parent education. Special education services are provided at no cost to parents. The federal Individuals with Disabilities Education Improvement Act of 2004 (IDEA) and state regulations require the Hawaii State Department of Education to provide a free appropriate public education (FAPE), which includes a continuum of services for students who are eligible for special education and related services.	$43,110,781	$43,000,000

Domain	Program	Program Description	FY2019 Spending	FY2020 Budget
	State Funded Preschool (EOEL Public Prekindergarten Program and Charter School Prekindergarten)	Public prekindergarten for four-year-olds. Priority is given to those who meet one or more of the following conditions: at/below 300% FPL, foster care, disability or developmental delay, history of abuse, neglect, or family violence, homelessness or unstable housing, home language other than English, parental substance abuse, teen parent.	$2,991,420* *Does not include Charter School Prekindergarten spending	$9,129,509
	YMCA of Honolulu: Come…With Me! FCIL	FCIL program to support parents/informal caregivers (e.g. grandparents) in their role as first teachers; to narrow the kindergarten readiness gap of children cared for at home and enter kindergarten with no preschool/prekindergarten experience.	$86,297	$86,000
	Child Care Connection Hawaii (HMS 302)	CCCH HMS 302 is for the licensing program, program office, and quality improvement efforts for Child Care Connection Hawaii.	$6,412,123	$6,646,468
Provider and Workforce Supports	Comprehensive Literacy State Development Grant (CLSD)	Hawaii State Department of Education (HIDOE) proposes to supplement current literacy efforts with innovative strategies to accelerate student achievement amongst struggling subgroups of students. Hawaii plans to develop and sustain a system to support educators and administrators in enhancing their capacity and competencies to fully implement evidence-based literacy for children birth through 12th grade with an emphasis on disadvantaged students. Additionally, Hawaii will promote culture-based education as a response to the needs of its diverse student population. Hawaii anticipates making subawards to five to seven sub-applicants to develop comprehensive literacy plans that are community-specific, informed by child data, and aligned with the State's Comprehensive Literacy Instruction Plan.	$32,397,000	$32,397,000
	Early Childhood Comprehensive Systems Impact Grant	Early Childhood Comprehensive Systems, funded by MCHB since 2003, are partnerships between interrelated and interdependent agencies/organizations representing physical and mental health, social services, families and caregivers, and early childhood education to develop seamless systems of care for children from birth to kindergarten entry. Using a Collaborative Innovation and Improvement Network (CoIIN) approach, the Early Childhood Comprehensive Systems Impact (ECCS Impact) grant program works to enhance early childhood (EC) systems building and demonstrate improved outcomes in population-based children's developmental health and family well-being indicators. Additionally, these grants develop collective impact expertise, and implement and sustain efforts at the state, county and community levels.	$426,000	$426,000
	Head Start/Early Head Start T/TA	The Office of Head Start (OHS) Training and Technical Assistance (T/TA) system supports program staff in delivering quality services to children and families. Structured, intentional, high-quality T/TA supports the school readiness of children and their families.	$423,116	$483,165
	University of Hawaii - West Oahu Division of Education	Online Early Childhood Education concentration under the Bachelor of Arts in Social Sciences degree. Features coursework at the upper-division level and students concentrating in Early Childhood Education complete only 18 credits within the discipline plus a 3-credit capstone course.	$172,643	$162,110

Domain	Program	Program Description	FY2019 Spending	FY2020 Budget
Private Foundations	Aloha United Way	Aloha United Way has an obligation to help the community become stronger, more resilient, as a result of their work and partnership with nonprofit agencies. They are addressing problems at the root and supporting solutions that will have lasting, sustainable change. They value every donor's contribution and carefully vet each of the nonprofit organizations that they fund through a rigorous application process to ensure that each is mission-focused and have the financial capacity to sustain their operation.	$78,886	Not available
	Hawaii Community Foundation	HCF invests charitable funds in communities across the State primarily through nonprofit organizations. Their core programs are designed to support a stronger nonprofit sector as they believe that these organizations are one cornerstone of a vibrant civic society. They administer a number of grant making programs with targeted purposes or an island-based focus. They create grant programs that deliver solid results efficiently while informing our impact work and knowledge assets.	$1,158,296	$789,403
	Kamehameha Schools	The mission of Kamehameha Schools is to improve the capability and well-being of Hawaiians through education. They achieve their mission by operating an educational system serving over 6,900 students of Hawaiian ancestry at K-12 campuses on Oahu, Maui and Hawaii island, and at 30 preschool sites statewide. They also extend their educational reach into the community to serve over 40,000 additional learners annually through a range of programs and community collaborations. These efforts include community charter school support and literacy enhancement programs for public school children, making KS the largest private contributor to Hawaii's public school system.	$52,455,958	$54,016,648
	Samuel & Mary Castle Foundation	The Samuel N. & Mary Castle Foundation is committed to providing resources to improve the life of Hawaii's children and families by improving the quality and quantity of early education. Their efforts are concentrated on creating greater social equality and opportunity through improving access to high quality pre-K education. Secondarily, the foundation provides limited support for the arts, health, historical and cultural projects, where these projects serve children 0-5.	$992,262	$662,396

Appendix I: Crosswalk of Federal PDG B-5 Needs Assessment Requirements and Research Questions

The following table summarizes the domains addressed by the Needs Assessment, linkage to Research Questions, and corresponding page number in this report.

Table I.1: Needs Assessment Domains and Research Questions

Needs Assessment Domain	Research Question #	Report Section # (Page #)
Definitions: Quality Early Childhood Care and Education (ECCE), ECCE Availability, Vulnerable or Underserved Children, Children in Rural Areas, ECCE System as a Whole	See PDG application 1,5,9,17	Sec I – 2 (Risk)
Focal Populations for the Grant: Vulnerable or underserved children in your state/territory, and children who live in rural areas in your state/territory	1	Sec I – 2. (Risk) (pp 30-38)
Quality and Availability: Current quality and availability of ECCE, including availability for vulnerable or underserved children and children in rural areas	2,10,11,12,13	Sec I – 3.3 (Reach) (pp 48-52) Sec II – (pp 63-73)
Children Being Served and Awaiting Service: Data available and/or plan for identifying the unduplicated number of children being served in existing programs and unduplicated number of children awaiting services in existing programs	3,4,5	Sec I – 3 (Reach) (pp 40-53)
Gaps in data on Quality and Availability of programming and supports for children and families	25,26	Sec VI (pp 101-105)
Gaps in data or research to support collaboration between programs/services and maximize parental choice	7,8,14,15,16, 24,25,26	Sec VI (pp 101-105)
Measurable Indicators of Progress that Align with the State/Territory's Vision and Desired Outcomes for the Project	Strategic Planning Implementation Plans	Sec VII – 2 Implications (p 108)
Issues Involving Early Childhood Care and Education Facilities	Facilities Needs Assessment	NA/ Not Addressed here
Barriers to the Funding and Provision of High-Quality Early Childhood Care and Education Services and Supports and Opportunities for More Efficient Use of Resources	20,21,22	Sec V Funding/Resources and Coordination (pp 88-100)
Transition Supports and Gaps	17,18,19	Sec IV – Transitions Among Programs (p 80-87)
System Integration and Interagency Collaboration	5,6,17,18,19, 20,21,24	Sec V (pp 98-100) Sec VII Implications (p 108)

The following table summarizes how stakeholders provided input on the needs assessment.

Table I.2: Stakeholder Input and Data Sources

Stakeholder Input	Data Source	Report Section # (Page #)
Parents/family members or guardians	System Assessment: Parent Focus Groups	Sec I - 4.2 (p. 59) Sec II -2.2 (p. 71) Sec III - 2.1 (p. 78) Sec IV - 2.2 (p. 85) Sec V - 3.2 (p. 99) App A App D
Child care providers from different settings (e.g., center-based, Head Start, home-based)	System Assessment: Provider Focus Groups	Sec II - 2.3 (p. 72) Sec III - 2.2 (p. 78) Sec IV - 2.3 (p. 86) App A App C
Child care providers from different parts of the state including rural areas and areas with diverse populations	System Assessment: Provider Focus Groups	As above
Other early childhood service providers	System Assessment: Provider Focus Groups, Stakeholder Interviews (EOEL, DOE, KS, DOH, DHS)	As above plus Sec I - 4.1 (p. 55) Sec II - 2.1 (p. 69) Sec IV - 2.1 (p. 82) Sec V - 3.1 (p. 98) App A App B
State/Local Early Childhood Advisory Council(s) or other collaborative governance entity	EOEL/PDG Team: Stakeholder Engagement Plan, Research Questions System Assessment: Stakeholder Interview (EOEL/ELB)	App A (p. 117) App J (p. 164) Plus Stakeholder Interviews as above
Key partner agencies	System Assessment: Stakeholder Executive Interviews (DOE, DOH, DHS, UH)	As above

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Appendix J: Needs Assessment Research Questions, Strategic Workgroup Relevance, and Data Sources

Topic	Research Question	Strategic Implementation Plan Relevance	System Assessment		Resource Map	Description of Population	
			Key Informant Interviews	Family/ Provider Focus Groups		Review of Previous Needs Assessment	Risk & Reach Analysis
Needs Assessment Research Objective: **Describe the populations of children who are vulnerable or underserved, and children in rural areas.** **(Demographics of Early Childhood Population)**							
I. Demographics	1. Where are the vulnerable populations of children in Hawaii located and how do they vary across urban and rural areas? (How do different programs and services define vulnerable populations?)	All Implementation Plans	X			X	X (Risk)
Needs Assessment Research Objective: **Identify the current quality and availability of early childhood care and education, including availability for vulnerable or underserved children and children in rural areas.** **(Availability and Quality of Services)**							
II. Availability/ Access **Note:** Programs and services includes all major programs and services that support family and economic stability, health, and school readiness	2. What is the service capacity of the programs and services that are available to families, and how is capacity distributed by county?	Access Availability Health & Wellness			X	X	X (Reach)
	3. How many children are currently accessing programs and services, and how are they distributed by county?	Access Availability Health & Wellness			X	X	X (Reach)
	4. How many children are potentially eligible for programs and services?	Access Availability Health & Wellness				X	X (Reach)
	5. How is eligibility defined and what are the overlaps in eligibility across programs and services?	Access Availability Health & Wellness			X	X	X (Reach)

Topic	Research Question	Strategic Implementation Plan Relevance	System Assessment		Resource Map	Description of Population	
			Key Informant Interviews	Family/ Provider Focus Groups		Review of Previous Needs Assessment	Risk & Reach Analysis
	6. How much awareness do community partners have about available resources and supports and how to navigate related systems?	Access Availability Health & Wellness	X	X		X	
	7. What preferences do parents have when they search for early childhood programs and services and what are the barriers and facilitators to accessing the preferred type of care?	Access Availability		X		X	
	8. What factors influence families to select informal child care settings over formal settings and/or to not use available supports (e.g., child care subsidy), and what would make these families more likely use them?	Access Availability		X		X	X (Reach)
III. Program Quality	9. How is program quality defined across the early childhood system?	Access Availability	X Quality definitions, tools	X		X	
	10. What is the current quality of early childhood programs and services, and what tools are used to measure and monitor quality?	Access Availability	X		X	X	X (Reach)
IV. Workforce Quality **Note:** Focus should be on the four ECE settings: center-based, home-based, family-child interaction learning (FCIL) programs, home visiting.	11. What are the characteristics of the early childhood workforce (qualifications, educational attainment and years of experience) and how do they vary across types of care?	Workforce				X	X (Reach)
	12. What barriers does the workforce face in obtaining additional education?	Workforce	X	X		X	
	13. What professional development supports are needed?	Workforce	X	X		X	
V. Family Knowledge and Engagement	14. What level of awareness do parents have about child development milestones and the ways in which they can support healthy child development?	Family Knowledge and Engagement		X		X	

Topic	Research Question	Strategic Implementation Plan Relevance	System Assessment		Resource Map	Description of Population	
			Key Informant Interviews	Family/ Provider Focus Groups		Review of Previous Needs Assessment	Risk & Reach Analysis
	15. What are the primary sources of information and communication channels that parents use to learn about early childhood programs and services (including the types of care and supports available) and how do these vary between the general population and vulnerable and underserved populations?	Family Knowledge and Engagement		X		X	
	16. What does the evidence base indicate are the most important family engagement practices and what level of awareness do early childhood programs have about these practices?	Family Knowledge and Engagement		X		X	
Needs Assessment Research Objective: **Describe transition supports and gaps that affect how children move between early childhood care and education programs and school entry.**							
VI. Transitions (Across Birth-Five Programs and into Kindergarten) **Note:** Focus should be on two key transition points: (1) IDEA Part C (Early Intervention) to Part B (Special Education preschool) and (2) Kindergarten entry.	17. How are successful transitions defined across state and national early childhood programs and initiatives, and how successful are the transitions Hawaii's children and families are making?	Transitions				X	
	18. What are the current supports provided to children and families to ease transitions (with focus on IDEA Part B and Part C and Kindergarten)?	Transitions	X	X	X	X	
	19. How do families describe the transitions experienced by their children and what barriers are perceived to exist (with focus on IDEA Part B and Part C and Kindergarten)?	Transitions		X		X	
Needs Assessment Research Objective: **Include an analysis of barriers to the funding and provision of high-quality early childhood care and education services and supports, and identify opportunities for more efficient use of resources.**							
VII. Funding and Efficient Use of Resources	20. What existing funding sources are available to programs and services across all sectors of the B-5 system and how is funding allocated across different regions of the state?	All Implementation Plans			X	X	X (Risk)

Topic	Research Question	Strategic Implementation Plan Relevance	System Assessment		Resource Map	Description of Population	
			Key Informant Interviews	Family/ Provider Focus Groups		Review of Previous Needs Assessment	Risk & Reach Analysis
Coordination/ Reducing Duplicative Efforts **Note:** Focus on all aspects of the B-5 systems, including economic supports, health and education.	21. What are the opportunities and barriers to efficiently using existing funding across all sectors of the B-5 system and what overlaps exist?	All Implementation Plans	X	X	X	X	
	22. What supports and resources can strengthen the business operations (sustainability) of early childhood programs and services?	All Implementation Plans	X	X		X	
Research Objective: **Identify gaps in data or research about the quality and availability of programming and supports for children B-5, considering the needs of working families, as well as those who are seeking employment or in job training.** **Describe the gaps in data or research that are most important for the state/territory to fill in order to meet the goals of supporting collaboration between programs and services and maximizing parental choice. (Identify in discussion; in collaboration with Strategic Planning team)**							
VIII. Gaps in Data	23. What gaps in data exist regarding the demographic characteristics for the birth to five population and vulnerable populations?	All Implementation Plans	X			X	X (Risk)
	24. How are data shared across programs and services and what are the perceived barriers to sharing data?	All Implementation Plans	X	X		X	
	25. What gaps in data exist regarding the characteristics, availability and use of early childhood programs, services and systems?	All Implementation Plans	X	X		X	X (Reach)
	26. What efforts are currently underway to fill in gaps in knowledge about non-consumers?	All Implementation Plans	X	X		X	

Using Risk and Reach Data to Inform Early Learning Collaborations

The Demographics, Availability and Access to Services section of the PDG Needs Assessment includes a risk and reach analysis that is meant to provide insights that ignite conversations, inspire action, and inform decisions. In using the data, it is also important to keep in mind that the data should be contextualized by local leadership, inclusive of beneficiaries, and in collaboration with state leaders tasked with allocating, administering, and implementing public programs and services. Dialogue with diverse stakeholders and local leadership is key to make meaning of the data and to inform action at the local and state level.

Risk and Reach Domains

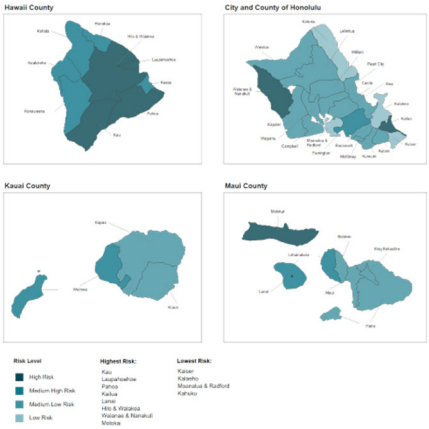
The risk and reach analysis is organized around three domains that are critical to healthy child development:

- Family and Economic Stability
- Health and Wellbeing
- School Readiness

Each domain has a set of risk indicators and reach indicators that are summarized by maps in the main narrative of the report and detailed further in Appendix F and Appendix G. The data presented in the Program Fiscal Resources section of the report are also aligned with these same domains.

Risk Maps

The data on risk factors are found in a tabular format in Appendix F and visualized onto maps in the main body of the report. They organize complexes into four risk levels for each of the three domains. The maps also list out the complexes with the highest risk and lowest risk levels.

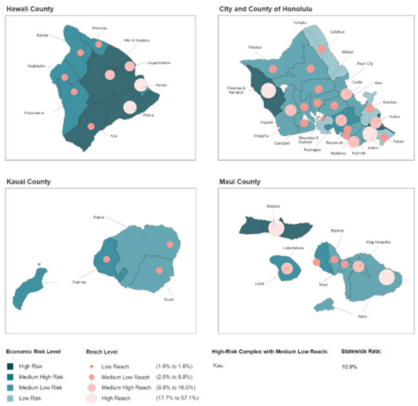


School Complex	County	Number of Children Birth to Age 6	Overall Risk Rank	Economic Risk Rank	Health Risk Rank	School Readiness Rank
Hilo & Waiakea	Hawaii	2,554	Medium High Risk	High Risk	Medium High Risk	Medium Low Risk
Honokaa	Hawaii	632	Medium High Risk	Medium High Risk	Medium Low Risk	High Risk
Kau	Hawaii	941	High Risk	High Risk	High Risk	High Risk
Keaau	Hawaii	1,073	Medium High Risk	Medium High Risk	Medium High Risk	Medium High Risk
Kealakehe	Hawaii	2,692	High Risk	Medium High Risk	High Risk	High Risk
Kohala	Hawaii	2,083	Medium High Risk	Medium High Risk	Medium High Risk	High Risk
Konawaena	Hawaii	1,422	Medium High Risk	Medium High Risk	High Risk	Medium High Risk
Laupahoehoe	Hawaii	383	High Risk	High Risk	High Risk	Low Risk
Pahoa	Hawaii	2,225	High Risk	High Risk	Medium Low Risk	High Risk
Aiea	Honolulu	2,588	Medium Low Risk	Medium Low Risk	Medium Low Risk	Medium Low Risk
Campbell	Honolulu	6,987	Medium Low Risk	Medium Low Risk	Medium Low Risk	Medium Low Risk
Castle	Honolulu	3,184	Medium High Risk	Medium Low Risk	Medium High Risk	Medium High Risk
Farrington	Honolulu	5,518	Medium High Risk	Medium High Risk	Medium High Risk	Medium High Risk
Kahuku	Honolulu	1,830	Low Risk	Low Risk	Medium Low Risk	Low Risk
Kailua	Honolulu	719	Medium High Risk	High Risk	High Risk	Medium Low Risk
Kaimuki	Honolulu	2,087	Medium High Risk	Medium Low Risk	High Risk	Medium High Risk
Kaiser	Honolulu	1,871	Low Risk	Low Risk	Medium Low Risk	Low Risk
Kalaheo	Honolulu	4,361	Low Risk	Low Risk	Medium Low Risk	Medium Low Risk
Kalani	Honolulu	1,016	Low Risk	Medium Low Risk	High Risk	Low Risk
Kapolei	Honolulu	4,599	Medium Low Risk	Medium Low Risk	Medium High Risk	Medium Low Risk
Leilehua	Honolulu	6,340	Medium Low Risk	Medium Low Risk	Medium Low Risk	Medium Low Risk
McKinley	Honolulu	2,495	Medium High Risk	Medium Low Risk	Medium High Risk	Medium High Risk
Mililani	Honolulu	3,765	Low Risk	Medium Low Risk	Medium Low Risk	Low Risk
Moanalua & Radford	Honolulu	7,469	Medium Low Risk	Low Risk	Medium Low Risk	Medium Low Risk
Pearl City	Honolulu	2,867	Low Risk	Medium Low Risk	Medium Low Risk	Low Risk
Roosevelt	Honolulu	6,019	Medium Low Risk	Medium Low Risk	Medium High Risk	Low Risk
Waialua	Honolulu	1,142	Low Risk	Medium Low Risk	Medium Low Risk	Low Risk
Waianae & Nanakuli	Honolulu	4,947	High Risk	High Risk	High Risk	High Risk
Waipahu	Honolulu	6,989	Medium High Risk	Medium Low Risk	Medium Low Risk	Medium High Risk
Kapaa	Kauai	1,592	Medium High Risk	Medium Low Risk	Medium High Risk	Medium High Risk
Kauai	Kauai	2,898	Medium Low Risk	Medium Low Risk	Medium Low Risk	Medium Low Risk
Waimea	Kauai	498	Medium Low Risk	Medium High Risk	Medium Low Risk	Medium Low Risk
Baldwin	Maui	2,893	Medium Low Risk	Medium Low Risk	Medium Low Risk	Medium Low Risk
Hana	Maui	1,164	Medium High Risk	Medium Low Risk	Medium Low Risk	High Risk
King Kekaulike	Maui	1,214	Low Risk	Medium Low Risk	Low Risk	Medium Low Risk
Lahainaluna	Maui	2,073	Medium Low Risk	Medium High Risk	Low Risk	Medium High Risk
Lanai	Maui	219	Medium High Risk	High Risk	Medium High Risk	Medium Low Risk
Maui	Maui	3,720	Medium Low Risk	Medium Low Risk	Medium Low Risk	Medium Low Risk
Molokai	Maui	533	High Risk	High Risk	Medium Low Risk	High Risk

High Risk
Medium High Risk
Medium Low Risk
Low Risk

Reach Maps

The data on program reach are superimposed onto the risk maps for each domain using coral colored bubbles that represent four different levels of reach. The maps also list out the complexes with the highest and lowest levels of reach. The maps can be used to identify areas where potential resource gaps may exist, where dark shaded high-risk areas have only low or medium low reach.



School Complex	County	Urban or Rural	Number of Children Received TANF	Number of Children under FPL 200%	Percentage Received TANF
Hilo & Waiakea	Hawaii	Rural	244	1,528	16.0%
Honokaa	Hawaii	Rural	10	343	2.9%
Kau	Hawaii	Rural	30	727	4.1%
Keaau	Hawaii	Rural	172	442	38.9%
Kealakehe	Hawaii	Rural	46	1,206	3.8%
Kohala	Hawaii	Rural	38	810	4.7%
Konawaena	Hawaii	Rural	25	564	4.5%
Laupahoehoe	Hawaii	Rural	27	263	10.3%
Pahoa	Hawaii	Rural	283	1,232	23.0%
Aiea	Honolulu	Urban	49	744	6.6%
Campbell	Honolulu	Urban	116	1,477	7.8%
Castle	Honolulu	Urban	88	623	14.2%
Farrington	Honolulu	Urban	208	2,007	10.4%
Kahuku	Honolulu	Rural	33	455	7.3%
Kailua	Honolulu	Urban	59	383	15.4%
Kaimuki	Honolulu	Urban	63	579	11.0%
Kaiser	Honolulu	Urban	9	121	7.7%
Kalaheo	Honolulu	Urban	24	901	2.7%
Kalani	Honolulu	Urban	4	7	57.1%
Kapolei	Honolulu	Urban	85	574	14.9%
Leilehua	Honolulu	Urban	83	2,470	3.4%
McKinley	Honolulu	Urban	54	780	6.9%
Mililani	Honolulu	Urban	31	738	4.1%
Moanalua & Radford	Honolulu	Urban	37	2,386	1.6%
Pearl City	Honolulu	Urban	51	877	5.8%
Roosevelt	Honolulu	Urban	79	1,789	4.4%
Waialua	Honolulu	Rural	7	336	2.0%
Waianae & Nanakuli	Honolulu	Urban	402	2,268	17.7%
Waipahu	Honolulu	Urban	125	1,903	6.6%
Kapaa	Kauai	Rural	57	670	8.5%
Kauai	Kauai	Rural	70	1,059	6.6%
Waimea	Kauai	Rural	23	265	8.8%
Baldwin	Maui	Urban	63	977	6.5%
Hana	Maui	Urban	37	160	23.3%
King Kekaulike	Maui	Urban	29	276	10.4%
Lahainaluna	Maui	Urban	18	800	2.3%
Lanai	Maui	Rural	11	116	9.8%
Maui	Maui	Urban	56	1,228	4.6%
Molokai	Maui	Rural	69	256	27.0%

Low Reach
Medium Low Reach
Medium High Reach
High Reach

Questions to Consider in Using the Data

The following inquiry questions can aid in facilitating those conversations:

- **What stands out on this map?** Numerous factors including social and economic differences, and the number, quality, and accessibility of programs available to support children and families can explain differences across school complexes.

- **What patterns do you see across indicators for a given complex?** Cycling through indicators may reveal more nuanced inquiry and generate additional questions about how to address risk factors. For example, are there fewer health-related risk factors in the environment compared to economic and family stability? If so, what can be done to leverage health to make a positive impact in economic and family stability?

- **What combinations of indicators lead to new insights?** Strength in one domain cannot fully extinguish risk in another given the holistic nature of child development. Sensitivity to the interdependence of each domain will be necessary when observing connections among domains.

- **What is happening in the complex or region that might explain trends?** Conversations about history, infrastructure, and racial and ethnic characteristics are important when thinking about differences and understanding the context that created them. Community members and those with local knowledge can provide insight into the complexity of these factors.

- **Does this indicator present a regional problem?** Widening the focus on the map can illuminate if high risk or low reach is unique to one complex or experienced by a clustering of neighboring complexes or an entire county.

- **What other questions do these data raise?** Next steps can be to develop more detailed questions, research resources, or connect with people who can provide answers.

- **What data do you need that is not included in the analysis?** Identify additional data points that may lead to additional insights and discuss them with researchers and policymakers at the state level who may be able to facilitate access to the data or include the data in future risk and reach assessments.